Addressing child undernutrition in India: Opportunities and Challenges

Proceedings of a consultation on intersectoral convergence in Rajasthan

NOVEMBER 2025

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Proceedings of the Online Consultation on Intersectoral Convergence for Nutrition held with Government Departments of Rajasthan (Held on 7th February 2025)

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Proceedings of the Online Consultation on intersectoral convergence for Nutrition

held with

Government Departments of Rajasthan

as part of the study on

"Assessing the Impact of Poshan Abhiyaan in Addressing Child Undernutrition in Aspirational Districts Across India"

Held on 7th February 2025

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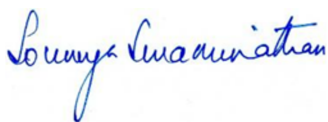
PREFACE

The Integrated Child Development Services (ICDS) Programme is the largest, domestically funded Early Childhood Programme in the world. As early as 1975 when it was introduced, it operationalized taking services right into the community and served as a convergence platform to meet the intersecting needs of women and children. While the core principles continue to remain the same, there have been considerable changes in the programmatic and administrative aspects of service delivery, for improving efficiency and impact. The Poshan Abhiyaan program launched in 2018 aimed to further strengthen convergence and had an ambitious goal of reducing stunting by 2% and undernutrition by 2% per year.

We are thankful to the Ministry of Women and Child Development for having given M S Swaminathan Research Foundation an opportunity to organize a series of consultations with government departments across several states on this subject. It was a very interesting exercise and threw up the heterogeneity of the situation in India across States, and also a lot of insights from a variety of stakeholders. I thank all the government officials of Rajasthan who gave their valuable time in participating in the consultation. As those who are implementing the programme and involved in serving the community, their critical inputs and suggestions are key to enhancing service delivery and improving the impact of the program. We hope that the deliberations of this consultation will help WCD in addressing the gaps and leveraging the opportunities to further reduce malnutrition in the country.



Soumya Swaminathan
Chairperson
M S Swaminathan Research Foundation
November 2025

ACKNOWLEDGEMENTS

The M S Swaminathan Research Foundation is deeply thankful to the Ministry of Women and Child Development, Government of India for allowing us to organize a series of consultations across several states to understand the convergence between various government departments to address child undernutrition in India.

We extend our gratitude to all the government officials from Rajasthan who participated in the online consultation representing the departments of Medical Health and Family Welfare and the department of Women and Child Development.

We thank the Gates Foundation and the Karmannya Council for the financial and logistic support extended towards this consultation.

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Background

Malnutrition is a multi-faceted phenomenon requiring concerted efforts from different stakeholders. In India there are several government programmes across life cycle to improve peoples' health and nutrition. These include direct feeding programmes, health interventions, provision of safe drinking water supply, sanitation, agricultural interventions, and livelihood enhancement programmes. While all these have helped in improving health and nutritional outcomes, progress has been slow. Of even more concern is that some states are lagging more than others. In 2018 the Government of India launched the aspirational districts programme, to propel the 112 least developed districts towards prosperity and good health.

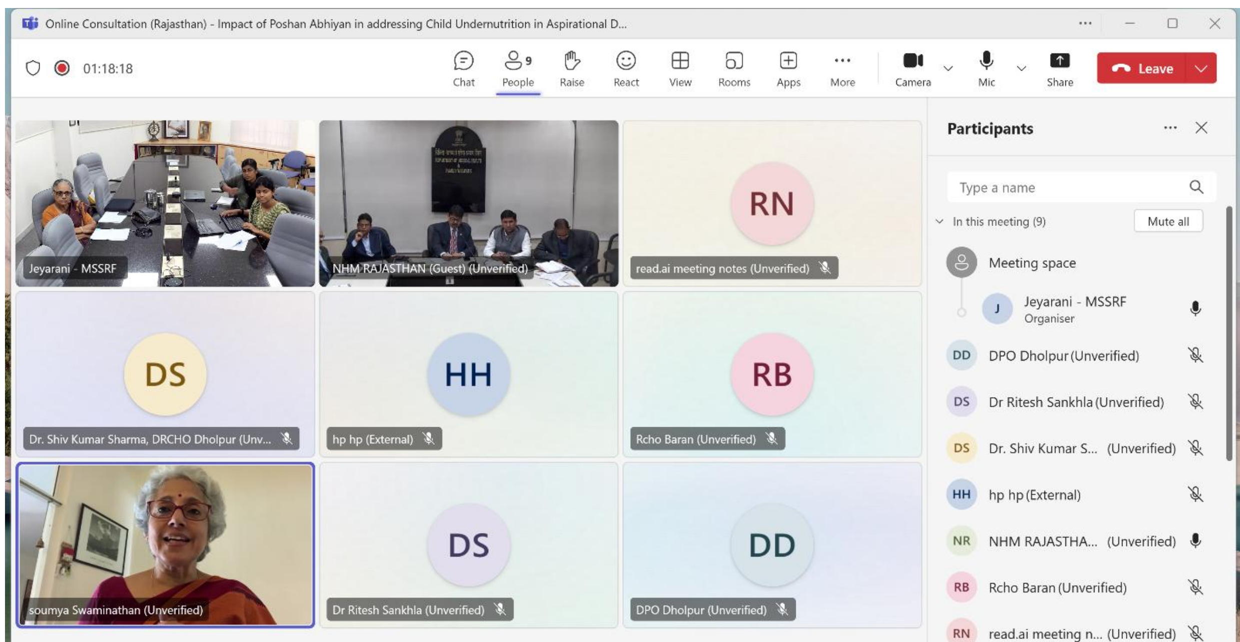
The Poshan Abhiyaan or the Prime Minister's overarching scheme for reducing malnutrition among young children, also launched in 2018, is an important milestone in India's journey towards eliminating malnutrition. Poshan Abhiyan aims to improve the nutritional status of pregnant women, lactating mothers, adolescent girls, and children between 0-6 years in a time bound manner by reducing stunting and wasting in children (0-6 years) as well as reduction in anaemia in women, children, and adolescent girls. This program drives its mission for nutrition security through a three-pronged strategy: harnessing innovative technology, fostering convergence among government departments, and mobilizing communities through the Jan Andolan public movement for social and behavioural change.

Recognizing well the importance of convergence between various government departments to tackle the problem of malnutrition holistically, Poshan Abhiyan provides a platform for convergence to realize the goal of 'Suposhit Bharat.' It lists out high impact interventions of 18 ministries/departments especially during the first 1000 days of life since conception Every department formulates a strategic plan for nutrition and aligns it with its current initiatives.

The M. S. Swaminathan Research Foundation (MSSRF) with support from the Ministry of Women and Child Development undertook a study to assess the impact of Poshan Abhiyaan in reducing child undernutrition in select aspirational districts between November 2024 to June 2025. As part of this exercise MSSRF held a series of online and offline consultations with various government departments to understand their role and contributions in addressing

malnutrition. Online consultations were held in the states of Andhra Pradesh, Telangana, and Rajasthan while offline consultations were held in Assam, Chhattisgarh, and Jharkhand.

The current proceedings highlight the initiatives undertaken by government departments and programs in Rajasthan to address malnutrition. The challenges and bottlenecks in implementation as well as the recommendations suggested by the participants during the floor discussion have also been documented.



Online consultation held with the Department of health and Family Welfare and Women and Child Development, Government of Rajasthan on 7th February, 2025

Agenda of the online consultation

TIME	TOPICS	DETAILS
09.50 to 10.00 am	Welcome Address and Purpose of the Consultation	Dr. Rama Narayanan, Senior Fellow, MSSRF
10.00 to 10.10 am	Introduction of Participants	
10.10. to 10.50 am	Low Birth Weight, Immunization and Health status of children (0-6 years) in aspirational districts versus non aspirational districts and convergence with other departments	Dr. Pradeep Kr. Choudhary, Project Director & SNO Child Health, National Health Mission Rajasthan and Dr. Sunit Singh Ranavar – Director of Reproductive and Child Health
10.50 to 11.00 am	Floor Discussion on the presentation	
11.00 to 11.40 am	State Nutritional Profile of Children (0-6 years) and Role of Poshan Abhiyaan in addressing child undernutrition	Dr. Manju Yadhav, Deputy Director in ICDS (In charge for Poshan Abhiyaan), Department of Women and Child Development Rajasthan.
11.40 to 11.50 am	Floor discussion on the presentation	
11.50 to 12.00 noon	Closing Remarks	Dr. Soumya Swaminathan, Chairperson, MSSRF

The online consultation commenced with the brief introductory note on the purpose and plan of the consultation by the moderator Dr. Rama Narayanan, Senior Fellow at M S Swaminathan Research Foundation. After a round of self-introduction by the participants the moderator invited Dr. Sunit Singh Ranavar – Director of Reproductive and Child Health from the

department of Health and Family welfare to present the data on the health status of the children and the department's role in addressing undernutrition in Rajasthan.

Role of Health and Family Welfare department in addressing undernutrition

Presented by Dr. Pradeep Kr. Choudhary, Project Director & SNO Child Health, National Health Mission Rajasthan and

Dr. Sunit Singh Ranavar – Director of Reproductive and Child Health

The state of Rajasthan has identified five of its districts as aspirational: Baran, Dholpur, Jaisalmer, Karauli, and Sirohi

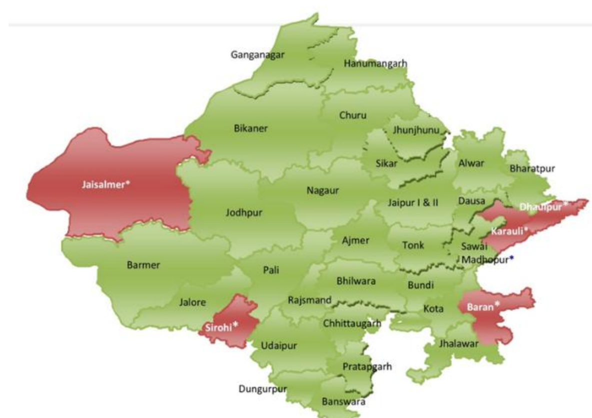


Table 1: Key indicators for child health*

S. no	Indicator	Aspirational Districts	Non-Aspirational Districts
1	Prevalence of Low Birth Weight (LBW) (Sep-Dec 24)	14 %	16 %
2	Prevalence of Anemia during ANC (Moderate & Severe) (Sep-Dec 24)	32.51% M 3.57% S	23.25% M 2.64% S
3	Early Initiation of Breast Feeding (Apr-Dec 24)	93 %	79 %
4	Full Immunization (Apr-Dec 24)	89.92%	90.30%
5	Number of Diarrhea Cases Reported (Apr-Dec 24)	9.98 %	4.97 %
6	Number of Acute Respiratory Illness (ARI) /Pneumonia Cases Reported (Apr-Dec 24)	3.09 %	1.20 %
7	Total Admissions in NRC/MTC (Apr-Dec 24)	605	4826

**data provided by the Department of Medical, Health and Family Welfare, Rajasthan*

Care for Low Birth Weights in Rajasthan:

Rajasthan has achieved high rates of institutional births, with NFHS-5 reporting 94.9% and the Pregnancy, Child Tracking & Health Services Management System (PCTS) system indicating

98.56%. This enables the weighing of all new-borns at birth. Essential care is provided at Newborn Care Corners (NBCCs), while 62 functional Special Newborn Care Units (SNCUs) offer specialized treatment for low birth weight (LBW) and preterm infants. There is also growing awareness and adoption of Kangaroo Mother Care (KMC) within communities.

Persistent Challenges: Significant hurdles remain, primarily stemming from maternal health issues. These include a high prevalence of anaemia among pregnant women (46.3% as per NFHS-5) and undernutrition, with 19.6% of women of reproductive age having a BMI below 18.5. Compounding this is the poor consumption of Iron and Folic Acid (IFA) tablets and Take-Home Rations (THR) during pregnancy.

Maternal Health and Nutrition in Rajasthan: Status and Initiatives

The latest National Family Health Survey-5 (NFHS-5) reveals significant concerns regarding maternal health and nutrition in Rajasthan. Anaemia is highly prevalent, affecting 46.3% of pregnant women (aged 15-49), 54.4% of all other women in the same age group, and 59.4% of adolescent women (aged 15-19). Furthermore, the consumption of essential Iron and Folic Acid (IFA) supplements during pregnancy is low, with only 33.9% of mothers consuming them for 100 days or more, and a mere 14.4% for the recommended 180 days or more.
In order to mitigate these challenges, the state has prioritized the following initiatives:

- **Comprehensive Tracking of High-Risk Pregnancies (HRPs):** A system is in place to track women from early identification and antenatal care (ANC) through delivery and up to 45 days postpartum. This is being strengthened through the Extended Pradhan Mantri Surakshit Matritva Abhiyan (E-PMSMA).
- **Aggressive Anaemia Management:** The focus is on improving IFA uptake through intensive counselling during ANC check-ups. For identified anaemic pregnant women, the program is proactively using advanced treatments like Iron Sucrose and Injectafer (ferric carboxymaltose injection) infusions during E-PMSMA sessions. This intervention has shown very encouraging results, with over 60,000 FCM doses administered since May 2024, leading to a rapid haemoglobin increase of 4-5% in a single dose.
- **Combating Maternal Undernutrition:** To address undernutrition, health workers provide counselling on incorporating locally available, nutrient-rich foods into diets.

This includes promoting the consumption of green leafy vegetables, milk, local fruits, and millets.

Table 2: Anemia among pregnant women (PW) between Sept 2024 to Dec 2024

S. No	Key Indicators	Aspirational Districts	Non-Aspirational Districts
1	Number of pregnant women having Hb level <11(7.1 to 10.9 g/dl) out of total tested cases	51556(32.51%)	392557(23.25%)
2	Number of pregnant women having Hb level<=7 g/dl (Out of total tested cases)	1520 (3.57%)	12795(2.64%)
3	Number of pregnant women treated for severe anaemia (Hb<=7g/dl) (Out of total tested cases)	1356(89.2%)	9172(71.7%)
4	IV IRON Sucrose given	22405	220069

Key Child Health Initiatives and Challenges in Rajasthan

1. Breastfeeding Promotion

Rajasthan has demonstrated significant success in promoting early initiation of breastfeeding (EIBF), achieving a rate of over 80% within institutional deliveries. This includes the practice of initiating breastfeeding for new-borns delivered via Caesarean section directly on the labour table. Community-based promotion is sustained through regular meetings for pregnant women and lactating mothers conducted by ASHA workers, contributing to an exclusive breastfeeding (EBF) rate of 70.4% (NFHS-5).

Challenges: Key hurdles include the difficulty in monitoring EIBF as a behavioural practice, the persistence of socio-cultural barriers in rural areas, and the inconsistent quality of group counselling sessions during antenatal care.

2. Child Immunization

Ongoing immunization efforts are being implemented across the state.

Challenges: Significant challenges persist in specific geographies, including the remote *Dang* areas of Karauli and Dholpur, the scattered desert regions of Jaisalmer, and the tribal & hilly terrains of Baran and Sirohi. These areas are affected by a confluence of factors: lack of awareness and fear of vaccination among communities, vacant sub-centres, under-reporting of vaccination data, and seasonal migration of families for employment.

3. Management of Diarrhoea & Acute Respiratory Infections

The state is actively addressing these illnesses through the regular organization of the Stop Diarrhoea Initiative and the SAANS (social awareness and action to neutralize pneumonia successfully campaign) campaign for pneumonia. A new Integrated Management of Neonatal and Childhood Illness (IMNCI) training module has been rolled out, with the Training of Trainers (TOTs) already completed. Under the Home-Based Care for Young Child (HBYC) programme, frontline workers are engaged in distributing ORS packets and identifying and referring children with diarrhoea and pneumonia.

Challenges: Critical challenges include the limited availability of safe drinking water, poor adherence to the complete 14-day course of Zinc tablets during diarrhoeal episodes, and the need to strengthen the pre-referral management of pneumonia by frontline workers.

Table 3: Diagnosed cases by RBSK team among 0 to 6 year children up to Dec 24

S.No.	Indicators	Aspirational District*	Non-Aspirational District*
1	SAM/MAM	387	8529
2	Anaemia	254	7362
3	Congenital Heart Disease	38	285
4	Club Foot	21	342
5	Cleft Lip	57	379
6	Neural Tube Defect	2	32
7	Vision Impairment	162	1080
8	Otitis media	831	7985

**data provided is in actual numbers. Non aspirational districts are more as compared to aspirational districts*

Management of Malnutrition Treatment Centers (MTCs)

- Malnutrition Treatment Centers (MTCs) were formerly known as Nutrition Rehabilitation Centers (NRCs). The state has established a network of 20-bed MTCs at District Hospitals/Sub-District Hospitals and 6-bed units at Community Health Centers (CHCs). Admissions and treatment are as per protocol for children with Severe Acute Malnutrition (SAM) and medical complications, with nutritional intervention using therapeutic diets F-75 and F-100.
- Total admission recorded between April to December 2024, is 605 admissions for aspirational districts and 4,826 for non-aspirational districts. The average duration of stay is 6 days and 7.38 days, respectively, with progress rates of 73.8% and 77.4%. Defaulter rates remain low, at 3.14% (19) for aspirational and 2.67% (129) for non-aspirational districts.

- The MTCs are currently under-utilized, a trend attributed to the success of preventive ICDS programs leading to a declining SAM population. Other challenges include low coverage in urban slums and peri-urban areas, and inadequate identification and referral of malnourished children by ASHAs and AWWs.

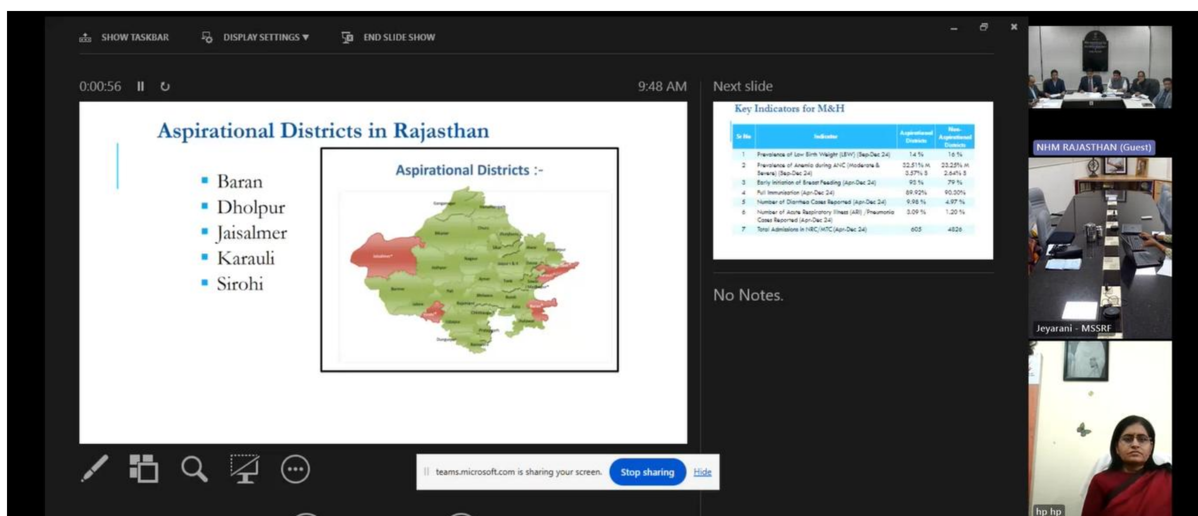
Inter-Departmental Convergence for Child Health & Nutrition

A multi-departmental approach is being pursued to address child health and nutrition:

- **ICDS & WCD:** Collaborate on Mother-Child Health and Nutrition (MCHN) days, which integrate services like Routine Immunization, ANC, and home based care for young child (HBYC). They are also involved in the *Poshahar* campaign, Village Health Sanitation and Nutrition Committees (VHSNCs), and Jan Arogya Samiti (JAS).
- **Education Department:** Health department collaborates with this department to jointly undertake initiatives such as Anaemia Mukt Rajasthan, the School Health Program, Rashtriya Bal Swasthya Karyakram (RBSK), and the Nasha Mukt Divas (NDD) & Social Digital Communication (SDC) Campaigns
- **Panchayati Raj Department:** Facilitating community-level governance through VHSNC and JAS meetings.

Other key initiatives and recommendation:

- Promoting Healthy Lifestyles: The 'Eat Right Campaign' is being implemented at AAM (Anganwadi Aarogyastha Mahila) centres to encourage healthy food habits.
- Strengthening Capacity: Regular 4-day MAA/IYCF training for nursing staff at delivery points is ongoing. It is recommended to develop a condensed 2-3-day training package for Community Health Officers (CHOs).
- Structural Strengthening: There is a critical need to establish a dedicated cell at the State and District levels, managed by an Officer/Program Coordinator/Counsellor, to oversee all nutritional programs (AMB, NDD, NRC, MAA/IYCF) under the Medical and Health Department.
- Improved Governance: The roles and responsibilities of the ICDS, Women & Child Development (WCD), and Medical & Health Departments must be clearly defined and aligned to ensure better convergence and program effectiveness.



Presentation by Dr. Pradeep Kr. Choudhary, Project Director & SNO Child Health, National Health Mission Rajasthan and Dr. Sunit Singh Ranavar – Director of Reproductive and Child Health, Department of Health, and Family Welfare

Floor Discussion:

The presentation was followed by an extensive and insightful floor discussion, which is summarized under the following key themes:

1. The Critical Need for Convergence Between Health and WCD

- A central concern raised was the persistent disconnect between the Health and Women & Child Development (WCD) departments, despite the intrinsic link between nutrition and health. The components of nutrition and health are deeply interconnected; however, the current system operates in silos, with nutrition falling under Women and Child Development and health under the Health Ministry. This vertical segregation leads to programme duplication, data mismatch, as highlighted by the discrepancies observed in Poshan Tracker data and missed interventions.

- A critical example highlighted was the significant data discrepancy between the Poshan Tracker (showing only 1% SAM children in Rajasthan) and ground-level Health Department surveys (suggesting a much higher prevalence of 4-5%). This indicates a major gap in identification and reporting.

- Poshan Tracker (WCD) reports lower SAM/MAM cases compared to RBSK (Health) surveys, indicating underreporting. For instance, similar inconsistencies have been noticed from independent community survey by MSSRF in Odisha where ground-level

assessments reveal a much higher burden of malnutrition than reflected in official records. This underscores the urgent need to address data harmonization and strengthen convergence mechanisms between WCD and Health to ensure accurate reporting and effective intervention strategies.

- Multiple Reporting Systems (HMIS, Poshan Tracker, state portals) overburden frontline workers with duplicate data entry. An integrated Digital Platform is recommended for merging Poshan Tracker, HMIS, and state dashboards for real-time monitoring.
- Community Health Officers from Ayushman Arogya Mandir & ASHAs should shift from vertical programs (e.g., anemia, immunization) to holistic household tracking of knowing every family's health, nutrition, and sanitation status. This multi-pronged, lifecycle approach is essential to achieve "Kuposhan Mukt Bharat" (Malnutrition-Free India).

2. The Neglected "Window of Opportunity" (6 months to 3 years)

- Participants identified the period from 6 months to 3 years of age as critically neglected. This is when stunting often becomes irreversible, and brain development is at its peak.
- The challenge is that children in this age group are largely at home, dependent on family-based feeding practices, and not consistently covered by Anganwadi services or postnatal health follow-ups.
- This gap underscores the need for a new, convergent service delivery model targeting this specific age group and their caregivers. To enhance monitoring system, ASHA and CHO involvement in tracking growth and counselling mother should be strengthened. Through convergence between health and WCD, ensure postnatal care continuity and integrate nutrition counselling into the routine health visits.

3. Expanding the Convergence Model: Key Departments

The discussion emphasized that a holistic approach must extend beyond Health and WCD to include:

- Water/Sanitation (Swachh Bharat Mission): Recognized as a third critical pillar as Diarrhoea & worm infestations (from poor water/hygiene) worsen malnutrition by reducing nutrient absorption. Hence should converge with WCD to ensure clean water access and hygiene education in high-burden districts.

- Agriculture (Poshan Vatika & Dietary Diversity): Proposed as a fourth key department to promote dietary diversity through initiatives like Poshan Vatikas (nutrition gardens) at Anganwadis and schools. IFA supplements have low compliance which can alternatively be addressed by promoting kitchen gardens in Anganwadi and schools with hardy, nutrient-rich plants like moringa, guava, lemon. To boost iron absorption vitamin C rich foods like guava and lemon can be incorporated in the food provided in the Midday Meals and Anganwadi to reduce reliance on supplements. KVKs (Krishi Vigyan Kendra) also be involved to train communities on cultivating bio fortified crops.

4. Rethinking the Anemia Control Strategy (Anemia Mukt Bharat)

IFA tablets have <20% compliance due to side effects and lack of awareness. Iron & folic acid alone is insufficient since protein, zinc and vitamin C are critical for haemoglobin synthesis. Based on the level of anemia and degree of anemia, the dosage has got to change, and hence blanket approach of IFA distribution cannot address anemia; this recommendation was made by INSA, the Indian National Science Academy, a long time ago.

- **Proposed Shifts in Strategy:**
  - ✓ **Move from "Prophylactic" to "Test and Treat":** A strong recommendation was made to shift from "Blanket Distribution" approach to "Test & Treat" approach. Universal Hemoglobin Testing during school health checks, immunization visits using digital Haemoglobinometer, followed by targeted treatment based on severity should be made.
  - ✓ **Promote New Treatments:** The use of Ferric Carboxymaltose (FCM) injection was advocated for severe cases, given its single-dose efficacy and better compliance.
  - ✓ **Institutionalize Testing:** It is suggested to mandate bi-annual school health checks during the month of August & February for anemia/malnutrition. Haemoglobin can be tested in routine immunization sessions also.

5. The Foundational Role of Education and Awareness

- A foundational point was made that all interventions will have limited impact without addressing the root cause: a lack of basic health and nutrition literacy.

- It was stressed that efforts must focus on educating mothers, girls, and families on fundamental concepts (e.g., the body's need for water, protein, and micronutrients) to empower them to make informed choices. The slogan *"Healthy Mother, Healthy Baby"* was endorsed as a guiding principle.

6. Innovations and State-Level Initiatives in Rajasthan

- The Rajasthan team shared that they are proactively working on convergence, having already integrated three key data portals (E-Aushadi, E-Poshan, and PCTS) across the Health, WCD, and Education departments.
- They are also piloting innovations with Community Health Officers (CHOs) to move towards a more comprehensive, person-focused primary healthcare model, rather than a vertical, program-based one.

7. Data Discrepancies and Deeper Analysis

- The disparity in SAM/MAM numbers between aspirational and non-aspirational districts within the same data source (RBSK) is also a cause for concern. This along with the disparities in the Poshan Tracker data warrants a deeper analysis to understand how far these figures reflect the true situation and underlying challenges with data collection and reporting.

The floor discussion concluded with the moderator inviting the next presenter Dr. Manju Yadav, Deputy Director(N), ICDS from the department of Women and Child Development to give an overview of the current nutritional status of the children and the initiatives undertaken in order to address the undernutrition.

Role of Women and Child Development department in addressing undernutrition

Presented by - Dr. Manju Yadav, Deputy Director(N), ICDS, Rajasthan

The Integrated Child Development Services (ICDS) offers comprehensive childcare, which includes providing nutritious food, preschool education, immunizations, health check-ups, education on health and nutrition, and referral services.

Poshan Abhiyaan, India's flagship national nutrition mission, was formally initiated with a campaign launched from Jhunjhun district of Rajasthan on March 8, 2018. The initiative has since evolved, with the Government of India releasing updated guidelines for an integrated program—Saksham Anganwadi and Poshan 2.0—on August 1, 2022. This strengthened version of the campaign is strategically guided by four central pillars. These include a Social Behaviour Change Communication (Jan Andolan) to foster a people's movement for better nutrition, Community-Based Events to ensure local outreach and participation, robust Service Delivery mechanisms to provide essential resources, and a strong Monitoring system through the Poshan Tracker for real-time oversight. The final pillar, Line Department Convergence, ensures a unified approach by harmonizing the efforts of various government departments to effectively combat malnutrition.

Table 4: Nutrition status in Rajasthan

Parameters	NFHS 5 (%)	NFHS 4 (%)	Change (%)
Mothers who consumed iron folic acid for 180 days or more when they were pregnant	14.4	6.0	8.4
Institutional births	94.9	84.0	10.9
Institutional births in public facility	77	63.5	13.5
Children under age 3 years breastfed within 1 hour of birth	40.7	28.4	12.3
Children under age 6 months exclusively breastfed	70.4	58.2	12.2
Children age 6-8 months receiving solid or semi solid food and breastfed	38	30.1	7.9
Breastfeeding children age 6-23 months receiving an adequate diet	8.4	3.4	5.0

Non-Breastfeeding children age 6-23 months receiving an adequate diet	7.5	3.7	3.8
Total children age 6-23 months receiving an adequate diet	8.3	3.4	4.9
Stunting <59 months	31.8	39.1	7.3
Wasted <59 months	16.8	23.0	6.2
Severely wasted <59 months	7.6	8.6	1.0
Underweight <59 months	27.6	36.7	9.1
Overweight <59 months	3.3	2.1	1.2
Children age 6- 59 months who are anemic	71.5	60.3	11.2
Non-pregnant women age 15 -49 years who are anemic	54.7	46.8	7.9
Pregnant women age 15 -49 years who are anemic	46.3	46.6	0.3
All women age 15 -49 years who are anemic	54.4	46.8	7.6
All women age 15 -19 years who are anemic	59.4	49.1	10.3
Men age 15 -49 years who are anemic	23.2	17.2	6.0
Men age 15 -19 years who are anemic	34.0	22.1	11.9

Budget allocation

Chief Minister of Rajasthan has allocated ₹200 crores for the CM *Amrit Aahar Yojana*, aimed at improving the nutritional status of children aged 3 to 6 years @ Rs 4 extra from the existing provisions. Under this initiative, children at Anganwadi Centers will receive milk thrice a week. The milk will be fortified by mixing 10 grams of protein powder in 100 grams of hot water, ensuring enhanced nutritional benefits.

Table 5: Budget requirement

Children with SAM (Sep to Dec)	31,882 (Average)
Children With MAM (Sep to Dec)	1,44,660 (Average)
Total Children (Sep to Dec)	1,76,542 (Average)
Total Budget Required Per Year	Rs. 21,18,50,400

Table 6: State Nutritional profile of Children between September to December 2024

Indicators	Sept 24	Oct 24	Nov 24	Dec 24	Average
Registration	3362319	3331455	3320465	3299076	3328329
	45.4%	45.0%	44.9%	44.6%	45.0%
Measuring Efficiency	3163027	3167866	3140334	3002945	3118543
	94.1%	95.1%	94.6%	91.0%	93.7%
SAM	30913	30412	32810	33394	31882
	1.0%	1.0%	1.0%	1.1%	1.0%
MAM	145909	142756	144352	145621	144660
	4.6%	4.5%	4.6%	4.8%	4.6%
SUW	89107	95913	102236	105084	98085
(Severe Under Weight)	2.8%	3.0%	3.3%	3.5%	3.1%
MW	458832	465915	472936	456918	463650
(Moderate Under Weight)	14.5%	14.7%	15.1%	15.2%	14.9%
SS	620783	649177	673610	674672	654561
(Severe Stunted)	19.6%	20.5%	21.5%	22.5%	21.0%
MS	499481	508869	513248	492507	503526
(Moderate Stunted)	15.8	16.1	16.3	16.4	16.1

Table 7: Nutritional status of the children in India Vs Rajasthan

Data Sources	India			Rajasthan		
	Stunting	Wasting	Underweight	Stunting	Wasting	Underweight
NFHS-1 (1992-93)	52%	17.5%	53.4%	NA	NA	NA
NFHS-2 (1998-99)	45.5%	15.5%	47%	NA	NA	NA
NFHS-3 (2005-06)	48%	19.8%	42.5%	43.7%	20.3%	39.9%
NFHS-4 (2015 -16)	38.4%	21.0%	35.8%	39.1%	23%	36.7%
NFHS-5 (2019 -21)	35.5%	19.3%	32.1%	31.8%	16.8%	27.6%
Poshan Tracker (Nov 2023)*	38.47%	6.10%	16.56%	36.4%	7.4%	17.3%
Poshan Tracker (Nov 2024) **	39.27%	5.33%	17.2%	37.8%	5.6%	18.3%

* 25.4 lakhs children in the age group of 0-5 years were measured
** 31.4 lakhs children in the age group of 0-5 years were measured

Targeted Interventions and Monitoring in Aspirational Districts

The Aspirational Districts Programme entails focused strategies and rigorous oversight to accelerate development. A key initiative under this is the Scheme for Adolescent Girls (SAG), which is actively implemented in these districts. This scheme specifically targets out-of-school adolescent girls between the ages of 14 and 19, providing them with crucial nutritional support in the form of Take-Home Rations (THR) distributed through local Anganwadi Centers.

To ensure the effectiveness of these efforts, a robust performance monitoring system is in place. NITI Aayog leads this by conducting monthly progress tracking of vital health and nutrition indicators. These indicators closely monitor the prevalence of Low Birth Weight (LBW), Underweight children, Wasting, and the progress of Growth Monitoring activities.

Furthermore, the programme involves special monitoring and collaborative review. This is a coordinated effort involving the Government of India, NITI Aayog, and various NGOs. This multi-stakeholder approach is formalized through special meetings convened at the district level, which are chaired by the District Collector and include representatives from the GoI, NITI Aayog, and partner NGOs to review progress and address challenges.

Table 8: Comparison of nutritional parameters between aspirational and non-aspirational districts of Rajasthan

Parameters	Category	Sept 24	Oct 24	Nov 24	Dec 24
Registration (Average)	Non-Aspirational (28 District)	107693	106711	106365	105682
	Aspirational (5 Districts)	69381	68711	68449	67997
Measuring Efficiency	Non-Aspirational (28 District)	94.2%	95.2%	94.8%	91.1%
	Aspirational (5 Districts)	93.2%	93.8%	92.9%	90.6%
SAM	Non-Aspirational (28 District)	1%	1%	1%	1%
	Aspirational (5 Districts)	1%	1%	1%	1%
MAM	Non-Aspirational (28 District)	5%	5%	5%	5%
	Aspirational (5 Districts)	4%	4%	4%	4%
SUW	Non-Aspirational	3%	3%	3%	3%

(Severe Under Weight)	(28 District)				
	Aspirational (5 Districts)	3%	4%	4%	4%
MW (Moderate Under Weight)	Non-Aspirational (28 District)	15%	15%	15%	16%
	Aspirational (5 Districts)	16%	16%	17%	17%
SS (Severe Stunted)	Non-Aspirational (28 District)	19%	20%	21%	22%
	Aspirational (5 Districts)	22%	23%	25%	26%
MS (Moderate Stunted)	Non-Aspirational (28 District)	16%	16%	16%	16%
	Aspirational (5 Districts)	20%	20%	20%	20%

Five Aspirational Districts- Baran, Dholpur, Karauli, Jaisalmer & Sirohi

Role and Effectiveness of the Poshan Tracker in Combating Malnutrition

The Poshan Tracker serves as a comprehensive platform for real-time monitoring and management of nutrition-related services. Its primary role is to digitally capture data from Anganwadi Centers (AWCs), moving away from cumbersome paper-based registers. This shift significantly reduces the administrative burden on Anganwadi Workers, allowing them to dedicate more time to direct service delivery.

A key function of the tracker is the automated screening for malnutrition. By simply entering a child's height and weight, the system instantly calculates and flags indicators such as wasting, stunting, underweight, and obesity. This enables the rapid identification of at-risk children, facilitating prompt intervention.

The platform also enhances service delivery and accountability by tracking a wide range of AWC operations. This includes monitoring centre opening times, using facial recognition for beneficiary attendance, and overseeing the distribution of Take-Home Rations (THR) and Hot Cooked Meals (HCM). Furthermore, it automates the scheduling of home visits for children, pregnant women, and lactating mothers.

In terms of effectiveness, the Poshan Tracker creates unprecedented data transparency from the state down to the sector level, improving oversight and enabling targeted actions. By streamlining workflows, ensuring timely support, and providing accurate, real-time data on malnutrition, the tool has become an indispensable asset in advancing nutritional goals.

Protocol for identifying and addressing child malnutrition

Rajasthan State employs a comprehensive, dual-track mechanism to combat child malnutrition. Since 2021, the state has been running the **AMMA Program**, which is grounded in the **Community-Based Management of Acute Malnutrition (CMAM)** model. This initiative has recently been updated to align with the national CMAM protocol from the Government of India. Under this framework, all children identified with Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM) who do not have underlying medical complications receive treatment directly within their communities.

For cases where a child's condition is compounded by medical complications, the protocol mandates a referral to a dedicated Nutritional Rehabilitation Centre (NRC) for specialized inpatient care. This structured approach ensures that resources are efficiently allocated, providing community-based support for the majority while reserving advanced medical facilities for the most critical cases.

Convergence with other departments

- **Health Department:** The partnership is operationalized through Maternal and Child Health and Nutrition (MCHN) Days. Here, Auxiliary Nurse Midwives (ANMs) play a critical role in identifying children with Severe Acute Malnutrition (SAM), screening them for medical complications, conducting appetite tests, and enrolling eligible children into the CMAM (AMMA) program with necessary medications. Furthermore, Anganwadi Centers refer SAM children to Malnutrition Treatment Centers (MTCs), with monthly data shared on admissions and discharges to ensure continuity of care.

- **Public Health Engineering Department (PHED**): PHED is tasked with providing drinking water facilities to AWCs under the Jal Jeevan Mission. A significant focus is on supporting the 21,934 AWCs that currently lack this essential amenity.

- **Panchayati Raj Department:** This department facilitates the construction of toilets in AWCs to improve sanitation. This is a crucial intervention, given that 21,706 AWCs are reported to be without functional toilet facilities.

- **Energy Department:** The Energy Department is responsible for improving infrastructure by facilitating the provision of electricity and solar panels to AWCs. This is particularly important as only 5,099 AWCs currently have an electricity connection.

- **Education Department:** Collaboration with the Education Department includes facilitating AWC infrastructure by housing them within school premises. Additionally, the department trains Anganwadi Workers in early childhood education, with 22,177 AWCs having received training from Mentor Teachers.

Impact and Hurdles: An Overview of Poshan Abhiyan's Role in Combating Child Malnutrition

Key Achievements

The Poshan Abhiyan has contributed to the fight against child malnutrition through several key advancements. A primary achievement is the establishment of real-time monitoring via the POSHAN Tracker, which has significantly improved transparency and enabled more data-driven decisions for nutrition programs. This represents a successful technological integration, demonstrating how digital tools can streamline the tracking of beneficiaries on a massive scale. Furthermore, the program has fostered improved coordination through regular inter-departmental meetings at state, district, and block levels, ensuring a more collaborative approach. These efforts are reflected in tangible outcomes; according to NFHS-5 data, states like Rajasthan have witnessed a reduction in critical malnutrition indicators such as stunting, wasting, and underweight prevalence.

Persisting Challenges

Despite this progress, significant challenges remain in fully realizing the program's goals. A major hurdle is the incomplete coverage of children in the POSHAN Tracker, which currently includes only about half of all intended beneficiaries, partly due to gaps in universal registration. The reliability of the data is also compromised by accuracy issues, including erroneous entries of height and weight, which can skew the identification of malnourished children. Additionally, there is a lack of structured field monitoring for physically verifying the operations of Anganwadi Centres and the data reported from the ground level. Finally, capacity gaps among frontline workers, who require more targeted training to effectively manage children with Severe and Moderate Acute Malnutrition, continue to limit the program's potential impact.

Suggestions for way forwards

To strengthen the program's effectiveness, a key recommendation is to revise the Supplementary Nutrition Programme (SNP) to ensure it is fully aligned with the

Community-Based Management of Acute Malnutrition (CMAM) protocol and the cost norms established by the National Food Security Act (NFSA). Furthermore, dedicated budget provisions must be incorporated specifically for the capacity building and continuous training of frontline workers.

Presentation by Dr. Manju Yadav, Deputy Director(N), ICDS, Rajasthan Department of Women and Child Development

Floor Discussion:

Following the presentation, a detailed discussion ensued, raising critical operational and strategic questions about the Poshan Abhiyaan. The key points are summarized below:

1. Critical Gaps in the Current Focus: The Neglected Burden of Stunting

- **Over-reliance on SAM/MAM:** Participants expressed concern that the program's focus on Severe/Moderate Acute Malnutrition (SAM/MAM) overlooks the more prevalent and insidious challenge of stunting, which reflects chronic nutritional deprivation. While SAM/MAM indicators capture acute weight loss (weight-for-height), stunting (height-for-age) demonstrates long-term developmental impacts that often become irreversible by age three. The discussion highlighted how current protocols fail to equip Anganwadi workers with specific training or tools to identify and address stunting trends, as their interventions primarily target acute malnutrition cases flagged by the Poshan Tracker. This systemic gap results in missed opportunities for early intervention during the critical 7-24-month window when stunting typically develops, even in food-secure households.

- **Lack of Guidelines for Stunting:** It was noted that while clear protocols exist for SAM/MAM, there are no specific operational guidelines for addressing stunting. The current nutritional counseling is generalized and not targeted enough to reverse this chronic condition.
- **Need for Proactive Identification:** The Tamil Nadu Integrated Nutrition Program's success (implemented in the late eighties) was cited as a best practice – after three consecutive weighings, if the child did not show incremental weight gain then the system automatically enrolled the children in a feeding programs, preventing progression to stunting.

2. The Poshan Tracker: Data Discrepancies and Functional Limitations

- **Data Discrepancies:** The stark difference between National Family Health Survey (NFHS) data and Poshan Tracker data was highlighted as a major concern, raising questions about data accuracy and coverage.
- **Limited Beneficiary Coverage:** The revelation that only about 50% of the estimated target population is registered on the Poshan Tracker was identified as a critical gap, potentially due to an insufficient number of Anganwadi Centres. This incomplete coverage skews the understanding of the true malnutrition scenario. Rajasthan is addressing this by adding 1,000 new centers through state funding.
- **From Administrative Tool to Empowerment Tool:** While the Poshan Tracker is effective for administrative monitoring, it was deemed inadequate as an empowerment and educational tool.
  - ✓ **Loss of the Visual Growth Chart:** The shift to a digital-only system has eliminated the Mamta Card/Growth Chart, which allowed mothers to visually track their child's progress and understand their nutritional status. This was considered a significant setback for community engagement.
  - ✓ **Lack of Historical Trend Data:** The Tracker does not easily show a child's growth trajectory over time (e.g., progress from red to yellow to green), which is crucial for effective counselling and timely intervention. Participants recommended reintroducing growth monitoring tools that show progression trends over at least three consecutive measurements, enabling identification of children at risk before they become severely malnourished.

- ✓ **Hardware Suggestion:** A recommendation was made to provide Anganwadi workers with tablets instead of smartphones to facilitate better data visualization and interaction during counseling sessions.
- ✓ Technical limitations in the Poshan Tracker app might contribute to underreporting of SAM cases, this emphasizes the need for both digital and physical tracking systems to ensure comprehensive monitoring.

3. Training and Implementation Challenges

- A critical capability gap emerged regarding frontline workers' capacity to assess dietary adequacy during home visits. While Anganwadi workers conduct regular counseling, they lack specific training to evaluate meal frequency, quality, or caloric sufficiency - the root causes of stunting. The Rajasthan team acknowledged this limitation and requested support to develop specialized training modules. The discussion highlighted how current take-home ration programs distribute food universally without monitoring actual consumption or household sharing practices, reducing intervention effectiveness.
- Participants emphasized the need to shift from generic nutrition advice to customized counseling based on household food availability and feeding practices.

4. Cross-Sectoral Coordination and Systemic Recommendations

- The dialogue identified several systemic improvements needed: better integration between health and WCD data systems; revised Poshan Tracker functionality to include historical trend analysis; and renewed emphasis on growth monitoring during routine vaccination visits at 9 and 18 months. Rajasthan's unique crèche program under the Child Rights Department was noted as a potential model for other states.

Final recommendations included; expanding Anganwadi coverage to reach unregistered beneficiaries; developing stunting-specific protocols alongside SAM/MAM guidelines; and piloting tablet-based tracking with visual growth charts.

Post presentation dialogue with health department

List of participants

- Ms. Jeya Rani – Senior Research Fellow, MSSRF
- Dr. Jogeshwar Prasad – Additional Director of Reproductive and Child Health
- Dr. J.P Bhunkar – PDFW, Department of Health
- Dr. Manju Yadhav, Deputy Director – ICDS, Rajasthan.
- Dr. Nithya – Scientist, MSSRF
- Dr. Pradeep Choudhary, Project Director & SNO Child Health, National Health Mission Rajasthan
- Dr. Raghuraj Singh, Project Director – Immunization, Department of Health
- Dr. Rama Narayanan, Senior Fellow – MSSRF.
- Dr. Shiv Kumar Sharma – District Reproductive and Child Health Officer (RCHO) of Dholpur.
- Dr. Soumya Swaminathan, Chairperson – MSSRF,
- Dr. Sunit Singh Ranavar – Director of Reproductive and Child Health