

Demand for Grants 2025-26 Analysis

Women and Child Development

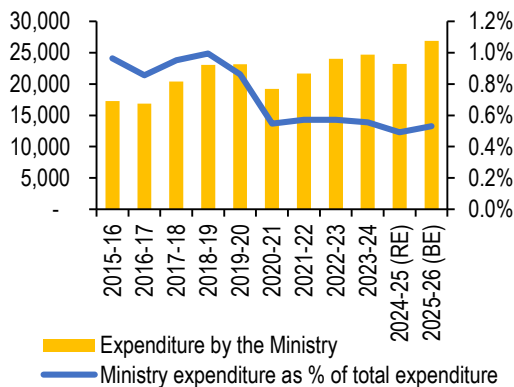
The Ministry of Women and Child Development is the apex body for formulating and administering laws and policies related to welfare of women and children. It primarily focuses on: (i) addressing gaps in state action for women and children, and (ii) promoting inter-ministerial and cross-sectoral collaboration to ensure gender-equitable and child-centred policies.¹ The Ministry implements schemes to enhance nutrition, and strengthen safety and security among women and children.

This note examines proposed budget of the Ministry of Women and Child Development for 2025-26, trends in expenditure, and discusses key issues in the sector.

Overview of Finances²

In 2025-26, the Ministry has been allocated Rs 26,890 crore, an increase of 16% over the revised estimates of 2024-25 (see Table 1). Between 2015-16 to 2025-26, the Ministry’s expenditure has grown at an annual average rate of 4%. The Ministry’s expenditure as a proportion of the total expenditure by the central government declined from 0.96% in 2015-16 to 0.5% in 2025-26.

Figure 1: Declining Ministry expenditure as % of total expenditure of the central government



Note: Figures for 2024-25 are revised estimates. Source: Annual Financial Statement for various years; Ministry of Women and Child Development Demand for Grants for various years; PRS.

Allocation to schemes

The Ministry implements three centrally sponsored schemes: (i) Saksham Anganwadi and Poshan 2.0, (ii) Mission Shakti, and (iii) Mission Vatsalya. In 2021, various schemes implemented by the Ministry were subsumed within these three schemes.

Saksham Anganwadi and Poshan 2.0 is an integrated nutrition support programme which aims

to address the challenges of malnutrition in children, adolescent girls, pregnant women and lactating mothers. It subsumed the Integrated Child Development Services (ICDS) – Anganwadi Services Scheme, Poshan Abhiyaan, and the Scheme for Adolescent Girls.

Mission Shakti provides for support for women through care, safety, protection, rehabilitation and empowerment. It has two sub-schemes: (i) Sambal (safety and security), and (ii) Samarthya (empowerment). It subsumed schemes like Beti Bachao Beti Padhao, and the PM Matru Vandana Yojana. **Mission Vatsalya** seeks to create a supportive ecosystem for overall development of children in need of care and protection, and in conflict with law. It subsumed the Child Protection Services scheme.

In 2025-26, the Saksham Anganwadi and Poshan 2.0 scheme has been allocated 82% of Ministry’s estimated expenditure (Rs 21,960 crore). Mission Shakti has been allocated 12% of the total estimated expenditure of the Ministry (Rs 3,150 crore) and Mission Vatsalya has been allocated 6% of the budget (Rs 1,500 crore).

Table 1: Allocation towards the Ministry of Women and Child Development (in Rs crore)

| | 2023-24 Actuals | 2024-25 RE | 2025-26 BE | % change 24-25 RE to 25-26 BE |
|-----------------------------------|-----------------|---------------|---------------|-------------------------------|
| Saksham Anganwadi and Poshan 2.0 | 21,810 | 20,071 | 21,960 | 9% |
| Mission Shakti | 1,522 | 1,451 | 3,150 | 117% |
| <i>Samarthya</i> | 1,165 | 1,029 | 2,521 | 145% |
| <i>Sambal</i> | 357 | 422 | 629 | 49% |
| Mission Vatsalya | 1,391 | 1,391 | 1,500 | 8% |
| Schemes funded from Nirbhaya Fund | 500 | 30 | 30 | 0% |
| Others* | 271 | 240 | 250 | 4% |
| Total | 24,696 | 23,183 | 26,890 | 16% |

Note: BE- Budget Estimates; RE- Revised Estimates. Others* include transfers to autonomous bodies such as National Commission for Women, Central Adoption Resource Agency, and National Commission for Protection of Child Rights. Sources: Demand No. 101, Ministry of Women and Child Development, Union Budget 2025-26; PRS.

Key announcement in the Budget Speech 2025-26

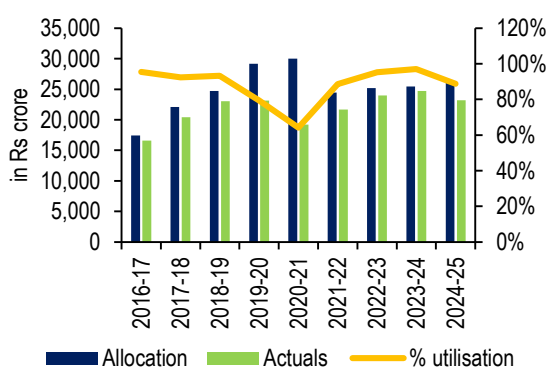
The cost norms for nutritional support under Saksham Anganwadi and Poshan 2.0 will be enhanced appropriately.

Allocation and utilisation of funds

In the last nine years, actual expenditure by the Ministry has been lower than the budget allocation.

The Standing Committee (2022) had observed that financial allocation to the Ministry is decided after financial and physical targets are set in accordance with the action plans.³ It noted that underutilisation of budget indicates either lack of financial prudence at the planning and budgeting stage or gaps in implementation. The Ministry has stated that majority of the allocation is towards Centrally Sponsored Schemes which are implemented by states, and the allocation is decided based on the inputs received from states.⁴ States need to put in their share of funding, and show utilisation to get the funds from the Centre. Inability to meet these conditions leads to un-spent balances and lower utilisation.

Figure 2: Utilisation of funds allocated to the Ministry

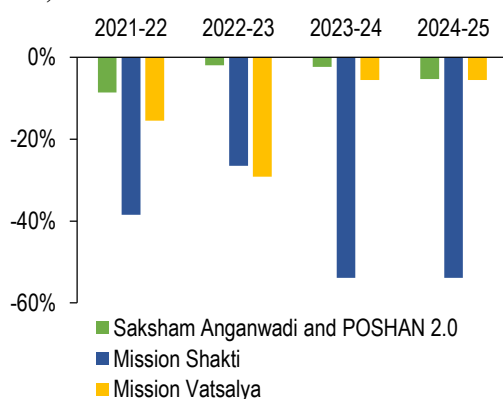


Note: Revised estimates of 2024-25 taken as Actuals.

Sources: Ministry of Women and Child Development Demand for Grants for various years; PRS.

Among schemes, utilisation is poorer for the Mission Shakti (see Figure 3). Between 2021-22 and 2024-25, on average, spending under Mission Shakti and Mission Vatsalya was 43% and 14% lower than budgeted, respectively.

Figure 3: Underutilisation in umbrella schemes (in %)

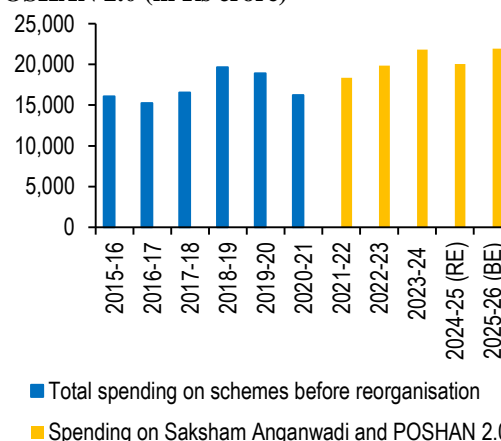


Note: Revised estimates of 2024-25 taken as Actuals.

Source: Expenditure Budget, Ministry of Women and Child Development for various years; PRS.

Allocation to Mission Saksham Anganwadi and Poshan 2.0: The scheme has been allocated Rs 21,960 crore in 2025-26, which is 9% higher than the revised estimates for 2024-25.

Figure 4: Spending on Saksham Anganwadi and POSHAN 2.0 (in Rs crore)



Note: Figures for 2022-23 are Revised Estimates. From 2015-16 to 2020-21, the total for four schemes have been taken - (i) Anganwadi Services (Erstwhile Core ICDS), (ii) National Nutrition Mission (including ISSNIP), (iii) Scheme for Adolescent Girls, and (iv) National Creche Scheme. Source: Ministry of Women and Child Development Demand for Grants for various years; PRS.

Issues for Consideration

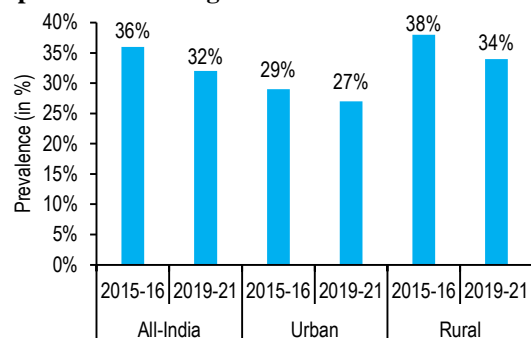
Health and Nutrition

Prevalence of undernutrition among children

According to the World Health Organisation (WHO), malnutrition is the deficiency or excesses in nutrient intake, and resulting diet related non-communicable diseases.⁵ WHO (2024) notes that women, infants, children, and adolescents are at a higher risk of malnutrition.⁵ Undernutrition in children makes them more vulnerable to disease and death.⁵

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 (low weight for their height), and (iii) underweight (low weight for their age). As per the NFHS-5, performance in each of these indicators has improved over the years (see Figure 5).⁶ Children in rural areas had poorer nutritional levels than those in urban areas. The NFHS-5 report also noted that while the prevalence of undernutrition is almost the same among girls and boys, girls are slightly less well-nourished than boys on all three measures.

One of the targets under Poshan Abhiyaan is to reduce stunting to 25% by 2022.⁷ As per NFHS-5 (2019-21), 36% of children below the age of five years are stunted. (See Table 8 in annexure for state-wise details).

Figure 5: Proportion of children (under five) reported underweight has reduced

Sources: National Family Health Survey (NFHS) 4 and 5, Ministry of Health and Family Welfare; PRS.

Inadequate dietary diversity in food: As per the National Guidelines on Infant and Young Child Feeding (IYCF), infants should be exclusively breastfed for the first six months of life to achieve optimal growth and health.⁸ After this, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. Infants and young children (6-23 months) should be fed a Minimum Acceptable Diet, which includes adequate dietary diversity (mix of micronutrients) and meal frequency.^{6,8} As per NFHS-5, 23% children (age 6-23 months) received the minimum dietary diversity, and 11% children received a minimum acceptable diet.⁶ The proportion of children receiving minimum dietary diversity was similar in urban and rural areas (24% and 23%, respectively).⁶ NFHS-5 also noted that the proportion of children (6-23 months) who receive a minimum acceptable diet generally increases with the mother's schooling. The Standing Committee on Education, Women, Children, Youth and Sports (2021) had recommended integrating regional food items as a part of the Poshan Abhiyaan.⁹

A report by NITI Aayog (2020) observed that the hot cooked meals served to children (3-6 years) at Anganwadi Centres (AWCs) lack dietary diversity and quality.¹⁰ To improve diet diversity, it suggested that eggs, fruits, and milk products be included in the ICDS diet norms. CAG (2021, 2022) has observed inefficiencies in food sample checks in states such as Tripura and Kerala.^{11,12}

Malnutrition is a multi-sectoral issue: Nutrition is influenced by factors such as sanitation, education, and safe drinking water.¹³ Access to safe water and clean sanitation is critical for children's nutrition.¹⁴ Persistent exposure to unsafe drinking water, and living with poor water, sanitation and hygiene conditions can compromise nutrient absorption.¹⁴

Table 2: Water and sanitation facilities in India

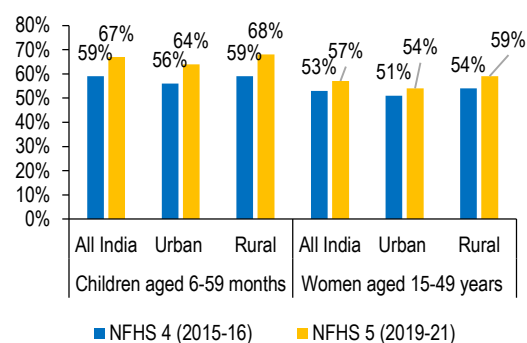
| Indicator | Percentage |
|--|------------|
| Persons with access to an improved source of drinking water (NSSO) ¹⁵ | |
| Urban | 97% |
| Rural | 95% |
| All | 96% |
| Persons with access to piped water within dwelling premises (NSSO) | |
| Urban | 62% |
| Rural | 25% |
| All | 36% |
| Households with exclusive access to toilets (NSSO) | |
| Urban | 81% |
| Rural | 69% |
| All | 73% |
| Households with no access to toilets (NSSO) | |
| Urban | 3% |
| Rural | 21% |
| All | 15% |
| Schools with access to functional piped drinking water (UDISE +) ¹⁶ | 96% |
| Schools with functional toilets | 95% |
| Schools with functional girls toilets | 94% |

Sources: Multiple Indicator Survey in India, NSS 78th round, 2020-21; UDISE + 2023-24; PRS.

Increase in anaemia among women and children

According to WHO, the most common reason for anaemia is iron deficiency.¹⁷ Women are disproportionately affected due to menstrual iron losses and the high iron demands during pregnancies.¹⁷ It particularly affects young children, menstruating adolescent girls and women, and pregnant and postpartum women.¹⁷ Anaemia among children can impair cognitive development, stunt growth, and increase morbidity from infectious diseases among children.¹⁸

As per NFHS-5 (2019-21), prevalence of anaemia among both women and children has increased and remains high. The prevalence of anaemia among children aged 6-59 months is highest in: (i) Gujarat (80%), (ii) Madhya Pradesh (73%), and (iii) Rajasthan (72%).⁶ Prevalence of anaemia is higher among children with anaemic mothers.⁶ Of the women who are breastfeeding, 61% are anaemic. According to the NFHS-5, prevalence of anaemia declines as the mother's schooling and household wealth increase.

Figure 6: Prevalence of anaemia among women and children has increased

Sources: NFHS 4 and 5; PRS.

Mortality rate among mothers and infants has improved

Maternal mortality ratio (MMR) is defined as the number of maternal deaths per lakh live births. MMR has reduced from 178 in 2010-12 to 97 in 2018-20.¹⁹ According to the Sample Registration System, Infant mortality rate (IMR) has also reduced from 44 in 2011 to 28 in 2020.^{20,21} IMR is the number of deaths in the first year of life per 1,000 live births. In 2020, mortality among children under the age of five years was 32 (per 1,000 live births).²¹ According to the World Bank, MMR (in 2020) and IMR (in 2022) in India is significantly higher than developed countries such as USA, China, Germany, and UK (see Table 9 in Annexure).^{22,23}

Under-five mortality rate is higher in rural areas (36 per 1,000 live births) than in urban areas (21).²¹ It is reported to decline with an increase in mother's schooling.⁶

Initial breastfeeding: WHO recommends early initiation of breastfeeding, that is, within one hour of birth and exclusive breastfeeding for the first six months.²⁴ WHO studies have indicated that exclusive breastfeeding is essential for reducing new-born mortality.^{25,26} Women who breastfeed also have a reduced risk of breast and ovarian cancers.²⁵ As per NFHS-5, 41% children are breastfed within an hour of birth, and 64% of children under the age of six months are exclusively breastfed. Contrary to the WHO recommendation, children under the age of six months also consumed other forms of liquid such as plain water (10%), other milk (8%), or complementary foods (11%).⁶

Table 3: Indicators on breastfeeding in India

| Indicator | 2015-16 | 2019-21 |
|---|-----------|-----------|
| Breastfed within an hour of birth* | 42% | 41% |
| Breastfed within one day of birth | 81% | 87% |
| Children under six months exclusively breastfed | 55% | 64% |
| Median duration of breastfeeding | 30 months | 32 months |

Note: * figures for last-born children.

Source: NFHS 4 and 5; PRS.

Immunisation: Immunising children can help reduce child morbidity and mortality. The Universal Immunisation Programme run by the central government offers free vaccines to children against 12 diseases.²⁷ Immunisation is one of the components of the Saksham Anganwadi and Poshan 2.0 scheme, and is provided through the National Health Mission.

The proportion of fully vaccinated children (aged 12-23 months) has grown from 35% in 1992-93 to 77% in 2019-21.⁶ About 4% children received no vaccinations. Most north-eastern states, except Sikkim (83%), have relatively lower coverage ranging around 60-70%.⁶ As per NFHS-5, vaccination coverage increases with increase in the mother's schooling, and increasing wealth status.

Table 4: Coverage percentage for basic vaccinations for children aged 12-23 months

| Basic vaccines | Coverage (%) |
|---|--------------|
| BCG (for tuberculosis) | 95 |
| DPT (Diphtheria, pertussis and tetanus) | |
| First dose | 94 |
| Second dose | 91 |
| Third dose | 87 |
| Polio | |
| First dose | 92 |
| Second dose | 89 |
| Third dose | 81 |
| Measles | 88 |
| All basic | 77 |
| None | 4 |

Source: National Family Health Survey (NFHS) 5, Ministry of Health and Family Welfare; PRS.

In the budget speech of 2024-25, the Finance Minister had announced that the government will encourage vaccination for girls in age group of 9-14 years to prevent cervical cancer.²⁸ In 2022, the National Technical Advisory Group for Immunization had recommended introduction of HPV Vaccine in the universal immunisation programme (UIP).²⁹ As of August 2024, HPV vaccine is not a part of UIP.³⁰ According to a Lancet study (2022), HPV vaccines have been in India since 2008.³¹ In 2023, around 81,000 cases of cervical cancer cases were reported.³²

Incidence of cancer in women

According to WHO, in India, the age-standardised incidence rate (disease incidence adjusted for age structure of population) of cancer in women is 101 (per one lakh population), and 97 in men.³³ The most common cancers among women are breast cancer and cervical cancer. As per NFHS-5, among women aged 15-49 years, only 0.6% underwent a screening test for breast cancer, and 1.2% for cervical cancer.⁶ WHO has set a global target of 70% screening for cervical cancer by 2030. In India, while likelihood for cancer screenings increases with age, for women, cervical cancer screenings increased from 0.3% for 15-19 years old women to 2% for 35-49 years old women.

Table 5: Five common cancers in women

| Type of cancer | Share of cases |
|-------------------------|----------------|
| Breast cancer | 27% |
| Cervical cancer | 18% |
| Ovarian cancer | 7% |
| Lip, oral cavity cancer | 5% |
| Colorectum | 4% |

Source: Global cancer observatory 2022, WHO; NFHS-5; PRS.

Menstrual hygiene management: Poor menstrual hygiene can lead to health risks such as reproductive and urinary tract infections, sexually transmitted infections, resulting in future infertility and birth complications.³⁴ As per NFHS-5, about 78% of women in the 15-24 years age group use a hygienic method of menstrual protection.⁶ Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered as hygienic methods of protection.⁶ The Standing Committee on Education, Women, Children, Youth and Sports (2023) recommended including menstrual hygiene management in the scheme for adolescent girls.³⁵

Infrastructure and resources

Anganwadi centres

Services offered at anganwadi centres (AWCs) aim to: (i) improve the health and nutritional status of children (0-6 years), (ii) reduce incidence of mortality, morbidity, malnutrition and school dropouts, and (iii) enhance the capability of the mother through proper nutrition and health education.³⁶ Under Mission Saksham Anganwadi and Poshan 2.0, the aim is to construct 50,000 AWCs between 2021-22 and 2025-26, at 10,000 AWCs per year.³⁷ Further, during the 15th Finance Commission cycle, two lakh AWCs (40,000 AWCs per year) would be strengthened and upgraded for improved nutrition and early childhood care and education delivery.

The cost of constructing an AWC building is Rs 12 lakh, of which eight lakh rupees is provided under MGNREGS, and two lakh rupees under the 15th FC funds.³⁸ The remaining two lakh rupees is to be shared between the Centre and states in the prescribed cost sharing ratio (90:10 for north-eastern and Himalayan states and Jammu and Kashmir, and 60:40 for other states). Funding under MGNREGS is also shared between the Centre and states in the same cost sharing ratio.

Infrastructural deficiencies and operational issues

As of January 2025, out of 14 lakh AWCs, about 6.8 lakh operate from own buildings.³⁹ The rest utilise either rented premises or other premises (panchayat house, community buildings, school premises, and open spaces). The Public Accounts Committee (PAC, 2022) noted that reasons for delays in construction and operationalisation of AWCs include: (i) pending court cases, (ii) shifting of AWC sites by the state governments, and (iii) less money allocated for construction.⁴⁰ NITI Aayog (2020) also noted that many AWCs are located outside the village, and parents are often hesitant in sending their children.¹⁰ As of January 2025, 28% AWCs do not have functional toilets and 11% do not have drinking water facilities.³⁹ Additionally, NITI Aayog (2020) observed that electrification of AWCs is yet to be a mandatory aspect.¹⁰ The Standing Committee on Women and Children (2022) observed that due to lack of adequate facilities at AWCs beneficiaries have had to turn to paid options, which affected low-income families the most.³

Saksham Anganwadi and POSHAN 2.0 scheme guidelines suggest that supplementary nutrition shall be served an average 25 days a month. This will include morning snacks, hot cooked meals and take-home ration.⁴¹ Out of all AWCs, 38% did not operate for a minimum of 25 days, while 8% were open for less than 15 days a month.³⁹

According to the scheme guidelines, it is advised to have large indoor and outdoor spaces in AWCs.¹⁰

However, NITI Aayog (2020) noted that many AWCs have poor infrastructure and low ventilation.¹⁰ They do not have playing equipment for children.¹⁰ Separate interest areas and activity areas are also not available due to lack of space.¹⁰

Vacancies in AWCs

The Standing Committee on Women and Children (2023) highlighted that the inadequate availability of Anganwadi workers/ staff has been a continuing area of concern.⁴² As of December 2024, 6% posts for Anganwadi workers and 8% posts for Anganwadi helpers were vacant.⁴³ The PAC (2023) had noted that wages paid to the workers and helpers were low and unattractive.⁴⁰

Low remuneration for Anganwadi workers

The honorariums for Anganwadi workers and helpers were revised in 2018 (Table 6).⁴⁴

Table 6: Honorarium paid to Anganwadi Workers and Helpers per month (in rupees)

| Role | Old Rates | Revised Rates |
|------------------------------|-----------|---------------|
| Anganwadi Worker | Rs 3,000 | Rs 4,500 |
| Anganwadi Worker at Mini-AWC | Rs 2,250 | Rs 3,500 |
| Anganwadi Helper | Rs 1,500 | Rs 2,250 |

Sources: Ministry of Women and Child Development; PRS.

In addition to this, performance linked incentive is provided to the Anganwadi helpers at Rs 250 per month and to Anganwadi workers at Rs 500.⁴³ In addition, states also pay certain amounts to these workers from their own resources (see Table 11 in the Annexure for details).⁴⁵

According to the NITI Aayog (2020) some common issues for Anganwadi workers and helpers across states include: (i) delays in payment of honorarium, (ii) working beyond the retirement age, (iii) not being reimbursed for travel allowance, (iv) increasing workload, and (v) assignment of non-ICDS work.¹⁰ The Standing Committee on Women and Children (2023) recommended the Ministry to set up a suitable body to: (i) examine the remuneration being paid at both the central and state levels, and (ii) suggest a reasonable base salary with regular increments.⁴²

Empowerment of women

The Ministry also implements various schemes for the empowerment of women. These are all clubbed under the Samarthyaa sub-component of Mission Shakti. The schemes include the National Creche Scheme for children of working mothers, Sakhi Niwas (working women's hostels), and the Pradhan Mantri Matru Vandana Yojana under which financial support is provided for pregnant and lactating mothers.

In 2025-26, Rs 2,521 crore has been allocated towards the Samarthyaa component. This is about 1.5 times the revised estimates for expenditure in

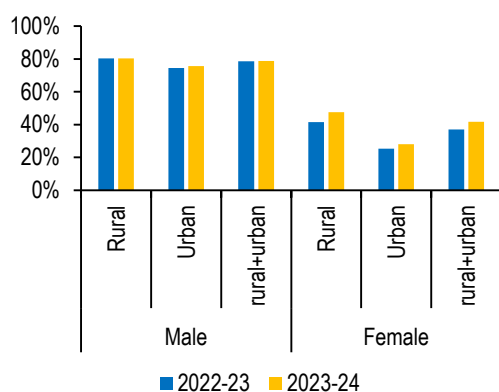
2024-25 (Rs 1,029 crore), but similar to the amount originally budgeted for 2024-25 (Rs 2,517 crore).

Female labour force participation is low

In 2023-24, labour force participation rate (LFPR) among females aged 15 years and above was 42%, significantly lower than male LFPR at 79%.⁴⁶ This gap was higher in urban areas where female LFPR stood at 28%, as compared to male LFPR at 76%. India has one of the lowest female LFPR rates in the world.⁴⁷ Labour force participation rate is defined as the percentage of persons in the population who are working/seeking work.⁴⁶

Factors influencing female LFPR include: (i) child-care and personal commitments, (ii) lack of employment opportunities, (iii) household income determining participation, and (iv) under-reporting their work.^{48,49}

Figure 7: Labour Force Participation Rate, 15 years and above



Note: Activity status of a person determined on the basis of activities pursued in the last 365 days preceding the date of survey.

Sources: Periodic Labour Force Survey, 2023-24; PRS.

In 2023-24, 64% of working women aged 15 years and above were engaged in agriculture.⁴⁶ A higher proportion of women in rural areas were found to be working as unpaid helpers in household enterprises (42%).⁴⁶ In urban areas, majority of women were engaged in regular wage/ salaried work (49%).⁴⁶

In 2023-24, unemployment rate for women was 3.2%. Unemployment rate was higher for women with at least secondary level education (10.6%). Unemployment rate for women was higher in urban areas (7.1%) as compared to rural areas (2.1%). Unemployment rate among youth (15-29 years) was highest for urban women (20.1%). In comparison, overall youth unemployment rate was 10.2% in 2023-24.

Lack of creche facilities

Mission Shakti aims to address issues that restrict participation of women in the economy. In 2021, the National Creche Scheme was subsumed under Mission Shakti (and renamed as Palna scheme). It seeks to: (i) provide day-care facilities for children

(six months to six years) of working mothers, and (ii) improve nutrition and health status of children.⁵⁰ In 2024-25, Rs 150 crore was allocated towards this scheme.⁵¹ As of December 2024, Rs 44 crore had been released.

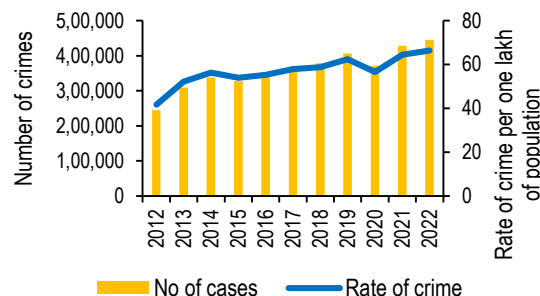
According to the guidelines, a creche has to preferably be co-located with the Anganwadi Centre.⁵² The Ministry of Women and Child Development has set a target of setting up 17,000 Anganwadi-cum-Creches (AWCCs), by 2026.⁵³ As of December 2024, 2,449 creches have been operationalised.⁵⁴

Safety and Security

Crimes against women

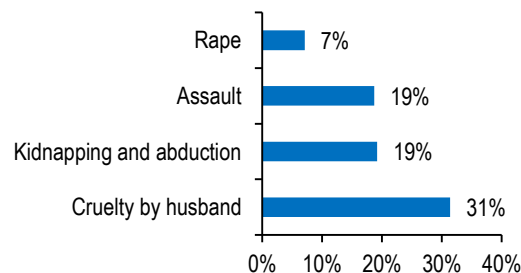
Crime against women includes any gender-based violence that results in physical, sexual or psychological harm or suffering to women, whether occurring in public or private life.⁵⁵ In 2022, 4.45 lakh crimes against women were recorded.⁵⁶ This was higher than 2021 (4.2 lakh). Crime rate against women (calculated as crimes registered per one lakh of female population) has increased from 42 in 2012 to 66 in 2022. The Standing Committee on Home Affairs (2021) observed that crimes have increased due to shifting of population from rural to urban areas, police apathy and delay in getting justice, traditions and customs derogatory to women, and patriarchal mindset.⁵⁷

Figure 8: Rate of crime against women increasing



Source: Crime in India Reports (2012-22), NCRB; PRS.

Figure 9: Cruelty by husband or relatives was the highest reported crime against women in 2022



Source: Crime in India Reports (2012-22), NCRB; PRS.

In 2022, Delhi (144 incidents per lakh women), Haryana (119), Telangana (117) and Rajasthan (115) recorded a significantly higher crime rate

against women than the national average (66). (See Table 10 in the Annexure for data on all states.)

Conviction rate for crimes against women was 21% in 2012 and increased to 25% in 2022.⁵⁶ The Standing Committee on Home Affairs (2021) observed that a low conviction rate indicates a serious mismatch between measures adopted for safety of women and children and their implementation.⁵⁷

Schemes for safety and security of women

The Ministry also implements the Sambal vertical under the umbrella Mission Shakti for the safety and security of women. Components of this vertical are One Stop Centre, Women Helpline, Beti Bachao Beti Padhao (BBBP) and Nari Adalat. In 2025-26, Rs 629 crore has been allocated towards Sambal, which is 49% higher than the revised estimates of 2024-25 (Rs 422 crore). In 2024-25, the Ministry had estimated to spend Rs 629 crore at the budget stage (same as the estimates for 2025-26).

One Stop Centres provide integrated support and assistance under one roof to women affected by violence and those in distress. Assistance can include medical aid, legal aid and advice, temporary shelter, and police assistance. As of December 2024, 802 such centres are operational across the country and over 10.12 lakh women have been assisted (since April 2015).⁵⁸ Women Helpline is functional in 35 states/UTs (West Bengal is not implementing the scheme) and has assisted around 81.6 lakh women till December 2024.⁵⁸ Nari Adalat is currently being implemented in Assam and Jammu and Kashmir on a pilot basis.⁵⁸

Underutilisation of Nirbhaya fund

Nirbhaya Fund is a dedicated fund set up in 2013 for implementation of initiatives aimed at enhancing safety and security for women in the country. Up to 2024-25, Rs 7,713 crore has been allocated under the Nirbhaya Fund. As of December 2024, approximately 74% of the total amount budgeted has been released/ utilised.

The Standing Committee on Women and Children (2023) highlighted a low utilisation rate of funds under the Nirbhaya Fund.³⁵ The Committee noted that the implementation of projects funded from the Nirbhaya Fund is slow and needs to be paced-up.³⁵ It noted that major delays in implementation of projects under the funds has been due to administrative hurdles.³⁵

In 2025-26, Rs 30 crore has been allocated to the Schemes funded from the Nirbhaya Fund. This is the same as the revised estimates for 2024-25.

Crimes against children

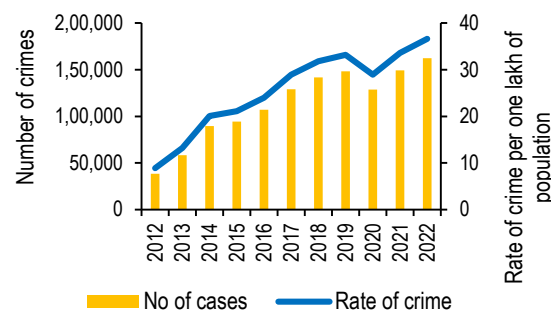
Crime rate against children (crimes registered per one lakh of population) increased from nine in

2012 to 37 in 2022.⁵⁶ In 2022, 1.6 lakh crimes against children were registered, higher than the previous year (1.5 lakh).⁵⁶

The Standing Committee on Home Affairs (2021) observed low and delayed registration of cases and a low conviction rate in crimes against women and children.⁵⁷ The lowest conviction rate has been recorded for crimes such as rape, cruelty by husband or his relatives, domestic violence, human trafficking, cyber-crimes, and sexual offences against children.⁵⁷

In 2022, 83,350 children (76% female, 24% male) were reported missing.⁵⁶ This was 7.5% higher than the children reported missing in 2021.⁵⁶ As of 2022, 1.28 lakh children were missing. In 2022, 44,524 missing children were traced (including those missing from previous years).⁵⁶

Figure 10: Rate of crime against children increasing



Source: Crime in India Reports (2012-22), NCRB; PRS.

Juveniles in conflict with law

Juveniles are children who have not completed 18 years of age. They are governed under the Juvenile Justice Act, 2015 (JJ Act, 2015). The Act addresses children in conflict with law and children in need of care and protection. Under the Act, Juvenile Justice Boards (JJBs) are set up in each district to deal with children in conflict with law. In 2022, juveniles committed 30,555 crimes (rate of crime by juveniles was 6.9 per one lakh children). In the same year, 37,780 juveniles were apprehended. About 47% of these juveniles had studied up to matriculation level, and 86% of them were living with parents. Pendency of cases against juveniles increased from 40,663 in 2021 to 41,581 cases in 2022.

Child Care Institutions (CCIs) are established under this Act. These institutions support age-appropriate education, access to vocational training, health care and counselling. As of 2023-24, a total of 5,534 CCIs have been registered under JJ Act, 2015.¹ In 2023-24, a total of 3,580 children were adopted in the country and 449 were adopted inter-country.⁶⁰

The Standing Committee (2023) has noted that some states have a low number of juvenile homes.³⁵ Further several juvenile homes require improvements in terms of adequate space, quality of toilets, recreational activities, and trained staff.

The Ministry has stated that it regularly follows up with the state governments to ensure that all CCIs including juvenile homes adhere to standards of care as per the JJ Act, 2015. In 2020, a total of 1,713 cases were registered under the JJ Act for crimes against children in juvenile homes (including those committed by caretakers and persons in-charge of these homes).⁵⁹

The Ministry runs **Mission Vatsalya**, which is a centrally sponsored scheme, to provide primary

assistance to homes for children, juvenile justice for children in need of care and children in conflict with law, and integrated programme for street children. This Mission subsumed the erstwhile Child Protection Services scheme. Objectives of the Mission include establishing essential and emergency outreach services for children, and strengthening institutional and non-institutional care services.⁶⁰ In 2025-26, Rs 1,500 crore has been allocated towards Mission Vatsalya. This is 8% higher than the revised estimates for 2024-25.

Annexure

Table 7: Fund utilisation by states under Mission POSHAN 2.0 (in Rs crore)

| Name of the State/UT | Mission Poshan 2.0 | | | | | | |
|-----------------------------|--------------------|---------------|----------------|---------------|----------------|---------------|----------------|
| | 2020-21 | | 2021-22 | | 2022-23 | | 2023-24* |
| | Funds released | Fund utilised | Funds released | Fund utilised | Funds released | Fund utilised | Funds released |
| Andaman and Nicobar Islands | 16 | 6 | 20 | 13 | 4 | 5 | 12 |
| Andhra Pradesh | 702 | 764 | 745 | 750 | 828 | 721 | 706 |
| Arunachal Pradesh | 83 | 65 | 171 | 231 | 138 | 146 | 162 |
| Assam | 1,110 | 1,256 | 1,320 | 1,432 | 1,652 | 1,717 | 2,233 |
| Bihar | 1,289 | 1,444 | 1,574 | 1,608 | 1,740 | 1,587 | 1,859 |
| Chandigarh | 13 | 16 | 15 | 23 | 33 | 33 | 20 |
| Chhattisgarh | 514 | 542 | 607 | 523 | 669 | 572 | 579 |
| Delhi | 103 | 140 | 133 | 126 | 183 | 143 | 162 |
| Goa | 20 | 17 | 11 | 13 | 15 | 17 | 14 |
| Gujarat | 633 | 874 | 840 | 758 | 913 | 552 | 1,127 |
| Haryana | 185 | 233 | 173 | 147 | 195 | 150 | 226 |
| Himachal Pradesh | 259 | 296 | 248 | 387 | 270 | 248 | 301 |
| Jammu & Kashmir | 294 | 451 | 406 | 705 | 479 | 416 | 531 |
| Jharkhand | 464 | 349 | 353 | 183 | 431 | 596 | 664 |
| Karnataka | 697 | 1,013 | 1,004 | 985 | 766 | 886 | 913 |
| Kerala | 352 | 385 | 388 | 398 | 445 | 325 | 307 |
| Madhya Pradesh | 1,238 | 1,125 | 1,085 | 1,056 | 1,012 | 1,039 | 1,123 |
| Maharashtra | 1,206 | 1,518 | 1,713 | 1,609 | 1,646 | 1,590 | 1,700 |
| Manipur | 176 | 148 | 229 | 177 | 136 | 168 | 201 |
| Meghalaya | 178 | 185 | 173 | 178 | 192 | 200 | 270 |
| Mizoram | 75 | 65 | 59 | 62 | 43 | 47 | 100 |
| Nagaland | 167 | 169 | 160 | 160 | 199 | 190 | 263 |
| Odisha | 859 | 897 | 1,066 | 871 | 924 | 885 | 969 |
| Punjab | 175 | 208 | 384 | 178 | 75 | 247 | 308 |
| Rajasthan | 642 | 703 | 683 | 772 | 974 | 936 | 1,092 |
| Sikkim | 25 | 26 | 26 | 25 | 20 | 24 | 33 |
| Tamil Nadu | 619 | 696 | 655 | 681 | 767 | 741 | 881 |
| Telangana | 405 | 564 | 482 | 479 | 551 | 503 | 508 |
| Tripura | 154 | 178 | 187 | 172 | 151 | 187 | 244 |
| Uttar Pradesh | 2,017 | 1,926 | 2,408 | 2,342 | 2,722 | 2,623 | 2,669 |
| Uttarakhand | 328 | 350 | 354 | 336 | 426 | 365 | 288 |
| West Bengal | 1,067 | 898 | 668 | 1,378 | 1,228 | 1,456 | 1,238 |

Note: Funds utilised can be higher than the funds released in a year due to funds being carried forward from previous years.

Source: Unstarred Question No. 2047, "Mission Saksham Anganwadi", Lok Sabha, December 6, 2024; PRS.

Table 8: Indicators of undernutrition in children (0-59 months) – 2019-21

| State/UT | Stunting (low height for age) | Wasting (low weight for height) | Underweight (low weight for age) |
|--|-------------------------------|---------------------------------|----------------------------------|
| Andhra Pradesh | 31% | 16% | 30% |
| Arunachal Pradesh | 28% | 13% | 15% |
| Assam | 35% | 22% | 33% |
| Bihar | 43% | 23% | 41% |
| Chhattisgarh | 35% | 19% | 31% |
| Goa | 26% | 19% | 24% |
| Gujarat | 39% | 25% | 24% |
| Haryana | 28% | 12% | 40% |
| Himachal Pradesh | 31% | 17% | 26% |
| Jharkhand | 40% | 22% | 39% |
| Karnataka | 35% | 22% | 33% |
| Kerala | 23% | 20% | 20% |
| Madhya Pradesh | 36% | 17% | 33% |
| Maharashtra | 35% | 19% | 36% |
| Manipur | 23% | 26% | 13% |
| Meghalaya | 47% | 10% | 27% |
| Mizoram | 29% | 12% | 13% |
| Nagaland | 33% | 10% | 27% |
| Odisha | 31% | 18% | 30% |
| Punjab | 25% | 11% | 17% |
| Rajasthan | 32% | 17% | 28% |
| Sikkim | 22% | 14% | 13% |
| Tamil Nadu | 25% | 15% | 22% |
| Telangana | 33% | 22% | 32% |
| Tripura | 32% | 18% | 26% |
| Uttar Pradesh | 40% | 17% | 32% |
| Uttarakhand | 27% | 13% | 21% |
| West Bengal | 34% | 20% | 32% |
| Andaman and Nicobar Islands | 23% | 16% | 24% |
| Chandigarh | 25% | 8% | 21% |
| Dadra and Nagar Haveli and Daman and Diu | 39% | 22% | 39% |
| Delhi | 31% | 11% | 22% |
| Jammu & Kashmir | 27% | 19% | 21% |
| Ladakh | 31% | 18% | 20% |
| Lakshadweep | 32% | 17% | 26% |
| Puducherry | 20% | 12% | 15% |
| India | 36% | 19% | 32% |

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

Table 9: Maternal and infant mortality across select countries

| Global | Infant Mortality Rate (deaths per 1,000 live births), as of 2022 | Maternal Mortality Ratio (maternal deaths per 1,00,000 live births), as of 2020 |
|----------------|--|---|
| Bangladesh | 24 | 123 |
| Brazil | 13 | 72 |
| Canada | 4 | 11 |
| China | 5 | 23 |
| France | 3 | 8 |
| Germany | 3 | 4 |
| India | 26 | 103 |
| Italy | 2 | 5 |
| Japan | 2 | 4 |
| Pakistan | 51 | 154 |
| South Africa | 28 | 127 |
| United Kingdom | 4 | 10 |
| United States | 5 | 21 |

Sources: See endnotes 22 and 23, World Bank; PRS.

Table 10: Crime against Women and Children (2022)

| State/UT | Women | | Children | |
|--------------------------------------|-----------------|------------------------|-----------------|-----------------------------|
| | Incidence | Crime (per lakh women) | Incidence | Crime (per lakh population) |
| Andhra Pradesh | 25,503 | 96 | 3,308 | 22 |
| Arunachal Pradesh | 335 | 44 | 143 | 24 |
| Assam | 14,148 | 81 | 4,084 | 34 |
| Bihar | 20,222 | 34 | 8,122 | 17 |
| Chhattisgarh | 8,693 | 58 | 6,177 | 63 |
| Goa | 273 | 35 | 184 | 48 |
| Gujarat | 7,731 | 23 | 4,964 | 24 |
| Haryana | 16,743 | 119 | 6,138 | 67 |
| Himachal Pradesh | 1,551 | 42 | 740 | 34 |
| Jharkhand | 7,678 | 40 | 1,917 | 14 |
| Karnataka | 17,813 | 54 | 7,988 | 41 |
| Kerala | 15,213 | 82 | 5,640 | 60 |
| Madhya Pradesh | 32,765 | 79 | 20,415 | 71 |
| Maharashtra | 45,331 | 75 | 20,762 | 58 |
| Manipur | 248 | 16 | 120 | 12 |
| Meghalaya | 690 | 42 | 496 | 36 |
| Mizoram | 147 | 24 | 135 | 32 |
| Nagaland | 49 | 5 | 35 | 4 |
| Odisha | 23,648 | 103 | 8,240 | 57 |
| Punjab | 5,572 | 38 | 2,494 | 29 |
| Rajasthan | 45,058 | 115 | 9,370 | 33 |
| Sikkim | 179 | 55 | 159 | 77 |
| Tamil Nadu | 9,207 | 24 | 6,580 | 32 |
| Telangana | 22,066 | 117 | 5,657 | 50 |
| Tripura | 752 | 37 | 220 | 18 |
| Uttarakhand | 4,337 | 77 | 1,706 | 45 |
| Uttar Pradesh | 65,743 | 59 | 18,682 | 22 |
| West Bengal | 34,738 | 72 | 8,950 | 30 |
| Andaman and Nicobar Islands | 178 | 94 | 146 | 130 |
| Chandigarh | 325 | 58 | 224 | 69 |
| Dadra & Nagar Haveli and Daman & Diu | 126 | 30 | 107 | 56 |
| Delhi | 14,247 | 144 | 7,468 | 135 |
| Jammu and Kashmir | 3,716 | 58 | 920 | 19 |
| Ladakh | 15 | 12 | 8 | 9 |
| Lakshadweep | 16 | 49 | 11 | 55 |
| Puducherry | 200 | 24 | 139 | 39 |
| India | 4,45,256 | 66 | 1,62,449 | 37 |

Source: Crime in India (2022), National Crime Records Bureau; PRS.

Table 11: States/UTs paying additional monetary incentives to AWWs and AWHs from their own resources (as reported by the states and UTs, in Rs)

| State/UT | Anganwadi Worker (AWW) | Anganwadi Helper (AWH) |
|-----------------------------------|--|---|
| Andhra Pradesh | 7,000 | 4,750 |
| Arunachal Pradesh | 2,000+ 1,000 w.e.f 16.01.2024 | 2,000 + 1,000 w.e.f 16.01.2024 |
| Assam | 2,000 for AWW & 1,250 for Mini AWW | 1,000 |
| Bihar | 2,500 | 1,725 |
| Chhattisgarh | 5,500 | 2,750 |
| Goa | 5,500 (0-10 years experience), 6,000 (10-15 years experience), 8,000 (15 to 20 years experience), 10,000 (20-25 years experience) and 12,000 (25 years and above experience) | 3,000 (0-5 years experience), 3,500 (5-10 years experience), 4,000 (10 to 15 years experience) 4,500 (1,520 years experience) , 5,250 (20 to 25 years experience) and 6,000 (25 years and above experience) |
| Gujarat | 5,500 | 3,250 |
| Haryana | 9,500 (more than 10 years experience), 9,000 (AWWs less than 10 years service/experience) 9,000 (Mini AWWs), 1,000 per month additional is paid to 4,000 AWWs who is working in 4,000 play schools (upgraded AWCs) | 5,250 |
| Himachal Pradesh | 5,000 for Main AWC & 2,950 for Mini AWCs | 3,100 |
| Jharkhand | 5,000 (Main AWC) and 6,000 in Mini AWC | 2,500 |
| Karnataka | 6,500 | 4,000 |
| Kerala | 8,000 for who has completed 5 years of service and 8,500 for who has completed 10 years of service | 6,250 for who has completed 5 years of service and 6,750 for who has completed 10 years of service |
| Madhya Pradesh | 8,500 for Main AWC & 3,750 for Mini AWC | 4,250 |
| Maharashtra | 5,500 (Up to 10 Years experience), 5,800 (11 to 20 years experience), 5,900 (21 to 30 years experience), 6,000 (31 years and above experience) | 3,250 (Up to 10 Years experience), 3,415 (11 to 20 years experience), 3,470 (21 to 30 years experience), 3,525 (31 years and above experience) |
| Manipur | 1,000 | 600 |
| Meghalaya | 3,000 for Main AWC & 1,500 for Mini AWC | 1,000 |
| Mizoram | 450 | 250 |
| Nagaland | 0 | 0 |
| Odisha | 3,000 for Main AWC & 1,875 for Mini AWC | 1,500 |
| Punjab | 5,000 (Rs 500 increment per year). | 3,100 (250 increment per year) |
| Rajasthan | 4,554 | 3,036 |
| Sikkim | 7,000 | 4,500 |
| Tamil Nadu | 10,502 | 6,596 |
| Telangana | 9,150 | 5,550 |
| Tripura | 5,946 (Maximum) & 3,500 Minimum | 4,218 (Maximum) & 2,750 (Minimum) |
| Uttar Pradesh | 1,500 | 750 |
| Uttarakhand | 4,800 for AWW & 2,750 for mini AWW | 3,000 |
| West Bengal | 3,750 | 4,050 |
| A&N Island | 7,500 | 5,750 |
| Chandigarh | 3,600 | 1,800 |
| Dadra & Nagar Haveli/ Daman & Diu | 1,000 | 600 |
| Delhi | 8,220 | 4,560 |
| Jammu & Kashmir | 600 | 300 |
| Ladakh | 1,300 | 650 |
| Lakshadweep | 5,500 | 4,750 |
| Puducherry | 1,950 | 2,125 |

Source: Unstarred Question No. 881, Ministry of Women and Child Development, Lok Sabha, February 7, 2025; PRS.

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