Evaluation of Centrally Sponsored Schemes in Package 2: Women and Child Development

NITI Aayog

Submitted to

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SAMBODHI

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Abbreviations

Abbreviation	Full Form
ANC	Antenatal Care
AWC	Anganwadi Centre
AWH	Anganwadi Helpers
AWW	Anganwadi Workers
BBBP	Beti Bachao Beti Padhao
BCC	Behaviour Change Communication
BE	Budgetary Estimates
BOOT	Build-Own-Operate-Transfer
CAG	Comptroller and Auditor General
CARA	Central Adoption Resource Authority
CART	Classification and Regression Tree
CAS	Common Application Software
CBGA	Centre for Budget and Governance Accountability
CCI	Child Care Institutions
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSR	Child Sex Ratio
CSS	Centrally Sponsored Schemes
CVCF	Central Victim Compensation Fund
CWC	Child Welfare Committee
DBT	Direct Benefit Transfers
DCPU	District Child Protection Unit
DCR	Department of Child Rights
DHEW	Hub for Empowerment of Women

Abbreviation	Full Form
DMHP	District Mental Health Programme
DPSP	Directive Principles of State Policy
DRR	Disaster Risks Reduction
ECCE	Early Childhood Care and Education
ERSS	Emergency Response Support System
FLFPR	Female Labour Force Participation Rate
FRS	Facial Recognition System
GBC	Gender Budget Cell
GBS	Gender Budget Statement
GDP	Gross Domestic Product
HEW	Hubs for Empowerment of Women
ICDS	Integrated Child Development Services
ICPS	Integrated Child Protection Scheme
IEC	Information, Education and Communication
IERMS	Integrated Emergency Response Management System
ILA	Incremental Learning Approach
IMR	Infant Mortality Ratio
IPV	Intimate Partner Violence
JSY	Janani Suraksha Yojana
KGBV	The Kasturba Gandhi Balika Vidyalayas
LFPR	Labour Force Participation Rate
LS	Lady Supervisor
MER	Medical Examination Report
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme

Abbreviation	Full Form
MHA	Ministry of Home Affairs
MHM	Menstrual Health Management
MMR	Maternal Mortality Ratio
MPV	Mahila Police Volunteers
MSDE	Ministry of Skill Development & Entrepreneurship
MSJE	Ministry of Social Justice and Empowerment
MSK	Mahila Shakti Kendra
MTPA	Medical Termination of Pregnancy Act
NAFCC	National Adaptation Fund for Climate Change
NALSA	National Legal Services Authority
NCRB	Data from the National Crime Records Bureau
NCW	National Commission for Women
NDMA	National Disaster Management Authority
NER	Northeastern Region
NHM	National Health Mission
NMHS	National Mental Health Survey
NMR	Neonatal Mortality Rate
NNMR	Neonatal Mortality Rate
NRLM	National Rural Livelihoods Mission
NSAP	National Social Assistance Program
OOMF	Output-Outcome Monitoring Framework
OSC	One Stop Centres
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques Act
PFMS	Public Financial Management System
PLFS	Periodic Labour Force Survey

Abbreviation	Full Form
PMGKAY	Pradhan Mantri Garib Kalyan Anna Yojana
PMJDY	Pradhan Mantri Jan Dhan Yojana
PMMVY	Pradhan Mantri Matru Vandana Yojana
PMMY	Pradhan Mantri MUDRA Yojana
POCSO	Protection of Children from Sexual Offences
POSH	Prevention of Sexual Harassment of Women at Workplace Act
PPS	Probability Proportional to Size
RE	Revised Estimates
RKSK	Rashtriya Kishor Swasthya Abhiyan
RSLDC	Rajasthan Skills and Livelihoods Development Corporation
SAA	Special Adoption Agency
SAG	Scheme for Adolescent Girls
SAM	Severely Acute Malnourishment
SBCC	Social Behaviour and Communications Change
SHEW	State Hub for Empowerment of Women
SNA	Single Nodal Agency
SNP	Supplementary Nutrition Program
THR	Take-Home Ration
TPDS	Targeted Public Distribution System
UC	Utilization Certificate
UP	Uttar Pradesh
UPS	Usual Primary Status
UT	Union Territory
UWCIS	Unified Women and Child Information System
VHSNC	Village Health, Sanitation and Nutrition Committee

Abbreviation	Full Form
VHSND	Village Health, Sanitation and Nutrition Days
WCD	Women and Child Development
WHL	Women Helpline
WPR	Worker Population Ratio
WWH	Working Women Hostel

Executive Summary

Study Introduction

India has made notable gains in maternal and child health, with declining MMR and IMR as per NFHS-5. Yet, malnutrition, gender inequality, and limited access to education and social protection persist. To address these gaps and advance the SDGs, the Ministry of Women and Child Development (MoWCD) launched four umbrella missions: Saksham Anganwadi and Poshan 2.0 (nutrition and early childhood development), Mission Vatsalya (child protection), Mission Shakti (women's empowerment and safety), and the Nirbhaya Fund (safety infrastructure). These schemes adopt a convergent, multi-sectoral approach. Partnerships with Health, Education, Jal Shakti, Home Affairs, and Finance Ministries enhance impact and promote inclusion.

This evaluation (2019–2024) assesses MoWCD's scheme performance through sectoral and scheme-level analyses, best practices, and program harmonization, offering a roadmap for integrated and equitable development outcomes.

Approach and Methodology

The evaluation team framed a set of sectoral and scheme-level questions. Sector-level questions focus on key development priorities, sector performance, integration with allied ministries, and emerging gaps. At the scheme level, the REESIC+E framework – Relevance, Efficiency, Effectiveness, Sustainability, Impact, Coherence, and Equity – was adopted to assess each scheme across multiple dimensions.

A mixed-methods approach integrated meta-analysis of validated secondary sources with primary data. Secondary data comprised government reports, financial documents, various national level surveys like NFHS, PLFS, and strategic policy notes. Primary data was collected through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), household surveys, and facility visits. The tools were co-developed with sector experts to ensure analytical relevance. Investigators received training to ensure ethical and gender-sensitive engagement. Triangulation of primary and secondary findings enhanced the credibility of the evidence base.

Sampling was multi-tiered and purposive, ensuring geographic and socio-economic diversity. Twelve states and one Union Territory (Chandigarh) were selected based on NFHS-5 indicators such as malnutrition, anaemia, adolescent fertility, and financial inclusion. Within each state, districts were classified by performance, and blocks, villages, and urban wards were randomly sampled to ensure representative data.

Sectoral Analysis

The Women and Child Development (WCD) sector in India has evolved from fragmented welfare efforts to an integrated, lifecycle-based approach rooted in rights and empowerment. This shift aligns with global commitments like CEDAW (1979), CRC (1989), and the Sustainable Development Goals (SDGs), and national milestones such as ICDS, the Nirbhaya Fund, and Poshan Abhiyaan. Flagship missions—Saksham Anganwadi and Poshan 2.0,

Mission Shakti, and Mission Vatsalya—now promote convergence, systems thinking, and inter-ministerial collaboration.

Despite progress, challenges persist. NFHS-5 data reveal high levels of anaemia among women (57%) and stunting in children under five (35%). Poshan 2.0 addresses these through dietary diversification, micronutrient supplementation, and behavioural change, but anaemia continues to rise. In education, female literacy has improved, but secondary-level dropouts remain high due to early marriage, safety issues, and financial constraints. Programs like Beti Bachao Beti Padhao and Samagra Shiksha aim to bridge these gaps, yet rural and marginalised adolescent girls remain vulnerable.

Maternal and child mortality rates have improved, but SDG targets are unmet in many states, pointing to the need for better antenatal/postnatal care and integration of health and nutrition services. Women's workforce participation has increased in rural areas (47.6% in 2023), but urban rates lag due to unpaid care work, low skilling, and poor access to credit. The care economy remains largely unacknowledged.

Mission Vatsalya prioritizes child protection, but institutional care quality, mental health services, and non-institutional alternatives are weak. Menstrual hygiene remains under-addressed in AWCs and CCIs. Cross-sectoral convergence is gaining ground, yet data fragmentation, poor digital systems, and lack of portability for migrants hinder delivery.

Moving forward, the sector must invest in convergence, real-time monitoring and inclusion of excluded groups. Mainstreaming mental health, skilling, and caregiving will be critical to achieving gender equity and child well-being.

Schematic analysis

Scheme 1 - Mission Saksham Anganwadi and Poshan 2.0

Mission Saksham Anganwadi and Poshan 2.0, as an integrated life-cycle approach to address undernutrition, encompasses four major components—Supplementary Nutrition Programme (SNP), Early Childhood Care and Education (ECCE), Poshan Abhiyaan, and the Scheme for Adolescent Girls (SAG). Despite its comprehensive design and wide institutional reach, implementation challenges persist across components, calling for targeted recommendations to enhance service delivery, efficiency, and scheme coherence.

1. Supplementary Nutrition Programme

Key recommendations for the Supplementary Nutrition Programme (SNP) include pairing the much needed infrastructure upgrades (kitchens, storage, sanitation) with HR reforms to ensure service readiness. Geotagging of remote AWCs could be completed to support infrastructure planning and monitoring. Mapping HR gaps and recruiting Anganwadi Helpers and to fill vacancies in underserved areas. Reinstate in-person and residential trainings alongside peer-learning. Pilot modular THR menus using local ingredients to improve acceptability. Expand outreach by using innovative features like mobile Anganwadi Centres, community distribution models, and women's groups. Institutionalize grievance redressal and district-level social audits for transparency.

2. Poshan Abhiyaan

The **Poshan Abhiyaan** component, initially envisioned as a convergence and technology-driven initiative, now requires revitalization. State and district-level Poshan Committees must be reactivated with regular reviews, cross-sectoral participation, and time-bound action plans. Joint training across WCD, Health, and Education departments can build convergence and shared accountability. Digital fatigue among frontline workers can be mitigated by simplifying tools, building capacity in dashboard use, and deploying block-level data stewards to support real-time validation, reduce errors, and guide frontline data use for planning. Community engagement campaigns like POSHAN Maah and Pakhwada could shift from one-time events to structured quarterly cycles aligned with local agricultural and cultural calendars. These cycles could include recipe demonstrations, nutrition fairs, and adolescent engagement, supported by local influencers and SHG leaders.

3. Scheme for Adolescent Girls

The Scheme for Adolescent Girls (SAG) has seen reduced visibility and uptake post-merger with SNP, weakening its adolescent focus. A separate beneficiary registry within the Poshan Tracker is needed to monitor SAG-specific outcomes.

The Scheme for Adolescent Girls (SAG) has not conducted a comprehensive mapping of the target beneficiaries, which was intended to be completed within the first two years of implementation. This gap has significantly limited the identification and coverage of eligible adolescent girls, resulting in a small sample size and, consequently, a limited our scope for conducting a robust analysis. Given that it is a targeted scheme, it has still not been able to reach the desired population group.

While the Scheme for Adolescent Girls (SAG) remains relevant and well-targeted, it cannot be continued in its present form. The Ministry of Women and Child Development (MoWCD) should establish clear mechanisms for identifying the target group and institutionalize well-defined indicators to monitor and evaluate the progress and impact of the scheme's non-nutritional components.

Scheme 2 - Mission Shakti

Mission Shakti, launched by the Ministry of Women and Child Development (MoWCD), consolidates schemes for women's safety, protection, and empowerment under two core components: *Sambal* and *Samarthya*. Sambal focuses on response to violence and safety services, while Samarthya promotes socioeconomic empowerment and entitlements. While this integrated framework signals a progressive policy shift, persistent gaps in implementation, coordination, and delivery mechanisms require urgent reform and rationalization.

1. Mission Sambal

Under **Sambal**, schemes like One Stop Centres (OSCs), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP), and the Nari Adalat aim to support women in distress through legal aid, shelter, and emergency services. However, siloed implementation, duplication, and administrative inefficiencies undermine impact. DHEWs must be institutionalized as the central convergence point for all safety-related services, enabling seamless survivor-centric case management in coordination with health, police, judiciary, and social welfare departments. Co-location of OSCs and WHLs within hospital or court premises could be

expanded to improve accessibility and referral networks. To address chronic HR shortages, recruitment of trained personnel in Tier II and rural areas must be fast-tracked, with inflation - linked honorarium and rotational postings to improve retention. A unified digital platform integrating OSCs, WHLs, and police data is essential to streamline case tracking and enable real-time monitoring.

2. Mission Samarthya

The **Samarthya** component combines schemes like PMMVY, Shakti Sadan, Sakhi Niwas, and DHEWs to promote entitlements, shelter, financial inclusion, and skill development. To improve integration and access, DHEWs could be transformed into single-window service centres with expanded mandates and inter-ministerial coordination. PMMVY implementation must be strengthened by simplifying enrolment, enabling Aadhaar-linked automatic registration through health systems, and improving grievance redressal. Timely fund disbursal, streamlined procedures, and real-time dashboards will increase beneficiary confidence and uptake.

To drive these reforms, a national Mission Shakti Technical Support Unit could guide states on scheme harmonization, MIS integration, and performance reviews. States must prepare annual action plans outlining convergence strategies and resource gaps. Cross-thematic training for district officials and frontline workers is essential to build capacities that reflect the multi-sectoral nature of women's needs. PRI engagement, civil society partnerships, and community monitoring will be crucial for accountability and contextual relevance.

In sum, unlocking Mission Shakti's transformative potential requires rationalizing schemes, strengthening DHEWs, and building integrated, outcome-driven delivery platforms responsive to women's realities on the ground.

Scheme 3 - Mission Vatsalya

Mission Vatsalya, launched by the Ministry of Women and Child Development (MoWCD), aims to protect and support vulnerable children through two key components: Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL). These are implemented via CWCs, JJBs, CCIs, SAAs, and DCPUs. For CNCP, major gaps include inadequate infrastructure, staff shortages, and weak coordination. A national infrastructure audit and targeted upgrades especially in aspirational districts are essential. A unified Juvenile Justice digital portal is recommended for real-time case tracking. CWCs need standard tools for care planning, and adoption/foster care efforts must be expanded with district promotion, incentives, and frontline training.

DCPUs require urgent HR strengthening and multidisciplinary capacity building. For CCL, infrastructure in JJBs and juvenile homes must be upgraded to prioritize rehabilitation, vocational training, and psychosocial support. Cross-cutting reforms include converging with PRIs, ULBs, and schools, creating district action plans, tracking outcomes like reunification and education, and enabling real-time monitoring and decentralized funding for responsive implementation.

Nirbhaya fund

The Nirbhaya Fund, established in 2013, is a non-lapsable corpus dedicated to enhancing women's safety through multi-sectoral initiatives. Administered by the Ministry of Women and Child Development, it funds projects like One Stop Centres, Women Helpline 181, Emergency Response 112, Fast Track Courts, and Safe City infrastructure. By 2024–25, ₹7,700 crore was allocated, with 76% utilization. The scheme has been beneficial in the places it has been implemented but there is a need to strengthen the scheme with an added emphasis on inter-departmental convergence.

Program rationalisation

Saksham Anganwadi & Poshan 2.0 could be continued with upgraded infrastructure, human resource strengthening, and real-time, decentralized monitoring systems. Sub-components like the Supplementary Nutrition Programme and POSHAN Abhiyaan require better community engagement, lifecycle targeting, and convergence with health and education departments. The **Scheme for Adolescent Girls (SAG)** could be **continued** scaled up with stronger school-health linkages and MIS-based monitoring. **ECCE** could continue with immediate convergence actions and a phased **transition** of older preschoolers into formal education.

Mission Shakti, through its *Sambal* and *Samarthya* verticals, addresses safety and empowerment but suffers from fragmentation. It could be strengthened through integrated service delivery, digital case management, better staffing norms, and coordinated outreach across One Stop Centres, helplines, and shelters. DHEWs could serve as single-window platforms for entitlements, skilling, and financial inclusion.

Mission Vatsalya could shift from institution-focused care to family- and community-based alternatives, backed by a unified child protection portal, stronger aftercare, and local governance engagement. DCPUs must be equipped with skilled staff and linked to education, health, and skill development services

Recommendations

The report summarises in 5 interconnected recommendations: infrastructure improvement, workforce strengthening, community-based accountability, optimized use of the Nirbhaya Fund, and an integrated monitoring framework.

Firstly, infrastructure under Mission Shakti, Saksham Anganwadi, and Vatsalya must be addressed in a saturated, mission-mode approach to ensure safe, inclusive, and functional service delivery environments. Infrastructure deficits across Anganwadi Centres, One Stop Centres, CCIs, and shelters hinder service delivery, with many lacking safe, accessible, and child-friendly facilities. Less than half of AWCs operate from pucca buildings, and several CCIs lack gender-segregated or inclusive spaces. A phased, convergence-based strategy is recommended starting with facility audits, cost benchmarks, and co-location protocols. Institutionalizing model designs, and integrating services with digital tools (e.g., inventory systems, e-learning) will improve efficiency and cost-effectiveness.

Second, frontline human resources including Anganwadi Workers (AWWs), helpers, OSC counsellors, and DCPU staff face persistent vacancies, poor incentives, and limited training. A multi-tiered strategy is proposed: conducting staffing gap assessments, digitizing HR

records for automated honorarium disbursal via PFMS/HRMIS and establishing a tripartite taskforce to revise and index honorariums to inflation. Cadre flexibility in urban slums and aspirational districts, and incentive-based recruitment for remote areas are emphasized. Local master trainers and blended learning modules are recommended to strengthen capacity building. Structured career progression and a national HR repository will improve retention, accountability, and transparency.

Third, community-based accountability mechanisms must be broadened to include adolescent boys, fathers, and male elders in platforms like VHSNCs, VCPCs, and SMCs. Orientation sessions, participatory social audits, focus group discussions, and community scorecards are recommended to promote shared caregiving roles and challenge harmful gender norms. This inclusive approach is intended to deepen ownership and responsiveness at the grassroots level.

Fourth, the chapter proposes optimizing the *Nirbhaya Fund* through data-driven planning and convergence. A national risk index using NCRB data, GIS mapping, and safety audits could guide fund allocation to high-risk districts. Project templates for scalable safety interventions, simplified approvals, capacity-building workshops for proposal writing, and flexible fund reallocation across aligned Mission Shakti components are key suggestions. Convergent pilots with allied ministries are recommended to support girls' safety, working women's shelters, and migrant-friendly mobility infrastructure.

Finally, a robust monitoring framework is outlined to ensure service quality and responsiveness. This includes real-time dashboards at block levels, quality audits with cross-sectoral teams, institutionalized social audits, digitized inventory management, and revised SOPs based on audit findings. Integration of these tools with state MIS and training content will foster a culture of adaptive learning and responsive governance.

Program Harmonisation

In conclusion, Chapter 6 advocates a systemic transformation in MoWCD's delivery architecture. By investing in infrastructure, modernizing workforce systems, institutionalizing community participation, and leveraging technology for monitoring, the Ministry can enhance the efficiency, equity, and impact of its flagship programs for women and children.

Chapter 1. Introduction

1.1 Background and Context

India's economic trajectory is closely intertwined with the progress of its women and child development (WCD) sector, as improvements in maternal and child health, nutrition, education, and gender equality directly translate into stronger human capital and a more productive workforce. By one estimate, due to current gaps in health and education, an Indian child born today will only achieve about half of their potential productivity in adulthood.[2] Such deficits carry a macroeconomic toll: child malnutrition alone is estimated to cost India up to 4% of GDP through lost productivity, and poor maternal health and nutrition perpetuate cycles of low labour force participation and reduced productivity[3]. Conversely, closing gender gaps and ensuring women's full economic participation would significantly boost growth. India's female labour force participation remains among the lowest globally and raising it toward parity could add substantially to GDP growth. Strengthening WCD outcomes is therefore not only a social imperative but a sound economic strategy for long-term resilience, reinforcing India's progress toward the Sustainable Development Goals (SDGs).[4] In India, achieving gender equality and improving health and education for women and children are central to the country's SDG agenda. According to NFHS-5 (2019-21), nearly 57% of Indian women are anaemic, child stunting rates are at 35.5%, and 32% of children are underweight.[5] Gender disparities in accessing education, and safety concerns contribute to India's low female labour force participation, standing at 37% as of 2023. To address these concerns, the Government of India under the aegis of the Ministry of Women and Child Development (MoWCD), has introduced and expanded a variety of centrally sponsored schemes during the ongoing 15th Finance Commission cycle (2019-20 to 2024-25). These schemes are classified under four missions/programs and will be reviewed and evaluated in the present report. The programs are as follows -

1. Saksham Anganwadi and Poshan 2.0: These programs aim to enhance the nutritional outcomes for children under six years, pregnant women, and lactating mothers. With the goal of improving infrastructure and service delivery through upgraded Anganwadi Centres (AWCs), this scheme seeks to promote better governance in nutrition delivery. In accordance, the evaluation will assess any challenges towards resource allocation and community engagement, which may hinder achieving SDG 2 (Zero Hunger) and SDG 3 (Good Health).[5]
2. Mission Vatsalya: This scheme focuses on the holistic development and protection of women and children through integrated services that address health, nutrition, and education. Its strength lies in its comprehensive approach, and the evaluation will be

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[2] *The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19*. World Bank Group. https://www.worldbank.org/en/publication/human-capital

[3] *Investing in health for all: Economic and social returns of health interventions*. World Health Organization. https://www.who.int/publications/i/item/9789240060849

[4] *Strategy for New India @75*. Government of India. https://www.niti.gov.in/strategy-for-new-india

[5]Ministry of Women and Child Development (MWCD), Government of India. (2021). Guidelines for Saksham Anganwadi and Poshan 2.0.

assessing any implementation challenges, which may limit its impact on reducing inequalities (SDG 10).[6]

3. Mission Shakti: This mission comprises two sub-schemes for women's safety and empowerment and aims to provide support through One Stop Centres (OSCs), Universal Women Helpline (WHL) and various welfare programs. It has made strides in promoting gender equality (SDG 5), and the evaluation will be assessing any outreach issues specifically to the marginalized communities.[7]
4. Nirbhaya Fund: The Fund was established to enhance women's safety and has been deployed to financially support projects aimed at preventing violence against women. However, its underutilisation raises concerns about its effectiveness in achieving the goals of women's empowerment, a key point the present report will elaborate on.

These schemes collectively align with India's national agenda by addressing critical issues in health, nutrition, education, and gender equality while aiming to fulfil the commitments outlined in the SDGs.[8]

1.1.1 Objectives of the Study

The intent of the proposed evaluation study covering **Saksham Anganwadi and Poshan 2.0, Mission Vatsalya, Mission Shakti,** and **Nirbhaya Fund** is pragmatically designed to determine the effect of these schemes on the targeted beneficiaries. Hence, the objective is to capture a broader canvas of effectiveness, efficiency, employment generation, scope for skill development, value additions, opportunities to bring innovation, and sustainability to assess the overall sectoral impact on the national economy. The sectoral evaluation is from 2019-20 to 2023-24.

1.1.2 Scope of the Study

This report presents a comprehensive analysis of key informant interviews, community-level focus group discussions, and household surveys. Based on this the evaluation will provide insights into each program's design success and failure in terms of institutional arrangements, human resources, and political economy, among others. The strategic insights provided by the evaluation can be mapped under each of the four objectives as follows:

1.1.2.1 Sectoral Analysis

The evaluation broadly assesses the performance of the women and child development (WCD) sector against national priorities and international commitments. The sectoral analysis examines the convergence of WCD with criteria such as health, nutrition, education, and social determinants. This will identify how WCD schemes overlap with other developmental programs initiated by Central and State Governments. A cross-sectional thematic assessment will also be conducted on health, education, use of IT, gender mainstreaming, inclusion of vulnerable populations, and climate change. Doing so will highlight the gaps in the sector and

6 Ministry of Women and Child Development. (2024). Mission Vatsalya.
7 Ministry of Women and Child Development. (2021). Mission Shakti Guidelines. Government of India.
8 Ministry of Women and Child Development. (2024). Nirbhaya Fund: PIB Updates

identify areas that require targeted interventions. Primary data analysis will be integrated to corroborate the findings from secondary data.

1.1.2.2 Scheme-level Analysis

Scheme-level analysis involves a comprehensive appraisal of the Centrally Sponsored Schemes (CSSs) and their sub-schemes to evaluate their objectives, implementation, and outcomes. This will identify alternative mechanisms to achieve the schemes' goals more effectively, scrutinising them using the REESIC + Equity framework. Quantitative and qualitative approaches will map the expected as well as actual contributions of the schemes, assess the quality of assets created, and evaluate their operational readiness – focusing on design, fund flow, and utilization. The analysis will also identify changes in beneficiaries' access and utilisation of the CSSs. It will also examine the quality of services provided by facilities established under the schemes and explore convergence with schemes of other ministries. Additionally, regional and state-wise variations in scheme outcomes will be assessed to understand disparities and inform policy improvements.

1.1.2.3 Best Practices

The evaluation will also identify and highlight scalable best practices and replicable home-grown innovations by creating case studies to inform the policy makers on the success stories that can be used to scale the policies.

1.1.2.4 Programme Harmonisation

The evaluation will provide recommendations on whether schemes should continue in their current form, be modified, scaled up or down, prioritised, or be discontinued entirely, based on the triangulation of insights from the sectoral and scheme-level analyses. In cases where modification is advised, the evaluation will propose revisions to the scheme design to enhance its effectiveness and ensure successful future implementation.

1.1.2.5 Evaluation Questions

The sector and scheme level evaluation questions were identified by the evaluation team through a detailed assessment of the study requirements delineated in the Request for Proposal.[9] They were finalised based on the inputs received from NITI Aayog. These form the foundation for the secondary data analysis and primary data collection:

Table 1: Evaluation Questions of the Study

Sectoral Level Evaluation Questions	
EQ 1	What are the primary national and global priorities for advancing the Women and Child Development sector?
EQ 2	How has the sector performed across major thematic areas relevant to women and children?

[9] I-19014/03/2024-DMEO RFP NUMBER

EQ 3	How effective are WCD schemes integrating with other sectoral programmes, especially in health, education, and nutrition?
EQ 4	What are the key gaps and priority areas requiring further attention in the WCD sector?
EQ 5	What additional sectoral issues should be addressed to ensure a comprehensive evaluation of WCD needs?
Scheme Level Evaluation Questions	
Relevance	1. Do scheme objectives and intended outcomes align with the national and international priorities? 2. Does the scheme design address the current challenges in the WCD sector and align with its intended outcomes?
Efficiency	3. To what extent does the scheme's implementation framework, resource allocation, scheme entitlements help to achieve intended outcomes and impact? 4. Does the scheme identify and reach its target beneficiaries across regions, including vulnerable groups, while ensuring adequate resource allocation and utilizing gender budgeting?
Effectiveness	5. Have the scheme's intended outcomes been achieved or are expected to be achieved at the time of assessment? 6. To what extent has the scheme minimized the exclusion of potential beneficiaries while addressing critical gaps in achieving its outputs and outcomes?
Sustainability	7. Can the scheme be sustained in the long term, considering financial, environmental, and social factors?
Impact	8. Does the scheme deliver measurable benefits in health, nutrition, access to higher education, and female labour force participation? 9. Did the scheme contribute to intangible outcomes, such as fostering social change and promoting gender mainstreaming within the target population?
Coherence	10. How well does the scheme align with other schemes and programs within and outside the WCD sector? How well does the scheme align and converge with the existing WCD and other sector-related schemes implemented by State Governments and Civil Societies?
Equity	11. Is the scheme equitable for all the beneficiaries irrespective of their region, religion and economic status?

1.2 Sector Overview

Adopting the SDGs (2015) as stipulated by the World Health Organisation marked an important milestone in global development efforts, focusing on women and child development (WCD), emphasizing health, education, gender equality, and nutrition. This led to stronger policy frameworks globally and increased funding for maternal and child health, education access, and gender empowerment initiatives. As such programs addressing malnutrition, child marriage, and violence against women gained momentum. For instance, the SDG 5 which focuses on gender equality, has catalysed efforts to empower women and eliminate discrimination. Progress has been made to enhance access to quality education for girls (SDG

4), leading to decreased early marriages and improved educational outcomes. Additionally, initiatives aligned with SDG 3 have focused on improving health services for women and children, addressing maternal health and child mortality. SDG 2 has driven efforts to combat hunger and malnutrition among vulnerable populations, and SDG 10 emphasizes on reducing inequalities – ensuring that marginalized groups receive equal opportunities in society.[2]

Despite these global policy efforts, gender inequality poses a significant challenge to achieve sustainable development. Women with lower levels of education have limited access to the formal workforce, resulting in lower income, fewer leadership opportunities, and restricted economic independence. As per UNESCO (2020), women represent nearly two-thirds of the world's illiterate population, which hampers their ability to access resources, participate in decision-making, and achieve gender parity.[10] Gender inequality in education and employment directly affects broader socio-economic growth, perpetuating cycles of poverty and exclusion. In low and middle-income countries (LMICs), gender disparities are even more pronounced. Limited educational access for women further exacerbates inequalities in health and employment opportunities. A study shows that child marriage and early pregnancies are still common in LMICs, further restricting women's educational and economic potential. Poor access to maternal healthcare services and nutritious food in these settings lead to higher rates of maternal and child mortality, undermining progress toward the SDGs. Investments in women's education, maternal nutrition, and healthcare infrastructure are critical to address these gaps in LMICs.

India has made remarkable strides in maternal and child health metrics as captured by the National Family Health Survey (NFHS-3) through NFHS-5. The Maternal Mortality Ratio (MMR) has notably improved, decreasing from 374 per 100,000 live births in NFHS-3 to 97 per 100,000 live births in NFHS-5.[11] Similarly, the Infant Mortality Ratio (IMR) has also shown a positive trend, declining from 66 per 1,000 live births in NFHS-3 to 30 per 1,000 live births in NFHS-5. These positive trends reflect the commitment to enhance maternal and neonatal health services and interventions. Despite these advancements opportunities for improvement exist, particularly with regards to malnutrition among children. In NFHS-4, the prevalence of stunting among children under five was recorded at 38.4%, which saw a slight decrease to 35.5% in NFHS-5. However, this progress is deemed insufficient against the ambitious targets established by government initiatives such as the POSHAN Abhiyaan.

[10]United Nations Educational, Scientific and Cultural Organization (UNESCO). (2020). Global Education Monitoring Report 2020: Inclusion and education: All means all. Paris: UNESCO.

[11] Ministry of Health and Family Welfare. (2021). National Family Health Survey (NFHS-5), 2019-21: India Fact Sheet. Government of India.

Chapter 2. Approach and Methodology

2.1 Evaluation Approach

The evaluation adopts a pragmatic **mixed-methods approach**, combining primary and secondary research to assess the performance of the Women and Child Development (WCD) sector. The framework is grounded in India's national commitments, the Sustainable Development Goals (SDGs), and program-specific objectives. A **meta-analysis** of government reports, national policy documents, and validated datasets (e.g., NFHS, PLFS, NCRB, NHM dashboards) was undertaken to contextualize sectoral progress and convergence. This analysis was guided by strict inclusion criteria, prioritizing recent, representative, and validated government data (post-2015). International benchmarks such as WHO and World Bank indicators were also referenced. The evaluation framework applied is the widely accepted **OECD-DAC REESIC+E framework**, examining Relevance, Effectiveness, Efficiency, Sustainability, Impact, Coverage, Equity, and Compliance. This enabled a structured assessment of scheme outcomes, design alignment, service delivery quality, and convergence across sectors. Findings from secondary data were **triangulated with primary data** collected from targeted respondents to ensure analytical rigour and contextual relevance.

2.2 Meta-Analysis Methodology

To effectively leverage existing knowledge for a sectoral analysis, the evaluation team employed **meta-analysis**[12] of available literature and secondary data to identify key national priorities, drawing insights from national strategic documents, budgetary trends, expenditures, and inter-sectoral convergence with other programs. It incorporated analysis on international commitments, such as the SDGs, and World Bank data. Additional data repositories like NFHS, NCRB, PLFS, dashboard data from scheme specific dashboards such as POSHAN tracker, and of Mission Shakti, and Mission Vatsalya, and administrative data from MoWCD were analysed to assess the performance of the WCD sector and identify gaps that require targeted interventions. The sectoral analysis was inclusive of trend analysis to evaluate performance against national strategies and global benchmarks. The meta-analysis had specific inclusion criteria for the data: only the latest information from highly representative and validated government sources and budgetary data solely from the official budget documents of the centre or state.

2.3 Field Study Methodology

2.3.1 Overview

2.3.1.1 Data Collection

[12] A technique of synthesizing and summarizing previous quantitative and qualitative research. Meta-analysis enables evidence synthesis in a sector with a vast but variable-quality body of evidence, where systematic appraisal and synthesis are lacking

Secondary research was used to define key evaluation questions, map policy landscapes, and assess budget trends. It provided a foundation for identifying implementation gaps and areas requiring deeper field investigation.

Primary research covered both quantitative and qualitative dimensions. It included household surveys, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and institutional facility assessments (checklist). Tools were developed by the core research team and refined with expert input to ensure sectoral relevance and gender sensitivity. Trained field teams conducted data collection using standardized protocols to ensure ethical and accurate engagement. The sampling was designed to be representative and aligned with national priorities. Three components were covered:

- **Qualitative**: KIIs and FGDs with diverse stakeholders at all administrative levels.
- **Quantitative**: Household surveys collecting data on service uptake, awareness, and perceptions.
- **Facility-level**: Assessments of AWCs, One Stop Centres, Shakti Sadans (shelter homes), Working Women Hostels, Childcare Institutions, and women helplines.

2.3.1.2 Data Analysis

Sector-level and scheme-level evaluation matrices were developed, at the inception stage, to align with overarching objectives of MoWCD programs. A separate matrix was also created for evaluating cross-cutting themes (e.g., safety, convergence, empowerment). These matrices guided data analysis against predetermined indicators of success. The matrices can be found in Annexure A and Annexure B. Quantitative analysis used STATA 17.0 and Python, including descriptive statistics, trend analysis, and a **Classification and Regression Tree (CART)** model to identify predictors of women's decision-making. Trends in LFPR, nutrition, maternal health, and budget utilization from 2015–16 to 2023–24 were tracked.

Qualitative analysis focused on themes such as access, equity, implementation bottlenecks, convergence, and governance. Triangulation of qualitative insights with quantitative trends enriched the findings. Institutional assessments were graded using binary scoring and visualized using heat maps. Details of scoring criteria and institutional performance are in **Annexure D.2**

2.3.2 Sampling Strategy

Eleven states and one Union Territory (UT) were selected using a composite index of NFHS-5 indicators. States were stratified into high, medium, and low performers. Districts were selected based on socio-economic and health indicators, and included aspirational districts, repeat districts for longitudinal comparison, and those with high rates of crime or child marriage. From each selected district, two blocks and six villages were sampled using Probability Proportional to Size (PPS). In urban areas, three towns and two wards per town were randomly selected. Substitutions were made where required based on population density and service availability. Details on the sampling are provided in **Annexure D.1.**

2.3.3 Quantitative

2.3.3.1 Sample Achievement in Quantitative Survey

A total of 4,741 primary interactions were achieved comprising Household interviews, KIIs, FGDs, and Institutional checklist. The details of the sample achieved are given on the table below:

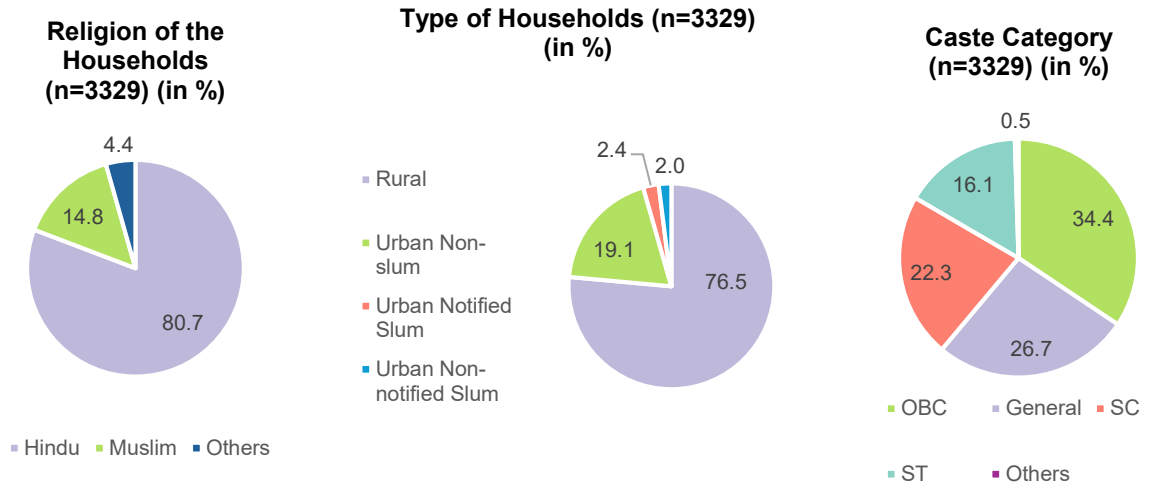
Primary Data Type	Household Sample Achieved	Remark
Household Interviews	3329	(2460 rural and 869 Urban)
KIIs	797	This includes KII at the National, State, district, block, and village. This also includes KII at facilities such as SAA, CCI, OSC, Women helpline, WWH (Sakhi Niwas), and Shelter home (Shakti Sadan) wherever available as per the proposed sample. (Proposed: 583 with officials and 36 at facilities = 619) (Sample Achieved: 676 with officials at multiple level and 121 at facilities = 797)
FGDs	260	1. FGDs with men and Adolescent boys were added to the list of stakeholders. 2. At the pilot stage some changes were made to the sample of FGDs. Instead of doing FGDs at the block level, we increased the number of FGDs at the village level.
Institutional visit	355	OSC, CCI, Shakti Sadan, Shakhi Niwas, AWC, helpline was covered wherever available.
Total	**4741**	

2.3.3.2 Respondents' Profile and Geographical Coverage

The details on the number of quantitative interviews conducted by state are given in **Annexure A.1.**

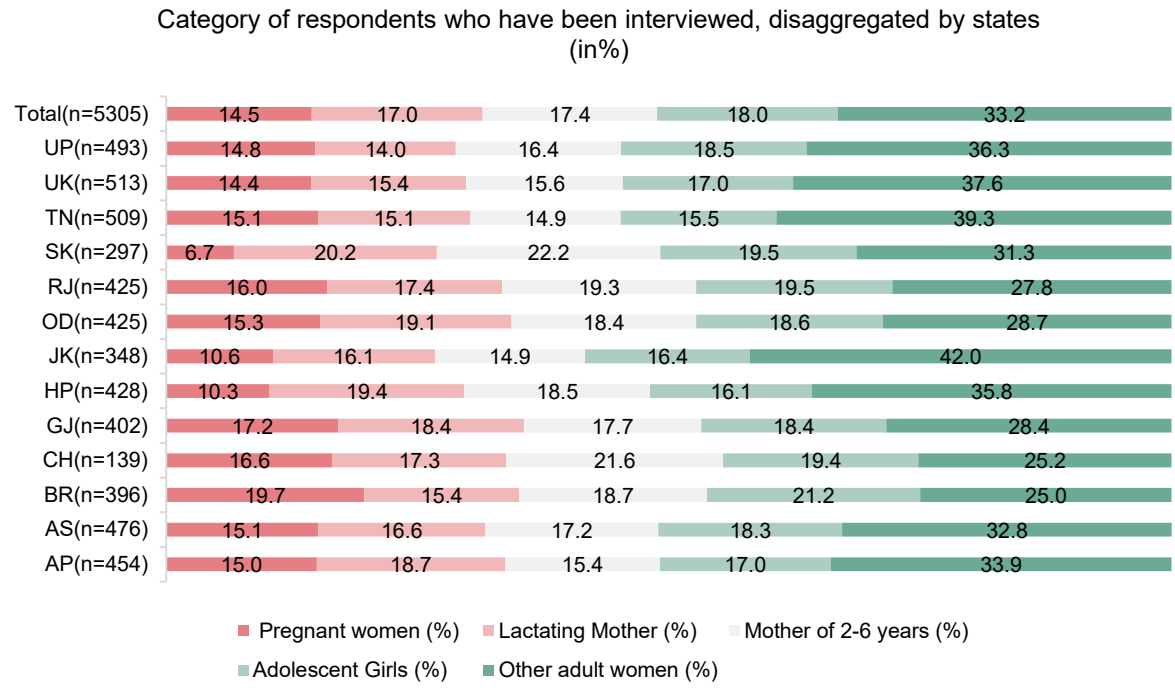
Breaking down the surveyed households for the type of geography, we find that 73.9% of households falling in rural geographies and 26.1% of households falling in urban areas.

Figure 1: Details of Household surveyed



Similarly largest households who have been interviewed belongs to Hindu religion (80.7%), followed by Muslims (14.8%) and others (4.4%). A successful evaluation of schemes under Ministry of Women and Child Development namely Saksham Anganwadi and Poshan 2.0, Mission Shakti and Mission Vatsalya is also contingent upon the diversity of primary respondents. The following graph illustrates the distribution of respondents' category state-wise.

Figure 2: Respondent Categories



Source 1: Household Survey

2.3.3.3 Sample Achievement for Institutional Survey (Checklist)

A separate checklist tool was designed to evaluate the core institutional framework operating within the schemes in the WCD ecosystem. A summary of the sample achieved for institutional surveys is given in the table below. Details on the facilities covered is given in **Annexure E.**

Table 2: Sample Achieved for Institutional Checklist

Observation checklist at facilities				
Institutions	**No. per level**	**Geographical spread**	**Total to be surveyed**	**Total observations conducted**
Anganwadi Centre (AWC)	5 per district		175	251
Shakti Sadan	1 per district	35 districts,	35	15
Sakhi Niwas	1 per district	13 State	35	10
One Stop Centre	1 per district		35	35
Childcare Institutions (CCIs)	1 per district		35	36
Women helpline tentative	1 per state		13	8
Total			**328**	**355**

This section provides a summary of data collected from stakeholders across multiple levels of programme implementation, including those directly receiving services. Given the extensive scope of the study, a clear articulation of the data analysis strategy is essential. The following section outlines the various analytical approaches employed to interpret the collected data.

2.3.4 Qualitative

2.3.4.1 Sample Achievement in Qualitative Survey

Here, we have provided a summary of the data collection status at the national, state, district, and village levels. The detailed list by national, state, district, block and village/ward level stakeholders are provided in **Annexure E.**

Table 3: Table depicting the total sample achieved for KII

Level	**Stakeholders**	**Total interviews conducted**
Central	• Key Nodal Official overseeing Mission Shakti, Poshan Abhiyaan, Vatsalya	23

	• Members from autonomous bodies like the NCPCR, CARA, and NIPCCID • Thematic experts from non-governmental organisations, academic institutes, and Research organisations	
State	• State-Level Steering Committee members of WCD - Principal secretary/Commissioner WCD, JD ICDS • State Hub for Empowerment of Women (SHEW) • Members of the State Child Protection Society (SCPS) and SARA. • Department of Social Welfare, Health and Family Welfare	65
Districts	• District Magistrates (DMs)/DPO, District Nutrition Committee members/ICDS officials	105
	• District Child Protection Units (DCPU) & District Child Welfare and Protection Committees.	
	• District Hub for Empowerment of Women (DHEW), Local Police	
Blocks	• Child Development Project Officers (CDPOs)/ Circle Supervisors	139
	• CLF President	
Villages/ Wards	• Anganwadi Workers (AWWs) (2 in every district, 6 in each state; 4 in Sikkim)	344
	• Panchayati Raj Institutions (PRIs) (1 in each district, 3 in each state; 2 in Sikkim)	
	• VHSNC members like ASHA, ANM, and SHG members (1 in each district, 3 in each state; 2 in Sikkim)	
	**Note: 18 KIIs (villages) and 6 KIIs (wards) are planned to be conducted in each state, and 1 KII per village/ward (except Sikkim and J&K where 16 KIIs will be conducted, and Chandigarh where 8 KII were planned to be conducted.	
	Total	**676**

2.4 Limitations of the Study

- **Generalizability of findings**: Findings from primary data collection cannot be generalized to States/UTs not included in the evaluation. Similarly, findings within the study states may not represent districts not part of the evaluation.
- **Cultural sensitivities:** Differences in cultural norms and practices across states and districts may not be fully captured in the evaluation process.
- **Logistical constraints:** Field-level challenges such as lack of cooperation from local authorities hindered qualitative data collection and the nature of data collected in certain

instances. For example, officers at the state level in Odisha, and Uttarakhand, did not provide consent for their KIIs to be recorded whereas we received a non-response from JK state administration for the collection of qual insights.

- **Limited stakeholder engagement:** The study is dependent on permissions and the availability of stakeholder at different levels. Scheduling interviews with busy key informants proved to be time-consuming and difficult given short timelines. All interviews at the state and central were conducted in strict time windows given the general occupancy of the officials, impacting the depth of insights gathered.
- **Data related limitations:** Indicators of effectiveness, efficiency, and impact are reliant on the availability and quality of secondary administrative data. Insufficient or inaccessible data limit the scope of the evaluation.
- **Sample availability:** The study faced insufficient sample size especially for facility related surveys and respondents at the district level. For example, the institutional survey was challenged by the non-availability of Shakti Sadans in states like Uttar Pradesh and Bihar.
- **Household Identification Challenges**: The identification of households depended on the availability of rosters or beneficiary lists at the scheme, district, or community level. The eligible non-beneficiary households were selected using purposive sampling and therefore may be biased in reflecting the characteristics of the larger population.
- **Time Constraints:** The short timeframe for the evaluation restricts opportunities for thorough reflection and refinement in key areas of inquiry.

Chapter 3: Sectoral Analysis

The Women and Child Development (WCD) sector has undergone a significant transformation over the past century, reflecting shifts in global development paradigms, socio-political priorities, and human rights frameworks. Initially subsumed under broader welfare agendas or population control measures, the WCD sector has gradually evolved to centre women's empowerment and child rights as foundational to sustainable development. Globally, early policy frameworks addressing women and children focused primarily on maternal mortality, child survival, and fertility control. These were often positioned within population stabilization strategies rather than comprehensive human development goals.[13] Such interventions were also largely protective and reactive, rather than transformative or rights based. However, with the advancement of global human rights instruments and the growing recognition of gender equality and child well-being as developmental imperatives, the sector's focus broadened.

The evolution of the WCD sector has since been shaped by intersectional thinking, rights-based approaches, and Sustainable Development Goals (SDGs), particularly SDG 5 (Gender Equality) and SDG 3 (Health and Well-being).

The establishment of international institutions such as UNICEF (1946) and the Commission on the Status of Women (1946) catalysed early efforts in standardizing interventions for child protection and women's status. The United Nations' First World Conference on Women in 1975, followed by the Decade for Women (1976–1985), laid the groundwork for reimagining women as agents of economic and social change rather than as passive recipients of aid.[14] This shift repositioned the sector's goals from welfare and demographic control to empowerment, participation, and equity. Two landmark conventions further redefined the sector: the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979) and the Convention on the Rights of the Child (CRC, 1989). These frameworks made governments directly accountable for ensuring equality and protection, integrating gender and child rights into national laws and development strategies (OHCHR, 2018). Later, the 1995 Beijing Platform for Action and the 2030 Agenda for Sustainable Development further expanded the vision - anchoring the sector's relevance to goals on health (SDG 3), education (SDG 4), and gender equality (SDG 5). The sector thus moved from isolated interventions to a systemic, life-cycle approach, grounded in equity, intersectionality, and multi-sectoral engagement.[15]

[13] UNICEF. (2019). *A World Ready to Learn: Prioritizing quality early childhood education*. https://www.unicef.org/reports/a-world-ready-to-learn-2019

[14] UN Women. (2020). *Beijing+25: Generation Equality Forum*. https://www.unwomen.org/en/csw/beijing-plus-25

[15] World Health Organization (WHO). (2021). *Nurturing Care Framework for Early Childhood Development*. https://www.who.int/publications/i/item/978924151406

Figure 3: International Milestones in WCD

3.1. Women & Child Development Sector Performance

In India, the sectoral evolution mirrors global trends while being shaped by the country's unique demographic, socio-cultural, and governance contexts. Initially, WCD-related efforts were embedded within the Ministry of Education and the Department of Social Welfare, addressing nutrition, maternal care, and family planning. The launch of the Integrated Child Development Services (ICDS) in 1975 marked a pivotal shift, introducing a life cycle, community-based approach to addressing the early development needs of women and children through Anganwadi Centres.[16] However, this early phase still emphasized provisioning over empowerment.

From the 2000s onwards, sectoral priorities shifted decisively towards protection, agency, and systems integration. The Beti Bachao Beti Padhao scheme (2015) targeted entrenched socio-cultural discrimination. Poshan Abhiyaan (2018) reframed malnutrition as a convergence issue involving multiple ministries and digital tools for monitoring, and the Nirbhaya Fund (2013) enabled investments in institutional responses to gender-based violence.[17] These transitions reflected an expanded mandate, from reducing vulnerability to enabling resilience and capability.

The multi-dimensionality of WCD outcomes has necessitated robust inter-ministerial collaboration. Women's and children's development is now embedded in a broader social

[16] Ministry of Women and Child Development (MoWCD). (2015). *Annual Report 2014–15*. Government of India. https://wcd.nic.in

[17] Development Monitoring and Evaluation Office, NITI Aayog. (2021, July). *Sector report 2021 – Women & Child Development* [PDF]. Government of India. Retrieved June 8, 2025, from https://www.dmeo.gov.in/sites/default/files/2021-07/2_Sector_Report_Women_Child_Development_0.pdf

development architecture, requiring the involvement of ministries across health, education, social justice, labour, and digital governance.

The sector's evolution in India, therefore, reflects a paradigm shift, from basic survival and provisioning to empowerment, institutional resilience, and systemic convergence. Today's flagship missions, Saksham Anganwadi and Poshan 2.0, Mission Shakti, and Mission Vatsalya, represent integrated programmatic models that recognize the interdependence of nutrition, protection, education, safety, and economic opportunity. These schemes embody a maturity in governance that is increasingly focused on outcomes, accountability, and inclusion.

The development of the WCD sector, globally and in India, underscores the importance of whole-of-government and whole-of-society approaches in shaping a future where women and children thrive not just in survival, but in dignity, capability, and choice.

3.1.1. Women and Child nutrition and development

3.1.1.1 Nutrition

Nutrition is among the key determinants of workforce productivity, particularly for women and children, as it directly impacts physical health, cognitive development, and economic potential. Malnutrition and anaemia among women remain important public health challenges, with 57% of women aged 15-49 affected by anaemia (NFHS-5, 2019-21). NFHS-4 vs NFHS-5 shows mixed maternal health progress: antenatal check-ups in the first trimester increased from 58.6% to 70%, iron and folic acid consumption for 180+ days rose from 14.4% to 26%, and institutional births improved from 78.9% to 88.6%, indicating better access to and utilization of maternal health services. The prevalence of anaemia among all women (15–49 years) increased from 53.1% to 57%, and among pregnant women from 50.4% to 52.2%.

Figure 4: Maternal indicators of nutrition and public health programs

	Indicators	NFHS 4 (2015-16)	NFHS 5 (2019-21)
Programmatic indicators	Mothers who had an antenatal check-up in the first trimester (%)	58.6	70
	Mothers who consumed iron and folic acid for 180 days or more when they were pregnant (%)	14.4	26
	Institutional births (%)	78.9	88.6
Outcome Indicators	Women whose Body Mass Index (BMI) is below normal (BMI < 18.5 kg/m2)	22.9	18.7
	All women 15-49 years who are anaemic (%)	53.1	57
	Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)	50.4	52.2

Source: National Family Health Survey

Malnutrition among children remains a critical challenge, as reported via Poshan Tracker's real-time growth monitoring.[18] The latest data reports that 39%, 16% and 5% of children under the age of five are stunted, underweight and wasted due to severe or moderate malnourishment, respectively. The growth-monitoring statistics show an improvement in nutrition-deficiency outcomes for children since NFHS – 5. Additionally, comparing NFHS-4 (2015-16) and NFHS-5 (2019-21), we see an overall improvement in key health indicators, including a decline in child stunting and wasting, as illustrated in the table below, which indicates a steady progress in reducing malnutrition induced adversities in children:

Table 4: Growth Monitoring Statistics of children – NFHS 4; NFHS 5

Indicators: Women and Children	NFHS 4 2015-16	NFHS 5 2019-21
Children aged under 5 years are underweight.	35.8	32.1
Children under the age 5 years who are wasted	21	19.3
Children under the age of 5 years who are stunted	38.4	35.5
Children aged 6-59 months who are anaemic (%)	58.6	67.1
Children under age 3 years breastfed within one hour of birth (%)	41.6	41.8
Children under age 6 months exclusively breastfed (%)	54.9	63.7

Source: NFHS4 and 5

Despite these gains repeated NFHS surveys show that about 18-20 per cent infants are stunted at birth and 13 per cent are wasted at birth. These infants remain in the lower trajectory of growth. Studies show that the contribution of low birth weight data to stunting at 1-2 years ranges from 25% to 46%.

> *Infants with low birth weight are 1.7 times more likely to be stunted, 1.3 times more likely to be wasted, and 1.4 times more likely to be underweight. LBW explains 19% of stunting, 12% of wasting, and 16% of underweight differences, with maternal and household factors also contributing*

Source:[19]

Between NFHS-4 (2015–16) and NFHS-5 (2019–21), the proportion of children under age three breastfed within one hour of birth remained almost unchanged (41.6% to 41.8%). In

[18] Poshan Tracker. Statistics.

[19] Jana, A., Dey, D. & Ghosh, R. Contribution of low birth weight to childhood undernutrition in India: evidence from the national family health survey 2019–2021. *BMC Public Health* **23**, 1336 (2023). https://doi.org/10.1186/s12889-023-16160-2

contrast, exclusive breastfeeding among children under six months improved substantially, rising from 54.9% to 63.7%, indicating gains in infant feeding practices. While the numbers may have increased there is still a gap compared to the WHO recommendation of 90% EBF for the first six months.[20]

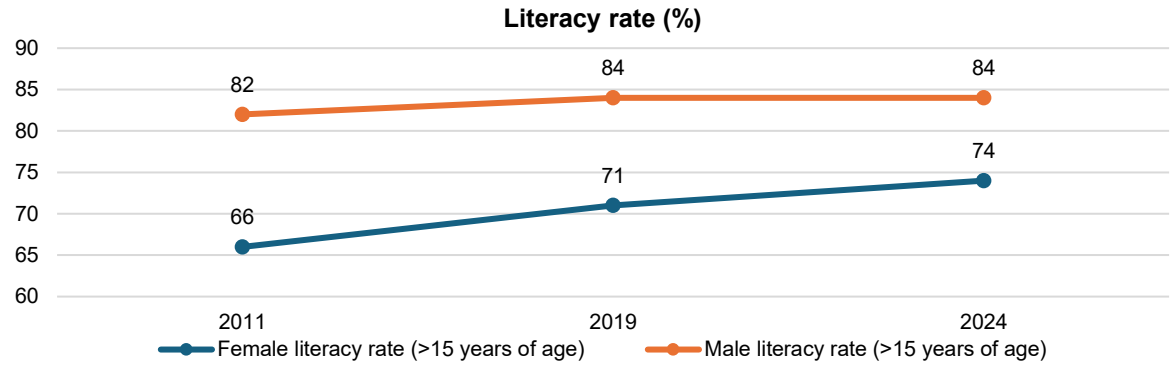
The World Bank estimates (2023) suggest that malnutrition-related productivity losses cost India approximately 2-3% of its GDP annually. Additionally, the rising burden of non-communicable diseases (NCDs) such as diabetes and hypertension, alongside persistently high anaemia rates, poses a dual challenge—increasing healthcare costs while reducing labour force efficiency.

While it commits to bridging the gender gap and achieve equitable outcomes for both men and women, it also recognizes the imperativeness of early intervention as children represent the foundation of a nation's future. Ensuring their protection, safety, and well-being is critical to sustainable development.[21]

3.1.1.2 Women's Education

Literacy rate refers to the percentage of people aged 7 and above who can read and write with understanding.[22] It is a key indicator of educational attainment and a critical determinant of socio-economic empowerment, especially for women.[23] The graph below shows the literacy rates for males and females aged 15 years and above across the years 2011, 2019, and 2024.

Figure 5: Literacy rate men and women



Source: Know India

While male literacy has remained relatively stable, increasing slightly from 82% in 2011 to 84% in 2019 and maintaining that level in 2024, female literacy has shown a more notable improvement. It rose from 66% in 2011 to 71% in 2019 and further to 74% in 2024. This

[20] Reddy N, S., Dharmaraj, A., Jacob, J., & Sindhu, K. N. (2023). Exclusive breastfeeding practices and its determinants in Indian infants: findings from the National Family Health Surveys-4 and 5. *International breastfeeding journal*, *18*(1), 69. https://doi.org/10.1186/s13006-023-00602-z

[21] MoSPI (2018). Children in India 2018 – A Statistical Appraisal

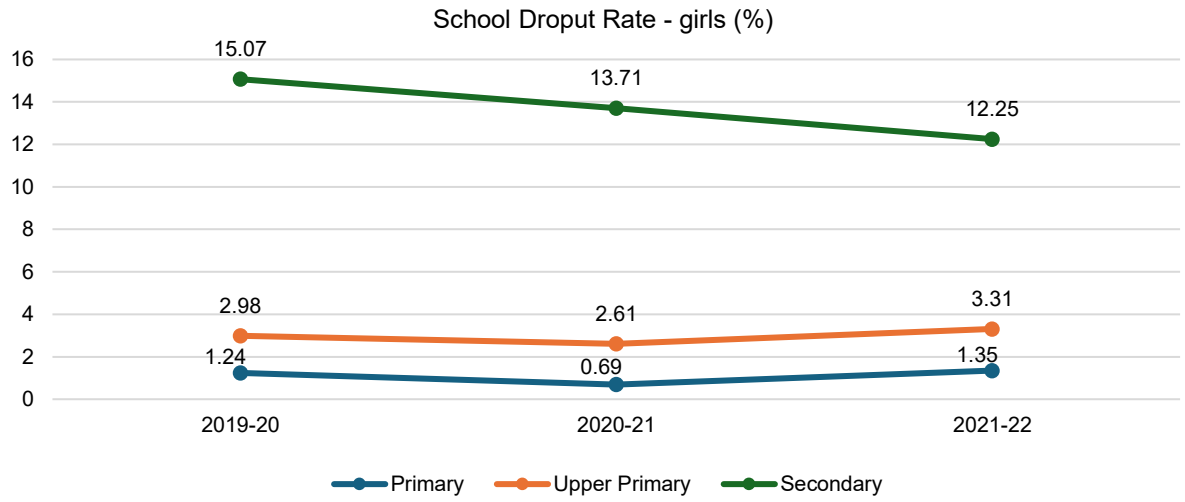
[22] Government of India, Know India. (n.d.). *Profile – Literacy*. Retrieved July 3, 2025, from https://knowindia.india.gov.in/profile/literacy.php

[23] **UNESCO.** (2016). *Education for People and Planet: Creating Sustainable Futures for All – Global Education Monitoring Report*. Paris: UNESCO.

narrowing gender gap in literacy reflects gradual progress in women's education, though the persistent difference of 10 percentage points in 2024 highlights the need for continued focus on gender-equitable literacy interventions.

School dropout among girls and young women refers to leaving the education system before completing a particular level, often driven by factors such as early marriage, household responsibilities, safety concerns, poverty, and limited access to secondary education.[24] The figure below illustrates the school dropout rates for girls across Primary, Upper Primary, and Secondary levels from 2019–20 to 2021–22.

Figure 6: School Dropout rate by level



Source: UDISE+

While dropout rates at the secondary level remain the highest, a consistent decline from 15.07% in 2019–20 to 12.25% in 2021–22 indicates gradual improvement in retention of older girls, possibly due to targeted schemes and increased awareness. At the primary level, dropout reduced from 1.24% to 0.83% in 2020–21 but rose again to 1.35% in 2021–22, reflecting potential post-pandemic disruptions. Similarly, the upper primary level saw a decline from 2.98% to 2.61%, followed by an increase to 3.31%.

These fluctuations underscore the need for sustained interventions, especially to support girls' education during transitional phases and crises.

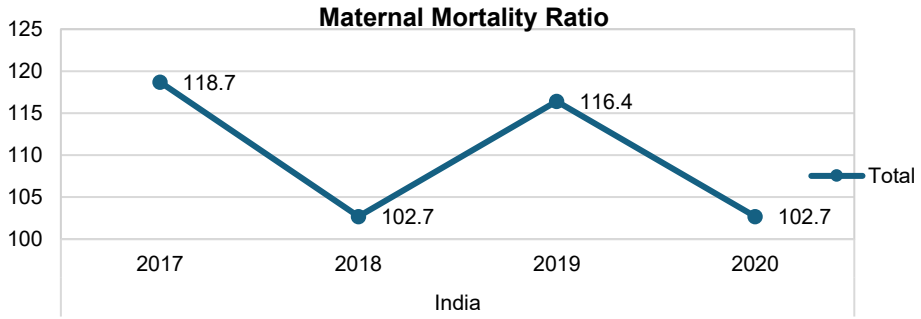
[24] Child Rights and You. (2024, September 28). Addressing the issue of school dropouts in India: Causes and solutions. CRY – Child Rights and You. Retrieved June 7, 2025, from https://www.cry.org/blog/school-dropouts-in-india/

3.1.1.3 Mortality Indicators

To ensure safe maternity trend reflects India's MoHFW has made consistent investments in antenatal care, skilled birth attendance, emergency obstetric services, and postnatal care.

As per the data reported in SDGS, MMR showed a notable decline from 118.7 (per 100,000 live births) in 2017 to 102.7 in 2018, indicating significant improvement in maternal health services. However, in 2019, MMR spiked again to 116.4, possibly due to disruptions or systemic gaps. It returned to 102.7 in 2020, restoring prior gains. The prescribed benchmark for MMR is 70 per 100,000 live births as per the SDGs.

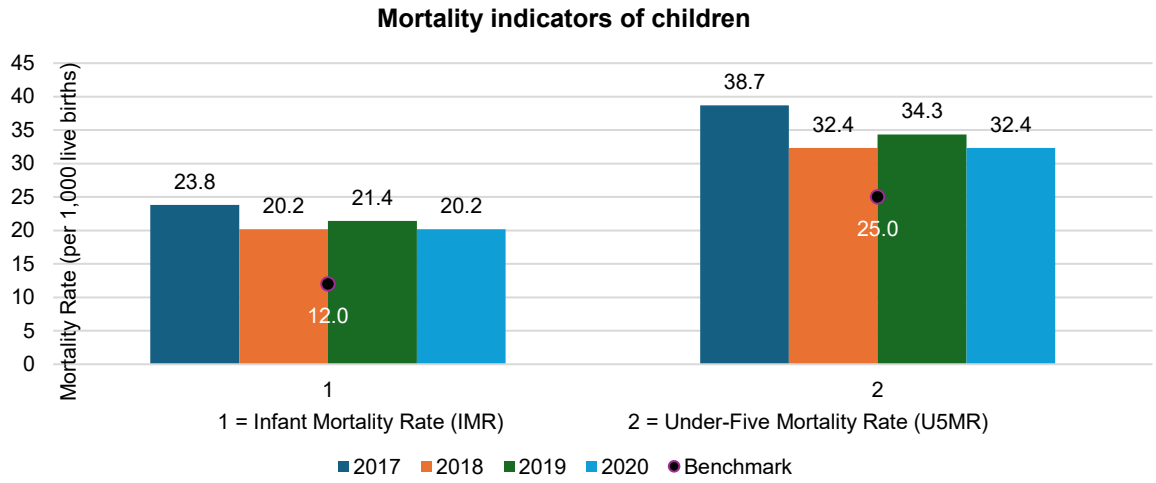
Figure 7: MMR trends in India



Source: SDG Data

The data shows a substantial decline in both Neonatal Mortality Rate (NMR) and Under-5 Mortality Rate (U5MR) in India from 2017 to 2020, reflecting progress in child health outcomes. NMR decreased from 23.8 in 2017 to 20.2 in 2020, while U5MR reduced from 38.7 to 32.4 over the same period. However, both indicators remain above their respective benchmarks - 12.0 for NMR and 25.0 for U5MR - highlighting persistent gaps in neonatal care, immunization, and early childhood interventions. Continued investment in maternal and child health services is essential to meet global child survival targets.

Figure 8: Mortality indicators of children



Source: SDG data

3.1.2 Women's Workforce Participation and Challenges

In this section, the trends in Labour Force Participation Rate (LFPR), Worker Population Ratio (WPR), and Unemployment Rate (UR) for persons aged 15 years and above are examined with an engendered lens. The analysis highlights how these indicators have evolved differently for men and women across rural and urban areas between 2017–18 and 2023–24, bringing out gendered patterns in workforce participation, employment outcomes, and unemployment levels.

Labour Force Participation rate: Between 2017-18 and 2023-24, India's labour force participation rate (LFPR) shows clear gender-wise and rural-urban patterns. Male LFPR remained consistently high, with modest increases across all areas - from about 76% to 80% in rural areas and from 74.5% to 75.6% in urban areas, contributing to an overall male LFPR rise from 75.8% to 78.8%. In contrast, female LFPR increased sharply, especially in rural India where it nearly doubled from 24.6% to 47.6%, indicating more women joining the workforce. Urban female LFPR also rose, though at a slower pace, from 20.4% to 28%, remaining lower than rural rates. As a result, the overall female LFPR (rural+urban) grew from 23.3% to 41.7%, reducing the gender gap in labour participation. The overall LFPR (persons) improved steadily from 49.8% to 60.1%, largely driven by the rise in rural female participation. These trends reflect growing engagement of women in economic activities, with rural areas showing stronger momentum, while urban areas continue to see gradual improvement.

Table 5: Labour Force Participation

Labour Force Participation Rate (LFPR) in usual status for persons of age 15 years and above									
All-India									
Survey period	**Rural**			**Urban**			**Rural+Urban**		
	Male	**Female**	**Person**	**male**	**female**	**person**	**male**	**female**	**person**
2017-18	76.4	24.6	50.7	74.5	20.4	47.6	75.8	23.3	49.8
2018-19	76.4	26.4	51.5	73.7	20.4	47.5	75.5	24.5	50.2
2019-20	77.9	33	55.5	74.6	23.3	49.3	76.8	30	53.5
2020-21	78.1	36.5	57.4	74.6	23.2	49.1	77	32.5	54.9
2021-22	78.2	36.6	57.5	74.7	23.8	49.7	77.2	32.8	55.2
2022-23	80.2	41.5	60.8	74.5	25.4	50.4	78.5	37	57.9
2023-24	80.2	47.6	63.7	75.6	28	52	78.8	41.7	60.1

Source: PLFS Survey, 2017 – 24

Worker Population Ratio: Between 2017–18 and 2023–24, India's worker population ratio (WPR) shows noticeable differences by gender and by rural–urban location. Male WPR remained high throughout the period, with rural male WPR rising from about 72% to 78.1%,

and urban male WPR increasing modestly from 69.3% to 72.3%. The overall male WPR (rural+urban) went up from 71.2% to 76.3%. In contrast, female WPR rose more sharply, particularly in rural areas, where it nearly doubled from 23.7% to 46.5%, reflecting increased participation of women in work activities. Urban female WPR also grew, though more moderately, from 18.2% to 26%, and remained below rural levels. Consequently, the overall female WPR (rural+urban) climbed from 22% to 40.3%, narrowing the gender gap in employment. The overall WPR (persons) improved steadily from 46.8% to 58.2%, driven largely by rising rural female employment. These patterns suggest increasing involvement of women in the workforce, with rural areas showing stronger improvement, while urban areas continue to progress at a slower pace.

Table 6: Worker Population Ratio

Worker Population Ratio (WPR) in usual status for persons of age 15 years and above									
All-India									
Indicator	Rural			Urban			Rural+Urban		
	Male	Female	Person	Male	Female	Person	Male	Female	Person
2017-18	72	23.7	48.1	69.3	18.2	43.9	71.2	22	46.8
2018-19	72.2	25.5	48.9	68.6	18.4	43.9	71	23.3	47.3
2019-20	74.4	32.2	53.3	69.9	21.3	45.8	73	28.7	50.9
2020-21	75.1	35.8	55.5	70	21.2	45.8	73.5	31.4	52.6
2021-22	75.3	35.8	55.6	70.4	21.9	46.6	73.8	31.7	52.9
2022-23	78	40.7	59.4	71	23.5	47.7	76	35.9	56
2023-24	78.1	46.5	62.1	72.3	26	49.4	76.3	40.3	58.2

Source: PLFS Survey, 2017-24

Between 2017–18 and 2023–24, India's unemployment rate (UR) showed a clear declining trend across genders and geographies. Male UR decreased steadily in both rural and urban areas — from 5.7% to 2.7% in rural areas and from 6.9% to 4.4% in urban areas, leading to an overall male UR (rural+urban) falling from 6.1% to 3.2%. Female UR also declined, though from higher starting levels, particularly in urban areas where it fell from 10.8% to 7.1%. Rural female UR dropped from 3.8% to 2.1%, resulting in the overall female UR (rural+urban) reducing from 5.6% to 3.2%. Consequently, the overall UR (persons) improved significantly, declining from 6% in 2017–18 to 3.2% in 2023–24. These trends point to better absorption of the labour force into employment, with improvements evident for both men and women, and in both rural and urban settings, although urban female unemployment remains relatively higher compared to other groups.

Table 7: Unemployment Rate (UR)

Unemployment Rate (UR) in usual status for persons of age 15 years and above									
All-India									
Indicator	Rural			Urban			Rural+Urban		
	Male	Female	Person	Male	Female	Person	Male	Female	Person
2017-18	5.7	3.8	5.3	6.9	10.8	7.7	6.1	5.6	6
2018-19	5.5	3.5	5	7	9.8	7.6	6	5.1	5.8
2019-20	4.5	2.6	3.9	6.4	8.9	6.9	5	4.2	4.8
2020-21	3.8	2.1	3.3	6.1	8.6	6.7	4.5	3.5	4.2
2021-22	3.8	2.1	3.2	5.8	7.9	6.3	4.4	3.3	4.1
2022-23	2.7	1.8	2.4	4.7	7.5	5.4	3.3	2.9	3.2
2023-24	2.7	2.1	2.5	4.4	7.1	5.1	3.2	3.2	3.2

Source: PLFS Survey, 2017-24

3.1.3 Child Protection and Welfare for Sustainable Development

The child development and protection sector in India is a critical component of the country's social development framework, focusing on ensuring the survival, development, protection, and participation of children, especially those in vulnerable situations. The sector encompasses a wide range of services including early childhood care and education, nutrition, health, and comprehensive child protection mechanisms aimed at safeguarding children from abuse, neglect, trafficking, and exploitation.

In addition to dietary assurances and provisions of early childhood care and education, children also require protection from malevolent social manifestations. Children are at a greater risk of violence due to their dependent status. Child neglect, abuse, trafficking, and exploitation not only violate fundamental rights but also have long-term economic and social consequences. Studies indicate that children exposed to violence and adverse childhood experiences are more likely to face poor health outcomes, lower educational attainment, and reduced workforce participation in adulthood (UNICEF, 2022).[25] Investing in child protection and welfare is directly linked to economic productivity and national development. Research suggests that children who receive adequate care, education, and protection are more likely to become healthy, skilled, and economically independent adults. However, as per MoWCD, approximately 40% of the total child population in the country continues to remain in difficult circumstances.

[25] UNICEF Serbia (2019). Adverse Childhood Experiences (ACE) Study.

3.2. Inter-sector convergence of schemes

3.2.1 Financial Inclusion of women

Financial inclusion is a foundational theme aligning MoWCD goals with the Finance and Rural Development sectors. Pradhan Mantri Jan Dhan Yojana (PMJDY), the mass financial inclusion scheme, has been a gamechanger for women's empowerment. Over 53 crore bank accounts have been opened under PMJDY, of which nearly 56% (29.5 crore) are for women. This provides a safe platform for savings, enables Direct Benefit Transfers (DBT) for welfare schemes, and enhances women's economic autonomy. Notably, the share of women owning and using bank accounts rose from 53% to 79% between 2016 and 2021, shrinking the gender gap in access to finance to merely 6% (from 20% a decade ago). These accounts have been instrumental in routing maternity benefits (e.g. PM Matru Vandana Yojana payments) and COVID relief to women, strengthening their financial security.[26]

The National Social Assistance Program (NSAP), under which pensions are given to widows, the elderly, and disabled persons by the Rural Development or Social Justice Ministry, is a critical social safety net.[27] For widowed or single women, these pensions (like Indira Gandhi National Widow Pension) are often the only lifeline, and tie into MoWCD's aim of social inclusion

Housing and basic amenities also see inter-ministerial collaboration for women's benefit. Under PM Awas Yojana, millions of rural housing titles have been given jointly in the name of husbands and wives or solely in women's name thereby giving women asset security. This complements MoWCD's efforts to enhance women's decision-making in the household. Furthermore, the Swachh Bharat Mission has built toilets that particularly improve women's privacy and safety, by reducing risks of assault during open defecation. MoWCD has also been a key stakeholder in behaviour change campaigns around menstrual hygiene and toilet use in villages. Evidently, toilet construction for girls and women has been a convergence point between School Education, WCD, and Drinking Water/Sanitation ministries. 28

3.2.2. Health and well being

Health interventions, especially those targeting maternal and child health, have deep intersections with MoWCD's mandate. Saksham Anganwadi & Poshan 2.0, MoWCD's flagship mission against malnutrition, explicitly integrates with the Health Ministry's programs. Anganwadi Services are leveraged to deliver immunization, health check-ups, micronutrient supplements and health education in tandem with the National Health Mission (NHM). For example, MoWCD's Poshan strategy works closely with NHM's initiatives like Mission Indradhanush (immunization drives), the MAA program (promoting breastfeeding), and Home-

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[26] *Development Monitoring and Evaluation Office (DMEO), NITI Aayog, Government of India. (2021). Sector report: Women & child development. Retrieved April 20, 2025, from* https://dmeo.gov.in/sites/default/files/2021-07/2_Sector_Report_Women_Child_Development_0.pdf

[27] Ministry of Rural Development, Government of India. (2025). *National Social Assistance Programme (NSAP)*. Retrieved April 20, 2025, from https://nsap.nic.in/

[28] Press Information Bureau. (2023, August 1). Women owners under Pradhan Mantri Awaas Yojana-Gramin. Ministry of Rural Development, Government of India. Retrieved April 20, 2025, from https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1944744

Based Newborn Care, all of which are critical for child survival. Anganwadi workers and ASHA workers coordinate on Village Health, Sanitation and Nutrition Days (VHSND) as a convergent platform for delivering antenatal care, growth monitoring, immunizations, and nutrition counselling to mothers.[29]

This *"lifecycle"* approach signifies that a pregnant woman's journey is supported by multiple ministries. Health centres ensure safe pregnancy and delivery (Health Dept.), Anganwadis provide nutrition and counselling (MoWCD), and Panchayati Raj institutions mobilize community support and even add incentives. This results in improved maternal-child outcomes.

3.2.2.1 Reproductive rights

Reproductive rights are a vital aspect of this health convergence, underpinning women's safety, autonomy and dignity. Access to family planning, and safe pregnancy and abortion services are primarily the concerns of the Health Ministry. MoWCD and Law ministries further provide crucial support in advocacy and legal frameworks. Notably, India's Supreme Court in 2022 affirmed that reproductive autonomy, dignity, and privacy are fundamental rights under Article 21, declaring that women (regardless of marital status) have the right to choose whether or not to bear a child.[30] This landmark judgment, which extended the Medical Termination of Pregnancy Act (MTP) (2021) benefits to unmarried women, underscores reproductive choice as central to women's equality. It also illustrates inter-sectoral synergy – legal empowerment (through courts and law reform) combined with healthcare access (through hospitals implementing the MTP Act) ensures women's reproductive rights in practice. MoWCD's programs contribute by spreading awareness and removing social barriers. For instance, under Beti Bachao Beti Padhao (BBBP), a joint initiative of the WCD, Health, and Education ministries, the Health Ministry enforces the Pre-Conception and Pre-Natal Diagnostic Techniques Act (PCPNDT) to prevent sex-selective abortions. MoWCD in tandem leads community campaigns emphasising the value of the girl child.

Health Ministry guidelines also urge vaccinating all institutionalised children and conducting regular paediatric check-ups under the Rashtriya Kishor Swasthya Abhiyan (RKSK). Additionally, a recent announcement extended Ayushman Bharat health coverage to all Anganwadi workers and ASHA facilitators as a tribute to their frontline service. This is a joint effort by the Finance Ministry (through budget provisioning) and Health Ministry that directly benefits MoWCD's grassroots cadre.[31]

3.2.2.2 Menstrual Health Management

Menstrual Health Management (MHM) lies at the intersection of health, education, dignity, and gender equality. Despite progress in adolescent health policies and awareness programs,

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[29] *Press Information Bureau. (2024, January 03). Key achievements of Ministry of Women and Child Development in the year 2023. Government of India. Retrieved April 20, 2025, from https://pib.gov.in/PressReleasePage.aspx?PRID=1998748*

[30] S&A Law Offices. (2022, November 28). *Upholding decisional autonomy of termination of pregnancy – the apex court leads the way*. Lexology. Retrieved April 20, 2025, from https://www.lexology.com/library/detail.aspx?g=7b503695-7549-4bc7-bb29-e416053f8ee5

[31] Press Information Bureau. (2024, February 2). *Gender Budget increases by 38.6% in FY 2024-25*. Ministry of Women and Child Development. Retrieved April 20, 2025, from https://pib.gov.in/PressReleasePage.aspx?PRID=2001975

MHM continues to be overlooked as a core public service, particularly for adolescent girls and young women in rural, tribal, and underserved communities. For the WCD sector menstrual health is not just about hygiene, it is central to ensuring dignity, school retention, reproductive health, and economic participation for girls and women.

India's adolescent girls, over 120 million, face severe barriers in accessing menstrual products, accurate information, safe disposal facilities, and supportive social environments.[32] According to the National Family Health Survey (NFHS-5), while over 77% of girls aged 15–24 in urban areas use hygienic menstrual products, this figure falls below 50% in some rural districts and tribal belts.[33] Stigma, misinformation, school absenteeism, and reproductive infections continue to characterize the lived experiences of menstruating girls.

The current infrastructure is also inadequate. Many Anganwadi Centres, hostels, and shelter homes do not have gender-segregated or private sanitation spaces, safe water, or menstrual waste disposal systems. A 2022 NITI Aayog field assessment found that only 30% of CCIs and Swadhar Grehs had functional MHM disposal systems[34]. The absence of disposal infrastructure leads to unsafe practices, including burning, open disposal, or use of unhygienic alternatives. These contribute to infection risks and dropout from education or skilling programs.

To address this, MoWCD must take a proactive stance by institutionalizing MHM within its schemes:

- **Under SAG**: Include budgeted line items for sanitary product distribution and training modules on body literacy.
- **Under Saksham Anganwadi**: Install girl-friendly toilets, water taps, and incinerators in AWCs; co-locate with SBM projects.
- **Under BBBP**: Scale gender sensitization sessions in schools and colleges in convergence with NSS/NYKS and Women's Helpline outreach teams.

In addition, frontline workers such as Anganwadi Workers, ASHAs, and peer educators (Saathiyas) should be jointly trained to provide stigma-free, culturally sensitive MHM education. NGOs have piloted several successful models such as adolescent-led menstrual health clubs, community pad banks, and school-based MHM monitoring dashboards that can be adopted nationally.[35]

Finally, data gaps must be addressed. MoWCD monitoring platforms such as the Poshan Tracker and HEW dashboards should collect age- and product-specific data on MHM uptake, absenteeism due to menstruation, and disposal coverage. MoWCD, along with NITI Aayog,

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[32] UNICEF India. (2020). *Menstrual health and hygiene management in India: A status report*. New Delhi: UNICEF. Retrieved from https://www.unicef.org/india/

[33] International Institute for Population Sciences (IIPS) & ICF. (2021). *National Family Health Survey (NFHS-5), India Fact Sheet*. Mumbai: IIPS.

[34] NITI Aayog. (2022). *Field assessment report on Child Care Institutions and Women's Shelter Homes*. New Delhi: NITI Aayog, Government of India.

[35] Dasra. (2021). *Spot On: Improving menstrual health in India through convergence*. Mumbai: Dasra & USAID. Retrieved from https://www.dasra.org/

should explore introducing a **Menstrual Health Index** across states to track convergence, product reach, infrastructure access, and behaviour change over time.

3.2.2.3 Mental Health for Women and Adolescents

Mental health is an essential yet neglected pillar in India's health and development discourse particularly when it comes to women and adolescents. Issues such as depression, anxiety, psychosocial trauma, and substance use disproportionately affect adolescent girls and adult women, often exacerbated by poverty, violence, early marriage, gendered caregiving burdens, and stigma. India accounts for nearly 15% of the global mental health burden, with women in reproductive age groups reporting higher rates of common mental disorders compared to men.[36] Among adolescents, the situation is particularly alarming. According to the National Mental Health Survey (NMHS), conducted by NIMHANS, nearly 9.8 million adolescents aged 13–17 years live with diagnosable mental health conditions in India. Yet, most go undiagnosed or untreated due to limited access, stigma, and lack of integrated support services[37].

Digital platforms can further play a pivotal role. Tele-counselling services such as Tele-MANAS (Mental Health Assistance and Networking Across States) launched by the Government of India, can be integrated with WCD's 181 helpline and OSC crisis response. In summary, health and nutrition programs intersect at every stage with MoWCD schemes – from pregnancy (JSY + PMMVY + Poshan) to infancy (NHM immunization + Anganwadi feeding) to adolescence (RKSK + SAG + BBBP campaigns). This convergence upholds women's reproductive rights (through legal and medical support) and advances children's health. Ongoing challenges include ensuring all these services reach the most marginalized (e.g. remote tribal areas or urban slums) and improving data sharing among departments. Strengthening platforms like (Village Health, Sanitation and Nutrition Days) VHSND and joint monitoring can further solidify these health–nutrition convergences for women's and children's well-being. In addition, making reproductive rights more inclusive on rights of consensual sex, and children born to adolescent girls.

[36] The Lancet Psychiatry Commission. (2020). *Reducing the global burden of depression: A Lancet–World Psychiatric Association Commission*. The Lancet Psychiatry, 7(11), 987–1002.
[37] Murthy, R. S., Janardhan, R., & Chandrashekar, C. R. (2016). *National Mental Health Survey of India, 2015–16*. Bengaluru: NIMHANS.

Figure 9: Lifecycle approach to women's health

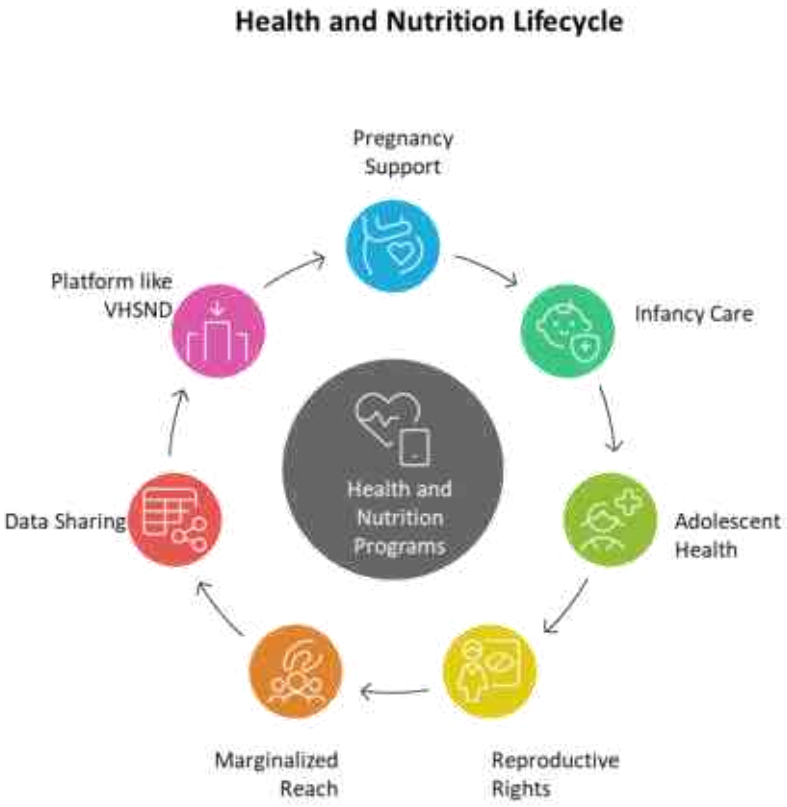


Table 8: Convergence with MoHFW

Scheme/sub-scheme of MoWCD	Convergence with other ministries	Rationale and recommendations
Saksham Anganwadi & Poshan 2.0	Ministry of Health and Family Welfare's NHM, Mission Indradhanush, HBNC	AWCs serve as convergence points for immunization, ANC, growth monitoring. Joint VHSND's with ASHAs ensure a lifecycle-based service model. Recommend strengthening VHSND protocols and data-sharing for real-time tracking.
PMMVY (Pradhan Mantri Matru Vandana Yojana)	Ministry of Health and Family Welfare's JSY (Janani Suraksha Yojana)	JSY incentivizes institutional delivery; PMMVY supports wage compensation. Together they form a maternity safety net. Recommend joint beneficiary tracking and counselling services for new mothers.

Scheme/sub-scheme of MoWCD	Convergence with other ministries	Rationale and recommendations
Beti Bachao Beti Padhao (BBBP)	Ministry of Health and Family Welfare's PCPNDT, MTP Act; Ministry of Law and Justice	BBBP drives value of girl child; Health Ministry monitors sex-selective practices via PCPNDT. Law Ministry supports rights under MTP Act. Recommend joint IEC campaigns, grievance tracking, and legal helplines.
SAG, Saksham Anganwadi, BBBP	MoHFW's RKSK; Ministry of Education; Ministry of Jal Shakti	Fragmented menstrual hygiene management (MHM) handled by multiple ministries. Recommend defining MoWCD's MHM mandate via AWC-based outreach, budget lines in SAG, and joint IEC and sanitation infrastructure plans with Education and SBM.
Mission Shakti's One Stop Centres (OSCs), Shakti Sadans	MoHFW's District Mental Health Program; Ministry of Social Justice; Tele-MANAS	Mental health support for survivors is limited. Recommend embedding trauma-informed care and deploying mental health professionals at OSCs, linking them with Tele-MANAS and DMHP.
Mission Vatsalya's Child Care Institutions (CCIs)	MoHFW's NMHS, DMHP; through the support of NIMHANS	Adolescents in CCIs face mental health risks. Recommend mental health screening protocols, staff training, and digital tools for monitoring psychosocial well-being in CCIs.

3.2.3. Education, Skilling and Digital Literacy

Education is a powerful tool for women's and children's development, and inter-ministerial convergence plays a significant role here. Samagra Shiksha Abhiyan, the Education Ministry's omnibus scheme for schooling (covering preschool to senior secondary), aligns strongly with MoWCD's goals of universal education and gender parity. Under BBBP's convergence framework, the Department of School Education takes specific actions to make schools more equitable for girls. For instance, the department is responsible for constructing and maintaining

functional toilets for girls, campaigning to re-enrol out-of-school girls, training teachers in gender sensitization, and providing self-defence training to adolescent girls.[38]

These efforts complement MoWCD's community outreach for the girl child under BBBP. The Kasturba Gandhi Balika Vidyalayas (KGBV) – boarding schools for disadvantaged girls under Samagra Shiksha – are another convergence point. Education departments also implement scholarship schemes (e.g. National Means-cum-Merit Scholarship) and free bicycle programs to encourage secondary education for girls, which align with WCD's agenda to empower adolescent girls and prevent child marriage.[39]

MoWCD's Mission Shakti (Samarthya) supports adolescent and adult women's skilling and employment, converging with initiatives of MSDE, Youth, and Sports Ministries. MSDE promotes women's enrolment in skill programs (like PMKVY) and connects entrepreneurs to markets, while NSS and NYKS volunteers advance girls' education and life skills. MoWCD's Scheme for Adolescent Girls, MSDE's skill centres and Jan Shikshan Sansthans, and Youth and Sports programs jointly foster vocational skills and confidence, challenging gender norms. For example, the Ministry of Sports aligns with BBBP by identifying talented girls and engaging star athletes as role models to inspire communities.

At the community level, adult women's education and economic skills are addressed through the convergence of several schemes. Digital literacy programs like the Pradhan Mantri Gramin Digital Saksharta Mission (Ministry of IT)[40] have trained millions of rural women to use smartphones and internet – a critical skill that MoWCD acknowledges under its digital empowerment initiatives. In many districts, Mahila Shakti Kendras (or the newer HEW centres) have partnered with Common Service Centres to train women in digital access, so they could access online banking, tele-health consultations, or e-learning for their children. These are direct contributors to women's autonomy and align with Digital India goals.[41]

3.2.4. Inclusion of Marginalized Groups

By design, MoWCD schemes often have universal or targeted components that rely on other ministries to reach these sub-groups, those who face compounded disadvantages due to disability, caste, tribe, minority status, or difficult circumstances.

- Scheduled Castes and Scheduled Tribes: Many schemes have special sub-plans or earmarked targets for SC/ST women and children. The Ministry of Tribal Affairs runs Eklavya Model Residential Schools and scholarships for ST girls, coordinating with MoWCD to improve nutrition and reduce anaemia in tribal blocks (often through Poshan Abhiyaan). The Ministry of Social Justice mandates that a portion of welfare funds benefit

[38] Ministry of Education, Government of India. (n.d.). *Samagra Shiksha*. Department of School Education & Literacy. Retrieved April 20, 2025, from https://dsel.education.gov.in/hi/scheme/samagra-shiksha

[39] Samagra Shiksha Uttar Pradesh. (n.d.). *Kasturba Gandhi Balika Vidyalaya (KGBV)*. Uttar Pradesh Education for All Project Board. Retrieved April 20, 2025, from https://www.samagrashikshaup.in/Home/KGBV

[40] CSC Jaankari. (n.d.). *Pradhan Mantri Gramin Digital Saksharta Abhiyan (PMGDISHA)*. Retrieved April 20, 2025, from https://jaankari.csccloud.in/pmgdisha-course.html

[41] Ministry of Electronics and Information Technology. (n.d.). *Common Services Centers (CSC)*. Government of India. Retrieved April 20, 2025, from https://www.csc.gov.in/

SC communities. In convergence, MoWCD's BBBP and OSC schemes in districts with high SC populations tie up with SC development authorities to extend outreach (e.g. awareness campaigns in SC colonies). Stand-Up India explicitly focuses on SC/ST women entrepreneurs, which connects to MoWCD's mission of economic empowerment for marginalised women. There are also schemes like Pradhan Mantri Adarsh Gram Yojana (Social Justice) that fund model villages with SC concentration. These villages utilize convergence funds to build an Anganwadi or a girls' hostel, blending with WCD and Education efforts.[42]

- Minorities: The Ministry of Minority Affairs (MoMA) runs Begum Hazrat Mahal scholarships for minority girls, which is complementary to WCD/Ed Ministry efforts in minority-dominated districts identified under the PM's 15-point programme. MoMA also funds Anganwadi centre construction in minority areas under the infrastructure development program, thus contributing to WCD service delivery. Under BBBP convergence, Minority Affairs is tasked with engaging minority communities for promoting girls' education and skills. A notable innovation is the Khwaza Sarai (transgender) inclusion. The Transgender Persons Act is under Social Justice Ministry, and MoWCD schemes like OSC and Shakti Sadan have been opened to serve transgender women in distress as well, showing an inclusive approach.

- Geographical marginalization: In aspirational districts and remote areas, convergence is most beneficial. The Aspirational Districts Programme led by NITI Aayog brings health, education, WCD, agriculture, water, etc., together to uplift India's most under-developed districts. Many of the focus indicators (like ANC coverage, nutrition status, learning outcomes) are directly tied to MoWCD schemes, and improvement requires joint action (e.g. a district collector might converge funds from NHM, ICDS, and Swachh Bharat to run a special drive against child stunting).

- Elderly women: Programs under Mission Shakti, including the integrated **Shakti Sadan**, do provide temporary shelter and basic services for women in distress, but they are primarily geared toward women in reproductive age or survivors of violence. Very few facilities are equipped to support the complex needs of elderly women such as those with dementia, chronic illness, or mobility impairments. Evaluations by NITI Aayog and the Ministry of Social Justice and Empowerment (MSJE) show poor infrastructure, lack of geriatric care training among staff, and absence of mental health services in most government-supported shelter homes.[43]

[42] Ministry of Social Justice and Empowerment, Government of India. (n.d.). *Pradhan Mantri Adarsh Gram Yojana (PMAGY)*. Retrieved April 20, 2025, from https://pmagy.gov.in/

[43] NITI Aayog. (2021). *Review of Shelter Homes and Social Welfare Facilities for Women in Distress*. New Delhi: NITI Aayog.

Table 9: Convergence with Ministries working with marginalised groups

Scheme/sub-scheme of MoWCD	Convergence with other ministries	Rationale and recommendations
BBBP, OSCs, Saksham Anganwadi	Ministry of Social Justice and Empowerment Stand-Up India; Ministry of Tribal Affairs' Eklavya Schools and Scholarships	Outreach in SC/ST colonies, scholarships, and livelihood schemes enable targeted inclusion. Recommend mapping high SC/ST blocks and prioritizing multi-ministerial projects (e.g., girls' hostels, AWC infra, nutrition drives).
Mission Vatsalya, Saksham Anganwadi	Dept. of Empowerment of Persons with Disabilities - ADIP, DDRS	Inclusion of Divyang children and mothers supported through assistive devices, disability pensions, and inclusive Anganwadi protocols. Recommend joint training of AWWs and disability audits at AWCs and CCIs.
BBBP, SAG, Saksham Anganwadi	Ministry of Minority Affairs - Begum Hazrat Mahal Scholarships, Infra Grants	Scholarships and AWC construction in minority-dominated districts enhance outreach. Recommend joint planning under PM 15-point program for minority development and gender-focused M&E indicators.
Integrated Shakti Sadan (under Mission Shakti)	Ministry of Social Justice and Empowerment - Elder Care Programs, MSJE Evaluation Reports	Elderly women are underserved in shelters, lacking geriatric care and mental health. Recommend budget tagging for elder care under WCD schemes and staff training in geriatric needs.
Mission Vatsalya, BBBP, Saksham Anganwadi	MoHFW, Disability Dept., Education, RD, Minority Affairs	For intersectional vulnerabilities (e.g., disabled tribal girls), recommend case management approach using HEW centres, beneficiary tracking dashboards, and convergence facilitation cells at district level.

3.2.5. Urban Informality, Migration, and the Needs of Women and Children

Urbanization in India is accelerating, yet its benefits remain unevenly distributed. Migrant and informal sector workers, many of whom are women, face systemic exclusion from basic services, safety nets, and infrastructure tailored to their needs. Women and children in informal urban settlements often live without stable housing, health coverage, or access to nutrition, care, or legal protection. Despite the MoWCD expanding footprint in urban areas, migrant and

informal communities remain underrepresented in its program design, delivery, and monitoring.

As per the 2011 Census, nearly 45 crore people were internal migrants in India, with urban areas hosting a significant share of seasonal, circular, and permanent migrants. Among these, women constitute an estimated **30%-40% of internal migrants**, many moving after marriage or in search of domestic and informal work[44]. Yet most urban policies - including those under the Smart Cities Mission, AMRUT, and even Poshan 2.0 urban components, minimally account for the mobility, informality, and documentation barriers that hinder service access for migrant women and children.[45]

Migrant women employed as domestic workers, construction labourers, or factory hands often live in temporary shelters or informal slums with no formal registration in government databases. This makes it difficult for them to access Anganwadi services, food rations, One Stop Centres, or PMMVY entitlements. Their children are also more likely to miss early childhood education, nutrition, or vaccination services, especially when their parents lack domicile documents or Aadhar-linked identity at the destination[46]

MoWCD schemes like Poshan Abhiyaan, Mission Shakti, and Mission Vatsalya are designed for continuity across geographies, yet inter-state portability of services remains weak. For example, a migrant pregnant woman may be eligible for PMMVY benefits in her home state but unable to access them after relocating. Similarly, children in Child Care Institutions (CCIs) often lack tracing and reunification mechanisms if their parents are mobile labourers.

Table 10: Convergence for urban development, employment and empowerment

Scheme/sub-scheme of MoWCD	Convergence with other ministries	Rationale and recommendations
PMMVY, Poshan Abhiyaan, Mission Vatsalya	Ministry of Housing and Urban Affairs (MoHUA); UIDAI	Migrant women and children face documentation barriers. Recommend Mobile Identity Enrolment Units and policy-level portability protocols to access entitlements across states.
Mission Shakti's One Stop Centres, Safety Schemes	MoHUA, Ministry of Home Affairs Nirbhaya Fund; Local Urban Bodies	Urban violence, transport safety, and lack of shelters affect migrant women. Recommend linking Nirbhaya-funded infrastructure with OSCs and building night shelters with childcare in cities.

[44] UNESCO & UNICEF. (2019). *Building bridges for every child: Migration and urbanization in India*. Retrieved from https://unesdoc.unesco.org/

[45] Deshingkar, P., Chattopadhyay, R., & Kumar, A. (2020). *Invisible labour, invisible rights: Women migrants in India*. ODI Working Paper. Retrieved from https://odi.org/

[46] Aajeevika Bureau. (2021). *Portability and access: Migrant workers and social protection in urban India*. Retrieved from https://aajeevika.org/

Scheme/sub-scheme of MoWCD	Convergence with other ministries	Rationale and recommendations
Saksham Anganwadi's Urban AWC components	Ministry of Labour and Employment, MoHUA Construction Boards, Smart Cities Mission	Mobile/pop-up AWCs at labour sites help serve migrant children. Recommend integration with labour databases and local government mandates for AWC space at worksite clusters.
All urban schemes PMMVY, Poshan, Mission Shakti	MoHUA, Labour Ministry, UIDAI, DAY-NULM	Recommend a unified Migrant Inclusion Protocol and use of DAY-NULM networks to register urban poor women. Train AWWs on mobility patterns, use community-tracking campaigns for outreach.
Mission Shakti Urban Safety Component	Ministry of Home Affairs Police, Transit Safety Cells	Women's safety in transit spaces needs convergence with local police for helplines, safe zones, and community policing. Recommend gender safety audits and integration with Smart City controls.

3.2.7 Climate Resilience and the WCD Sector

Climate change is increasingly recognized as a multidimensional threat that disproportionately impacts women and children – particularly those in low-income, tribal, and disaster-prone areas. The intersection between gender, age, and environmental vulnerability remains under-addressed in national planning and is only weakly embedded in the Women and Child Development (WCD) sector. Yet, evidence from climate disasters, ranging from floods in Assam to heatwaves in Bihar, repeatedly shows that women and children suffer the brunt of disruptions in food security, mobility, safety, education, and health[47]

Despite these clear vulnerabilities, India's WCD-focused policies and schemes have yet to integrate a structured climate resilience lens. There are no standard climate-resilient infrastructure guidelines for Anganwadi Centres (AWCs), Child Care Institutions (CCIs), or One Stop Centres (OSCs). Many facilities in flood-prone districts are situated in kutcha buildings or low-lying areas, lacking elevated platforms, backup electricity, or disaster-prepared stockpiles.[48] Nutrition supply chains, particularly for Take-Home Ration (THR) and hot-cooked meals, are highly susceptible to climate-related disruptions. The absence of robust risk preparedness mechanisms compromises service continuity and endangers beneficiaries during emergencies.[49]

[47] UNICEF India. (2021). *Children's climate risk index: India country factsheet*. Retrieved from https://www.unicef.org/india/

[48] National Disaster Management Authority (NDMA). (2019). *Guidelines for disaster preparedness in schools and anganwadi centres*. Retrieved from https://ndma.gov.in/

[49] Bharti, N., & Prasad, K. (2020). *Disaster vulnerability and gender in India: A review of climate impacts on women and children*. Economic & Political Weekly, 55(48), 24–30.

Integrating climate resilience into the WCD sector necessitates a convergence approach. The Ministry of Women and Child Development (MoWCD) must coordinate with the National Disaster Management Authority (NDMA), Ministry of Environment, Forest and Climate Change (MoEFCC), and Ministry of Jal Shakti to develop gender-sensitive disaster preparedness protocols. These could include:

- Hazard-resilient building designs for AWCs and CCIs in high-risk zones.
- Child and woman-centred disaster risk reduction (DRR) drills.
- Gender-disaggregated vulnerability assessments integrated into district disaster management plans.
- Prepositioning of THR kits and menstrual hygiene supplies in disaster hotspots[50]

Frontline workers such as Anganwadi Workers (AWWs) and ASHAs played a pivotal role during the COVID-19 pandemic, ensuring continued service delivery through home visits and emergency rations (MoWCD, 2022). This decentralized response model can be adapted to climate shocks. Training AWWs in early warning dissemination, flood preparedness, and heatstroke prevention, especially in vulnerable blocks, can significantly strengthen the community response[51].

At the policy level, climate financing under schemes such as the State Action Plans on Climate Change (SAPCCs) and the National Adaptation Fund for Climate Change (NAFCC) currently lacks specific budget lines for gendered or child-specific adaptation. MoWCD could collaborate with MoEFCC and the Ministry of Finance to pilot "Gender and Child Climate Risk Indices" to map high-vulnerability areas and enable targeted resilience funding for AWCs and vulnerable settlements. Urban convergence efforts, such as Delhi's mohalla clinics linked to AWCs, can be expanded to include heat shelters or cooling corners for pregnant women and toddlers during extreme temperatures

Lastly, existing government initiatives like the Jal Jeevan Mission (for water security), PM-Awas Yojana (for housing), and Swachh Bharat Mission (for sanitation) can be leveraged to climate-proof WCD infrastructure - e.g., ensuring water availability in AWCs, shade and ventilation for pre-schoolers, or safe sanitation for adolescent girls during flood seasons.

Table 11: Convergence for climate change and resilience

Scheme/sub-scheme of MoWCD	Convergence with other ministry	Rationale and recommendations
Saksham Anganwadi AWC Infrastructure and Nutrition Services	NDMA, MoEFCC, Ministry of Jal Shakti, Ministry of Housing and Urban Affairs	AWCs in flood/heat-prone areas lack resilient infrastructure. Recommend hazard-resilient building standards, THR stockpiling, water availability

[50] Ministry of Environment, Forest and Climate Change (MoEFCC). (2022). *National Adaptation Fund for Climate Change (NAFCC) - Guidelines and Approved Projects*. Retrieved from https://moef.gov.in/
[51] UN Women. (2022). *Gender, climate and disaster resilience: A regional perspective on gender-inclusive climate adaptation*. Retrieved from https://asiapacific.unwomen.org/

Scheme/sub-scheme of MoWCD	Convergence with other ministry	Rationale and recommendations
		assurance, and disaster preparedness drills for AWWs.
Mission Vatsalya's Child Care Institutions (CCIs)	NDMA, MoEFCC, State Disaster Management Authorities	CCIs must include DRR audits, evacuation plans, and mental health support post-disaster. Recommend including climate resilience indicators in institutional audits and SOPs for child protection during emergencies.
Mission Shakti's One Stop Centres (OSCs), Safety Infrastructure	NDMA, MoEFCC, Ministry of Jal Shakti, Urban Local Bodies	OSCs need elevated safe zones, electricity backups, and climate risk training. Recommend mapping OSCs in high-risk areas and integrating them into district climate resilience plans.
Cross-sector schemes - All WCD programs in vulnerable regions	MoEFCC, Ministry of Finance, NDMA, SAPCCs, NAFCC	Current adaptation financing overlooks WCD needs. Recommend piloting Gender and Child Climate Risk Indices for targeted resilience grants and including WCD infrastructure in SAPCC planning.
Urban and Rural Infrastructure under Saksham Anganwadi	Jal Jeevan Mission, Swachh Bharat Mission, PM Awas Yojana	Water, sanitation, and housing converge with climate resilience. Recommend integrating AWCs in SBM and PMAY for safe toilets, shade structures, and water security in high-temperature/flood-prone zones.

3.2.8. Women Safety and Security

Ensuring women's and children's safety demands a multi-sectoral approach involving law enforcement, justice, urban planning, transport, and social services. The Nirbhaya Fund exemplifies this by supporting diverse, ministry-led projects to reduce violence against women. Under Mission Shakti's *Sambal* sub-scheme, MoWCD implements key Nirbhaya-funded initiatives, One Stop Centres, Women Helpline (181), in close partnership with police and hospitals.[52] There are 800+ One Stop Centres (OSCs) across districts, which serve as

[52] Press Information Bureau. (2025, March 12). *Government implements schemes under Nirbhaya Fund to enhance women's safety and security, utilising nearly 76% of Nirbhaya Fund*. Ministry of Women and Child Development, Government of India. Retrieved April 20, 2025, from https://pib.gov.in/PressReleasePage.aspx?PRID=2110881

integrated crisis centres for women facing violence. OSCs exemplify convergence by bringing healthcare (with hospital-based medical care), policing (via 112 and women police/MPVs), legal aid (through NALSA/DLSA), counselling, and shelter under one roof. MoWCD credits this multi-agency coordination for assisting countless survivors. Similarly, the 181 Women's Helpline links police for rescue/FIRs and OSC referrals, ensuring seamless support from call to care.

The criminal justice system also benefits from inter-ministerial collaboration. MHA has established Women Help Desks, and Anti-Human Trafficking Units, and Mahila Police Volunteers (MPVs) (discontinued since 1.4.2022 and no longer part of schemes under MoWCD), local women bridging communities and police, with MoWCD providing training, stipends, and support. Together, MHA and MoWCD have developed gender-sensitive police training and protection officer curricula. States have further innovated with all-women police stations, patrol units, and safety apps. For example, Uttar Pradesh's "Mission Shakti" combined police action against harassment (Operation Majnu) with WCD-led awareness campaigns, offering a comprehensive response to women's safety in public space.[53]

The data reveals a persistent digital gender divide between rural and urban adult women. While 72.5% of urban women personally use a mobile phone, only 63.2% of rural women do. Access declines further for digital skills, just 52.4% of rural women having used the internet (vs. 63.6% urban), and only 49.4% can read text messages (vs. 60.9% urban). Most notably, only 22.4% of rural women use mobile phones for financial transactions, compared to 30.9% of urban women, highlighting significant gaps in digital and financial inclusion. These patterns point to urgent needs for targeted digital literacy and empowerment initiatives for rural women.

Table 12: MoWCD Schemes and Inter-Ministerial Convergence Recommendations

Scheme/sub-scheme of MoWCD	Convergence with other ministries	Rationale and recommendations
Beti Bachao Beti Padhao (BBBP)	Ministry of Education's Samagra Shiksha Abhiyan	School Education Dept. builds toilets for girls, trains teachers, promotes girl re-enrolment and self-defence training. MoWCD complements through community outreach. Recommend joint planning for dropout reduction and IEC campaigns.
BBBP, SAG	Ministry of Education's Kasturba Gandhi Balika Vidyalayas (KGBVs), Scholarships,	KGBVs and scholarships target marginalized girls, aligning with MoWCD goals on school retention and delayed marriage. Recommend tracking educational progression of SAG beneficiaries into KGBVs.

[53] Ministry of Home Affairs, Government of India. (2019, April 10). *Advisory on deployment of Mahila Police Volunteers (MPVs) for safety and security of women*. Retrieved April 20, 2025, from https://www.mha.gov.in/sites/default/files/womenSafetyDiv_AdvisortSTSC_10042019_0.pdf

Scheme/sub-scheme of MoWCD	Convergence with other ministries	Rationale and recommendations
	Free Bicycle Scheme	
Mission Shakti's Samarthya, Scheme for Adolescent Girls	Ministry of Skill Development & Entrepreneurship (MSDE); Ministry of Youth Affairs (NSS/NYKS)	Skill training, sports promotion, and life skills education align with MoWCD's adolescent empowerment. Recommend district-level coordination cells to align targets and avoid duplication.
BBBP, Mission Shakti	Ministry of Sports and Youth Affairs' BBBP Ambassadors, Talent Identification	Sports-based role models build self-confidence among girls and enhance campaign effectiveness. Recommend MoWCD-Sports Ministry MOU for mentorship programs and local events.
HEW Centres, Mission Shakti	Ministry of Electronics & IT's PMGDISHA; Common Service Centres	Digital literacy enables financial transactions, e-learning, and access to schemes. Recommend integrating PMGDISHA curriculum in HEW modules and building infrastructure for women digital access.
Mission Shakti, SAG	Ministry of Corporate Affairs; Ministry of Labour & Employment's POSH enforcement in educational institutes	Safe campuses are critical to girls' higher education participation. Recommend periodic audit of POSH compliance and training of ICC members in schools/colleges.
Mission Shakti (Samarthya), Digital Empowerment	Ministry of Minority Affairs' Girls higher education	Minority scholarships promote education for girls from disadvantaged backgrounds. Recommend joint outreach via MoWCD's community networks to ensure scheme uptake.

SHE Teams – A Collaborative Initiative for Women's Safety in Telangana

The SHE Teams initiative, launched by the Telangana State Police on October 24, 2014, in Hyderabad, represents a pioneering effort to enhance women's safety through proactive policing and community engagement. Recognizing the pressing need to address gender-based harassment and violence, the program was designed to create a secure environment for women in public spaces. Following its success in Hyderabad, the initiative was expanded statewide in April 2015, with the Women Safety Wing overseeing its operations across Telangana. Currently, 331 SHE Teams are active throughout the state, demonstrating the government's commitment to institutionalizing women's safety measures.

The primary objective of SHE Teams is to provide safety and security to women and children by developing a uniform and reliable process for addressing distress situations. The initiative aims to instill confidence in women to report offenses and to act as a deterrent to potential offenders. By integrating technology and conducting impact analyses, SHE Teams strive to improve their performance continually.

Targeting women and girls who face harassment in public spaces, SHE Teams operate by identifying hotspots where such offenses are prevalent. Teams, often in plainclothes, patrol these areas, apprehending offenders caught in the act using photographic or videographic evidence. Complaints can be registered through various channels, including social media, WhatsApp, and dedicated mobile applications, ensuring accessibility and prompt response.

The impact of SHE Teams has been significant, with a notable reduction in incidents of harassment and an increase in women's confidence to report offenses. The initiative's success is attributed to its strategic approach, combining surveillance, immediate action, and awareness campaigns. By addressing offenses promptly and counseling first-time offenders, SHE Teams have not only enforced the law but also worked towards behavioral change in society.

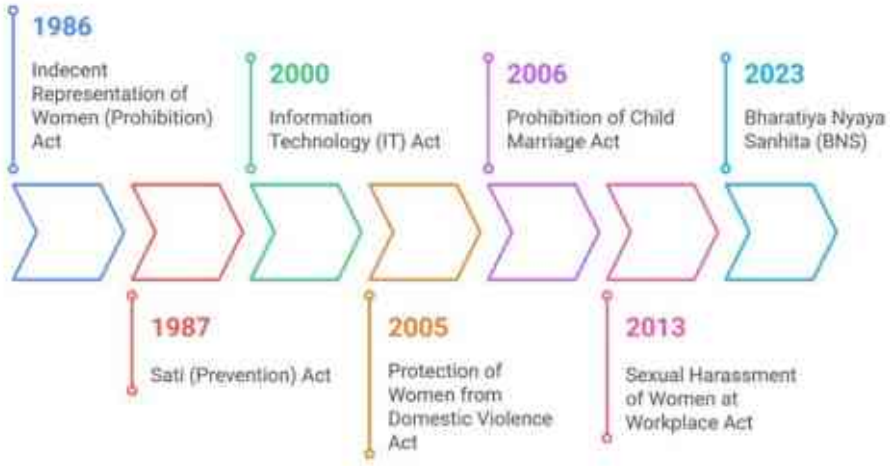
Lessons learned from the SHE Teams initiative highlight the effectiveness of collaborative efforts between law enforcement and the community in addressing gender-based violence. The program underscores the importance of integrating technology in policing, the need for continuous monitoring and evaluation, and the value of community awareness in creating a safe environment for women. The success of SHE Teams serves as a model for other regions aiming to implement similar measures for women's safety.

The Ministry of Home Affairs has further executed “Safe City” projects in metropolitan cities like Delhi, Mumbai, Bengaluru financed by Nirbhaya Fund. These projects involve installing CCTV cameras, improving street lighting, creating women-only public transport options or panic button systems, and building secure short-stay homes. They are monitored by city-level committees that include police commissioners, municipal officials, and WCD representatives

to ensure they address women's needs holistically. The Transport Ministry mandates all public transport and ride-hailing services to have GPS/panic buttons for passenger safety and has a Nirbhaya-funded initiative for marshals on buses and last-mile connectivity for women at night. Such measures, while outside MoWCD's direct purview, contribute to the environment of safety that MoWCD advocates for. Convergence can be noted here in policy and funding. For instance, MoWCD is part of the appraising committee for Nirbhaya Fund proposals from other ministries, aligning them with national policy on women's safety.[54]

Converging with the Ministry of Law's National Legal Services Authority (NALSA), WCD further ensures that women and children receive free legal counselling. NALSA has schemes such as legal aid clinics in villages and special sensitization camps for women – coordinated with MSK/HEW and OSCs for outreach. The *Sambal* component of Mission Shakti also spreads awareness of laws like Domestic Violence Act, POSH Act, child marriage law, etc., in partnership with police and the judiciary at the local level. For example, joint workshops are held for Protection Officers (under WCD), police, and magistrates to streamline responses under the Domestic Violence Act.

Figure 10: Legal Milestone for Women's Rights



To address this, high-level mechanisms like the Inter-Ministerial Committee on Sexual Assault Response and the Task Force on Women's Safety are working on standard protocols (SOPs) for convergence. One such SOP developed with MEA even covers repatriation of trafficked women/children across international borders, involving External Affairs, MHA, and WCD. These efforts underscore that effective safety and justice for women and children demand an all-of government approach.

Table 13: Convergence for women safety

[54] Ministry of Housing and Urban Affairs, Government of India. (2024, March). *She RISES – Towards Gender Transformation of Indian Cities*. Smart Cities Mission. Retrieved April 20, 2025, from https://smartcities.gov.in/sites/default/files/2024-03/SheRises.pdf

Scheme/sub-scheme of MoWCD	Convergence with other ministries	Rationale and recommendations
Mission Shakti's Sambal (OSCs, 181 Helpline)	Ministry of Home Affairs 112 Emergency Services; Ministry of Health - Hospital Co-location	OSCs integrate police, medical, legal, and psychosocial support. Recommend strengthening data systems for case tracking and real-time rescue coordination with state Home Departments.
Mission Shakti's Sambal and MSK/HEW Platforms	Ministry of Law and Justice - NALSA/DLSA	Joint awareness on women's laws, legal counselling, and mobile aid clinics. Recommend integrating legal camps with MSK outreach and tracking uptake of free legal services.
Mission Shakti's Awareness and Protection Campaigns	State Home Departments' Women Police, Special Squads (She Teams, Pink Patrol)	Campaigns like UP's Operation Majnu or Kerala's Pink Police show strong WCD-police convergence. Recommend SOPs for campaign replication and joint training for WCD & police staff.
Sambal (Safety Infrastructure), One Stop Centres	Ministry of Home Affairs- Safe City Projects; Transport Ministry - Public Transport Safety	CCTV, lighting, GPS/panic buttons in transit align with WCD's safety vision. Recommend state-level appraising committees for Nirbhaya Fund projects to ensure design reflects women's needs.
Mission Shakti - Interstate and International Rescue	Ministry of External Affairs, MHA Anti-trafficking, Border Response	SOPs developed for repatriation of trafficked victims. Recommend institutionalizing these through inter-ministerial taskforces and digitized case coordination platforms.

3.3. Gap Analysis

Despite significant advancements in the Women and Child Development (WCD) sector through flagship schemes like Saksham Anganwadi & Poshan 2.0, Mission Shakti, and Mission Vatsalya, several cross-cutting themes remain insufficiently addressed, limiting the sector's transformative potential. These gaps, ranging from unpaid care work, mental health integration, and digital infrastructure fragmentation to the exclusion of marginalized subgroups and inadequate convergence mechanisms, undermine the inclusivity and impact of WCD interventions. The table below highlights critical areas where current schemes fall short, identifies systemic gaps, and outlines actionable strategies to strengthen the sector's reach, resilience, and responsiveness.

Table 14: Gap analysis

Current Scenario	Gaps	How Can It Be Rectified
High prevalence of unpaid care burden on women	Unpaid domestic work continues to exclude women from labour force participation, especially in urban areas	Introduce universal childcare services, community crèches, and care leave policies; recognize unpaid care in economic indicators and design gender-responsive social protection
Mental health mentioned in schemes like OSCs and SAG	Lack of systemic integration of mental health services, shortage of trained professionals, and limited awareness	Embed mental health in all WCD schemes with dedicated budget lines, recruit counsellors, integrate with Tele-MANAS, and train FLWs in psychological first aid
Multiple data platforms (e.g., Poshan Tracker, PMMVY-CAS)	Fragmented digital ecosystems, lack of interoperability, and minimal disaggregated data	Establish a unified WCD data dashboard with interoperable architecture; integrate gender, disability, and location-disaggregated data for planning
Periodic convergence events (e.g., VHSNDs)	Weak operational convergence across departments and poor joint planning at district/state levels	Institutionalize joint annual action plans with shared KPIs across MoWCD, Health, Education, and Rural Development; establish convergence cells at block/district levels
WCD schemes aim for universal coverage	Marginalized groups (e.g., disabled, transgender, migrant women) often excluded due to lack of tailored strategies	Design inclusive service protocols and outreach plans; incorporate universal design, disability aids, and mobile delivery mechanisms for last-mile reach

Current Scenario	Gaps	How Can It Be Rectified
Legal provisions for women's safety and reproductive rights exist (DV Act, MTP Act, POSH Act)	Low awareness, under-reporting, poor legal aid availability, and procedural delays	Strengthen legal literacy campaigns via FLWs and SHGs; ensure on-call legal aid at OSCs; digitize grievance redress systems and track resolution rates
Menstrual Health and Hygiene programs exist across ministries	Fragmented delivery, inadequate infrastructure at AWCs and CCIs, lack of coordinated policy or budget	Allocate dedicated MHM budgets within SAG and BBBP; install incinerators and private toilets; develop joint IEC campaigns with Health and Education Ministries
Skill development targeted through Samarthya, PMKVY, etc.	Extremely low female vocational/technical education (only 2.8–3.3%)	Create demand-linked vocational hubs at HEW centres; incentivize enrolment of SC/ST, tribal and rural women in skilling with stipends and flexible timings
Women in PRIs have constitutional representation	Weak institutional linkage between elected women and WCD platforms; prevalence of proxy representation	Strengthen PRI–AWC–SHG convergence; conduct leadership training for women leaders; institutionalize Mahila Sabhas and gender-responsive budgeting at GP level
Schemes focus on early childhood, adolescent girls, and reproductive-age women	Older women (above 50) are absent from coverage, despite vulnerabilities	Introduce targeted support for elderly women, including nutrition, pensions, elder abuse protection, and digital literacy under Mission Shakti

3.2.6. Engaging Adolescent Boys and Reframing Social Norms

While most women-centric policies rightly focus on addressing the vulnerabilities of girls and women, an equally critical yet under-addressed component is the engagement of boys and young men in transforming gender norms. The WCD sector, through its focus on empowerment, protection, and care services, has the potential to reframe masculinity, reduce harmful behaviours, and foster allyship among adolescent boys; yet current programming largely overlooks this need.

India's youth, aged 10 to 24 is the largest in the world, comprising over 356 million people. Among them, adolescent boys face limited access to structured platforms that address

masculinity, consent, emotional well-being, and gender[55]. Gender socialization among boys often reinforces aggression, risk-taking, and control over women. These patterns can manifest in violence, school dropout, substance abuse, and poor mental health. They are not only detrimental to boys themselves but also perpetuate cycles of gender-based discrimination and violence.[56]

Our conversations with adolescent boys and married men across the sampled geographies revealed the changing perception around the need for gender socialization and sensitization.

"If we want them to respect women, we have to show that at home." told a male respondent from Gujarat.

"When boys are taught manners, there is no need for fear." added a respondent from Uttar Pradesh.

Most existing schemes under WCD - such as the Scheme for Adolescent Girls (SAG), Beti Bachao Beti Padhao (BBBP), or One Stop Centres are female-targeted. However, adolescent boys are key agents of change in building gender-equitable societies and must be proactively engaged through WCD and allied platforms. While Rashtriya Kishor Swasthya Karyakram (RKSK) under MoHFW includes boys in its adolescent health framework, convergence with WCD outreach platforms such as AWCs, school health programs, and peer educator groups remains inconsistent.[57]

There is strong global and national evidence that programs engaging boys in conversations around gender, relationships, and rights lead to attitudinal and behavioural change. Notable examples include:

- **The GEMS program** (Gender Equity Movement in Schools), which showed improvements in attitudes toward gender roles and reduced tolerance for violence among adolescent boys in Mumbai.[58]
- **Parivartan**, a sports-based program working with boys in Bihar and Maharashtra to promote gender equality and reduce sexual harassment.
- **UNICEF's multi-country ENGAGE approach**, which fosters positive masculinities, empathy, and shared caregiving roles among boys and young men.

MoWCD can institutionalize adolescent boys' engagement in the following ways:

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[55] UNICEF. (2019). *Adolescents in India: A desk review of social and behavioral drivers*. New Delhi: UNICEF India. Retrieved from https://www.unicef.org/

[56] Das, A., Ghosh, S., & Verma, R. (2012). *Gender attitudes and violence among urban adolescent boys in India*. International Journal of Adolescence and Youth, 17(4), 233–246.

[57] Ministry of Health and Family Welfare (MoHFW). (2018). *RKSK Operational Framework: Strengthening adolescent health*. Government of India. Retrieved from https://nhm.gov.in/

[58] Achyut, P., Bhatla, N., Khandekar, S., Maitra, S., & Verma, R. K. (2011). *Building support for gender equality among adolescents in school: Findings from Mumbai, India*. International Center for Research on Women (ICRW). Retrieved from https://www.icrw.org/

- **Expand BBBP** to include structured modules for boys in schools, covering gender equality, body literacy, emotional health, and respectful relationships.
- **Develop Community Engagement Councils** under Mission Shakti or Saksham Anganwadi that include boys, male teachers, and fathers as allies in local campaigns against child marriage and violence.
- **Integrate adolescent boys into peer educator models** under RKSK in convergence with frontline WCD platforms (e.g., Kishori–Kishor Mandals linked to AWCs).
- **Leverage youth volunteer networks** such as NSS, NYKS, and NCC for district-level campaigns on redefining masculinity and promoting equality in unpaid care roles.

The narrative on unpaid work and care economy must also shift to include boys and young men. Studies show that early exposure to shared household responsibilities shapes boys' perceptions about equality and caregiving (ICRW, 2020). The lack, however, often reinforces the traditional norms that relegate women to domestic work while subjecting men to be the sole breadwinner.

Perception of strict gender roles aren't eliminated, and considerable gaps remain in the outlook towards women as compared to men. Respondents report a range of opinions on gender roles from *"The man should run the house properly, and the woman should take care of domestic work."* to *"Male member is attached with the main responsibility… but it is necessary for us to play our responsibility together."* indicating how gender roles remain valid in various ways among men. Including these themes in school-based life skills sessions, WCD awareness drives, and social behaviour change communication (SBCC) campaigns is essential.

Finally, data systems must evolve to monitor this engagement. Gender-related program tracking (e.g., under Poshan Tracker, BBBP, RKSK) must disaggregate data by sex and include indicators like:

- % of adolescent boys trained in gender sensitization.
- % of peer groups with male participation.
- Change in gender attitudes as measured through attitude scales.

Table 15: convergence for social norms

Scheme/sub-scheme of MoWCD	Convergence with other ministries	Rationale and recommendations
Beti Bachao Beti Padhao (BBBP)	Ministry of Education's School Curriculum Integration	Expand BBBP to include structured school modules for boys on gender equality, respectful relationships, and emotional health. Recommend partnerships with NCERT and State syllabi for curriculum inclusion.

Scheme/sub-scheme of MoWCD	Convergence with other ministries	Rationale and recommendations
Mission Shakti Community Engagement Platforms	Ministry of Youth Affairs through NSS, NYKS, NCC	Create Community Engagement Councils with boys, fathers, and teachers to challenge gender stereotypes. Recommend convergence with volunteer networks for school- and community-based campaigns.
SAG, Saksham Anganwadi	MoHFW through RKSK; Ministry of Education through Karamyogi and iGOT	Integrate boys into peer educator models like Kishori Kishor Mandals and ensure sessions on shared caregiving, body literacy, and equality. Recommend standardized training manuals for gender co-ed groups.
SBCC Campaigns (under BBBP, Poshan, Mission Shakti)	Ministry of Information & Broadcasting; MoHFW's RKSK	Promote attitudinal change in adolescent boys through mass media, role models, and GEMS/Parivartan-like interventions. Recommend SBCC campaigns on positive masculinity and emotional well-being.
All adolescent and youth-focused schemes	Ministry of Statistics & Programme Implementation (MoSPI) and MeITY	Update MIS platforms to include male disaggregated data and indicators on gender attitudes. Recommend use of outcome indicators: % boys in peer groups, shifts in attitude scores, and domestic role perceptions.

3.4. Recommendations and conclusion: Sectoral Maturity and Future Imperatives

The sectoral analysis of the Women and Child Development (WCD) landscape in India reveals both significant progress and persistent structural challenges in advancing gender equality, child protection, and inclusive development. While flagship schemes such as Saksham Anganwadi, Mission Shakti, and Mission Vatsalya have expanded the scope and reach of services, critical gaps remain in convergence, inclusion, infrastructure, and data systems. Vulnerable groups such as migrant women, adolescent boys, older women, and persons with disabilities continue to face barriers in accessing entitlements and protections. Moreover, weak integration across ministries, underutilized fiscal innovations, and a lack of systemic responses to emerging issues such as mental health, climate vulnerability, and care economy limit the sector's transformative potential. To realize the full promise of a rights-based, lifecycle approach, the WCD sector must now adopt forward-looking, intersectional, and institutional reforms that centre dignity, equity, and resilience at every level of service delivery and governance. To conclude, the recommendations to ensure sustained improvement are summarised as below, while details are provided in the section on recommendations:

A. Strengthen Institutional Convergence

- Establish **District Gender and Child Coordination Cells** to harmonize action plans across Health, Education, PRIs, Police, and Labour departments.
- Institutionalize **joint monitoring frameworks and common MIS dashboards** (e.g., for AWWs, ASHAs, and schoolteachers).
- Formalize convergence protocols in schemes (e.g., PMMVY, RKSK, MGNREGA crèches, SBM toilets in AWCs).

B. Bridge Inclusion Gaps

- Introduce **differentiated service protocols** for older women, transgender persons, women with disabilities, and migrant populations.
- Integrate a **Migrant and Informality Inclusion Framework** into PMMVY and Poshan Tracker.
- Create and monitor **gender- and disability-sensitive infrastructure standards** for all MoWCD-funded facilities.

C. Expand the Scope of Gender Budgeting

- Introduce **climate-resilient gender tagging** in Statement 13 of the Union Budget.
- Mandate cross-ministry co-financing for schemes addressing multiple vulnerabilities (e.g., climate, safety, caregiving).
- Ensure greater gender responsiveness in state gender budgets, especially in Health, Housing, Urban, and Disaster portfolios.

D. Enhance Programmatic Content

- Integrate **menstrual health**, **mental health**, and **masculinity education** as core components of SAG, RKSK, and BBBP.
- Scale up **community-based SBCC** programs engaging adolescent boys and men as change agents.
- Expand the cadre of trained counsellors and peer educators through partnerships with NIMHANS, NGOs, and youth networks.

E. Invest in Digital and Data Ecosystems

- Develop a **Unified Women and Child Information System (UWCIS)** integrating PMMVY, Poshan Tracker, and OSC systems.
- Embed **equity dashboards** at the state and district level with disaggregated real-time data.
- Ensure **digital inclusion of frontline workers and low-literacy women** through voice-enabled and offline-compatible apps.

F. Reposition MoWCD as a Climate Resilience Actor

- Collaborate with NDMA and MoEFCC to embed **resilience indicators** in Mission Shakti and Vatsalya.
- Pilot **Gender and Child Climate Risk Indexes** for resource targeting.
- Access **green finance and NAFCC funds** to climate-proof AWCs and shelters.

G. Expand Lifecycle and Care Economy Lens

- Develop a **National Care Policy** that recognizes unpaid care and supports community-based elder care, childcare, and disability caregiving.
- Introduce care-specific budget lines in existing WCD schemes and **recognition mechanisms for unpaid caregivers**.
- Promote **care jobs as skilling pathways** for SHG women through partnerships with MSDE.

Chapter 4. Scheme Analysis

4.1. Mission Saksham Anganwadi and Poshan 2.0

4.1.1. Background of the Scheme

Undernutrition remains a significant public health challenge in low and middle-income countries, posing a substantial barrier to achieving broader human development objectives. Early childhood undernutrition is a critical determinant of increased child mortality rates and has long-term repercussions on cognitive development and learning capacities[59]. Furthermore, undernutrition has a direct impact on human productivity, which is essential for sustained economic growth. Estimates suggest that the global economic cost of child undernutrition ranges between $20 and $30 billion annually[60].

Maternal nutrition plays a crucial role in determining birth outcomes, child health, and overall maternal well-being. Malnutrition during pregnancy increases the risk of intrauterine growth restriction (IUGR), low birth weight, and neonatal mortality[61]. Poor maternal nutrition is also associated with increased risks of maternal morbidity and mortality, particularly due to anaemia, pre-eclampsia, and postpartum haemorrhage.[62] In India, anaemia prevalence among pregnant women remains alarmingly high, with NFHS-5 data indicating that 52.2% of pregnant women suffer from anaemia.[63]

Improving maternal nutrition through micronutrient supplementation, dietary diversification, and social behaviour change interventions is critical for breaking the intergenerational cycle of malnutrition. The Global Nutrition Report (2021) emphasizes addressing social determinants, such as poverty, gender inequality, and inadequate healthcare access, in improving maternal nutrition outcomes.[64]

India's policy approach to maternal and child nutrition has evolved significantly. Beginning with fragmented early efforts such as the Mid-Day Meal Scheme (1962) for school nutrition, the Applied Nutrition Programme (1963) emphasizing home-based practices, and the Balwadi Nutrition Programme (1970) targeting preschool children. These initiatives culminated in the establishment of the unified Integrated Child Development Services (ICDS) one of the world's

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[59] Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., ... & Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, *382*(9890), 427-451

[60] Hoddinott, J., Alderman, H., Behrman, J. R., Haddad, L., & Horton, S. (2013). The economic rationale for investing in stunting reduction. Maternal & Child Nutrition, 9(S2), 69-82.

[61] Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., ... & Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, *382*(9890), 427-451

[62] Khan, Y., & Bhutta, Z. A. (2013). Nutritional deficiencies in the developing world: Current status and opportunities for intervention. *Pediatric Clinics of North America*, *60*(6), 1241-1261

[63] International Institute for Population Sciences (IIPS) and ICF. (2021). National Family Health Survey (NFHS-5), 2019-21: India. Mumbai: IIPS.

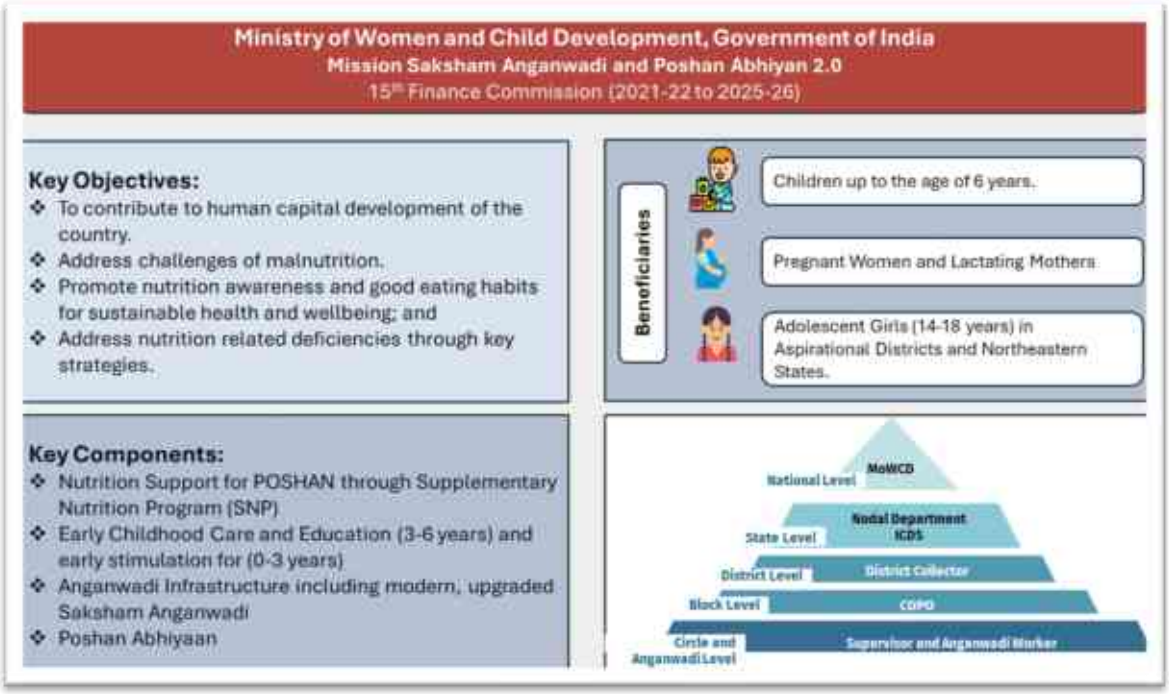
[64] Development Initiatives. (2021). Global Nutrition Report 2021: The state of global nutrition. Bristol, UK: Development Initiatives.

largest early childhood development programs in 1975. With the aim of providing integrated nutrition, health, and early childhood education through Anganwadi Centres, the ICDS underwent major policy reforms. These are universalisation (1991-92), infrastructure and nutritional quality enhancements (2001-02), incorporation of the Scheme for Adolescent Girls (SAG) (earlier SABLA) to support out-of-school girls' nutrition and skills, Early Childhood Care and Education (2013) and the Poshan Abhiyaan in 2018 to tackle malnutrition through technology, behavioural change campaigns (Jan Andolan), and inter-sectoral convergence. In 2021, the Government of India approved **Mission Saksham Anganwadi and Poshan 2.0** as a strategic shift to unify these initiatives. The reorganized mission seeks to overcome past shortcomings by integrating nutrition services across life-stages, improving delivery systems, and leveraging community participation for better child development outcomes.

The Mission was rolled out under the 15th Finance Commission cycle (2021-2026) with new operational guidelines issued in August 2022. The introduction of mobile-based Common Application Software (CAS) has strengthened data tracking and service delivery at the grassroots level, enabling real-time beneficiary monitoring and performance assessment of Anganwadi workers.[65] Nationwide awareness campaigns, such as Poshan Maah and Poshan Pakhwada, have enhanced community participation in nutrition-related initiatives, fostering improved knowledge and behavioural changes toward maternal and child nutrition.[66] In its current form, Mission Poshan 2.0 represents the Government's latest effort to holistically combat malnutrition and promote child development, by building on past programs with a converged and strengthened approach.

4.1.2. Objectives of the Scheme

Figure 11: Structure of Mission Saksham Anganwadi and Poshan 2.0



[65] Ministry of Women and Child Development (MoWCD). (2022). *Annual Report.* Government of India.
[66] UNICEF. (2022). Improving Maternal and Child Nutrition in India: Challenges and Opportunities.

4.1.3. Components of the Scheme Being Evaluated

Components	Beneficiaries	Objectives
Supplementary Nutrition Programme (SNP)	Children from 6 months-6 years, pregnant women, and lactating mothers (PW&LM), adolescent girls 14–18 years	To address malnutrition among children (0-6 years), adolescent girls (in Aspirational Districts and North-Eastern states), pregnant women, and lactating mothers by providing supplementary nutrition and promoting healthy practices.
Early Childhood Care and Education	Children up to the age of 6 years	To promote the holistic development of children under six years through improved cognitive, emotional, social, and intellectual development. It aims to ensure school readiness for all pre-schoolers and facilitate their seamless integration into Grade I as per the National Education Policy 2020.
Scheme For Adolescent Girls	Adolescent Girls (14-18 years) in the Aspirational Districts and Northeastern States.	To improve the nutritional and health status of adolescent girls by providing supplementary nutrition, iron and folic acid supplementation, health check-ups, referral services, nutrition and health education. It also aims to address the intergenerational cycle of malnutrition and empower girls through skilling and awareness initiatives.
Poshan Abhiyaan	Children under six years, adolescent girls (14-18 years), pregnant women, and lactating mothers	To reduce malnutrition by improving nutritional outcomes for the beneficiaries through a convergence of services, technology, and community engagement. It aims to decrease stunting, under-nutrition, anaemia, and low birth weight while promoting awareness and behavioural change for sustainable health

The scheme's components are evaluated using the REESIC+E framework, which covers Relevance, Efficiency, Effectiveness, Sustainability, Impact, Coherence, and Equity. In the following discussion, we assess the scheme's performance through this lens: physical progress, such as infrastructure development and service delivery, is examined under the Efficiency and Effectiveness sections for each sub-scheme, while financial progress is addressed within the Efficiency section.

4.1.4. Operational Guidelines of the Scheme

The operational guidelines (issued August 2022 by Ministry of WCD) lay down the implementation protocols, service delivery norms, and monitoring structures for Poshan 2.0. Key aspects include:

- **Service Delivery:** The Anganwadi Centre (AWC) is the focal point for delivering the scheme's services. Currently, about 14 lakh Anganwadi centres (AWCs)[67] are operational across the country, catering to over 101.48 million beneficiaries, including children, pregnant women, and lactating mothers. These centres deliver a package of services such as supplementary nutrition, pre-school non-formal education, nutrition & health education, immunization, health check-up, and referral services, playing a vital role in improving child and maternal health in rural and urban areas. Among these six services, immunization, health check-ups, and referral services are directly linked to healthcare and are delivered through the National Health Mission (NHM) and Village Health, Sanitation and Nutrition Days (VHSND).

- **Human Resources**: Anganwadi Centres (AWCs) are the cornerstones for delivering the benefits of Poshan 2.0, with services implemented at the grassroots level by Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs). These "honorary workers" are respected members of the local community who voluntarily provide part-time support in childcare, nutrition, and early education. Their responsibilities, along with those of Supervisors, Child Development Project Officers (CDPOs), and District Programme Officers (DPOs), include ensuring the uninterrupted provision of supplementary nutrition and other essential services to beneficiaries. Health check-ups, immunization, and referral services are delivered in collaboration with Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) under the National Health Mission and public health infrastructure. ASHAs and ANMs also conduct regular screenings for anaemia, diabetes, and disabilities among beneficiaries, ensuring comprehensive health coverage. This coordinated approach ensures that all eligible children, pregnant women, lactating mothers, and adolescent girls receive holistic support and care at the community level.

- **Nutritional Norms and Quality Assurance:** The scheme prescribes nutritional content for supplementary food: Children (6-72 months) receive 500 Kcal and 12-15g protein daily (800 Kcal and 20-25g protein for severely malnourished), while pregnant/nursing women and adolescent girls (14-18 years) are provided 600 Kcal and 18-20g protein each day. States/UTs must ensure the quality of supplementary nutrition conforms to standards under the Food Safety and Standards Act, 2006. To achieve this, the guidelines include protocols like testing food samples in accredited labs, use of fortified ingredients (e.g. fortified rice, double-fortified salt), and sensitizing food handlers on safety. There is emphasis on improving the menu for dietary diversity (including millets and local foods)

[67] The current Expenditure Finance Committee has sanctioned for 14 lakh Anganwadi centres across India.

and establishing Poshan Vatikas (nutritional gardens) at Anganwadis to provide fresh produce.

- **ICT and Monitoring Systems:** A robust ICT platform called Poshan Tracker has replaced old paper registers for real-time monitoring. Each Anganwadi Worker uses a smartphone loaded with Poshan Tracker to record beneficiaries' attendance, growth measurements, service delivery and stock management. The Tracker is linked with Health Ministry's RCH (Anmol) database for seamless tracking of pregnant women and child health records. **Reporting & Supervision:** The system enables generation of reports at project, district, state, and central levels to identify gaps. Supervisors (each overseeing ~25 AWCs) use it to monitor AWW performance. The guidelines also call for regular review meetings at district and block levels, and social audits by the community. **Social Audit:** Poshan 2.0 guidelines mandate social audits involving beneficiaries and local groups (e.g. Mothers' groups, Village Health Sanitation & Nutrition Committees) to get direct feedback on service delivery. The aim is to increase transparency and accountability at the grassroots.

4.1.5. Fund Flow Process and Allocation Mechanism

Mission Saksham Anganwadi and Poshan 2.0 is implemented as a Centrally Sponsored Scheme (CSS) under the Ministry of Women and Child Development (MoWCD), with financial responsibilities shared between the Central and State/UT Governments. The scheme follows a structured and tiered financial architecture designed to ensure timely, efficient, and accountable flow of funds from the Centre to the grassroots level.

4.1.5.1 Cost-Sharing Pattern

The financial contribution between the Centre and States/UTs varies based on the type of activity and the category of the state:

Table 16: Cost-Sharing Pattern

Component	States & UTs (with legislature)	Northeast/Himalayan States	States & UTs (without legislature)
Anganwadi Services (General)	60: 40	90: 10	100:00
Salary[68]	NA	90: 10	100:00
Honorarium	60: 40	90: 10	100: 00
Supplementary Nutrition	50: 50	90: 10	100: 00
Construction & Upgradation of AWC Buildings	60: 40	90: 10	100: 00

[68] It may be noted that the salary component to all States/UTs in prescribed cost sharing pattern has been discontinued for all States/UTs except for NE region and Himalayan States.

4.1.5.2 Fund Flow Mechanism

In accordance with the Ministry of Finance's directive (2021), the fund flow mechanism for Mission Saksham Anganwadi and Poshan 2.0 has been restructured to operate under the Single Nodal Agency (SNA) model through the Public Financial Management System (PFMS). This transition has significantly improved the transparency, efficiency, and accountability of financial operations under the scheme.

- Each State/UT Government designates a Single Nodal Agency (SNA)—typically the State Department of Women and Child Development—to manage both Central and State shares of scheme funds through a dedicated SNA escrow account, maintained in a scheduled commercial bank.
- Following the approval of the Annual Programme Implementation Plan (APIP) by the Empowered Programme Committee (EPC) at the national level, the Ministry of Women and Child Development (MoWCD) releases funds directly to the SNA account. This account serves as the primary channel for all further disbursements under the scheme.
- From this SNA account, funds are transferred to lower-tier implementing units—such as District Programme Offices (DPOs), Child Development Project Officers (CDPOs), and other executing entities—in tranches, based on actual requirements and utilization, following the Just-in-Time (JIT) principles embedded in PFMS.
- To enable granular tracking and prevent fund accumulation, the SNA structure uses Zero-Balance Accounts (ZBAs) at the level of implementing agencies. These accounts receive and disburse funds as needed, ensuring that balances are not retained unnecessarily.

4.1.5.3 Utilization, Reporting, and Monitoring

- Utilization Certificates (UCs) and Statements of Expenditure (SoE) must be submitted to MoWCD, generally after utilizing ≥75% of the previous release.
- Fund flow and utilization are tracked via PFMS and Poshan Tracker platforms.
- States must ensure regular physical and financial reporting through Poshan MIS.

4.1.6. Key Stakeholders of the Scheme

Key Stakeholders of the Scheme

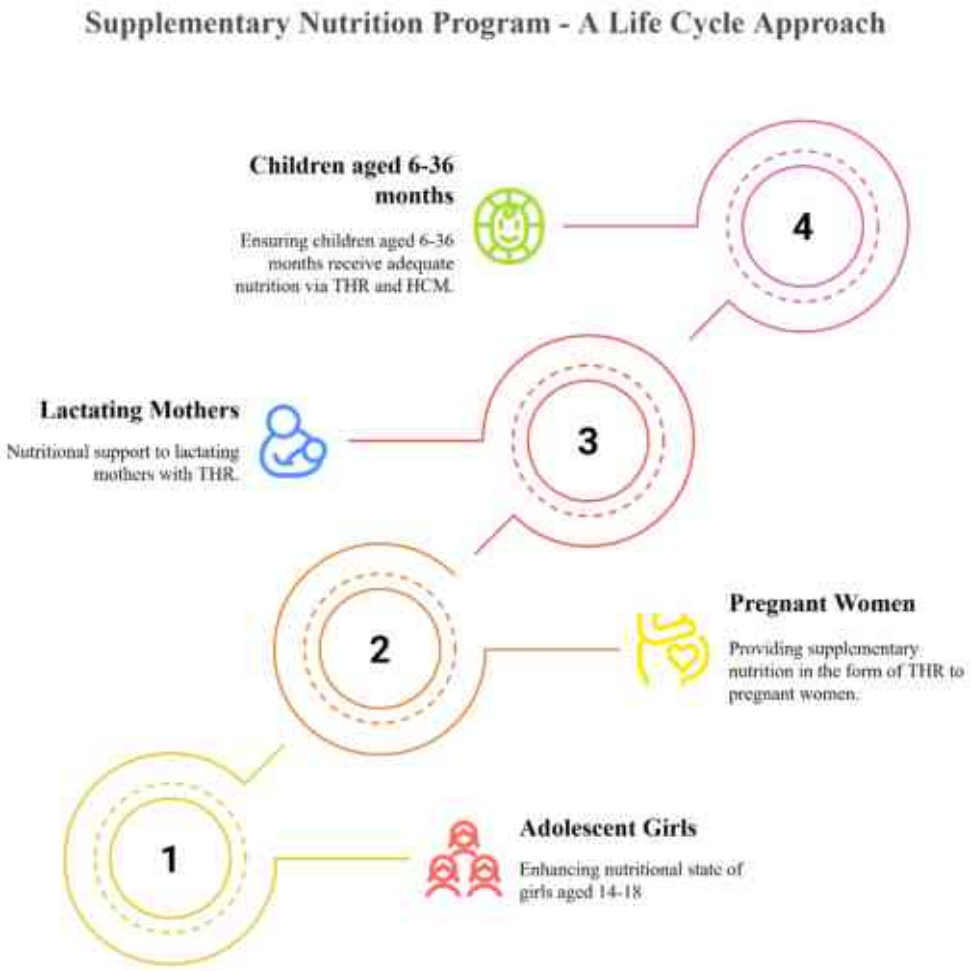
Characteristic	Central Level	State/UT Level	District/Block Level	Village/Local Level
Roles	Policy and technical Oversight	Implementation and Coordination	Administration and Monitoring	Service Delivery and Community engagement
Key Stakeholders	MoWCD, EPC, Ministry of Food and Public Distribution, MoHFW, MoE, Ministry of Panchayati Raj, NIPCCD	State Department of WCD, State Mission Director, State Level Steering Committee, State department of health, education, Panchayati Raj, finance	District Magistrate/Collector (nodal officer), District Nutrition Committee DPO, CDPO	AWC, AWW, AWH, ASHA, ANM, PRIs, VHSNC
Responsibilities	Formulating policy, Planning, Funding, monitoring progress, inter-ministerial convergence	Implementing schemes, managing budgets, supervising districts, ensuring supply chain	Monitoring and supervision, ensuring quality standards, managing Anganwadi centers, reporting, resolving issues	Preparing meals, distributing rations, maintaining records, providing education, coordination for immunization, health check-ups, conducting community-based events
Monitoring	Overall progress monitoring	Reviewing nutrition indicators and program progress	Monitoring nutrition status and quality standards	Social audits, feedback on food quality

4.1.8. Supplementary Nutrition Program

Background of the Scheme

The Supplementary Nutrition Program (SNP) is a flagship intervention under the Saksham Anganwadi and Poshan 2.0 mission, which was launched by the Government of India in 2021 through the Ministry of Women and Child Development (MoWCD). The mission aims to address malnutrition and improve nutritional outcomes for children, pregnant and lactating women, and adolescent girls through a life-cycle approach

Figure 12: About the SNP



SNP is rooted in the National Food Security Act (NFSA), 2013 - the programme ensures the provision of supplementary nutrition to all pregnant women, lactating mothers (up to 6 months postpartum), and children aged 6 months to 6 years, including those suffering from malnutrition. Recognizing India's high burden of malnutrition, evident in key indicators such as stunting, wasting, and underweight among children as reported in NFHS-5, the SNP plays a pivotal role in reducing nutrition-related inequities.

Key Services provided under the SNP:

Under SNP, a package of nutrition services is delivered to the eligible beneficiaries to supplement their daily dietary intake. The goal is to provide the beneficiaries with additional calories, protein, and micronutrients on top of their regular diet, bridging the nutrition gap and promoting healthy growth. SNP shall be provided at the Anganwadi Centre (AWC) during working hours to all registered beneficiaries.

Types of Nutritional Support and Rations: Supplementary nutrition under the Scheme shall be provided for at least 300 days in a calendar year, averaging 25 days per month, through morning snacks, Hot Cooked Meals (HCM), and Take-Home Rations (THR).

- **Hot Cooked Meal (HCM) and Morning Snacks:** Served to children aged 3–6 years at Anganwadi Centres during working hours, alongside nutrition education for caregivers- this includes a morning snack, and a nutritious hot lunch prepared at the AWC.

- **Take-Home Ration (THR):** THR is provided to children aged six months to three years, pregnant women, and lactating mothers through AWCs. For severely malnourished children, additional THR is to be provided. In addition, SNP is also provided for adolescent girls in Aspirational Districts and states in the Northeastern Region (NER).[69] The THR are typically distributed twice a month (preferably on the 1st and 15th of each month) to each registered beneficiary.

Fund Flow Process and Allocation Mechanism:

The SNP is implemented with a cost-sharing arrangement between the Union Government and the States/UTs.

Funding Pattern: For SNP components, the general cost-sharing ratio is 50:50 between the Central Government and State Governments for most states. This means the Centre and states each bear half of the expenditure on supplementary nutrition. There are special ratios for certain regions: for the North-Eastern and Himalayan States (and Jammu & Kashmir), the Centre bears 90% of the cost with the state share only 10%, given the hilly terrain and limited resources of these states. For Union Territories without legislature (e.g., Chandigarh), the SNP is 100% centrally funded.

Component	States & UT (with legislature)	Northeast/Himalayan States	States & UTs (without legislature)
Supplementary Nutrition	50: 50	90: 10	100: 00

Fund Flow Mechanism and Approvals: Under the SNA model mandated by the Ministry of Finance and implemented through the PFMS, the fund flow for the scheme has been streamlined to ensure transparency and efficiency. Following the approval of the Annual Programme Implementation Plan (APIP) by the Empowered Programme Committee, the MoWCD releases funds directly to the SNA escrow account maintained by the designated State WCD Department in a scheduled commercial bank. From this SNA account, funds are released to implementing agencies, District Programme Offices, CDPOs, in tranches based on actual requirements and utilization, using the Just-in-Time (JIT) principles of PFMS. This ensures that both Central and State shares of SNP funding are tracked in real-time, prevents idle parking of funds, and improves accountability at each level of programme implementation.

Process Flow for SNP

Annual Planning & Fund Allocation

[69] Take-Home Ration (THR) is distributed twice a month to registered beneficiaries in specific categories such as pregnant and lactating women and children aged 6 months to 3 years, who are not required to visit AWCs daily.

- States/UTs prepare and submit an annual implementation plan detailing beneficiaries, nutrition needs, and required funds.
- Funds and food grains are released after central approval; guidelines are issued to districts for execution.

Procurement & Supply Chain

- Food grains are lifted from central stocks and delivered to AWCs; other nutrition items are procured as per rules.
- THR and meal ingredients are distributed to AWCs, with stock records maintained by Anganwadi Workers.

Service Delivery at Anganwadi Centres

- Anganwadi Workers prepare and serve hot cooked meals and snacks daily to children; THR is distributed biweekly or monthly to eligible beneficiaries.
- Beneficiaries sign for receipt; nutrition counselling is provided during distribution.

Monitoring & Reporting

- Daily attendance, meal service, and nutritional status are tracked via the Poshan Tracker.
- Supervisors conduct regular inspections; food quality is tested, and progress is reviewed at the district and state levels.

Social Audit, Community Feedback & Grievance Redressal

- Community members and local committees audit services and provide feedback; issues are addressed through grievance channels.

Key Stakeholders and Implementation Framework

Implementation Framework and Key Stakeholders

Characteristic	Central Level	State/UT Level	District/Block Level	Village/Local Level
Roles	Policy and Oversight	Implementation and Coordination	Administration and Monitoring	Service Delivery and Community
Key Stakeholders	MoWCD, EPC, Department of Food and Public Distribution, MoHFW	State Department of WCD, State Mission Director, State Level Steering Committee	District Magistrate/Collector, DPO, CDPO	AWC, AWW, AWH, ASHA, ANM, PRIs
Responsibilities	Formulating policy, setting norms, allocating funds, monitoring progress	Implementing schemes, managing budgets, supervising districts, ensuring supply chain	Monitoring nutrition status, ensuring quality standards, managing Anganwadi centers	Preparing meals, distributing rations, maintaining records, providing education
Monitoring	Overall progress monitoring	Reviewing nutrition indicators and program progress	Monitoring nutrition status and quality standards	Social audits, feedback on food quality

Performance Analysis

4.1.8.1 Relevance

The section assesses the relevance of the SNP by examining its alignment with national and global priorities, responsiveness to beneficiary needs, ability to address structural challenges in the WCD sector, and its role in reducing regional and social disparities. These dimensions together help evaluate whether SNP remains contextually appropriate and strategically positioned to deliver on India's nutrition and development goals.

Relevance of the SNP will be measured against the following:

1. Alignment with National and International Priorities
2. Relevance for addressing Beneficiary Needs
3. Relevance in Overcoming Sectoral Challenges
4. Relevance in reducing regional disparities

Alignment with National and International Priorities

The SNP, implemented under the umbrella of Mission Saksham Anganwadi and Poshan 2.0, aligns strongly with both national mandates and international development goals. Domestically, SNP fulfils statutory obligations under the National Food Security Act (NFSA), 2013, which mandates the provision of free supplementary nutrition to pregnant and lactating

women, and children under six years of age through the Integrated Child Development Services (ICDS) framework.[70]

At the national level, the SNP directly supports objectives outlined in the Poshan Abhiyaan (launched in 2018), which targets the reduction of stunting, wasting, and anaemia among children, women, and adolescent girls. The National Nutrition Strategy by NITI Aayog also highlights supplementary nutrition through community-based platforms as a key pillar in addressing India's triple burden of malnutrition.[71]

Globally, the SNP advances India's commitments under the Sustainable Development Goals (SDGs), particularly SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being). It also echoes the Global Nutrition Targets 2025 set by the World Health Assembly and aligns with the principles of the Convention on the Rights of the Child, which recognizes the right of every child to adequate nutrition.

Relevance for addressing Beneficiary Needs

The SNP is designed to cater to the nutritional requirements of India's most vulnerable populations, pregnant women and lactating mother (PW&LM), children aged 6–72 months, children with Severe Acute Malnutrition (SAM), and adolescent girls, particularly from disadvantaged communities. These groups have been identified as nutritionally at-risk based on epidemiological data and repeated rounds of the National Family Health Survey (NFHS).

According to NFHS-5 (2019–21), 35.5% of children under five years are stunted, 32.1% are underweight, and 19.3% are wasted. Among women aged 15–49, 57% are anaemic, rising to 61.8% among pregnant women. These figures highlight the urgency for tailored nutritional interventions and including women at pre-conception stage itself.

The SNP's delivery mechanisms, Take Home Ration (THR) for children under three years and PW&LM, and Hot Cooked Meals (HCM) for children aged 3–6 years, are also contextually appropriate for low-resource settings. These interventions are aligned with WHO recommendations for complementary feeding and maternal nutrition and are backed by evidence on their effectiveness in reducing micronutrient deficiencies and improving weight-for-age indicators.[72]

Relevance in Overcoming Sectoral Challenges

The WCD sector faces several structural and operational challenges, including undernutrition, low service uptake at Anganwadi Centres, poor infrastructure, and inadequate convergence across departments. SNP attempts to overcome these through:

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[70] *Government of India. (2013). The National Food Security Act, 2013. Ministry of Law and Justice.* https://egazette.nic.in/WriteReadData/2013/E_29_2013_429.pdf

[71] *NITI Aayog. (2017). National nutrition strategy: Nourishing India. Government of India.* https://www.niti.gov.in/sites/default/files/2020-01/Nutrition_Strategy_Booklet.pdf

[72] Sarwal, R., Meena, H. K., Thakur, R., Yunus Khan, S., & Kenefick, E. (2022, July 4). Take home ration: Good practices across the States/UTs. NITI Aayog & United Nations World Food Programme. https://doi.org/10.31219/osf.io/ekzcv. Retrieved on May 31, 2025, from https://www.niti.gov.in/sites/default/files/2022-06/Take-home-ration-report-30_06_2022.pdf

- Decentralized delivery through over 14 lakh Anganwadi Centres[73].
- Use of fortified food mixes and enhanced food diversity in THR.
- Digitization and real-time monitoring under Poshan Tracker, improving accountability.

Moreover, SNP's role in bridging intergenerational cycles of malnutrition, especially among adolescent girls and young mothers, addresses a critical structural challenge—ensuring adequate nutrition across the reproductive life cycle.

Relevance in reducing Regional Disparities and benefiting Marginalized Groups

SNP is implemented with a focus on high-burden and under-served regions[74], especially through the convergence with the Aspirational Districts Programme. This ensures a targeted approach for states with high levels of child undernutrition, such as Bihar, Uttar Pradesh, Madhya Pradesh, and Jharkhand.

Studies show that uptake of Anganwadi services, including SNP, varies significantly across socio-economic groups and geographies.[75] For instance, NFHS-5 reports that only 51.4% of children under six in rural areas received any service from an Anganwadi Centre, dropping further among tribal and SC communities. SNP guidelines now emphasize the identification and outreach to such marginalized groups.

Table 17: Nutritional indicators in India (%)

Study States	Children (≤5 years) – stunted (%)	Children (≤5 years) – wasted (%)	Children (≤5 years) - severely wasted (%)	Children (≤5 years) - underweight (%)	Children (b/w 6-59 months) - anaemic (<11.0 g/dl)	Pregnant women (b/w 15-49 years) - anaemic (<11.0 g/dl)
Andhra Pradesh	31.2	16.1	6	29.6	63.2	53.7
Assam	35.3	21.7	9.1	32.8	68.4	54.2
Bihar	42.9	22.9	8.8	41	69.4	63.1
Chandigarh	25.3	8.4	2.3	20.6	54.6	NA
Gujarat	39	25.1	10.6	39.7	79.7	62.6
Himachal Pradesh	30.8	17.4	6.9	25.5	55.4	42.2

[73] Poshan Tracker. Retrieved on June 1, 2025

[74] These are districts or states with a disproportionately high prevalence of malnutrition-related indicators

[75] Chakrabarti, S., Raghunathan, K., Alderman, H., Menon, P., & Nguyen, P. (2019). India's Integrated Child Development Services programme; equity and extent of coverage in 2006 and 2016. Bulletin of the World Health Organization, 97(4), 270–282. https://doi.org/10.2471/BLT.18.221135

Study States	Children (≤5 years) – stunted (%)	Children (≤5 years) – wasted (%)	Children (≤5 years) - severely wasted (%)	Children (≤5 years) - underweight (%)	Children (b/w 6-59 months) - anaemic (<11.0 g/dl)	Pregnant women (b/w 15-49 years) - anaemic (<11.0 g/dl)
Jammu and Kashmir	26.9	19	9.7	21	72.7	44.1
Odisha	31	18.1	6.1	29.7	64.2	61.8
Rajasthan	31.8	16.8	7.6	27.6	71.5	46.3
Sikkim	22.3	13.7	6.6	13.1	56.4	40.7
Tamil Nadu	25	14.6	5.5	22	57.4	48.3
Uttar Pradesh	39.7	17.3	7.3	32.1	66.4	45.9
Uttarakhand	27	13.2	4.7	21	58.8	46.4
National	**35.5**	**21.0**	**7.7**	**32.1**	**67.1**	**52.2**

Source: NFHS 5, 2019-20

The table given above highlights stark regional disparities in child malnutrition and maternal anaemia across Indian states, with states like Bihar, Gujarat, and Uttar Pradesh exhibiting critically high levels of stunting, wasting, and anaemia. These variations underscore the continued need for geographically targeted and context-specific interventions under schemes like SNP to effectively address local nutrition burdens.

Several states have contextualized SNP delivery, e.g., tribal districts in Chhattisgarh[76] and Odisha have adapted THR packages using local foods[77], while urban areas are piloting community kitchens to address migrant populations. These adaptations reflect a growing sensitivity to regional and socio-cultural contexts.

[76] Tribal Cooperative Marketing Development Federation of India (TRIFED). (2021). DPR – TRIFOOD Jagdalpur Project (Annexure 2) [PDF]. TRIFED. Retrieved June 16, 2025, from https://trifed.tribal.gov.in/sites/default/files/2021-07/DPR%20-%20TRIFOOD%20Jagdalpur%20Project%20%28Annexure%202.pdf

[77] Mohanty, A. (2021, September 2). To bring traditional food back, Odisha's Adivasi communities turn to tech. The Wire Science. Retrieved June 16, 2025, from https://science.thewire.in/politics/rights/to-bring-traditional-food-back-odishas-adivasi-communities-turn-to-tech/

Case Study: Revitalizing Traditional Adivasi Diets Through Technology in Odisha
In Odisha's Adivasi communities, traditional diets rich in indigenous grains, leafy vegetables, and local pulses were fading, contributing to dietary monotony and nutritional deficiencies. Traditionally Adivasi diet was nutrient rich but agriculture has led reduced consumption od traditional food. To counter this, a collaboration between grassroots activists, the University of East Anglia, and local youth launched an innovative photo-audio documentation project. This initiative leveraged mobile technology and community radio to collect, digitize, and disseminate knowledge about traditional recipes, food preservation methods, and plant-based nutrition. As a result, these communities have regained pride in their culinary heritage, leading to increased dietary diversity and renewed interest in nutrient-rich foods. The program reached across India and even into Cameroon, illustrating the scalability of tech-enabled cultural restoration.

This case underscores several key lessons: empowering local youth as custodians of cultural knowledge fosters ownership and sustainability; low-cost, widely accessible technologies can effectively document and share traditional practices; and integrating cultural preservation with nutritional objectives can reinvigorate diets while strengthening community cohesion. The Odisha experience demonstrates that when indigenous knowledge is merged with modern tools, it can reinforce both public health outcomes and cultural resilience.

Source:[78] [79]

Conclusion

The SNP under Poshan 2.0's relevance is high as it is aligned with national priorities like the National Food Security Act and Poshan Abhiyaan, as well as global commitments under SDGs 2 and 3. It supports 101.9 million beneficiaries and addresses malnutrition in children under five through SAM/MAM protocols. The scheme is responsive to the needs of nutritionally vulnerable groups children under six, pregnant and lactating women, and adolescent girls using context-specific delivery models such as THR and HCM, aligned with WHO recommendations. It tackles structural challenges in the WCD sector via decentralized delivery through Anganwadi Centres, integration with health services, and digital monitoring using the Poshan Tracker. SNP also targets intergenerational malnutrition and promotes nutrition across the life cycle. Additionally, it addresses regional disparities and socio-cultural variations by prioritizing high-burden and Aspirational Districts, SC/ST communities, and urban settings. Innovations like culturally appropriate recipe standardization, real-time monitoring, and SHG-led THR production enhance community engagement, responsiveness, and supply chain efficiency.

[78] Shamsudheen, S. (2024, September 20). Rediscovering the nutritional power of wild edible plants with the Saura Adivasis [Blog post]. Gram Vikas. Retrieved June 18, 2025, from https://www.gramvikas.org/blg/rediscovering-the-nutritional-power-of-wild-edible-plants-with-the-saura-adivasis/

[79] Santhakumar, V., & Das, A. (2018, September 24). Improving the nutritional status of tribal people: Lessons from the work of Living Farms, Odisha [Web page]. Lessons from Practice Series. Azim Premji University. Retrieved June 24, 2025, from https://practiceconnect.azimpremjiuniversity.edu.in/improving-the-nutritional-status-of-tribal-people/

4.1.8.2 Efficiency

SNP under Poshan 2.0 signifies how well the programme mobilizes and utilizes its resources: - financial, operational, human, and infrastructural. This is to ensure the timely, regular, and high-quality delivery of nutritional services to the most vulnerable populations. It not only reflects expenditure levels but also the quality-of-service delivery mechanisms that determine how effectively entitlements reach beneficiaries. The SNP's efficiency, thus, lies in translating inputs into impactful outcomes while minimizing delays, leakages, and redundancies.

The efficiency of the SNP will be measured against the following:

1. Financial Efficiency
2. Operational Efficiency
3. Human Resource Efficiency
4. Infrastructural Efficiency

Financial Efficiency

The cost-sharing structure under Anganwadi Services varies by region, with the Centre bearing a larger share in the Northeastern, and Himalayan states. Key components include salaries, honorariums, supplementary nutrition, and infrastructure.

Table 18: Fund flow for Poshan 2.0 and Saksham Anganwadi

Component	States & UTs (with legislature)	Northeast/Himalayan States	States & UTs (without legislature)
Anganwadi Services (General)	60: 40	90: 10	100:00
Salary	25: 75*	90: 10	100:00
Honorarium	60: 40	90: 10	100: 00
Supplementary Nutrition	50: 50	90: 10	100: 00
Construction & Upgradation of AWC Buildings	60: 40	90: 10	100: 00

*Note: *Salary under Anganwadi Services Scheme is allowed only for selected staff of Anganwadi Services*

Source: Poshan 2.0 Guidelines, MWCD, 2022

The SNP is a cornerstone of the Anganwadi Services, aimed at addressing malnutrition. The cost-sharing ratio for SNP is 50:50 for general category states, while for Northeast and Himalayan States it is 90:10, and 100% centrally funded in UTs without legislatures. This flexible financing framework supports wider inclusion and sustains critical nutrition interventions in underserved regions.

As detailed in table above, the analysis of the percentage difference between central allocations and actual disbursements for the SNP across states from 2019–20 to 2022-23 reveals an inter-state variation, but most of the states report low utilization in 2022-23.

Table 19: Central share of budget allocated (Actuals) for SNP

Utilization of the Central share of budget allocated (Actuals) for SNP (Central Share) (%)				
States	**2019-20**	**2020-21**	**2021-22**	**2022-23**
Jammu & Kashmir	184.4	75.9	132.3	58.5
Chandigarh	100	100	210.7	100
Uttar Pradesh	102.9	63.9	110.2	92.3
Tamil Nadu	98.9	95.2	109.6	106
Andhra Pradesh	108.5	106.7	103.9	77.4
Odisha	101.2	100.3	92	105.5
Bihar	101.4	107.8	104.6	92.8
Rajasthan	94.4	105.2	138.3	77.6
Gujarat	120.4	150.1	88.6	43
Sikkim	167.6	153.8	162.2	111.1
Assam	126.6	128	105.2	76.9
Himachal Pradesh	80.4	101.5	96.7	137.3
Uttarakhand	116.4	104.4	103	96.1

Source: Utilization Certificates of different states shared by MoWCD

Colour code: Red if cell values less than 90% (low), yellow if cell values between 90 to 99% (Moderate) and Green if cell values 100% or more (high).

During COVID – 19 periods during the FYs 2020-21 and 2021-22 additional funds were provided to the AWW to ensure food reaches every household. During the 15th finance commission period of 2021-22 the Poshan tracker was launched as a part of the Poshan 2.0.

> *"We provided rations to everyone during COVID. We used to give rations for once a month and only parents would come to AWCs to collect them"* ***– State Official, Himachal Pradesh***

The utilization of the central share allocated for the SNP between 2021–2022 and 2022–23 was also positively influenced by evolving financial governance mechanisms through Single Nodal Account (SNA).

Using an Aadhar enabled systems helped to reduce the duplication of beneficiaries and better report and monitor data.

In contrast, Jammu & Kashmir and Gujarat exhibited lower utilization patterns. Gujarat's utilization plummeted to 43% in 2022–23, following earlier highs.

> "Funds cannot be flexibly used; utilization delayed if central grants are not released, may be flexifunds can help. If there is a delay in uploading UCs, funds get delayed, sometimes come in August only" **– District Official, Gujarat**
>
> "There were delays in receiving fund initially, but since past year we are getting funds on time" – **District official, Jammu and Kashmir**

KIIs with the district officials highlighted delays in central grant releases hinder effective utilization. Encouragingly, Sikkim and Assam showed significant improvement, suggesting better administrative readiness and compliance with SNA-linked fund management protocols.

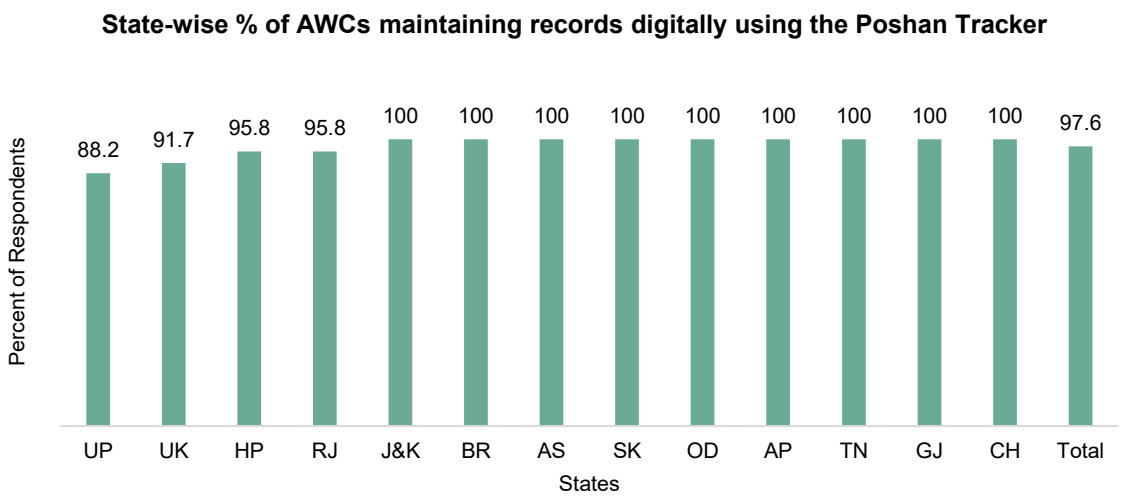
Despite pandemic disruptions, most states-maintained SNP service continuity. This suggests resilience in financial workflows under the SNA, particularly in high-performing states. Reduced utilization post Poshan institutionalization calls for its strengthening

Operational Efficiency

Leveraging Technology for Service Efficiency

Operational efficiency in SNP service delivery is significantly strengthened by technological integration. The Poshan Tracker, introduced by MoWCD, has become the cornerstone for digital monitoring of beneficiaries, inventory, and service delivery at Anganwadi Centres (AWCs). The chart displays the percentage of Anganwadi Centres (AWCs) in various Indian states and union territories that maintain records digitally using the Poshan Tracker.

Figure 13: State-wise % of AWCs maintaining records digitally using the Poshan Tracker



Source: Institutional checklist survey from 251 AWCs across the country

The chart titled “State-wise % of AWCs maintaining records digitally using the Poshan Tracker” illustrates a strong trend toward digital record-keeping across majority of the surveyed states and union territories. Notably, ten states, including Jammu & Kashmir, Bihar, Assam, Sikkim, Odisha, Andhra Pradesh, Tamil Nadu, Gujarat, and Chandigarh, report 100% digital adoption among Anganwadi Centres (AWCs), indicating seamless integration of the Poshan Tracker in their administrative practices. The overall average across all states stands at a commendable 97.6%, reflecting the national commitment to digitizing service delivery under Poshan Abhiyaan.

By digitizing key processes, it supports evidence-based decision-making, improves accountability, and reduces manual errors in reporting.[80] States such as Andhra Pradesh and Tamil Nadu have made considerable progress in adopting digital tools for THR distribution, attendance monitoring, and supervisory oversight, thereby enhancing fund utilization and ensuring timely service delivery.[81]

Further, the World Bank (2021)[82] notes that digital innovations in India’s nutrition programs have helped streamline operations and strengthen transparency by linking service records to beneficiary databases through Aadhaar. However, challenges persist in states with weak ICT infrastructure, such as limited connectivity, inconsistent access to devices, and inadequate digital training for frontline workers, which undermine the full potential of IT systems.[83] Despite these limitations, the expansion of digital platforms like the Poshan Tracker represents a foundational shift in governance, enabling greater responsiveness, efficiency, and transparency in the SNP’s last-mile delivery.

Findings from Gujarat elaborate how the state has utilized technology to bridge supply chain gaps and render it efficient. In addition to leveraging technology for greater supply chain efficiency, Gujarat is also using facial recognition for SNP beneficiary enrolment and service provision.

However, the qualitative findings from KIIs shed light on several persistent challenges faced in implementing the Poshan Tracker at the district level. While the tool has introduced useful features such as Face Recognition Systems (FRS) and E-KYC for improved beneficiary verification, its usability is hindered by a combination of technical limitations, language barriers, digital trust issues, and difficulties associated with a mobile-dependent authentication system.

> *“Yes, we use a system called the Poshan Tracker. It has brought in a lot of transparency. Each child now has a unique ID, which is Aadhaar-verified. Now, a new feature has been introduced by the Gov. of India through the Poshan Tracker app. It includes face authentication. This has significantly increased transparency, ensuring that no one else can take nutrition benefits in someone else’s name –* ***District Official, UP.***

[80] Ministry of Women and Child Development (MoWCD). (2023). Poshan Tracker: Features and Implementation Overview. Government of India. https://poshantracker.in
[81] NITI Aayog. (2022). Best Practices in Nutrition Service Delivery under Poshan Abhiyaan. Government of India. https://www.niti.gov.in
[82] World Bank. (2021). Tracking Nutrition Progress in India: Innovations in Digital Monitoring and Evaluation. https://documents.worldbank.org
[83] KIIs with district officials and AWWs

These challenges not only affect the efficiency of Anganwadi Workers but also influence the willingness of beneficiaries to engage with the system.

Key gaps identified from our KIIs with district officials and AWWs:

- Poor network connectivity which restricts real-time data entry and system access in many areas.
- Frequent migration and changing mobile numbers among beneficiaries disrupt Aadhaar-linked authentication.
- Costs associated with updating Aadhaar details deter participation in E-KYC.
- Lack of structured support to resolve app-related issues at the field level hampers consistent usage.

From this analysis, it is evident that, Poshan Tracker is a relevant and transformative tool for enhancing service delivery under SNP. While the Poshan Tracker has emerged as a critical enabler of efficiency, transparency, and data-driven governance in the SNP, its impact is constrained by the above stated persistent implementation bottlenecks

Human Resources Efficiency

Efficient delivery of SNP services hinges on the availability, capacity, and training of Anganwadi Workers (AWWs) and Helpers (AWHs).

Anganwadi Worker (AWW)

Poshan Tracker data in the table below indicate that most Anganwadi Worker positions are filled across states, often at rates exceeding 95% coverage. Similarly, the institutional checklist data from the primary data shows that in 9 of the 13 study states, AWW availability was above 96%, with an overall availability of 98.8% across all survey states. Many states even have essentially 100% of AWW posts filled (e.g., Himachal Pradesh, Uttarakhand, Bihar, Assam, etc., all report ~99–100% AWW coverage). This suggests that nearly every Anganwadi centre has at least one worker appointed. The notable exception is Tamil Nadu, which shows only 81.7% AWW positions filled. Overall, however, the Anganwadi worker coverage is excellent, indicating strong implementation of staff recruitment under the scheme.

> "Based on the demands raised from Anganwadi centres, the number of packets is supplied in trucks with GPS tracking. Face authentication is also underway. In Gujarat, we've done around 35–40% face authentication. Once registered by face, the match is verified during the next delivery and then the packet is given. This adds even more transparency to the supply chain." – **State Officer, Gujarat.**

Table 20: Staff at the AWCs

States	No. of AWCs	Availability of AWWs (%)
Jammu and Kashmir	28182	96.16
Himachal Pradesh	18925	99.09

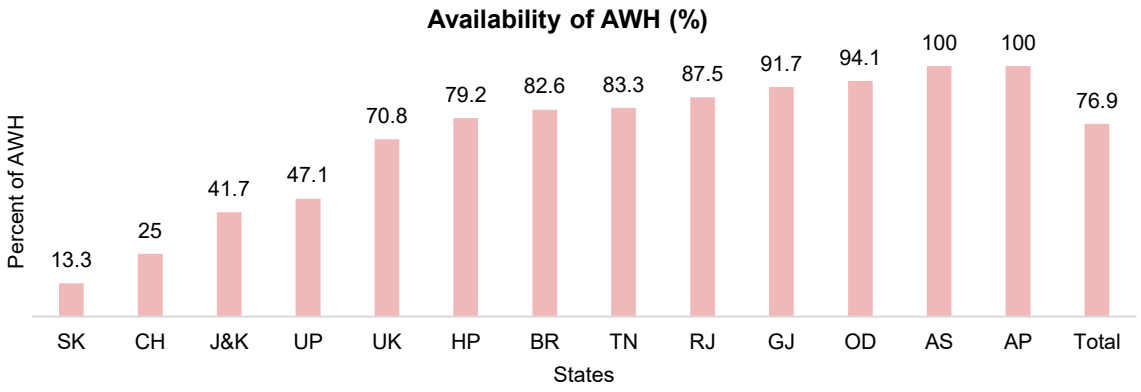
States	No. of AWCs	Availability of AWWs (%)
Uttarakhand	20048	96.08
Uttar Pradesh	189133	93.53
Bihar	114995	96.18
Assam	61891	97.48
Sikkim	1308	99.92
Odisha	74190	99.06
Andhra Pradesh	55745	96.71
Tamil Nadu	54449	81.69
Gujarat	53065	98.48
Rajasthan	61952	98.45
Chandigarh	450	94.44

Source: Poshan Tracker Dashboard (Data taken till: 28 February 2025)

Anganwadi Helper

The situation for Anganwadi Helpers (AWHs) is different. The institutional survey[84] found that, on average only 76.9% of helper positions were filled in the sampled states.

Figure 14: Availability of AWH



Source: Institutional Checklist covering 251 AWCs

There is wide variation: states like Assam and Andhra Pradesh had near 100% helper coverage in the sample, whereas Jammu & Kashmir (41.7%), Uttar Pradesh (47.1%),

[84] AWH data is not available on the Poshan Tracker. Therefore, the findings on availability of AWH is from Institutional checklist survey.

Chandigarh (25%), and Sikkim (13.3%) had very low proportions of AWCs with a helper present. For instance, in the U.P., less than half of AWCs had a helper on staff due to low vacancies.

Qualitative findings are in tune with institutional survey findings. AWW reported that they work solo or with minimal help. Helpers are often absent.

> "Like here, there's only the Anganwadi worker–no helper. That is a big challenge." – **AWW, Uttar Pradesh.**
>
> That's the core challenge. The workload increases when posts remain vacant. The solution is clear: there must be adequate staffing. Currently, we have only 4 CDPOs, 17 supervisors, and 4 clerks for 9 projects. That's very little. – **District official, UP**

These gaps illustrate that in many centres, the Anganwadi worker operates without an assistant, affecting the operations of the AWC.[85] Nationally, ensuring full coverage of helper positions remains a challenge – some states have not prioritised helper recruitment or face attrition issues. From the qualitative interview in one state, it was found that vacancies in Anganwadi Helper positions primarily arise due to retirements, with appointment processes underway to address them.

AWH positions present a persistent challenge to the effective functioning of AWCs. One of the primary reasons is delays in recruitment, often triggered by retirements without timely replacement. The process of notifying and appointing new helpers is sometimes slow due to administrative bottlenecks at the block or district level.

> *"The vacancy exists because of retirements. As per the retirement schedule, positions become vacant. However, appointments are in process, and the posts will be filled accordingly."* – ***District Official***

Training and capacities of AWW & AWH

The qualification and training coverage of Anganwadi workers is another aspect of human resource coverage. According to the institutional checklist data, 93.6% of AWWs have at least a matriculation (10th grade) or higher, and 96.4% of AWWs have received the necessary job training. This indicates that most frontline workers meet the minimum education criteria and have undergone the prescribed training courses (in child development, nutrition, etc.).

In many states, all AWWs are at least a matric pass, though there are exceptions like Gujarat, where only 62.5% of AWWs in the sample had education to matric or above. This likely reflects that older staff is still in service who joined with lower qualifications decades ago. As per the institutional survey of the AWCs states such as Gujarat (62.5%) and Sikkim (86.7%) fall below this average, affecting the consistency of service delivery and the effective use of digital tools especially the Poshan Tracker.

[85] Institutional checklist

Table 21: AW HR numbers and qualifications

State	AWW educated till Metric and Above (%)
J&K	100
Himachal Pradesh	100
Uttarakhand	91.7
Uttar Pradesh	100
Bihar	100
Assam	95.8
Sikkim	86.7
Odisha	94.1
Andhra Pradesh	100
Tamil Nadu	100
Gujarat	62.5
Rajasthan	95.8
Chandigarh	100
Total	93.6

Source: Institutional Survey of AWCs

Training Coverage Among Anganwadi Workers (AWWs)

The National Institute of Public Cooperation and Child Development (NIPCCD) is the apex body responsible for the design, content development, and implementation of training programs for AWWs under the scheme. It operates in coordination with MWCD and works with its five regional centres and affiliated State Training Institutes (STIs) and Middle-Level Training Centres (MLTCs).

Training Architecture - Training under the scheme follows a cascading model:

- National Level: NIPCCD and MWCD design the training curriculum.
- State Level: State Training Institutes adapt and deliver state-specific training.
- District and Block Level: Anganwadi Workers and Helpers are trained through CDPO offices and training centres.

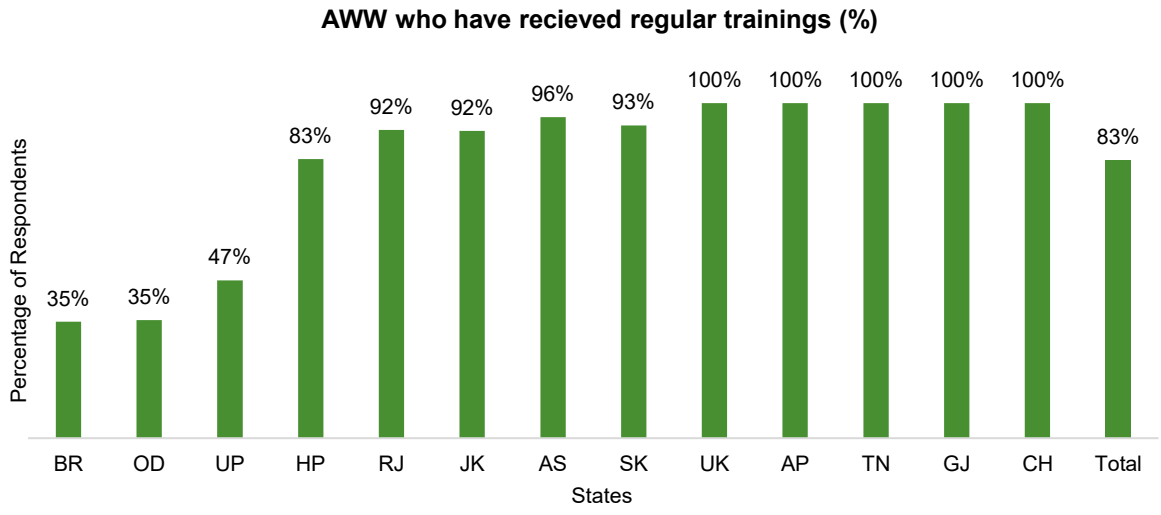
Types of Trainings

As per the guideline, under the SNP and Poshan Abhiyaan, AWWs and Helpers (AWHs) undergo multiple types of training aimed at building their technical and functional capacities. These include Induction Training for new recruits, Job Refresher Training every two years, Thematic Trainings on areas such as ECCE, nutrition, health education, growth monitoring, and the Poshan Tracker, as well as Digital Literacy Training to enhance their ability to use mobile-based tools. Supervisory and Managerial Trainings are also provided to CDPOs and Supervisors to strengthen monitoring and implementation. Specific training on the Poshan Tracker covers app navigation, reporting protocols, troubleshooting, e-KYC, and face authentication for service delivery. Additionally, nutrition-focused modules address the dietary needs of different beneficiary groups, growth monitoring using WHO charts, Infant and Young Child Feeding (IYCF) practices, and food safety and hygiene guidelines, delivered in coordination with FSSAI.

Although existing guidelines lay out detailed provisions for training, covering both technical competencies and soft skills, a clear implementation gap persists. This is likely due to the lack of a dedicated and adequate training budget within the scheme guidelines, leading to irregular, often online-only training cycles that do not sufficiently build capacity or support practical problem-solving.

The data from the institutional survey on the percentage of AWWs who have received trainings regularly reveals a varied landscape of implementation across Indian states. Nationally, an average of 83% of AWWs have received their scheduled trainings, indicating a generally strong commitment to regular capacity building. A total of six states and union territories, Uttarakhand, Andhra Pradesh, Tamil Nadu, Gujarat, and Chandigarh, have achieved 100% coverage, reflecting highly efficient training systems supported by strong administrative and logistical frameworks.

Figure 15: Training Coverage Among AWWs



Source: Institutional checklist survey from 251 AWCs

Himachal Pradesh, with 83% coverage, aligns with the national average. However, some states are lagging. Uttar Pradesh (47%), Bihar (35%), and Odisha (35%) show low percentages of AWWs receiving training regularly.

Given the increasing complexity of the AWW's role, including responsibilities around digital tools like the Poshan Tracker and early childhood care and education (ECCE), regular training is essential. Addressing the gaps in low-performing states is critical to ensure uniform service quality and frontline preparedness across the country.

Qualitative interviews with district officials mention that earlier district-level training institutes provided residential, face-to-face training, which allowed for interactive, intensive, and practice-oriented learning. However, the shift to online training over the past decade, in the absence of consistent institutional support, has created significant gaps in comprehension, engagement, and applicability of knowledge on the ground.

> *"Another challenge is a lack of regular training for our workers. There is some initiative now under the scheme "Poshan Bhi Padhai Bhi", through which training sessions have been started, but these are just the initial steps. This is happening after many years, and the workers who have been in service for a long time haven't been receiving regular or updated training. – District* ***Officer, UP***
>
> *"Now we started considering the education level of Anganwadi workers till 12th pass or Graduation but very old staff who were less educated, they work according to their understanding level." –* ***District Officer, Gujarat.***

Online modules, though cost-effective and accessible, are failing to match the pedagogical depth of physical training. AWWs are often attending remotely on mobile phones, unable to ask questions or receive real-time feedback, resulting in low retention and limited motivation. This issue is compounded by the rapid pace of digital updates (such as changes in the Poshan Tracker app) that require regular, structured capacity-building inputs.

> *"Residential training of 5 days a week is a must once a year because they are field workers—if they keep getting continuous training then those things stay in their memory, and they get trained well." –* ***State Official, UP***

Adequate human resources, particularly the presence of trained and qualified Anganwadi Workers (AWWs), are central to the efficient delivery of SNP services. The near-universal availability of AWWs across most states (~98.8%) ensures that core nutrition services reach beneficiaries consistently. However, the shortfall in Anganwadi Helpers (AWHs), with coverage averaging just 76.9%, means that in many AWCs, AWWs operate without support, compromising their ability to manage multiple tasks such as cooking, record-keeping, and outreach. This affects both the timeliness and quality of SNP distribution. Moreover, while most AWWs meet minimum education and training norms, gaps in qualifications, particularly in states like Gujarat with only 62.5% of AWWs with qualification above matriculation, affect program delivery standards. Strengthening AWH recruitment and upskilling legacy AWWs remains critical to enhance operational efficiency at the last mile.

Infrastructural Efficiency

Efficiency of the Anganwadi Infrastructure for SNP delivery

Adequate Anganwadi Centre infrastructure is essential for the effective delivery of the SNP. A well-equipped, hygienic, and child-friendly space ensures the safe preparation and serving of Hot Cooked Meals during working hours, as well as proper storage and timely distribution of Take-Home Ration to registered beneficiaries. Without functional infrastructure, the quality, reach, and nutritional impact of SNP are severely compromised, undermining its core objective of improving child and maternal nutrition. The state of infrastructure at AWCs is presented below:

Own Building

The availability of AWCs[86] with their own dedicated building varies widely across states. Sikkim (77.8%), Tamil Nadu (74.8%), Odisha (71.0%), and Gujarat (70.1%) report high levels of infrastructure ownership, suggesting sustained investment in permanent AWC structures. In contrast, states like Jammu & Kashmir (4.3%), Himachal Pradesh (11.8%), and Chandigarh (21.3%) show very low coverage, indicating heavy reliance on rented or shared spaces. Bihar (25.1%) and Uttar Pradesh (28.1%) also report significant deficits, which may affect the stability and accessibility of service delivery.

> *There's no doubt about infrastructure; it is already good. One shortcoming is that 95% of our centres are in rented places, and government-occupied is very less. Additionally, resources have sufficient funding, and we have also provided enough resources. But of Saksham Anganwadi upgradation, we can only do it in government buildings and not in private space because of the guidelines."* – ***State Official, J&K***

Table 22: Infrastructural details of AWCs

States	Pucca Building (%)	Kitchen (%)	Water (%)	Electricity (%)
Jammu and Kashmir	100	100	91.7	91.7
Himachal Pradesh	95.5	94.4	70.8	79.2
Uttarakhand	95.8	100	95.8	79.2
Uttar Pradesh	85.7	85.7	64.7	58.8
Bihar	100	83.3	60.9	52.2
Assam	95.2	91.7	79.2	45.8
Sikkim	100	100	66.7	60
Odisha	100	100	70.6	47.1

[86] Dashboard data – Poshan Tracker – 28th February 2025

States	Pucca Building (%)	Kitchen (%)	Water (%)	Electricity (%)
Andhra Pradesh	100	100	73.7	94.7
Tamil Nadu	100	100	91.7	100
Gujarat	90.9	94.1	70.8	75
Rajasthan	100	95.7	41.7	50
Chandigarh	100	100	100	100
Total	**96.7**	**95.8**	**73.3**	**69.7**

Source: Institutional checklist survey of 251 Anganwadi centres

Hower, the data from the Institutional Survey reveals that a substantial majority (72.5%) of AWCs operate from designated government buildings. However, 27.5% of AWCs continue to function without access to such designated facilities, highlighting persistent infrastructural gaps.

> "*In cities like Chennai or Coimbatore, high rental costs make it very difficult to find buildings within sanctioned rates. MGNREGA doesn't apply to urban areas, so we're stuck.*" ***- State official, Tamil Nadu***

Among these, a large proportion (81.2%) operate from rented premises, suggesting continued dependence on private spaces due to the unavailability of dedicated government infrastructure. A smaller segment (18.8%) functions from other government buildings, reflecting some adaptive use of existing public infrastructure.

The institutional checklist findings from the primary data on infrastructure availability for AWCs show that overall, most states have achieved over 96% coverage for *pucca* (permanent) buildings and kitchens, except Uttar Pradesh. Kitchens are a foundational requirement for the safe and efficient preparation of HCM under the SNP. As per the data, 95.8% of Anganwadi Centres nationally have kitchen facilities, which is a positive indicator. However, states like Bihar (only 83.3%) and Uttar Pradesh (85.7%) lag. The absence of dedicated kitchens often forces cooking in unhygienic or makeshift conditions, compromising food safety, quality, and the dignity of service delivery.

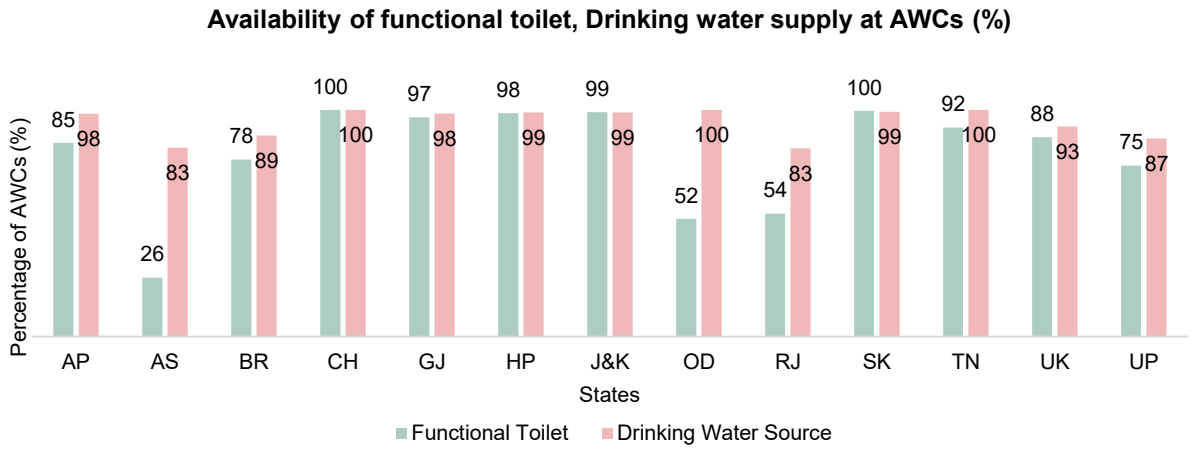
> *"We have a total of 1,615 Anganwadi centres, currently operational. Out of these, 1,070 function within primary schools. In schools, there's a bit of a complication because children tend to eat from each other's share. Also, schools don't always have enough utensils, which creates a challenge. The government has provided funds for utensils only for non-co-located Anganwadi centres - that is, those not situated inside schools."* **– *District Official, UP***

Similarly, there are notable deficiencies in basic utilities - only 73.3% of centres have access to water, and just 69.7% are connected to electricity. These gaps significantly undermine food safety, hygiene, and the use of digital tools like the Poshan Tracker, all of which are critical for effective SNP implementation.

> *"The private sector is involved to some extent. For example, organizations like Vedanta have helped develop several Anganwadi centres. Some banks have also contributed through their CSR funds by providing toys and developing infrastructure for these centres."* – ***District Official, UP***

The dashboard data reflects on three infrastructural aspects: AWCs having own building; having functional toilet; and access to drinking water source. The graph given below highlights on the two of these infrastructural indicators from the dashboard data.

Figure 16: Availability of functional toilet, Drinking water supply at AWCs (%)



Source: Poshan Tracker Dashboard (Data taken till: 28 February 2025)

Functional Toilets

The availability of functional toilets in AWCs is relatively high in most states, reflecting improvements in sanitation infrastructure. Chandigarh (100%), Sikkim (99.5%), Jammu & Kashmir (99.0%), and Himachal Pradesh (98.5%) demonstrate near-universal coverage. However, Assam (26.0%) and Odisha (52.0%) show gaps in hygiene standards and the comfort of beneficiaries, particularly children and pregnant women. Rajasthan also lags with just 54.3% of centres having functional toilets.

Drinking Water Source

Access to drinking water is the most well-covered indicator across states. Tamil Nadu, Odisha, and Chandigarh report full (100%) coverage. Sikkim (99.1%), Himachal Pradesh (98.9%), and Gujarat (98.4%) follow closely. However, a few states like Assam (83.3%) and Rajasthan (83.0%) fall below the 85% mark, signalling the need for targeted interventions to ensure safe drinking water at the last mile.

There is a significant gap between the findings in primary survey and data from the poshan tracker dashboard which points to the fact that the ground reality is not as rosy as we believe and there is a need to ensure basic infrastructure in most AWCs.

Mechanisms to Strengthen AWCs

The guidelines encourage States/UTs to leverage multiple schemes and convergence platforms, such as MPLADS, NREGA, Finance Commission Grants, and CSR contributions, for the construction and improvement of Anganwadi infrastructure. This includes buildings, toilets, drinking water, kitchen equipment, and learning materials, all on a pro bono basis and without obligation.

A key challenge in infrastructure development for AWC lies in the ineffective implementation of convergence mechanisms, particularly with schemes like MGNREGA. While stakeholders acknowledge that convergence is a sound strategy, in practice, limited support from PRI funds and complications related to the labour-material ratio under MGNREGA often delay construction. These constraints add to infrastructure delay, where buildings may be constructed but lack essential facilities. The situation calls for strengthened inter-departmental coordination and more flexible operational guidelines to ensure the timely and holistic execution of convergence efforts.

However, in some locations, we observed efforts to improve infrastructure through convergence platforms.

> "The Kayakalp Abhiyan, initially implemented in schools to support activities like plastering and tiling, is now being extended to Anganwadi Centres under the guidance of the District Magistrate, using funds from the Gram Nidhi (village fund). Tiles are being installed where missing, walls are being painted, and boundary walls are being constructed where absent."
> – **District Official**, **UP**

Qualitative interviews with Anganwadi workers from most states reported that AWCs had *pucca* (permanent) buildings; however, the availability of essential facilities such as toilets, bathrooms, water supply, electricity, and functional kitchens was uneven. Stakeholders across states emphasized that while basic structures existed, maintenance and functionality often lagged.

Interestingly, states like Uttar Pradesh and Bihar, with relatively lower availability of water and electricity supply in AWCs, were also the states with relatively low operational frequency, with only 50% and 70% of AWCs opening for more than 21 days in a month. The operational frequency of AWCs affects the distribution of SNP among eligible beneficiaries in a directly proportional relationship.

In Bihar, community members highlighted that many AWCs lacked proper infrastructure, consistent electricity, kitchen supplies, and although Poshan Vatika, bathrooms, and play areas existed, they were not maintained. One of the key gap is the difficulty in acquiring land

> *"We are still struggling in this part, in Sheohar, also, this is a small place, and people don't tend to give land within the rent allocated. Some of the centres have their buildings but not enough resource availability." – District Officer**, Bihar***

for building Anganwadi centres. Many people are reluctant to part with land for AWC construction, leading to delays and inadequate coverage.

> *"Sir, there is no proper building yet. There is just a veranda, no solid house structure. Even though some facilities are supposed to be there, there are no proper utensils. Uniforms are not given on time. Children do get slates and pencils, but not much beyond that. There should be a playground, proper toilets – these facilities are missing."- **FGD Women, Bihar***

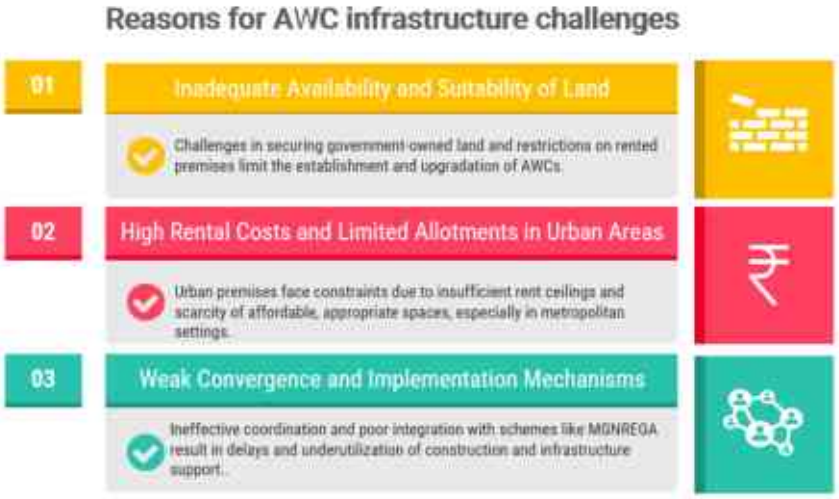
In Assam, state officials repeatedly mentioned inadequate water facilities and intermittent or non-existent electricity connections. The interview with the State official, highlighted that infrastructure challenges persist, particularly in piping and internal electrification.

> *"A major obstacle is the lack of internal electrification, compounded by bill payment issues. Water and electricity connections reach the doorstep but do not extend inside the centres due to a lack of separate funds for this purpose." – **State Official, Assam***

However, in the findings from states like Tamil Nadu, Chandigarh, and parts of Jammu & Kashmir, respondents consistently highlighted that AWCs were equipped with pucca buildings, functional kitchens, and regular electricity supply. These centres were perceived as welcoming spaces, supporting consistent service delivery and beneficiary participation. An official from Tamil Nadu highlighted that Anganwadis have adequate water and electricity. Awards have been won for well-maintained centres.

> *"Yes, there is such a thing, we also got the best Anganwadi trophy once. In turn what we do is, we appreciate our workers and staff for their effort." – Block Officer, **Tamil Nadu.***

Figure 17: infrastructural challenges



Source: Qualitative Interviews

Inadequate infrastructure at AWCs, particularly limited access to water, electricity, and functional kitchens, directly impacts the efficient and hygienic distribution of SNP services. Such deficiencies not only affect the timeliness and quality of SNP distribution but may also discourage beneficiary participation.

Towards Saksham Anganwadis: A Note on Upgraded AWCs

Saksham Anganwadi

A Saksham Anganwadi is an upgraded, modern version of the traditional Anganwadi centre introduced under the Saksham Anganwadi and Poshan 2.0 initiative. It is designed to enhance the delivery of nutrition and early childhood care services for children aged 0–6 years, pregnant women, and lactating mothers. These centres adopt a more integrated and comprehensive approach to combating malnutrition and fostering holistic child development.

The facilities include integrated services Nutrition, early childhood education, health check-ups, immunization, referral; upgraded centres, smart devices, growth monitoring tools; and Poshan Tracker for real-time monitoring.

Of the 251 AWCs visited in our study we looked at modern facilities like smartphone with internet, rainwater harvesting, regular water supply, television sets for audiovisual learning and available medical kits (Basic First Aid Supplies, Essential Medicines, Maternal Health Supplies, Child Health Supplies, Infection Control, Referral Support Tools)

1. Smartphone with internet: 138 of 251, have smartphone of which 13 reported non-functional phones
2. Regular water supply: 198 of 251, have water supply of these 198, 184 receive water regularly
3. Rainwater harvesting: 43 of 251 facilities have rainwater harvesting and 40 of these 43 mentions that it is been done regularly
4. LED TV sets: 13 of 251 AWCs have TV sets.
5. Medical kit: 157 of 251 AWCs have medical kits of which 149 report adequacy and full functionality.
6. Kitchen: 192 of the 251 AWCs have a kitchen on premise and 180 of these 192 are functional.
7. Poshan Panchayat: 226 of the 251 AWCs have the Poshan Panchayat being conducted
8. Poshan Vatika: 76 of the 251 AWCs have Poshan Vatikas in their premises
9. Govt owned building: Of the 251 AWCs 56 are in rented buildings, 182 are in their own government owned building and remaining 13 are on the premises of other government buildings.

Conclusion

The efficiency of SNP is medium due to several systemic strengths crippled by persistent operational challenges. While the digital shift through platforms like the Poshan Tracker has enhanced transparency, the frontline burden due to limited digital literacy remains a concern. Gaps in Anganwadi Helper staffing, irregular training formats, and infrastructural deficiencies continue to affect the uniform delivery of services. Moreover, convergence mechanisms for infrastructure development are underutilised or inconsistently implemented. Addressing these issues through focused capacity-building, streamlined systems, and improved inter-departmental coordination may significantly enhance the overall efficiency of SNP operations.

Criteria	Gaps	Recommendations
Operational efficiency	In some states, Anganwadi Workers are required to use both the state ICDS app and the central Poshan Tracker, leading to duplicate data entry and increased digital workload.	Existing digital platforms may be streamlined to avoid duplication, and backend integration between central and state-level systems may be explored. In parallel, grievance redressal and on-ground troubleshooting support for app-based service delivery may be strengthened at the block level.
	Poor network connectivity and limited digital literacy hinder effective use of digital tools and real-time monitoring in remote areas.	District and block-level digital literacy programs may be rolled out for AWWs to improve app usage, including OTP, e-KYC, and face authentication. Targeted community campaigns in local languages may be used to build trust among beneficiaries. Coordination with BharatNet and the Telecom Department can be strengthened to extend last-mile connectivity to AWCs lacking internet access.

Criteria	Gaps	Recommendations
HR efficiency – staff adequacy	Several AWCs continue to operate without Anganwadi Helpers, placing additional burden on AWWs to manage SNP distribution, preschool education, and administrative work alone.	Conduct a needs assessment for human resources with separate indicators for urban and rural. States may identify low-coverage areas and launch targeted recruitment drives through community outreach, involving PRI members and local leaders. Region-specific incentives such as increased honorariums, travel allowances, and performance-based bonuses may be considered for difficult-to-serve locations. Recruitment and retention trends may be reviewed periodically to adapt strategies accordingly.
HR efficiency – capacity building	The shift to irregular, online-only training formats has led to poor comprehension, especially among older or less digitally literate AWWs and AWHs.	Residential and face-to-face training modules may be reintroduced, covering core competencies like ECCE, growth monitoring, digital tools (e.g., Poshan Tracker), and soft skills. Refresher trainings, peer learning groups, and mentorship models may be established to support ongoing knowledge retention and field-level problem-solving.
Infrastructural efficiency	Many AWCs lack basic facilities like electricity, clean drinking water, and functional kitchens. Convergence with MGNREGA and other schemes for infrastructure development is not always effectively implemented.	Convergence mechanisms already outlined in guidelines may be strengthened through clearly delineated roles for participating departments (e.g., WCD, PRIs, Rural Development). Gram Panchayats may be actively involved in infrastructure site selection and monitoring. Procedural simplification and regular interdepartmental reviews may help accelerate construction and upgrades.

4.1.8.3 Effectiveness

This section examines the effectiveness of the SNP by assessing whether the services, particularly Take-Home Ration (THR) and Hot Cooked Meals (HCM) - are being delivered as intended and reaching eligible beneficiaries consistently and on time. Effectiveness is

measured through uptake patterns, delivery frequency, adherence to guidelines, and the alignment between institutional reports and beneficiary experiences across states.

Here, the effectiveness of the SNP will be evaluated based upon the combination of following parameters

1. Coverage Of Beneficiaries
2. Achievement of Results vis-à-vis Scheme Objectives

Coverage Of Beneficiaries

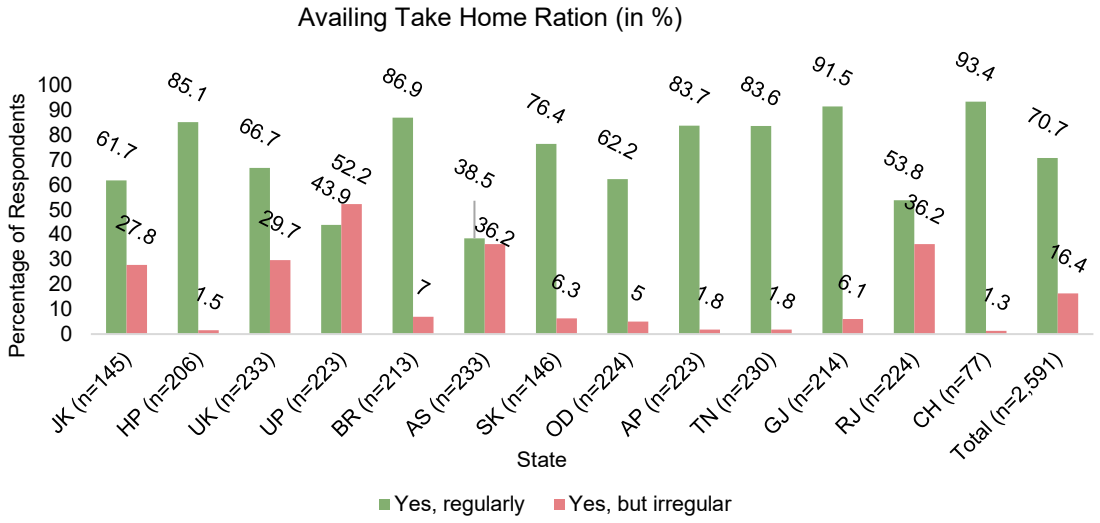
As per the guidelines, all PW&LM, children aged 6–36 months, SAM children, and adolescent girls (14–18 years) (where applicable) are entitled to receive THR from the AWC where they are registered. Children aged 3–6 years are entitled to HCM and morning snacks at the AWC. THR shall be distributed regularly to registered beneficiaries. Beneficiaries in the categories of PW&LM and children aged 6 months–3 years are not expected to visit the AWC daily.

The distribution of THR shall be carried out twice a month, preferably, to ensure consistent nutritional support without requiring frequent visits.

Uptake of THR at the AWCs

In terms of THR uptake as reflected from the findings of our household survey in terms of consistent delivery ('Yes, regularly' and 'Yes, but irregularly'), we find that overall, 70.7% of pregnant women and lactating mothers are receiving THR regularly, while 16.4% received it irregularly, and 11.8% did not receive it at all. This finding proves that majority of the beneficiaries are being reached, despite a gap in consistent delivery.

Figure 18: Statewide THR status (%)



Source: Household Survey of 768 pregnant women, 902 lactating mothers, and 921 mothers of children 2-6 years [87]

Variations are observed at the State level such as Chandigarh (93.4%), Gujarat (91.5%), and Bihar (86.9%) demonstrated high regular uptake, reflecting strong THR delivery mechanisms. However, states like Uttar Pradesh (43.9%), Rajasthan (53.8%), and Assam (38.5%) showed comparatively low regular access, with over one-third of beneficiaries in Uttar Pradesh and Rajasthan reporting irregular supply (52.2% and 36.2%, respectively). Alarmingly, 23.9% of beneficiaries in Assam and 32.4% in Odisha reported not receiving THR at all whereas 1.4% and 0.5% of beneficiaries reported not taking THR despite AWCs providing it.

The comparatively low uptake of THR in states such as Odisha (67.2%%), Assam (74.7%), and Sikkim (82.7%) among pregnant women and lactating mothers is tied with beneficiary motivation, and operational gaps in terms of inaccessible or closed facility and/or unavailable staff.

> *"THR is supposed to be for 300 days, but sometimes it doesn't come for 2–3 months. If it was consistent, beneficiaries would get it properly."* – ***Circle Supervisor, Assam.***

In our primary survey, we asked pregnant women, lactating mothers, and mothers of children aged 2 – 6 years if they have availed Anganwadi services. Out of 2591 respondents, 140, i.e. 5%, reported not having availed Anganwadi services. Of all the women who responded not availing the services, "lack of interest" emerged as a major cause with a total of 46% respondents reporting the same. A total of 60 respondents reported the unavailability of AWW/ASHA workers as their impediment to availing the services whereas 29 and 22 respondents selected inaccessibility of AWCs, and closed AWCs during working hours as their reasons for not availing the services, respectively.

Although the low number of respondents not availing Anganwadi services is limited in its ability to explain the low THR uptake in the reported states, it signals motivation gap among beneficiaries in availing Anganwadi services. Inaccessibility to Anganwadis arising from geographical challenges and closed facilities on mandated working days also emerge as barriers to availing AWCs. All respondents in Gujarat reported inaccessibility of AWCs as their reason for not availing the services.

Geographical accessibility barriers in Gujarat highlighted in the survey can be viewed considering scattered villages and hilly terrain, which pose significant challenges to implementation. The District Program Officer for Narmada, Gujarat, stated.

> *"Malnutrition levels in Narmada are high, and it is a hilly area. The population in this area is far off, and due to that, we come across difficulties in providing services. In big villages where the houses are far off, we can get permission to open a new Anganwadi, but we face difficulties in bringing them from their houses as the distance is far."* – ***District Official, Gujarat***

[87] Source table provided in Annexure.

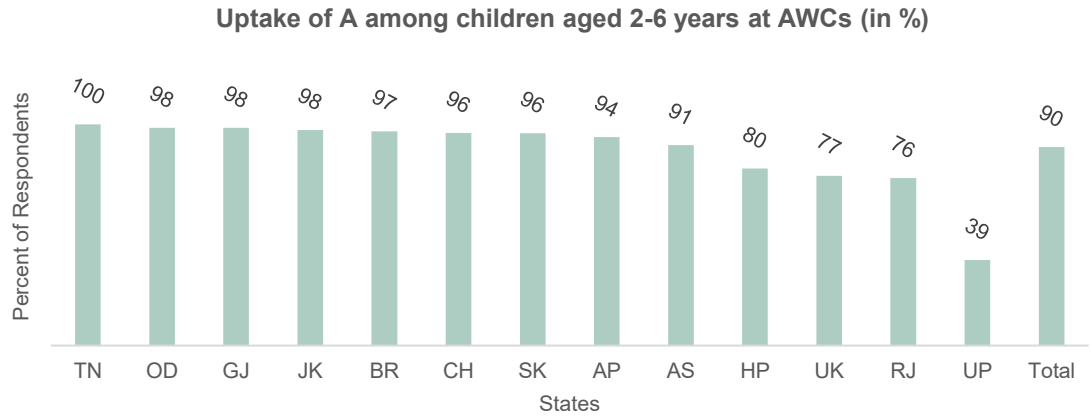
Stakeholders emphasize that lack of diversity in food menu and distribution of same standardized items as THR compromise its appeal to beneficiaries, leading to reduced beneficiary motivation limiting their effectiveness.

Uptake of HCM at the AWCs

The recent guideline mandates to provide HCM to AWCs going children aged 3-6 years in the form of morning snacks and lunch.

> *"It would be more effective if local food preferences and readily available ingredients were considered. Instead of a centralized system, a divisional or regional approach to menu planning and supply would allow for greater variety and adaptability throughout the year."* – ***District Officer, Uttar Pradesh***

Figure 19: HCM distribution details



Source: Household survey of 921 mothers of children

The primary household survey of the current study finds high overall reception of HCM among children aged 3–6 years at AWCs, with most states reporting over 90% coverage. However, Uttar Pradesh lags at just 39%, indicating major delivery or access challenges in that state compared to near-universal coverage elsewhere.

Timeliness of HCM/THR

The interstate variation is also observed in the receipt frequency of SNP across 12 states and UTs in the Poshan Tracker dashboard data. There is no clear trend observed for the receipt frequency across different operational thresholds. Exploring the Poshan Tracker data for HCM uptake, the performance of all states in the receipt frequency of HCM remains relatively low except for Jammu and Kashmir where the receipt frequency of HCM is encouraging but the receipt frequency of THR is low.

Table 23: Frequency of receipt of SNP

Supplementary Nutrition Programme							
States	Total Eligible Beneficiaries	Opted Out	Receipt Frequency				
			> 15 Days		> 21 Days		> 25 Days
			THR (%)	HCM (%)	THR (%)	HCM (%)	THR (%)
Andhra Pradesh	2743985	317562	45.33	19.43	44.35	11.94	44.54
Assam	3271907	118008	24.45	18.01	23.42	8.34	23.39
Bihar	10777144	96194	28.4	20.93	28.34	8.58	28.21
Chandigarh	29861	12800	73.96	16.43	74.17	7.42	74.02
Gujarat	3406966	94644	51.32	37.81	51.02	30.44	50.79
Himachal Pradesh	396950	151845	68.02	14.1	66.47	8.31	65.2
Jammu and Kashmir	875898	32412	13.8	78.21	10.93	62.19	10.32
Odisha	3996979	120769	50.75	34.41	50.56	26.44	50.27
Rajasthan	4125920	194651	35.07	11.22	34.97	4.82	34.92
Sikkim	35440	3966	9.26	9.45	9.23	5.05	9.27
Tamil Nadu	2999821	1180510	55.73	33.26	55.94	24.32	55.61
Uttarakhand	828220	10595	40.09	14.28	39.94	5.51	39.84
Uttar Pradesh	22097520	169536	48.64	0.5	48.26	0	48.04

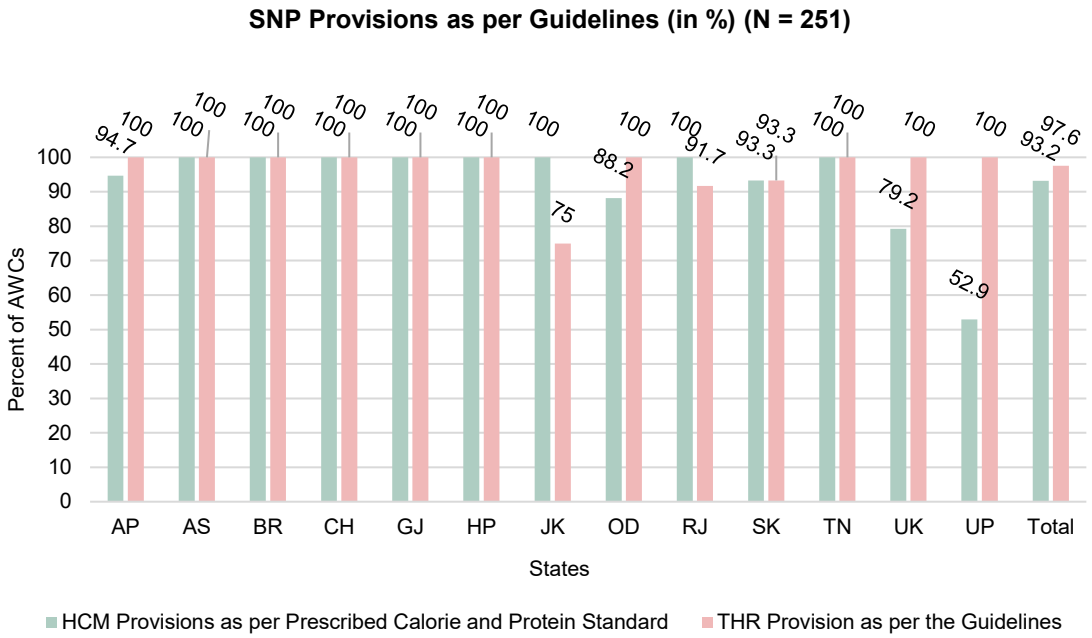
Source: Poshan Tracker Dashboard

Sikkim emerges as an outlier with low receipt of THR and HCM across all three operational frequencies whereas Uttar Pradesh has negligible provisioning of HCM indicating state's autonomy in the distribution of supplementary nutrition. Three geographies from our sample namely Chandigarh, Himachal Pradesh and Tamil Nadu show relatively high receipt of THR but none of the sampled geographies exceed 80% receipt of THR.

Achievement of results vis-à-vis objectives

To further corroborate the receipt of SNP, we asked AWCs if they are providing SNP as per the guidelines. It highlighted that almost all AWCs (≈98–100%) report to be providing Supplementary Nutrition services, especially Take-Home Rations with 97.6% compliance. Additionally, 93% of AWCs report providing Hot Cooked Meals at prescribed standards.

Figure 20: SNP Provisions as per Guidelines



Source: Institutional Checklist of 251 AWCs

All AWCs across Assam, Bihar, Chandigarh, Himachal Pradesh, and Tamil Nadu report provisioning of THR and HCM as per the guidelines. Jammu and Kashmir emerges as an outlier in THR distribution according to the institutional checklist with only 75% of AWCs reporting the provisioning of THR.

Exploring the provision of HCM across states, AWCs from Uttar Pradesh and Uttarakhand report relatively low proportions of HCM (52.9% and 79.2%, respectively). As per the guidelines, HCM is to be provided, along with morning snacks, to children in the age group 3 – 6 years who attend AWCs for ECCE. Hence, the low uptake of HCM can be tied with the attendance of children in AWCs for ECCE.

In Uttar Pradesh and Uttarakhand, only 39% and 71% of respondents from our household survey report the attendance of their children in the eligible age group at AWCs for ECCE, respectively.[88] The low attendance limits the uptake of HCM.

Additionally, there is no distribution of HCM for more than 25 days across all states. No Anganwadi centre across the sampled states reports being operational for more than 25 days in a month, as per the dashboard data. Stakeholders at the centre emphasise that non-operational Anganwadis for more than 25 days in a month is not a challenge per se as at least 5 days in a month on average are non-working days. To bring clarity in terms of this indicator, the need to bring another window of 21-25 days to map operational AWCs is under conversation.

[88] Detailed Analysis in ECCE Component

"We are thinking to track AWCs for operations in the window of greater than 21 days and less than 25 days. It is infeasible to expect AWCs to be operational for more than 25 days in a month." ***– Centre Official***

Conclusion

In our assessment of SNP, the scheme's effectiveness is qualified as medium. While certain states like Chandigarh, Gujarat, and Bihar exhibit robust THR distribution with 93%, 91% and 89% of eligible beneficiaries exhibiting regular uptake, others such as Uttar Pradesh, Assam, Odisha, and Rajasthan reflect significant delivery gaps, both in terms of coverage and consistency. These disparities are influenced by operational bottlenecks including closed or inaccessible AWCs, supply chain delays, and low beneficiary motivation indicated from a lack of interest in availing Anganwadi services. The lack of interest and the subsequent low uptake is informed, on part of the beneficiaries, to be stemming from a lack of variety and appeal in the food items provided. Similarly, although Hot Cooked Meal (HCM) coverage is high in most states, Uttar Pradesh emerges as a critical outlier with starkly low uptake. Although our institutional checklist data indicates near-universal provisioning of SNP, Poshan Tracker data on the provisioning of THR and HCM across eligible beneficiaries shows low rates for HCM across all states except Jammu and Kashmir, where the provision of THR is relatively low. States like Sikkim and Assam emerge as outliers with low THR and HCM provisions across all receipt frequencies. Considering the current gaps in provisioning of SNP and the institutional challenges, and accounting for limitations of the analysed data as stated above, we infer that the scheme is moderately effective.

Component	Gaps	Recommendations
Coverage of Beneficiaries	Reported barriers to availing services include a lack of interest, unavailability of AWWs, inaccessibility of AWCs and closed AWCs on working days.	While behavioural challenges such as the prevalence of a lack of interest in availing Anganwadi services can be tackled with an increase in awareness programs, the operational challenges require greater attention for their mitigation. Based on our consultation with key stakeholders responsible for implementing the scheme, we find adequate staff and accessible infrastructure as two critical needs to overcome the operational challenges and enhance the effectiveness of service delivery. It is recommended to upgrade Anganwadi infrastructure on a mission mode especially in rural areas. Unit cost norms for construction and repair can be **updated for inflation** to enable quality facilities. The Anganwadi

Component	Gaps	Recommendations
		Centres (AWCs) can benefit from Public-Private Partnerships (PPPs) through the Build-Own-Operate-Transfer (BOOT) or Build-Operate-Transfer model by leveraging private investment and innovation to upgrade infrastructure and ensure uninterrupted access to and delivery of services.
Achievement of Results vis-à-vis Scheme Objectives	Inconsistent uptake of THR and HCM among beneficiaries with particularly low HCM uptake across all states except J&K as per Poshan Tracker.	Stakeholders emphasise on the need to bring diversity in the menu of THR and HCM to enhance its uptake. The lack of appeal for THR and HCM among beneficiaries may be tackled with bringing diversity in the food menu and by active inclusion of local food items.

4.1.8.4 Sustainability

Sustainability, in the context of the SNP under Saksham Anganwadi and Poshan 2.0, refers to the programme's ability to maintain and scale its impact over time through resilient and adaptive systems. This requires a blend of innovative design features, robust institutional mechanisms including adequate infrastructural and human resource capacities, financial sustainability. Sustainable SNP delivery depends on consistent financing, decentralized planning, community ownership, and integration with health, education, and livelihood systems (which will be explored in the section on coherence). Long-term sustainability also involves strengthening monitoring systems, to identify and address systemic challenges. Hence, the sustainability of the SNP, will be evaluated on the combination on the following elements:

1. Financial Sustainability
2. Institutional Sustainability
3. Innovative Features of the scheme

Financial Sustainability

The SNP is implemented through a cost-sharing mechanism between the Centre and States/UTs, with the Centre bearing a larger proportion in Northeastern, Himalayan states, and UTs without legislatures (e.g., 90:10 and 100 ratios). As discussed in the section of financial efficiency in the efficiency section, states consistently recorded high fund utilization, demonstrating fund utilization more than 100%. As the Poshan tracker was being rolled out after 2021, in 2022-23 most showed relatively lower utilization with stronger monitoring mechanisms in place (section on efficiency).

In-depth interviews with state and district officials highlighted that financial sustainability can be enabled by:

1. Institutionalizing timely planning and forecasting mechanisms by states and encouraging them to top-up central allocations through state budgets. State-specific enhancements, such as expanding food baskets, increasing take-home ration (THR) quality, or investing in infrastructure and human resources through convergence, can ensure continuity and service quality even during fund delays and approvals. Encouraging greater state ownership through financial contributions can also promote long-term resilience and alignment with local nutrition priorities. One of the key examples include In Tamil Nadu, the **Noon Meal Programme** locally known as the **Puratchi Thalaivar Nutritious Meal Scheme** has long stood as a flagship initiative aimed at augmenting school nutrition and attendance. Initially offering hot cooked rice with sambar, the programme introduced a variety-based pilot in each district, integrating meals such as vegetable biryani, pulav, and masala eggs, and later incorporating millet-based snacks to diversify the menu. Vegetarians are also offered separate proteinaceous foods instead of eggs. The scheme also covers children from 2 years of age instead of the standard 3-years old children.

2. Government of India currently allocates ₹8 per child per day, this figure has not been revised in line with inflation, rising food prices, or the evolving standards of balanced nutrition. The cost norms for SNP were last revised in October 2017. However, inflationary pressures and rising food costs have made these norms increasingly outdated, necessitating further revisions. The current SNP cost norms are as follows:

> *"The costing norms definitely need to be revised to account not just for adequate calorie intake, but also to ensure dietary diversity"- **Nutrition expert, UNICEF***

   - Children (6 months-6 years): ₹8 per child per day for supplementary nutrition.
   - Severely Malnourished Children: ₹12 per child per day.
   - Pregnant and Lactating Women: ₹9.50 per beneficiary per day.

The Centre for Policy Research (CPR), in its 2023 report "*Financing Nutrition in India: Cost Implications of the Nutrition Policy Landscape 2022–23*", conducted an updated assessment of real delivery costs based on 2022 data.[89] The report highlights that, even under conservative assumptions, revised estimates indicate that the cost of providing supplementary nutrition per child per day should be at least ₹10 – as opposed to the existing allocation of ₹8.[90] This finding is critical because it quantifies a funding gap that existed as of 2022, clearly establishing that the ₹8 norm was already inadequate three years ago. Since then, further price increases in key inputs like pulses, vegetables, and fuel (LPG) have only widened this gap, exacerbating

[89] Centre for Policy Research. (2023). *Financing nutrition in India: Cost implications of the nutrition policy landscape 2022–23*. New Delhi: Centre for Policy Research

[90] Kapur, A., Shukla, R., Rana, T., Menon, P., & Chakrabarti, S. (2023). *Financing nutrition in India: Cost implications of the nutrition policy landscape 2022–23* [Policy note]. Centre for Policy Research; International Food Policy Research Institute. Retrieved June 17, 2025, from https://cprindia.org/wp-content/uploads/2023/03/Financing-Nutrition-in-India_Cost-Implications-of-the-Nutrition-Policy-Landscape-2022-23.pdf

pressure on local service providers to deliver under-resourced nutrition interventions. Considering this, maintaining outdated cost norms not only undermines the nutritional value of HCM and THR, but also leads to compromises in quality, quantity, and dietary diversity.

Institutional Sustainability

Ensuring the Sustainability of AWC infrastructure for robust SNP delivery

From a sustainability standpoint, the long-term effectiveness and impact of the SNP are heavily dependent on the institutional robustness of AWCs – not just their physical presence, but the quality, functionality, and consistency of essential infrastructure. As discussed in the efficiency section, while most states report high coverage of pucca buildings and kitchen facilities, there is variability in access to water, electricity, and internal maintenance. Over 95% of the AWCs across our sampled geographies are reported to operate from pucca buildings with the availability of kitchen which establishes the availability of basic brick and mortar, but the facilities such as water and electricity are reported only in 73% and 69% of the facilities, respectively (Please refer Table 20: Infrastructural details of AWC in the section on efficiency). States such as Bihar, Uttar Pradesh, Assam, and Rajasthan continue to struggle with non-functional or under-equipped centres, affecting daily SNP operations such as the preparation of Hot Cooked Meals and storage of Take-Home Rations. The quantitative findings show that only 48 percent AWW in India are in their own building. The insights from the discussion with district and state-level officials also indicate that since no changes can be made to rented or make-shift buildings it is often a challenge to provide services optimally.

> *"Having a building of our own will help us to convert to Saksham Anganwadi, in make-shift or rented buildings amenities may be there, but changes cannot be made. We need own building for upgradation."* - ***CDPO, Sikkim***

It was also discussed in the efficiency section that low operational frequency correlates with weaker infrastructure, directly impacting the regularity and quality of nutrition service delivery. Institutional gaps such as lack of dedicated funds for internal electrification or maintenance, undermine the durability and reliability of programme operations over time. Over time, this weakens demand-side engagement and reduces the community's trust. The availability of proper infrastructure on the other hand, enables greater participation from children aged 3 – 6 years supporting the uptake of HCM while enhancing operational frequency for the overall sustainability of the programme. Moreover, persistent infrastructural gaps discourage frontline worker retention and hinder convergence efforts. Without addressing these foundational issues, the programme risks becoming unsustainable, which means, unable to deliver consistent, quality services or adapt to future needs without any extraneous support.

To sustain SNP over the long run and ensure universal coverage across all eligible beneficiaries, states are actively proposing new AWCs.

> *"In Rajasthan, there are over 62,000 Anganwadi centres. Recently, the state funded 1,000 new centres. Last year, the state budget included funds to develop model Anganwadi centres. In the first phase, 2,365 centres are to be developed. Additionally, under the central government's Saksham Anganwadi scheme and an MoU with the Anil Agarwal Foundation, 25,000 centres will be developed as Nand Ghars. –* ***State Level Officer, Rajasthan****."*

A key gap in current infrastructure planning for women and child development services is the reliance on static population data that often overlooks the dynamic realities of migration, informal settlements, and climate-related displacement.

> *"You cannot plan services for women and children if you don't know where they actually are. Static population lists don't capture migration, informal settlements, or climate displacement—especially in urban poor or peri-urban areas. Schemes like SNP or Mission Shakti assume that beneficiaries are stationary and mapped, but that's not the reality on the ground. A woman may shift across three rented homes in a year, or a seasonal migrant child may not even show up in any Anganwadi register. Unless we layer scheme planning with real-time, geo-tagged population data, we will keep missing the most vulnerable."* – ***Expert, Circular Economy Expert, Circular Economy***

Qualitative interviews with experts indicate that infrastructure such as Anganwadi Centres is frequently misaligned with actual population distribution, resulting in underutilization in some areas and severe shortages in others particularly in urban poor and peri-urban communities. Migrant women may move between multiple rented accommodations within a year, and seasonal workers' children may remain unregistered in local records, thereby missing access to critical services. To address these challenges, it will be valuable to strengthen the existing real-time, geo-tagged population mapping into infrastructure planning and monitoring systems. This would enable more responsive allocation of resources and ensure that infrastructure remains relevant to shifting demographic patterns.

Sustainability, in this context, could be redefined to emphasize not only the physical durability of buildings but also their continued effectiveness in reaching those most at risk of exclusion. Such an adaptive, data-informed approach may be essential for creating inclusive and equitable service ecosystems for women and children.

Ensuring Sustainability by Investing in Human Resources for SNP Delivery

From a sustainability perspective, the long-term success of the SNP depends heavily on a well-trained and adequately staffed frontline workforce. While AWWs are nearly universally present across most states and largely meet the minimum educational and training requirements, the availability of Anganwadi Helpers (AWHs) remains limited, with only 76.9% coverage nationally, as discussed in the efficiency section. In states like Uttar Pradesh, Jammu & Kashmir, and Sikkim, helper presence is particularly low, leaving AWWs to manage cooking, distribution, record-keeping, and outreach tasks single-handedly. This directly impacts the quality and timeliness of SNP services at the last mile.

Adequate numbers and appropriately skilled staff are fundamental to the sustainability of the SNP. A sufficient workforce ensures that service delivery is uninterrupted and equitable across geographies, preventing overburdening and burnout. It also established community trust and ensures utilization. Similarly, skills are equally important for service delivery and human resource optimization. Without adequate staffing and skills, the SNP risks operational fatigue, poor outcomes, and long-term unsustainability.

Ensuring Sustainability by Investing in Capacities of Human Resources for SNP Delivery

Capacity building strengthens the technical and operational abilities of staff, ensuring consistent, high-quality service delivery. It fosters adaptability, accountability, and long-term programme sustainability. As detailed out in the efficiency section, even though guidelines are laid out for provisions for training, covering both technical competencies and soft skills, a clear implementation gap persists. This is due to the lack of a dedicated and adequate training budget within the scheme guidelines, leading to irregular, often online-only training cycles that do not sufficiently build capacity or support practical problem-solving. Sustaining the programme's effectiveness will require investment in regular, in-person training, particularly in light of rapid digitalisation (e.g., Poshan Tracker updates), and accelerated recruitment of AWH to support AWWs and maintain service quality over time. In addition, a three-day training for complex and varying topics is limiting factor given the limited educational qualification of Anganwadi workers.[91]

> *"There is limited funding available for the training of Anganwadi Workers. With the added responsibilities such as managing the Poshan Tracker and delivering ECCE, there is a pressing need for more focused and continuous capacity building."* – ***Senior official – NIPCCD***

Innovative Features

The redesigned SNP incorporates several innovative features that enhances contextual implementation, promoting community ownership, and strengthened monitoring systems and accountability. These key new features are acting as enablers to ensure the sustainability of the scheme:

1. **Localized food integration**: The integration of locally available and culturally appropriate food items into the daily meal provision is a key design element aimed at enhancing both nutritional outcomes and programme sustainability. The guidelines explicitly encourage the use of region-specific, seasonally available, and cost-effective food items in the preparation of Hot Cooked Meals (HCM) and Take-Home Rations (THR). This approach is intended to promote dietary diversity, improve the palatability and acceptability of meals among beneficiaries, and strengthen community ownership of the programme. Several states have operationalised local food integration through innovative models:

    - **Maharashtra and Telangana** have piloted THR units in which SHGs have facilitated inclusion of local grains and pulses.
    - **Odisha** uses ragi-based preparations in THR to address iron deficiency.
    - **Tamil Nadu** has diversified its meal menus with millet-based dishes to address regional food preferences.

[91] Press Information Bureau. (2025, June 11). *Minister Savitri Thakur responds in Rajya Sabha regarding nutrition financing* [Press release]. Government of India. Retrieved June 17, 2025, from https://www.pib.gov.in/PressReleaseIframePage.aspx?PRID=2117760

In depth interviews with the district officials highlighted that efforts towards localization of food have made the SNP more sustainable by improving relevance, participation, and accountability. Using local foods and standard recipes makes meals more acceptable and reduces waste. Pilot evaluations from states like Maharashtra and Telangana have shown that local THR packing and distribution via SHGs enhances community ownership and improves supply chain efficiency.[92] Qualitative interviews also observed that:

> *"Focusing on local foods and food diversity ensures acceptability of the SNP among the community, hence increasing community trust."* **– State official, Gujarat.**

> *Meals prepared with ingredients familiar to local communities (e.g., millets, pulses, green leafy vegetables, tubers) are more readily consumed by children and women. This increases uptake and minimizes food rejection and wastage.*
>
> **Director, ICAR-CIWA**

> *Local food items are often rich in micronutrients such as iron, calcium, vitamin A, and dietary fibre. Their inclusion supports the goal of providing balanced and diverse diets, as envisaged in the SNP nutritional norms.*
>
> **Retired Professor - BHU, Dept of Community Medicine**

> *By sourcing raw materials locally, states and districts reduce dependence on centralised supply chains. This ensures freshness, reduces delays, lowers transportation costs, and improves last-mile delivery.*
>
> **Director, ICAR-CIWA**

> *States and UTs are empowered to develop their own SNP recipe calendars using locally available food items, subject to adherence to the nutritional standards outlined in the SNP cost norms. Standardised recipes are to be vetted at the state level and integrated into AWC operations.*
>
> **Observed in Tamil Nadu.**

2. **SHG-Integration:** The SNP guidelines encourage local logistics of Take-Home Rations (THR) through SHGs, particularly women-led groups affiliated with the National Rural Livelihoods Mission (NRLM) and other community-based organisations. This model leverages the local capacity of SHGs to produce culturally appropriate and nutritionally balanced food items while providing sustainable livelihood opportunities to rural women. In the qualitative interviews with the senior experts, it was established that convergence with SHG can be instrumental in enhancing supply chain

> *"SHGs need to be strengthened to ensure local women can be engaged in awareness and hence increase community participation."* **– Senior official, UNICEF.**

[92] World Bank. (2021). *Improving nutrition outcomes through convergence and decentralized THR models in India: Evidence from implementation support*. The World Bank. https://documents.worldbank.org/en/publication/documents-reports/documentdetail/261361641501519753

efficiency, ensuring production of culturally appropriate food items and promoting women's economic empowerment by creating income-generation opportunities.

3. **Poshan Tracker:** The Poshan Tracker, central digital monitoring tool is instrumental in strengthening the real-time governance, transparency, and accountability of the SNP. It captures real-time data on service delivery, beneficiary-wise nutrition status, and infrastructure availability at the AWC level.

In the HH survey it was asked the families if either mother or child or both were registered on the Poshan tracker. A high number of 742 of the 1733 Poshan beneficiaries who reported that they regularly consumed THR, have both the mother as well as the child were registered under the Poshan tracker. Hence, Poshan tracker is a conduit of enhanced service delivery.

Strong monitoring mechanisms are key to sustainability as they enable timely tracking of service delivery, identify gaps, and support evidence-based decision-making. Regular supervision, real-time digital tools like the Poshan Tracker, and community feedback systems help ensure accountability, maintain service quality, and allow quick corrective actions. By continuously assessing performance and outcomes, strong monitoring builds a responsive and resilient system that can adapt to changing needs and ensure long-term programme effectiveness. The Poshan tracker has been instrumental in increasing the programmatic sustainability through better data.

> *Earlier, data entry was manual… data used to be wrongly entered, and the reports were wrong, and we could not understand the impact... Now with real-time monitoring through mobile phones, it's better. But there are still issues which can be rectified."— **District Coordinator, referring to ICDS-CAS system and data quality concerns***

Yet three key discussion points have emerged from the stakeholder interactions (especially at the level of the village and block). Firstly, the real time availability of data to the state decision makers can help them in concurrent monitoring of the scheme. Secondly, since the data is currently only for the AWCs, integrating it with departments like CPWD can help infrastructure development and maintenance for government buildings, so that the Poshan tracker does not function in silos; since lack of infrastructure impedes service delivery. Lastly, it was emphasized that there is a need for clear data collection responsibilities if and when there is such an integration.

Conclusion

The long-term sustainability of the SNP is low as per our assessment. The sustainability of the scheme rests on reinforcing systemic foundations - namely infrastructure, workforce capacity, and monitoring. Addressing infrastructure gaps such as inadequate access to water, electricity, and maintenance support is essential to ensure consistent, quality service delivery at Anganwadi Centres. Reliable infrastructure fosters user trust and reduces service disruption, both critical for sustained impact. Similarly, bridging workforce gaps - especially the shortage of Anganwadi Helpers and the lack of regular training - strengthens service continuity, institutional memory, and community engagement, all of which are vital for program resilience. A well-supported frontline workforce ensures that nutrition services remain responsive and inclusive. Furthermore, strong monitoring systems enable timely identification of bottlenecks, improve accountability, and guide adaptive planning, making the programme more resilient to

shocks and better aligned with local needs. While the cost-sharing structure, particularly in the Northeastern states and Union Territories, enhances financial sustainability, and outdated cost norms continue to pose risks. Ensuring sustained government investment, alongside community ownership and system strengthening, is thus imperative to uphold SNP's role in combating child and maternal malnutrition over the long term.

Table 24: Final gaps and recommendations

Component	Current Gaps	Recommendations
Innovative Design & Implementation	Consistent need to ensure localization of THR/HCM to increase uptake	Ensure localized recipe customization and expand SHG led THR/HCM production in all states for sustainability and ownership
Financial Sustainability	Outdated cost norms (₹8 per child/day) and lack of state level fiscal contributions in some regions	Revise cost norms based on inflation. Encourage state budget top-ups and innovations
Monitoring Systems	- Realtime dashboard for state/block officials can enable concurrent monitoring - Lack of clarity on data management responsibilities across ministries	- Expand Poshan Tracker integration with infrastructure, education, health data. - Use the poshan tracker dashboards for real-time review by decisionmakers Assign clear data management roles across ministries

4.1.8.5 Coherence

Coherence in the context of the Supplementary Nutrition Programme (SNP) under Poshan 2.0 refers to the alignment and synergy of the scheme's components both internally within its sub-components and across other schemes under the Ministry of Women and Child Development (MWCD) and externally with relevant Ministries, Departments, and implementing partners. Coherence ensures that SNP does not operate in isolation but is effectively integrated with associated interventions such as food procurement, health services, hygiene infrastructure, and monitoring frameworks. A coherent implementation structure strengthens the delivery of nutrition outcomes by promoting seamless policy execution, avoiding redundancies, and leveraging complementary strengths of various actors.

Therefore, we will look into the following component in detail:

1. Internal Coherence
2. External Coherence

Internal Coherence

Pradhan Mantri Matru Vandana Yojana (PMMVY), Mission Shakti: The PMMVY, under Mission Shakti, ensures a provision of maternity benefit equal to INR 5,000 to pregnant women and lactating mothers in two instalments across registration of pregnancy and after childbirth, to compensate for the wage loss. While SNP aims to improve health and nutrition for mother and child by the provision of THR through local Anganwadis, the economic well-being is ensured via PMMVY which is implemented in convergence with AWCs. AWWs identify the eligible beneficiaries and aid the ASHA workers in their enrolment and registration. The target beneficiaries' cohort of SNP and PMMVY overlap at PW&LM. In our household survey, we asked respondents if they ever received any cash incentive under PMMVY. Out of 2,591 respondents on whom the question was administered, 763 reported availing SNP as well as PMMVY benefits. The implementation of PMMVY, however, occurs in convergence with external ministries across states such as Ministry of Health and Family Welfare. Our conversations with senior officers from MoHFW reveal smooth operations between frontline workers at the ground level.

Early Childhood Care and Education (ECCE): As per the guidelines, the provision of HCM caters to children in the age group 3 – 6 years attending AWCs. Hot cooked meals can either be collected by the eligible beneficiaries or by mothers of eligible beneficiaries. From our analysis of SNP's effectiveness, we find that the uptake of HCM is contingent upon the attendance of children at AWCs for ECCE. The effectiveness of both the scheme's component rests upon the coherence in implementation as an increased attendance for ECCE in AWCs will lead to increased uptake of HCM and vice versa.

> *"Whenever we miss some beneficiaries to be enrolled, AWW will give that status to ASHA workers. Since inception there is a nice convergence between both departments and if any issue arises in between both the departments from ground level to top level both the departments will resolve it."* – ***State Official, Andhra Pradesh***

External Coherence

Food Corporation of India (FCI): As per guideline, the Food Corporation of India (FCI) plays a foundational role in the delivery of Supplementary Nutrition by ensuring the regular supply of staple food grains, primarily rice and wheat, for the preparation of THR and HCM. This convergence ensures that the nutritional entitlements under the scheme are backed by a reliable supply chain anchored in India's public distribution infrastructure. States and Union Territories are directed to coordinate with FCI for timely and uninterrupted grain availability, which forms the base component of the SNP provisioning mechanism.

Parasar and Bhavani (2018)[93] conducted a case study examining the implementation of the SNP under ICDS in the states of Telangana and Tamil Nadu. The study highlighted how leveraging agri-food value chains and state-led initiatives can improve the delivery of nutritious food to vulnerable populations. In Telangana, a state enterprise model was employed, focusing

[93] Parasar, R. and Bhavani, R.V. (2018) Supplementary Nutrition Programme under ICDS: Case Study of Telangana and Tamil Nadu, LANSA Working Paper Vol 2018 No 30, Brighton: IDS

on centralised production and distribution of fortified foods. Tamil Nadu adopted a public–private partnership (PPP) model, engaging private entities in the production and supply chain. Both models emphasised the importance of context-specific strategies and community engagement in enhancing programme effectiveness. The study underscored that tailored approaches, aligned with local contexts and capacities, are crucial for the successful delivery of supplementary nutrition.

Food Safety and Standards Authority of India (FSSAI): The guidelines also emphasize convergence with FSSAI to maintain the safety, hygiene, and nutritional adequacy of the food delivered under SNP. As per the provisions under the Food Safety and Standards Act, 2006, FSSAI is mandated to ensure that all food products, including THR and HCM, adhere to specified standards. FSSAI's role includes training Anganwadi workers and helpers on food safety protocols, facilitating lab testing of food samples, and promoting fortification and safe food handling practices. This inter-agency convergence helps maintain the integrity and acceptability of food being served to vulnerable populations like children and pregnant and lactating women.

From the qualitative interviews with state officials, we find that though FSSAI-accredited laboratories are engaged in districts to test food samples from SNP, operational constraints persist. There is no specific budget earmarked for the mandatory monthly testing prescribed under the Saksham Anganwadi guidelines. Officials highlighted that current cost norms for SNP are already underbudgeted, and the additional testing costs, ranging between ₹7,000–₹12,000 per sample, are difficult to absorb within existing allocations. In addition, delays of up to two months in receiving test results reduce the usefulness of testing as a quality control tool.

Case study from Tamil Nadu

The Tamil Nadu model of procurement and delivery under the SNP offers a strong example of institutionalised convergence across public, private, and community-based actors. This model demonstrates how effective coordination between government systems, private partners, and women-led collectives can enhance service quality, ensure last-mile delivery, and promote local ownership.

At its core, the Tamil Nadu approach is built on a Public-Private Partnership (PPP) structure that combines Government procurement of wheat from central sources, Private sector contribution of 35% of supplementary nutrition ingredients (such as ragi and soya), and Community participation through 25 Women Corporation Societies and 14 district-level Self-Help Groups (SHGs) that handle, packaging, and distribution.
This convergence model demonstrates multiple benefits: Local empowerment, especially of women’s collectives, which enhances community ownership and sustainability.
Efficient division of roles, where different sectors leverage their respective strengths - public systems provide base inputs, private entities contribute technical or nutritional components, and SHGs manage operations.

Ministry of Rural Development: As per the scheme guidelines, convergence with the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGA) is a key

strategy to strengthen infrastructure for the Supplementary Nutrition Programme (SNP). States and Union Territories are encouraged to utilize MGNREGA funds for the construction and upgradation of Anganwadi Centres (AWCs), including the development of kitchen sheds, drinking water facilities, toilets, and Poshan Vatikas (nutrition gardens). This approach not only improves the physical environment necessary for effective delivery of Take-Home Ration (THR) and Hot Cooked Meals (HCM) but also generates rural employment in the process.

> *"RWS is ensuring drinking water pipelines and toilets to all Anganwadi centres. They are actively involved in our convergence model." – State official,* ***Andhra Pradesh.***

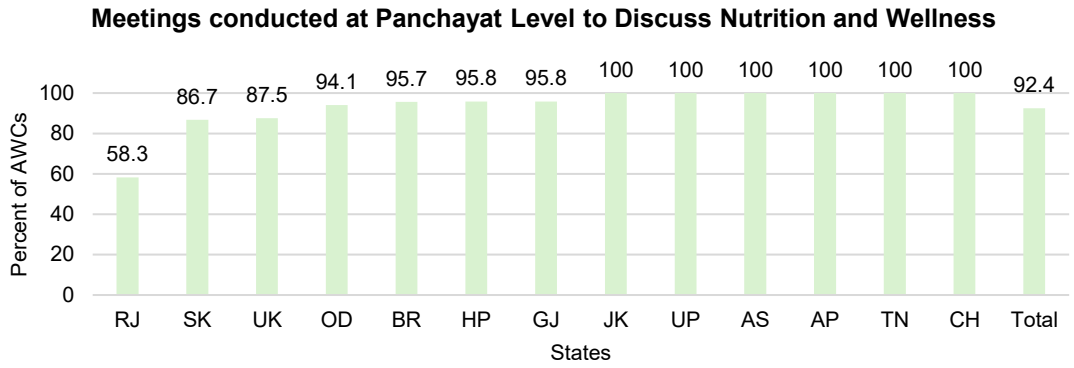
In Andhra Pradesh, the Rural Water Supply (RWS) department collaborates to provide piped water connections and toilets in AWCs, ensuring a hygienic environment for food preparation and consumption. Poshan Vatikas (nutrition gardens) are also developed under MGNREGA in many districts.

However, States like Gujarat and Rajasthan have highlighted that convergence with MGNREGA for infrastructure development, such as the construction of AWCs, is facing challenges due to misalignment in the availability of labour and materials. Additionally, collaboration with NREGA and PRIs is delayed by procedural bottlenecks, affecting timely implementation.

> *"The major challenge is with convergence funds under MGNREGA. Often, labour is not available, or there are problems in the labour-material ratio component, which delays construction. So, my request would be to consider removing convergence with MGNREGA and directly allocating Rs. 12 lakhs per centre."* ***– State official, Gujarat.***

Panchayati Raj Institutions (PRIs): PRIs are instrumental at the grassroots level, facilitating community mobilization, monitoring service delivery, and supporting initiatives like Poshan Vatikas (nutrition gardens) to promote dietary diversity.[94] In our institutional survey with AWCs, we explored if meetings are organized at the Panchayat Level to provide a convergence platform for discussions on nutrition and wellness, considering the mandate of SNP that is contingent upon sustained outreach efforts.

Figure 21: AWCs reporting Meetings at Panchayat Level for Discussions on Nutrition and Wellness



Source: Institutional Checklist Survey from 251 AWCs

[94] Detailed out in Poshan Abhiyan component

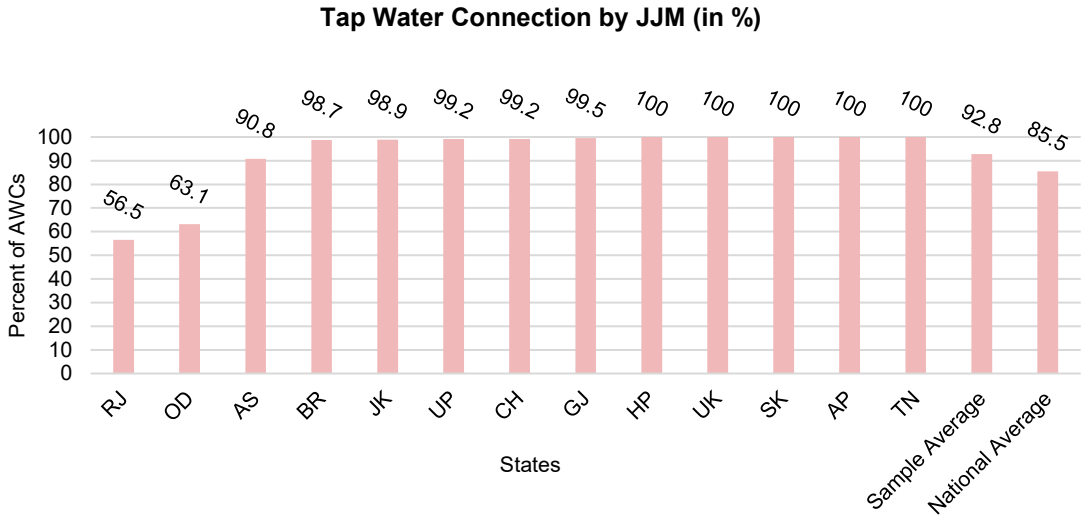
On average, 92.4% of AWCs across our survey report the occurrence of meetings at the Panchayat level for discussions on nutrition and wellness of Mothers' Groups. Out of 13 geographies included in our sample, all AWCs from 6 of the 13 geographies included in our sample report positively. Rajasthan emerges as the only state with a relatively low proportion of AWCs reporting the occurrence of meetings at the Panchayat level

Ministry of Health and Family Welfare: Collaborates through initiatives like Village Health Sanitation and Nutrition Days (VHSNDs), integrating health check-ups, immunizations, and nutrition counselling, thereby creating a holistic approach to health and nutrition.[95] The convergence mechanism with MoHFW is reported effective from the stakeholders.

> *"The convergence between the health departments is very effective in our state. "The convergence between the health departments is very effective in our state. The Health Department ensures regular follow-ups. Through the Family Doctor concept, every malnourished child receives home visits and counselling from doctors."*
> ***– State official, Andhra Pradesh.***

Ministry of Jal Shakti: According to guidelines, the AWCs are to be augmented with drinking water and sanitation facilities through piped water under Jal Jeewan Mission by Ministry of Jal Shakti. Additionally, all Saksham Anganwadis are to be supplemented with rainwater harvesting system. As per the Jal Jeewan Mission (JJM) dashboard, as much as 85.5% of AWCs have been provided with tap water connections whereas the average for our sampled geographies stood at 92.8%.

Figure 22: Tap Water Connections at AWCs by JJM



Source: JJM Dashboard

Except for Rajasthan (56.5%) and Odisha (63%), more than 90% of the AWCs in all states are equipped with tap water connection, indicating robust convergence with JJM.

[95] Detailed out in Poshan Abhiyan component

Conclusion

The coherence of the scheme is low for a myriad of reasons. The convergence mechanisms outlined in the POSHAN 2.0 guidelines reflect a deliberate policy push toward integrated, inter-sectoral service delivery. Institutions like FCI, FSSAI, PRIs, MGNREGA, and MoHFW contribute distinct capacities that, when aligned, ensure that the SNP moves beyond food provisioning to become a truly multi-dimensional nutrition intervention. Making convergence more robust can have a multifold impact in achieving the intended outcomes – including improved nutritional status, increased service uptake, better infrastructure, and enhanced community ownership. To realise this potential, operational challenges, delays in quality control, and uneven local capacities must be systematically addressed to ensure convergence is not only designed but also effectively executed at the ground level.

Component	Gaps	Recommendations
Internal Coherence - Convergence with PMMVY	Limited awareness and uptake: Only ~29% (763 of 2,591) reported receiving both SNP and PMMVY benefits.	Strengthen awareness campaigns on entitlements among PW&LM through AWWs and ASHAs. Create an integrated beneficiary tracking system across PMMVY and SNP to ensure comprehensive coverage and reduce exclusion.
Internal coherence - ECCE and HCM Linkage	Low ECCE attendance affects uptake of Hot Cooked Meals. - In some regions, HCM collection is delegated to mothers, breaking the nutrition-education link.	Community awareness drives to highlight the benefits of combined nutrition and ECCE services.
External Coherence – FSSAI	Lack of dedicated budget for mandatory food quality testing, leading to irregular checks	Introduce a ring-fenced budget within SNP for routine food sample testing; explore partnership models with accredited labs for lower-cost, time-bound testing mechanisms
External Coherence – MoRD	Delays in infrastructure upgradation due to procedural bottlenecks under MGNREGA	Simplify labour-material ratio rules for AWC construction; establish district-level fast-track convergence cells for fund approval and tracking
External Coherence – MoJS	Discrepancies in piped water access despite JJM mandates, particularly in Rajasthan and Odisha	Conduct state-wise audit of water access and prioritize AWCs below threshold; strengthen coordination with PHED (Public health engineering department) and district engineering units to ensure last-mile connectivity

Component	Gaps	Recommendations
External Coherence – PRIs	While engagement is high, Panchayat-level forums lack structured agenda for SNP service review	Institutionalize Panchayat-level nutrition review meetings with structured formats and templates; incentivize PRI participation in SNP oversight through state-level awards or recognition programs

4.1.8.6 Equity

Equity, in the context of the Supplementary Nutrition Programme (SNP) under Mission Saksham Anganwadi and Poshan 2.0, refers to ensuring fair and inclusive access to nutrition services, especially for vulnerable and marginalized populations who encounter persistent barriers due to geographic isolation and entrenched social inequalities. Assessing equity requires a comprehensive analysis of service utilization gaps across rural and urban settings, disparities in SNP access and benefits among different caste and social groups, and the effectiveness of outreach in underserved regions such as Aspirational Districts. The assessment of equity in SNP implementation is anchored on three dimensions:

1. Geographic Equity
2. Social Equity
3. Regional Disparities

Geographic Equity

Geographic Equity in coverage

On average each Anganwadi covers a population of 400 to 800.[96] Many highly populous states do not meet this norm. To understand the reason behind this the Poshan tracker data was examined to find that in many states like AP, Assam, Rajasthan, Uttarakhand and HP the AWCs have been non-functional/inactive, which causes non-coverage of the population.

Table 25: Average population covered by AWCs vs. AWCs inactive

State	Average population covered	AWCs inactive as on Mar-25
Andhra Pradesh	1651.5	380
Assam	689.9	191
Bihar	1085.8	6
Chandigarh	1623.5	746
Gujarat	921.4	18
Himachal Pradesh	496.3	88

[96] https://www.pib.gov.in/Pressreleaseshare.aspx?PRID=1541558

State	Average population covered	AWCs inactive as on Mar-25
Jammu and Kashmir	421.1	453
Odisha	730.5	69
Rajasthan	1085.3	163
Sikkim	410.9	0
Tamil Nadu	1362.3	29
Uttar Pradesh	1214.2	771
Uttrakhand	688.9	150

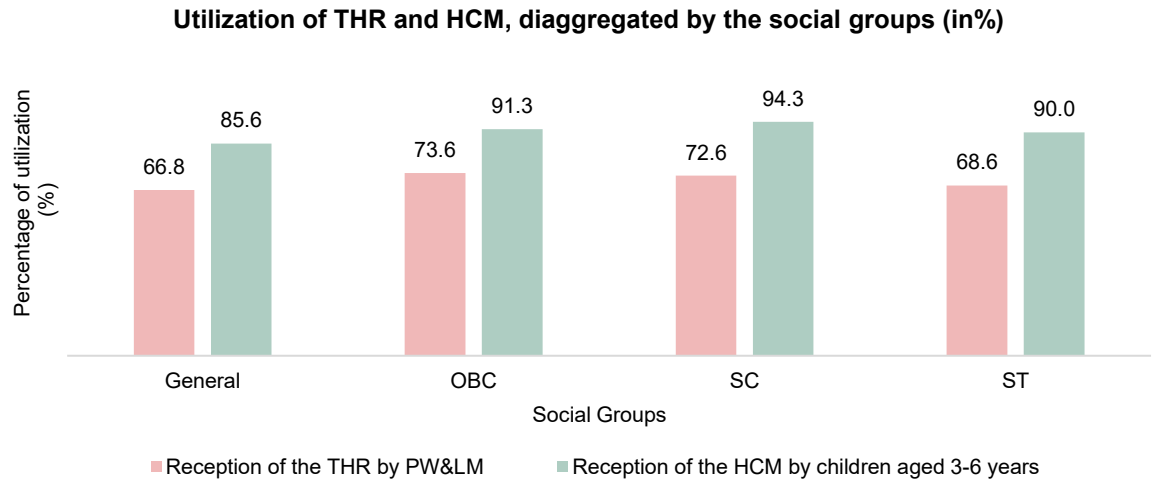
Source: Institutional checklist survey of 251 AWCs and Poshan tracker respectively.

Social Equity

Equity in service provision must be measured not only by average coverage but also by its distribution across social groups, including Scheduled Castes (SC), Scheduled Tribes (ST), and Other Backward Classes (OBC), as well as the General category. The equity under this section is analysed using various key indicators of SNP and cross-tabulated with social groups, revealing important insights into social equity performance.

The data from the household survey shows notable disparities in the utilization of THR among PW&LM across social groups, while HCM coverage among children aged 3–6 years remains consistently high and equitable.

Figure 23: Utilization of THR and HCM among various social groups



Sources: Household Survey of 2591 beneficiaries

Disparities in THR Utilization among PW&LM

Data from the household survey indicate notable disparities in the receipt of Take-Home Ration (THR) among pregnant women and lactating mothers (PW&LM) across social groups. While overall coverage is substantial, SC (72.6%), ST (68.6%), and General (66.8%) groups report lower THR receipt compared to OBC women (73.6%), with a variation of up to 7 percentage points.

Equity in HCM Coverage among Children

HCM coverage for children is uniformly high across all social groups, ranging from 85.6% in General to 94.3% in SC and 90% in ST, suggesting strong outreach and equity in child nutrition service delivery.

These findings point to relatively equitable access to HCM, but a need for targeted improvement in THR distribution, especially among General and ST groups, to ensure consistent access for all PW&LM across caste categories.

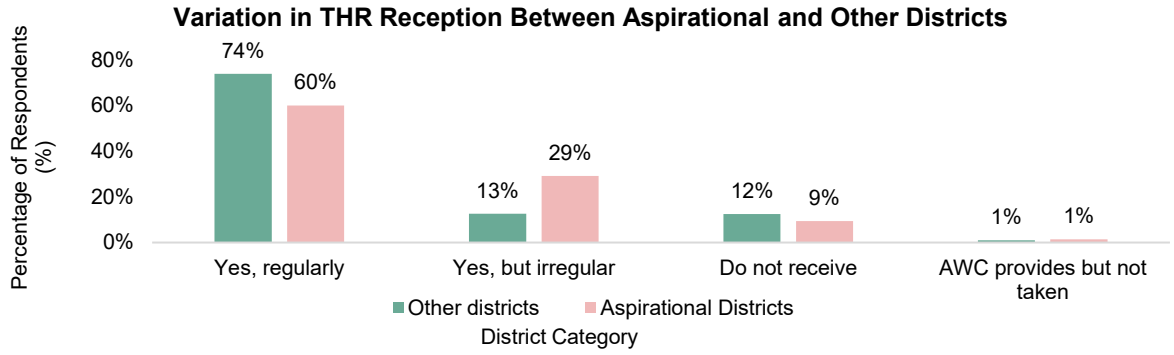
Regional Disparities

SNP is implemented with a focus on high-burden and underserved regions[97], especially through the convergence with the Aspirational Districts Programme. This strategy is intended to address regional disparities in child undernutrition by prioritizing areas with the greatest need.

THR Receipt: Regularity and Coverage across districts

The findings from the household survey for THR distribution reveal a notable regional equity gap between aspirational and other (non-aspirational) districts. While 74% of beneficiaries in other districts report receiving THR regularly, only 60% of beneficiaries in aspirational districts report the same, highlighting a significant shortfall in regions that are meant to receive prioritized support due to their higher burden of undernutrition. Furthermore, irregular receipt of THR is markedly higher in aspirational districts at 29%, compared to just 13% in other districts. These disparities underscore that the actual access to nutrition support in aspirational districts remains inconsistent and comparatively lower.

Figure 24: Variation in THR Reception Between Aspirational and Other Districts

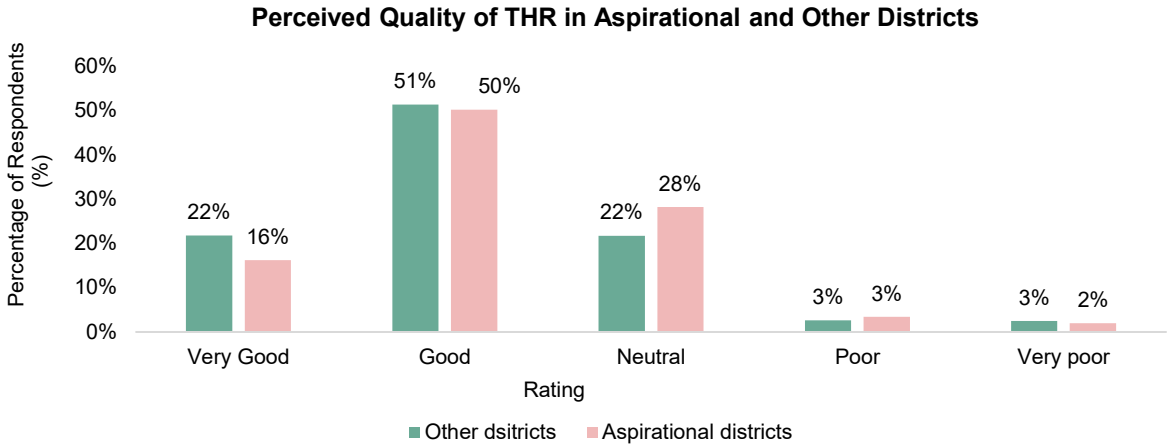


Sources: Household Survey

Perceived Quality of THR across districts

The household survey highlighted that the perceptions of the quality of THR are broadly positive and largely consistent across both aspirational and non-aspirational districts, with approximately half of respondents in each group rating the quality as "good" (50% in aspirational districts and 51% in other districts). However, a slightly higher proportion of beneficiaries in non-aspirational districts rated THR as "very good" (22%) compared to only 16% in aspirational districts, indicating a modest disparity in the highest levels of satisfaction. Negative perceptions, those rating THR as "poor" or "very poor", remain low and comparable across both district types, suggesting that dissatisfaction is not widespread. Notably, neutral perceptions are somewhat more prevalent in aspirational districts (28% vs. 22%).

Figure 25: Perceived Quality of THR in Aspirational and Other Districts



Sources: Household Survey of 2591 beneficiaries

Reception of HCM Across Districts

The analysis reveals a consistent pattern in the reception of Hot Cooked Meals (HCM) across both aspirational and non-aspirational districts. In both district categories, a substantial majority of respondents reported not receiving HCM—71.98% in non-aspirational districts and 71.21% in aspirational districts. The proportion of respondents who regularly received HCM was slightly higher in aspirational districts (21.97%) compared to non-aspirational ones (20.57%).

Irregular receipts of HCM were reported by a small fraction of respondents: 2.78% in aspirational districts and 3.30% in non-aspirational districts. Additionally, a similar share in both groups indicated that meals were provided by the Anganwadi Centre (AWC) but not taken 4.04% in aspirational and 4.16% in non-aspirational districts. These findings underscore a gap in consistent access to HCM, regardless of district classification.

The household survey findings reveal significant regional disparities in the accessibility and delivery of SNP services, indicating a persistent equity gap in reaching underserved populations, particularly in aspirational and hard-to-reach districts. While some states have reported efforts such as sectoral convergence and nutritional top-ups, like Andhra Pradesh’s

Bal Sanjeevani Plus and Gujarat's Poshan Sudha Yojana in tribal regions, these remain isolated initiatives rather than a systemic response.

> *"We are implementing the Bal Sanjeevani Supplementary Nutrition Program across both rural and urban areas. In tribal areas, we have a specialized version called Bal Sanjeevani Plus, where we provide an additional diet. This is because the rate of malnutrition is higher in those regions, which have shown promising results recently. –* ***State Official, AP."***

However, such initiatives are not uniformly implemented across states or districts. The persistence of access gaps underscores the need for more structured, targeted, and standardized approaches to ensure that SNP services effectively reach all marginalized regions, especially those with heightened nutritional vulnerabilities. A comprehensive national strategy is essential to bridge these regional inequities.

Conclusion

The equity of the SNP is determined to be medium. A largely commendable effort towards inclusive SNP delivery across geography, across rural and urban areas is revealed from our assessment. Proactive outreach strategies by AWWs and the use of technology have further facilitated improved geographic equity. However, social and regional disparities persist. THR receipt among pregnant women and lactating mothers (PW&LM) across SC, ST, and General categories remains lower signalling a need for more tailored interventions and addressing socio-cultural resistance to services. Regionally, aspirational districts, despite being priority areas, experience lower regularity and coverage of THR compared to non-aspirational districts, alongside modestly lower satisfaction with THR quality. Overall, while SNP has made substantial progress in achieving equitable outreach, targeted measures are essential to bridge remaining gaps in social and regional equity.

Table 26: Final Gaps and Recommendations

Component	Current Gaps	Recommendations
Geographic Equity	Consistent need to ensure SNP delivery in hard-to-reach or remote hamlets within rural regions	M/Ds must come up with innovative ways to ensure services to hard-to-reach AWC units, for example, geo-tagged service tracking to ensure delivery in remote habitations or deploy **mobile Anganwadi vans** equipped with ECCE kits and nutrition supplies to reach hamlets without functional AWCs. In exceptionally remote or disaster-prone areas, **drone-assisted delivery** of Take-Home Rations (THR) and essential medicines can be piloted, with real-time GPS tracking and digital confirmation of service receipt to ensure accountability.

Component	Current Gaps	Recommendations
Social Equity	Unequal reach and coverage of SNP services among social groups	Community-specific behavior change communication (BCC) campaigns can be implemented, engaging locals to dispel food-related myths and cultural resistance observed among certain caste groups
Regional Disparities	Irregular THR receipt in aspirational districts.	Ensure block-level nutrition supply tracking and regular stock audits at AWCs in aspirational districts. Logistics and supply chain strengthening in these areas through convergence with local administrative bodies.

4.1.8.7 Impact

This section explores the impact of the SNP by assessing how effectively it is contributing to improved nutritional outcomes among intended beneficiaries. Impact is examined through indicators such as the actual use and perceived quality of THR and Hot Cooked Meals (HCM), beneficiary satisfaction, and changes in key nutritional metrics over time.

The analysis draws on household and institutional survey data, as well as NFHS trends, to evaluate how well SNP is translating service delivery into tangible health and nutrition improvements.

It must be mentioned that the findings from primary data collection cannot be generalized to States/UTs not included in the evaluation, rather give a more directional picture of the policies. Similarly, findings within the study states may not represent districts. Since the pre-post data is limited in our study and the nature is more cross-sectional in nature ascertaining impact is difficult.

To view the impact more holistically we be delineating the measures of impact as follows:

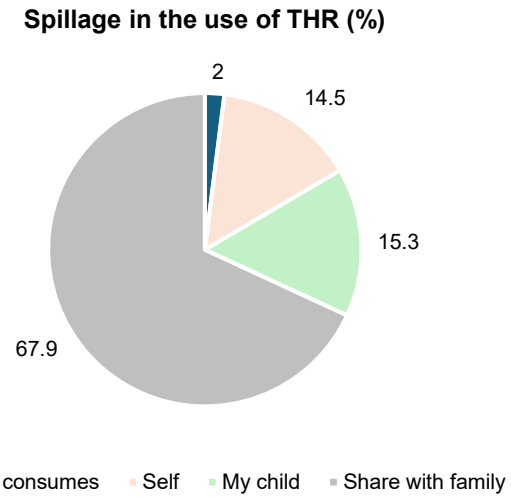
1. Service Delivery Impact
2. Health Nutrition Impact

Service Delivery Impact

Challenges in delivering nutrition to the targeted beneficiaries

The household data also shows that even among beneficiaries of the SNP, the intended use of Take-Home Ration (THR) is frequently diluted. While the ration is being received, only 15.3% of respondents report that their child is the primary consumer.

Figure 26: Spillage in use of THR



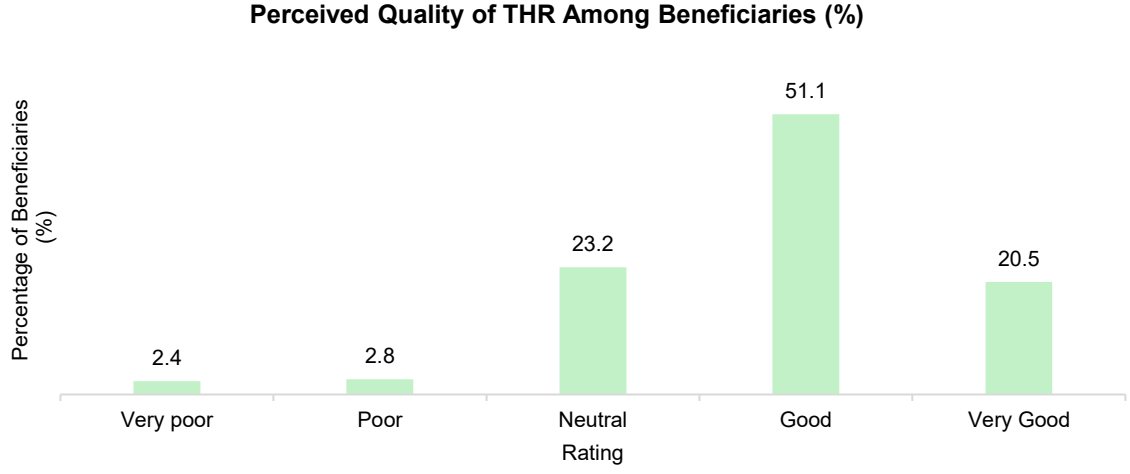
Source: Household Survey – 2591 beneficiaries

A significantly higher proportion 67.9% reported that the THR is shared with the family, and 14.5% consumed it themselves. In states like Bihar, Odisha, and Uttar Pradesh, over 85% of respondents, despite being SNP beneficiaries, report family sharing, indicating a gap between programme intent and on-ground use. These patterns highlight that while SNP has ensured wide distribution coverage, its effectiveness in delivering targeted child nutrition remains constrained by intra-household practices. Addressing this requires better communication about intended use, improved palatability, and enhanced frontline worker-led counselling and monitoring.

Perceived Quality of Take-Home Ration (THR) Among Beneficiaries

The household data indicates that a significant majority of SNP beneficiaries perceive the quality of Take-Home Ration (THR) positively.

Figure 27: Quality perception of THR



Source: Household survey of 2591 beneficiaries

Nationally, over 70% rated THR quality as either "Good" (51.1%) or "Very Good" (20.5%), reflecting general satisfaction with the quality of ration received. States such as Odisha (92.6%), Uttar Pradesh (76.2%), and Tamil Nadu (91.7%) reported the highest positive ratings, indicating effective delivery and perceived quality in these regions.

At the same time, 23.2% of respondents rated THR quality as "Neutral", indicating that for a considerable segment, the product meets expectations but does not stand out in terms of taste, texture, or packaging. A smaller proportion, 5.2% overall, rated the quality as "Poor" or "Very Poor", with relatively higher dissatisfaction reported in Chandigarh (13.9%), Rajasthan (10%), and Assam (14.7%).

This variation across states highlights the need for state-level quality assurance, regular beneficiary feedback, and stricter monitoring protocols to ensure consistency and acceptability of THR. Addressing local quality concerns will be critical to strengthening the credibility and nutritional impact of the SNP.

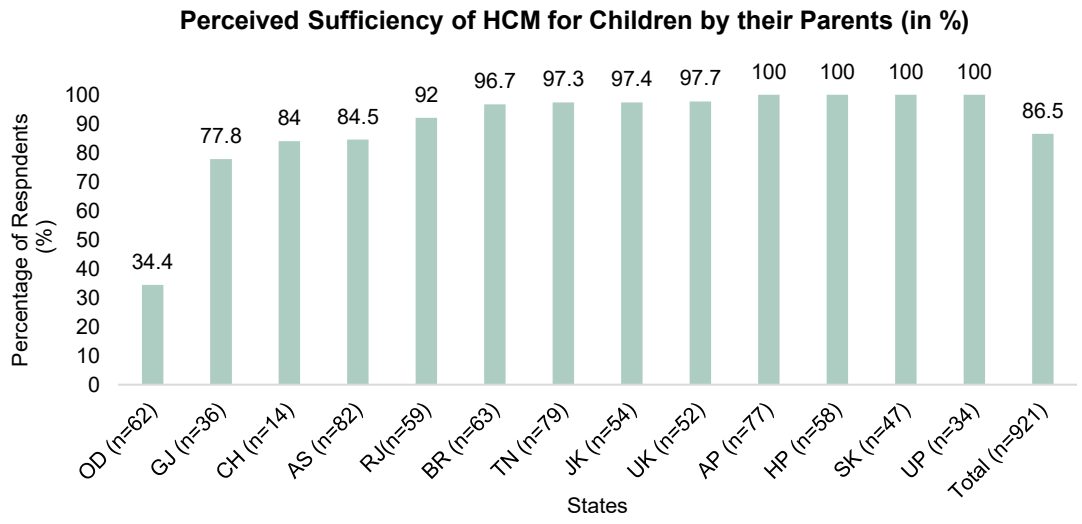
Beneficiary Satisfaction with HCM

Furthermore, the findings from the household survey indicate high satisfaction with the quality and delivery of HCM at AWCs among the parents of the children aged 3-6 years. Nearly all respondents reported that meals are served on time (99%) and daily (98%), with 97% noting that children enjoy the meals.

Beneficiary perception on sufficiency of HCM quantity

The household data shows that while 86.5% of parents across states perceive Hot Cooked Meals (HCM) as sufficient for their children, state-level disparities are significant. States like Andhra Pradesh, Himachal Pradesh, Sikkim, and Uttar Pradesh report 100% satisfaction, indicating strong implementation, whereas Odisha lags considerably at just 34.4%, pointing to gaps related to service delivery which would hamper the beneficiary satisfaction.

Figure 28: Perceptions of sufficiency of HCM

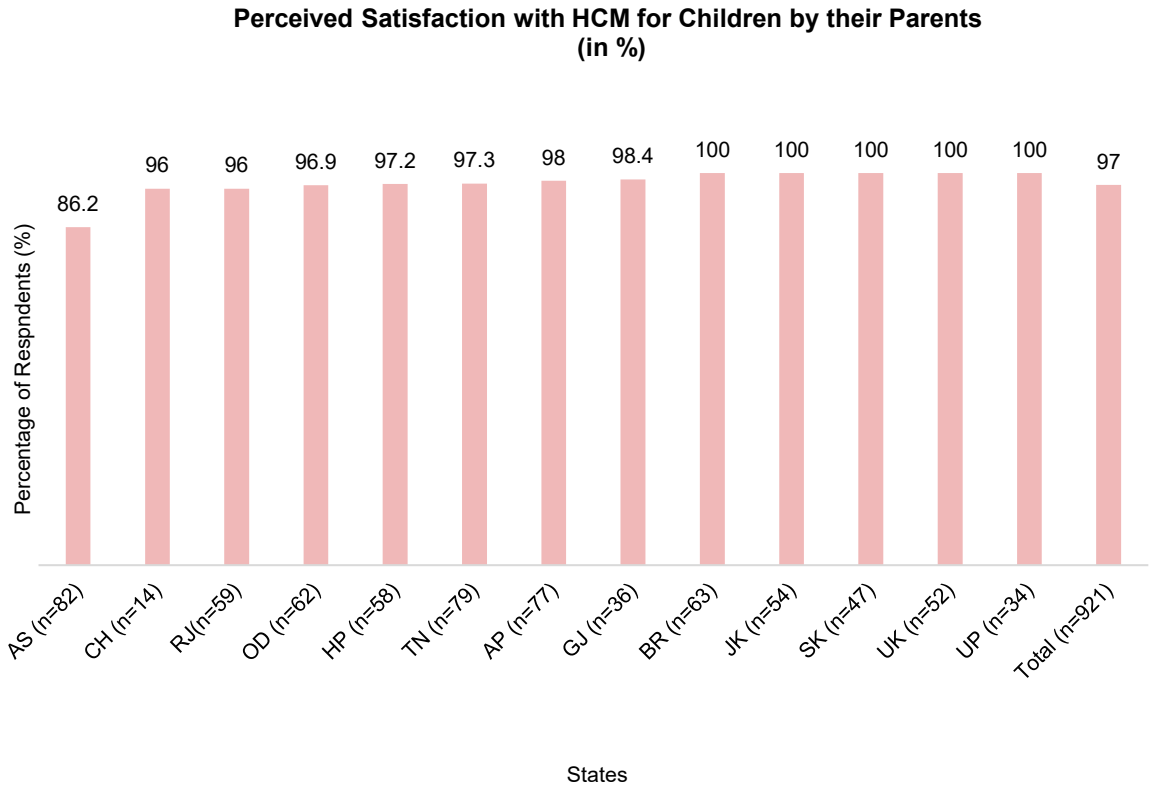


Source: Household data – 921 beneficiaries

Beneficiary perception of sufficiency of quality

The positive outlook of parents for HCM extends beyond its sufficiency to fulfil the appetite of the beneficiaries and includes its appeal. A total of 97% respondents report that their children enjoy the meals provided at AWCs.

Figure 29: perceived satisfaction of HCM



Source: Household data – 921 beneficiaries

Health and nutrition Impact – lower heading

Impact on Key Nutritional Indicators

As per NFHS between 2015 and 2019, India recorded modest but positive improvements in key child nutrition indicators. The prevalence of stunting among children under five decreased by 2.9 percentage points, while wasting declined by 1.7 percentage points. The proportion of underweight children also reduced by 3.7 percentage points, indicating incremental gains in addressing chronic and acute undernutrition. Severe wasting, however, showed a marginal increase of 0.2 percentage points, suggesting persistent challenges in managing Severe Acute Malnutrition (SAM). On the micronutrient front, the prevalence of anaemia among children aged 6–59 months declined by 8.5 percentage points, and among pregnant women by 1.8 percentage points, reflecting the potential impact of iron-folic acid supplementation, fortified foods, and improved outreach under SNP and related interventions.

Table 27: Absolute % change from 2015 to 2019 for key nutritional indicators

Absolute percentage change from 2015 to 2019 for key nutritional indicators						
States	**Children (≤5 years) - stunted**	**Children (≤5 years) - wasted**	**Children (≤5 years) - severely wasted**	**Children (≤5 years) – underweight (%)**	**Children (b/w 6-59 months) - anaemic (<11.0 g/dl)**	**Pregnant women (b/w 15-49 years) - anaemic (<11.0 g/dl)**
Andhra Pradesh	0.2	1.1	-1.5	2.3	-4.6	-0.8
Assam	1.1	-4.7	-2.9	-3	-32.7	-9.4
Bihar	5.4	-2.1	-1.8	2.9	-5.9	-4.8
Chandigarh	3.4	2.5	1.6	3.9	18.5	0
Gujarat	-0.5	1.3	-1.1	-0.4	-17.1	-11.3
Himachal Pradesh	-4.5	-3.7	-3	-4.3	-1.7	8.2
Jammu and Kashmir	0.5	-6.8	-4.1	-4.4	-18.9	2.8
Odisha	3.1	2.3	0.3	4.7	-19.6	-14.2
Rajasthan	7.3	6.2	1	9.1	-11.2	0.3
Sikkim	7.3	0.5	-0.7	1.1	-1.3	-17.1
Tamil Nadu	2.1	5.1	2.4	1.8	-6.7	-3.9
Uttar Pradesh	6.6	0.6	-1.3	7.4	-3.2	5.1
Uttarakhand	6.5	6.3	4.3	5.6	1	0.1
India	**2.9**	**1.7**	**-0.2**	**3.7**	**-8.5**	**-1.8**

Source: NFHS-4 & NFHS-5

The overall progress masks significant inter-state disparities. States like Uttar Pradesh, Uttarakhand, and Rajasthan reported large reductions in stunting (6.5–7.3 percentage points) and underweight prevalence (5.6–9.1 percentage points), indicating notable gains. However, in states like Gujarat and Jammu & Kashmir, stunting rates increased slightly, and severe wasting worsened—suggesting implementation or targeting challenges. Anaemia levels among children declined sharply in Assam (by 32.7 percentage points), Odisha (19.6), and Jammu & Kashmir (18.9), showcasing strong programmatic outreach, while Chandigarh saw

an unexpected increase of 18.5 percentage points, potentially pointing to data inconsistencies or lapses in intervention delivery.

> *"It has led to improved attendance. Due to the supplementary nutrition meals, we've seen a slight increase in the number of children attending regularly. –* ***District official, UP."***

Progress in reducing anaemia among pregnant women was limited, with a few states like Odisha (14.2 percentage points) and Sikkim (17.1) showing marked improvements, whereas others such as Uttarakhand (0.1) and Uttar Pradesh (5.1) experienced an increase in anaemia.

Conclusion

The impact of the SNP is high as the scheme demonstrates commendable progress in service delivery, particularly for Hot Cooked Meals (HCM), with high levels of coverage, satisfaction, and quality reported across households. However, the Take-Home Ration (THR) component faces challenges in effective targeting, as a majority of families share the ration among household members, reducing its intended nutritional impact for children. While beneficiaries generally report satisfaction with THR quality, inter-state disparities especially in Odisha, highlight the need for targeted improvements. National nutrition indicators show modest gains in reducing stunting, underweight, and child anaemia, though issues like severe wasting and anaemia in pregnant women persist. However, the SNP may have been just an input in reducing these nutritional indicators. Overall, SNP remains relevant and impactful, but its full potential depends on addressing implementation gaps and ensuring equitable access and utilization.

Component	Gaps	Recommendations
1. Service Delivery Impact	Although SNP has achieved wide coverage in distributing Take-Home Rations (THR) and Hot Cooked Meals (HCM), significant service delivery issues remain. A major gap is the dilution of THR use only 15.3% of respondents report that their child is the sole consumer, with a majority indicating intra-household sharing. While quality perceptions of THR are mostly positive, 23% rated it as "neutral," and a small but notable share expressed dissatisfaction. State-level disparities persist, particularly in Odisha, where satisfaction with HCM quantity was notably low. These gaps indicate that while distribution is consistent, the nutritional intent is not being fully realized.	To strengthen service delivery, SNP should prioritize behaviour change communication around the intended use of THR, making its purpose clear to caregivers. Improvements in the taste, packaging, and palatability of THR can enhance acceptance. Frontline workers should receive enhanced training to counsel families, monitor THR use, and identify service gaps. State-specific quality assurance protocols and grievance redress systems should be institutionalized to address regional disparities and improve meal adequacy.

Component	Gaps	Recommendations
2. Health and Nutrition Impact	National data show modest gains in reducing stunting and underweight prevalence, but severe wasting has either remained stagnant or worsened in several states. Anaemia among children aged 6–59 months declined notably, but the reduction among pregnant women has been limited or reversed in some regions, indicating gaps in micronutrient supplementation and convergence with health services. Inter-state disparities in progress also reflect uneven implementation and targeting.	To maximize health and nutrition outcomes, SNP should adopt a targeted approach in states showing poor performance. Fortification of THR with essential micronutrients, along with timely provision of IFA tablets and deworming, can address persistent anaemia and malnutrition. Strengthening convergence with health programs like NHM and intensifying follow-up on severely wasted children are critical for improving long-term nutrition outcomes. A robust MIS tracking child-level indicators can further inform corrective actions.

4.1.8.8 Summary of SNP's REESIC+E Analysis

This table presents a consolidated assessment of the SNP under Saksham Anganwadi and Poshan 2.0, using the REESIC+E framework, which evaluates the scheme across all key dimensions: **Relevance, Effectiveness, Efficiency, Sustainability, Impact, Coherence, and Equity**. Each dimension is reviewed against available quantitative and qualitative evidence from household surveys, key informant interviews, institutional checklists, and policy alignment assessments.

REESIC+E	Conclusion/Inference	Overall Performance
Relevance	The SNP under Poshan 2.0's relevance is high as it is aligned with national priorities like the National Food Security Act and Poshan Abhiyaan, as well as global commitments under SDGs 2 and 3. It supports 101.9 million beneficiaries and addresses malnutrition in children under five through SAM/MAM protocols. The scheme is responsive to the needs of nutritionally vulnerable groups children under six, pregnant and lactating women, and adolescent girls in a life cycle approach using context-specific delivery models such as THR and HCM through Anganwadi Centres, integration with health services, and digital monitoring using the Poshan Tracker. Innovations like culturally	**High**

REESIC+E	Conclusion/Inference	Overall Performance
	appropriate recipe standardization, real-time monitoring, and SHG-led THR production enhance community engagement, responsiveness, and supply chain efficiency.	
Efficiency	The efficiency of SNP is medium due to several systemic strengths crippled by persistent operational challenges. While the digital shift through the Poshan Tracker has enhanced transparency, the frontline burden due to limited digital literacy remains a concern. Gaps in Anganwadi Helper staffing, irregular training formats, underutilized convergence mechanisms and infrastructural deficiencies continue to affect the uniform delivery of services. Addressing these issues through focused capacity-building, streamlined systems, and improved inter-departmental coordination may significantly enhance the overall efficiency of SNP operations.	**Medium**
Effectiveness	In our assessment of SNP, the scheme's effectiveness is qualified as medium. While certain states like Chandigarh, Gujarat, and Bihar exhibit robust THR distribution with 93%, 91% and 89% of eligible beneficiaries exhibiting regular uptake, others such as Uttar Pradesh, Assam, Odisha, and Rajasthan reflect significant delivery gaps, both in terms of coverage and consistency. These disparities are influenced by operational bottlenecks including closed or inaccessible AWCs, supply chain delays, and low beneficiary motivation indicated from a lack of interest in availing Anganwadi services. Poshan Tracker data on the provisioning of THR and HCM across eligible beneficiaries shows low rates for HCM across all states except Jammu and Kashmir, where the provision of THR is relatively low. States like Sikkim and Assam emerge as outliers with low THR and HCM provisions across all	**Medium**

REESIC+E	Conclusion/Inference	Overall Performance
	receipt frequencies. Considering the current gaps in provisioning of SNP and the institutional challenges, and accounting for limitations of the analysed data as stated above, we infer that the scheme is moderately effective.	
Sustainability	The long-term sustainability of the SNP is low as per our assessment. The sustainability of the scheme rests on reinforcing systemic foundations - namely infrastructure, workforce capacity, and monitoring. Addressing infrastructure gaps such as inadequate access to water, electricity, and maintenance support is essential to fosters user trust and reduces service disruption, both critical for sustained impact. Similarly, bridging workforce gaps - especially the shortage of Anganwadi Helpers and the lack of regular training - strengthens service continuity, institutional memory, and community engagement. Furthermore, strong monitoring systems enable timely identification of bottlenecks, improve accountability, and guide adaptive planning, making the programme more resilient to shocks and better aligned with local needs. Outdated cost norms continue to pose risks to the financial sustainability of the programme. Ensuring sustained government investment, alongside community ownership and system strengthening, is thus imperative to uphold SNP's role in combating child and maternal malnutrition over the long term.	**Low**
Impact	The impact of the SNP is high as the scheme demonstrates commendable progress in service delivery, particularly for Hot Cooked Meals (HCM), with high levels of coverage, satisfaction, and quality reported across households. However, the Take-Home Ration (THR) component faces challenges in effective targeting, as a majority of families	**High**

REESIC+E	Conclusion/Inference	Overall Performance
	share the ration among household members, reducing its intended nutritional impact for children. National nutrition indicators show modest gains in reducing stunting, underweight, and child anaemia, though issues like severe wasting and anaemia in pregnant women persist. Overall, SNP remains relevant and impactful, but its full potential depends on addressing implementation gaps and ensuring equitable access and utilization.	
Coherence	The coherence of the scheme is low for a myriad of reasons. The convergence mechanisms outlined in the POSHAN 2.0 guidelines reflect a deliberate policy push toward integrated, inter-sectoral service delivery. Institutions like FCI, FSSAI, PRIs, MGNREGA, and MoHFW contribute distinct capacities that, when aligned, ensure that the SNP moves beyond food provisioning to become a truly multi-dimensional nutrition intervention. To realise this potential, operational challenges, delays in quality control, and uneven local capacities must be systematically addressed to ensure convergence is not only designed but also effectively executed at the ground level.	**Low**
Equity	The equity of the SNP is determined to be medium. A largely commendable effort towards inclusive SNP delivery across geography, across rural and urban areas is revealed from our assessment. Proactive outreach strategies by AWWs and the use of technology have further facilitated improved geographic equity. However, social and regional disparities persist. THR receipt among pregnant women and lactating mothers (PW&LM) across SC, ST, and General categories remains lower signalling a need for more tailored interventions and addressing socio-cultural resistance to	**Medium**

REESIC+E	Conclusion/Inference	Overall Performance
	services. Regionally, aspirational districts, despite being priority areas, experience lower regularity and coverage of THR compared to non-aspirational districts, alongside modestly lower satisfaction with THR quality. Overall, targeted measures are essential to bridge remaining gaps in social and regional equity.	
Legend		
High		
Medium		
Low		

4.1.8.9 Key takeaways and recommendations

Takeaway 1 – Need for Infrastructure Readiness

While most Anganwadi Centres (AWCs) have pucca buildings and functional kitchens, significant gaps remain in access to amenities like electricity and clean water, particularly in states like Bihar, Uttar Pradesh, Rajasthan, and Assam. These deficits compromise the safe preparation, storage, and serving of Hot Cooked Meals (HCM) and limit the functionality of digital tools and equipment such as weighing machines.

Recommendation

1. There is a critical need to upgrade all Anganwadi Centres (AWCs) to pucca, government-owned buildings equipped with essential infrastructure such as electricity, functional toilets, and a safe water supply to ensure continued delivery of quality services. **Achieving this infrastructure upgrade at scale requires a mission-mode approach, backed by sustained political will and coordinated efforts.**

2. Strengthened infrastructure will be feasible through **strong convergence and clearly defined roles among key ministries**. The Ministry of Rural Development (MoRD) can facilitate infrastructure development through schemes like MGNREGA and rural housing initiatives; the Ministry of Panchayati Raj (MoPR) can mobilize local bodies for land allocation, maintenance, and monitoring; and the Ministry of Women and Child Development (MoWCD) must continue to anchor service delivery and capacity building. Institutionalizing this tripartite collaboration—supported by joint planning, budgeting, and review mechanisms—can accelerate the infrastructure agenda, enhance accountability, and ensure that every AWC becomes a functional, accessible, and community-owned space for delivering integrated services.

3. Identification of innovative financing methods like co-funding, crowd sourcing and PPPs can also be explored. **Use of other locally available funds at the district level like District Mineral Foundation (DMF), MPLADs etc. can also be leveraged.**

Takeaway 2.1. - Human Resource Availability

Anganwadi Workers (AWWs) are present in almost all centres across sampled states, indicating strong core staffing. However, only 76.9% of AWCs have a designated Anganwadi Helper (AWH). In states like Jammu & Kashmir (41.7%), Uttar Pradesh (47.1%) and Sikkim (13.3%), this shortfall means AWWs must manage meal preparation, data entry, and beneficiary interaction alone reducing efficiency and service quality.

Takeaway 2.2 - Training and Capacity Building

Training is critical for enabling AWWs and AWHs to adapt to evolving programmatic demands, including nutrition counselling, digital data entry, and child monitoring. However, the current system mandates training only once every three years, often through online modules that lack interactivity and practical relevance. Respondents reported difficulty in comprehension and retention, especially given limited digital literacy and absence of hands-on demonstrations.

Recommendations

To ensure uninterrupted delivery of nutrition services under the SNP,

1. it is essential to expedite the recruitment of Anganwadi Workers (AWWs) and Anganwadi Helpers, particularly in high-burden and underserved areas. Persistent staff shortages not only strain existing workers but also compromise the reach, quality, and consistency of services such as Take-Home Rations, growth monitoring, and counselling. Accelerated hiring through streamlined recruitment processes, periodic vacancy audits, and targeted outreach especially in aspirational districts can strengthen frontline capacity. This must be complemented by timely deployment, induction training, and adequate incentives to retain staff and ensure operational continuity at the last mile.

2. Alongside this, another element highlighted in our key informant discussions was that **capacity-building** must be continuous and more context specific. Invest in regular training for Anganwadi staff on updated curriculum, childcare, nutrition counselling, and use of digital tools. While a cascade model involving master trainers is already being followed, it would benefit from including community resource persons like retired teachers who could help can expand training reach.

3. Blended training, i.e., combining in-person and digital learning formats can enhance the capacity of Anganwadi Workers (AWWs) under the SNP by offering flexible, context-specific, and continuous learning opportunities. While online modules ensure accessibility and standardization, periodic in-person sessions enable hands-on practice, peer learning, and real-time problem-solving tailored to local challenges. This approach can bridge existing training gaps by reinforcing technical knowledge, improving delivery of nutrition services, and building confidence in counselling and community engagement. Moreover, blended models can optimize limited resources and address constraints related to time, mobility, and infrastructure.

Takeaway 3 - Operational efficiency and inclusivity

Poor network connectivity and limited digital literacy hinder effective use of digital tools and real-time monitoring in remote areas. Enhanced coverage can also be couple with better operations especially as needed in urban areas.

Recommendation

1. Regular audits can highlight gaps in supplementary nutrition distribution, preschool education, and growth monitoring. Feedback loops created through public hearings and social audit reports can pressure authorities to address absenteeism of workers, inadequate infrastructure, and stockouts. As a result, AWCs become more accountable, responsive, and aligned with the needs of the community, ultimately enhancing service quality and coverage under Poshan 2.0 and Saksham Anganwadi.

2. Initiating social audits can be another mechanism of ensuring operational excellence and quality. Social audits of facilities can promote community participation and transparency by enabling local stakeholders – including parents, PRI members, and women's groups – to review the functioning of centres.

3. Another challenge faced by the AWCs highlighted during the KIIs is the delayed and inadequate supply of grains, kits and medical supplies. Such delays can be mitigated by the creation of an inventory management system. For example, this exists in the health sector in the form of e-Aushadhi. By digitising inventory records, it ensures real-time tracking of stock levels, reduces pilferage and wastage, and helps forecast demand based on consumption patterns. For AWCs, it can streamline the distribution of supplementary nutrition and health supplies, ensuring timely availability at decentralised centres.

Takeaway 4 - Innovative Design & Implementation and community engagement

Consistent need to ensure localization of THR to increase uptake promote dietary diversity, improve the palatability and acceptability of rations among beneficiaries, and strengthen community ownership of the programme. Several states have operationalised local food integration through innovative models and this can be scaled.

Recommendation:

Capacity building modules for AWWs should also include integrating region-specific, nutrient-rich local foods (e.g., millets, pulses, greens) into SNP menus with support of medical colleges (Community medicine depts.) and home science colleges

4.1.8.10 Scheme Rationalization

The scheme is recommended to continue with appropriate restructuring based on the recommendations above. Strengthening the foundational infrastructure of Anganwadi Centres, addressing human resource gaps, and improving the functional utility of digital systems like the Poshan Tracker are key systemic shifts needed. Training and service delivery mechanisms also require modernization to ensure continuity and accountability. It is recommended that SNP should consider expanding the Supplementary Nutrition Programme (SNP) to include the **pre-conception age group**, drawing on emerging research that

highlights the critical role of maternal health and nutrition before pregnancy in reducing low birth weight and childhood malnutrition.

4.1.9 Poshan Abhiyan

Background of the Scheme

Poshan Abhiyaan, integrated under Saksham Anganwadi and Poshan 2.0, is India's flagship strategy to combat malnutrition by delivering a comprehensive, convergent, and lifecycle-based approach to nutrition. Launched initially in 2018 and restructured in 2021 as part of Poshan 2.0, it seeks to address gaps in the existing nutrition delivery system, which historically focused more on calorie sufficiency than diet quality and diversity. The rationale for integrating Poshan Abhiyaan within Poshan 2.0 arises from multiple implementation challenges: limited focus on micronutrients, inadequate community participation, weak last-mile tracking, and under-leveraged traditional food practices. By placing governance, convergence, and capacity building at its core, the Abhiyaan aims to improve nutrition outcomes for children under six, pregnant and lactating women, and adolescent girls, particularly in disadvantaged and low-income groups.

Figure 30: Poshan Abhiyan

Services and Sub-Components of Poshan Abhiyaan

The key components of Poshan Abhiyaan are given below[98]:

1. **Community Mobilization and Jan Andolan:** Nation-wide awareness campaigns like *Poshan Maah* (conducted in September) and *Poshan Pakhwada* (observed in March) promoting nutrition-seeking behaviours. This component focuses on:

[98] G20 alliance for empowerment and progression of women's economic representation

- Promoting positive nutritional practices through collective engagement of local institutions like Village Health, Sanitation and Nutrition Committees (VHSNCs), Self-Help Groups (SHGs), and Panchayati Raj Institutions (PRIs).

- Leveraging platforms like Poshan Panchayats to create local ownership, ensure accountability, and strengthen convergence at the grassroots.

- Emphasizing social and behaviour change communication (SBCC) to improve dietary diversity, exclusive breastfeeding, handwashing, and anaemia prevention.

The objective is to mainstream nutrition messages into everyday community practices and ensure that women, caregivers, and adolescents become active agents of change. Poshan Maah and Poshan Pakhwada are intensive, nationwide campaigns aimed at mobilizing public action around nutrition. These campaigns form a critical part of community engagement under Poshan Abhiyaan, bringing together stakeholders across sectors. Key activities conducted during these periods include *mass awareness drives, promotion of nutri-gardens (Poshan Vatikas), organization of millet food festivals, and campaigns to revive traditional diets*. Additionally, Anganwadi cleanliness drives and convergence meetings at the block and district levels are held to strengthen interdepartmental coordination and reinforce the importance of nutrition-sensitive service delivery.

2. **Community-Based Events (CBEs):** Monthly localized sessions at Anganwadi Centres focusing on issues like dietary diversity, breastfeeding, and anemia prevention. Their goals are to:
   - Promote early childhood care, growth monitoring, health referrals, and safe sanitation practices. Deliver thematic content such as:
   - Annaprashan Diwas (first feeding ceremony)
   - Suposhan Diwas (nutrition days).
   - Handwashing and sanitation sessions
   - Recipe demonstrations using local ingredients

3. **Incentives and Awards:** Performance-based incentives for AWWs and AWHs, and recognition of “Kuposhan Mukt Villages.”
4. **Technology Tools:** Use of the Poshan Tracker, a real-time ICT platform for monitoring service delivery, tracking malnutrition (e.g., SAM/MAM status), and improving transparency.
5. **Convergence Initiatives:** Integration with Ministries like Health, AYUSH, Education, and Agriculture for synchronized action on sanitation, food quality, early education, and health screening.

Fund Flow Process and Allocation Mechanism:

Cost Sharing: Poshan Abhiyaan (as part of Mission Poshan 2.0) is financed jointly by the Central and State governments. The general cost-sharing ratio is 60:40 (Centre: State), and 90:10 for North-Eastern, Himalayan States, and J&K. Union Territories without a legislature receive 100% Central funding. Specific components have distinct ratios—SNP food costs are shared 50:50 in general states, Anganwadi workers’ honoraria is shared between Centre and State in a 60:40 ratio.

Fund Flow Mechanism: In compliance with the Public Finance Management System reforms, funds under Poshan Abhiyan are channelled through a Single Nodal Account (SNA) at the state level. The fund flow mechanism is similar to the approach detailed in the SNP section.

Process Flow for Poshan Abhiyan

1. **Planning, Convergence & Approval**
   - Bottom-up planning is undertaken, Village-level needs inform Block Convergence Action Plans, which aggregate into District Plans, and then the State APIP
   - States submit consolidated APIPs to MWCD's Empowered Programme Committee (EPC) for approval.
   - Convergence action involved health, water, sanitation, education, and agriculture through vertical & horizontal alignment meetings

2. **Monthly Nutrition Events and Health Days**
   - Village Health, Sanitation and Nutrition Days (VHSNDs): Monthly events where AWWs, ASHAs, and ANMs jointly provide services such as growth monitoring, IFA supplementation, and immunizations.
   - Severe Acute Malnutrition (SAM)/Moderate Acute Malnutrition (MAM) cases are referred to NRCs or receive home-based care under the CMAM protocol.

3. **Community Engagement / Jan Andolan**
   - Poshan Maah (Sept), Poshan Pakhwada (Mar), community events, rallies, Poshan Vatikas, counselling

4. **Technology & Data Management**
   - AWWs use Poshan Tracker to register beneficiaries, record service delivery (e.g. THR, HCM, anthropometric data), and monitor growth.
   - Linked with UID, Anmol (RCH), open APIs for inter-ministry use

5. **Capacity Building**
   - MWCD & NIPCCD conduct training (ECCE, technology, IYCF, growth monitoring) under the Poshan Bhi Padhai Bhi initiative.
   - Training cascaded to supervisors & frontline with ongoing refresher sessions

6. **Monitoring & Accountability**
   - Multi-level monitoring: district inter-dept reviews; state-level oversight; national dashboard & review
   - Community-based monitoring: Poshan Panchayats, VHSNCs, mothers' groups conducting social audits and feedback loops
   - Grievance redressal via Poshan Helpline & mobile/web–based systems; transparency boosted via PFMS tracing & ICT-based supply checks

Performance Analysis

4.1.9.1 Relevance

Relevance assesses whether a scheme is well-aligned with the needs, priorities, and contextual challenges of its target population. The following section examines Poshan Abhiyaan's responsiveness to demographic, geographic, or thematic vulnerabilities and its alignment with national or global development goals. Considering Poshan Abhiyaan's community mobilization and behavioural change agenda for the improvement of nutrition, its relevance is rooted in its mission modality i.e. Jan Andolan that aims to capture widespread public attention. In the following section, we assess the relevance of Poshan Abhiyaan across the following components:

1. Alignment with National and International Priorities
2. Relevance for Beneficiary Needs

Alignment with National and International Priorities

The National Nutrition Strategy (2017)/Kuposhan Mukt Bharat by NITI Aayog laid the foundation for a comprehensive and coordinated approach to addressing malnutrition in India. It emphasized preventive care, decentralized planning, community engagement, and multi-sectoral convergence. Poshan Abhiyaan serves as the operational arm of this strategy, translating its vision into actionable interventions. Through behaviour change communication, and convergence across health, education, and sanitation sectors, the Abhiyaan brings to life the strategy's core principles, aiming to reduce malnutrition in a targeted and sustainable manner.

To address SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being), Poshan Abhiyaan adopts a holistic, lifecycle approach to tackle malnutrition, with a particular focus on children, adolescent girls, and pregnant and lactating women. A key innovation of the Abhiyaan is its emphasis on behaviour change communication (BCC) a critical yet often overlooked component in traditional nutrition programmes. By promoting improved feeding practices, hygiene behaviours, and healthcare-seeking attitudes, the programme goes beyond food provision to address the underlying drivers of undernutrition.

Through its Supplementary Nutrition Programme (SNP), integration with frontline service delivery, and community-led actions, Poshan Abhiyaan strengthens both the supply and demand sides of nutrition, making it a pivotal initiative in India's pursuit of the SDGs.

Relevance for Beneficiary Needs

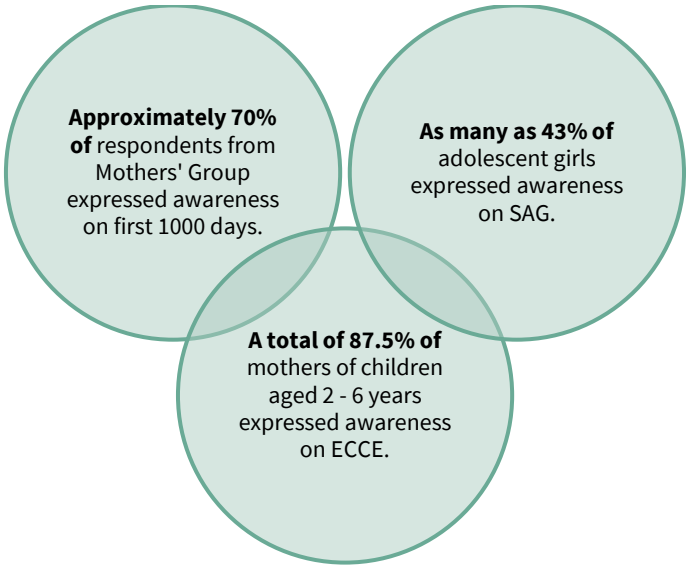
> *"The scheme is very helpful during pregnancy and after delivery. We get nutrition, information, and support. We are not very educated and aware, so the scheme teaches us how to eat well, stay healthy, and care for our children properly."* – ***FGD Participant, Pregnant Woman***

The design of Mission Saksham Anganwadi & Poshan 2.0 emphasizes interventions at every critical stage of development – early childhood, adolescence, and reproductive age – to break the cycle of intergenerational malnutrition. Its success becomes contingent upon sustained outreach and awareness efforts that capture the attention of eligible population and render them into direct beneficiaries. It also becomes essential that the outreach modality caters to a wide audience across all age groups, especially mothers' groups that are often the first caregiver to a child. Hence, Poshan Abhiyaan emerges to be a critical component of Mission Saksham Anganwadi and Poshan 2.0.

Focus group discussions with pregnant women and lactating mothers revealed that the awareness services under Poshan Abhiyaan are widely perceived as beneficial. Women emphasized improvements in their awareness of dietary practices, and access to SNP, and participation in community events. These reflections underscore the scheme's alignment with the needs of its core beneficiaries.

The importance of Abhiyaan is iterated by stakeholders in the administration. They opine that to render the present beneficiaries self-reliant, it is important to augment their health and nutritional well-being by dietary services, and awareness programs.

Figure 31: Level of Awareness among Different Groups on Poshan Abhiyaan Mandates



The uptake of Anganwadi health, education and nutrition services is a direct outcome of the level of awareness among the eligible beneficiaries. The Jan Andolan movement promotes nutrition awareness and behaviour change across key themes namely focus on first 1000 days, malnutrition management, anaemia, environment protection, healthy lifestyle for the prevention of obesity in children and healthy dietary practices. The relevance of Poshan Abhiyaan can be seen in the light of beneficiary need of awareness.

> "Through Poshan Abhiyaan, we focus on eradicating malnutrition, ensuring women are aware of their rights, and building capacity among children. The goal is to make children strong from the start, so they won't need too many schemes later in life, they become self-reliant." **– District Officer, Bihar**

In our household survey, we captured the level of awareness across multiple relevant indicators including the level of awareness among mothers' group on first 1000 days (69%), among mothers of children in the age group 2 – 6 years on ECCE (88%), and among adolescent girls in Aspirational Districts and NER falling in our sampled geographies on SAG (43%). The prevalence of significant proportion of respondents reporting non-awareness on key Anganwadi services and Poshan Abhiyaan mandates asserts the relevance of Poshan Abhiyaan as an outreach scheme to address awareness challenges.

Conclusion

The relevance of Poshan Abhiyaan is high as Mission Saksham Anganwadi and Poshan 2.0 is an integrated nutrition support program to combat malnutrition among women and children in a lifecycle approach and promote overall health and well-being as per the national priority and 2030 Agenda, for the success of which the level of awareness among the population stands vital. Since the mission aims for universal coverage, Poshan Abhiyaan becomes critical as an IEC modality targeting social and behavioural change among target beneficiaries. Poshan Abhiyaan facilitates the conversion of prospective beneficiaries into incumbent beneficiaries via awareness generation on Anganwadi services as well as other thematics around education, health, and environment. Given the level of awareness among respondents from our household survey on Anganwadi services like ECCE and SAG, and health awareness such as First 1000 Days of Life, Poshan Abhiyaan is established to be highly relevant.

4.1.9.2 Efficiency

As discussed earlier, efficiency examines how economically and optimally the scheme uses its **operational, financial, human, and infrastructural** resources to produce results.

> The *financial, and operational efficiency* of the Poshan Abhiyaan are closely intertwined with that of SNP efficiency of Poshan Abhiyaan. Since Poshan Abhiyaan does not operate through a separate administrative or physical setup, it relies on the same channels, finances, and infrastructure, primarily the AWCs, that support SNP implementation.
> Fur Furthermore, Poshan Abhiyan does not provide details on specific guidelines or metrics for assessing operational efficiency, and therefore, this aspect has not been separately evaluated. Instead, parameters such as service delivery and coverage have been assessed under effectiveness, while aspects like convergence have been addressed under coherence. We also do not have any separate financial indicators. Hence, we are only discussing HR and infra efficiency from the lens of a campaign.

Human Resource Efficiency

The Poshan Abhiyaan guidelines provide a structured convergence model with digital monitoring (Poshan Tracker), community mobilisation (Jan Andolan), and multi-sectoral linkages through VHSNDs and CBEs. As discussed in the HR efficiency in the SNP component that at the national level, 98.8% of AWWs are in place to deliver services under the scheme. However, only 76.9% of AWHs are available, creating a resource strain. In such instances where AWCs have an HR shortage, AWWs are expected to manage growth monitoring, counselling, home visits, data entry, and community outreach, without consistent support from AWHs. The lack of adequate helpers overburdens AWWs and affects the regularity and quality of service delivery.

> *"When there's Poshan Maah or Pakhwada, it becomes very difficult to manage. I have to cook meals, teach the children, conduct VHSNDs, do home visits, and handle Poshan events. Without a helper, the regular functioning of the centre often stalls, we simply don't get the time to engage properly with the community."* - ***KII, AWW***

Infrastructural efficiency

Infrastructural efficiency under **Poshan Abhiyaan** is inherently linked to the existing AWC infrastructure, as there is no separate or standalone infrastructure mandated for the scheme. The programme is implemented by leveraging the same physical facilities used for delivering core Anganwadi services, particularly those under SNP. Consequently, the infrastructural challenges identified in the SNP component affect the ability of field functionaries to effectively execute scheme activities, including growth monitoring, counselling, community-based events, and the use of digital tools. Thus, an assessment of infrastructural efficiency for Poshan Abhiyaan can be read in conjunction with the detailed analysis provided under the SNP subcomponent.

Poshan Vatika, a nutrition garden at Anganwadi Centres, reflects infrastructure efficiency by converting available space into a low-cost, high-impact resource for dietary diversity. Its presence indicates functional infrastructure such as land, water, and effective convergence with local departments. As a decentralized intervention, it enhances resource use and supports supplementary nutrition, serving as a proxy for AWC readiness and implementation capacity.

The data from institutional survey shows that awareness of Poshan Vatika is generally high across most states, with Assam, Sikkim, AP, and Gujarat reporting 100% awareness. Tamil Nadu, Odisha, Bihar, HP, Uttarakhand, and UP also report awareness levels above 85%. Rajasthan reports the lowest awareness at 67%. The proportion of Anganwadi Centres (AWCs) with a Poshan Vatika among those aware varies widely. Jammu and Kashmir (89%), Sikkim (80%), Tamil Nadu (70%), and Chandigarh (67%) report higher presence, while Uttar Pradesh and Bihar report 0% availability despite high awareness. Gujarat shows 4% availability, and Rajasthan 13%. Other states, such as Assam (25%), Uttarakhand (19%), HP (50%), Odisha (38%), and AP (42%) show moderate levels of implementation.

Table 28: Awareness of Poshan Vatikas

State	Aware of Poshan Vatika	Have Poshan Vatika at AWC*
Jammu and Kashmir	75%	89%
Himachal Pradesh	92%	50%
Uttarakhand	88%	19%
Uttar Pradesh	88%	0%
Bihar	91%	0%
Assam	100%	25%
Sikkim	100%	80%
Odisha	94%	38%
Andhra Pradesh	100%	42%
Tamil Nadu	96%	70%
Gujarat	100%	4%
Rajasthan	67%	13%
Chandigarh	75%	67%
*Among those aware		

Source :HH survey

Conclusion

The efficiency of Poshan Abhiyaan is low as it is closely tied to the optimal utilization of existing human and infrastructural resources. As an *Abhiyaan* - a nationwide campaign aimed at behaviour change and system transformation, it requires not just service delivery, but active outreach, community mobilisation, and data-driven follow-up. This makes adequate and well-supported human resources essential for sustaining momentum on the ground. While the high availability of Anganwadi Workers (AWWs) supports continuity, the shortfall in Anganwadi Helpers (AWHs) burdens frontline staff, often compromising quality and coverage. Similarly, the scheme's dependence on shared Anganwadi infrastructure, without dedicated facilities limits operational flexibility for activities like growth monitoring and community-based events. Strengthening both the human and physical resource base is thus imperative for improving the overall efficiency and impact of the Abhiyan. In addition to the AWCs, the Poshan Vatika reflects the infrastructural and convergence capacity of AWCs, with high awareness not always translating to on-ground implementation. Variations across states highlight differing levels of readiness and efficiency in utilizing AWC infrastructure for nutrition promotion.

4.1.9.3 Effectiveness

The effectiveness of Poshan Abhiyaan is examined through the outreach activities conducted in convergence with PRIs, Village Organizations, and National Health Mission targeting public wide participation. Since the agenda of Poshan Abhiyaan is to improve nutrition consciousness into a Jan Andolan, we shall establish the scheme's effectiveness across the following components:

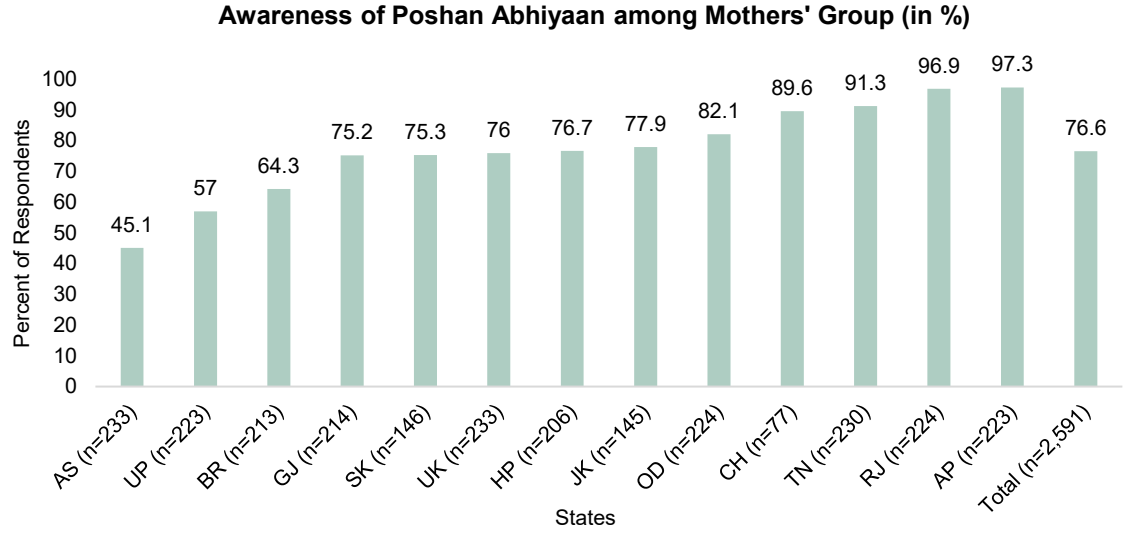
1. Awareness of Poshan Abhiyaan and its Components
2. Beneficiary Participation in Poshan Abhiyaan

Awareness of Poshan Abhiyaan and its Components

Awareness of Poshan Abhiyaan

The household survey conducted across sampled states revealed that 76.6% of respondents (pregnant women, lactating mothers, and mothers of children aged 2–6 years) were aware of the *Poshan Abhiyaan*.

Table 29: Awareness among Mothers' Group on Poshan Abhiyaan



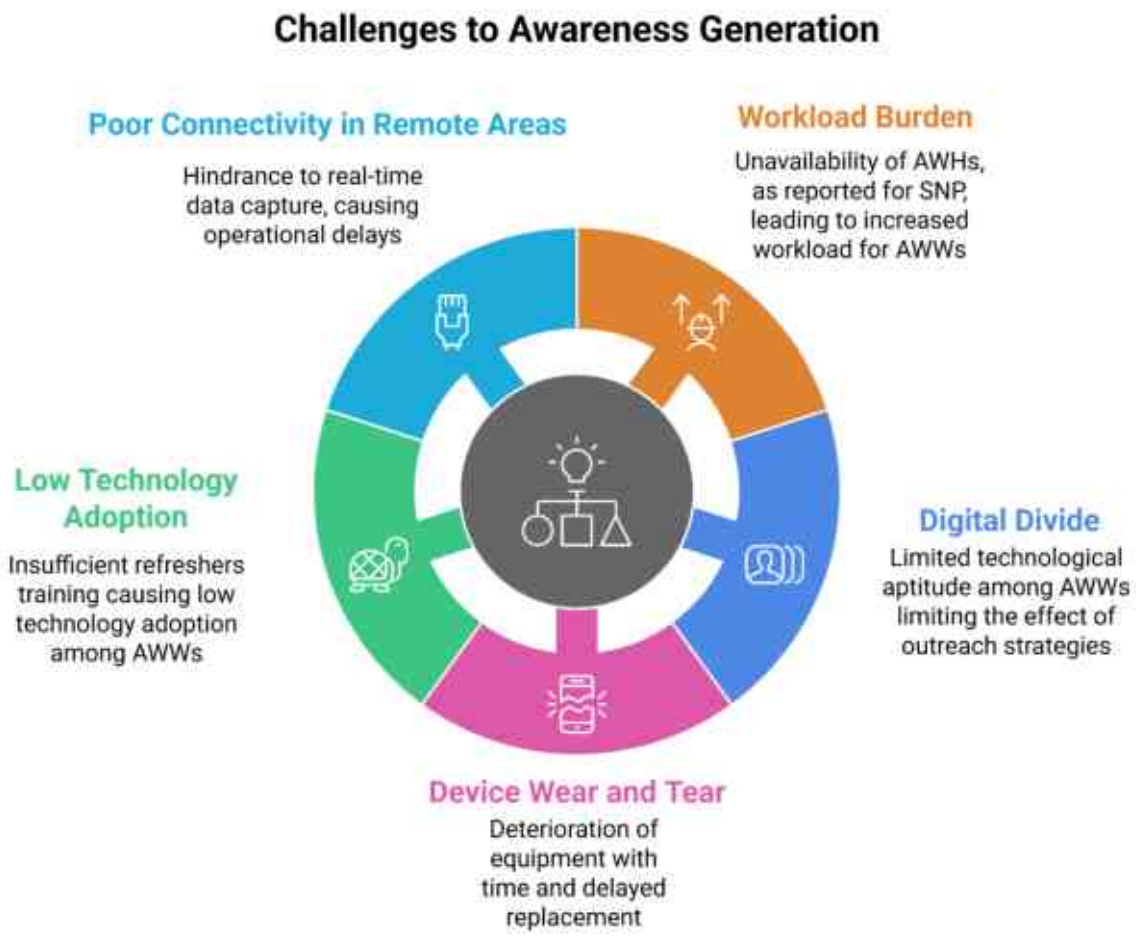
Source: Household Survey from 2591 beneficiaries

Awareness levels were notably high in Andhra Pradesh (97.3%), Rajasthan (96.9%), and Tamil Nadu (91.3%), suggesting that state-level efforts through Anganwadi outreach, PRI mobilisation, and health platforms have been effective in public engagement. Chandigarh (89.6%), Odisha (82.1%), and Jammu & Kashmir (77.9%) also recorded high awareness, indicating successful frontline messaging and program visibility. In contrast, awareness was significantly lower in Uttar Pradesh (57%), Assam (45.1%), and Bihar (64.3%), highlighting geographic disparities in communication outreach, especially in high-burden or remote regions. State officials shed light on the challenges faced in conducting IEC.

> *"*We try to do outreach, but in many blocks, there aren't enough trained workers or resources to run regular IEC activities. Without consistent community events, it's hard to build awareness," **– State official, Uttar Pradesh**

Challenges to the implementation of Poshan Abhiyaan did not differ from those to the implementation of SNP. The following captures some of the major themes that emerged as challenges to Poshan Abhiyaan from our conversation with stakeholders in the administration.

Figure 32: Challenges to Awareness Generation through IEC under Poshan Abhiyaan



Source: KII with District Officials

Stakeholders from administration also reported various methods adopted to enhance the level of awareness among the population under Poshan Abhiyaan, the key themes of which are organized as follows:

Figure 33: Methods adopted by Implementing Stakeholders for enhanced Awareness

Source: KII with District and Block Officers

> *Through IEC, to make it result oriented, we adopted a cluster-based approach. Every panchayat had 5 Anganwadi workers made resource persons. These workers worked with departments (health, Panchayati raj and others) and carried out Jan Jagran Abhiyan (awareness camps) to involve all stakeholders whether through camps or nukkad nataks.*
> ***– District Officer, Himachal Pradesh***

The guidelines mandate 2 community-based events per month and allocate INR 250/- for each event. While the provision aims to bring regularity in the awareness events, the grassroot implementation lags in terms of frequency due to operational challenges as previously explored. However, while district officials stress upon the need of continuous refresher programs for frontline staff as well as beneficiaries, front line workers emphasise the importance of regularity in the awareness programs for sustained effects.

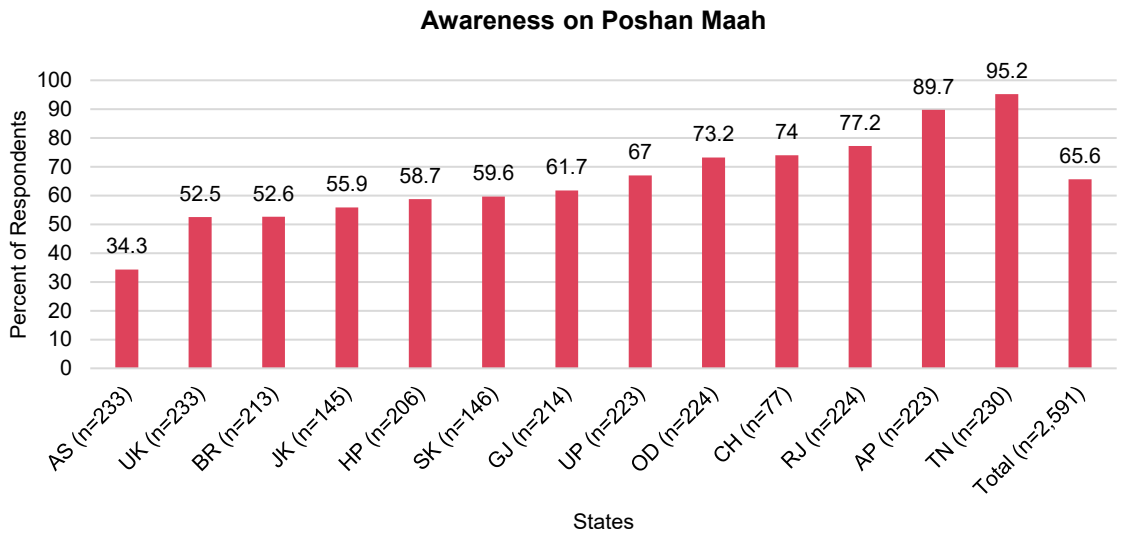
> *"Field workers need more training and refresher programs because new guidelines and schemes are introduced often, and both workers and beneficiaries must stay informed."*
> – ***District Officer, Assam***

If such programs are organized regularly, naturally awareness will spread among people. To improve them, we should continuously share information. ***– AWW, Chandigarh***

Awareness of Poshan Maah

Poshan Maah is a month-long nutrition-centric community outreach event that aims to catalyse Jan Andolan. The month of September is celebrated across the country as the *Rashtriya Poshan Maah.* In our household survey, we asked mothers' groups including PW, LM and Mothers of Children (2 – 6 years old) if they were aware of Poshan Maah in order to understand the penetration of community outreach under the scheme. The household survey revealed that 66% of respondents were aware of Poshan Maah, the government's flagship annual nutrition campaign observed in September. However, this aggregate mask significant inter-state disparities in campaign penetration.

Figure 34: Awareness among Mothers' Groups on Poshan Maah



Source: Household Survey for 2591 beneficiaries

In Tamil Nadu (95.2%) and Andhra Pradesh (89.7%), near-universal awareness reflects the effectiveness of proactive planning, multimedia outreach, and active participation by PRIs and AWWs. Rajasthan (77.2%), Chandigarh (74%), and Odisha (73.2%) also demonstrated strong awareness levels, consistent with state-level ownership and coordination with Anganwadi Centres and health departments played a role in effective last-mile mobilisation. In contrast, Assam (34.3%), Uttar Pradesh (52.5%), and Bihar (52.6%) reported significantly lower awareness.

"Every year during Poshan Maah, held in September, we talk about the importance of nutrition. We explain that if a pregnant woman eats well, she births a healthy baby. We also teach children about handwashing, hygiene and eating green vegetables and protein-rich food." ***– AWW, Chandigarh.***

Awareness generation is vital to make the scheme effective for its beneficiaries. Currently, INR 5,00,000 are allocated per district per year for IEC activities. Additionally, INR 5,00,000 per

district per year are allocated for Poshan Maah and Poshan Pakhwada. Considering the nationwide objective of the scheme, awareness generation via IEC is in need of additional funding akin to that of PBPB for capacity building. Some states express the need for dedicated budgets for mass outreach and insufficient monitoring of PRI-led mobilisation further hampered the scale of the campaign.

> *"We should get more funding for awareness. The implementation should be done properly for better results."* – ***District Officer, Assam***

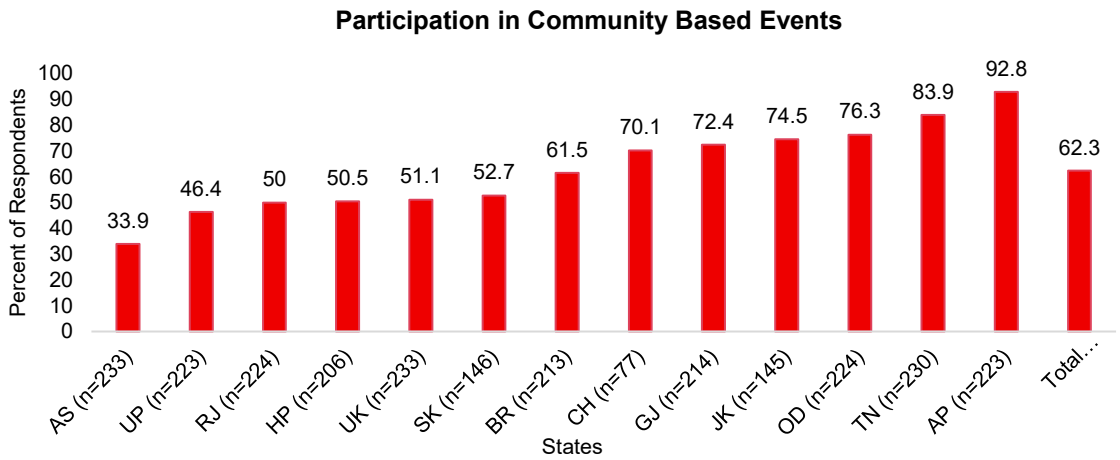
Qualitative insights from the primary data collection suggest that variations in awareness across states may stem from differences in the intensity of IEC activities, frequency of community-based events, and frontline worker engagement. States like Andhra Pradesh and Rajasthan reported strong Panchayati Raj involvement, regular Poshan Maah activities, and effective coordination between ICDS and health departments. In contrast, states with lower awareness, such as Uttar Pradesh, Assam, and Bihar, cited strategies being adopted to overcome challenges in last-mile communication, particularly in remote and hard-to-reach areas.

> *"We run awareness rallies on behalf of our projects so that even if someone doesn't know, they can participate. We have awareness meetings in hill garden areas in backward areas. Recently, we had a Pushti Mela in Juria town. We gave awards to promote healthy children in that area."* – ***District Officer, Assam***
>
> *"We conduct various events like Annaprashan to ensure participation of families"* – ***AWW Bihar***

Beneficiary Participation in Poshan Abhiyaan

The household survey explored the extent of participation by mothers' groups in community-based nutrition events such as *Annaprashan Diwas* and *Suposhan Diwas*. Findings reflect varied state-level engagement with Poshan Abhiyaan's community mobilisation strategy.

Figure 35: Participation in Community Based Events



Source: Household Survey for 2591 beneficiaries

Andhra Pradesh (92.8%) emerged as the best-performing state, with nearly all surveyed respondents reporting participation, indicative of strong frontline worker engagement and effective mobilisation through convergence platforms. High participation levels in Tamil Nadu (83.9%), Odisha (76.3%), Jammu & Kashmir (74.5%), and Gujarat (72.4%) similarly point to coordinated campaign execution and good alignment with beneficiary schedules. Mid-range performance was observed in Chandigarh (70.1%), Bihar (61.5%), and Sikkim (52.7%), suggesting that while campaign mechanisms were functional, further operational support in outreach and scheduling of events with respect to beneficiaries' ease may enhance participation.

Strategies from Bihar to increase participation in Poshan activities
Mothers are invited to the Anganwadi center for Annaprashan, and the muh-jhuthi (first food feeding) is performed for children aged 6 – 9 months. Recently, they have started including fathers in Annaprashan so they become more involved in the child's growth. As for Godbharai, when pregnancy is detected, the AWWs call the pregnant woman to the centre or visit the community and conduct the ceremony on the 7th of every month. They are given a bowl and spoon with sweet food like kheer or halwa. For Godbharai, nutrition items like eggs, green vegetables, spinach, etc., are included. Cultural items like bangles, bindis, sindoor, and a dupatta are given, and the pregnant woman is wrapped in the dupatta as per the tradition in Bihar. All this is part of moving to inclusivity.

From our conversations with officers, we also received insights on the reasons for the limited participation of people in awareness programs.

"Many people are just busy earning a living. We have to make something interesting for them, so they get curious about it. Before we had documentaries, in stories people learnt. We should have some short messages that motivate them. We don't have any control on the budget, but I think when they (senior officials) see a strategy can create awareness then only budget should be allotted. If budget is not utilized well then there is no point." – ***Block Officer, Uttarakhand***

Conclusion

While **we determine the effectiveness of Poshan Abhiyaan to be medium,** assessing its effectiveness is limited due to the modality of the scheme's component as it contributes to increased awareness. However, we can infer how effective the IEC activities under Poshan Abhiyaan are based on the extent of awareness among target beneficiaries on critical Poshan Abhiyaan events as well as their level of participation. The changed outcomes in nutrition and health indicators under Mission Saksham Anganwadi and Poshan 2.0 can be partially attributed to outreach and awareness activities as part of Poshan Abhiyaan.

Table 30: Final Gaps and Recommendations

Component	Gaps	Recommendations
Awareness of Poshan Abhiyaan and its Components	High level of inter-state variation in the level of awareness among target population	As elaborated in the analysis of Poshan Abhiyaan's effectiveness, stakeholders in the administration stress upon rendering the awareness and outreach campaigns regular and diverse, while adapting them in the local context. However, the regularity of IEC events is contingent upon the robustness of resource pool including AWWs. It is emphasized that the human resource gaps have to be mitigated for enhanced effectiveness. States can leverage existing convergence mechanism with the Ministry of Information and Broadcasting for designing effective outreach campaigns.
Beneficiary Participation in Poshan Abhiyaan	High level of inter-state variation in community participation in Poshan Abhiyaan events and activities	Officials in-charge of overseeing Poshan Abhiyaan events stress upon the demographic profile of the target audience and the complexity in attracting their attention and need for integrating with local events. Since most initiatives are conducted in convergence with PRIs in rural economy, participation often warrants people to free themselves from productive work. Therefore, it is recommended that outreach activities are diversified beyond the recommended print media and social media to also include short documentaries and films, accessible to target beneficiaries.

4.1.9.4 Sustainability

Sustainability, in the context of Poshan Abhiyaan under Saksham Anganwadi and Poshan 2.0, refers to the programme's ability to consistently deliver quality nutrition, early childhood care, and sustained behaviour change. It is anchored in strong BCC strategies and community engagement, serving as a multi-dimensional safeguard to ensure services and practices remain accessible, acceptable, and effective even amid fiscal, administrative, or socio-economic shifts. The sustainability of the Poshan Abhiyan 2.0, hinges on a combination on the following elements:

1. Financial Sustainability
2. Institutional Sustainability
3. Innovative Features

Financial sustainability

Financial sustainability is a cornerstone for the long-term success of Poshan Abhiyaan. As a Centrally Sponsored Scheme, its 60:40 cost-sharing structure between the Centre and States (and 90:10 for Northeastern and special category states) has provided a degree of funding stability and institutional visibility, even amid fiscal tightening. However, sustaining and scaling the programme requires greater financial resilience at the state level.

States should be encouraged to institutionalize fiscal "top-ups" to augment central allocations, mirroring Tamil Nadu's successful model under its noon meal programme. These additional resources can help maintain service quality, buffer against delays in central disbursements, and address context-specific funding needs.

To enhance financial sustainability, it is imperative to strengthen budget predictability, ensure the timely flow of funds, and provide greater fiscal autonomy and flexibility to states. Such measures will reinforce uninterrupted service delivery and enable adaptive financing to meet evolving nutritional priorities under Poshan Abhiyaan.

Institutional Sustainability

Integration and Delivery Platforms

Institutional integration and delivery platforms are critical for the long-term sustainability of Poshan Abhiyan under Saksham Anganwadi and Poshan 2.0. The programme is deeply rooted in the Anganwadi network, leveraging over 1.3 million AWCs as its primary delivery mechanism. Data indicate that routine Poshan services, growth monitoring, and nutrition–health counselling are being widely delivered. Data insights from institutional survey reveal that 99.6% of AWCs reported conducting meetings at Panchayat level to provide convergence/support platforms for Mothers' Group and VHSNC to discuss issues of nutrition and wellness.

"Poshan Abhiyaan 2.0 builds on a strong foundation—we've had the ICDS infrastructure in place for decades, and this scheme brings in the technology, convergence, and focus we needed. It's not just another programme—it strengthens what we already have and makes it work better for mothers and children on the ground."- ***State Official, Bihar***

Community Ownership and Behavioural Change

Community ownership and behaviour change are critical enablers of long-term sustainability under Poshan Abhiyaan 2.0. Through *Jan Andolan and Community based events*, the scheme mobilises families and local actors via culturally resonant activities, such as Poshan Maah celebrations, nutrition rallies, and recipe demonstrations. According to the household survey,

62.3% of the respondents reported participation in CBEs at least once, while awareness of the Abhiyaan among caregivers exceeds 77%, underscoring its wide social footprint.

By turning beneficiaries into informed participants, the programme fosters a culture of shared responsibility that strengthens frontline delivery and enhances system resilience.

> *"When communities understand and own the goals of nutrition, Anganwadi services stop being seen as handouts—they become part of daily life. That shift from awareness to ownership is what makes Poshan Abhiyaan resilient and effective."* ***– District Official, Odisha***

Incentivization

To institutionalise this momentum, Poshan Abhiyaan includes structured incentive and award mechanisms. Field functionaries receive monthly performance-based incentives, ₹500 for Anganwadi Workers (AWWs) and ₹250 for Helpers (AWHs)—to encourage regular execution of core tasks. Additionally, the scheme recognises 'Kuposhan Mukt Villages', with a total annual incentive pool of ₹10 crore allocated to reward qualifying villages or panchayats with ₹1 lakh each, fostering local leadership and inter-village competition in improving nutrition outcomes. AWWs and AWHs also become eligible for national-level awards, with ₹50,000 and ₹40,000 respectively awarded to 100 AWWs and 50 AWHs annually for exemplary service.[99]

Going forward, scaling peer-led platforms such as *Matri Kishori Melas*, and incentivising Panchayats[100] to embed nutrition indicators in Gram Sabha discussions, can further deepen local accountability. These mechanisms not only reward sustained effort but also embed nutrition within community governance, reinforcing Poshan Abhiyaan's sustainability as a movement owned and led by people.

Human resources and capacity-building

Human resources and capacity-building form the backbone of a sustainable Poshan Abhiyan under Saksham Anganwadi and Poshan 2.0. The workforce foundation is strong: as of February 2025, nearly 31,114 State-level Master Trainers and 145,481 Anganwadi Workers (AWWs) have been trained under the Poshan Bhi Padhai Bhi (PBPB) initiative.[101] This large-scale capacity-building effort equips frontline workers with standardized protocols for malnutrition management, early childhood education, and effective use of the Poshan Tracker—crucial for real-time service delivery and adaptive programming. However, apart from the nationwide capacity building programme under PBPB, we do not see any uniform SoP for the training of AWWs on the use of smartphones and reporting via Poshan Tracker monitoring app. Stakeholders shed light on the inconsistent frequency of training on Poshan

[99] As per KIIs with CDPOs and AWWs from Bihar and Gujarat

[100] By strengthening the Suposhit Gram Panchayat initiative – a new program to incentivize Panchayats for achieving benchmarks in infrastructure, service delivery, and nutritional outcomes. Qualified Gram Panchayats receive an incentive of ₹1 lakh, awarded to the top 1000 performing GPs.

[101] Press Information Bureau. (2025, February 2). Training under Poshan Bhi Padhai Bhi initiative crosses 1.45 lakh Anganwadi Workers. Ministry of Women and Child Development, Government of India. https://pib.gov.in/PressReleasePage.aspx?PRID=1999725

Tracker and ambiguous coverage of AWWs under training as they elaborate upon the training methods adopted to enable AWWs in the use Poshan Tracker since its inception. The following insight highlights in detail the current needs-based capacity building model and underscores the importance of regularity of refresher trainings:

> *"When the Poshan Tracker was launched in 2021, during the second phase of COVID-19, we trained district-level staff through video conferencing, and they trained the Anganwadi workers. For any issues, field staff would visit and explain to the workers. Then, in March 2023, we conducted physical training. The entire state-level machinery trained the district machinery, which trained the blocks. At the block level, every Anganwadi worker was trained in batches on how to use the Poshan Tracker. Now, whenever a new feature is introduced, we conduct training. We have also set up a daily one-hour video conference where technical staff sit, and anyone from the field with an issue can join. An open link is shared with the field staff. This happens daily. If an issue needs to be resolved by the Poshan Tracker team, we forward it to them. If it can be resolved during the call, we do it. Around 30-35 people, including Anganwadi workers, join the daily video conference. Issues are also resolved telephonically. There is no otherwise guideline or SOP. It happens only whenever new updates on Poshan tracker occur and required by field." – **State Official, Rajasthan***

Gaps continue to persist in helper coverage, with only around 76.9% of Anganwadi Helper positions filled. According to the Ministry, as of 31 December 2023, there were 1,348,135 AWWs but only 1,023,068 AWHs in service.[102] This shortage forces AWWs to juggle nutrition preparation, data management, and preschool activities single-handedly, compromising service quality and increasing workforce strain.

To address these issues and strengthen sustainability, two strategic actions are essential:

1. Accelerate AWH recruitment in low-coverage regions, particularly Uttar Pradesh, Jammu & Kashmir, and Sikkim, through targeted hiring drives and community-level outreach.

2. Ring-fence training budgets to ensure biennial refresher cycles, including blended in-person and digital coaching on Poshan Tracker troubleshooting and curriculum updates. This will reinforce skills, support new workers, and maintain programme quality over time.

Infrastructure and logistics

Infrastructure and logistics are critical enablers of sustained and high-quality service delivery under Poshan Abhiyaan. The programme has introduced several innovative design levers such as the development of Poshan Vatikas, digital monitoring through the Poshan Tracker, and the institutionalization of community-based events like Poshan Panchayats to enhance operational efficiency, promote localized solutions, and foster greater community ownership. However, the success of these innovations hinges on addressing persistent gaps in physical

[102] Press Information Bureau. (2024, February 7). Government of India incentivizes & encourages Anganwadi Workers and Anganwadi Helpers, through various initiatives (Release ID: 2003433). Ministry of Women and Child Development, Government of India. https://www.pib.gov.in/PressReleaseIframePage.aspx?PRID=2003433

infrastructure at Anganwadi Centres (such as availability of water, electricity, and sanitation), strengthening supply chain logistics for THR distribution, and ensuring adequate convergence with line departments for maintenance and infrastructure upgrades.

Despite these improvements, infrastructure deficits remain a significant barrier to sustainability of Poshan Abhiyaan. The regular organization and mobilization of CBEs is critical to facilitate community participation for the national objective of eradicating malnutrition. The guidelines allocate INR 250/- per CBE, covering for refreshments and supplies cost but the lack of basic infrastructure affects the ability of AWCs to conduct effective CBEs and sustain participation. In states like Bihar, Uttar Pradesh, Assam, and Rajasthan, many AWCs continue to operate without basic amenities such as reliable water supply, electricity, or adequate storage facilities. The 2022–23 MoWCD status report identified infrastructure inadequacies in over 40% of AWCs in select aspirational districts.[103]

Innovative features

Digital Systems and Monitoring Infrastructure

Digital systems & monitoring form a crucial pillar of sustainability for Poshan Abhiyaan under Saksham Anganwadi and Poshan 2.0. The Poshan Tracker now includes over 10.01 crore beneficiaries, with 95.4% Aadhaar-verified, enabling real-time tracking of key services.[104] In terms comprehensive digital footprint also supports geo-mapping, RCH benefits registration, and automatic SMS alerts to beneficiaries, in case any community events are taking place.[105] Separately, research published in *PMC* notes that the Tracker has contributed to identifying high-risk children and facilitating targeted interventions.[106] The digital enablement via distribution of smartphones and further integration into Poshan Tracker enhances transparency and increases the credibility of the programme, vital for community alignment.

> *"All AWWs enter services data through the Poshan Tracker application. The dashboard on the other hand, is used for real time monitoring at different levels."* – ***State Official, Rajasthan***

In addition to the Poshan Tracker application for enhanced transparency, Poshan Abhiyaan is also supported by Jan Andolan dashboard that reports the number of activities conducted across states under Poshan Abhiyaan across different thematic. Although in its preliminary

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[103] Ministry of Women and Child Development. (2023). Annual report 2022–2023. Government of India. Retrieved from https://www.mowcd.gov.in/annual-report-2023

[104] NITI Aayog. (2022, September). Poshan Abhiyaan monitoring. Government of India. https://www.niti.gov.in/sites/default/files/2022-09/Poshan-Abhiyaan-Monitoring.pdf

[105] Press Information Bureau. (2024, January 19). Year-end review 2023: Ministry of Women and Child Development – Mission Saksham Anganwadi and Poshan 2.0 (Release ID: 1998748). Ministry of Women and Child Development, Government of India. https://www.pib.gov.in/PressReleasePage.aspx?PRID=1998748

[106] Jaacks, L. M., Awasthi, A., & Kalra, A. (2024). India's Poshan Tracker: Data-driven tool for maternal and child nutrition. The Lancet Regional Health – Southeast Asia, 100381. https://doi.org/10.1016/j.lansea.2024.100381

stage, it reflects the various ministries' participation in Poshan Abhiyaan events. It may be noted that the Jan Andolan dashboard is already operational and supports inter-ministerial integration for real-time monitoring and convergence.

The policy objective of integration of technology is challenged on-ground due to limited resources. Approximately 16% of AWWs still lack smartphones, limiting the reach of digital monitoring. Moreover, Tracker data appears to remain siloed, though integration with the U-WIN[107] through ABHA ID[108] is underway. Similarly, with the Department of School Education and Literacy (DoSEL) through APAAR[109] is also progressing. Currently digital dataset of CPWD for infrastructure is not available; hence, infrastructure linkage with CPWD is currently not applicable.

To reinforce sustainability, the programme should take two critical steps:

1. Provide device-plus-data bundles to remaining Anganwadi Workers to ensure universal access to digital tools, thereby eliminating uneven service delivery.

2. Strengthen the existing API layer that integrates Poshan Tracker with U-WIN and DoSEL systems, enabling seamless data sharing to trigger problem-resolution actions - from immunization follow-ups to infrastructure maintenance. Potentially a similar API can be created for CPWD.

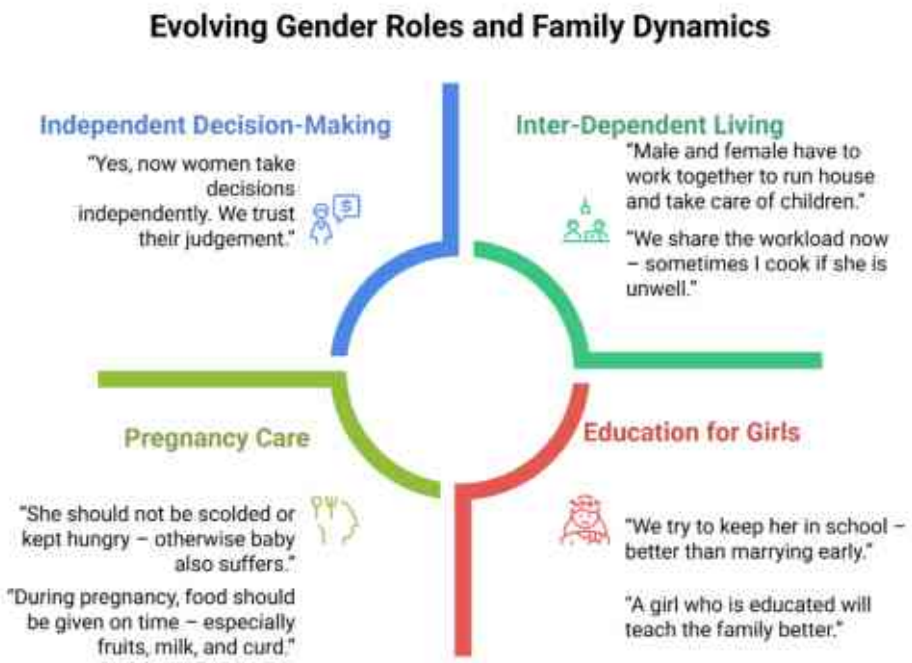
Through these measures, digital monitoring becomes not just a reporting tool, but a bridge for inter-departmental coordination and adaptive management—ensuring Poshan Abhiyan remains responsive, resilient, and women and children-focused over the long term.

Engaging Men

Another unique recommendation by MoWCD has been to increasingly engage men in Poshan Maah and Pakhwada. We conducted 25 FGDs with men of different age-groups to gauge their awareness on women and children nutrition.[110] The objective was to **boost awareness and participation among men**, alongside women, in improving nutritional outcomes. Key insights that emerged from our discussions indicate the curiosity and determination among men to be mindful of the health of mothers' groups, especially pregnant women, as well as evolving perception around gender roles, which underscore the opportunity to attract greater participation from men in the road towards achieving health and nutrition outcomes for women and children.

[107] Universal Immunization Programme
[108] Ayushman Bharat Health Account
[109] Automated Permanent Academic Account Registry
[110] Ministry of Women & Child Development. (2021, December 1). POSHAN Abhiyaan: Prime Minister's Overarching Scheme for Holistic Nourishment – Frequently Asked Questions (FAQs) [PDF]. Press Information Bureau. Retrieved June 23, 2025, from https://static.pib.gov.in/WriteReadData/specificdocs/documents/2021/dec/doc202112111.pdf

Figure 36: Insights from our Discussions with Men



Source: FGD with Men

The engagement from men can be increased via targeted measures aiming to render them nutrition conscious for women and children. One such example emerges from the state of Rajasthan, reported in our discussion with state official.

Zimmedaar Purush Campaign, Rajasthan

The ICDS department, Rajasthan, has introduced the *Zimmedaar Purush* campaign in collaboration with UNICEF to increase participation from men. The officials encourage men to participate in community-based events and Poshan Maahs. For CBEs like Suposhan Diwas and Jan Swasthya Diwas, the men in the family are invited and success stories of men are collected. The success stories of men who contributed during pregnancy or health check-ups were also published in a storybook called *Zimmedaar Purush* only recently.

Source: KII with State Official, Rajasthan

Conclusion

The long-term sustainability of Poshan Abhiyaan is determined to be medium as it is structurally well-positioned, with strong institutional integration through the ICDS network, and a stable co-financing mechanism. Its convergence with health, education, and PRI systems reinforces long-term system embedding. Engaging men in the behaviour change interventions leads to a more sustainable social impact and hence better change in outcomes. However, Poshan Abhiyaan's sustainability shows a scope of improvement via rapid recruitment of AWHs and continued capacity building on awareness generation with separate financial allocations. The current operational and infrastructural challenges hinder the degree of scheme's sustainability, rendering it **medium.**

Table 31: Final gaps and recommendations

Component	Current Gaps	Recommendations
Financial Commitment & Continuity	Limited state fiscal participation in some regions or awareness generation.	Institutionalize state-level "top-ups" for awareness generation, particularly in states with a low level of awareness and subsequent lower uptake of Anganwadi services.
Community Ownership & Behaviour Change	Uneven Jan Andolan participation; limited use of structured platforms like peer groups or Panchayats for sustained engagement. Need to engage men and increase their awareness about women's nutrition needs	Scale Matri Kishori Melas; incentivize Panchayats to include nutrition in Gram Sabha agendas; leverage awards for 'Kuposhan Mukt Villages' to drive ownership. Sensitization events targeting men as their audience can be utilized as a strategy to increase community participation in Jan Andolan.
Human Resources & Capacity-Building	Only 76.9% of AWH positions filled; AWWs overburdened with multiple roles; refresher trainings irregular and mostly online.	Fast-track AWH recruitment in low-coverage states (UP, J&K, Sikkim); ring-fence budgets for biennial in-person refresher training including digital troubleshooting.
Infrastructure & Logistics	AWCs in Bihar, UP, Assam, Rajasthan lack water, electricity, or storage; static infrastructure planning misses' climate and migrant vulnerabilities	Integrate Poshan Tracker with CPWD asset data; automate infra repair triggers; adopt climate-resilient AWC designs in heat/flood-prone areas

Component	Current Gaps	Recommendations
Digital Systems & Monitoring	16% of AWWs still lack smartphones; data silos across departments; Tracker not integrated with health or infrastructure MIS	Provide device-plus-data bundles; build API layers for cross-sector integration; define inter-ministerial roles for real-time data collection and use

4.1.9.5 Impact

The impact of Poshan Abhiyaan is assessed to be medium from the examination the level of awareness and the improved functioning of other subcomponents under the broader Anganwadi services framework. As an overarching behavioural change and monitoring mission, Poshan Abhiyaan is designed to strengthen existing interventions through better convergence, use of technology, capacity building, and community mobilization. Its success is therefore reflected not in isolation, but in the enhanced delivery and uptake of services such as supplementary nutrition, growth monitoring, health and nutrition counselling, and early childhood care and education. Increased awareness among beneficiaries, improved tracking of child growth parameters, and more active community engagement in nutrition-related behaviours are indicators of how Poshan Abhiyaan is reinforcing and amplifying the impact of core Anganwadi services.

High uptake and utilisation of Anganwadi services, such as supplementary nutrition, growth monitoring, and counselling, serves as a strong indicator that Poshan Abhiyaan has been fruitful in driving awareness and encouraging behavioural change among beneficiaries.

For detailed quantitative and qualitative information on impact refer to the section on SNP.

4.1.9.6 Coherence

Coherence evaluates how well the scheme aligns within itself and with the broader institutional and policy ecosystem. Internal coherence refers to the consistency among the scheme's components, such as objectives, delivery mechanisms, monitoring systems, and implementing institutions. It ensures that different parts of the scheme work together without contradiction or overlap. External coherence assesses alignment with other ministries, departments, and public statutory bodies for the achievement of national objectives. A coherent scheme minimizes fragmentation, fosters synergy, and enhances overall policy effectiveness.

1. Internal Coherence
2. External Coherence

Internal Coherence

Technology Integration: Allocation of Growth Monitoring Devices (GMDs)

A key pillar of Poshan Abhiyaan is the integration of technology for service delivery and monitoring, particularly through the provisioning of smartphones and Growth Monitoring Devices to AWWs and Supervisors. These digital tools, coupled with the Poshan Tracker application, enable real-time beneficiary tracking, growth monitoring, and evidence-based

decision-making at the grassroots level. By equipping frontline workers with smartphones and GMDs, comprising stadiometers, infantometers, and weighing scales, the scheme ensures that critical nutrition services are delivered with greater accuracy, timeliness, and accountability. This coherence between technology and service delivery strengthens the infrastructure backbone of the Anganwadi ecosystem, empowering functionaries to deliver integrated services more efficiently and enhancing last-mile connectivity for vulnerable beneficiaries.

The institutional checklist data shows that 78.5% of surveyed AWCs have stadiometers, 74.5% have infantometers, and 76.9% are equipped with weighing scales for both mother and child. These figures indicate substantial, though not universal, infrastructure coverage necessary for effective implementation of the scheme's technology-driven components. While the supply of GMDs aligns with the scheme's design, the data suggests gaps in uniform availability across centres.

> *"See, the design of Poshan Abhiyaan is quite well thought out. The components - community mobilization, technology-based monitoring, convergence planning, and behaviour change, are not standalone; they are meant to talk to each other. If implemented in tandem, they can significantly improve dietary diversity and adequacy. The problem is, on the ground, they're often rolled out in silos. That's where we need to improve."* – ***State official, Bihar***

Poshan Abhiyaan demonstrates strong internal coherence in its design through integration of behavioural change (Jan Andolan), service delivery platforms (AWCs), digital monitoring (Poshan Tracker), and cross-departmental events (e.g., VHSNDs and CBEs). The convergence plan under Poshan Abhiyaan is supported by clearly defined institutional structures and a performance monitoring framework. However, field evidence in a few instances suggests gaps in operational alignment. For example, while the Poshan Tracker is mandated for real-time data entry, low digital literacy and poor network connectivity undermine its effective usage (NITI Aayog, 2022). Further, the multifunctional role of AWWs, expected to manage growth monitoring, pre-school education, data reporting, home visits, and nutrition events, stretches their capacity, creating functional bottlenecks despite a well-intended structural framework.

External Coherence

Poshan Abhiyaan, the flagship behavioural change and outreach component under Poshan 2.0, operates through sustained coordination across sectors and administrative levels.

Ministry of Health and Family Welfare (MoHFW): Joint activities through Village Health Sanitation and Nutrition Days (VHSNDs) include growth monitoring, maternal health check-ups, immunisations, anaemia, screening nutrition counselling and counselling on family planning.

The institutional checklist survey reveals a high level of regularity and functionality of VHSNDs across AWCs, with 99.6% of AWCs reporting that VHSNDs are conducted regularly. This indicates strong operational convergence between health and nutrition services at the

grassroots level. A deeper probe into the specific activities conducted during VHSNDs further underscores their comprehensive scope and effectiveness.

Table 32: Activities conducted at VHSND

VHSND Activity	% of AWCs Reporting Activity
VHSNDs conducted regularly	99.6%
Growth monitoring	87.25%
Immunization	92.83%
Health check-up for pregnant women	96.81%
Health check-up for lactating mothers	82.7%
Nutrition counselling	96%
Anaemia screening	82.47%
Counselling on family planning	88%

Source: Institutional checklist survey at 251 AWCs

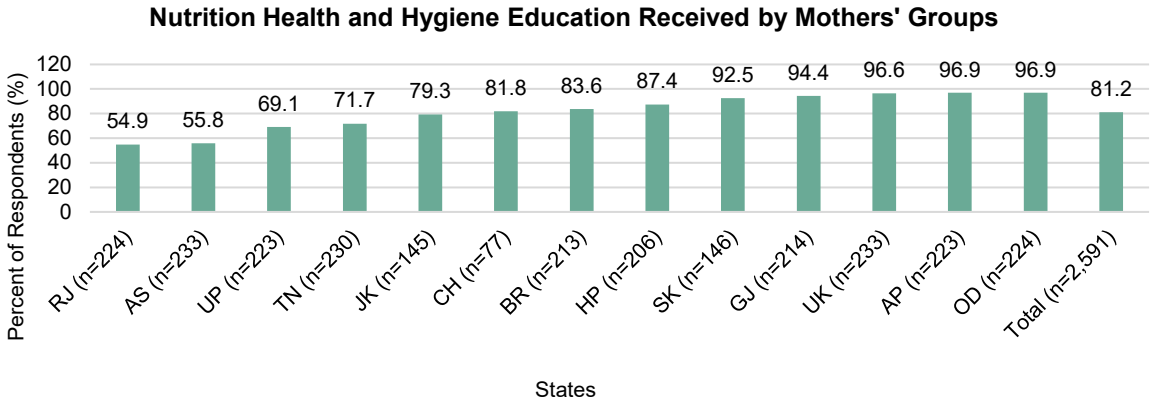
These findings demonstrate that VHSNDs are functioning as an effective platform for delivering an integrated package of health and nutrition services. The high rates of service provision reflect effective convergence between ICDS and NHM functionaries, especially between AWWs, ASHAs, and ANMs. Moreover, the consistent implementation of counselling and screening activities aligns with the objectives of Poshan Abhiyaan in promoting preventive care, early detection, and behaviour change communication.

> *"We work with hospitals and collaborate with them. We organize camps at the centre and schools. Immunisation for children, giving vitamin medicine to pregnant women, and for those who miss out, we give them the medicine here. We also collaborate with government schools. We try our best to get as many children as possible admitted."* – ***AWW, Chandigarh***.

The high coverage of health and nutrition services during VHSNDs reflects strong convergence with MoHFW, enabling integrated service delivery through coordinated efforts of AWWs, ASHAs, and ANMs at the grassroots level.

Under Poshan Abhiyaan, NHHE sessions are conducted with the objective to improve maternal and child well-being through targeted awareness on topics like balanced diets, anaemia, breastfeeding, sanitation, and personal hygiene. We asked our mothers' groups if they received sessions on NHHE and the findings revealed a national average coverage of 81.2%, indicating substantial penetration of these sessions across the surveyed states.

Figure 37: NHHE received by Mothers' Groups



Source: Household Survey from 2591 beneficiaries

Odisha and Andhra Pradesh both reported exceptionally high NHHE engagement (96.9%), closely followed by Uttarakhand (96.6%). These states demonstrate effective mobilization strategies, consistent scheduling of NHHE activities, and robust integration with existing health and nutrition platforms. Similarly, Sikkim (92.5%), Gujarat (94.4%), and Himachal Pradesh (87.4%) showed strong performance, reflecting well-functioning community-based education mechanisms and responsive Anganwadi systems.

States like Bihar (83.6%), Chandigarh (81.8%), and Jammu & Kashmir (79.3%) fall within a moderate performance band, indicating that while outreach exists, gaps may persist in regularity, quality, or depth of engagement during NHHE sessions.

In contrast, Tamil Nadu (71.7%) and Uttar Pradesh (69.1%) showed comparatively lower NHHE coverage, despite their strong performance in other service areas like growth monitoring. This suggests the need to rebalance programmatic focus and strengthen training and communication tools for NHHE delivery. Rajasthan (54.9%) and Assam (55.8%) reported the lowest coverage, pointing to systemic delivery challenges including workforce capacity, session planning, and last-mile outreach in rural and tribal geographies.

Overall, the encouraging uptake of NHHE indicates a strong convergence between MoHFW and MoWCD for Poshan Abhiyaan objectives.

Convergence with PRIs

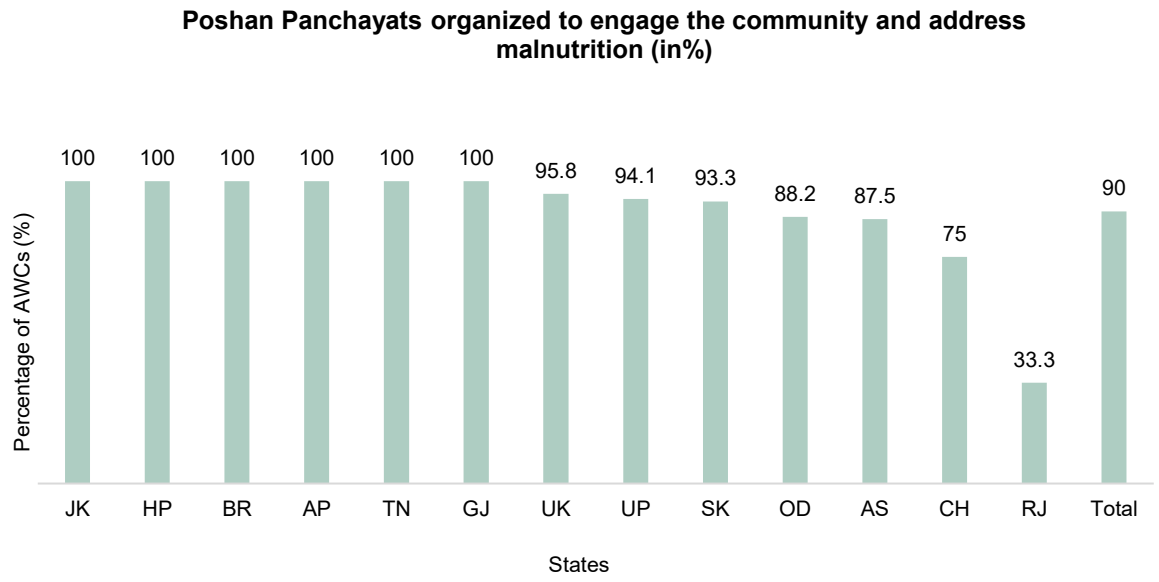
The coherence of Poshan Abhiyaan with the Ministry of Panchayati Raj is evident in their shared emphasis on community-led nutrition and empowerment initiatives. The schemes leverage the Panchayati Raj Institutions (PRIs) to drive grassroots mobilization, ensure participatory planning, and strengthen local accountability. Poshan Abhiyaan's implementation structure explicitly calls for PRI engagement in Poshan Panchayats, coordination of Poshan Maah and Pakhwada activities, and facilitation of CBEs, thereby embedding the scheme within the decentralized governance ecosystem. This external coherence supports convergence between health, nutrition, and local governance sectors and enhances last-mile delivery through community participation.

However, the degree of PRI engagement varies significantly across states, often depending on state-level devolution of powers, financial autonomy, and capacity-building efforts.

Poshan Panchayats

Findings from the Institutional survey at the AWCs reported that they organize Poshan Panchayats to engage the community and address malnutrition. Poshan Panchayats were organized in 90% of the sites overall (total 251 AWCs were visited during the survey), reflecting strong community engagement efforts across most states. States like Jammu & Kashmir, Himachal Pradesh, Bihar, Andhra Pradesh, Tamil Nadu, and Gujarat achieved full coverage. However, Rajasthan (33.3%) reported comparatively lower organization rates, indicating gaps in community mobilization activities.

Figure 38: Poshan Panchayats for Community Engagement



Source: Institutional Survey of 251 AWCs

Qualitative data from frontline workers shows regular coordination among AWWs, ASHAs, ANMs, SHGs, and PRI members, especially during VHSNDs and CBEs. Monthly block meetings, joint home visits, and sanitation drives provide platforms for aligning service delivery and strengthening mutual accountability.

> *"During Poshan Maah, our Gram Panchayat helps organize the nutrition rally and calls mothers to attend. Without their support, it would be hard to bring the community together."* ***AWW, Tamil Nadu***

Conclusion

Poshan Abhiyaan's coherence is currently medium. The scheme exhibits moderate internal and external coherence, aligning behavioural change strategies, digital tools, service delivery platforms, and institutional convergence into a unified framework for tackling malnutrition. Internally, the integration of GMDs, the Poshan Tracker, and the multi-service responsibilities of AWWs reflect a structurally sound, tech-enabled design. Externally, convergence with key ministries such as MoHFW (via VHSNDs and joint service delivery) and MoPR (through PRI engagement in community events and monitoring) demonstrates a comprehensive, cross-sectoral approach. However, gaps persist at the operational level, notably in the uneven availability of GMDs, digital literacy barriers among frontline workers, inconsistent network infrastructure, and variability in PRI engagement across states. These challenges underscore the need for targeted investments in capacity-building, infrastructure support, and state-level convergence mechanisms to fully realize the scheme's transformative potential.

Table 33: Final Gaps and Recommendations

Component	Current Gaps	Recommendations
External Coherence	Inter-state variation in PRI engagement	States exhibiting a lower rate of PRI engagement for the mobilization of Poshan Panchayats can commission a rapid assessment of the current state of Poshan Panchayats across outcome indicators aligned with the objectives of Poshan Abhiyaan.

4.1.9.7 Equity

Equity, in the context of Poshan Abhiyaan under Mission Saksham Anganwadi and Poshan 2.0, entails ensuring inclusive participation and awareness across all segments of society, particularly among socially and geographically marginalized groups. This assessment focuses on analysing disparities in awareness of Poshan Abhiyaan, awareness of Poshan Maah, and participation in Community-Based Events (CBEs) across rural and urban populations and among caste groups, including SC, ST, OBC, and General. It aims to evaluate the efforts of Poshan Abhiyan in reaching underserved communities and ensuring equitable engagement with the mission's nutrition awareness initiatives. The assessment of equity in SNP implementation is anchored on three dimensions:

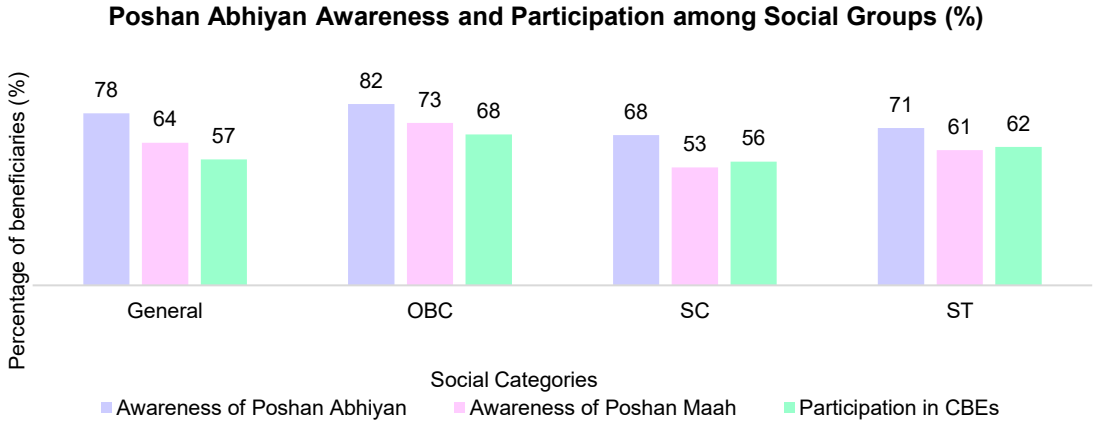
1. Social Equity

Social Equity

Equity in awareness and engagement under Poshan Abhiyaan must be assessed not just by overall levels but also by their distribution across social groups, including SC, ST, OBC, and General categories. This section analyses social equity using three key indicators – awareness of Poshan Abhiyaan, awareness of Poshan Maah, and participation in CBEs –

cross-tabulated by social group, providing critical insights into inclusiveness and outreach effectiveness across communities.

Figure 39: Poshan Abhiyan Awareness and Participation among Social Groups



Source: Household Survey of 2591 beneficiaries

The data illustrates the levels of awareness and participation in the Poshan Abhiyan across different social groups, General, OBC, SC, and ST. OBCs show the highest awareness of Poshan Abhiyan (82%) and Poshan Maah (73%), as well as the highest participation in Community-Based Events (CBEs) at 68%. In contrast, Scheduled Castes (SC) have the lowest awareness of both Poshan Abhiyan (68%) and Poshan Maah (53%), as well as the lowest participation in CBEs (56%). General and ST groups fall between these extremes, with General showing slightly higher awareness but lower participation than ST. Notably, among STs, participation in CBEs (62%) is higher than awareness of Poshan Maah (61%), suggesting that community engagement may sometimes outpace formal awareness. Overall, the data highlights disparities in awareness and participation among social groups.

Qualitative insights from Block Officers in Gujarat provide important context to these findings, especially in tribal areas. Many beneficiaries face significant logistical challenges, such as AWCs being 2-3 km away, making daily attendance difficult. To address this, additional women from the village have been engaged with CSR support to facilitate outreach and community participation. A variety of community-based initiatives, such as Kishori Melas, Poshan Melas, street plays (Naatak), and inclusive group meetings, have been regularly organized to raise awareness about anaemia and malnutrition. Block Officers report that these activities, particularly those involving family members (like Mamta meetings), have led to improved community engagement.

> *"This is a tribal area and beneficiaries often live 2–3 km from the Anganwadi, making daily visits difficult. To address this, local women have been hired with CSR support. We organize Kishori and Poshan Melas, street plays, group meetings, and Mamta meetings involving families, which have helped raise awareness on anaemia and malnutrition and brought positive change."* ***— Block Officer, Gujarat***

Similarly, in Assam, district officials describe targeted outreach to Adivasi communities through Anganwadi centres and active collaboration with tea garden managers. This approach has ensured that tribal communities in tea garden areas are able to access and benefit from nutrition and health programs.

> *We reach out to Adivasi communities through Anganwadi centres and collaborate with tea garden managers. As a result, tribal communities are getting benefits. -* ***District Officer, Assam***

The findings highlight that while structural barriers to access persist among social groups, adaptive and community-driven strategies are playing a crucial role in advancing the equity goals of Poshan Abhiyan. These localized approaches suggest that replicating such strategies in other underserved communities, including those with lower SC participation, could help bridge existing gaps in awareness and engagement.

Conclusion

The equity of Poshan Abhiyaan is medium as it reveals that while disparities persist across geographic and social groups, particularly affecting rural and SC populations, localized and community-driven interventions, such as CSR-supported outreach, culturally resonant events, and targeted efforts in underserved areas are effectively enhancing participation and awareness. These strategies demonstrate the potential for replication to promote inclusive engagement and underscore the importance of context-specific approaches to bridge existing equity gaps in nutrition awareness and community participation.

Table 34: Final gaps and recommendations

Component	Current Gaps	Recommendations
Social Equity	Unequal awareness and participation in Poshan Abhiyan initiatives among social groups	Ensure implementing socially inclusive outreach by engaging local leaders, using region-specific IEC materials, and scheduling CBEs around community calendars and cultural festivals.

4.1.9.9 Summary of the Poshan Abhiyan Component Analysis

This table presents a consolidated assessment of the Poshan Abhiyan, under Saksham Anganwadi and Poshan 2.0, using the REESIC+E framework, which evaluates the scheme across all key dimensions: **Relevance, Effectiveness, Efficiency, Sustainability, Impact, Coherence, and Equity**. Each dimension is reviewed against available quantitative and qualitative evidence from household surveys, key informant interviews, institutional checklists, and policy alignment assessments.

REESIC+E	Conclusion/Inference	Overall performance
Relevance	The relevance of Poshan Abhiyaan is high as Mission Saksham Anganwadi and Poshan 2.0 is an integrated nutrition support program to combat malnutrition among women and children in a lifecycle approach and promote overall health and well-being as per the national priority and 2030 Agenda, for the success of which the level of awareness among the population stands vital. Since the mission aims for universal coverage, Poshan Abhiyaan becomes critical as an IEC modality targeting social and behavioural change among target beneficiaries. Given the level of awareness among respondents from our household survey on Anganwadi services like ECCE and SAG, and health awareness such as First 1000 Days of Life, Poshan Abhiyaan is established to be highly relevant.	**High**
Efficiency	The efficiency of Poshan Abhiyaan is low as it is closely tied to the optimal utilization of existing human and infrastructural resources. Poshan Abhiyaan requires not just service delivery, but active outreach, community mobilisation, and data-driven follow-up. This makes adequate and well-supported human resources essential for sustaining momentum on the ground. While the high availability of Anganwadi Workers (AWWs) supports continuity, the shortfall in Anganwadi Helpers (AWHs) burdens frontline staff, often compromising quality and coverage. Variations across states highlight differing levels of readiness and efficiency in utilizing AWC infrastructure for nutrition promotion.	**Low**
Effectiveness	As we determine the effectiveness of Poshan Abhiyaan to be medium, we infer how effective the IEC activities under Poshan Abhiyaan are based on the extent of awareness among target beneficiaries on critical Poshan Abhiyaan events as well as their level of participation. The changed outcomes in nutrition and health indicators under Mission Saksham Anganwadi and Poshan 2.0 can be partially attributed to outreach and awareness activities as part of Poshan Abhiyaan.	**Medium**

REESIC+E	Conclusion/Inference	Overall performance
Sustainability	The long-term sustainability of Poshan Abhiyaan is determined to be medium as it is structurally well-positioned for sustainability, with strong institutional integration through the ICDS network, and a stable co-financing mechanism. Engaging men in the behaviour change interventions leads to a more sustainable change in outcomes. However, Poshan Abhiyaan's sustainability shows a scope of improvement via rapid recruitment of AWHs and continued capacity building on awareness generation with separate financial allocations.	**Medium**
Impact	The impact of Poshan Abhiyaan is assessed to be medium from the examination the level of awareness and the improved functioning of other subcomponents under the broader Anganwadi services framework. Increased awareness among beneficiaries, improved tracking of child growth parameters, and more active community engagement in nutrition-related behaviours are indicators of how Poshan Abhiyaan is reinforcing and amplifying the impact of core Anganwadi services. High uptake and utilisation of Anganwadi services, such as supplementary nutrition, growth monitoring, and counselling, serves as a strong indicator that Poshan Abhiyaan has been fruitful in driving awareness and encouraging behavioural change among beneficiaries.	**Medium**
Coherence	Poshan Abhiyaan's coherence is currently medium. The scheme exhibits moderate internal and external coherence. Internally, the integration of GMDs, the Poshan Tracker, and the multi-service responsibilities of AWWs reflect a structurally sound, tech-enabled design. Externally, convergence with key ministries such as MoHFW (via VHSNDs and joint service delivery) and MoPR (through PRI engagement in community events and monitoring) demonstrates a comprehensive, cross-sectoral approach. However, gaps persist at the operational level, notably in the uneven availability of GMDs, digital literacy barriers among frontline workers, inconsistent network infrastructure, and variability in PRI engagement across states.	**Medium**

REESIC+E	Conclusion/Inference	Overall performance
Equity	The equity of Poshan Abhiyaan is medium as it reveals that while disparities persist across geographic and social groups, particularly affecting rural and SC populations, localized and community-driven interventions, such as CSR-supported outreach, culturally resonant events, and targeted efforts in underserved areas are effectively enhancing participation and awareness.	**Medium**
Legend		
High		
Medium		
Low		

4.1.9.10 Key takeaways and recommendations

Key takeaway 1 – HR and infrastructural gaps

Shortage of staff limits service coverage, especially in remote and underserved areas, leading to inconsistent or no delivery of nutrition counselling, growth monitoring, and supplementary nutrition information. Irregular training leads to poor knowledge and confidence in delivering messages on child feeding, maternal nutrition, adolescent health, etc., especially under Jan Andolan/BCC components, which are complex in nature.

Recommendation:

Addressing chronic human resource shortages is essential for the success of health, education and nutrition campaigns, particularly in high-burden and underserved areas, where campaigns have to be hyperlocal. In the absence of the AWH, the AWW is compelled to do her work and hence the campaigns suffer. **Frontline workers are the primary link between the health system and the community, and their availability and capacity directly influence campaign effectiveness.**

Key takeaway 2 – Low convergence and enhancing coverage to include men

On-ground Convergence and PRI Engagement are Central to Campaign Effectiveness **The effectiveness of Poshan Abhiyaan is closely tied to robust on-ground convergence and decentralized governance, particularly through the active engagement of Panchayati Raj Institutions (PRIs**). In several states, PRIs have played a pivotal role in **community mobilization, local planning, and grassroots monitoring** underscoring their potential as enablers of last-mile service delivery. Similarly, convergence with the Ministry of

Health and Family Welfare (MoHFW) is essential for addressing interconnected issues like child health, maternal nutrition, and mental health. The success of the campaign depends on how effectively such coordination translates from policy to implementation. Joint planning mechanisms such as unified action plans between Poshan Abhiyaan and National Health Mission for reducing child stunting, mirroring efforts under Anemia Mukt Bharat highlight the importance of shared goals and coordinated field-level action between AWWs and ASHAs. Ultimately, **sustained impact requires lifecycle-focused interventions, strengthened program management, and dedicated structures for building frontline capacity** at both national and state levels.Lastly, Poshan Panchayats to be conducted regularly across all the states.

Recommendations

1. The programme must broaden its beneficiary focus by adopting a gender-inclusive and life-cycle approach. While current efforts centre on women and children, involving men and adolescent boys through gender-transformative communication is critical for shifting entrenched gender norms and ensuring shared household responsibility for nutrition. Platforms like Poshan Panchayats should be leveraged to include male PRI members and community influencers, enabling whole-family participation in nutrition dialogue and decision-making.
2. To strengthen community-based nutrition governance, it is essential to ensure that Poshan Panchayats are conducted regularly in convergence with Panchayati Raj Institutions (PRIs) and frontline workers (FLWs) including ASHAs, Anganwadi Workers (AWWs), and Auxiliary Nurse Midwives (ANMs). These platforms serve as critical spaces for awareness generation, grievance redressal, and last-mile counselling. Regular and structured Poshan Panchayats enable the delivery of coordinated messages on nutrition, health, hygiene, and related entitlements, by creating an informed community ecosystem. The active participation of PRI members not only enhances accountability but also fosters local ownership. Community engagement should also include use of self-help groups and adolescent clubs, and partnerships with Ayushman Ambassadors and peer champions to sustain behavior change at scale. Special attention must be paid to urban and migratory populations, ensuring the model is adapted to diverse contexts.
3. Develop “stage-specific” campaign strategies that align with the nutritional needs and behavioural drivers of each life stage - infancy, early childhood, adolescence, and pregnancy in consultation with MoHFW and MoPR to enable more targeted, timely, and effective behaviour change at the community level.

4.1.9.11 Scheme Rationalization

The scheme is recommended to continue but with appropriate modifications based on the recommendations above. The modification of Poshan Abhiyaan is necessary to consolidate its preventive nutrition focus and community-level behaviour change efforts. Greater convergence across ministries, life-cycle-based targeting, and deeper community engagement are essential to build ownership and institutional coherence. Strengthening frontline platforms and ensuring inclusion of urban and mobile populations are also central to its transformation.

4.1.10 Scheme for Adolescent Girls (SAG)

Background of the Scheme

The Scheme for Adolescent Girls (SAG) was launched in 2010 by the Ministry of Women and Child Development (MoWCD) to address the interlinked challenges of undernutrition, school dropout, early marriage, and lack of life skills among out-of-school adolescent girls aged 11–18 years.

In 2021–22, SAG was subsumed under the Saksham Anganwadi and Poshan 2.0 umbrella and restructured to focus exclusively on adolescent girls aged 14–18 years in Aspirational Districts (AD) and North-Eastern Region (NER) districts. The revised SAG adopts a life-cycle approach to break the inter-generational cycle of malnutrition by addressing the critical nutrition needs of adolescent girls. The scheme aimed to enhance beneficiaries' nutritional and health status while fostering self-development and empowerment through two key components: nutrition and non-nutrition. The design sought to strengthen alignment with the Government of India's convergence strategy and improve the efficiency of targeting and service delivery.

Core Components of SAG:

Table 35: Core components of SAG in AD and NER

Nutrition Component	
Adolescent girls are provided 600 calories and 18–20g of protein per day for 300 days annually through Take-Home Ration (THR). This aims to address nutritional deficiencies and support healthy physical development during adolescence.	
Non-Nutrition Component	
Ministry of Health and Family Welfare	
Iron and Folic Acid (IFA) supplementation	Regular IFA tablets are supplied to combat iron-deficiency anaemia, which is highly prevalent among adolescent girls and directly affects their health, cognitive function, and future maternal outcomes.
Health check-ups and referrals	Periodic health assessments are conducted at Anganwadi Centres, with referrals made to nearby health facilities for further

	treatment—ensuring early detection and management of health issues.
Nutrition and Health Education (NHE)	Sessions focus on balanced diets, menstrual hygiene, sanitation, and personal hygiene, aiming to build knowledge and promote lifelong health-seeking behaviours among adolescent girls.
Ministry of Skill Development and Entrepreneurship	
Life skills and home-based skills training	Girls receive guidance in essential life skills such as decision-making, communication, and financial literacy, along with home-based skills like cooking and caregiving to enhance their self-reliance.
Ministry of Education	
Mainstreaming through education and skill development linkages	The scheme promotes re-enrolment in school, as well as linkages with vocational training programs to help girls continue education or develop marketable skills for economic independence.

Fund Flow Process and Allocation Mechanism

Fund Flow and Cost Sharing: Under the pre-Poshan 2.0 framework, SAG costs were shared in a 50:50 ratio for nutrition and 60:40 for non-nutrition components between the Centre and States/UTs with legislatures. Post-integration into Mission Saksham Anganwadi & Poshan 2.0, the funding pattern remains broadly similar, though the budgeting is now merged under the mission, with 50:50 cost-sharing for supplementary nutrition. For Northeastern States, Himachal Pradesh, Uttarakhand, and J&K, the ratio is 90:10, while UTs without legislatures are fully funded (100%) by the Centre (These ratios align with other nutrition schemes). Funds are allocated under the Union Budget (Anganwadi Services/Supplementary Nutrition head) and released per approved norms.

Fund Flow Mechanism: In compliance with the Public Finance Management System reforms, funds under SAG are channelled through a Single Nodal Account (SNA) at the state level. MWCD releases the central share to each State/UT's SNA account electronically via PFMS, and the state government credits its matching share into the same account. This SNA mechanism (adopted since 2021) ensures dedicated tracking of scheme funds. The fund flow mechanism is similar to the approach detailed in the SNP section.

Process Flow for SAG

Identification & Registration:

- AWWs identify and register adolescent girls (14–18 years) using household surveys; their details are entered into the Poshan Tracker.

- Registration is updated continuously, and girls are classified by schooling status to link them with education or skill training, as needed.
- Each registered girl is issued a SAG beneficiary card (Kishori Health Card) or is recorded in the AWC register, which tracks the services she receives and her progress.

Nutrition Service Delivery:

- THR packets providing ~600 kcal and 18–20g protein/day are distributed monthly by AWWs and logged in the Poshan Tracker.
- States adopt age-specific THR packaging to prevent diversion, and AWWs ensure delivery even if a girl misses the distribution day.
- Maintains a distribution register, obtaining signatures/thumb impressions from beneficiaries or parents.

Health, Education, and Other Interventions:

- Health services like **IFA tablets, deworming, and checkups** are delivered in convergence with the MoHFW under the Rashtriya Kishor Swasthya Karyakram (RKSK), Adolescent Friendly Health Clinics, and the Weekly Iron and Folic Acid Supplementation (WIFS) program.
- Out-of-school girls are linked to **education or vocational training,** with support from MoE, MSDE, and local skill centers.

Monitoring & Supervision:

- AWWs report service delivery data through the Poshan Tracker, enabling real-time monitoring of coverage and gaps.
- District and state officials review progress regularly; the District Nutrition Committee addresses service quality and performance indicators.

Key Stakeholders and Implementation Framework

Implementation Framework and Key Stakeholders

Characteristic	Central Level	State Level	District/Block Level	Anganwadi Centre Level
Roles	Policy formulation, guidelines, funding, facilitates convergence	Manages state share of funding, Primary implementer	Monitoring, Coordination and Planning SAG, Oversees AWCs	Focal point for delivering SAG
Key Stakeholders	MoWCD, MoHFW, MSDE, MoE	State WCD, State level steering committee	District Magistrate/Collector, DPO, CDPO	Delivers services on the ground
Responsibilities	Develops ICT tools, reviews scheme	Issues orders, monitors performance, arranges training	Manages day-to-day operations, allocate resources, ensures service quality	Conduct surveys, mobilize and enroll girls, distributes rations, counselling
Monitoring	Overall scheme oversight	State-level implementation & convergence	Local supervision & problem-solving	Direct service delivery & education

To assess the scheme on the different aspects of REESIC+E, primary data insights are based on only the aspirational and northeastern districts of the study states. It includes 11 districts from all the 35 study sampled districts. These are:

Table 36: List of aspirational and NE districts

State	District
Sikkim	South District
	West District
Rajasthan	Dholpur
Bihar	Katihar
Assam	Dhemaji
	Darang
	Nagaon
Andhra Pradesh	Vizianagaram
	YSR (Kadapa)
Gujarat	Dahod
	Narmada

The household survey for SAG components was administered to respondents at the household level, including adolescent girls aged 14-18 years from the study districts stated above, and the mother of SAG.

Our analysis sample consists of 297 girls across these districts.

Performance Analysis

4.1.10.1 Relevance

The section assesses the relevance of the Scheme for Adolescent Girls (SAG) by examining its alignment with national and international commitments, responsiveness to the unique needs of adolescent girls, its potential to address systemic gaps in adolescent health and nutrition programming, and its focus on reaching marginalized geographies and social groups. Together, these dimensions help evaluate whether SAG remains contextually appropriate and strategically positioned to advance India's goals on nutrition, gender equality, and adolescent empowerment.

Relevance of the SAG will be measured against the following:

1. Alignment with National and International Priorities
2. Relevance for Beneficiary Needs
3. Relevance of Overcoming Sectoral Challenges
4. Relevance in reducing regional disparities

Alignment with National and International Priorities

The Scheme for Adolescent Girls (SAG) is closely aligned with India's national and international commitments to adolescent health, nutrition, and gender equality. At the national level, SAG supports the objectives of the National Strategy for Adolescent Girls (2018) and complements the Rashtriya Kishor Swasthya Karyakram (RKSK) under National Health Mission by focusing on nutrition, life skills, and reproductive health for girls aged 14-18 years in aspirational and northeastern districts. Though not mandated under the National Food Security Act (2013), it strategically addresses a key demographic often missed in mainstream welfare schemes.

Globally, SAG contributes to India's commitments under:

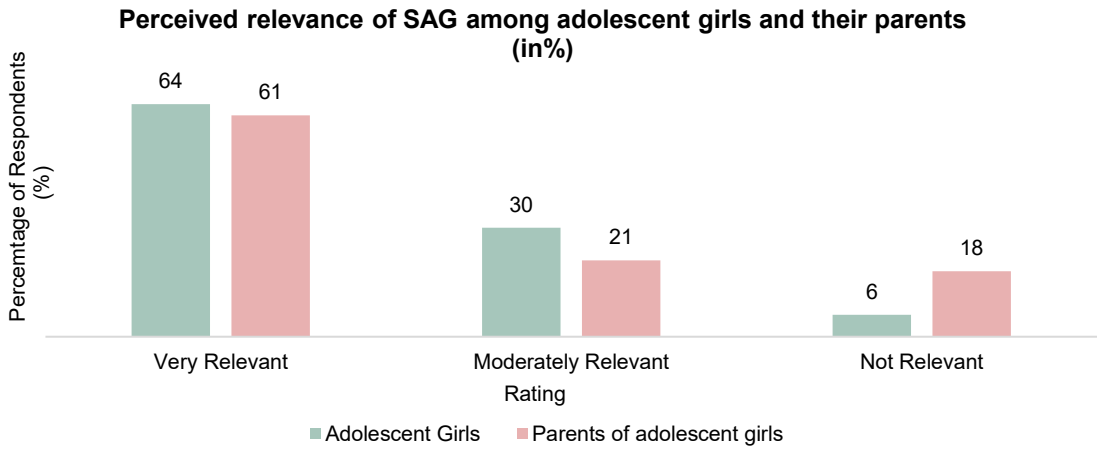
- Sustainable Development Goal (SDG) 2 (Zero Hunger), by addressing adolescent malnutrition.
- SDG 3 (Good Health and Well-being), through anaemia prevention and health awareness.
- SDG 5 (Gender Equality), by delaying marriage and enabling informed health and life choices for girls.

It also supports the Global Nutrition Targets 2025 and obligations under the Convention on the Rights of the Child (CRC) and CEDAW, reinforcing adolescent girls' rights to health, nutrition, and protection.

Relevance for Beneficiary Needs

SAG directly addresses the unique vulnerabilities of adolescent girls, especially from socioeconomically disadvantaged groups. It responds to pressing concerns such as high anaemia prevalence, poor dietary practices, and lack of reproductive health awareness, issues repeatedly emphasized during focus group discussions. Beneficiaries reported tangible benefits from nutrition support, health education, and life skills sessions, noting improved dietary diversity, awareness of bodily changes, and enhanced self-confidence. Data from household survey reveals that a combined 94% of adolescent girls who are aware about the SAG and 82% of their parents found the Scheme for SAG either very or moderately relevant.

Figure 40: Perceived relevance of the SAG



Source: Household Survey conducted with 129 adolescent girls and 239 parents

This indicates strong perceived value of the scheme among both beneficiaries and caregivers. The findings highlight the scheme's broad acceptance and alignment with community needs.

This targeted approach empowers girls before they enter reproductive age, equipping them to make informed choices related to health, hygiene, and nutrition. It is especially valuable in contexts where girls face heightened risks of early marriage, school dropout, and social invisibility. This is done by providing them vocational training or resources for education.

Relevance of Overcoming Sectoral Challenges

The SAG fills a longstanding policy and service delivery gap in adolescent nutrition and empowerment programming. While many schemes prioritize early childhood or maternal health, SAG provides a preventive and preparatory layer, ensuring that adolescent girls do not enter adulthood with severe nutritional and informational deficits. It strengthens the continuum of care within the health and nutrition ecosystem by:

- Addressing micronutrient deficiencies and anaemia.
- Creating platforms for delivering life skills, menstrual hygiene education, and reproductive health information.
- Complementing school-based interventions for those outside the education system.

Its convergence with RKSK, WIFS, and SHG platforms demonstrates its potential to streamline fragmented adolescent programs under a unified, community-level delivery framework.

Relevance in reducing Regional Disparities and benefiting Marginalized Groups

SAG covers Aspirational and Northeastern districts, which are home to a high proportion of Scheduled Tribe, Scheduled Caste, and rural populations. These regions face persistent development challenges, high anaemia, low school retention, early marriage, which the scheme addresses through localized and culturally relevant service delivery.

The program's use of Anganwadi Centres and community platforms ensures accessibility and enhances acceptability. However, its exclusion from non-priority districts limits national coverage, despite anaemia and adolescent vulnerabilities being widespread. Moreover, the absence of a parallel strategy for adolescent boys narrows its inclusivity, although the focus on girls remains justified from a gender equity lens.

Conclusion

The SAG's relevance is high to India's nutrition, gender, and adolescent health agenda. It demonstrates strong alignment with national policies and international commitments and meaningfully addresses the unmet needs of adolescent girls through a preventive and empowering approach. With 94% of girls and 82% of parents finding the scheme very or moderately relevant, it enjoys widespread community acceptance. SAG also bridges critical sectoral gaps by targeting a traditionally underserved group and focusing on life skills, reproductive health, and nutrition. While geographical and gender-based coverage limitations persist, its design remains contextually appropriate and strategically significant in promoting equitable adolescent development.

4.1.10.2 Efficiency

SAG under Poshan 2.0 reflects how effectively the scheme mobilizes and utilizes financial, operational, human, and infrastructural resources to deliver targeted nutrition and empowerment services to adolescent girls in Aspirational and Northeastern districts. Efficiency in SAG is not just about fund utilization but also about the robustness of delivery systems. The scheme's efficiency, therefore, lies in its ability to convert inputs into meaningful outcomes for adolescent girls, while minimizing service gaps, administrative delays, and systemic redundancies.

The *financial, infrastructural and human resource efficiency* of the SAG are closely intertwined with that of SNP efficiency. Since the nutrition component of SAG does not operate through a separate administrative or physical setup, it relies on the same channels, finances, human resources and infrastructure, primarily the AWCs, that support SNP implementation.

Furthermore, SAG does not provide details on specific guidelines or metrics for assessing operational efficiency, and therefore, this aspect has been assessed for the availability of operating guidelines and monitoring tools.

The efficiency of the SAG will be measured against the following:

1. Operational Efficiency

Operational Efficiency

1. Lack of Clear Operational Guidelines

Although SAG is included within the broader Mission Saksham Anganwadi and Poshan 2.0 framework (2021–22), it lacks a comprehensive and updated set of operational guidelines specific to adolescent service delivery. This results in considerable variation across states in:

- How beneficiaries are identified and provided counselling sessions for holistic development including Nutrition & Health Education.
- What constitutes the core service package (e.g., frequency and content of life skills sessions).
- The roles and responsibilities of Anganwadi Workers and supervisors with respect to non-nutrition component.
- Protocols for monitoring and follow-up on the provision of non-nutrition services to AGs.

The absence of scheme-specific Standard Operating Procedures (SOPs) leads to inconsistent implementation, reduced accountability, and weak inter-departmental coordination, particularly with health and education departments. Many field-level workers report uncertainty regarding coverage scope, eligibility, and convergence expectations.

> *There is no dedicated operational manual for SAG like we have for other schemes. The guidelines are broadly mentioned under Poshan 2.0, but at the field level, AWWs often ask us— 'What exactly are we supposed to do for adolescent girls? How often should we hold sessions? What topics should we cover?' Even we at the state level are unsure about the uniformity of service delivery across districts. This ambiguity is affecting implementation."* **– State official, Bihar**

2. Absence of Digital Monitoring for Non-Nutrition Service Provisions under SAG

Unlike other components under Saksham Anganwadi and Poshan 2.0, especially maternal and child services monitored via the Poshan Tracker, SAG lacks a dedicated digital system for real-time tracking of service delivery of all the components of adolescent girls. The data on Poshan Tracker primarily captures THR distribution. This gap has multiple implications:

- No mechanism exists to track session attendance of CBEs etc., or beneficiary progress at the individual level in terms of skill development and/or nutrition and health awareness.
- District and block officials have limited visibility into coverage, dropouts, or supply bottlenecks.

""For children and pregnant women, we can check everything on the Poshan Tracker – who received what, when, and where. But for adolescent girls, we are largely dependent on paper records, which are often incomplete or delayed. We don't know if all eligible girls are being reached or if THR is being given regularly. A digital tool—like an adolescent tracker – would really help us monitor better and act faster."- ***District official, Bihar***

3. Behaviour Change Communication (BCC) Sessions: Lack of Standardization and Capacity Constraints

While SAG mandates structured BCC sessions on topics such as nutrition, menstrual hygiene, life skills, and reproductive health, there is no standardized national curriculum or training module tailored to adolescent girls. As a result, states vary widely in both the content and frequency of sessions delivered. In many cases, AWWs are expected to lead these sessions without adequate preparation, leading to inconsistencies in delivery.

AWWs and other frontline workers are not sufficiently trained to engage with adolescents on sensitive topics, particularly around bodily autonomy, delaying early marriage, and reproductive health. These components are to be rendered in the form of counselling, or guidance sessions in convergence with MoHFW and Ministry of Youth Affairs and Sports (MoYAS). Without clear facilitation guidelines, and IEC materials, many sessions are reduced to generic nutrition messages or are skipped altogether due to low confidence or competing workloads.

This capacity gap not only limits the quality and consistency of BCC delivery but also affects adolescent girls' engagement and retention. Structured training programs and culturally appropriate BCC toolkits are essential to equip FLWs to deliver this critical component effectively.

"In our trainings, there is very little focus on how to talk to adolescent girls. We are told to give some basic information on nutrition or hygiene, but issues like periods, early marriage, or body changes are not covered in depth… These girls go through very different challenges, and sometimes we don't know how to address their questions properly. We need more support and specific training to handle this age group sensitively." – ***AWW, Rajasthan***

Other aspects of the operational efficiencies such as challenges with respect to Poshan Tracker and distribution of the THR packets are like what we have discussed above in the SNP section.

Conclusion

The efficiency of the SAG is currently medium, marked by strong potential but hindered by structural and operational gaps. Unlike other components under Poshan 2.0, SAG lacks clear, scheme-specific operational guidelines, resulting in inconsistent implementation across states. The absence of a dedicated digital monitoring system especially for CBEs restricts real-time tracking of session delivery, beneficiary engagement, and service gaps. Moreover, BCC sessions, a critical component for adolescent empowerment, remain fragmented and

under-delivered, owing to inadequate training, lack of standardized content, and low facilitation capacity among frontline workers.

While challenges related to THR distribution, digital tool adoption, and frontline workloads mirror those observed in the SNP, their implications are more acute for SAG given the unique vulnerabilities of adolescent girls and the diversity of services expected. Additionally, human resource and infrastructural constraints, such as incomplete AWH staffing and inadequate adolescent-friendly spaces at Anganwadi Centres, compromise the quality and frequency of engagement with this beneficiary. The lack of tailored training further limits the ability of AWWs to meaningfully deliver sensitive content related to reproductive health, nutrition, and life skills.

4.1.10.3 Effectiveness

The effectiveness of the SAG is assessed by examining the extent to which the scheme delivers its intended services, nutrition support, health education, life skills training, and access to essential health and sanitary entitlements, to the target population. This includes analysing both service coverage and outcome achievement in Aspirational and Northeastern districts.

Here, the effectiveness of the SAG will be evaluated based upon the combination of following parameters:

1. Coverage Of Beneficiaries
2. Achievement of Results vis-à-vis Scheme Objectives

Coverage of Beneficiaries

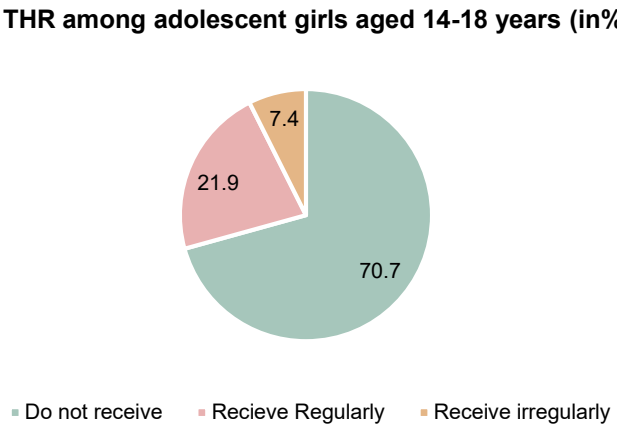
Uptake of THR at the AWCs

The SAG guidelines outline supplementary nutrition in the form of THR for 300 days a year. It shall contain 600 calories and 18-20 grams of protein. As per Poshan Tracker accessed on May 2025, 22.19 Lakh adolescent girls aged 14-18 years belonging to aspirational districts and North-east region were registered on the portal. Out of these approximately 10.01 lakh have received THR at least for 25 days. This is only 45% of the eligible beneficiaries registered

> *"THR is supposed to be for 300 days, but sometimes it doesn't come for 2–3 months. If it was consistent, beneficiaries would get it properly."* ***– Circle Supervisor, Assam.***

Furthermore, data from the household survey reveals that 70.7% of adolescent girls (as given in the graph below) reported not receiving Take-Home Ration (THR) under SAG, while only 21.9% received it regularly and 7.4% received it irregularly. These figures indicate a significant gap in the reach and consistency of one of the scheme's core entitlements. The low regularity of THR distribution undermines the nutritional impact of the scheme and points to serious operational inefficiencies in supply chain management, beneficiary tracking, and last-mile delivery. Qualitative insights suggest timing of the AWCs as primary operational reason for irregular supply. As adolescent girls are school going, most often the distribution of THR packets coincides with the school timing.

Figure 41: Uptake of THR among adolescent girls



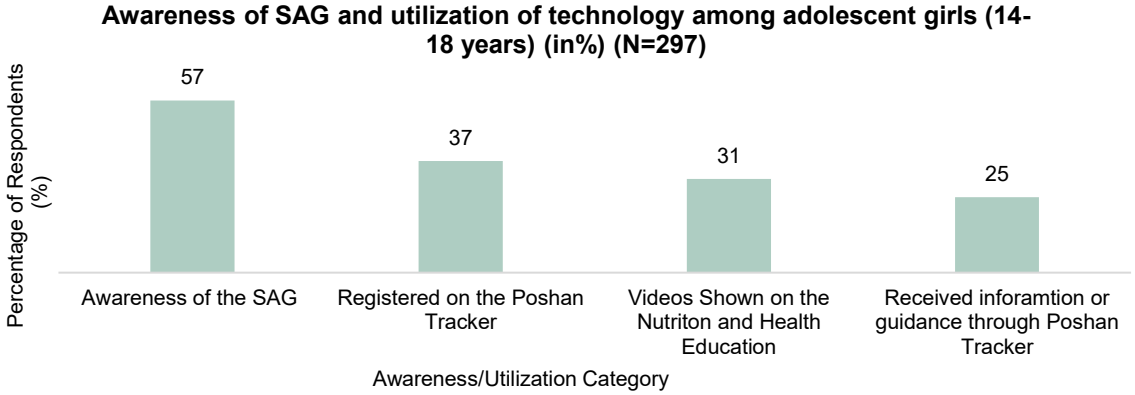
Source: Household Survey of 145 girls

Achievement of Results vis-à-vis scheme objectives

Awareness of SAG and Utilization of Technology

The findings from household survey administered to adolescent girls aged 14 – 18 years indicate a notable gap between general awareness of the Scheme for Adolescent Girls (SAG) and the utilization of digital platforms intended to providing intended benefits being received by target beneficiaries.

Figure 42: Awareness of SAG and utilization of technology among adolescent girls



Source: Household Survey of 297 girls

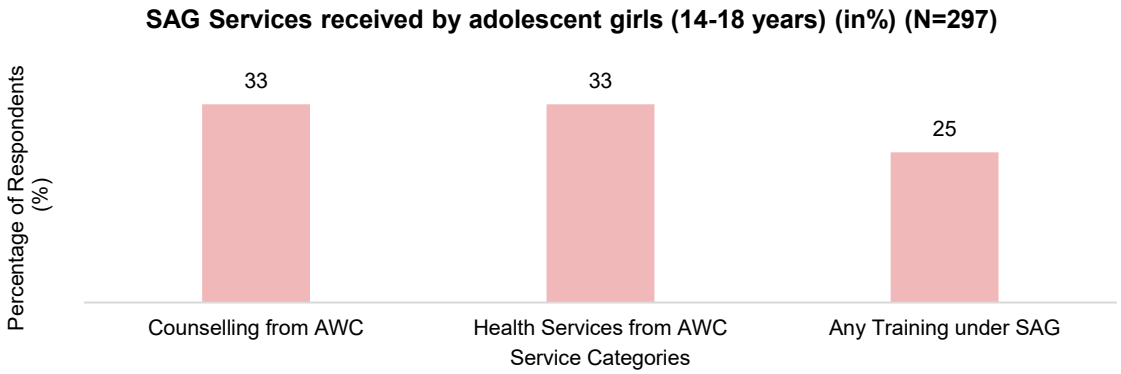
While 57% of adolescent girls surveyed were aware of SAG, only 37% reported being registered on the Poshan Tracker, the key digital tool used for monitoring and delivery of services. Engagement with educational content was even lower, with just 31% having seen videos on nutrition and health education.

This suggests that despite moderate awareness of the scheme, the digital interface remains underutilized for both service delivery and behaviour change communication.

SAG Effectiveness: Gaps in Service Delivery at AWCs

The effectiveness of SAG in delivering key services through AWCs appears limited.

Figure 43: SAG Services received by adolescent girls



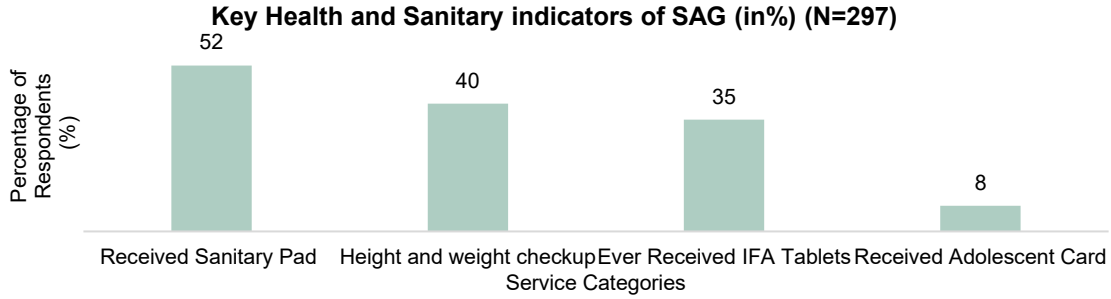
Source: Household Survey of 297 girls

Only 33% of adolescent girls reported receiving counselling or health services from the AWCs. Furthermore, just 25% had participated in any form of training under SAG. These figures highlight the underutilization of the AWC platform for delivering essential preventive and promotive interventions under the scheme. Strengthening frontline engagement, improving service outreach, and ensuring regular training sessions could significantly enhance the impact and perceived effectiveness of SAG.

Key Health and Sanitary Indicators for Adolescent Girls

The data from the household survey reveals uneven access to key health and nutrition entitlements under SAG. While over half of the adolescent girls (52%) reported receiving sanitary pads, a relatively well-delivered component, other services show lower uptake. Only 40% underwent height and weight checkups, and just 35% had ever received Iron and Folic Acid (IFA) tablets, which are critical for anaemia prevention. These gaps suggest the need for strengthened convergence with RKSK, better stock management, and improved frontline delivery mechanisms.

Figure 44: Key Health and Sanitary indicators of SAG (in%)



Source: Household Survey of 297 girls

The qualitative insights from the primary data collection shed a light on why there is lag in terms of utilization of various schemes provided for adolescent girls aged 14-18 years in the aspirational and north-eastern districts. The key informant interviews with various stakeholders have highlighted that though there are efficiency challenges at the AWCs in term of delivering the services, community is biased towards male child of the family. The health and nutrition aspects of the adolescent girls especially their menstrual hygiene is not in the

priority list. It further gets exacerbated by the family and societal norms hindering the uptake of the services. Secondly, the uptake of services under SAG is low also due to low level of awareness among the adolescent girls and their parents.

Conclusion

The effectiveness of the SAG remains medium, with significant gaps in both the coverage and quality of services delivered. Despite guidelines mandating provision of THR for 300 days annually, data reveals that only 45% of registered beneficiaries received THR for at least 25 days, and 70.7% of surveyed girls reported not receiving THR at all, pointing to a critical breakdown in supply continuity and last-mile delivery. Similarly, key services intended to empower and safeguard adolescent health - such as counselling, life skills training, IFA supplementation, growth monitoring, and adolescent card distribution[111]—are either sporadically delivered or reach a very small fraction of the intended population.

The underutilization of the Anganwadi Centre (AWC) platform for delivering preventive and promotive services, reported by only **33% for counselling** and **25% for training**, reflects the need to strengthen field-level engagement, resource planning, and convergence with allied schemes like RKSK and WIFS. Moreover, while **57% of girls are aware of SAG**, actual engagement with digital platforms like the Poshan Tracker and access to educational content remains low, signalling under-leveraging of behaviour change and technology-led components.

[111] These cards record information like weight, height, and BMI, along with other services provided under the Scheme for Adolescent Girls (SAG). In the existing SAG scheme, the registration of beneficiary AG in Poshan Tracker and Aadhaar verification therein is considered for availing services under this scheme.

Table 37: Gaps and Recommendations table for effectiveness

Component	Gaps	Recommendations
Coverage of Beneficiaries	Only 45% of registered adolescent girls received THR for at least 25 days; 70.7% reported not receiving THR at all.	Strengthen last-mile delivery systems through improved logistics, local-level monitoring including mobilization of AWWs specifically for SAG. Ensure timely procurement and uninterrupted supply of THR through digitized inventory systems.
Achievement of Results vis-à-vis Scheme Objectives	Low uptake of core services: counselling (33%), training (25%), IFA tablets (35%), and growth monitoring (40%).	Improve convergence with RKSK and WIFS to ensure delivery of health and nutrition services. Strengthen coordination protocols and conduct regular joint sessions at AWCs.
Utilization of Technology	Only 25% of adolescent girls reported receiving any information via the Poshan Tracker; awareness does not translate to service uptake.	Expand the use of digital platforms for information dissemination and tracking. Develop adolescent-specific modules within Poshan Tracker and provide regular digital literacy support for FLWs.
Behaviour Change Communication	Limited exposure to educational content (31%) ~~and low adolescent card distribution (8%) reduce programme engagement.~~	Standardize BCC modules and ensure regular life skills and health sessions at AWCs. Include interactive and age-appropriate content to enhance participation and retention.
Sociocultural Barriers	Gender bias and low parental prioritization hinder uptake of entitlements among adolescent girls.	Engage families and communities through targeted SBCC campaigns. Promote male and parental involvement to shift social norms around girls' health and nutrition.

4.1.10.4 Sustainability

Sustainability assesses the extent to which the benefits of SAG are likely to continue over time. It considers the scheme's institutional integration within ICDS, financial viability under the Centrally Sponsored model, community ownership, use of digital systems for monitoring, and convergence with allied programs. A sustainable SAG would be one that is embedded in routine delivery platforms, backed by long-term financing, supported by community demand, and aligned with national adolescent health and empowerment strategies.

Here, the sustainability of the SAG will be evaluated based upon the combination of following parameters:

1. Financial Sustainability
2. Institutional Sustainability

Financial Sustainability

The SAG, implemented under the Saksham Anganwadi and Poshan 2.0 umbrella, and follows the Centrally Sponsored Scheme (CSS) financial model. As per the 2021–22 guidelines, the cost-sharing pattern for SNP, including the THR to adolescent girls, is 50:50 between the Centre and States for general category states, 90:10 for Northeastern and Himalayan states, and 100% central funding for Union Territories without legislatures.

While this cost-sharing structure enables state-level flexibility and broader co-ownership, it also introduces variations in prioritization and implementation. SAG does not have a separate budget head, and its expenditures are integrated within the overall Anganwadi Services budget. This makes it difficult to track scheme-specific allocations, expenditures, or outcomes at the national or state level. States with lower fiscal flexibility may choose to deprioritize adolescent-focused components, especially when not mandated under statutory provisions like the National Food Security Act (NFSA), which only covers nutrition for children under six and pregnant/lactating women.

Furthermore, non-nutrition components of SAG—such as life skills education, training of frontline workers, behaviour change communication, and adolescent-specific IEC, do not have dedicated financial provisioning in the guidelines. Qualitative insights from the current study also indicates that budget constraints often result in irregular training sessions and lack of age-appropriate materials, thereby weakening the delivery of the scheme's empowerment-related objectives.

Institutional Sustainability

As outlined in the Saksham Anganwadi and Poshan 2.0 Guidelines (2021–22), SAG is to be delivered through AWCs and positioned as a critical link in the lifecycle approach to nutrition. However, field data reveals that SAG has not yet achieved deep institutional integration, especially when compared to maternal and child components of the same mission.

Only 33% of adolescent girls reported receiving counselling or health services, and 25% reported participating in any training, both core components under SAG. This reflects a disconnect between the scheme's design and actual implementation at the AWC level. Unlike other components of Anganwadi services, which benefits from stronger monitoring, digital tools, and supply chains, SAG services remain inconsistently delivered and weakly embedded in frontline platforms. We also see the efficiency challenges to SNP also translate for SAG as the delivery infrastructure for both schemes remains the same. Lower availability of AWHs leads to increased work burden on AWWs, limiting their ability to deliver THR to non-reporting beneficiaries. At the same time, limited capacity building of AWWs restrict their ability to leverage the convergence mechanism for the delivery of non-nutritional components under the scheme.

Furthermore, the scheme is not yet universally integrated into school-based delivery systems or formal adolescent health frameworks. The limited use of the ICDS network to deliver specialized content for adolescent girls reduces the scheme's reach and long-term viability.

Without stronger operational integration into the ICDS and school health systems, SAG risks remaining a parallel, underutilized intervention rather than becoming a lasting pillar of adolescent service delivery.

Conclusion

The long-term sustainability of the SAG is currently low due to weak institutional integration, fragmented convergence, and inconsistent financial and digital support. While the scheme is conceptually aligned with national strategies and benefits from favourable community attitudes, its practical embedding within ICDS systems, financial tracking, and digital monitoring remains shallow. Inadequate behaviour change communication, lack of adolescent-specific tracking mechanisms, and insufficient coordination with allied departments constrain the scheme's ability to sustain and scale its benefits. Strengthening operational integration, earmarking funds for non-nutrition components, leveraging digital infrastructure, and fostering convergence are critical to enhancing SAG's sustainability.

Table 38: Gaps and recommendations for sustainability

Component	Current Gaps	Recommendations
Institutional Integration and Delivery Platforms	Limited-service delivery through AWCs; no integration with school-based systems	Issue clear SOPs for SAG implementation at AWCs; Mandate inclusion of SAG sessions in Village Health and Nutrition Days (VHNDs) and School Health Platforms where applicable
Community Ownership and Behavioural Change	High parental support not translating to service uptake; weak BCC and stigma around menstruation	Develop and roll out gender-sensitive SBCC toolkits for the capacity building of AWWs in order to render the scheme's benefits for adolescent girls in perpetuity and not dependent on the CBEs; Conduct regular community sensitization campaigns involving parents, teachers, and PRI members
Financial Sustainability	No dedicated budget head for SAG; non-nutrition components (BCC, training) underfunded	Introduce a separate financial reporting line for SAG within Anganwadi Services; Allocate specific funds for life skills training and IEC materials under SNP.
Digital Systems and Monitoring Infrastructure	Poshan Tracker lacks adolescent-specific modules; low registration and information delivery	Develop a dedicated adolescent module within the Poshan Tracker capturing THR, training, counselling, and IFA coverage; Conduct training for FLWs on adolescent data entry and reporting

4.1.10.5 Impact

Impact, in the context of the SAG, refers to the observable changes in the health, nutrition, education, and hygiene-related outcomes of adolescent girls resulting from the scheme's interventions. These include improvements in nutritional status through THR and IFA supplementation, menstrual hygiene practices, and reduced school dropout rates through counselling and life skills education.

However, within the scope of this study, assessing the full impact of SAG presents limitations. The available primary data is largely perception- or uptake-based and does not capture anthropometric or longitudinal outcome indicators. Additionally, adolescent-specific modules in real-time systems like the Poshan Tracker were found to be underutilized. As such, while the study provides valuable insights into short-term service delivery and user satisfaction, it is less equipped to fully assess long-term or health impact.

Nevertheless, Impact under this section was measured through parameters outlined below:

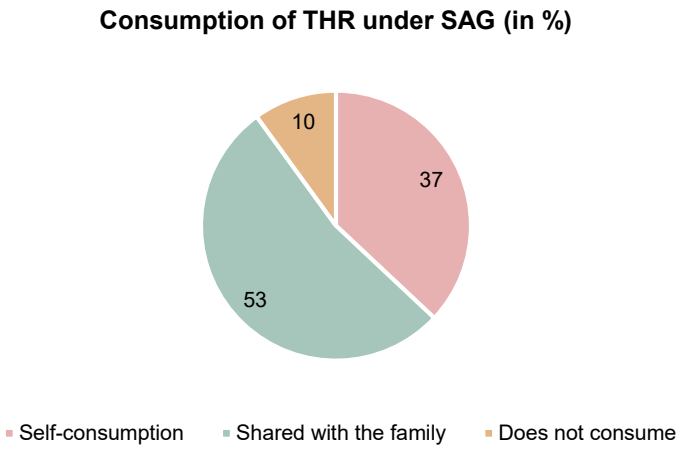
1. Service Delivery Impact
2. Health and Education Impact

Service Delivery Impact

Challenges in delivering nutrition to the targeted beneficiaries

The household survey highlights a dilution in the intended consumption of THR under SAG. only 37% who have received THR reported consuming it themselves. A significantly larger proportion (53%) shared it with their families.

Figure 45: Consumption of THR



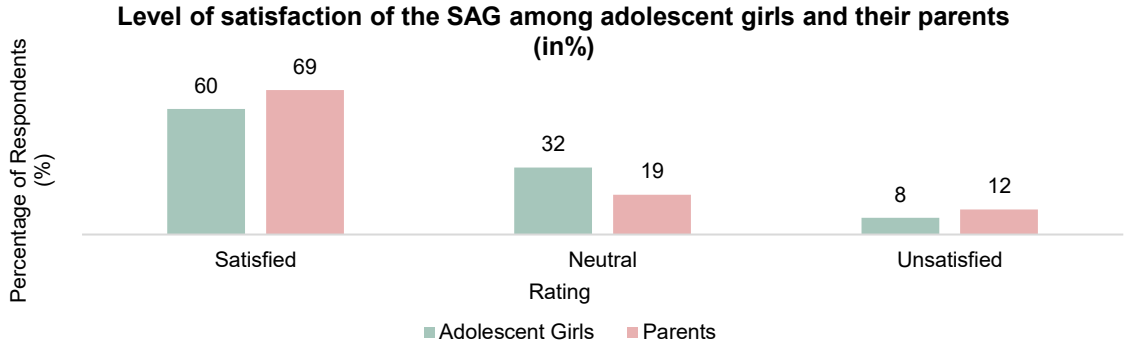
Source: Household Survey of 87 girls

These findings suggest that while distribution is occurring, the nutritional impact for the targeted beneficiary—adolescent girls—is likely being compromised due to intra-household sharing. This undermines the scheme's core objective of improving adolescent nutrition outcomes

Satisfaction with SAG: Perspectives of Adolescent Girls and Their Parents

When asked about their satisfaction with the *SAG, 60% of adolescent girls and 69% of parents expressed that they were satisfied with the scheme. This indicates a positive perception of the scheme's usefulness and delivery among both direct beneficiaries and caregivers.*

Figure 46: Level of satisfaction of the SAG among adolescent girls and their parents



Source: Household Survey of 145 girls and 239 parents

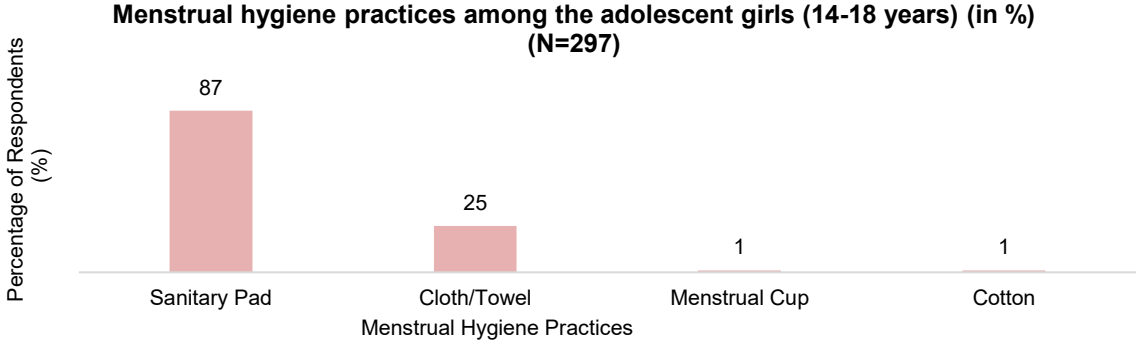
However, a notable proportion of adolescent girls (32%) remained neutral, suggesting limited visibility or inconsistent engagement with scheme components. Interestingly, parental satisfaction was higher, with fewer parents expressing neutrality (19%) or dissatisfaction (12%) compared to girls themselves (8% unsatisfied).

These findings highlight a positive overall reception, especially from the parental side, but also underscore the need to strengthen adolescent-centric communication, improve service regularity, and enhance participatory elements to convert neutral or indifferent responses into active satisfaction.

Menstrual Hygiene Practices Among Adolescent Girls: Product Usage Patterns

Adolescent girls were asked about the type of menstrual hygiene products they commonly use. A large majority (87%) reported using sanitary pads, indicating improved access and acceptance of modern menstrual products, potentially aided by schemes like SAG and state-led initiatives such as PURNA. However, 25% still rely on cloth or towel, which may reflect cultural practices, affordability issues, or irregular supply of sanitary pads.

Figure 47: Menstrual hygiene practices among the adolescent girls



Source: Household Survey of 297 girls

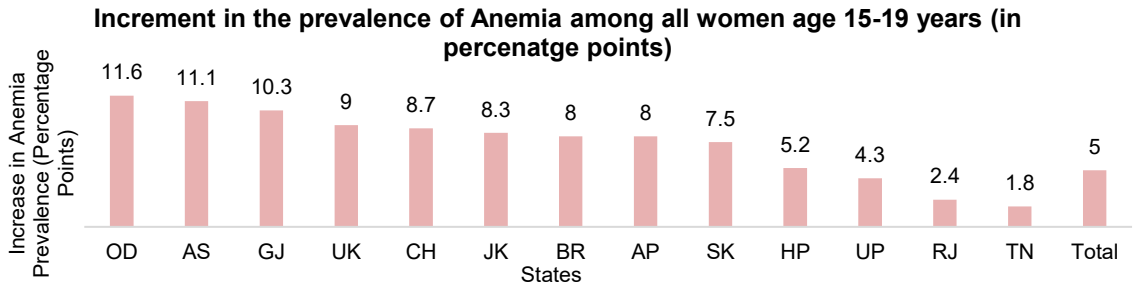
Adoption of alternative and sustainable products remains extremely limited, with only 1% using menstrual cups and 1% using cotton. These findings suggest that while access to sanitary pads has improved, efforts to promote menstrual hygiene awareness and offer a wider range of safe, sustainable options are still needed. Strengthening behaviour change communication and ensuring consistent distribution of menstrual hygiene kits under SAG can further enhance health and dignity for adolescent girls.

Health and Education Impact

Impact on Key Nutritional Indicators

Despite years of concerted efforts under national nutrition and adolescent health programs, NFHS data reveal an alarming increase in the prevalence of anaemia among adolescent girls aged 15–19 years across several Indian states. At the national level, there has been a 5-percentage point increase from NFHS-4 (2015) to NFHS-5 (2019), indicating a regression in public health outcomes for this vulnerable group.

Figure 48: prevalence of Anaemia among all women age 15-19 years



Source: NFHS-4 & NFHS-5

The data reveal a concerning rise in anaemia prevalence among adolescent girls aged 15–19 years across several Indian states. Odisha (11.6 percentage points), Assam (11.1 pp), and Gujarat (10.3 pp) experienced the sharpest increases, signalling significant setbacks in adolescent nutrition outcomes. Other states such as Uttarakhand (9 pp), Chhattisgarh (8.7 pp), Jammu & Kashmir (8.3 pp), and both Bihar and Andhra Pradesh (8 pp each) also reported substantial increases. Comparatively smaller yet notable rises were seen in Rajasthan (2.4 pp) and Tamil Nadu (1.8 pp). These trends collectively point to a widespread deterioration in adolescent girls' nutritional status, necessitating urgent policy attention.

Conclusion

The currently assessed impact of the SAG is low. While THR distribution is occurring on ground, the intended nutritional impact is hindered as only 37% of adolescent girls report self-consumption whereas 53% report sharing with family. The reported level of satisfaction with THR among adolescent girls also stood at a moderate level of 60% in the aspirational and north-east region districts. Although the nutritional and health impact of SAG on adolescent girls cannot be termed as an attribution but the 5% increase in the rate of anaemia from NFHS – 4 to NFHS – 5 underscores the importance of continued strategic intervention =for the improvement of nutritional outcomes among adolescent girls.

Components:	Gaps:	Recommendations
1. Service Delivery Impact	Low self-consumption of THR among adolescent girls, mitigating the intended nutritional impact of the scheme.	While consumption behaviour of people cannot be defined under the scheme, M/Ds can customize the THR intended for adolescent girls with demography-specific branding and differentiation to increase its uptake among the target population.
2. Health and Education Impact	While the scheme is currently active in select geography, including aspirational districts and NER districts, the assessment of its impact is reliant upon national data.	

4.1.10.6 Coherence

Coherence assesses the extent to which the Scheme for Adolescent Girls (SAG) is internally aligned across its components and externally synchronized with broader sectoral strategies and ministerial mandates. A coherent scheme integrates its various service delivery elements, nutrition, health education, skill development, and empowerment, into a unified implementation framework. Internally, coherence ensures that SAG's objectives, activities, and institutional arrangements work synergistically across Anganwadi platforms. Externally, it reflects how well SAG complements and leverages initiatives of allied ministries such as Health, Education, Youth Affairs, and Skill Development. Strong coherence, both within and outside the scheme architecture, is vital to maximize resource efficiency, avoid duplication, and ensure comprehensive service delivery to adolescent girls

Therefore, we will investigate the following component in detail:

1. Internal Coherence
2. External Coherence

Internal Coherence

Internal coherence refers to the degree to which various components of a scheme—its objectives, delivery mechanisms, human resource structures, and monitoring systems—work in synergy to reinforce one another.

The SAG, under the Saksham Anganwadi and Poshan 2.0 framework, reflects a well-intentioned, lifecycle-based design that aims to integrate nutrition supplementation, life skills education, counselling, and vocational preparedness for adolescent girls aged 14–18 years. Its structure is aligned with broader national goals of promoting adolescent health, nutrition, and empowerment, and envisions service delivery through the AWC platform with convergence across health, education, and community systems.

Importantly, the scheme attempts to embed adolescent programming within existing institutional mechanisms—particularly using AWCs for THR distribution and counselling, Poshan Tracker for monitoring, and synergies with schemes like RKSK and WIFST. These elements demonstrate conceptual coherence and offer the potential for reinforcing

behavioural change, improved nutrition outcomes, and informed decision-making among adolescent girls.

However, field-level implementation indicates that the potential of this internal alignment is not yet fully realized. While AWCs serve as the primary platform, frontline workers often face constraints in translating the full SAG package on the ground, owing to limited adolescent-specific training, competing responsibilities, and the absence of dedicated infrastructure for adolescent engagement.

Similarly, digital tools like the Poshan Tracker are underutilized for adolescent services, with most modules still focused on early childhood and maternal health. Despite being a strong system for monitoring, it currently lacks structured fields for capturing data on adolescent-specific outcomes, such as IFA uptake, participation in life skills sessions, or counselling coverage.

That said, household survey findings highlight high parental support for girl-focused services (over 96%), indicating strong community receptivity. This presents an opportunity to strengthen SAG's internal coherence by building the capacities of AWWs, standardizing session content, and enabling the digital tracking of adolescent-specific indicators.

In conclusion, the SAG scheme shows clear internal coherence in its design and intent, offering a multi-pronged strategy to support adolescent girls. With modest enhancements to frontline capacities, digital integration, and service protocols, the scheme can deliver on its full promise and become a well-integrated, impactful intervention in India's adolescent health and empowerment landscape.

> *"SAG has all the right components on paper—nutrition, counselling, life skills, it's a very holistic scheme for adolescent girls. But the challenge is in bringing all of it together on the ground…Our Anganwadi workers are doing their best, but without focused training or proper spaces for sessions, things get patchy. If we can fix that and start tracking adolescent services better in the Poshan Tracker, I genuinely think the scheme can make a real difference."* ***– State Officer, Bihar***

External Coherence

External coherence in the context of the Scheme for Adolescent Girls (SAG) refers to how well the scheme aligns and integrates with programs and responsibilities of other ministries, such as Health, Education, Skill Development, and Youth Affairs, to deliver a comprehensive, multi-dimensional support system for adolescent girls. It ensures that SAG does not operate in isolation but leverages inter-ministerial platforms to address health, nutrition, skilling, and empowerment needs holistically.

Ministry of Health and Family Welfare (MoHFW)

The Saksham Anganwadi and Poshan 2.0 guidelines envision a structured convergence between the Scheme for Adolescent Girls (SAG) and the Ministry of Health and Family Welfare with a focus on delivering health-related non-nutrition interventions to adolescent girls. The

guidelines outline a comprehensive package comprising IFA supplementation, routine health check-ups, referral services, and Nutrition and Health Education (NHE). In addition, the guidelines call for focused promotion of menstrual hygiene and meaningful engagement of adolescent girls in the Peer Educator Programme under RKSK. The service delivery is to be facilitated through public health infrastructure, particularly ASHAs and ANMs, and executed via Anganwadi Centres and Adolescent-Friendly Health Clinics (AFHCs).

In practice, however, this convergence remains only partially realized. Findings from the household survey indicate that just 35% of adolescent girls reported having received IFA tablets, while 40% underwent growth monitoring. Only 8% reported receiving the Adolescent Card, a key tool to monitor health and service uptake. These figures suggest that the intended coordination between ICDS and MoHFW, particularly for preventive and promotive health services, has not translated uniformly into field-level implementation.

Further, qualitative interviews with frontline workers and block-level officials reveal that joint service delivery is rare, with minimal formal collaboration between AWWs and health personnel such as ASHAs and ANMs. While the guidelines propose the mobilisation of adolescent girls as Kishori Volunteers and their inclusion in health awareness campaigns, no structured mechanism for such participation was observed in the field. The Peer Educator Programme, as a convergence platform, was either inactive or absent in several blocks visited.

Overall, while the design of SAG under Saksham Anganwadi provides for robust institutional linkages with MoHFW, the lack of routine joint planning, unclear role division at the frontline level, and absence of integrated monitoring systems have limited the extent to which this convergence has been operationalized.

Ministry of Skill Development and Entrepreneurship

As per the Saksham Anganwadi and Poshan 2.0 guidelines, convergence with the Ministry of Skill Development and Entrepreneurship (MSDE) is intended to ensure vocational training for adolescent girls (AGs) through the National Skill Development Corporation (NSDC) and State Skill Development Missions (SSDMs). The guidelines envision that AGs will receive structured training via Pradhan Mantri Kaushal Vikas Yojana (PMKVY) training centres, thereby enhancing their livelihood prospects. Additionally, AGs are expected to be engaged as Kishori Volunteers to support community mobilization on key issues such as anaemia, family planning, and nutrition.

However, evidence from the household survey reveals a significant implementation gap. Only 25% of adolescent girls reported receiving any form of training under SAG, which includes but is not limited to skill development. This suggests that despite the policy intent, formal convergence with MSDE remains weak at the grassroots level.

Moreover, frontline workers interviewed during the qualitative study expressed limited awareness or engagement with state skill missions or PMKVY centres. In most cases, training under SAG remains limited to basic awareness sessions rather than structured skill development. Consequently, the strategic objective of equipping adolescent girls with employable skills through cross-ministerial collaboration has not translated effectively on the ground. The lack of training infrastructure, poor interdepartmental coordination, and absence

of a standardized implementation mechanism have collectively hindered the realization of this convergence.

Ministry of Education and School Department

While the SAG intends to also support out-of-school girls also aged 14-18 years through nutrition, life skills, and vocational training, it lacks structured coherence with the Education Department, a critical partner for achieving its stated objectives. Although re-enrolment in formal schooling is a key component of SAG, the scheme does not operationalize linkages with educational institutions, nor does it assign clear roles to school management committees (SMCs), head teachers, or local education officers.

This absence of formal coordination mechanisms, such as data sharing on dropouts, joint action plans with education officers, or school-based counselling support, undermines SAG's ability to meaningfully support educational reintegration. In many implementation settings, collaboration between Anganwadi workers and school personnel is informal and inconsistent, heavily reliant on individual initiative rather than institutional guidance.

Moreover, no provision exists within SAG for tracking learning outcomes or supporting re-enrolled girls, which limits follow-through and retention. In some states, education departments run bridge courses or non-formal education programs, but these are not systematically integrated into SAG's service delivery model.

In contrast, other adolescent-focused programs like the RKSK or Samagra Shiksha offer clearer frameworks for inter-sectoral convergence. SAG's effectiveness in addressing educational exclusion would be significantly enhanced by establishing formal referral systems, joint monitoring indicators, and convergence protocols with schools and education departments.

> *"Though the recent guidelines have changed…We try to bring back out-of-school girls, but there's no formal system to work with the schools. Sometimes we ask the education department for help, but it depends on their willingness. If there were a clear process or joint responsibility between ICDS and Education, we could support the girls much better."* – ***DPO, Bihar***

External Coherence with the Ministry of Youth Affairs and Sports

The Saksham Anganwadi and Poshan 2.0 guidelines envisage convergence with the Ministry of Youth Affairs and Sports (MoYAS) through the National Programme for Youth and Adolescent Development (NPYAD). The scheme proposes life skills education, counselling, and leadership and personality development training for adolescent girls, to be facilitated by government or non-government organizations supported by MoYAS.

However, field evidence on the actual implementation of these activities remains limited. The household survey did not explicitly capture participation in MoYAS-supported training, and only 25% of adolescent girls reported attending any form of training under SAG, most of which appears to be delivered through AWCs without structured leadership or personality development components.

Further, there was no mention of MoYAS-linked organizations or platforms in the qualitative interviews with frontline workers or district officials. This suggests that while the guidelines prescribe convergence, there is limited operational visibility or uptake of MoYAS-supported initiatives on the ground, and the absence of disaggregated data constrains a fuller assessment of this linkage.

Conclusion

We find the coherence of SAG to be low. The scheme demonstrates a well-articulated design that integrates nutrition, life skills, health services, and empowerment within the Anganwadi platform, supported by convergence with allied ministries. Internally, its lifecycle approach and multi-component framework offer conceptual coherence, yet weak frontline capacity, limited adolescent-focused infrastructure, and underutilization of digital tools hinder synergistic implementation. Externally, SAG is aligned with national mandates of MoHFW, MoE, MoYAS, and MSDE, but convergence remains largely aspirational. Institutional disconnects, absence of joint planning mechanisms, and lack of disaggregated monitoring data constrain coordinated service delivery. Realizing SAG's full potential requires operationalizing these linkages, enhancing frontline integration, and institutionalizing inter-sectoral protocols.

Table 39: Gaps and Recommendations table of coherence

Component	Gaps	Recommendations
Internal Coherence	Limited adolescent-specific training for AWWs; weak digital tracking for AG services; lack of dedicated space for adolescent sessions.	Introduce regular in-person trainings for AWWs on adolescent engagement; expand Poshan Tracker to include AG indicators (e.g., counselling, IFA, training); provide adolescent-friendly spaces at AWCs.
Ministry of Health and Family Welfare (MoHFW)	Partial uptake of IFA, low health check-up and referral coverage, inactive peer educator platforms.	Institutionalize quarterly joint VHSND planning with ICDS and Health; include AG-specific indicators in health MIS; re-activate Peer Educator programmes through joint ASHA-AWW training.
Ministry of Skill Development and Entrepreneurship (MSDE)	Low reach of skill training; weak coordination with SSDMs and PMKVY centres.	Develop a formal referral and tracking mechanism between AWCs and local PMKVY centres; issue joint implementation advisories at state level.
Ministry of Education (MoE)	No formal reintegration mechanisms for out-of-school girls; weak coordination with schools.	Facilitate joint school-ICDS planning for re-enrolment drives; integrate school drop-out data with ICDS MIS; enable school-based counselling through MoE partnership.

Component	Gaps	Recommendations
Ministry of Youth Affairs and Sports (MoYAS)	Lack of structured engagement with NPYAD partners; no data on participation in personality development trainings.	Map active NPYAD partners at district level and link with ICDS; include MoYAS training indicators in quarterly reviews; enable AG access to NYKS/NPYAD events via Kishori Volunteers.

4.1.10.7 Equity

Equity in the context of the SAG refers to the scheme's ability to ensure fair and inclusive access to services, irrespective of geography, caste, or region, so that the most marginalized adolescent girls are not left behind. An equity-focused lens examines how effectively SAG reaches socially disadvantaged groups (SC, ST, OBC), underserved geographies (rural, urban, ADs), and ensures that entitlements like THR, IFA, and counselling are distributed without systemic bias. Ensuring equity is central to the scheme's objective of empowerment and inclusion and is essential for achieving meaningful improvements in adolescent nutrition, health, and agency.

Therefore, we will look into the following component in detail:

1. Social Equity

Social Equity

The data from household survey reveals notable social disparities in the delivery of SAG services across caste groups. Adolescent girls from SC consistently report higher access across all indicators—most notably in THR reception (51%), Poshan Tracker registration (54.7%), and growth monitoring (49.3%), suggesting relatively better scheme outreach among this group.

Table 40: SAG indicators by social groups

Indicators	General	OBC	SC	ST
Reception of THR	22	24	51	16
Adolescent girl who received Adolescent card	2.82	4.46	21.33	2.56
Adolescent girls registered on Poshan Tracker	28.17	32.14	54.67	23.08
adolescent girls who received IFA tablets	30.99	40.18	36	28.21
Adolescent girls who received weight and height checkup	29.58	43.75	49.33	25.64

Source: Household Survey of 297 girls

In contrast, girls from STs show the lowest access, with only 16% receiving THR and minimal coverage across other services. General and OBC groups fall in the mid-range, with OBC girls reporting moderate access, particularly in IFA supplementation (40.2%) and height/weight checkups (43.8%). These findings underscore the need for targeted outreach and system strengthening in tribal communities to bridge equity gaps.

Conclusion

The analysis of SAG service delivery reveals the scheme's equity to be medium. While rural areas and Scheduled Caste groups show relatively better access to key services, adolescent girls from Scheduled Tribes remain significantly underserved. The social disparities highlight uneven implementation and the need for targeted outreach, particularly in tribal areas. Ensuring social equity in SAG requires not just expansion beyond Aspirational Districts but also tailored strategies to reach the most excluded adolescent girls.

Table 41: Final gaps and recommendations

Component	Current Gaps	Recommendations
Social Equity	ST girls report significantly lower access across all SAG services, while SC girls report relatively higher access, indicating disparities.	Implement focused targeting strategies for ST communities, including improved FLW sensitization, supply chain reliability, and IEC campaigns.

4.1.10.8 Summary of SAG's REESIC+E Analysis

REESIC+E	Conclusion/Inference	Overall Performance
Relevance	The SAG's relevance is high to India's nutrition, gender, and adolescent health agenda. It demonstrates strong alignment with national policies and international commitments and meaningfully addresses the unmet needs of adolescent girls through a preventive and empowering approach. SAG also bridges critical sectoral gaps by targeting a traditionally underserved group and focusing on life skills, reproductive health, and nutrition.	**High**
Efficiency	The efficiency of the SAG is currently medium, marked by strong potential but hindered by structural and operational gaps. Unlike other components under Poshan 2.0, SAG lacks clear, scheme-specific operational guidelines, resulting in inconsistent implementation across states. The absence of a dedicated digital monitoring system especially for CBEs	**Medium**

REESIC+E	Conclusion/Inference	Overall Performance
	restricts real-time tracking of session delivery, beneficiary engagement, and service gaps. Additionally, human resource and infrastructural constraints, such as incomplete AWH staffing and inadequate adolescent-friendly spaces at Anganwadi Centres, compromise the quality and frequency of engagement with the beneficiary.	
Effectiveness	The effectiveness of SAG remains medium due to gaps in both coverage and service quality. Although guidelines mandate 300 days of THR annually, only 45% of beneficiaries received it for at least 25 days, and 70.7% reported receiving none—highlighting severe delivery breakdowns. Core services like counselling, life skills training, IFA supplementation, growth monitoring, and adolescent card distribution are sporadically delivered, reaching only a small segment of the target group. Only 33% and 25% of girls reported receiving counselling and training, respectively, indicating low utilization of the AWC platform. This underscores the need for stronger field-level engagement, improved resource planning, and better convergence with schemes like RKSK and WIFS.	**Medium**
Sustainability	The long-term sustainability of SAG is low by weak institutional integration, fragmented convergence, and inconsistent financial and digital support. While the scheme aligns with national strategies and enjoys community acceptance, its integration within ICDS systems, financial tracking, and digital monitoring remains weak. Strengthening operational integration, earmarking funds for non-nutrition components, leveraging digital tools, and enhancing convergence are essential to improve SAG's sustainability.	**Low**
Impact	The SNP has made notable strides in service delivery, particularly for Hot Cooked Meals, with high levels of coverage, satisfaction, and quality reported. However, the Take-Home Ration component faces targeting challenges, as it is often shared within households, reducing its nutritional impact. National nutrition	**Medium**

REESIC+E	Conclusion/Inference	Overall Performance
	indicators reflect modest improvements, reaffirming the programme's relevance. To maximise impact, focused efforts are needed to address implementation gaps and ensure equitable and effective service delivery across all regions.	
Coherence	We find the coherence of SAG to be low. The scheme demonstrates a well-articulated design that integrates nutrition, life skills, health services, and empowerment within the Anganwadi platform, supported by convergence with allied ministries. Internally, weak frontline capacity, limited adolescent-focused infrastructure, and underutilization of digital tools hinder synergistic implementation. Externally, SAG is aligned with national mandates of MoHFW, MoE, MoYAS, and MSDE, but convergence remains largely aspirational. Realizing SAG's full potential requires operationalizing these linkages, enhancing frontline integration, and institutionalizing inter-sectoral protocols.	**Low**
Equity	The analysis of SAG service delivery reveals the scheme's equity to be medium. While Scheduled Caste groups show relatively better access to key services, adolescent girls from Scheduled Tribes remain significantly underserved. The social disparities highlight uneven implementation and the need for targeted outreach, particularly in tribal areas. Ensuring social equity in SAG requires not just expansion beyond Aspirational Districts but also tailored strategies to reach the most excluded adolescent girls.	**Medium**

4.1.10.9 Key takeaways and recommendations

Key takeaway – 1

The Scheme for Adolescent Girls (SAG) has not conducted a comprehensive mapping of the target beneficiaries, which was intended to be completed within the first two years of implementation. This gap has significantly limited the identification and coverage of eligible adolescent girls, resulting in a small sample size and, consequently, a limited our scope for conducting a robust analysis. Given that it is a targeted scheme, it has still not been able to reach the desired population group.

Recommendation

While the Scheme for Adolescent Girls (SAG) remains relevant and well-targeted, it cannot be continued in its present form. The Ministry of Women and Child Development (MoWCD) should establish clear mechanisms for identifying the target group and institutionalize well-defined indicators to monitor and evaluate the progress and impact of the scheme's non-nutritional components.

4.1.10.10 Scheme rationalization

The scheme is recommended to continue but not in its present form. It should be restructured based on the recommendations. There is clear need for strengthening the identification of the target group and setting up monitoring mechanisms especially to see the progress on the non-nutritional components.

- The scheme should retain its core multi-component structure nutrition, life skills, health, and empowerment, but ensure operational integration at the Anganwadi Centre (AWC) level through activity-based job aids and weekly delivery schedules. Joint training must be institutionalized for Anganwadi Workers (AWWs), ASHAs, and peer educators, with modules focused on adolescent engagement, role clarity, and coordinated service delivery. Simultaneously, convergence with allied ministries particularly MoHFW through RKSK and WIFS, MoE through school health and foundational learning, and MSDE for vocational skilling should be formalised via joint planning meetings, shared outreach events (e.g., Adolescent Health Days), and integrated review platforms at the block and district levels.
- The Poshan Tracker should be expanded or adapted to include adolescent-specific indicators, enabling real-time tracking of THR distribution, counselling sessions, and BCC coverage.
- SAG must leverage peer-led approaches by training Ayushman Ambassadors and local adolescent champions to lead behaviour change sessions and community mobilisation efforts.
- Infrastructure improvements are equally critical-adolescent-friendly spaces at AWCs must be created, ensuring privacy, safety, and regular engagement hours. Budget rationalisation should involve earmarking funds not only for THR but also for non-nutrition components like BCC, counselling, digital tools, and training. State governments should be encouraged to contribute additional funds and resources for adapting SAG to local needs.

4.1.11 Early Childhood Care and Education (ECCE)

Background of the Scheme

Early Childhood Care and Education (ECCE) is a foundational component of the Saksham Anganwadi and Poshan 2.0 scheme, grounded in the understanding that the early years, especially from birth to six years, are a critical window for cognitive, emotional, social, and physical development. The provision of ECCE across Anganwadis is an essential aspect of the strategic convergence of nutrition, health, and pre-school education services to facilitate holistic development and well-being of children under the age of six. Since over 80% of brain development occurs before the age of three, and nearly 90–95% by the age of six, interventions targeting the 0–3 year period are particularly critical for brain growth, maturation, and the foundations of cognition, language, and psychosocial development, making ECCE an essential component of the AWCs.

ECCE services at Anganwadis work to ensure a 100% enrolment of children in primary education. Under this scheme component, children in the age group of 3 - 6 years are provided play-based, activity-oriented, and developmentally appropriate learning environments in Anganwadi Centres, with a special focus on school readiness. It emphasizes capacity building of Anganwadi Workers, creation of child-friendly infrastructure, and use of locally relevant, multilingual teaching-learning materials.

The goal of ECCE within Saksham Anganwadi and Poshan 2.0 is to lay a strong foundation for lifelong learning and development, reduce learning gaps at the primary school stage, and break the intergenerational cycle of undernutrition and poor educational attainment.

Services Provided under ECCE:

- Holistic Preschool Learning Materials: ECCE includes the provision of age-appropriate learning materials designed to foster children's cognitive, emotional, social, and intellectual growth. The materials also support the development of muscular coordination, basic motor skills, aesthetic appreciation, independence, creativity, and the adoption of healthy habits.
- School Readiness and Seamless Integration: ECCE focuses on training and skill development to ensure all preschoolers are adequately prepared for formal schooling. Special emphasis is placed on the smooth transition and integration of children aged 5-6 years into Grade I.
- Capacity Building through 'Poshan Bhi, Padhai Bhi' (PBPB): The Ministry has introduced the 'Poshan Bhi, Padhai Bhi' initiative to develop State Level Master Trainers, including Child Development Project Officers (CDPOs), District Programme Officers (DPOs), and Supervisors. These Master Trainers are responsible for upskilling AWWs thereby strengthening their ability to deliver high-quality ECCE services, integrated with nutrition, to the intended beneficiaries.

Fund Flow Process and Allocation Mechanism:

Cost Sharing: ECCE (as part of Mission Poshan 2.0) is financed jointly by the Central and State governments, adhering to the same cost-sharing arrangement as other mission components. Under Poshan 2.0, each Anganwadi Centre is provided with a Pre-School Education (PSE) or ECCE kit – containing learning and play materials (flashcards, picture books, toys, charts, etc.) – to facilitate activity-based learning. As per the operational guidelines, ₹3,000 per AWC is allotted once every 5 years to fully refresh the ECCE kit, and ₹1,000 per AWC per annum for 4 years.

Fund Flow Mechanism: In compliance with the Public Finance Management System reforms, funds under Poshan Abhiyan are channeled through a Single Nodal Account (SNA) at the state level. The fund flow mechanism is similar to the approach detailed in the SNP section.

Process Flow for ECCE

1. **Enrolment of children**
   - 0–3 years: Focus on early stimulation, responsive caregiving, health, nutrition, and parental education. Not formal education, but developmental support.
   - 3–6 years: Focus on non-formal pre-school education (PSE) through Anganwadi Centres using structured activity-based curriculum.

2. **Curriculum Frameworks**
    - "Navchetna" – National Early Childhood Stimulation Framework for 0–3 years.
    - "Aadharshila" – National Curriculum Framework for 3–6 years, aligned with National Curriculum Framework for Foundational Stage, 2022 (NCF-FS) developed after NEP 2020

3. **Training and Capacity Building: "Poshan Bhi Padhai Bhi" Program**
    - MoWCD's national ECCE task force and NIPCCD develop standardized training material and manuals
    - Cascade training model- training State-level Master Trainers, who then train the AWWs at local levels
    - Includes 3 days intensive training module for AWWs on ECCE

4. **Anganwadi Workers as ECCE Facilitators**
    - Primary service providers deliver preschool education and parental guidance at AWCs.
    - Receive regular training under convergence with the Department of School Education and Literacy.

5. **Convergence with Other Departments**
    - Ministry of Education – curriculum alignment.
    - Panchayati Raj Institutions & Community Groups (e.g., Poshan Panchayats, VHSNCs): Mobilize participation, support oversight, and ensure accountability of ECCE services.

6. **Monitoring via Poshan Tracker**

Real-time digital tool used to track:

- Daily attendance in pre-school sessions.
- Growth monitoring and service delivery.
- Provision of ECCE kit and usage.

Performance Analysis

4.1.11.1 Relevance

Mission Saksham Anganwadi and Poshan 2.0 aims to secure the nutritional and well-being needs of its beneficiaries in a lifecycle approach. For the successful analysis of the mission's lifecycle approach, it becomes important to examine how relevant ECCE stands with respect to the scheme's emphasis on overall child development. The subsequent examination of ECCE's relevance is based across the following components:

1. Relevance for National Priorities and International Commitments
2. Relevance to Beneficiary Needs

Relevance for National Priorities and International Priorities

Mission Saksham Anganwadi and Poshan 2.0 recognizes the pivotal role of early years in development and seeks to strengthen India's Early Childhood Care and Education (ECCE) landscape. Guided by the National Education Policy (NEP) 2020 and National Curriculum

Framework for Foundational Stage 2022, it aims to enhance the early learning through Anganwadi system for children from birth to 6 years. The continuity of education envisioned via ECCE-ensured foundational learning and school readiness for the children furthers the national objective of universal elementary education envisaged under Right of Children to Free and Compulsory Education Act 2009.

At the same time, the relevance of ECCE is not merely restricted to the need for early childhood learning but also nutritional sufficiency, supporting the life-cycle approach to human development adopted by SNP. Under SNP, children in the age group 3 – 6 years form the main beneficiary cohort of HCM at AWCs with 4,46,64,506 beneficiaries enrolled currently. All children enrolled at AWCs for preschool learning are provided with HCM, which ties ECCE as a vital component for the provisioning of supplementary nutrition to children, reflecting a multipronged approach to childcare.

> *"Through Anganwadi centres, we focus on eradicating malnutrition, ensuring women are aware of their rights, and building capacity among children. The goal is to make children strong from the start, so they won't need too many schemes later in life—they become self-reliant."* – ***District Program Officer, Bihar***

However, the inclusion of foundational learning stated under NEP 2020 for children in the age group 3 – 8 years have raised concerns among the stakeholders in administration pertaining to duplication of policy efforts.

Our conversations with state officials revealed that since NEP 2020's focuses on ensuring nutrition and health services, akin to those provided in AWCs, to children enrolled in preschools by extending mid-day meal program as well as health check-ups and growth monitoring to preparatory classes in primary schools or preschools, it has led to duplication of benefit-provisioning infrastructure that has compromised with ECCE uptake in AWCs, and consequently the uptake of HCM that has previously been established to be low in the section discussing SNP.

> *"Additionally, the education department, under the Ministry of Education, has introduced the concept of preschools for the three to six-year age group. This means that a significant portion of our three to six-year-old children have now transitioned to schools, and this transition is generally smooth. Moreover, people often prefer schools over Anganwadis in terms of educational structure. Consequently, we face a challenge in retaining children in the three to six age group in Anganwadis and in enhancing the Anganwadis' capacity in terms of training, education, and engagement for the students."* ***– State Official, Himachal Pradesh***

On the other hand, the lack of grassroot infrastructure for ECCE besides AWCs continues to strengthen ECCE's relevance, causing a complex picture to emerge. While NEP 2020 clearly outlines strengthening of AWCs and training of AWWs for universal access to ECCE, it does not include directive guidelines on construction of preschools/balvatikas to further its policy

objective on mainstreaming foundational learning, underscoring dependency on the existing Anganwadi infrastructure for the achievement of ECCE.[112]

At the international level, the implementation of ECCE across Anganwadis can be seen directly aligned with SDG 3: Good Health and Well Being and SDG 4: Quality Education. By ensuring cognitive simulation for children to facilitate school readiness, ECCE furthers childcare and contributes to the well-being of the population stratum in the age group 3 – 6 years. Additionally, the provisioning of non-formal pre-primary education emerges critical for the realization of quality early childhood care and pre-primary education under SDG 4.

Relevance to Beneficiary Needs

The objective to universalize education for all children in India under Sarv Siksha Abhiyaan was subsumed under Samagra Siksha Abhiyaan, an integrated scheme that aims to ensure school education from pre-school until Class XII for all children. All individuals under the age of 18, henceforth, form the beneficiary population group. As per the projected population characteristics by National Commission on Population, MoHFW, the projected population of individuals in India below 18 years of age stands at 40,93,41,000 for 2026, accounting for approximately 28.7% of the total population.[113] Although the current policy framework ensures the provision of 14 years of school education, without any segmentation, on the basis of estimated needs, it caters to approximately one-third of Indian population as its eligible beneficiary universe. The successful achievement of national education priorities, hence, rests upon the identification of needs of children in or entering foundational learning stage such that they can be seamlessly enrolled and/or integrated into the formal school system.

While an assessment of the true needs of foundational learning is limited by the lack of disaggregated data of the population of children (3 – 6 years), the felt needs can be inferred from the current rate of enrolment in foundational learning. The latest UDISE+ report[114] for 2023-24 brings into picture a GER of 41% the foundational level that ranges from pre-primary to Class II excluding the enrolment at Anganwadi centres. The low enrolment rate in foundational learning stage substantiates the reliance of NEP 2020 as well as Samagra Siksha Abhiyaan on Anganwadi infrastructure for ECCE. The relevance of ECCE via AWCs is established due to its grassroot presence which ensures reach to last mile beneficiary, particularly the regions with low to no preschool presence under MoE, thereby universalising access to foundational learning.

Conclusion

The relevance of ECCE is found to be high in our assessment of ECCE's relevance to national priorities, international commitments and beneficiary needs. We find the provision of ECCE services at AWCs for children in the age group 6 months – 6 years aligned with the national priority of universalizing access to education including foundational learning, and with SDG3 and SDG 4 under 2030 Agenda. However, stakeholders find a duplication of efforts due to two policy frameworks addressing foundational learning in convergence but with differentiated institutional structures. At the same time, the relatively weaker grassroot penetration of the institutional structure under MoE, due to school provision on demand basis

[112] National Education Policy 2020, Ministry of Human Resource Development
[113] MoHFW (July, 2020), Population Projections for India and States 2011-2036
[114] Source: UDISE+ 2023-24

as against saturation of supply with 1 AWC per 800 people, indicates the dependence of NEP 2020 on Anganwadi infrastructure to respond to felt beneficiary needs.

4.1.11.2 Efficiency

The section on efficiency examines the use of financial, human and infrastructural resources for effective implementation of the scheme and assesses the overall operational efficiency.

In our analysis of SNP, we deeply explored the efficiency with which financial, infrastructural and human resources at AWCs are being utilized. Considering ECCE relies on the same Anganwadi infrastructure for its implementation, and does not rely on an independent infrastructure, the constraints and strengths highlighted across these components in SNP are directly applicable to ECCE. However, the implementation of ECCE is also an outcome of additional capacities among the human resources and physical infrastructure. Consequently, we have provided additional analysis on human resource and infrastructural efficiency for ECCE.

1. Human Resource Efficiency
2. Infrastructural Efficiency

Human Resources Efficiency

Service delivery under ECCE is directly dependent on the availability of skilled human resources who can enable the children to achieve foundational learning outcomes. Considering the range of services falling under the ambit of AWCs, the availability of a two-person staff becomes most imperative. While AWWs find themselves directly responsible for service delivery under ECCE, AWHs are mandated to support the AWWs in the provisioning of supplementary nutrition, beneficiary outreach, identification and enrolment, as well as maintenance of the infrastructure.

As previously reported, institutional survey at the AWCs also reveal availability of AWHs in only 76.9% of AWC, indicating a gap in operational capacity for approximately 21% of the centres.

To further substantiate the implications of staff shortages, a District Consultant from Uttar Pradesh elaborates:

> *"Some improvements have also been made to the system. However, challenges remain. For instance, mobilizing children is often difficult. Some centres don't have assistants or are even vacant, due to which the enrolment numbers fall short of expectations."* – ***District Officer, Uttar Pradesh***

The delivery of ECCE is not merely contingent upon the availability of a 2-person staff but also upon the ability of the staff in-charge of imparting ECCE i.e. the AWW to do so. Emphasising upon the necessity of well-trained staff at AWCs for ECCE, NEP mandates a convergence model for the training of AWWs into skilled ECCE teachers in accordance with the pedagogical framework developed by NCRET, and the training courses mentored via Cluster Resource Centres of the School Education Department under Ministry of Education (MoE). It also

outlines that the AWWs with qualifications of 10+2 (also as per the Mission Saksham Anganwadi and Poshan 2.0 guidelines) shall be given a 6-months certificate program in ECCE whereas those with lower qualifications shall be given one-year diploma programme. In the light of NEP directive to MoWCD for ECCE at AWCs, a myriad of human resource challenges emerges in its efficient implementation. In addition to less than sufficient mobilization of ECCE certification for AWWs, the frontline workforce also reports lower educational qualification than the mandated educational qualification of 10+2 for AWWs with only 82% of AWCs affirming the availability of qualified staff in our institutional checklist survey.

Our qualitative survey with administrative officials establishes that while the recruitment of new AWWs is happening as per the guidelines, most incumbent and old AWWs lack minimum qualifications of 10+2. At the administrative level, the data on AWWs' educational qualifications is captured but not published.

> *"We do capture the data but that is not published. We can furnish on demand if required"*– ***Centre Official, MoWCD***

Both the policies on ECCE necessitate the training of AWWs subject to minimum educational qualification.

> *"A lot of the AWWs are old with not even a Class X qualification, let alone Class XII as the guideline states. Some of them have reached their retirement but they still don't leave because for them it is their only source of income. We also cannot just ask them to leave. So, we are trying to assure them that we will give their position to one of their family members so that they can keep their source of income in family and retire. We are trying to replace the underqualified staff, but it will take time."*– ***State Official, Rajasthan***

Currently, while the convergence mechanism is sound, it has not been able to see a rapid and effective implementation on ground. There is a lack of data around AWWs certified in ECCE by Cluster Resource Centres under MoE. Our institutional survey does not capture any AWW across 251 centres to be certified in ECCE by CRCs.

At the same time, the intra-ministry efforts in the training of AWWs have been limited. The constitution of Mission Saksham Anganwadi and Poshan 2.0, and the directives under NEP encouraged MoWCD to set up an ECCE task force that submitted its report in 2023,[115] recommending a 5 day in-person training on ECCE for AWWs held across two phases. While the first phase involves a 3-day training on ECCE, malnutrition management, growth monitoring, assessment of learning outcomes, and inclusion practices, the second phase will be implemented in 2025-26. The ECCE task force recommended a 3-tier implementation model under Poshan Bhi Padhai Bhi which first aims to create a cadre of national master trainers, then state master trainers and subsequently, the AWWs.

[115] https://www.nipccd.nic.in/uploads/pdf/PBPBLaunchpdf-bd314f6bce5a0151eb4535aab4dc92f7.pdf

Currently, the Poshan Tracker data reveals 13,33,338 workers against 4,46,64,506 beneficiaries in the age group 3 – 6 years, putting the AWW-to-Child ration approximately equal to 1:34. In addition to the operational burden of managing a large pool of beneficiaries, AWWs are severely limited in their capacity to deliver ECCE considering the robustness of the PBPB training program and its coverage.

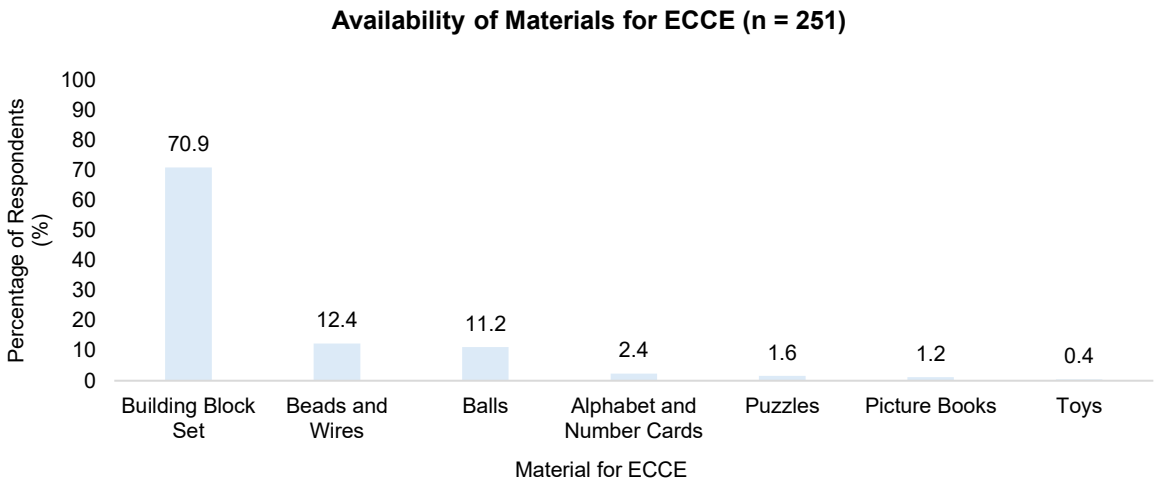
Since the launch of PBPB, it has managed to train 4,20,360 AWWs representing merely 31.5% of the entire workforce.[116] Additionally, the requisite of 6- or 12-months long ECCE certification as established by NEP for efficient delivery of ECCE stands in direct contrast with PBPB provisions of 5–day training, signalling inadequacy of PBPB to address the workforce's capacity building needs.

Anganwadi Infrastructure Readiness for ECCE

Our primary checklist survey with the institutions including AWCs reveals that 93% of the AWCs report the availability of pre-school learning materials and toys. The high rates of availability of pre-school materials contribute to the efficiency of ECCE implementation.

However, when we probe further on the availability of items under ECCE kits, essential for the dissemination of foundational learning among children, we come across a dismal picture.

Figure 49: Availability of Materials for ECCE



Source: Institutional Survey

While approximately 71% of AWCs report the availability of building block set, the availability of puzzles, alphabet and number cards, and picture books are only reported by 1.6%, 2.4% and 1.2% of AWCs, respectively. The non-availability of fundamental pedagogical items for ECCE limit the ability of AWCs to efficiently carry out the mandate.

The implementation of ECCE pedagogical framework gets further limited due to the low availability of digital tools and facilities, revealed from institutional survey wherein only 19% of AWCs reported the availability of e-learning materials, in addition to human resource capacity as elaborated in the previous section. In our institutional survey, only 4 out of 251 AWCs

[116]https://www.pib.gov.in/PressReleseDetailm.aspx?PRID=2117760

reported to have functional internet facility, while only 3 AWCs reported to be equipped with a TV and only 1 to be equipped with a computer/laptop. The lack of digital infrastructure limits the administration of audio-visual aids and smart learning aids under ECCE. It also precludes the ability of AWCs to access the national repository of resources on foundational learning and numeracy made available on Digital Infrastructure for Knowledge Sharing (DIKSHA) under NEP 2020.

The lack of upgraded infrastructure for ECCE points out to the lag in strengthening of AWCs into Saksham Anganwadis as per the guidelines. Apart from the ECCE specific infrastructure, the efficiency of general AWCs' infrastructure has been discussed in detail in the SNP component.

Conclusion

The efficiency of ECCE is low as its implementation is fundamentally tied with the efficiency of resource use in SNP since the SNP beneficiaries entitled to HCM are also the beneficiaries of ECCE. The implementation efficiency of ECCE is marred by the same set of challenges as that of SNP. While inadequate Anganwadi infrastructure prove to be obstacles in both service delivery as well as its utilization, the lack of focused skilling of AWWs on ECCE points out to the gap in capacity building needs and the ongoing efforts. With respect to an effective dissemination of ECCE curriculum and its contribution to NEP 2020 goals, the skilling of AWWs on ECCE is yet to be completed, mitigating their optimal utilization. Additionally, the infrastructural readiness for ECCE akin to that of pre-schools is currently limited, leading to the inference that the current implementation of ECCE is less efficient.

Table 42: Final Gaps and Recommendations

Component	Gaps	Recommendations
Human Resources Efficiency	Extremely low level of trained AWWs on ECCE.	• Rapid recruitment of AWHs in order to facilitate Anganwadi services including the distribution of supplementary nutrition with a 2-person staff such that the AWWs can provide greater attention to ECCE. • Rapid mobilization of training programme for AWWs in convergence with CRCs under MoE, as directed by NEP 2020, in order to create a cadre of ECCE trained staff.
Infrastructural Efficiency	Moderately low level of infrastructural readiness for ECCE implementation.	The recommendations to augment infrastructural efficiency have been explored in detail in the SNP section.

4.1.11.3 Effectiveness

This section examines the effectiveness of the ECCE by assessing whether the AWCs can provide care and education services for children's foundational learning and overall well-being. To answer the effectiveness of service provision for ECCE, the extent of beneficiary coverage considering ECCE's objective to universalize foundational learning, as well as the uptake of ECCE reported by the target beneficiaries. On the other hand, we examine the perceived effectiveness of the scheme among the guardians of target beneficiaries. The aforementioned components can be categorised as follows:

1. Coverage Of Beneficiaries
2. Achievement of Results vis-à-vis Scheme Objectives

Coverage Of Beneficiaries

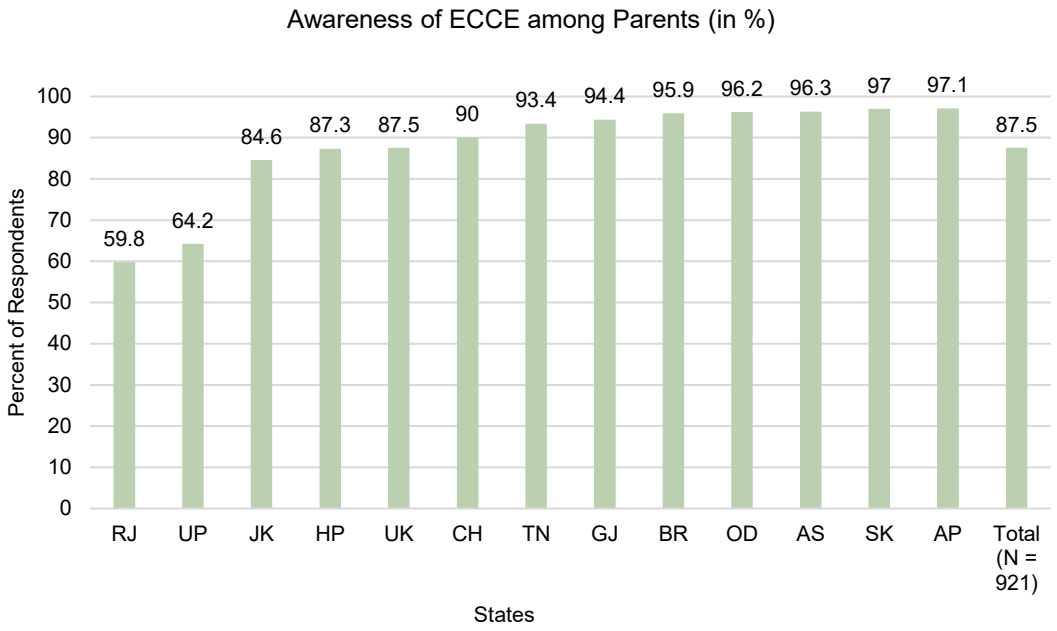
The guidelines of ECCE emphasise cognitive, emotional, social, and intellectual development of all children in the age group 3 – 6 years. It is a universal scheme that aims to address the foundational learning needs of the entire population falling the age group. The universalization of a scheme works on the principle of saturating the supply such that all target beneficiaries can access its provisions upon awareness and needs subject to willingness. Henceforth, it becomes essential to explore the awareness among target population to assess the effectiveness of the scheme's delivery mechanism.

Awareness about ECCE

Since there is no promptly identifiable direct benefit transfer to the beneficiaries on account of ECCE, nodal officers and frontline workers emphasise on the need for a robust outreach mechanism that contributes to advocacy for foundational learning for children. The robustness of the outreach mechanism is illustrated by the level of awareness on ECCE among people, not merely on the provisions of the scheme but also on the criticality of early childhood education for the healthy overall development of a child.

In our household survey, we interviewed mothers of children aged 2 – 6 years to identify if the information around the scheme is reaching its last mile beneficiary. The total number of mothers with children in the age group 2 – 6 years interviewed hence, stood at 921. The findings are illustrated as follows:

Figure 50: Awareness of ECCE among Parents



Source: Household Survey of 921 beneficiaries

For the sampled geographies combined, the level of awareness scores a high average of 87.5%, indicating robust outreach efforts. States like Andhra Pradesh (97.1%), Sikkim (97%), Assam (96.3%), and Odisha (96.2%) demonstrate excellent awareness levels, reflecting active Anganwadi engagement. In contrast, Rajasthan (59.8%) and Uttar Pradesh (64.2%) show significantly lower awareness, suggesting regional disparities and the need for targeted sensitisation efforts. While these findings point to overall success in ECCE visibility, they also warrant an exploration of states with comparatively lower levels of awareness to probe for possible explanations and highlight the targeted efforts mobilized by the administration to overcome the challenge.

Officials shed further light on the general socio-cultural attitude among the populace to be one of the impediments to generating awareness for the scheme and ensuring its universal access.

> *"Yes, people have become quite aware as compared to earlier times, whether it's about nutrition, sanitation, or their work behaviour. Today, we can see improvements–for example, vaccination rates have increased, and parents are feeding their children and sending them to centres. However, children's attendance at Anganwadi centres is still low. People are more eager to collect ration than to ensure their children attend regularly." –* ***Block Officer, Uttar Pradesh.***

Outreach efforts for enhanced awareness require enthusiastic mobilization of the frontline staff. The challenges to outreach can be tied with our discussion on the human resource efficiency of the scheme. To corroborate via qualitative findings, district officials often expressed the unavailability of required staff for effective outreach.

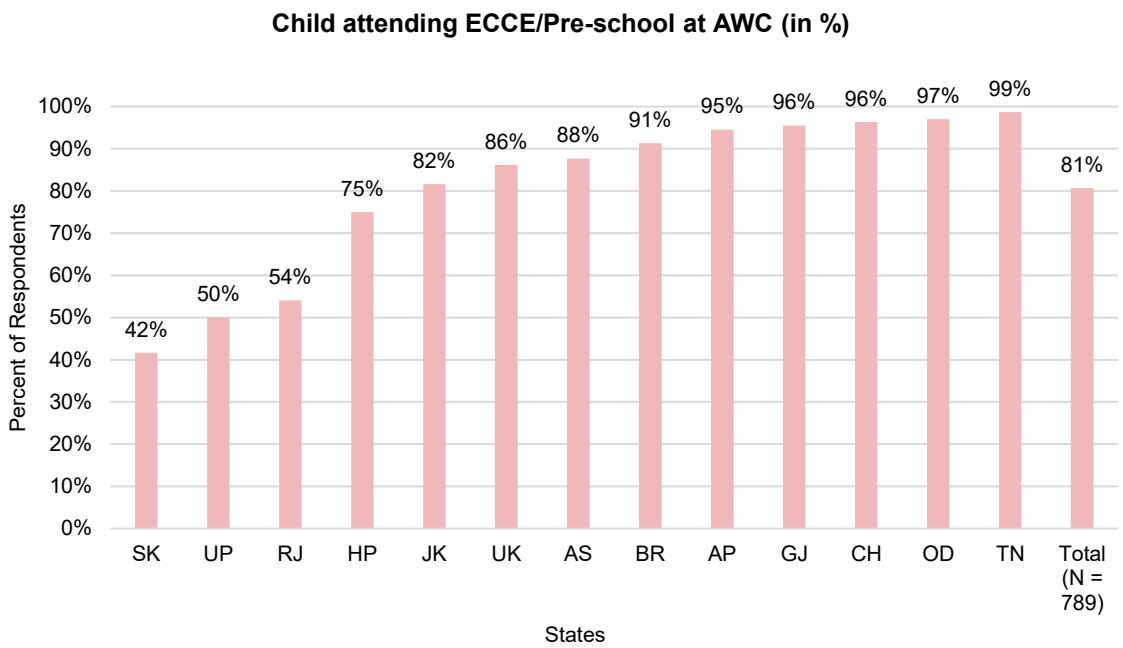
"In our district, only 2 CDPOs are posted out of the sanctioned 11 positions, and only 24 supervisors are in place out of the required 85. Among these 24 supervisors, around six to seven have been promoted from the position of Anganwadi worker. Each supervisor is looking after up to 100 centres, the posts of CDPO are also vacant and there has been no recruitment of AWWs and assistants for the last 15 years. Now that recruitment has started, there have been a lot of vacant posts currently, approximately 500-600 workers and helpers and many more. So, by giving the duties of two to three centres to one Anganwadi, we are somehow managing the work." – ***District Officer, Uttar Pradesh.***

While the level of awareness for ECCE among parents of beneficiaries' group, as established by our household survey data, gives a positive outlook but fails to optimally translate into service uptake.

Attendance of Children in ECCE at AWCs

Of all mothers of children 2 – 6 years old who were asked if their child attends ECCE at AWCs, 126 fell out of the purview of question due to their child being less than 3 years of age. Out of 789 respondents with eligible child profile for ECCE, 81% said yes, reflecting encouraging participation levels given the early stage of the scheme. However, with 19% respondents expressing non-participation of their child in ECCE, highlighting the importance of concentrated efforts to universalize the scheme across all eligible beneficiaries.

Figure 51: children at AWC attending ECCE



Source: Household Survey of 921 beneficiaries

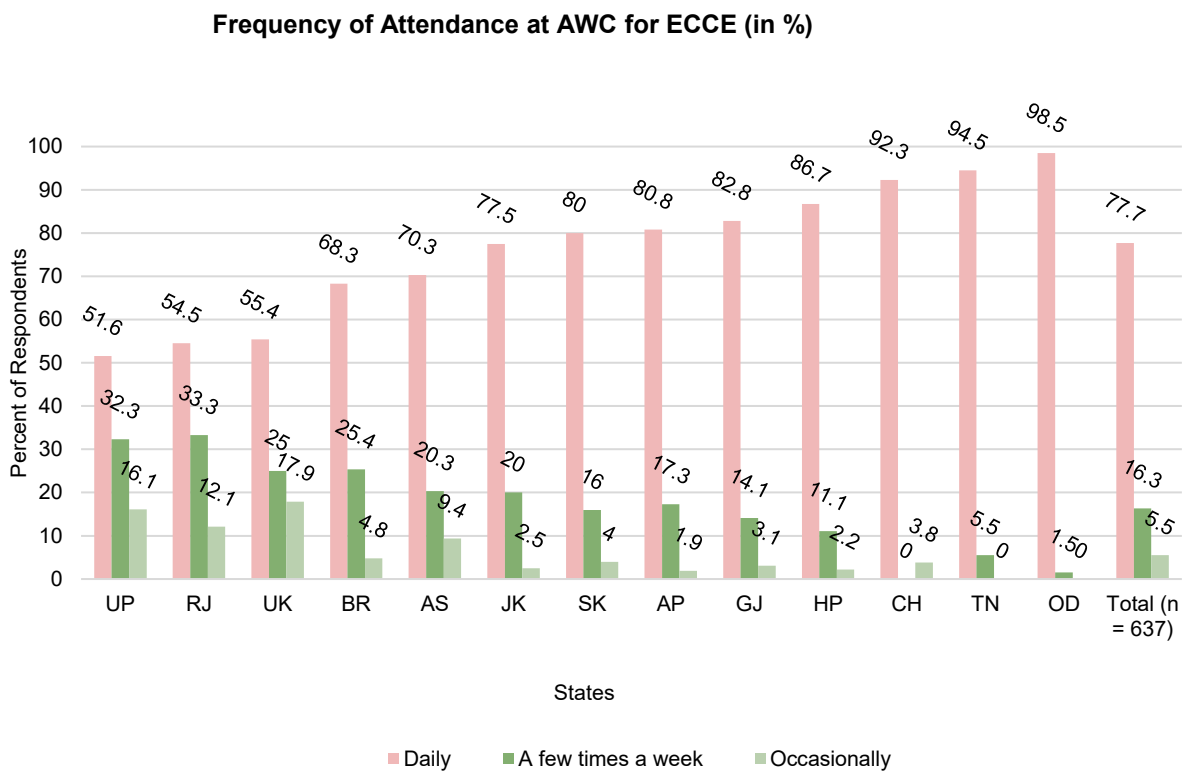
A state-wise comparison highlights Tamil Nadu (99%), Odisha (97%), Gujarat (96%), Chandigarh (96%), and Andhra Pradesh (95%) as top performers. In contrast, Sikkim (42%),

Uttar Pradesh (50%), and Rajasthan (54%) have the lowest attendance rates. States like Himachal Pradesh (75%) and Jharkhand (82%) demonstrate moderate attendance, but with notable shares of children still not attending AWCs for ECCE. Low levels of ECCE awareness in Rajasthan and Uttar Pradesh can be seen tied with low levels of children attending AWCs for pre-school.

We further inquired about the reason for the eligible child for not attending ECCE at AWCs. From our cohort of caregivers, 152 respondents had at least one child of eligible beneficiary profile out of which 86 reported that their child is already attending a preschool and hence, is unable to attend ECCE at AWCs. In other words, 9% of all respondents reported their child to be availing ECCE from pre-schools.

Out of 789 caregivers who were asked if their child is attending ECCE, 637 caregivers reported availing the ECCE services. Consequently, we asked the 637 caregivers about the frequency at which their child attends ECCE at AWCs. The frequency of attendance emerges as a critical indicator as a child presence in AWC determines how effective the scheme is for the target populace.

Figure 52: Frequency of Attendance at AWC for ECCE



Source: Household Survey

About 77.7% of children across all sampled geographies attend ECCE sessions daily on an average, indicating strong engagement at AWCs. A total of 7 states and union territories namely Odisha (98.5%), Tamil Nadu (94.5%), Chandigarh (92.3%), Himachal Pradesh (86.7%), Gujarat (82.8%), Andhra Pradesh (80.8%) and Sikkim (80%) emerge in the topmost quintile in terms of daily attendance of beneficiaries. Uttar Pradesh (51.6%), Rajasthan (54.5%), and Uttarakhand (55.4%) show lower daily attendance, with a considerable number

of children attending only a few times a week. Very few children across all states never attend ECCE sessions–often below 5%. The proportion of irregular attendance (i.e., attending a few times a week or occasionally) is highest in states like Uttar Pradesh (32.3%) and Rajasthan (33.3%), pointing to infrastructural barriers as discussed in our analysis of SNP. Low availability of water and electricity, as indicated from our institutional survey and explored in the AWCs' infrastructure analysis under SNP section, can be seen contributing to the low attendance of children in AWCs. In our further probing to understand the possible causes of a high number of out-of-education days for children in Uttar Pradesh, Rajasthan, and Uttarakhand, we stumbled upon the challenges emphasised by the implementing stakeholders in these geographies.

A block officer from Rajasthan lists out the grassroot level challenges that represent the impediments to scheme awareness and children's attendance.

> *"First, there is a severe shortage of personnel, with nine sector posts vacant, impacting project output. Second, many Anganwadi workers, who joined decades ago, lack technological literacy, affecting data management. Third, many parents work in mines and cannot provide adequate childcare, placing more responsibility on Anganwadi workers. Fourth, infrastructure at Anganwadi centres is lacking; electricity connections have been installed, but internal fittings are still missing. Fifth, the low education level in the area slows down behavioural change and health education efforts. Lastly, we lack sufficient supervision due to the personnel shortage."* ***– Block Officer, Rajasthan***

An officer from Himachal Pradesh underscores the technical and geographical challenges that might be affecting the awareness of ECCE among parents and the ability of young children to come to AWC daily.

> *"Network issues persist, and we have many shadow areas, like in Kapkot where AWWs have problems in working. The geographical distances are great. Migration is a big issue in the mountains. These are continuous problems faced by everyone all over the world, always. So, we have challenges, but work is being done."* ***– District Officer, Himachal Pradesh.***

Achievement of Results vis-à-vis Scheme Objectives

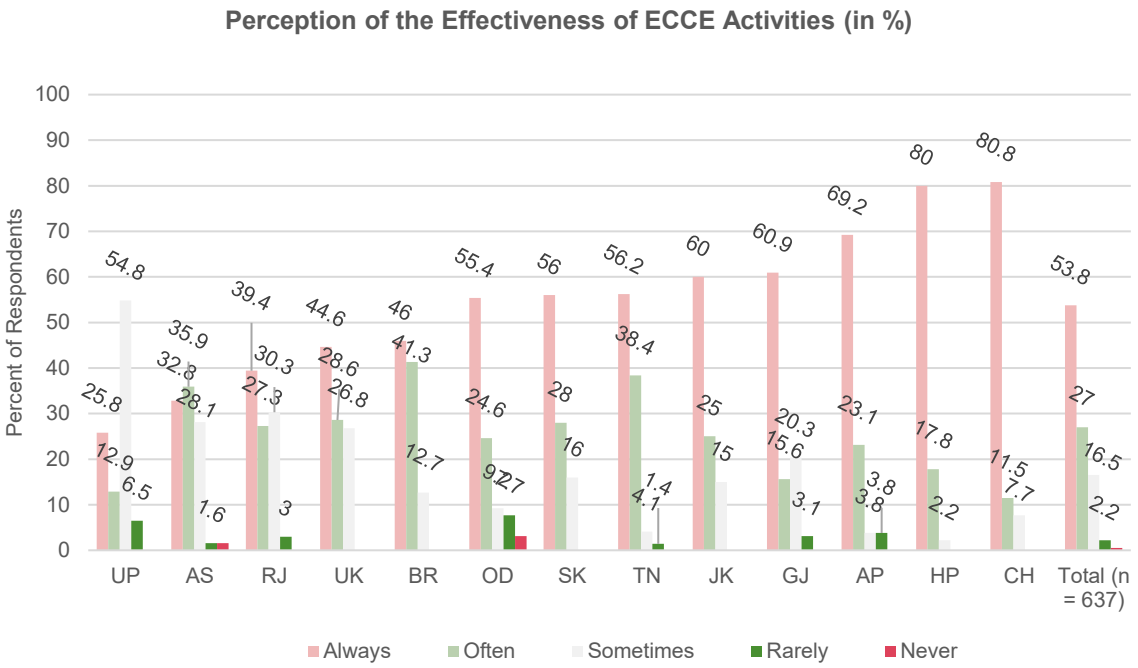
At present, the guidelines for Mission Saksham Anganwadi and Poshan 2.0 do not map outcome indicators aligned with the assessment frameworks suggested under Navchetna and Aadhaarshila for the children attending ECCE at AWCs, limiting our ability to examine the achievement of scheme's results with respect to its objectives. In our household survey, we try to understand the beneficiary perception on the quality of services in order to understand if the scheme is being perceived effective and if the parents are able to see identifiable results in the overall development of their children. In terms of beneficiary perception, we come across a largely positive picture with most parents reporting ECCE to be effective as explored further.

Perception of Effectiveness of ECCE Activities among Caregivers

In our sampled geographies, a total of 80.8% of parents report ECCE activities to be either "always" or "often" effective at engaging children, indicating a generally strong perception of consistency and quality in early learning delivery. Chandigarh (80.8%), Himachal Pradesh (80%), Andhra Pradesh (69%), and Gujarat (60.9%) emerge to be the states with highest levels of trust among parents in the consistent effectiveness of the ECCE activities. In contrast, Uttar Pradesh (25.8%), Assam (32.8%), and Rajasthan (35.4%) report lower confidence in the consistent effectiveness of ECCE activities, with higher proportions selecting "sometimes" or "often."

A minor volume of responses falls into the "rarely" or "never" categories, though Odisha (7%) and Sikkim (1.7%) register small pockets of concern. A notably high proportion of responses reported the ECCE activities in Uttar Pradesh (54.8%) and Rajasthan (30.3%) to be sometimes effective at children engagement.

Figure 53: Perception of the Engagement Effectiveness of ECCE Activities



Source: Household Survey (n=637)

AP(n=70) | AS(n=82) | BR(n=74) | CH(n=30) | GJ(n=71) | HP(n=79) | JK(n=52) | OD(n=78) | RJ(n=82) | SK(n=66) | TN(n=76) | UK(n=80) | UP(n=81) | Total(n=921)

AP(n=70)
AS(n=82)
BR(n=74)
CH(n=30)
GJ(n=71)
HP(n=79)
JK(n=52)
OD(n=78)

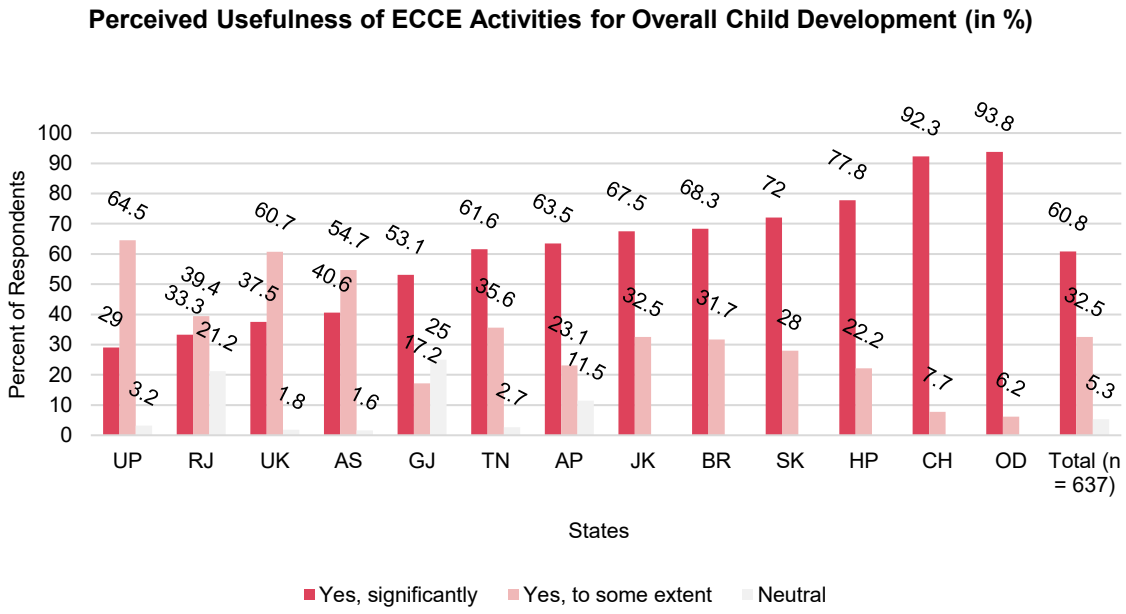
RJ(n=82)
SK(n=66)
TN(n=76)
UK(n=80)
UP(n=81)
Total(n=921)

Stakeholders across state report innovations in ECCE implementation with many of such innovations reflecting localized solutions. District officials from Uttar Pradesh emphasize the use of learning videos via smartphones, use of toys and visual aids. District officials from Bihar add that the social, emotional and linguistic development in children is facilitated via play-based pedagogy wherein children are taught to sit, speak and live in a community. However, the achievement of results across the scheme's objective cannot be conclusively captured due to the unavailability of outcome data pertaining to children aged 3 – 6 years attending AWCs for ECCE in accordance with the assessment frameworks under the national curricula.

Perceived Usefulness of ECCE for Child Development

On inquiring into the usefulness of ECCE activities for the overall development of children, we see a similar picture as that of perceived effectiveness. Caregivers express a broadly positive sentiment toward the developmental usefulness of ECCE activities for children with 60.8% of mothers believing ECCE activities to be significantly useful. States like Odisha (93.8%), Chandigarh (92.3%), and Himachal Pradesh (77.8%) show overwhelming belief in ECCE's usefulness. In contrast, Uttar Pradesh (29%), Rajasthan (33.3%), and Uttarakhand (37.5%) report much lower "significantly useful" ratings and higher shares of moderate or neutral opinions.

Figure 54: Usefulness of ECCE Activities for Child Development



Source: Household Survey (n=637)

The consistent performance of Odisha in securing parental satisfaction on the perceived usefulness and engagement effectiveness of ECCE activities can be understood from the

additional innovative methods adopted by the state in implementing ECCE. These additional methods render ECCE sustainable and viable in the long run.

Case Study from Odisha

The Aruni Maa Programme in Odisha, specifically the "Nua Arunima" program, focuses on improving the quality of early learning by leveraging mother tongue instruction. It aims to address the language and social barriers to early learning with the mother tongue curriculum. The program also emphasizes the importance of pre-school education and its continuity with formal schooling, ensuring children are ready for primary school.

"Our 3 – 6-year-old preschool children feel like my own children. Apart from our Aruni Maa program, I have also taught some English, Hindi songs and dance to the children from my knowledge. I go outside the Aruni Maa program and teach children English songs or alphabets and teach our Sambalpuri dance and various types of dances. Now the children are very happy, they are very active and dancing." ***– AWW, Odisha.***

In the wake of myriads of challenges arising in implementing ECCE, the stakeholders show resolve and commitment to the cause:

"Yes, challenges are part of every job. But currently, our main challenge is related to training. We've already conducted multiple training sessions related to nutrition, early childhood education, and other departmental programs, and we plan to continue improving this area." – ***DNC, Uttar Pradesh***

Conclusion

In our analysis of effectiveness of ECCE reveals it to be low. We are challenged by a lack of outcome indicators to assess the gradual change being absorbed by the beneficiary group, i.e. children aged 3 – 6 years, due to the provision of ECCE services. While ECCE aims to enable children in foundational learning and render them school ready for their integration into the mainstream education, there is no grassroot approach to capture the rate at which the scheme is achieving its objectives. The Poshan Tracker data received from MoWCD suggests that as of March 2025, as many as 2,50,95,250 children in the age group 3 – 6 years were reported to be enrolled in AWCs across our sampled geographies, limiting the scope of our inference from the 921 sampled caregivers. At the national level, while the Poshan Tracker reports the number of eligible children (3 – 6 years) who are enrolled in AWCs, it does not capture the actual number of children attending AWCs for ECCE. Considering the uptake of HCM (refer to the effectiveness analysis of HCM under SNP section) by this beneficiary cohort to be indicative of uptake of ECCE since both services are given in conjunction with each other, we can infer the scheme to less effective.

Table 43: Final Gaps and Recommendations

Component	Gaps	Recommendations
Coverage of Beneficiaries	High level of awareness and uptake reported from the sample is limited by the findings of low uptake of HCM as reported by the Poshan Tracker data as well as household survey, since the uptake of ECCE is contingent upon the uptake of HCM.	While behavioural challenges such as the prevalence of a lack of interest in availing Anganwadi services can be tackled with an increase in awareness programs, the operational challenges require greater attention for their mitigation. Based on our consultation with key stakeholders responsible for implementing the scheme, we find that effective implementation of ECCE is not only a factor of adequate staff but is also dependent upon the availability of trained staff as well as provisions of basic infrastructure for ECCE. Henceforth, our recommendations for enhanced coverage of beneficiaries under ECCE do not differ from the recommendations tendered for SNP.
Achievement of Results vis-à-vis Scheme Objectives	Absence of outcome indicators to assess the scheme's effectiveness for the beneficiaries	The implementation of ECCE is greatly challenged by the unavailability of adequately trained staff across AWCs, emphasising the need for a stronger convergence with MoE for the training of AWWs. The training of AWWs must be rapidly conducted concurrently with the development of an age-appropriate assessment framework with measurable outcome indicators such that AWCs can be relied upon for the achievement of foundational learning and school readiness.

4.1.11.4 Sustainability

The sustainability of ECCE as a scheme is defined in terms of the programme's ability to ensure its objective of universal access with progressively increasing coverage of target beneficiaries, as well as sustained effectiveness of the scheme's provisions with identifiable contribution to foundational learning for children. To render ECCE at AWCs centre sustainable, it will not only require it to address the current challenges to efficiency in terms of human resource and infrastructure but also to develop robust assessment mechanisms for ECCE beneficiaries such that the provisioning of scheme via Anganwadi infrastructure remains relevant. To examine the degree of sustainability pertaining to ECCE, we have explored the service delivery mechanisms across the following categories:

1. Financial Sustainability
2. Institutional Sustainability

Financial Sustainability

Mission Saksham Anganwadi and Poshan 2.0, as a centrally sponsored scheme, is implemented through a 60:40 cost-sharing mechanism between the centre and the state/UTs (90:10 for Northeastern and special category states). Considering ECCE falls within the gamut of the scheme, the financial sustainability of ECCE is tied with the financial sustainability of the larger scheme, and particularly SNP due to the mutual beneficiary cohort.

Taking into account the specific provision for ECCE amounting to Rs.3,000/- per AWC once in 5 year and Rs. 1,000/- per AWC per annum for 4 years for ECCE kit including training of AWW, we find a gross financial inadequacy for effective enabling of AWCs to provide ECCE services. The guidelines state the implementation of two pedagogical frameworks via ECCE and the essential provisioning of pre-school kits across all 14,01,054 AWCs as currently reported on Poshan Tracker. Out of these total AWCs, 2,00,000 i.e. 14% of establishments are to be upgraded to Saksham Anganwadis via additional financial aid and therefore, will not be provided with a separate budget for ECCE. While the current budget component can cover for durable ECCE kits and pre-school material, also indicated by the high availability of preschool kits across our surveyed AWCs, it fails to ensure training of AWWs for ECCE.

For the training of AWWs on ECCE and other Anganwadi services, the ECCE task force set up by MoWCD recommended PBPB for which INR 476 crores were allocated. Since the allocated fund is a one-time provision and has managed to train 31% of AWWs as previously reported, we find no financial allocation for training in perpetuity of AWWs on ECCE. While it can be argued that the fund allocation for PBPB aims to train the entire AWWs via SLMTs, the lack of financial provision for continued training programmes, considering both incumbent and new entrants in the Anganwadi workforce, compromises with the financial sustainability of the programme.

Institutional Sustainability

ECCE at AWCs aims to benefit the children aged 3 – 6 years who are also the primary recipient of HCM. The scheme focuses upon the overall development of the children via provisioning of supplementary nutrition and foundational education under the same institutional umbrella including the infrastructure and human resources. The sustainability of AWCs' infrastructure and human resources has been explored in great detail in our analysis of SNP's sustainability, which must be referred to for an examination of ECCE's sustainability.

Additionally, the institutional sustainability of ECCE is also dependent on AWWs' capacities required for ECCE delivery. We explore the viability of the current human resources to sustainably provide ECCE in the following section:

Ensuring Sustainability by Investing in Capacities of Human Resources for ECCE Delivery

Considering the strategic importance of ECCE in accordance with the NEP 2020 as well as the sustainable development goal of ensuring quality education for all, the embedding of early

childhood care and education in the ambit of Anganwadi services under the scheme showcases an institutionalized mechanism. At the same time, the intervention warrants immediate consideration towards capacity challenges that hinder its effectiveness. Continued capacity challenges and a lack of upgrade in the ability of AWWs to disseminate ECCE mandates weakens its longevity.

The current training of AWWs under PBPB is a one-time training event spread across three days in the first year and a 2-days long refresher in the second year. In the 3-day long training programme, one day is dedicated to the training of AWWs on ECCE, gravely limiting its effectiveness. As discussed previously in the human resource efficiency analysis of ECCE, the absence of on ground mobilization for 6 months- to 1 year- long ECCE certification programme for AWWs in convergence with MoE, as recommended by NEP 2020, further exacerbates capacity bridging challenges.

Case study from Rajasthan

The state of Rajasthan has undertaken three key steps to enhance the institutional mechanism of ECCE delivery:

1. Anganwadi Chalo Abhiyaan: To increase the coverage of target beneficiaries, the Department of Women and Child Development, with support from Piramal Foundation for Education Leadership, launched the *Anganwadi Chalo Abhiyaan* from 1st July to 15th July 2024. The objective of the awareness mission was to bring all children aged 3 – 6 years within the purview of Anganwadi services including ECCE.
2. Administration of innovative ECCE kits: The state of Rajasthan designed age-wise workbooks namely *Kilkari* for children aged 3 – 4 years, *Umang* for children aged 4 – 5years, and *Tarang* for children aged 5 – 6 years. Additionally, a textbook called *Meri Phulwari* was also launched and distributed for ECCE across AWCs.
3. Institutionalization of Progress Tracking: The state reported to have developed holistic development card to assess a child's progress in ECCE. Additionally, monthly ECCE days were launched to facilitate parent-AWW meetings for discussions on overall child development. The ECCE days are held on the new moon of every month to bring maximum participation from the parents.

"We provide age-wise workbooks: Kilkari for 3-4 years, Umang for 4-5 years, and Tarang for 5-6 years. There's also a textbook called Meri Phulwari. A holistic development card has also been created to assess a child's progress. Monthly parent-Anganwadi worker meetings are held on Amavasya, where workers discuss what parents should focus on. The parent-AWW meeting concept is Rajasthan's own. We also celebrate ECCE Day. Meetings are held on Amavasya because the labour class gets a holiday, making it easier for them to attend. The working class doesn't send children to Anganwadis, but on holidays, labour-class turnout increases." ***– State Official, Rajasthan***

While the innovative designs adapted by the state of Rajasthan provide inspirations for a scalable model for robust ECCE delivery, the limited uptake and perceived effectiveness of ECCE, paired with the low uptake of HCM, in the geography indicate that the incumbent efficiency of ECCE delivery and the sustainability of the programme are hinged upon AWWs' capacities

Conclusion

The sustainability of ECCE is found to be low due to multiple reasons. The current training mechanism under PBPB is inclusive of complex and varied topics, limiting its effectiveness in light of the limited educational qualification of AWWs. Additionally, the budgetary allocation for ECCE kits is inclusive of the fund for training of AWWs and no separate fund has been institutionalized for regular capacity bridging. We also find that the NEP 2020 recommended ECCE certification for AWWs to create a cadre of teachers trained in ECCE has seen no on-ground mobilization. Akin to SNP, the long-term sustainability of ECCE is an outcome of robust infrastructure, capable human resources and continued progress tracking.

Table 44: Final Gaps and Recommendations

Component	Current Gaps	Recommendations
Financial Sustainability	Absence of separate budgetary allocation for continued training and certification of AWWs.	Develop scheme-wide guidelines for the training of AWWs on ECCE with independent budget allocation.
Institutional Sustainability	Absence of certification program for the skilling of AWWs in convergence with CRCs under School Education Departments.	Mobilize certification programs for AWWs in convergence with CRCs for continuous assessment and expedite capacity building of the frontline staff.

4.1.11.5 Impact

The impact of the scheme is currently low from our limited analysis of the scheme. While the implementation of ECCE at AWCs is being carried out with utmost adherence to the guidelines of Mission Saksham Anganwadi and Poshan 2.0, it has not yet mobilized the directions of NEP 2020 for the strengthening of AWCs with high quality child friendly infrastructure, play equipment, and ECCE certified AWWs. At the same time, it has adopted the NCERT developed ECCE curriculum and pedagogical framework namely Aadharshila and Navchetna despite capacity challenges. That being said, the implementation of ECCE at AWCs has not been assessed on the basis of the change it has caused among its beneficiaries, specifically on the learning outcomes related FLN. Therefore, the analysis of the scheme's impact is precluded by the lack of a holistic progress tracking framework with outcome indicators to reflect the level of achievement of foundational learning across the beneficiary population.

4.1.11.6 Coherence

Coherence in the context of the ECCE refers to the alignment and synergy of the scheme's components both internally within its sub-components and across other schemes under the Ministry of Women and Child Development (MWCD) and externally with relevant Ministries, Departments, and implementing partners. Considering the overarching objective of ECCE and the national priority for systematization of foundational learning of children, ECCE cannot operate in isolation but has to be provided with intellectual, financial and physical capital from various intra- and inter-ministerial departments. The current guidelines assert the importance of a coherent implementation structure with attempts to preclude institutional duplication by strengthening of AWWs.

Therefore, we will look into the following component in detail:

1. Internal Coherence
2. External Coherence

Internal Coherence

Supplementary Nutrition Programme, MoWCD: Under Mission Saksham Anganwadi and Poshan 2.0, the overall holistic development of children aged 3 – 6 years is ensured via provisioning of food and education. Consequently, supplementary nutrition in the form of HCM is provided alongside childhood care services in the form of ECCE, highlighting the interdependence of both the scheme's components on each other.

External Coherence

The robustness of ECCE implementation is an outcome of essential convergence among various government bodies enabling the infrastructure and the faculties required for pre-primary education. Some of the key collaborations include the following:

Ministry of Rural Development: Through schemes like the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) and the National Rural Livelihoods Mission (NRLM), this ministry supports infrastructure development for Anganwadi Centres necessary for ECCE implementation. States and Union Territories are encouraged to utilize MGNREGA funds for the construction and upgradation of Anganwadi Centres (AWCs).

Ministry of Education: ECCE at AWCs is a vital scheme component with respect to the national priority of universalizing and integrating foundational learning with school education into fourteen years of education for children. However, the national commitment to ECCE is currently implemented across two ministries namely the MoE through the NEP 2020 that aims towards formalizing 5 years of foundational education including 3 years of ECCE in schools, and MoWCD that implements ECCE via AWCs. To bring coherence in ensuring ECCE for children (3 – 6 years), the NEP 2020 recommends a convergence mechanism wherein ECCE services are provided via institutions consisting of standalone Anganwadis, Anganwadis co-located with primary schools, pre-primary schools/sections covering at least age 5 to 6 years co-located with existing primary schools, and stand-alone pre-schools. The institutions are mandated to recruit workers/teachers specially trained in the curriculum and pedagogy of ECCE.

The Ministry of Education, through the Department of School Education and Literacy, converges with MoWCD for effective implementation of ECCE. MoE, henceforth, encapsulates the following to supplement ECCE delivery:

1. Preparation of a National Curricular and Pedagogical Framework for ECCE (NCPFECCE) via NCERT aligned with NEP 2020.
2. Training and capacity building of AWWs on pre-primary education in order to enhance children's school readiness.
3. Co-location of AWCs with inadequate infrastructure to closest primary school facilities.

In a joint order issued by Department of School Education and Learning and MoWCD, the MoE and MoWCD emphasise upon the common goal of human capital development by ensuring ECCE for young children in their foundational learning stage. They call upon the departments for detailed guidelines for co-location of Anganwadis in schools, accommodating for separate entry and exit provisions for other beneficiaries of AWCs operating in colocation. It also recommends a joint training mechanism between School Education and WCD Departments for the capacity building of AWWs. Additionally, it recommends the adoption of

whole-of-government approach to ensure the educational, nutritional and health outcomes of children in age of 3 – 6 years without duplication of ECCE as well as supplementary nutrition. However, the scheme is currently in its foundational years due to which SoPs for the effective utilization of proposed convergence mechanism are yet to be developed and disseminated.

Conclusion

The coherence of the scheme is found to be low due to the underutilization of convergence mechanisms**.** The convergence mechanism established for ECCE under the guidelines are the same as the convergence mechanism established for SNP for infrastructural needs. In addition, the implementation of ECCE requires a robust convergence with MoE for the pedagogical framework as well as training of AWWs. However, we find the convergence to be less coherent due to the minimal guidelines by MoE in the strengthening of AWCs and an absence of SoP on the convergence between MoE and MoWCD for the achievement of universal ECCE.

Component	Gaps	Recommendations
External Coherence – MoRD	Delays in infrastructure upgradation due to procedural bottlenecks under MGNREGA	Simplify labour-material ratio rules for AWC construction; establish district-level fast-track convergence cells for fund approval and tracking
External Coherence – MoE	Delays in mobilization of convergence mechanism for the capacity building of AWWs.	Expedite the utilization of the convergence mechanism guided by MoE with the implementation of ECCE task force in every state. The task force must draw upon the joint order issued by MoE and MoWCD for the colocation of AWCs, and training of AWWs for ECCE implementation.

4.1.11.7 Equity

In a modality similar to SNP, ECCE focuses on ensuring universal access to foundational learning for the eligible group of beneficiaries, i.e., children in the age group 3 – 6 years notwithstanding their socioeconomic profile. In-depth interviews with implementing stakeholders across the hierarchy, from nodal officers in the administration to frontline workers at AWCs, revealed that the outreach services target a near universal enrolment from the geography within the ambit of an Anganwadi. AWWs particularly focus on identifying marginalised and excluded populations and bringing them in umbrella of services. In light of the equity aspect of ECCE at AWCs, we assess the following dimensions:

1. Social Equity
2. Regional Disparities

Geographic Equity

Geographic Equity in Coverage

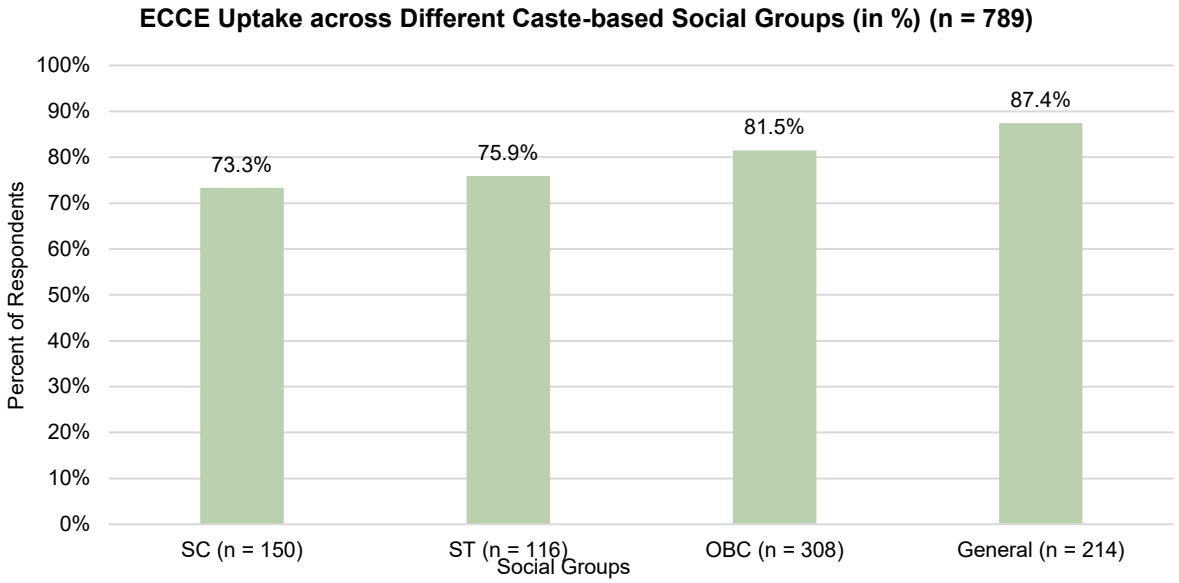
Please refer to the analysis of geographic equity in coverage under SNP.

Social Equity

The equity in service provision under ECCE is reflected by its distribution across social groups, including Scheduled Castes (SC), Scheduled Tribes (ST), and Other Backward Classes (OBC), as well as the General category. The equity under this section is analysed using the key indicator of child attendance at AWCs for attendance, cross-tabulated with social groups, giving a broader picture of the scheme's social equity performance.

From our household survey, the uptake of ECCE revealed a largely equitable distribution across major caste-based social groups (one respondent did not report their caste-location and hence, is not part of the following analysis).

Figure 55: ECCE uptake across Major Caste-based Social Groups



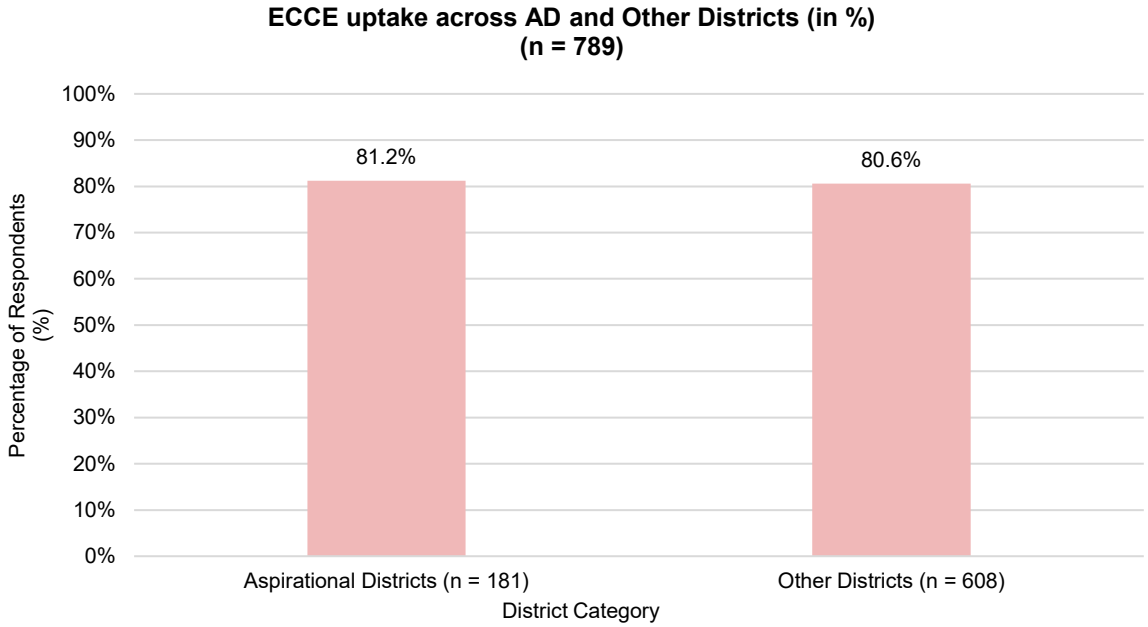
Source: Household Survey

The findings suggest a relatively higher uptake of ECCE among beneficiaries under general category caregivers whereas the caregivers belonging to scheduled caste group reported the lowest ECCE uptake at 73.3%. The uptake of ECCE exceeds 70% across all social groups, consistent with the overall uptake of ECCE across sampled geographies, signalling a moderately equitable service delivery across social groups.

Regional Disparities

While the implementation of ECCE is not differentiated across aspirational and non-aspirational districts, we examine its uptake across the two cohorts of our sampled districts to assess how the high-burden and underserved regions are utilizing the benefit of the programme.

Figure 56: ECCE Uptake across AD and Other Districts



Source: Household Survey

The findings from the household survey reveal an approximately equal uptake of ECCE across aspirational and non-aspirational districts, highlighting the scheme's equitable service delivery mechanism.

Conclusion

The equity of the scheme is found to be high as its equity analysis reveals an inclusive picture with similar levels of uptake across social groups, rural-urban regions, and aspirational versus non-aspirational districts. The scheme emerges to be highly equitable considering its uptake. However, our analysis is limited by the absence of data of eligible ECCE beneficiaries disaggregated across sociodemographic profiles at the national level.

4.1.11.8 Summary of ECCE's REESIC+E Analysis

This table presents a consolidated assessment of the ECCE, under Saksham Anganwadi and Poshan 2.0, using the REESIC+E framework, which evaluates the scheme across all key dimensions: **Relevance, Effectiveness, Efficiency, Sustainability, Impact, Coherence, and Equity**. Each dimension is reviewed against available quantitative and qualitative evidence from household surveys, key informant interviews, institutional checklists, and policy alignment assessments.

REESIC+E	Conclusion/Inference	Overall performance
Relevance	The relevance of ECCE is found to be high in our assessment of ECCE's relevance to national priorities, international commitments and beneficiary needs. We find the provision of ECCE	**High**

REESIC+E	Conclusion/Inference	Overall performance
	services at AWCs for children in the age group 6 months – 6 years aligned with the national priority of universalizing access to education including foundational learning, and with SDG3 and SDG 4 under 2030 Agenda. However, stakeholders find a duplication of efforts due to two policy frameworks addressing foundational learning in convergence but with differentiated institutional structures.	
Efficiency	The efficiency of ECCE is low as its implementation is fundamentally tied with the efficiency of resource use in SNP since the SNP beneficiaries entitled to HCM are also the beneficiaries of ECCE. The implementation efficiency of ECCE is marred by the same set of challenges as that of SNP. The lack of focused skilling of AWWs on ECCE points out to the gap in capacity building needs and the ongoing efforts. With respect to an effective dissemination of ECCE curriculum and its contribution to NEP 2020 goals, the skilling of AWWs on ECCE is yet to be completed, mitigating their optimal utilization. Additionally, the infrastructural readiness for ECCE akin to that of pre-schools is currently limited, leading to the inference that the current implementation of ECCE is less efficient.	**Low**
Effectiveness	In our analysis of effectiveness of ECCE reveals it to be low. We are challenged by a lack of outcome indicators to assess the gradual change being absorbed by the beneficiary group, i.e. children aged 3 – 6 years, due to the provision of ECCE services. While ECCE aims to enable children in foundational learning and render them school ready for their integration into the mainstream education, there is no grassroot approach to capture the rate at which the scheme is achieving its objectives. At the national level, while the Poshan Tracker reports the number of eligible children (3 – 6 years) who are enrolled in AWCs, it does not capture the actual number of children attending AWCs for ECCE. Considering the uptake of HCM (refer to the effectiveness analysis	**Medium**

REESIC+E	Conclusion/Inference	Overall performance
	of HCM under SNP section) by this beneficiary cohort to be indicative of uptake of ECCE since both services are given in conjunction with each other, we can infer the scheme to less effective.	
Sustainability	The sustainability of ECCE is found to be low due to multiple reasons. The current training mechanism under PBPB is inclusive of complex and varied topics, limiting its effectiveness in light of the limited educational qualification of AWWs. Additionally, the budgetary allocation for ECCE kits is inclusive of the fund for training of AWWs and no separate fund has been institutionalized for regular capacity bridging. We also find that the NEP 2020 recommended ECCE certification for AWWs to create a cadre of teachers trained in ECCE has seen no on-ground mobilization. Akin to SNP, the long-term sustainability of ECCE is an outcome of robust infrastructure, capable human resources and continued progress tracking.	**Low**
Impact	Although still in a formative stage due to gaps in standard operating procedures and training frameworks, the initiative lacks progress tracking in order to assess its impact. With curriculum standardization and sustained capacity building, ECCE's impact is likely to deepen significantly over time. However, the development of assessment framework of the growth in foundational learning abilities among children is urgently needed.	**Low**
Coherence	The coherence of the scheme is found to be low due to the underutilization of convergence mechanisms. The convergence mechanism established for ECCE under the guidelines are the same as the convergence mechanism established for SNP for infrastructural needs. In addition, the implementation of ECCE requires a robust convergence with MoE for the pedagogical framework as well as training of AWWs. However, we find the convergence to be less coherent due	**Low**

REESIC+E	Conclusion/Inference	Overall performance
	to the minimal guidelines by MoE in the strengthening of AWCs.	
Equity	The equity of the scheme is found to be high as its equity analysis reveals an inclusive picture with similar levels of uptake across social groups, rural-urban regions, and aspirational versus non-aspirational districts. The scheme emerges to be highly equitable considering its uptake. However, our analysis is limited by the absence of data of eligible ECCE beneficiaries disaggregated across sociodemographic profiles at the national level.	**High**

4.1.11.9 Analysis of Cross-cutting Themes

The provision of Early Childhood Care and Education via Anganwadis aims to intervene at an early stage of development of its beneficiaries for the realization of broader educational outcomes. It is not only seen crucial but also fundamental to the capacity at and robustness with which children are integrated with the formal education system. While the attributable impact of the scheme's component is observed in education, it also intersects with a number of thematic domains to affect the realization of their immediate as well as long term objectives:

Cross-Sectional Theme	Key Observations and Strategic Recommendations
1. Foundational Literacy and Numeracy (FLN)	Foundational Literacy and Numeracy is one of the most critical determinants of a child's long-term educational success. It affects FLN outcomes by building pre-literacy and pre-numeracy skills among children. The play-based interactive pedagogy utilized to provide for a classroom simulation leads to oral language development and conceptual understanding of numbers among children. Considering the 4-year foundational stage under NEP 2020 that includes Class I and Class II, ECCE stands as a key driver to achieve universal FLN by Class III. The achievement of universal FLN is contingent upon the following: • Pan-Indian formalization of ECCE curriculum aligned with NEP 2020. • Supplementing the AWCs with FLN kits, and interactive pedagogy materials for active children engagement.
2. Health and Nutrition	The co-delivery of ECCE along with supplementary nutrition at AWCs enables a consistent nutritional intake for children by leveraging ECCE participation for nutritional sufficiency and vice versa. By taking

Cross-Sectional Theme	Key Observations and Strategic Recommendations
	care of the early educational needs of the children, it covers for a major Developing and tracking pre-FLN indicators and linking the indicators with health indicators on Poshan Tracker to map children's overall development. • Deriving ECCE learning content into resource packages that can be distributed to children along with supplementary nutrition to motivate beneficiaries' perception of the services' utility. • Institutionalising early childhood care and nutritional counselling for the parents of 3 – 6 years old children to render the family as an active agent in a child's development.
3. Gender Equality and Women's Empowerment	The delivery of services under ECCE is performed by the frontline workers at AWCs including AWWs and AWHs. Structured childcare at AWCs is driven by a female workforce, while creating an opportunity for the mothers of children to pursue economic work during the time the child is cared for at the centre. Hence, we observe a two-fold impact on female labour force participation. Additionally, it also relieves the elder sibling(s) of care responsibilities for households with both parents engaged in economic work, allowing the elder sibling(s) to pursue their learning and development goals. • Capacity-building of the workforce at AWCs can be augmented for skill-development to encourage better female labour force participation. • Provision of basic skilling opportunities for adolescent girls within the scope of ECCE service delivery can be explored to boost convergent outcomes for children across different age groups while contributing to women empowerment.
4. Creating relevant content and making it available for AWWs	Leveraging the Capacity Building Commission's (CBC) iGOT (Integrated Government Online Training) platform ready reckoners could be prepared for AWWs on ECCE.
5. Creating content repositories and open APIs	MeitY's National Digital Education Architecture (NDEAR) can standardize ECCE content repositories and create open APIs for AWWs, parents and PRI members. Collaborations with MeITY and tech firms can enhance also child tracking, service monitoring, and parent engagement through mobile apps, IVRS, and dashboards integrated with Poshan Tracker.
6. Community engagement in	The large-scale mandate for ECCE across all AWCs warrants recruitment and skilling of Anganwadi staff for a service delivery

Cross-Sectional Theme	Key Observations and Strategic Recommendations
awareness generation	mechanism sensitive to child needs. It also necessitates effective outreach mechanism for the aimed universal coverage. The two needs of the program can be met with a robust convergence mechanism: • Under Deendayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM), Self-Help Groups (SHGs) and rural community organizations can support ECCE awareness campaigns and the development of locally relevant ECCE learning materials and toys.

4.1.11.10 Key takeaways and recommendations

Although the implementation of ECCE is founded upon incumbent institutional mechanism, facilitating universal accessibility and coverage on demand basis, it remains marred by operational challenges on the supply side. The following represents the set of most important findings and recommendations derived from the same:

Key Takeaway 1 – Curriculum needs vs skills

In their current situation and qualifications, most AWWs could face significant challenges in fully delivering the NEP 2020-aligned ECCE curriculum.[117] While AWWs play a vital role in early childhood care through their deep community linkages and outreach, several gaps constrain their ability to implement the pedagogically rich and structured learning framework envisioned under NEP.

- Low qualifications limits understanding of developmental pedagogy, language acquisition, and child psychology
- Many AWWs do not meet the educational or training standards required for implementing NEP-aligned pedagogies. Their focus has traditionally been on nutrition and health, not structured early learning, limiting their seriousness about ECCE.
- ECCE under WCD leads to fragmented accountability; education falls under MoE, but ECCE under WCD, weakening policy coherence across the 3–8 age group.
- MoE, through NCERT, is already designing Foundational Literacy and Numeracy (FLN) content. Integrating ECCE would streamline curriculum, assessments, and teacher training.[118]

[117] Ministry of Education. (2020). *National Education Policy 2020*. Government of India. Retrieved June 22, 2025, from https://www.education.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf
[118] NCERT. (2022). *National Curriculum Framework for Foundational Stage (NCF-FS)*. Retrieved June 22, 2025, from https://ncert.nic.in/pdf/National_Curriculum_Framework_for_Foundational_Stage_2022_English.pdf

Recommendation

A LONG-TERM PLAN FOR INTEGRATION STRENGTHENING IS RECOMMENDED TO MoE and MoWCD

In Phase 1, the focus should be on strengthening the pedagogical content within existing AWCs while retaining ECCE delivery under the Ministry of Women and Child Development (MoWCD). This phase should involve collaborative curriculum deployment by MoE and MoWCD to align Anganwadi-based learning with the National Education Policy (NEP) 2020.

Anganwadi Workers (AWWs) should receive structured training through SCERTs, and NIPCCD on developmentally appropriate practices, as opposed to just a 3-day training being given currently. Educational resource persons can be deployed to support AWWs in implementing the new curriculum. Pilot programs in select districts can help test models of integrated service delivery and curriculum adoption.

Phase 2 marks the beginning of functional integration. Pre-primary classes for children aged 5-6 years can be introduced within existing government schools, especially where co-location with AWCs exists. AWWs would continue to engage children aged 3-5 years, focusing on foundational learning through play and early stimulation, while schools begin taking over the preparatory stage. During this phase, MoE should begin hiring a trained cadre of ECCE facilitators to ensure age-appropriate, NEP-compliant delivery. MoWCD would continue to provide essential services such as nutrition, health monitoring, and parental outreach to ensure a holistic approach.[119] To avoid a duplication of investment in human resources, MoE can either recruit ECCE certified facilitators for AWCs or can engage in the certification of AWWs as recommended by NEP 2020. Additionally, to avoid the duplication of services, the supplementary nutrition in co-located AWCS must be under MoWCD via SNP and not under MoE via PM Poshan.

In Phase 3, the curriculum and administrative responsibility for ECCE should transition to the Ministry of Education, with MoWCD playing a complementary role in child health, nutrition, and early care. ECCE for ages 3-8 years would be governed under a unified academic framework, ensuring curricular continuity from preschool to Grade 2. It will ensure effective mapping of outcome indicators via assessment frameworks under ECCE curricula.

Joint accountability systems at the district level can support this transition, and state governments can institutionalize convergence through dedicated budget lines and governance frameworks. This gradual shift would preserve AWWs' community linkages while enhancing the quality and consistency of early learning across India.

Conclusion

In the long term, MoWCD, in consultation with MoE, should develop a comprehensive roadmap to gradually integrate children aged 3–6 years into the formal schooling system. The issuance of clear and comprehensive guidelines on convergence should be expedited. This is essential to prevent duplication in pre-primary enrollment and in the provision of Hot Cooked

[119] This is somewhat akin to ASHA-AWW-ANM design where roles are well delineated

Meals (HCM) and Mid-Day Meals (MDM), particularly in co-located AWCs, and to ensure optimal utilization of resources.

4.1.11.11 Scheme rationalisation

The scheme is recommended to continue but with the focus on the following points. The rationalization of ECCE under the Saksham Anganwadi scheme calls for the continuation of the programme, with an emphasis on strengthening AWC infrastructure and enhancing the capacity of AWWs to deliver quality ECCE. In light of the DO issued by MoWCD and the Ministry of Education (MoE) in April 2025, the issuance of clear and comprehensive guidelines on convergence should be expedited. The scheme should be integrated in a whole-of-government approach in a phasic manner as detailed in the recommendations.

4.2. Mission Shakti

4.2.1 Background of the Scheme

Women's empowerment, safety, and protection have been key priorities in India's development agenda. Launched in 2022, Mission Shakti is a flagship initiative that fosters women's socio-economic empowerment while ensuring their safety and protection. It addresses challenges such as gender-based violence, low female labour force participation, and fragmented women-centric programs by consolidating them into a unified, citizen-centric framework. Mission Shakti provides integrated support for women across their lifecycle, aligning with India's constitutional commitment to gender equality.[120] [121]

Launched during the 15th Finance Commission period (2021–26), Mission Shakti is an umbrella initiative of the MoWCD rooted in India's constitutional commitment to gender equality and women's rights, as reflected in the Directive Principles of State Policy and national and international obligations. It aligns with key legal and policy frameworks, including the Domestic Violence Act (2005), Sexual Harassment Act (2013), and Juvenile Justice Act (2015), while reinforcing India's commitments to CEDAW and the Sustainable Development Goals, especially Goals 5 and 16.[122]

Mission Shakti comprises two sub-schemes: *Sambal* for women's safety and *Samarthya* for their empowerment. *Sambal* integrates protection services like OSCs and helplines, while *Samarthya* focuses on long-term social and economic support through shelters, skills, and livelihood initiatives. Since its launch, key reforms include piloting *Nari Adalat* for local dispute resolution, expanding *BBBP* with a focus on education, sports, and self-defence, merging *Ujjawala* and *Swadhar Greh* into *Shakti Sadan*, and rebranding the Working Women Hostel as *Sakhi Niwas*. *Samarthya* also absorbed the National Creche Scheme and PMMVY. Hubs for Empowerment of Women (NHEW, SHEW, DHEW) were set up to coordinate and improve service delivery. Together, these changes have shaped Mission Shakti into an integrated framework for women's safety, security, and empowerment.[123]

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[120] Ministry of Women and Child Development. (2022-23). Annual Report.
[121] Press Release: Press Information Bureau (2022)
[122] Author(s). (2021). Performance of the women and child development sector in India. Economic and Political Weekly, 56(13)
[123] Mission Shakti Guidelines (2022)

4.2.2. Objectives of the Scheme

Mission Shakti aims to ensure women's safety, empowerment, and dignity by providing immediate care and rehabilitation for victims of violence, improving access to services, promoting awareness of rights and schemes, and fostering positive social attitudes. It strengthens institutional capacity, encourages convergence across sectors, and protects and supports the education and development of the girl child. The objectives are illustrated below

Figure 57: Objectives of Mission Shakti

Source:[124]

4.2.3. Components of the Scheme Being Evaluated

Mission Sambal

Sambal, under Mission Shakti, focuses on women's safety and security through integrated protection and support services. The table below outlines its key components, coverage, and target beneficiaries.

Table 45: About Sambal component

Scheme	Sub-scheme	Policy Coverage	Target Beneficiaries
Sambal	One Stop Centre	The aid includes medical aid, police assistance, legal aid, temporary shelter, psychological counselling, Vocational training etc. The centres are established at the district level.	Women in distress or affected by violence requiring integrated support services.

[124] Mission Shakti Guidelines (2022)

Scheme	Sub-scheme	Policy Coverage	Target Beneficiaries
	WHL	Toll-Free 24-hour telecom service for support and information about available support services. It is an Emergency Response Support System.	Women seeking immediate assistance and information
	BBBP	The focus is to improve sex ratio at birth, improve institutional deliveries, improve ANC registration, increase enrolment at the secondary education level, and reduce drop-out rates of girls from secondary and higher secondary levels.	Girl children and adolescent girls, and boys
	Nari Adalat[125]	It is an alternative grievance redressal mechanism at the Gram Panchayat level on issues such as harassment, subversion, and curtailment of rights or entitlements.	Women in rural and aspirational districts require access to justice and grievance redressal mechanisms. It was launched in Assam and J&K

Mission Samarthya

Samarthya, under Mission Shakti, aims to empower women socially and economically through shelters, skill development, and support services. The table below presents its key components, policy coverage, and target beneficiaries.

Scheme	Sub-scheme	Policy Coverage	Target Beneficiaries
Samarthya[126]	Shakti Sadan	To provide a safe and enabling environment through integrated relief and rehabilitation homes.	Women in distress, including victims of trafficking, domestic violence, and those needing care and rehabilitation.
	Sakhi Niwas	To provide a safe and secure place coming for trainings away from their native place/homes with all functional facilities like accommodation, food, day-care facilities	Working women, especially those relocating for employment, and their dependent children.

[125] Naari Adalat is a newly added scheme. This was not present in the during the previous study.
[126] In Samarthya' sub scheme, existing schemes of Ujjwala, SwadharGreh and Working Women Hostel have been included with modifications.

Scheme	Sub-scheme	Policy Coverage	Target Beneficiaries
	HEW	To serve as the central platform at the state and district levels for coordinating women-centric schemes, facilitating convergence, outreach, and grievance redressal, and enabling women's access to rights, entitlements, and services.	Women and girls, especially those in vulnerable situations
	Palna Scheme	Providing a safe and secure environment for nutritional, health and cognitive development of the children, thereby enabling more mothers to take up gainful employment.	Children of working mothers in the age group of 6 months to 6 years for 7 and half hours a day.
	Pradhan Mantri Matru Vandana Yojana (PMMVY)	To provide financial support to improve health and nutrition for mothers and children as well as compensation for wage loss.	Pregnant and lactating women

Note:

- The evaluation has extensively covered aspects of scheme coverage, physical infrastructure, and service delivery under the domains of efficiency and effectiveness and has examined financial performance through analyses of fiscal policy and financial efficiency.
- Beneficiary-level data for OSC could not be collected through FGDs, as it was deemed unsuitable to engage women in traumatic circumstances during their brief stay. As a result, the evaluation lacks direct insights into the experiences of OSC users.
- The **Palna scheme**, introduced under the *Samarthya component of Mission Shakti*, is a relatively new intervention aimed at providing care and protection to abandoned, surrendered, or orphaned children, particularly infants. Due to its limited rollout and nascent implementation stage during the evaluation period, **we did not have any significant findings to report.**
- For Nari Adalat, the analysis has been derived solely from secondary data, particularly in states like Jammu & Kashmir and Assam where the scheme has been institutionally implemented.

These caveats limit the comprehensiveness of the evaluation in select areas, especially in terms of direct beneficiary perspectives and full scheme-specific appraisal.

4.2.4. Operational Guidelines of the Scheme

Mission Shakti will provide financial assistance for effective service delivery and the recruitment of technical and other essential personnel. This support aims to ensure both immediate and long-term care for targeted women beneficiaries.

Emergency and Short-Term Care

- **24x7 Helpline**: A dedicated national toll-free helpline will offer round-the-clock support to women affected by violence and women in distress.
- **One Stop Centres**: Integrated services are made available, including temporary shelter, legal aid, psycho-social counseling, medical assistance, police facilitation, and referrals to existing services to ensure a seamless continuum of care.

Long-Term Institutional Care

- **Comprehensive Support**: Institutional care addresses the needs of women from conception onwards, providing support as required due to physical, financial, or social circumstances.
- **Services Provided**: These include direct benefit transfers (DBT), shelter, food, rescue and rehabilitation, counseling, functional literacy, vocational training, entrepreneurship support, and linkages to additional referral services.
- **Shakti Sadan**: Homes for destitute, distressed, marginalized women, and victims of trafficking, offering comprehensive daily care and support.
- **Sakhi Niwa**s (Working Women Hostels): Safe and secure accommodation for working women away from their homes, with facilities such as food and day-care for children, available in urban, semi-urban, and rural areas at a nominal cost.
- **Palna** (National Creche): Safe and secure childcare for children of working mothers (ages 6 months to 6 years) for 7.5 hours daily.

Behaviour Change Communication

- **Awareness and Sensitization**: Large-scale campaigns and community engagement initiatives will promote gender sensitization, advocacy, and capacity building for all stakeholders, including service providers and duty bearers.
- **Engagement with Men and Boys:** Programs will encourage the active participation of men and boys in combating violence against women and challenging gender stereotypes.
- **Inter-sectoral Collaboration:** Activities will include inter-ministerial consultations, media campaigns, training, innovation, outreach, advocacy, and the distribution of IEC materials and awareness kits.

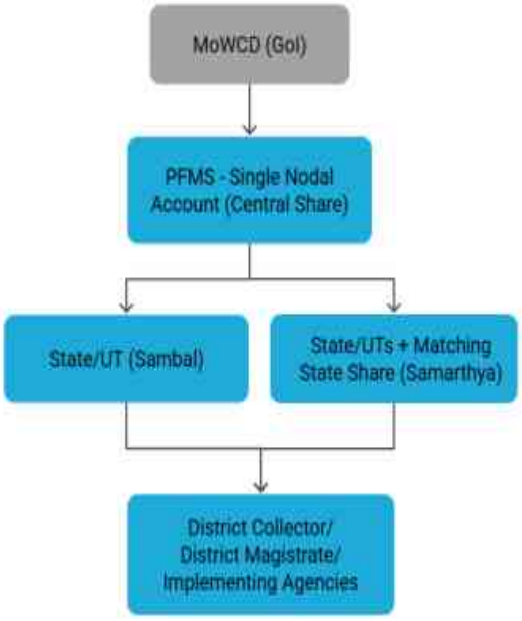
4.2.5. Fund Flow Process and Allocation Mechanism

Cost-Sharing Pattern

Under the “Sambal" sub-scheme, 100% funding is provided by the Central Government. The sub-scheme “Samarthya" of the Mission Shakti will be implemented with a funding ratio of 60:40 between the Centre and State Governments and UTs with legislature, except Northeast & Special Category States, where the ratio is 90:10. For UTs without legislature, 100% funding will be provided by the central government.

Fund Flow Mechanism

The MoWCD oversees the budget and administration of the scheme at the central level. After approving State/UT proposals, MWCD will transfer funds to States/UTs via a Single Nodal Account (SNA) for the Sambal and Samarthya sub-schemes. States/UTs transfer grants to the District Collector/District Magistrate/Implementing Agencies' dedicated accounts, using PFMS. All payments, including salary, wages, and services, are made through the Expenditure, Advance & Transfer (EAT) module of PFMS only.



Recurring grants for all components, except BBBP, are disbursed in two instalments each year or as otherwise specified. For the BBBP component, the grant is released in a single annual instalment. Further release of recurring grants is done only after receiving the Utilization Certificate (UC) and Statement of Expenditure (SoE) for previously disbursed funds, per the General Financial Rules (GFR).

4.2.6. Key Stakeholders of the Scheme

Key Stakeholders of the Scheme

Characteristic	Central Level	State Level	District Level	Grassroot/ Community Level
Roles	Policy and technical oversight, funding, issue guidelines	Implementation, coordination, fund disbursement	Administration, Monitoring	Outreach, Awareness
Key Stakeholders	Ministry of WCD, Apex Committee	Principal Secretary of Department of Women and Child Development/ Social Welfare Department	District Magistrate/ District Collector, Officers of WCD deptt.	Officers/staff of Mission Shakti
Convergence Stakeholders	MoHFW, MoE, MHA, Department of Financial Services, MoSDE, NIPCCD	Officers from relevant departments (education, health, police, skill development, banks)	Officers from concerned departments (education, health, police, etc.)	Gram Panchayats and Village committees, AWWs, ASHAs, ANMs, SHGs, local NGOs
Responsibilities	Review implementation, monitor quality, Approve Annual Action Plan, training (through NIPCCD)	Implementation, finalize Annual Action Plan, facilitate convergence, assess performance for grant continuation	Overall implementation, prepare Annual Action Plan for district/blocks, prepare reports, outreach	Conducting outreach, counselling, mobilize communities

4.2.1 Sambal

Background

The sub-scheme aims to enhance accessibility and unify various government initiatives to ensure the safety, protection, and rights of women. It provides comprehensive care and support for women facing violence or distress, helping them reintegrate as active contributors to nation-building.

Figure 58: Mission Sambal Components

Key Services provided under Sambal:

One Stop Centre (OSC)

The One Stop Centre Scheme (OSC) provides an integrated support system, ensuring access to justice and rehabilitation services under one roof, aiming to reduce the re-traumatisation often experienced when navigating fragmented services.[127] It is designed to serve all women, regardless of age, caste, religion, marital status, or sexual orientation, including victims of domestic violence, sexual assault, trafficking, acid attacks, and honour-related crimes. The OSCs provide a comprehensive set of services as follows.

Figure 59: Services provided by OSC as per the Shakti guideline

The scheme also mandates regular training and capacity-building for OSC personnel, police officers, healthcare workers, and legal professionals to ensure a gender-sensitive and survivor-centric approach. Through its structured implementation and multi-stakeholder coordination, the OSC scheme plays a crucial role in providing timely, holistic, and effective support to women affected by violence, thereby enhancing gender justice and women's empowerment in India.

[127] Olson, R. M., García-Moreno, C., & Colombini, M. (2020). The implementation and effectiveness of the one stop centre model for intimate partner and sexual violence in low- and middle-income countries: A systematic review of barriers and enablers. BMJ Global Health, 5(3), e001883.

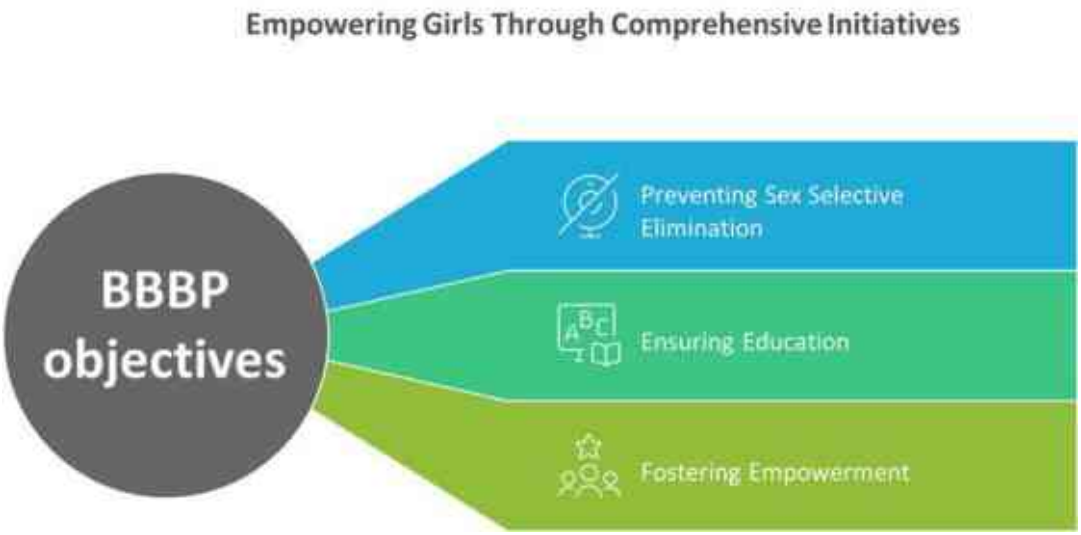
Women's Helpline This critical service aims to provide 24x7 toll-free emergency response services to women in distress and those seeking information on government schemes, legal provisions, and support services.

The rationale for the WHL Scheme is rooted in the urgent need for an integrated support system for women facing violence, discrimination, or distress.

Beti Bachao Beti Padhao (BBBP)

The Beti Bachao Beti Padhao (BBBP) Scheme, launched in 2015 by the Ministry of Women and Child Development (MoWCD) in collaboration with the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Education (MoE), is a flagship initiative aimed at addressing the declining Child Sex Ratio (CSR) and promoting gender equality. The scheme focuses on changing societal attitudes toward girls, preventing gender-biased sex selection, and ensuring their survival, protection, and education

Figure 60: BBBP Objectives



Nari Adalat: A Women-Centric Grievance Redressal Mechanism

The Nari Adalat (2022) initiative is a new component under Mission Shakti, designed to offer women a local, alternative mechanism for resolving grievances related to harassment, denial of rights, and other issues. Nari Adalat ensures that women, particularly those in the gram panchayat level are provided with alternative resolution to disputes by mediation, counseling. Its primary goal is to empower women at the grassroots level to settle minor disputes, such as family, property, or matrimonial conflicts, quickly and amicably within their communities. This approach not only makes justice more accessible but also eases the burden of minor cases on formal courts.

Fund Flow

Cost sharing: Under the Sambal sub-scheme, 100% funding is provided by the Central Government.

Fund Flow Mechanism and Approvals: Sambal is implemented as a centrally sponsored scheme, with 100% of its funding provided directly by the Union Government. Fund are sourced from the budgetary allocation of the Nirbhaya Fund. Funds are released by the Ministry of Women and Child Development, typically through the Single Nodal Agency (SNA) account mechanism, and are credited directly to the designated accounts of the respective state or district authorities for efficient and transparent utilization.

Process Flow for Sambal

Women Helpline (WHL – 181)

- **Access & Response**: Women in distress (or someone on their behalf) can call the toll-free 181 helpline; trained responders assess urgency and escalate emergencies to 112 or route to local support like OSCs or Protection Officers.
- **Service Delivery & Coordination**: WHL acts as both a crisis intervention and referral platform, coordinating with police, hospitals, shelters, and legal aid centres to ensure timely assistance.
- **Monitoring & Impact:** All calls are logged in a central database; performance is monitored using metrics like call volume and resolution rates.

One Stop Centres (OSCs)

- **Access & Referral**: Women affected by violence access OSCs directly or are referred by police, hospitals, or the 181 Women Helpline.
- **Integrated Support Services**: OSC staff provide immediate and free assistance with one roof, medical aid, police facilitation, legal aid, counselling, and short-term shelter.
- **Coordination & Monitoring:** OSCs coordinate with local authorities (police, hospitals, DLSA) and report regularly through a centralized MIS.

Beti Bachao Beti Padhao (BBBP)

- **Planning & Targeting**: District Collectors lead Task Forces to identify local gender gaps using indicators like Child Sex Ratio and girls' enrolment; action plans are tailored to district needs.

- **Service Delivery & Convergence**: BBBP drives community-level awareness (rallies, outreach, school campaigns) and promotes girl child rights through coordinated efforts of WCD, Health, and Education ministries, integrating schemes like PC-PNDT enforcement, girl scholarships, and hygiene infrastructure.

- **Monitoring & Outcomes:** Implementation is reviewed at national, state, and district levels; key metrics include Sex Ratio at Birth and school participation.

Nari Adalat

- **Formation & Function**: Established at the Gram Panchayat level, Nari Adalats are informal women-led tribunals (7–11 trained local women) that mediate minor disputes like domestic quarrels, harassment, or denial of entitlements through counseling and community dialogue.

- **Coordination & Monitoring**: They operate with Gram Panchayat support and coordinate with Protection Officers, police, and legal aid services; currently implemented as pilots in select districts of J&K and Assam, their outcomes are monitored to inform scale-up.

Performance of Mission Sambal

4.2.1.1 Relevance

The assessment of the *Relevance* of Mission Sambal focuses on how well the scheme responds to the safety and protection needs of women and girls across diverse contexts. It evaluates the alignment of Sambal's objectives with national priorities and international commitments. The analysis considers whether the scheme addresses systemic gaps in response mechanisms, access to justice, and support services. It also explores the responsiveness of the scheme's design to the unique vulnerabilities of marginalized groups, including rural, tribal, and differently abled women.

Relevance of the Sambal will be measured against the following:

1. Alignment with National and International Priorities
2. Relevance for Beneficiary Needs
3. Relevance in reducing Regional Disparities and benefiting marginalised groups

Alignment with National and International Priorities

Mission Shakti's Sambal component is strongly aligned with India's national development priorities and international commitments on gender equality. By focusing on women's safety, security, and empowerment, Sambal directly supports SDG 5 (Gender Equality) and India's vision of "women-led development." The inclusion of the Beti Bachao Beti Padhao (BBBP) campaign under Sambal addresses the national priority of addressing the gender imbalance at birth.

Sambal also tackles the persistent issue of gender-based violence, as evidenced by NFHS-5 data indicating that nearly one in three ever-married women in India (31.9%) has experienced spousal violence. Through initiatives like OSCs and women's helplines, Sambal provides integrated support, legal aid, and protection, reflecting both national legal frameworks (such as the Protection of Women from Domestic Violence Act, 2005) and international standards (including the UN's Essential Services Package for Violence Against Women).

Relevance for Beneficiaries needs

The design of Mission Sambal is directly shaped by persistent challenges in the WCD sector, particularly the widespread prevalence of gender-based violence and the lack of accessible support for victims. NFHS-5 data reveal that about one-third of women in India face spousal violence, yet a staggering 77% of those affected neither seek help nor confide in anyone.[128] To address this critical gap, Sambal has established 843 OSCs in districts (with at least one per district) having a high rate of crime against women across the country and operates a 24x7 Women's Helpline (181), offering integrated emergency response, counselling, shelter, medical aid, and legal assistance[129]. Since 2015, these interventions have supported over 11.19 lakh women through OSCs and assisted about 85 lakh women via the helpline, demonstrating the scheme's scale and reach.[130]

Beyond violence, Sambal's design also targets deep-rooted gender discrimination, such as child marriage and limited autonomy for women. With 23.3% of women aged 20–24 still married before age 18 (NFHS-5), the scheme incorporates community outreach and program convergence to promote girls' education and delay marriage. By embedding data-driven, multi-pronged interventions into its architecture, Sambal responds directly to the most pressing challenges facing women and children in India today.

Sambal also tackles deep-rooted social norms by conducting community outreach and awareness programs, helping to reduce the stigma and silence around violence. Initiatives like BBBP promote girls' education and legal awareness, while Nari Adalats empower women at the community level to resolve disputes and support victims. Overall, the scheme's integrated approach is effectively targeting and contributing to improvements in the most pressing challenges faced by women and children in India.

Relevance in reducing Regional Disparities and benefiting marginalised groups

Sambal, as a core component of Mission Shakti, is highly relevant in addressing regional disparities and supporting vulnerable groups across India. The scheme is specifically designed to ensure the safety and security of all women and girls, including those who are differently abled, socially and economically marginalized, and from vulnerable backgrounds. By integrating and strengthening initiatives such as OSC, Women Helplines, and BBBP, Sambal enhances accessibility to support services even in remote and

[128] Srivastava S, Kumar K, McDougal L, Kannaujiya AK, Sikarwar A, Raj A, Singh A. Spatial heterogeneity in intimate partner violence across the 640 districts of India: a secondary analysis of a cross-sectional, population-based survey by use of model-based small-area estimation. Lancet Glob Health. 2023 Oct;11(10):e1587-e1597. doi: 10.1016/S2214-109X(23)00377-7. PMID: 37734802; PMCID: PMC10522783.

[129] Press Release: Press Information Bureau

[130] Mission Shakti dashboard

underserved regions, helping to bridge the urban-rural divide and counteract regional imbalances in service delivery. Furthermore, the inclusion of community-based mechanisms like Nari Adalats fosters local participation and dispute resolution, empowering women at the grassroots level and ensuring that the most disadvantaged groups are not left behind.

Inclusion of accessible communication channels in the Women Helpline (181) plays a vital role in reducing regional disparities and extending support to marginalised groups. Women with speech, hearing, or physical impairments especially in remote or underserved areas often face compounded challenges in accessing timely help. By enabling access through text messages, mobile apps, and web interfaces, the helpline becomes more responsive to those who cannot rely on voice communication due to disability, poor network connectivity, or social constraints.

Conclusion

Mission Sambal is highly relevant as it effectively addresses key gender challenges in India through integrated services aligned with national and international goals. It prioritizes vulnerable groups and underserved regions, providing timely support via OSC, 24*7 helpline and BBBP as a behaviour change campaign. Its innovative, data-driven approach ensures both protection and empowerment, making it a vital scheme for advancing women's safety and equality nationwide.

4.2.1.2 Efficiency

Efficiency under the Sambal component of Mission Shakti refers to the programme's ability to optimise its financial, operational, human, and infrastructural resources to deliver timely, coordinated, and quality support services to women in distress. It reflects how well the scheme translates allocated inputs into effective outcomes. Efficiency of sambal sub-schemes will be measured against the following:

1. Financial Efficiency
2. Operational efficiency
3. Human Resource Efficiency
4. Infrastructure efficiency

Financial Efficiency

WHL

The fund utilization pattern for the WHL scheme across states reveals significant variability and episodic engagement over the five-year period.

Table 46: Fund Utilization under Women Helpline (WHL), FY 2020–21 to 2024–25

State-wise percentage utilisation of the released funds from FY 2020-21 to 2024-25 under Women Helpline				
State	**2020-21**	**2022-23**	**2023-24**	**2024-25**
Andhra Pradesh	100.00	0.00	39.01	0.00
Assam	100.00	0.00	181.99	69.49

State-wise percentage utilisation of the released funds from FY 2020-21 to 2024-25 under Women Helpline				
State	**2020-21**	**2022-23**	**2023-24**	**2024-25**
Bihar	100.00	0.00	107.65	146.56
Chandigarh	100.00	0.00	0.00	100.00
Gujarat	0.00	0.00	100.00	100.00
Himachal Pradesh	0.00	0.00	0.00	95.04
Jammu and Kashmir-UT	100.00	0.00	30.87	0.00
Odisha	100.00	36.11	51.21	100.00
Rajasthan	100.00	0.00	108.08	0.49
Sikkim	0.00	0.00	31.49	145.24
Tamil Nadu	100.00	9.91	62.57	NA
Uttar Pradesh	100.00	0.00	80.04	112.50
Uttarakhand	0.00	0.00	24.06	236.39

Source: Data from MoWCD –Note: For FY 2021 -22 Utilisation 0 for all states

Many states such as Andhra Pradesh, Assam, Bihar, Odisha, Rajasthan, Tamil Nadu, and Uttar Pradesh reported 100% utilization in FY 2020–21. However, a sharp decline in utilization is observed across most states in FY 2021–22 and 2022–23, with many recording 0%.

In contrast, the later years (2023–24 and 2024–25) show a recovery and, in some cases, very high utilization rates, Uttarakhand (236.39%), Sikkim (145.24%), and Bihar (146.56%). These unusually high percentages reflect spillover fund usage, delayed implementation catching up in later cycles, or multi-year fund expenditure being reported in a single financial year.

On the other hand, states like Himachal Pradesh and Jammu & Kashmir show consistently low or no utilization over the five years. As per the discussions with Mission Shakti Staff at HP and J&K two main reasons respectively were quoted for low fund utilization, firstly in schemes remain understaffed because of which it is difficult to spread awareness and the reason they remain understaffed is that high degree of attrition is seen in contractual staff.

OSC

The fund utilization data for the OSC scheme across states and UTs reflects variation in financial absorption over the five-year period.

Table 47: Fund Utilization under One Stop Centre (OSC), FY 2020–21 to 2024–25

State-wise percentage utilisation of the released funds from FY 2020-21 to 2024-25 for One Stop Centre					
State	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
Andhra Pradesh	73.05	79.04	45.29	69.10	130.39
Assam	72.51	183.12	395.62	72.80	346.71
Bihar	0.00	0.00	0.00	0.00	0.00
Chandigarh	90.46	200.07	0.00	0.00	100.00
Gujarat	85.86	64.24	126.85	66.34	171.41
HP	7.27	82.66	1337.94	96.55	634.43
J&K	0.00	0.00	0.00	105.75	86.58
Odisha	89.58	114.72	38.96	70.63	69.46
Rajasthan	58.25	32.79	50.57	100.51	113.51
Sikkim	99.88	72.09	0.00	60.67	139.22
Tamil Nadu	105.33	135.05	48.37	85.44	168.81
Uttar Pradesh	0.52	0.00	210.03	112.68	113.96
Uttarakhand	0.00	0.00	8.60	49.41	454.94

Source: Data from MoWCD

States such as Assam, Himachal Pradesh, Tamil Nadu, and Gujarat report utilization rates exceeding 100% in multiple years, due to spillover from previous allocations or intensive catch-up activity.

BBBP

BBBP is 100% centrally funded, with no provision for the creation of capital assets or direct benefit transfers (DBT).

- The funds are allocated to districts under three categories (based on gender indicators), primarily for IEC activities, training, capacity building, and community mobilization.
- Expenditure is guided by a flexible activity-based annual action plan, formulated at the district level.

The efficiency of BBBP lies in its lean, convergence-based model, fully funded by the Centre, with decentralised planning and existing workforce engagement, thus reducing duplication and maximizing outreach through integrated messaging and behaviour change communication.

Table 48: Fund Utilization under BBBP (FY 2020–21 to 2024–25)

State-wise percentage utilization of the released funds from FY 2020-21 to 2024-25 under BBBP					
State	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
Andhra Pradesh	26.85	21.53	9.24	0.00	130.05
Assam	88.71	32.04	3.08	0.00	34.64
Bihar	64.37	111.06	9.22	0.00	105.33
Gujarat	106.16	77.28	19.80	85.32	0.00
Himachal Pradesh	85.14	49.21	46.68	40.78	0.00
J&K	101.76	112.98	0.00	37.59	189.87
Odisha	238.31	0.52	0.00	0.00	0.00
Rajasthan	138.99	104.43	63.45	67.97	0.00
Sikkim	88.80	112.61	0.00	6.67	0.00
Tamil Nadu	88.63	40.66	5.15	120.90	0.00
Uttar Pradesh	162.40	10.93	0.00	57.41	0.00
Uttarakhand	125.28	39.28	179.87	73.69	0.00
Chandigarh	75.65	231.46	0.00	0.00	97.93

Source: Data from MoWCD

The data on fund utilization under the Beti Bachao Beti Padhao (BBBP) scheme across states and union territories indicates variability in financial absorption over the five years. Some states such as Rajasthan, Bihar, and Jammu & Kashmir have consistently demonstrated relatively high utilization rates in multiple years, including over 100% in certain instances, suggesting possible carryover from unspent funds of previous years or delayed utilization catching up in later cycles.

In contrast, many states report very low or zero utilization in recent years (2022–23 to 2024–25), particularly Andhra Pradesh, Assam, Odisha, Sikkim, and Uttar Pradesh, which may point to administrative bottlenecks, implementation delays, or timing mismatches in fund release and activity execution. Notably, a few states like Tamil Nadu and Uttarakhand show spikes in specific years, indicating activity concentrated in particular cycles rather than evenly spread implementation.

Overall, the data suggests that while some states have successfully absorbed and utilized BBBP funds, others may require additional support in planning, execution, and financial reporting to improve the consistency and timeliness of scheme implementation.

Nari Adalat

Nari Adalat is also 100% centrally funded, but with a minimal cost model.

- The Central Government supports basic logistics, capacity building, training materials, and IEC tools.
- Implementation is expected to be highly resource-light, depending on community participation and administrative convergence.

Note: Year on year, fund utilisation budgetary data for Nari Adalat is not available

Operational Efficiency

Women Helpline

Operational accessibility of WHL

WHL is a 24x7 toll-free service (181) established at the state level, meant to act as an integrated platform connecting women in distress with emergency services (ERSS-112), One Stop Centres, and platforms like Childline (1098). It responds to both emergency and non-emergency needs, offering immediate assistance, referrals, and guidance. The helpline also plays an information dissemination role, educating women on their rights and schemes.

The Institutional Checklist Survey included a focused assessment of the 181 Women Helpline (WHL) services only in eight sites in seven states and one Union Territory: Himachal Pradesh, Uttarakhand, Odisha, Andhra Pradesh, Gujarat, Rajasthan, and Chandigarh. All the findings concerning the WHL is only indicative, considering a small sample captured for the WHL centre.

Table 49: Location & Infrastructure indicators

District/OSC Location	1 (24x7 Ops)	2 (Accessible via 181)	3 (ERSS Integration)	4 (Emergency & Non-emergency)
Himachal Pradesh	✓	✓	✓	✓
Uttarakhand	✓	✓	✓	✓
Uttarakhand	✓	✓	✓	✓
Odisha	✓	✓	✓	✓
Andhra Pradesh	✓	✓	✓	✓
Gujarat	✓	✓	✓	✓
Rajasthan	✓	✓	✓	✓
Chandigarh	✓	✓	✓	✓

Source: (Institutional Checklist Survey, n = 8)

The institutional survey visits confirmed that in all these locations, the helplines were operational 24x7, accessible via the universal toll-free number 181, and integrated with the Emergency Response Support System (ERSS), indicating strong alignment with national operational guidelines.

Findings from qualitative interviews with the WHL staff also shows that the helpline plays a pivotal role as a frontline support mechanism for women in distress. It serves not only as a confidential point of contact for survivors of domestic violence, sexual abuse, and marital abandonment, but also as a critical link to legal aid, shelter, and psychosocial services.

OSC

Operational accessibility and feasibility of OSC

As per official guidelines, operationally, each district is required to have at least one OSC, with the possibility of sanctioning additional centres based on crime prevalence and population density. OSCs are required to be located within or near a medical facility. If that is not feasible, they may be set up in an existing government or semi-government building within a 2 km radius of a hospital. The maximum permissible stay at the OSC is 20 days, during which children (girls of all ages and boys up to 12 years) may also reside with the woman. The OSC must operate a dedicated 24/7 transport vehicle to support rescue and referral services and maintain comprehensive case records through an online MIS system.

Table 50:OSC accessibility

Status	% Availability
Status of available OSC facilities (35)	100%
OSC located in suitable location	94%
OSC having transport facilities with Govt branding	66%

Institutional checklist data (N=35)

The institutional checklist findings reveal that OSCs are operational in all the sampled districts (35) of the study. Also, a vast majority of OSCs (94.3%) are reported to be in suitable locations, and an equal proportion have accessible hospitals or medical facilities nearby.

To enhance the responsiveness of OSCs in reaching women in distress, the OSCs are to be provided with a lump sum amount under the recurring grant to hire a dedicated transport facility. This vehicle is intended for use in emergency and outreach situations where immediate assistance is required. The hired vehicle must carry standardised branding and logos of the OSC helpline numbers and related government initiatives to ensure public awareness and visibility**.**

The institutional checklist findings highlight that around 66% of OSCs reported having transport facilities with government branding to assist women in distress, reflecting a positive step towards accessible support. However, only 57.1% of these *vehicles carry standardised helpline branding or logos*.

Travel time to OSCs from the remote areas varies significantly. While 17.1% of respondents can access the facility in under 30 minutes and 22.9% within 2 hours, a considerable 45.7% require 2–6 hours, and 14.3% need more than 6 hours. This highlights geographic barriers and a scope for improvement in accessibility for remote populations.

Human Resource Efficiency

WHL

Human Resource Availability at WHLs

According to the Mission Shakti Guidelines under the Sambal sub-scheme, each Women Helpline (181) is mandated to maintain a minimum set of human resources to ensure its uninterrupted and effective functioning. These include one Helpline Administrator for overall coordination and supervision, and 12 to 18 Call Responders, depending on the call volume and population coverage, to maintain round-the-clock response capacity. Additionally, one IT Supervisor is required to manage backend systems, MIS platforms, and technical troubleshooting, while at least three Multi-purpose Staff are essential for administrative support such as maintaining records, cleaning, and logistical assistance. The presence of Security Guards or Night Guards is considered compulsory to ensure safety and operational continuity, especially during night shifts. These staffing norms are designed to provide a robust, accessible, and integrated service delivery mechanism for women in distress, in alignment with national safety and empowerment goals.

Based on the Institutional Checklist Survey, which captured responses from eight WHL centres across seven states and one UT, the self-reported availability of staff against these key designations is high but not universal.

Table 51: Human Resources at WHL

	Helpline Administrator	Call Operator	IT Supervisor	Multi-purpose Staff	Security Guard/Night Guard
Himachal Pradesh	✓	✓	✓	NA	✓
Uttarakhand	✓	✓	✓	NA	✓
Uttarakhand	✓	✓	NA	✓	✓
Odisha	✓	✓	✓	✓	NA
Andhra Pradesh	✓	✓	✓	✓	✓
Gujarat	✓	✓	✓	✓	✓
Rajasthan	✓	✓	✓	✓	✓
Chandigarh	✓	✓	✓	✓	✓

(Institutional Checklist Survey, N = 8)

These findings reflect the centres' own assessments and suggest that while most WHLs appear to have core personnel, a few still face shortfalls, particularly in non-technical staffing.

Helpline staff play an essential frontline role and demonstrate a strong commitment to supporting women, often under demanding conditions.

> *"*We don't have any special leave. If we miss a day, our pay gets deducted." - ***Operator, Bihar WHL***
>
> "We get calls from the same women again and again–sometimes we feel helpless because nothing changes." - ***Call Responder, Bihar***

Operators frequently reported handling cases from repeat callers, particularly in contexts of ongoing domestic violence, where women are unable or unwilling to leave due to economic dependency or family pressure. These cases require ongoing emotional support and creative coordination, but there is no formal system to manage them as chronic or high-risk cases.

Training of WHL Staff

The primary data as well as the MIS data on training, are unavailable. However, in the qualitative interviews with officials overseeing WHL, the importance of structured, skill-based training is widely acknowledged. In Gujarat, formal partnerships exist with institutions like TISS or NIMHANS, and comprehensive induction, refresher training, and burnout counselling are available. To handle and manage calls effectively, GVK-EMRI and the Tata Institute of Social Sciences (TISS), Mumbai, have developed a **Training of Trainers (ToT) module**, which is used to train staff before their induction. **Project Stree Manoraksha**, launched by NIMHANS with support from the Ministry of Women and Child Development, strengthens trauma-informed mental health care at both **OSCs and WHL** by training counsellors, caseworkers, and support staff. An **asynchronous online course** further enables personnel to provide empathetic, evidence-based support to women facing gender-based violence.

OSC

Human Resource Availability at OSC

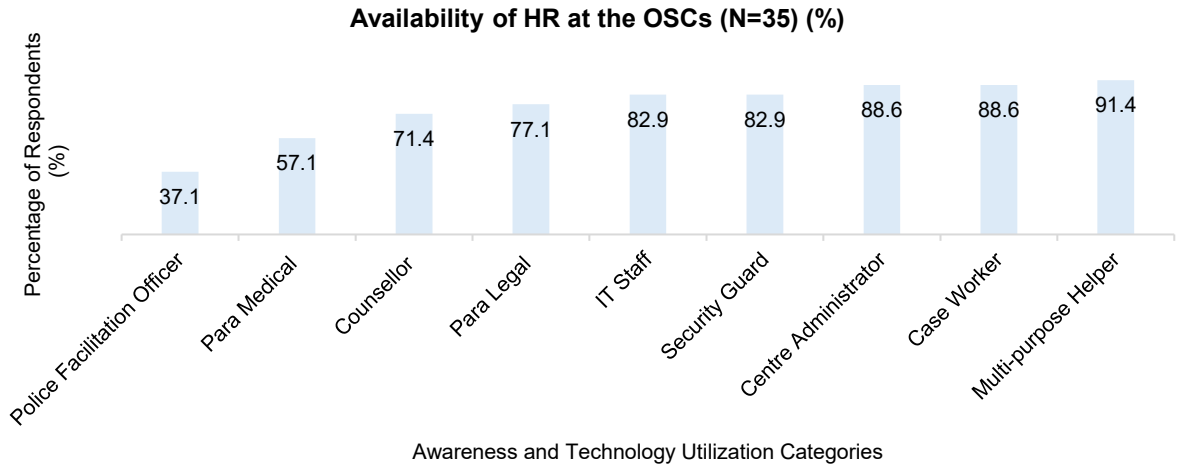
In terms of human resources, each OSC is to be staffed with a minimum of nine core personnel: one Centre Administrator, two Case Workers (provide support and assistance to women affected by violence), one Psychosocial Counsellor, one Para Legal Counsellor, one IT staff member, three Multipurpose Helpers, and three Security Guards (to cover shifts).

> *"Every new counsellor undergoes seven days of classroom training, and refresher courses are held every year."* – ***Project Head, 181 Gujarat***

In addition to this core staffing, the guidelines encourage leveraging a common pool of professionals at the district level, such as legal experts, psychologists, medical officers, or para-medical personnel who can be shared between institutions like the OSC, Shakti Sadan, and Shelter Homes. This convergence-based model aims to optimise resource utilisation and fill gaps in specialised service provision. Furthermore, coordination with external stakeholders such as the District Legal Services Authority (DLSA), police departments (through Police

Facilitation Officers), and health institutions is essential to ensure timely and holistic support for survivors. This dual approach of maintaining a dedicated core team while tapping into local institutional networks ensures the OSC remains functionally autonomous yet well-integrated within the district's support ecosystem.

Figure 61: Availability of HR at the OSCs



Source: Institutional Checklist Data (N=35)

The survey shows that the availability of human resources at OSCs shows that key administrative and frontline roles are mostly well-staffed. The institutional survey findings on human resource availability at OSCs highlights that most centres are adequately staffed in key administrative and support roles. Centre Administrators and Case Workers were present in 88.6% of the surveyed OSCs, while Multi-purpose Helpers were available in 91.4% of centres, ensuring consistent operational support. Security Guards and IT Staff were also available in 82.9% of centres, contributing to physical safety and digital recordkeeping.

However, service gaps are observed in some specialised and survivor-centric roles. Only 57.1% of OSCs had para-medical personnel, and just 71.4% had counsellors, indicating that comprehensive physical and emotional care may not be uniformly accessible. Paralegal staff were present in 77.1% of the centres. Notably, the availability of Police Facilitation Officers was lowest, reported in only 37.1% of OSCs, which may limit immediate legal redress and coordination with law enforcement agencies for survivors of violence. This uneven distribution of critical human resources highlights the need for targeted recruitment and capacity-building to strengthen the multidisciplinary response that OSCs are mandated to provide.

One of the most pressing challenges highlighted **in qualitative interviews** with the OSC Center Administrators across districts in TN, Assam and HP relates to the limited preparedness of staff to handle beneficiaries with severe mental health conditions, particularly in the absence of police support or trained psychiatric personnel, underscoring the physical risks involved in managing critical cases without adequate support structures.

These instances not only highlight safety vulnerabilities of staff but also reflect gaps in service adequacy for the beneficiaries themselves, whose complex needs go unmet in such strained environments as highlighted by OSC staff in AP and Odisha.

> *"*Mentally ill people sometimes throw stones or push staff... need more staff to handle such cases," **– *OSC staff, Vizianagaram***
>
> "No police posted here currently... we applied to SP... some people come with a rebellious attitude."- **OSC Staff, *West Godavari***
>
> "There are alcoholics outsides OSC, its not safe"- **OSC staff, *Kendrapara***

Studies in LMICs have shown that OSCs face 15 major barriers to effective implementation, including staff shortages, lack of private consultation spaces, insufficient funding, and unclear roles among implementing partners, leading to fragmented services and poor multi sectoral coordination.[131, 132] On the other hand, seven key enablers contribute to successful implementation, such as standardised policies, regular interagency meetings, and strong leadership, which help streamline service delivery.[133] To surmise from the studies a comparison of various OSC models indicate that hospital-based centres benefit from better medical resources but struggle with bureaucracy, while NGO-run centres are more flexible but face challenges sustaining themselves. Addressing these gaps requires strategic investments in funding, role clarity, and improved infrastructure to enhance OSC effectiveness. Some of the HR issues highlighted in the qualitative interviews are discussed below.

Issues highlighted on the sufficiency of the remuneration of HR

Gaps in safeguarding OSC staff and personnel are further exacerbated by the remuneration they receive.

> *"In-hand, they get ₹30,000… and it's a hectic job. There's no revision since 2021. Case workers get ₹22,000, MTS around ₹13,000–₹16,000. That's too low for the kind of work they're doing."-* ***District Officer, Bihar***
>
> *"There is no salary mentioned in the guidelines. We fix it under a ceiling of ₹28 lakhs annually. Salaries are paid directly by the district magistrates." –* ***District Officer, TN***

[131] Grisurapong, S. (2002). Establishing a one-stop crisis center for women suffering violence in Khonkaen Hospital, Thailand. International Journal of Gynecology & Obstetrics, 78(Suppl 1), S27–S38.

[132] Keesbury, J., Onyango-Ouma, W., Undie, C., et al. (2012). A review and evaluation of multi-sectoral response services ("one-stop centers") for gender-based violence in Kenya and Zambia. Population Council.

[133] Mukwege, D., & Berg, M. (2016). A holistic, person-centred care model for victims of sexual violence in the Democratic Republic of Congo: The Panzi Hospital one-stop centre model of care. PLoS Medicine, 13(e1002156).

Funding challenges further reveals difficulties in the efficient execution of the OSC protocol. For instance, in Tamil Nadu monitoring mechanisms include a three-month follow-up with survivors after they leave OSCs, along with district-level tracking. However, funding disbursements remain a constraint. The absence of standard uniform salary guidelines in

Mission Shakti schemes requires the department to operate within a budget ceiling of ₹28 lakhs per OSC per year.

Some structural challenges in Mission Shakti implementation highlighted in an interview in Tamil Nadu highlighted that the administrative delays in decision-making which leads to delays in most scheme approvals, including salaries and infrastructure. Likewise, frequent administrative changes cause delays and service disruptions. The permissions can be decentralised by assigning a dedicated nodal officer.

To address this, there is a strong recommendation to appoint a dedicated District Nodal Officer for Mission Shakti. This would ensure faster decisions, greater continuity, and better coordination – making the program more responsive and efficient at the local level.

BBBP

"Design at the administrative level can be eased. There should be a dedicated Nodal Officer for Mission Shakti at the district level with decision-making power."
- District Officer, TN

"ADM should conduct regular monthly visits to the OSC… DM and SP should undertake visits quarterly." – ***National Officer, MoWCD***

Human Resources

Caveat: There is no stand-alone staffing structure for BBBP; rather, the scheme is implemented in a task-based manner through District Officers, DHEW coordinators, and line departments. DHEWs typically act as the nodal point for district-level planning and coordination. In some districts, AWWs and ASHAs are trained and leveraged to disseminate BBBP messages and organize grassroots-level awareness activities, particularly in hard-to-reach or vulnerable communities. Gender champions, often adolescent girls who have achieved academic or social recognition, are also informally engaged to promote the message of gender equality and serve as role models in their communities.

- The district administration, led by the District Magistrate or Deputy Commissioner, is responsible for the planning, implementation, and monitoring of BBBP.

- Convergence with frontline workers such as AWWs, ASHAs, ANMs, schoolteachers, and district-level officers from Health, Education, and WCD departments is emphasised for execution.

Nari Adalat

Human Resources for Nari Adalat

Note: Data on human resources for Nari Adalat is not available from primary data. The limited understanding drawn on the scheme is emerging from the Shakti Dashboard data. Nari Adalat was being piloted in select locations within two states, Jammu & Kashmir and Assam. Although both states were part of our study, the specific geographies (districts or blocks) where the pilot is being implemented were not included in our sample, and therefore no assessment or findings could be drawn from the primary survey and some insights have been drawn only from the secondary data for evaluation .

The Nari Adalat is to be constituted of 7 to 11 women members, selected based on social respect and credibility in the community.

- These members are not salaried staff; instead, they are eligible for out-of-pocket expenses.
- The District Magistrate and District Programme Officer (WCD) are responsible for setting up and facilitating the functioning of these forums

According to the guidelines, Nyaya Sakhi is the trained member of the Nari Adalat who helps in case facilitation, record keeping, and linkage with institutional mechanisms like OSCs, Police, DLSAs, etc.

The identification of Nyaya Sakhis is to be done from among the Nari Adalat members, specifically those who are respected women from the community, such as SHG members, Mahila Mandal representatives, or members of PRIs.

The District Hub for Empowerment of Women (DHEW) is responsible for capacity building of Nari Adalat members, including training of Nyaya Sakhis. The guidelines state that the training should cover: Women-centric laws and entitlements, Roles and responsibilities in mediation, Referral protocols, Basic documentation and reporting.

The training is to be conducted in collaboration with stakeholders, including the District Legal Services Authority (DLSA), the police, and relevant NGOs. Mission Shakti Guidelines do not list specific training modules or curricula; they do indicate that women selected for Nari Adalat (Nyay Sakhi) will be extensively trained in all women-related laws and schemes. However, the exact duration of the training is not specified.

Table 52: No of Nyaya Sakhi identified and trained for Nari Adalat in Assam and J&K

District	Number of "Nyaya Sakhi" identified	Number of "Nyaya Sakhi" imparted training
Nalbari	28	28
Darrang	49	49

District	Number of "Nyaya Sakhi" identified	Number of "Nyaya Sakhi" imparted training
Morigaon	35	35
Dhubri	35	35
Udalguri	28	28
South salmara	21	21
Goalpara	56	56
Kamrup	21	21
Barpeta	35	35
Tamulpur	21	21
Baksa	21	21
Assam Total	**350**	**350**
Kupwara	216	216
Baramulla	221	221
J&K Total	437	437
Total (Assam+ J&K)	**787**	**787**

Source: Data from MoWCD

The data from Assam and Jammu & Kashmir reflects strong implementation fidelity in the initial rollout of the Nari Adalat initiative, particularly in terms of human resource identification and training. A total of 787 Nyaya Sakhis have been both identified and trained across the two pilot states, 350 in Assam across 11 districts, and 437 in Jammu & Kashmir across 2 districts (Kupwara and Baramulla).

This 100% training coverage indicates effective coordination between district authorities and implementing agencies and suggests that the foundational groundwork for Nari Adalats has been laid with a focus on both scale and capacity building. The fact that every Nyaya Sakhi identified has been trained highlights a positive step towards equipping grassroots women with the knowledge and skills required for community-level mediation and justice support.

Infrastructural efficiency

WHL

The infrastructure of the WHL was not evaluated under the study; therefore, the efficiency of the WHL infrastructure is not being detailed.

OSC

The Mission Shakti guidelines lay out specific infrastructural expectations for One Stop Centres (OSCs) to ensure safe, functional, and survivor-friendly environments. While the guidelines do not list each facility in exhaustive detail, several essential components are implicitly or explicitly mandated. A dedicated telephone line and internet connectivity are necessary to support case registration, communication with Women Helpline (181), and integration with online MIS platforms. CCTV surveillance is required to ensure the security of the premises, particularly in common areas, though it must be installed in a manner that respects the privacy and dignity of survivors. A video conferencing facility is encouraged to enable virtual court hearings, consultations with legal aid providers, or coordination with other departments when physical presence is not feasible. The OSC must be equipped with a basic kit that includes medical supplies, toiletries, and sanitary items to support immediate survivor needs during their stay. Provision of a fire exit is expected as part of standard safety and building code compliance, especially where new construction is undertaken. Additionally, the infrastructure should include a functional kitchen and toilet facilities, both of which are essential for maintaining hygiene and ensuring the comfort of women and children temporarily housed at the centre.

Table 53: Availability of essential OSC infrastructure facilities

Infrastructure facilities	n (OSCs that have these infrastructure facilities)	N (Total sampled OSC)
Telephone line	27	35
CCTV	34	35
Video conferencing	19	35
Basic Kit	35	35
Fire exit	20	35
Internet	32	35
Kitchen	30	35
Toilet	33	35

Source: Institutional checklist survey (N=35)

Infrastructure data from 35 OSCs shows that while core facilities like basic kits (100%), CCTV (97%), and toilets (94%) are largely in place, there are gaps in some essential infrastructure, like the absence of CCTV and toilet, affecting the quality services OSC gives.

"We don't have a kitchen setup at the OSC… food has to be arranged from outside if someone stays overnight." **– Gezing, Sikkim**
"Even our OSC is not equipped fully... there is no separate toilet facility for the staff or for women who come here. If someone needs to use a washroom, they have to go to the adjacent building or sometimes to a public toilet nearby." – **Udhampur, J&K**

"In mountain areas, there is often no signal. We can't even get mobile network. If someone calls for help and we don't get the call in time, we miss it. We need a landline or dedicated connection, but it's not there." – **OSC, Chamoli**

Only 77% of centres have telephone lines, and just 54% are equipped with video conferencing, limiting remote legal access and coordination. Fire exits are available in just 57% of centres, raising safety concerns. Although 91% have internet and 86% have kitchen facilities, the inconsistency highlights the need for focused upgrades to ensure standardised, safe, and tech-enabled survivor support.

In Udhampur (Jammu & Kashmir), the OSC lacks a dedicated toilet facility, compelling both staff and survivors to rely on nearby public toilets. Gezing (Sikkim) reports a similar issue, where the absence of internal sanitation forces women to be escorted to Anganwadi centres for basic needs. In Dehradun (Uttarakhand), the lack of toilets within the premises creates a serious risk during night-time interventions, particularly for survivors who have recently been rescued.

The absence of kitchen facilities further constrains the centres' ability to offer dignified, round-the-clock support. In Chamoli (Uttarakhand), staff are often required to prepare meals themselves at odd hours, highlighting a clear gap in service infrastructure. In Porbandar (Gujarat), staff have emphasised the particular difficulty in managing food and sanitation needs at night, especially for women who are emotionally vulnerable or physically unwell.

BBBP
Non-Infrastructure intensive

The BBBP component is non-infrastructure intensive. The guidelines do not mandate the creation of new infrastructure for this scheme. Instead, it encourages the leveraging of existing platforms and public spaces, such as Anganwadi Centres, schools, community halls, or other government buildings, for organising activities, outreach events, and public engagement under the scheme.

Nari Adalat
Non-Infrastructure intensive

Nari Adalat does not require any dedicated physical infrastructure. The guidelines emphasize its operation at the Gram Panchayat level, with logistical support to be provided by the Panchayati Raj Institutions (PRIs). This includes basic requirements such as:

- A designated space (may be shared),
- Badges or uniforms for members,

- Registers and essential materials for record-keeping.

Nari Adalat's efficiency stems from its community-anchored, low-cost, and convergence-based design. It relies on non-remunerated, respected local women, logistical support from PRIs, and district-level facilitation, while remaining fully centrally funded. Its simplicity and grassroots orientation enable swift, locally contextualized grievance redressal without creating parallel bureaucratic structures.

Facility	Gap	Recommendation
Women Helpline (WHL)	Though helplines are operational 24x7 and well-integrated with emergency services, rural accessibility and transport safety for night staff remain challenges.	Ensure dedicated transport for WHL night staff with safety features; explore rural outreach units linked to WHL.
	Staffing norms are generally met, but gaps persist in IT staff and security guards; there is no formal mechanism to handle chronic or repeat cases.	Create standard operating frameworks for managing high-risk or chronic cases; address technical staff gaps.
	Training data is unavailable, and training is inconsistent across states, with only some using institutional partnerships for induction or counselling.	Institutionalize structured digital and in-person training across states; make training data systematically available.
One Stop Centre (OSC)	While OSCs are well-located in most cases, 45.7% require 2 plus hours travel time and 14.3% over 6 hours, making access difficult for remote populations.	Introduce mobile OSC services or satellite units for hard-to-reach districts; use vulnerability mapping for deployment.
	Specialised staff like paramedics, counsellors, and police officers are missing in many OSCs; preparedness for managing mentally distressed women is low.	Recruit para-medical staff and trauma counsellors; ensure support from police through formal convergence.
	Facilities like video conferencing (54%) and fire exits (57%) are not uniformly available, affecting safety and remote coordination.	Upgrade infrastructure in deficient centres, prioritising video conferencing and fire exits to align with safety norms.
Beti Bachao Beti Padhao (BBBP)	BBBP relies on convergence with existing staff (DHEW, AWWs, ASHAs), but there is no	Develop district-level capacity-building modules and joint

Facility	Gap	Recommendation
	dedicated HR structure or uniform training mechanism.	training calendars for all convergence partners.

Conclusion

The efficiency of Sambal component of Mission Shakti is medium overall, with notable variation across its sub-schemes and states. While financial utilization under WHL, OSC, and BBBP has seen peaks in specific years, several instances of underutilization or delayed spending highlight challenges in fund flow and implementation cycles.

Operationally, both WHL and OSCs show strong adherence to functional norms, but accessibility gaps, especially in remote geographies persist.

Human resource availability is generally aligned with guidelines at WHL and OSCs, yet shortfalls in specialized staff, inconsistent training, and low remuneration affect performance and morale.

Infrastructurally, OSCs are reasonably equipped but lack uniformity in critical features like fire exits and video conferencing.

Overall, Sambal can be assessed as moderately efficient, with targeted investments in HR, planning, and monitoring likely to improve delivery quality and system responsiveness.

4.2.1.3 Effectiveness

The effectiveness criterion assesses how well the Sambal sub-schemes OSC, WHL, BBBP, and Nari Adalat have delivered on their core objectives of providing timely support, safety, awareness, and redressal for women. It examines service outreach, institutional responsiveness, and scheme visibility based on both field-level implementation and reported outcomes.

Effectiveness of sambal sub-schemes will be measured against the following:

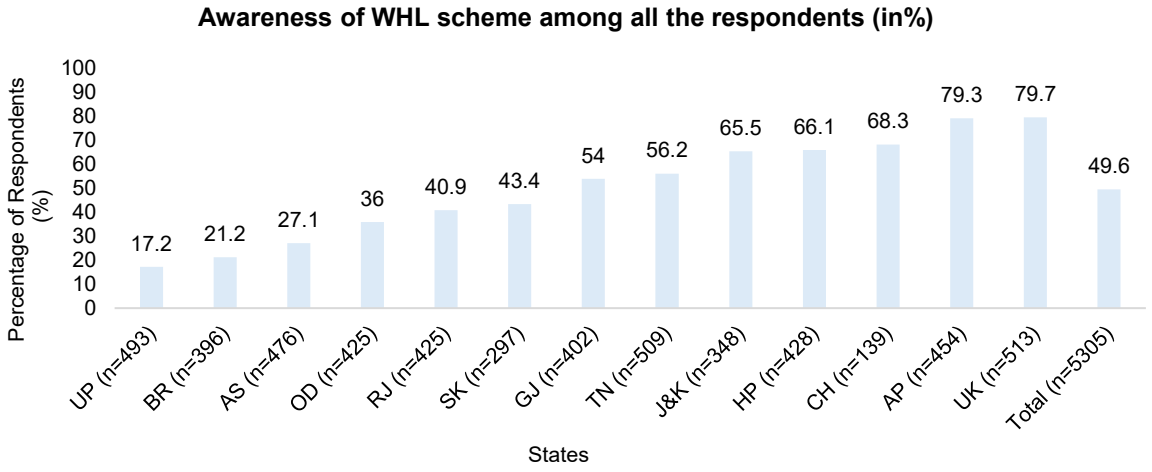
1. Awareness of sambal sub-schemes amongst HH beneficiaries
2. Beneficiary Outreach via the four sub-schemes
3. Adherence to the mandated services/protocols

Women Helpline

Awareness of Women Helpline among HH beneficiaries

Household survey data highlights sample average for the awareness of women helpline stands at 49.6%, indicating a low level of awareness overall, but with substantial variation across states.

Figure 62: Awareness of Helpline among HH Beneficiaries



Source: Household Survey (N=5305)

However, awareness levels vary widely, with Uttarakhand (79.7%) and Andhra Pradesh (79.3%) showing the highest levels of awareness, followed closely by Chhattisgarh, Himachal Pradesh, and Jammu & Kashmir, all above 65%. In contrast, some of the most populous states such as Uttar Pradesh (17.2%), Bihar (21.2%), and Assam (27.1%) report the lowest awareness levels.

> "In rural areas, most women don't even know about 181. We need to reach them directly."- ***Operator, Uttarakhand***

There is a clear gap in awareness and access to WHL services in rural and tribal areas, especially among women with low literacy or phone ownership. Qualitative interview with WHL staff highlights that urban women are more likely to know about and call 181, while many rural women rely on intermediaries like ASHA or police stations.

> Gujarat has employed innovative strategies to increase WHL visibility, such as printing the 181 number on ration cards and textbooks and leveraging metro stations and CSR networks for branding.
>
> *"We've included 181 in the 10th grade social science textbook."* – Gujarat WHL Head

In other states, stakeholders noted the need for greater awareness-building, especially in rural areas, and suggested that enhanced IEC efforts could significantly improve outreach.

Beneficiary outreach for WHL

The table below provides a state-wise summary of the operational scale and outreach of the Women Helpline (181) as of 31st January 2025. The data captures the total number of calls received and the number of women assisted through the helpline in 12 states and one Union Territory. The WHL serves as a critical first point of contact for women in distress, offering immediate information, counselling, referral, and coordination support under the broader Mission Shakti framework.

Table 54: Women assisted by WHL

Facilities→ States↓	WHL (31/1/2025)	
	Calls Received	Women Assisted
Andhra Pradesh	1596211	12414
Assam	437263	29155
Bihar	1053161	61441
Chandigarh	104503	84550
Gujarat	1536325	1495196
Himachal Pradesh	78191	43604
Jammu and Kashmir	78914	10859
Odisha	138063	54627
Rajasthan	85789	73226
Sikkim	64833	598
Tamil Nadu	1065549	137625
Uttarakhand	136348	53568
Uttar Pradesh	819404	819404
Total	**7194554**	**2876267**

Source: Mission Shakti Dashboard

As of January 2025, the Women Helpline has received over 7.19 million calls and assisted more than 2.87 million women across the 13 listed states/UT.

As of January 2025, the Women Helpline (181) under the Mission Shakti framework has facilitated outreach at a considerable scale, receiving over 7.19 million calls and assisting 2.87 million women across 13 states and one Union Territory. States such as Gujarat and Uttar Pradesh stand out for their near one-to-one call-to-assistance ratios, suggesting highly responsive and integrated helpline systems. Gujarat, in particular, assisted over 1.49 million women from 1.53 million calls, indicating robust case handling and follow-through. Uttar Pradesh reflects a similar trend with every call reportedly resulting in assistance.

However, this data must be interpreted with caution. The category of "women assisted" is not disaggregated by type of service, such as counselling, legal aid, referral, rescue, or information sharing, which makes it difficult to gauge the depth and nature of support provided. For instance, a high assistance number could reflect routine information dissemination or referrals rather than intensive case handling. Conversely, states like Sikkim and Jammu & Kashmir

show low conversion rates, which may be influenced by lower population density, connectivity gaps, or limited awareness, but without categorical data, such assumptions remain speculative.

Adherence to the service protocol for Women Helplines

To ensure quality service delivery and accountability, WHLs under Mission Shakti are expected to adhere to standard protocols and data systems. These include the availability and application of Standard Operating Procedures (SoPs), monitoring mechanisms, documentation practices, and communication of service data with district and state-level authorities. The Institutional Checklist Survey captured self-reported compliance with these procedural elements across WHLs in seven states and one Union Territory.

Indicator	No of Centres	% of Centres
SoPs are available for all operations	8	100%
SoPs are followed for all operations	8	100%
Monitoring mechanisms are in place	8	100%
All calls documented, including service details and referrals	8	100%
Follow-ups conducted for both emergency and non-emergency cases	8	100%
WHL can trace the caller's location during emergencies	7	87.5%
WHL has a protocol to address interrupted/incomplete calls	8	100%

Source: Institutional checklist (N=8)

The survey reveals strong procedural adherence across WHL centres. All 8 WHLs reported having Standard Operating Procedures (SoPs) in place and confirmed that these are actively followed in day-to-day operations. Similarly, all WHLs reported having monitoring mechanisms to evaluate helpline performance, and comprehensive call documentation systems were reportedly maintained, including details on services rendered and referrals made. Notably, all centres reported conducting follow-ups with women across both emergency and non-emergency cases, demonstrating efforts towards holistic case management and survivor support.

Innovative practices undertaken by Gujarat

Gujarat's 181 helpline is equipped with GPS-enabled rescue vans, panic-button-enabled mobile apps, and digital coordination with OSCs and police departments. These features support rapid response and data-driven service delivery.

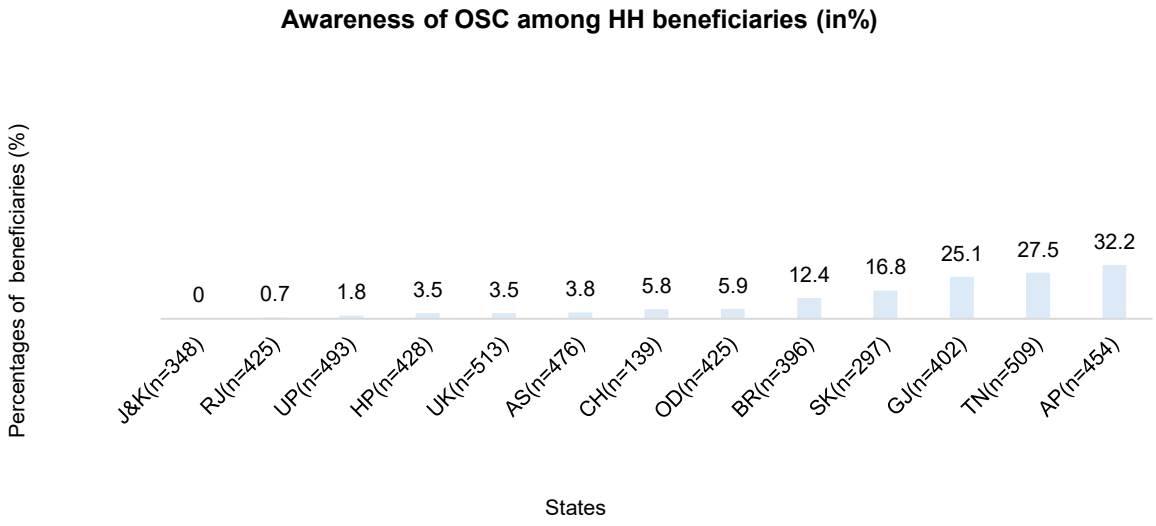
"When the panic button is pressed, even if her phone is destroyed, we have her last location and saved evidence." – Gujarat WHL Head

One Stop Centre (OSC)

Awareness of OSC among HH beneficiaries in the current study

From the household-level data, illustrated below is the awareness of OSCs among the beneficiaries surveyed. Household-level awareness of OSCs reveals significant inter-state variation, with an overall low national average of just 11%.

Figure 63: Awareness of OSCs among HH beneficiaries



(Source: Household Survey) (N=5305)

While states like Andhra Pradesh (32.2%), Tamil Nadu (27.5%), and Gujarat (25.1%) show relatively higher awareness–likely due to better outreach and implementation efforts–many northern and northeastern states such as Jammu & Kashmir (0%), Rajasthan (0.7%), and Uttar Pradesh (1.8%) report low levels. This suggests critical gaps in information dissemination and community engagement, underscoring the need for targeted IEC strategies to improve awareness of OSC services among households.

We see awareness of OSCs remains limited, with a sample average of just 11%. Since OSCs are primarily located at the district level, women living in rural and remote areas may not have easy access to these services. This highlights the need for increased information efforts in villages and consideration for establishing support services at more local levels to ensure timely and easier access.

Beneficiary outreach of OSC

The table below presents a state-wise overview of the operational status of OSCs and the number of women assisted through these facilities across the sample states. The data reflects cumulative figures reported up to 31st January 2025 and highlights the scale and regional variation in OSC implementation under the Sambal sub-scheme of Mission Shakti. The analysis provides insights into both the breadth of OSC coverage (i.e., number of OSC centres) and their depth of service provision (i.e., number of women assisted).

Table 55: OSCs and women assisted across the sampled states

Facilities→ States↓	OSC (31/1/25)	
	Operational	Women Assisted
Andhra Pradesh	26	43119
Assam	36	25710
Bihar	39	42261
Chandigarh	1	1790
Gujarat	35	40189
Himachal Pradesh	12	3754
Jammu and Kashmir	20	13349
Odisha	30	35201
Rajasthan	37	49800
Sikkim	6	1769
Tamil Nadu	48	106558
Uttarakhand	14	8905
Uttar Pradesh	79	263385
Total	**383**	**635790**

Source: Shakti Dashboard data

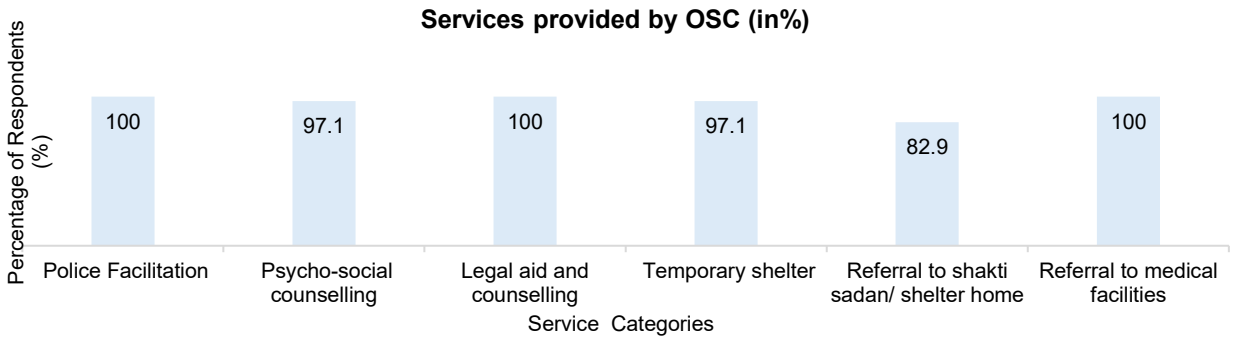
As of 31st January 2025, a total of 383 OSCs are operational across the 13 listed regions, collectively having assisted over 6.35 lakh women.

Uttar Pradesh leads both in terms of scale and outreach, with 79 operational OSCs serving over 2.63 lakh women, accounting for over 41% of the total women assisted among the reported regions. Tamil Nadu follows with 48 OSCs and over 1.06 lakh women supported.

Quality mechanism for rescue, protection and rehabilitation of women

Data from the institutional observation checklist presents the availability of key services at survey 35 OSCs.

Figure 64: OSCs and women assisted across the sampled states



Source: Institutional Checklist Data (N=35)

The OSC service delivery data shows that core crisis-response services are being delivered with high consistency across most surveyed states. Police facilitation, legal aid, and medical referrals are available in 100% of the centres, underscoring strong institutional linkages and emergency support systems. Psycho-social counselling and temporary shelter services are nearly universal (97.1%), reflecting a largely comprehensive response mechanism.

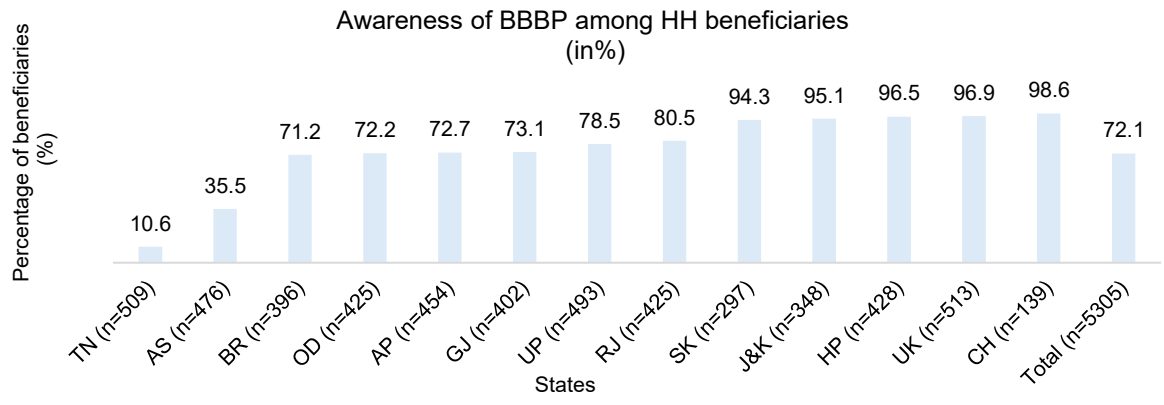
However, the relatively lower linkage facilities of referral to Shakti Sadan**s** or shelter homes (82.9%) highlights a critical gap in the continuum of care. This gap is particularly evident in Assam (33.3%), Jammu and Kashmir (50%), and Uttar Pradesh and Bihar (each at 66.7%). The limited number of referrals in states such as Uttar Pradesh and Bihar can be attributed to the non-availability of functional shelter homes, inadequate convergence mechanisms between OSCs and NGO run shelter providers.

In states like Jammu and Kashmir, Sikkim, and Himachal Pradesh, the challenge lies in the location of Shakti Sadans–often situated only in the state capital or specific district headquarters. This creates logistical difficulties for OSCs in referring women, particularly those from remote or rural areas, thereby limiting timely access to shelter and rehabilitation services.

Beti Bachao Beti Padhao (BBBP)

Awareness of BBBP among beneficiaries in the current study

Figure 70: Awareness of BBBP among HH Beneficiaries (%)



Source: Household Survey (N=5305)

The household survey data reveals a mixed picture of BBBP awareness across states, with a sample average of 72.1%. While overall awareness appears moderate to high, there is a disparity among states. At the top, Chandigarh (98.6%), Uttarakhand (96.9%), Himachal Pradesh (96.5%), Jammu & Kashmir (95.1%), and Sikkim (94.3%) report high awareness levels, reflecting effective state-level outreach and communication efforts under BBBP.

On the other hand, Tamil Nadu (10.6%) reports low awareness. Assam (35.5%) also shows lower awareness than the sample average.

In Tamil Nadu, BBBP activities are undertaken in Tamil and English, retaining the central slogan while adapting outreach to schools and SHG networks. Awareness is especially intensified in regions with a high risk of child marriage.

> *"We use the BBBP tagline as it is, but all our field-level awareness is in Tamil through posters, schools, and SHGs."* – ***District Officer, Tamil Nadu***

> *"BBBP is mostly related to health and education… we need checks and balances if departments don't show interest."* ***– District Officer, Bihar***

Coordination with departments such as Health and Education under schemes like BBBP remains weak. The officer in Bihar emphasised the need for preventive and collaborative mechanisms.

> *"BBBP activities created a visible impact… we involved everyone from forest to school departments,"* – ***State Officer, Odisha***

Under BBBP, Odisha has actively used the funds for wide-scale awareness generation. Activities included school-level pad yatras, rallies, and targeted interventions in areas prone to child marriage.

Service Outreach under BBBP

The table below provides a snapshot of state-wise implementation progress under the BBBP scheme. The data includes the number of sectoral activities–such as campaigns, capacity-building, and community outreach–undertaken independently by departments, as well as convergence activities carried out jointly by multiple stakeholders to promote gender equity. This distribution reflects the extent of integration and operationalization of the BBBP scheme across 12 states and one Union Territory.

Table 56: Activities under BBBP

Facilities→ States↓	BBBP (since April'24)	
	No. of Sectoral Activities	No. of Convergence Activities
Andhra Pradesh	177	109
Assam	746	575

Facilities→ States↓	BBBP (since April'24)	
	No. of Sectoral Activities	No. of Convergence Activities
Bihar	597	342
Chandigarh	2	2
Gujarat	2120	1356
Himachal Pradesh	115	106
Jammu and Kashmir	362	226
Odisha	18	17
Rajasthan	266	128
Sikkim	62	33
Tamil Nadu	627	440
Total	5968	3832

Source: Shakti Dashboard data

A total of 5,968 sectoral activities and 3,832 convergence activities have been reported across the listed regions, indicating strong engagement at both departmental and inter-departmental levels. Gujarat leads by a significant margin with 2,120 sectoral and 1,356 convergence activities, reflecting a high level of institutional commitment and cross-sector coordination.

Under the BBBP scheme, Gujarat has adopted multiple awareness initiatives. The Balika Panchayat model involves selecting and training five girls per village to participate in awareness campaigns. The scheme also targets adolescent boys and young men through college outreach, particularly those nearing marriageable age Community events like community marriages are also used as platforms for awareness.

> *"We have launched something called 'Balika Panchayat' at the village level... five girls are identified in each village. These girls are then trained and participate in awareness campaigns with our hub team."* – ***District Officer, Gujarat***
>
> *"We participated in the school program where we spoke to girls and their parents about continuing education and not marrying early. It was part of BBBP, I think."* ***- PRI Member, Rajasthan***

Qualitative findings reveal that other IEC strategies include hoardings, banners, public transport branding, and setting up stalls at government and community events. District officers autonomously identify such opportunities and coordinate with the state hub for execution. While there are no paid partnerships with NGOs, collaborations do occur for joint awareness

activities, especially in areas vulnerable to child marriage. Workshops are organised for stakeholders such as village secretaries, doctors, and school staff. Initiatives like *Kishori Melas* focus on adolescent girls, combining health services (like haemoglobin testing and distribution of menstrual hygiene kits) with scheme awareness and vocational opportunities.

In terms of convergence activities, states like Assam and Tamil Nadu have undertaken joint awareness campaigns involving the Departments of Education, Health, and Police, combining school outreach with adolescent health talks and sessions on legal rights. In Bihar and Jammu & Kashmir, combined community events involving Anganwadi workers, local panchayats, and district health officials have been organised to address both gender bias and child health in a unified framework

Nari Adalat

Nari Adalat, which has been piloted and institutionalised in J&K and Assam. The activity has been recorded in only these two states–Jammu & Kashmir and Assam via the *Shakti* Dashboard. The Government of India has initiated the implementation of the Nari Adalat in a phased manner, with the first phase covering Assam and the Union Territory (UT) of Jammu & Kashmir (J&K). In J&K, Nari Adalat is being implemented in the aspirational districts of Kupwara and Baramulla, while in Assam, it is being introduced in seven blocks across seven districts, namely Barpeta, Goalpara, South Salmara-Mankachar, Udalguri, Darrang, Morigaon, and Kamrup.

To support this initiative, 100% funding has been provided as per Mission Shakti guidelines. This initiative aims to strengthen community-based dispute resolution mechanisms for women, ensuring better access to justice and empowerment at the grassroots level.[134]

Table 57: Meetings conducted and cases registered under Naari Adalat

Facilities→ States↓	Nari Adalat (31/12/2024)	
	Meetings Conducted	Cases Registered
Assam	216	102
Jammu and Kashmir	846	395
Total	1062	497

Source: Shakti Dashboard

[134] Ministry of Women and Child Development. (2023, December 6). Government to implement the component of "Nari Adalat" in a phased manner under Mission Shakti. Press Information Bureau.

Jammu & Kashmir reports the highest engagement, with 846 meetings conducted and 395 cases registered, indicating a functional and actively utilized forum at the local level. Assam follows with 216 meetings and 102 cases, reflecting early-stage implementation or limited rollout.

> "*We now have 19 Nari Adalats in Dhubri. They've been very active and have helped in resolving cases quickly*"- ***District Officer, Assam***
>
> *"We're planning to expand Nari Adalats across Sikkim. Currently, only 10 GPs have them."* ***– State Officer, Sikkim***

Conclusion

The overall effectiveness of the Sambal component under Mission Shakti can be considered medium, with strong performance in some areas but persistent gaps in others. Sub-schemes like WHL and OSC demonstrate wide service outreach and procedural adherence, with high volumes of women assisted and strong follow-up mechanisms. However, awareness levels among beneficiaries, especially for OSCs and WHLs, remain low in many states, limiting potential impact. BBBP shows effective awareness generation and activity implementation in several geographies but suffers from inconsistent convergence and state-level variation. Nari Adalat, still in its pilot phase, shows promising outcomes in Jammu & Kashmir and Assam but has limited geographic reach. Overall, the evidence points to a system with solid institutional frameworks but requiring greater visibility, last-mile connectivity, and convergence to fully achieve its intended outcomes.

Scheme	Gap	Recommendation
WHL	Overall awareness is low (49.6%) especially in populous states like UP, Bihar, Assam; rural women often unaware of the helpline.	Intensify IEC campaigns in local languages targeting rural and tribal regions; include 181 info in ration cards, schoolbooks, and community touchpoints.
WHL	Lack of integrated tech for call tracing, prank call blocking, and night-shift staff safety despite SOPs being followed.	Introduce automated call filtering and prank call blocking systems; integrate location tracing; provide institutional transport for night-shift staff.
OSC	Only 11% awareness of OSCs nationally; several states report near-zero levels including J&K, UP, and Rajasthan.	Launch village-level outreach initiatives; deploy mobile OSC units; build partnerships with local leaders to promote OSC services.
	Limited shelter home linkages and poor convergence mechanisms, especially in geographically remote regions.	Strengthen referral linkages with shelter homes by improving convergence with NGOs and establishing regional partnerships in remote areas.

Scheme	Gap	Recommendation
BBBP	Significant inter-state variation with very low awareness in Tamil Nadu (10.6%) and Assam (35.5%).	Localize messaging through SHGs and schools; tailor communication based on regional gaps, especially in low-performing states.
	Event-based IEC fails to generate sustained behaviour change; weak convergence with Health and Education departments.	Institutionalize convergence through joint planning across WCD, Health, and Education departments with clear operational SOPs.

4.2.1.4 Sustainability

The Sambal sub-scheme under Mission Shakti, comprising One Stop Centres (OSCs), Women Helplines (WHLs), Beti Bachao Beti Padhao (BBBP), and Nari Adalats, is designed to provide integrated safety, protection, awareness, and grievance redressal mechanisms for women. However, the sustainability of these interventions' hinges on consistent financing, institutional coverage, stable human resources, and resilient infrastructure. A thematic analysis of qualitative interviews indicates commendable strides in service delivery, yet underscores persistent systemic gaps particularly in funding continuity, workforce capacity, and infrastructure reliability that pose risks to long-term operational stability and scalability.

1. Financial sustainability
2. Institutional sustainability

Financial Sustainability

WHL

The fund utilization pattern for the Women Helpline (WHL) scheme has been discussed in depth in the section efficiency. The data across states reveals variability, reflecting underlying challenges to financial sustainability. Initial high utilization in FY 2020–21 across states such as Andhra Pradesh, Assam, Bihar, Odisha, Rajasthan, Tamil Nadu, and Uttar Pradesh suggests effective early-stage implementation and timely fund disbursement.

However, the sharp decline in FY 2021-22 and 2022-23, with many states reporting 0% utilization, indicates systemic issues such as administrative bottlenecks, disrupted operations, or weak institutional anchoring.

The resurgence in FY 2023-24 and 2024-25, marked by disproportionately high utilization in Tamil Nadu (1670.09%), Uttarakhand (236.39%), Sikkim (145.24%), and Bihar (146.56%) likely reflects spillover expenditures or delayed fund absorption, rather than sustained operational continuity. Conversely, persistently low or no utilization in states like Himachal Pradesh and Jammu & Kashmir highlights deeper structural barriers to fund absorption and helpline functionality. These patterns underscore the need for institutionalized financing, improved planning, and convergence with state systems to ensure the long-term financial sustainability and service continuity of the WHL scheme.

The interviews with state and district officials revealed, recurring issues of delayed and partial salary payments. In Gujarat, Bihar and Uttarakhand, frontline staff reported significant salary deductions, non-payment for months, and lack of clarity on employment terms due to outsourcing, coupled with increasing costs of technology which cannot be changed due to amount being capped at INR 75 lakh per WHL.

> *"Our salary is ₹19,500, but we only get ₹12,400 in hand." — WHL Operator, Dehradun*
> *"We don't have any special leave. If we miss a day, it's marked as absent and the payment gets cut." —* ***Call Operator, Patna***
>
> *"Still only 6 months' grant has come. Light bill, electricity — if those aren't paid on time, how will we operate?" —* ***State Lead, Gujarat***

Irregular fund utilization, delayed implementation, and spillover spending undermine the financial stability of the Women Helpline scheme. These are compounded by recurring salary delays, outsourcing-related uncertainties, and a rigid funding cap of INR 75 lakh, which limits adaptability to rising costs. Together, these challenges threaten the long-term sustainability and effectiveness of the helpline services.

OSC

The fund utilization data for the One Stop Centre (OSC) scheme across states and UTs shows significant variation in financial absorption and implementation consistency over the five-year period. States like Assam, Himachal Pradesh, Tamil Nadu, and Gujarat reported utilization rates exceeding 100% in multiple years, likely reflecting spillover of previous allocations, delayed reporting, or concentrated expenditure during catch-up phases. Such irregular patterns raise concerns about predictable financing, planning efficiency, and the long-term financial sustainability of the scheme.

This pattern is problematic for financial sustainability because it reflects reactive spending rather than planned, stable financing. When fund utilization exceeds 100% due to spillovers, delayed reporting, or catch-up expenditure, it signals poor budget forecasting and execution discipline.

For both OSCs and WHLs institutionalizing timely planning and forecasting mechanisms at the state level is essential to improve fund utilization and service continuity. States should be encouraged to supplement central allocations through their own budgets to address local priorities such as expanding service outreach, upgrading infrastructure, or enhancing staff capacity. Strengthening convergence with allied departments can help bridge resource gaps during delays in fund disbursement. Promoting greater state ownership through financial contributions not only supports long-term operational resilience but also ensures that OSCs remain responsive to local needs and effectively deliver on their mandate.

Under WHL, qualitative interviews with state officials highlighted that the central financial cap of ₹75 lakh per district is not indexed to inflation, nor does it account for differences in call volumes, population, or geography. This creates an artificial ceiling on performance-linked spending, such as increasing call operator strength, enabling rescue services, or scaling training.

> *"We follow minimum wage, but Centre's cap is ₹75 lakh; we can't sustain training, increments, or even power bills."* - ***WHL Head, Gujarat***

This also limits state-level innovations or investments in digital systems, such as integration with GPS or panic buttons, that are essential for service responsiveness.

Underfunded IEC, Transport and Capacity Building Needs

Non-salary recurring expenditures, such as awareness campaigns, printed IEC materials, training programs, and transport support for night-duty staff, are often poorly provisioned or missing from the budget lines.

> *"We don't have funds for printing IEC materials regularly. Everything has to be done through someone's goodwill or on paper only."* ***- DHEW Coordinator, Sikkim***

> *"Earlier there was a drop service after 10 PM, now we depend on guardians."*
> ***— WHL Operator, Bihar***

This compromises both visibility of the scheme and staff safety, especially in remote or tribal areas. Staff often bear the burden of costs or restrict outreach activities altogether.

Institutional Sustainability

Location of centers

OSCs and WHL

While OSCs and WHLs have been rolled out across all districts, their actual functional reach remains uneven, especially in rural and geographically challenging areas. In many locations, the centres are based in district headquarters or urban pockets, leaving large rural populations without physical access to these critical services. This absence is particularly alarming for women in rural areas who face violence but lack proximity to protection and support systems.

From an operational lens, the limited functional reach of OSCs and WHLs (especially OSCs) despite full geographic rollout undermines the institutional sustainability of these services. When centres are concentrated in urban or district hubs, rural and remote populations remain excluded, creating a disconnect between administrative planning and ground realities. This not only weakens the perceived legitimacy and relevance of the institutions but also results in institutional inefficiencies, where deployed resources are not aligned with actual demand.

Over time, such disparities erode stakeholder confidence, discourage local-level institutional integration, and hinder efforts to embed these services within broader protection and welfare systems ultimately compromising their long-term sustainability.

"Some OSCs are located in interior or rural areas and reaching them can be difficult for women… informing them, ensuring safe travel, and helping them access support requires a lot of effort." **- *OSC Official, UP***

"In hilly regions, we have no roads, and there are network problems too… Even if a woman wants to go to the OSC, it's very difficult." - ***DHEW, Uttarakhand***

In such cases, women experiencing violence may either delay seeking help or resort to informal or unsafe redressal options, which undermines the objective of timely and survivor-centric intervention that OSCs are meant to provide.

Women Helplines (WHLs), while operational in all states surveyed, face digital and telecom infrastructure issues in rural areas, limiting their ability to respond promptly or escalate cases to OSCs or police when needed. In the absence of accessible institutional mechanisms, the gap between violence and redressal widens, especially for marginalised and remote communities.

BBBP

In contrast, BBBP's awareness campaigns tend to have broader reach due to integration with education and health platforms, but the depth of engagement remains limited without trained personnel supporting behavioural change. In addition, most of the states have utilized the funds completely showing intent of government and engagement of community.

Human Resource Sustainability

The effective delivery and long-term sustainability of *Sambal* servicesespecially OSCs and WHLs rest heavily on the availability, stability, and capability of human resources. While staffing levels on paper appear moderately adequate in most sites, systemic issues around employment conditions, contractual insecurity, irregular payments, and recruitment difficulties significantly compromise service continuity and staff morale.

Data from the Institutional Checklist Survey across eight WHL locations reveal high availability of core operational staff, yet gaps remain in back-end and specialist roles:

For OSCs, earlier tabulations showed nearly 89% centres had Case Workers and Centre Administrators, but only 57% had paramedical staff, 71% had psychosocial counsellors, and 77% had legal/paralegal personnel. This reveals a serious underrepresentation in specialist services, essential for holistic survivor support. Specific Insights from qualitative interviews with different stakeholders at State and district levels.

a. Recruitment and Retention Difficulties

Qualitative interviews at the State and district levels repeatedly highlighted the challenge in recruiting and retaining qualified professionals, particularly psychosocial counsellors, legal advisors, and case managers. These roles are critical for delivering specialized, survivor-centred support, and their absence directly compromises the sustainability of the services.

"We advertise 3–4 times but still don't get proper people… especially counsellors are hard to find." - ***State Nodal Officer, Uttar Pradesh***

"We are dependent on outsourced agencies. After training, staff often leave in 3–4 months for better pay." - ***DHEW Coordinator, Uttarakhand***

b. Contractual and Honorarium-Based Employment

Most frontline workers across OSCs and WHLs are hired on honorarium or short-term contracts, leading to high turnover, low job security, and burnout. Without a stable and experienced workforce, it becomes difficult to ensure consistent service delivery, build institutional capacity, or sustain the quality and credibility of OSCs and WHLs over time.

"Our personnel are honorarium workers on a tender basis. If they were hired for 2–3 years, we could avoid frequent retraining due to changes."- ***OSC Staff, Rajasthan***

"Still only 6 months' grant has come. How can we keep staff if they're not paid on time?" - ***State WHL Lead, Gujarat***

This model particularly affects those managing trauma cases at OSCs, where staff work overtime, multitask roles, and yet receive delayed or partial salaries.

"We need a caseworker and two helpers… counsellors often work double shifts." - **OSC, Rajasthan**

"Right now, months pass - six, seven, even eight months-without salaries being paid." - **Centre Administrator, UP**

c. Absence of Professional Development and Training

Several staff members, especially from WHLs and DHEWs, emphasized the lack of induction training, refresher courses, or trauma-informed capacity building. Lack of induction and trauma-informed training weakens human resource sustainability by increasing burnout, reducing staff retention, and leading to inconsistent service delivery. This undermines the ability to maintain a stable, skilled workforce essential for long-term scheme effectiveness.

"No proper orientation was given… we learned while doing the job."- ***WHL Operator, Uttarakhand***

"We don't get updated training on legal changes or how to deal with children or suicidal callers." - ***WHL Operator, Bihar***

Contrastively, a few states like Gujarat reported **structured residential training modules**, demonstrating a disparity in HR investment across states.

Conclusion

The sustainability of Mission Sambal is currently low in the wake of multiple challenges. The Sambal sub-scheme under Mission Shakti plays a vital role in supporting women's safety, protection, and empowerment through services like One Stop Centres (OSCs), Women Helplines (WHLs), Beti Bachao Beti Padhao (BBBP), and Nari Adalats. However, its long-term sustainability faces several challenges. Financially, irregular fund use, fixed budget limits, and low spending on awareness, transport, and training make it hard to plan and deliver services consistently. Institutionally, many centres are located in urban areas, leaving rural and remote women without access. This limits the reach and impact of the scheme. On the human resource side, frequent staff turnover, lack of trained professionals, and short-term contracts reduce service quality and staff motivation. To make Sambal more sustainable, there is a need for steady funding, wider rural access, and a strong, well-trained, and supported workforce that can respond effectively to women in need.

Component	Sub-scheme(s)	Gaps	Recommendations
Financial Sustainability	OSCs & WHLs	Fund utilization has been irregular and reactive, with high initial spending followed by sharp declines, spillover expenditures, and underutilization in some states. The fixed central cap of ₹75 lakh for WHLs is not adjusted for inflation, call volumes, or geography. Delays and deductions in salary payments due to outsourcing, coupled with underfunding of IEC, transport, and training, compromise financial stability.	Institutionalize timely planning and forecasting, revise funding caps to reflect inflation and local needs, and allocate adequate resources for IEC, transport, and training. Encourage states to contribute financially to improve flexibility and continuity.
Financial Sustainability	BBBP	Although BBBP funds are largely utilized across most states, the allocations are often limited to broad awareness campaigns, leaving little for sustained, targeted behavioral change initiatives. IEC activities sometimes lack sufficient depth due to constrained budgets, and monitoring of financial efficiency remains weak.	Enhance budgetary allocations to support deeper, targeted IEC and behavioral change efforts, and strengthen monitoring of fund utilization to ensure cost-effectiveness and sustained impact.
Institutional Sustainability	OSCs & WHLs	OSCs and WHLs are concentrated in district headquarters and urban areas, leaving rural and remote women underserved. Weak telecom and digital infrastructure limits WHL responsiveness in rural areas, while poor integration with local welfare systems	Expand geographic and digital reach of services into rural and remote areas, improve telecom infrastructure, and embed OSCs and WHLs into local protection and welfare mechanisms to strengthen relevance,

Component	Sub-scheme(s)	Gaps	Recommendations
		diminishes legitimacy and effectiveness of services.	access, and sustainability.
Human Resource Sustainability	OSCs & WHLs	High staff turnover, job insecurity, delayed or partial salaries, and burnout arise from short-term or honorarium-based contracts. There are shortages in specialist roles — such as psychosocial counsellors, legal advisors, and paramedics — while induction and trauma-informed training remains inadequate, lowering service quality and staff motivation.	Shift to longer-term, stable contracts with competitive pay, prioritize hiring and retaining qualified specialists, and institutionalize induction, refresher, and trauma-informed training programs to build a skilled and resilient workforce.
Programmatic Sustainability	OSCs, WHLs & BBBP	For OSCs and WHLs, planning remains reactive, innovation is minimal, and there is underinvestment in upgrades like GPS tracking, panic buttons, and digital tools. BBBP, while widely implemented, lacks depth in behavioral change efforts due to limited IEC funding, few trained personnel, and insufficient monitoring of outcomes.	Promote proactive, planned budgeting cycles; invest in technology and innovations to enhance service responsiveness; allocate adequate IEC and outreach resources; engage trained personnel; and develop robust monitoring systems to sustain behaviour change and improve programmatic impact.

Case study from Gujarat

Best Practice: Abhayam

The Women's Helpline – Abhayam was started as a Public Private Partnership in 2014 in Gujarat. The helpline model combines tele-counselling with physical rescue vans and real-time support from law enforcement. The presence of female personnel and counsellors in rescue teams encourages survivors to reach out. Round-the-clock accessibility of the helpline builds credibility and meets the real-time needs of survivors. Over 50% of total calls led to direct counselling services, underlining the high demand for mental health and emotional support. Key features include:

- Integrated Support Services: The helpline provides crisis counselling, emotional support, and guidance, coordinating with various government agencies and NGOs to empower women.
- Mobile Application: The '181 Abhayam' app allows users to register, share their location, and upload images or videos during emergencies. Upon activation, the app transmits the user's location to the helpline centre, enabling counsellors to dispatch the nearest rescue team.
- Case Tracking: All reported cases are monitored for successful resolution through a back-office managed by the Gender Resource Centre of the Government of Gujarat.

The private partner Emergency Management and Research Institute (EMRI) has been the government's partner in various emergency response initiatives. Hence, they bring strong logistics management, trained staff, SOPs, and faster response mechanisms. In addition, EMRI also contributed through real-time dashboards, call routing systems, and GPS-enabled vans. Sharing responsibilities thus reduces the financial burden on the state and ensures optimal use of funds.

The Abhayam 181 Women Helpline in Gujarat demonstrates that an integrated, tech-enabled, and survivor-centric response system can significantly improve women's access to crisis support. States could adopt similar models that are inclusive, data-driven, and scalable, while ensuring community outreach and continuous monitoring for better survivor outcomes and system accountability.

Source

4.2.1.5 Impact

In the absence of beneficiary-level data from the Ministry, it is not feasible to undertake a detailed analysis of impact indicators for the Sambal sub-schemes under Mission Shakti. Impact assessments require tracking measurable change in the lives of beneficiaries over time, such as improvements in safety, empowerment, or access to justice. However, without access to anonymised case-level records, follow-up outcomes, or disaggregated data on service usage across OSCs, Women Helplines, and other components, it is not possible to ascertain the depth or sustainability of change experienced by the target population. This limitation constrains the evaluation to process-level and intermediate outcome analysis, relying primarily on qualitative insights and available secondary data. Further, we do not have qualitative insights to comment on the reasons behind the below-mentioned trends in data for various sub-schemes, as this data was received after the completion of qualitative interviews. Impact of sambal sub-schemes will be measured against the following:

WHL

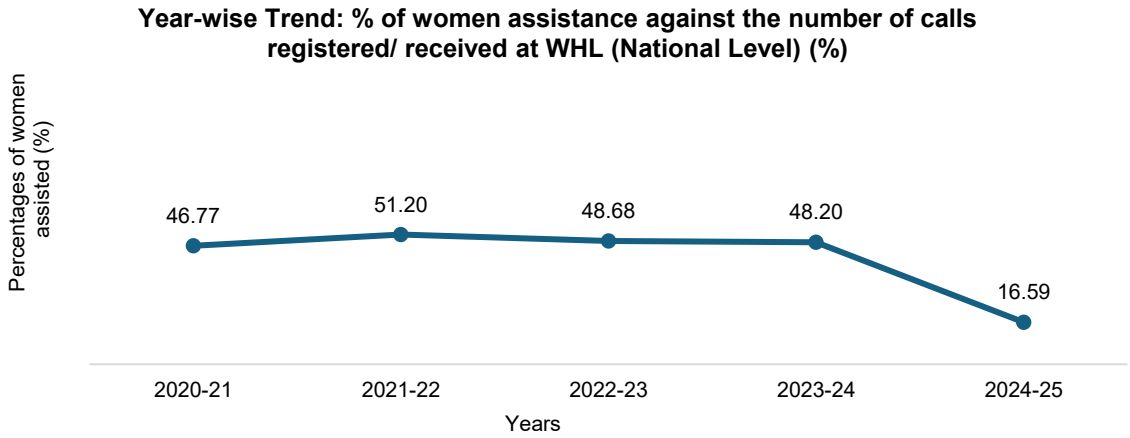
Percentage of Helpline Calls Resulting in Assistance to Women

1. Service utilisation trends
2. Beneficiaries' perceptions

The data on the percentage of women assisted against the total number of calls received under WHL offers insights into the scheme's operational responsiveness across states and over time.

The trend from FY 2020–21 to FY 2024–25 shows a mixed performance, with an initial improvement in response rates, followed by a significant decline in the latest year.

Figure 65: assistance against the number of calls registered/ received at WHL



Source: Shakti Dashboard data

From FY 2020–21 to 2021–22, the percentage of calls leading to assistance rose from 46.77% to 51.20%, indicating improved case handling and service linkage. However, in subsequent years (2022–23 and 2023–24), the assistance rate stabilized at around 48%, suggesting consistent though not expanding capacity. The most notable deviation occurs in FY 2024–25, where although over 7.2 million calls were received, nearly three times more than in any previous year, the assistance rate dropped sharply to 16.59%. This suggests a possible overload on systems, or a disproportionate rise in informational, hoax, or unresolvable calls, potentially reflecting broader visibility of the helpline without a commensurate expansion in backend support or case management.

Figure 66: Women assisted against the number of call registered/ received Women Helpline

State-wise percentage of women assisted against the number of call registered/ received from FY 2020-21 to 2024-25 under Women Helpline						
Sl. No	**State /UTs**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
1	Andhra Pradesh	1.62	1.62	1.28	1.35	0.49

State-wise percentage of women assisted against the number of call registered/ received from FY 2020-21 to 2024-25 under Women Helpline						
Sl. No	**State /UTs**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
2	Assam	1.76	2.24	8.06	14.26	22.15
3	Bihar	1.29	0.93	3.13	2.65	15.03
4	Chandigarh	100.00	100.00	100.00	11.05	49.38
5	Gujarat	100.00	100.00	100.00	81.71	100.00
6	Himachal Pradesh	100.00	100.00	100.00	5.47	9.73
7	Jammu and Kashmir and Ladakh	100.00	100.00	97.20	3.37	9.17
8	Odisha	31.65	25.99	26.84	0.00	19.24
9	Rajasthan	100.00	100.00	100.00	43.57	92.96
10	Sikkim	2.46	4.24	1.05	2.77	1.78
11	Tamil Nadu	3.02	12.64	33.08	42.04	11.89
12	Uttar Pradesh	100.00	100.00	100.00	100.00	92.60
13	Uttarakhand	100.00	100.00	100.00	55.25	13.57
	Total	**46.77**	**51.20**	**48.68**	**48.20**	**16.59**

Source: Data from MoWCD

State-level patterns show considerable variation. Uttar Pradesh, Rajasthan, Gujarat, Chandigarh, and Himachal Pradesh reported consistently high assistance rates (often 100%) in the early years, indicating effective case closure against calls received. However, in recent years, even high-performing states like Uttarakhand and Jammu & Kashmir showed sharp declines.

Notably, states like Assam and Bihar show a progressive increase in the percentage of assisted calls over time Assam rising from 1.76% in 2020–21 to 22.15% in 2024–25, and Bihar from 1.29% to 15.03%. Conversely, states such as Andhra Pradesh and Sikkim maintained consistently low percentage. Chandigarh and Odisha show sharp fluctuations, including complete drop-offs in some years.

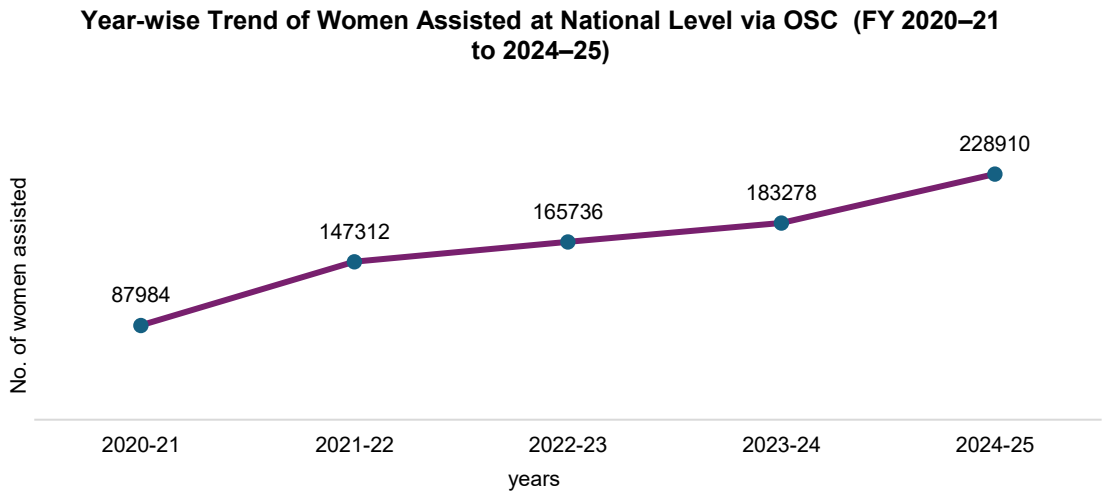
OSC

Year wise trend of women assisted under the OSC

The data from the Shakti Dashboard shows a consistent and significant upward trend in the number of women assisted under the OSC scheme over the five-year period from FY 2020–

21 to FY 2024–25. Starting from 87,984 women in 2020–21, the number increased to 228,910 in 2024–25, representing an approximate 2.6-fold increase over five years.

Figure 67: Women Assisted at via OSC



Source: Shakti Dashboard data

This trajectory suggests both increased demand for OSC services and potentially greater public awareness and accessibility of the centres across India. The sharpest year-on-year increase occurred between FY 2020–21 and 2021–22, which may reflect a rebound in service access post-COVID disruptions, followed by steady year-on-year growth. This positive trend reflects the expanding reach and institutional responsiveness of OSCs in addressing gender-based violence and offering legal, medical, psychosocial, and shelter support.

Table 58: State-wise women assisted from FY 2020-21 to 2024-25 under One Stop Centre

State-wise women assisted from FY 2020-21 to 2024-25 under One Stop Centre					
State /Uts	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
Andhra Pradesh	3336	4049	4356	2993	3134
Assam	1953	3852	5348	5714	7612
Bihar	4802	7002	6556	7376	8453
Chandigarh	135	153	199	329	424
Gujarat	4614	6583	8669	7158	7123
Himachal Pradesh	72	348	480	1007	1916
Jammu & Kashmir	1420	1544	2482	2374	3605
Odisha	4439	5366	7188	7480	7074

State-wise women assisted from FY 2020-21 to 2024-25 under One Stop Centre					
State /Uts	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
Rajasthan	2606	19241	5870	6591	8092
Sikkim	136	237	323	367	534
Tamil Nadu	6320	14391	22929	23661	39271
Uttar Pradesh	11462	18063	22155	33774	37360
Uttarakhand	1205	1462	1156	578	2150
India	**87984**	**147312**	**165736**	**183278**	**228910**

Source: Data from MoWCD

States like Tamil Nadu and Uttar Pradesh demonstrate substantial service volumes, indicating strong OSC coverage and possibly higher awareness or need. Assam, Bihar, and Jammu & Kashmir show steady year-on-year growth, suggesting expanding implementation capacity. Smaller states such as Sikkim and Himachal Pradesh, while reporting lower absolute numbers, exhibit a positive trajectory, influenced by both scaling efforts and their relatively smaller population base. However, fluctuations in a few states (e.g., Andhra Pradesh, Gujarat) highlight potential variations in reporting, outreach, or operational capacity. Overall, the data points to a widening footprint of OSCs across the country.

BBBP

Sex Ratio at Birth (SRB), defined as the number of female live births per 1,000 male live births, is a key outcome indicator for the Beti Bachao Beti Padhao (BBBP) scheme, which aims to address gender-biased sex selection and promote the value of the girl child.

Figure 68: State-wise Sex Ratio at birth from FY 2020-21 to 2023-24

State-wise Sex Ratio at birth from FY 2020-21 to 2023-24 (Sex Ratio at birth (Female Live Births/ Male Births *1000)				
States/ UTs	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Andhra Pradesh	952	950	945	944
Assam	944	941	955	951
Bihar	915	898	894	882
Chandigarh	941	892	902	916
Gujarat	918	927	928	925
Himachal Pradesh	944	941	932	930

State-wise Sex Ratio at birth from FY 2020-21 to 2023-24 (Sex Ratio at birth (Female Live Births/ Male Births *1000)				
States/ UTs	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Jammu & Kashmir	933	940	950	955
Odisha	936	938	936	926
Rajasthan	946	946	946	941
Sikkim	929	981	966	949
Tamil Nadu	948	947	946	939
Uttar Pradesh	932	934	932	936
Uttarakhand	940	939	938	942
National Total	**937**	**934**	**933**	**930**

Source: Data from MoWCD

At the national level, the SRB has shown a gradual decline from 937 in 2020–21 to 930 in 2023–24, indicating that while awareness may be growing, the challenge of addressing deep-rooted gender bias remains persistent. Some states, like Jammu & Kashmir (rising from 933 to 955) and Assam (from 944 to 951), have shown a positive upward trend, suggesting the potential impact of sustained BBBP engagement and community outreach. Similarly, Uttar Pradesh and Uttarakhand show marginal improvements in the latest year.

Conversely, states like Bihar (declining steadily from 915 to 882) and Tamil Nadu (from 948 to 939) reflect a declining trend, highlighting the continued need for targeted interventions in these geographies. Even high-performing states like Himachal Pradesh and Rajasthan have seen stagnation or slight declines, underscoring that normative change is slow and vulnerable to reversal without sustained reinforcement.

Nari Adalat

Early Outcomes of Nari Adalat as a Community-Based Justice Mechanism

As of 31st March 2025, a total of 538 Nari Adalat meetings have been conducted across Assam and Jammu & Kashmir, resulting in 280 disputes or matters being addressed, of which 193 were resolved. This reflects an overall dispute resolution rate of nearly 69%, indicating that the platform is being meaningfully used as a community-based grievance redress mechanism.

Figure 69: State-wise and district Meeting held and Number of disputes resolved

State-wise and district Meeting held and Number of disputes resolved till 31.03.2025 (Assam +J&K)			
District	**Number of Nari Adalat Meeting conducted till 30.03.2025**	**Number of disputes/matters addressed**	**Number of disputes/matters resolved**
Nalbari	22	4	3
Darrang	41	44	38
Morigaon	56	22	11
Dhubri	42	37	24
Udalguri	8	5	1
South salmara	35	27	15
Goalpara	47	29	21
Kamrup	20	10	4
Barpeta	55	45	37
Tamulpur	28	13	1
Baksa	3	1	0
Assam Total	**357**	**237**	**155**
Kupwara	134	16	16
Baramulla	47	27	22
J&K Total	181	43	38
Total (Assam+ J&K)	**538**	**280**	**193**

Source: Data from MoWCD

At the state level, Assam accounts for the majority of Nari Adalat activity, with 357 meetings held and 237 matters raised, out of which 155 were resolved indicating a functional but evolving model with moderate levels of uptake and resolution. In contrast, Jammu & Kashmir, though covering only two districts in the pilot, reported 181 meetings and 43 matters, with a higher resolution rate of nearly 88%. The data suggests that Nari Adalat is beginning to fulfil its intended role in providing accessible, informal, and women-led forums for resolving minor disputes at the grassroots level. The high-resolution rate, despite relatively moderate volumes of reported disputes, reflects early community trust and functional responsiveness of the model.

As a non-adversarial mechanism embedded within the community, Nari Adalat holds strong potential for decentralised justice delivery and women's empowerment. Its effectiveness in the pilot geographies offers a promising foundation for future scale-up, provided that the model is supported through consistent training, resource backing, and integration into local institutional frameworks.

Thematic analysis is grounded in qualitative insights from focus group discussions (FGDs) with women beneficiaries across multiple sampled geographies. It captures how women experience empowerment, access to support services, protection, and social change under the *Mission Shakti*.

Note: Direct beneficiary perspectives on Women Helpline (WHL) and One Stop Centres (OSCs) could not be captured in this evaluation. No qualitative interviews or FGDs were conducted with women accessing OSCs, given the sensitive nature of services provided and the fact that most beneficiaries are in acute crisis situations during their stay. Similarly, no direct interactions were held with WHL callers. As a result, this report does not include qualitative insights on the experiences or perceptions of women who accessed these services.

1. Awareness and Use of Redressal Services

Despite policy efforts, many women remain **unaware of subscheme** like OSC and Nari Adalat (in pilot states Assam and J&K). However, in some place Anganwadi workers, sarpanchs, or informal channels have been mediums for conflict resolution.

> *"We go to the Anganwadi or the Sarpanch if there's any issue. No one in our village has gone to any One Stop Centre."* - ***FGD participant, Bihar***
>
> *"I haven't heard of any Nari Adalat. I only know that if there's a problem, we ask the ward member or the elders."* ***-FGD participant, Bihar***

While WHL (181) has better visibility, its usage remains low. This reflects a gap between service provision and grassroots awareness, limiting access to structured legal or psychosocial assistance.

2. Perceptions of Safety and Support Systems

Women in some areas expressed a greater sense of personal safety, which they attributed to awareness campaigns and the proactive role of frontline workers.

> *"Earlier, we were afraid to go out. Now we are more confident, and even parents feel it is safe for girls to travel."*- ***FGD participant, Andhra Pradesh***

> *"There is an Anganwadi didi in our ward. If there's any trouble, she helps us. That gives us courage."* ***- FGD participant, Chandigarh***

3. Gender Norms and Aspirational Shifts

The BBBP scheme has had a tangible impact on delaying child marriage and prioritizing girls' education, indicating deep shifts in traditional gender norms.

> *"Earlier, daughters were married at 15 or 16. Now people say she must be 18 and should study first."* - ***FGD participant, Bihar***

> *"In our colony, now both boys and girls go to school. That was not the case a few years ago."* -***FGD participant, Chandigarh***

Yet, structural barriers like transport, cost, and school availability still hinder the full realization of these aspirations.

> *"We want to send our daughters to college, but the college is far and we can't afford transport."* — ***FGD participant, Jammu & Kashmir***

4. **Health Services and Emergency Support**

Although not the central mandate of Sambal, access to reliable, gender-sensitive health care is a crucial intersecting concern. In multiple FGDs, women reported significant challenges.

> *"We have to pay for fuel even in the government ambulance. Sometimes, there is no doctor or nurse at night."* - ***FGD participant, Jammu & Kashmir***

> *"We go to private clinics because the government ones don't have medicine or staff."* - ***FGD participant, Gujarat***

Such challenges impede access to emergency or post-violence support, especially in remote and underserved regions.

Conclusion

The overall impact of the Sambal component appears to be medium, with visible progress in service outreach and early indicators of systemic responsiveness. Schemes like OSC show consistent growth in the number of women assisted, and WHL has seen widespread uptake, though effectiveness fluctuates across states and years. BBBP demonstrates normative influence, particularly in improving awareness and shifting gender attitudes, but measurable outcomes like the sex ratio at birth reveal mixed trends. Nari Adalat, while still in pilot stages, shows promising results in dispute resolution. However, the absence of longitudinal, case-level data and direct beneficiary insights limits the ability to draw firm conclusions on sustained

impact. Further investments in data systems and feedback loops are needed to robustly assess and enhance long-term outcomes.

Component	Key Gaps Identified	Recommendations
WHL (Women Helpline)	Sharp decline in assistance rate in 2024-25 despite a surge in call volume; lack of data on nature of calls; no direct qualitative insights from users.	Strengthen backend capacity and triaging; analyze call types; integrate qualitative user feedback in future evaluations.
OSC (One Stop Centre)	Lack of direct beneficiary feedback due to ethical constraints; fluctuations in service levels across states; no case-level outcome tracking.	Invest in anonymized case tracking systems; enable safe post-service feedback collection; standardize reporting across states.
BBBP (Beti Bachao Beti Padhao)	Gradual national decline in SRB; mixed state-level trends; lack of sustained normative change in some high-focus states.	Deepen community engagement; track district-wise SRB variations; integrate BBBP with adolescent programs and male engagement.
Nari Adalat	Pilot stage with limited coverage; uneven activity across districts; sustainability dependent on training and institutional integration.	Scale the model gradually with consistent training, local institutional linkages, and periodic performance review.
Overall Access to Redressal Services	Low awareness of OSC and Nari Adalat in many geographies; informal resolution mechanisms dominate.	Enhance grassroots IEC on redressal services; leverage frontline workers and local institutions to bridge awareness gaps.
Perceptions of Safety and Support	Limited linkage between awareness efforts and perceived access to support; improvements are localized.	Pair awareness drives with service accessibility improvements; monitor perceived safety through community-level feedback.
Gender Norms and Aspirational Shifts	Shifts visible in education and delayed marriage but constrained by structural barriers such as transport and school availability.	Support structural enablers like transport and education access alongside social norm change; link with scholarships or conditional benefits.
Health Services and Emergency Support	Gaps in gender-sensitive health services hinder access to post-violence and emergency care, especially in remote areas.	Integrate health with violence-response systems; ensure availability of trained female health workers in critical regions.

4.2.1.6 Coherence

Coherence in the context of the Sambal component refers to the internal alignment of its sub-schemes (such as Women Helpline, OSC, Nari Adalat and BBBP) and their external convergence with allied departments, schemes, and governance institutions. Effective coherence ensures that each scheme complements the others in service delivery, avoiding duplication and enhancing the reach, responsiveness, and outcomes of interventions aimed

at women's safety, legal support, emergency response, and empowerment. For Coherence, we will look into the following aspects in detail:

1. Internal Coherence
2. External Coherence

Internal Coherence & External Coherence

Sambal's sub-schemes are designed to operate as a unified continuum of care and protection for women. For instance, the Women Helpline (181) serves as the primary entry point for women in distress, while the OSC provides integrated services such as medical, legal, and psychosocial counselling along with temporary shelter. Survivors identified through WHL are referred to OSCs, and after five days of temporary stay at OSCs, they may be shifted to Shakti Sadan (under the Swadhar Greh model) for long-term rehabilitation. The recently introduced Nari Adalat further strengthens this continuum by offering community-based mediation and grievance redressal, especially for petty and civil issues at the grassroots level. The BBBP campaign, while not a service delivery scheme, reinforces the preventive and normative functions of Sambal through awareness creation, behaviour change communication, and social mobilization. Together, these schemes function as mutually reinforcing components when effectively converged under District Hubs for Empowerment of Women (DHEW), ensuring a full-spectrum response to women's safety and empowerment needs.

Externally, Sambal schemes converge with several ministries and state departments for implementation support, institutional referrals, and system-level coordination. The Department of Health and Family Welfare is a critical partner providing emergency medical services, on-call doctors for OSCs. The police department plays a central role through Police Facilitation Officers deputed at OSCs, support in WHL responses, and legal aid coordination. Similarly, the District Legal Services Authorities (DLSAs) offer critical paralegal and legal counselling services for survivors. The Department of Information Technology is key to maintaining integrated MIS systems and helpline dashboards. Panchayati Raj Institutions (PRIs) and local governance bodies often support community mobilisation for Nari Adalats and awareness drives under BBBP. Additionally, partnerships with NGOs and civil society organizations help fill service delivery gaps, especially in remote and underserved areas.

WHL

The WHL under the Sambal is designed as a centralized gateway for women in distress to access emergency response, legal aid, shelter, and empowerment services. For it to function effectively, operational coherence and convergence with key institutional actors such as police, protection officers, and shelter services, are essential. The institutional checklist survey across eight sites captures how well WHLs are embedded within the broader ecosystem of women's support services.

Table 59: Overall Coherence Indicators for WHLs

Indicator	n (out of 8 visited WHL centers)	% Coverage
WHL linked with Childline 1098	8	100%
WHL linked with One Stop Centres (OSCs)	8	100%
WHL linked with Police Stations	8	100%
WHL linked with the NALSA legal aid helpline	6	75%
Responders are equipped to provide information on government schemes	8	100%
Responders equipped to connect women to institutional/psychosocial services	8	100%
Responders able to facilitate legal aid and empowerment-related services	8	100%
WHL connected to OSCs for non-emergency service-related information	8	100%
WHL has a formal linkage with Protection Officers	2	25%

Source: Institutional checklist data (N=8)

The Women Helpline (181) functions as the centralized entry point for women in distress, anchoring the internal operational coherence of the Sambal sub-schemes. The helpline is directly linked with One Stop Centres (OSCs), ensuring that cases requiring medical, legal, psychosocial, or shelter support are seamlessly referred. All WHLs (8) in the institutional survey reported having formal linkages with OSCs (100%), and responders were equipped to guide callers on government schemes, facilitate legal aid, and connect them to psychosocial services. Additionally, WHLs reported the capacity to trace caller locations (87.5%) and address interrupted or incomplete calls (100%), strengthening their ability to handle emergency situations. Moreover, 100% of WHLs were also connected to OSCs for non-emergency, service-related queries showing their role in both immediate response and broader scheme convergence. However, formal coordination with Protection Officers under PWDVA was found in only 25% of sites, suggesting a critical gap in integrating legal protection mechanisms into the helpline's response chain. Thus, while WHLs show robust internal alignment with other Sambal components, targeted improvements are needed to fully operationalize legal redress pathways.

Externally, WHLs demonstrate high levels of convergence with key stakeholders such as Childline (1098), police stations, and legal aid helplines. In the institutional checklist, all WHLs (100%) were formally linked to Childline and police stations, ensuring coordinated response to violence against women and children. Additionally, 75% of WHLs reported integration with the National Legal Services Authority (NALSA) legal aid helpline, which helps ensure timely legal support. WHLs also rely on the Department of Information Technology for maintaining helpline dashboards and caller management systems.

The data shows strong convergence of WHLs with emergency response systems, OSCs, Childline, and police, ensuring immediate and multi-sectoral crisis response. All WHLs are

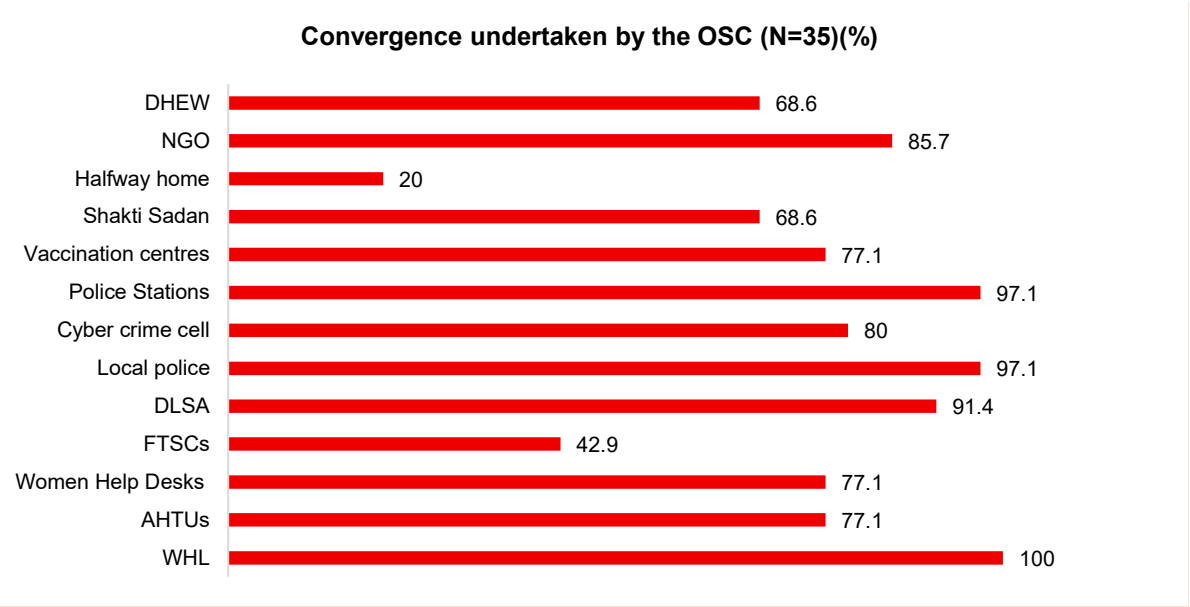
also equipped to provide scheme-related guidance and referral to psychosocial and legal services, reflecting high operational coherence. However, linkages with Protection Officers, a mandated component under PWDVA, remain weak (25%), and support for disabled callers is still inconsistent. These gaps highlight areas for strengthening vertical legal integration and inclusive service access to ensure WHLs operate as truly universal, rights-based support systems.

OSC

Convergence at OSC

OSCs are envisioned as the central hub for delivering integrated support to women affected by violence, linking them to a continuum of legal, medical, psychological, and shelter services. Their effectiveness relies heavily on the strength of institutional convergence with relevant stakeholders across law enforcement, legal aid, health, shelter, and community-based mechanisms. The institutional checklist survey of 35 OSCs across the sampled states provides critical insights into how well these centres are embedded within the larger service ecosystem, and where gaps remain in ensuring timely, coordinated, and survivor-centric care.

Figure 70: Convergence undertaken by the OSC



Source: Institutional checklist (N=35)

Internally, OSCs show strong alignment with other components of Sambal, particularly the Women Helpline (181), with which 100% of surveyed OSCs reported operational linkage. This ensures seamless referral and intake of cases originating through the helpline system. Additionally, 68.6% of OSCs relate to Shakti Sadan, enabling a continuum of care from short-term crisis shelter (up to five days at OSCs) to long-term rehabilitation for survivors. However, limited linkage with Halfway Homes (20%) suggests a gap in bridging survivors into community reintegration and vocational pathways. Moreover, while DHEWs are expected to anchor scheme convergence, only 68.6% of OSCs report coordination with them. Overall, OSCs reflect strong internal coherence in emergency response and intake, but longer-term rehabilitation pathways and convergence with district-level planning bodies remain areas for improvement.

The effectiveness of OSCs hinges on their ability to coordinate with *external* institutions that provide legal, medical, and enforcement support. The institutional survey indicates robust convergence with critical stakeholders such as police stations (97.1%), local police units (97.1%), and District Legal Services Authorities (DLSAs, 91.4%), ensuring timely legal redress and survivor protection. Furthermore, linkages with Anti-Human Trafficking Units (AHTUs) and Women Help Desks (both 77.1%) support the OSC's capacity to address diverse forms of violence and trafficking. However, only 42.9% of OSCs report a working linkage with Fast Track Special Courts (FTSCs), reflecting a significant bottleneck in delivering expedited justice. Encouragingly, 85.7% of OSCs have collaborations with NGOs, which often provide critical support in case management, community mobilisation, and survivor follow-up.

In Uttar Pradesh, a noteworthy best practice emerged in suggestions for interdepartmental convergence at the grassroots. Departments like Animal Husbandry, Labour, and Village Development offered to spread awareness:

> *"Wall paintings at the Gram Panchayat level to spread awareness about OSCs."*
> ***- Block Officer, UP***

This reflects an untapped potential for multi-sectoral IEC efforts, especially through departments with block-level reach.

BBBP

The BBBP initiative, while not a direct service delivery scheme, plays a critical normative and preventive role within the Sambal component of Mission Shakti. Internally, BBBP reinforces the objectives of schemes like the Women Helpline, OSC, and Nari Adalat by focusing on shifting community mindsets around gender bias, promoting girls' education, and fostering a culture of respect for the girl child. The DHEWs serve as the primary node for internal coherence, tasked with integrating BBBP's IEC and awareness campaigns into the broader suite of women-centric interventions. Qualitative interviews with DHEW teams across states indicate that BBBP activities, such as school-based sensitisation sessions, girl child felicitation events, and household-level outreach are often implemented in alignment with OSC events, WHL promotions, or broader Mission Shakti campaigns.

> *"We go door-to-door and distribute pamphlets; we explain that daughters are equal… we try to make people aware of the scheme. The girl child is given recognition, every place, we celebrate her achievements."* – ***DHEW, Udhampur***
>
> *"We did campaigns with girls in schools, mothers, Panchayat and awareness exercises."* – ***DHEW, Sikkim***

BBBP's success hinges on sustained convergence with multiple external actors, as mandated in the Mission Shakti guidelines. Key departments include Health (for enforcing the PCPNDT Act and engaging frontline workers), Education (to promote girls' enrolment and reduce dropout rates), the District Legal Services Authority (for spreading legal awareness), and Panchayati Raj Institutions (to support community mobilisation). In practice, convergence has

taken varied forms. In states like Sikkim and Jammu & Kashmir, DHEW coordinators report active collaboration with doctors, nurses, teachers, and PRIs to run campaigns, conduct counselling, and lead public outreach. These have included door-to-door IEC drives, school-based events, legal awareness camps, and observances like Beti Janm Utsav or Women's Day. Such initiatives have strengthened community receptiveness to the BBBP message, as reflected in the increased visibility of girls' achievements and greater willingness to discuss gender equality in public spaces.

Qualitative interviews with DHEW Coordinators reveal that convergence under the BBBP scheme is being pursued through diverse mechanisms, especially leveraging school platforms, health workers, legal institutions, and Panchayati Raj structures. In many locations, DHEW teams reported proactively engaging with educational institutions, ICDS networks, and legal authorities to conduct awareness campaigns, street plays, girl child felicitation events, and capacity-building sessions that align with BBBP's core objectives of combating gender-biased sex selection and promoting girl child education.

However, several respondents also noted that convergence is not uniformly operationalised across departments, with some reporting irregular participation by health and education departments. BBBP often gets embedded only during major events such as Women's Day or Beti Janm Utsav and lacks sustained field engagement due to constraints in staffing and budgeting.

> *"We gather private practitioners, doctors, nurses… and explain legal provisions against sex determination with DLSA's help."* – ***DHEW Coordinator, Sikkim***

> *"There is awareness, but we don't have regular coordination meetings with Education or Health departments."* – ***DHEW, Anantnag***
>
> *"Earlier, we had many campaigns for girl child rights. Now, we mostly rely on International Day or Women's Day events."* – ***Mission Shakti Staff, Nagaon***

Despite these constraints, the BBBP message has received strong public receptivity, especially in states with progressive gender norms. Respondents noted that girls' achievements are increasingly being celebrated and that the community is more open to discussing gender equality, though this momentum needs to be matched by stronger institutional coordination and recurrent funding support.

> *"Everything is discussed at the district-level meetings. We are asked to include BBBP IECs in programs… but if we had scheme-specific staff, we could do more justice to each activity."* ***– DPO, Kendrapara***
>
> *"In Sikkim, sons and daughters are treated equally. The scheme has worked well. But funds don't come at all, sir."* – ***DHEW, Sikkim***

Nari Adalat

As discussed earlier, due to its limited institutionalization of this scheme, no primary findings are available to provide an assessment of Nari Adalat and its convergence.

Conclusion

The Sambal component of Mission Shakti exhibits a medium level of coherence, particularly in the operational alignment of its core schemes such as WHL and OSC. Internal linkages such as referral pathways between WHL, OSC, and Shakti Sadan are largely functional and structured, while BBBP reinforces the normative foundation through complementary awareness campaigns. Externally, convergence with key departments like police, legal aid authorities, and health services is evident, though often uneven across states and schemes. Coordination with Protection Officers and integration with grassroots bodies like PRIs show gaps, and convergence under BBBP remains event-driven in many contexts. Overall, the scheme demonstrates a strong design intent for coherence, with room for strengthening interdepartmental institutionalisation and consistency in field-level implementation.

Component	Key Gaps Identified	Recommendations
Women Helpline (WHL)	Limited formal linkage with Protection Officers (only 25% of WHLs); inconsistent support for disabled callers.	Ensure formal MoUs with Protection Officers; introduce inclusive access protocols (e.g., for disabled women).
One Stop Centre (OSC)	Weak linkage with Halfway Homes (20%) and partial coordination with DHEW (68.6%); limited referral to long-term rehabilitation.	Strengthen DHEW-OSC integration; expand linkages with Halfway Homes and vocational reintegration services.
Beti Bachao Beti Padhao (BBBP)	Convergence often limited to symbolic events; irregular participation from health and education departments.	Institutionalise BBBP within district planning; ensure regular convergence with schools, ASHAs, and PRIs.
Nari Adalat	Pilot stage with limited data; absence of convergence data and institutional integration.	Scale Nari Adalat with defined protocols and convergence pathways with PRIs, OSCs, and legal support systems.
Internal Coherence (within Sambal)	While WHL and OSC are well-aligned, full pathway including Shakti Sadan and Halfway Homes is not consistently operationalised.	Develop SOPs for internal referrals across WHL OSC Shakti Sadan; monitor continuity of care metrics.
External Convergence (Law, Health, Legal Aid)	High convergence with police and DLSA, but patchy linkage with FTSCs and Anti-Human Trafficking Units across OSCs.	Strengthen judicial convergence through FTSC coordination; standardise inter-agency response frameworks.
Convergence with Protection Officers & PRIs	Coordination with Protection Officers under PWDVA weak; PRI	Formalise PRI engagement through circulars and mandates; build capacity for grassroots IEC on rights.

Component	Key Gaps Identified	Recommendations
	engagement for grassroots mobilisation not systematically integrated.	
Consistency in Field-Level Implementation	Event-driven implementation; convergence varies significantly across districts due to staffing and fund limitations.	Provide flexible budgeting and dedicated convergence staff at district level to ensure regular implementation.

4.2.1.7 Equity

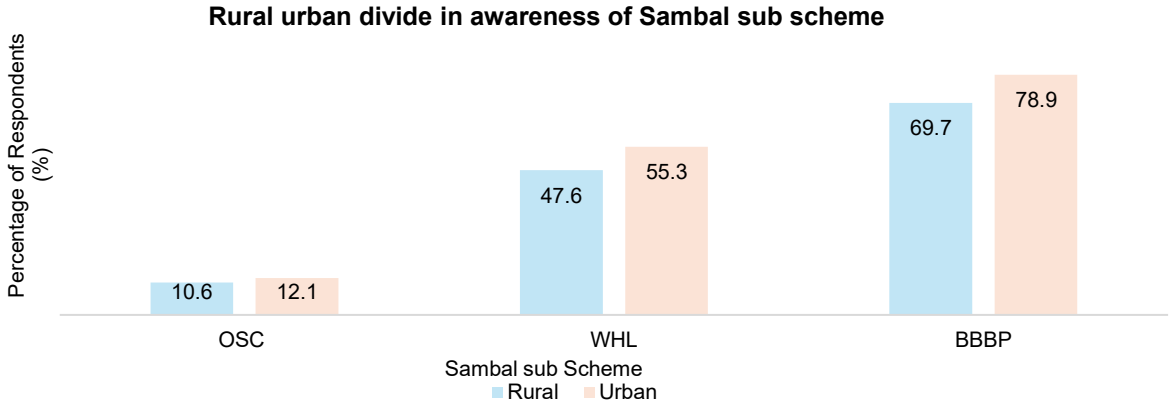
Equity, in the context of centrally sponsored schemes like Sambal, refers to the fairness and inclusiveness with which awareness and access, are distributed across different social and geographic groups. Measuring equity involves examining whether all sections especially those historically marginalized, such as rural households, Scheduled Castes (SC), Scheduled Tribes (ST), and women in remote areas- have comparable levels of awareness and access to entitlements. For Equity, we will investigate the following aspects in detail:

1. Equity in Awareness of Sambal Schemes: Rural vs. Urban Comparison
2. Equity in Awareness of Sambal Schemes Across Social Groups

Equity in Awareness of Sambal Schemes: Rural vs. Urban Comparison

The equity of access and outreach for centrally sponsored schemes can be gauged through awareness levels across different population groups. In this case, the indicator reflects the percentage of household respondents in the survey who reported awareness of the OSC, WHL, and BBBP schemes. The data reveals a consistent urban advantage across all three schemes, highlighting persistent rural-urban disparities in program visibility and access to information.

Figure 71: Rural urban divide in awareness of Sambal sub scheme



Source: Household survey (N=5305)

OSC shows very low awareness in both rural (10.6%) and urban (12.1%) areas, with only a marginal urban advantage. This suggests that the scheme, despite being operational in most districts, suffers from poor visibility at the community level, especially among households that have not directly interacted with the service due to lack of exposure or need.

Women Helpline (WHL) demonstrates a moderate awareness gap, with urban respondents (55.3%) more likely to know of the helpline than their rural counterparts (47.6%). This difference may stem from better access to communication channels and media in urban areas.

BBBP records the highest awareness among all three schemes, with 69.7% of rural and 78.9% of urban respondents reporting familiarity. The relatively high levels-particularly in rural areas, reflect the scheme's focus on community-level outreach, local events, and school-based activities that are widely conducted even in less connected regions.

Equity in Awareness of Sambal Schemes Across Social Groups

Equity in Awareness of Sambal Schemes Across Social Groups: Awareness of government schemes is a critical first step toward equitable access and utilization. The household survey data presents the percentage of spondents from various social groups, General, OBC, SC, and ST -who reported being aware of three key schemes under the Sambal sub-scheme of Mission Shakti: WHL, OSC, and BBBP.

Table 60: Awareness of Sambal Schemes Across Social Groups

Indicators	General	OBC	SC	ST
Awareness of WHL	55.1	51.8	39.6	45
Awareness of OSC	5.2	16.1	12	8.5
Awareness of BBBP	78.8	69.4	67.9	70.7

Sources:

WHL awareness is highest among General category respondents (55.1%), with a modest drop among OBCs (51.8%) and a sharper decline for SC (39.6%) and ST (45.0%) households. This reflects a significant social gap in access to information, particularly among marginalized groups who often face compounded barriers in digital connectivity, literacy, and outreach coverage.

OSC shows overall low levels of awareness across all groups, but with some variation. Awareness is notably low among General group respondents (5.2%), possibly due to lower engagement unless faced with direct need, while relatively higher among OBC (16.1%) and SC (12%) respondents. ST group awareness remains limited at 8.5%, underscoring persistent information access gaps in tribal areas.

BBBP emerges as the most widely recognized scheme across all social categories, with highest awareness among General (78.8%) households. Although the awareness is slightly lower among SC (67.9%) and OBC (69.4%) groups, the spread is relatively more equitable, reflecting the scheme's broad-based IEC and community-level implementation model. ST

households (70.7%) also report relatively high awareness, can be due to school-based events and Panchayat-led outreach in tribal belts.

Conclusion

The equity of Mission Sambal is low. While BBBP has relatively high awareness and broader reach across social groups and urban/rural areas, other components like OSC and WHL show significant gaps in awareness and access, especially for marginalized groups like Scheduled Tribes (ST) and Scheduled Castes (SC). Rural-urban and social group disparities are notable, with rural areas showing lower awareness across all schemes, and marginalized social groups facing compounded barriers to access, including limited information dissemination and digital connectivity issues.

Cross cutting Theme Analysis

Sub-Scheme	Theme	Findings / Gaps	Recommendations
OSC	Staff Safety & Mental Health	Staff at One Stop Centres (OSCs) are frequently required to handle high-risk cases involving mentally distressed survivors without having received trauma-informed training, mental health support, or adequate protection through police deployment.	It is recommended that trained security personnel be deployed at OSCs and that all staff be provided with trauma-informed care training. The integration of mental health support systems and formal police protocols should also be prioritized to improve safety and service delivery.
OSC	Accessibility & Geography	Most OSCs are located only at the district level, making access difficult for women residing in remote or hilly regions where travel time can extend from two to six hours.	To address geographic challenges, satellite One Stop Centres may be established in remote and hilly regions. Additionally, mobile OSC units could be introduced to provide on-the-spot assistance and reduce access barriers for women in need.
OSC	Awareness & Outreach	There is limited awareness about the existence and services of OSCs, particularly in states such as Jammu & Kashmir, Uttar Pradesh, and Rajasthan, where public	Awareness efforts could be strengthened by implementing targeted Information, Education, and Communication (IEC) campaigns, especially in rural and tribal areas. These campaigns should be

Sub-Scheme	Theme	Findings / Gaps	Recommendations
		familiarity is especially low.	accompanied by an innovation fund to support localized outreach efforts in a timely manner.
OSC	Staffing Gaps	Many OSCs are operating with significant shortages in key specialized roles such as paramedical staff, legal advisors, and psychosocial counsellors, thereby overburdening the limited available workforce.	Filling gaps in specialized staffing could involve hiring paramedical personnel, legal aid providers, and psychosocial counsellors. Offering long-term renewable contracts with structured benefits could help attract and retain qualified professionals.
OSC	HR Conditions & Pay	Staff at OSCs are often appointed on an honorarium or short-term contract basis, leading to low and irregular salaries, a lack of job security, and limited opportunities for retention or career advancement.	To improve HR conditions and morale, it is advisable to ensure timely and fair salary disbursement, link compensation with inflation, and provide job security through extended contractual arrangements.
OSC	Data & Reporting	The Management Information System (MIS) used by OSCs is limited in functionality, lacking fields to enter specific case types like child marriage, and is often hampered by poor internet connectivity and the absence of official government email IDs.	It may be beneficial to upgrade the existing MIS infrastructure to allow for more flexible data entry, including new case types such as child marriage. Ensuring internet connectivity and official government email IDs can support timely and reliable reporting.
WHL	Funding & Salary	Women Helpline (WHL) staff across states report delays and irregularities in salary disbursement, compounded by capped grant structures that fail to account for inflation or	In light of funding constraints, it is suggested that salary structures be reviewed and revised to ensure regular and full payments. Caps on grants should be adjusted to accommodate training needs

Sub-Scheme	Theme	Findings / Gaps	Recommendations
		provide employment-related benefits.	and inflation, with added employment benefits to improve staff retention.
WHL	Training Framework	Training for WHL personnel is inconsistent across states, with many staff learning responsibilities on the job due to the absence of standardized induction or refresher modules.	A standardized training curriculum for WHL personnel should be developed, encompassing both induction and refresher modules. Utilizing digital platforms for dissemination can ensure uniform delivery across states.
WHL	Convergence & Case Follow-up	The Women Helpline often lacks formalized Standard Operating Procedures (SOPs) and digital case management systems for effective coordination with OSCs, police, and legal aid bodies, resulting in inconsistent follow-ups.	To enhance coordination and case resolution, the introduction of integrated case management systems is recommended. Formal SOPs should guide collaboration between Women Helplines, OSCs, police departments, and legal aid bodies.
WHL	Staff Safety & Transport	Staff working night shifts at WHL centres frequently lack institutional transport or safe commuting options, exposing them to risk and reducing the effectiveness of late-hour operations.	Ensuring the safety of helpline staff, especially those on night duty, could involve reinstating secure drop-off services and formalizing transport arrangements for female workers.
WHL	Public Visibility	Public awareness of the WHL remains low in rural and tribal regions, and printed materials often contain errors such as incorrect helpline numbers, which further hinder access.	To improve visibility, it is advisable to enhance branding and ensure accurate display of helpline information across materials. Outreach methods such as ration card printing, textbook inserts, and event-based promotion could be leveraged effectively.

Sub-Scheme	Theme	Findings / Gaps	Recommendations
WHL	Call Quality & Abuse	Operators at WHLs face frequent prank and abusive calls, with current systems lacking mechanisms to block repeat offenders in the long term, thereby affecting service delivery.	Call management systems may be introduced to filter prank and abusive calls. The implementation of durable number-blocking tools can help ensure that helpline resources are reserved for genuine emergencies.
WHL	Technology & Integration	There exists a stark disparity in the technological infrastructure of WHLs across states; while some centres are equipped with advanced tools like GPS and panic buttons, many others lack even basic digital linkages to emergency services.	All WHLs should be equipped with standardized technological infrastructure, including GPS-enabled systems, panic buttons, and direct linkages with police departments to facilitate timely response.
WHL	Financial Sustainability	The sustainability of WHLs is threatened by static central funding that is not indexed to inflation and does not cover key operational expenses such as training or utilities.	A long-term financial sustainability strategy could include revising funding ceilings, indexing them to inflation, and allocating budgets specifically for training, utilities, and infrastructure upgrades.
BBBP	State-wise Awareness Variation	The level of public awareness regarding the Beti Bachao Beti Padhao (BBBP) scheme varies widely across states, with states like Tamil Nadu and Assam exhibiting notably lower engagement than states like Chandigarh and Uttarakhand.	To bridge awareness gaps across regions, IEC materials and messaging should be adapted to local languages and cultural contexts. Efforts should also engage boys and men to promote gender-equitable attitudes from an early age.
BBBP	Interdepartmental Convergence	Coordination between key departments such as Women and Child Development, Health, and Education is often weak,	It is important to strengthen interdepartmental collaboration through formal planning and monitoring protocols involving WCD,

Sub-Scheme	Theme	Findings / Gaps	Recommendations
		limiting the integration and impact of the BBBP scheme.	Health, and Education departments at district and state levels.
BBBP	IEC Strategy Limitations	IEC activities under the BBBP scheme are often limited to short-term or event-based campaigns, lacking the continuity required for lasting behavioral change.	IEC efforts under BBBP should move beyond event-based activities to include continuous engagement with communities. Utilizing local influencers, SHGs, and school networks can help ensure sustained impact.
Nari Adalat	Limited Implementation	The Nari Adalat initiative is still at a pilot stage in most states and has not yet been implemented or scaled widely, limiting its potential reach and impact.	Given its limited implementation, Nari Adalat should be expanded beyond pilot districts through a structured national rollout strategy in partnership with PRIs and women's collectives.
Nari Adalat	Lack of Institutional Framework	Following the phase-out of earlier platforms like the Lok Adalat, there is currently no formal legal or operational framework to guide the functioning of Nari Adalats.	To enable consistent functionality, legal and operational frameworks for Nari Adalats should be formalized. These frameworks can define authority, decision-making scope, and procedural protocols.
Nari Adalat	Community Awareness	Awareness regarding Nari Adalat forums is generally low among women and communities, and there is little to no institutional support for organizing or sustaining such forums at the local level.	Awareness about Nari Adalats could be improved by running targeted campaigns at the community level. Building capacity among respected women leaders may enhance participation and legitimacy.
Nari Adalat	Weak Legal Integration	Nari Adalats are poorly integrated with formal justice systems, including legal aid, police, and	Linkages between Nari Adalats and legal aid institutions, police, and protection officers should be

Sub-Scheme	Theme	Findings / Gaps	Recommendations
		protection services, which undermines their effectiveness in delivering enforceable outcomes.	institutionalized to ensure the enforceability of decisions and holistic redressal of grievances.

4.2.1.8 Summary of Mission Sambal Analysis

This table presents a consolidated assessment of the Mission Sambal, using the REESIC+E framework, which evaluates the scheme across all key dimensions: Relevance, Effectiveness, Efficiency, Sustainability, Impact, Coherence, and Equity. Each dimension is reviewed against available quantitative and qualitative evidence from household surveys, key informant interviews, institutional checklists, and policy alignment assessments.

REESIC+E	Conclusion/Inference	Overall performance
Relevance	Mission Sambal is highly relevant as it effectively addresses key gender challenges in India through integrated services aligned with national and international goals. It prioritizes vulnerable groups and underserved regions, providing timely support via OSC, 24*7 helpline and BBBP as a behaviour change campaign. Its innovative, data-driven approach ensures both protection and empowerment, making it a vital scheme for advancing women's safety and equality nationwide.	**High**
Efficiency	The efficiency of Sambal component of Mission Shakti is medium overall, with notable variation across its sub-schemes and states. While financial utilization under WHL, OSC, and BBBP has seen peaks in specific years, several instances of underutilization or delayed spending highlight challenges in fund flow and implementation cycles. Human resource availability is generally aligned with guidelines at WHL and OSCs, yet shortfalls in specialized staff, and inconsistent training affect performance and morale. Infrastructurally, OSCs are reasonably equipped but there is a lack uniformity in critical features like fire exits and video conferencing. BBBP and Nari Adalat,	**Medium**

REESIC+E	Conclusion/Inference	Overall performance
	while non-infrastructure-intensive, reflect strengths in lean design and community convergence but suffer from gaps in institutional anchoring in many sites.	
Effectiveness	The overall effectiveness of the Sambal component under Mission Shakti can be considered medium, with strong performance in some areas but persistent gaps in others. Sub-schemes like WHL and OSC demonstrate wide service outreach and procedural adherence, with high volumes of women assisted and strong follow-up mechanisms. However, awareness levels among beneficiaries, especially for OSCs and WHLs, remain low in many states, limiting potential impact. BBBP shows effective awareness generation and activity implementation in several geographies but suffers from inconsistent convergence and state-level variation. Nari Adalat, still in its pilot phase, shows promising outcomes in Jammu & Kashmir and Assam but has limited geographic reach. Overall, the evidence points to a system with solid institutional frameworks but requiring greater visibility, last-mile connectivity, and convergence to fully achieve its intended outcomes.	**Medium**
Sustainability	The sustainability of Mission Sambal is currently low in the wake of multiple challenges. The Sambal sub-scheme under Mission Shakti plays a vital role in supporting women's safety, protection, and empowerment through services like One Stop Centres (OSCs), Women Helplines (WHLs), Beti Bachao Beti Padhao (BBBP), and Nari Adalats. However, its long-term sustainability faces several challenges. Financially, irregular fund use, fixed budget limits, and low spending on awareness, transport, and training make it hard to plan and deliver services consistently. Institutionally, many centres are located in urban areas, leaving rural and remote women without access.	**Low**

REESIC+E	Conclusion/Inference	Overall performance
	This limits the reach and impact of the scheme. To make Sambal more sustainable, there is a need for steady funding, wider rural access, and a strong, well-trained, and supported workforce that can respond effectively to women in need.	
Impact	The overall impact of the Sambal component appears to be medium, with visible progress in service outreach and early indicators of systemic responsiveness. Schemes like OSC show consistent growth in the number of women assisted, and WHL has seen widespread uptake, though effectiveness fluctuates across states and years. BBBP demonstrates normative influence, particularly in improving awareness and shifting gender attitudes, but measurable outcomes like the sex ratio at birth reveal mixed trends. However, the absence of longitudinal, case-level data and direct beneficiary insights limits the ability to draw firm conclusions on sustained impact.	**Medium**
Coherence	The Sambal component of Mission Shakti exhibits a medium of coherence, particularly in the operational alignment of its core schemes such as WHL and OSC. Internal linkages such as referral pathways between WHL, OSC, and Shakti Sadan are largely functional and structured, while BBBP reinforces the normative foundation through complementary awareness campaigns. Externally, convergence with key departments like police, legal aid authorities, and health services is evident, though often uneven across states and schemes. Coordination with Protection Officers and integration with grassroots bodies like PRIs show gaps, and convergence under BBBP remains event-driven in many contexts. Overall, the scheme demonstrates a strong design intent for coherence, with room for strengthening interdepartmental institutionalisation and consistency in field-level implementation.	**Medium**

REESIC+E	Conclusion/Inference	Overall performance
Equity	The equity of Mission Sambal is low. While BBBP has relatively high awareness and broader reach across social groups and urban/rural areas, other components like OSC and WHL show significant gaps in awareness and access, especially for marginalized groups like Scheduled Tribes (ST) and Scheduled Castes (SC). Rural-urban and social group disparities are notable, with rural areas showing lower awareness across all schemes, and marginalized social groups facing compounded barriers to access, including limited information dissemination and digital connectivity issues.	**Low**

4.2.1.9 Key Takeaways and Recommendations

One Stop Centres (OSCs)

Key Takeway – 1

OSCs face multiple operational and structural gaps. Staff are often exposed to emotionally taxing and high-risk cases without access to trauma-informed training, mental health support, or police presence. Many centres are located only at the district level, creating major accessibility issues for women in remote or hilly regions, where travel time can extend up to six hours. Public awareness about OSCs is notably low in states like Jammu & Kashmir, Uttar Pradesh, and Rajasthan. Furthermore, centres are affected by acute shortages in specialized personnel such as paramedics, legal advisors, and counsellors. This is compounded by precarious HR conditions where staff are hired on short-term contracts or honorariums, leading to low and irregular salaries and minimal career growth.

Recommendations:

To strengthen the effectiveness and sustainability of OSCs, the first critical step could be to conduct a comprehensive needs assessment to understand the specific requirements of women survivors, staff capacity, and regional service gaps. Based on this assessment, staffing gaps in key specialized roles such as legal counsellors, paramedical staff, and psychosocial support providers could be prioritized and systematically filled, beginning with high-burden districts. Simultaneously, trauma-informed care training and mental health support systems can perhaps be institutionalized for all OSC personnel, accompanied by deployment of trained security personnel to ensure a safe working environment.

In parallel, targeted IEC campaigns developed in local languages and grounded in community insights can be rolled out to improve public awareness, especially in low-awareness states. Lastly, human resource conditions could be reformed through inflation-linked honorariums to enhance staff motivation, retention, and performance.

Women Helplines (WHLs)

Key Takeway – 1

WHLs are hindered by irregular salary payments and funding caps that ignore inflation and do not cover essential staff benefits. Training frameworks are inconsistent, with many staff learning duties informally due to the absence of standardized modules. Coordination with OSCs, legal aid, and police is weak owing to the lack of SOPs and integrated case management systems. Night-shift staff often face safety risks due to the lack of institutional transport. Public visibility of WHLs is poor, particularly in rural and tribal regions, further compounded by inaccurate helpline numbers in printed materials. Operators frequently deal with prank and abusive calls, and many helplines lack systems to block repeat offenders. Technological infrastructure is highly uneven across states, and static central funding threatens long-term financial sustainability.

Recommendations:

To enhance the efficiency and sustainability of Women Helplines (WHLs), a phased action plan could begin with setting up a call pattern **analysis hub** at the state or national level to examine peak call times such as during festivals, national holidays, or late-night hours and assess the nature and volume of distress versus non-genuine calls. This data can inform the design of smart call-filtering systems with automated number-blocking features to minimize prank and abusive calls.

Concurrently, partnerships could be established with private sector emergency response providers like EMRI or 108 services to strengthen backend support, including rapid response and technical integration into the analysis hub via AI backed models.

In the next phase, financial structures could be reworked: salary disbursements can be made regular and linked to inflation, with clearly defined grant components for training, utilities, and infrastructure upgrades. In parallel, a standardized induction and refresher training curriculum can be developed and delivered digitally to ensure consistency across states. SOPs for coordination with OSCs, police, and legal aid could be formalized, supported by an integrated digital case management system. For staff safety particularly during night shifts district administrations can be tasked with providing institutional transport support.

Finally, outreach can be reimagined by embedding accurate helpline information into high-reach public documents such as ration cards, schoolbooks, and local festival materials, while ensuring universal tech readiness across WHLs through GPS devices, panic buttons, and emergency service integration.

Beti Bachao Beti Padhao (BBBP)

Key Takeway – 1

Awareness and engagement levels with BBBP vary considerably across states. Regions such as Tamil Nadu and Assam exhibit lower public interaction compared to states like Chandigarh and Uttarakhand. Weak interdepartmental collaboration among WCD, Health, and Education departments limits the scheme's integration and effectiveness. IEC strategies are largely event-driven, lacking continuity needed for deep-rooted behavior change.

Recommendations:

To enhance the effectiveness of BBBP's communication strategy, IEC campaigns can be

localized through a structured approach. Firstly, district-level mapping of community attitudes and awareness gaps could inform the development of region-specific IEC materials in local languages, with an emphasis on **engaging men and boys** to challenge gender stereotypes. Secondly, interdepartmental convergence can be strengthened by establishing joint planning and monitoring mechanisms between the Departments of WCD, Health, and Education at both state and district levels to enable coordinated messaging through schools, health centres, and community events.

Thirdly, IEC efforts could shift from one-time events to continuous community engagement, where Self-Help Groups (SHGs) can take on an active role. SHGs could be trained to facilitate gender dialogues, distribute tailored IEC content through WhatsApp messaging and support behaviour change communication alongside frontline workers and school networks.

Lastly, IEC messaging can be embedded within high-frequency community channels such as panchayat meetings, local media, mixed media, and school curricula to reinforce gender-equitable attitudes and ensure sustained visibility of BBBP objectives.

Nari Adalats

Key Takeway – 1

Nari Adalats remains in pilot stages in most states, restricting their reach and institutionalization. The absence of a formal legal or operational framework has left them without defined roles or authority, especially after the discontinuation of Lok Adalats. Community-level awareness is minimal, and there is a lack of support to organize or sustain these forums locally. Moreover, Nari Adalats are poorly integrated with formal justice mechanisms like legal aid, police, and protection officers, which weakens their ability to resolve cases effectively.

Recommendations:

A structured national rollout strategy could be designed to scale up Nari Adalats in partnership with Panchayati Raj Institutions (PRIs) and local women's collectives, ensuring deeper community integration. To guide consistent functioning, a formal legal-operational framework can be developed, defining mandates, procedural norms, and decision-making authority. Awareness campaigns and localized leadership development initiatives could strengthen community participation and social legitimacy. Additionally, integration with formal justice systems including legal aid, police, and protection officers can support enforceability and comprehensive redressal.

Due to its limited geographical coverage and shorter implementation period, it is difficult to assess any impact.

4.2.1.10 Scheme Rationalisation

The scheme may be continued with appropriate restructuring as per the recommendations above. it must undergo rationalisation that addresses current gaps in demand, access, infrastructure, and human resource distribution. Key challenges include uneven service uptake, fragmented inter-departmental coordination, and workforce instability. A cohesive digital, institutional, and community-level alignment is required to streamline delivery and monitoring.

4.2.2 Samarthya

Background

The ‘Samarthya’ scheme focuses on empowering women by enhancing access to a range of government services at various levels. Its goal is to strengthen and integrate efforts for the overall development and empowerment of women, supporting their social, cultural, political, and economic advancement.

Samarthya integrates Ujjwala, Swadhar Greh as Shakti Sadan, and the Working Women Hostel (Sakhi Niwas) with modifications. Likewise the National Creche Scheme has been discontinued, and the Palna scheme was introduced w.e.f 01.04.2022 under Mission Shakti. Pradhan Mantri Matru Vandana Yojana (PMMVY) have now been included under this umbrella scheme, alongside a new Gap Funding for Economic Empowerment. The Mahila Shakti Kendra (MSK) and Mahila Police Volunteers (MPV) schemes have been discontinued.

Mission Shakti - Samarthya

Integrated Shakti Sadan,	Working Women Hostel (Sakhi Niwas),	National Creche Scheme	Pradhan Mantri Matru Vandana Yojana (PMMVY)	Hub for Empowerment of Women (HEW)

Key Services provided under Samarthya:

Shakti Sadan

The Shakti Sadan (shelter home) initiative, introduced under Mission Shakti, is a critical intervention aimed at providing relief and rehabilitation for women in distress, particularly those who are victims of trafficking, domestic violence, and other forms of exploitation. This scheme has been developed by merging the erstwhile Swadhar Greh and Ujjawala schemes to create a comprehensive, institutional support system for women in need.[i]

Shakti Sadans are designed to offer long-term shelter, security, and empowerment services to women in difficult circumstances. The initiative ensures that women are provided with safe accommodation, necessities, medical and psychological support, vocational training, and legal assistance to reintegrate them into society.

Figure 72: Shakti Sadan Services

Sakhi Niwas

Ensuring women's empowerment including economic participation and mobility is essential to achieving gender equality. A major barrier that prevents women from fully participating in the workforce is the lack of safe, affordable, and accessible accommodation. Many women, particularly those migrating for employment, education, or training, struggle to find accommodation that meets their security and affordability needs. Recognizing this gap, the Government of India launched Sakhi Niwas under Mission Shakti to provide secure and subsidized accommodation solutions for working women and trainees. This scheme is a restructured and strengthened version of the Working Women's Hostel Scheme, designed to promote economic empowerment and independence by ensuring that women can pursue their careers without safety concerns.

Hub for Empowerment of Women (HEW)

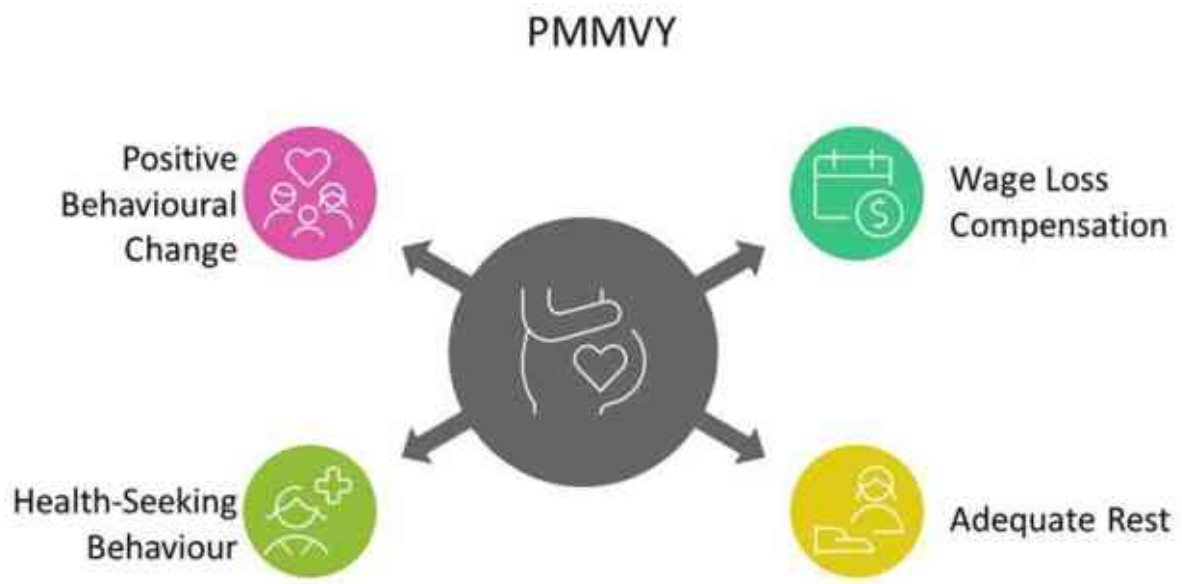
The Hub for Empowerment of Women (HEW) is a cornerstone initiative under the Samarthya sub-scheme of Mission Shakti, designed to facilitate inter-sectoral convergence of government schemes and programs for women's empowerment at the national (NHEW), state (SHEW), and district (DHEW) levels. HEW's services are centered on *convergence*: it does not deliver one service in isolation but rather ensures that all schemes (whether in health, rural development, skill training, or protection) reach the intended women beneficiaries through coordinated efforts.

Under the Samarthya component, Gender Budgeting, Research, Publication & Monitoring schemes have been included under the HEW. The goal of Gender Budgeting is to enable government stakeholders at the central, state, and district level to undertake gender budgeting through enhanced capacities, knowledge, and skills.

Pradhan Mantri Matru Vandana Yojana

The PMMVY, launched on 1st January 2017 under the National Food Security Act, 2013, is a direct benefit transfer (DBT) scheme providing cash assistance to pregnant and lactating women for the first living child, and (under the new guidelines) for a second child if it is a girl. The scheme aims to compensate for wage loss to ensure proper rest before and after the birth of the first child and promote better health and nutrition. It also encourages positive behaviour towards the girl child by offering an additional incentive for the second child if she is a girl.

Figure 73: PMMVY objective



PMMVY aims to ensure nutritional support for women by providing free meals through local Anganwadi centres during pregnancy and for six months following childbirth. Additionally, women from socially and economically disadvantaged groups will receive a maternity benefit of at least ₹5,000, disbursed in two instalments. The scheme also aims to promote positive behavioural change towards girl child by providing the maternity benefits of ₹6000 to beneficiaries for second child subject to condition that the second child is a girl.

Palna

The *National Crèche Scheme* for children of working mothers (renamed “Palna”), offering day-care support for 6-month to 6-year-old children, is now integrated under Samarthya for 2022-26. Each crèche typically caters to 25 children for 7.5 hours a day, providing a safe, child-friendly environment, nutritious meals and snacks.

Fund Flow:

Cost sharing: The Mission Samarthya sub-scheme uses a cost-sharing model: most states and UTs with legislatures receive funding in a 60:40 central-to-state ratio; Northeastern and special category states get 90:10; and UTs without legislatures receive 100% from the central government.

Fund Flow Mechanism and Approvals: The fund flow mechanism for this component aligns with the overall Mission Shakti framework, ensuring consistency in the transfer and management of funds across all sub-schemes. Funds are released by the MoWCD, typically through the Single Nodal Agency (SNA) account mechanism, and are credited directly to the designated accounts of the respective state authorities for efficient and transparent utilization.

Process Flow for Samarthya:

Shakti Sadan

- Identification & Referral: Women in distress (e.g. survivors of violence, trafficking, or destitution) are referred to Shakti Sadan by One Stop Centres, Women Helplines, police units, or Anti-Human Trafficking Units when extended shelter and rehabilitation are needed.
- Service Delivery: Upon admission, women receive shelter, food, counselling, legal aid, medical care, and vocational training (Clothing and Rs.500 per month as a deposit to individual's bank account-are also provided). An individual care plan is prepared, and children (if any) are accommodated per legal provisions.
- Coordination & Monitoring: Shakti Sadans coordinate with OSCs, police, legal services, and health departments; monitoring is done via district WCD officers and the Mission Shakti portal/MIS, with regular inspections and reporting to MWCD.

Sakhi Niwas

- Identification & Application: Working women (including widows, single, divorced, interns, or trainees) apply for hostel accommodation through the Hostel Management Committee (HMC) by submitting proof of employment or training.
- Service Access & Operations: Once allotted, residents receive furnished rooms, common facilities, security, and access to crèche services. A nominal, subsidized fee is charged based on income slabs. They also provide accommodation for accompanying Girls up to 18 years and boys up to the age of 12 years of age.
- Coordination & Monitoring: Hostels coordinate with police, health, and civic bodies for safety and services. State WCD departments oversee regular monitoring, while MWCD tracks national progress via the Mission Shakti portal and reviews reports for corrective action.

HEW

- Outreach & Identification: District Hubs (DHEWs) identify women in need through community outreach in partnership with AWWs, ASHAs, PRI members, and NGOs, ensuring awareness of rights and schemes at the grassroots level.

- Service Facilitation & Convergence: DHEWs act as facilitators by linking women to relevant schemes—such as legal aid, health services, skill training, or financial support—through coordinated action across departments. Complex cases are escalated to State Hubs (SHEWs) for resolution.
- Monitoring & Feedback: Monthly reports from DHEWs feed into centralized state and national systems for review. HEWs track outcomes, conduct reviews with district officials, and relay feedback to MWCD to refine Mission Shakti implementation.

PMMVY

- Enrollment & Verification: Pregnant women register at Anganwadi Centres or health facilities with assistance from AWWs and ANMs. Their details are uploaded to the PMMVY-CAS portal along with key documents (Aadhaar, bank details, MCH card) to generate a unique beneficiary ID.
- Conditional Cash Transfers: Benefits of ₹5,000 are paid in tranches upon fulfilment of key conditions—such as antenatal check-up, childbirth registration, and infant immunization—with verification done by frontline health workers.
- Monitoring & Fund Disbursal: The funds to the beneficiaries are transferred directly to their Bank/Post Office account in DBT Mode. The PMMVY-CAS tracks all applications and transfers, enabling MWCD to monitor implementation in real-time, resolve issues, and ensure transparency and accountability.

Performance of Mission Samarthya

4.2.2.1. Relevance

This section assesses the relevance of Mission Samarthya by examining whether the scheme effectively addresses the needs of its intended beneficiaries' women and children while responding to broader sectoral challenges. It evaluates the extent to which the scheme's objectives and design align with key gaps in women's empowerment, care infrastructure, and safety, and explores how well it responds to the specific needs of vulnerable populations and regional disparities. The analysis also considers the scheme's alignment with national development priorities and its potential to deliver transformative, lifecycle-based support across diverse contexts.

Relevance of the component will be measured against the following:

1. Alignment with National and International Priorities and Addressing Sectoral Challenges
2. Relevance for Beneficiary Needs

Alignment with National and International Priorities and Addressing Sectoral Challenges

Mission Samarthya, the empowerment pillar of *Mission Shakti*, consolidates and repositions earlier schemes into a lifecycle-based, convergent framework for advancing women's socio-economic empowerment. It aligns with India's national priorities and international

commitments, especially SDG 5 (Gender Equality) and SDG 3 (Good Health and Well-being), by addressing persistent sectoral challenges such as low female labour force participation, gender-based violence, trafficking, and maternal and child malnutrition.

Samarthya seeks to redress labour force participation issues through skill development, financial literacy, credit access, and entrepreneurship support via the Hub for Empowerment of Women (HEW) platform. To enable women's workforce entry and retention, it also supports childcare (Palna Crèche Scheme) and safe accommodations (Working Women's Hostels), measures directly aligned with the National Policy for Women and G20 objectives on economic inclusion.

The scheme also addresses maternal and child health outcomes through the Pradhan Mantri Matru Vandana Yojana (PMMVY), which incentivizes institutional deliveries and improved maternal nutrition. While India's maternal mortality ratio has improved from 130 per lakh live births in 2014-16 to 93 in 2019-21[135], this is still short of the SDG target of 70. PMMVY, alongside workplace crèche provisions and maternity benefits, strengthens women's ability to participate in the labour force while ensuring child health.

In response to high malnutrition rates with 36% of children under five stunted and over 57% of women aged 15–49 anaemic (NFHS-5) Samarthya provides nutrition-sensitive support to pregnant and lactating women. Crèche services under Palna also help working mothers sustain breastfeeding and care practices.

Further, the scheme recognizes the need for safety and psychosocial support. With over 30% of ever-married women reporting spousal violence (NFHS-5) and continued prevalence of human trafficking, Samarthya operationalizes 404 Shakti Sadan shelters to offer rehabilitation and reintegration services for survivors. These complement the Sambal sub-scheme (One Stop Centres), creating a comprehensive safety net for women.

By integrating efforts across safety, health, economic inclusion, and social support, Samarthya strengthens the enabling environment for women's empowerment. Its convergent and multi-sectoral design ensures that progress in one domain (e.g., childcare or shelter) reinforces others (e.g., employment or safety), thus improving the likelihood of sustained and scalable impact across the life cycle.

Relevance for Beneficiaries needs

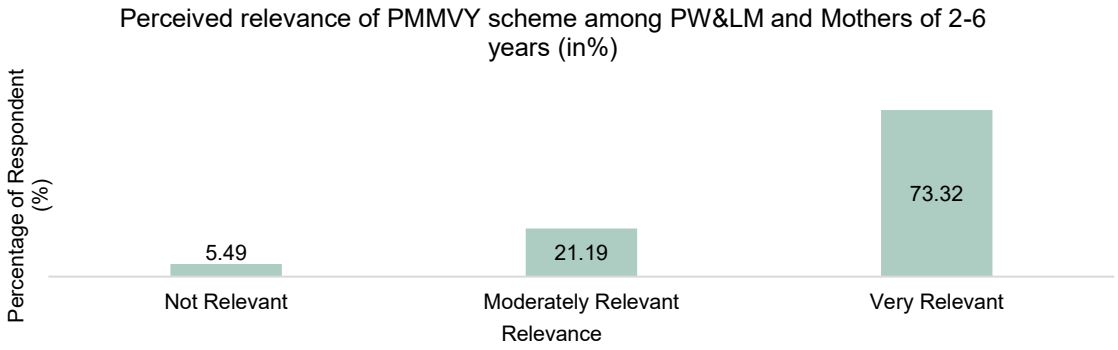
The Samarthya sub-scheme is strategically designed to address the multifaceted needs of women across various life stages and circumstances within the WCD sector. Its comprehensive components are tailored to meet the critical requirements of its diverse target population.

For pregnant and lactating women, the Pradhan Mantri Matru Vandana Yojana (PMMVY) provides essential maternity benefits, offering both nutritional support and partial wage compensation. This intervention recognizes the financial insecurity many women face during

[135] Ministry of Health and Family Welfare, Government of India. (2025, May 10). *India witnesses a steady downward trend in maternal and child mortality towards achievement of SDG 2030 targets* (Press Release No. 2128024). Press Information Bureau. Retrieved from https://www.pib.gov.in/PressReleaseIframePage.aspx?PRID=2128024

childbirth and seeks to ensure better health outcomes for both mothers and infants. The Palna (National Crèche Scheme) component, which includes 1,249 functional Palnas across country, addresses the urgent need for safe and reliable childcare for children aged six months to six years. By doing so, it significantly reduces the unpaid care burden on working mothers and enables them to participate more fully in the workforce.

Figure 74: Perceived relevance of PMMVY scheme among PW&LM and Mothers



Source: Household Survey with 1859 respondents

The primary household data indicate that a significant majority of PW&LM and mothers of children aged 2–6 years (who were aware about the PMMVY scheme) perceive the PMMVY scheme as highly relevant to their needs. 73.3% of respondents found the scheme very relevant, while 21.2% considered it moderately relevant. Only 5.5% reported that the scheme was not relevant to them. These findings reflect a strong endorsement of PMMVY's purpose and utility among its intended beneficiaries.

Samarthya also extends robust support to women in distress through Shakti Sadan, which integrates and strengthens the earlier Ujjwala (anti-trafficking) and Swadhar Greh (women's shelter) schemes. Shakti Sadan operates 404 functional Shakti Sadan homes benefiting 292681 women (between 2014 to 31st Dec 2024), providing shelter, recovery, and rehabilitation services, who are facing destitution or trafficking. It facilitates their recovery, repatriation, and reintegration into society. Sakhi Niwas (Working Women's Hostels) offers safe and secure accommodation for women migrating for employment or education, with 523 operational facilities located nationwide, benefiting 529483 (between 2014 to 31st Dec 2024) individuals and addressing the critical need for safe accommodation in urban centers.[136]

These interventions are grounded in the realities faced by Indian women, as evidenced by national data: one in three women continues to experience spousal or domestic violence. By providing protection, economic opportunities, and a range of support services, Samarthya effectively addresses the safety, security, health, and empowerment needs of women and their

[136] Ministry of Women and Child Development, Government of India. (2022, December 16). 441 Shakti Sadans established across the country to provide assistance to widows (Release ID 1884216) [Press release]. Press Information Bureau. Retrieved from https://www.pib.gov.in/PressReleasePage.aspx?PRID=1884216

children, ensuring that the scheme remains responsive and relevant to its intended beneficiaries.

Relevance in reducing Regional Disparities and benefiting marginalised groups

Samarthya's design demonstrates a clear recognition of India's regional disparities and the needs of marginalized groups. Implemented nationwide, the scheme allows states and districts to tailor activities through State and District Hubs for Empowerment of Women (SHEW/DHEW), ensuring outreach to rural and remote areas via local program convergence and leveraging Self-Help Group networks. Components such as Sakhi Niwas and crèche facilities are expanding to underserved regions, while eligibility for hostels has been broadened to include single women, students, and migrants.[137] Shakti Sadan focuses on women in difficult circumstances, including widows, trafficking victims, and survivors of violence. Overall, Samarthya's flexible, locally empowered approach helps bridge rural-urban divides and supports a range of vulnerable and marginalized groups.

Conclusion

Mission Samarthya is highly relevant in addressing the intersecting needs of women and children through its lifecycle-based, convergent design. It aligns with national priorities and SDG commitments, particularly around gender equality, health, and economic inclusion. The scheme effectively tackles key challenges such as low female labour force participation, lack of childcare infrastructure, gender-based violence, and maternal malnutrition. Interventions like PMMVY, Palna, Shakti Sadan, and Working Women's Hostels directly support women across various life stages and vulnerabilities. Beneficiary feedback reflects strong perceived relevance, particularly for maternity and childcare services. Its decentralized implementation via HEW platforms enhances responsiveness to regional disparities and local needs. The scheme also reaches marginalized groups, though dedicated support for women and children with disabilities remains a gap. Overall, Samarthya offers a coherent and impactful model for advancing women's empowerment and child well-being in India.

4.2.2.2 Efficiency

Efficiency under Mission Samarthya reflects how effectively the scheme mobilizes and utilizes its institutional, operational, and human resources to deliver timely, accessible, and integrated support services for women. It encompasses not just fund utilization, but also the functionality of physical infrastructure, availability of trained personnel, and seamless service provision across components like PMMVY, Shakti Sadan, Sakhi Niwas, HEW, and Palna. Efficiency, in this context, is measured by the scheme's ability to convert resources into responsive, coordinated interventions that minimize service gaps, delays, and fragmentation.

Efficiency of sambal sub-schemes will be measured against the following:

[137] G20 alliance for empowerment and progression of women's economic representation

1. Financial Efficiency
2. Operational efficiency
3. Human Resource Efficiency
4. Infrastructure efficiency

Financial Efficiency

PMMVY

The PMMVY is a centrally sponsored conditional cash transfer scheme that provides ₹5,000 to eligible pregnant and lactating women for their first live birth, aimed at improving maternal health and nutrition. The scheme follows a 60:40 cost-sharing model between the Centre and States (or 90:10 for special category states and UTs). Under the current fund flow mechanism, funds are routed through the Single Nodal Agency (SNA) system, where each state designates a nodal account to receive all central transfers, enhancing fund traceability and financial discipline. PMMVY funds are released in two tranches annually the first as an ad-hoc instalment, and the second contingent upon the submission of Utilization Certificates (UCs) and Statements of Expenditure (SoEs).

Table 61: State-wise utilization of released funds for PMMVY

State-wise utilisation of the released funds since FY 2020-21 under PMMVY from 2020-21 to 2024-25 (in%)					
State/ UT	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
Andhra Pradesh	545.4	71.4	133.3	73.8	157.3
Assam	68.0	270.0	101.5	40.2	139.0
Bihar	155.9	89.5	125.9	0.0	137.7
Chandigarh	53.4	120.1	8.1	33.1	0.0
Gujarat	0.0	54.3	877.9	51.5	145.3
Himachal Pradesh	266.6	89.2	114.4	34.8	75.0
Jammu & Kashmir	268.5	83.5	118.6	8.4	124.6
Rajasthan	151.2	90.8	139.5	45.7	186.3
Sikkim	186.0	104.8	158.6	28.9	0.0
Tamil Nadu	209.8	212.6	111.4	0.0	70.0
Uttar Pradesh	480.3	68.7	76.8	0.0	0.0
Uttarakhand	138.6	112.4	42.5	64.8	143.4

Source: Data Shared by MoWCD

An analysis of the financial efficiency of PMMVY reveals significant inconsistencies in fund utilization across states and financial years. In several instances, states reported utilization well above 100%, such as Gujarat in 2022–23 (877.9%), Andhra Pradesh in 2020–21 (545.4%), and Uttar Pradesh in 2020–21 (480.3%). These unusually high figures suggest spillover payments or backlog clearances from previous years that were accounted for in a single financial year.

Conversely, states like Bihar, Tamil Nadu, and Uttar Pradesh recorded 0% utilization in 2023–24, despite active participation in earlier years, pointing to possible administrative or technical disruptions in fund flow or beneficiary registration. Other states like Rajasthan and Himachal Pradesh also displayed erratic patterns, from high to moderate utilization, reflecting inconsistent fund absorption. Smaller states and Union Territories, such as Chandigarh and Sikkim, exhibited irregular utilization trends, likely due to a limited beneficiary base and slower fund requisition processes. Overall, the data indicates a lack of stable, year-on-year financial performance, undermining the predictability and timeliness of maternity benefit disbursements under the scheme. Few reasons from our KIIs at Shakti Sadan across all the study states have been summarised be

Table 62: Findings from KIIs on fund delay

Reason for Delay	Narrative Description	Districts where highlighted
Administrative Processing and Approval Time	Fund disbursement involves multiple layers of scrutiny and approval at district, state, and central levels, which, though necessary for accountability, lead to extended timelines for funds to reach centers.	Vellore (Tamil Nadu), Keonjhar (Odisha), Kendrapara (Odisha), Bhilwara (Rajasthan), Mathura (UP), Porbandar (Gujarat)
Unpredictable Disbursement Schedules	Although allocated budgets are generally adequate, funds arrive irregularly sometimes only annually making planning and consistent service delivery challenging.	Keonjhar (Odisha), Vellore (Tamil Nadu), Kendrapara (Odisha), Bilaspur (HP), Bhilwara (Rajasthan), Mathura (UP), Porbandar (Gujarat)
Adjustments Following Policy or Structural Changes	Changes such as merging schemes, renaming programs, or altering funding patterns designed to strengthen programs can cause temporary disruption while new processes settle in.	Vellore (Tamil Nadu), Keonjhar (Odisha), Bhilwara (Rajasthan), Porbandar (Gujarat)

Source: KIIs at the Shakti Sadan

Apart from the administrative bottlenecks specified above etc., these have emerged from literature review and qualitative insights as key reasons for mismatch in the utilization:

1. **Delayed Submission of UCs and SoEs:** States must submit past utilization records to access the next tranche of funds. Delays in submitting UCs can lead to deferment of fund

release, resulting in no utilization recorded in a financial year, followed by excess utilization in the next when backlogs are cleared.[138]

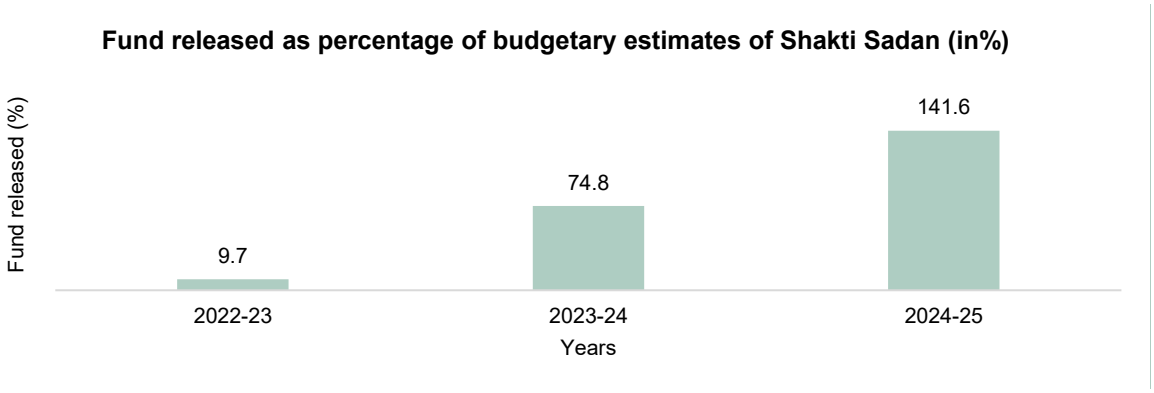
2. **Technical Issues in PMMVY-CAS:** Implementation relies on the PMMVY-CAS portal for beneficiary registration, instalment tracking, and fund disbursement. Frequent technical glitches, incomplete registrations, and data mismatches have been reported across states, disrupting timely payments.[139]
3. **Backlog Adjustments:** States often adjust carry-forward liabilities (pending payments from previous years) in subsequent years, leading to artificially inflated utilization figures in specific years.

> *"One of our biggest hurdles has been the PMMVY-CAS portal. There are frequent issues beneficiary details don't update, payments fail midway, and sometimes the system just doesn't respond. Even when we complete all field-level verifications, the backend doesn't process it in time. These glitches delay fund disbursal and reflect poorly on utilization, even when the work on the ground is done."* – ***DPO, Rajasthan***

Shakti Sadan

The fund release pattern for Shakti Sadan over the past three years reflects marked volatility in financial efficiency. In 2022–23, only 9.7% of the budgeted estimate was released, indicating severe under-utilization or delays in fund flow. This was followed by a recovery in 2023-24, with 74.8% of the estimated funds released - an improvement, yet still short of full allocation. Strikingly, in 2024-25, 141.6% of the budgeted estimate was released, suggesting overcompensation for previous underfunding or clearance of pending liabilities.

Figure 75: Fund released as percentage of budgetary estimates of Shakti Sadan



Source: Data shared by MoWCD

All the study states have reported that the infrastructure norms in the Mission Shakti guidelines especially regarding rent ceilings for Shakti Sadan did not align with ground realities, limiting their ability to utilize allocated funds effectively. According to the 2022 guidelines, states can

[138] Ministry of Women and Child Development. (2022). *Pradhan Mantri Matru Vandana Yojana: Scheme Implementation Guidelines.* Government of India. Retrieved from https://wcd.nic.in

[139] Accountability Initiative, Centre for Policy Research. (2023). *Budget Brief: Pradhan Mantri Matru Vandana Yojana (PMMVY), 2023–24.* New Delhi: Centre for Policy Research. Retrieved from https://accountabilityindia.in

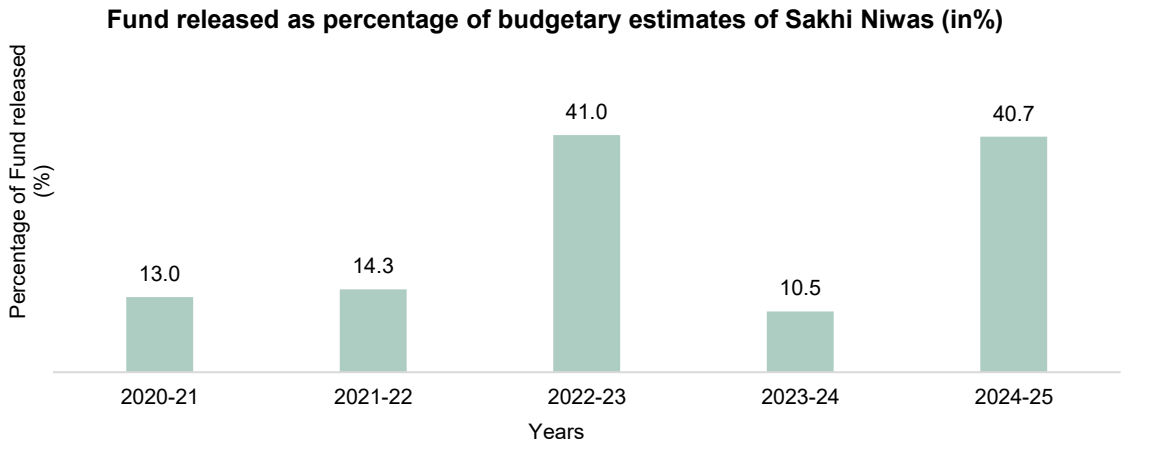
claim ₹6.5 lakh annually for rent in A-class cities and ₹4.5 lakh for B-class cities for a facility of 1,000 sqm However, in many urban centers actual rents far exceed these caps, making it impossible to procure suitable buildings within the allotted budget.

This highlights a critical efficiency bottleneck: States are unable to spend allocated funds despite evident need, not due to lack of demand but because the guideline-driven cost ceilings are outdated. To enhance financial efficiency, guidelines must be recalibrated to reflect current rent markets, potentially by introducing regional rent indices or allowing flexibility for higher actual costs in high-rent areas.

Sakhi Niwas

The fund release pattern for Sakhi Niwas (Working Women's Hostels) from FY 2020–21 to 2024–25 reveals consistently low financial efficiency. Only 13.0% and 14.3% of the budgeted allocations were released in 2020–21 and 2021–22 respectively which is linked to the demands made by the different states. While there was a modest spike in 2022–23 (41.0%) and again in 2024–25 (40.7%), the overall trend reflects underutilization of funds, with a sharp drop in 2023–24 (10.5%), suggesting disrupted or stalled implementation.

Figure 76: Fund released as percentage of budgetary estimates of Sakhi Niwas



Source: Data shared by MoWCD

Qualitative insights from state-level implementers point to a misalignment between scheme guidelines and local implementation realities as a key barrier to fund utilization, like outlined above for Shakti Sadan. Specifically, the capital cost norms and rent support ceilings outlined in the guidelines are often outdated and do not match the prevailing market rates, particularly in urban areas. For instance, states report that the cost norms for land, construction, and rent for hostel buildings are not viable in metropolitan cities, where real estate prices are significantly higher than the budget provisions under the scheme.

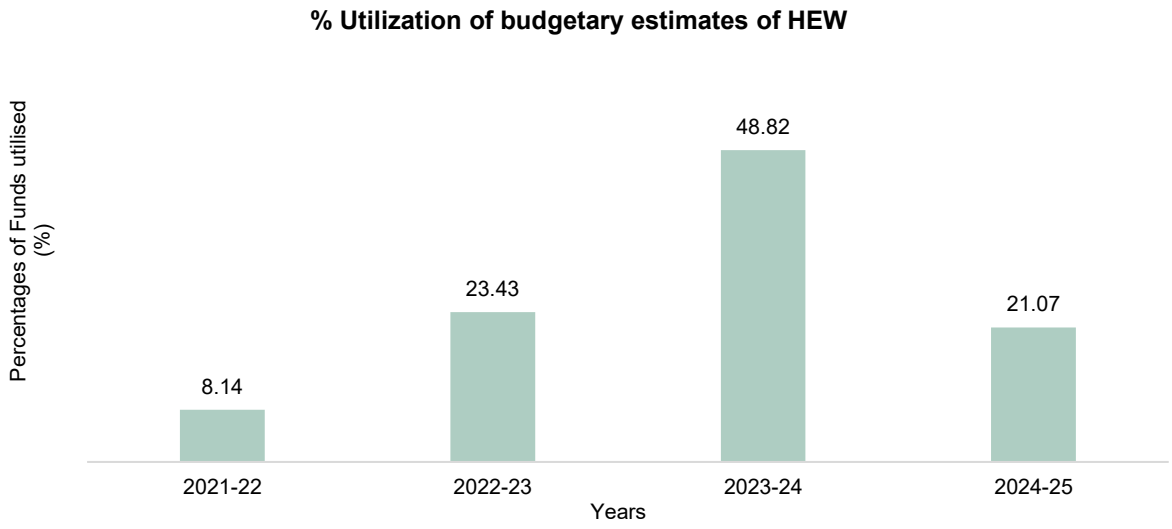
For example. According to the 2022 guidelines, annual financial assistance for rent is capped at ₹4.5 lakh per 1,000 sqm, with a management allowance of ₹10.08 lakh per annum and ₹5 lakh permitted for repairs every five years suitable in smaller towns, these ceilings do not reflect current market rates in metropolitan areas, where renting even modest hostel premises far exceeds ₹4.5 lakh annually.

This disconnect has resulted in states being unable to establish or upgrade hostels, despite high demand from working women, especially migrants and students. As with Shakti Sadan, improving the financial efficiency of Sakhi Niwas will require updating the cost norms, allowing greater flexibility for high-cost areas, and enabling region-specific budgeting. Without such reforms, the scheme risks continuing underspending despite clear needs on the ground.

Hub for Empowerment of Women (HEW)

A review of fund utilization reveals wide variations over four years: 8.1% in 2021–22, 23.4% in 2022–23, 48.8% in 2023–24, and 21.1% in 2024–25 of budgeted estimates was utilized. This indicates persistent challenges in timely fund absorption and delivery of program services.

Figure 77: Utilization of budgetary estimates of HEW



Source: Data shared by MoWCD

Literature review and qualitative insights point to several systemic and operational factors contributing to the inconsistent fund utilization under the Hub for Empowerment of Women (HEW). These reasons are in tune with the reasons highlighted for efficiency of Shakti Sadan and Sakhi Niwas.

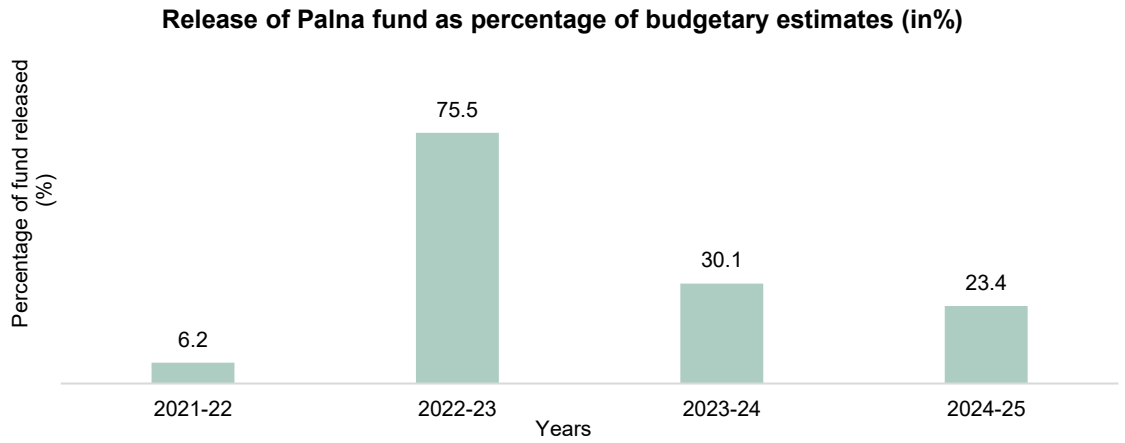
First, the SNA-linked fund flow mechanism, which ties subsequent fund releases to the submission of Utilization Certificates (UCs), often leads to delays. Many states face administrative bottlenecks in timely submission of UCs, resulting in stalled fund disbursements, low annual utilization in one year, and compensatory or catch-up spending in the following year once compliance is completed.

Second, technical and administrative delays in establishing HEW teams have significantly hampered early implementation. As per guidelines, states are required to recruit multidisciplinary teams comprising gender specialists, research staff, and financial literacy experts, with fixed salary ceilings (e.g., ₹52,000/month for State Coordinators, ₹35,000 for gender specialists, and ₹25,000–₹28,000 for other staff). However, qualitative interviews reveal that states struggle to attract qualified professionals within these limits, especially in urban areas where market salaries are considerably higher.

Third, there is a clear misalignment between staffing norms and state-level operational realities. The mandated requirement of eight to thirty-eight staff per hub has proven ambitious for several states, both in terms of financial viability and availability of skilled human resources, leading to delays in the formation and operationalization of HEWs

Palna – Creche facility

Figure 78: Release of Palna fund as percentage of budgetary estimates



Source: Data shared by MoWCD

The release of funds under the Palna (National Crèche Scheme) shows significant year-on-year fluctuation. In 2021–22, only 6.2% of the allocated budget was released, indicating a near-stagnant implementation. This improved sharply in 2022–23 with 75.5% fund release but declined again in 2023–24 (30.1%) and 2024–25 (23.4%).

(Due to its limited rollout and nascent implementation stage during the evaluation period, **we did not have any significant reasons to report)**

Operational Efficiency

PMMVY

The operational efficiency of the Pradhan Mantri Matru Vandana Yojana (PMMVY) has been significantly strengthened through its Direct Benefit Transfer (DBT) model, which ensures timely, transparent, and traceable fund transfers directly to beneficiaries. The use of PMMVY-CAS, a dedicated case management and monitoring software, has further streamlined scheme processes, covering beneficiary registration, instalment tracking, and status validation in real time. Additionally, PMMVY has benefitted from institutional integration with the ICDS system, leveraging the outreach and established presence of Anganwadi Workers (AWWs), Supervisors, and CDPOs across geographies.

However, despite these systemic enablers, qualitative insights and field data reveal critical operational gaps that affect the consistency and quality of implementation. Firstly, the scheme's dependence on existing human resources has led to workforce strain, especially in areas with high vacancy rates. CDPOs and AWWs are often tasked with managing multiple schemes simultaneously, stretching their capacity for effective monitoring and outreach. A

CDPO from Tamil Nadu remarked, *"Each centre needs a helper and worker. If one is vacant, the other has to cover too many people."*

Secondly, while PMMVY-CAS has enabled digital oversight, its performance is heavily reliant on local infrastructure. Connectivity issues remain a significant barrier forcing workers to travel to upload data. Outdated mobile devices and app compatibility issues (e.g., non-functioning facial recognition features) further complicate usage.

While refresher trainings like *Poshan Bhi Padhai Bhi* have been instrumental in improving digital proficiency, peer dependency among less tech-literate AWWs remains a stopgap solution rather than a sustainable fix.

In sum, PMMVY's operational efficiency is bolstered by its digital foundations, but its full potential is constrained by human resource overload, infrastructure gaps, and administrative rigidity. Strengthening field-level support, upgrading digital access, and introducing more flexible fund release mechanisms could help translate systemic design strengths into more consistent implementation outcomes

Shakti Sadan

The operational efficiency of Shakti Sadan, which provides safe shelter and rehabilitation services for women in distress, is shaped by its integration with state-level service delivery mechanisms and convergence with protection-related infrastructure. The scheme has leveraged the existing shelter ecosystem, including institutions formerly supported under Ujjwala and Swadhar Greh, and has seen a modest expansion in coverage with 404 centres functional across the country.

A key bottleneck is the misalignment between cost ceiling in the scheme guidelines and ground-level realities for infrastructure. For instance, the prescribed rent ceiling of ₹6.5 lakh per year for A-class cities is widely seen as unrealistic in urban rental markets. Qualitative inputs from state officials note that this ceiling prevents acquisition of safe, centrally located premises, leading either to fund underutilization or operational compromises in facility quality.

While Shakti Sadan remains a critical protective service under Mission Shakti, its operational efficiency is undermined by outdated financial norms, delayed fund flow due to the SNA-linked UC requirement, and capacity constraints in shelter administration. To ensure reliable and scalable service delivery, the scheme requires updated rent norms, more flexible infrastructure financing, and enhanced support for institutional management.

Sakhi Niwas

Despite growing urban demand for secure accommodation solutions, especially for women relocating for employment or education, implementation has been minimal.

Qualitative insights attribute this underperformance largely to a mismatch between scheme provisions and urban accommodation market dynamics. The guidelines cap annual rent support at ₹4.5 lakh per 1,000 sqm, which is insufficient in Tier 1 and Tier 2 cities, where commercial rental rates far exceed this ceiling. As noted in state-level KIIs, many states are unable to lease or construct hostels that meet safety and location standards within the permitted cost envelope.

Additionally, delays in proposal submission and approvals, limited convergence with urban development agencies, and capacity gaps in hostel administration have further contributed to underutilization. The lack of demand-driven flexibility in design and weak integration with local accommodation plans also hinder its expansion.

In effect, while the policy intent of Sakhi Niwas aligns with women's mobility and economic participation, its operational model remains constrained by rigid financial ceilings and limited adaptability, leading to chronically low absorption of allocated funds.

Hub for Empowerment of Women (HEW)

The Hub for Empowerment of Women (HEW) represents a convergence-focused innovation under Mission Shakti, aiming to institutionalize gender-responsive planning, service integration, and community outreach through State and District HEW units. Operational efficiency under HEW has shown gradual improvement, with utilization increasing from 8.1% in 2021–22 to 48.8% in 2023–24, indicating progress in institutionalization efforts.

Moreover, the requirement to deploy 8 to 38 personnel per hub is seen as ambitious and misaligned with state capacity, especially where technical human resources are scarce. As a result, delays in recruitment and slow activation of district hubs have affected service rollout timelines. Fund flow under the SNA system, again linked to UC submission, further delays operationalization even when teams are onboarded.

Despite these challenges, the HEW model holds promise. The uptick in fund utilization in 2023–24 coincides with recruitment efforts and the beginning of programmatic activities in several states. To sustain and strengthen this trajectory, HEW requires more realistic staffing norms, salary flexibility, and technical support for early-stage institutional development.

Palna – Creche facility

The Palna scheme, which supports early childcare through crèches for children of working mothers, continues to demonstrate low and inconsistent operational efficiency, with utilization ranging from 6.2% in 2021–22 to a high of 75.5% in 2022–23, before falling again in subsequent years. This variability underscores persistent supply-side limitations.

Qualitative evidence indicates that very few states have established a functional crèche network, and even where demand exists, implementation is hindered by the inadequacy of cost norms. The honorarium for caregivers and rental support are perceived as insufficient to attract trained staff or lease child-safe premises, particularly in urban areas.

Moreover, states report difficulty in identifying suitable infrastructure that meets the spatial and safety requirements stipulated in the guidelines. These constraints are exacerbated by a lack of convergence with urban planning, health, or labor departments that could otherwise support crèche expansion.

While Palna addresses a critical gap in care infrastructure, its operational execution is constrained by underdeveloped implementation systems, and weak convergence mechanisms. Enhancing its efficiency will require a reassessment of cost structures, streamlined guidelines, and localized support for infrastructure identification and staffing.

A summary table highlighting the key points from KIIs are summarised below:

Table 63: Findings from KIIs on operational challenges

Theme	Narrative Description (Results Section)	Districts where highlighted
Inadequate and Insecure Infrastructure	Many centers lack secure and adequate buildings, including boundary walls, sanitation, sufficient space, and parking. These gaps compromise safety, dignity, and comfort for beneficiaries and staff.	Kendrapara (Odisha), Keonjhar (Odisha), Nagaon (Assam), Mathura & Pratapgarh (UP), Bhilwara (Rajasthan)
Operational Inefficiencies and Resource Gaps	Centers face challenges like lack of vehicles for rescue and outreach, inadequate kitchens, hygiene supplies, and maintenance support. Staff often improvise to manage these gaps, but service quality suffers.	Kendrapara (Odisha), Keonjhar (Odisha), Bilaspur (HP), Mathura & Pratapgarh (UP), Porbandar (Gujarat)

Human Resource Efficiency

However, literature review and qualitative interviews highlight key operational constraints, particularly related to human resources. The scheme guidelines mandate recruitment of specialists across domains including gender, financial literacy, MIS, and legal services with salary ceilings ranging from ₹25,000 to ₹52,000. Field-level stakeholders report that these amounts are often not competitive enough to attract qualified professionals, especially in urban or high-cost areas.

PMMVY

Under the PMMVY, implementation is anchored within the WCD department, leveraging the existing ICDS infrastructure. Key responsibilities are distributed across various levels of field functionaries:

- **Anganwadi Workers (AWWs)** serve as the primary touchpoints, responsible for beneficiary identification, registration, and application submission.
- **Supervisors and Child Development Project Officers (CDPOs)** play supervisory roles, overseeing monitoring and field-level verification.
- At the district level, **District Programme Coordinators** and Assistants handle scheme administration, data validation, grievance redressal, and reporting, while State Nodal Officers support overall coordination and oversight.

While administrative support is provisioned under PMMVY's budget, much of the delivery continues to depend on existing ICDS personnel, creating operational strain in many states.

Qualitative interviews across states reveal key bottlenecks impacting implementation effectiveness. A persistent issue is the vacancy in frontline positions, which compromises coverage and service quality. As one CDPO from Tamil Nadu shared, *"Each centre needs a helper and worker. If one is vacant, the other has to cover too many people."*

Periodic training initiatives, such as POSHAN Bhi Padhai Bhi, have been instrumental in building staff capacity and improving uptake of digital platforms and scheme guidelines. However, stakeholders emphasized the need for regular refresher courses to keep up with evolving tools and ensure uniform competency across the workforce.

In sum, while the integration with ICDS allows PMMVY to leverage a wide grassroots network, staffing gaps, digital capacity issues, and training needs must be addressed to improve implementation fidelity and coverage

Shakti Sadan

According to the *Mission Shakti Guidelines (Samarthya)*, Shakti Sadans (shelter homes for women in difficult circumstances) are expected to maintain a minimum standard of staffing to ensure round-the-clock service delivery, safety, and rehabilitation support. Each Shakti Sadan should have the following human resources: one Resident Superintendent to oversee operations and supervise staff, Office Assistants for administrative functions, two Multi-purpose Staff for day-to-day logistical tasks, two Cooks to maintain meal services, and three Security or Night Guards to ensure safety of residents during all shifts.

Table 64: Human Resource Availability at Shakti Sadan

Designation	Centres with Staff Present	% Availability
Resident Superintendent	14 out of 15	93.3%
Office Assistant	15 out of 15	100%
Multi-purpose Staff (2)	14 out of 15	93.3%
Cook (2)	15 out of 15	100%
Security/Night Guard (3)	14 out of 15	93.3%

(Source: Institutional Checklist Survey across 15 Shakti Sadans in 8 States and 1 UT)

The staffing data (in our study) shows that most Shakti Sadans have met the minimum staffing requirements, with 100% availability for Office Assistants and Cooks, and 93.3% availability for Resident Superintendents, Multi-purpose Staff, and Security Guards. While this indicates a generally strong adherence to prescribed norms and suggests that the operational infrastructure for daily functioning is in place across most centres, our discussion with district staff who have a better understanding of the larger picture as opposed to few facilities.

However, the absence of a Resident Superintendent or Security Staff in even one centre raises concerns about continuity of supervision and safety, particularly given the sensitive nature of shelter-based services. The challenge of not having security staff was highlighted in Dhemaji, Porbandar, Pratapgarh and Mathura.

Sakhi Niwas

As per Mission Shakti guidelines, each Sakhi Niwas should be adequately staffed with a Manager, Warden, three Caretakers, and three Security/Night Guards, to ensure 24x7 safety, administration, and operational continuity for residents.

Table 65: HR Availability Across 10 Sakhi Niwas

Designation	Centres with Staff Present	% Availability
Manager	6 out of 10	60.0%
Warden	4 out of 10	40.0%
Full quota of 3 Caretakers	3 out of 10	30.0%
Full quota of 3 Guards	4 out of 10	40.0%

Source: Institutional checklist

The findings indicate significant shortfalls in staffing, particularly in roles critical for resident safety and institutional management. Only 60% of centres have a manager, and less than half have a Warden or the mandated number of Security Guards and Caretakers.

> *"Salaries are low and delayed hence people don't want to join." – Porbandar,* ***Gujarat***
>
> *"Recruitments are ongoing, but the process is slow, let's hope it changes." – Mathura,* ***UP***

These deficiencies risk compromising operational efficiency, particularly during emergencies or night shifts, and may limit the hostel's capacity to support a full cohort of working women, especially those with children or from vulnerable backgrounds.

Hub for Empowerment of Women (HEW)

The DHEWs are required to have a core team consisting of a District Mission Coordinator, Gender Specialist, Data Entry Operator, and Multi-tasking Staff. However, staffing gaps are common, with many hubs operating with skeletal teams, leading to multitasking and overstretched capacities.

Type of Institutions	Total Functional Institutions	Total HR Strength	Vacant HR Positions (%)
SHEW	35	280	29
DHEW	742	5936	42

Source: Data shared by MoWCD

The State Helpdesks for Empowerment of Women (SHEW) have a total of 35 functional institutions supported by an overall human resource strength of 280, with 29% of the sanctioned positions currently vacant. The District Helpdesks for Empowerment of Women (DHEW) are operational in 742 locations, staffed by 5,936 personnel, though 42% of the sanctioned positions remain unfilled. The high vacancy rates in both setups indicate critical gaps in human resources, which may affect the delivery and outreach of services under their respective mandates.

The qualitative insights further reveal the gap. For instance, a respondent from Sikkim highlighted the lack of critical staff:

> "Right now, we have a District Mission Coordinator that's me — and we don't have a gender specialist. We have multitasking staff and a data entry operator for PMMVY. These are the three staff members in our hub." — **DHEW Coordinator, Sikkim**

In Anantnag, a single official managed a dual role due to a personnel shortage:

> *"I am the Account Assistant for Sankalp Hub… I am on additional charge as the Mission Coordinator."* — ***DHEW, Jammu & Kashmir***

Similarly, in Tamil Nadu, field-level monitoring and program implementation are handled by a small team of seven, with distinct roles:

> *"We are seven officials… 3 are data entry, 4 look after OSC, helpline, Shakti Sadan. I mainly look after BBBP. We do fieldwork and admin together."* — ***District Coordinator, Tamil Nadu***

These narratives underline the operational pressure on limited human resources, compounded by contractual hiring and lack of structured capacity-building opportunities, which ultimately affects service quality and outreach.

The qualitative insights from different stakeholders and across the states have highlighted that there is mismatch between the prescribed norms given in the guidelines and the actual realities. There is gap in between qualifications requirement and the salary or remuneration prescribed. For example, for a state mission coordinator, gender specialist and research and training specialist qualifications are post-graduation with at least 3 years of prior experience. However total ceiling for salary of 8 persons of PMU at state level is 2820000 rupees per annum. The same pattern has been observed at DHEW as well. Furthermore, qualitative interviews highlight that these salary mismatch has led to delay is hiring or people with prescribed experience is ready to work.

Palna

Due to its limited rollout and nascent implementation stage during the evaluation period, **we did not have any significant findings to report.**

Infrastructure Efficiency

PMMVY

While PMMVY benefits from its integration within the ICDS infrastructure, its implementation is deeply reliant on the functionality of Anganwadi Centres and the capacity of frontline staff. In states and districts where AWC infrastructure is well-developed and adequately staffed, scheme delivery is relatively smooth. However, in many areas, gaps in infrastructure and human resources severely constrain efficiency, as also evidenced in the component under Saksham Anganwadi.

Connectivity and technology access remain persistent bottlenecks. In remote regions, poor internet coverage hampers real-time data entry and monitoring through the PMMVY-CAS system. A CDPO from Gujarat highlighted the challenge: *"We have 75% area with no network. Workers go to network zones just to upload data."*

Even where devices are available, technical limitations and outdated hardware restrict smooth functioning. As reported by another CDPO in Gujarat: *"Phones are outdated… new software versions don't support face recognition."* Similarly, digital accessibility issues persist in more urban areas as well, where one supervisor in Vellore noted: *"We are using our own phones. Even 5G doesn't work sometimes, and the apps are in English."*

These challenges are compounded by broader infrastructure and HR deficiencies many AWCs lack basic amenities like electricity, adequate space, or digital devices, while vacancies among AWWs, AWHs, and supervisors strain the system. These structural issues already flagged under the SNP delivery constraints directly affect PMMVY's performance, since it depends on the same workforce and facilities for beneficiary outreach, registration, and follow-up.

In essence, the effectiveness of PMMVY is intrinsically tied to the efficiency of the AWC ecosystem. Without sustained investments in infrastructure upgradation, connectivity improvements, and targeted HR support, the scheme's digital tools and conditional cash transfers risk being underutilized or delayed, especially in underserved regions.

Shakti Sadan

As per Mission Shakti guidelines, Shakti Sadans are required to operate from secure, accessible buildings with essential facilities that support dignified, safe, and functional living conditions for women in crisis. These include structural integrity (floor, plaster), utilities (kitchen, toilets), safety measures (CCTV, fire exits, lockable gates), and communication and accountability tools (display boards). This infrastructure enables effective shelter service delivery and ensures safety, privacy, and accessibility for all residents, including those with special needs.

Table 66: Infrastructure Availability Across Shakti Sadan

Infrastructure Indicator	Centres with Facility	% Availability
Designated Govt. Building	7 out of 15	46.7%
Accessibility for Persons with Disabilities	10 out of 15	66.7%

Walls – Plaster Intact	10 out of 15	66.7%
Floors – Good Condition	12 out of 15	80.0%
Cleanliness Rated Good	14 out of 15	93.3%
Display Board in Local Language	12 out of 15	80.0%
Citizen Charter Displayed	7 out of 15	46.7%
Kitchen Premises Available	15 out of 15	100%
Functional CCTV Installed	15 out of 15	100%
Premises Locked with Gates	15 out of 15	100%
Fire Exit Present	12 out of 15	80.0%

Source: Institutional checklist

The data indicates a generally high level of functional infrastructure at Shakti Sadans. All centres are equipped with kitchens, CCTV systems, and secure gated premises, reflecting strong compliance with safety and service-readiness norms. Furthermore, 80% of the centres have fire exits and prominent display boards in local languages, and 93% maintain good cleanliness standards, contributing to safe and user-friendly environments.

However, some efficiency gaps remain:

- Accessibility for persons with disabilities is available in only two-thirds of the facilities.
- Citizen charters, which are essential for transparency and accountability, are missing in nearly half the centres.
- Plaster and floor condition show maintenance needs in around 20–30% of centres, which may affect liveability and upkeep costs.
- Out of 15 Shakti Sadan facilities surveyed via institutional checklist, 7 are located in designated government buildings while 8 operate from rented premises, indicating a near-equal split. States like Tamil Nadu and Assam rely entirely on rented buildings, which may impact long-term stability and infrastructural upgrades, while Andhra Pradesh, Odisha, and Chandigarh operate fully within government-owned premises, offering potentially better administrative control.

In Gujarat, Bihar, and Uttar Pradesh, Shakti Sadans have not been established under Mission Shakti. Upon further inquiry, it was revealed that Gujarat operates Nari Kendras, which are currently running at low occupancy, due to which Shakti Sadans have not been established in the wake of non/low requirement.

"For the buildings, the cost that we have is ₹37,000 which is not sufficient to get a place. We need a larger area. Even for ₹5,000, we need DM approval. That's a big hurdle in emergency cases." ***– District Officer, Bihar***

In Rajasthan, Shakti Sadans and Working Women Hostels (Sakhi Niwas) are managed by the Department of Social Justice and Empowerment, while OSCs fall under the Women and Child Development Department. This separation has shaped both the strengths and complexities of implementation.

"Nari Niketans function smoothly as they are governed solely by the state. In contrast, Shakti Sadan needs UC submissions, approvals from the Centre, which slows down decision-making." – ***State Officer, Rajasthan***

It is important to note that not all Shakti Sadans included in the assessment are state-run facilities. In several states, most notably Uttar Pradesh and Bihar, the shelter homes surveyed under the label of Shakti Sadan are run by NGOs or other partner institutions, rather than directly by the state under the Mission Shakti framework.

Sakhi Niwas

Mission Shakti mandates that Sakhi Niwas facilities be functional, accessible, and well-maintained, with provisions such as designated government buildings, accessibility for persons with disabilities, visible signage, citizen charters, and basic amenities. As per the institutional checklist data 6 out of 10 are run by state government, 3 are run by NGOs and one has been contracted to private company.

Table 67: Institutional Infrastructure and Accessibility Indicators

Indicator	Centres with Facility	% Availability
Located in designated government buildings	9 out of 10	90.0%
Physically accessible for disabled persons	6 out of 10	60.0%
Display boards in the local language	6 out of 10	60.0%
Citizen charter displayed	4 out of 10	40.0%
Cleanliness rated good	8 out of 10	80.0%
Floor and wall conditions reported as good	8 out of 10	80.0%
Proper Ministry signage (Assisted by MoWCD)	6 out of 10	60.0%

Source: Institutional checklist

"To make the campus better. Facilities like lift should be provided for the handicapped. Medicines should also be provided for the residents." -***Sakhi Niwas Coordinator, HP***

While the majority of Sakhi Niwas centres are located in government-owned buildings (9 out of 10 reported) and are operational as per guidelines, there are gaps in accessibility, information display, and documentation. According to Institutional checklist assessment, Only 60% (6 out of 10) are accessible to persons with disabilities, and less than half have citizen charters displayed. Visibility measures, such as signage in the local language and branding of ministry support, are present in only 60% (6 out of 10) of the centres.

Hub for Empowerment of Women (HEW)

Guidelines mandate that each DHEW should function from a dedicated office space with ICT infrastructure, electricity, water, and accessibility for the public. However, field feedback reveals disparities in infrastructure availability and quality.

In of the districts in Sikkim, officials expressed concern over the lack of basic facilities. Geographic challenges and lack of suitable land or accessible locations make it difficult to establish new facilities and leaves existing facilities in shambles:

"The OSC is not proper. We don't even have a proper office, rooms, or facilities… We've told the government." — ***DHEW Staff, Sikkim***

In contrast, districts with stronger administrative support reported adequate infrastructure:

"Yes, we have enough infrastructure facility for all these. There is space, power supply, water, enough people to run the office." ***— DHEW Coordinator, Tamil Nadu***

However, in mountainous or remote areas, logistical and digital challenges persist:

"We try and reach remote areas, but roads and network are issues. When we go there, it takes us the whole day." ***— DHEW Coordinator, Uttarakhand***

"Even basic internet doesn't work in some areas. Staff can't access the portal. Complaints sometimes reach late." ***— DHEW Officer, Uttarakhand***

These examples reflect how geographic terrain, digital divide, and infrastructural deficits hamper the ability of DHEWs to function as responsive and accessible service units.

Palna

The analysis of the Palna Crèche component reveals that only 15% of the 14,599 approved Anganwadi-cum-Crèche Centres (AWCCs) are operational at the national level, serving 30,495 beneficiaries. The operationalization of centres is highly uneven across states.
Chandigarh demonstrates the highest utilization, with 95% of its approved centres functional and supporting 2,567 children. Sikkim also reports full utilization (100%) of its 25 approved

AWCCs, reaching 200 beneficiaries. Other states such as Bihar (17%), Uttarakhand (16%), and Assam (10%) show modest levels of operationalization with some service coverage.

Sl. No.	State	Approved AWCCs	Operational AWCCs as % of Approved AWCCs	No. of beneficiaries
1	Andhra Pradesh	108	0	0
2	Assam	500	10	675
3	Bihar	504	17	645
4	Chandigarh	210	95	2567
5	Gujarat	25	0	0
6	Himachal Pradesh	152	0	0
7	Jammu and Kashmir	317	0	0
8	Odisha	1000	0	0
9	Tamil Nadu	600	0	0
10	Uttarakhand	202	16	318
11	Uttar Pradesh	0	0	0
12	Rajasthan	0	0	0
13	Sikkim	25	100	200
	National	**14599**	**15**	**30495**

Source: Data shared by MoWCD

However, a majority of states, including Andhra Pradesh, Gujarat, Himachal Pradesh, Jammu & Kashmir, Odisha, Tamil Nadu, and all of Uttar Pradesh and Rajasthan, report zero operational centres despite having sanctioned AWCCs. This indicates significant gaps between policy approval and on-ground implementation, limiting access to early childcare services in most parts of the country.

Conclusion

The efficiency of Mission Samarthya is determined to be medium across its key components PMMVY, Shakti Sadan, Sakhi Niwas, HEW, and Palna. While schemes like PMMVY benefit from digital platforms and integration with existing ICDS structures, their effectiveness is often limited by technical glitches, connectivity gaps, and human resource overload. Financial efficiency across components is marked by inconsistent fund utilization, with patterns of underutilization, delayed disbursement, and catch-up spending reflecting systemic issues in fund flow, outdated cost norms, and administrative bottlenecks. Operational and human resource efficiencies vary significantly, with many facilities facing staffing shortages and capacity constraints, especially in urban and high-cost areas. Infrastructure efficiency remains uneven, with disparities in accessibility, maintenance, and availability of essential amenities. Overall, while institutional frameworks and intent are in place, the effectiveness of Mission Samarthya is constrained by implementation-level gaps that must be addressed through updated norms, greater flexibility, and strengthened last-mile delivery mechanisms.

Table 68: Gaps and Recommendations Table of Efficiency

Component	Efficiency Parameter	Key Gaps	Recommendations
PMMVY	Financial Efficiency	Erratic fund utilization across years (e.g., 0% in UP, Bihar in 2023–24; 877.9% in Gujarat in 2022–23); delays in UCs/SoEs; backlog adjustments inflate later years.	Institutionalize real-time UC tracking; decouple fund release from rigid timelines; improve fund forecasting and reconciliation systems.
	Operational Efficiency	Dependency on overburdened ICDS workforce; PMMVY-CAS hampered by network issues, app glitches, and digital divide.	Deploy dedicated scheme assistants; upgrade mobile devices; localize apps in regional languages; strengthen offline functionality for remote areas, by queueing transactions or form submissions locally.
	HR & Infrastructure Efficiency	Frontline vacancies; AWCs lack digital infrastructure; some centres lack electricity, space, or connectivity.	Fill AWW/CDPO positions; equip AWCs with basic infrastructure and IT tools; ensure regular digital training for FLWs.
Shakti Sadan	Financial Efficiency	Utilization fluctuates (9.7% in 2022–23 to 141.6% in 2024–25); outdated rent ceilings limit fund absorption.	Update rent caps using regional indices; enable flexible budgeting based on urban market rates.
	Operational Efficiency	Implementation delays; inability to procure buildings within fixed cost norms; inconsistent fund release cycles.	Regularize funding; develop model contracts for rentals; provide state-level implementation support units.
	HR & Infrastructure Efficiency	Incomplete staffing in a few centres; only 67% have PWD access; 53% lack citizen charters and signage.	Ensure 100% staffing compliance; mandate PWD accessibility; display charters and helpline info in all OSCs.
Sakhi Niwas	Financial Efficiency	Chronic underutilization (<15% in most years); cost norms misaligned with metro real estate prices.	Revise rent and construction norms for urban contexts; allow metro-specific provisioning.
	Operational Efficiency	Limited convergence with accommodation/labor departments; delays in	Strengthen inter-departmental convergence; map demand in industrial/urban belts; enable fast-track proposal approvals.

Component	Efficiency Parameter	Key Gaps	Recommendations
		proposals and clearances.	
	HR & Infrastructure Efficiency	Only 60% centres have Managers; <50% have full staff; 60% PWD access; low signage/citizen charter visibility.	Fill critical posts urgently after addresses the causes like delayed salaries, burnout etc; conduct infra audit and upgrades; ensure MoWCD branding and service visibility.
HEW	Financial Efficiency	Fund utilization ranges from 8.1% to 48.8%; delays due to UC-linked disbursements and limited fund requests.	Improve SoE planning; introduce flexible fund ceilings for staff-intensive districts; automate UC alerts.
	Operational Efficiency	Unrealistic staffing norms (8–38 staff per hub); low salary caps deter skilled hires; staggered hub activation.	Rationalize team sizes; revise salary structure; build capacity for phased rollout.
	HR & Infrastructure Efficiency	Skeletal staffing; some hubs lack dedicated offices, ICT tools, and accessibility; gaps more pronounced in remote areas.	Ensure basic office infra with electricity/ICT; fill vacant posts; mandate convergence-ready workspaces.
Palna	Financial Efficiency	Fund utilization inconsistent (6.2% to 75.5%); outdated cost norms; weak demand projections from states.	Update caregiver honorariums and infra cost norms; plan allocations based on working mother density and urban demand.
	Operational Efficiency	Poor state-level engagement; lack of convergence with health/urban departments; few functional crèches.	Enable joint planning with ULBs/health departments; create model crèche plans based on local need.
	HR & Infrastructure Efficiency	Difficulty attracting trained caregivers; inadequate rental support; few child-safe spaces available.	Provide incentive-based caregiver hiring; develop crèche infrastructure standards; support NGOs/CSOs to run model centres.

4.2.2.3 Effectiveness

This section examines the **effectiveness of Mission Samarthya** by evaluating whether its core services across components such as PMMVY, Shakti Sadan, Sakhi Niwas, HEW, and Palna are reaching intended beneficiaries in a consistent, and meaningful manner. Effectiveness is assessed through indicators such as service coverage, beneficiary uptake, and quality of delivery, across implementing institutions. The analysis draws on both administrative data and qualitative insights to capture the alignment between intended outcomes and on-ground experiences, highlighting variations across states and identifying factors that enable or hinder impactful service delivery.

Effectiveness of Samarthya sub-schemes will be measured against the following:

1. Awareness of Samarthya sub-schemes amongst HH beneficiaries
2. Beneficiary Outreach via the four sub-schemes
3. Adherence to the mandated services/protocols

PMMVY

Awareness and utilization of PMMVY

The data from household survey on awareness and benefit reach of the Pradhan Mantri Matru Vandana Yojana (PMMVY) among CPW&LM and mothers of 2–6-year-old children reveals significant inter-state variation. While overall awareness stands at 71.7%, only 42.1% reported having received the cash benefit, indicating a substantial gap between awareness and utilization. States like Jammu Kashmir (97.2%), Andhra Pradesh (94.6%), and Rajasthan (92.4%) show the highest levels of awareness. However, even among high-awareness states, utilization remains modest, e.g., Jammu Kashmir (39%) and CH (36.9%). Uttar Pradesh stands out with both low awareness (44.8%) and the lowest utilization (21%), highlighting a critical implementation gap. In contrast, Himachal Pradesh demonstrates both high awareness (88.3%) and the highest utilization (57.1%), indicating effective last-mile delivery.

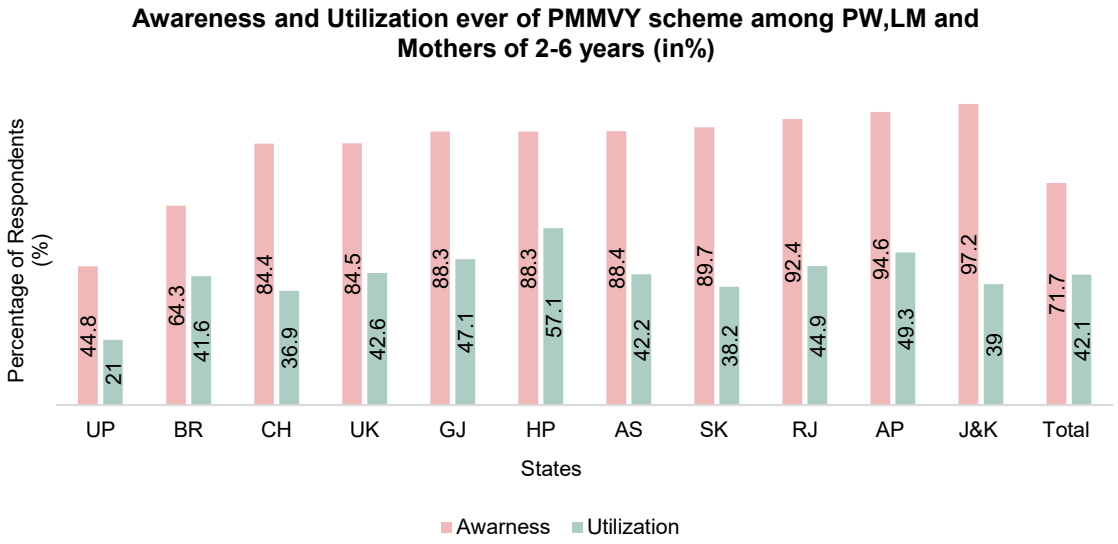
Table 69: Challenges with PMMVY

Implementation gaps	Examples/Quotes	District/State
Challenges with Registration	*"Sometimes the girl is married before 18, but PMMVY only registers at 19. Also, Aadhaar problems — they don't have documents, so registration is not done."*	Dehradun, Uttarakhand
Technology & Portal Issues	*"Software is in development stage. Workers face problems with network, old mobile phones, and logging in."*	Kangra, Himachal Pradesh
Efforts to Reach Remote/SC-ST Areas	*"We target SC-ST communities. Workers and Panchayats visit remote areas to ensure coverage."*	Kangra, Himachal Pradesh

These findings point to the need for enhanced outreach as well as system-level improvements to bridge the awareness-utilization gap.

While the PMMVY shows considerable reach across many states, Tamil Nadu reports low and in Odisha, there is no awareness of the scheme due to the presence of well-established state-level maternity benefit programmes.

Figure 79: Awareness and Utilization ever of PMMVY scheme among PW&LM and Mothers of 2-6 years



Source: Household Survey of 2591 PW&LM and Mothers of 2-6 years

In the states of Odisha and Tamil Nadu, the PMMVY is not implemented directly, as both states operate their own state-specific maternity benefit schemes. Odisha runs the Mamata Scheme, which provides conditional cash transfers to pregnant and lactating women to improve maternal and child health outcomes. Similarly, Tamil Nadu implements the Dr. Muthulakshmi Reddy Maternity Benefit Scheme, offering comprehensive financial assistance across multiple antenatal and postnatal milestones. As a result, awareness and utilization data for PMMVY are not available or comparable for these states, and evaluations must be contextualized within their own program frameworks.

Mamata Scheme, Dr. Muthulakshmi Reddy Maternity Benefit Scheme

The Mamata Scheme[140] in Odisha and the Dr. Muthulakshmi Reddy Maternity Benefit Scheme[141] in Tamil Nadu state-specific initiatives are designed to provide partial wage

[140]Department of Women & Child Development and Mission Shakti, Government of Odisha. (n.d.). Mamata Scheme.

[141] District Administration, Krishnagiri. (n.d.). Dr. Muthulakshmi Reddy Maternity Benefit Scheme.

compensation for pregnant and nursing mothers so that they can rest adequately during pregnancy and after delivery.

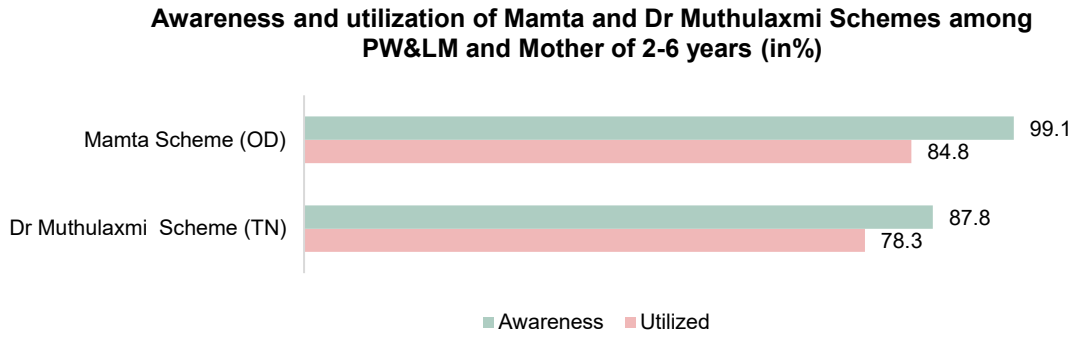
Feature	Odisha Mamata Scheme[142]	Tamil Nadu Dr. Muthulakshmi Maternity Benefit (GO 94-2024)
Administered by	Odisha Women & Child Development Department (ICDS)	Tamil Nadu Health & Family Welfare Department via NHM
Eligible beneficiaries	Pregnant/lactating women ≥19 years, up to two live births; excludes government employees	Pregnant women ≥19 years, up to two deliveries (with some flexibility for homeless/migrant mothers)
Registration required	Register at Anganwadi/Mini-AWC before 12 weeks; requires ANC, IFA, TT	Register before 12 weeks via Village/Urban Health Nurse at PHC/UPHC
Total benefit amount	₹5,000 per child in 4 instalments	₹18,000 per pregnancy: ₹14,000 in cash + ₹4,000 nutrition kits
Installment schedule	- End of 2nd trimester: ₹1,500- 3 months post-delivery: ₹1,500- 6 months: ₹1,500- 9 months: ₹1,500	- ₹6,000 at 4th month- ₹4,000 immediately after delivery- ₹4,000 after child's vaccinations (≈4–9 months) Nutrition kit with first 2 instalments
Wage compensation	Yes — partial wage compensation during maternity period	Yes — explicit wage compensation of ₹14,000 in cash to offset income loss during pregnancy & postpartum
Conditions to receive	ANC visits, IFA tablets, TT, counseling, institutional delivery; birth registration, immunizations, weight checks, exclusive breastfeeding	ANC registration by 12 weeks; institutional delivery; immunizations; receipt of nutrition kits; as per GO 94-2024
Objective	Provide partial wage compensation, improve maternal & child health, promote health behaviors	Provide wage compensation and nutrition support to reduce MMR/IMR among poor pregnant women
Additional benefits	Incentive of ₹200 per beneficiary for Anganwadi worker; oversight committees to monitor delivery	Nutrition kit worth ₹4,000 including health mix, dates, biscuits, IFA syrup, ghee, etc.

These schemes aim to increase the utilisation of maternal and child health services, particularly antenatal care, postnatal care, and immunisation, while also promoting improved mother and childcare practices, such as exclusive breastfeeding and appropriate complementary feeding.

[142] https://wcd.odisha.gov.in/ICDS/mamata

In Tamil Nadu, the Dr. Muthulakshmi Reddy Maternity Benefit Scheme shows a strong awareness level of 87.8% and utilisation of 78.3%, while Odisha's Mamata Scheme displays near-universal awareness at 99.1% and a high utilisation rate of 84.8%.

Figure 80: Awareness and utilization of Mamta and Dr Muthu Laxmi Schemes among PW&LM and Mother of 2-6 years



Source: Household Survey of 2591 PW&LM and Mothers of 2-6 years

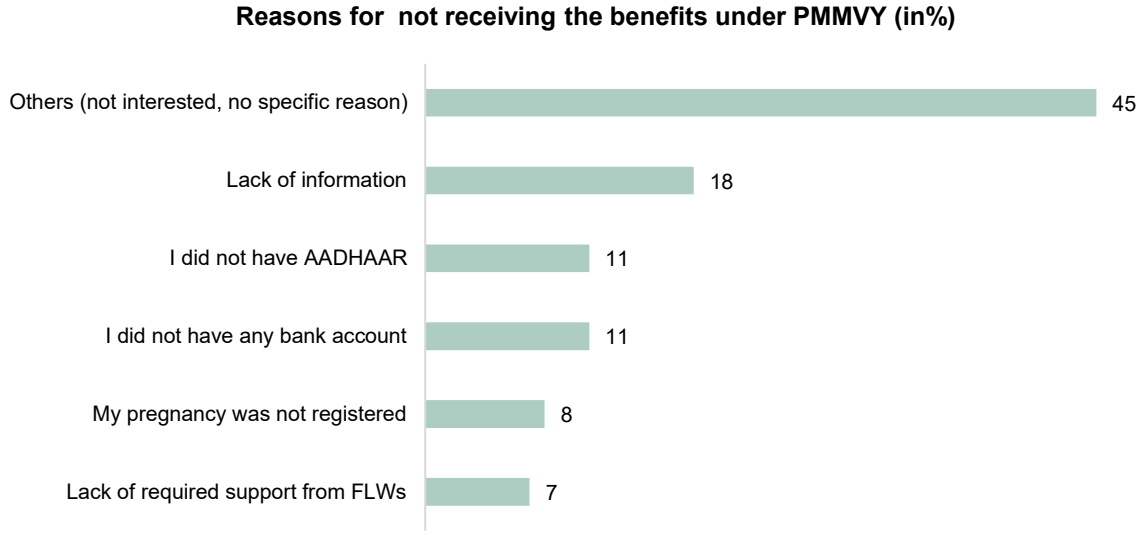
In Odisha, PMMVY is no longer implemented in its original central format but has been merged with the state's Mamata scheme under the newly launched Subhadra scheme. As one official explained,

> *"Subhadra replaces PMMVY in function… now we offer ₹50,000, with credit and follow-up for economic self-reliance."* – ***State Officer, Odisha***

This redesign broadens the scope from maternity benefit to long-term economic empowerment, with financial support extended over five years, combining direct benefit transfers with credit access.

Major Reason for the delay in Utilization of Benefits

Figure 81: Reasons for not receiving the benefits under PMMVY

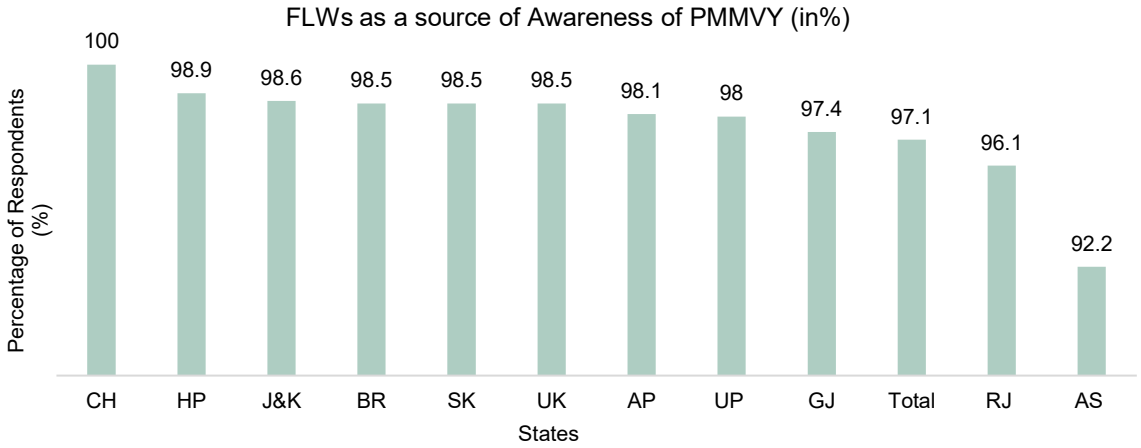


Source: Household survey with 460 PW&LM

The most commonly reported reason for not receiving PMMVY benefits was lack of information (18%), indicating a significant communication gap. Other key barriers included not having a bank account (11%), absence of an Aadhaar card (11%), and unregistered pregnancy (8%). A smaller proportion of respondents (7%) cited lack of support from FLWs. These findings highlight the need to strengthen awareness, ensure timely registration, and facilitate access to essential documentation and financial services to improve benefit coverage.

Frontline Workers as Catalysts for PMMVY Awareness in Communities

Figure 82: FLWs as a source of Awareness of PMMVY

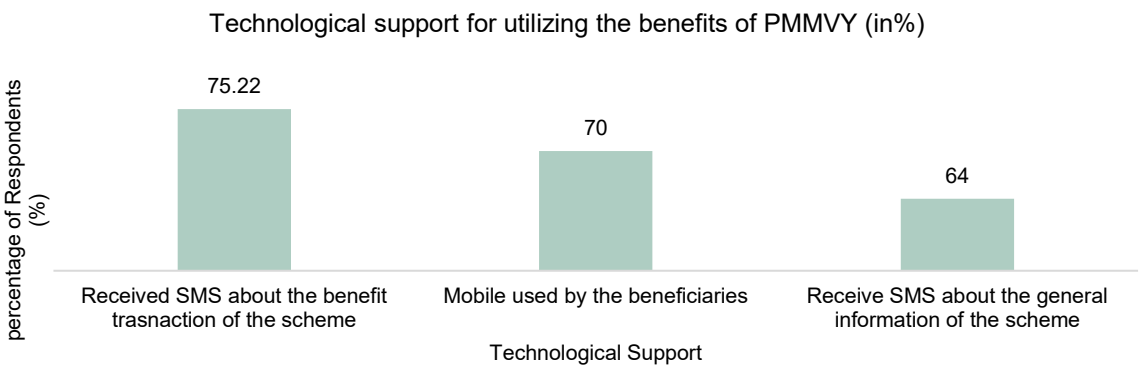


Source: Household Survey with 460 PW&LM

The data from household survey underscore the critical role of FLWs, ASHA, AWW, and ANM in generating awareness about PMMVY at the community level. On average, 97.1% of women who were aware of the scheme attributed their information source to a frontline worker. States like Chhattisgarh (100%), Himachal Pradesh (98.9%), and Jammu & Kashmir (98.6%) reported near-universal reliance on FLWs for PMMVY awareness. Even in relatively lower-performing states such as Assam (92.2%) and Rajasthan (96.1%), FLWs remain the dominant

channel for outreach. These findings reinforce the importance of investing in and supporting FLWs to sustain and enhance community-level communication for PMMVY.

Figure 83:Technological support for utilizing the benefits of PMMVY (in%)



Source: Household Survey with 460 PW&LM

The data from household survey show that technology plays a key role in facilitating access to PMMVY benefits. A large proportion of beneficiaries (75.2%) reported receiving SMS notifications about benefit transactions, while 64% received SMS with general scheme information. Additionally, 70% of beneficiaries used mobile phones themselves, indicating high personal access to mobile technology. These findings suggest that SMS-based communication is an effective and widely accessed channel for scheme-related information and updates.

Shakti Sadan

Table 70: No. of Functional Shakti Sadan and women assisted

Facilities→ States↓	Shakti Sadan	
	Functional Shakti Sadan	Women Assisted
Andhra Pradesh	28	18163
Assam	28	17964
Chandigarh	1	569
Himachal Pradesh	1	97
Jammu and Kashmir	2	519
Odisha	68	54094
Rajasthan	8	4054
Sikkim	1	458

Facilities→ States↓	Shakti Sadan	
	Functional Shakti Sadan	Women Assisted
Tamil Nadu	36	9485

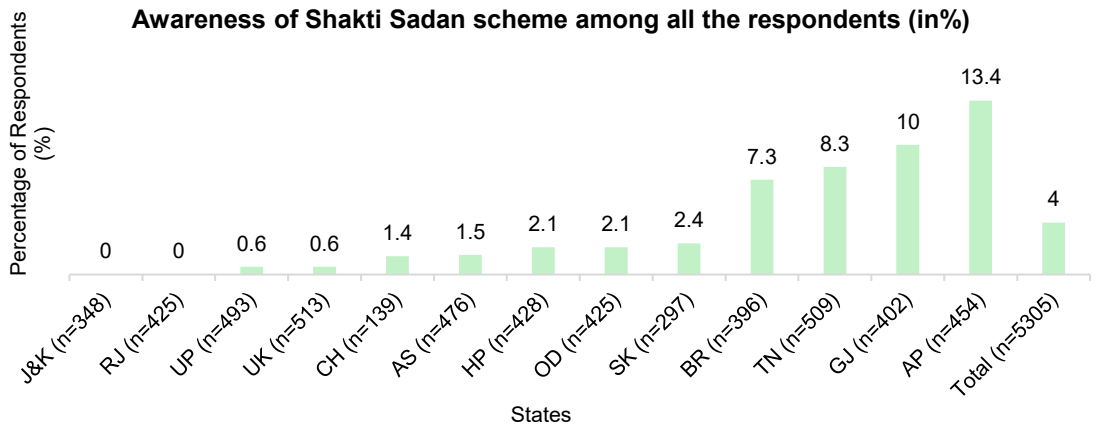
Source: Institutional Survey

A closer look at the data reveals considerable variation in implementation. Odisha leads with 68 functional Shakti Sadans, assisting over 54,000 women, accounting for nearly half of the national total. States like Tamil Nadu (36 homes, 9,485 women), Andhra Pradesh (28 homes, 18,163 women), and Assam (28 homes, 17,964 women) also show substantial infrastructure and outreach.

In contrast, states who report no functional Shakti Sadans still record women as assisted. This suggests reliance on alternative institutional shelters or service substitutions, such as Nari Kendras or NGO-run facilities functioning in place of official Shakti Sadans. Other states, including Rajasthan (8 homes) and Jammu & Kashmir (2 homes), show a modest presence.

Awareness of Shakti Sadan among beneficiaries in the current study

Figure 84: Awareness of Shelter home (Shakti Sadan) among Beneficiaries.



Source: Household Survey with 5305 respondents

The awareness of Shakti Sadan, in sampled states, currently stands at only 4% while a staggering 96% indicated no awareness.

> *"Shakti Sadan gives women a place to stay once the 10-day OSC period ends. In some places, even the community helps. In Tirunelveli, a vehicle was provided by the local community."* – ***District Officer, Tamil Nadu***

State-wise, Andhra Pradesh (13.4%), Gujarat (10%), Tamil Nadu (8.3%), and Bihar (7.3%) recorded the highest levels of awareness. While these figures are relatively better, they still reflect a limited penetration of information even in these states. Conversely, states such as Jammu & Kashmir, Rajasthan, Uttarakhand, and Uttar Pradesh reported either 0% or negligible levels (≤0.6%) of awareness, highlighting severe gaps in awareness.

The findings from the institutional survey highlights on the following aspects:

Medical Services and Emergency Response

- First Aid Availability is universal across all centres (15/15), indicating compliance with minimum emergency care protocols.
- Medical Check-ups are most commonly supported by District Hospitals (9 centres), followed by PHCs (5 centres) and Health Sub-Centres (1 centre), showing reliance on higher-tier health facilities.
- Part-time Doctor Engagement was reported in 10 out of 15 centres (67%), with most providing services weekly (7/10). However, 5 centres lack any medical professional support.
- FIR Registration Support is in place at 13 centres, which is essential for legal recourse in cases of violence.

Counselling Services

- Psycho-social counselling through NGO or community tie-ups is available in 11 out of 15 centres (73%) to match up the staff gap.
- Only 10 centres (67%) reported having dedicated full-time counsellors, while 4 centres lack any counselling support due to staff gaps, and 1 centre only has plans in progress.

Education Access and Digital Learning at Shakti Sadans

Ensuring educational continuity and digital inclusion for residents, particularly rescued or vulnerable girls, is a core element of rehabilitation under the Samarthya sub-scheme. The following findings reflect how well-equipped Shakti Sadans are in this regard.

Table 71: Educational Access at Shakti Sadan

Indicator	Centres with Provision	% Availability
Rescued girls inducted into formal/open schooling	13 out of 15	86.7%
Educational expenses (books, uniforms, etc.) covered	12 out of 15	80.0%
E-learning arrangements with computers, TVs, or internet facilities	12 out of 15	80.0%

Source: Institutional checklist

Most centres (87%) have planned to induct rescued women and girls into formal or open schooling systems, which reflects a strong commitment to educational reintegration. Similarly,

80% of the centres provide support for essential educational expenses such as textbooks, uniforms, and notebooks, enabling smoother enrolment and retention.

Moreover, 80% of centres have introduced **e-learning facilities** (e.g., computers, smart TVs), which is a promising step towards bridging digital divides, especially for long-term residents.

However, 3 centres still lack digital learning tools, and 2 centres have not initiated enrolment in any schooling. These are critical service gaps that could limit learning continuity, especially for rescued minors or those facing education disruption due to violence, trafficking, or displacement.

Table 72 :Shakti Sadans reported providing vocational training

Indicator	Centres with Facility	% Availability
Vocational training/skill development (via recognized institutions)	14 out of 15	93.3%
Micro-credit linkages (e.g., through MUDRA, SIDBI, etc.)	5 out of 15	33.3%

Source: Institutional checklist

A high proportion (93.3%) of Shakti Sadans reported providing vocational training through recognized institutions, indicating strong alignment with Samarthya's emphasis on economic rehabilitation. However, **only one-third** of centres reported linkages with **micro-credit schemes**, pointing to a key gap in financial enablement and self-reliance pathways for residents' post-rehabilitation. Strengthening partnerships with credit institutions and skilling programs under convergence frameworks can bridge this gap effectively.

Sakhi Niwas

The data presented provides a state-wise snapshot of Sakhi Niwas (Working Women Hostels), a key component under the Samarthya sub-scheme of Mission Shakti, which aims to provide safe, affordable residential facilities for working women, particularly in urban and semi-urban areas. As per the dashboard, 155 Sakhi Niwas hostels are currently functional, collectively assisting 1,20,754 women across 13 states and Union Territories.

Table 73: Women assisted in Sakhi Niwas

Facilities→ States↓	Sakhi Niwas (between June 2014 and Dec 31 2024)	
	Functional Sakhi Niwas	Women Assisted
Andhra Pradesh	23	38464
Assam	10	2804
Chandigarh	6	3645
Gujarat	14	15403
Himachal Pradesh	6	960

Facilities→ States↓	Sakhi Niwas (between June 2014 and Dec 31 2024)	
	Functional Sakhi Niwas	Women Assisted
Jammu and Kashmir	1	11
Odisha	11	5269
Rajasthan	15	7618
Sikkim	1	423
Tamil Nadu	60	43012
Uttar Pradesh	8	3145
	155	120754

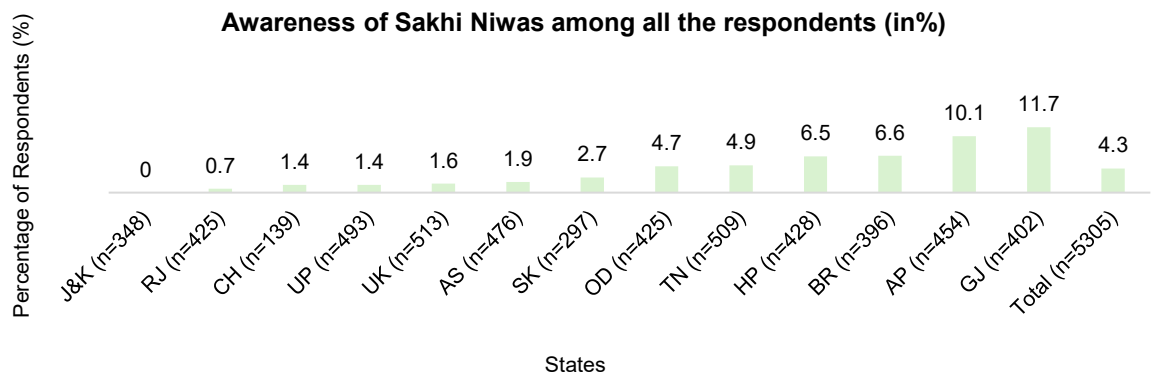
Source: Mission Shakti – Samrthya Dashboard Data

Tamil Nadu leads with 60 operational hostels, supporting over 43,000 women, indicating strong institutional investment in urban women's safety and mobility. Andhra Pradesh follows with 23 hostels and over 38,000 women assisted, and Gujarat ranks third with 14 hostels serving more than 15,000 women. These figures reflect proactive state-level initiatives to address the accommodation needs of employed or employable women.

The data suggests a need for greater geographical equity in hostel provisioning, especially in rapidly urbanizing or industrial zones, along with capacity upgrades and improved outreach mechanisms to ensure working women across states have reliable access to safe accommodation options.

Awareness of Sakhi Niwas among beneficiaries in the current study

Figure 85: Awareness of Shakti Sadan among beneficiaries in the current study



Source: Household Survey with 5305 respondents

The graph illustrates the awareness levels of the Sakhi Niwas scheme among respondents across 13 states. Overall, awareness is notably low, with the national average at just 4.3%.

Gujarat reports the highest awareness at 11.7%, followed by Andhra Pradesh (10.1%) and Bihar (6.5%). In contrast, several states, including Jammu & Kashmir (0%), Rajasthan (0.7%), and Uttar Pradesh (1.4%), show extremely limited awareness. Most other states also fall below the 5% mark, indicating a widespread gap in outreach and communication. These findings underscore the need for targeted awareness campaigns to improve visibility and uptake of Sakhi Niwas services, particularly in northern and northeastern states.

Hub for Empowerment of Women (HEW)

The data below offers a comprehensive overview of the implementation status of Sankalp: Hubs for Empowerment of Women (HEW) across 13 states and Union Territories, reflecting the number of beneficiaries assisted, as well as the number of functional State Hubs (SHEW) and District Hubs (DHEW). These hubs play a pivotal role in facilitating convergence, awareness, and last-mile access to schemes and services for women under the Mission Shakti framework. As of the current reporting period, 11 State Hubs and 329 District Hubs are functional across the listed regions, having collectively assisted over 13.5 lakh women beneficiaries.

Table 74: Beneficiaries under HEWs

Facilities→ States↓	Sankalp: HEW		
	Beneficiaries Assisted	Functional SHEW	Functional DHEW
Andhra Pradesh	5740	1	26
Assam	12217	1	35
Bihar	2342	1	38
Gujarat	486678	1	33
Himachal Pradesh	2125	1	12
Jammu and Kashmir	73106	1	20
Rajasthan	265492	1	33
Sikkim	87	1	6
Tamil Nadu	333722	1	38
Uttarakhand	79761	1	13
Uttar Pradesh	91818	1	75
Total	1353088	11	329

Source: Mission Shakti – Samrthya Dashboard Data as of 2024-25 cumulatively

Gujarat leads significantly, with 486,678 women assisted through 33 DHEWs and a functional SHEW, reflecting a well-established and high-performing hub system. Other high-performing

states include Tamil Nadu (3.33 lakh beneficiaries, 38 DHEWs) and Rajasthan (2.65 lakh beneficiaries, 33 DHEWs), demonstrating both wide geographical coverage and high outreach. Uttar Pradesh, with the highest number of DHEWs (75), has assisted 91,818 women, suggesting a strong institutional presence, though somewhat lower service uptake compared to other large states.

Palna

Due to its limited rollout and nascent implementation stage during the evaluation period, **we did not have any significant findings to report.**

Conclusion

Mission Samarthya demonstrates medium effectiveness across components, though with significant state-level variations. PMMVY shows good awareness (71.7%) but lower utilization (42.1%), mainly due to documentation gaps, limited outreach, and unregistered pregnancies. In contrast, Tamil Nadu and Odisha's state maternity schemes report higher effectiveness, reflecting strong local implementation. Shakti Sadan and Sakhi Niwas have expanded infrastructure in some states. While education and vocational training are widely available in Shakti Sadans, gaps in counselling, legal aid, and financial linkages limit holistic rehabilitation. The HEWs have supported over 13.5 lakh women, with strong performance in Gujarat, Tamil Nadu, and Rajasthan. However, absence of functional hubs in some states like Odisha and Chandigarh signals uneven implementation.

The FLWs and mobile technology are key enablers of awareness and benefit delivery, yet persistent gaps in infrastructure, implementation and outreach hinder full impact. Strengthening local capacity, ensuring functional service points, and improving awareness are critical for enhancing the overall effectiveness of Mission Samarthya.

Table 75: Gaps and Recommendations of Effectiveness

Component	Effectiveness Parameter	Key Gaps	Recommendations
PMMVY	**Awareness of Sub-schemes**	Moderate national awareness (71.7%) with low awareness in UP (44.8%); no awareness in Odisha and TN due to alternate state schemes.	Strengthen localized FLW-led IEC; integrate messages in ANC visits; align communication with existing state maternity schemes.
	Beneficiary Outreach	Only 42.1% received benefits; barriers include lack of bank accounts, or unregistered pregnancies.	Simplify application processes; enable early pregnancy tracking through FLWs; facilitate bank and ID documentation support at AWCs.

Component	Effectiveness Parameter	Key Gaps	Recommendations
	Adherence to Mandated Services/Protocols	High reliance on FLWs (97.1%); strong SMS use (75.2%); weak grievance redress and follow-up mechanisms.	Institutionalize digital grievance redress; auto-trigger FLW follow-up for missed benefits; expand SMS alerts to include complaint resolution.
Shakti Sadan	**Awareness of Sub-schemes**	National awareness extremely low (4%); even better-performing states remain below 14%.	Launch PRI- and SHG-led campaigns; integrate scheme information at OSCs, WHLs, and DHEWs.
	Beneficiary Outreach	173 functional centres, but major states (e.g., Bihar, UP, Gujarat) report no functional Shakti Sadans despite beneficiary counts.	Operationalize one Sadan per district; formalize partnerships with alternate shelters and ensure convergence in reporting.
	Adherence to Mandated Services/Protocols	Gaps in counselling (4/15 lack staff), vocational credit linkage, and digital/educational facilities.	Ensure full-time psychosocial staff; introduce skilling and financial access protocols; mandate digital and education infrastructure.
Sakhi Niwas	**Awareness of Sub-schemes**	Very low national awareness (4.3%); most states below 5%; Gujarat highest at 11.7%.	Run urban-centric awareness drives; use industrial corridors, labor departments, and women collectives as information channels.
	Beneficiary Outreach	155 hostels functional; strong in TN and AP, but none in Bihar and Uttarakhand; low coverage in UP.	Expand hostels in high-demand and underserved areas; conduct spatial demand mapping for new provisioning.
	Adherence to Mandated	Lack of signage, PWD accessibility, and grievance redress in many centres.	Standardize signage and citizen charters; ensure compliance with accessibility norms;

Component	Effectiveness Parameter	Key Gaps	Recommendations
	Services/Protocols		digitize registration and feedback systems.
HEW	**Awareness of Sub-schemes**	Not directly assessed among HHs; inferred via outreach touchpoints; standalone visibility limited.	Promote HEW branding locally; display HEW information at AWCs, Panchayats, and public service points.
	Beneficiary Outreach	Over 13.5 lakh women reached; Gujarat, TN, Rajasthan strong performers; no functional hubs in Odisha and Chandigarh.	Prioritize roll-out in zero-coverage states; standardize DHEW roles and ensure functional teams.
	Adherence to Mandated Services/Protocols	Staff shortages; convergence inconsistent; weak visibility and accountability.	Ensure full staffing with trained personnel; institutionalize monthly convergence meetings; build public-facing dashboards and helplines.

4.2.2.4 Sustainability

The Samarthya sub-scheme under Mission Shakti encompasses few critical components, including integrated Shakti Sadan, Working Women Hostel (Sakhi Niwas), National Creche Scheme and Pradhan Mantri Matru Vandana Yojana (PMMVY). To understand the sustainability of these components we assess if the scheme has had the needed finances over the years to ensure that capacity bottlenecks are addressed via the fiscal planning, fund absorption and allocation year on year as per the need. Institutional sustainability is crucial from the lens of infrastructure and human resources because it ensures the long-term functionality, reliability, and effectiveness of service delivery mechanisms under the components of Samarthya.

1. Financial Sustainability
2. Institutional Sustainability

Financial Sustainability

PMMVY

From a **financial sustainability perspective**, the PMMVY shows erratic fund utilization patterns across states and years, indicating weak predictability and inefficiencies in expenditure management. Extremely high utilization in some years suggests backlog clearance rather than real-time delivery, while zero or low utilization in others reflects

administrative bottlenecks or lapses in beneficiary tracking. Such fluctuations hinder effective budget planning and strain the scheme's long-term fiscal stability. For sustained financial performance, consistent fund flow mechanisms, timely reconciliation, and robust beneficiary management systems are essential. To address this, institutionalizing real-time monitoring through PMMVY-CAS can help track beneficiary registration, streamline disbursements, and avoid year-end spillovers, can support better financial planning, enhance accountability, and ensure more stable and sustainable fund absorption across states for long term sustainability.

Shakti Sadan

From a financial sustainability lens, the volatile fund release pattern for Shakti Sadan ranging from under-utilization in 2022-23 (9.7%) to high utilization in 2024-25 (141.6%) signals systemic inefficiencies in aligning budgetary allocations with ground-level implementation capacity. These fluctuations are not due to a lack of demand but stem from rigid cost ceilings in the scheme guidelines, particularly outdated rent caps that do not reflect real market rates in urban areas.

As a result, states are unable to utilize funds effectively, leading to artificial underspending followed by compensatory overspending. To ensure sustained and efficient financial performance, the costing of the scheme must be revised in line with regional rent indices or made more flexible, enabling states to procure suitable infrastructure and absorb funds consistently and meaningfully over time.

Sakhi Niwas

Similarly in case of Sakhi Niwas, the consistently low fund release for Sakhi Niwas from 13% in 2020–21 to only 40.7% in 2024–25 reflects persistent financial inefficiency, driven largely by outdated cost norms and rigid rent ceilings that do not align with urban market realities. The states are unable to utilize funds despite evident demand, particularly in metros where hostel costs far exceed the prescribed limits.

There are minimal financial provisions for procurement of essential items at the time of setting up of new Sakhi Niwas on rental mode such as bed, almirah, and other daily use items, (Non-recurring grants).

HEW

From a financial sustainability perspective, the Hub for Empowerment of Women (HEW) exhibits persistently low and erratic fund utilization, ranging from 8.1% to 48.8% over four years, reflecting structural and operational inefficiencies. Key barriers include delays linked to the SNA system's dependency on timely submission of Utilization Certificates, unviable staffing cost norms that hinder recruitment, and a mismatch between mandated team sizes and state capacities. These challenges constrain fund absorption and undermine the program's ability to deliver consistently.

To strengthen the financial sustainability of the Hub for Empowerment of Women (HEW), it is essential to recalibrate staffing norms to reflect salary benchmarks and ground-level operational capacities, especially in urban areas where market rates are higher. The current rigid ceilings have hindered recruitment and delayed hub establishment. Additionally, streamlining the fund release process by easing delays linked to the SNA-linked Utilization Certificate mechanism can ensure smoother disbursements and more consistent fund absorption, preventing the cyclical under-and over-spending observed across financial years.

Palna

Due to its limited rollout and nascent implementation stage during the evaluation period, **we did not have any significant findings to report.**

Institutional Sustainability

Samarthya's Promise and Policy Relevance

Samarthya under Mission Shakti seeks to institutionalize women's empowerment by providing long-term shelter, livelihood support, maternal entitlements, and safe accommodation for working women. However, while the policy architecture is sound and socially relevant, the implementation remains fragmented, under-resourced, and inconsistently operationalized. This weak institutionalization affects the sustainability of the mission's goals, particularly in low-resource or geographically disadvantaged districts.

This impacts sustainability as weak institutionalization undermines consistent service delivery, erodes community trust, and limits long-term impact, especially in underserved areas.

Low Awareness at the Village Level: A Systemic Bottleneck

A critical indicator of institutional weakness in Samarthya is the limited awareness of its schemes at the community level, especially in rural and tribal areas. This is not just a communication gap but a symptom of systemic underinvestment in outreach and last-mile delivery. According to the household survey conducted across 13 states, only 4.1% of rural respondents were aware of Shakti Sadan, compared to 3.7% in urban areas. Awareness of Sakhi Niwas was similarly limited, with a national average of just 4.3%. The urban-rural gap was minimal, indicating consistently low visibility across geographies. In stark contrast, PMMVY had significantly higher awareness, with 71.5% in rural areas and 72.4% in urban areas, reflecting its stronger integration with frontline service delivery systems like Anganwadi Centres. These figures highlight the need for greater outreach and communication efforts for Samarthya's shelter and hostel components, which remain under-recognized despite their critical role in women's long-term security and empowerment.

HR resource perspective on institutional challenges

These statistics were corroborated by field narratives from DHEW officers and residents during FGDs and KIIs:

> *"Most women in remote areas haven't heard of Shakti Sadan or working women's hostels. They don't know these services exist, let alone how to access them."* — ***DHEW Officer, Bihar***
>
> *"We do awareness programs during festivals and public gatherings… but it's hard to reach deep villages."* — ***District Coordinator. Tamil Nadu***

Even among beneficiaries already housed in Sakhi Niwas or Shakti Sadan, awareness about their rights or entitlements under Samarthya remained low:

> *"They lacked knowledge or assurance about what happens after their stay." — **FGD, Sakhi Niwas, Tamil Nadu***
>
> *"We came here because someone from the department told us, not because we knew about the scheme ourselves." — **Resident, Shakti Sadan, Rajasthan***

Operational Implications

1. The awareness deficit directly impacts.

Limited awareness of Samarthya's provisions acts as a critical barrier to access, undermining the scheme's ability to reach intended beneficiaries and deliver on its empowerment mandate.

- Enhance occupancy rates of Sakhi Niwas and Shakti Sadans, many of which remain underutilized.
- Targeting accuracy, particularly for services like PMMVY, and long-term shelter.

These issues impact sustainability by reducing service uptake, weakening program credibility, and failing to build autonomous demand, thereby limiting the mission's long-term relevance and reach.

2. Infrastructure and Accessibility Challenges

While some centres function from clean and well-equipped government buildings, others are marred by incomplete construction, lack of medical or counselling rooms, and inaccessible features for persons with disabilities.

Only 60% of Sakhi Niwas centres are accessible to disabled persons, and less than half have citizen charters or local language signage, pointing to an institutional oversight in basic service readiness

3. HR Constraints Undermine Service Delivery

Despite the mandate for a dedicated DHEW team -comprising a Coordinator, Gender Specialist, and Data Entry Operator, many hubs operate with only two or three staff, taking on multiple roles without formal specialization.

Qualitative findings from stakeholders (e.g., KII with DHEW Sikkim and J&K) show this is the norm, not the exception:

> *"We have a District Mission Coordinator — that's me — and we don't have a gender specialist. We have a multitasking staff and a DEO." — **DHEW Coordinator, Sikkim***

Shakti Sadan staff often lack trained counsellors or case workers, leaving trauma victims without structured support.

> *"There is no trained counsellor… If women have trauma or mental health issues, we try to manage with staff support, but it's not sufficient."* — ***KII, Mission Shakti Staff, Himachal Pradesh***

Such disparities in infrastructure and accessibility hinder uniform service quality, discourage beneficiary engagement, and reflect systemic gaps that compromise the mission's inclusivity, sustainability, and long-term institutional credibility by weakening its ability to deliver consistent, rights-based support across diverse contexts.

Reintegration, Livelihood, and Grievance Redressal

After receiving temporary shelter and skills training, very few women are being linked to income-generating opportunities through market placement, weakening the long-term empowerment objective. Qualitative findings from stakeholders (e.g., FGD with Shakti Sadan residents, Tamil Nadu) revealed that women fear reintegration due to social stigma, and lack clarity about post-shelter pathways:

> *"They lacked knowledge or assurance about what happens after their stay."* ***— FGD, Shakti Sadan, Tamil Nadu***

> *"Women suggested skill-building programs should be linked to income… requested market linkages for handmade goods."* — ***FGD, Tamil Nadu***

Though DHEWs are expected to function as gender convergence platforms, the depth of inter-departmental collaboration varies widely. In districts like Porbandar or Perambalur, strong models of convergence with 15+ departments exist. But in many districts, coordination is ad-hoc and dependent on initiative.

> *"Ours is a convergence model… Whether it's pension, agriculture, or health, she can approach us."* — ***District Officer, J&K***

This lack of structured economic reintegration and uneven inter-departmental convergence weakens the sustainability of empowerment outcomes, as women exit shelters without stable livelihoods or social reintegration pathways, and institutional ecosystems remain fragmented and dependent on individual leadership rather than systemic design.

The absence of structured reintegration and consistent inter-departmental collaboration hampers institutional sustainability by creating dependency on individual initiative rather than systemic processes. Without formalized pathways for economic and social reintegration, institutions struggle to demonstrate long-term impact, leading to diminished credibility, fragmented service delivery, and weakened capacity to scale or adapt across districts.

Conclusion

The sustainability of Mission Samarthya is low as it is constrained by inconsistent financial flows, outdated cost norms, and weak institutional foundations. While PMMVY demonstrates

broader financial reach, erratic utilization patterns across years and states point to systemic inefficiencies in fund absorption. Similarly, Shakti Sadan and Sakhi Niwas face persistent underutilization due to rigid rent ceilings, misaligned costing, and administrative delays limiting their ability to scale in high-need urban areas. HEWs show fluctuating fund use, driven by unviable staffing norms and procedural bottlenecks in fund release under the SNA mechanism. Institutionally, the mission faces critical gaps in awareness, staffing, infrastructure, and accessibility. Awareness of key shelter and hostel services remains below 5%, limiting uptake despite demand. Human resource shortages, inadequate convergence with departments, and lack of formal reintegration pathways undermine long-term empowerment outcomes. Moreover, poor accessibility for persons with disabilities and uneven infrastructure readiness dilute service quality.

Without structural reforms such as revising current costs like rentals and operations costs, enhancing staffing models, strengthening inter-departmental coordination, and investing in targeted outreach the scheme's long-term relevance and institutional resilience remain at risk. For Mission Samarthya to deliver durable impact, sustainability must be hardwired into its financial architecture, operational design, and delivery ecosystem.

Table 76: Gaps and Recommendations Table of Sustainability

Components	Gaps	Recommendations
Financial Sustainability		
PMMVY	Erratic fund utilization across states and years due to backlog-driven disbursements and administrative delays.	Institutionalize real-time monitoring through PMMVY-CAS; ensure timely, phased fund disbursement and strengthen reconciliation systems.
Shakti Sadan	Volatile utilization (e.g., 9.7% to 141.6%) due to outdated rent ceilings and rigid costing guidelines.	Revise rent norms using region-specific indices; allow states flexible budgeting based on market conditions.
Sakhi Niwas	Persistent underutilization (13%–40.7%) due to non-viable rental cost limits, especially in metros.	Update cost norms to reflect local rental realities; allow differentiated provisioning for high-cost urban areas. Provision of non-recurring grants for purchasing essential items.
HEW	Low and inconsistent fund absorption (8.1%–48.8%) caused by rigid staffing norms and SNA-linked UC delays.	Align staffing costs with local benchmarks; streamline fund release and UC processes to enable consistent utilization.
Institutional Sustainability		

Components	Gaps	Recommendations
Financial Sustainability		
PMMVY	Lower awareness among ST populations; weak grievance redress and non-user tracking.	Launch tribal-focused IEC; integrate redressal mechanisms in AWCs; track and follow up with non-beneficiaries.
Shakti Sadan	Very low public awareness; shortage of trained staff; limited reintegration pathways; poor infrastructure accessibility.	Strengthen outreach through SHGs/PRIs; recruit trained caseworkers; develop standard reintegration protocols; conduct accessibility audits.
Sakhi Niwas	Low visibility; infrastructure gaps including lack of signage and accessibility for persons with disabilities.	Ensure signage, PWD-compliant infrastructure, and awareness campaigns in urban and peri-urban areas.
HEW	Staff shortages, overlapping roles, weak convergence with departments, and low public identity.	Fill sanctioned posts; formalize monthly convergence meetings; build public-facing platforms like helplines and dashboards.

4.2.2.5 Impact

The impact of Mission Shakti and related schemes can be assessed not just through coverage or fund disbursement but by examining two critical dimensions: service utilisation trends and beneficiaries' perceptions. These dimensions reflect both the operational reach of the schemes and their lived relevance to women's lives. Utilisation patterns indicate the extent to which services are accessed and used by intended beneficiaries, while perception data captures satisfaction, perceived benefits, and trust in the system. Together, these aspects offer a nuanced view of how schemes like PMMVY, Shakti Sadan, Sakhi Niwas, and HEW are translating policy intent into real-world impact for women across socio-economic strata.

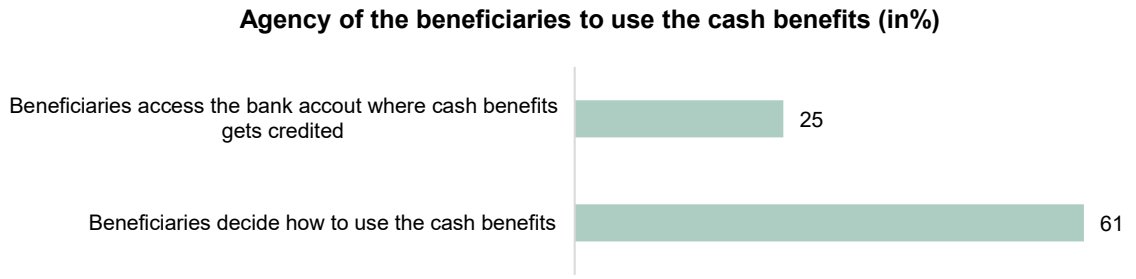
The impact will be analyzed for PMMVY, Shakti Sadan and Sakhi Niwas.

1. Service utilization trends
2. Beneficiaries' perceptions

PMMVY

Service Utilisation Trends: The data show that while 61% of beneficiaries independently decide how to use the PMMVY cash benefit, only 25% have direct access to the bank account where the benefit is credited.

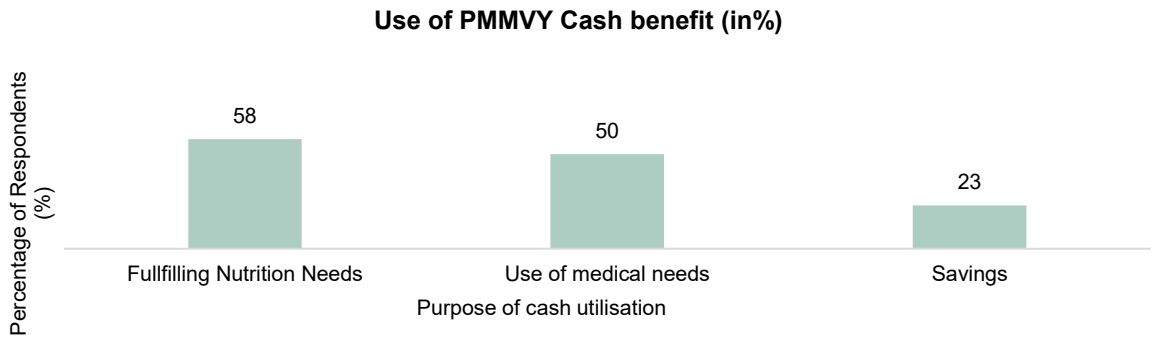
Figure 86: Agency of the beneficiaries to Utilize the Cash Benefits



Source: Household Survey of 259 beneficiaries

This indicates a partial gap in financial autonomy, where decision-making power exists but is not always accompanied by control over the banking interface. Strengthening women's access to financial services could enhance the full agency of beneficiaries.

Figure 87: Purpose of the utilization of cash incentive



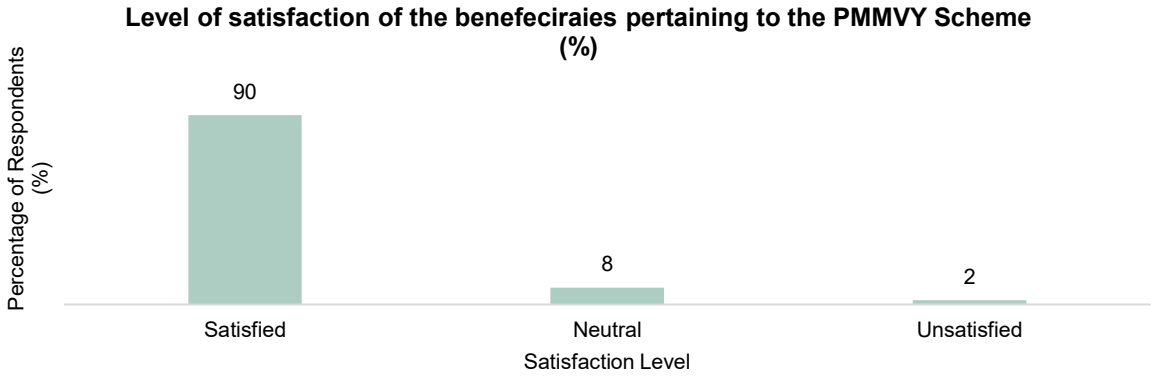
Source: Household Survey of 259 beneficiaries

The data indicate that beneficiaries utilize the PMMVY cash benefit for multiple purposes. 58% of respondents reported using the funds to fulfil nutritional needs, followed by 50% who spent it on medical expenses. Additionally, 23% of beneficiaries used the amount for savings. Since these categories are not mutually exclusive, the findings suggest that the benefit supports a range of essential maternal and child-related needs, with nutrition and healthcare being the primary focus areas.

Beneficiaries' perceptions

Among those who receive the benefits the "overall satisfaction" as per the data is positive with 90% of beneficiaries reporting satisfaction.

Figure 88: Satisfaction-level of the Scheme



Source: Household Survey of 259 beneficiaries

A small proportion of 8% remained neutral, while only 2% expressed dissatisfaction. This high satisfaction level reflects strong acceptance and perceived value of the scheme among its intended beneficiaries.

Shakti Sadan

Service Utilisation Trends

Insight on Beneficiaries' Experience

The qualitative insights from the FGDs with Shakti Sadan women and KII with staff reveals of the resident profile across Shakti Sadan facilities reveals that most women housed in these institutions are survivors of extreme vulnerability and gender-based violence. Their backgrounds range from survivors of domestic violence, abandonment, trafficking, forced early marriage, inter-caste relationship stigma, to sexual exploitation. Many are young, unmarried pregnant women or widows rejected by natal or marital families, while others are elderly women with no familial support.

> *"My family got me married, but after that, my husband used to torture me a lot after getting intoxicated with alcohol... I came here with my two kids, and I've been staying here since 2003."* - ***Resident, Shakti Sadan, Odisha***

Many were referred through OSCs, the District Child Protection Units, or police stations, reflecting effective institutional convergence. Some residents were brought in via community referrals, particularly by former beneficiaries or NGO workers, indicating growing trust in the institutional model.

> *"I was rescued from trafficking and sent here through DCPU."*- ***Resident, Shakti Sadan, Odisha***

Beneficiaries' perceptions

Several women had been rescued from trafficking rings or were fleeing exploitative households. Many expressed that they had no possessions or support systems upon arrival and regarded Shakti Sadan as their first experience of safety and dignity.

> *"I was in love with a person near my village... my parents compelled me to marry another person... my current husband suspected me... his parents do not want me as their daughter-in-law... I was driven away from both in-laws and my parents."* - ***Resident, Shakti Sadan Tamil Nadu***

This profile reflects a cross-section of intersectional marginalization, where socio-economic vulnerability, caste-based exclusion, and gender-based violence converge, making Shakti Sadans a vital lifeline for their survival and recovery**.**

Sakhi Niwas

Service Utilisation Trends

Sakhi Niwas provides working women, students, and single women with a secure and affordable living environment. This enables beneficiaries to avoid long commutes, maintain steady employment or education, and develop a sense of routine and autonomy in a supportive setting.

> *"We are able to concentrate on our studies… to avoid long bus travel only my parents have put me here."* - ***FGD, (Sakhi Niwas), Tamil Nadu***

> *"If someone stays outside, she has to prepare food before and after work… Staying here saves time and money that can be sent to the family."* - ***FGD, Sakhi Niwas, Odisha***

> *"This is like a second home… we help in cleaning, maintain the garden, and suggest menu to the warden."* -***FGD (Sakhi Niwas), Perambalur, Tamil Nadu***

> *"I feel safe… biometric entry, CCTV, and 24/7 security ensure our peace of mind."* -***KII, Sakhi Niwas, Vellore, Tamil Nadu***

HEW and Palna

NO significant findings to report.

Conclusion

Mission Samarthya's impact is medium and is visible in both service utilization and beneficiaries' perceptions, though with scope for deeper systemic gains. Under **PMMVY**, while 61% of women report agency in using the cash benefit, only 25% have direct access to the

bank account indicating that financial autonomy remains partial. Nevertheless, the scheme addresses core maternal needs, with most beneficiaries using the funds for nutrition and healthcare. A strong satisfaction rate of 90% reflects positive perception and relevance of the scheme. **Shakti Sadan** emerges as a critical safety net for highly marginalized women survivors of violence, trafficking, and abandonment. The convergence of institutional referrals and community trust underlines its role as a lifeline. Women consistently described Shakti Sadan as their first experience of dignity, care, and security, highlighting its transformative role in rehabilitation. **Sakhi Niwas** contributes meaningfully to women's economic mobility and autonomy by providing safe accommodation near work or study sites, thus enabling employment continuity and reducing vulnerabilities.

Across schemes, impact is strongest where services intersect with real-life vulnerabilities and institutional convergence is effective. Continued focus on financial autonomy, tailored support for high-risk groups, and integrated service delivery will be key to deepening the transformative impact of Samarthya.

Sub-scheme(s)	Component	Gaps	Recommendations
PMMVY	**Service Utilization**	While 61% of beneficiaries reported agency in deciding how to use the PMMVY cash benefit, only 25% had direct access to the bank account, highlighting a gap between decision-making and control over funds. This reflects partial financial autonomy, limiting the full empowerment intent of the scheme.	Strengthen women's access to financial services through targeted financial literacy, facilitation of independent bank accounts, and support mechanisms to enable full control over benefits and strengthen agency.
PMMVY	**Beneficiaries' Perceptions**	Beneficiary perceptions of PMMVY are largely positive, with 90% reporting satisfaction. However, the remaining 10% (neutral or dissatisfied) indicate room to improve outreach, delivery efficiency, or grievance mechanisms for those underserved or facing access barriers.	Build on positive perception by ensuring timely disbursement, addressing service gaps through grievance redressal platforms, and tailoring IEC campaigns to reach less-engaged beneficiaries.
Shakti Sadan	**Service Utilization & Beneficiaries' Experience**	Shakti Sadan serves as a vital refuge for women survivors of violence, trafficking, abandonment, and extreme vulnerability. Many beneficiaries arrive with no possessions or support, and while institutional convergence (with OSCs, police, DCPUs) is strong, their socio-economic and	Sustain and expand Shakti Sadans as comprehensive rehabilitation centres by enhancing psychosocial support, vocational training, and pathways to reintegration, while maintaining strong institutional linkages and community trust.

Sub-scheme(s)	Component	Gaps	Recommendations
		psychological needs remain profound and complex.	
Shakti Sadan	**Beneficiaries' Perceptions**	Residents consistently describe Shakti Sadan as their first experience of safety, dignity, and care, validating its critical role. However, the highly marginalized and diverse needs of residents demand more individualized care plans and support for long-term recovery.	Develop tailored care and rehabilitation plans based on individual circumstances, strengthen staff capacity to handle intersectional vulnerabilities, and foster partnerships with NGOs for holistic recovery and reintegration.
Sakhi Niwas	**Service Utilization & Beneficiaries' Experience**	Sakhi Niwas enables women to maintain employment or education by providing safe and affordable accommodation. The scheme supports women's autonomy and routine but faces potential limitations in scale and accessibility for the growing demand from working and single women.	Expand the coverage of Sakhi Niwas to more locations, particularly urban employment hubs and educational centres, and explore partnerships with employers and institutions to meet rising demand for secure housing options for women.

4.2.2.6 Coherence

Coherence in the context of the Sambal component refers to the internal alignment of its sub-schemes (such as Women Helpline, OSC, and BBBP) and their external convergence with allied departments, schemes, and governance institutions. Effective coherence ensures that each scheme complements the others in service delivery, avoiding duplication and enhancing the reach, responsiveness, and outcomes of interventions aimed at women's safety, legal support, emergency response, and empowerment. For Coherence, we will look into the following aspects in detail:

1. Internal Coherence
2. External Coherence

Internal Coherence

District Hub for Empowerment of Women

DHEW serves as the nodal point for convergence of schemes under Mission Shakti–Samarthya and Sambal components, like OSC, WHL, PMMVY, BBBP, and other schemes such as Saksham Anganwadi and Sukanya Samriddhi Yojana. They lead convergence across departments like health, education, social welfare, legal aid, and labour.

Coordinating Scheme Integration and Convergence

DHEW has emerged as a key engine for convergence, coordination, and gender-responsive outreach under Mission Shakti. Through strategic partnerships with frontline workers, CSOs, and PRIs, HEWs play a transformative role in bridging gaps in state action, promoting awareness, and ensuring women's rightful access to schemes and decision-making platforms.

> *"Our duty is to work with every department. Ours is a convergence work model. If any woman faces a problem–whether it's pension, agriculture, or health–she can approach us."* ***– District Officer, J&K***

External Coherence

In Gujarat, for instance, DHEWs have facilitated access to over 600 linked government schemes. Similarly, in Perambalur (Tamil Nadu) and Porbandar (Gujarat), successful coordination with 15+ departments has become a model for integrated delivery of services.

> *"There is the health department, Magalir Thittam, ICC, Police, legal, labour department... 15 departments converge with this mission."* – ***DHEW Staff, Tamil Nadu***

DHEWs also ensure that OSCs are responsive to emergencies. In districts like Porbandar (Gujarat) and Seohar (Bihar), DHEWs and OSCs work together to conduct 24/7 rescue operations, including transportation support for women in crisis during night hours. Coordination between OSCs and DHEWs ensures 24/7 emergency support. This shows responsiveness and crisis sensitivity in challenging situations.

Reaching Marginalised and Remote Populations

Ensuring that services reach the most marginalised women is a core priority of DHEWs. This includes women from tribal backgrounds, remote rural villages, and migrant families. In districts such as Bageshwar and Chamoli (Uttarakhand), DHEWs work closely with Anganwadi workers, supervisors, and community leaders to reach women in geographically challenging areas. In Pratapgarh (Uttar Pradesh), the DHEW team collaborates with local women's groups and Panchayati Raj Institutions to monitor the delivery of services to tribal and migrant communities, ensuring that no one is excluded due to social or geographic isolation.

Driving Community Awareness and Behavioural Change

DHEWs are at the forefront of raising community awareness and promoting gender equality through Behaviour Change Communication (BCC) initiatives. They organise village-level

events, school campaigns, and symbolic recognitions to highlight the value of the girl child and inform communities about legal rights and support systems. For example, Bhilwara (Rajasthan) hosts weekly Jajam Baithaks at the gram panchayat level to discuss domestic violence, child marriage, and women's rights.

> *"Every Friday we hold Jajam Baithaks in Gram Panchayats to talk about domestic violence, child marriage, and laws."* – ***DHEW, Rajasthan***

In Sikkim and Tamil Nadu, DHEWs have conducted school events and symbolic programs recognising the birth of girl children, while also engaging in menstrual hygiene awareness drives as part of broader gender sensitisation efforts.

Due to its limited rollout and nascent implementation stage during the evaluation period, **we did not have any significant findings to report for Palna.**

Conclusion

The coherence of the Samarthya component under Mission Shakti is high as it is significantly strengthened by the strategic integration and operational alignment enabled through the District Hub for Empowerment of Women (DHEW). Internally, DHEWs serve as nodal agencies that ensure synergistic functioning of key sub-schemes such as Women Helpline, One Stop Centres, and BBBP, while externally they drive convergence across health, education, police, legal aid, and social welfare departments. This coherence manifests in more responsive, integrated, and equitable service delivery particularly in districts with strong cross-sectoral collaboration and grassroots engagement. Moreover, DHEWs play a catalytic role in extending support to the most marginalized populations and in fostering behavioural change at the community level. Together, these efforts advance the mission's overarching goals of safety, empowerment, and justice for women, while reinforcing system-level accountability and last-mile service delivery.

Table 77: Gaps and Recommendations of Coherence

Component	Key Gaps/Findings	Recommendations
Internal Coherence	District Hubs for Empowerment of Women (DHEWs) have been designated as the nodal points for scheme convergence, but the extent of integration across sub-schemes like WHL, OSC, and BBBP varies widely across states and districts. In some areas, convergence is driven more by individual initiative than institutional design.	Formalize the convergence mandate of DHEWs through standard operating procedures and structured review mechanisms. Encourage monthly joint planning meetings across schemes and departments and promote successful models from Tamil Nadu and Gujarat as replicable convergence blueprints.
	Coordination between OSCs, WHLs, BBBP, and PMMVY remains fragmented in districts where DHEWs	Build capacity of DHEWs through structured training and clear role delineation. Introduce

Component	Key Gaps/Findings	Recommendations
	are under-resourced or poorly staffed. Integration with Samarthya schemes is also uneven, limiting unified service delivery.	convergence dashboards to track inter-scheme activities and promote peer learning across districts.
External Coherence	Partnerships with line departments such as Health, Police, Legal Services, and Labour are inconsistent. Emergency coordination—especially between OSCs and DHEWs for rescue operations—is not institutionalized in all districts.	Mandate MoUs and district-level convergence committees involving all key departments. Expand integrated rescue protocols with real-time coordination between OSCs and DHEWs, especially for night-time emergencies.
	Outreach to remote or vulnerable populations (e.g., tribal women, migrants) is often ad hoc, with no structured identification or tracking systems in many areas.	Develop localized micro plans to identify high-risk women through SHGs, PRIs, and Anganwadi networks. Use community platforms such as VHSNDs or Panchayat Sabhas for last mile targeting and service tracking.
	Behaviour changes communication (BCC) efforts vary by district. While good practices exist (e.g., Jajam Baithaks in Rajasthan, girl-child celebrations in Sikkim and TN), there is no uniform strategy or calendar for awareness generation under Sambal.	Institutionalize BCC activities through state-led calendars aligned with national messaging. Scale effective practices like school-based sensitisation, village events, and PRI-led dialogues to build awareness on women's rights, violence, and entitlements.

4.2.2.7 Equity

Equity, in the context of Mission Samarthya, refers to the fair and inclusive access to social protection schemes aimed at enhancing women's safety, dignity, and empowerment. It entails ensuring that all women—regardless of geographic location, caste, or socio-economic status—are equally informed of, and able to benefit from, support services such as maternity entitlements, shelter homes, and working women's hostels. Assessing equity under Samarthya requires examining awareness and uptake disparities across rural and urban populations, among different caste and tribal groups, and between Aspirational and non-Aspirational districts. This analysis highlights both structural enablers and outreach gaps that influence the scheme's ability to reach the most marginalized women.

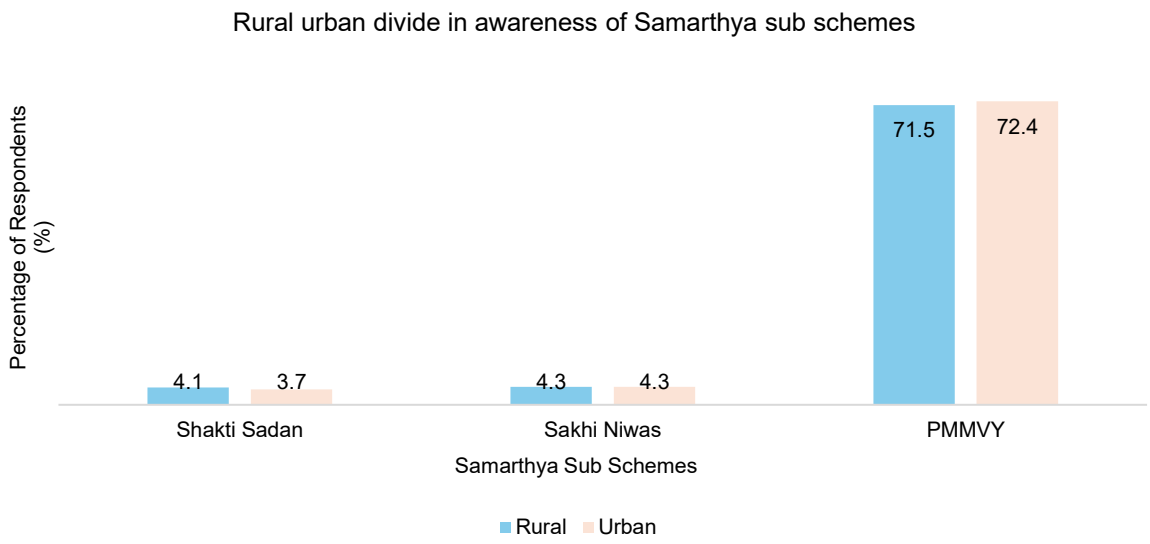
The assessment of equity in SNP implementation is anchored on three dimensions:

1. Geographic Equity
2. Social Equity
3. Regional Disparities

Geographical Equity: Rural vs. Urban Comparison

To assess the equitable outreach of women-centric welfare schemes, it is essential to examine the distribution of public awareness across different geographic groups. This data reflects the percentage of rural and urban household respondents who reported being aware of three core schemes under the Samarthya sub-scheme of Mission Shakti: Shakti Sadan (long-term shelter), Sakhi Niwas (working women's hostel), and PMMVY (maternity benefit scheme).

Figure 89: Rural urban divide in awareness of Samarthya sub schemes



Source: Household Survey with 5305 respondents

Shakti Sadan shows low awareness overall, with marginally higher reporting from rural respondents (4.1%) than urban (3.7%). This could indicate better localized outreach in certain rural districts where the shelter is functional, or greater direct need among rural women for long-term shelter, although the difference is slight.

Sakhi Niwas shows uniform awareness (4.3%) across both rural and urban populations. This suggests that visibility for this scheme remains low regardless of geography, possibly due to limited implementation or weak public information campaigns. As working women's hostels are primarily situated in urban centres, this low awareness, even in cities, highlights a major outreach gap.

PMMVY (Pradhan Mantri Matru Vandana Yojana) exhibits strong and equitable awareness, with rural awareness at 71.5% and urban at 72.4%. This reflects the scheme's widespread promotion through Anganwadi centres and ASHA workers, and its integration into maternal health services across geographies. It indicates that when a scheme is embedded in routine service delivery platforms and supported by frontline workers, awareness tends to be high and equitable.

Social Equity Across Social Groups

Awareness levels across caste and community groups offer critical insights into the equity of outreach for women-centric social welfare schemes. The data below reflects the percentage of respondents from General, OBC, Scheduled Caste (SC), and Scheduled Tribe (ST) households who reported awareness of three key schemes under the Samarthya sub-scheme of Mission Shakti: Shakti Sadan, Sakhi Niwas, and Pradhan Mantri Matru Vandana Yojana (PMMVY).

Table 78: Awareness of Samarthya sub schemes across social groups

Indicators	General	OBC	SC	ST
Awareness of Shakti Sadan	1.9	5.6	5.1	3.1
Awareness of Sakhi Niwas	3.4	4.9	5.8	3.4
Awareness of PMMVY	80.3	71.4	71.1	61.7

Source: Institutional Survey

Shakti Sadan shows very low awareness across all groups, but especially among General (1.9%) and ST households (3.1%). In contrast, awareness is somewhat higher among OBC (5.6%) and SC (5.1%) groups, which could be linked to direct need for shelter services or proximity to operational shelters in some districts. However, the overall figures signal poor scheme visibility across social categories.

Sakhi Niwas also registers low overall awareness, but SC respondents (5.8%) report the highest recognition, followed by OBC (4.9%) and ST (3.4%) groups. General category households trail at 3.4%. Given that Sakhi Niwas primarily caters to working women, its low awareness across all groups points to a significant outreach deficit, even among urban and economically active populations.

PMMVY emerges as the most recognized scheme, particularly among General households (80.3%), followed by OBC (71.4%), SC (71.1%), and ST (61.7%) groups. While awareness is relatively high, the gap between General and ST households is nearly 19 percentage points, reflecting deeper inequities in access to maternal benefits among tribal populations.

Regional disparities

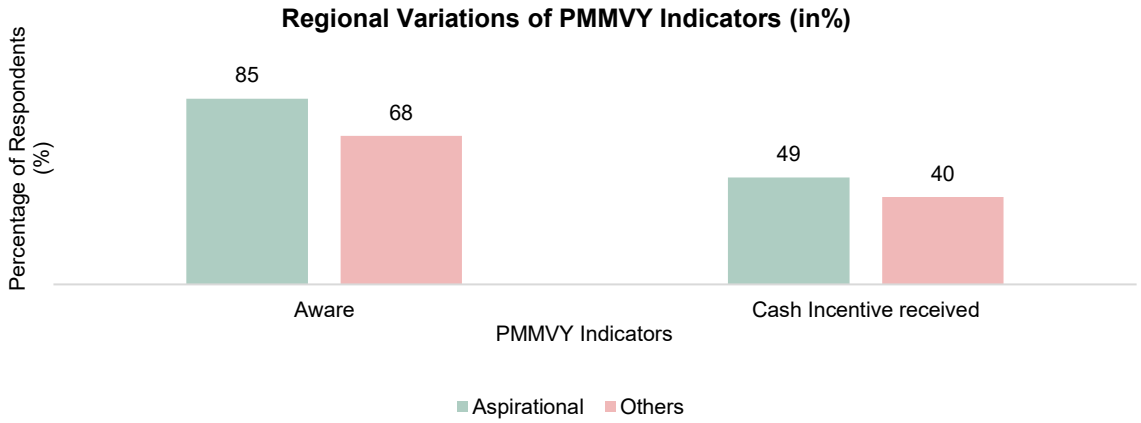
The data reveals a clear pattern of stronger PMMVY performance in Aspirational districts compared to other districts, both in terms of awareness and benefit receipt. In Aspirational districts, 85% of respondents were aware of the scheme, indicating widespread information dissemination and active engagement by frontline workers such as Anganwadi Workers and ASHAs. This high level of awareness suggests that targeted IEC activities and community-level outreach under the Aspirational Districts Programme have been effective in informing eligible women about their entitlements.

In contrast, only 68% of women in other districts reported being aware of PMMVY, pointing to weaker outreach efforts and possibly less consistent presence of field-level facilitators. This

gap in awareness may result in lower enrolment rates and missed opportunities for eligible beneficiaries in non-Aspirational areas.

A similar trend is observed in the actual receipt of benefits. In Aspirational districts, 49% of women reported receiving the PMMVY cash incentive, compared to 40% in other districts. While the gap is narrower than in awareness, it still reflects better operational follow-through in Aspirational areas. The higher utilization in these districts may be attributed to closer administrative monitoring, regular follow-ups by health and ICDS staff, and support provided during the application and verification processes.

Figure 90: Regional Variations of PMMVY Indicators



Source: Household survey with 2591 PW&LM and Mothers of 2-6 years children

Together, these findings point to relatively stronger implementation systems in Aspirational districts, where higher awareness and better benefit uptake suggest that scheme outreach and delivery mechanisms are functioning more effectively than in other districts.

We have **NO significant findings to report for Palna.**

Conclusion

The overall equity of Mission Samarthya can be classified as low. The PMMVY under Mission Samarthya demonstrates relatively high and equitable outreach, especially when compared to other sub-schemes like Shakti Sadan and Sakhi Niwas. Its integration into routine maternal health services and the proactive role of frontline workers such as Anganwadi and ASHA workers have contributed to strong awareness across geographies, with rural and urban parity (71.5% vs. 72.4%). However, social and regional disparities persist—awareness among ST households (61.7%) lags behind General households (80.3%), and women in non-Aspirational districts report lower awareness (68%) and benefit receipt (40%) compared to their counterparts in Aspirational districts (85% and 49% respectively). These findings highlight the need for more targeted outreach in tribal and underserved regions and underscore the effectiveness of embedded service delivery models and localized engagement in ensuring equitable access.

Table 79: Gaps and Recommendations Table of Equity

Component	Current Gaps	Recommendations
Geographic Equity	Awareness of PMMVY is slightly higher in urban areas (72.4%) compared to rural (71.5%), indicating near parity but scope for enhanced rural targeting.	Leverage SHGs and PRI institutions for intensified awareness campaigns in rural pockets where frontline worker engagement may be inconsistent.
Social Equity	Significant awareness gap between General (80.3%) and ST households (61.7%) points to social disparities in scheme access.	Roll out tribal-focused IEC drives in local languages and use culturally sensitive messaging through community leaders and tribal health volunteers.
Regional Disparities	Lower awareness (68%) and benefit receipt (40%) in non-Aspirational districts compared to Aspirational districts (85% and 49% respectively).	Institutionalize peer-learning between districts and scale up monitoring and IEC innovations from high-performing Aspirational districts to others.

Cross-cutting Theme Analysis

Cross-Sectional Theme	Samarthya Component Analysis	Identified Gaps	Suggestions to Strengthen
Financial Inclusion and Economic Empowerment	Samarthya schemes focus on enabling economic independence through financial literacy, entrepreneurship, and linkages to credit schemes like PMJDY, MUDRA, and Stand-Up India. District and block-level HEW centers facilitate convergence with NRLM and MGNREGA to support self-employment and income generation for women.	Limited access to formal credit in remote regions; SHGs often face bureaucratic delays in bank linkages.	Creating decentralized financial facilitation desks at HEW centers could help improve SHG-bank coordination, especially in underserved blocks.
Education and Skill Development	Samarthya complements the Education Ministry's efforts by focusing on adolescent and adult women's vocational training	Inadequate monitoring of skill training outcomes and weak post-	Introducing a real-time MIS dashboard to monitor training completion and employment

Cross-Sectional Theme	Samarthya Component Analysis	Identified Gaps	Suggestions to Strengthen
	and skilling. HEW centres, in collaboration with MSDE and digital literacy programs, enable women to access skill-building, digital services, and online learning, contributing to enhanced agency and workforce readiness.	training employment support, especially in rural belts.	outcomes may help improve post-skilling linkages.
Social Protection and Safety Nets	Samarthya aligns with MGNREGA, NSAP, and PM Awas Yojana to offer income and housing security for women. SHGs linked with DHEW facilitate access to widow pensions, crèches, subsidized food grains, and shelter homes. Coordination with Panchayats ensures local resource integration.	Crèche services underutilized and limited convergence with urban livelihood schemes for working mothers.	Pilot models to co-locate urban creches with livelihood centres or SHG enterprises could be considered to expand uptake among working mothers.
Frontline Workers and Digital Initiatives	Samarthya empowers frontline workers like Anganwadi and ASHA through joint training, health coverage (Ayushman Bharat), and digital tools (Poshan Tracker). Women are supported via HEWs and Common Service Centers for digital banking and e-governance access, closing the digital gender gap.	Variability in digital literacy among women; insufficient real-time troubleshooting support for frontline staff.	Developing localized digital handholding support hubs, potentially in partnership with CSCs, could address field-level tech access issues.
Social Inclusion of Marginalized Groups	Samarthya explicitly integrates marginalized women by connecting with tribal development, disability rights, and minority inclusion schemes. Initiatives like inclusive Anganwadi protocols and	Exclusion risks for women with intersecting vulnerabilities (e.g., disabled, tribal, migrant women) due to	A district-level vulnerability mapping exercise, integrated with HEW outreach plans, could help address gaps in reaching

Cross-Sectional Theme	Samarthya Component Analysis	Identified Gaps	Suggestions to Strengthen
	targeted scholarships ensure outreach to SC/ST, minorities, persons with disabilities, and women in remote districts.	weak data integration.	intersectionally disadvantaged women.
Health, Nutrition, and Reproductive Rights	Samarthya, through PMMVY, plays a pivotal role in supporting maternal health by compensating for wage loss during pregnancy. This ensures women can access antenatal care and nutrition without financial burden. DHEW centers promote convergence with health services like VHSNDs and NHM, ensuring pregnant women are linked to both cash and service entitlements.	Limited awareness and delays in PMMVY disbursements persist, especially among women in informal employment and remote areas.	It may be useful to strengthen community-based enrollment drives through AWWs and ASHAs, and integrate PMMVY tracking with health MIS systems to flag missed beneficiaries and streamline payments.

Summary of Samarthya Analysis

This table presents a consolidated assessment of the Mission Samarthya, using the REESIC+E framework, which evaluates the scheme across all key dimensions: Relevance, Effectiveness, Efficiency, Sustainability, Impact, Coherence, and Equity. Each dimension is reviewed against available quantitative and qualitative evidence from household surveys, key informant interviews, institutional checklists, and policy alignment assessments.

REESIC+E	Conclusion/Inference	Overall performance
Relevance	Mission Samarthya is a relevant and impactful scheme addressing the intersecting needs of women and children through a lifecycle-based, convergent approach. Aligned with national priorities and SDG goals on gender equality, health, and inclusion, it tackles challenges like low female labour participation, inadequate childcare, gender-based violence, and maternal malnutrition. Interventions such as PMMVY, Palna, Shakti Sadan, and Working Women's Hostels support women across life stages. Beneficiaries	**High**

REESIC+E	Conclusion/Inference	Overall performance
	highlight the relevance of maternity and childcare services. Its decentralized delivery via HEW platforms enhances regional responsiveness, though support for women and children with disabilities remains limited.	
Efficiency	The efficiency of Mission Samarthya is determined to be medium across components like PMMVY, Shakti Sadan, Sakhi Niwas, HEW, and Palna. While digital platforms and ICDS integration have improved PMMVY's reach, challenges such as technical glitches, poor connectivity, and workforce overload persist. Financial efficiency is hindered by inconsistent fund utilization, delays, and administrative bottlenecks. Operational and HR efficiency varies, with many facilities facing staffing and capacity gaps, particularly in urban and high-cost areas. Infrastructure efficiency is uneven, marked by disparities in access, maintenance, and essential services. Despite a strong institutional framework, implementation gaps remain, calling for updated norms, flexible systems, and stronger last-mile delivery.	**Medium**
Effectiveness	Mission Samarthya demonstrates medium effectiveness across components, though with significant state-level variations. PMMVY shows good awareness (71.7%) but lower utilization (42.1%), mainly due to documentation gaps, limited outreach, and unregistered pregnancies. In contrast, Tamil Nadu and Odisha's state maternity schemes report higher effectiveness, reflecting strong local implementation. Shakti Sadan and Sakhi Niwas have expanded infrastructure in some states, yet national awareness remains critically low (4%–4.3%), and several states lack functional facilities. The HEWs have supported over 13.5 lakh women, with strong performance in Gujarat, Tamil Nadu, and Rajasthan. However, absence of functional hubs in some states like Odisha and Chandigarh signals uneven implementation. Strengthening local capacity, ensuring functional service points, and improving awareness are critical for	**Medium**

REESIC+E	Conclusion/Inference	Overall performance
	enhancing the overall effectiveness of Mission Samarthya.	
Sustainability	The sustainability of Mission Samarthya is low as it is constrained by inconsistent financial flows, outdated cost norms, and weak institutional foundations. While PMMVY demonstrates broader financial reach, erratic utilization patterns across years and states point to systemic inefficiencies in fund absorption. Similarly, Shakti Sadan and Sakhi Niwas face persistent underutilization due to rigid rent ceilings, misaligned costing, and administrative delays limiting their ability to scale in high-need urban areas. HEWs show fluctuating fund use, driven by unviable staffing norms and procedural bottlenecks in fund release under the SNA mechanism. Human resource shortages, inadequate convergence with departments, and lack of formal reintegration pathways undermine long-term empowerment outcomes. Moreover, poor accessibility for persons with disabilities and uneven infrastructure readiness dilute service quality.	**Low**
Impact	Mission Samarthya's impact is medium and is visible in both service utilization and beneficiaries' perceptions, though with scope for deeper systemic gains. Under PMMVY, while 61% of women report agency in using the cash benefit, only 25% have direct access to the bank account indicating that financial autonomy remains partial. Nevertheless, the scheme addresses core maternal needs, with most beneficiaries using the funds for nutrition and healthcare. A strong satisfaction rate of 90% reflects positive perception and relevance of the scheme. Shakti Sadan emerges as a critical safety net for highly marginalized women survivors of violence, trafficking, and abandonment. The convergence of institutional referrals and community trust underlines its role as a lifeline. Women consistently described Shakti Sadan as their first experience of dignity, care, and security, highlighting its transformative role in rehabilitation. Sakhi Niwas contributes meaningfully to women's economic mobility and autonomy by providing safe accommodation near	**Medium**

REESIC+E	Conclusion/Inference	Overall performance
	work or study sites, thus enabling employment continuity and reducing vulnerabilities.	
Coherence	The coherence of the Samarthya component under Mission Shakti is high as it is significantly strengthened by the strategic integration and operational alignment enabled through the District Hub for Empowerment of Women (DHEW). Internally, DHEWs serve as nodal agencies that ensure synergistic functioning of key sub-schemes such as Women Helpline, One Stop Centres, and BBBP, while externally they drive convergence across health, education, police, legal aid, and social welfare departments. This coherence manifests in more responsive, integrated, and equitable service delivery particularly in districts with strong cross-sectoral collaboration and grassroots engagement. Moreover, DHEWs play a catalytic role in extending support to the most marginalized populations and in fostering behavioural change at the community level. Together, these efforts advance the mission's overarching goals of safety, empowerment, and justice for women, while reinforcing system-level accountability and last-mile service delivery.	**High**
Equity	The overall equity of Mission Samarthya can be classified as low. Mission Samarthya exhibits major outreach deficiencies, particularly concerning Shakti Sadan and Sakhi Niwas, due to limited public awareness in both rural and urban areas – pointing to shortcomings in outreach strategies. In contrast, PMMVY demonstrates relatively better equity in terms of awareness and uptake; however, significant disparities persist for marginalized communities. Notably, awareness among Scheduled Tribe (ST) households trails that of the General population by 19 percentage points. The low visibility of shelter and hostel services in rural and tribal areas further compromises the scheme's commitment to equity.	**Low**

Key Takeaways and Recommendations

Shakti Sadan

Key Takeaway – 1

Shakti Sadan, envisioned as a safe haven for women survivors of violence, faces significant operational and structural challenges. Many districts either lack a functional shelter or are awaiting state-level directives to initiate implementation, leaving critical gaps in long-term support after women exit One Stop Centres (OSCs). Even where Shakti Sadans are operational, the absence of structured reintegration plans, weak convergence with OSCs, and a lack of trained caseworkers or counsellors undermines the scheme's rehabilitative potential. Survivors often face uncertainty about post-stay arrangements, with minimal access to psychosocial care or livelihood linkages. Skill-building initiatives exist but are poorly connected to income-generation pathways, limiting economic independence. These issues are compounded by fragmented referral systems and the physical disconnection between OSCs and Shakti Sadans, disrupting continuity of care.

Recommendation

To strengthen the effectiveness and sustainability of Shakti Sadan as a long-term support system for women survivors, a phased, actionable roadmap is recommended:

Short-term: The scheme design may include provision for allowing District administrations to operationalize at least one Shakti Sadan in each high-need district by repurposing available public infrastructure, such as unused hostels or panchayat buildings, or through formal partnerships with credible local NGOs. To improve continuity of care, states must issue clear and jointly endorsed Standard Operating Procedures (SOPs) that define structured referral pathways between One Stop Centres (OSCs) and Shakti Sadans. These SOPs should outline protocols for triaging, documentation, inter-agency coordination, and emergency admissions. Additionally, a basic digital or paper-based Management Information System (MIS) must be introduced at the district level to track beneficiary details, service uptake, and follow-up actions, ensuring that individual case data is systematically recorded and acted upon.

Medium-term: To strengthen the institutional response and survivor care, districts should ensure the availability of trained psychosocial counsellors and legal case managers at every Shakti Sadan. Where full-time hiring is not feasible, part-time professionals can be empaneled under state rosters or through partnerships with Mission Shakti, NHM, or local mental health NGOs. Reintegration planning should be standardized by introducing exit protocols that include accommodation support, access to identity documentation, linkages with social protection schemes, and follow-up visits by trained social workers. Furthermore, skill-building programs currently offered in Shakti Sadans must be formally integrated with livelihood schemes such as NRLM, DDU-GKY, or Skill India to enable direct job placement, market access, or entrepreneurship support for residents nearing transition.

Long-term: To ensure sustainability and inter-sectoral coordination, states must establish District Convergence Committees chaired by the District Magistrate or Collector, comprising representatives from Women and Child Development, Health, Labour, Police, Education, and Civil Society. These committees should conduct quarterly reviews of Shakti Sadan operations,

beneficiary outcomes, and cross-departmental synergies, transforming shelters into dynamic hubs of protection, empowerment, and reintegration.

Sakhi Niwas

Key Takeaway – 1

Sakhi Niwas, intended to provide safe and affordable accommodation for working women, faces multiple operational and structural constraints that limit its accessibility and effectiveness. While the core offering secure accommodation is often available, most hostels lack complementary support services such as childcare facilities, legal counselling, and psychosocial assistance, making them less viable for women juggling work and caregiving responsibilities. Affordability remains a concern for low-income or informal sector workers, as the current fee structure, though subsidized, can still be prohibitive.

Furthermore, the placement of hostels away from employment hubs reduces daily utility, especially for women who rely on public transport. Several facilities remain non-functional or delayed due to infrastructural and administrative challenges. In districts where hostels are operational, low occupancy persists due to limited public awareness, inconvenient locations, or a preference for private alternatives.

Recommendations

Short-term: Districts could consider undertaking a quick mapping exercise to assess the current utilization of Sakhi Niwas hostels and identify factors contributing to low occupancy. Awareness and outreach efforts especially in areas with concentrations of working women such as industrial clusters, colleges, or service-sector hubs may help improve visibility and uptake. In locations where hostels are already operational, exploring convergence with nearby crèches, legal aid services, and One Stop Centres (OSCs) could enhance the relevance and utility of these facilities, particularly for women with caregiving responsibilities or in need of support services.

Medium-term: Affordability challenges for women in low-income or informal work settings may be addressed through the introduction of a tiered fee structure, aligned with income levels or employment categories. Where infrastructure delays are prevalent, adopting milestone-based fund release mechanisms may help improve implementation timelines and reduce bottlenecks. Regular administrative reviews at the district level could also support timely completion and operational readiness of pending hostels.

Long-term: In the longer term, planning for Sakhi Niwas could be better integrated into urban development and state accommodation strategies, with an emphasis on locating hostels near employment hubs, transit nodes, or commercial centres to enhance access. Institutionalizing convergence frameworks with complementary schemes such as ICDS, legal aid authorities, and social protection services may contribute to positioning Sakhi Niwas as a more holistic support environment for working women. Monitoring systems that track occupancy, service integration, and user feedback could also play a role in strengthening ongoing responsiveness and utility.

DHEW

Key Takeaway – 1

District Hubs for Empowerment of Women (DHEWs), as the nodal entities for implementing Mission Shakti components at the district level, face several systemic and operational challenges that hinder their efficiency. One of the most pressing issues is the acute shortage of human resources, with many hubs operating with only two or three staff who are required to manage administrative, financial, monitoring, and coordination functions simultaneously. This over-reliance on a few individuals creates bottlenecks and disrupts continuity during staff absence. Financial disbursements, though adequate on paper, are frequently delayed—especially for activity-based or discretionary spending—due to procedural approvals, affecting IEC efforts, awareness drives, and even timely salary payments. Technology use is also uneven; while MIS platforms are available, usage is limited by access issues such as the lack of login credentials, poor network connectivity in remote areas, and insufficient training. Furthermore, DHEWs in geographically challenging areas—particularly in hilly states—struggle with the lack of proximal OSCs and inadequate mobility support, leading to long travel times and reduced outreach coverage.

Recommendations

Short-term: Districts could prioritize the recruitment of essential DHEW personnel, including dedicated accounts and administrative support staff, through contractual or outsourced arrangements to ease the burden on existing team members. Rolling or advance-based fund release mechanisms may also be considered at the state level to ensure uninterrupted execution of planned activities. For immediate MIS strengthening, state teams could organize refresher training and ensure all DHEWs are equipped with access credentials.

Medium-term: Developing a standardized human resources blueprint—defining ideal staffing norms by district size and workload may help guide future recruitment. In parallel, states could explore mobile-compatible, low-bandwidth MIS tools tailored for low-connectivity zones, while also setting up routine helpdesks to resolve portal-related issues.

Long-term: For sustained accessibility in remote geographies, states may pilot block-level DHEW units or deploy mobile service vans to enhance presence in underserved areas. A district-level infrastructure augmentation plan could also be drawn up in collaboration with local bodies to address location-specific bottlenecks. Additionally, embedding DHEWs into district-level planning and convergence platforms could institutionalize their role in multi-sectoral coordination, thereby enhancing their influence and sustainability within local governance frameworks.

PMMVY

Key Takeaway – 1

The implementation of PMMVY continues to face operational challenges that affect both service providers and beneficiaries, particularly in rural and marginalized contexts. Documentation and digital access barriers remain beneficiaries often struggle with completing complex forms, while frontline workers like ASHAs and Anganwadi Workers (AWWs) report difficulties in navigating digital platforms due to limited training or poor internet connectivity. Banking-related issues further constrain access, with many women lacking DBT-enabled accounts or facing confusion about account details. Although ASHAs often help bridge this gap, the added burden stretches their existing workload. Additionally, system-level

inefficiencies such as misalignment in login credentials vis-à-vis ASHA deployment create bottlenecks in data entry and service coverage. The administrative shift of PMMVY from the Ministry of Health and Family Welfare to the Ministry of Women and Child Development has also required realignment of roles, with some gaps in clarity and inter-departmental coordination. Across the board, implementers express a consistent need for periodic capacity-building to stay updated on documentation norms, entitlements, and digital tools.

Recommendations

Short-term: Simplifying PMMVY documentation requirements and streamlining digital processessuch as pre-filled forms or guided input systems—may ease access for both beneficiaries and field workers. Districts could organize periodic banking camps in partnership with local banks to facilitate DBT account creation or troubleshooting, with ASHAs acting as facilitators. Efforts to align system login credentials with the actual deployment of ASHAs can help minimize entry backlogs and ensure field realities are better reflected in digital operations.

Medium-term: States may consider organizing joint departmental reviews (between WCD and Health) to clarify roles post-transition and ensure seamless coordination at field and supervisory levels. Issuing clear advisories on inter-departmental responsibilities can reduce confusion and improve accountability. Simultaneously, structured refresher trainings on PMMVY processes integrated within existing NHM and ICDS training cycleS can help standardize knowledge across frontline cadres.

Long-term: Institutionalizing a blended training model, combining in-person sessions with digital job aids and localized support materials can create a sustainable ecosystem for ongoing capacity-building. States may also explore the development of mobile-friendly, low-bandwidth digital tools to enhance usability in rural areas. Strengthening MIS architecture to track training coverage, login access, and beneficiary grievances could further enhance monitoring and responsiveness of PMMVY delivery systems.

Scheme Rationalization

The scheme is recommended to continue with appropriate restructuring with focus on better service delivery and upgraded infrastructure. The Samarthya component of Mission Shakti remains essential for advancing women's empowerment through integrated support in shelter, financial inclusion, livelihood, and maternal care. Encompassing Shakti Sadan, Sakhi Niwas, PMMVY, and the District Hub for Empowerment of Women (DHEW), it functions as a convergence platform addressing women lived realities of women. However, persistent field-level challenges—such as infrastructure gaps, staffing deficits, digital barriers, and weak last-mile delivery—constrain its full potential. Where convergence and community trust are stronger, the model has shown clear transformational impact.

4.3. Mission Vatsalya

4.3.1 Background of the Scheme

Child protection in India operates within a complex interplay of socioeconomic realities, cultural practices, and institutional frameworks. Despite significant progress in recent decades, millions of Indian children continue to face various threats to their well-being, including poverty,

malnutrition, limited access to education, child labour, trafficking, abuse, and exploitation[143]. These challenges are often exacerbated by persistent inequalities based on gender, caste, class, religion, and geographic location.

The conceptualization of child protection in India has evolved significantly over time. The traditional family-centred approach, where child welfare was primarily the responsibility of the family and immediate community, has gradually shifted toward a rights-based approach that acknowledges the state's essential role in protecting children[144]. This evolution reflects broader global developments in understanding children's rights and welfare as outlined in international frameworks such as the United Nations Convention on the Rights of the Child (UNCRC), which India ratified in 1992.

India's legal and policy framework for child protection has substantially transformed since independence. The Constitution of India provides fundamental guarantees relevant to children through Articles 15(3), 21A, 24, 39(e), and 39(f), which collectively establish the state's responsibility to ensure children's protection from exploitation and their access to opportunities for healthy development[145]. Building on these constitutional provisions, India has enacted numerous laws specifically addressing children's rights and protection needs.[146]

The institutional architecture for child protection in India has also seen significant development, particularly with the establishment of the Integrated Child Protection Scheme (ICPS) in 2009, which was later incorporated into the broader Mission Vatsalya (previously Child Protection Services) under the umbrella scheme of Mission for Protection and Empowerment for Women and Children[147]. This framework aims to create a protective environment for children through integrated approaches across various sectors and administrative levels.

The Ministry of Women & Child Development (MoWCD) has led child welfare and protection efforts in India through evolving legislative, policy, and programmatic measures, in line with national priorities and international commitments like the UN Convention on the Rights of the Child. Initially, three separate schemes—Programme for Juvenile Justice, Integrated Programme for Street Children, and Scheme for Assistance to Homes for Children—were merged in 2009-10 into the Integrated Child Protection Scheme (ICPS), creating a structured child protection system. In 2017, ICPS became the Child Protection Services (CPS) Scheme, sharpening its focus on both institutional and non-institutional care and legal rehabilitation. Mission Vatsalya, launched in 2021-22, subsumed CPS to establish a comprehensive, rights-based, and outcome-driven framework for child protection. Its interventions are guided by key legislations: the Juvenile Justice Act, the Prohibition of Child Marriage Act, the POCSO Act, and Child Labour Act. Mission Vatsalya strengthens the juvenile justice system, promotes child rights, and aligns with the SDGs, reinforcing India’s commitment to a safe and nurturing

[143] Child Protection | UNICEF India

[144] http://nhrc.nic.in/sites/default/files/ChildrenRights.pdf

[145] https://www.med.or.jp/english/activities/pdf/2013_05/302_309.pdf

[146] Jain, B. (2023). Child Protection in Indian Programme and Legislative Framework: A Critical Analysis. Institutionalized Children Explorations and Beyond, 10(1), 40-48. https://doi.org/10.1177/23493003221150538

[147]Nayar-Akhtar, M. (2021). Editorial. Institutionalised Children Explorations and Beyond, 8(2), 161-163. https://doi.org/10.1177/23493003211037514

environment for every child. Mission Vatsalya aims to foster a sensitive, supportive, and synchronized ecosystem for children as they transition through different ages and stages of their development. This is envisaged to be done by strengthening the institutional framework of child welfare and protection committees and the Statutory and Service delivery structures in all districts of the country.

4.3.2. Objectives of the Scheme

4.3.3. Components of the Scheme

Component	Policy Coverage	Target Beneficiaries
Institutional Care Services	Comprehensive childcare facilities to children for their all-around development, enhancing their capabilities and skills of and work with their families (in case Child has family) with the view of facilitating their reintegration and rehabilitation into mainstream society.	Reception and residential care of Children in need of Care and Protection (CNCP) and Children in Conflict with Law (CCL).
Family-based non-institutional care	Rehabilitation and reintegration of children through Sponsorship, Foster Care, adoption, and After Care in a family and community-based alternatives for care. A monthly grant of Rs. 4000/- per child	Vulnerable children living with extended families/biological relatives, children found legally free for adoption, and children who are leaving a Child Care

Component	Policy Coverage	Target Beneficiaries
	shall be provided for Sponsorship or Foster Care or After Care to the state government	Institution on completion of 18 years of age
Emergency Outreach Services	Establish mechanisms for immediate support and intervention for children in crises.	Children in crisis/difficult circumstances, such as abuse, neglect, or natural disasters.

Components of the Scheme Being Evaluated

Mission Vatsalya is a scheme launched during the 15th Finance Commission cycle with 4 years of on-ground implementation as an integrated scheme for child protection and welfare. Its budget outlay is within 6% of the CSS outlay of the women and child development schemes under MoWCD. Taking cognizance of the evolving nature of the scheme's implementation, and as recommended by the evaluation authority, we have conducted a mid-term of evaluation of the scheme that is limited to an examination of the institutional care structure, and emergency outreach within the scheme. For family-based non-institutional care, we have captured the extent of its coverage. The evaluation of the institutional care mechanism is primarily limited to the coverage of CNCP through CCIs, and to CCL in Observation Homes, while excluding CCL in Special Homes and/or Places of Safety. The study did not include CCLs in Special Homes or Places of Safety because engaging with them would require extensive ethical clearances and navigating administrative barriers, owing to the sensitive nature of their profiles and the strict protocols around collecting information from them.Similar administrative barriers precluded the collection of information via quantitative surveys from CNCP. Accordingly, we have covered the following components of the scheme for the evaluation of Mission Vatsalya.

1. CCIs catering to the rehabilitation of CNCP and CCL
2. Coverage under Family-based Non-institutional Care including adoption assistance via SAAs
3. Coverage under Emergency Outreach

4.3.4. Operational Guidelines of the Scheme

Institutional Services

Child Care Institutions (CCIs), as per the Juvenile Justice (Care and Protection of Children) Act, 2015, are established by the State Government, independently or in collaboration with voluntary organizations, to provide residential care for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL). These institutions serve as safe spaces offering comprehensive childcare, skill development, and family reintegration support. CCIs will typically support a capacity of 50 children; however, for the Northeastern States, Himalayan States, and hilly areas in other States, CCIs with a capacity of 25 children will be supported based on the needs of the states. Mission Vatsalya supports various types of CCIs:

1. Child Care Institutions for Children in Need of Care and Protection (CNCP):

a. Children's Homes – These facilities rehabilitate CNCP by providing care, education, training, and development. States may establish separate homes based on age, gender, or special needs. Special Units within CCIs cater to children with disabilities, offering therapy and capacity building for staff in sign language and Braille.
b. Open Shelters – These provide short-term care for runaway, trafficked, street, working, and marginalized children, offering education, counselling, and life skills training. Not intended as permanent residences, they complement institutional care. Shelters must have a minimum 2000 sq. ft. area for 25 children. NGOs managing these shelters may coordinate with local authorities for space and seek support from DCPU.
c. Specialized Adoption Agencies (SAAs)- recognized by the state government, provide care for orphans, abandoned, and surrender children below six years of age and facilitate their adoption. SAAs may be established near or within jail premises for children of incarcerated parents. Mission Vatsalya supports both state and NGO-run SAAs, ensuring compliance with the Juvenile Justice Act, 2015, and CARA regulations. Operating under the District Child Protection Unit, SAAs assist the District Magistrate in administering the adoption program.

2. Child Care Institutions for Children in Conflict with Law (CCL)

a. Observation Homes – Provide temporary care and rehabilitation for children alleged to conflict with law during inquiry under the Juvenile Justice Act, 2015.
b. Special Homes – Offer long-term rehabilitation for children found guilty by the Juvenile Justice Board (JJB). Financial support is available for setting them up in districts.
c. Place of Safety – Accommodates children aged 16-18 accused or convicted of heinous offenses, ensuring protective custody as per state regulations.

Non-Institutional Services

Mission Vatsalya prioritizes family-based, non-institutional care for children in difficult circumstances, considering institutionalization as a last resort. The Mission provides financial assistance through:

1. Sponsorship – Support for vulnerable children living with extended families or biological relatives to meet their education, nutrition, and healthcare needs.

2. Foster Care – Placement of children with unrelated families for care, protection, and rehabilitation, with financial aid for foster parents.

3. Adoption – Facilitating the adoption of legally free children through Specialized Adoption Agencies (SAAs).

4. After Care – Financial support for children leaving Child Care Institutions at 18, assisting their reintegration into society. This aid continues up to 21 years, extendable to 23 years, with a monthly grant of ₹4,000 per child provided to the State Government for Sponsorship, Foster Care, or After Care.

4.3.5. Fund Flow Process and Allocation Mechanism

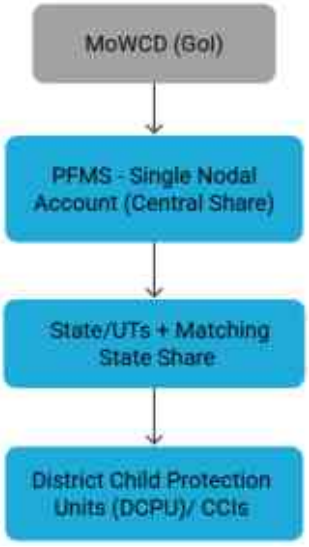
Costing Pattern

Mission Vatsalya is a centrally sponsored program and shall be implemented through the State Governments or UT Administrations with bulk financial assistance from the Central Government. The scheme will be implemented with the following cost-sharing ratios between the Centre and States-

Table 80: Funding Pattern

Component	States & UTs (with legislature)	Northeast/Himalayan States	States & UTs (without legislature)
Institutional and non-institutional care	60: 40	90: 10	100:00

Fund Flow Mechanism



The funds under the Scheme would be released to States/UT Governments through Public Financial Management System (PFMS). The corresponding State share amount should be released as early as possible and not later than 40 days of the release of the Central share. The funds will be maintained by the State Single Nodal Agency (SNA) in the Single Nodal Account of Mission Vatsalya. States/UTs shall comply with the guidelines issued by the Department of Expenditure, Ministry of Finance, regarding the procedure of release of funds and any further guidelines issued from time to time.

To receive funds under Mission Vatsalya, States/UTs are required to submit an Annual Action Plan approved by the State Child Protection Society (SCPS) and cleared by the Programme Approval Board (PAB) of the Ministry of Women and Child Development (MWCD). Additionally, they must provide Utilization Certificates (UCs) for previously released funds, certified by a competent authority, along with a Statement of Expenditure (SoE) and relevant audit reports. Funds are disbursed in two instalments each financial year—the first instalment is released upon plan approval, while the second is contingent on the utilization of 60–70% of the first instalment and submission of the necessary financial documentation.

4.3.6. Key Stakeholders of the Scheme

Key Stakeholders of the Scheme

Characteristic	Central Level	State Level	District Level	Institutional/ Community Level
Roles	Policy formulation financial oversight, issue guidelines	Implementation, coordination, fund disbursement	Administration, Monitoring and Supervision	Grassroot level implementation, Outreach, Awareness
Key Stakeholders	Ministry of WCD, Project Approval Board (PAB), NCPCR	State Child Protection Society (SCPS), State Adoption Resource Agency (SARA),3. State Child Welfare and Protection Committee	District Magistrate, District Child Protection Unit (DCPU), Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs):	CCIs, Gram Panchayats/local bodies, civil society/NGOs
Responsibilities	Review implementation, monitors performance indicators and quality, coordinates convergence	SCPS: Prepare Annual Action Plan, ensure registration, inspection, and supervision SARA: supports in-country adoption, Supports capacity building and accreditation of adoption agencies Child welfare committee: Reviews convergence, monitors performance, and provides policy direction at state level	DCPU: Conducts vulnerability mapping, maintains child case files and Individual Care Plans, tracks fund utilization and reports to SCPS. CWC: Responsible for care, protection, and rehabilitation decisions for Children in Need of Care and Protection (CNCP) JJB: Handles cases involving Children in Conflict with Law (CCL), decides rehabilitation or referral pathways.	CCIs: Provide shelter, care, education, and rehabilitation to CNCP and CCL, Submit regular reports and Individual Care Plans to DCPUs and CWCs Gram Panchayats: Identify vulnerable children in the community, Serve as Village Child Welfare & Protection Committees for grassroots monitoring and referral NGOs: Partner with DCPUs and SCPS in service delivery, IEC

4.3.2 Performance Analysis

4.3.2.1 Relevance

This section assesses the relevance of the incumbent institutional and non-institutional care mechanism by examining its alignment with national and global priorities, Relevance for Beneficiary Needs, and its role in ensuring universal access to a general environment of safety and care for the children with mitigated regional disparities. These dimensions together help evaluate whether the institutions for the rehabilitation of CNCP and CCL are equipped and strategically positioned to contribute to the contextual realities of children in the country and enhance their well-being.

1. Alignment with National and International Priorities
2. Relevance for Beneficiary Needs
3. Relevance in addressing Sectoral Challenges

Alignment with National and International Priorities

Mission Vatsalya was consistently acknowledged by stakeholders across states as being rooted in India's constitutional commitment to child protection and aligned with global frameworks like the UNCRC. India has acceded to the Convention on the Rights of the Child adopted United Nations (UN) General Assembly Summit in 1990, which adopted a Declaration on Survival, Protection, and Development of Children, following which the Commissions for Protection of Child Rights Act, 2005, was passed. In 2013, the national commitment to ensuring a rights-based approach for children was further reiterated by the National Policy for Children, aligned with the Universal Declaration of the Rights of the Child, and the Hague Convention on Protection of Children and Cooperation for Inter-Country Adoption. With its objective to ensure family-based non-institutional care of children in difficult circumstances through the provision of temporary institutional care, and state-sponsored support, Mission Vatsalya directly contributes to the achievement of national objective of the protection of rights of children in the country.

In addition to alignment with national priority, the scheme advances the SDG agenda, particularly SDG 4: Quality Education and SDG 16: Peace, Justice and Strong Institutions. Since SDG 4 focuses upon ensuring equitable and universal access to ECCE, primary, and secondary education as well as technical and vocational training, including for children in vulnerable circumstances, Mission Vatsalya's care mechanism that includes the provision of education and skilling for children in difficult circumstances furthers the achievement of the relevant SDG. Additionally, the scheme's implementation framework composed of CCIs, SAAs, CWCs, JJBs, and State as well as District CPUs showcases its commitment to SDG 16: Peace, Justice and Strong Institutions that emphasises the reduction of all forms of violence, abuse, exploitation, and trafficking against children. The DCPUs and CWC members across our sampled geographies affirmed the scheme's focus on rehabilitation, care, and adoption, indicating its alignment with both national child protection priorities and international mandates.

> *"Mission Vatsalya works as an umbrella scheme, and its guidelines include very good provisions like proper formation of committees and their regular meetings, so that we can reach marginalized communities."* – ***State Official, Gujarat***

Relevance for Beneficiary Needs

As per the projected population characteristics by National Commission on Population, MoHFW, the projected population of individuals in India below 18 years of age stands at 40,93,41,000 for 2026, accounting for approximately 28.7% of the total population.[148] The National Policy for Children, 2013, recognizes every person below the age of 18 as a child and stresses upon their overall and harmonious development as well as protection.[149]

Since there is no census wide data suggesting the total population of children in difficult circumstances, including those in conflict with law, a non-estimated subset of the total population falls within the ambit of Mission Vatsalya. The current framework of the mission

[148]MoHFW (July, 2020), Population Projections for India and States 2011-2036
[149]National Policy for Children, 2013

supports the needs of the children on a demand basis i.e. all the children for whom arises the need for institutional support before they transition into family-based non-institutional care, Mission Vatsalya ensures the institutional and administrative mechanism to support the same.

While the mission is implemented via State Child Protection Committees (SCPC) at the state level and District Child Protection Units (DCPU) at the district level, overseen and supported by State Child Protection Societies (SCPS), each district is also mandated to constitute a Juvenile Justice Board (JJB) under the Juvenile Justice (Care and Protection of Children) Act, 2015 to facilitate matters pertaining to children in conflict with law and Special Juvenile Police Units (SJPU) in every district to enable police interface with children. The institutional mechanism is deemed relevant in terms of the incidence of conflicts with law for children.

As per the latest National Crime Records Bureau Report 2022, a total of 30,555 cases were registered against juveniles during 2022 with 27,600 crimes committed by juveniles, indicating a crime rate of 6.4 per one lakh of population. To understand the extent of need by CCL, we looked at the NCRB data from 2018 to 2022[150], particularly the ratio of CCL sent to special homes or juvenile homes with respect to the total number of juveniles convicted. For each of the years, approximately 30% of children were institutionalized out of those convicted. Considering the number of juveniles apprehended versus those convicted and discharged, we find approximately half the cases to be pending for disposal, indicating the real demand for institutionalization to be higher.

Table 81: NCRB Statistics on CCL - Juvenile Conviction and Institutionalization

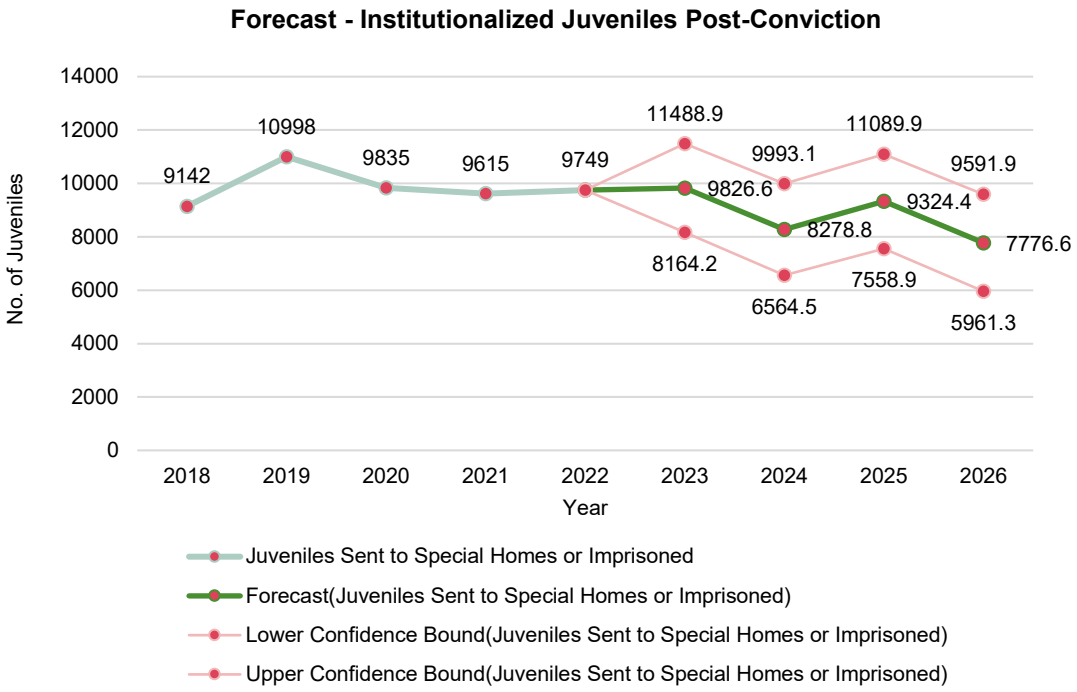
Year	Total Juveniles Apprehended	Juveniles Convicted	Juveniles Sent to Special Homes or Imprisoned	Pending Disposal Cases
2018	76185	25522	9142	41709
2019	80590	33040	10998	39156
2020	74124	28474	9835	40305
2021	77732	30288	9615	40519
2022	78443	30989	9749	41581

Source: All Publications of Crime in India Year Wise, NCRB (2018 – 2022)

Since we are limited by the unavailability of the latest data to assess the present-day needs, we carried out trend analysis to forecast the number of juveniles who would be sent to special homes or imprisoned.

[150] Crime in India (2018 – 2022), Ministry of Home Affairs

Figure 91: Forecast - Institutionalized Juveniles Post-Conviction



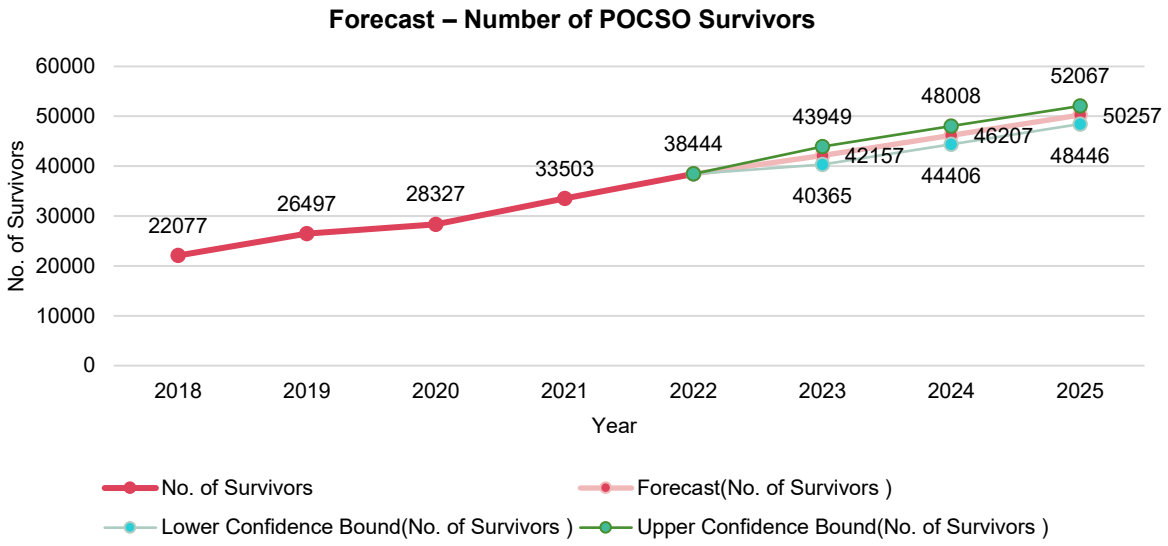
Source: All Publications of Crime in India Year Wise, NCRB (2018 – 2022)

As indicated by the graph above, approximately 9324 juveniles will be institutionalized in 2025 based on the rate of institutionalization for the years 2018 – 2022, highlighting the need for sustained provision of special homes, observation homes and places of safety.

Additionally, Mission Vatsalya is also inclusive of the Scheme for Care and Support to Victims under Section 4 & 6 of the Protection of Children from Sexual Offences (POCSO) Act, 2012, under which the survivors of Section 4 & 6 of the POCSO Act are to be provided immediate, emergency and non-emergency access to a range of services for long term rehabilitation in terms of access to education, police assistance, medical and psychological aid, legal aid, financial aid, and shelter in CCIs/Aftercare facilities, funded from Nirbhaya Fund.[151] Considering the number of survivors of Section 4 & 6 under POCSO Act, 2012, for the years 2018 – 2022, we estimated the prospective number of survivors in need of assistance under Mission Vatsalya.

[151] Scheme for Care and Support to Victims under Section 4 & 6 of the Protection of Children from Sexual Offences (POCSO) Act, 2012, MoWCD

Figure 92: Forecast – Number of POCSO Survivors



Source: All Publications of Crime in India Year Wise, NCRB (2018 – 2022)

While the general trend shows an increase in the number of survivors through the years, we must also be cognizant of the state objective to reduce the number of incidence of crimes against children while ensuring robust reporting and fast-track disposal. The forecast, hence, is not a representation of the actual incidence for the successive years.[152]

Relevance in addressing Sectoral Challenges

The safety of children against socioeconomic vulnerabilities and violence is of utmost importance to the state of India, in light of its national objectives and international commitments. The Ministry of Home Affairs has advised the state governments and UT administrations to take immediate and effective measures for the prevention, detection, registration, investigation and prosecution of all crimes against children.

While the MoWCD does not directly enforce law for the reduction of crime against children, it addresses the rehabilitation of discovered/rescued children hitherto missing, abandoned, trafficked, sold, and/or bonded in labour in convergence with MoHA.

As of 2022, the NCRB report reveals POCSO 2012 to be the second major crime head with 39.7% of all crimes against children registered under the same with 38,444 survivors under Section 4 & 6. Children also compose of approximately 48% of all victims of human trafficking with 2,878 children reported to be trafficked in 2022 out of 6,036 victims. Children are also increasingly exposed to the vulnerability of separation from familial or institutional care as revealed from a significant number of missing children (83,350) reported for the year 2022. Additionally, as many as 33,053 missing children were deemed as kidnapped. During the

[152]The forecast is limited in its ability to predict the number of survivors due to a myriad of confounding factors determining the incidence and reporting of crime. We have used the estimates only to establish the relevance of protection and care mechanism laid down by Mission Vatsalya since the provisions are based on actual needs.

same year, a total of 80,561 children were recovered/traced. The consistent state effort in the tracking of missing children is highlighted by the Khoya-Paaya tracker established under Mission Vatsalya.

In addition to the high incidence of sexual offences against children, and missing children, a total of 1020 and 1169 survivors were reported to be violated across child marriage and child labour, respectively.

The social landscape of our country is challenged by a high incidence of violations against children as elaborated above, all of which contribute to the vitality of Mission Vatsalya.

Conclusion

The relevance of Mission Vatsalya is found to be high. All sampled geographies that we surveyed and interviewed the implementing stakeholders from reported the constitution and availability of State Child Protection Societies (SCPS) and District Child Protection Units (DCPUs) formed across their districts. Additionally, states also reported the mobilization of JJBs and CWCs. The adoption processes are overseen by State Adoption Resource Agency or SARA, enabling a comprehensive environment of child welfare composed of institutional and non-institutional care. All the surveyed states and UTs reported the presence of at least one CCI in addition to the NGO-run childcare homes, reflecting a broadened scope of institutional service delivery with the objective to ensure universal access to caring and protective environment for children. The present state of institutions established for the reintegration and rehabilitation of CCL and CNCP reflects a multidimensional approach to furthering childcare and protection in India. The need for the institutional framework is further substantiated by the NCRB data reflecting vulnerabilities specific to children.

However, the lack of demographic data disaggregated across vulnerabilities specific to children has hindered demand mapping, causing an information asymmetry in terms of the number of beneficiaries tracked and/or assisted through the facilities and services under Mission Vatsalya versus the number of eligible beneficiaries, i.e. the number of children in the country in need of welfare.

4.3.2.2 Efficiency

An analysis of Mission Vatsalya's efficiency explores how the scheme renders its administrative frameworks operational, how best it utilizes its financial and physical resources and the robustness with which it mobilizes its human resources. The quality-of-service delivery mechanism under Mission Vatsalya is highly contingent upon well-established institutions, and a trained workforce, particularly due to the sensitivity required for the interface with the target beneficiaries.

Henceforth, we have assessed the efficiency of service provision under Mission Vatsalya across the following components:

1. Financial Efficiency
2. Infrastructural Efficiency
3. Operational Efficiency
4. Human Resource Efficiency

While the ambit of Mission Vatsalya spans across both CNCP and CCL, our analysis of the scheme's financial, infrastructural and human resource efficiency views the mission as a whole and not separately for CCL and CNCP.

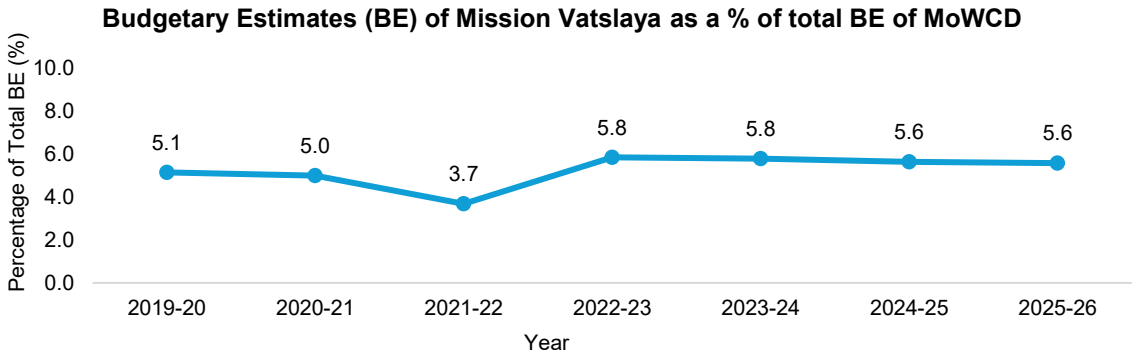
On the other hand, our analysis of the scheme's operational efficiency is primarily based on findings from CCIs catering to CNCP. For CCLs, the analysis is limited to information collected from Observation Homes while Special Homes and Places of Safety were not covered.

Financial Efficiency

Like **Mission Saksham Anganwadi and Poshan 2.0** and **Mission Shakti – Samarthya**, **Mission Vatsalya** is also implemented as a **Centrally Sponsored Scheme**, with funding shared between the Centre and the States as per an approved ratio.

Mission Vatsalya's budget as a share of the total MoWCD budget has remained relatively stable, ranging between 5.0% and 5.8% over most years, with a slight dip to 3.7% in 2021–22. The reduced budget outlay for Mission Vatsalya as a share of total MoWCD budget for FY 2021-22 can be reasoned with COVID-19 pandemic stressors to implementation of beneficiary identification and institutionalization, in addition to the policy focus on non-institutional care via PM Cares for Children for the rehabilitation of children who lost either or both of parents/guardian in the health pandemic, which was launched in 2021-22. The share recovered thereafter and has held steady at 5.6%–5.8% in the last three years (2022–23 to 2025–26). While this indicates a consistent allocation pattern, the overall quantum remains relatively modest compared to the proportion of budget allocated to Saksham Anganwadi and Poshan 2.0 (approximately 81% for last three years from 2022–23 to 2025–26) and Mission Shakti (approximately 12% for last three years from 2022–23 to 2025–26) given the scheme's critical role in ensuring child protection, care, and rehabilitation services across the country.

Figure 93: Budgetary Estimates (BE) of Mission Vatslaya as a % of total BE of MoWCD



Source: Union Budget Statement, GoI, 2019-2025

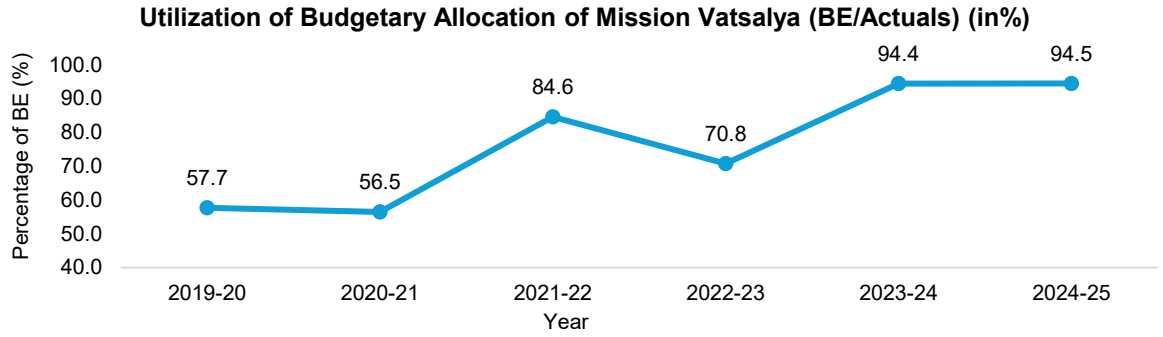
Given the scheme's needs-based service delivery mechanism and the absence of estimated demand based on the population of CNCP, its grassroot effectiveness can only be ensured by saturating the supply of the child welfare infrastructure inclusive of but not limited to childcare institutions and child helpline management centres across each district, and child welfare and protection committees at the village level for the identification of potential beneficiaries of Mission Vatsalya.

"We have asked the states to increase awareness. We need to promote child helpline in every district. We first have to ensure its availability and then we can decide whether to keep it operational or not depending on the number of beneficiaries reached." **– Centre Official, MoWCD**

In the lack of adequate infrastructure, the operational efficiency of incumbent institutions gets compromised as child protection units and welfare committees operate at the district level with limited village level penetration. There emerges a need to enhance fiscal prioritization of Mission Vatsalya and ensure allocations are commensurate with the scope of responsibilities entrusted to the scheme.

The utilization of the Mission Vatsalya budget has shown a marked improvement over time, rising from 57.7% in 2019–20 and 56.5% in 2020–21 to 94.5% in 2024–25. After a notable jump in 2021–22 (84.6%), there was a slight dip in 2022–23 (70.8%), followed by a consistent and strong performance in the most recent years, exceeding 94%.

Figure 94: Utilization of Budgetary Allocation of Mission Vatsalya (BE/Actuals) (in%)



Source: Union Budget Statement, GoI, 2019-2025

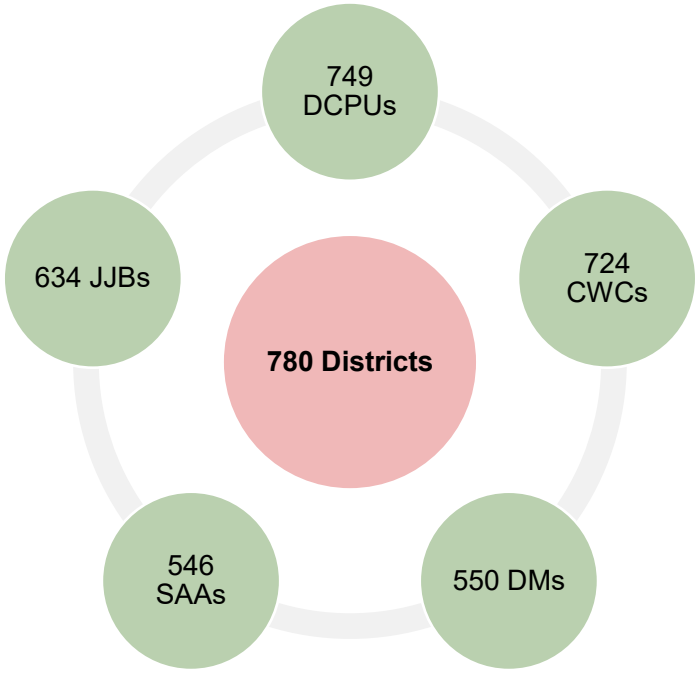
The largely upward trend can be viewed in the light of a mix of factors that have guided the spending across the years. In the aftermath of COVID-19 pandemic, the PM Cares for Children Scheme was launched to provide comprehensive support for children who lost both their parents in due to the pandemic. Even though the allocation of funds for PM Cares were separate from the Mission Vatsalya budget, the support for the provisioning of entitlements to eligible beneficiaries was to be given by CWCs. The CWCs were mandated to assist the rehabilitation of children with lost parent(s)/guardian via relatives, foster care, or CCIs. Additionally, the state departments or nodal agencies responsible for the implementation of Child Protection Services were also given the charge of implementing PM Cares for Children Scheme.[153] As a result, there was a dramatic rise in the number of children under non-institutional care including sponsorship, foster care and after care, from 29,338 children in FY 2021-22 to 62,675 in FY 2022-23, marking a 113.6% rise. The number of beneficiaries rose further to 1,21,861 in FY 2023-24 and then to 1,70,895 in FY 2024-25, showing a 94.4% and 40% increase, respectively.

[153] PM Cares for Children Scheme, Guidelines (2021), MoWCD

In addition, the monitoring mechanisms under Mission Vatsalya were rendered more robust with the launch of official portal in 2022 and dashboard in 2023. A number of measures were also institutionalized upon recommendations from the three hundred and fiftieth report of the Department-related Parliamentary Standing Committee on Education, Women, Children, Youth and Sports.[154] The report emphasised the need of grading CCIs, and capacity building of stakeholders across the implementation framework.

Infrastructural Efficiency

The infrastructural efficiency of service delivery mechanism under Mission Vatsalya is dependent upon the establishment of all facilities and components across its institutional framework. Mission Vatsalya aims to establish the relevant channels for state-sponsored or assisted care to enable its beneficiaries with easy access. The institutional framework instructs the creation of at least one JJB, CWC and District Child Protection Unit, each of which are to be overseen by the District Magistrate. Similarly, while guidelines do not suggest a minimum number of SAAs across states, they are directed to work under the overall supervision of DCPUs. As of now, there are 780 districts in India.[155] However, the dashboard for Mission Vatsalya reflects gaps in ensuring the minimum institutional framework across districts.



Source: Mission Vatsalya Dashboard

As evident from the visualization above, a number of districts do not yet have DCPUs, JJBs, CWCs, and SAAs to be established as per the guidelines. The presence of 724 CWCs and

[154]Report no. 350, "Demand for Grants 2023-24 for the Ministry of Women and Child Development", Standing Committee on Education, Women, Children, Youth and Sports, March 28, 2023, https://sansad.in/getFile/rsnew/Committee_site/Committee_File/ReportFile/16/167/350_2023_3_16.pdf?source=rajyasabha

[155]Districts of India, Indian Ministry of Electronics & Information Technology website

749 DCPUs against 550 DMs indicates a number of posts vacant as well as assignment of additional charges to the current DMs.

Infrastructure for CCLs

The data shows year-wise trends in the number of CCL homes and beneficiaries across selected states from 2022–23 to 2024–25. Uttar Pradesh consistently led on reach, growing from 1,433 to 2,080 beneficiaries. Rajasthan saw the sharpest contraction in homes (52→12), while Gujarat doubled homes (6→12) but served fewer beneficiaries in 2024–25 than 2023–24. Notable beneficiary gains occurred in Bihar (1,001→1,165), Tamil Nadu (411→768), Andhra Pradesh (191→312), and Assam (131→220); declines were visible in Himachal Pradesh (40→20) and, earlier, Uttarakhand (317→150) before partial recovery (218). Overall, fewer homes in 2024–25 are serving more people, suggesting consolidation and/or improved utilization. This is tabulated below:

Table 82: Beneficiaries across CCLs homes yearwise

	2022-23		2023-24		2024-25	
State/UT	**Total CCL homes**	**Beneficiaries**	**Total CCL homes**	**Beneficiaries**	**Total CCL homes**	**Beneficiaries**
Andhra Pradesh	13	191	13	189	13	312
Assam	6	131	6	136	6	220
Bihar	24	1001	26	1154	26	1165
Gujarat	6	126	6	300	12	200
Haryana	7	251	7	261	7	273
Himachal Pradesh	2	40	2	40	2	20
Jammu and Kashmir	3	74	2	68	2	90
Odisha	10	322	8	362	13	360
Rajasthan	52	519	52	794	12	300
Sikkim	2	10	3	39	2	39
Tamil Nadu	11	411	16	275	17	768
Uttar Pradesh	30	1433	31	1412	34	2080
Uttarakhand	14	317	14	150	14	218
Chandigarh	1	32	1	25	1	50
Total (in study states)	181	4858	187	5205	161	6095

Source: Mission Vatsalya Dashboard

Infrastructure for CNCPs

The data presents year-wise trends in the number of CNCP homes and beneficiaries across selected states from 2022–23 to 2024–25.

From 2022–23 to 2024–25, CNCP homes in the study states increased from 926 to 1,035, while beneficiaries rose steadily from 23,587 to 27,920. Tamil Nadu consistently had the largest network and highest beneficiaries, expanding from 210 homes (7,374 beneficiaries) to 304 homes (9,843 beneficiaries). Gujarat recorded significant beneficiary growth (1,525→2,895), while Odisha maintained high volumes despite a slight reduction in homes (130→127). Some states, like Rajasthan (104→89 homes) and Assam (61→54 homes), saw declines in homes alongside small beneficiary reductions. Overall, the period shows moderate expansion in infrastructure and consistent growth in reach.

Table 83:Beneficiaries across CNCPs homes yearwise

	2022-23		2023-24		2024-25	
State/UT	**Total CNCP homes**	**Beneficiaries**	**Total CNCP homes**	**Beneficiaries**	**Total CNCP homes**	**Beneficiaries**
Andhra Pradesh	71	1313	85	1357	85	1357
Assam	61	1249	61	1249	54	1105
Bihar	54	1087	68	1209	63	1073
Gujarat	72	1525	72	2347	70	2895
Himachal Pradesh	36	765	37	894	29	931
Jammu and Kashmir	36	743	54	1082	53	1036
Jharkhand	35	785	35	785	34	793
Odisha	130	3831	135	4133	127	4069
Rajasthan	104	2041	104	2052	89	1939
Sikkim	21	516	21	479	20	429
Tamil Nadu	210	7374	231	7710	304	9843
Uttar Pradesh	70	1805	73	1738	77	1814
Uttarakhand	19	383	19	385	22	439
Chandigarh	7	170	8	197	8	197
Total (in study states)	926	23587	1003	25617	1035	27920

Source: Mission Vatsalya Data shared by MoWCD

In terms of the facilties at these institutions, we carried out institutional checklist survey in 36 CCIs benefitting CNCP across our sampled districts. Out of the 36 CCIs that we visited, we inquired the status of CCIs on key infrastructural parameters. All 36 CCIs reported to have a child-friendly premises with proper flooring, ventilation, and lighting. Specific provisions such as vocational training room and counselling room did not show a universal availability as only 29 and 33 CCIs reported the same, respectively. Two of the 36 CCIs report the non-availability of recreational spaces. While the findings from our institutional data are limited in sample, they are aligned with the suggestions of the Standing Committee of Rajya Sabha on the need to upgrade CCIs on a mission mode. The committee recommended the immediate cognizance of the issue of inadequate space and trained staff across CCIs and urged remedial action.

In addition to these 36 CCIs, we also surveyed the institutional checklist in infrastructure of five Observation Homes catering to CCLs in our sampled districts. Infrastructural efficiency was evaluated in terms of both the **availability of key facilities** and their **functionality**, reflecting how well allocated resources support service delivery. All facilities meet the essential standards of food, clothing, shelter, schooling, and medical care, but there are noticeable differences in the depth and quality of services. While infrastructure and basic needs are generally consistent, variations emerge in recreational activities, vocational training, library and computer access, psychosocial support, and provisions for children with special needs. Strengthening these aspects would ensure more comprehensive care and create a more enabling environment across all homes.

Table 84:availability of key facilities and their functionality

Facility / Parameter	Home 1	Home 2	Home 3	Home 4	Home 5
Sick Room	Not Available	Available & Functional	Available & Functional	Available & Functional	Not Available
Library	Not Available	Available but Not Functional	Available & Functional	Available & Functional	Available & Functional
Kitchen	Available & Functional	Available & Functional	Available & Functional	Available & Functional	Available & Functional
Dining Hall	Available & Functional	Not Available	Available & Functional	Available & Functional	Available & Functional
Playground / Outdoor Space	Available & Functional	Not Available	Available & Functional	Available & Functional	Available & Functional
Counselling / Guidance Room	Not Available	Not Available	Available & Functional	Available & Functional	Available & Functional
Residential Accommodation	Yes – Nearby, outside facility	No – Not Provided	Yes – Within Facility	Yes – Within Facility	No – Not Provided

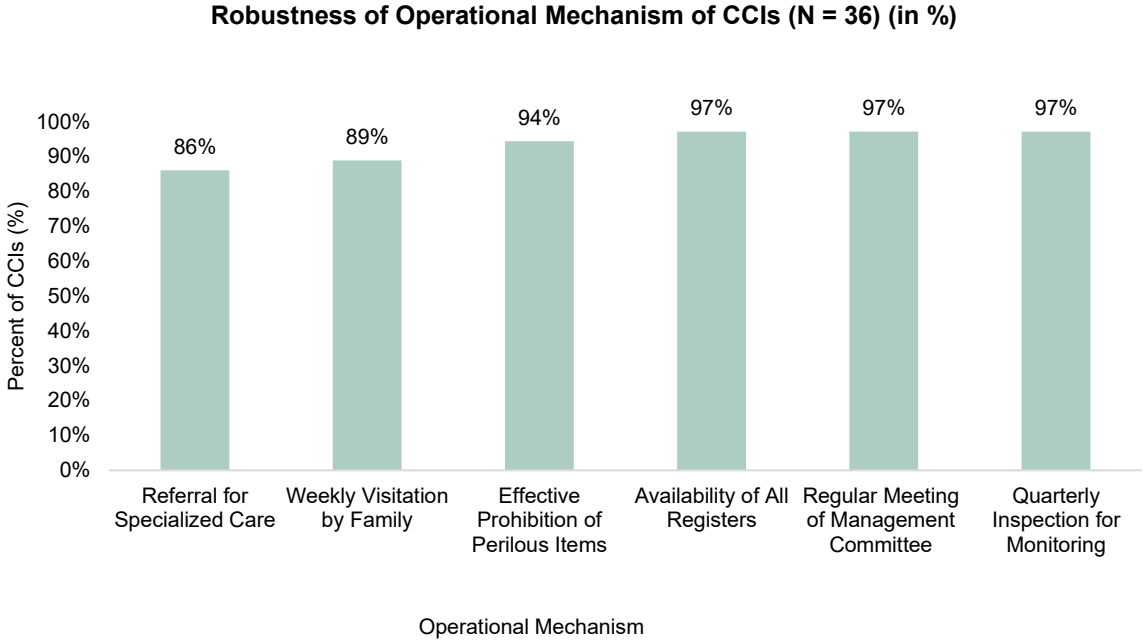
Source: Institutional Checklist

Operational Efficiency

In order to understand the operational efficiency of the service delivery mechanism, we surveyed the CCIs in our sampled districts hosting CNCP via institutional checklist to assess the status of service provisions across CCIs as per the guidelines. Our assessment of CCIs' performance revealed an encouraging picture of the robustness of institutions in their preparedness for and delivering of the required services. We asked the CCIs on the availability

of comprehensive childcare facilities such as referral for specialized care, weekly visitations by family, availability of the 25 essential registers, regular meetings of management committees, effective prohibition of perilous items and at least one quarterly inspection for monitoring.

Figure 95: Compliance Robustness of CCIs



Source: Institutional Checklist Survey

The illustration above presents a comparative view of how well Child Care Institutions (CCIs) across various states adhere to essential regulatory and operational standards. Most states exhibit full or near-full availability of comprehensive childcare facilities. Additionally, all CCIs reported the availability of a case file for each child. However, notable gaps exist in areas like referral for specialized care, and weekly visitations by family or relatives. On the other hand, 35 out of 36 surveyed CCIs across all states reported adherence to compliance protocols such as quarterly inspection for monitoring, upkeep of all 25 registers and regular meetings of management committee, indicating potent institutional oversight and monitoring.

With the advent of COVID-19 pandemic, the increased isolation of children caused the felt needs of ensuring a safe environment for children in CCIs. Considering the beneficiaries' vulnerability to abuse by their peer group, care-givers, foster parents, or any stakeholder in the administration, the scheme sent mandatory directive to make Child Protection Committees (CPCs) functional for the protection of children. These committees shall comprise of 3 child representatives above 6 years of age and 2 staff representatives.

Regular functioning of the CPCs is the backbone for robust CCIs. To augment the quality of protective environment for children, a number of CCIs in our sampled geographies report constituting children's committees across different age groups.

Our findings highlighted that 30 out of 36 CCIs constituted a children's committee of children in the age group 6 – 10 years whereas 26 out of 36 CCIs constituted a children's committee in each of the age groups namely 11 – 15 years and 16 – 18 years. The institutional effort to include children in the decision-making process of CCI management becomes evident from the fact that all geographies have at least one CCI with at least one committee formed. Such inclusion further prompts children to be more proactive.

The inclusion of children in decision making isn't limited to the formation of CPCs. The committees in 33 out of 36 CCIs report an active participation in managerial decision-making pertaining to improvement in CCI conditions. At the same time, the children committees are also represented in the management committee via their representatives in 34 out of 36 CCIs hence surveyed.

> *"Children's committees have been formed to incorporate the children's suggestions into daily activities. Additionally, a home-level management committee has been established. Members of the children's committee provide suggestions through their committee. We have a home-level management committee that includes the chairperson of the Child Welfare Committee, the District Child Protection Officer (DCPO), the house president, and children's representatives."* – ***CCI Administrator, Rajasthan***

Human Resource Efficiency

Considering the sensitive character of the target beneficiaries covered under Mission Vatsalya, the institutional care guidelines mandate the recruitment of staff of SCPS and SARA across detailed qualification and eligibility parameters. The recruited staff is also to be trained through a multi-organizational structure comprising National Institute of Public Cooperation and Child Development (NIPCCD), National Institute of Mental Health and Neurosciences (NIMHANS), Lal Bahadur Shastri National Academy of Administration (LBSNAA), Bureau of Police Research and Development (BPR&D), National Legal Services Authority (NALSA), and other national or state training academies. The mission aims to strengthen the implementation of Juvenile Justice Act by augmenting the capacities of child protection functionaries at all levels of administrative hierarchy as well as civil society organizations working for child welfare and protection leveraging a convergent mechanism.

Under the training provisions of LBSNAA, a total of 18,201 individuals across 53 ministries or ministerial departments, both at the state and the central level, as well multiple other stakeholders from state governments and civil society organizations, reported the completion of training module on "Child Rights with Special Focus on Juvenile Justice System."[156]

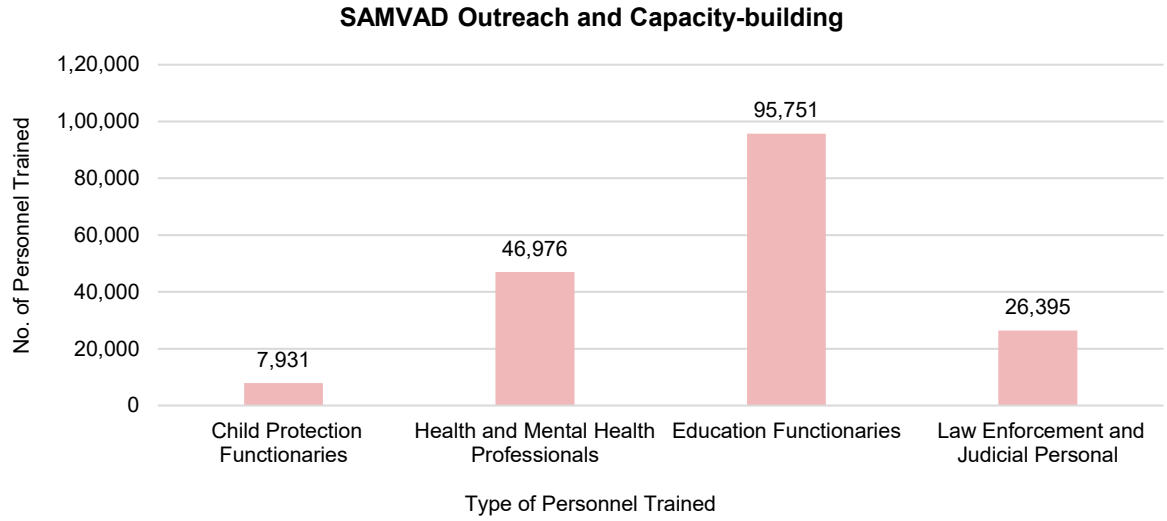
The guidelines lay down additional initiatives on capacity building such as SAMVAD to assist the child protection functionaries, health and mental health professionals, education functionaries, and law enforcement and judicial personnels in gaining additional skills around childcare and mental health.

[156] Source: MoWCD

To respond to the complex felt needs for training and capacity building in the domain of child protection and mental health, the National Institute of Mental Health and Neurosciences (NIMHANS) scaled up their community child public activities under the initiative SAMVAD or Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress and established the National Centre & Integrated Resource for Child Protection, Mental Health & Psychological Care in June 2020.

The mobilization of SAMVAD witnessed an institutional boost during the COVID-19 pandemic, especially in terms of capacity building of health and psychological care professionals. Since its inception in 2020 till 2025, a total of 1,66,299 stakeholders have been trained. Further breaking down the available data on capacity building, we find the following:

Figure 96: Professionals Trained under SAMVAD



Source Ministry of Women and Child Development data

Education functionaries including teachers, school counsellors, NGO staff & AWWs, parents, etc., emerge as the biggest cohort of trainees trained from 2020-2025. The expansive capacity building programme spearheaded by NIMHANS under SAMVAD has managed to contribute to enhanced capacities for administrative officials in-charge of implementing Mission Vatsalya. While the guidelines recommend convergence with a number of civil society organizations, and research institutions for capacity building, such as National Legal Services Authority (NALSA) and National Institute of Public Cooperation and Child Development (NIPCCD), the availability of data on the coverage of capacity building by NIMHANS and LBSNAA enables a possible estimation of the human resource efficiency for the implementation of the mission but limits an inference on human resource efficiency due to the lack of data on the total number of Mission Vatsalya functionaries versus the total number of them trained.

Another major problem highlighted by implementing stakeholders hindering the efficiency of Mission Vatsalya is a high level of attrition among the Mission Vatsalya staff. A number of staff positions such as that of legal-cum-probation officer, counsellor and social worker for which contractual hiring is carried out has minimum qualification parameters inclusive of graduation in relevant discipline and experience of working with the government/NGO. Outsourced human resources, therefore, exhibit a high rate of attrition as they tend to leave for more financially rewarding opportunities.

"The Central Government has given states the flexibility to hire contractual staff as needed. The state has issued directions to all districts to hire staff through outsourcing via the Government e-Marketplace (GeM) by selecting agencies. Sometimes, staff leave for better opportunities, and the process to hire replacements through GeM–advertising, selection, etc.–takes time." ***– State Official, Uttar Pradesh***

The nodal officers from Rajasthan flag the same issue with greater urgency –

"Mission Vatsalya is an entirely contractual scheme. Some positions are on a contractual basis, and others are job-based. Contractual creates problems because the same person does not stay long. We need a certain expertise, but that is only possible when the staff has a long-term outlook. However, contractual staffing motivates them to leave for better opportunities." ***– State Official, Rajasthan***

The person in charge from observation homes also highlighted the Challenges related to inadequate staff and lack of capacity building mechanisms in the Observation homes.

"There are not enough staff to handle the children, and no training has been conducted for any staff on child rights, the JJ Act, or sensitivity in interacting with children. All we learn is by making mistakes." – ***Person in charge, Observation Home, Jaipur***

An institutional checklist assessment of observation homes for Children in Conflict with Law (CCLs) revealed significant patterns in staffing across key roles. In accordance with the JJ Act guidelines, each observation home is required to be headed by a Person-in-Charge (Superintendent), supported by a Probation Officer or Child Welfare Officer. Key staffing positions in these homes include counsellors, medical officers, para-medical staff, house mothers/house fathers, educators, art and physical training teachers, and support staff such as helpers and drivers, ensuring comprehensive care and supervision for the children.

Our assessment revealed the presence, absence, and patterns of availability across key staffing positions in the five observation homes surveyed. Out of five homes reviewed, two had sanctioned superintendent positions that remained unfilled, with responsibilities instead assigned as additional charges to other staff such as probation officers and teachers. Probation officer posts were found to be sanctioned and fully staffed. Similarly, mental health experts or counsellors were available in all of the 5 homes. However, their availability was inconsistent, while some visit fortnightly others visit as per need. Further, House Mothers/House Fathers were available in 3 out of 5 homes appropriately, while 2 homes, indicating shortages in care staff. Additionally, for the provision of medical services a Medical Officer was available in 4 out of 5 homes, though the presence of Medical Officer was limited to either specific days, specific hours or on call basis. Similarly, Para-medical Staff / Staff Nursing Orderly were available in 4 out of 5 observation home and they were present all the time ensuring 24/7 medical support in the homes.

Additionally, the educators were available in 4 out 5 homes, however 1 home had no educator at all. Also, the Art & Craft & Activity Teacher and PT teacher was only available in 2 out 5 facilities.

Better and regular training for senior staff especially superintendents can enable them to better understand the growing psychosocial needs of children. Staff training in general remains sporadic and there is hardly any regular training.

> *"More training in skills in counselling, conflict resolution, gender sensitivity, and managing children with special needs can be helpful."* – ***Person in charge, Observation Home, Faridabad***

Conclusion

The efficiency of Mission Vatsalya is revealed to be medium from our analysis. The implementation of the mission shows a continuous improvement in fund utilisation since the COVID-19 pandemic, with an increasing number of children under non-institutional care. While the allocations remain limited, we observe a rapid enhancement in the utilization trend from approximately 56% in 2020 to 86% in 2021. The infrastructural efficiency, **overall infrastructure appears broadly sufficient to meet beneficiary volumes, yet other systemic and operational issues continue to limit its effectiveness**. The infrastructure may be sufficient in numbers for the CCLs, yet the inhouse facilities need strengthening. Similarly, the human resource efficiency of Mission Vatsalya can be estimated via sustained capacity building programme promoted under the mission but is limited by the lack of data on total number of trained staff with respect to the total number of functionaries. Operational efficiency, on the other hand, is examined with respect to the ability of surveyed CCIs to provide essential care services and their emphasis on child protection mechanisms.

The SAMVAD outreach data from 2020-21 to 2024-25 shows distinct trends across its four thematic areas. Education Functionaries consistently reached the largest audience, peaking at over 49,000 in 2021-22 before sharply declining in subsequent years, indicating an early intensive focus followed by a reduced scale of activities. Health and Mental Health Professionals displayed a strong upward trajectory, with outreach rising from 2,388 in 2020-21 to over 17,000 in 2024-25, suggesting expanding engagement in this sector.

Table 85: Final Gaps and Recommendations

Criteria	Gaps	Recommendations
Infrastructural Efficiency	The district level bodies for the implementation of Mission Vatsalya have not yet been constituted in all districts. The infrastructure in observation homes for CCLs	Overall the infrastructure is adequate and there is a YoY increase in infrastructure. Some states like Uttar Pradesh and Tamil Nadu demonstrate strong utilization, but persistent gaps in institutional presence and specialized facilities highlight the

Criteria	Gaps	Recommendations
	needs strengthening to provide needed support	need for targeted upgrades to sustain service quality. Bolster the infrastructure by providing additional rooms and provisions in observation homes in saturation mission mode.
Human Resources Efficiency	While capacity building initiatives are being increasingly adopted, there is no mission wide needs assessment for a continuous capacity building programme targeting Mission Vatsalya officials. On the other hand, the guidelines suggest capacity building to be carried out in convergence with key ministries and departments across public administration but the lack of an SoP on capacity building and mandated module(s) for the certification of Mission Vatsalya functionaries on their key responsibilities hinders the efficiency of the implementation.	**Training has been a focus:** further keep enhancing focus and conduct light refresher trainings. **Needs-Assessment of Functionaries:** A mission wide needs assessment of all functionaries is recommended based on which a capacity building module can be developed to augment the HR efficiency of Mission Vatsalya. Training for growing needs of children like skills in counselling, conflict resolution, gender sensitivity, and managing children with special needs **Staff Welfare and Recognition:** A Mission Vatsalya Awards scheme at the state level to recognize exemplary service by frontline workers and institutional caregivers can be explored to boost morale among the implementing stakeholders. The recommendation is aligned with the guidelines' prescribed Child Protection Awards.

4.3.2.3 Effectiveness

This section explores the effectiveness with which Mission Vatsalya is able to reach its target beneficiaries and the factors that enable an effective service delivery via childcare institutions. We assess the overall coverage of beneficiaries categorized as CCL and CNCP across institutional and non-institutional care. Additionally, in order to understand the effectiveness

with which the scheme is working on ground, we examine the provisions of care across CCIs as well as mechanisms in place to aid children in difficult circumstances.

1. Coverage of Beneficiaries
2. Effectiveness in Enabling Overall Child Development

Coverage of Beneficiaries

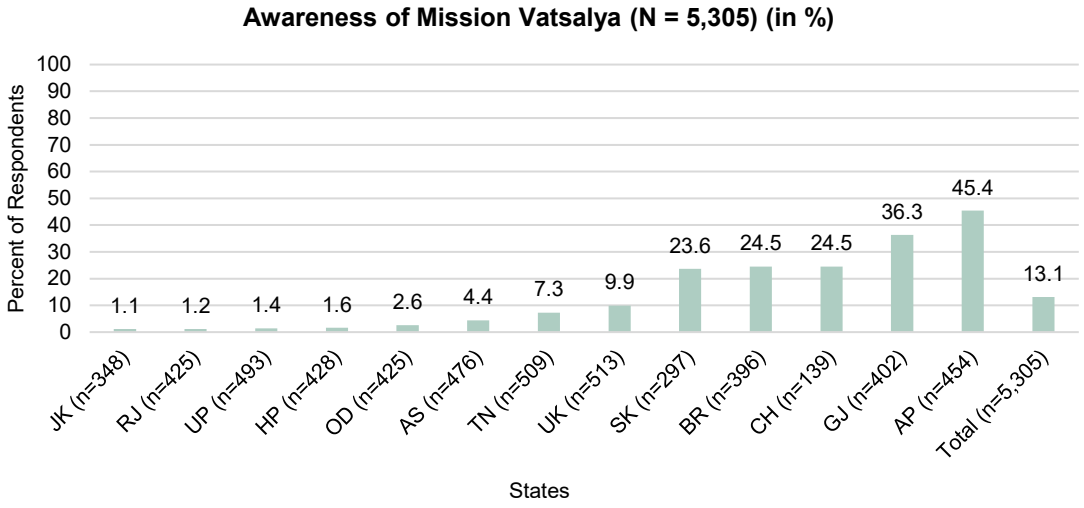
Prevalence of Awareness for the Scheme

The coverage of beneficiaries under Mission Vatsalya is ensured from the provisioning of the scheme's facilities and faculties to children in difficult circumstances and therefore, can be examined along the degree of its accessibility. On the other hand, children's accessibility to institutional care, in the face of difficult circumstances, is an outcome of the grassroot awareness regarding the program considering the dependent nature of the population. While children are the target beneficiaries of Mission Vatsalya, they are dependent on the adults to be able to access the scheme's benefit.

"Children are identified through various channels such as the Child Helpline, CDPOs, Anganwadi workers, or even by individuals who find children involved in begging, child labour, or in other vulnerable situations." – ***State Official, Andhra Pradesh***

Therefore, the prevalence of awareness for the scheme determines the extent of its coverage. In other words, the coverage of beneficiaries under Mission Vatsalya is contingent upon the level of awareness among the general population as well as target beneficiaries and their subsequent desirability to avail the services promised under the scheme as per the requirement. Our inquiry from household surveys provides us with a considerable variation in the level of awareness across states, illustrated as follows:

Figure 97: Awareness of Mission Vatsalya among all the respondents (in %)



Source: Household Survey

While states like Jammu & Kashmir (1.1%), Rajasthan, (1.2%) and Uttar Pradesh (1.4%) show very low levels of intra-state awareness, Gujarat (36.3%) and Andhra Pradesh (45.4%) stand relatively higher. We also find that the level of awareness remains dismally low in most of the sampled states and no geography reflects the prevalence of awareness around the scheme for more than 50% of the respondents.

The difference in the level of awareness among households across states can be reasoned with the differences in institutional mechanisms. Certain states report the implementation of Mission Vatsalya a subject of Department of Women and Child Development whereas in certain states, the charge is assigned to the Department of Social Justice. States wherein the implementation is being carried out by Department of WCD, such as Andhra Pradesh, the frontline workforce composed of AWWs is leveraged by State Child Protection Societies for continued IEC activities whereas in states such as Gujarat where Mission Vatsalya is implemented by the Department of Social Justice and Empowerment (SJE), the convergence mechanism is rendered efficient with the state level offices of WCD and SJE adjacent to each other, contrary to Rajasthan where the scheme is implemented by the Department of Child Rights overseen by the Department of SJE but without an institutional convergence with ICDS for any of the administrative functions.

The Joint Director of Andhra Pradesh, in-charge of implementing Mission Vatsalya at the state administrative level asserts the importance of District Child Protection Units in practically implementing the mission objectives. Explaining the operational responsibilities of state administration, she added:

> *"We also monitor the activities of the District Child Protection Units (DCPUs) across each district, reviewing efforts related to child marriages, POCSO cases, the implementation of the Juvenile Justice Act, as well as awareness campaigns conducted in schools and among the general public."* ***– State Official, Andhra Pradesh***

The overall low level of awareness for Mission Vatsalya is also rooted in the lack of standardized IEC practice across the states. While the scheme's guidelines underscore the importance of awareness generation on child welfare services, no public data has been disseminated on the IEC activities undertaken on a continuous basis to strengthen the scheme's implementation.

Stakeholders at the state and district child protection units inform a committed focus to vulnerability mapping and rescuing of children from difficult circumstances, implementation of the Juvenile Justice Act, as well as organization of awareness campaigns across and among the public. As per the MoWCD target, a total of 25 crore people were aimed to be reached via advocacy and awareness campaigns. With the inception of Mission Vatsalya, the institutional care provision was expedited, and digital monitoring of the scheme was enhanced. However, there is no real-time tracking of the coverage of outreach program, limiting our ability to comment upon the number of people reached via advocacy programs. While functionaries echo the robustness of implementation framework, we find insufficient outreach mechanism and IEC strategies to render the implementation framework into effective action.

Mission Vatsalya's motto is to leave no child behind. Its guidelines include very good provisions like proper formation of committees and their regular meetings, so that we can reach marginalized communities. – ***State Official, Gujarat***

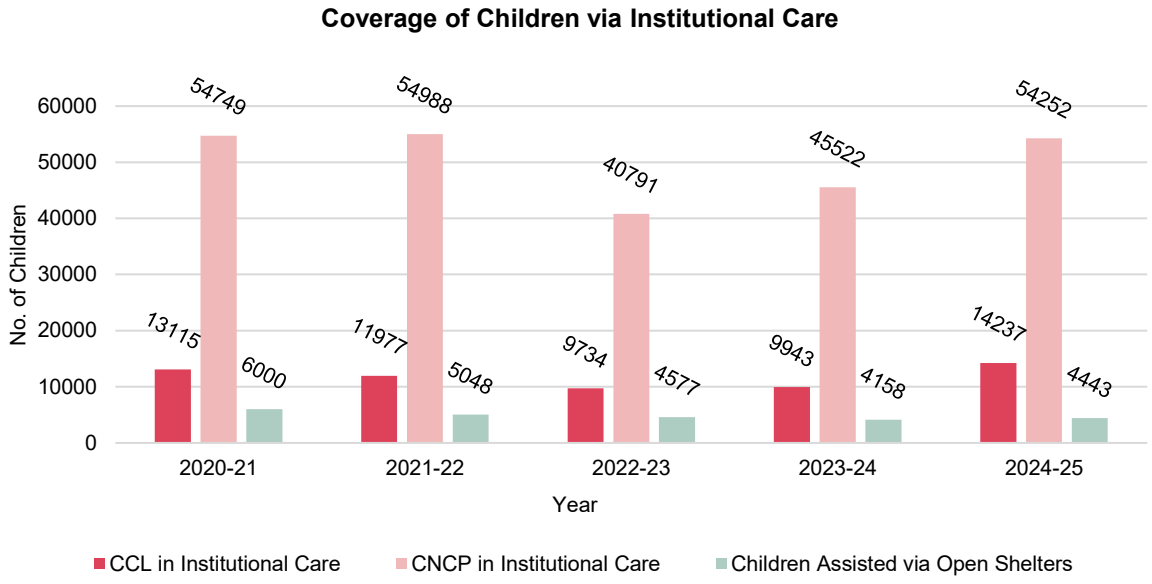
Coverage of Beneficiaries via Institutional Care

The conceptualization of Mission Vatsalya as an integrated scheme was not merely nominal but represented a paradigm shift toward child-centric governance, with a stronger emphasis on decentralization, robust institutional mechanism, convergence with allied services, and community participation. Misson Vatsalya expanded the scope of erstwhile ICPS to include institutional reforms, digital monitoring, quality assurance through grading of Child Care Institutions (CCIs), and the promotion of non-institutional care mechanisms such as foster care, sponsorship, and aftercare.

In its demand document[157], MoWCD targeted the provision of shelter facility for approximately 90,000 children covered under CPS, providing for minimum standard of care and protection. For CCL, the same target was kept at 12,000 which also included their rehabilitation and re-integration with society. It also supported the achievement of non-institutional care for approximately 10,000 children.

As per the latest Mission Vatsalya data for the FY 2024-25 received from MoWCD, we learn that the CCIs and SAAs collectively benefitted 76,882 children including the rehabilitation of 3,950 children via SAAs. Tracking the trend of number of CCL, CNCP and other children in vulnerable circumstances assisted via CCIs since the inception of Mission Vatsalya:

Figure 98: Number of Children under Institutional Care from 2020-2025



Source: MoWCD

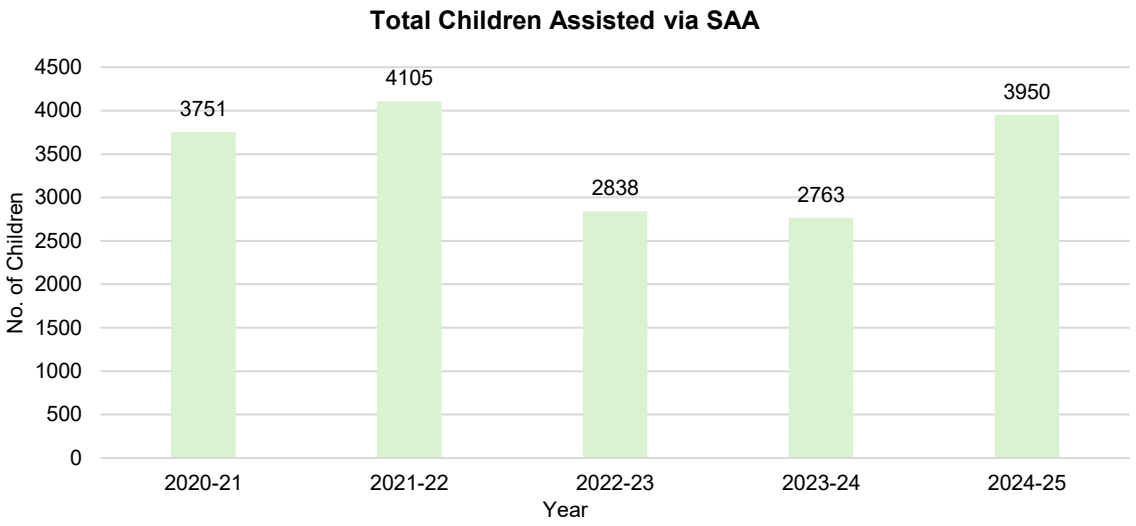
[157] Demand no 99, MoWCD

The graph above reflects a consistent uptake of institutional services by children across five years at the national level. Albeit we observe a reduction in the number of beneficiaries assisted for the years 2022-23 and 2023-24 via CCIs, until the increase in demand in 2024-25.

Since the beneficiaries of CCIs per year include the number of children residing in CCIs for the respective year, the number of children benefitted in the successive year are also inclusive of past beneficiaries. However, considering the temporary provision of shelter and support in open shelter, the number of beneficiaries for each year are unique beneficiaries.

Similarly, we see the coverage of unique beneficiaries per year in case of SAAs.

Figure 99: Number of Children Assisted for Adoption via SAAs Nationally



Source: MoWCD

Currently, while there is an emphasis by the ministry on increasing the number of beneficiaries assisted under Mission Vatsalya, there are limited performance targets in terms of the number of children institutionalized for care or rehabilitated via non-institutional care mechanisms (foster care, and after care) or adoption, or they need stronger institutionalization. The scheme also views institutionalization of children as a measure of last resort with greater emphasis on rehabilitating children in difficult circumstances via non-institutional methods. As a result, the exhibits on the coverage of children by different institutions of the scheme does not imply its effectiveness *de facto*.

An increasing number of children assisted for adoption via SAA indicates enhanced scheme effectiveness but in the absence of an indicator that tracks the proportion of orphaned, abandoned or surrendered (OAS) children out of the total population of children aged 0 to 6 years, we can only infer perceived effectiveness of SAAs as against an estimate of actual effectiveness.

Functionaries stress upon the objective of increasing the rate of adoption and reducing the operational delays in facilitating adoption of children.

> *"The adoption process takes too long - 2 to 3 years - so people often drop out."* – ***District Official, Bihar***

Despite the schematic push for increased family-based non-institutional care of children, the number of adopted children assisted via SAAs does not show a consistently progressive trend. Administrative officials in SAAs emphasise on the need for greater awareness around legal adoption and safe surrender of children.

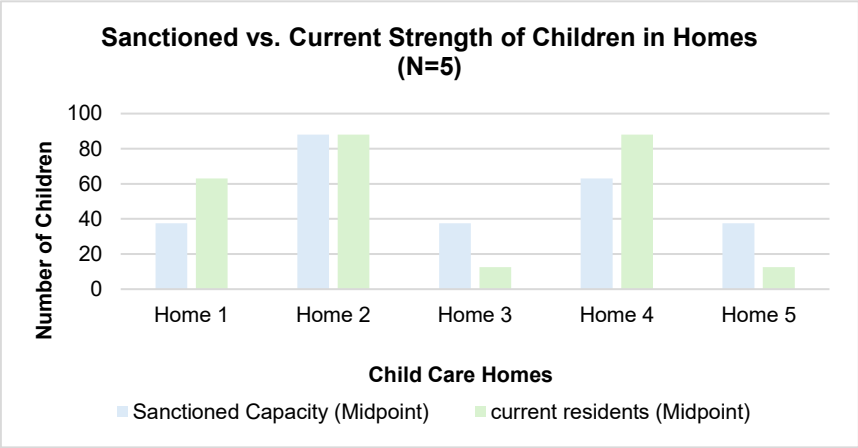
> *"There's no shortage of children—many newborns and abandoned children are there. People don't want to follow legal adoption. They say why should they go through so much trouble when they can just keep the child with us. During awareness sessions, we explain that you can't just keep a child because it's illegal. The central and state governments should run more awareness campaigns."."* – ***District Official, Bihar***

Similarly, the absolute number of CCL and CNCP in CCIs only indicates the number of children in need of family based institutional care and/or reintegration post-release in case of CCL. Since the scheme is yet to develop and track the National Child Index to measure in real-time the rate of rehabilitation, possibly in terms of the number of children transitioned from institutional care for rehabilitation in non-institutional care.

Our inference is further challenged by the absence of a census-wide data on the number of children in difficult circumstances in order to estimate the true number of children eligible for institutionalization. This precludes the estimation of a coverage gap.

In addition to this aggregate picture, the institutional checklist findings highlight an imbalance in present strength of children and the sanctioned capacity in selected Observation Homes for CCL.

Table 86: sanctioned vs. current strength of children in CCL homes



Source: institutional checklist

The analysis of sanctioned capacity versus current residents across the sampled CCIs highlights significant imbalances in utilization. Two homes (Home 1 and Home 4) are overcrowded, housing more children than their sanctioned capacity, which are essentially boy's homes, raises concerns about resource strain and quality of care. One home (Home 2) is fully occupied, functioning exactly at capacity with no buffer for additional intake. In contrast, two homes (Home 3 and Home 5) which are essentially girl's homes, are underutilized, accommodating far fewer children than they are sanctioned for. This uneven distribution suggests inefficiencies in the placement of children across CCIs, where some institutions face overcrowding pressures while others operate below capacity. It should be noted, however, that these findings are derived from a limited sample of five institutions and may not be representative of broader trends.

Furthermore, in addition to the quantitative data on sanctioned versus current capacity, qualitative evidence from Observation Home staff also points to challenges in managing the increasing number of children.

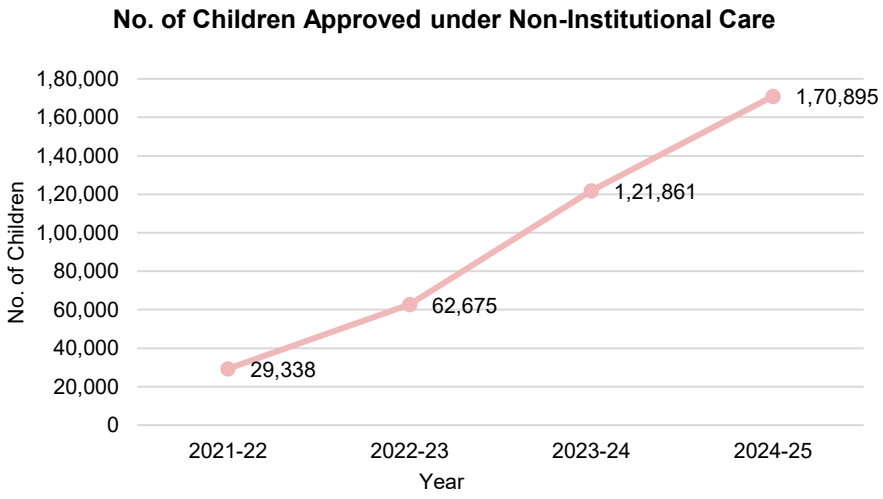
> *"I have observed an increase in crimes among the children especially after the covid, but facilities must be increase proportionately"* **– *Observation Home Staff, Haryana and Rajasthan.***

Coverage of Children under Non-Institutional Care

The non-institutional care services of Mission Vatsalya emerge with great strategic importance as the scheme views the placement of children under institutional care as a measure of last resort. The scheme primarily focuses on the rehabilitation and reintegration of children through sponsorship, foster care, adoption and after care in familial or community-based care set-ups.

The number of children approved under non-institutional care have steadily increased since the inception of Mission Vatsalya, approximately doubling in its first year and then increasing by 40% in its second year.

Figure 100: Number of Children Assisted for Adoption via SAAs Nationally



Source: MoWCD

Our conversation with implementing officers at the central level revealed enthusiasm among stakeholders to facilitate the support of children via non-institutional care:

> *"States have been increasingly raising the demand for funds to be disbursed under non-institutional care, expanding the number of beneficiaries progressively."* **– *Centre Official, MoWCD***

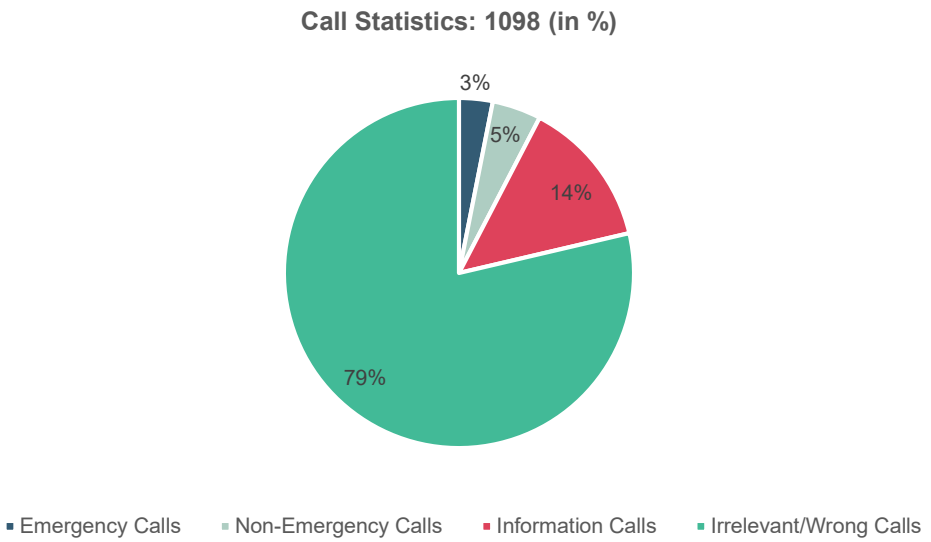
Coverage via Emergency Response System

Mission Vatsalya facilitates the operationalization of a 24x7 helpline service for children that is integrated with the Emergency Response Support System 112 of Ministry of Home Affairs. The states are mandated to establish a call management system in each district in order to reach out to the target beneficiaries as well as to respond to the needs of children in difficult circumstances.

> *"We have asked the states to saturate the supply by ensuring the provision of 1098 in each district. We can decide whether to keep one operational or not depending upon the demand in the district but first, we need to ensure the supply."*– **Centre Official, MoWCD**

In 2019-20, MoWCD aimed the establishment and operationalisation of the child helpline capable of receiving and resolving grievances from approximately 1,00,00,000 children. As per the call received data for Child Helpline from July 2023 to March 2025, provided by MoWCD, we learn that a total of 49,67,738 calls were responded to out of 60,65,458 calls. As much as 3% i.e. 1,54,611 calls were identified as emergency calls whereas 2,24,321 calls were classified as non-emergency calls. A large majority of calls were classified either as irrelevant or wrong calls.

Figure 101: Call Received Data - Child Helpline



Source: MoWCD

Out of 1,54,611 calls identified as emergency calls, Child Abuse and Child Marriage emerged as the biggest categories, with as much as 46,781 and 34,077 calls received in the period pertaining to the issues, respectively. The volume of calls classified under Child Abuse and Child Marriage reflect the extent of children in difficult circumstances, underscoring the urgent need for a proactive beneficiary identification.

Table 87: Classification of Emergency Calls Received by 1098

Emergency Call Type	Count
Addiction/Substance Abuse	938
Begging Child	4,527
Child Abandonment/Displacement/Neglect	4340
Child Abuse	46,781
Child Found	11,302
Child Health Issues	3,691
Child Labour	14,103
Child Marriage	34,077
Child Missing	21,821
Others including Victims of Racism, Natural Disaster, Cybercrime, and Section 77&78 of JJ ACt	1054
Child Sexual Abuse	128
Lack Of Access to Education	6,762
Registration Of Entitlements	875
Runaways or Street Child	3,689
Trafficking	523
Total	**1,54,611**

Source: MoWCD

Our conversations with the state officials highlighted that the state administrations take cognizance of the primary issues plaguing child welfare outcomes and have been prompt at mobilizing resources targeting the issue(s).

"Based on the Prohibition of Child Marriage Act, 2006, we framed the AP Child Marriage Prohibition Rules. As per these rules, we have designated 60,408 CMPOs across the state from various departments, from the village level to the district level. These CMPOs are given periodic training on relevant legislation, their roles, and responsibilities, particularly in prohibiting and regulating child marriages." – ***State Official, Andhra Pradesh***

Effectiveness of CCIs in Enabling Overall Child Development

The examination of Mission Vatsalya's effectiveness in enabling overall child development is based on the assessment of CCIs catering to Children in Need of Care and Protection (CNCP) as well as Observation Homes for Children in Conflict with Law (CCLs), within the scope and limitations established for this study

Provisions of Care and Well-being in CCIs

The official data of Mission Vatsalya reports a total of 2559 childcare institutions across India, with 76,882 children under institutional care. In our institutional assessment, we covered the CCIs across our sampled districts and furnished insights on the general provisions of care and services available at CCIs for overall child development. We inquired in detail about the composition of children's daily routine and inclusion of education, recreational activities, group activities, and awareness programs within them. We also explored the provisions of counselling, vocational training, psychological evaluations and nutritional sufficiency deemed necessary for the children. The provisions of care and other services were bracketed into six major categories as follows:

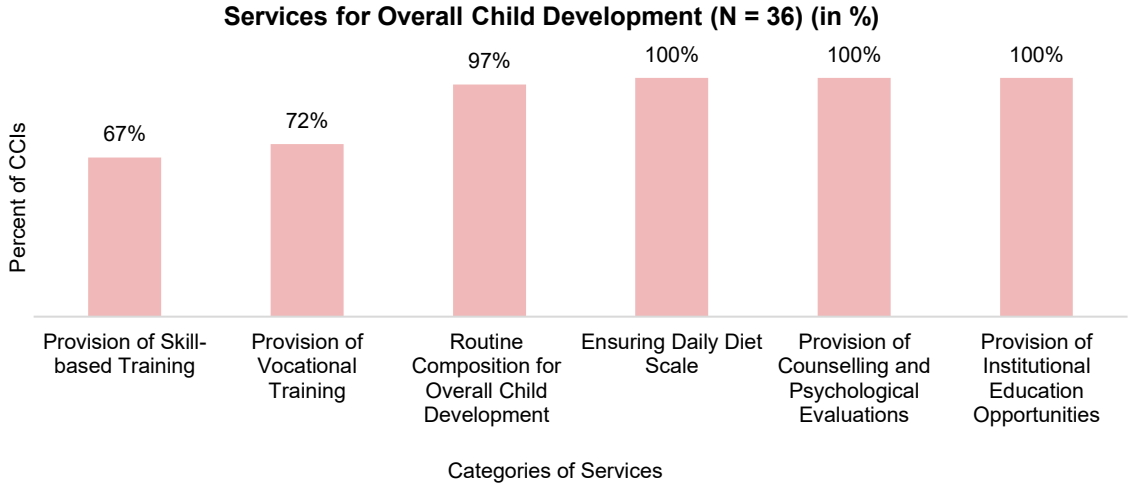
1. Routine Composition for Overall Child Development
2. Ensuring Daily Diet Scale
3. Provision of Counselling and Psychological Evaluations
4. Provision of Institutional Education Opportunities
5. Provision of Vocational Training
6. Provision of Skill-based Training

These categories are indicative of the various facilities that CCIs are directed to provide to the children in care for their enablement. The categorisation is based on the type of question administered via institutional checklist survey but does not represent an exhaustive list of all provisions of care. The categories are representative of the minimum standards of care for CCIs prescribed by the Juvenile Justice (Care and Protection of Children) Model rules, 2016, that emphasise composition of a daily routine for a regulated and disciplined life, nutrition and diet scale, medical and mental healthcare, education, vocational training and skill-based training.[158]

The following graph illustrates the nature of services provided at CCIs catering CNCPs in the sampled districts.

[158] Juvenile Justice (Care and Protection of Children) Model rules, 2016, MoWCD

Figure 102: Child Development Services



Source: Institutional Survey

Interestingly, all CCIs catering CNCPs ensure a daily diet scale for nutritional sufficiency, institutional education and psychosocial counselling for the children. The provisions of skill-based trainings and vocational trainings, however, are found to a lesser degree than the other categories as some districts reported the non-availability of services at present. While the visualization above looks at the entire sample of CCIs, the overall low provision of skill-based training and vocational training is due to the unavailability of the same in CCIs across Assam, Rajasthan, Uttar Pradesh and Bihar.

Our review of the scheme guidelines indicates that funds of INR 10,00,000 are provided to each CCI of capacity of 50 Children for Administrative Expenses which includes funds for Vocational Training of Children. Similarly, INR 6 lakh are provided for CCIs with 25 children. Yet, interviews with stakeholders at CCI highlighted that Mission Vatsalya lacks specific funding for skill-building of children. The guidelines, also direct the construction of CCIs in close vicinity to educational institutions such that children in conflict with law and children in need of care can easily access their services.

State administrations are also committed to ensuring the skill-building services through inter-departmental/organizational convergence. For example, the CCIs catering CNCPs in Rajasthan report of providing skill enhancement trainings via CSR and Rajasthan Skills and Livelihoods Development Corporation (RSLDC).

On the other hand, Uttarakhand, Sikkim, Gujarat, Odisha, and Bihar emerge as states with CCIs catering CNCPs equipped with the provisions of vocation and skill development training.

> *"The facilities for skill development in the form of vocational courses are being provided by Jan Sewa Kendra, ITIs, NSS groups, as per the interest of the child."***– District Official, Gujarat**

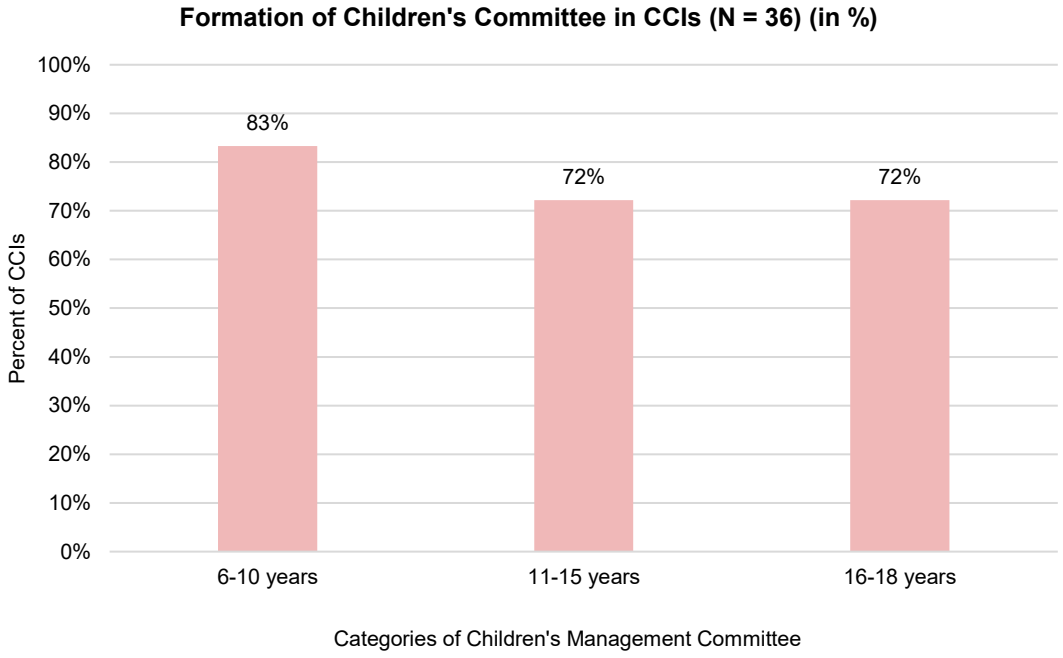
The Officer from Odisha, emphasised on the state-led provisions of education and skilling for beneficiaries –

"*We have program officers to monitor the children need counselling; they focus on the facilities and needs of the children. They also pay attention to how the children can study properly, complete B. Tech and graduate. They are given training in ITI, WS, Hotel Management, etc.*" – ***District Official, Odisha***

Case study from Uttarakhand

Interesting findings emerge from Uttarakhand as it qualifies to be one of the states promising the multi-dimensional growth and development of children under institutional care. Uttarakhand leads as an example of providing vocational training for children via Alamban Women Kalyan Sankari Samiti, a state-level cooperative society. This society provided vocational training and income generation opportunities for aftercare youth, especially through the production and sale of crafts. The stakeholders in the SCPS iterated that the profits from the initiative go back to children, ensuring their post-transition financial security.

One of the key measures indicating the enablement of children beneficiaries is the active presence of management committees at CCIs composed of children across various age groups representing the beneficiaries in the everyday provisioning of Mission Vatsalya services. The Rule 40 of the JJ Rules, 2016 prescribes a mandatory constitution of Children's Committee for the management of CCIs, and to ensure well-being and safety of children in the institution. The committee shall be formed across three age groups namely 6-10 years, 11-15 years and 16-18 years. A majority of our surveyed institutions reported the formation and active participation of Children's Management Committees across all age groups.

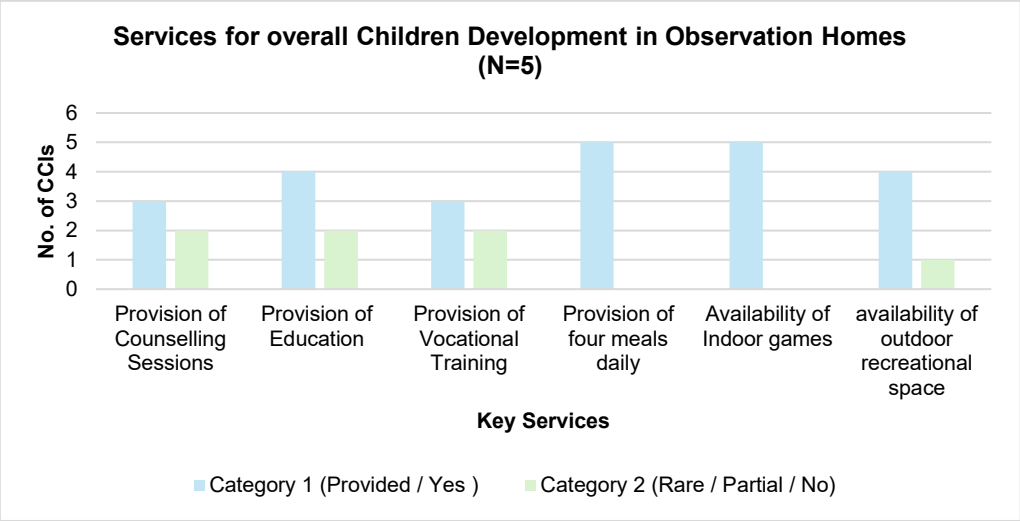


The overall effectiveness of the scheme in delivering the mandated provisions of care and enabling overall child development at CCIs is supplemented from our conversations with the beneficiaries at the institutions, captured in our analysis of the mission's impact.

Provisions of Care and Well-being in CCIs catering CCLs

The analysis of CCIs catering to children in conflict with law (CCLs) focused on institutional provisions for daily care and development, including counselling and psychological support, education, vocational training, nutritional sufficiency, recreational opportunities, and the formation of Children's Committees., vocational training, and nutritional sufficiency.

Table 88:Services for overall children development in Observation Homes



Source: Institutional checklist

Counselling services were found to be uneven: three of the five facilities provided individual therapy sessions regularly, while two offered them only in rare or specific cases. Furthermore, qualitative data from stakeholder interviews suggest that in many Observation Homes (out of five), counselling is conducted only once a fortnight. Considering the number of children residing in these institutions, this frequency appears inadequate to meet the individual therapeutic and psychosocial needs of the children. Education was available in four of the five institutions, though participation varied, with some children attending regularly and others only partially. There was no evidence of structured bridge schooling, specialised support for children with learning disorders, or linkages for scholarships. This indicates a clear gap between the mandated provisions and actual implementation.

Vocational training emerged as the weakest area across sampled CCIs catering to CCLs. Although the JJ Rules mandate that every CCI shall provide structured, certified vocational training, only three facilities reported offering training on a partial or irregular basis, while two had no such provision at all. The absence of consistent and certified vocational opportunities undermines the objective of preparing children for reintegration and self-reliance, as envisioned in the guidelines.

Indoor recreational facilities were available in all five institutions. However, outdoor recreational spaces were accessible in only four of the five facilities. This indicates that while

recreational opportunities are largely available, some institutions lack adequate outdoor infrastructure. The absence of such space restricts children's opportunities for physical exercise, social interaction, and stress relief—critical components of holistic child development.

Similar to CNCP CCIs, Children's participation structures were largely in place, with four of the five CCIs reporting the formation and functioning of Children's Committees, reflecting active involvement of children in institutional governance.

Conclusion

The effectiveness of Mission Vatsalya is inferred to be medium. The overall awareness of the scheme among general respondents surveyed across households in our sampled geographies remained restricted to 13% indicating a gap in the outreach effort. Considering how the services under Mission Vatsalya are to be accessed by the target beneficiaries or well-wishers of the target beneficiaries, the rights-based approach towards child protection and welfare can only be enhanced via sustained outreach effort.

In our examination of the effectiveness of CCIs catering CNCP in ensuring an environment for overall child development, surveyed CCIs reported adequate provisions of care such as daily diet augmented upon nutritional guidelines, counselling and psychological evaluations, institutional education opportunities, vocational training and skill building, indicating an overall focus on child development. The district officers as well as CCIs managers substantiated evidence for skilling and vocational training of children. Such services are often being ensured in convergence with NGOs, cooperative societies, government academic institutions, etc., to enable children as they pass out of institutions. Beneficiaries currently residing in the surveyed institutions shared an overall positive outlook of institutionalized care.

The CCIs catering CCLs, have basic provisions such as food, education, and counselling are consistently available, gaps persist in the frequency of counselling sessions, availability of certified vocational training, and access to outdoor recreational spaces. Children's Committees are functional in most institutions, reflecting efforts towards participatory governance. However, the developmental and rehabilitative components—particularly skill-building, educational opportunities and psychosocial support—require greater strengthening to ensure that institutional care goes beyond meeting basic needs and effectively prepares children for reintegration into society.

Table 89: Final Gaps and Recommendations

Criteria	Gaps	Recommendations
Coverage of Beneficiaries	**Low Level of Awareness:** Our primary household survey reflected an extremely low level of awareness among the general population on Mission Vatsalya with the overall prevalence of awareness across	**Strengthen Geographic Access:** Upon our inquiry into the mapping exercises done at the administrative end to identify the need for institutions as well as other faculties, we found that administrative action is mostly reactive. *"Anganwadi teachers, ASHA workers, and some medical staff who are*

Criteria	Gaps	Recommendations
	13 sampled geographies to be equal to 13%. **Unavailability of data reflecting the extent of demand for Mission Vatsalya services:** While the coverage of beneficiaries is reflected in absolute numbers by the reporting mechanism established by Mission Vatsalya, the numbers in themselves do not adequately reflect the effectiveness of the scheme's functioning due to the lack of a demand assessment. More coverage of CCL beneficiaries for services like counselling to ensure their reintegration	*available at the village or mandal level are often the first to identify children in need. Once identified, the information is passed on to the CDPO at the mandal or project level. From there, the information is escalated to the district level, where the District Child Protection Unit (DCPU) or the Project Director takes action."* told the Mission Vatsalya team from WCD, Andhra Pradesh. Vulnerability mapping exercises become important under the light of the fact that the current scheme awareness and utilization remains low. Child-vulnerability mapping will require the administration to act pro-actively and will augment the planning for new institutions and mobilization of protection and welfare staff.
Effectiveness of CCIs in Enabling Overall Child Development	**Digital Systems for Real Time Monitoring** The current resource directory provides information on the availability of Mission Vatsalya institutions across geographies and also provides a glimpse into the number of children in institutional care. However, the directory is limited in its scope as no further information on the frequency and quality of care provisions for the children can be accessed.	**Enhancement of Scheme Dashboard:** A beneficiary tracking system for children under institutional care emerges necessary for effective monitoring. The existing Vatsalya Portal may be expanded to include the beneficiaries' data and provisions of care allocated across institutions in order to track and assess the performance of the scheme.

4.3.2.4 Sustainability

The **Mission Vatsalya** scheme is designed to ensure integrated child protection, care, and rehabilitation services through mechanisms such as Child Care Institutions (CCIs), Specialised Adoption Agencies (SAAs), Child Helplines, and statutory bodies like Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs).

However, the long-term sustainability of these interventions depends on consistent and adequate financing, universal infrastructure coverage, availability of trained human resources, and institutional resilience right to the level of the district.

1. Financial sustainability
2. Institutional sustainability

Financial Sustainability

To achieve long-term sustainability, it is essential that Mission Vatsalya's financing strategy aligns with its broad mandate under the Juvenile Justice framework. This includes not only strengthening statutory and institutional structures—such as childcare institutions, child helpline management centres, and child welfare committees at village and district levels - but also ensuring full saturation of these services nationwide. The current budgetary provisions, while stable, may not be adequate to meet the scheme's growing responsibilities, which undermines the sustainability of grassroots implementation.

The scheme's needs-based service delivery mechanism, coupled with the absence of demand estimation based on the population of Children in Need of Care and Protection (CNCP), highlights the importance of supply-side readiness. Sustained investments in physical infrastructure, human resources, and digital systems are necessary to avoid compromising institutional efficiency and to enable a responsive and resilient child protection ecosystem.

The utilization of the Mission Vatsalya budget has shown a marked improvement over time, rising from 57.7% in 2019–20 and 56.5% in 2020–21 to 94.5% in 2024–25. Following a significant jump to 84.6% in 2021–22 and a brief dip in 2022–23 (70.8%), the scheme has demonstrated consistently strong financial performance in the most recent years, with utilization exceeding 94%.

This upward trend signals improving institutional capacity for fund absorption, better planning and execution at the state level, and enhanced readiness of implementing agencies. From a financial sustainability perspective, such high and stable utilization builds a strong case for increased and predictable budget allocations.

It also reflects growing maturity in fiscal management and provides assurance to policymakers that additional investments in child protection infrastructure and services under Mission Vatsalya can be efficiently deployed, thereby strengthening the scheme's long-term viability and impact.

Yet, Stakeholders at Observation Homes for Children in Conflict with Law (CCLs) reported that delays and insufficient funding affect both facility maintenance, like building repairs, and the delivery of essential care services.

The funding received per child per month, which is ₹3,000, is insufficient, especially considering inflation, and makes it difficult to provide adequate services and maintain the facilities properly." – ***Person-in-Charge, Haryana***

Institutional Sustainability

Officials across all levels of hierarchy express commitment to mitigating social issues plaguing child rights and rescuing of children from difficult circumstances, reflecting strong administrative willingness. It is recognised by the stakeholders that the prompt identification of children in need is crucial to make the services available and further the objectives of Mission Vatsalya. Recognising the current gaps in vulnerability mapping, officials across all administrative levels stress upon the need for conscious and fast-tracked actions in matters pertaining to children.

"We coordinate with the police, and health department as soon as a child in a difficult circumstance is identified. The rescue is carried out in collaboration with the police, and the health report is submitted to the CWC." – ***State Official, Gujarat***

Additionally, the current capacities of implementing stakeholders are regularly enhanced via workshops and trainings involving Anti Human Trafficking Units (AHTU), police, and social services to ensure stakeholder alignment with child protection priorities. Not only that the scheme has mandated regular training and capacity building of implementation officers, but it has also ensured an additional provision of 2% budget for capacity building efforts, child survey, and grading of CCIs.

Yet, as per the discussions with the Central Adoption Resource Authority, the regular capacity building initiatives are not sufficient to build capacities at the level of the district. Despite being the designated nodal agency at the district level for coordinating child protection services, District Child Protection Units (DCPUs) have played a limited role in streamlining and facilitating adoption and foster care processes.

"DCPUs often operate with staff of inadequate capacities, in, procedural, and psychosocial aspects of foster care and adoption. This limits their ability to monitor the status of children placed in families or to support prospective adoptive/foster parents through counselling and follow-up." ***– Official CARA***

"Efforts are being made for restoration and Rehabilitation Participation and happiness quotient of Children." – *MoWCD officials*

Capacity deficits within DCPUs pose a challenge to the sustainability of adoption and foster care systems. Without adequately trained personnel, the continuity and quality of services such as screening, counselling, and follow-up remain inconsistent. This limits the ability to build institutional memory, standardize processes, and provide long-term support to children and families. A well-trained, stable workforce ensures that essential functions do not depend on individual efforts alone, but are embedded in the system, thereby enabling consistent service delivery even amidst administrative or policy shifts.

Similarly, the absence of robust data and child tracking systems undermines sustainability by weakening accountability and institutional learning. Reliable, real-time data is essential for timely decision-making, monitoring placements, identifying children eligible for adoption or foster care, and ensuring their well-being post-placement. Without it, case follow-up becomes ad-hoc, and systemic issues remain unaddressed. An integrated Management Information System (MIS) not only strengthens transparency and oversight but also supports evidence-based planning, making the system scalable, replicable, and resilient over time.

> *"The Child Adoption Resource Information and Guidance System (CARINGS), developed by the Central Adoption Resource Authority (CARA), can be leveraged as a core digital backbone to address these data and tracking gaps within the adoption and foster care ecosystem to strengthen scheme at lowest level."* ***– CARA Official***

In addition, the implementation of Mission Vatsalya across states remains non-uniform due to the allocation of charge to state level departments and ministries other than the MoWCD. In Rajasthan, for example, the implementation of Mission Vatsalya is overseen by the Directorate of Child Rights under Ministry of Social Justice. Similarly, in Gujarat, the State Child Protection Societies are tasked with the responsibility of implementing Mission Vatsalya in the state. In Bihar it is under the Ministry of Social Justice. State officials remark that the difference in charges across states hinder the achievement of national priorities for child rights and protection and hence, it would be better to bring the mission within the ambit of MoWCD completely.

> *"The differentiated responsibilities and charges decrease administrative will and commitment. It would be good if the scheme is implemented by Women and Child Development Department."* ***– State Official, Rajasthan***

Conclusion

The sustainability of Mission Vatsalya is currently medium as it rests on the foundation of robust financing, institutional resilience, and uniform implementation. While recent improvements in fund utilization and ongoing capacity-building initiatives reflect encouraging progress, persistent gaps at the district level particularly in the functionality of DCPUs and integration of real-time data systems continue to challenge the long-term viability of the scheme. The inability to effectively deliver family-based alternative care like adoption and foster care at scale highlights the need for deeper investments in human resources, data infrastructure, and inter-agency convergence at ground level.

Moreover, structural inconsistencies in implementation across states, where departments outside the MoWCD oversee the scheme, dilute national coherence in child protection priorities. To enhance sustainability, Mission Vatsalya must institutionalize a uniform governance structure under the MoWCD, operationalize child protection services based on population-based vulnerability mapping, and build district-level capacities for responsive, evidence-based service delivery. Only then can the scheme move from reactive care to a resilient, proactive child protection ecosystem capable of fulfilling its mandate under the

Juvenile Justice framework and broader SDG commitments. Overall, the sustainability of the scheme is average.

Table 90: Final Gaps and Recommendations

Criteria	Gaps	Recommendations
Financial Sustainability	While the utilization rate of the budget has significantly improved since 2021-22, the budget allocations for the current components only support a needs-based service delivery. Fund delays in CCL observation homes are observed	To successfully transition from the ICPS' erstwhile needs-based approach to Mission Vatsalya's rights-based approach, an assessment of the true needs of the services is required via National Child Survey, which may subsequently require revisions of budgetary allocations. Need for timely disbursement of funds in the CCL observation homes especially for maintenance
Institutional Sustainability	Capacity deficits in the DCPUs, reported by stakeholders at the centre and state level. Insufficient data monitoring and child tracking mechanism.	The capacity gaps among the functionaries need to be addressed via a nation-wide initiative akin to PBPB for Mission Saksham Anganwadi and Poshan 2.0. The MoWCD may set up a committee for the needs assessment of, and capacity building program development for the functionaries. Continued efforts to strengthen trainings of DCPU on increasing happiness quotient and rehabilitation care. While the official dashboard tracks the total number of beneficiaries across the total number of institutions and non-institutional care mechanisms, it does not capture rehabilitation and reintegration data. It can be upgraded to include beneficiary-level data for real-time performance monitoring of the programme.

4.3.2.5 Impact

Limitation

The guidelines for Mission Vatsalya direct MoWCD to conduct periodic National Child Surveys to map the needs of children in order to ensure suitable policy and/or programmatic response under the scheme. Additionally, it also prescribes the development of a National Child Index to facilitate the evaluation of performance of Districts, States and UTs, which is also deemed

vital for the identification of regions with specific needs for targeted intervention. Both these exercises are to be carried out in collaboration with the Ministry of Statistics and Programme Implementation (MoSPI). Additionally, it encourages needs-based research and documentation to periodically analyse the grassroot situation affecting welfare and protection of children. However, while the recommendations are sound, the unavailability of instruction modules to facilitate effective convergence has hindered the development of performance assessment parameters and impact indicators. Not only that the reconfigured scheme is in its nascent stage to show rehabilitative and/or reintegration outcomes for its beneficiaries, but it is also lagging in terms of on-ground leveraging of convergence mechanism, rendering an assessment of the scheme's impact **inconclusive.**

The following is a list of indicative parameters across which impact could have been assessed with the availability of appropriate and adequate data:

1. Social Impact
2. Economic Impact

Social Impact

In the event of a successful achievement of MoWCD's convergence with MoSPI for Mission Vatsalya, the National Child Survey could have ensured the availability of information on the total population of children in need of care and protection. Accordingly, the evaluation could have examined the extent to which the state managed to universalize the protection and welfare framework by calculating the gap between the coverage and the population.

The social impact can also be assessed with information on the number of children who were transferred from institutional care to family-based non-institutional care, via a rehabilitation index, and on the number of children who transitioned from institutional care to mainstream society after achieving 18 years of age, via a reintegration index. These two indices can be developed in convergence with MoSPI and can provide a real-time glance at the social impact that Mission Vatsalya is contributing to by ensuring the welfare of its beneficiaries.

Economic Impact

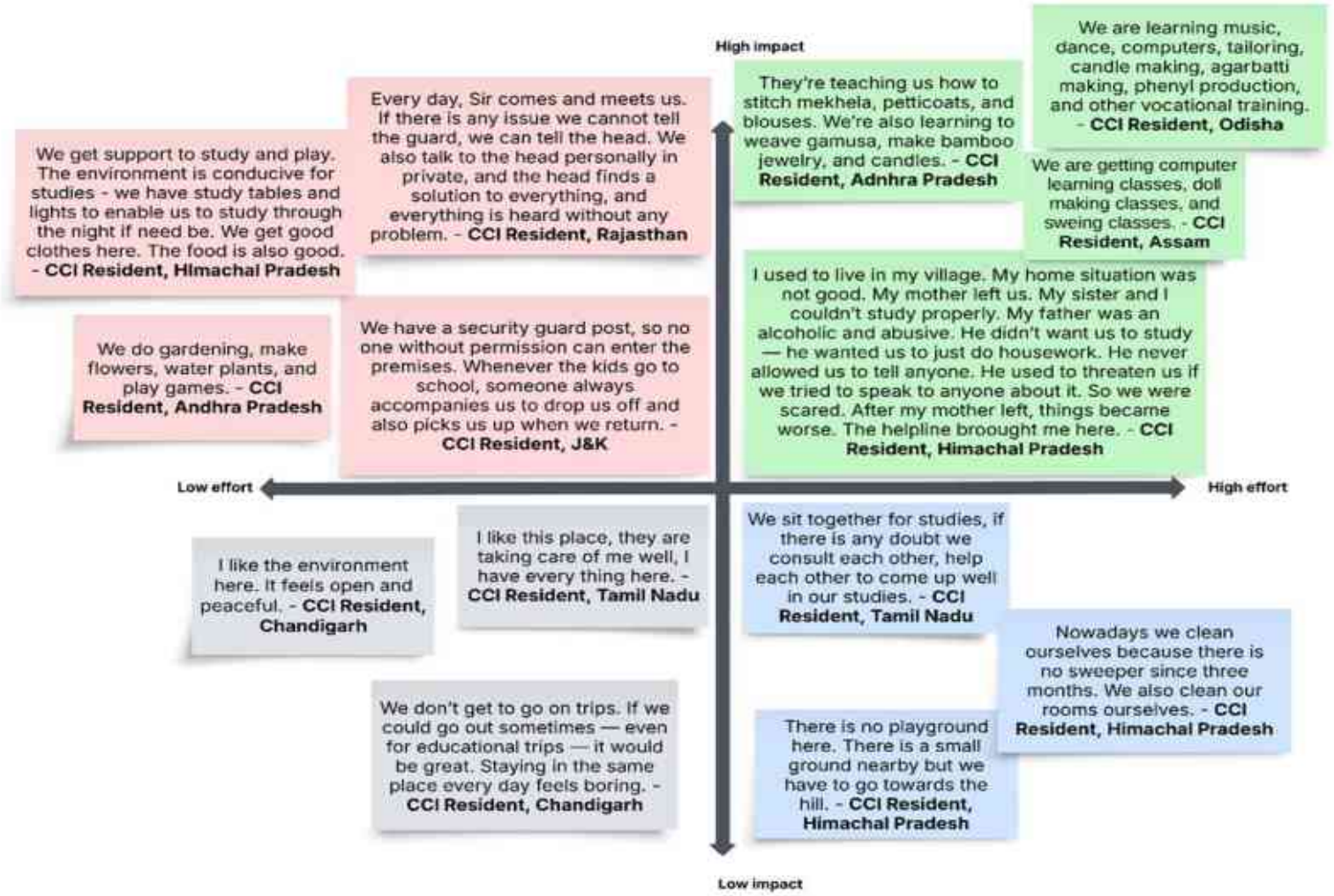
A list of indicators reflecting the rehabilitation and reintegration of children achieving 18 years of age either in foster care or transitioning out of institutional care to aftercare would have enabled real-time performance monitoring. The beneficiary-level data could possibly be analysed to estimate the average level of education and the average level of gainful employment achieved by beneficiaries.

Beneficiary Perception of Quality of Care and Services Contributing to Mission Vatsalya's Impact

In the following matrix, we have assessed the beneficiary perception of the quality of services at CCIs, as reflected from our qualitative survey. The insights from residents of CCIs, comprised of CNCP, have been categorised across an impact-effort matrix wherein insights reflective of their potential to render an impactful change have been measured across the effort invested by the functionaries in enabling the cause of impact. The quotes, henceforth,

are representative of the general sentiment of beneficiaries on the ability of institutionalized care to further their well-being.

Figure 103: Beneficiary Perception on the Quality of Care at CCIs across Impact-Effort Matrix



Source: Focus Group Discussions at CCIs, N = 36

4.3.2.6 Coherence

In terms of coherence for Mission Vatsalya we will be looking at its convergence with components of Anganwadi services and the services provided by other Ministries. Given the scope of services under Mission Vatsalya, alignment between police, hospitals and CWCs becomes critical. Not only that the effective implementation of Mission Vatsalya is a factor of smooth convergence mechanism with the Ministry of Health and Family Welfare, as well as the Ministry of Education, but it also calls upon intra-ministerial convergence to leverage the capacities of frontline workers in Mission Saksham and Mission Shakti for effective outreach and advocacy. In our examination of the scheme's internal and external coherence established via its operations under a convergence mechanism within ministry that is MoWCD and outside the ministry, respectively, we have assessed the convergence that is functional on-ground while highlighting the pending utilization of different convergence mechanisms as a schematic challenge:

1. Internal Coherence
2. External Coherence

Internal Coherence

Mission Saksham Anganwadi and Poshan 2.0, MoWCD*:* The guidelines for Mission Vatsalya recommends leveraging the grassroot presence of AWWs for beneficiary outreach and connect. Stakeholders in the administration echo the vitality of AWWs to their IEC activities as well as the identification of CNCP.

> *"Anganwadi teachers who are available at the village or mandal level are often the first to identify children in need. Once identified, the information is passed on to the CDPO at the mandal or project level. From there, the information is escalated to the district level, where the District Child Protection Unit (DCPU) or the Project Director takes action."* – ***State Official, Andhra Pradesh***

The guidelines also emphasise the engagement of AWWs for the collection of baseline data regarding CNCP for vulnerability mapping. However, considering the need for National Child Survey in convergence with MoSPI, the vulnerability mapping has not been carried out on a nation-wide scale or state-wide scale in our sampled geographies.

Currently, a total of 8,74,91,036 children aged 0 to 6 years are benefitting from Anganwadi services. A robust internal coherence is likely to ensure immediate support from Mission Vatsalya should any of the beneficiary of Anganwadi services is rendered in need of care and protection due to a difficult circumstance.

Mission Shakti, MoWCD: Mission Shakti enables a women safety and empowerment framework via its institutions such as Shakti Sadans and Working Women Hostels. Ensuring internal coherence between the schemes can allow efficient reintegration of girls transitioning out of

institutional care after turning 18 years of age as the support continuum can be preserved with the transfer of such girls into WWH.

Additionally, the convergence between Mission Shakti and Mission Vatsalya is also critical for the operations and management of emergency response system. States such as Gujarat operate their child helpline, 1098, in a co-located set-up with Women Helpline, 181, allowing sharing of physical infrastructure as well as human resource, leading to synergies.

Central Adoption Resource Authority (CARA), MoWCD: CARA is a statutory body under MoWCD that is functionally linked to Mission Vatsalya. Established under the provisions of JJ Act, 2015, CARA acts as a nodal agency to facilitate adoption in India and regulates in-country and inter-country adoptions. As of May 2025, the CARA dashboard lists linkages with 35 SARAs, 758 DCPUs and 731 SAAs overseeing in-country adoptions.

Children's Committees: Children's Committees in the Observation Homes, covering all age groups, actively participate in daily routines, educational and recreational activities, conflict management, and reporting abuse. They meet monthly, maintain registers, and submit reports to the Management Committee, though the level of support from staff and external experts varies.

Management Committees: Management Committees, chaired by the District Child Protection Officer, review welfare, education, health, and legal aid on monthly basis. Complaint and suggestion mechanisms for children committee are in place and regularly reviewed.

District Inspection Committee: The District Inspection Committee conducts quarterly inspections, interacts with children, and submits recommendations to authorities.

Juvenile Justice Board: The Juvenile Justice Board ensures child-friendly hearings, monitors rehabilitation, and supports Children's Committees.

Overall, internal compliance is functional, with active child participation and oversight, though follow-up on issues and recommendations could be strengthened.

External Coherence

As per the guidelines, the rehabilitation of children living in CCIs and in non-institutional care is to be enhanced via convergence with a number of ministries and departments working in close coordination and collaboration with the implementation stakeholders of Mission Vatsalya to further child welfare outcomes.

> *"We coordinate with Medical, Education, Panchayati Raj, Labor, Police, NGOs, and the Women and Child Development Department."* – ***State Official, Rajasthan***

Ministry of Social Justice and Empowerment: The implementation of Mission Vatsalya is a subject of women and child development. That being established, the scheme is being run by the Department of Social Justice and Empowerment in a number of states, reflecting inter-ministerial

convergence between D/o WCD and D/o SJE in these states Despite this coordination, CCIs catering to CCLs do not have specific provisions or tailored programs for children with special needs, leaving a critical gap in inclusive care and rehabilitation.

Ministry of Skill Development and Entrepreneurship (MoSDE): The integration of skill development to children in CCIs catering CNCP is to be carried out in convergence with MoSDE. From our institutional survey, a 67% and 72% of CCIs across sampled geographies reported the availability of skill-development and vocational training for children. States mobilise local skill development corporations or training institutions under the state department/directorates for skill development.

> *"Children receive vocational training via CSR and RSLDC partnerships."* – ***District Official, Rajasthan***

However, the CCIs catering CCLs lacks the conversions with MoSDE. The person in charge from all the 5 visited Observation homes highlighted the need for Vocational education.

> *We are missing one important thing, which is vocational education in our facility. This is very important for the rehabilitation of children into society."* ***— Person-in-Charge, Jaipur, GB Nagar,***

Ministry of Home Affairs: The Child Helpline (1098) has been integrated with the Emergency Response Support System (ERSS) to universalize the access to legal, institutional and informational services for children in difficult circumstances. Additionally, all state and district child protection societies carry out rescue operations with the police for children in difficult circumstances and bring them in the ambit of care. Additionally, For the transportation of Children in Conflict with the Law (CCLs), the Third Battalion is responsible for ensuring safe and secure transit.

Panchayati Raj Institutions (PRIs), MoPRI: States engage in proactive community awareness and outreach activities at the grassroots via informal institutions such as Gram Bal Suraksha Samitis to build awareness in the villages for child protection and welfare. In addition to the inter-ministerial convergence for beneficiary outreach, the identification of children in difficult circumstances is rendered more efficient in convergence with PRIs. The implementation stakeholders of Mission Vatsalya work in close collaboration with PRIs to enhance the process of beneficiary mapping with the help of PRIs.

"For Mission Vatsalya and the Child Helpline, we conduct awareness campaigns. We also organize Swavalamban Camps, as mentioned. Events like Girl Child Day and Bal Diwas are publicized in newspapers, and programs are held at the district level." – ***District Official, Uttar Pradesh***

Ministry of Statistics and Programme Implementation (MoSPI*):* The National Child index for the performance assessment of states in the implementation of Mission Vatsalya, and National Child Survey have been proposed to be carried out in convergence with MoSPI. However, Mission Vatsalya lacks performance assessment indicators at presence and is not currently capturing the number of children rehabilitated after institutional care.

Ministry of Education (MoE): As prescribed under JJ Rules 2016, and established by the guidelines, all CCIs need to ensure the provision of school education for its residents. Across our sampled geographies, all thirty-six examined CCIs catering CNCPs reported the availability of education for its residents, highlighting a robust convergence between the two departments at the state level. However, CCIs catering to CCLs lack a structured educational program from formal institutions and currently rely on NGOs for educational support, which is not a sustainable approach for rehabilitation.

Convergence with NGOs: Child Care Institutions (CCIs) catering to Children in Conflict with the Law (CCLs) collaborate with NGOs to provide essential services such as education and vocational training. These CCIs are generally dependent on NGOs and CSR groups for vocational training, counselling, and health camps. However, these programs are less effective when the CCI has a low number of children.

Ministry of External Affairs (MoEA): The restoration of children across international borders, including those due to adoption, are to be facilitated by MoEA.

Conclusion

The coherence of Mission Vatsalya is medium. While the stakeholders from all surveyed geographies iterate the essential convergence mechanism with MHA, MSDE and PRIs for effective beneficiary outreach, identification, rescue and rehabilitation/reintegration, the implementation of the scheme suffers from coordination challenges and differentiated departmental priorities. We see a limited provision of skill development and vocational training facilities across CCIs, indicating a gap in service delivery. District officials across all states reported comprehensive convergence mechanisms laid down by the guidelines. However, the convergence mechanisms remain prone to operational delays and differential priorities. Implementation stakeholders remark that effective services for child welfare can be delivered only with aligned objectives. Our analysis finds a weak internal coherence, which is essential for increasing the coverage of Mission Vatsalya. Additionally, while Mission Vatsalya's external coherence shows signs of robustness with the swift enforcement of child protection in convergence with MoHA and of child welfare in convergence with MoSDE, MoE, and MoPRI, it is

also marred by the gaps in mandated convergence with key institutions like MoSPI in collaboration with which rehabilitation/reintegration and performance indices are to be developed.

Table 91: Final Gaps and Recommendations

Criteria	Gaps	Recommendations
Internal Coherence	While the guidelines assert the need for a robust convergence mechanism with AWWs for outreach and vulnerability mapping, the same is not being implemented in a standardized manner across our sampled state, except in states wherein SCPS fall under the Department of WCD such as Andhra Pradesh, Assam, Chandigarh, Odisha, Uttarakhand, and Uttar Pradesh. Instead, most states are collaborating with PRIs for outreach and beneficiary identification.	The internal coherence can be strengthened by a nation-wide operational guideline on the outreach strategy in convergence with MoWCD. In the states of Bihar, Gujarat, Himachal Pradesh, Jammu & Kashmir, Rajasthan, Sikkim, and Tamil Nadu, Mission Vatsalya is being implemented either by Department of Social Justice or by Department of Social Welfare, notwithstanding the difference in nomenclature across our sampled geographies. As a result, in these states the (lack of) convergence with AWWs under MoWCD becomes an indicator of external coherence as well. A standardized operational guideline jointly addressing MoWCD and other departments in the states in charge of implementing Mission Vatsalya.
External Coherence	MoSPI has been directed to conduct a National Child Survey in collaboration with MoWCD, which is likely to support vulnerability assessment. However, the lack of a Child Sensus data and National Child index indicates underutilization of the convergence mechanism. Need for coordination with MoE and MoSJ for regular vocation trainings and addressing disability needs in CCL observation homes	The effective implementation of Mission Vatsalya is hinged upon the national child data in order to map vulnerabilities across districts and ensure the required supply of facilities. It is recommended that the convergence guidelines are implemented to develop a list of performance indices. Institutionalize regular, structured skill development programs in observation homes through formal linkages with Industrial Training Institutes (ITIs) and other vocational training bodies, ensuring these are not sporadic or one-off initiatives. If NGOs and CSR groups are engaged, have a sustainability plan in place. Ensuring regular coordination with MoSJ for provision of assistive devices, therapies, and specialized educators.

4.3.2.7 Equity

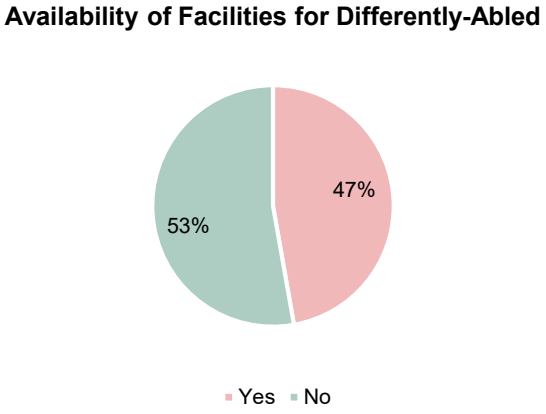
Equity, in the context of Mission Vatsalya refers to ensuring fair and inclusive access to child welfare and protection services, especially for vulnerable and marginalized populations who encounter persistent barriers due to geographic, socioeconomic or cultural isolation. Assessing equity requires a comprehensive analysis of the service provisions in CCIs vis-à-vis the beneficiary profile in order to understand if the institutional mechanisms are catering to a diverse group of beneficiaries. The assessment of equity in Mission Vatsalya implementation is anchored on the following dimension and is limited to an examination of the equitability of service provisions at CCIs:

1. Social Equity

Social Equity

While the scheme recognises the vulnerabilities arising from social marginalizations and relies on the identification of vulnerable regions/zones with prevalence of child labour, child marriage and human trafficking, it does not map its beneficiaries' profiles across sociodemographic groups. However, Mission Vatsalya guidelines emphasise the need for infrastructure that is accessible to persons with disabilities. All CCIs, therefore, are directed to have PwD accessible infrastructure. As per the guidelines of scheme Mission Vatsalya has special provisions for children with terminal disease, differently abled and children with special needs. The scheme mandates CCIs to provide suitable aids in braille, wheelchairs, prosthetics, or any other suitable aids required for children with special needs. The states and the special adoption agencies are suggested to identify and work toward adoption of such children. Under the Mission Vatsalya Scheme, Child Care Institutions (CCIs) can set up special units for children with special needs, up to 10 children in CCIs with 50-child capacity and up to 5 children in CCIs with 25-child capacity. These facilities can receive designated financial support also. The guidelines also provide for special educators, therapists, and nurses to deliver therapies and remedial education, alongside staff capacity building in sign language, Braille, and other essential skills, in collaboration with state resource institutions. To further understand this in our institutional survey of CCIs, questions were asked our infrastructure especially for children with special needs. The lack of accessible infrastructure emerges as a major challenge.

Figure 104: CCIs with Infrastructure Accessible to Differently abled



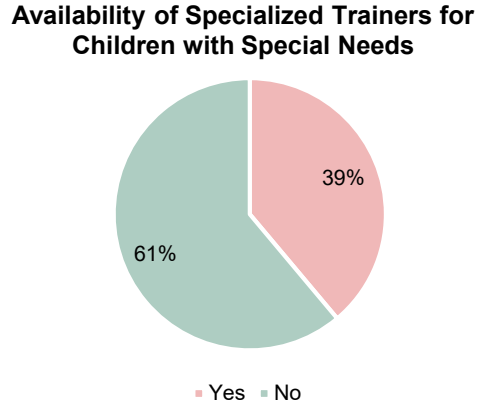
Source: Institutional Checklist Survey

Only 17 out of 36 CCIs across our sampled geographies reported the availability of facilities for differently abled. Our conversations with functionaries reiterated the concern.

> *"What we have observed in Rajasthan is that in the case of children with disabilities, the Child Rights Department has not been doing any special work so far. All newly constructed homes should include accessibility features. If a child is blind, has a visual disability, or a locomotor disability, and comes into conflict with the law or needs protection, they should be able to stay in that home and use the available facilities effectively."* – ***State Official, Rajasthan***

For children with intellectual disabilities, we find a discouraging picture with only 14 out of 36 CCIs reporting the availability of specialized trainers for children with special needs.

Figure 105: CCIs with Specialized Trainers for Children with Special Needs



Source: Institutional Checklist Survey

The low number of CCIs with specialized trainers for children with intellectual disabilities in our limited sample underscores the marginalization that children with physical and intellectual disabilities face under institutionalized care.

Conclusion

We find Mission Vatsalya's performance on equity to be low. The scheme has several provisions The current beneficiaries' data under institutional and non-institutional care lacks disaggregation across sociodemographic profile. However, in our assessment of the scheme's equitability under its institutional care mechanism via CCIs, we find the scheme to be less equitable and challenging for children experiencing marginalizations due to physical or intellectual disabilities.

Table 92: Final Gaps and Recommendations

Criteria	Gaps	Recommendations
Social Equity	The physical infrastructure at CCIs has not been universally upgraded to ensure accessibility to children with disabilities.	The scheme has several provisions under its guidelines for specially abled children which need to be strengthened with the support of the respective states. The scheme can also leverage convergence with the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment for an assessment of the physical infrastructure across the institutional care network of Mission Vatsalya. The assessment must recommended strategies to mitigate the gaps in provisions critical to ensure accessibility for children at the intersection of varied marginalizations.

Analysis of Cross-cutting Themes

To understand the broader systemic influence of Mission Vatsalya, it is essential to examine its linkages across multiple development themes. Mission Vatsalya intersects with goals related to health, social justice for vulnerable groups, and skill development for livelihoods. This cross-sectoral lens highlights how the programme contributes to inclusive development and offers a platform for convergence across ministries, schemes, and stakeholders. The table below outlines key observations and strategic recommendations across these intersecting themes to inform future planning and reform.

Cross-Sectional Theme	Key Observations and Strategic Recommendations
1. Institutionalizing Childcare	Under Mission Vatsalya, the Ministry of Panchayati Raj is tasked to develop “Child-Friendly Panchayats” that prioritize child protection and enable the exercise of child rights at the village level. These Panchayats are encouraged to form local committees and even provide budget from Panchayat funds for child welfare. Some states like Kerala and Maharashtra have pioneered local “Women and Children’s budgets” in Panchayats, showing another layer of convergence (local self-government with WCD goals). Key opportunities include: • Institutionalization of regular functioning of child welfare committees in Panchayats to identify vulnerable children and reduce the degree of vulnerability for children in the community.
2. Health	Mission Vatsalya supports improved child health outcomes for the children living in the institutions. Key opportunities include: • Strengthening the quality and frequency of health-checkups and psychosocial counselling of children residing in CCIs. • Reportage of beneficiary level data across major health indicators and their prospective enrolment under CSS targeting nutrition and health improvement of children such as Mission Poshan.
3. Skill Development	Digital access for beneficiaries is important. The government is pushing for all welfare benefits to be accessible through online portals and mobile apps, which requires women (and possibly older children) to be digitally literate and connected. To this end, the Ministry of Electronics & IT (MeitY) in convergence with WCD has launched drives to expand digital inclusion for women. Under Mission Vatsalya’s convergence plan, MeitY will conduct digital literacy activities in Child Care Institutions (orphanages, remand homes) so that adolescents in CCI learn basic computer skills. Key opportunities include: • Peer-to-peer upskilling of frontline workers and the staff at CCIs and SAAs to render capacity building in perpetuity. • Development of a skills-based indicator for the children transitioning out of CCIs in order to facilitate their effective reintegration into society.

Cross-Sectional Theme	Key Observations and Strategic Recommendations
4. Social Justice for Vulnerable Groups	The Department of Justice funded the setup of Fast-Track Special Courts for rape and POCSO cases – by 2023 over 1,023 such courts were approved nationwide. MoWCD complements this by strengthening ICPS/Mission Vatsalya units that support child victims through court processes. In fact, Mission Vatsalya explicitly lists convergence with Justice: establishing more fast-track courts and ensuring adequate judges for quick disposal of cases of sexual abuse. MoWCD and Law Ministry also worked together to draft and enact the new Anti-Trafficking Bill and to reform juvenile justice laws, showing policy convergence at the highest level.

Summary of Mission Vatsalya Analysis

This table presents a consolidated assessment of the Mission Vatsalya, using the REESIC+E framework, which evaluates the scheme across all key dimensions: Relevance, Effectiveness, Efficiency, Sustainability, Impact, Coherence, and Equity. Each dimension is reviewed against available quantitative and qualitative evidence from household surveys, key informant interviews, institutional checklists, and policy alignment assessments.

REESIC+E	Conclusion/Inference	Overall Performance
Relevance	The relevance of Mission Vatsalya is found to be high. The present state of institutions established for the reintegration and rehabilitation of CCL and CNCP reflects a multidimensional approach to furthering childcare and protection in India. The need for the institutional framework is further substantiated by the NCRB data reflecting vulnerabilities specific to children. However, the lack of demographic data disaggregated across vulnerabilities specific to children has hindered demand mapping, causing an information asymmetry in terms of the number of beneficiaries tracked and/or assisted through the facilities and services under Mission Vatsalya versus the number of eligible beneficiaries, i.e. the number of children in the country in need of welfare. In light of the sectoral challenges pertinent to ensuring child	**High**

REESIC+E	Conclusion/Inference	Overall Performance
	rights and our commitment to national and international goals, Mission Vatsalya is deemed highly relevant.	
Efficiency	The efficiency of Mission Vatsalya is revealed to be medium from our analysis. The implementation of the mission shows a continuous improvement in fund utilisation since the COVID-19 pandemic, with an increasing number of children under non-institutional care. The infrastructural efficiency, though ensured via guidelines, gets compromised due to the unavailability to key institutions in many districts established by the comparison of number of districts in India and the total number of functioning district level institutions. Similarly, the human resource efficiency of Mission Vatsalya can be estimated via sustained capacity building programme promoted under the mission but is limited by the lack of data on total number of trained staff with respect to the total number of functionaries. Operational efficiency, on the other hand, is examined with respect to the ability of surveyed CCIs to provide essential care services and their emphasis on child protection mechanisms.	**Medium**
Effectiveness	The effectiveness of Mission Vatsalya is inferred to be medium. The overall awareness of the scheme among general respondents surveyed across households in our sampled geographies remained restricted to 13% indicating a gap in the outreach effort. Considering how the services under Mission Vatsalya are to be accessed by the target beneficiaries or well-wishers of the target beneficiaries, the rights-based approach towards child protection and welfare can only be enhanced via sustained outreach effort. In our examination of the effectiveness of CCIs in ensuring an environment for overall child development, surveyed CCIs reported adequate provisions of care such as daily diet augmented upon nutritional guidelines, counselling and psychological evaluations, institutional education opportunities, vocational training and skill building,	**Medium**

REESIC+E	Conclusion/Inference	Overall Performance
	indicating an overall focus on child development. The district officers as well as CCIs managers substantiated evidence for skilling and vocational training of children. Such services are often being ensured in convergence with NGOs, cooperative societies, government academic institutions, etc., to enable children as they pass out of institutions.	
Sustainability	The sustainability of Mission Vatsalya is currently medium as it rests on the foundation of robust financing, institutional resilience, and uniform implementation. While recent improvements in fund utilization and ongoing capacity-building initiatives reflect encouraging progress, persistent gaps at the district level particularly in the functionality of DCPUs and integration of real-time data systems continue to challenge the long-term viability of the scheme. The inability to effectively deliver family-based alternative care like adoption and foster care at scale highlights the need for deeper investments in human resources, data infrastructure, and inter-agency convergence at ground level. To enhance sustainability, Mission Vatsalya must institutionalize a uniform governance structure under the MoWCD, operationalize child protection services based on population-based vulnerability mapping, and build district-level capacities for responsive, evidence-based service delivery.	**Medium**
Impact	The scheme lacks a real-time impact assessment framework, and current indicators do not fully capture long-term outcomes such as education completion, employment, or mental health recovery. Post-institutional tracking mechanisms are also insufficient to evaluate lasting effects.	**Medium**
Coherence	The coherence of Mission Vatsalya is medium. While the stakeholders from all surveyed geographies iterate the essential convergence mechanism with MHA, MSDE and	**Medium**

REESIC+E	Conclusion/Inference	Overall Performance
	PRIs for effective beneficiary outreach, identification, rescue and rehabilitation/reintegration, the implementation of the scheme suffers from coordination challenges and differentiated departmental priorities. Our analysis finds a weak internal coherence, which is essential for increasing the coverage of Mission Vatsalya. Additionally, while Mission Vatsalya's external coherence shows signs of robustness with the swift enforcement of child protection in convergence with MoHA and of child welfare in convergence with MoSDE, MoE, and MoPRI, it is also marred by the gaps in mandated convergence with key institutions like MoSPI in collaboration with which rehabilitation/reintegration and performance indices are to be developed.	
Equity	We find Mission Vatsalya's performance on equity to be low. The current beneficiaries' data under institutional and non-institutional care lacks disaggregation across sociodemographic profile. However, in our assessment of the scheme's equitability under its institutional care mechanism via CCIs, we find the scheme to be less equitable and challenging for children experiencing marginalizations due to physical or intellectual disabilities.	**Low**

Key Findings and Recommendations

The objective to provide protection and holistic development to children in need of care and in conflict with law is imperative to the national priority of not only realising the scope of its demographic dividend but also for the achievement of SDGs. The MoWCD has ensured robust institutional mechanisms for the safety, security and development of children. The uptake of Mission Vatsalya initiatives is dependent on the level of acceptance and sensitivity among the common populace such that they avail the care mechanisms under the scheme and motivate others to do so. While the program is characterised by an active and progressive outreach mechanism, its implementation at the grassroots is complicated due to a number of challenges informed to us by the implementing officers as well as the available data.

It is observed that the requisite infrastructure, trainings and financial resources do exist within the ambit of the scheme. Yet the implementation on the field needs a state and district coordinated effort.

Key Takeaway 1 – Low levels of awareness are prevalent across various stakeholders involved in Mission Vatsalya, coupled with behavioural and cultural hindrances.

Gender-biased Social Concerns: The prevalence of issues like child marriages, and child labour, as established by the volume of issues tackled via emergency response system, hinder the ability of the scheme to reach out to all eligible beneficiaries, especially in the smaller pockets of rural India.

Lower Acceptance for Adoption: Additionally, a lack of awareness and acceptance for adoption reduce the opportunities of familial care for the orphaned and the abandoned.

Recommendations

- To address the behavioural and cultural barriers, government agencies could first implement a comprehensive IEC outreach to increase acceptability while simultaneously providing training and support, some suggestions in this regard are:
- This IEC outreach may begin with community sensitization workshops organized in partnership with PRIs and SHGs, aiming to promote the value of foster care and adoption within local communities.
- A multi-channel media campaign can be launched, featuring success stories of foster/adoptive families in local languages through radio, TV, and social media. This will help to dispel myths, reduce stigma, and increase societal acceptance of family-based care.
- The strategy can incorporate the inclusion of local influencers (key opinion leaders) and religious leaders to endorse adoption and fostering, leveraging their influence to promote these ideas in culturally sensitive ways.
- Training modules could be developed for prospective foster/adoptive parents, focusing on parenting skills, trauma-informed care, and child psychology, to equip them with the tools to provide a safe and nurturing environment. These training modules can be delivered in a blended classroom format.
- Counselling and peer support groups could be established for foster/adoptive families, ensuring they receive emotional support and guidance throughout the process, reducing isolation and building their confidence. Together, these steps will foster a more accepting culture towards foster care and adoption, helping Mission Vatsalya meet its goal of family-based care for every child in need.

Key Takeaway 2 – Digital Systems for Real Time Monitoring

The current resource directory provides information on the availability of Mission Vatsalya institutions across geographies and provides a glimpse into the number of children in institutional care. However, the directory is limited in its scope as no further information on the frequency and quality of care provisions for the children can be accessed.

Recommendation

- To implement a robust digital infrastructure for Mission Vatsalya, there is a need to upgrade the Mission Vatsalya Portal through technology and strengthening training of relevant personnel in cyber security through the following:
- Make Mission Vatsalya Portal into a unified platform that integrates all child protection databases and services instead of multiple portals. This will bring together various Management Information Systems (MIS), such as TrackChild (for missing children), CARA's database (for adoption), and other relevant systems, into one interface.
- MoWCD must expedite the rollout of this portal across all states and districts, ensuring full operationalization in a timely manner.
- Whenever a child is rescued or a case is registered, the details should be uploaded immediately to the portal, triggering automatic notifications to all concerned parties like police, health officials, and legal aid providers. AI-driven alerts for early intervention should be integrated into the portal, enabling proactive responses and real-time monitoring of the scheme's effectiveness.
- Ensuring connectivity and device availability at the grassroots level is essential. The government should provide IT hardware and software with internet connection at each District Child Protection Unit and ideally at block-level child development offices, along with improving internet access in remote areas, so even facilities in underserved regions can access and use the system effectively.
- District-level dashboards should be developed for monitoring outcomes and improving accountability, ensuring that progress can be tracked and any issues identified swiftly.
- Relevant stakeholders such as child protection officers, police in Special Juvenile Units, CWC members, and NGO-run home managers should be provided secure logins and trained to input data in real time.

Key Takeaway 3 – Lack of Comprehensive Implementation and M&E Framework

Currently, there is no comprehensive implementation matrix for Children in Conflict with the Law (CCL). An implementation matrix is essential to systematically address the needs of CCL cases, focusing on strengthening the legal framework, establishing diversion mechanisms for minor offenses, developing and upgrading Child Care Institutions (CCIs), and providing rehabilitation and reintegration programs. Additionally, training for law enforcement, community sensitization campaigns, and developing MEL indicators for continuous monitoring and evaluation are critical components that need to be structured in a clear, actionable framework. Developing this matrix will ensure a coordinated, rehabilitative approach to handling CCL cases and improve outcomes for children in conflict with the law.

Recommendation

- To effectively manage cases of Children in Conflict with the Law (CCL), a comprehensive implementation plan needs to be followed, some suggestions in this regard are as follows:

- The legal framework for handling CCL cases can be strengthened through policy updates and training for Juvenile Justice Boards (JJBs) on latest guidelines to ensure clear processes and improved handling of cases.
- The establishment of Child Care Institutions (CCIs) network should be expanded with partnership with the private sector. We must ensure that these facilities are equipped for the rehabilitation and reintegration of children, with a focus on underserved regions. Rehabilitation programs, including education, vocational training, and psychological support, should be developed to aid in reintegration, while ensuring that law enforcement agencies are trained to handle CCL cases sensitively.
- Furthermore, community sensitization campaigns can reduce stigma and improve public understanding of the needs and rights of children in conflict with the law. Lastly, an ongoing monitoring and evaluation system can be implemented to track the progress of CCL cases, ensuring timely follow-ups, reducing recidivism, and assessing the success of reintegration efforts.
- An M&E framework can use the following[159]
    - Formation and functioning of committees prescribed under the Juvenile Justice Act 2015 and Rules.
    - Individual Child Care Plans.
    - Educational performance of children.
    - Infrastructure facilities.
    - Capacity and performance of Caregivers and Staff.
    - Positive engagements with Children.
    - Skill development and Vocational training to Children.

These steps, if executed effectively, will ensure a rehabilitative, restorative, and child-focused approach to dealing with children in conflict with the law.

Takeaway 4 – Better facilities and provisions at the observation homes to ensure reintegration of CCL with society

Recommendation

- Increase the facilities like dormitory rooms, sick rooms, libraries and improve their functionality within the observation homes, based on the growing needs.
- Institutionalize regular skill development in observation homes through ITIs and vocational bodies, and ensure coordination with MoSJ for assistive devices, therapies, and specialized educators for children with special needs.
- Given the sensitivity of dealing with traumatized or vulnerable children, training equips superintendents with skills in counselling, conflict resolution, gender sensitivity, and managing children with special needs.

[159] As per JJ act 205

These improvements, including expanding facilities like dormitories, sick rooms, and libraries, institutionalizing regular skill development through ITIs with disability-inclusive support, and providing targeted training for superintendents, can be achieved through innovative financing models such as CSR funding or Public Private Engagement. Leveraging these mechanisms would not only mobilize additional resources beyond government allocations but also bring in private expertise and accountability, ensuring that interventions are implemented more consistently, sustainably, and with higher quality across observation homes.

Scheme rationalisation

The **Mission Vatsalya scheme should be continued** but it should be strengthened based on the recommendations provided above. The modifications of the scheme should be in terms of service delivery and infrastructure through a comprehensive implementation and M&E framework to enhance its impact, sustainability, and responsiveness to the evolving needs of children in need of care and protection. The scheme has the needed infrastructure and guidelines. Yet the awareness of these guidelines with a data backed M&E structure could enhance the scheme. Flexibility for resource allocation at district level may be taken at State Level on the basis of Geographical spread of district, demographic data of the districts and existing case load on DCPU/CHL of the district. Improving facilities in observation homes can help reintegrate CCL in the society.

4.4 The Nirbhaya Fund

Origin and Objectives

The Nirbhaya Fund was established in 2013 as a direct response to the December 2012 Delhi gang-rape case, which underscored the urgent need for dedicated resources to protect women's safety. It was launched with an initial corpus of ₹1,000 crore in the 2013–14 budget.[160] The primary objective of this non-lapsable fund is to finance projects that enhance the safety and security of women across.[161] In practice, this means supporting a broad spectrum of initiatives – from preventive infrastructure and public safety measures to programs that ensure swift justice for victims of gender-based violence. The fund specifically aims to fill critical gaps in women's safety by facilitating measures such as safer public spaces (e.g. better lighting, CCTV surveillance), improved emergency response systems, support services for victims, and strengthened law enforcement and judicial processes. By design, the Nirbhaya Fund is a **dedicated resource** to drive inter-ministerial and inter-departmental action toward reducing violence against women and girls.

[160] Press Information Bureau. (2018, March 22). *Nirbhaya Fund - Setting the Framework*. Ministry of Women and Child Development.
[161] Press Information Bureau. (2018, March 22). *Nirbhaya Fund - Setting the Framework*. Ministry of Women and Child Development. https://pib.gov.in/PressReleasePage.aspx?PRID=1499373

Over time, the Government has reinforced the fund with additional allocations. An extra ₹1,000 crore was added in 2014–15, and ₹550 crore each in 2016–17 and 2017–18. Regular infusions in subsequent years (₹500 crore annually during 2021–22 to 2023–24, for example) have brought the total corpus to over ₹7,700 crore by 2024–25.[162] This steady funding growth reflects the government's sustained commitment to women's safety.

The **scope of the Nirbhaya Fund has also evolved**, expanding from a few immediate interventions to a comprehensive portfolio of projects that address women's safety from multiple angles – police and legal infrastructure, emergency responses, public space safety, transportation security, and victim support. Early projects focused on establishing critical services like helplines and victim compensation, while newer initiatives have embraced technology (such as GPS tracking in public transport and facial recognition surveillance) and broader social interventions. The fund's mandate remains consistent with its original purpose: to enable transformational projects that make cities, transport, and communities safer for women, and to ensure that victims of violence receive prompt justice and support.

Implementation Framework and Oversight

Institutional Structure: The Nirbhaya Fund operates through a multi-tiered implementation framework involving the Ministry of Women and Child Development (MWCD) as the nodal authority, an inter-ministerial Empowered Committee, and various central and state government bodies as implementing agencies. As per Ministry of Finance guidelines, MWCD leads the appraisal of proposals for Nirbhaya Fund support. An Empowered Committee of Officers (chaired by the MWCD Secretary) reviews and **approves project proposals** from different ministries and state governments. Once a scheme or project is recommended by this committee, the concerned ministry or state government is responsible for sanctioning and executing the project as they would for their regular schemes. In essence, the fund acts as a catalyst – financing projects, while line ministries and states carry out implementation on the ground.

Demand-Driven Approach: Notably, the Nirbhaya Fund does not pre-determine projects; instead, it follows a demand-driven approach. Central ministries, state governments, and UT administrations propose projects addressing women's safety which are then vetted by the Empowered Committee. This ensures that interventions are responsive to specific needs and contexts. Many projects require states to participate through a predefined funding share or to operationalize services after the initial setup. Funds are typically released to states/UTs in tranches, following approval, and often require matching contributions or adherence to scheme guidelines.

Non-Lapsable Public Account: administratively, the fund is kept in the Public Account of India, meaning unutilized resources carry forward to subsequent years. This flexibility was intended to allow multi-year efforts (like infrastructure projects or long-term schemes) to be completed without

[162] Press Information Bureau. (2018, March 22). Nirbhaya Fund - Setting the Framework. Ministry of Women and Child Development. https://pib.gov.in/PressReleasePage.aspx?PRID=1499373

the annual lapsing of funds. However, it also places importance on robust planning and coordination, as mere allocation does not guarantee timely utilization.

Monitoring and Evaluation: The implementation framework includes mechanisms for oversight at several levels. The Empowered Committee not only appraises projects but also periodically reviews their implementation status and expenditure progress in coordination with the implementing agencies. Individual ministries and state governments are expected to monitor the projects under their purview – for example, the Ministry of Home Affairs would track progress of police-related initiatives, while MWCD oversees the One Stop Centres and helpline schemes.[163]

Standard financial rules impose accountability: funds are released in phases against utilization, and implementing agencies must furnish Utilization Certificates (UCs) and Statements of Expenditure (SoEs) to justify further disbursals. This practice, rooted in India's General Financial Rules, serves as an **evaluation framework** by tying funding to reported performance. In addition, projects may be subject to audits by oversight bodies like the Comptroller and Auditor General (CAG) as part of regular government audit cycles (ensuring financial propriety and effectiveness). Internally, MWCD and other nodal ministries conduct reviews and require periodic reporting from states on key output indicators (e.g. number of facilities set up, beneficiaries served, etc.). Feedback and learnings from these reviews are used to make course corrections – for instance, if a state is lagging in establishing an approved One Stop Centre, the centre can intervene with guidance or revised deadlines.

In recent years, there have been **reforms to improve convergence and oversight**. In 2022, the Government launched *Mission Shakti* – an umbrella women's empowerment program – which brought several women's safety schemes under one roof. Notably, the existing One Stop Centres (OSC) and Women's Helpline (181) schemes (both funded by Nirbhaya Fund) have been integrated as components of Mission Shakti's "Sambal" sub-scheme for women's safety. While the Nirbhaya Fund itself continues as a distinct corpus (it is *not* formally subsumed under Mission Shakti), this integration at program level aims to improve inter-sectoral convergence, reduce duplication, and strengthen monitoring. It allows the services created via Nirbhaya Fund (like OSCs and helplines) to be managed within a broader framework of women's welfare, hopefully leading to more holistic support for women. Coordination between ministries has also been enhanced through joint working groups and sharing of best practices overseen by MWCD. These steps in the implementation framework are geared toward ensuring that Nirbhaya-funded projects are well-integrated with other government efforts and that their impact is systematically tracked.

Fund Allocation, Utilization, and Bottlenecks

Allocation and Disbursement: Since its inception, the Nirbhaya Fund has seen substantial budgetary support. As of FY 2024–25, a cumulative total of ₹7,712.85 crore has been allocated

[163] Press Information Bureau. (2024, February 9). An Empowered Committee of Officers appraises and recommends proposals... Ministries/Departments are responsible for implementation at their level. Ministry of Women and Child Development. https://pib.gov.in/PressReleaseIframePage.aspx?PRID=2110881

to the fund. Over 40 discrete projects/schemes have been approved under this fund, covering all States and Union Territories. These projects span multiple ministries and thematic areas, but all align with the central goal of improving women's safety. The **disbursement** of Nirbhaya Fund happens through the respective implementing ministries: once a project is approved, funds are released either directly to that central ministry/agency or to state governments as per the project design. Many schemes involve cost-sharing with states (for example, 60:40 centre-state ratio in some cases), and funds flow from the Centre to states accordingly.[164]

> *"The fund flow comes from the Central Government to our Single Nodal Accounts (SNA). From the SNA, at the state level, funds are distributed to all districts through the implementing agencies". –* ***Snr Official, UP***

> *"For Mission Shakti, some components are 100% funded by the Central Government, while others follow the 60:40 ratio." –* ***Snr Official, Tamil Nadu***

Utilization Progress: In the initial years, utilization of the Nirbhaya Fund was slow, drawing criticism about underuse of resources earmarked for critical safety needs. By 2017, for instance, only a handful of projects had begun on-ground implementation despite a ₹3,100 crore corpus.[165] Even as late as 2022, reports indicated that a relatively small percentage of the accumulated fund had been expended. However, utilization has significantly improved with concerted efforts to operationalize projects. According to the Ministry of Women and Child Development, as of early 2023 about 70% of the total corpus had been **released and utilized**. More recently, the government reported that **₹5,846.08 crore** – nearly **76%** of the total ₹7,712.85 crore allocated – had been disbursed/used under the Nirbhaya Fund by FY 2024–25. This uptick suggests that many of the sanctioned projects moved from planning to execution mode in the last few years, and funds are finally translating into delivered services and infrastructure on the ground.

Nonetheless, **under-utilization and delays** have been persistent challenges. A demand-driven fund by nature can remain under-utilized if proposals are not forthcoming at the pace funds accumulate. In the case of Nirbhaya Fund, several bottlenecks have been identified:

- **Staggered Implementation:** Many approved projects have multi-year timelines and phased rollouts. For example, establishing Fast-Track Special Courts or Safe City surveillance

[164] Press Information Bureau. (2024, February 9). *The appraised projects are directly implemented by the respective Central Ministries/Departments or State/UT Governments or Implementing Agencies/Authorities.* Ministry of Women and Child Development. https://pib.gov.in/PressReleaseIframePage.aspx?PRID=2110881

[165] Press Information Bureau. (2018, March 22). *Nirbhaya Fund was set up with an initial amount of ₹1000 crore. Since then, further amounts have been provided. The total corpus till 2017–18 is ₹3100 crore.* Ministry of Women and Child Development. https://pib.gov.in/PressReleasePage.aspx?PRID=1499373

networks cannot be done in a single year. Funds for such projects are meant to be drawn down over the project duration. This creates a lag between allocation and actual expenditure – funds may sit unused in the account until project milestones are reached.

- **State Capacity and Approvals:** The majority of Nirbhaya Fund initiatives are implemented through state governments and UT administrations. This involves multiple layers of approval and coordination – from state cabinet approvals to identifying executing agencies and tendering for services. Delays in getting required approvals or in completing tender processes have slowed down implementation on the ground. For instance, a project to install CCTV cameras in a city might be held up by lengthy procurement procedures or technical evaluations, causing funds to remain unspent for extended periods.

- **Utilization Certificate (UC) Delays:** Financial rules mandate that states/implementing agencies submit UCs and expenditure statements to the Centre to draw the next installment of funds. In practice, many states have been slow in furnishing these certificates, which halts the flow of further funding. The central ministry has indicated that actual spending at the ground level could be higher than reported, simply because utilization paperwork had not yet been received and accounted.[166] In other words, some funds are *used* but not officially "booked" as utilized due to reporting lags.

- **Coordination Challenges:** The Nirbhaya Fund's multi-agency nature means that coordination is crucial. At times, overlap with existing schemes or ambiguity in responsibilities caused delays. For example, setting up Women Help Desks in police stations involved coordination between the central Home Ministry, state police departments, and MWCD for funding – any lack of clarity could slow implementation.

These bottlenecks contributed to the **under-utilization** narrative that surrounded the Nirbhaya Fund for much of its first decade. In fact, parliamentary oversight brought attention to the issue, noting at one point that only about one-third of the corpus had been spent. The government has responded with measures to streamline fund usage – such as simplifying proposal formats, conducting frequent Empowered Committee meetings to approve projects faster, and hand-holding states in project implementation. The recent surge to 76% utilization indicates progress, yet it also implies that about a quarter of the funds are still awaiting effective deployment. Addressing the remaining gaps will be key to ensuring the Nirbhaya Fund achieves its full intended impact.

Key Initiatives and Projects under the Nirbhaya Fund

One of the strengths of the Nirbhaya Fund has been its **wide-ranging portfolio** of projects, cutting across different sectors but unified in the aim of enhancing women's safety. Over 40 projects (as of 2023) have been approved under this fund, implemented by various central ministries, state

[166] **Press Information Bureau.** (2024, April 25). *Utilization of Nirbhaya Fund and implementation of women safety schemes*. Ministry of Women and Child Development, Government of India.

governments, and even district authorities. These initiatives can be broadly categorized into a few thematic areas:

- **Safe City Infrastructure:** Several projects focus on making public spaces and urban infrastructure safer for women. This includes the installation of CCTV camera networks, improved street lighting in dimly lit areas, panic buttons in public areas, and integrated command-and-control centres in cities. For example, the **Safe City projects** in 8 metropolitan cities (Delhi, Mumbai, Chennai, Kolkata, Bengaluru, Hyderabad, Ahmedabad, Lucknow) deploy comprehensive safety measures ranging from surveillance systems to GIS-based incident management.[167] These projects are often led by city police or municipal bodies with funding support from the Nirbhaya Fund.

- **Strengthening Law Enforcement:** A large share of Nirbhaya-funded schemes aim to bolster the law enforcement response to crimes against women. This has included setting up **Women Help Desks (WHDs)** in police stations across the country (over 14,600 WHDs are now functional, typically staffed by female officers and establishing dedicated **Anti-Human Trafficking Units (AHTUs)** (827 AHTUs have been set up to date. Additionally, investments have been made in police training and capacity building – for instance, a project funded training for Investigation Officers and Prosecutors in handling sexual offense cases. **Cyber-crime prevention** has also been a focus: Cyber Forensic cum Training Labs have been set up in 33 States/UTs, training over 24,000 personnel in tackling cybercrimes against women and children.[168] These projects, largely implemented via the Ministry of Home Affairs (MHA) in partnership with state police, seek to make law enforcement more approachable, gender-sensitive, and technically equipped.

- **Justice and Legal Support:** To ensure swift and decisive justice in cases of violence against women, the Nirbhaya Fund has supported the creation of **Fast-Track Special Courts (FTSCs)**. Since 2019, financial assistance is given to states for setting up exclusive courts for rape and POCSO (child sexual abuse) cases. So far, 790 FTSCs have been sanctioned, with 745 courts operational in 30 States/UTs.[169] These courts have already disposed of over 306,000 pending cases, significantly expediting justice delivery. Another legal support measure was the establishment of a **Central Victim Compensation Fund (CVCF)** with a one-time grant of ₹200 crore. This fund supplemented state compensation schemes, ensuring that survivors of rape, acid attacks, and other violent crimes receive monetary relief. By pooling resources at the national level, CVCF helped states award compensation even in

[167] **Press Information Bureau.** (2025, March 12). *Government implements schemes under Nirbhaya Fund to enhance women's safety and security, utilizes nearly 76% of Nirbhaya Fund*. Ministry of Women and Child Development, Government of India.
[168] **Press Information Bureau.** (2025, March 12). *Government implements schemes under Nirbhaya Fund to enhance women's safety and security, utilizes nearly 76% of Nirbhaya Fund*. Ministry of Women and Child Development, Government of India.
[169] **Press Information Bureau.** (2025, March 12). *Government implements schemes under Nirbhaya Fund to enhance women's safety and security, utilizes nearly 76% of Nirbhaya Fund*. Ministry of Women and Child Development, Government of India.

cases where local funds were insufficient. Together, the FTSCs and CVCF address the post-crime needs – fast judicial process and victim support – which are critical for a sense of justice and rehabilitation.

- **Emergency Response Systems:** A flagship achievement under the Nirbhaya Fund is the nationwide **Emergency Response Support System (ERSS)**, accessible via the 112 helplines. ERSS integrates police, fire, and medical emergency services through a single number (112) across all states/UTs. With Nirbhaya funding, states established control rooms and dispatched systems for 112, and today it is functional countrywide as a pan-India emergency network. The impact has been notable – since its launch, ERSS has handled over 430 million (43 crore) calls for emergency help, many of which relate to women in distress. Complementing this, a dedicated 24x7 **Women's Helpline (181)** was funded to provide crisis counseling, information, and referral services to women. The 181 helplines has been made operational in 35 States/UTs (all except one state) and has been integrated with the ERSS setup for seamless assistance. Women Helpline 181 has fielded more than 21 million calls and assisted over 8.44 lakh (844,000) women with various support services. These helplines exemplify how Nirbhaya Fund has leveraged technology to create an accessible safety net for women across the country.

- **One Stop Centres and Support Services:** The Ministry of Women and Child Development, through Nirbhaya funding, launched the **One Stop Centre (OSC) scheme** (popularly known as Sakhi Centres) in 2015. OSCs provide integrated support to women affected by violence – including police facilitation, legal aid, medical aid, psycho-social counseling, and temporary shelter – all under one roof. This holistic approach helps survivors get comprehensive help without having to navigate multiple offices. The Nirbhaya Fund has been the primary source of financing for OSCs, and as of 2025, **802 One Stop Centres are functional across 36 States/UTs**. Collectively, these centers have assisted over 1.08 million women in distress so far. Alongside OSCs, ancillary initiatives like **women's shelters** have also been supported in various states. For instance, small grants were given to states like Nagaland to establish shelter homes for vulnerable women. These projects, overseen by MWCD and state social welfare departments, focus on response and rehabilitation for victims of violence.

> *"For Mission Shakti, One-Stop Centres (OSCs) are 100% funded by the Central Government. The 181 Women Helpline is also 100% centrally funded. The Hub and Shakti Sadan operate on a 60:40 funding ratio."* ***– Snr. Official, Women and Child Development, UP***

- **Transportation Safety and Technology:** Acknowledging that women's safety in transit is as important as at home or work, the Nirbhaya Fund has financed a number of projects in the transport sector. The Ministry of Road Transport and Highways (MoRTH) implemented a **Vehicle Tracking Platform** for public transport nationwide – enabling GPS tracking of buses and taxis and installation of panic buttons linked to central control rooms. MoRTH also worked with state road transport corporations on specific projects: for example, Uttar Pradesh and

Karnataka received support for improving safety for women passengers (through measures like CCTV in buses and training women drivers). The Ministry of Railways likewise installed an **Integrated Emergency Response Management System (IERMS)** at major railway stations, which includes CCTV surveillance and an alert system to secure railway premises. Further, Railways introduced an Artificial-Intelligence based **Facial Recognition System (FRS)** integrated with video surveillance at seven big stations, aimed at identifying threats and enhancing security (In one innovative project, Indian Railways even provided handheld devices (tabs) to staff to ensure the safety of lone women travelers on trains. Additionally, a technology development initiative was funded through MeitY (Ministry of Electronics & IT) in collaboration with academia (IIT Delhi) to develop a *panic-switch device* for cars and buses, showcasing the fund's support for R&D in safety gadgets. The **Tourism Ministry** piloted a "Safe Tourism" project in Madhya Pradesh to create women-friendly tourist destinations, demonstrating the fund's reach into diverse areas like hospitality and public outreach. The **Ministry of External Affairs** even leveraged the fund to set up OSCs at select Indian missions abroad to support Indian women facing violence overseas.

Each project under the Nirbhaya Fund is implemented by a specific ministry or department, often in partnership with state governments. **Table below** provides a summary of major Nirbhaya Fund-supported projects, categorized by their implementing ministry/department

Table 93: Key Nirbhaya Fund Projects by Implementing Ministry and Type.

Sl. No.	Projects Name	Implementing Central Ministry/Dept.
1.	Safe city project for 8 cities (Delhi, Mumbai, Kolkata, Chennai, Ahmedabad, Bengaluru, Hyderabad and Lucknow)	Ministry of Home affairs
2.	Strengthening of DNA analysis, cyber forensic and related facilities in State Forensic Science Laboratories (SFSLs) in 30 States/UTs.	
3.	Setting up/ strengthening of Women Help Desks (WHDs) in police stations in all States/ UTs.	
4.	Training of Investigating Officers (IOs)/ Prosecution Officers (POs)/ Medical Officers (MOs) in Forensic Evidence collection and Procurement of forensic kits for sexual assault cases.	
5.	Provision of video surveillance system at additional stations under Konkan Railway	Ministry of Railways

6.	Integrated Emergency Response Management System (IERMS)	
7.	Procurement of Tabs for security of women	
8.	Artificial Intelligence (AI) based Facial Recognition System (FRS) integrated with video- surveillance system across 7 stations i.e. Mumbai CST, Delhi, Howrah, Sealdah, Patna, Secunderabad and Chennai Central as pilot project	
9.	Setting up Fast Track Special Courts to dispose of cases pending trial under rape and POCSO Act	Department of Justice
10	Abhayam Project of Andhra Pradesh	Ministry of Road Transport and Highways
11	State-wise Vehicle Tracking Platform (VTP)	
12	Safe tourism destination for women in Madhya Pradesh	Ministry of Tourism.
13	Scheme for care and support to victims under Section 4 & 6 of the POCSO Act, 2012	Ministry of Women and Child Development
14	Installation of Storage boxes in the Women markets in Manipur	
15	Installation of CCTV cameras in women markets	
16	"Mission Shakti -2.0' for setting up of Mahila Swablambhan Kendra (MSK) at DIC Centres for Entrepreneurship Development, Vocational- Digital Training Safety and Empowerment of women/ girls in the State of Uttar Pradesh	
17	One Stop Centre (OSC)	
18	Universalisation of Women Helpline (WHL)	

19	Construction of WWH in 7 districts namely, Pauri Garhwal, Champavat, Haridwar, Pithoragarh, Rudraprayag, Tehri Garhwal and Uttarkashi of Uttarakhand.	
20	Installation of CCTV in 100 Buses of Sikkim Nationalised Transport (SNT) for Women's Safety, Transport Department, Government of Sikkim	Ministry of Road Transport and Highways
21	50 bedded 7 Working Women's Hostel in 5 districts in Manipur namely 2 in Imphal West, 2 in Imphal East and 1 each in Bishnupur, Thoubal and Kakching.	Ministry of Housing and Urban Affairs
Appraised but awaiting approval of CFA		
22	Opening One Stop Centres (OSCs) in 9 Indian Missions abroad	Ministry of External affairs
23	Construction of hostel/ dormitory for working women of industrial area/ institutions in 3 districts of Uttar Pradesh	Ministry of Women and Child Development
24	Implementation of women safety initiatives in Regional Rapid Transit System (RRTS)- National Capital Region Transport Corporation (NCRTC)	Ministry of Housing and Urban Affairs
25	Construction of Working Women Hostel (WWH) in 7 districts namely, Mon, Kohima, Phek, Peren, Wokha, Zubheboto and Chumukedima in Nagaland.	Ministry of Women and Child Development

26	Construction of accommodation and installation of safety devices in the form of CCTV cameras for female students and Working Women within the campus of Delhi University.	Ministry of Education, Dept. of Higher Education
27	Construction of Working Women Hostel (WWH) in District SAS Nagar, Punjab	Ministry of Women and Child Development
28	Construction of Working Women's Hostel (WWH) at Hosur, St Thomas Mount and Tiruvannamalai in Tamil Nadu	
29	Installation of CCTV cameras at Village Panchayat level	Ministry of Panchayati Raj
30	Sensitization of men towards women related issues including safety and security of women	
31	Freedom from Violence: Capacity Building of Elected Women Representatives on Legal Provisions on safety and security of women	
Completed Projects		
32	Installation of Vehicle Tracking Devices with SoS buttons	Ministry of Road Transport and Highways
33	Women's safety in passenger vehicles in Bengaluru Metropolitan Transport Corporation (BMTC)	

34	Women Safety in Public Transport in U.P	
35	Emergency Response Support System (ERSS)	Ministry of Home affairs
36	Central Victim Compensation Fund (CVCF)	
37	Facility of Social Workers/ Counsellors at the District and Sub-Divisional Police Station Level in Delhi	
38	Establishment of State of the Art DNA Lab. at CFSL, Chandigarh	
39	Development and Field Testing of Panic Switch based safety device for cars and buses for aiding women's safety	Ministry of Electronics and Information Technology
40	Safety and Security of women	Ministry of Women and Child Development
41	Nirbhaya Shelter Home	
42	Development of Nirbhaya Dashboard	
43	Mission Shakti for awareness and capacity and building programme for safety and empowerment of women and girls in industrial sectors	

44	New Building with Women Centric Facilities for Special Unit for Women and Children (SPUWAC) and Special Unit for North-East Region (SPUNER) at Nanakpura	Ministry of Home affairs
45	Various other activities under 'Delhi Police Safety for Women' Scheme	
46	Setting up and strengthening Anti Human Trafficking Units (AHTUs) in all districts of States/ UTs	
47	Cyber Crime Prevention against Women & Children (CCPWC) and sub-Project under CCPWC	
Closed Projects		
48	Project Name: CHIRALI: Friends Forever	Ministry of Women and Child Development
49	Project Name: Smart and safe cities free from violence against Women and Girls programme	
50	Project Name: Mahila Police Volunteers (MPV)	

The above initiatives illustrate how the Nirbhaya Fund has been utilized in a **multi-pronged manner**. Importantly, the fund's design encourages synergy: different ministries address the issue from different angles – police reforms by MHA, supportive services by WCD, judicial fast-tracking by the Justice Department, technological safeguards by Railways and MoRTH, etc. This comprehensive approach recognizes that improving women's safety requires action on many fronts simultaneously. From immediate emergency response to long-term behavior change through education, the projects under Nirbhaya Fund collectively attempt to create a safer environment for women and girls.

Moreover, these projects often involve local innovations and adaptations. States have some flexibility to propose solutions that work for their context – for example, some states launched unique programs like Tamil Nadu's communications campaign for women's safety, or Uttar Pradesh's community outreach under *Mission Shakti*, funded in part by Nirbhaya resources. The diversity of projects also shows an evolution in thinking: initial projects (circa 2015) were more about setting up basic infrastructure (helplines, OSCs), whereas later projects have added high-tech surveillance, data systems, and targeted campaigns. This reflects an **evolution of strategy** – learning from early implementations and expanding into new domains of women's safety.

Challenges in Implementation

While the Nirbhaya Fund has enabled numerous initiatives, its implementation has not been without challenges. Some of the key **challenges and issues** observed over the years include:

- **Capacity and Coordination Gaps:** Many states, especially smaller or resource-constrained ones, faced capacity issues in formulating proposals and executing projects. Implementing a Safe City project or setting up forensic labs requires technical expertise and coordination among multiple stakeholders (police, urban bodies, vendors). Some states lacked dedicated project management units for Nirbhaya projects, which slowed execution. Coordination between central ministries and state agencies could also be challenging – e.g., procurement for a centrally designed project like the emergency panic buttons in buses had to be carried out state-wise, leading to uneven progress. In a few cases, there were overlaps or confusion between Nirbhaya-funded schemes and other similar schemes (for example, some components of women's safety were also being tackled under general police modernisation funds), causing delays in deciding funding responsibility.

- **Monitoring and Accountability:** Ensuring effective monitoring across dozens of projects nationwide has been difficult. While MWCD and the Empowered Committee receive periodic reports, on-site monitoring is largely in the hands of state authorities. The quality of services (e.g., how well an OSC functions or how responsive the 112 helpline is) can vary significantly by location. There have been instances reported where infrastructure was set up (such as CCTV cameras) but not maintained, or where designated staff (like counsellors for OSCs) were not hired in time, undermining the project's effectiveness. The sheer number of stakeholders makes accountability diffuse. Additionally, delays in reporting (UCs, etc.) imply that the central oversight bodies often have to operate with outdated information on utilization.

- **Bureaucratic Delays and Rigidities:** The multi-level approval process, while ensuring checks and balances, also introduced bureaucracy that at times hindered swift action. Some projects took over a year to move from conception to actual sanction. In one example, proposals for emergency response systems had to be standardized and approved by both Home Ministry and MWCD, then each state had to sign MoUs – this phased approach meant women in some states waited much longer to see benefits. Similarly, the release of the second or third tranches of funds often awaited not just UCs but also evaluation reports, which took time. The requirement of matching contributions in some schemes was a hurdle for states with limited budgets, leading to delays or non-participation.

- **Quality and Impact Concerns:** There is also the overarching question of how much *impact* the funded projects have on the ground. Even with projects completed, challenges remain in reducing violence and improving women's day-to-day sense of security. For example, installing CCTV in a city is useful, but only if it is complemented by active monitoring and quick police response. Fast-track courts have been set up, but they need continuous funding to operate and must still deal with infrastructure or manpower shortages. Some observers have pointed out that despite the Nirbhaya Fund, women's perceptions of safety have not dramatically improved in many areas, indicating a need for deeper social and institutional changes beyond what these projects alone can achieve. In summary, while the fund has provided valuable assets (helplines, centres, hardware, etc.), ensuring these translate to outcomes (crime prevention, higher reporting, convictions, deterrence) is an ongoing challenge.

- **Maintenance and Sustainability:** As projects move from the pilot stage to regular operation, questions arise about who will maintain funding and upkeep. Nirbhaya Fund often supports the initial setup (capital expenditure and maybe a few years of operation). After that, state governments are expected to absorb the operational costs (for personnel, maintenance of equipment, etc.). Some states have struggled to provide budget for continuing the services, risking sustainability. For instance, running OSCs requires states to pay staff salaries and utilities after central support tapers; if states do not prioritize this, centres could become understaffed or non-functional. Ensuring that these initiatives are not one-time improvements, but sustained services is a real concern.

Recommendations for Enhancing Effectiveness

To address the above challenges and strengthen the impact of the Nirbhaya Fund, several recommendations and strategies can be considered:

- **Strengthen State Capacity and Engagement:** Central government should partner with NGO and women welfare organizations to train and build capacity of state officials while the state should invest in creating technical capacity. Only when the states have sufficient capacity can they come up with a viable roadmap/action plan.

- **Simplify and Streamline Procedures:** Reducing bureaucratic layers in fund disbursal and approval can accelerate implementation. For instance, delegating more financial powers to the Empowered Committee (so that not every change requires full Ministry of Finance approval) and allowing some flexibility in reappropriating funds between components of a project could help. The process for Utilization Certificates could be simplified through an online portal that standardizes reporting and auto-generates interim utilization data, ensuring that minor documentation issues do not hold up large sums. Introducing a **rolling approval mechanism** (where projects can be approved throughout the year, not just in designated meetings) might also speed up the uptake of funds.

- **Improve Monitoring and Transparency:** Establishing a robust **dashboard system** to track each project's physical and financial progress can greatly aid transparency. In fact, NIC has

been tasked with developing a Nirbhaya Fund dashboard – this should be expedited and made public-facing so that citizens and stakeholders can see how funds are being used in each state. Regular third-party evaluations should be commissioned for major schemes (like Safe City or OSCs) to assess their impact and recommend improvements. Additionally, the CAG or independent auditors could conduct performance audits for select Nirbhaya Fund projects to identify systemic issues. Strengthening feedback loops – for example, incorporating beneficiary feedback for OSCs or helplines – would ensure the services are meeting women's needs effectively.

- **Enhance Convergence with Other Schemes:** While the Nirbhaya Fund is a standalone instrument, its objectives overlap with many ongoing schemes (police modernization, urban development, etc.). Better convergence can amplify impact. The integration of OSCs and helplines into Mission Shakti is a positive step. Similarly, Safe City project learnings can be integrated with the Smart Cities Mission to embed women's safety in urban planning norms. The government could issue guidelines for all infrastructure projects to incorporate women's safety features (like lighting, gender-sensitive design), thereby leveraging other budgets to complement Nirbhaya efforts. **One Nation, One Helpline** is another convergence idea being undertaken – linking women's helpline 181 with child helpline 1098 and emergency 112 so that resources are shared and responses streamlined. Such integrative measures avoid duplication and create a more cohesive safety ecosystem.

- **Focus on Awareness and Community Involvement:** Technology and infrastructure will not suffice if women and the community at large are not aware of the available resources or not involved in preventive efforts. A recommendation is to allocate a portion of the fund to awareness campaigns about the services established (e.g., widely publicizing the 112 and 181 numbers, informing communities about OSCs in their area, etc.). AWC/ANM workers can be roped in to enhanced public outreach and create awareness.

- **Ensure Sustainability and Handover Plans:** For every project under the Nirbhaya Fund, there should be a clear sustainability plan. This means defining early on how the project will be financed and managed after the initial Nirbhaya funding is exhausted. The Empowered Committee could mandate that proposals include an "O&M (Operation & Maintenance) plan" for at least 5 years post-setup. For critical services like OSCs and helplines, the central government might consider continued funding support on a tapering basis instead of a hard stop, to give states time to integrate these expenses into their regular budgets. Exploring public-private partnerships (for maintenance of infrastructure like CCTV systems or running of certain services) could also alleviate the burden on the exchequer while keeping the services running. By planning for the long term, the investments made through the Nirbhaya Fund will have a lasting legacy.

- **Expanding the Reach and Scope:** Finally, to enhance effectiveness, the government can look at **scaling up successful models** to areas not yet covered. For example, if the Safe City approach has yielded positive results in major metros, a scaled-down version could be extended to tier-2 cities and rural areas (with adjustments for context). More OSCs can be sanctioned in districts that are large or have high crime rates (indeed, approval of additional

OSCs in certain districts is underway. New domains of concern, such as online harassment of women, could inspire projects like AI-based moderation or legal aid cells for cyber-crime victims. Keeping the fund's mandate flexible to address emerging threats will ensure it remains relevant. Additionally, increasing the fund allocation in future budgets can be considered if states demonstrate the capacity to use the funds effectively – higher investments might be necessary to cover the vast needs (for instance, making public transport uniformly safe across the country will require significant resources).

In conclusion, **the Nirbhaya Fund has been beneficial**, but it needs to be strengthened with an added emphasis on inter-departmental convergence. It has led to the creation of important infrastructure and services creating safe spaces for women and sparked multi-agency collaboration on an issue that was often sidelined. In the places where it has not been implemented is due to a lack of clarity of roles, bureaucratic hurdles, lack of prior planning for sustainability and a dearth of inter departmental convergence.

Chapter 5: Gender Budgeting

5.1 Introduction

Gender Budgeting is a transformative fiscal policy approach that systematically integrates a gendered perspective into every stage of the budget cycle—planning, allocation, implementation, and evaluation. Rather than creating separate budgets across gender groups, gender budgeting involves a comprehensive assessment of how existing budgetary allocations impact different gendered identities, with the aim of realigning resources to reduce disparities and promote equity[1] [2] [3].

This approach recognizes that government budgets, while often appearing gender-neutral, can have differential impacts on women, men, and other gender identities due to socially determined roles and systemic inequalities. By applying a gender lens to public expenditure and revenue policies, gender budgeting seeks to ensure that fiscal decisions address the distinct needs and priorities of all genders, thereby contributing to the advancement of gender equality and inclusive development[3] [5] [6].

Globally, gender budgeting is recognized as a hallmark of good governance. It aligns with constitutional mandates for equality, international commitments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)[4], and the Sustainable Development Goals (SDGs), particularly SDG 5 on gender equality[4] [6]. The practice strengthens transparency and accountability in public financial management by making visible the gendered impacts of fiscal decisions and holding governments accountable for their gender equality commitments[1] [3] [4].

In practice, effective Gender Budgeting involves several key steps:

- Conducting gender-based assessments of budgets and policies.
- Linking budgetary decisions to overarching gender equality objectives.
- Integrating gender perspectives throughout the budget cycle, including monitoring and evaluation.
- Ensuring transparency and promoting participatory processes that involve all stakeholders[1] [5].

By embedding gender considerations into fiscal policy, gender budgeting serves as a strategic tool for improving the equity, and transparency of public financial management systems. It ensures that the benefits of development are shared equitably, and that public resources are used to foster a more inclusive and just society.

5.2 Evolution of Gender Budgeting in Different Countries

Gender Budgeting has emerged globally as a powerful tool for integrating gendered perspectives into fiscal policy and public financial management. Its evolution reflects broader societal, economic, and political shifts toward gender equality and inclusive development. This chapter

traces the development of gender budgeting practices across countries, showcasing diverse approaches, institutional mechanisms, and levels of integration.

These examples reflect the evolution of Gender Budgeting approaches—moving from exploratory initiatives to structured, evaluative, and legally rooted systems. Moreover, both countries show how collaboration with international institutions (e.g., UN Women, IMF, World Bank) can support national implementation.

Case Studies – gender budgeting

Australia is widely acknowledged as the birthplace of Gender Budgeting. In 1984, it introduced the first national-level Women's Budget Statement, aiming to assess the budget's impact on women and promote equitable resource distribution. Although this practice was later decentralized, it set a global precedent and inspired similar initiatives elsewhere. Australia's approach was characterized by collaboration between the government and women's policy agencies, laying the groundwork for institutionalizing gender analysis in budgeting.

Austria represents a unique case where Gender Budgeting has been constitutionally mandated since 2009. All public institutions are required to pursue gender equality in budgeting decisions, and performance budgeting frameworks incorporate gender objectives. Austria's model reflects a shift from voluntary to legally binding approaches, signalling a deeper institutional commitment. Mexico, on the other hand, has embedded Gender Budgeting through legislative mandates, particularly within the Federal Budget and Fiscal Responsibility Law. Gender-specific budget codes enable tracking and reporting of expenditures targeted at reducing gender gaps. This institutionalization demonstrates the role of legal frameworks in sustaining gender-responsive fiscal practices.

Canada's resurgence in Gender Budgeting came with the launch of the Gender Results Framework in 2018 and the integration of Gender-Based Analysis Plus (GBA+) across all departments. The Canadian model combines rigorous policy analysis with transparent reporting and institutional support via the Department for Women and Gender Equality. This illustrates how advanced economies are integrating gender analysis into broader equity and policy evaluation frameworks.

Global Convergence and Lessons Learned

International organizations have played a critical role in promoting Gender Budgeting through normative guidance, technical support, and capacity-building. Institutions such as UN Women, the OECD, and the IMF advocate Gender Budgeting as a hallmark of good governance and inclusive development.

Presently, over 80 countries have introduced some form of Gender Budgeting, though the scope and effectiveness vary widely. Countries are at different stages – some focus on gender tagging

and pilot programs, while others have institutionalized gender-responsive budgeting as a legal and administrative mandate.

Gender Budgeting is thus not a one-size-fits-all model. Its evolution reflects contextual priorities, governance structures, and political will. However, across geographies and income levels, a shared goal persists – to align public spending with gender equality commitments and promote more inclusive, accountable, and equitable fiscal systems.

5.3 Gender Budgeting in India

The evolution of Gender Budgeting in India reflects a deliberate and sustained effort to embed gender equity considerations within the framework of public financial management. Rooted in India's constitutional values of equality and social justice, the idea of integrating a gendered lens into budgetary policy gained momentum in the late 1990s as part of broader public sector reforms focused on inclusive development and fiscal transparency.

The initial push toward gender-responsive budgeting began with the recognition that women's developmental needs were not adequately reflected in traditional budgeting processes. This concern was first formally acknowledged in the Ninth Five Year Plan (1997–2002), which introduced the concept of Women's Component Plans (WCPs)—mandating that no less than 30% of funds in women-related sectors be allocated for programs benefiting women.

Building on this foundation, the Ministry of Finance institutionalized Gender Budgeting in 2004–05 by establishing a Gender Budget Cell (GBC) within the Department of Economic Affairs. This marked a watershed moment, signalling the beginning of a structured and inter-ministerial approach to gender-responsive budgeting. The following year, in 2005–06, India became one of the first countries to publish a dedicated Gender Budget Statement (Statement 13) as part of its Union Budget documentation. This statement has been published annually since then.

The Gender Budget Statement (GBS) classifies public spending into three parts:

Part A: Schemes where 100% of the allocation is exclusively for women and girls (women-specific schemes).

Part B: Schemes where at least 30% but less than 100% of the allocation benefits women and girls (pro-women schemes).

Part C: Schemes where up to 30% of the allocation benefits women and girls (introduced in budget statement of 2024-25 to capture schemes with a smaller but significant women's component).

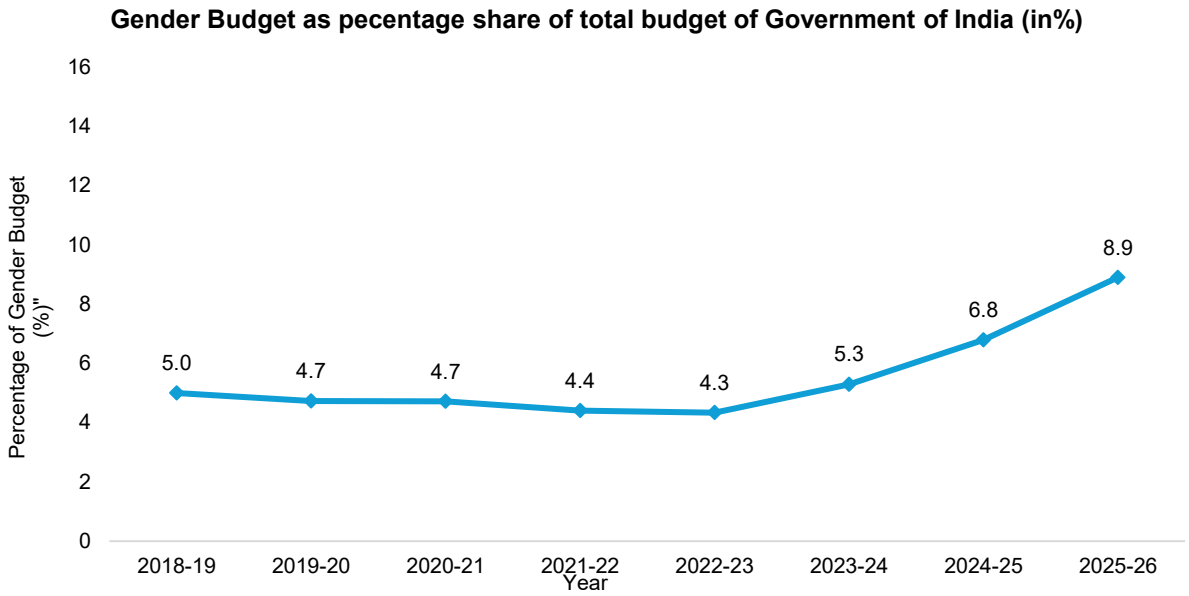
To support institutionalization, the Ministry of Finance, in collaboration with the Ministry of Women and Child Development (MoWCD), issued guidelines and conducted capacity-building initiatives to enable ministries to undertake gender budget analysis. Over time, more than 30 Union Ministries and Departments established Gender Budget Cells (GBCs) tasked with internalizing gender analysis in the design and monitoring of schemes and programs.

India's efforts in Gender Budgeting also influenced subnational policies. Several states, including Odisha, Karnataka, Kerala, Gujarat, Madhya Pradesh, Chhattisgarh, and Bihar, adopted gender budgeting at the state level, incorporating dedicated budget statements and establishing state-level GBCs. The Rajasthan and Uttarakhand governments further institutionalized it through administrative orders and policy directives. The key milestones are highlighted below:

5.3.1 Gender Budgetary Trends in India

The share of the Gender Budget in the total Union Budget Estimates has shown distinct year-wise variations between 2018–19 and 2025–26. In 2018–19, the Gender Budget accounted for 5.0% of the total budget.

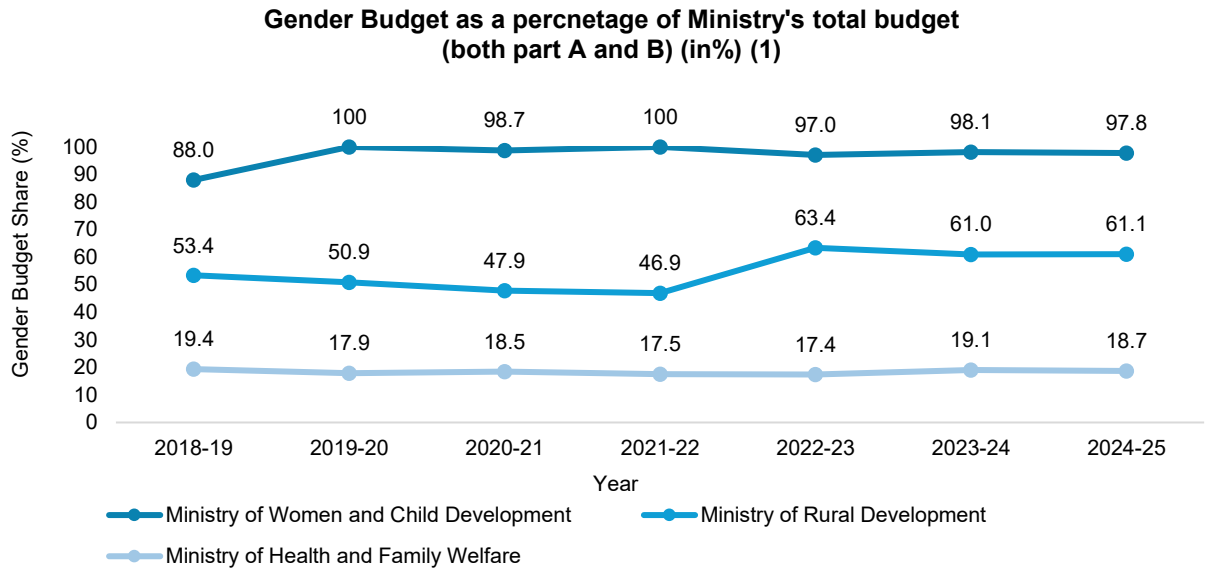
Figure 106: Gender Budget as pecentage share of total budget of GoI



Source: Union Budget Statement, GoI, 2018-2025

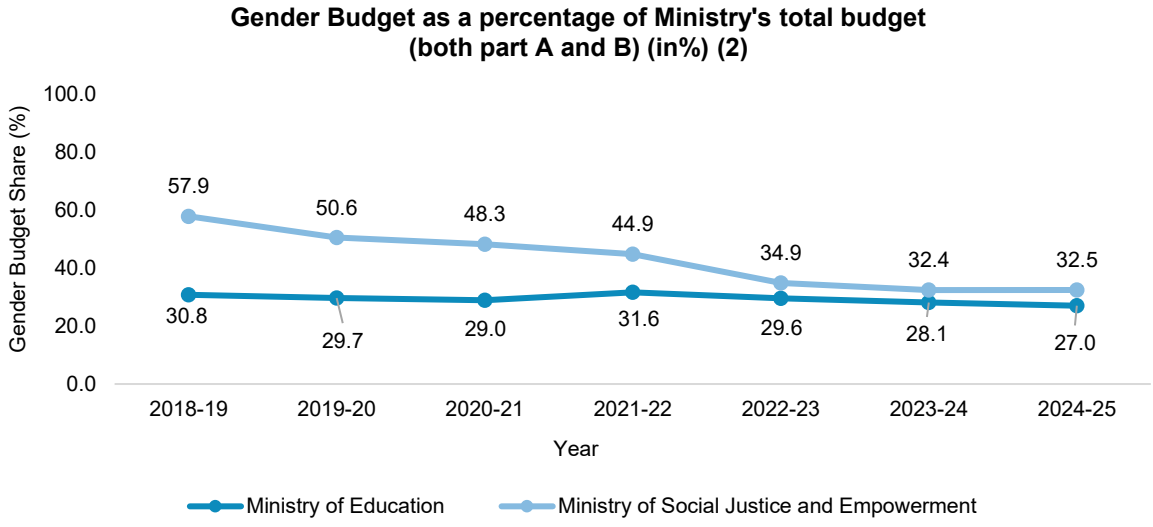
A shift is observed from 2023–24 onwards, with the Gender Budget share increasing to 5.3%. This upward movement continued in 2024–25, reaching 6.8%. The latest available figures for 2025–26 indicate a further rise, with the Gender Budget comprising 8.9% of the total Budget Estimates

Figure 107: Gender Budget as a percentage of the Ministry's total budget



Source: Union Budget Statement, GoI, 2018-2025

Figure 108: Gender Budget as a percentage of Ministry's total budget



Source: Union Budget Statement, GoI, 2018-2025

An analysis of the ministry-wise trends in gender budget allocations between 2018–19 and 2024–25 indicates varying patterns of prioritization and stability across key social sector ministries.

The **Ministry of Women and Child Development** consistently recorded the highest allocation percentage throughout the period. Starting at 88.0 in 2018–19, the allocation increased to 100 in 2019–20, remained close to this level across subsequent years, and was recorded at 97.8 in

2024–25. This reflects a stable and sustained emphasis on gender-targeted expenditure under the ministry.

The **Ministry of Rural Development** exhibited a rising trend in its gender budget percentage. From 53.4 in 2018–19, the percentage remained relatively steady until 2021–22, followed by a notable increase to 63.4 in 2022–23. This level was sustained in the following years, with the percentage holding at 61.0 in 2023–24 and 61.1 in 2024–25.

In contrast, the **Ministry of Social Justice and Empowerment** displayed a declining trend over the period. The percentage fell from 60.0 in 2018–19 to 44.9 in 2021–22 and further to 32.5 by 2024–25. This indicates a gradual reduction in the relative share of gender-focused allocations under the ministry's portfolio.

The **Ministry of Health and Family Welfare** also showed a long consistent trend hovering around approximately 18 to 19%.

The **Ministry of Education** maintained a relatively stable pattern in its gender budget allocation, fluctuating within a narrow range. Beginning at 30.8 in 2018–19, the percentage remained close to this value across the seven-year period and was recorded at 27.0 in 2024–25.

Utilization of Gender Budgets across Ministries

Utilization of Gender Budget (actuals) across Different Ministries (in%)					
Ministries	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**
Ministry of Education	93.9	92.2	94.1	95.9	96.1
Ministry of Social Justice and Empowerment	97.5	97.6	97.7	97.8	97.9
Ministry of Rural Development	97.5	97.5	98.5	98.6	98.9
Ministry of Health and Family Welfare	97.9	98.2	95.8	96.0	96.7
Ministry of Women and Child Development	97.7	97.7	98.0	97.4	97.3

Source: Union Budget Statements, GoI, 2018-2023

All five major ministries have consistently recorded high utilization rates of their gender budgeting allocations, with annual spending remaining above 93%. This reflects not only strong absorption capacity but also a sustained institutional commitment to implementing gender-responsive initiatives effectively. The recent years have further seen improvement in the utilization of gender budgets.

5.3.2 Gender Budgeting in Fiscal Year 2025-26

India’s commitment to gender-responsive budgeting witnessed a significant milestone in FY 2025–26, with a remarkable allocation of ₹4.49 lakh crore earmarked for the welfare of women and girls. This marks a substantial 37.25% increase over the previous year’s allocation of ₹3.27 lakh crore, underscoring the government's deepening focus on gender equity through fiscal instruments.

This year’s Gender Budget Statement (GBS) has also set a record in terms of institutional participation. A total of 49 Ministries and Departments, along with 5 Union Territories, have reported gender-specific allocations—up from 38 Ministries/Departments in FY 2024–25. This is the highest level of reporting since the inception of the GBS, reflecting a broader recognition across the administrative spectrum of the importance of integrating gender perspectives in planning and expenditure.

Notably, twelve Ministries and Departments made their debut in the GBS this year. These include the Departments of Animal Husbandry & Dairying, Biotechnology, Food & Public Distribution, Financial Services, Fisheries, Land Resources, Pharmaceuticals, and Water Resources (RD & GR), as well as the Ministries of Food Processing Industries, Panchayati Raj, Ports, Shipping & Waterways, and Railways. Their inclusion signals growing sectoral convergence and mainstreaming of gender considerations across previously underrepresented domains.

The Gender Budget Statement for FY 2025–26 is organized into three parts:

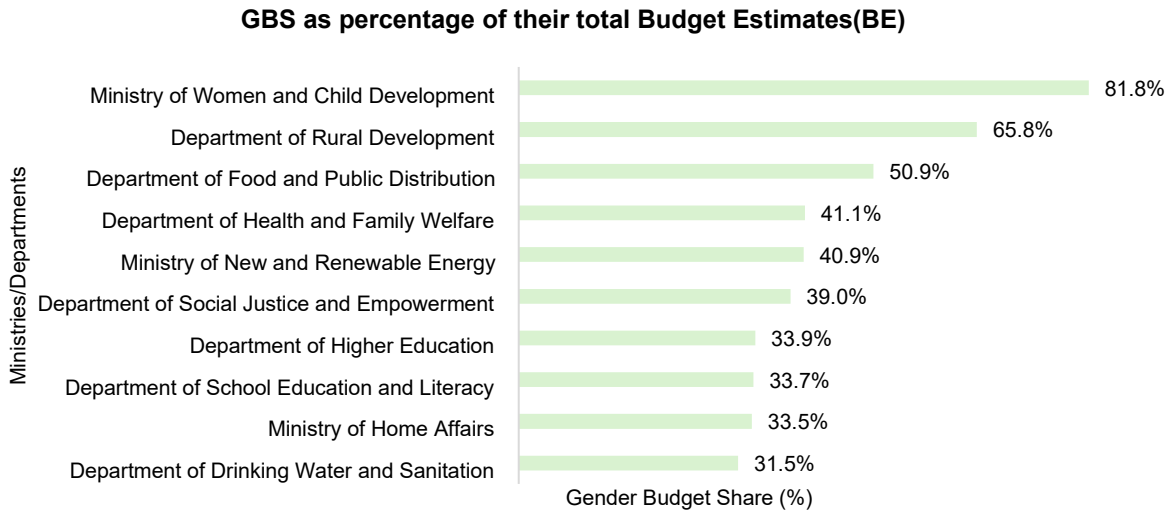
- Part A includes schemes with 100% allocation for women. Here, ₹1,05,535.40 crore has been allocated by 17 Ministries/Departments and 5 UTs, constituting 23.50% of the total gender budget.

- Part B includes schemes where 30–99% of the resources benefit women. This category saw the largest share, with ₹3,26,672.00 crore reported by 37 Ministries/Departments and 4 UTs, accounting for 72.75% of the total allocation.

- Part C, introduced to capture allocations with less than 30% earmarked for women, recorded ₹16,821.28 crore from 22 Ministries/Departments, contributing 3.75% to the overall GBS.

Among the ministries and departments that have demonstrated significant gender responsiveness by allocating more than 30% of their total budgets toward women-centric initiatives are:

Figure 109: GBS as percentage of their total Budget Estimates (BE)

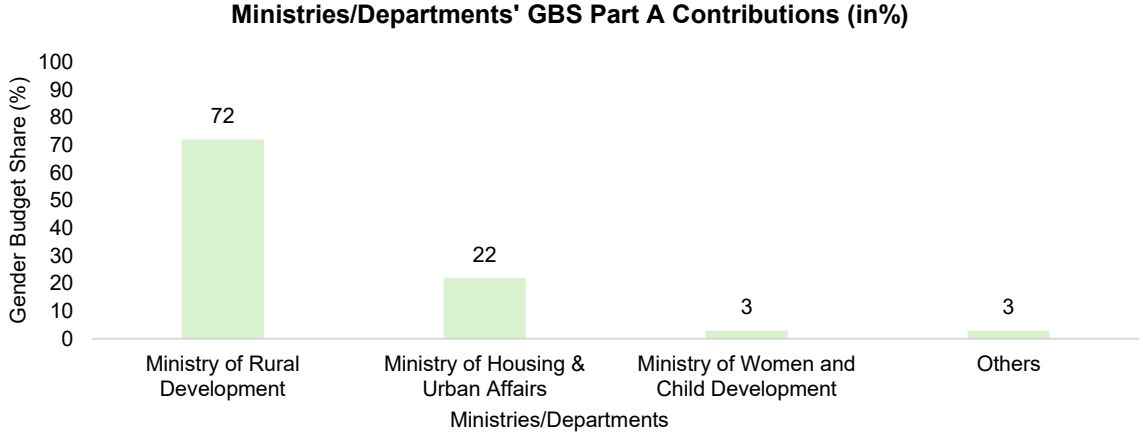


Source: Union Budget Statements, GoI, 2025-26

The 2025–26 GBS highlights the evolution of gender budgeting from a niche concern of select welfare ministries to a widely adopted, cross-cutting strategy embedded in broader developmental and sectoral planning. This institutional mainstreaming not only enhances transparency and accountability in public spending but also reinforces the centrality of women's empowerment in India's growth narrative.

However, the distribution of this allocation is highly concentrated. The Ministry of Rural Development alone contributes approximately 72% of the total Part A outlay (INR 105535 Crores). This is largely due to major schemes like the Pradhan Mantri Awaas Yojana (Rural) and the National Rural Livelihood Mission (NRLM), both of which have explicit design features prioritizing female beneficiaries.

Figure 110: Ministries/Departments' GBS Part A Contributions (in%)



Source: Union Budget Statements, GoI, 2025-26

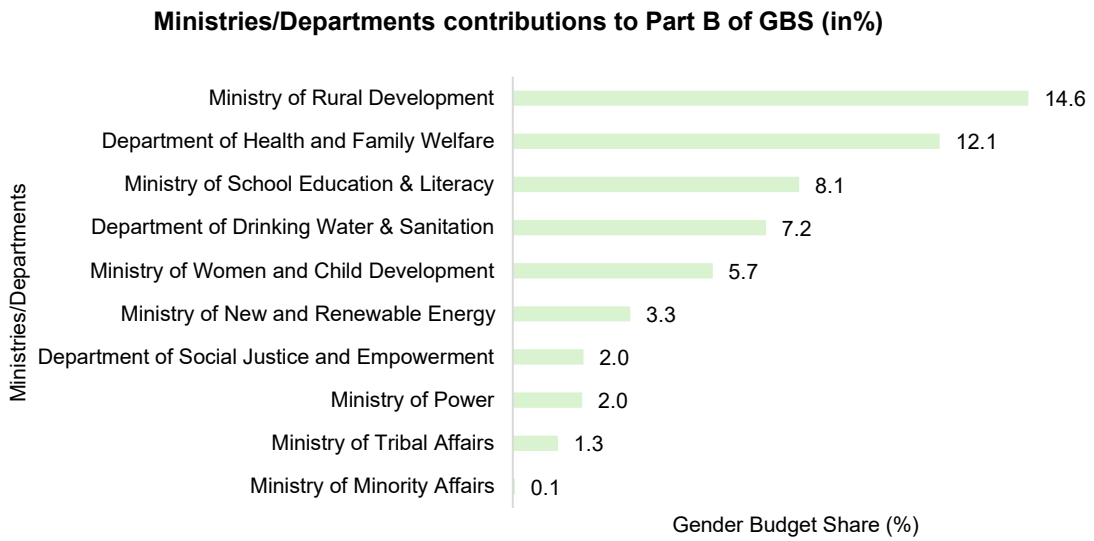
Following this, the Ministry of Housing and Urban Affairs accounts for 22%, primarily through its urban housing initiatives for women-headed households. The MoWCD despite being the nodal ministry for gender equality, accounts for just 3% of the total Part A allocation, while all other reporting ministries together contribute the remaining 3%.

This pattern of allocation reflects a structural limitation in the expansion of 100% women-specific programming across the government. The heavy reliance on a few flagship schemes under select ministries implies that the development and funding of new, targeted initiatives for women is not evenly distributed. Most ministries continue to engage through Part B (gender-sensitive schemes with 30–99% allocation for women) or Part C (schemes with less than 30% allocation for women), rather than formulating exclusive, women-centric programs.

Of concern is the absence of Part A allocations from several ministries that are vital for women's empowerment and holistic development. These are Ministry of Tribal Affairs, Ministry of Minority Affairs, Ministry of Labour and Employment, and Ministry of Skill Development and Entrepreneurship. This gap is significant given the intersectional vulnerabilities that women from tribal, minority, informal, and low-skilled backgrounds face. Literature from UN Women and the Centre for Budget and Governance Accountability (CBGA)7 has consistently highlighted that gender budgeting must not only be about increasing quantum but also ensuring institutional ownership across sectors—especially in areas like livelihoods, education, employability, and social protection, which are critical levers for women's long-term economic empowerment.

A closer look at Part B allocations (total GBE INR 326672 Crores) further illustrates this pattern. While some progress has been made in mainstreaming gender concerns into broader programs, the distribution is skewed and unbalanced.

Figure 111: Ministries/Departments contributions to Part B of GBS (in%)



Source: Union Budget Statements, GoI, 2025-26

The above figure highlights key service delivery ministries like Rural Development, Health, and Education account for a significant portion of Part B allocations. Yet sectors critical to the intersectional empowerment of marginalized women, including Tribal Affairs, Minority Affairs, Labour, and Skill Development show minimal engagement even in gender-sensitive spending.

The Ministry of Minority Affairs contributes just 0.1% to Part B allocations, and the Ministry of Tribal Affairs stands at 1.3%. This underinvestment is concerning, given that women from tribal and minority communities often face compounded socio-economic disadvantages. Academic and institutional literature[170] [171] has consistently highlighted the need for inclusive gender budgeting that addresses not only sex-based disparities but also the intersecting dimensions of caste, class, ethnicity, and geography.

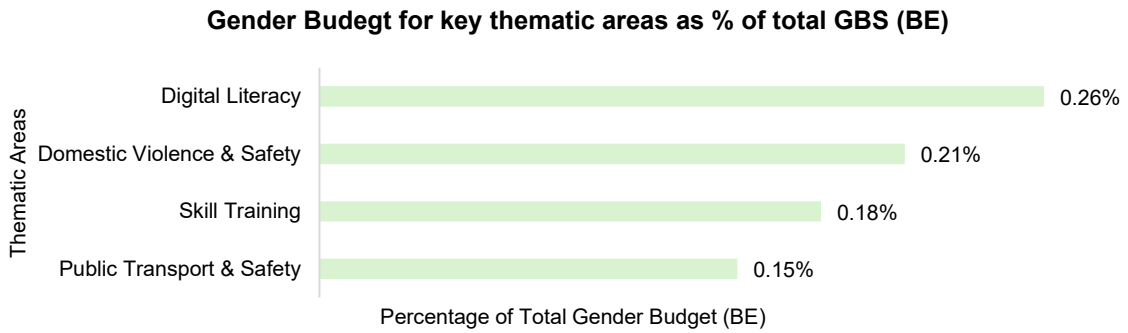
Moreover, the Ministry of Labour and Employment and Ministry of Skill Development and Entrepreneurship, central to fostering women's economic empowerment, continue to either remain absent or underrepresented in both Part A and Part B of the Gender Budget. This signals a missed opportunity to link gender budgeting with livelihood promotion, social security, and skilling, all of which are essential to enabling sustainable gender equity.

In conclusion, while the quantum of the gender budget has increased, its distribution remains narrow. The over-reliance on a few ministries and the underrepresentation of sectors central to women's long-term empowerment indicate a need to recast gender budgeting not just as a financial tool, but as a strategy for institutional transformation.

5.4 Key Thematic Areas for Women Safety and Empowerment

Analysis of the Gender Budget Statement (GBS) 2025–26 further reveals that key sectors with significant implications for women's empowerment and well-being continue to receive a relatively modest share of total gender-responsive allocations.

Figure 112: Gender Budget for key thematic areas as % of total GBS (BE)



[170] Centre for Budget and Governance Accountability (CBGA). (2021). *Gender Budgeting in India: What has changed and what needs to change?* New Delhi: CBGA. Retrieved from https://www.cbgaindia.org
171 UN Women. (2022). Gender Responsive Budgeting: A Global Review of Trends and Approaches. New York: UN Women. Retrieved from https://www.unwomen.org/en/digital-library/publications

Source: Union Budget Statements, GoI, 2025-26

Four critical domains—Public Transport and Safety, Skill Training, Domestic Violence and Safety, and Digital Literacy—together account for just 2.91% of the total gender budgetary outlay.

- **Public Transport and Safety**, a foundational component for enabling women's mobility and access to opportunities, accounts for only 0.15% of the Gender Budget. This includes schemes like the Safe City Programme and the Emergency Response Support System but reflects limited expansion in geographic or demographic coverage.

- **Skill Training** receives 0.18%, despite being integral to women's economic empowerment. Programs such as National Skill Training Institutes, PM-DAKSH, and Entrepreneurship Development under MSME include women as target beneficiaries, yet allocations suggest underinvestment relative to need.

- **Domestic Violence and Safety,** encompassing Nirbhaya Fund utilization, cybercrime prevention initiatives, and institutional safety mechanisms, comprise 0.21% of the GBS. Given the scale of gender-based violence and the role of One Stop Centres and Women Helplines under Mission Shakti, this share appears misaligned with policy urgency.

- **Digital Literacy**, crucial in bridging gender gaps in education, employment, and civic participation, represents 0.26% of the Gender Budget. Despite large-scale initiatives under MeitY and the Ministry of Education, gender-targeted digital inclusion remains under-prioritized.

This pattern indicates that while flagship schemes under MoWCD, such as Saksham Anganwadi and Mission Shakti garner significant allocations, and cross-sectoral investments critical for gender equity remain fragmented and underfunded. Strengthening convergence between MoWCD and ministries such as MoHUA, MoRTH, MoLE, MeitY, and MoSDE will be essential to ensure that gender budgeting moves beyond traditional domains and adequately addresses systemic barriers to women's safety, skills, digital empowerment, and mobility.

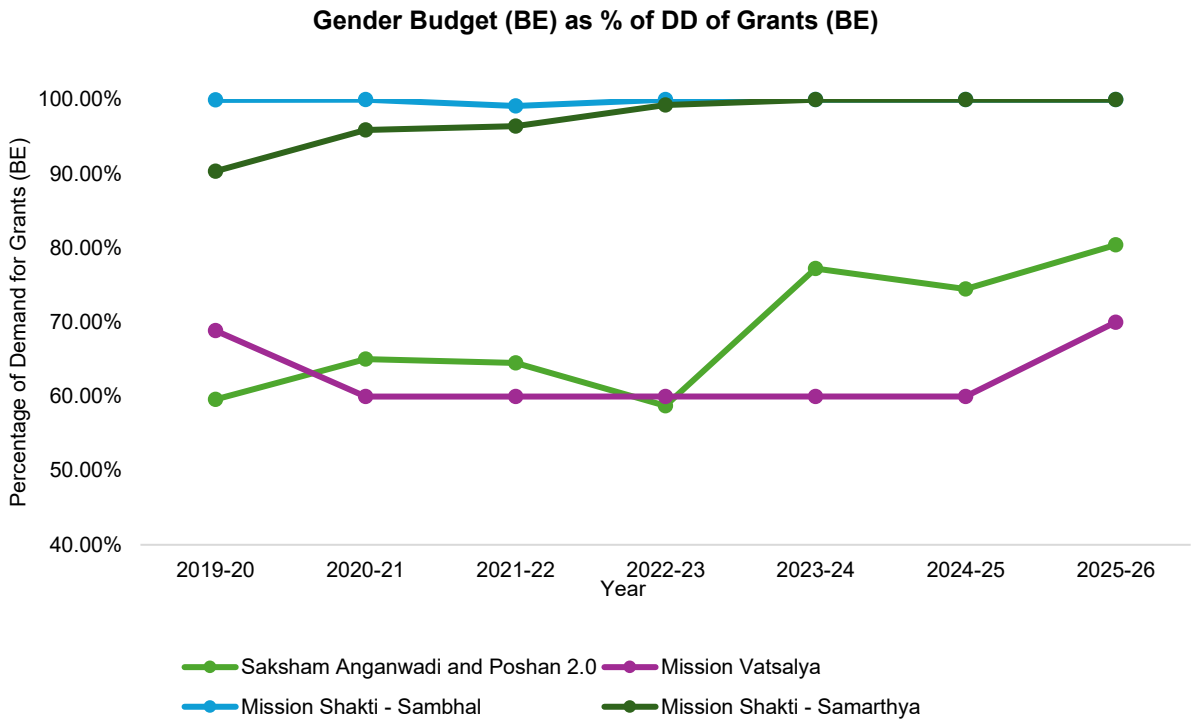
5.5 Gender Budgeting Trend for MoWCD

The analysis of Gender Budget (BE) as a percentage of the total Demand for Grants (BE) across four major schemes under the Ministry of Women and Child Development (MoWCD) highlights both institutional intent and implementation consistency in aligning public expenditure with gender-focused outcomes.

Saksham Anganwadi and Poshan 2.0 displays high upward trajectory, starting at 59.61% in 2019–20 and rising steadily to 80.41% by 2025–26. This trend is particularly notable post-2022–23, indicating a stronger integration of gender-responsive elements into the design and implementation of early childhood care, supplementary nutrition, and health linkages. The increase reflects MoWCD's shift toward a more lifecycle and equity-oriented framework in child development interventions, in line with recommendations from the NITI Aayog and Gender Budgeting Cell.

Mission Vatsalya, while conceptually centred on children, exhibits the highest fluctuation in its gender component. Beginning at 68.87% in 2019–20, it dips to 60% from 2020–21 through 2024–25, before climbing back to 70% in 2025–26. These oscillations suggest variable levels of prioritization of girl children and gender equity in design and execution of child protection systems, possibly influenced by state-level variations in implementation of services such as foster care, sponsorship, and institutional care for girl children.

Figure 113: Gender Budget (BE) as % of DD of Grants (BE)



Source: Union Budget Statements, GoI, 2019-25

In contrast, Mission Shakti – Sambhal demonstrates unwavering consistency, with a 100% gender budget classification across all six years. This reflects the scheme's exclusive focus on women's protection, including One Stop Centres, Women Helplines, and other safety-related interventions, which by design cater solely to women and girls. Such alignment is critical in ensuring transparency and accountability in tracking expenditure under the Nirbhaya Fund and similar frameworks.

Mission Shakti – Samarthya shows a clear trajectory of progressive alignment with gender budgeting objectives, increasing from 90.36% in 2019–20 to 100% by 2023–24, where it remains through 2025–26. This improvement suggests a growing coherence in the design of interventions like PMMVY, Shakti Sadans, and skilling initiatives, ensuring that resources are increasingly channelled toward women's social and economic empowerment. The complete alignment by 2023–24 marks a significant shift toward gender-integrated budgeting and aligns with the Ministry's stated commitment to enhancing fiscal accountability through the Gender Budget Statement.

Table 94: Schemewise budgetary recommendations

Scheme	Utilization Trend	Gender Budget Share	Key Reasons for Underutilization (Primary Data Insights)	Recommended Action (Primary Data Insights)
Saksham Anganwadi & Poshan 2.0	Moderate; fluctuating	Increasing (59.6% → 80.4%)	Cost sharing norms for AWC constructions, Delays in disbursements from state finance departments	Coordinate with MoRD and Finance Commission for joint planning; revise fund release protocols and tracking systems.
Mission Shakti – Sambhal	Low → Moderate	100% (constant)	Unrealistic infrastructure and staffing norms, DM as nodal officer for disbursement of Fund etc., Lack of state-level flexibility in modifying facility designs, Low awareness or preparedness to operationalize OSCs and helplines in many districts	Reassess infrastructure cost norms under Shakti guidelines; enable flexibility and co-funding at state level.
Mission Shakti – Samarthya	Fluctuating; worsened in 2024–25	90.4% → 100%	Skilling and shelter schemes face similar issues as Sambhal in cost norm rigidity, Delayed onboarding of implementing agencies and lack of standard operating procedures, Low demand generation due to outreach and staffing constraints	Update cost norms for hostels; support states with operational guidelines and real-time MIS.
Mission Vatsalya	Improved steadily	Fluctuating (60–70%)	Inadequate financial provisioning for prescribed infrastructure in CCIs, Variation in institutional readiness and technical capacity across states, Underutilization linked to mismatch between standards and ground realities	Adjust financial norms for CCIs and service units; improve convergence with state departments and PRI support.

5.6 Issues and Challenges

1. Inadequate Resource Allocation

The proportion of the gender budget within the overall Union Budget has consistently remained below 6%, with the highest allocation recorded at 5.8% in 2011–12. On average, the gender budget has hovered around 0.7% of the GDP between 2008–09 and 2019–20, reflecting insufficient resource commitment relative to the scale of gender disparities in India[172]. This limited allocation constrains the scope and impact of gender-responsive initiatives.

2. Skewed and Ambiguous Allocation

The gender budget is divided into two parts: Part A (100% allocation for women) and Part B (at least 30% allocation for women). However, Part A consistently receives a lower share, often less than 30% of the overall gender budget for many years[173]. Furthermore, the methodology for categorizing schemes is ambiguous. For instance, schemes like the Pradhan Mantri Awaas Yojana–Gramin (PMAY-G) are included in Part A despite only 23% of houses being allotted to women, while schemes like MGNREGS, where women constitute 55% of beneficiaries, are underreported in Part B4.

3. Concentration of Funds in Select Sectors

A significant portion (85–90%) of the gender budget is concentrated in a few ministries-primarily Rural Development, Education, Health, and Women & Child Development-limiting its reach and impact across other critical sectors. This sectoral concentration often sidelines women's needs in areas like environment, urban transformation, and skill development.

4. Stagnant or Declining Allocations for Women's Empowerment

Despite the institutionalization of gender budgeting, allocations for women-exclusive schemes have remained stagnant or even declined, limiting the transformative potential of the exercise.

5.7 Conclusion and way forward

Gender budgeting has enabled India to make strides in recognizing and addressing gender disparities through public expenditure. Yet its impact is curtailed by persistent challenges such as inadequate resource allocation, methodological ambiguities, weak monitoring, lack of data, and limited political will. Addressing these issues will require comprehensive reforms, including the enactment of a Gender Budgeting Act, improved data systems, uniform guidelines, enhanced

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[172] Khullar, A. (2023, May). *Gender-responsive budgeting in India: A stocktaking* (ORF Issue Brief No. 638). Observer Research Foundation. https://www.orfonline.org/research/gender-responsive-budgeting-in-india-a-stocktaking

[173] Khullar, A. (2023, May). *Gender-responsive budgeting in India: A stocktaking* (ORF Issue Brief No. 638). Observer Research Foundation. https://www.orfonline.org/research/gender-responsive-budgeting-in-india-a-stocktaking

accountability, and stronger institutional support to ensure that gender budgeting truly advances the cause of gender equality in India.

1. Institutionalize Gender Budgeting through Legal and Administrative Reforms

- **Enact a Gender Budgeting Legislation**
  Introduce a national Gender Budgeting Act to provide a statutory mandate for gender-responsive planning, budgeting, and reporting across all ministries and departments. The legislation should define classification criteria, institutional roles, accountability mechanisms, and oversight functions.
- **Strengthen the role of the National and State Gender Budgeting Cells**
  Women and Child Development (MoWCD) to oversee scheme classification, performance review, inter-ministerial coordination, and annual reporting on gender-responsive public expenditure.

2. Expand the Scope of 100% Women-Centric Interventions (Part A)

- **Mandate Sector-Wide Women-Focused Scheme Development**
  Encourage key ministries—such as Labour, Skill Development, MSME, Tribal Affairs, and Minority Affairs—to develop at least one 100% women-specific scheme during each planning cycle. Establish a Central Innovation Fund to support such initiatives.
- **Embed Gender-Responsive Design into Flagship Programs**
  Integrate exclusive and embedded gender-responsive components into major national missions—such as Jal Jeevan Mission, PM Gati Shakti, AMRUT, and Digital India—through inter-ministerial guidelines and joint outcome frameworks.

3. Refine Classification and Tagging of Gender Budget Components

- **Strengthen Classification Methodology**
  Adopt a five-level intensity classification, for example use the 3-tier OECD typology, namely, Gender-informed resource allocation, Gender-assessed budgets (i.e., gender analysis of the overall budget) and Needs-based gender budgeting, across schemes to better reflect the extent of gender targeting. All scheme classifications should be backed by gender-disaggregated data and clear justifications.
- **Enable Digital Tagging within Public Financial Systems**
  Mandate gender tagging of scheme allocations at the object-head level within the Public Financial Management System (PFMS) and budget software to enable real-time aggregation, analysis, and transparency.

4. Link Gender Budgeting to Results and Performance Frameworks

- **Institutionalize Gender-Specific Results Indicators**

Require every gender-tagged scheme to define at least two measurable, gender-disaggregated outcome indicators that are integrated into the Output-Outcome Monitoring Framework (OOMF) and scheme logframes.

- **Conduct Periodic Gender Audits**
  Mandate mid-term gender audits for all schemes with allocations above ₹1,000 crore. Link audit findings to reprogramming, fund reallocations, and classification updates. Support third-party evaluations of gender-budgeted schemes to generate evidence for policy refinements, scale-up decisions, and cross-learning.

5. Promote Political Commitment and Inter-Governmental Coordination

- **Elevate Gender Budgeting in Budget and Policy Communications**
  Highlight gender budgeting priorities, results, and innovations in the Union Budget Speech, Economic Survey, and Finance Commission consultations.
- **Convene an Annual Gender Budgeting Forum**
  Institutionalize an annual platform under MoWCD and MoF for knowledge exchange among Central ministries, States/UTs, civil society, and development partners. Consider recognition mechanism for states at these events.

Chapter 6: Recommendation Summary

Recommendations under the Saksham Anganwadi and Poshan 2.0

Recommendations under the Supplementary Nutrition Programme (SNP)

To strengthen the delivery and outcomes of the Supplementary Nutrition Programme (SNP) under Saksham Anganwadi and Poshan 2.0, a set of strategic and coordinated recommendations are proposed, rooted in evidence from field evaluations and stakeholder consultations. These aim to address systemic bottlenecks, enhance program efficiency, and promote community-centric service delivery.

1. Strengthening Infrastructure through Convergent and Innovative Approaches: Anganwadi Centres must be universally upgraded to structurally sound, government-owned buildings equipped with reliable electricity, safe drinking water, and functional toilets. These infrastructural enhancements form the bedrock of quality service provision in early childhood care and nutrition. Implementing this vision requires a mission-mode operation underpinned by inter-ministerial collaboration. The Ministry of Rural Development can spearhead physical infrastructure development through existing schemes; the Ministry of Panchayati Raj should facilitate land allocation, upkeep, and oversight via local governance bodies; and the Ministry of Women and Child Development must anchor service delivery and capacity building.

In addition to convergence, states and districts should explore alternative financing mechanisms such as public-private partnerships (PPPs), corporate social responsibility (CSR) contributions, and community-driven funding models like crowdsourcing. PPP models like Build-Operate-Transfer (BOT) or Rehabilitate-Operate-Transfer (ROT) may be adopted to construct or refurbish AWCs, especially where existing government premises require only partial upgrades. In these models, private entities can co-finance and operationalize modern, child-friendly centres and gradually transfer them to government control, ensuring sustainability and scalability.

Efforts could be made to enhancing Anganwadi infrastructure to make it into vibrant centres that children look forward to attending. This may include inclusion of Building as Learning Aid (BaLA) paintings, child friendly furniture (Shishu Table & Foam Mat), furniture for AWW (Chair, Table, Cupboard) among others.

Specific cost norms for construction and renovation should be revised to reflect prevailing market conditions, ensuring states can optimize their allocated funds without compromising quality. Co-locating AWCs with existing public infrastructure such as schools and community halls can reduce the cost burden, enhance accessibility, and foster local ownership. Furthermore, incentivizing high-performing states or districts through matching grants or awards for model Anganwadis could encourage innovation and performance-based improvements.

2. Augmenting Human Resources and Building Capacity: Addressing chronic human resource shortages is critical to ensuring uninterrupted delivery of SNP services. Immediate steps should be taken to recruit Anganwadi Helpers where gaps exist, particularly in high-need districts. Streamlined recruitment processes, regular vacancy assessments, and focused outreach in aspirational districts will improve last-mile delivery.

Equally important is the need to revamp training mechanisms for frontline workers. Rather than relying on infrequent, one-size-fits-all digital modules, capacity-building efforts should be ongoing, localized, and skill-oriented. A blended approach—combining online learning with periodic, hands-on training sessions—can enhance comprehension and reinforce practical competencies. The cascade model, currently in use, can be broadened by incorporating community resource persons such as retired teachers, thereby expanding the pool of local trainers.

Anganwadi Workers and Helpers should be routinely trained in critical domains including child nutrition, growth monitoring, digital data entry, and counselling. Continuous professional development will enhance service quality, improve beneficiary engagement, and support effective program delivery.

3. Improving Operational Efficiency and Monitoring: To ensure that SNP operations are both efficient and responsive, robust monitoring and accountability mechanisms must be institutionalized. Conducting regular audits of service components—such as supplementary nutrition delivery, preschool education, and growth tracking—can highlight performance gaps and inform corrective actions. Embedding community feedback through structured platforms like public hearings and social audits will enhance transparency, foster community trust, and increase responsiveness of the centres.

In the view of increasing urbanisation, Anganwadi infrastructure and services could be strengthened in urban areas. The services should especially be effective in addressing concerns of migrant populations and lower income groups slum dwellers in urban areas while accessing the Anganwadi services.

To address logistical inefficiencies, particularly delays in the supply of nutrition kits and medical supplies, a digitized inventory and supply chain system could be introduced. Drawing lessons from health-sector models such as e-Aushadhi, a digital tracking tool tailored to AWCs can help manage stocks, reduce wastage, and forecast demand. Real-time data visibility will support timely replenishment and reduce service disruptions, thereby strengthening operational continuity.

4. Promoting Localized Nutrition and Community Engagement: To make the SNP more culturally relevant and nutritionally effective, it is recommended that regionally available, nutrient-rich foods—such as millets, pulses, and leafy greens—be incorporated into the Take-Home Ration (THR) and Hot Cooked Meal (HCM) menus. This localization, supported by technical inputs from departments of Community Medicine in medical colleges and Home Science institutions, can improve dietary diversity and program uptake.

Production of THR using local ingredients should be decentralized and entrusted to Self-Help Groups (SHGs) and Farmer Producer Organizations (FPOs). This strategy supports women's livelihoods, strengthens local economies, and enhances community ownership of nutrition services. To ensure safety and quality, standardized recipes with portion control guidance should be developed and disseminated, coupled with practical training for SHG members and Anganwadi staff.

Institutionalizing these practices will not only make the food more acceptable and effective from a nutrition standpoint but also promote sustainability by embedding accountability within the community and shortening supply chains.

To enhance community engagement for parents of younger children under 3 years of age, a caregivers' meeting at Anganwadi can be planned each month. These meetings may serve as a platform for imparting education to caregivers regarding early childhood development, may facilitate group counselling and peer interaction and make caregivers aware about practices that should be adopted at home to facilitate optimum development of the child. In order to make the meetings more relevant, the caregivers' meeting groups may be divided s per children's age. For e.g., there may be 3 groups of caregivers with children in a) less than 6 months of age; b) 6 months to 1 year of age; c) 1 year to 3 years of age. Including women at the pre-conception stage itself could help mitigate malnutrition rather than reducing it at later stages.

Recommendations under POSHAN Abhiyaan

To enhance the effectiveness, reach, and impact of POSHAN Abhiyaan, a series of targeted and integrated recommendations have been identified. These focus on addressing persistent gaps in infrastructure, human resources, inter-sectoral coordination, and community engagement, with an emphasis on localization and lifecycle-based strategies.

1. Bridging Human Resource and Infrastructure Gaps to Strengthen Service Delivery

A fundamental step in improving POSHAN Abhiyaan outcomes lies in addressing the chronic shortfalls in both staffing and infrastructure at the Anganwadi level. Many AWCs continue to operate from makeshift or rented premises with inadequate facilities for sanitation, safe water, and electricity. These deficits undermine the ability of centres to host large-scale public campaigns or deliver critical services like nutrition counselling and growth monitoring.

To address this, it is recommended that all Anganwadi Centres be transitioned to robust, government-owned pucca structures with essential amenities. This infrastructure upgrade must be undertaken in a mission-driven, time-bound manner through institutional collaboration. The Ministry of Rural Development can contribute by leveraging rural housing and MGNREGA assets; the Ministry of Panchayati Raj can support through site identification and oversight; and the Ministry of Women and Child Development must lead on planning, monitoring, and service standards.

Further, public-private partnerships (PPPs) should be actively explored to supplement government efforts. Models such as Build-Operate-Transfer (BOT), Build-Own-Operate-Transfer (BOOT), and Rehabilitate-Own-Transfer (ROT) can be employed to finance, develop, and maintain infrastructure, particularly in districts where centres only require renovation rather than full reconstruction. Private entities can contribute through CSR funds—including those managed by Public Sector Undertakings (PSUs) and District Mineral Foundations—by co-financing and implementing digitally enabled, women- and child-friendly AWCs. Over time, operational responsibilities can be transitioned to the government, ensuring long-term sustainability and cost-effectiveness.

In parallel, human resource gaps must be closed by fast-tracking recruitment and deployment of Anganwadi Helpers, especially in underserved regions where one worker is often burdened with multiple responsibilities. Addressing these vacancies is vital for ensuring regular service delivery and enabling effective implementation of community-based campaigns. Strengthening workforce

capacity through equitable staffing, fair workload distribution, and adequate incentives will also contribute to sustained frontline engagement and improved service coverage.

2. Strengthening On-ground Convergence and Lifecycle-based Campaign Approaches

For POSHAN Abhiyaan to realize its goal of reducing malnutrition through behavior change, strong grassroots-level convergence between key stakeholders is essential. While policy-level collaboration exists between the Ministries of Women and Child Development, Health and Family Welfare, and Panchayati Raj, translating this synergy to the field level remains inconsistent.

To address this, it is crucial to institutionalize **regular Poshan Panchayats**—convergence platforms that bring together Panchayati Raj Institutions (PRIs), frontline health and nutrition workers (including AWWs, ASHAs, and ANMs), and community stakeholders. These forums should be scheduled at frequent intervals and used as spaces for community sensitization, grievance redressal, and joint planning. PRI involvement in these forums not only enhances program credibility and transparency but also embeds accountability at the village level. When conducted consistently, these platforms can improve beneficiary awareness, feedback loops, and cross-sectoral alignment of service delivery.

Moreover, campaign strategies must move beyond generic messaging to adopt **stage-specific, lifecycle-aligned approaches**. Nutritional needs and behavioral drivers vary across different population segments—infants, young children, adolescents, and pregnant women—and so must the communication content and delivery channels. The Ministry of Health and Family Welfare (MoHFW) should take the lead in crafting technically accurate, age-appropriate messages, while the Ministry of Panchayati Raj should facilitate decentralized dissemination through community-based institutions such as schools, youth clubs, Gram Panchayats, and Village Health and Nutrition Days (VHNDs).

This dual focus on localized governance and stage-specific campaign planning will allow for more context-sensitive communication, better absorption of key messages, and ultimately, greater impact in changing behaviors linked to nutrition, hygiene, and care practices.

Recommendations under the Scheme for Adolescent Girls (SAG)

To revitalize the Scheme for Adolescent Girls (SAG) and ensure it delivers on its ambitious promise of integrated nutrition, life skills, and health services, a series of operational and systemic recommendations are proposed. These are aimed at translating SAG's robust conceptual design into coordinated service delivery, fostering meaningful adolescent engagement, and driving inter-sectoral convergence at scale.

1. Enabling Integrated Service Delivery through Joint Training and Supervision

A key challenge in SAG's implementation has been the fragmented delivery of its multi-dimensional components, with frontline workers often operating in silos. To bridge this gap, it is recommended that a **comprehensive joint training program** be developed and rolled out for Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs), and peer educators. This training should be designed not only to enhance scheme-specific technical knowledge but to build **operational synergy across nutrition, health, and life skills domains**.

Modules should include:

- Clear definition of roles and responsibilities to avoid overlap and confusion—for example, distinguishing who counsels, who follows up, and who records progress.
- Practical guidance on adolescent engagement, especially on sensitive subjects such as menstrual hygiene, reproductive health, and empowerment.
- Use of integrated checklists, joint planning templates, and synchronized reporting formats to ensure components are delivered cohesively.
- Real-life case simulations to develop team-based problem-solving and coordination skills.
- Introduction of field-level monitoring tools—either through integrating SAG indicators into existing systems like the Poshan Tracker or health management information systems (HMIS)—to enable real-time tracking, feedback, and mid-course correction.

These trainings should be **conducted at the block or cluster level**, allowing uniform exposure and peer learning across geographies. Blended approaches—combining in-person workshops with digital modules—can enhance accessibility, minimize training fatigue, and increase cost-effectiveness. Together, joint training and supervision will institutionalize a **culture of shared accountability**, improve cross-sector coordination, and strengthen SAG's ability to deliver comprehensive services to adolescent girls.

2. Creating Adolescent-Friendly Spaces and Strengthening Infrastructure for Engagement

A significant barrier to effective adolescent engagement is the **lack of dedicated, inclusive, and safe physical spaces** for service delivery. Many Anganwadi Centres lack the structural readiness or privacy required to facilitate life skills sessions, health counselling, or peer support activities. Adolescents—especially girls—often feel uncomfortable participating in mixed-gender or public settings due to stigma, cultural constraints, or fear of judgment.

To address this, it is critical to **develop adolescent-friendly spaces** within existing public infrastructure such as AWCs or schools. These should be inviting, private, and designed in consultation with adolescents to reflect their preferences and needs. Even small modifications—like a dedicated room or corner—can help adolescents feel a sense of belonging and safety. These hubs can act as platforms for structured engagement on topics like health, nutrition, psychosocial well-being, and vocational awareness.

In parallel, **youth leadership** should be fostered through community-facing champions such as **Ayushman Ambassadors** affiliated with Arogya Mandirs. These ambassadors can help disseminate health messages, demystify entitlements, and improve scheme uptake among adolescents by acting as relatable peers.

3. Institutionalizing Convergence and Community Support for Holistic Adolescent Care

While SAG aligns well with the objectives of other national programs—such as Rashtriya Kishor Swasthya Karyakram (RKSK), the Weekly Iron and Folic Acid Supplementation (WIFS) programme, and the school health initiatives under the Ministry of Education—**implementation remains fragmented**. There is minimal operational convergence with the Ministry of Health and

Family Welfare (MoHFW) at the field level, resulting in duplication of services and missed opportunities for collaboration.

To address this, **formalized inter-ministerial convergence mechanisms** must be put in place. These should include:

- Joint planning of events such as Adolescent Health Days, life skills camps, vocational fairs, and health check-up drives.
- Coordinated frontline action between AWWs, ASHAs, and ANMs through shared microplans and joint reporting formats.
- Use of common data platforms and performance indicators to track outreach and service quality across departments.

Furthermore, adolescents must be supported within a broader **enabling environment** that includes families, schools, and communities. Building awareness and dismantling harmful gender norms requires sustained engagement with parents, community leaders, self-help groups (SHGs), and Panchayati Raj Institutions (PRIs). Regular community sensitization sessions can improve parental buy-in, reduce stigma around adolescent programming, and ensure consistent support for girls' participation.

These strategies, when implemented together, can transform SAG from a siloed, scheme-based approach into a **cohesive platform for adolescent development**, rooted in convergence, inclusion, and life-course thinking.

Recommendations under Early Childhood Care and Education (ECCE)

India's approach to Early Childhood Care and Education (ECCE) is undergoing a paradigm shift under the National Education Policy (NEP) 2020, which envisions a seamless and developmentally appropriate learning trajectory for children aged 3 to 8 years. While Anganwadi Centres (AWCs) currently serve as the principal delivery platform for ECCE services under the Ministry of Women and Child Development (MoWCD), critical operational and institutional challenges persist—particularly around curriculum delivery, frontline capacities, and governance alignment.

To address these systemic issues, a phased, strategic transition plan is recommended to gradually realign ECCE governance under the Ministry of Education (MoE), while retaining MoWCD's critical role in health, nutrition, and community engagement. This transition must be underpinned by institutional collaboration, capacity strengthening, and governance reform.

1. Phase I: Strengthening ECCE Delivery Within Existing Frameworks

In the immediate term, the focus should be on enhancing the quality of ECCE services within AWCs by aligning curriculum content and pedagogy with NEP 2020 standards. This can be achieved through collaborative curriculum development between MoE (through NCERT) and MoWCD, ensuring consistency with foundational literacy and numeracy (FLN) goals.

Anganwadi Workers (AWWs), who are central to ECCE delivery, should be provided with **rigorous and structured training** on early childhood pedagogy, child development, and

classroom management. This training must go beyond the current 3-day orientation model and be institutionalized through State Councils of Educational Research and Training (SCERTs) and the National Institute of Public Cooperation and Child Development (NIPCCD). Deployment of educational mentors or resource persons at the cluster level can offer ongoing handholding to AWWs, especially in implementing developmentally appropriate activities. Capacity-building of frontline functionaries could be prioritized through training on Early Childhood Development, Care, and Education (ECDCE) concepts, with a strong focus on effectively implementing newly proposed activities such as monthly caregivers' meetings and structured home visits.

To support innovation and contextual adaptation, pilot projects should be launched in select districts. These pilots can test models of integrated ECCE delivery, curriculum alignment, and co-location of pre-primary classrooms, generating insights for broader scalability.

2. Phase II: Functional Integration of ECCE Services

Building on the foundations laid in Phase I, the next step involves initiating functional convergence between AWCs and government schools, particularly where they are co-located. In this phase, the MoE should begin introducing **pre-primary classrooms for children aged 5–6 years** within school premises, supported by a cadre of formally trained ECCE facilitators.

During this transitional phase, AWWs should continue to deliver ECCE for children aged 3–5 years, focusing on early stimulation, foundational learning through play, and child development. MoWCD would retain its critical role in providing supplementary nutrition, health check-ups, immunization, and parental counselling, thereby ensuring a **holistic service ecosystem**.

To ensure consistency and quality, training modules for ECCE facilitators should be developed centrally and contextualized by state education departments. Simultaneously, joint micro-planning and review mechanisms should be initiated between MoE and MoWCD at the district level to facilitate synchronized service delivery, budget alignment, and shared outcome monitoring.

3. Phase III: Full convergence with Ministry of Education

In the final phase, the curriculum and administrative responsibilities for ECCE—spanning ages 3 to 8—should be formally shared with the Ministry of Education. This would allow for the consolidation of ECCE under a **single academic and administrative framework**, thereby ensuring pedagogical coherence and curricular continuity from preschool to Grade 2.

MoWCD's role would remain vital in providing wrap-around services that address the health, nutrition, and psychosocial needs of young children and their families. Such a division of responsibilities would leverage the strengths of both ministries—MoE's focus on education quality and MoWCD's outreach in early care and community engagement.

In the long run focus could be increased on 0–3-year children through comprehensive engagement of the parents and the families. A system may be devised where the households are contacted monthly by AWWs. For 0–3-year age group, interventions have to be primarily Home-based.

At the state level, this transition should be supported by the institutionalization of **joint governance mechanisms**, such as convergence task forces, shared performance indicators, and dedicated budgetary provisions for ECCE across both ministries. Capacity-building units may also be set up to oversee training, curriculum delivery, and service integration.

Conclusion

The proposed phased transition offers a balanced approach to ECCE reform—one that safeguards the deep community relationships built by AWWs, while steadily improving the quality, consistency, and coherence of early learning services across India. By integrating curriculum, aligning institutional mandates, and creating shared accountability frameworks, this roadmap can position ECCE as a foundational pillar of India's education and human capital development strategy.

Recommendations for Mission Shakti

One Stop Centres (OSCs)

Key Takeway

OSCs face multiple operational and structural gaps. Staff are often exposed to emotionally taxing and high-risk cases without access to trauma-informed training, mental health support, or police presence. Many centres are located only at the district level, creating major accessibility issues for women in remote or hilly regions, where travel time can extend up to six hours. Public awareness about OSCs is notably low in states like Jammu & Kashmir, Uttar Pradesh, and Rajasthan. Furthermore, centres are affected by acute shortages in specialized personnel such as paramedics, legal advisors, and counsellors. This is compounded by precarious HR conditions where staff are hired on short-term contracts or honorariums, leading to low and irregular salaries and minimal career growth.

Recommendations:

To strengthen the effectiveness and sustainability of OSCs, the first critical step could be to conduct a comprehensive needs assessment to understand the specific requirements of women survivors, staff capacity, and regional service gaps. Based on this assessment, staffing gaps in key specialized roles such as legal counsellors, paramedical staff, and psychosocial support providers could be prioritized and systematically filled, beginning with high-burden districts. Simultaneously, trauma-informed care training and mental health support systems can perhaps be institutionalized for all OSC personnel, accompanied by deployment of trained security personnel to ensure a safe working environment.

In parallel, targeted IEC campaigns developed in local languages and grounded in community insights can be rolled out to improve public awareness, especially in low-awareness states. Lastly, human resource conditions could be reformed through inflation-linked honorariums to enhance staff motivation, retention, and performance.

Women Helplines (WHLs)

Key Takeway

WHLs are hindered by irregular salary payments and funding caps that ignore inflation and do not

cover essential staff benefits. Training frameworks are inconsistent, with many staff learning duties informally due to the absence of standardized modules. Coordination with OSCs, legal aid, and police is weak owing to the lack of SOPs and integrated case management systems. Night-shift staff often face safety risks due to the lack of institutional transport. Public visibility of WHLs is poor, particularly in rural and tribal regions, further compounded by inaccurate helpline numbers in printed materials. Operators frequently deal with prank and abusive calls, and many helplines lack systems to block repeat offenders. Technological infrastructure is highly uneven across states, and static central funding threatens long-term financial sustainability.

Recommendations:
To enhance the efficiency and sustainability of Women Helplines (WHLs), a phased action plan could begin with setting up a call pattern **analysis hub** at the state or national level to examine peak call times such as during festivals, national holidays, or late-night hours and assess the nature and volume of distress versus non-genuine calls. This data can inform the design of smart call-filtering systems with automated number-blocking features to minimize prank and abusive calls.

Concurrently, partnerships could be established with private sector emergency response providers like EMRI or 108 services to strengthen backend support, including rapid response and technical integration into the analysis hub via AI backed models.

In the next phase, financial structures could be reworked: salary disbursements can be made regular and linked to inflation, with clearly defined grant components for training, utilities, and infrastructure upgrades. In parallel, a standardized induction and refresher training curriculum can be developed and delivered digitally to ensure consistency across states. SOPs for coordination with OSCs, police, and legal aid could be formalized, supported by an integrated digital case management system. For staff safety particularly during night shifts district administrations can be tasked with providing institutional transport support.

Finally, outreach can be reimagined by embedding accurate helpline information into high-reach public documents such as ration cards, schoolbooks, and local festival materials, while ensuring universal tech readiness across WHLs through GPS devices, panic buttons, and emergency service integration.

Beti Bachao Beti Padhao (BBBP)

Key Takeway

Awareness and engagement levels with BBBP vary considerably across states. Regions such as Tamil Nadu and Assam exhibit lower public interaction compared to states like Chandigarh and Uttarakhand. Weak interdepartmental collaboration among WCD, Health, and Education departments limits the scheme's integration and effectiveness. IEC strategies are largely event-driven, lacking continuity needed for deep-rooted behavior change.

Recommendations:
To enhance the effectiveness of BBBP's communication strategy, IEC campaigns can be

localized through a structured approach. Firstly, district-level mapping of community attitudes and awareness gaps could inform the development of region-specific IEC materials in local languages, with an emphasis on **engaging men and boys** to challenge gender stereotypes. Secondly, interdepartmental convergence can be strengthened by establishing joint planning and monitoring mechanisms between the Departments of WCD, Health, and Education at both state and district levels to enable coordinated messaging through schools, health centres, and community events.

Thirdly, IEC efforts could shift from one-time events to continuous community engagement, where Self-Help Groups (SHGs) can take on an active role. SHGs could be trained to facilitate gender dialogues, distribute tailored IEC content through WhatsApp messaging and support behaviour change communication alongside frontline workers and school networks.

Lastly, IEC messaging can be embedded within high-frequency community channels such as panchayat meetings, local media, mixed media, and school curricula to reinforce gender-equitable attitudes and ensure sustained visibility of BBBP objectives.

Nari Adalats

Key Takeway

Nari Adalats remains in pilot stages in most states, restricting their reach and institutionalization. The absence of a formal legal or operational framework has left them without defined roles or authority, especially after the discontinuation of Lok Adalats. Community-level awareness is minimal, and there is a lack of support to organize or sustain these forums locally. Moreover, Nari Adalats is poorly integrated with formal justice mechanisms like legal aid, police, and protection officers, which weakens their ability to resolve cases effectively.

Recommendations:

A structured national rollout strategy could be designed to scale up Nari Adalats in partnership with Panchayati Raj Institutions (PRIs) and local women's collectives, ensuring deeper community integration. To guide consistent functioning, a formal legal-operational framework can be developed, defining mandates, procedural norms, and decision-making authority. Awareness campaigns and localized leadership development initiatives could strengthen community participation and social legitimacy. Additionally, integration with formal justice systems including legal aid, police, and protection officers can support enforceability and comprehensive redressal.

Due to its limited geographical coverage and shorter implementation period, it is difficult to assess any impact.

Shakti Sadan

Key takeaway

Shakti Sadan, envisioned as a safe haven for women survivors of violence, faces significant operational and structural challenges. Many districts either lack a functional shelter or are awaiting state-level directives to initiate implementation, leaving critical gaps in long-term support after

women exit One Stop Centres (OSCs). Even where Shakti Sadans are operational, the absence of structured reintegration plans, weak convergence with OSCs, and a lack of trained caseworkers or counsellors undermines the scheme's rehabilitative potential. Survivors often face uncertainty about post-stay arrangements, with minimal access to psychosocial care or livelihood linkages. Skill-building initiatives exist but are poorly connected to income-generation pathways, limiting economic independence. These issues are compounded by fragmented referral systems and the physical disconnection between OSCs and Shakti Sadans, disrupting continuity of care.

Recommendation

To strengthen the effectiveness and sustainability of Shakti Sadan as a long-term support system for women survivors, a phased, actionable roadmap is recommended:

Short-term: The scheme design may include provision for allowing District administrations to operationalize at least one Shakti Sadan in each high-need district by repurposing available public infrastructure, such as unused hostels or panchayat buildings, or through formal partnerships with credible local NGOs. To improve continuity of care, states must issue clear and jointly endorsed Standard Operating Procedures (SOPs) that define structured referral pathways between One Stop Centres (OSCs) and Shakti Sadans. These SOPs should outline protocols for triaging, documentation, inter-agency coordination, and emergency admissions. Additionally, a basic digital or paper-based Management Information System (MIS) must be introduced at the district level to track beneficiary details, service uptake, and follow-up actions, ensuring that individual case data is systematically recorded and acted upon.

Medium-term: To strengthen the institutional response and survivor care, districts should ensure the availability of trained psychosocial counsellors and legal case managers at every Shakti Sadan. Where full-time hiring is not feasible, part-time professionals can be empaneled under state rosters or through partnerships with Mission Shakti, NHM, or local mental health NGOs. Reintegration planning should be standardized by introducing exit protocols that include accommodation support, access to identity documentation, linkages with social protection schemes, and follow-up visits by trained social workers. Furthermore, skill-building programs currently offered in Shakti Sadans must be formally integrated with livelihood schemes such as NRLM, DDU-GKY, or Skill India to enable direct job placement, market access, or entrepreneurship support for residents nearing transition.

Long-term: To ensure sustainability and inter-sectoral coordination, states must establish District Convergence Committees chaired by the District Magistrate or Collector, comprising representatives from Women and Child Development, Health, Labour, Police, Education, and Civil Society. These committees should conduct quarterly reviews of Shakti Sadan operations, beneficiary outcomes, and cross-departmental synergies, transforming shelters into dynamic hubs of protection, empowerment, and reintegration.

Sakhi Niwas

Key Takeaways

Sakhi Niwas, intended to provide safe and affordable accommodation for working women, faces multiple operational and structural constraints that limit its accessibility and effectiveness. While the core offering secure accommodation is often available, most hostels lack complementary support services such as childcare facilities, legal counselling, and psychosocial assistance, making them less viable for women juggling work and caregiving responsibilities. Affordability remains a concern for low-income or informal sector workers, as the current fee structure, though subsidized, can still be prohibitive.

Furthermore, the placement of hostels away from employment hubs reduces daily utility, especially for women who rely on public transport. Several facilities remain non-functional or delayed due to infrastructural and administrative challenges. In districts where hostels are operational, low occupancy persists due to limited public awareness, inconvenient locations, or a preference for private alternatives.

Recommendations

Short-term: Districts could consider undertaking a quick mapping exercise to assess the current utilization of Sakhi Niwas hostels and identify factors contributing to low occupancy. Awareness and outreach efforts especially in areas with concentrations of working women such as industrial clusters, colleges, or service-sector hubs may help improve visibility and uptake. In locations where hostels are already operational, exploring convergence with nearby crèches, legal aid services, and One Stop Centres (OSCs) could enhance the relevance and utility of these facilities, particularly for women with caregiving responsibilities or in need of support services.

Medium-term: Affordability challenges for women in low-income or informal work settings may be addressed through the introduction of a tiered fee structure, aligned with income levels or employment categories. Where infrastructure delays are prevalent, adopting milestone-based fund release mechanisms may help improve implementation timelines and reduce bottlenecks. Regular administrative reviews at the district level could also support timely completion and operational readiness of pending hostels.

Adequate non-recurring financial provisions should be introduced to support the procurement of essential items such as beds, almirahs, and other daily-use necessities when setting up new Sakhi Niwas facilities on rental mode, ensuring functionality and readiness from the outset.

Long-term: In the longer term, planning for Sakhi Niwas could be better integrated into urban development and state accommodation strategies, with an emphasis on locating hostels near employment hubs, transit nodes, or commercial centres to enhance access. Institutionalizing convergence frameworks with complementary schemes such as ICDS, legal aid authorities, and social protection services may contribute to positioning Sakhi Niwas as a more holistic support environment for working women. Monitoring systems that track occupancy, service integration, and user feedback could also play a role in strengthening ongoing responsiveness and utility.

DHEW

Key Takeaways

District Hubs for Empowerment of Women (DHEWs), as the nodal entities for implementing Mission Shakti components at the district level, face several systemic and operational challenges that hinder their efficiency. One of the most pressing issues is the acute shortage of human resources, with many hubs operating with only two or three staff who are required to manage administrative, financial, monitoring, and coordination functions simultaneously. This over-reliance on a few individuals creates bottlenecks and disrupts continuity during staff absence. Financial disbursements, though adequate on paper, are frequently delayed—especially for activity-based or discretionary spending—due to procedural approvals, affecting IEC efforts, awareness drives, and even timely salary payments. Technology use is also uneven; while MIS platforms are available, usage is limited by access issues such as the lack of login credentials, poor network connectivity in remote areas, and insufficient training. Furthermore, DHEWs in geographically challenging areas—particularly in hilly states—struggle with the lack of proximal OSCs and inadequate mobility support, leading to long travel times and reduced outreach coverage.

Recommendations

Short-term: Districts could prioritize the recruitment of essential DHEW personnel, including dedicated accounts and administrative support staff, through contractual or outsourced arrangements to ease the burden on existing team members. Rolling or advance-based fund release mechanisms may also be considered at the state level to ensure uninterrupted execution of planned activities. For immediate MIS strengthening, state teams could organize refresher training and ensure all DHEWs are equipped with access credentials.

Medium-term: Developing a standardized human resources blueprint—defining ideal staffing norms by district size and workload may help guide future recruitment. In parallel, states could explore mobile-compatible, low-bandwidth MIS tools tailored for low-connectivity zones, while also setting up routine helpdesks to resolve portal-related issues.

Long-term: For sustained accessibility in remote geographies, states may pilot block-level DHEW units or deploy mobile service vans to enhance presence in underserved areas. A district-level infrastructure augmentation plan could also be drawn up in collaboration with local bodies to address location-specific bottlenecks. Additionally, embedding DHEWs into district-level planning and convergence platforms could institutionalize their role in multi-sectoral coordination, thereby enhancing their influence and sustainability within local governance frameworks.

PMMVY

Key Takeaways

The implementation of PMMVY continues to face operational challenges that affect both service providers and beneficiaries, particularly in rural and marginalized contexts. Documentation and digital access barriers remain beneficiaries often struggle with completing complex forms, while frontline workers like ASHAs and Anganwadi Workers (AWWs) report difficulties in navigating digital platforms due to limited training or poor internet connectivity. Banking-related issues further constrain access, with many women lacking DBT-enabled accounts or facing confusion about

account details. Although ASHAs often help bridge this gap, the added burden stretches their existing workload. Additionally, system-level inefficiencies such as misalignment in login credentials vis-à-vis ASHA deployment create bottlenecks in data entry and service coverage. The administrative shift of PMMVY from the Ministry of Health and Family Welfare to the Ministry of Women and Child Development has also required realignment of roles, with some gaps in clarity and inter-departmental coordination. Across the board, implementers express a consistent need for periodic capacity-building to stay updated on documentation norms, entitlements, and digital tools.

Recommendations

Short-term: Simplifying PMMVY documentation requirements and streamlining digital processes—such as pre-filled forms or guided input systems—may ease access for both beneficiaries and field workers. Districts could organize periodic banking camps in partnership with local banks to facilitate DBT account creation or troubleshooting, with ASHAs acting as facilitators. Efforts to align system login credentials with the actual deployment of ASHAs can help minimize entry backlogs and ensure field realities are better reflected in digital operations.

Medium-term: States may consider organizing joint departmental reviews (between WCD and Health) to clarify roles post-transition and ensure seamless coordination at field and supervisory levels. Issuing clear advisories on inter-departmental responsibilities can reduce confusion and improve accountability. Simultaneously, structured refresher trainings on PMMVY processes integrated within existing NHM and ICDS training cycleS can help standardize knowledge across frontline cadres.

Long-term: Institutionalizing a blended training model, combining in-person sessions with digital job aids and localized support materials can create a sustainable ecosystem for ongoing capacity-building. States may also explore the development of mobile-friendly, low-bandwidth digital tools to enhance usability in rural areas. Strengthening MIS architecture to track training coverage, login access, and beneficiary grievances could further enhance monitoring and responsiveness of PMMVY delivery systems.

Recommendations under Mission Vatsalya

The objective to provide protection and holistic development to children in need of care and in conflict with law is imperative to the national priority of not only realising the scope of its demographic dividend but also for the achievement of SDGs. The MoWCD has ensured robust institutional mechanisms for the safety, security and development of children. The uptake of Mission Vatsalya initiatives is dependent on the level of acceptance and sensitivity among the common populace such that they avail the care mechanisms under the scheme and motivate others to do so. While the program is characterised by an active and progressive outreach mechanism, its implementation at the grassroots is complicated due to a number of challenges informed to us by the implementing officers as well as the available data.

Key takeaway 1 - Low levels of awareness are prevalent across various stakeholders involved in Mission Vatsalya, coupled with behavioural and cultural hindrances.

Gender-biased Social Concerns: The prevalence of issues like child marriages, and child labour, as established by the volume of issues tackled via emergency response system, hinder the ability of the scheme to reach out to all eligible beneficiaries, especially in the smaller pockets of rural India.

Lower Acceptance for Adoption: Additionally, a lack of awareness and acceptance for adoption reduce the opportunities of familial care for the orphaned and the abandoned.

Recommendations

- To address the behavioural and cultural barriers, government agencies could first implement a comprehensive IEC outreach to increase acceptability while simultaneously providing training and support, some suggestions in this regard are:
- This IEC outreach may begin with community sensitization workshops organized in partnership with PRIs and SHGs, aiming to promote the value of foster care and adoption within local communities.
- A multi-channel media campaign can be launched, featuring success stories of foster/adoptive families in local languages through radio, TV, and social media. This will help to dispel myths, reduce stigma, and increase societal acceptance of family-based care.
- The strategy can incorporate the inclusion of local influencers (key opinion leaders) and religious leaders to endorse adoption and fostering, leveraging their influence to promote these ideas in culturally sensitive ways.
- Training modules could be developed for prospective foster/adoptive parents, focusing on parenting skills, trauma-informed care, and child psychology, to equip them with the tools to provide a safe and nurturing environment. These training modules can be delivered in a blended classroom format.
- Counselling and peer support groups could be established for foster/adoptive families, ensuring they receive emotional support and guidance throughout the process, reducing isolation and building their confidence. Together, these steps will foster a more accepting culture towards foster care and adoption, helping Mission Vatsalya meet its goal of family-based care for every child in need.

Key takeaway 2 – Limited Operational Efficiency.

The multi-staged adoption process with different layers of verifications, and procedures leads to adoption delays causing prospective adoptive parents to drop out from the process.

Recommendation

To streamline operations MoWCD can undertake the following measures:

- MoWCD can improve the fund flow mechanism, ensuring predictable disbursement of funds to avoid delays in service delivery.
- Adoption procedures can be simplified, with the creation of clear Standard Operating Procedures (SOPs) for case management. To develop these SOPs, MoWCD can begin by

mapping existing workflows across states to understand how processes currently operate. This can include reviewing case management steps, timelines, documentation requirements, and identifying any inefficiencies or bottlenecks.

- MoWCD can also consult with relevant stakeholders, including child protection officers, adoption agencies, and legal experts, to gather insights and ensure that all steps in the adoption and child protection processes are clearly defined. Once the SOPs are drafted, they can include guidelines for timely decision-making, documentation protocols, and accountability mechanisms to ensure consistency and efficiency across states. These procedures can be regularly reviewed and updated to reflect best practices and legal changes.

Key takeaway 3 – Digital Systems for Real Time Monitoring

The current resource directory provides information on the availability of Mission Vatsalya institutions across geographies and provides a glimpse into the number of children in institutional care. However, the directory is limited in its scope as no further information on the frequency and quality of care provisions for the children can be accessed.

Recommendation

- To implement a robust digital infrastructure for Mission Vatsalya, there is a need to upgrade the Mission Vatsalya Portal through technology and strengthening training of relevant personnel in cyber security through the following:
- Make Mission Vatsalya Portal into a unified platform that integrates all child protection databases and services instead of multiple portals. This will bring together various Management Information Systems (MIS), such as TrackChild (for missing children), CARA's database (for adoption), and other relevant systems, into one interface.
- MoWCD must expedite the rollout of this portal across all states and districts, ensuring full operationalization in a timely manner.
- Whenever a child is rescued or a case is registered, the details should be uploaded immediately to the portal, triggering automatic notifications to all concerned parties like police, health officials, and legal aid providers. AI-driven alerts for early intervention should be integrated into the portal, enabling proactive responses and real-time monitoring of the scheme's effectiveness.
- Ensuring connectivity and device availability at the grassroots level is essential. The government should provide IT hardware and software with internet connection at each District Child Protection Unit and ideally at block-level child development offices, along with improving internet access in remote areas, so even facilities in underserved regions can access and use the system effectively.
- District-level dashboards should be developed for monitoring outcomes and improving accountability, ensuring that progress can be tracked and any issues identified swiftly.
- Relevant stakeholders such as child protection officers, police in Special Juvenile Units, CWC members, and NGO-run home managers should be provided secure logins and trained to input data in real time.

Key takeaway 4 – Lack of Comprehensive Implementation and M&E Framework

Currently, there is no comprehensive implementation matrix for Children in Conflict with the Law (CCL). An implementation matrix is essential to systematically address the needs of CCL cases, focusing on strengthening the legal framework, establishing diversion mechanisms for minor offenses, developing and upgrading Child Care Institutions (CCIs), and providing rehabilitation and reintegration programs. Additionally, training for law enforcement, community sensitization campaigns, and developing MEL indicators for continuous monitoring and evaluation are critical components that need to be structured in a clear, actionable framework. Developing this matrix will ensure a coordinated, rehabilitative approach to handling CCL cases and improve outcomes for children in conflict with the law.

Recommendation

- To effectively manage cases of Children in Conflict with the Law (CCL), a comprehensive implementation plan needs to be followed, some suggestions in this regard are as follows:
- The legal framework for handling CCL cases can be strengthened through policy updates and training for Juvenile Justice Boards (JJBs) on latest guidelines to ensure clear processes and improved handling of cases.
- The establishment of Child Care Institutions (CCIs) network should be expanded with partnership with the private sector. We must ensure that these facilities are equipped for the rehabilitation and reintegration of children, with a focus on underserved regions. Rehabilitation programs, including education, vocational training, and psychological support, should be developed to aid in reintegration, while ensuring that law enforcement agencies are trained to handle CCL cases sensitively.
- Furthermore, community sensitization campaigns can reduce stigma and improve public understanding of the needs and rights of children in conflict with the law. Lastly, an ongoing monitoring and evaluation system can be implemented to track the progress of CCL cases, ensuring timely follow-ups, reducing recidivism, and assessing the success of reintegration efforts.

Takeaway 4 – Better facilities and provisions at the observation homes to ensure reintegration of CCL with society

Better facilities in observation homes are vital for reintegrating children in conflict with the law. This includes upgrading infrastructure, ensuring regular skill development through ITIs, providing disability-inclusive services, and training superintendents in child-sensitive care. Innovative financing such as CSR funding and Public–Private Engagement can make these interventions more sustainable and effective.

Recommendation

Observation homes could benefit from improved infrastructure such as dormitories, sick rooms, and libraries to meet growing demands. Regular skill development programs through ITIs and vocational bodies should be institutionalized, alongside coordination with MoSJ for assistive devices, therapies, and specialized educators to make services inclusive for children with special

needs. Superintendents also require training in counselling, conflict resolution, gender sensitivity, and managing vulnerable children to strengthen care and rehabilitation.

These measures could be supported through innovative financing models like CSR funding or Public–Private Engagement. Such approaches would mobilize resources beyond government allocations while introducing private sector expertise and accountability, ensuring more consistent, sustainable, and higher-quality interventions across observation homes.

These steps, if executed effectively, it would ensure a rehabilitative, restorative, and child-focused approach to dealing with children in conflict with the law.

Recommendations for Enhancing Effectiveness of Nirbhaya Fund

To address the above challenges and strengthen the impact of the Nirbhaya Fund, several recommendations and strategies can be considered:

- **Strengthen State Capacity and Engagement:** Central government should partner with NGO and women welfare organizations to train and build capacity of state officials while the state should invest in creating technical capacity. Only when the states have sufficient capacity can they come up with a viable roadmap/action plan.

- **Simplify and Streamline Procedures:** Reducing bureaucratic layers in fund disbursal and approval can accelerate implementation. For instance, delegating more financial powers to the Empowered Committee (so that not every change requires full Ministry of Finance approval) and allowing some flexibility in reappropriating funds between components of a project could help. The process for Utilization Certificates could be simplified through an online portal that standardizes reporting and auto-generates interim utilization data, ensuring that minor documentation issues do not hold up large sums. Introducing a **rolling approval mechanism** (where projects can be approved throughout the year, not just in designated meetings) might also speed up the uptake of funds.

- **Improve Monitoring and Transparency:** Establishing a robust **dashboard system** to track each project's physical and financial progress can greatly aid transparency. In fact, NIC has been tasked with developing a Nirbhaya Fund dashboard – this should be expedited and made public-facing so that citizens and stakeholders can see how funds are being used in each state. Regular third-party evaluations should be commissioned for major schemes (like Safe City or OSCs) to assess their impact and recommend improvements. Additionally, the CAG or independent auditors could conduct performance audits for select Nirbhaya Fund projects to identify systemic issues. Strengthening feedback loops – for example, incorporating beneficiary feedback for OSCs or helplines – would ensure the services are meeting women's needs effectively.

- **Enhance Convergence with Other Schemes:** While the Nirbhaya Fund is a standalone instrument, its objectives overlap with many ongoing schemes (police modernization, urban development, etc.). Better convergence can amplify impact. The integration of OSCs and

helplines into Mission Shakti is a positive step. Similarly, Safe City project learnings can be integrated with the Smart Cities Mission to embed women's safety in urban planning norms. The government could issue guidelines for all infrastructure projects to incorporate women's safety features (like lighting, gender-sensitive design), thereby leveraging other budgets to complement Nirbhaya efforts. **One Nation, One Helpline** is another convergence idea being undertaken – linking women's helpline 181 with child helpline 1098 and emergency 112 so that resources are shared and responses streamlined. Such integrative measures avoid duplication and create a more cohesive safety ecosystem.

- **Focus on Awareness and Community Involvement:** Technology and infrastructure will not suffice if women and the community at large are not aware of the available resources or not involved in preventive efforts. A recommendation is to allocate a portion of the fund to awareness campaigns about the services established (e.g., widely publicizing the 112 and 181 numbers, informing communities about OSCs in their area, etc.). AWC/ANM workers can be roped in to enhanced public outreach and create awareness.

- **Ensure Sustainability and Handover Plans:** For every project under the Nirbhaya Fund, there should be a clear sustainability plan. This means defining early on how the project will be financed and managed after the initial Nirbhaya funding is exhausted. The Empowered Committee could mandate that proposals include an "O&M (Operation & Maintenance) plan" for at least 5 years post-setup. For critical services like OSCs and helplines, the central government might consider continued funding support on a tapering basis instead of a hard stop, to give states time to integrate these expenses into their regular budgets. Exploring public-private partnerships (for maintenance of infrastructure like CCTV systems or running of certain services) could also alleviate the burden on the exchequer while keeping the services running. By planning for the long term, the investments made through the Nirbhaya Fund will have a lasting legacy.

- **Expanding the Reach and Scope:** Finally, to enhance effectiveness, the government can look at **scaling up successful models** to areas not yet covered. For example, if the Safe City approach has yielded positive results in major metros, a scaled-down version could be extended to tier-2 cities and rural areas (with adjustments for context). More OSCs can be sanctioned in districts that are large or have high crime rates (indeed, approval of additional OSCs in certain districts is underway. New domains of concern, such as online harassment of women, could inspire projects like AI-based moderation or legal aid cells for cyber-crime victims. Keeping the fund's mandate flexible to address emerging threats will ensure it remains relevant. Additionally, increasing the fund allocation in future budgets can be considered if states demonstrate the capacity to use the funds effectively – higher investments might be necessary to cover the vast needs (for instance, making public transport uniformly safe across the country will require significant resources).

Chapter 7: Program Harmonization

The Ministry of Women and Child Development (MoWCD) oversees key Centrally Sponsored Schemes (CSS) targeting health, nutrition, education, and safety of women and children. However, implementation often faces fragmentation due to siloed planning across departments. Harmonization involves aligning these schemes to optimize service delivery and outcomes.

This chapter provides a scheme-wise harmonization of the evaluated programmes under the Ministry of Women and Child Development. In line with the evaluation objective, each scheme is examined to recommend whether it should continue in its current form, be modified, scaled up or down, prioritized, or discontinued. Where modifications are advised, specific revisions to the scheme design and implementation are proposed to enhance effectiveness and ensure future success in the scheme analysis chapter and recommendations chapter.

Mission Saksham Anganwadi and Poshan 2.0

1. Supplementary Nutrition Programme (SNP):

The scheme is recommended to continue with appropriate restructuring based on the recommendations above. Strengthening the foundational infrastructure of Anganwadi Centres, addressing human resource gaps, and improving the functional utility of digital systems like the Poshan Tracker are key systemic shifts needed. Training and service delivery mechanisms also require modernization to ensure continuity and accountability.

2. POSHAN Abhiyaan:

The scheme is recommended to continue but with appropriate modifications based on the recommendations. The modification of Poshan Abhiyaan is necessary to consolidate its preventive nutrition focus and community-level behavior change efforts. Greater convergence across ministries, life-cycle-based targeting, and deeper community engagement are essential to build ownership and institutional coherence. Strengthening frontline platforms and ensuring inclusion of urban and mobile populations are also central to its transformation.

3. Scheme for Adolescent Girls (SAG):

The scheme is recommended to continue but not in its present form. It should be restructured based on the recommendations. There is clear need for strengthening the identification of the target group and setting up monitoring mechanisms especially to see the progress on the non-nutritional components.

4. Early Childhood Care and Education (ECCE):

The scheme is recommended to continue but with the focus on the following points. The rationalization of ECCE under the Saksham Anganwadi scheme calls for the continuation of the programme, with an emphasis on strengthening AWC infrastructure and enhancing the

capacity of AWWs to deliver quality ECCE. In light of the DO issued by MoWCD and the Ministry of Education (MoE) in April 2025, the issuance of clear and comprehensive guidelines on convergence should be expedited. This is essential to prevent duplication in pre-primary enrolment and in the provision of HCM and Mid-Day Meals (MDM), particularly in co-located AWCs, and to ensure optimal utilization of resources. The scheme should be transitioned in a phasic manner as detailed in the recommendations.

Mission Shakti

1. Sambal (Safety and Security for Women):

The scheme is recommended to continue with appropriate restructuring as per the recommendations above. it must undergo rationalisation that addresses current gaps in demand, access, infrastructure, and human resource distribution. Key challenges include uneven service uptake, fragmented inter-departmental coordination, and workforce instability. A cohesive digital, institutional, and community-level alignment is required to streamline delivery and monitoring.

2. Samarthya (Empowerment of Women):

The scheme is recommended to continue with appropriate restructuring with focus on better service delivery and upgraded infrastructure. The Samarthya component of Mission Shakti remains essential for advancing women's empowerment through integrated support in shelter, financial inclusion, livelihood, and maternal care. Encompassing Shakti Sadan, Sakhi Niwas, PMMVY, and the District Hub for Empowerment of Women (DHEW), it functions as a convergence platform addressing women lived realities of women. However, persistent field-level challenges—such as infrastructure gaps, staffing deficits, digital barriers, and weak last-mile delivery—constrain its full potential. Where convergence and community trust are stronger, the model has shown clear transformational impact.

Mission Vatsalya

The **Mission Vatsalya scheme should be continued** but it should be strengthened based on the recommendations provided above. The modifications of the scheme should be in terms of service delivery and infrastructure through a comprehensive implementation and M&E framework to enhance its impact, sustainability, and responsiveness to the evolving needs of children in need of care and protection.

Chapter 8 – Best practices

8.1 National Best Practices

Nand Ghar – A Public-Private Model for Holistic Rural Development

The Nand Ghar initiative, launched by the Anil Agarwal Foundation in collaboration with the Ministry of Women and Child Development, presents a model for revitalizing early childhood care and rural empowerment through a public-private partnership. This initiative intends to transform traditional Anganwadi Centres into modern, digitally enabled hubs that offer integrated services in early childhood education, nutrition, primary healthcare, and women's empowerment. Grounded in the vision of bridging the rural-urban divide, the Nand Ghar model aims to provide rural communities – particularly children aged 0 – 6 years, and pregnant and lactating women—with equitable access to essential services, while simultaneously equipping women with skills for sustainable livelihoods.

With more than 8,000 Nand Ghars established across 15 states as of 2025, the initiative has directly reached over 280,000 children and 210,000 women. Each centre is equipped with solar-powered electricity, safe drinking water, and e-learning infrastructure, ensuring consistent delivery of quality services even in remote locations. In addition, Nand Ghars function as platforms for skill development, enabling women to access training in areas such as tailoring, entrepreneurship, and digital literacy, thereby fostering economic participation and agency.

The Nand Ghar initiative offers several key lessons for policy and practice. First, it demonstrates the potential of well-structured public-private partnerships to supplement government efforts and fill critical service delivery gaps. Second, the integration of technology and infrastructure improvements with community-based programming can enhance outcomes in education and health. Finally, the model's emphasis on women's economic empowerment reflects a holistic understanding of development that links child well-being with maternal agency and community resilience. The scalability, standardization, and adaptability of the Nand Ghar approach make it a promising template for inclusive rural development.[174]

Social audits of AWCs in Rajasthan

During the COVID-19 pandemic, Rajasthan initiated social audits in 12 districts to improve accountability in the distribution of food grains and Mid-Day Meal rations by Anganwadi Centres (AWCs). The objective was to assess service delivery gaps and enhance transparency through community-led monitoring. Targeted primarily at women and children, the audits revealed significant issues; many beneficiaries were unaware of their entitlements, and discrepancies in records and distribution were common. Public hearings empowered communities, leading to

[174] Vedanta Limited. (n.d.). Nand Ghar movement. Retrieved June 29, 2025, from https://www.vedantalimited.com/nand-ghar-movement/

increased registrations and demand for transparency measures like displaying beneficiary lists and entitlements at AWCs. The intervention underscored the need for simplification of recordkeeping, regular training for underpaid Anganwadi staff, and consistent supply chains. Challenges such as poorly maintained records, inadequate infrastructure, and interference during hearings pointed to deeper systemic issues.

The audits improved community engagement and accountability, demonstrating that institutionalized audits, backed by high-level commitment, can be powerful tools for governance reform and service improvement.[175]

e-Aushadhi

e-Aushadhi is a robust, centralized, web-based logistics management information system designed for end-to-end tracking of medicines, vaccines, and health supplies. It supports the entire supply chain cycle from procurement and vendor management to inventory control, quality assurance, and last-mile distribution across public health facilities. Implemented across multiple states under the National Health Mission, e-Aushadhi promotes real-time data visibility, reduces manual errors, enhances stock planning, and allows for predictive restocking based on consumption trends. The system's modular architecture also enables integration with other health systems like e-Hospital and HMIS, improving operational efficiency and ensuring uninterrupted supply of essential drugs and consumables.

The Ministry of Women and Child Development (MoWCD) can draw key lessons from the e-Aushadhi model to strengthen logistics management under schemes like ICDS and Poshan 2.0. Introducing a similar digital platform to monitor the flow of Take-Home Rations, IFA tablets, micronutrient sachets, and therapeutic foods can significantly enhance transparency and timeliness in service delivery. Such a system can help flag pilferages, identify bottlenecks in the supply chain, and enable evidence-based planning and accountability especially critical in remote and high-burden districts. It can also empower frontline workers and supervisors with real-time data, reducing paperwork and improving responsiveness to stock-outs or excesses at the Anganwadi level.

Adolescent health information through story books in form of comics - MP

The RKSK initiative in Madhya Pradesh, which uses comics to disseminate adolescent health information, offers an innovative, low-cost communication model that can be effectively adapted by the Ministry of Women and Child Development (MoWCD) for adolescent-focused schemes. Through 24 comics developed on eight critical themes—such as nutrition, mental health, substance misuse, and reproductive health—delivered via peer educators (Saathiyas), the intervention simplified complex topics into relatable, engaging storylines. Suspense-based narratives encouraged sustained participation, while regular mentoring and cluster meetings

[175] National Institute of Public Cooperation and Child Development. (n.d.). Best practices in Anganwadi services scheme [PDF]. Retrieved June 29, 2025, from https://www.nipccd.nic.in/file/reports/bestprac.pdf

ensured accountability and continuous learning. The initiative not only improved knowledge among group members but also reached parents and non-enrolled adolescents, leading to broader community awareness. This model can be replicated in the Scheme for Adolescent Girls (SAG), SABLA, or BBBP to enhance life skills education, promote health-seeking behavior, and address gender norms. By embedding storytelling tools within structured peer-led sessions and integrating feedback loops through digital monitoring, MoWCD can strengthen behaviour change communication, foster adolescent agency, and ensure inclusive outreach, especially in underserved geographies.[176]

SNEHA Centres – Integrating Women's Health and Empowerment through Public-Private Collaboration with BMC

The Society for Nutrition, Education and Health Action (SNEHA) has pioneered a holistic approach to women's health and empowerment in Mumbai's vulnerable communities through its SNEHA Centres. These centres serve as integrated hubs addressing maternal and child health, nutrition, adolescent well-being, and the prevention of violence against women and children. By collaborating with the Brihanmumbai Municipal Corporation (BMC), SNEHA ensures the seamless delivery of services such as immunization camps, distribution of contraceptives, iron and folic acid supplements, and nutritional support for women and children. This partnership also facilitates the monitoring of child growth and the distribution of supplementary food under the Integrated Child Development Services (ICDS) program.

The SNEHA Centres' model emphasizes community engagement with the local governance system, with Community Organizers conducting home visits, organizing workshops, and facilitating access to healthcare services. By converging various services under one roof, these centres address the multifaceted challenges faced by women, from health and nutrition to safety and empowerment. This integrated approach has led to measurable improvements in health outcomes, including reductions in maternal anaemia and child stunting. The success of SNEHA Centres underscores the importance of collaborative efforts between non-governmental organizations and municipal bodies in creating sustainable, community-centric solutions for women's health and empowerment.[177]

Chennai Urban Mobility Program

The Chennai Urban Mobility Program, supported by the World Bank, presents a comprehensive approach to transforming the city's transportation infrastructure through sustainable, inclusive, and data-driven strategies. The initiative focuses on expanding and integrating public transport systems, promoting non-motorized transport such as walking and cycling, and deploying

[176] National Health Mission, Ministry of Health & Family Welfare, Government of India. (2018). We care: Coffee table book. https://nhm.gov.in/New_Updates_2018/Innovation_summit/6th/We-care-Coffetable-book.pdf

[177] Society for Nutrition, Education and Health Action (SNEHA). (n.d.). *SNEHA Centres Programme*. Retrieved June 29, 2025, from https://www.snehamumbai.org/sneha-centres-programme/

intelligent transport systems to enhance efficiency and reduce congestion. It also emphasizes institutional reform, stakeholder engagement, and community participation to ensure that mobility solutions are equitable and responsive. A critical aspect of the program is its gender-sensitive lens, which addresses the unique mobility challenges faced by women, children, and vulnerable groups through safer design, better lighting, and gender audits of public spaces. For the Ministry of Women and Child Development (MoWCD), this model offers valuable lessons in inclusive urban planning. It underscores the importance of embedding gender considerations into infrastructure development, engaging diverse community voices in planning, and using data-driven insights to design safer and more accessible services. These strategies can inform MoWCD's efforts to strengthen urban service delivery, particularly in ensuring that women and children can safely access Anganwadi Centres, shelter homes, and other welfare services in growing urban landscapes.[178]

Kudumbashree – Empowering Women and Eradicating Poverty in Kerala

Kudumbashree, meaning "prosperity of the family," is a pioneering poverty eradication and women empowerment program initiated by the Government of Kerala in 1998. Its primary objective is to alleviate poverty through concerted community action under the leadership of local self-governments, by facilitating the organization of the poor for combining self-help with demand-led convergence of available services and resources.

The program specifically targets underprivileged women across Kerala, aiming to enhance their socio-economic status through a three-tier community network comprising Neighbourhood Groups (NHGs), Area Development Societies (ADS), and Community Development Societies (CDS). This structure enables women to engage in micro-credit activities, entrepreneurship, and participate actively in local governance.

Kudumbashree has significantly impacted women's lives by fostering financial independence, enhancing decision-making capabilities, and promoting social inclusion. Women involved in the program have reported improved confidence, better access to education and healthcare, and increased participation in community development initiatives. The program's success is evident in its expansive reach, with millions of women benefiting from its various initiatives.

Key lessons from Kudumbashree highlight the effectiveness of decentralized planning and the importance of community-based approaches in addressing poverty and gender disparities. The

[178] Andrews, C., de Montesquiou, A., Arevalo Sanchez, I., Dutta, P., Paul, B., Samaranayake, S., Heisey, J., Clay, T., & Chaudhary, N. (2021). *The state of economic inclusion report 2021: The potential to scale*. World Bank. https://openknowledge.worldbank.org/entities/publication/3c32562f-6f44-408a-8294-2af464592d7b/full

program demonstrates that empowering women at the grassroots level can lead to substantial socio-economic development and serve as a model for similar initiatives globally.[179]

8.2 International Best Practices

The Scaling Up Nutrition (SUN) 3.0 Strategy (2021–2025)[180]

The Scaling Up Nutrition (SUN) Movement was founded by the UN Secretary General, in 2010, with the aim of uniting diverse stakeholders across 66 countries and four Indian states. These stakeholders collaborate through networks representing Civil Society (CSN), Business (SBN), UN Nutrition (UNN), and Donors (SDN). SUN supports **national leadership** in developing and implementing comprehensive nutrition strategies that are evidence-based and aligned with global goals like the **Sustainable Development Goals (SDGs)** and **World Health Assembly (WHA)** targets. The Movement operates on the principle that **nutrition is both a marker and a driver of sustainable development**, and addressing it requires coordinated action across sectors such as health, agriculture, education, water and sanitation, and social protection. The strategy has enhanced national ownership and leadership of nutrition agendas through mechanisms like multi-stakeholder engagement, which support peer learning. High-level advocacy has improved visibility for nutrition.

The SUN Movement has also enabled cross-country learning and global engagement, which have proven effective for knowledge sharing and maintaining nutrition on policy agendas. Through multiple stakeholder collaboration it has bolstered greater investment in domestic resource mobilization and engagement with parliamentarians. It has also played a crucial role in leveraging emerging policy agendas like climate and food systems, which are crucial for sustaining momentum. While gendered inclusion has improved, with increased female representation in

Key lessons from the Scaling Up Nutrition (SUN) Movement:

- **Foster multisectoral collaboration:** Strengthen convergence across departments (health, education, agriculture, WASH) for integrated nutrition outcomes, similar to SUN's whole-of-government approach.
- **Establish Multi-Stakeholder Platforms (MSPs):** Create structured platforms at national and sub-national levels to engage civil society, private sector, and development partners in planning, implementation, and accountability.
- **Enhance data and accountability systems:** Move beyond input/output monitoring to track systemic impact, using tools like SUN's Joint Annual Assessments and Mutual Accountability Framework.
- **Promote country-led and community-owned approaches:** Like SUN's emphasis on national leadership, empower local governance (e.g., Panchayats, VHSNCs) to drive nutrition actions tailored to local contexts.

[180] Scaling Up Nutrition (SUN) Movement. (2025, April 10). *Evaluation of the Scaling Up Nutrition 3.0 Strategy*. Retrieved April 20, 2025, from https://scalingupnutrition.org/resource-library/sun-operations-documents/evaluation-scaling-nutrition-30-strategy

governance, it has not been able to effectively address youth participation in decision-making and gender-responsive policy implementation barriers in fragile contexts.

"I'm Courageous": A Social Entrepreneurship Program Promoting Healthy Diet Among Young Indonesians - outcomes of the Saya Pemberani ("I'm Courageous") initiative.

This program aimed to empower urban youth in Surabaya and Jember, East Java, Indonesia – to promote healthier diets through social entrepreneurship. Launched between April 2019 and June 2020 by the Global Alliance for Improved Nutrition (GAIN) in collaboration with Ashoka and the Indonesian Ministry of Health, the program sought to engage adolescents in identifying and addressing local dietary challenges.

The primary objective was to foster youth-led solutions to barriers preventing healthy eating habits. By raising awareness and motivation, the program encouraged adolescents to conceptualize social change initiatives targeting dietary improvements. Through mentorship, participants developed skills to transform their ideas into actionable proposals. Involving parents and teachers aimed to create a supportive environment for these youth-led initiatives. The program successfully engaged young people in discussions about nutrition and empowered them to take initiative. Participants reported increased awareness of healthy eating and demonstrated enthusiasm in developing community-based solutions. The mentorship component was particularly effective in enhancing adolescents' confidence and leadership skills. However, challenges included limited access to resources and difficulties in sustaining initiatives beyond the program's duration. The impact of Saya Pemberani extended beyond individual participants, fostering a sense of community engagement and highlighting the potential of youth-led interventions in public health. The program demonstrated that with appropriate support and guidance, adolescents could contribute meaningfully to address nutritional challenges in their communities. Moreover, it underscored the importance of incorporating youth perspectives in health promotion strategies.

Key lessons learned from the "Saya Pemberani" program:

- **Empower adolescents as change agents:** Create platforms for young people, especially girls, to design and lead nutrition and health-related initiatives within their communities.
- **Promote social entrepreneurship in nutrition:** Encourage youth-led innovation through competitions, mentorship, and seed funding to solve local nutrition challenges—especially under schemes like Poshan 2.0 and Mission Vatsalya.
- **Integrate life skills and health education:** Embed nutrition awareness and leadership development in school curricula and adolescent clubs (e.g., under RKSK or SABLA).
- **Engage families and communities:** Involve parents, teachers, and frontline workers (like AWWs and ASHAs) to reinforce positive dietary behaviors and provide a support system for adolescent-led efforts.
- **Ensure continuity through institutional support:** Link successful youth initiatives with ongoing government programs, local governance structures (Panchayats), and CSR channels for long-term sustainability.

Estonian e-Government Ecosystem

Estonia's success in e-governance is rooted in its early adoption of digital identification systems. Since 2002, the country has issued electronic ID cards to its citizens, facilitating secure digital authentication and enabling access to a wide array of online public services. These services include electronic tax filing, online medical prescriptions, digital signatures, and internet voting. The widespread use of these services is evident, with 95% of income tax declarations filed online and one-third of citizens participating in elections via internet voting. The digital ID system has been used over 80 million times for authentication and 35 million times for digital transactions, underscoring its central role in Estonia's digital infrastructure. The impact of Estonia's e-government initiatives is multifaceted. On an individual level, citizens benefit from the convenience and efficiency of online services, saving time and resources. For instance, selling a car can be completed remotely in under 15 minutes, and filing taxes online takes an average of five minutes. On an institutional level, the government experiences increased efficiency and cost savings, as digital processes streamline administrative tasks and reduce the need for physical infrastructure. Moreover, the trust and reliability associated with these services have fostered a culture where digital interactions with the government are the norm.

Lessons learnt from Estonian e-Government Ecosystem

Adopt a unified digital identity for beneficiaries: Leverage and integrate with systems like **Aadhaar** to streamline access to schemes under **Mission Shakti**, **Poshan 2.0**, and **Mission Vatsalya**, reducing duplication and improving service targeting (e.g., for cash transfers under PMMVY).

Digitize end-to-end service delivery: Automate workflows for case management, entitlements, grievance redressal, and reporting in facilities like **One Stop Centers (OSCs)**, **Child Care Institutions (CCIs)**, and **Anganwadi Centers (AWCs)** for faster, paperless service delivery.
Enable real-time beneficiary tracking: Build on models like **Estonia's X-Road platform** to enable secure data exchange between MoWCD, Health, Education, and Rural Development departments to track service uptake for women and children holistically.

Promote digital inclusion for women: Design targeted digital literacy and access programs for **women, adolescent girls, and caregivers**, particularly in rural and tribal areas, to ensure they can fully benefit from online schemes and entitlements.

Ensure data privacy and protection: Develop sector-specific **data governance frameworks** to protect sensitive information of women and children – especially survivors of violence or beneficiaries of shelter and rehabilitation services.

VioGén Spain

The *VioGén System* (Integral Monitoring System in Cases of Gender Violence), developed by Spain's Ministry of the Interior in 2007, is a pioneering model for preventing and responding to gender-based violence. Its core objective is to assess the risk of reoffending in intimate partner violence (IPV) cases and to provide timely, coordinated protection to victims. The system integrates various stakeholders—police, judiciary, social services—into a centralized database and decision-making framework. Risks are assessed using a structured tool comprising 35 questions that help categorize cases into five risk levels (negligible to extreme), which then guide the intensity of protection measures. This comprehensive monitoring allows authorities to allocate resources efficiently and ensure victims receive consistent support. The system's implementation has led to significant improvements in early detection, protection planning, and inter-agency coordination. It enables real-time information sharing, ensuring that protective orders and support services are not delayed due to bureaucratic bottlenecks. VioGén also enhances accountability by maintaining detailed, actionable data on cases of violence, which can be used to inform both immediate interventions and long-term policy.

These features make VioGén a model worth emulating for India's Mission Shakti and initiatives under the Nirbhaya Fund, particularly for strengthening institutional response, improving risk assessment, and ensuring victim-centric support through technology and collaboration. The model if adopted would need to be "trained" in smaller geographies before scale.

Lessons for Mission Shakti and Nirbhaya Fund

- **Risk Assessment Protocol**
  Introduce standardized tools to assess and categorize risk levels in gender-based violence cases for targeted protection.
- **Centralized Data System**
  Develop an integrated digital platform to track cases, share information in real time, and coordinate responses across agencies.
- **Inter-Agency Coordination**
  Formalize collaboration between police, legal aid, social services, and health departments through shared protocols and responsibilities.
- **Capacity Building**
  Train frontline workers, law enforcement, and judiciary in risk assessment, victim support, and trauma-informed care.
- **Data-Driven Decision Making**
  Use aggregated case data to inform policy, allocate Nirbhaya Fund resources effectively, and identify high-risk regions.

Simplified Nutri-Score System[181]

The Nutri-Score is a front-of-pack nutrition labeling system designed to provide consumers with clear and simplified information about the nutritional quality of food products. Its primary goal is to facilitate healthier food choices by summarizing complex nutritional data into an easily understandable format. This is suited for audiences with very less understanding of what is nutritious food. Developed by independent scientists and first implemented in France in 2017, the Nutri-Score has been adopted in several European countries, including Germany since 2020. The system assigns a score to food products based on their nutritional content per 100g or 100ml, considering both negative factors (such as high energy, sugar, saturated fat, and salt) and positive factors (like fiber, protein, and the presence of fruits, vegetables, nuts, and certain oils). The final score is represented by a letter and color code ranging from 'A' (green) indicating the highest nutritional quality to 'E' (red) indicating the lowest.

In 2023, the algorithm was updated to better reflect current scientific understanding, with adjustments made to differentiate more clearly between healthy and less healthy food options. The Nutri-Score has been effective in guiding consumers toward healthier food choices and encouraging manufacturers to reformulate products to achieve better scores. Its straightforward design has made it accessible and easy to understand, leading to widespread acceptance among consumers. The system's implementation has also sparked discussions on nutrition and health, contributing to broader public health initiatives aimed at reducing diet-related diseases.

Lessons for Convergence of Mission Poshan 2.0 and Food Fortification

- **Simplified Nutritional Labelling:** Adopt a color-coded labelling system similar to the Nutri-Score to help consumers, including Anganwadi Workers (AWWs), quickly assess the nutritional value of food products.
- **Consumer Education:** Implement educational programs to train AWWs and the public on interpreting nutritional labels, enabling informed food choices.
- **Product Reformulation Incentives:** Encourage food manufacturers to improve the nutritional quality of their products through incentives, aligning with public health goals.
- **Integration with Fortification Programs:** Use the labelling system to highlight fortified foods, making it easier for consumers to identify products that address specific nutritional deficiencies.
- **Policy Support:** Develop policies that support the implementation of simplified nutritional labelling and promote collaboration between health, nutrition, and food industry stakeholders.

By incorporating these lessons, Mission Poshan 2.0 can enhance its effectiveness in combating poor nutrition and promoting healthier dietary habits across India.

[181] Eurofins Deutschland. (2024, October 8). *The Nutri-Score 2023 – all important facts*. Retrieved April 20, 2025, from https://www.eurofins.de/food-analysis/other-services/nutri-score/

The UNICEF advocacy cartoons on restricting the marketing of unhealthy foods and sugar-sweetened beverages (SSBs) to children

The UNICEF advocacy cartoons on restricting the marketing of unhealthy foods and sugar-sweetened beverages (SSBs) to children are part of a broader global initiative aimed at creating safer, healthier food environments for young people and children. Designed as a visual advocacy tool, these cartoons support the design, implementation, and enforcement of policies that combat childhood overweight and obesity by raising awareness about the harmful effects of excessive consumption of SSBs and junk food. By using engaging, child-friendly illustrations, the initiative seeks to educate children, parents, educators, and policymakers on how aggressive marketing of nutritionally poor food products undermines children's health and well-being—encouraging critical thinking and informed dietary choices from an early age. There was also a notable decrease in the intake of SSBs and high-calorie snacks among participants. These behavioral changes were more pronounced in schools where the program was supplemented with supportive environments, such as availability of healthy food options in canteens and engagement of parents and teachers in reinforcing the messages. As per UNICEF, consumption of SSBs across upper-middle and lower-middle income countries is growing rapidly, at a rate of 2.2% and 6.6% per year respectively, even among the economically lower quintiles.

How to Use the Cartoons in Indian Schools:

1. Nutrition Education Through Visual Storytelling
Use the cartoons as part of the **midday meal awareness sessions** or in classroom nutrition education. Their engaging, child-friendly format can simplify complex messages about health risks linked to SSBs and junk food, making them relatable for children across urban and rural schools.

2. Display in School Health Corners and Anganwadi Centres
Posters of these cartoons can be displayed in **Bal Swachhta Abhiyan corners**, **school canteens**, **WCD-run Anganwadi Centres**, and **Health & Wellness Clubs** under Ayushman Bharat, to reinforce positive dietary behaviors visually and consistently.

3. Integration with Mission Poshan 2.0 Activities
Align cartoon use with IEC (Information, Education and Communication) materials under **Mission Poshan 2.0** by contextualizing them in regional languages, making them accessible for **Anganwadi Workers (AWWs)** and primary teachers during community sensitization events.

4. Peer-Led Health Campaigns in Schools
Use the cartoons as conversation starters in **school health ambassador programs through Ayushman Bharat Aarogya Madirs**, where older students can lead discussions or short plays based on the cartoon themes to promote awareness among peers and younger students.

5. Curriculum Inclusion and Assignments
Embed these cartoons in **EVS, biology, or moral science curriculum** modules that address nutrition, body health, or media literacy. Students can be asked to interpret, translate, or adapt the cartoons into local contexts as part of class activities or homework.

Cartoons can be accessed here.

Building Rights for Improved Girls' Health in Tanzania (BRIGHT)[182]

The BRIGHT initiative, launched in 2022 by Nutrition International and funded by Global Affairs Canada, is a seven-year integrated program aimed at empowering adolescents aged 10–19 in Tanzania's Tabora region to exercise their sexual and reproductive health (SRH) and nutrition rights. This region faces significant challenges, including high rates of adolescent pregnancies, early marriages, gender-based violence (GBV), and anemia among women of reproductive age. BRIGHT addresses these issues through a comprehensive approach that combines SRH services, nutrition support, life skills training, and community engagement. The program particularly focuses on reaching young, in- and out-of-school, and pregnant girls, recognizing the compounded vulnerabilities they face. By collaborating with local partners such as Engender Health and the Young and Alive Initiative, BRIGHT ensures that interventions are culturally sensitive and community driven.

BRIGHT's impact is evident in its multifaceted outcomes. The program has reached approximately 470,000 adolescents, provided iron and folic acid supplementation to 31,000 pregnant girls, and averted an estimated 74,000 unintended pregnancies. Beyond these quantitative achievements, BRIGHT has fostered qualitative changes, such as increased agency among adolescent girls, improved community awareness of SRH and nutrition issues, and strengthened health systems to be more adolescent-friendly. The initiative also emphasizes the importance of engaging key influencers—parents, religious and traditional leaders, and policymakers—to create an enabling environment for adolescents to exercise their rights. By addressing both the supply and demand sides of SRH and nutrition services, BRIGHT offers a holistic model for improving adolescent health and well-being.

Lessons for Advancing Reproductive Rights of Teenagers:

- **Integrated Service Delivery:** Combine SRH and nutrition services to address the interconnected needs of adolescent girls, ensuring a holistic approach to health.
- **Community Engagement:** Involve parents, community leaders, and other influencers to challenge harmful norms and support adolescents in exercising their rights.
- **Youth-Centered Approaches:** Design programs that are tailored to the specific needs and contexts of adolescents, empowering them to take charge of their health.
- **Capacity Building:** Train healthcare providers to offer adolescent-friendly services, ensuring that young people receive respectful and appropriate care.
- **Policy Advocacy:** Work with policymakers to create supportive legal and policy frameworks that uphold the SRH and nutrition rights of adolescents.
- **Monitoring and Evaluation:** Implement robust systems to track progress, learn from experiences, and adapt interventions for greater impact.

[182] Nutrition International. (n.d.). *Building Rights for Improved Girl's Health in Tanzania (BRIGHT)*. Retrieved April 20, 2025, from https://www.nutritionintl.org/project/bright-building-rights-for-improved-girls-health-tanzania/

Annexure A: Evaluation Matrix

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources
Objective A: Assess the status of the Women and Child Development (WCD) sector performance in India.	EQ 1: What are the primary national and global priorities for advancing the Women and Child Development sector?	Assessment of alignment between national policies and international frameworks, such as the SDGs, for addressing women and children's needs.	NITI Aayog Reports (e.g., SDG India Index 2023), MoWCD Annual Report 2023, The Competitiveness roadmap for India@100, National Health and Family Survey (NFHS-5),	1. Key Informants at National Level (MoWCD, National Commission for Protection of Child Rights, National Commission for Women) 2. Subject Experts from UN Women, UNICEF, ILO, IFPRI 3. Findings from CST – Health, Food security and Nutrition, Gender Mainstreaming.
		Identification of priority demographic groups, regions, and vulnerabilities within national and international agendas for the Women and Child Development sector.		1. Key Informants at National Level such as members/committees of Ministry of WCD 2. Subject Experts from UN Women, UNICEF, ILO, IFPRI and civil societies 3. Findings from CST – Social Justice, Gender Inequalities, Climate Change.
		Examination of the overarching outputs intended outcomes, and long-term impacts		1. Key Informants at National Level such as officials from Central Project Monitoring Unit, Schematic heads from WCD

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources
		of sector-related interventions in the Women and Child Development sector.		2. Subject Experts from UN Women, UNICEF, ILO, IFPRI 3. Findings from CST – Employment, Gender mainstreaming, health and nutritional outcomes.
Objective B: Evaluate sector performance across thematic areas.	EQ 2: How has the sector performed across major thematic areas relevant to women and children?	Identification of initiatives within the Women and Child Development sector across cross sectional themes such as food security, gender mainstreaming, health, education, and employment generation, etc.	State of Inequality in India Report (NITI Aayog), Periodic Labour Force Survey (PLFS) Reports	1. Key Informants at National and State Level- Department of Poshan 2.0, 2. Subject Experts from UN Women, UNICEF, ILO, IFPRI and civil societies. 3. Findings from CST – Health, food security and nutrition, gender mainstreaming, education, and employment generation.
		Understanding the alignment of goals and objective of these cross-sectional themes with WCD sectors goals.	MoWCD & Ministry of Education Annual Reports	1. Key Informants at National Level and State Level such as members of WCD and steering committee members of WCD 2. Subject Experts from UN Women, UNICEF, ILO, IFPRI and civil societies. 3. Findings from CST – Health, food security and nutrition, gender mainstreaming,

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources
				education, and employment generation.
Objective C: Examine inter-sectoral convergence of WCD-related schemes.	EQ 3: How effectively are WCD schemes integrating with other sectoral programs, especially in health, education, and nutrition?	To be covered through Objective 6 of the schematic matrix	NITI Aayog's SDG National Indicator Framework, Schemes guideline, Parliamentary Q&A, Budget documents	1. Key Informants at National, State of various schemes (Eg: Poshan, Shakti, Vatsalya), Department of Health and Family Welfare, Department of Education 2. Subject Experts from civil societies 3. Findings from CST – Food security and nutrition, health, education, integrated data systems, use of IT
Objective D: Conduct a gap analysis for WCD sector priorities.	EQ 4: What are the key gaps and priority areas requiring further attention in the WCD sector?	Identifying the key operational, administrative and economic barriers of WCD	MoWCD National Policy Review Reports, Financial data detailing the allocation and expenditure of scheme funds, Annual progress report, Annual progress reports and implementation guideline, MIS data accessible within the Ministry	1. Key Informants at National, State and District Level in Ministry of WCD 2. Subject Experts from UN Women, UNICEF, ILO, IFPRI and civil societies 3. Findings from CST – Use of IT, Gender budgeting & mainstreaming, reforms & regulations, integrated data systems

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources
		Identify the key enablers (technology, skilling/training, adequate resources,) of the WCD sector to achieve the intended outcomes.	Global Gender Gap Report 2023 (World Economic Forum)	1. Key Informants at National, State in the Ministry of WCD 2. Subject Experts from UN Women, UNICEF, ILO, IFPRI and civil societies. 3. Findings from CST – Use of IT, Gender mainstreaming, reforms & regulations, integrated data systems, role of private sector-NGOs,
		Understand the level of effort needed to achieve the desired impact (effort vs impact matrix)	Reports from the Ministry of Labour and Employment on Child Labour-, National Crime Records Bureau (NCRB) Annual Reports	1. Key Informants at National, State and District Level Ministry of WCD and Ministry of 2. Subject Experts UN Women, UNICEF, ILO, IFPRI and civil societies. 3. Findings from CST – Use of IT, Gender mainstreaming, reforms & regulations, integrated data systems, role of private sector-NGOs,
Objective E: Consultant recommendations for expanding sectoral coverage.	EQ 5: What additional sectoral issues exist that should be addressed to	Identify key sectoral issues to provide insights into specific needs that inform and feed into future policy and intervention to be	Recent Policy Briefs from Development Organisations (e.g., World Bank, WHO, UNICEF) MoWCD Literature Reviews and Policy Papers	1. Key Informants at National, State and District Level in Department of WCD 2. Subject Experts from civil societies

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources
	ensure a comprehensive evaluation of WCD needs?	replicated in different contexts.		3. Findings from CST – Food security & nutrition, health, employment, social justice for vulnerable societies, regulations, gender budgeting, use of IT

Annexure B: Scheme level evaluation matrix

At the scheme level, the analysis will be undertaken around the REESIC+E framework as shown in the table below:

Table 95: Scheme-level Evaluation Matrix

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
Objective 1: Assess the **Relevance** of the scheme in addressing beneficiary needs, sectoral challenges and aligning with national &	Q1: Do the scheme objectives and intended outcomes align with the national and international priorities?	1. Does the scheme address the needs of the target population? 2. Does the scheme contribute to achieving the targets as per scheme objectives and whether the	• National and international development goals and sector documents (e.g., SDGs, National Policy Documents, Global Gender Gap Report	• KIIs with bilateral agencies to understand India's commitment to the SDGs. • KIIs with institutional stakeholders to understand	Saksham Anganwadi & POSHAN 2.0: Joint Secretary (MWCD); State Nodal Officer; District Programme Officer (DPO), ICDS; Child Development Project Officer (CDPO); Anganwadi Worker (AWW) & Panchayat.

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
international priorities.	Q2: Does the scheme design address the current challenges in the WCD sector and align with its intended outcomes?	targets are aligned to national and international standards? 3. Does the scheme identify and address the key challenges faced by women and children pertaining to scheme mandates and objectives? 4. Does the scheme consider regional disparities, including specific challenges faced by vulnerable and marginalized groups, such as rural women, tribal communities, and disabled children? 5. Are there any effects and/or	2023) • Annual reports of the Ministries (e.g., MoWCD, MoHFW, etc) • Available evaluation reports conducted at district and state level • Evaluations undertaken by non-governmental agencies	schemes' appropriateness in addressing current WCD challenges. • Interview with targeted beneficiaries to gather perceptions and feedback on schemes' benefits.	One Stop Centre (OSC): Mission Director (Mission Shakti); State Nodal Officer (Women Empowerment Directorate); DM or District Women and Child Development Officer. Women's Helpline: Mission Director (Women Helpline Scheme); State Coordinator, 181 Women's Helpline; District Women Protection Officer or Call Centre Manager. Beti Bachao Beti Padhao (BBBP): Director (BBBP); State Nodal Officer, DM Nari Adalat: Mission Director (Mission Shakti); State Nodal Officer for Nari Adalat; District Nodal Officer Shakti Sadan: Mission Director (Samarthya Component); State

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
		innovative features in the design of the scheme?			Coordinator; District Women Protection Officer or District Nodal Officer. Sakhi Niwas: Mission Director (Samarthya Component); State Coordinator; District Social Welfare Officer or District Nodal Officer. Pradhan Mantri Matru Vandana Yojana (PMMVY): Mission Director (PMMVY); State PMMVY Coordinator; District Programme Coordinator, ICDS. Mission Vatsalya: Director (Mission Vatsalya); State Nodal Officer (State Child Protection Society); District Child Protection Officer (DCPO). Nirbhaya Fund: Joint Secretary (MoWCD or MHA); State Nodal Officer for the
Objective 2: Evaluate the **Efficiency** of resource use, timeliness, and cost-effectiveness of implementation.	Q3: To what extent do the schemes' implementation framework, resource allocation, scheme entitlements help to achieve intended outcomes and impact? Q4: Does the scheme identify and reach its target beneficiaries across regions, including vulnerable	1. Are the resources allocated across different components of the scheme (e.g., administration, implementation, monitoring, and evaluation) sufficient to achieve the objectives? 2. Are there any bottlenecks or inefficiencies in the implementation process? 2. How do the scheme's entitlements ensure that beneficiaries receive the full range of services and support	• Financial data on allocation and expenditures of the schemes • Annual progress reports and implementation documents to assess the institutional arrangements • Available evaluation reports conducted at district and state level	• KIIs with institutional stakeholders to understand resource allocation and utilization • KIIs with service providers to identify inefficiencies or bottlenecks in implementation • Interviews with beneficiaries to gauge the adequacy and accessibility of entitlements	

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
	groups, while ensuring adequate resource allocation and utilizing gender budgeting?	intended? 3. Are there opportunities to reduce costs or increase impact? 4. Does the scheme adequately address regional disparities in service delivery and outcomes among socio-demographic groups, particularly those that are vulnerable and marginalized?			respective project funded by Nirbhaya; DM or SP depending on the project. Other Key stakeholders: Chairperson MoWCD, National Commission for Protection of Child Rights, National Commission for Women, UNICEF, UN women, ILO, BMGF, IFPRI, Subject matter specialists
Objective 3: Measure the **Effectiveness** of the scheme in achieving intended outcomes and addressing gaps.	Q5: Have the scheme's intended outcomes been achieved or are expected to be achieved during assessment?	1. Is the scheme achieving its intended outputs and outcomes? 2. Are there any barriers to achieving the scheme's objectives? 3. Are there any	• Annual reports of the Ministries • MIS Data available with the Ministry • NFHSs • Comprehensive	• KIIs with targeted beneficiaries to understand their experiences with the scheme's implementation and benefits	

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
	Q6: To what extent has the scheme minimized the exclusion of potential beneficiaries while addressing critical gaps in achieving its outputs and outcomes?	unintended consequences of the scheme? 4. Are the scheme's outcomes aligned with the expected changes in the lives of beneficiaries (e.g., improvements in health, education, economic participation)? 5. Has the scheme successfully identified and included all potential beneficiaries without leaving gaps in coverage? 6. How do the variations in implementation processes across	National Nutrition Survey	• Interviews with eligible non-beneficiaries to understand barriers preventing their inclusion • KIIs and case studies with service providers to assess implementation challenges and unintended consequence	

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
		different states influence the overall achievement of the scheme's objectives?			
Objective 4: Assess the **Sustainability** of outcomes, focusing on institutional, financial, and HR capacities.	Q6: Can the scheme be sustained in the long term, considering financial, technological, and social factors?	1. Is the scheme financially sustainable? 2. Is the scheme socially sustainable? 4. Are there any mechanisms in place to ensure the long-term sustainability of the scheme? 3. Are there gaps in institutional mechanisms, such as human resources, finance, equipment, and	• National and international development goals and sector documents • Budgetary trends and expenditure reports • Sector-specific reports assessing integration with other programs	• KIIs with institutional stakeholders to understand financial planning and sustainability mechanisms • Interviews with targeted beneficiaries to understand the scheme's perceived long-term benefits or barriers	

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
		other resources, that hinder the program's long-term sustainability? 4. Are there any political, economic, institutional, technical, social, environmental, or financial risks affecting the scheme's implementation?			
Objective 5: Evaluate the **Impact** of the scheme on beneficiaries and the overall ecosystem, including intended and unintended outcomes.	Q7: Does the scheme deliver measurable benefits in health, nutrition, access to higher education, and female labour force participation?	1. Has the scheme contributed to the overall development of the WCD sector? 2. Has the scheme strengthened the capacity of stakeholders?	• Annual reports of the Ministries • MIS Data available with the Ministry • NFHSs • Comprehensive National	• KIIs with community leaders and service providers to evaluate direct and indirect scheme impacts • Interviews with targeted beneficiaries to understand the	

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
	Q8: Did the scheme contribute to intangible outcomes, such as fostering social change and promoting gender mainstreaming within the target population?	3. What is the impact of the scheme on the lives of beneficiaries? 4. What are the unintended outcomes (both positive and negative) of the scheme in the WCD sector? 5. To evaluate the positive, negative, short-term, long-term, direct, and indirect impacts of the implementation mechanism on scheme delivery, coverage, and equity. 6. What changes have occurred in areas such as	Nutrition Survey • Available evaluation reports conducted at district and state level • Evaluations undertaken by non-governmental agencies	scheme's influence on their lives	

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
		health, education, gender equality?			
Objective 6: Assess the **Coherence** of the scheme with other policies, schemes, and initiatives.	Q8: How well does the scheme align and converge with existing WCD and other sector-related schemes implemented by State Governments and Civil Societies?	1. How well does the scheme align with other schemes and programs? 2. Are there any overlaps or contradictions between the scheme and other initiatives? 3. Does the scheme complement or duplicate existing efforts? 4. Are there established processes for cross-sector collaboration, such as joint planning,	• Guidelines of scheme and GOs •Evaluation reports of overlapping government schemes • Sector-specific reports assessing integration with other programs	• KIIs with institutional stakeholders to understand alignment, coordination and overlaps with other schemes • Interviews with targeted beneficiaries to understand awareness and benefits from multiple schemes	

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
		reporting, or monitoring? 5. Do the partnerships with state governments and civil society organizations enhance the scheme's delivery and reach?			
Objective 7: Evaluate the **Equity** of the scheme in ensuring fair access to benefits for vulnerable, marginalized, and underserved populations	Q9: Is the scheme equitable for all the beneficiaries irrespective of their region, religion and economic status?	1. Does the scheme reach all target beneficiaries, regardless of their socioeconomic status? 2. Are there any gaps in the implementation of the scheme leading to discrimination of the marginalized section?	• Proportion of beneficiaries from marginalized groups (data from NFHS, CNNS, State of Inequality in India Report (NITI Aayog), PLFS Reports and program MIS) • Evaluation reports on access equity	• KIIs with institutional stakeholders to understand mechanisms in place to ensure scheme coverage of vulnerable groups • Interviews with targeted beneficiaries especially marginalized groups to	

A. Evaluation Criteria	B. Key Evaluation Questions	C. Areas of Enquiry	D. Secondary Data Sources	E. Primary Data Sources	F. Scheme-wise Institutional Stakeholders
		3. Are there any mechanisms in place to ensure the equitable distribution of benefits? 4. How has the scheme contributed to reducing inequalities in access to opportunities and income across different population groups?	and coverage across social groups	understand their access to scheme benefits and barriers faced. • Interviews with eligible non-beneficiaries to understand their exclusion from the schemes.	

Annexure C: Cross-sectional evaluation matrix

The following matrix will evaluate sectoral and scheme performance within the framework of the cross-cutting themes listed in the ToR.

Table 96 Cross-sectional Evaluation Matrix

A. Cross-Sectional Theme	B. Area of Enquiry	C. Key Questions	D. Primary/ Secondary Research	E. Type of Respondent (If Primary)
Food Security and Nutrition	Nutritional Quality	How does the nutritional quality of food consumed in households meet recommended dietary needs? Does supplemental food address the issue of Food Security?	Primary and Secondary	• Pregnant and Lactating women, Mothers of children 3-6 years, Adolescent girls • Officials at State, District and Block level
	Food Assistance Programs	What food assistance programs are available to households?	Primary and Secondary	• Pregnant and Lactating women, Mothers of children 3-6 years, Adolescent girls • Service providers -AWW • State Departments of health and family welfare, women and child, UNICEF
		How effective are the food assistance programs in improving household nutrition?	Primary and Secondary	• Pregnant and Lactating women, Mothers of children 3-6 years, Adolescent girls • State and District department of Poshan • Service Providers/Poshan Panchayats
	Dietary Diversity	What is the level of dietary diversity in participating households?	Primary	• State and District departments of Health, WCD, Education

A. Cross-Sectional Theme	B. Area of Enquiry	C. Key Questions	D. Primary/ Secondary Research	E. Type of Respondent (If Primary)
				• Anganwadi • Pregnant and Lactating women, Mothers of children 3-6 years, Adolescent girls
		Are there particular food groups missing from household diets that affect nutritional outcomes?	Primary	• Pregnant and Lactating women • Mothers of 3-6 years children • Anganwadi • Block level officials from health and WCD
Health	Quality of Healthcare	How does the quality of healthcare provided meet national standards?	Primary and Secondary	• Officials at National Level in MoHFW
		Are there mechanisms in place to monitor the quality of healthcare services at various levels?	Primary and Secondary	• Officials at National/State/District in the HFW department
	Maternal and Child Health (MCH)	Are maternal and child health (MCH) services, such as antenatal care and immunizations, adequately provided?	Primary and Secondary	• Pregnant and Lactating women, Mothers of children 3-6 years • ANM/ASHA Workers
		What is the level of awareness and utilization of MCH services among target beneficiaries?	Primary and Secondary	• Pregnant and Lactating women, Mothers of children 3-6 years • ASHA Workers

A. Cross-Sectional Theme	B. Area of Enquiry	C. Key Questions	D. Primary/ Secondary Research	E. Type of Respondent (If Primary)
	Health Infrastructure	Are healthcare facilities adequately equipped with infrastructure, staff, and essential supplies?	Primary	• Anganwadi • Mothers of children under 6 years • ANM/ASHA workers
	Health Financing	Are there any innovative financing mechanisms being implemented to support healthcare delivery?	Primary and Secondary	• MoHFW Officials at National/State/District
Employment Generation	Access to Employment Opportunities	How effectively are the schemes addressing local employment needs, particularly for women and marginalized groups?	Primary and Secondary	• Rehabilitated women • Working mothers • International Labour Organization
	Impact on Income	How has the scheme contributed to increasing household income through employment opportunities?	Primary and Secondary	• Working women • Working mothers
	Sustainability of Employment	Are employment opportunities generated under the scheme sustainable in the long term?	Primary and Secondary	• Officials at National/District/Block
Education vis-à-vis Early	Teaching Materials and	Are age-appropriate and culturally relevant teaching materials available and utilized?	Primary	• Anganwadi Workers

A. Cross-Sectional Theme	B. Area of Enquiry	C. Key Questions	D. Primary/ Secondary Research	E. Type of Respondent (If Primary)
Childhood Education (ECE)	Curriculum Implementation	What kind of training and support do Anganwadi workers receive to deliver ECE effectively?	Primary	• Anganwadi Workers • Scheme officials
	Infrastructure and Resources	Are there sufficient resources (e.g., books, toys, teaching aids) to engage children in ECE activities?	Primary	• Facility Visits • Anganwadi workers
	Community Engagement	Are there any regular community-led initiatives to support children's education and development through Anganwadi services?	Both	• Anganwadi Workers
Gender Budgeting & Mainstreaming	Fund Allocation and Utilization	Are sufficient funds allocated for addressing gender-specific needs across schemes and the WCD sector?	Primary and Secondary	• Officials at State, District, Block for the Gender mainstreaming division, Gender Experts
		Is gender budgeting embedded in the planning and implementation of the schemes?	Primary and Secondary	• Officials of the Gender mainstreaming division, Gender Experts
	Gender Mainstreaming	How is gender equality incorporated in the design and implementation of schemes?	Primary and Secondary	• Officials at National/State for gender mainstreaming, Gender experts

A. Cross-Sectional Theme	B. Area of Enquiry	C. Key Questions	D. Primary/ Secondary Research	E. Type of Respondent (If Primary)
		Are gender-specific indicators defined and tracked at various levels of implementation?	Primary and Secondary	• Officials at National/State for gender mainstreaming, Gender experts
	Representation and Decision-Making	Are women adequately represented in governance structures at the community and institutional levels?	Primary	• Officials at District/Block, Department of Social Justice
Social Justice for Vulnerable Sections	Service Delivery for Vulnerable Sections	Are the needs of scheduled castes, tribes, differently abled populations, and women in difficult circumstances prioritized in service delivery?	Primary	• Pregnant and Lactating women, • Women in distress • Officials at Block and District level at the department of Social Justice
		What barriers exist for these populations in accessing benefits and services?	Primary and Secondary	• AWW, eligible unreached women
		How are interventions tailored to address the unique challenges faced by these vulnerable sections?	Primary and Secondary	• Department of Social Justice officials at National/State/ District
	Training of Stakeholders	Are stakeholders trained in addressing the specific needs of vulnerable sections?	Primary	• Officials at State/District/Block for Mission Shakti • Department of Human Resource Development • Department of Social Justice

A. Cross-Sectional Theme	B. Area of Enquiry	C. Key Questions	D. Primary/ Secondary Research	E. Type of Respondent (If Primary)
	Monitoring Social Justice Outcomes	How are social justice outcomes for vulnerable sections measured and monitored?	Secondary	N/A
Use of IT/ Technology in driving efficiency	Automation of Processes	To what extent have IT solutions been used to streamline and automate processes like beneficiary enrolment or payments?	Primary	• Pregnant and Lactating women • PMMVY mothers • Officials at State/District/Block
	Real-Time Data Monitoring	Is real-time data being collected and monitored for decision-making at various levels?	Primary and Secondary	• Officials at State/District/Block from WCD and Health and Family Welfare • Officials from Central Project Monitoring Unit
	Training for IT Adoption	Are frontline workers and officials adequately trained to use IT systems?	Primary	• Officials at State/District/Block from WCD and Health and Family Welfare • Frontline Workers
	Beneficiary Interface	Are IT platforms being used for grievance redressal mechanisms?	Primary and Secondary	• Distressed women • Officials at State/District/Block from Ministry of WCD, Health and Family Welfare • Subject matter experts from UN/IIPs

A. Cross-Sectional Theme	B. Area of Enquiry	C. Key Questions	D. Primary/ Secondary Research	E. Type of Respondent (If Primary)
		How effective are these platforms in addressing grievances promptly?	Primary	• Distressed women
Reforms & Regulations	Regulatory Framework	What legal or regulatory provisions guide the scheme?	Secondary	N/A
		Are these regulations aligned with sectoral goals?	Primary and Secondary	• Officials at National/State from Ministry of WCD
	Gaps in Regulations	Are there gaps in current regulations that impact the achievement of scheme or sectoral goals?	Primary and Secondary	• Officials at National/State from Ministry of WCD
Impact and Role of Private Sector, Community, and Civil Society/NGOs	Contribution of private sector	Are there public-private partnerships (PPPs) in the scheme? What outcomes have they achieved?	Secondary	N/A
	Community Engagement	How are community-level stakeholders (e.g., Panchayats, SHGs) engaged in scheme implementation?	Secondary	N/A
	Role of NGOs and Civil Society	What role do NGOs/civil society organizations play in capacity building, awareness, and outreach?	Secondary & Primary	IFPRI, ILO, UNICEF, BMGF

A. Cross-Sectional Theme	B. Area of Enquiry	C. Key Questions	D. Primary/ Secondary Research	E. Type of Respondent (If Primary)
	Best Practices	What are some best practices in private sector and civil society involvement that can be replicated?	Secondary & Primary	IFPRI, ILO, UNICEF, BMGF
Integrated data systems for global indices	Inter-ministerial Data Integration	Are data systems across ministries integrated to track progress on global indices like the Gender Gap Index and Gender Equality Index?	Secondary	Subject Matter experts from UN, Ministry of WCD
	Alignment with Global Standards	To what extent are national data collection and reporting frameworks aligned with the methodologies of global indices?	Secondary	N/A
		What challenges exist in aligning sectoral data with global indices to measure gender development comprehensively?	Secondary	N/A

Annexure D: Sampling Strategy

D.1 Selection of state

In accordance with the ToR, **11 states and 1 Union Territory (UT)** have been selected for the survey. However, **Chandigarh** was added to the sample after the pilot stage. Thus, making the total sample **12 states and one UT.** The selection of these states was based on an **index score** developed using the performance of key indicators from **NFHS-5 (National Family Health Survey, Round 5)**.

Indicators for Index Development

- **Sex Ratio**: Number of females per 1,000 males in the total population.
- **Years of schooling**: Women (age 15-49) with 10 or more years of schooling
- **Educational Attainment**: Percentage of women with 10 or more years of schooling.
- **Adolescent Fertility Rate**: Fertility rate among women aged 15-19 years (per 1,000 women).
- **Neonatal Mortality Rate (NNMR)**: Mortality rate of newborns within the first 28 days of life (per 1,000 live births).
- **Infant Mortality Rate (IMR)**: Mortality rate of infants under 1 year of age (per 1,000 live births).
- **Under-Five Mortality Rate (U5MR)**: Mortality rate of children under 5 years of age (per 1,000 live births).
- **Child Malnutrition**: Percentage of children under 5 years who are stunted (low height-for-age) and wasted (low weight-for-height).
- **Women's Health**: Percentage of women aged 15-49 years who are anaemic.
- **Financial Inclusion**: Percentage of women with a bank or savings account that they independently use.
- **Spousal Violence**: Ever-married women aged 18-49 years who have ever experienced spousal violence (%)

Scoring Methodology

The national and state average of each of the indicators was collated based on the above indicators, with a **binary score** assigned:

- **0** if the indicators' state value was below the national average.
- **1** if the indicators' state value was above the national average.

The scores for all indicators were then summed up to calculate a cumulative score for each state. These cumulative scores were compared to the national score.

Development of the score: the scores of each indicator were summed up and the cumulative score was compared to the country's score for final selection. State selection from each performance group was selected at random.

*Replacement of UT (Delhi to J&K)

The initially selected UT was Delhi NCT, but due to scheduled elections, it was replaced with Jammu & Kashmir to avoid disruptions in data collection. Conducting surveys during elections could have affected enumerator access, stakeholder availability, and respondent participation at the village, block, and district levels, potentially leading to incomplete or biased data.

Additionally, Jammu & Kashmir presents a unique terrain and operates within a conflict-sensitive zone, offering valuable insights into state-specific challenges related to governance, service delivery, and beneficiary access. This shift allowed for a more comprehensive understanding of program implementation in diverse settings.

Unlike other sampled states where three districts were selected, except Sikkim, in Jammu & Kashmir, only two districts were sampled–Anantnag from the Kashmir division and Udhampur from the Jammu division. This approach ensured representation from both regions while considering the state's unique geographical and socio-political context.

*The addition of Chandigarh to sampled states

Chandigarh was added to the sample as an additional Union Territory to observe the implementation of the scheme in a centrally administered region. Unlike Jammu & Kashmir, which has a legislative assembly, Chandigarh is directly governed by the central government without a state-like administrative structure.

D.2 Selection of Districts

The study aimed understand the key outcome indicators of both the urban and rural areas to ensure fair representation of the state. For each selected district, identified urban towns and cities and rural blocks to undertake the survey. The strategy of selection of districts and urban town/cities have been provided below.

For each state, the index at the district level was calculated using the indicators for which data was available within NFHS-5. These include, Sex ratio of the total population (females per 1,000 males), Women (age 15-49) with 10 or more years of schooling (%), Children under 5 years who are stunted (height-for-age) (%), Children under 5 years who are wasted (weight-for-height) (%), all women age 15-49 years who are anaemic (%)). The district sampling methodology utilised 5 indicators to calculate the binary score, the same as above. The following steps were applied for district sampling:

Step 1 Assigning Values Based on State Average: Each district's indicator value was compared to the state average, and scores were assigned as follows:

- **2** if the district's value was above the state average
- **1** if the district's value was equal to the state average
- **0** if the district's value was below the state average

Step 2 Scoring and Categorizing Districts: The scores for each district across all indicators were summed, and the districts were categorized based on their total score:

- Low Performing: Score of 0-3
- Medium Performing: Score of 4-6
- High Performing: Score of 7-10

Step 3 Selection: One district was selected **at random** from each performance category (low, medium and high) within each state, ensuring at least one aspirational district was included for each region except in regions of Uttar Pradesh and Tamil Nadu. Highlighted districts in pink are purposively selected. The reason is to ensure that 10% of the districts are the same as the previous report, to look at trends/changes over the last 5 years.

*Replacement of the district in Himachal Pradesh

As indicated in the Inception Report, provisions were made for the purposive replacement of districts in case of unforeseen challenges. Accordingly, in Himachal Pradesh, Kinnaur district was replaced with Kangra due to geographical inaccessibility during winter and the seasonal migration of the population to lower altitudes, which would have significantly limited the availability of respondents in the selected villages. Kangra was identified as a more accessible and demographically stable alternative. This replacement aligned with the methodological approach outlined earlier and ensured the successful completion of both household surveys and key informant interviews across stakeholder groups. Furthermore, to retain the focus on evaluating scheme implementation in geographically challenging and hilly regions, the sample included districts from other mountainous states such as Jammu & Kashmir, Uttarakhand, and Sikkim, thus maintaining the representativeness and robustness of the study design.

D.3 Selection of blocks and villages

Two blocks were selected from each district based on probability proportionate to size (PPS) using the number of households. The household data were gathered from the Primary Census data. In line with the ToR, three villages from each block were selected. For village selection, the villages in each block were arranged in ascending order based on the number of households. Using PPS sampling, three villages were randomly selected from each block. If, for any reason, there was a need to replace a selected village, it was substituted with the next village having the greatest number of households.

D.4 Selection of urban towns/cities and wards

For the study, three cities/towns were selected from each state/UT, except Sikkim. All towns within the selected districts were arranged in ascending order. Based on population proportionate to size

within each district, one town was selected from each district using Census data. In the absence of towns in a particular district, towns were selected from other sampled districts–i.e., two towns may have been selected from a single district. In the event of any unforeseen situations, if a replacement was required, the next most populous town from the list within that district was selected.

In line with the ToR, the study selected two wards from each of the cities/towns identified above. Wards were arranged in ascending order based on the number of households, and using probability proportionate to size, two wards were randomly selected from each city/town.

*Reasons for Village/Ward Replacements

During the fieldwork and data collection, the field team encountered several challenges that required adjustments to the originally sampled villages and wards. Issues such as low population, absence of pregnant women, unavailability of Anganwadi Centres (AWCs), and administrative constraints affected the feasibility of data collection in certain locations.

To address these challenges, appropriate replacement villages/wards were selected based on proximity, availability of required facilities, and alignment with survey objectives. The table below provides details of the originally sampled villages/wards, the replacements made, and the reasons for these changes, ensuring transparency and consistency in the sampling process.

Table 97: Sampling Challenges and Mitigation Strategies

State	Location	Sampled village/ward	Replaced Village /ward	Reason
Uttarakhand	Joshimath	Dumak	Pandukashwar	Low population or absence of pregnant women
	Joshimath	Ringi	Tapovan	
	Pokhari	Kandai Khola	Visal	
	Pokhari	Rano	Bangthal	
Uttar Pradesh	Pratapgarh	Bela Pratapgarh (NPP) WARD NO.-0018	Ward (0009)	AWC was unavailable in the sampled ward, so the nearest ward was selected.
Sikkim	Namchi	Namchi (M Cl) WARD NO.-0002	Ward 0001(Gangyap)	AWC was unavailable in the sampled ward, so the nearest ward was selected.

State	Location	Sampled village/ward	Replaced Village /ward	Reason
Sikkim	Gyalshing (Geyzing)	Gyalshing (NP) WARD NO.-0005	Ward 0001 (Upper Kyongsha)	Gyalshing Urban had only two ICDS centres (Ward 4 and Ward 1), making Ward 1 a more viable selection.
Rajasthan	Jaipur	Jaipur (M Corp.) (Part) WARD NO.-0033	Ward 0025	AWC was unavailable in the sampled ward, so the nearest ward was selected.
Bihar	Gopalganj	Natwa	Nauka Tola	This was an editing error, where the sampled village was incorrectly pasted onto the field plan.
Gujarat	Dahod	Dohad (M) WARD NO.-0011	Ward 0009	The selected sample included 11 wards, but Dahod had only 9 available, necessitating replacements.

Annexure E: Sample Achievement

E.1 Sample Achievement- States

The following schedule represents the total number of household surveys conducted.

Table 98: Sample achieved during HH survey

States	Total households to be covered as per RFP and inception report	Total number of households visited and interviewed	Percentage of total sample achieved
Andhra Pradesh	240	287	119.6
Assam	240	289	120.4
Bihar	240	279	116.3
Chandigarh	80	96	120.0
Gujarat	240	280	116.7
Himachal Pradesh	240	264	110.0
Jammu and Kashmir	160	191	119.4
Odisha	240	288	120.0
Rajasthan	240	283	117.9
Sikkim	160	192	120.0
Tamil Nadu	240	292	121.7

States	Total households to be covered as per RFP and inception report	Total number of households visited and interviewed	Percentage of total sample achieved
Uttar Pradesh	240	287	119.6
Uttarakhand	240	301	125.4
Total	2800	3329	118.9

To ensure a comprehensive evaluation of the state-level implementation of Mission Shakti, Mission Vatsalya, and Anganwadi & Poshan Abhiyan, key stakeholders from different states were interviewed. These stakeholders included state nodal officers, senior officials from the Department of Women and Child Development (WCD), and other key personnel responsible for scheme execution.

Below is a comprehensive list of stakeholders interviewed from all 13 states.

Table 99: Stakeholder interviewed at the State level

Scheme	Key Stakeholders Covered
Mission Shakti (Women's Empowerment & Safety)	- Nodal Mission Shakti
	- Deputy Director - One Stop Centre (OSC)
	- Deputy Director - Beti Bachao Beti Padhao (BBBP)
	- JD, Directorate of Social Welfare
	- Additional Secretary, Mission Shakti
	- State Mission Coordinator & SHEW
	- Commissioner, Directorate of Women Empowerment (DWE)

Scheme	Key Stakeholders Covered
	- Assistant Director, Social Justice and Empowerment Department
	- Deputy Director, DWE
	- Project Head - WHL State Management Centre
	- Research Officer, SHEW
Mission Vatsalya (Child Protection & Welfare)	- Deputy Director - Vatsalya
	- Deputy Director, Dept. of Children Welfare and Special Services
	- Additional Secretary cum Director, Mission Vatsalya
	- Joint Secretary cum Program Manager
	- Additional Secretary, State Child Protection Society (SCPS)
	- Program Manager - State Adoption Resource Agency (SARA)
	- Deputy Director, Directorate of Child Rights (DCR)
	- Program Officer, SARA, DCR
	- Program Officer, Integrated Child Protection Scheme (ICPS), DCR
	- Program Manager, Gujarat State Child Protection Society (GSCPS)
	- Joint Director - Child Protection
	- Project Manager, SARA

Scheme	Key Stakeholders Covered
Anganwadi & Poshan Abhiyan (Nutrition & Early Childhood Care)	- Deputy Director - Supplementary Nutrition Program (SNP)
	- Deputy Director - Anganwadi Infrastructure
	- Director, Integrated Child Development Services (ICDS)
	- Joint Director, ICDS
	- Director, Poshan
	- Secretary, Poshan
	- Joint Director, Poshan
	- Joint Project Coordinator, ICDS
	- Commissioner, ICDS
	- Deputy Director, ICDS
	- Assistant Director, SNP

The following table represents the number of primary respondents interviewed at the state administration level for the accumulation of qualitative insights on scheme implementation:

Table 100: Key Informant Interviews – State

States	Respondent Category				
	Sectoral	Saksham Anganwadi and Poshan 2.0	Mission Shakti	Mission Vatsalya	Total
Andhra Pradesh	0	1	2	1	4
Assam	1	3	1	2	6
Bihar	1	1	3	1	6
Chandigarh	1	1	1	1	4
Gujarat	1	2	1	1	5
Himachal Pradesh	1	2	2	1	6
Jammu & Kashmir	0	1	0	0	1
Odisha	0	1	1	1	3
Rajasthan	2	2	4	3	11
Sikkim	1	2	2	2	7
Tamil Nadu	0	2	1	1	4
Uttarakhand	0	1	1	1	3
Uttar Pradesh	0	2	2	1	5
Total					**65**

E.2 Sample Achievement- District

The following table represents the number of primary respondents interviewed at the district administration level for the accumulation of qualitative insights on scheme implementation:

Table 101: Key Informant Interviews – District

States	Districts	Respondent Category				
		DM/DPO	District Nutrition Committee Member	District Hub for Empowerment of Women	District Child Protection Unit Officer	Total
Andhra Pradesh	West Godavari	1	0	1	0	2
	Vizianagaram	1	0	1	1	3
	YSR	1	0	1	1	3
Assam	Nagaon	1	0	1	1	3
	Darang	1	0	1	1	3
	Dhemaji	1	1	1	1	4
Bihar	Katihar	1	1	1	1	4
	Sheohar	2	0	1	1	4
	Gopalganj	1	0	1	1	3
Gujarat	Dahod	1	0	1	1	3
	Narmada	1	0	1	1	3

States	Districts	Respondent Category				
		DM/DPO	District Nutrition Committee Member	District Hub for Empowerment of Women	District Child Protection Unit Officer	Total
	Pornbandar	1	0	1	1	3
Himachal Pradesh	Bilaspur	1	0	1	1	3
	Kullu	1	0	1	1	3
	Kangra	1	1	1	1	4
Jammu & Kashmir	Udhampur	1	0	1	1	3
	Anantnag	1	0	1	1	3
Odisha	Sambalpur	0	1	1	1	3
	Kendujhar	1	1	0	1	3
	Kendrapada	1	1	0	1	3
Rajasthan	Jaipur	1	0	1	1	3
	Dholpur	1	0	1	1	3
	Bhilwara	1	0	1	1	3
Sikkim	South District	0	1	1	1	3
	West District	0	1	1	1	3
Tamil Nadu	Vellore	1	0	1	1	3

States	Districts	Respondent Category				
		DM/DPO	District Nutrition Committee Member	District Hub for Empowerment of Women	District Child Protection Unit Officer	Total
	Kanyakumari	1	0	1	1	3
	Perambalur	1	0	1	1	3
Uttarakhand	Bageshwar	1	0	1	1	3
	Chamoli	1	0	1	1	3
	Dehradun	1	0	1	1	3
Uttar Pradesh	Mathura	1	1	0	1	3
	Pratapgarh	1	1	0	1	3
	Kannauj	1	1	0	1	3
Total						105

E.3 Facilities: KII and Observational Checklist

The table provides an overview of data collection methods used across various institutional facilities, including, Anganwadi Centers (AWC), One Stop Centres (OSC), Shelter Homes, Working Women Hostels (WWH), Child Care Institutions (CCI), Helplines, and Specialised Adoption Agencies (SAA). It highlights the number of KII, Observational Checklists, and FGD conducted to assess service delivery and facility conditions.

Table 102: Sample achieved at the facilities

Institutions	KII Facilities	Checklist	FGD Facilities
OSC	35	35	NA
Shelter homes (Shakti Sadan)	15	15	15
WWH (Sakhi Niwas)	8	10	6
CCI	36	36	33
Women helpline	5	8	NA
AWC		251	NA
SAA	22	NA	NA
Total	121	355	**54**

E.4 Block and Village Level

The table provides an overview of the status of data collection, using different tools, at the Block and Village level. The tool design and sample size aimed to capture insights from a varied list of community stakeholders at the ground-level. Table below details the number of interviews conducted at the block and village-level using FGD, KII, and Observation Checklist with different community stakeholders such as CDPOs, Women Beneficiaries, Married Men, and Adolescent Boys (14-18 years old), ASHAs, ANMs, PRI Members, and SHG Members to assess the implementation and effectiveness of services at the grassroots level.

Table 103: Qualitative sample achieved at the block and village level

Tool	Stakeholders	Total to be surveyed as proposed in Inception Report	Total completed
Village Level			

Tool	Stakeholders	Total to be surveyed as proposed in Inception Report	Total completed
FGD	Women Beneficiaries at the Village/ ward level	140	156
	Married men	13	15
	Adolescent Boys	13	12
KIIs	Anganwadi Workers (AWWs) (2 in every district, 70 in total)	280 (1 in each village/ward)	188
	Panchayati Raj Institutions (PRIs) (1 in each district, 35 in total)		33
	VHSNC members (ASHA/ ANM), and SHG members (1 in each district, 35 in total)		121
Block Level			
KII	Child Development Project Officers (CDPOs)/ CLF president	140 (2 per block)	139
Total		586	664

In addition to the main survey, 296 spot checks had been completed.

E.5 Total FGDs sample achieved

Table 104: Sample achieved for focus group discussions (FGDs)

Beneficiaries/ Respondent	No. per level	Total to be surveyed	FGD Facilities completed
Beneficiaries at the Village/Ward level	1 per 2 villages/ ward	140	178
Beneficiaries at Shakti Sadan	2 per state	26	15
Beneficiaries at Sakhi Niwas	2 per state	26	6
Childcare Institutions (CCIs)	2 per state	26	33
Adolescent Boys	1 per state	13	13
Men	1 per state	13	15
TOTAL		244	260

E.6 List of Stakeholders for National-level KIIs

The following table depicts the stakeholders interviewed at the national level (Total 23)

Table 105: Stakeholder interviewed at the National Level

Office	Designation/focus
MoWCD	Director, Mission Shakti - Sambal
The Quantum Hub	Associate Director, Policy & Partnerships Chief of Staff (Was instrumental in drafting of the revised Mission Shakti guidelines)
Child Adoption Resource Agency (CARA)	Director (Programme), CARA

Office	Designation/focus
CARA	Director Programme (IC)
CARA	Deputy Director, CARA
MoHFW	DC (Nutrition Adolescent Health)
NCPCR	Member (Child Health, Care, Welfare)
MoWCD	Additional Secretary, NIPCCD
MoWCD	Deputy Secretary, Saksham Anganwadi
MoWCD	Director, Women Welfare
MoWCD	Director, Samarthya – II
MoWCD	Director, Poshan Abhiyaan
Retd. MoH, Engender Health	Maternal and Child Health Commissioner and Public Health Specialist at the Ministry of Health and Family Welfare (Was in the Ministry of Health during the formation of Adolescent and Child Health and Nutrition guidelines)
UNICEF	Nutrition Specialist
UNICEF	Child Protection Specialist
UNICEF	Gender Expert
ICAR - CIWA, Director	Nutrition expert - food fortification and women in science
Dev Alternatives	Chief Advisor, Circular Economy and Climate Resilience Programs

Office	Designation/focus
ResGov, Foundation for Responsive Governance	Director, ResGOV
University of Bristol	Lecturer, Law
Banaras Hindu University (BHU)	Professor (Nutrition, Child Health, Epidemiology and Health system Research)
UNICEF	UNICEF social policy specialist
UNICEF	Child Protection Specialist
Miracle Foundation	Reginal Director, Miracle foundation, Child protection and foster care specialist
Indian Social Studies Trust (ISST)	Research Fellow, Programme team (Informality, Precarious Work, and Care)