



“Nation Must Address Systemic Gaps to Align Nutrition Outcomes with Economic Growth”

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“India Needs to Link Childcare to Workplaces in Cities to Boost Female Employment and Nutrition”

Intro: India stands at a critical juncture where gender equity, nutrition and early childhood care are not just social issues—they are national imperatives. This powerful interview with **Vedeika Shekhar** of Niti Aayog reveals solution-driven insights, backed by data and lived realities. Speaking to **Mahima Sharma** of **Indiastat**, Ms Shekhar gives insights on how to localise, scale and embed change. From district dashboards to grassroots childcare models, let’s find out how India can unlock its true human capital potential and fulfill the vision of an inclusive Viksit Bharat by 2047. An exclusive at **Socio-Economic Voices...**

MS: NITI Aayog has started tracking gender equality progress district by district. How can this data be used to create targeted programs where discrimination and inequality are most severe?

VS: Gender equality is essential for sustainable development. Over the past few decades, India has made real progress—not just in economic growth, but also in pushing for greater gender equality. One of the key global goals, Sustainable Development Goal 5 (SDG 5), focuses on ending gender-based disparities in every area of life. This goal is especially important because it impacts progress on all the other SDGs too.

According to the SDG India Index 2023–24 released by NITI Aayog, India’s score on SDG 5 has risen from 36 in 2018–19 to 49 in 2023–24. While that’s an improvement, our performance on this goal remains modest compared to the other 15 SDGs being tracked.

As we work toward the vision of Viksit Bharat@2047, it’s important that gender equality isn’t seen as just a separate issue—it needs to be woven into all our national and state-level development plans. With just a few years left to meet the 2030 agenda, the urgency to act is greater than ever.

NITI Aayog has played a key role in bringing the SDG framework closer to the ground. It has built strong systems for tracking progress, including the National Indicator Framework (NIF) and SDG Coordination-cum-Acceleration Centres in States and Union Territories. These platforms help local governments turn data into action, improve how plans are carried out and create strategies that are tailored to local needs.

Looking at gender equality at the district level is especially important in a country as large and diverse as India. This approach helps us:

- Understand how we’re doing on SDG 5 across different States, Union Territories and districts.

- It highlights where action is most needed and also points to places that are doing well—so their successes can be replicated elsewhere.
- By focusing on local challenges and crafting targeted solutions, States and UTs can drive real, measurable progress on gender equality.
- And with district-level insights, we can move faster and more effectively in the places that need it most.

MS: Even with programs like POSHAN Abhiyaan, high levels of child stunting and female anemia continue. How and where can we fill the policy gaps for the plan implementation to be made more effective?

VS: Poshan Abhiyan, launched as a key national initiative involving multiple ministries, has played an important role in improving how nutrition programs are run. This is both within government systems and at the community level.

- It helped make nutrition a public movement through Jan Andolan.
- Used technology like the Poshan Tracker for real-time monitoring.
- Encouraged better coordination across different departments and schemes.

These efforts have led to wider coverage of health and nutrition services and have started to show some positive results.

That said, the progress on nutrition hasn't kept pace with India's economic growth.

1. A recent evaluation by the DMEO highlights ongoing issues—**many key supervisory positions**, especially Child Development Project Officers (CDPOs), **remain vacant**, which affects monitoring and service delivery.
2. Many Anganwadi Workers still **don't have the training or skills needed** to provide high-quality care.
3. **Infrastructure is another major issue:** nearly a quarter (24.3%) of Anganwadi Centres still run out of rented spaces and only 70% have proper sanitation, which makes it hard to deliver services effectively.
4. **Urban areas and adolescents are often overlooked.** And this gap needs urgent attention if India is to achieve its long-term goals for inclusive, sustainable development.
5. There are also **gaps in the reach of key nutrition interventions.** For example, only 26% of people who need Iron and Folic Acid supplements—important for preventing anemia—actually receive them, with significant differences across regions. Infant and Young Child Feeding practices also fall short, with only 10% of children getting an adequate diet.

To tackle these challenges and invest in the health and future of its people, the government has introduced Saksham Anganwadi and POSHAN 2.0. These programs focus on maternal health, more diverse and local diets and better child feeding practices. The updated POSHAN Tracker, now connected to the RCH (Reproductive and Child Health) portal, is designed to improve how services are targeted and monitored.

MS: In Haryana, hundreds of Bal Vatika (pre-schools) reported zero enrolment. What barriers are preventing parents from enrolling their children and how can awareness or access be improved?

VS: According to the National Family Health Survey (NFHS-5) conducted during 2019–21, only 13.6% of children aged five attended pre-primary school in the 2019–20 academic year. India has the largest young working population in the world. As per the 2011 Census, there are 16.45 crore children in the 0–6 age group, accounting for about 13.6% of the total population. **This stage of life is a crucial opportunity to invest in children's cognitive and human development**, preparing them to contribute meaningfully to the economy as adults.

The Integrated Child Development Services (ICDS) operates what is considered the world's largest early childhood development programme. Although preschool education is a core part of ICDS, intended to support early learning and development, its implementation has been inconsistent across states. **A key issue lies in the condition of Anganwadi Centres (AWCs)**, which often lack the appeal or quality to encourage parents to enrol their children.

- **Around 24.3% of AWCs still operate from rented premises**, many of which have limited space, restricting their ability to offer structured and engaging preschool activities.
- In addition, **many centres do not have adequate teaching materials**, including toys and other tools necessary for experiential, play-based learning.
- The situation is further affected by the **limited training** received by Anganwadi Workers, many of whom are not fully equipped with the methods required for early childhood education.

Meanwhile, private institutions and non-governmental organisations offering better quality preschool education are expanding rapidly, though often without formal regulation.

The government has started taking steps to address these challenges and improve access to quality preschool education. In line with the **National Education Policy 2020**, the **“Poshan Bhi Padhai Bhi initiative, launched in 2022**, aims to transform AWCs into vibrant centres of learning that offer inclusive, play-based education. This initiative focuses on upgrading infrastructure, providing diverse educational resources and enhancing the training of Anganwadi Workers.

To support this effort, two national curriculum frameworks have been introduced:

1. **Navchetna**, which covers early stimulation from birth to age three
2. **Aadharshila**, which outlines the curriculum for children aged three to six years.

Community involvement and communication efforts are central to promoting the value of preschool education. Regular early childhood care and education (ECCE) days are held at AWCs to engage families and raise awareness. **Broader campaigns such as Poshan Maah and Poshan Pakhwada** have led to widespread outreach activities across the country, focusing on early learning, nutrition and child development. These include initiatives like **Shiksha Chaupal**, play-based learning demonstrations, do-it-yourself toy fairs and dedicated home visits. Moving forward, **a coordinated approach involving all government departments and sections of society** is essential to raise awareness and support for preschool education.

MS: Recent data shows that nearly 40% of Indian infants aged 6–23 months are not getting enough food variety. How can local-level and state planning make nutrition more inclusive and regionally relevant?

VS: The National Family Health Survey (NFHS-5), conducted between 2019 and 2021, reveals a concerning picture of children's nutrition in India.

- Among infants aged 6 to 23 months, 40% do not receive a sufficiently varied diet.
- Only 23% meet the Minimum Dietary Diversity (MDD) standard and just 10.5% receive a Minimum Acceptable Diet (MAD).
- Key challenges affecting complementary feeding include the affordability, accessibility and availability of nutritious food.
- Complementary feeding is largely shaped by family-level practices and involves a range of factors such as the diversity, frequency, quantity and texture of food. And all of which must align with the child's age-specific

needs.

National programmes like the Integrated Child Development Services (ICDS), Poshan Abhiyaan and Poshan 2.0 offer broad frameworks for promoting good nutrition. But, their effectiveness depends heavily on localised planning that takes into account regional food habits, availability of ingredients and community behaviors.

A vital starting point is to make nutrition regionally relevant by:

1. **Encouraging the use of locally available and culturally familiar foods**—this includes traditional recipes, seasonal produce and local grains such as millets.
2. **Mapping food** to the regions where it is naturally grown is essential. One practical approach is to develop Take-Home Ration (THR) packages that are tailored to local dietary habits, making them more acceptable and likely to be used.
3. **Community participation** at the village and block levels is another important factor. This can be promoted through platforms such as Village Health and Nutrition Days (VHND), home visits, community-based events and public awareness campaigns. These platforms can be used to educate families about local food options and demonstrate how to prepare them in appealing and nutritious ways.
4. **Training Anganwadi workers** in complementary feeding practices is essential. Their role in spreading information through home visits and activities at Anganwadi centers is critical.
5. In addition, **using data from the POSHAN Tracker and local household surveys** can help identify specific nutritional deficiencies in different regions. This information can be used to design more targeted interventions, improve food supply systems. This will further ensure coordination between agriculture, health and child development services.

MS: With more rural women joining the workforce, especially in agriculture, how can we balance economic empowerment with risks like overwork and neglect of childcare?

VS: Women's empowerment or Nari Shakti, is central to achieving inclusive and sustainable development during this crucial phase of national growth. As India progresses toward becoming a developed nation, the role of women in this journey is becoming increasingly vital.

According to data from the Periodic Labour Force Survey (PLFS), the female labour force participation rate in rural areas has seen a significant rise—from 24.6% in 2017–18 to 47.6% in 2023–24. This increase reflects a growing contribution of women to rural economies, particularly in agriculture. However, with more rural women entering the workforce, **there is a growing need to address challenges such as overwork and childcare responsibilities.**

Innovative childcare solutions can help strike this balance. How?

1. One such approach is the **development of community-based childcare cooperatives.** These are often led by women and are rooted in local communities, offering affordable and flexible childcare options that match the irregular schedules of informal workers. A notable example is SEWA's Sangini Childcare Cooperative in Ahmedabad. This initiative combines childcare services with women's economic empowerment. It provides nutrition, early childhood development and growth monitoring, with special attention to the first 1,000 days of a child's life. Caregivers—many of whom were once beneficiaries themselves—are trained to offer quality care and connect families to social support programs.

2. **Another example is Ekjut's work in Odisha**, which has supported the development of over 700 community-based crèches. This model emphasizes building trust within communities, which is crucial in rural areas where parents may be reluctant to place their children in unfamiliar care settings.
3. **Home-based childcare models, like those supported by Apnalaya**, make use of local homes in informal or rural settlements. Apnalaya trains women from these communities to become childcare providers, creating livelihood opportunities while delivering affordable childcare.
4. In rural Chhattisgarh, Jan Swasthya Sahyog's Phulwari centres **align childcare services with agricultural work schedules** and include nutrition support to combat malnutrition.
5. There are also childcare models linked to government programmes. For instance, **Mobile Creches provides care facilities at worksites**, especially in sectors like construction and agriculture and is connected to social protection schemes such as MGNREGA. These centres are sustained through a combination of government funding and local community involvement.

Recognising the role of childcare is essential. It contributes to their economic empowerment, promotes gender equality and strengthens the broader economy.

MS: Latin American countries like Brazil have successfully implemented gender-sensitive food security programmes (e.g. Bolsa Família). What can India economically emulate or adapt from such models in our own context of rural–urban nutritional inequality?

VS: That's a very timely question. PMMVY and JSY have been one of the imp initiatives on conditional cash transfers which have been instrumental in improving nutritional outcomes.

If we look at **Brazil's Bolsa Família**, it's widely regarded as one of the most successful conditional cash transfer programmes globally—especially in how it linked poverty alleviation with food security and gender empowerment. **What made it work was its direct targeting of women as the primary beneficiaries, with conditions related to children's education and health.** This design ensured not just household consumption, but also long-term human capital development.

Now, can India replicate this? The answer is: partially yes, but with contextual adaptations. India already has a strong foundation in terms of welfare architecture—programmes like the Public Distribution System (PDS), MGNREGA and more recently, the PM POSHAN (midday meals) and PM Matru Vandana Yojana. **But we have two persistent challenges: first, large rural–urban nutritional inequality; and second, leakages and inefficiencies in delivery.**

What we can emulate from Brazil is the idea of 'conditionality'—not in a punitive sense, but as an enabling mechanism. For instance, tying cash transfers to regular health check-ups, maternal nutrition or school attendance can generate better long-term outcomes. But unlike Brazil, India's informal sector is vast and fragmented, so any conditional cash transfer must be simple, easily verifiable and digitally deliverable. Aadhaar and Jan Dhan accounts already provide a platform for this.

Another critical lesson is gender targeting. Directing benefits to women leads to better outcomes in child nutrition and household welfare. Two programmes deserve special mention in this case- Janani Suraksha Yojana and PMMVY which have placed women as central actors in the designing of nutrition schemes. Janani Suraksha Yojana, has helped to increased utilization of health services among all groups but especially among the poorer and underserved sections in the rural areas and played a key role in improving the institutional delivery to around 90% today. Pradhan Mantri Matru Vandana Yojana (PMMVY) has played a significant role in increasing access to and utilisation of

healthcare services, and potentially improving nutritional outcomes by empowering women with conditional cash transfers. This is also reflected in the SHG-based programmes under NRLM and state-level initiatives like Odisha's Mamata scheme. But we can go further by combining these with childcare services—like community crèches—so that women can participate in the labour force without compromising care.

Lastly, urban nutrition is the missing piece in our policy thinking. Unlike rural India, urban poor often lack access to ICDS or PDS. Here, mobile or community kitchens—something Tamil Nadu and Kerala have piloted well—could be scaled, just as Brazil once did with its 'Popular Restaurants' programme.

MS: Front-line workers like Anganwadi helpers and self-help group leaders are key in program delivery. How can their feedback be systematically integrated into nutrition and ECD policy formulation and review?

VS: That's a very important question and it goes to the heart of improving both nutrition and early childhood development outcomes in India. Front-line workers like Anganwadi workers, helpers and self-help group (SHG) leaders are often the first and most trusted point of contact for women and children in rural areas. **They understand not just the operational challenges, but also the socio-cultural dynamics** that can either support or hinder the delivery of services. So their feedback is not just valuable—it's indispensable.

MS: Now, how do we integrate this feedback systematically into policymaking?

VS: See, some steps have been taken in this direction, for eg, monthly review meetings at the village and block levels through VHSN Days. But we need to take a step further for a structured institutional mechanism in the form of district level review forums where they are formally represented. What we need is a structured, institutional mechanism—like periodic state- or district-level review forums where front-line workers are formally represented. Their insights should be documented, synthesised and then channelled upward through the administrative structure—ideally feeding into national reviews like the POSHAN Abhiyaan Jan Andolan dashboards or ICDS programme reviews.

Second, digital tools can help. We now have mobile-based platforms used for service delivery - Poshan 2.0 has taken a step ahead and expanded Poshan Tracker to include structured feedback modules for workers to report bottlenecks and best practices. These platforms can be extended to gather real-time feedback from workers on bottlenecks they face—say, supply chain issues, delays in honorarium payments or community resistance to ECD interventions. But again, this data needs to be acted upon—not just collected.

Third, involving front-line workers in pilot programme design and evaluation can be a game-changer. For example, if a district is testing a new approach to complementary feeding or home-based care for young children, SHG members and Anganwadi workers should be co-designers, not just implementers. This participatory model not only improves outcomes but also strengthens accountability and morale.

Lastly, from a policy review standpoint, it's crucial that front-line feedback is seen as evidence, not anecdote. We tend to prioritise quantitative data, but qualitative insights—what workers are observing in the field—can be just as critical. Creating space for that in annual policy reviews, with civil society and state governments as intermediaries, would help integrate those ground realities into national strategy.

MS: How can urban nutrition policies be integrated with gender to create an inclusive economic framework for women?

VS: Urban AWCs are crucial in supporting women in informal sectors. More than 40% of India's population is estimated to live in urban areas by 2030 and about 50% by 2047. However, only about 10% (1,36,000) out of 14 lakh AWCs are estimated to be in urban areas. This is compounded by poor utilisation of ICDS services in urban areas. 56% of the ICDS services are utilised in urban areas, in comparison to 72% in rural areas.

1. Expanding ICDS and ensuring access to quality services in the urban areas demands urgent priority to ensure Viksit Bharat.
2. Innovative models of service delivery can be explored as urban areas also offer distinct advantages like the presence of private players, NGOs and so on; better awareness/enrollment of beneficiaries; easier transport options, less difficult terrain; and so on.
3. Expanding AWC-cum-creches and aligning childcare facilities with women's workplaces, such as construction sites and urban slums would align childcare facilities with women's workplaces. These could be tricky places like construction sites and urban slums and cater to their commuting and working patterns and can be one such innovative solution.
4. **The Delhi model integrates Saheli Samanvay Kendras, which combine childcare (Chhaya Creches) with hubs for women's entrepreneurship and support, promoting economic empowerment while ensuring nutritional support for children.**
5. **Community-based and MSME-linked creches**, to enhance accessibility and affordability. These models leverage Urban Local Bodies (ULBs) for funding and sustainability. **Telangana has adopted this approach and allocated 5% of ULB funds to AWCs, thereby ensuring financial viability. Haryana is the only state to have developed a creche policy**, which emphasises the importance of a safe environment, well-trained staff and appropriate compensation.

Technology further strengthens this framework. AI-driven tools like Kerala's VIVA initiative and ARMMAN's Kilkari program enhance maternal and child nutrition tracking. They are now targeting high-risk groups with personalised interventions, while providing general messages to low-risk mothers. Recognising that malnutrition often begins with chronically undernourished mothers, the initiative focuses on maternal nutrition and early childhood development (0–3 years). Integrating urban nutrition policies with such a gender lens can help not only to address childcare barriers but also to foster female workforce participation.

About Vedeika Shekhar

Vedeika Shekhar is a Consultant Grade-2 at NITI Aayog with over 12 years of experience in policy think tanks and global development organisations. She leads gender equality and nutrition initiatives, focusing on SDG-5, early childhood care, and improving outcomes in Aspirational Districts. Her work includes evidence-based intervention design, monitoring nutrition programs, and advancing gender-inclusive policy reforms. She has previously worked with the World Bank, British Council, and Oxford Policy Management on gender, sanitation, and local governance. A Cambridge Commonwealth Scholar, she holds an MPhil in Development Studies from the University of Cambridge and was a gold medalist in Political Science at Delhi University.

About the Interviewer

Mahima Sharma is an Independent Journalist based in Delhi NCR. She has been in the field of TV, Print & Online Journalism since 2005 and previously an additional three years in allied media. In her span of work she has been associated with CNN-News18, ANI - Asian News International (A collaboration with Reuters), Voice of India, Hindustan Times and various other top media brands of their times. In recent times, she has diversified her work as a

Digital Media Marketing Consultant & Content Strategist as well. Starting March 2021, she is also a pan-India Entrepreneurship Education Mentor at Women Will - An Entrepreneurship Program by Google in Collaboration with SHEROES. Mahima can be reached at media@indiastat.com

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