

Demand for Grants 2023-24 Analysis Women and Child Development

The Ministry of Women and Child Development was constituted to address gaps in state action for women and children and to create equitable legislation, policies, and programmes relating to the welfare of women and children.¹ As the nodal ministry for the development of women and children, the Ministry covers welfare services, gender sensitisation, and training for employment generation for women. Many of the programmes run by the Ministry play a complementary role to developmental programmes in the sectors of health, education, rural development, and safety of women.

This note looks at the proposed expenditure for the Ministry of Women and Child Development for 2023-24, financial trends, and related issues with schemes and programmes of the Ministry.

Overview of Finances

Budget Allocation in 2023-24

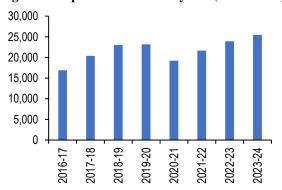
In 2023-24, the Ministry has been allocated Rs 25,449 crore, a 6% increase over the revised estimates of 2022-23.² About 99.8% of the Ministry's total expenditure is revenue expenditure.

Table 1: Budget allocations for the Ministry of Women and Child Development (in Rs crore)

	2021-22 Actuals	2022- 23 RE	2023 24 BE	% change from 22- 23 RE to 23-24 BE
Revenue	21,655	23,911	25,444	6%
Capital	-	2	5	154%
Total	21,655	23,913	25,449	6%

Note: BE- Budget Estimates; RE- Revised Estimates Source: Demand No. 101, Ministry of Women and Child Development, Union Budget 2023-24; PRS.

Figure 1: Expenditure over the years (in Rs crore)



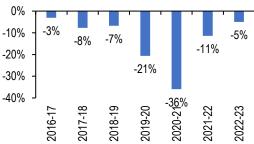
Note: Expenditure for 2022-23 is revised estimates and 2023-24 is budget estimates. All other years are actual expenditure. Source: Ministry of Women and Child Development Demand for Grants for various years; PRS.

Between 2016-17 and 2021-22, the actual expenditure by the Ministry has increased at annualised growth rate of 4.2%.

Underutilisation of funds for several years

In all years between 2016-17 and 2021-22, the actual expenditure by the Ministry was lower than the demand (Figure 2). For instance, in 2019-20, the Ministry was allocated Rs 29,165 crore and utilised Rs 23,165 crore in the financial year. The Rs 6,000 crore difference in budgetary estimates and actual expenditure translates to 21% of the funds unused for the year.³ Between 2016-17 and 2020-21, fund utilisation worsened. The Standing Committee on Women and Children (2022) noted that underutilisation of funds indicated either poor financial planning or gaps in planning, implementation, and monitoring of schemes.³ It observed that the underutilisation in 2020-21 could be partially explained through the COVID-19 pandemic. The Committee recommended the Ministry to exercise proper financial planning and ensure proper implementation of schemes.

Figure 2: Underutilisation of funds



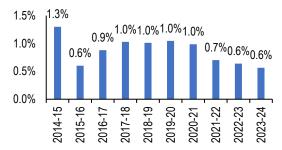
Note: Figures for 2022-23 are revised estimates. Source: Ministry of Women and Child Development Demand for Grants between 2017-18 and 2023-24; PRS.

Share of Ministry's allocation in the Union Budget declining over the years

The Standing Committee on Human Resource Development (2020) noted that the share of the allocation towards the Ministry in the Union Budget has remained unchanged at about 1% over the previous five years. It observed that women and children in both rural and urban areas still lag in human and social development. The Ministry is responsible to ensure that women and children have access to basic services such as health, nutrition, and education. Hence, the Ministry's share in the Union Budget should be increased. Since the Committee's report the Ministry's share in the budget has decreased. In 2023-24, allocation to the Ministry forms 0.6 % of the total union budget. Since 2022-23, the ministry's allocation has remained at 0.6% of the total union budget.

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Figure 3: Ministry's Budget Allocation as % of Union Budget



Source: Ministry of Women and Child Development Demand for Grants between 2015-16 and 2023-24, Union Budget documents between 2015-16 and 2023-24; PRS.

Allocation towards key schemes

The schemes run by the Ministry were rationalised in 2021-22. New schemes have been launched to subsume components of the erstwhile Umbrella ICDS and Mission for Protection and Empowerment for Women. For details, see Table 7 in the Annexure. In 2023-24, about 99% of the Ministry's total allocation was distributed amongst three centrally sponsored schemes. About 81% of the Ministry's allocation is towards the Saksham Anganwadi and POSHAN 2.0 scheme followed by Mission Shakti (12%). About 6% of the Ministry's allocation in 2022-23 is towards the Mission Vatsalya scheme. Around Rs 258 crore has been allocated amongst autonomous bodies such as National Commission for Women, Central Adoption Agency, and the National Commission for the Protection of Child's Rights. Refer to Table 2 for an overview of key schemes under the Ministry.

Table 2: Key Schemes under the Ministry of Women and Children Development (in Rs crore)

Key Heads	2021- 22 Actual	2022- 23 RE	2023- 24 BE	% Change (BE 2023-24/ RE 2022-23)
Saksham				
Anganwadi and POSHAN 2.0	18,382	20,263	20,554	1%
Mission Shakti	1,912	2,280	3,144	38%
Mission Vatsalya	761	1,100	1,472	34%
Others*	99	250	258	3.5%
Mission for Protection and Empowerment of Women	500	20	20	-
Total	21,655	23,913	25,449	6.4%

Note: Others* include transfers to autonomous bodies such as National Commission for Women, Central Adoption Resource Agency, and National Commission for Protection of Child Rights. Source: Demand No. 101, Ministry of Women and Child Development, Union Budget 2023-24; PRS.

Key areas of expenditure

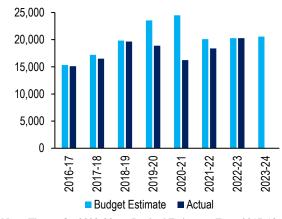
Saksham Anganwadi and POSHAN 2.0

Saksham Anganwadi and POSHAN 2.0 is an integrated nutrition support programme.⁵ The scheme seeks to address the challenges of malnutrition in children, adolescent girls, pregnant women, and lactating mothers. The schemes of Anganwadi Services, Scheme for Adolescent Girls, and Poshan Abhiyan have been realigned under the scheme to maximise nutritional outcome. The scheme has been organised to address three primary verticals: (i) nutritional support for women, children, and adolescent girls, (ii) early childhood care and education (3-6 years), and (iii) anganwadi infrastructure including modernisation. POSHAN 2.0 shall focus on maternal nutrition, infant and young child feeding norms, treatment of Moderate Acute Malnutrition (MAM)/Severe Acute Malnutrition (SAM), and wellness through AYUSH. In 2023-24, the scheme was allocated Rs 20,554 crore, which is an increase of 1% from the revised estimates of 2022-23. The scheme forms 0.5% of the total union budget.

Allocation towards Saksham Anganwadi and POSHAN 2.0 is lower than the schemes it subsumed

The budget allocation towards the Saksham Anganwadi and POSHAN 2.0 scheme in 2021-22 and 2022-23 has been lower than the allocation towards subsumed components in previous years (Figure 4). In 2023-24, the scheme has been allocated Rs 25,449 crore, an increase of 6% over revised estimates of 2022-23 (Rs 23,913 crore).

Figure 4: Allocation towards Saksham Anganwadi and POSHAN 2.0 vis-à-vis allocation towards subsumed components (in Rs crore)



Note: Figures for 2022-23 are Revised Estimates. From 2017-18 to 2020-21, the total for three schemes have been taken- (i) Anganwadi Services (Erstwhile Core ICDS), (ii) National Nutrition Mission (including ISSNIP), (iii) Scheme for Adolescent Girls. From 2021-22, these three schemes were revamped under the Saksham Anganwadi and POSHAN 2.0 scheme. In 2021-22, the National Creche Scheme was included under the umbrella scheme, figures of the year include the National Creche Scheme.

Source: Ministry of Women and Child Development Demand for

Grants for various years; PRS.

Anganwadi Services seek to: (i) improve the nutritional and health status of children (up to 6 years), and (ii) reduce the incidence of mortality, morbidity, malnutrition, and school dropouts. Anganwadi Centres (AWCs) provide public welfare services which include:

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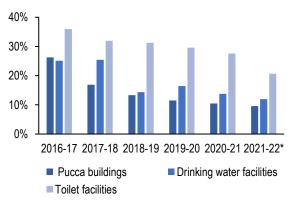
(i) immunisation, (ii) supplementary nutrition, (iii) nutrition and health education, and (iv) health checkups. The facilities provided at AWCs are: (i) supplementary nutrition, (ii) pre-school non-formal education, (iii) nutrition and health education, (iv) immunisation, (v) health check-up, and (vi) health referral services.⁶

Infrastructural deficiencies

The Standing Committee on Women and Child Development (2022) highlighted the central role of AWCs in improving delivery of health services.³ It observed that lack of adequate facilities at AWCs affected low-income families as they had to turn to paid options. Further, a Comptroller and Auditor General (CAG) Report (2019) reported that the infrastructure in AWCs was deficient and lacked basic facilities, such as drinking water, toilet, electricity, and essential drugs.⁷

As of March 2019, there were delays in completing the construction of 5.915 AWCs and non-use of 1.487 AWCs due to dilapidated conditions.⁷ In 2021-2022, nine states had less than two-thirds of AWCs with toilets, with Arunachal Pradesh reporting 7% of AWCs having toilet facilities (for details, see Table 10 in Annexure).8 The Ministry informed the Committee that it has been conducting zonal meetings across the country to collect best practices of working conditions.9 The Committee recommended the Ministry to prepare a blueprint in consultation with states towards infrastructure development and capacity building of AWCs.9 To raise alternative sources of funding, the Ministry proposed that states may involve individuals, companies, and CSR funds for construction of AWCs purely on a pro-bono basis without any obligations.⁹

Figure 5: AWCs without basic facilities (in %)



Note: *up to June 2021. Source: Report No. 338: Demands for Grants 2022-23 of the Ministry of Women and Child Development, Standing Committee on Education, Women, Children, Youth and Sports, March 16, 2022;

Remuneration for Anganwadi Workers and Helpers:

Anganwadi Services Scheme envisages the Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) as 'honorary workers' from the local community who come forward to render their services, on part time basis.³ The prescribed cost sharing ratio between the central and state governments for the honorarium given to AWWs and AWHs is: (i) 60:40 for states/UTs with legislature, (ii) 90:10 for North-eastern and Himalayan states, and (iii) paid completely by the centre for UTs

without legislature. ¹⁰ In September 2018, the central government enhanced the honorarium of AWWs and AWHs (see Table 3). ¹¹ Performance-based incentives are also paid to AWW at Rs 500 and Rs 250 for AWHs per month. Further, states also pay additional monetary incentives/honorarium from their own resources. ¹² For instance, Madhya Pradesh, as of March 2022, pays an additional monetary incentive of Rs 7,000 to AWWs and Rs 3,500 to AWHs. ¹³ As of December 12, 2022, there is no provision for consideration to enhance the honorarium given to AWWs and AWHs. ¹²

The Standing Committee on Education, Women, Child Youth and Sports (2021) recommended the Ministry to consider further increasing the remuneration to provide better service conditions for them.¹⁴

Table 3: Enhancement of honorarium to AWWs and AWHs (in Rs per month) as per September, 2018

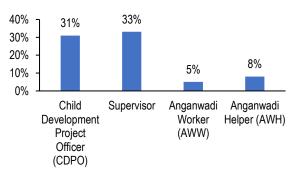
	Existing	Revised
Anganwadi workers	3,000	4,500
at main Anganwadi		
Anganwadi workers	2,250	3,500
at mini Anganwadi		
Anganwadi helpers	1,500	2,250

Source: Unstarred Question No. 3992, Rajya Sabha, Ministry of Women and Child Development, April 06, 2022; PRS.

High vacancies for certain positions in AWCs:

As of March 2021, 31% of Child Development Project Officers were vacant at the national level. The Standing Committee on Human Resource Development (2018) had observed that availability of staff and key functionaries in AWCs has been a continued area of concern. In response to the issue of vacancy, the Ministry stated that the recruitment of staff is done by states. The Committee recommended that the Ministry should take up the matter with states to ensure that vacancies are filled up at the earliest.

Figure 6: Vacancies at AWCs (as on March 31, 2021)



Source: Unstarred Question No. 3068, Lok Sabha, Ministry of Women and Child Development, August 6, 2021; PRS.

Underutilisation of funds under POSHAN 2.0

POSHAN Abhiyaan is the key pillar for outreach under POSHAN 2.0. It covers innovations related to nutrition, ICT interventions, media advocacy and research, community outreach, and jan andolan. ¹⁹ Cost sharing ratio between the centre and states/UTs is: (i) 60:40 for states/UTs with legislature, (ii) 90:10 for North Eastern and Himalayan states, and Jammu and Kashmir, and (iii) 100% for UTs without legislature. ¹⁶

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States with the lowest level of utilisation include: (i) Punjab (34%), (ii) Uttar Pradesh (34%), (iii) Rajasthan (43%), and (iv) Odisha (46%) (see Table 8 in Annexure for details).

Since, 2017-18, the Ministry has released Rs 5,403 crore under POSHAN Abhiyan. Of this, 34% of the funds have not been utilised (Rs 3,573 crore).¹⁹ About 17% of overall allocation has been spent on the procurement of smartphones.¹⁷

Further, there has been a decline in the allocation of funds under POSHAN Abhiyan to states in the past few years. A NITI Aayog Report (2021) observed that less than half of the funds were utilised in 23 states and UTs. 18 Fund utilisation was lower in states/UTs with a low distribution of mobile phones and growth monitoring devices.

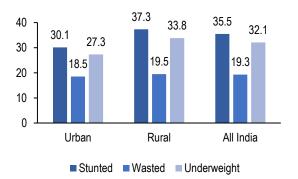
As of February 10, 2023, the Ministry has not released funds under the scheme for the year 2022-23.¹⁹

Malnutrition increased amongst children in certain States/UTs

The Standing Committee on Education, Women, Children, Youth and Sports (2022) noted the importance of the effective implementation of Mission POSHAN 2.0 in addressing the challenges of malnutrition.³ The Committee observed that malnutrition increased significantly amongst children in 22 states/UTs between 2015-16 and 2019-20.20 Key indicators to measure levels of child malnutrition include share of children (under five years) who are: (i) stunted (too short for their age), (ii) wasted (thin for their height), and (iii) underweight. 13 of the 22 states/UTs assessed reported an increase in stunting of children between 2015-16 and 2019-20. The states/UTs which saw the highest increases are Gujarat, Kerala, Lakshadweep, Nagaland, and Tripura (see Table 11 in the Annexure for state/UT-wise details on malnutrition in children).

One of the targets of POSHAN Abhiyan is to bring down stunting of children in the age group of 0-6 years from 38% to 25% by 2022.3 According to the National Family Health Survey – 5 (2022), 36% of children under the age of five are stunted.²¹ The survey also observed that stuntedness was a sign of chronic undernutrition among children.

Figure 7: Key indicators of child (0-5 years of age) malnutrition (2019-21)



Source: National Family Health Survey-5 (2019-21); PRS.

Increase in anaemia among women and children

Anaemia is a condition of low levels of haemoglobin in the blood.²¹ Iron is a key component of haemoglobin, and iron deficiency is estimated to be responsible for half of all anaemia globally. Anaemia in children can impair cognitive development, stunted growth, and increase morbidity from infectious diseases.

There was an average of 8% increase in anaemic levels across women and children between 2015-16 and 2019-21.21 Rise of anaemia has been observed across different groups of women and children between 2015-16 and 2019-21. For instance, there has been 14.5% increase in anaemia in children below the age of five years (see Table 4). The Standing Committee on Education, Women, Children, Youth and Sports (2021) noted that the efficacy of the POSHAN 2.0 should be assessed on the prevalence of malnutrition and other related problems among children and women.4

Table 4: Anaemia among women and children (in **%**)

Targets	NHFS-4 2015-16	NFHS-5 2019-21	% change in anaemic levels
Children below the age of 5 years	58.6	67.1	14.5%
Non-pregnant women (15-49 years)	53.2	57.2	7.5%
Pregnant women (15-49 years)	50.4	52.2	3.6%
All women (15-19 years)	54.1	59.1	9.2%
All women (15-49 years)	53.1	57.0	7.3%

Source: National Family Health Survey-5 (2019-21); PRS.

Anaemia among children (age 6-59 months) was the highest in Gujarat (80%), followed by Madhya Pradesh (73%), Rajasthan (72%), and Punjab (71%).²¹ Anaemia among women was 60% or more in Chhattisgarh, Bihar, Odisha, Gujarat, Jharkhand, Assam, Tripura, and West Bengal. See Table 9 and 10 in Annexure for state wise details on anaemia among women and children.

The Ministry had set targets for combating malnutrition in women and children in 2018 (see Table 5).

Table 5: Targets under POSHAN Abhiyaan							
Target	NFHS-4 2015-16 (in %)	NFHS -5 2019-21 (in %)	% Point Change				
2% p.a.	38.4*	35.5*	2.9				
2% p.a.	35.8*	32.1*	3.7				
3% p.a.	58.6	67.1	8.5				
3% p.a.	53.1	57.0	3.9				
	2% p.a. 2% p.a. 3% p.a. 3%	Target NFHS-4 2015-16 (in %) 2% p.a. 38.4* 2% p.a. 35.8* p.a. 58.6 p.a. 3% p.a. 53.1 p.a.	Target NFHS-4 2015-16 (in %) NFHS -5 2019-21 (in %) 2% p.a. 38.4* 35.5* 2% p.a. 35.8* 32.1* 3% p.a. 58.6 p.a. 67.1 p.a. 3% p.a. 53.1 p.a. 57.0 p.a.				

Note: p.a.- per annum; *data for children under five years. Source: Unstarred Question No.663, Lok Sabha, Ministry of Women and Child Development, December 09, 2022; PRS.

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Mission VATSALYA

Mission Vatsalya is a centrally sponsored scheme that provides: (i) assistance to homes for children, (ii) juvenile justice for children in need of care and children in conflict with law, and (iii) integrated programme for street children.²² In 2021, Mission Vatsalya subsumed the erstwhile Child Protection Scheme.²² In 2023-24, Rs 1,472 crore has been allocated to the scheme, an increase of 34% over the revised estimates of 2022-23.

Disparity in Child Care Institutions

The Ministry administers the Juvenile Justice (Care and Protection of Children) Act, 2015.²³ The 2015 Act provides for the protection of children in need of care of protection and those in conflict with law by catering to their basic needs. Basic needs are listed as; (i) care protection, (ii) development treatment, (iii) social reintegration. Under Section 106 of the Act, the implementation of the Act lies with the states/UTs.²⁴ Child Care Institutions (CCIs) including observation homes usually accommodate 50 children each and 25 children in Northeastern and Himalayan states.²³ Under Mission Vatsalya, support is provided for one educator, one arts cum music teacher, and one PT instructor for each CCI with 50 children.²³ In 2020-21, there were a total of 77,615 beneficiaries and 2,215 CCIs.³

As on March 2022, there were states, such as Odisha, Himachal Pradesh, and Arunachal Pradesh, that did not have a single juvenile observation home.²³ No UTs without a legislature other than Chandigarh had a juvenile observation home. Further, the Standing Committee on Human Resource Development (2020) observed that living conditions in juvenile homes are inadequate. Unsatisfactory living conditions are caused by: (i) inadequate space, (ii) poor quality of bathrooms, (iii) lack of recreational activities, and (iv) lack of trained staff.

The Standing Committee on Women and Children (2022-23) recommended developing a mechanism for inter-ministerial coordination for effective child protection services.³ Additionally, it recommended coordination with the Ministry of Skill Development and Ministry of Education to develop skill development and vocational training programmes for the integration of the concerned children to mainstream society. Further, the Committee recommended that the Ministry must ensure timely releases of funds to states/UTs under the scheme.

Mission Shakti

Mission Shakti is an umbrella scheme for the safety and security and empowerment of women.²⁵ The scheme has two sub-schemes, namely Sambal and Samarthya. Sambal is for the safety and security of women and has components of One Stop Centre (OSC), Women Helpline, Beti Bachao Beti Padhao, and Nari Adalat. Samarthya concerns empowerment of women and has components, such as Pradhan Mantri Matru Vandana Yojana, Hub for Empowerment of Women, Shakti Sadan, and Sakhi Niwas. The scheme has a total allocation of Rs 20,989 crore from 2021-22 to 2025-26. The central government has a share of Rs 15,761

crore.²⁵ In 2023-24, Mission Shakti has been allocated Rs 3,144 crore.

Table 6: Expenditure related to Mission Shakti (in Rs crore)

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Sub Schemes	2021- 22 Actual s	2022-23 RE	2023- 24 BE	% Change (BE 2023-24/ RE 2022-23)
Sambal	183	333	562	69%
Samarthya	1,729	1,947	2,582	33%
Total	1,912	2,280	3,144	38%

Source: Ministry of Women and Child Development Demand for Grants for 2023-24; PRS.

In all years since 2016-17, funds allocated under Mission Shakti have been underutilised. In 2021-22, the gap between the budgeted estimate and the actual expenditure under Mission Shakti was 36%. Despite repeated underutilisation, there is a 38% increase in the budgeted estimates for 2023-24 as compared to revised estimates of 2022-23.

Underutilisation of funds under Beti Bachao Beti Padhao

The Standing Committee on Empowerment of Women (2021) observed that the decline in Child Sex Ratio (CSR) since 1961 is a grave concern. CSR decreased from 976 in 1961 to 927 in 2011 and 919 in 2011. Decline in the sex ratio indicates women's disempowerment over a life-cycle continuum. A decline in CSR is also indicative of discrimination against women and girls in health, nutrition, and educational opportunities.

The Committee observed that since the inception of the scheme in 2014-15 till 2019-20, Rs 848 crore was allocated under the scheme. Around Rs 622 crore was released to states in the time period. However, it noted that only 25% of the funds had been spent by the states/UTs. Further, the Committee noted that the Ministry had been releasing additional funds to the state even when they had not utilised existing funds. The Committee recommended that the Ministry must have a target-oriented approach and states must use their funds in a time-bound manner.

Lack of diversification of funds under Beti Bachao Beti Padhao

The Standing Committee on Empowerment of Women (2021) observed that between 2016-17 and 2018-19, about 79% of the budget (Rs 447 crore) had been used on media advocacy. The Committee recognised the importance of media advocacy as a vertical to spread the message of Beti Bacha Beti Padhao. However, it stressed upon the importance of focusing on achieving measurable outcomes related to health and education under the scheme. The Committee recommended that the Ministry reconsider spending on media advocacy under the scheme and focus on sectoral interventions in education and health. Refer to Table 9 in the Annexure

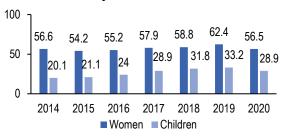
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for details on funds released for media advocacy and multi-sectoral interventions from 2014-2023.

Inter-ministerial coordination for timely justice

From 2014 to 2019, the rate of crimes against children has increased (see Figure 8).²⁷ Some of the categories of crime on the rise include murder with rape/gang rape, dowry deaths, and human trafficking.^{27,28} The Standing Committee on Education, Women, Children, Youth, and Sports (2021) noted that the number of crimes against women and children are increasing.¹⁴ It recommended the Ministry to work with the Ministry of Home Affairs and state governments to bring down crimes against women and children and ensure timely justice.

Figure 8: Crime rate for crimes against women and children over the year



Source: Crime in India Report (2014-2020); National Crime Records Bureau; PRS.

Nirbhaya Fund

The Nirbhaya Fund was set up as a dedicated fund for the implementation of initiatives aimed at enhancing the security and safety of women.³ It is a non-lapsable fund that lies with the Ministry of Finance. The Ministry of Women and Child Development is the nodal ministry to appraise schemes under the fund and review the progress of sanctioned schemes. The allocation for 2023-24 is Rs 20 crore under the Mission for Protection and Empowerment of Women.

Underutilisation of the Nirbhaya Fund

The projects/schemes under the Nirbhaya Fund are demand driven. ²⁹ According to the Ministry, projects appraised under the framework of the Nirbhaya Fund have a staggered implementation schedule. While most of the projects are implemented through state/UTs; some projects are implemented by central ministries/departments. For instance, states/UTs, such as Bihar, Andhra Pradesh, Lakshadweep, and Madhya Pradesh underutilised more than 50% of funds allocated/released between 2016-17 and 2020-21. ³⁰

The Standing Committee on Education, Women, Children, Youth and Sports (2019) noted that the pace of projects funded under the Nirbhaya Projects are lethargic and need to be fast-paced.²⁹ In addition, the Standing Committee on Education, Women, Children, Youth and Sports (2022) highlighted the need for effective utilisation of the Nirbhaya Fund.³ It noted that violence against women has not reduced and the outbreak of the COVID-19 pandemic had worsened the situation of women. The Committee observed that Rs 9,177 crore has been appraised under the fund for 35 projects.³ Out of which, only 33% (Rs 2,989 crore) had been utilised. The Committee has recommended identifying reasons for underutilisation of the fund.

Annexure

Table 7: Details of schemes after revamping/rationalisation

Sch	nemes as on April 1, 2021	Schemes after Revamping/Rationalisation
Umbrella Scheme	Schemes	
Umbrella ICDS	Pradhan Mantri Matru Vandana Yojana	Mission Shakti
Mission for Protection and	One Stop Center	_
Empowerment for Women	Beti Bachao Beti Padhao	···
	Working Women Hostel	···
	Information and Mass Communication	
	Mahila Shakti Kendra	
	Other Schemes Funded from Nirbhaya Fund	
	Swadhar Greh	
	Ujjawala	
	Women Helpline	
	Gender Budgeting and Research, Publication and	
	Monitoring	
	Home for Widows	
	Mahila Police Volunteers	
	Support to Training and Employment Program (STEP)	
Umbrella ICDS	Child Protection Services	Mission Vatsalya
Umbrella ICDS	Anganwadi Services (Erstwhile Core ICDS)	Saksham
	National Nutrition Mission (including ISSNIP)	Anganwadi and
	Scheme for Adolescent Girls	POSHAN 2.0
	National Creche Scheme	

Note: ICDS- Integrated Child Development Services.

Source: Revamping/Rationalisation of Centrally Sponsored Scheme, Expenditure Profile, 2022-2023, Statement 4AA, Union Budget 2022-23; PRS.

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Table 8: Utilisation of funds by states/UTs under POSHAN Abhiyaan (funds released from 2017-18 to 2020-21)

State/UT	% Utilisation funds as on March 31, 2021	State/UT	% Utilisation funds as on March 31, 2021
Andaman and Nicobar Islands	45%	Lakshadweep	67%
Andhra Pradesh	65%	Madhya Pradesh	47%
Arunachal Pradesh	25%	Maharashtra	69%
Assam	55%	Manipur	49%
Bihar	56%	Meghalaya	98%
Chandigarh	47%	Mizoram	94%
Chhattisgarh	54%	Nagaland	98%
Dadra and Nagar Haveli and Daman and Diu	47%	Odisha	46%
Delhi	73%	Puducherry	28%
Goa	49%	Punjab	34%
Gujarat	73%	Rajasthan	43%
Haryana	64%	Sikkim	93%
Himachal Pradesh	64%	Tamil Nadu	75%
Jammu and Kashmir	86%	Telangana	83%
Jharkhand	64%	Tripura	76%
Karnataka	78%	Uttarakhand	58%
Kerala	61%	Uttar Pradesh	34%
Ladakh	31%	West Bengal	0%

Source: Unstarred Question No. 3102, Lok Sabha, Ministry of Women and Child Development, August 8, 2021; PRS.

Table 9: Expenditure for Beti Bachao Beti Padhao* by the Ministry of Women and Child Development (in Rs crore)

Financial Year	Total Expenditure	Funds for media advocacy	Funds for multi-sectoral intervention**
2014-15	35	21	13
2015-16	59	21	38
2016-17	29	26	3
2017-18	169	136	33
2018-19	245	164	81
2019-20	86	26	60
2020-21	61	7	54
Total	683	401	282

Note: * Expenditure made under the scheme by the Ministry of Women and Child Department.

Source: Starred Question No. 1, Rajya Sabha, Ministry of Women and Child Development, February 02, 2022; PRS.

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^{**} During 2014-15 and 2015-16, funds released for multi-sectoral intervention were released to states for state-level activity and district-level activity. Since the revision of guidelines, in 2017-18, funds have been released directly to districts for district-level activities. The provisions for state-level activity were removed.

Table 10: State/UT wise details of AWCs with infrastructure facilities (as of June 2021)

State/UT	Operational AWCs	AWCs without a pucca building (in %)	AWCs without a drinking water facility (in %)	AWCs without a toilet (in %)	
Andaman and Nicobar Islands	719	9%	0%	6%	
Andhra Pradesh	55,607	0%	0%	26%	
Arunachal Pradesh*	6,225	100%	0%	93%	
Assam	61,715	0%	32%	37%	
Bihar	1,12,094	25%	0%	0%	
Chandigarh	450	0%	0%	0%	
Chhattisgarh	51,586	12%	7%	8%	
Dadra and Nagar Haveli and Daman and Diu	405	13%	0%	0%	
Delhi	10,755	0%	0%	0%	
Goa	1,262	0%	0%	0%	
Gujarat	53,029	0%	4%	3%	
Haryana	25,962	0%	1%	10%	
Himachal Pradesh	18,925	9%	0%	1%	
Jammu and Kashmir	28,078	21%	10%	16%	
Jharkhand	38,432	18%	29%	34%	
Karnataka	65,911	14%	18%	21%	
Kerala	33,115	0%	12%	1%	
Ladakh*	1,140	58%	34%	4%	
Lakshadweep*	71	0%	0%	0%	
Madhya Pradesh	97,135	5%	5%	3%	
Maharashtra*	1,09,832	9%	25%	49%	
Manipur	11,510	87%	46%	56%	
Meghalaya	5,896	3%	37%	5%	
Mizoram	2,244	0%	8%	8%	
Nagaland*	3,980	93%	13%	58%	
Odisha	73,172	0%	0%	55%	
Puducherry	855	0%	8%	9%	
Punjab	27,304	0%	0%	9%	
Rajasthan*	61,625	0%	21%	47%	
Sikkim	1,308	0%	0%	0%	
Tamil Nadu	54,439	20%	22%	15%	
Telangana	35,580	17%	5%	51%	
Tripura	9,911	0%	8%	17%	
Uttar Pradesh*	1,89,309	0%	3%	7%	
Uttarakhand*	20,048	0%	17%	18%	
West Bengal	1,19,481	18%	26%	17%	
Total	13,89,110	10%	12%	21%	

Note: *Data has been taken for Monthly Progress Report, June 2021 as Annual State Programme Implementation Plan data is not available. Source: Starred Question No: 298, Rajya Saba, Ministry of Women and Child Development, March 30, 2022; PRS.

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Table 11: Key indicators of malnutrition in children below 5 years (in %)

	Children years who		Children years who		Children under 5 underw	
States/UTs	NFHS-5	NFHS-4	NFHS-5	NFHS-4	NFHS-5	NFHS-4
Andaman & Nicobar Island	22.5	23.3	16.0	18.9	23.7	21.6
Andhra Pradesh	31.2	31.4	16.1	17.2	29.6	31.9
Arunachal Pradesh	28.0	29.4	13.1	17.3	15.4	19.5
Assam	35.3	36.4	21.7	17	32.8	29.8
Bihar	42.9	48.3	22.9	20.8	41.0	43.9
Chandigarh	25.3	28.7	8.4	10.9	20.6	24.5
Chhattisgarh	34.6	37.6	18.9	23.1	31.3	37.7
Dadra & Nagar Haveli and Daman and Diu**	39.4	41.7	21.6	26.7	38.7	38.9
Delhi	30.9	32.3	11.2	24.1	21.8	27.0
Goa	25.8	20.1	19.1	21.9	24.0	23.8
Gujarat	39.0	38.5	25.1	26.4	39.7	39.3
Haryana	27.5	34.0	11.5	21.2	21.5	29.4
Himachal Pradesh	30.8	26.3	17.4	13.7	25.5	21.2
Jammu & Kashmir*	26.9	27.4	19.0	12.2	21.0	16.6
Jharkhand	39.6	45.3	22.4	29.0	39.4	47.8
Karnataka	35.4	36.2	19.5	26.1	32.9	35.2
Kerala	23.4	19.7	15.8	15.7	19.7	16.1
Ladakh*	30.5	30.9	17.5	9.3	20.4	18.7
Lakshadweep	32.0	27.0	17.4	13.7	25.8	23.4
Madhya Pradesh	35.7	42.0	18.9	25.8	33.0	42.8
Maharashtra	35.2	34.4	25.6	25.6	36.1	36.0
Manipur	23.4	28.9	9.9	6.8	13.3	13.8
Meghalaya	46.5	43.8	12.1	15.3	26.6	29.0
Mizoram	28.9	28.1	9.8	6.1	12.7	12.0
Nagaland	32.7	28.6	19.1	11.3	26.9	16.7
Odisha	31.0	34.1	18.1	20.4	29.7	34.4
Puducherry	20.0	23.7	12.4	23.6	15.3	22.0
Punjab	24.5	25.7	10.6	15.6	16.9	21.6
Rajasthan	31.8	39.1	16.8	23	27.6	36.7
Sikkim	22.3	29.6	13.7	14.2	13.1	14.2
Tamil Nadu	25.0	27.1	14.6	19.7	22.0	23.8
Telangana	33.1	28.0	21.7	18.1	31.8	28.4
Tripura	32.3	24.3	18.2	16.8	25.6	24.
Uttar Pradesh	39.7	46.3	17.3	17.9	32.1	39.5
Uttarakhand	27.0	33.5	13.2	19.5	21.0	26.6
West Bengal	33.8	32.5	20.3	20.3	32.2	31.5

Note: * Numbers for NFHS-4 for Dadra and Nagar Haveli and Daman & Diu, Jammu and Kashmir, and Ladakh have been taken from their respected NFHS-5 (2019-21) Union Territory Fact Sheet. Facts sheets for all three UTs are available at a district-level. Source: National Family Health Survey-4 (2015-16), National Family Health Survey-5 (2019-21); PRS.

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Table 12: All women age 15-49 years who are anaemic (in %)

NFHS-5 (201	NFHS-4 (2015-16)			
States/UTs	Urban	Rural	Total	Total
Andaman and Nicobar Islands	57.2	57.6	57.5	65.8
Andhra Pradesh	57.8	59.3	58.8	60.0
Arunachal Pradesh	36.5	41.0	40.3	43.2
Assam	65.2	66.0	65.9	46.0
Bihar	65.6	63.1	63.5	60.3
Chandigarh	60.3	64.0*	60.3	75.9
Chhattisgarh	56.5	62.2	60.8	47.0
Dadra and Nagar Haveli and Daman and Diu	60.5	64.4	62.5	72.9
Delhi	49.7	58.6	49.9	54.3
Goa	40.0	37.4	39.0	31.3
Gujarat	61.3	67.6	65.0	54.9
Haryana	57.4	61.9	60.4	62.7
Himachal Pradesh	51.0	53.3	53.0	53.5
Jammu and Kashmir	61.4	67.5	65.9	48.9
Jharkhand	61.1	66.7	65.3	65.2
Karnataka	43.9	50.3	47.8	44.8
Kerala	37.0	35.8	36.3	34.3
Ladakh	89.5	93.5	92.8	78.4
Lakshadweep	26.4	23.7	25.8	46.0
Madhya Pradesh	51.5	55.8	54.7	52.5
Maharashtra	52.0	56.1	54.2	48.0
Manipur	30.5	28.8	29.4	26.4
Meghalaya	51.8	54.3	53.8	56.2
Mizoram	30.8	39.9	34.8	24.8
Nagaland	27.3	29.8	28.9	27.9
Odisha	61.5	64.9	64.3	51.0
Puducherry	52.3	61.4	55.1	52.4
Punjab	59.0	58.5	58.7	53.5
Rajasthan	49.9	55.7	54.4	46.8
Sikkim	42.4	41.9	42.1	34.9
Tamil Nadu	51.3	55.3	53.4	55.0
Telangana	55.2	58.9	57.6	56.6
Tripura	66.1	67.6	67.2	54.5
Uttar Pradesh	50.1	50.5	50.4	52.4
Uttarakhand	45.8	41.1	42.6	45.2
West Bengal	65.1	74.4	71.4	62.5

Source: National Family Health Survey-5 (2019-21); PRS.

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Table 13: Children age 6-59 months who are anaemic (in %)

States	NFHS-5 (2019-21)		NFHS-4 (2015-16)	
	Urban	Rural	Total	Total
Andaman and Nicobar Islands	47.8	33.3	40.0	49.0
Andhra Pradesh	58.7	65.0	63.2	58.6
Arunachal Pradesh	52.8	57.1	56.6	54.2
Assam	66.4	68.6	68.4	35.7
Bihar	67.9	69.7	69.4	63.5
Chandigarh	55.0	*	54.6	73.1
Chhattisgarh	71.1	66.2	67.2	41.6
Dadra and Nagar Haveli and Daman and Diu	75.0	76.8	75.8	82.0
Delhi	68.7	81.7	69.2	59.7
Goa	53.3	53.1	53.2	48.3
Gujarat	77.6	81.2	79.7	62.6
Haryana	68.1	71.5	70.4	71.7
Himachal Pradesh	58.2	55.0	55.4	53.7
Jammu and Kashmir	70.1	73.5	72.7	53.8
Jharkhand	65.5	67.9	67.5	69.9
Karnataka	62.8	67.1	65.5	60.9
Kerala	38.9	39.8	39.4	35.7
Ladakh	84.1	95.1	92.5	91.4
Lakshadweep	45.5	36.1	43.1	53.6
Madhya Pradesh	72.5	72.7	72.7	68.9
Maharashtra	66.3	70.7	68.9	53.8
Manipur	44.0	42.2	42.8	23.9
Meghalaya	38.8	46.0	45.1	48.0
Mizoram	42.8	49.6	46.4	19.3
Nagaland	46.4	41.4	42.7	26.4
Odisha	56.2	65.6	64.2	44.6
Puducherry	65.3	60.8	64.0	44.9
Punjab	71.0	71.1	71.1	56.6
Rajasthan	68.3	72.4	71.5	60.3
Sikkim	54.8	57.1	56.4	55.1
Tamil Nadu	53.7	60.4	57.4	50.7
Telangana	64.7	72.8	70.0	60.7
Tripura	57.3	66.5	64.3	48.3
Uttar Pradesh	65.3	66.7	66.4	63.2
Uttarakhand	63.8	56.6	58.8	59.8
West Bengal	63.0	71.3	69.0	54.2

Note: * Percentage not shown; based on fewer than 25 unweighted cases. Source: National Family Health Survey-5 (2019-21); PRS.

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