

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA
UN-STARRED QUESTION NO. 5595
TO BE ANSWERED ON 27.03.2026

BENEFICIARIES UNDER POSHAN ABHIYAAN AND ICDS

5595. SHRI HARISH CHANDRA MEENA:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) the number of beneficiaries including children, adolescent girls and women, covered under the Integrated Child Development Services (ICDS) and POSHAN Abhiyaan in the districts of Tonk and Sawai Madhopur in Rajasthan;
- (b) whether malnutrition, stunting, wasting and anaemia among women and children continue to be a matter of concern in the said districts, if so, the details of the specific measures being taken to address these challenges including nutritional supplement and health interventions;
- (c) the current status of Anganwadi Centres (AWCs) in the said districts, specifically in terms of infrastructure, staffing levels, availability of trained personnel and essential functional facilities; and
- (d) the details of the steps taken by the Government to improve nutritional outcomes, strengthen service delivery and enhance monitoring mechanisms to ensure the effective implementation of ICDS and POSHAN Abhiyaan in the said districts?

ANSWER

MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI SAVITRI THAKUR)

(a) to (d): Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored Mission wherein children under 6 years of age, Pregnant women, Lactating mothers and Adolescent girls (age 14-18 years, in Northeastern States and Aspirational Districts) are the beneficiaries covered in the whole country including the state of Rajasthan. The responsibility for implementation of various activities under the Mission lies with the States and UTs. The umbrella Mission has subsumed Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls.

The number of beneficiaries including children, adolescent girls and women, covered under the Poshan Abhiyaan in the districts of Tonk and Sawai Madhopur in Rajasthan is available at Public Dashboard of Poshan Tracker on the given link: <https://www.poshantracker.in/statistics>. The link mentioned also has the details of Anganwadi Centres (AWCs) in the said districts, specifically in terms of infrastructure and staffing levels.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism of nutrients. This process is influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition in a convergent manner. It is being addressed under the Mission Poshan 2.0 by establishing cross cutting convergence amongst more than 18 Ministries/Departments.

The details of the specific measures being taken to address malnutrition, stunting, wasting and anaemia among women and children including nutritional supplement and health interventions in the country including the State of Rajasthan are as below:

- Under Mission Poshan 2.0, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.
- Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act (NFSA), 2013. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides for quality protein, healthy fats and micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin A, Vitamin-B6 and Vitamin B-12). Extra Supplementary Nutrition is provided to Severely Acutely Malnourished (SAM) children as per NFSA.
- Further, Ministries of Women & Child Development and Health & Family Welfare have jointly released the 'Protocol for Management of Malnutrition in Children' to prevent and treat severely acute malnutrition in children.
- Poshan Vatikas have been developed at AWCs to encourage diet-diversity and consumption of wholesome local produce.

The Ministry of Health and Family Welfare implements the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under the National Health Mission [NHM], which includes interventions for addressing nutritional status of children, adolescent girls and women, as mentioned below:

- Nutrition Rehabilitation Centers (NRCs) are set up at public health facilities to provide inpatient medical and nutritional care to children under 5 years suffering from Moderate and Severe Acute Malnourishment (MAM and SAM) with medical complications. In addition to curative care, special focus is given on timely, adequate and appropriate feeding for children; on improving the skills of mothers and caregivers on complete age-appropriate caring and feeding practices.

- Mothers' Absolute Affection (MAA) to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on appropriate age complementary feeding practices.
- Lactation Management Centres: Comprehensive Lactation Management Centres (CLMC) are facilities established to ensure availability of safe, pasteurized Donor Human Milk for feeding sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units. Lactation Management Unit (LMU) are established for providing lactation support to mothers within the health facility for collection, storage and dispensing of mother's own breastmilk for consumption by her baby.
- Anemia Mukht Bharat (AMB) strategy is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.
- Under National Deworming Day (NDD) albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years). Deworming tablets are also provided to Pregnant women (one dose in second trimester) and two doses for women of reproductive age Village Health Sanitation and Nutrition Days (VHSNDs) are observed for provision of maternal and child health services and creating awareness on maternal and childcare including nutrition in convergence with Ministry of Women and Child Development.

The Ministry has launched 'Poshan Tracker' digital application for monitoring and tracking of all activities in the Anganwadi Centers (AWC), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. It has facilitated near real time data collection for Anganwadi Services. The application has enabled the Ministry and States & UTs to review the implementation of the scheme on various parameters including health and nutrition status of the children and to make course corrections. For last mile tracking of Service Delivery, the Ministry has developed Facial Recognition System (FRS) in Poshan Tracker Application for distribution of Take-Home Ration and to ensure that benefit is given only to the intended beneficiary registered in the application. Further, Aadhaar based tracking has enabled proper identification of beneficiaries and prevention of leakages.
