

GOVERNMENT OF INDIA  
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

**LOK SABHA**  
**UNSTARRED QUESTION NO. 2198**  
TO BE ANSWERED ON 01.08.2025

**ANGANWADI CENTRES IN KARNATAKA**

2198. SHRI YADUVEER WADIYAR:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) the number of functional Anganwadi Centres currently operating in Karnataka, district-wise;
- (b) whether the Government has assessed gaps in infrastructure, sanitation, or digital access in Anganwadi Centres in rural and tribal areas of Karnataka, if so, the details thereof and if not, the reasons therefor; and
- (c) the specific steps taken under the Saksham Anganwadi and Poshan 2.0 schemes to improve maternal and child nutrition in the said State?

**ANSWER**

MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT  
(SHRIMATI SAVITRI THAKUR)

(a) & (b): 66098 Anganwadi Centres(AWCs) are operational in the State of Karnataka. During the 15th Finance Commission cycle, 2 lakh Anganwadi Centres (AWCs) located in Government buildings @ 40,000 AWCs per year are to be strengthened and upgraded as Saksham Anganwadis for improved nutrition delivery and for Early Childhood Care and Education under Mission Saksham Anganwadi and Poshan 2.0. Saksham Anganwadis are to be provided with better infrastructure than the conventional Anganwadi Centres including LED screens, water purifier/installation of RO Machine, Poshan Vatika, ECCE related books and learning material etc. As on date, 2 Lakh Anganwadi Centres has been sanctioned for upgradation to Saksham Anganwadi Centres.

Under Mission Saksham Anganwadi and Poshan 2.0, beginning from FY 2021-22, 50000 AWCs building are to be constructed over a period of five years @10000 AWCs per year. The cost norms for construction of Anganwadi Centres in convergence with MGNREGS is Rs.12 Lakh per AWC wherein Rs.8.00 Lakh would be provided under MGNREGS, Rs.2.00 Lakh under 15th FC (or any other untied funds) and Rs.2.00 Lakh by MWCD per AWC to be shared between Centre and States/UTs in the prescribed cost sharing ratio.

The unit cost approved for construction of toilet is Rs.36000/- per AWC and for drinking water provisioning the approved cost is Rs. 17000/- per AWC to be shared by Centre and States/UTs as per the cost sharing ratio.

Apart from this, the Government has issued orders for upgradation of all mini AWC to regular AWCs. This would add an Anganwadi Helper in these Anganwadi Centres across the country to share the burden of Anganwadi worker so that the component of ECCE can be strengthened. Out of 1,16,852 Mini-AWCs in 23 States/UTs, sanction for upgradation of 1,11,363 Mini-AWCs has been issued till date. Further, directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available.

The PM JANMAN Mission launched by Ministry of Tribal Affairs is aimed at targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) residing in 18 States and a UT. This Mission focuses on 11 critical interventions related to 9 key Ministries including Ministry of Women and Child Development. As on date, 2500 AWCs have been sanctioned for construction under PM JANMAN across the country.

In addition to above, Ministry of Tribal Affairs has launched Dharti Aaba Janjati Gram Unnat Abhiyan (DAJGUA) aimed at improving the socio-economic condition of tribal communities by adopting saturation coverage of tribal families in tribal majority areas and aspirational block ST villages. The intervention of Ministry of Women and Child Development involves establishment of 2000 new Saksham AWCs and upgradation of 6000 existing AWCs to Saksham AWCs from FY 2024-25 to FY 2028-29. As on date, a total of 875 AWCs has been sanctioned for construction under DAJGUA across the country.

(c): Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. It is a Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is being implemented across the country.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism which are influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition. It is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

As on date, 2 lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and education. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and

smart learning equipments. The Government has also taken a policy decision to upgrade all Mini AWCs to a full-fledged Anganwadi Centres with one worker and one helper each to help in carrying out various responsibilities under Mission Saksham Anganwadi and Poshan 2.0 including responsibilities related to Early Childhood Care & Education. Sanction for upgradation of 88,716 Mini-AWCs has been issued till date.

The nutritional norms have been revised and upgraded in January, 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi centers.

Ministries of Women & Child Development and Health & Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Community Mobilization and Awareness Advocacy is undertaken to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

- \* Under 4 years
- \*\* Under 3 years
- \*\*\* Under 5 years

The above table gives a representative picture of malnutrition indicators among all children of 0-3 years, 0-4 years and 0-5 years age at the relevant time.

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores approximately (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health & Family Welfare). However, only 7.36 crores children up to 5 years were enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women & Child Development as per the June, 2025 data. 7 crores of these children were measured on growth parameters of height and weight. 37.07% of them have been found to be stunted, 15.93% have been found to be underweight and 5.46% wasted.

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across India.

The Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to address malnutrition and anemia across all States/UTs in the country. One of the interventions is Anemia Mukht Bharat.

Anemia Mukht Bharat (AMB) a flagship programme of Government of India under Ministry of Health & Family Welfare (MoH&FW), launched in 2018, aims to reduce the prevalence of anemia through 6X6X6 strategy implemented among the six target beneficiaries-children 6-59 months, children 5-9 years, adolescents 10-19 years, women of reproductive age group, pregnant women and lactating mothers; through six interventions implemented via six institutional mechanisms for all stakeholders. The six interventions for AMB strategy include:

- (i) Prophylactic Iron and Folic Acid (IFA) supplementation to all six beneficiaries
- (ii) Deworming
- (iii) Intensified Behaviour Change Communication Campaign focusing on four key behaviours- improving compliance to IFA supplementation and deworming, appropriate infant and young child feeding practices, increase in intake of iron-rich food through diet diversity/quantity/frequency and/or fortified foods and ensuring delayed cord clamping in health facilities
- (iv) Testing and treatment of anemia, using digital methods and point of care treatment,
- (v) Mandatory provision of Iron and Folic Acid fortified foods in government funded public health programmes.
- (vi) Intensifying awareness, screening, and treatment of non-nutritional causes of anemia

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