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United Nations/21.9.49,A46b.A Lady Doctor is teaching a village woman the correct position in which the children should be carried. Public Resource via Internet Archive

Nurture and Nourish: Ensuring Early Childhood Development

The Integrated Child Development Services (ICDS) programme was launched in 1975 with the aim of comprehensively addressing nutritional, health and educational needs of children below the age of six. The ICDS comprises supplementary nutrition, universal immunisation, nutrition and health education, health check-ups and referral services, and pre-school education delivered to ~6 crore children and ~75 lakh women via 14 lakh anganwadi centres across the country. It is a foundational programme aimed at shaping the welfare and development of every child. Over the past fifty years, the programme has continued to hold significance, with experts calling for its universalisation with equity and quality, and its expansion to include crèche services.

Nurture and Nourish: Ensuring Early Childhood Development

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Integrated Child Development Services (ICDS) was launched on 2 October 1975, one year after the announcement of the [National Policy for Children, 1974](#), and fourteen years before the adoption of the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) in 1989. It is a comprehensive package of six services: Supplementary Nutrition Programme (SNP), non-formal preschool education, Nutrition and Health Education (NHE), immunisation, health check-ups and referral services delivered through village-level anganwadi centres (AWCs). Health-related services are delivered through the existing public health system ([Ministry of Women and Child Development 2022b](#)). Since its inception, ICDS has expanded from one state ([CAG 2013](#)) to thirty-six states of India ([Ministry of Women and Child Development 2024a](#)).

* The author expresses sincere gratitude to Aamir Rasool for his support in digging up the policy trajectory.

This chapter briefly reviews its fifty-year trajectory in terms of policy evolution, budgetary allocations, coverage, institutional mechanisms, human resources and governance. The analysis draws primarily on secondary sources, including

Rights-holders

Children below the age of six;
Pregnant and Lactating Women

Minimum entitlements

Supplementary Nutrition
[Children aged 0–6 years: 500 kcal +
12–15 gm protein
Pregnant women/lactating women/
adolescent girls: 600 kcal + 18–20 gm
protein
Severely malnourished children: 800
kcal + 20–25 gm protein]

Immunisation; Health check-ups;
Referral services; Pre-school
education; Nutrition and Health
Education for Women

Eligibility criteria

The scheme is universal

Year of introduction

1975

Why this scheme?

Comprehensively addresses
nutritional, health and educational
needs of children below the age of six

academic and NGO reports, newspaper articles, and government policy documents. For a detailed review of the scheme, see Prasad (2025). Earlier resources include the *Focus on Children under Six (FOCUS Report)* (Citizens' Initiative for the Rights of Children Under Six 2006), the World Bank report on undernutrition (Gragnotati et al. 2006) and working papers on *Strategies for Children under Six* prepared for the Eleventh and Twelfth Plans by the Working Group for Children under Six of the Right to Food Campaign and Jan Swasthya Abhiyan (Working Group for Children under Six 2007; 2012).

These studies raise several pertinent issues for making the scheme more effective in addressing the health, nutrition and education needs of children under six. Key recommendations include universalising ICDS with improved quality and equity, strengthening provisions for crèche services and maternity entitlements, increasing attention to children under three years of age, expanding financial allocations, providing additional workers at AWCs, and improving the working conditions of frontline workers.

This chapter provides an overview of the evolution of the scheme over the years and examines current issues related to decentralisation and digitalisation in its gov-

ernance. It also draws on an exploratory qualitative study conducted in three states to examine the implications of recent digital reforms, including the introduction of the Poshan Tracker app in 2021 and the mandatory use of facial recognition for take-home rations in 2025.

The 50-Year Trajectory of Integrated Child Development Services (ICDS)



PHASE I 25 YEARS

1975 – 2000 • The Foundational Era

The first quarter-century of India's integrated approach to child nutrition and development. The Integrated Child Development Services (ICDS) scheme was launched in 1975, establishing the foundational architecture of anganwadi-based service delivery for children under six, pregnant women, and lactating mothers across the country.

ICDS LAUNCH • 1975

ANGANWADI SYSTEM ESTABLISHED

NATIONAL EXPANSION



PHASE II 13 YEARS

2001 – 2013 • The Rights-Based Turn

A transformative period defined by judicial intervention and the emergence of a rights-based framework for food security. The landmark Right to Food petition brought the question of nutrition entitlements before the Supreme Court of India, culminating in the enactment of a comprehensive statutory guarantee.

PUCL v Union of India and Others | Writ Petition (Civil) No. 196 of 2001
— People's Union of Civil Liberties filed before the Supreme Court of India, establishing the right to food as a justiciable constitutional right.

PUCL PETITION FILED • 2001

SUPREME COURT INTERIM ORDERS

RIGHT TO FOOD CAMPAIGN

NATIONAL FOOD SECURITY ACT • 2013



PHASE III 11 YEARS

2014 – 2024 • Restructuring & Reorientation

The change in Union government in 2014 ushered in a new approach to nutrition governance — marked by institutional restructuring, the convergence-based POSHAN Abhiyan, and the rebranding of flagship schemes. This phase concludes in 2024 with the end of POSHAN Abhiyan 2.0, marking a significant juncture for child nutrition policy in India.

NEW GOVERNMENT • 2014

ICDS RESTRUCTURED

POSHAN ABHIYAN • 2018

PM POSHAN • 2021

POSHAN ABHIYAN 2.0 ENDS • 2024

5.1 Journey of ICDS: Policies, budgets and coverage

The subsections below examine policies, budgets, coverage and reach.

5.1.1 Policy trajectory

ICDS is informed by a holistic approach to early childhood development.¹ The programme intends to improve the nutritional and health status of children under six years of age, laying the foundation for psychosocial development and reducing mortality, morbidity, malnutrition, and school dropout rates. Supplementary nutrition is provided through a combination of take-home rations and hot cooked meals. Nutrition and health education services are also provided to women aged fifteen to forty-five years to equip them with knowledge for better reproductive health and informed childcare. Health services include health check-ups, immunisation and referral services for more serious conditions, provided by the public health system.

Through various interim orders between 2001 and 2006, the Supreme Court, in the ‘Right to Food Case’ (*PUCL v. Union of India & Ors., CWP No. 196/2001*), directed the universalisation of anganwadis to cover every rural and urban settlement, ensuring access to ICDS services for all children under six, adolescent girls and for all pregnant and lactating women.

The National Food Security Act (NFSA), 2013, reinforced the universalisation of ICDS as ordered by the Supreme Court by making the supplementary nutrition programme a mandated universal entitlement for all children in the age group of six months to six years and all pregnant and lactating women (*National Food Security Act 2013, Sections 4(a) and 5(1)(a)*). The goal of universalisation of ICDS with quality across all six services under the scheme was also articulated by the then Planning Commission in the Eleventh (2007–2012) and the Twelfth (2012–2017) Five-Year Plans (*Ministry of Women and Child Development 2011; Rao and Kaul 2018*).

On the learning front, ICDS received a shot in the arm through the adoption of the Early Childhood Care and Education (ECCE) Policy, 2013, by the Ministry of Women and Child Development (MWCD). It recognised the importance of ICDS in realising holistic early childhood care and education (*Ministry of Women and Child Development 2013*). All the above-mentioned interventions by the Court, Parliament, Planning Commission and MWCD continued to bolster the reach, budget and impact of the programme.

¹ *The Nurturing Care Framework for Early Childhood Development* (World Health Organization, UNICEF and World Bank Group 2018), defines an integrated approach for health, nutrition, early learning, care and protection for children under six years of age.

Figure 5.1: Landmark judicial directions on ICDS implementation

SUPREME COURT OF INDIA · PUCL v. UNION OF INDIA (WP CIVIL NO. 196 OF 2001)



Order of

28 November

2001

NUTRITIONAL STANDARDS

The state governments/union territories were directed that every settlement should have one ICDS centre. Every ICDS in the country should provide 300 calories and 8–10 gm of protein to every child under six years of age; 600 calories and 16–20 gm of protein to each malnourished child and 500 calories & 20–25 gm of protein to every pregnant and lactating woman.



Order of

7 October

2004

EXPANSION & TRANSPARENCY

- Increasing the number of anganwadis from 6 lakh to 14 lakh
- Increasing the norms for supplementary nutrition
- Abolition of contractors for providing food in the AWCs
- Providing detailed information on ICDS in the website
- Ensure utilisation of all available finances



Order of

13 December

2006

UNIVERSALISATION

- The Government of India shall sanction and operationalise a minimum of 14 lakh AWCs in a phased and even manner by December 2008. SC and ST habitations should be identified and prioritised.
- The Government of India should maintain the norm of opening one AWC per 1000 population as an upper limit and the minimum limit of opening of AWC should be 300.
- The rural and slum areas with 40 children under six years of age but no AWCs are entitled to an ‘Anganwadi on demand’ (not later than three months).
- The universalisation of the ICDS involves extending all ICDS services to all children under six and all pregnant and lactating women.
- The order holds the chief secretaries of the different states and union territories responsible for the proper implementation.

Source: Right to Food Campaign, Supreme Court Orders, <https://web.archive.org/web/20150312114951/>, <http://www.righttofoodindia.org/orders/interimorders.html#box5>

Image: Legaleagle86 at en.wikipedia, CC BY-SA 3.0, via Wikimedia Commons

In 2014, with the change in government, the ICDS Mission, introduced in 2013, was withdrawn. A renewed mission, called POSHAN Abhiyaan (National Nutrition Mission) was launched in 2018, to realise ‘malnutrition-free India’ with the following objectives (Ministry of Women and Child Development 2022d):

- Access to quality services (leveraging existing schemes such as ICDS and the National Health Mission (NHM), focusing on the crucial first 1,000 days)
- Cross-sectoral convergence across ministries
- Leveraging technology through the Poshan Tracker app
- Fostering Jan Andolan (a people’s movement aimed at community engagement and mass awareness).

The restructured ICDS Mission was rolled out by the Union government in 2013. It involved the implementation of ICDS in a mission mode, with identified institutions, structures, targets and financing. The POSHAN Abhiyaan Mission had many similarities with the restructured ICDS in defining structures, including in the intent of empowering Panchayati Raj Institutions (PRI). Further, states were made more responsible for bolstering local governance and community ownership. It also introduced digitisation in governance as a new feature.

The National Education Policy (NEP), 2020, proposed a reorganisation of the school system to include children aged three to eight years as a continuum (Ministry of Education 2020). The NEP emphasised strengthening anganwadi centres by ensuring high-quality infrastructure and providing adequate teaching-learning materials. For capacity building of workers, an ECCE qualification pathway was introduced (Jhunjhunwala 2020). It rebranded anganwadi centres as ‘learning centres’ under the slogan ‘Poshan Bhi, Shiksha Bhi’ (education along with nutrition).

The renewed emphasis on crèches brought back the policy interest in anganwadi centre-cum-crèches, which were also mentioned in the Twelfth Five-Year Plan. MWCD issued guidelines under the Mission Shakti scheme to reorganise the National Crèche Scheme (NCS) as the Palna Scheme for women’s empowerment (Ministry of Women and Child Development 2022f). It included both anganwadi centre-cum- crèches as well as standalone crèches, with the following objectives (Ministry of Women and Child Development 2022f):

- a. providing a safe environment for children
- b. providing services such as health, nutrition and cognitive development
- c. enabling mothers to take up gainful employment

MWCD intends to establish 17,000 anganwadi-centre-cum-crèches across the country by 2025–26. As of 2023–24, 5,631 anganwadi-centre-cum-crèches had been approved (Singh 2024), but the number of operational crèches remains low, standing at 1,918 in 2024 (Prasad 2025).

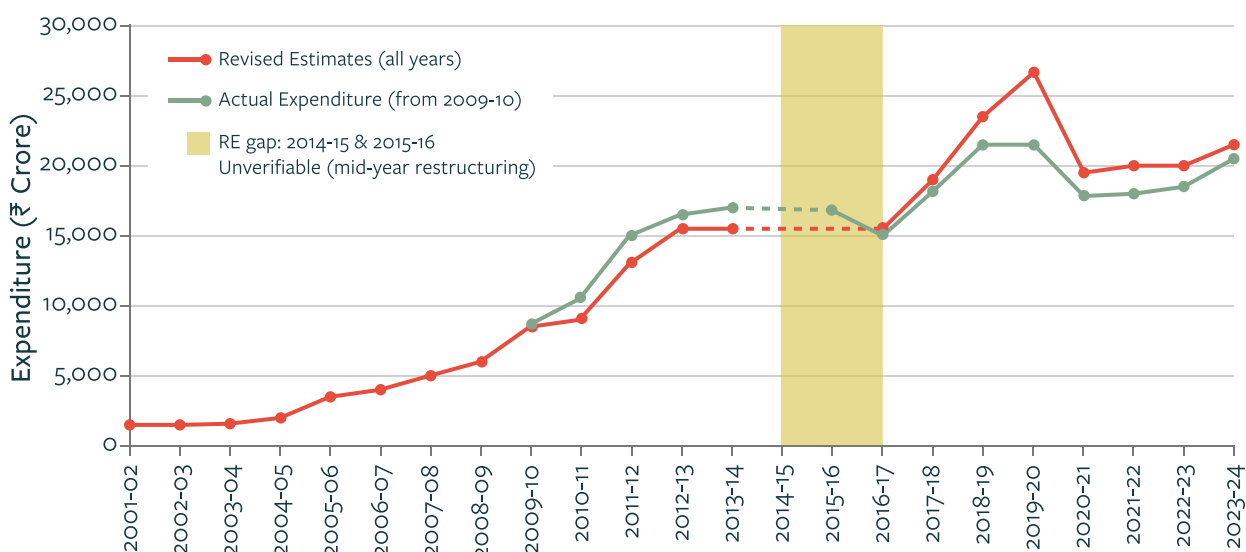
5.1.2 Budgets²

Between 2001–02 and 2006–07, the Union budget for ICDS doubled. There was a fifteen-fold increase in budget between the years 2001–02 and 2013–14 (Figure 5.3).

The year 2014–15 marked a point of departure in the way expenditures were presented in the budgets. The new government shifted more responsibilities to the states through the devolution proposed in the Fourteenth Finance Commission, where untied funds from Union government taxes to states were increased from 32 per cent to 42 per cent (Prasad et al. 2017). The ICDS budget dipped in the interim budget in 2014–15, but received a boost again in 2015–16, although it remained at the level of the 2013–14 budget (Figure 5.2).

Between 2016–17 and 2021–22, the budget allocations defined umbrella ICDS under POSHAN Abhiyaan, comprising the programmes Anganwadi Services, POSHAN Abhiyaan, and the Scheme for Adolescent Girls (SAG), with data on each of these schemes being provided separately. With the introduction of POSHAN 2.0 in 2021–22, the budgets for these schemes were amalgamated (Kundu 2023).

Figure 5.2: Revised estimates and actual expenditure of ICDS from 2001–02 to 2020–21



Sources and notes: Budget documents (2001–02 to 2020–21), Union budgets of India, Ministry of Finance, Government of India. https://www.indiabudget.gov.in/previous_union_budget.php

2001–02 to 2008–09: AE not reported in source data; RE used.

2014–15 AE excluded — structurally anomalous (₹336.51 crore) due to mid-year consolidation of schemes under umbrella ICDS.

2014–15 and 2015–16 RE excluded — Budget documents show only residual schemes (₹367 crore/₹498 crore); full consolidated RE unverifiable from available data.

2015–16 AE (₹16,834.55 crore) included — full-year figure with umbrella ICDS consolidated. 2023–24 RE (₹21,523.13 crore) included; AE awaited.

² The figures quoted in this document are drawn from www.indiabudget.gov.in for each financial year.

Table 5.1: Cost norms for food under ICDS and NITI Aayog recommendations (₹)

	2006 Supreme Court judgement	2009–10 revisions	2013–14	2017 till date	NITI Aayog recommendations
Cost per child per day (6 months to 6 years)	2.00	4.00	6.00	8.00	10.00
Cost per child per day with severe malnutrition	2.70	6.00	9.00	12.00	15.00
Cost per Pregnant Women and Lactating Women	2.30	5.00	7.00	9.50	12.18

Sources and notes: Legal Action, Supreme Court Orders, Right to Food Campaign (Various Years); Supplementary Nutrition Programme: Cabinet approves increase of cost norms for Supplementary Nutrition provided in Anganwadis and in the Scheme for Adolescent Girls, Press release, Ministry of Women and Child Development, 2014; Evaluation of ICDS Scheme of India, IEG-NITI Aayog, 2020.

The devolution led to ‘rationalisation’ of schemes, which meant that it was now on the states to prioritise welfare schemes. The reorganisation led to a gradual decline in the union budget share for ICDS. After steadily increasing between 2013–14 and 2016–17, AE dropped by nearly ₹4,000 crores. In 2021–22, the share of the Union government in the Union budget for nutrition costs dropped from 60 per cent to 41 per cent (Centre for Policy Research 2023). The reduction in the share of the Union government occurred even when agencies such as NITI Aayog were recommending an increase in food costs. An IEG–NITI Aayog report observes that unit costs of food should have increased by 28 per cent from October 2017 to October 2022, notwithstanding the fact that the cost norms for food have remained unchanged since 2017 (NITI Aayog 2020). Table 5.1 provides information on the revised cost norms and NITI Aayog’s recommendations.

Many other studies (Centre for Policy Research 2023; Kundu 2023) and a report by the Parliamentary Standing Committee (Parliament of India 2025) have also proposed increasing the cost norms for supplementary nutrition.

5.1.3 Coverage and reach

Between 1975 and 2000, ICDS had grown to 6,00,000 operational centres. In 2013–14, the number of operational AWCs increased to 13.4 lakhs. The Ninth Report of the Supreme Court Commissioners’ Office (Saxena and Mander 2009) underlined that, in terms of operationalising sanctioned centres, all states except Jammu and Kashmir had over 80 per cent of sanctioned AWCs operational. The same report raised concerns that, despite the Court order to prioritise scheduled caste/scheduled tribe hamlets and urban slums, it was still not clear how much ICDS coverage existed in these habitations in the absence of disaggregated data. The rate of

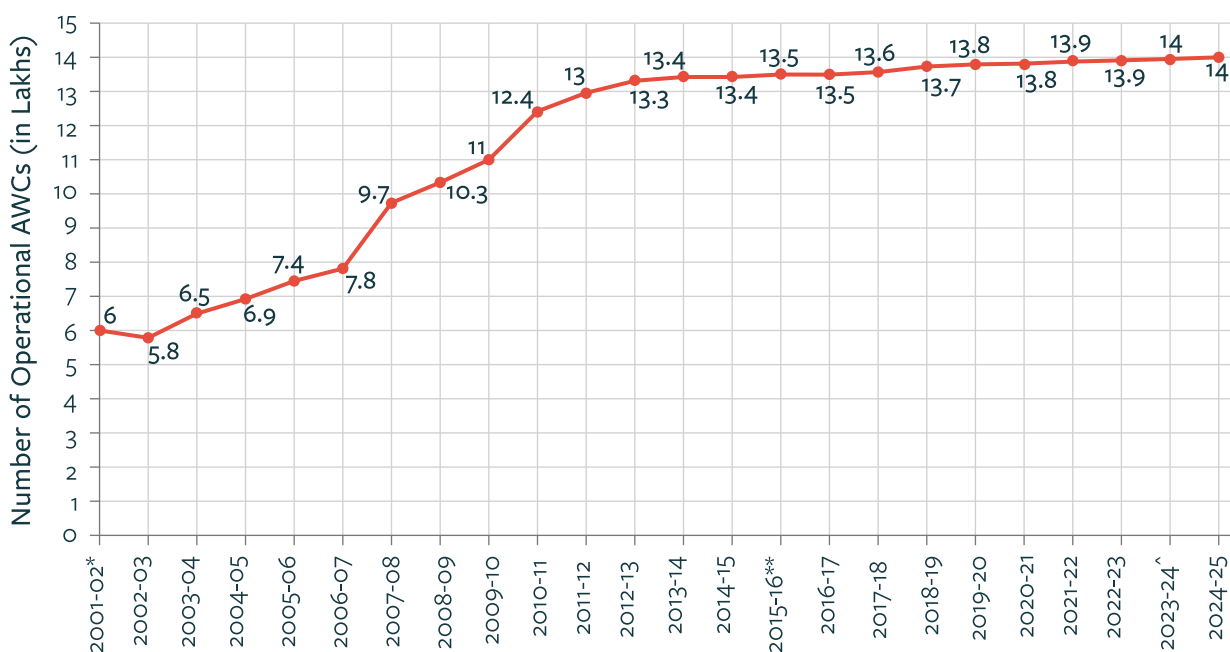
expansion stagnated post 2014. The trend lines for the number of AWCs since 2001–02 highlight this trend (Figure 5.3).

Similarly, the number of beneficiaries steadily grew between 2001 and 2013. The number of children increased from 2.95 crore to 8.49 crore, and women beneficiaries increased from 63 lakh to 1.8 crore, almost a threefold increase. It is clear that the policy boosts and budgetary support translated into substantial growth in coverage and reach.

However, there was a decline or stagnation in the number of beneficiaries in every category between 2015 and 2019 (NITI Aayog 2020). Between March 2017 and June 2022, the number of beneficiaries accessing nutrition services declined by 3 per cent and those using pre-school services decreased by 11 per cent (Centre for Policy Research 2024). The number of women beneficiaries experienced a steady decline from 2015–16 (Figure 5.4).

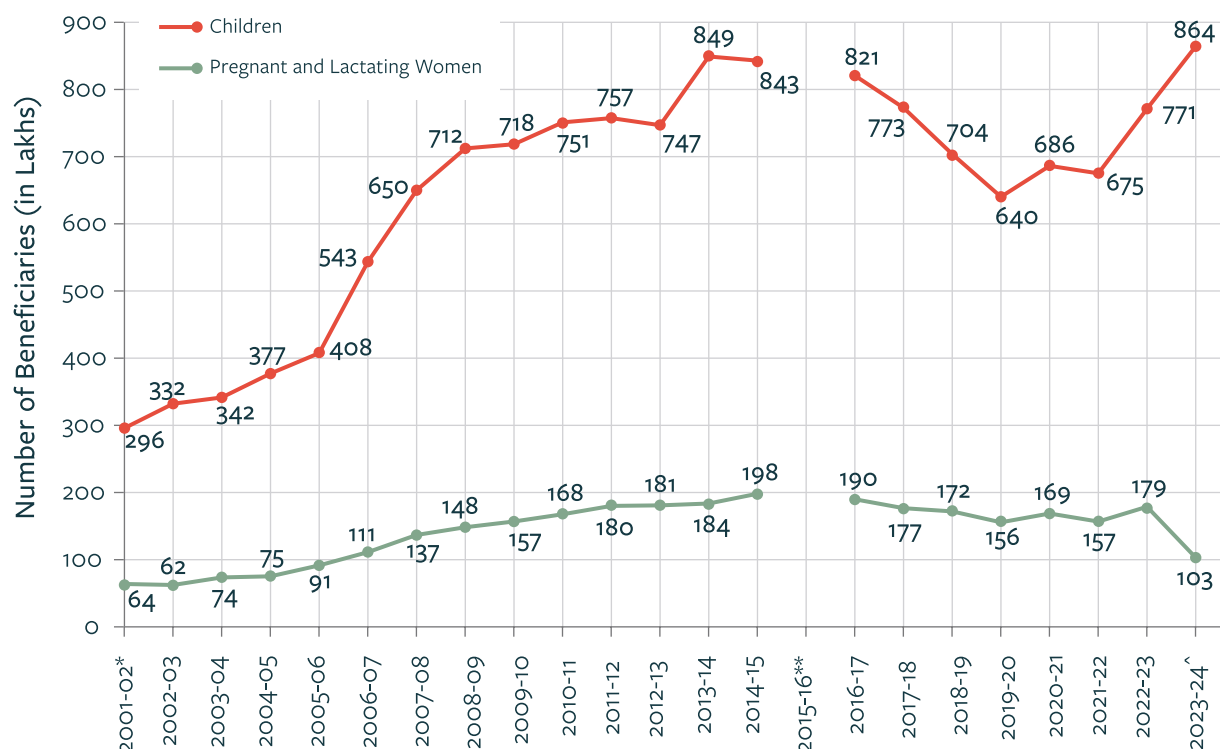
It is observed that all states experienced a significant increase in the number of AWCs between 2008–09 and 2013–14. Between 2013–14 and 2023–24, twenty-two states experienced an increase, while only five states experienced a decline, and in seven states the number of AWCs remained unchanged. In 2018, the POSHAN Abhiyaan was introduced. Between 2018–19 and 2023–24, there was no increase in the number of operational AWCs in twenty-one states. The states that experienced stagnancy in numbers or decline include Gujarat, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Kerala, and Rajasthan. The stagnation observed in the number of AWCs nationally was a cumulative outcome of stagnation in the states.

Figure 5.3: Operational AWCs, 2001–02 to 2023–24



Sources and notes: Anganwadi Centres sanctioned and operational under Anganwadi Services Scheme, Annexures, Annual Reports (2001–02 to 2023–24), Ministry of Women and Child Development, Government of India. <https://wcd.gov.in/documents/annual-report>. Only approximate numbers reported for 2001–02.

Figure 5.4: Supplementary Nutrition Programme Beneficiaries (2001-02 and 2023-24)³



Sources: Beneficiaries under ICDS, Annexures, Annual Reports (2001-02 to 2023-24), Ministry of Women and Child Development, Government of India. <https://wcd.gov.in/documents/annual-report>

Note: No data available for 2015-16 due to missing Annexures document. * Only approximate numbers reported for 2001-02. ^ Beneficiary data for 2023-24 mentions only Aadhaar-verified members. No such distinction was reported in previous years.

5.2 Institutional mechanisms

The administrative structures for planning, implementation and monitoring of ICDS flow from the MWCD down to the anganwadi worker level. The mission modes, Restructured ICDS (2014) as well as POSHAN Abhiyaan (2018), defined empowered and convergent panchayat-level structures and district-level structures alongside the administrative structures. These took the form of empowered committees that included both administrative staff from different departments, such as women and child development and health as well as elected representatives.

5.2.1 Institutions at the national and state level

Since its inception, ICDS has had a clearly defined administrative structure. The minister, MWCD is at the top of the structure, assisted by the minister of state and the secretary, MWCD.

³ In the MWCD Annual Report 2015-16, the annexures are missing, and the Annual Report 2016-17 presents only cumulative data; hence, there is no record of the actual number of beneficiaries. This explains the gap in the figures for those years.

Both missions proposed new structures while keeping the original administrative framework intact. They envisaged an Empowered Programme Committee (EPC) at the national and state level, and the committees are similar in composition through inter-ministerial convergence (Ministry of Women and Child Development 2022e, Ministry of Women and Child Development 2013). The CAG report 2012–13 (CAG 2013) and the NITI Aayog report (NITI Aayog 2020) reiterated the need for developing guidelines on convergence mechanisms. However, the ministry/department-specific demand for funds from MWCD in 2025 (Ministry of Women and Child Development 2025) was reported for the first time in the annual report of MWCD.

5.2.2 Structures at the district and PRI levels

The administrative structures below the state level are organised differently in rural and urban settings.

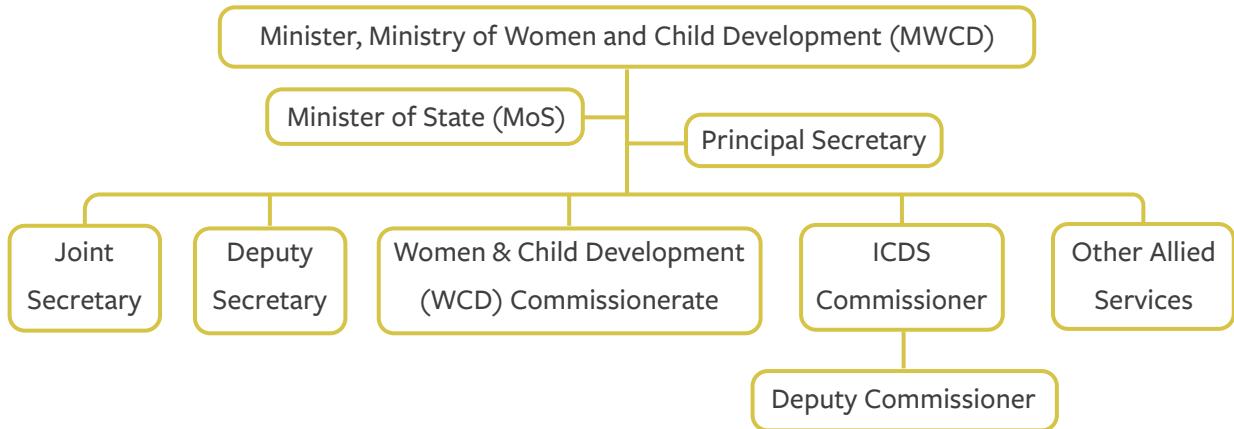
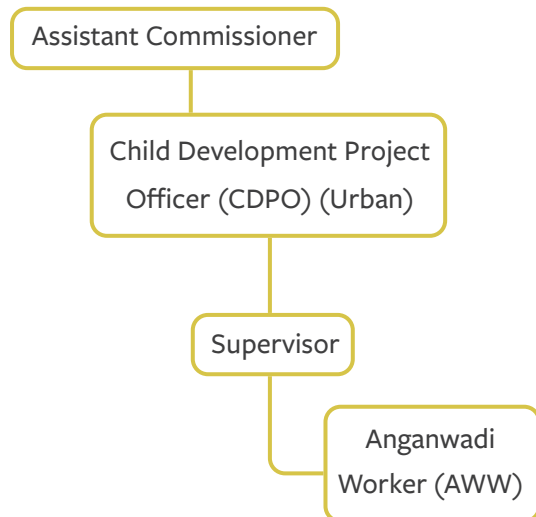
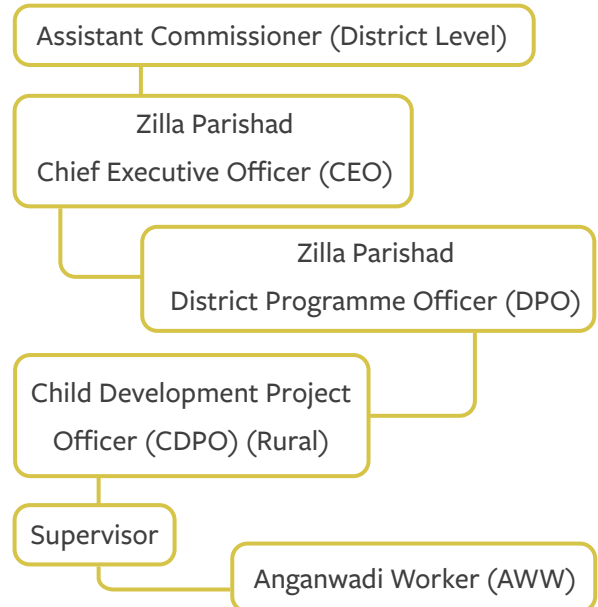
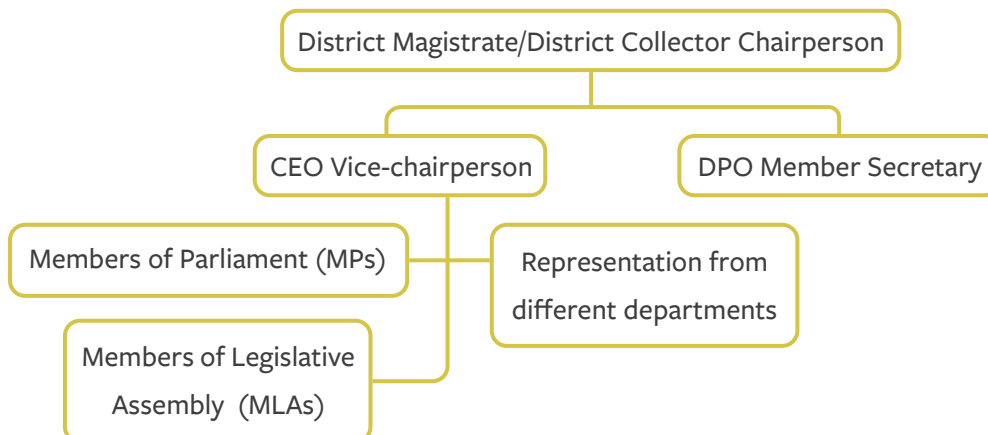
The EPC of POSHAN Abhiyaan at the district level is structured as seen in Figure 5.8. The committee holds the Annual Programme Implementation Plan (APIP) for the districts that are to be facilitated by the panchayats following the bottom-up approach and are responsible for grievance redressal and complaints.

5.2.3 Empowered community-level structures

Decentralisation of governance by empowering PRI structures and community ownership has long been advocated by policymakers and experts (Prasad 2025; Sinha 2022; Planning Commission 2008; Working Group for Children under Six 2007). The Suposhit Gram Panchayat Abhiyaan was launched with the same vision (Press Information Bureau 2024). Its Jan Andolan pillar aims to foster community engagement and mass awareness around nutrition (Ministry of Women and Child Development 2024a; Parliament of India 2025). Poshan Maah and Poshan Pakhwada are observed in September and March every year with the participation of self-help groups, PRI members, frontline health and ICDS workers, and community members (Centre for Policy Research 2024).

The Village Health, Sanitation and Nutrition Committee (VHSNC), first envisaged under the restructured ICDS (Ministry of Women and Child Development 2012), functions under the National Health Mission (NHM) as a panchayat-level subcommittee (Ministry of Health and Family Welfare 2019; Ministry of Women and Child Development 2022e). It is responsible for implementing the Village Health, Sanitation and Nutrition Day (VHSND).

Anganwadi Level Monitoring and Support Committees (AWLMSC) were introduced by restructured ICDS as a monitoring mechanism by bringing Accredited Social Health Activists (ASHAs) within it (Ministry of Women and Child Development 2013). Kerala has AWLMSC at both the panchayat and block levels. They try

Figure 5.5: Administrative structures of ICDS**a. National Level****b. Urban - District level and below****c. Rural - Block level and below****d. Poshan Tracker: Empowered programme committee at district level**

Sources and notes: Guidelines for Implementation and Monitoring, Manual for District Level Functionaries, Integrated Child Development Scheme, 2017

to resolve issues in a localised manner as the local self-governance department is strong in the state.

All the above structures bring together administrative and elected authorities and departmental representatives for convergence. While VHSNCs are responsible for monitoring malnutrition and linking children to nutritional rehabilitation centres, AWLMSCs are more focused on services at the level of ICDS centres.

5.3 Human resources

The functioning of ICDS depends mainly on its female workforce. Most of the Child Development Project Officers (CDPOs), supervisors, Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are women. This section focuses on AWWs, as they are the linchpin of the programme.

5.3.1 Eligibility and training

There are about 28 lakh AWWs and AWHs working under ICDS. As per the MWCD guidelines, they are selected from the locality by a committee constituted by the state government/ UT administration. AWWs age should be between 18 and 35 years, and the minimum educational qualification should be Class 10, which has recently been updated to Class 12, bringing their educational qualification at par with teachers recruited for pre-primary classes (Ministry of Women and Child Development 2022a). Training of AWWs is the responsibility of the National Institute of Public Cooperation and Child Development (NIPCCD). It is a twenty-six-day-long course with four days devoted to early learning and stimulation. The Indian Institute of Skill Development Training (IISDT) has recognised the work of AWWs as skilled and has taken a step toward its professionalisation. It runs a two-month-long online certificate course for which the minimum educational qualification is Class 10 (Indian Institute of Skill Development Training 2025).

The MWCD has sanctioned ₹4,76.05 crore for training under ‘Poshan Bhi Padhai Bhi’, and by 2025, 31,114 state-level master trainers and 1,45,481 AWWs had been trained across the country (Ministry of Women and Child Development 2024a). The training includes information on food groups, balanced diets and methods of addressing malnutrition among children, along with sessions on curricula for children under three years of age and those aged three to six years.

5.3.2 Responsibilities of AWWs

Figure 5.6 contains the list of job responsibilities of AWWs (Ministry of Women and Child Development 2022e).

5.3.3 Working conditions

Anganwadi workers are paid honorariums, not salaries, for performing the long list of responsibilities mentioned in Figure 5.6. The AWCs are supposed to be open for six hours a day, six days a week and 300 days a year. The workers are entitled to twenty days of paid annual leave and 180 days of maternity leave. In the fifty years of the programme, AWWs have not been able to secure recognition and status as workers and are considered volunteers. Their honorariums are shared

Figure 5.6: Job responsibilities of anganwadi workers



Sources and notes: Mission Saksham Anganwadi and POSHAN 2.0 Scheme Guidelines, Ministry of Women and Child Development. 2022. https://wcd.delhi.gov.in/sites/default/files/WCD/generic_multiple_files/final_saksham_anganwadi_and_mission_2.0.pdf

between the Centre and the states in a 60:40 ratio. Their honorarium, as per the central norms (₹4,500 per month) is less than the minimum wages. In terms of their social security, state governments and UTs have been advised by the Union government to enrol them in Pradhan Mantri Shram Yogi Maandhan Pension Scheme (FORCES 2023).

CDPOs and supervisors are bona fide state government employees and therefore receive the benefits enjoyed by all state government employees. Earlier, their salaries were shared by the Union government, which stopped after devolution.

5.4 Governance

Prior to POSHAN Abhiyan, ICDS was governed through the administrative structures depicted in Figure 5.7a and Figure 5.7b. The supervisors and CDPOs are responsible for the quality of implementation on the ground. One CDPO is responsible for 100 AWCs, and one supervisor for twenty-five centres, though in practice they often supervise a greater number of centres. For monitoring purposes, supervisors collate data from thirty-two registers filled by each AWW, forward them to the CDPOs, who then send the data to the MIS department at the state level and eventually to the MWCD for collation. To enable real-time monitoring and reduce the burden of record maintenance, the Poshan Tracker app was rolled out in 2021. The aim was also to eliminate leakages in food distribution. The policy document underlines the importance of the Tracker and the role of the IT Ministry ([Ministry of Women and Child Development 2022e](#)).

5.4.1 **Functioning of Poshan Tracker: An exploratory study**

Since evidence on the functioning of the Poshan Tracker app in the public domain is limited, a short qualitative study was undertaken in three states—Chhattisgarh, Haryana and Delhi—between April and June 2025. In each state, eight-ten AWWs, two supervisors and two CDPOs were interviewed in one district. Additionally, two focus group discussions (FGDs) were conducted with mothers of children receiving services. The findings of the study are presented below.

Poshan tracker is efficient when internet connectivity is adequate

The app efficiently captures and indicates a child's nutritional status in a user-friendly format. It also displays the growth charts for weight-for-age, height-for-age and weight-for-height for each child, and records the anaemia status of pregnant women. But for all of the above, there is a need for good internet speed and high-capacity mobile phones.

The app captures and collates real-time data on attendance, height, weight and services received. Although the POSHAN Abhiyaan recommends the availability of Wi-Fi connection in all AWCs ([Ministry of Women and Child Develop-](#)

ment 2022e), AWWs continue to face either slow internet speed or no internet at all (Narayanan and Sinha 2025). During fieldwork, the slow functioning of the app was observed in both rural and urban AWCs across all study states. A common phrase used by AWWs was: *'gol gol ghumta hai'* (the cursor goes round and round). Connectivity problems were severe in remote rural areas. AWWs from remote areas shared that earlier the app would not open outside the AWCs; later, AWWs were able to enter data outside AWCs through a new feature. For instance, one supervisor responsible for sixty-five centres reported that the internet worked properly in five centres, twenty-nine had a low-speed network, and the remaining centres had no connectivity. Another supervisor reported that the internet worked in twenty-five out of forty-four centres, and in another case, in thirty-nine out of fifty-nine centres.

The app requires high-capacity mobile phones to function effectively

The functioning of the application requires 4G or higher-capacity and proximity to mobile towers. Mobile phones were procured centrally. In 2022, 11.04 lakh smartphones were procured, covering 84 per cent of AWWs (Centre for Policy Research 2024). Our study found that some states had procured 2G or lower-capacity mobile phones. Many AWWs reported being compelled to use their husbands' or children's higher-capacity phones, while some bought their own devices as the ones they got from the office took hours to open. In one urban AWC, where the internet speed was good and the AWW owned a 4G compatible phone, the latest version of the application opened successfully. It displayed 'beneficiary lists' by category and growth charts for each child, showing weight-for-age, height-for-age and weight-for-height. Overall, the experiences of AWWs with the application varied from centre to centre.

Issues faced by AWWs

Anganwadi workers had different levels of capacity in handling the app. Older AWWs or those with limited education struggled to manage the app. AWWs assisted one another in filling data, while some were helped by supervisors. In few cases, family members helped with data entry. Younger AWWs, with better literacy skills, were more comfortable with the app.

AWWs also feared visits by superiors to review the status of malnourished children as it meant increased performance pressure without much support. An AWW described the situation by saying, *'Aajkal hunter leke ghumte hain humare superiors'* (nowadays our superiors are moving around with whips). They were reluctant to report the ground reality. The priority was to demonstrate good performance which sometimes led to invisibilisation of malnourished children.

Challenges faced by CDPOs and supervisors

CDPOs and supervisors mentioned that generating good reports was important, hence they were spending more time in record keeping and meetings than on field visits. One CDPO reported facing tremendous pressure for not achieving 100 per cent targets because two children remained persistently stunted and wasted. She refused to succumb to the pressure.

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The District Programme Officers (DPOs), CDPOs and supervisors were aware of the problems faced by AWWs. They shared that infrastructural inadequacy, coupled with inefficiency in handling technology, was leading to children’s names being erased from registers [*‘data gayeb ho jata hai’*(the data disappears)] to show performance. Officials from less developed states were expected to compete with infrastructure-rich states without adequate infrastructural support, which was leading to large-scale exclusion of the most deprived.

Exclusion of beneficiaries

Until June 2025, the app required registration of beneficiaries through Aadhaar numbers. In the absence of children’s Aadhaar cards, their mothers’ Aadhaar cards were used. Beneficiaries collecting take-home rations had to go through Facial

Recognition System (FRS) every time they collected rations. In the absence of children’s Aadhaar cards, their mothers’ Aadhaar cards were used. From 1 July 2025, the procedure changed. Beneficiaries collecting take-home rations had to go through Facial Recognition System (FRS) every time they collected rations. A circular was issued to states stating that all beneficiaries must complete eKYC and FRS authentication to remain eligible.

In remote villages, some women who did not have an Aadhaar card could not register their children on the app. Although these children continued to receive food from the AWCs, they were not on record. Supervisors reported tremendous pressure to eliminate the names of unverified children from the beneficiary list. Many women did not own mobile phones; consequently, their Aadhaar cards were linked to the phone number of some other individual. Their children’s eKYC could not be completed as they did not remember the mobile number on which the

Table 5.2: Aadhaar-verified vis-à-vis registered beneficiaries (in Crore)

Year	Verified children	Verified Pregnant Women (PW) and Lactating Women (LW)	Children in registers	Pregnant Women and Lactating Women in registers
2023-24	8.64	1.03	8.91	1.07
2024-25	5.81	0.73	8.82	1.06

Sources and Notes: Ministry of Women and Child Development, Annual Report 2023-24 and Annual Report 2024-25. <https://wcd.gov.in/documents/annual-report>

OTP would be received. According to CDPOs and supervisors, the emphasis on eKYC and FRS may end up excluding forty per cent to seventy per cent of children depending on where they are located.

FRS was required every time mothers collected take-home rations. Most of the time, either the software was non-functional or the process took hours. Women were told to dress up in the same way as the last time they collected the rations. Many women could not afford to lose time from their paid work to complete the FRS processes, a fact documented by several news reports ([Narayanan and Sinha 2025](#); [Right to Food Campaign 2025](#); [Shagun 2025](#)). Functionaries shared illustrative data on the outcomes of eKYC and FRS processes, for example:

- a. seven out of forty-nine women's faces matched
- a. eKYC completed for twenty out of sixty children
- a. eKYC completed for forty out of eighty-eight children

The data presented above corroborates the data in the Ministry's annual reports for the past two years. The verification process in the app is set to exclude more than four crore beneficiaries.

Greater emphasis on Poshan Tracker management than on malnutrition management

In the absence of physical growth charts, most AWWs were not aware of how children with malnutrition were progressing over time. Supervisors preferred AWWs to fill physical growth charts, but these were no longer being printed. Some AWWs and supervisors continued to maintain physical growth charts using the available printed pieces largely due to their own initiative. Although growth charts were included in the mother and child card, the parents were unaware of their existence. During field visits, I could not find a single mother (only mothers were available for FGDs) who knew her child's nutrition status. Only those mothers whose children had been referred to an NRC were aware that their children were sick. The app has dismantled the existing system of tracking the growth of malnourished children and has made their growth trajectory invisible.

5.5 Conclusion

The importance of ICDS has been recognised by successive Union governments. The adoption of two mission-mode initiatives during its fifty years of existence along with the involvement of institutions such as the Supreme Court, the Parliament, the Planning Commission, NITI Aayog and the MWCD, reflects the continued policy significance of the programme.

The analysis of secondary data in this chapter shows a sharp increase in the number of operational centres and beneficiaries between 2006 and 2013. From 2014 onwards, there has been a stagnation in the number of centres, coupled with a decrease in the number of beneficiaries due to a reduction in the union budget share, the shifting of financial burden on states and recent exclusions due to the introduction of FRS technology. States are not equal in terms of social and economic indicators. Weaker states are left to compete with stronger states and are falling further behind in reach and coverage. It is recommended that the Centre increase its share in budget of ICDS, especially for human resources and supplementary nutrition.

In 2007, at the request of the Planning Commission, the Working Group for Children under Six developed a strategy paper for the holistic development of children under six. It recommended a phased, incremental introduction of an ICDS model with two AWWs to address age-specific needs and ensure a continuum of care. The group suggested that one AWW focus on pregnant women and children under three years of age, as their needs overlap and require intense caregiving. The second worker could concentrate on the learning needs of children between three and six years of age ([Working Group for Children under Six 2007](#)).

A two-worker universal ICDS model, functioning full-time with trained workers receiving minimum wages, can enable India's children under six to realise their full potential. A study on ICDS by [Ganimian et al. \(2021\)](#), which used large-scale randomized controlled trial (RCT) to generate evidence on hiring an additional staff member to focus solely on preschool education in AWCs, found a significant increase in the time devoted to preschool education as well as in the time and attention given to the health and nutrition of ICDS beneficiaries.

The programme requires convergence across many ministries and departments and has bottom-up structures for the same. Under the POSHAN Abhiyaan mission structures at the district, block and panchayat levels bring together administrative and elected representatives. However, in reality, these structures (such as VHSNC, AWLMSC, Poshan Panchayat, etc.) are not able to function effectively due to inadequate capacity, infrastructure and budget. The policy intent therefore continues to remain on paper. Both states and the Union government need to support these structures through capacity enhancement and resources.

From the beginning, the focus of ICDS has been to reduce malnutrition. National Family Health Survey (NFHS) data show that the incidence of stunting and

underweight among children has improved steadily over the years. Beyond immediate health and nutrition outcomes, early exposure to ICDS centres during the first three years of life has been found to be associated with 0.1–0.3 additional grades of schooling for adults. In addition, girls under two years of age who had received ICDS nutrition were found to be at least 1 cm taller (Nandi, Behrman and Laxminarayan 2021).

Introducing technology to reduce malnutrition is a welcome step. However, the technology is far from achieving its intended objectives. Slow internet speeds, pressure from seniors, limited capacity of AWWs, and the eKYC and FRS processes are leading to large-scale exclusions, especially of those living in remote areas or those who are socially and economically vulnerable. Instead of providing real-time support, the system is invisibilising the incidence of malnutrition.

The NFHS-3, 4 and 5 data show that rural children continue to fare much worse than urban children and that SC and ST children continue to fare much worse than children from the general category. The Supreme Court had also instructed the government to prioritise SC/ST habitations and urban slums. Data on these habitations are collected by functionaries but are not available in the public domain. The emphasis on Aadhaar verification is leading to the exclusion of these groups. Aadhaar camps should therefore be facilitated by PRIs and VHSNCs at the village levels for updating Aadhaar cards. Simultaneously, infrastructure should be developed to ensure internet connectivity with adequate speed so that the transition from physical registers to digitisation is smooth. Until technological infrastructure becomes adequate, physical growth charts should continue to be used to track malnutrition.

Viksit Bharat cannot become a reality if hunger and lack of education persist. Invisibilised hunger will not remain in oblivion for long. Translating policy intent into ground reality would be a step in the right direction. This can happen only if the structures envisaged in POSHAN Abhiyaan function in harmony, and are supported with adequate human resources, infrastructure and financial resources.

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