

GOVERNMENT OF INDIA  
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

**LOK SABHA**  
**UNSTARRED QUESTION NO. 1215**  
TO BE ANSWERED ON 06.02.2026

**STUNTING AND WASTING AMONG CHILDREN**

1215. SHRI TATKARE SUNIL DATTATREY:

Will the Minister of Women and Child Development be pleased to state:

- (a) the details of the steps being taken by the Government to reduce/eliminate stunting and wasting among children in India, especially children in rural and tribal areas;
- (b) the details of the steps being taken to ensure better nutrition in meals provided under POSHAN 2.0 such as more protein intake, addressing iron deficiency etc.;
- (c) whether any initiatives are being taken to enable localized planning/ procurement of food items for meals, if so, the details thereof;
- (d) the manner in which POSHAN tracker is improving implementation of the POSHAN 2.0 scheme;
- (e) the manner in which nutrition/food delivery is monitored by the Ministry; and
- (f) the number of take-home rations provided on a daily basis to improve nutritional status of children and adolescent girls, particularly in the State of Maharashtra?

**ANSWER**

MINISTER OF WOMEN AND CHILD DEVELOPMENT  
(SHRIMATI ANNPURNA DEVI)

(a) to (c): To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (14-18 years, in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). It is a Centrally Sponsored Mission, where the responsibility for implementation of various activities lies with the States and UTs. The Mission is being implemented across the country. The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

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.

Under this Mission, 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, 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 National Food Security Act, 2013 (NFSA).

Further, Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers.

Further, Ministry of Women & Child Development and Ministry of Health & Family Welfare have jointly released the Protocol for Management of malnutrition in Children (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality. The community-based approach involves timely detection and screening of children with severe acute malnutrition in the community, management for those without medical complications with wholesome, local nutritious foods at home and supportive medical care. The CMAM protocol includes an appetite test and screening process for children aged 6 months to 6 years who are severely acute malnourished (SAM) or severely underweight (SUW). Post-screening, such children are referred to Nutrition Rehabilitation Centers (NRC) or hospital facilities for further care.

A key component is to enable the right kind of nourishment through Poshan Vatikas or Nutri-gardens that are being set up across the country to provide easy and affordable access to fruits, vegetables, medicinal plants and herbs. To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at AWCs.

Poshan Vatikas help to meet the important dietary diversity gap that has been repeatedly revealed in different surveys by providing different fruits, nuts, herbs, medicinal plants and vegetables round the year. The States and Union Territory Administrations are encouraged to decide menu suitable to the local conditions within the prescribed nutrition and food norms and to procure locally grown food items like millets, vegetables, condiments etc. The selection of ingredients, recipes and menu for supplementary nutrition rests with States/UTs in accordance with local palate and includes locally available cereals/millets, pulses, vegetables, nuts and fats.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and

reporting regular sensitisation activities under Jan Andolans during Poshan Maah and Poshan Pakhwada celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

Suposhit Gram Panchayat Abhiyaan was launched in December 2024. This initiative aims to improve nutritional outcomes and well-being through strengthened nutrition services, community participation, and multi-stakeholder convergence. The Suposhit Gram panchayat (GP) incentive has a grant of Rs 1 lakh per GP to the top 1000 qualified GPs to utilize incentive money to motivate the Anganwadi workers & helpers to help improve service delivery, as an incentive to the Gram Panchayat to improve community mobilization & increase enrolment and help nutrition related initiatives such as development of Poshan Vatikas, SNP value addition, etc.

(d) and (e): The 'Poshan Tracker' application was rolled out as an important governance tool. The Poshan Tracker facilitates monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, underweight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, opening of AWCs, daily attendance of children, ECCE activities, Growth Monitoring of children, Provision of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The application also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery of child, post-natal care, breastfeeding and complementary feeding. Regular field level trainings/workshops are conducted directly for AWWs regarding use of the Poshan Tracker Application. Poshan Tracker also features self-learning videos for AWWs, enabling continuous capacity building and on-the-job learning through digital modules.

For last mile tracking of Service Delivery, Ministry of Women and Child Development (MWCD) has developed Facial Recognition System (FRS) in Poshan Tracker Application for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker.

The Nominee Module has been introduced in Poshan Tracker to ensure uninterrupted delivery of Take-Home Ration (THR) to the beneficiaries; Pregnant Women, Lactating Mothers, and Adolescent Girls. If due to any reason, the registered beneficiary is unable to visit the Anganwadi Centre to receive their THR through FRS, she can nominate a nominee on her behalf to receive her THR. Nominee has to undergo e-KYC only ONCE. But face matching will be done every time for receiving THR on behalf of the beneficiary. Even after addition of the nominee, beneficiary can still receive the THR at the Anganwadi Center if the nominee has not received it already.

Under the Mission, AWWs have been provided with smartphones procured by States/UTs on a cost sharing basis for data entry and use of Poshan Tracker application.

(f): In the state of Maharashtra under Integrated child development service scheme THR is provided to beneficiaries as per prescribed norms. The details of beneficiaries (31<sup>st</sup> Jan 2026) are as follows

- Pregnant Women: 3,09,928
- Lactating mothers: 3,48,033
- 6 months to 3 years children: 20,53,926
- 3 years to 6 years children: 28,95,504 (Hot Cooked Meal is provided)
- and Adolescent girls of Aspirational districts (4): 85,921

\*\*\*\*\*