

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA  
UNSTARRED QUESTION NO. 1275  
TO BE ANSWERED ON 6<sup>TH</sup> FEBRUARY, 2026**

**NUTRITIONAL CHALLENGES**

**†1275. SHRI ADITYA YADAV:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is aware of the Nutritional Challenges being faced by the children, adolescents and women of Badaun district of Uttar Pradesh which include malnutrition, anaemia and limited food diversity in economically weaker households;
- (b) if so, the details thereof;
- (c) whether the Government is taking any measures for strengthening the supply of nutritional services, improving the monitoring of child development, expansion of community based nutritional interventions and programmes supported by the Government to increase awareness of balanced diet and maternal nutrition; and
- (d) if so, the details thereof and if not, the reasons therefor?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY  
WELFARE  
(SHRI PRATAPRAO JADHAV)**

(a) and (b) As per National Family Health Survey 5 (2019-21), the prevalence of nutrition indicators across the district of Badaun are as placed below:

| <b>Indicator</b>  | <b>NFHS 5<br/>(2019-21)</b> |
|---|-----------------------------|
| Children under 5 years who are stunted (%)                    | 51.8                        |
| Children under 5 years who are wasted (%)                     | 18.2                        |
| Children under 5 years who are underweight (%)                | 43.0                        |
| Children age 6-59 months who are anaemic (%)                  | 72.2                        |
| All women age 15-19 years who are anaemic (%)                 | 55.6                        |
| All women age 15-49 years who are anaemic (%)                 | 55.3                        |
| Total children age 6-23 months receiving an adequate diet (%) | 8.6                         |

(c) and (d) The Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM) to address nutrition concerns among children, adolescents and women and to strengthen maternal and child health services across the country, including Badaun district of state of Uttar Pradesh as placed below:

**1. Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years of age suffering from Moderate and Severe Acute Malnutrition (MAM and SAM) with medical complications. In addition to curative care, special focus is given on improving the skills for mother and caregivers on complete age-appropriate caring and feeding practices.

**2. Anaemia Mukht Bharat (AMB)** is implemented to reduce prevalence of anaemia among six beneficiary groups - Children 6-59 months, Children 5-9 years, Adolescents 10-19 years, Pregnant women, lactating mother and Women of Reproductive Age (20-49 years). The interventions are Prophylactic Iron and Folic Acid Supplementation, deworming among children 1-19 years and pregnant women, Intensified Behaviour Change Communication (BCC) Campaign, Provision of IFA fortified food in government funded public health program and addressing non-nutritional causes of anaemia in endemic pockets with special focus on malaria, haemoglobinopathies and fluorosis, implemented via robust institutional mechanism.

**3. Mothers' Absolute Affection (MAA) Program** is implemented to improve breastfeeding coverage emphasizing on early initiation of breastfeeding and exclusive breastfeeding for first six months followed by age-appropriate complementary feeding practices through capacity building of frontline health workers and comprehensive IEC campaigns.

**4. Lactation Management Centres** are established to ensure availability of Mother's Own Milk or safe, pasteurized Donor Human Milk for feeding of sick, preterm, low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.

**5. Under National Deworming Day (NDD)**, albendazole tablets are administered in a single fixed day approach via schools and anganwadi centres to reduce worm infestation among all children (1-19 years).

**6. In Vitamin A Supplementation Programme**, all children age 6–59 months are administered Vitamin A dose every 6 months in two rounds during Village Health Sanitation and Nutrition Days or in campaign approach.

**7. Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant woman delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age.

**8. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month. **Extended PMSMA** strategy ensures quality antenatal care (ANC) to pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until a safe delivery is achieved by means of financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.

**9. Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every pregnant woman and new-born visiting public health facilities to end all preventable maternal and newborn deaths.

**10. Optimizing Postnatal Care** aims to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and incentivization of Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.

**11. Calcium supplementation** – 360 Ca-Carbonate tablets (500 mg elemental calcium and 250 IU vitamin D3) for 6 month period are given to pregnant women after 1<sup>st</sup> trimester & post natal mothers after delivery for reducing the risk of mineral deficiency.

**12. Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase awareness for the Maternal & Child health services, community mobilization as well as to track high risk pregnancies.

**13. Mother and Child Protection (MCP) Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

**14. Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) programme,** structured home visits are performed by ASHAs to improve child rearing practices including promotion of nutritional and development activities among children. These activities focused on promotion of early and exclusive breastfeeding till 6 months, adequate complementary feeding along with continued breast feeding till 2 years, identification of growth faltering, developmental delay, sickness in children and prompt referral to health facility for treatment and management.

As informed by Ministry of Women and Child Development, **Supplementary Nutrition Program is implemented under Mission Poshan 2.0** to provide nutritional support to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent based on the principles of diet diversity that provides for quality protein, healthy fats and micronutrients. Technology under Poshan Tracker is leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children and dissemination of messages on birth preparedness, delivery, post-natal care, breastfeeding, and complementary feeding. Community Based Events (CBEs) are held to strengthen community engagement and promote awareness on complementary feeding, diet diversity, anaemia, Water, Sanitation and Health (WASH) and public health. Protocol for Community Management of Malnutrition (CMAM) is implemented as well.

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