

Evaluating ICDS Performance in Maternal Health and Child Nutrition: Use Trends, Equity Aspects, and Sustainable Development Goal Conformity in India

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Abstract

The Integrated Child Development Services (ICDS) initiative serves as India's main institutional framework aimed at enhancing maternal health, child nutrition, and early childhood development via Anganwadi centres. The ICDS offers preschool education, monitors growth, supplies supplementary nutrition, and delivers health-related services to those who require assistance. These fundamental activities play a crucial role in achieving Sustainable Development Goal (SDG) 2, which aims to lessen hunger and malnutrition, as well as SDG 3, which focuses on enhancing maternal and child health. In addition to these direct influences, the ICDS also supports various other SDGs in an indirect manner, such as SDG 4 (early childhood education), SDG 5 (advancing gender equality in health and nutrition), SDG 8 (developing human capital), and SDG 10 (mitigating regional and socio-economic inequalities in development results). The 'Integrated Child Development Services' (ICDS) initiative serves as the main institutional framework in India for advancing maternal health, child nutrition, and early childhood development. These fundamental activities play a crucial role in achieving Sustainable Development Goal (SDG) 2, which aims to lessen hunger and malnutrition, as well as SDG 3, which focuses on enhancing maternal and child health. In addition to these direct influences, the ICDS also supports various other SDGs in an indirect manner, such as SDG 4 (early childhood education), SDG 5 (advancing gender equality in health and nutrition), SDG 8 (developing human capital), and SDG 10 (mitigating regional and socio-economic inequalities in development results). The 'Integrated Child Development Services' (ICDS) initiative serves as the main institutional framework in India for advancing maternal health, child nutrition, and early childhood development.

This research investigates the development and usage trends of the ICDS over the past three decades, drawing from data gathered in a national survey. The results show that the program's reach and scale have consistently grown, with a notable increase in the consumption of supplementary nutrition among young children, breastfeeding mothers, and pregnant women in recent years. Nevertheless, inequalities remain in the access to services like growth monitoring, nutrition counselling, and pre-school education, particularly across different socio-economic and geographic groups, with more educated mothers while rural and disadvantaged communities depend on it significantly. There are significant differences among

Indian states in terms of program priorities, administrative capacities, and dietary requirements. Overall, the findings indicate that the ICDS is essential for achieving both general human development goals and Indian's Sustainable Development Goals (SDGs) related to nutrition and health to make this program more effective and align it with the established agenda, it is crucial to expand outreach in urban area, foster coordination across various sectors, and strengthen services quality and monitoring systems. There are significant disparities among India's states regarding program priorities, administrative capacities, and nutritional needs. Strengthening intersectoral coordination and service is crucial, as is extending its reach to metropolitan areas. All things considered, the data shows that the ICDS is essential for accomplishing the SDGs pertaining to health and nutrition in India as well as the overall human development goals.

Keywords: Maternal Health, Child Nutrition, SDGs, ICDS, Inequality, Early Childhood Development.

1. Introduction

India has the largest child population in the world, and the country's future and development depend significantly on the health of these children. The government has implemented several programs to ensure robust human capital, but the 'Integrated Child Development Services' (ICDS) is the most crucial among them. Anganwadi services – originally launched in 1975 under the name 'Integrated Child Development Services' (ICDS) have now been renamed "Mission Saksham Anganwadi and Poshan 2.0" (Mission Poshan 2.0). In addition to Anganwadi Services (AWS), "Mission Poshan 2.0" encompasses two other programs: 'Poshan Abhiyan' (The Prime Minister's overarching scheme for holistic nutrition) and the 'Scheme for Adolescent Girls' (SAG). It emphasizes early childhood care and education (for children aged 3 to 6 years) alongside modern 'Saksham Anganwadi' infrastructure. It provides Nutritional support to children under six, pregnant and lactating mothers (PW & LM), and adolescent girls (Aged 14 – 18) in aspirational districts and all districts of the North-Eastern region. 'Mission Poshan 2.0', the Government of India's flagship nutrition initiative, is one of the world's largest programs for early childhood care and development. Furthermore, it stands as a key symbol of the nation's commitment to the well-being of its people – particularly pregnant and lactating mothers. While the state government is responsible for implementing the day-to-day program, the central government is responsible for the strategy and planning required for the effective implementation of 'Mission Poshan 2.0'. Under the Anganwadi Services Scheme, eligible beneficiaries receive the following integrated services: 1) Supplementary nutrition; 2) Non-formal school education; 3) Health and Nutrition education; 4) Immunization; 5) Health Check-ups; and 6) Referral services.

In view of the global agenda, the effectiveness of the ICDS is closely tied to the Sustainable Development Goals (SDGs); it mainly concentrates on SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being). Moreover, through its focus on education and its effort to reduce inequalities, it also makes a contribution to the attainment of SDG 4, 5, and 10. Nevertheless, even though the program has been in place for a long time and has been implemented on a large scale, concerns are often raised about its performance at the local level. Since there have been changes in India's progress and due to the evolving economic situations of families over the last few decades, it is now necessary to assess whether the benefits of the ICDS are actually reaching the poorest and most marginalized parts of society.

UNICEF says that, for the first time, early childhood development, having been included in the global development agenda, has offered a great chance to start up new initiatives in this area. Advances in neuroscience have shown that a child's early environment has a strong effect on their development,

especially on the development of the brain. A child's cognitive development is determined by their environment – more precisely by the quality of the care and interaction they get. Our method can be put simply as 'Eat-play-Love'. Newborns attain a important advantage if they are comforted, held, involved in playful interaction, and are given the opportunity to watch and explore their surroundings. Children who are given good care and nurtured are more likely to build up self- confidence, live healthy lives and achieve their full potential in the area of cognitive, linguistic, emotional and social development. Each of these areas is crucial to our overall well-being in adulthood; our formative experiences truly shape who we ultimately become. The objective of the World Bank's Integrated Child Development Services (ICDS) systems strengthening and Nutrition Improving Program (ISSNIP)' project is to improve child nutrition outcomes in India. The project comprises four components. The first component focuses on strengthening ICDS institutions and systems; it will facilitate the necessary changes and reforms to enhance the operational effectiveness of the ICDS program. The second component aims to improve the alignment between supply and demand within the ICDS program- particularly regarding the delivery of nutrition services- while also ensuring close monitoring and evaluation of the alignment. World Bank Improving children's nutritional outcomes in India is the goal of the Integrated Child Development Services (ICDS) Systems Strengthening and Nutrition Improvement Program (ISSNIP) Project. The project consists of four parts. ICDS institutional and systems strengthening is the first element. In order to increase the efficacy of the ICDS program, this component will support strategic interventions and enhancements. Community mobilisation and Behaviour Change Communication (BCC) are the second element. This element will improve the ICDS program's supply and demand-side interface, particularly where nutrition services are delivered, and it will closely monitor and assess this interface. This component will focus on marginalized communities that have been excluded from the mainstream. A key area of support will be the development of a management model that prioritizes operational efficiency based on mutual accountability between beneficiaries and caregivers. The finding component involved coordinated nutrition action. This component will assist the Government of India in launching and eventually scaling up a comprehensive, coordinated nutrition response that complements the ICDS to address the various causes of malnutrition. The fourth component covers project management, monitoring and evaluation. This component will facilitate efficient project management and will include the following: (i) providing funding to engage industry experts to enhance the performance of project management units (PMUs) established by central and state governments. This support will cover office equipment, vehicle rentals, travel expenses for the key program personnel, and funding for participating in planning, review, and dissemination workshops, study tours, and conferences. It will also include additional operating expenses to foster the exchange of innovative ideas and the adoption of best practices related to (ii) Funding the administrative expenses of the technical agency providing the necessary technical support for program implementation, including costs associated with central and state core teams, office expenses, and travel for training and evaluation purposes; (iii) Monitoring and evaluation of project outcome, such as conduction an independent impact assessment study; baseline surveys; annual rapid assessments of program reach and behavioural changes; quarterly internal assessments by ICDS supervisors in randomly selected Anganwadi centres (AWCs); social assessments; and an ethnographic study to determine the effectiveness of the service delivery and communication outreach among populations in minority and hard to reach areas.

2. Literature Review

Singh, K., et al. (2024) This study looked at the relationship between ICDS utilisation and underweight

status in children between the ages of 6 and 59 months. This national family health survey 4 and 5 only but most recent data of National family health survey is uncovered. **Sahoo et al. (2026)**. This study indicates that the ICDS significantly improve maternal nutrition among undernourished women which highlight its importance from the perspective of food security and health. However, statistically, its impact on child nutrition remains negligible, suggesting the issue of intergenerational malnutrition has not yet been fully covered **Panda, K. (2021)** It provides a range of services related to health, nutrition, and education to children, women, and adolescent girls. The objective of this study is to assess the effectiveness and outcomes of the ICDS scheme. The study was conducted between April and December 2019. A 'purposive random sampling' method was employed, covering 19 states and Union Territories. A total of 15,300 children were included in the study, selected from 510 AWCs (Anganwadi Centres). One of the key findings of the study is that children in the 'Normal grade' category account for 77.4% of the total sample size. **Andersen et al. (2023)**. It is suggested that a large-scale nutrition scheme with a strong counselling component could successfully change beneficiary behaviours and be associated with improved nutrition knowledge and practices. **Chakrabarti et al. (2019)**. In the context of the 'Sustainable Development Goals' related to health and nutrition; this study evaluates the functioning of the ICDS by analysing service utilization patterns and equity aspects between 2006 and 2016. While the study highlights improved access to services for marginalized groups, it also points out that gaps persist among the poorest sections of society. **Planning Commission (2011)**. "Evaluation Report on Integrated Child Development Services (ICDS)." Programme Evaluation Organisation, Government of India. The major government audit that led to the "restructuring" of ICDS. Essential for explaining the policy shift in your timeline. **Kandpal, E. (2011)**. "Beyond Average Treatment Effects: Child Nutrition Outcomes and ICDS Delivery in India." Global Development. It examines how the ICDS impacts groups across different economic strata, thereby advancing your goal of "equity". **Gupta, A., et al. (2020)**. "Nutritional Outcome of Indian Children and Utilization of ICDS Services: Evidence from NFHS-4" Global Health and Clinical Epidemiology) illustrates the relationship between service utilization and economic status (wealth quintile) using data from NFHS-4. **Jain, M. (2015)**. "Indian fight against Malnutrition is the ICDS program the solution to India's fight against malnutrition?" Global Development evaluates the program's capacity to reach "the poorest of the poor". **Patil, K. S., & Kulkarni, M. V. (2016)**. "Awareness and Utilization of the ICDS scheme among women living in urban slums." Journal of Forensic and Community Medicine (India). Provide specific examples to support the claim of 'urban lag' and highlight the reasons why slums remain underdeveloped. **Kumar, P., et al. (2026/Recent)**. NFHS data on ICDS and its role in improving supplementary nutrition. BMC Public Health. According to a recent study (likely from 2024-2025), ICDS promotes dietary diversity (SDG 2). **NITI Aayog. (2021)**. The name of the Government publication linking ICDS performance to SDGs 2 and 3 is "SDG India Index and Dashboard 2020-21".

3. Objectives

1. To determine the temporal trends in how beneficiaries of the Integrated Child Development Services (ICDS) utilize these services over time.
2. To assess the disparity in access to Integrated Child Development Services (ICDS) between rural and urban areas.

4. Methodology

4.1 Data Source

This study, titled “Assessing ICDS performance in maternal health and child nutrition in India: utilization patterns, equity, aspects, and alignment with sustainable development goals (SDGs),” is based entirely on secondary data from the National Family Health Survey (NFHS). This survey is conducted by the International Institute for Population Sciences (IIPS) under the Ministry of Health and Family Welfare (MoHFW). Data were collected from NFHS-3 (2005-06), NFHS-4 (2015-16), NFHS-5 (2019-21), and NFHS-6 (2022-23). Trends in the ICDS program and the utilization of its services by beneficiaries were examined using data spanning a decade. We selected NFHS-3, 4, 5, and 6 to understand the program’s evolution because certain data points were missing from NFHS-1 and 2.

4.2 Study Design and Scope

The descriptive and analytical research design of this study was based on large -scale cross-sectional data. To evaluate outcomes related to ICDS program utilization in urban and rural areas, data spanning NFHS-3 (2005-06) to NFHS-6 (2023-24) were used to analyse changes over time. Various selections: To address the specific objectives of the article, service utilization and socio-economic and demographic characteristics were classified as dependent and independent variables. Dependent Variable: The primary metric employed is service utilization, defined as the proportion of mothers and children under the age of six who received services from Anganwadi centres. Such as immunization, health check-ups, supplementary nutrition, and pre-school education. Independent factors: The NFHS provides socio-economic and demographic data, although a ‘Wealth Index’ was used as a proxy for household income. Households were categorized into quintiles (five groups): poorest, poor, middle, rich and richest.

4.3 Data Analysis

Examination of the utilization of Integrated Child Development Services (ICDS) by individuals covered under the National Family Health Survey (NFHS).

Table 1: Integrated Child Development Services Beneficiaries

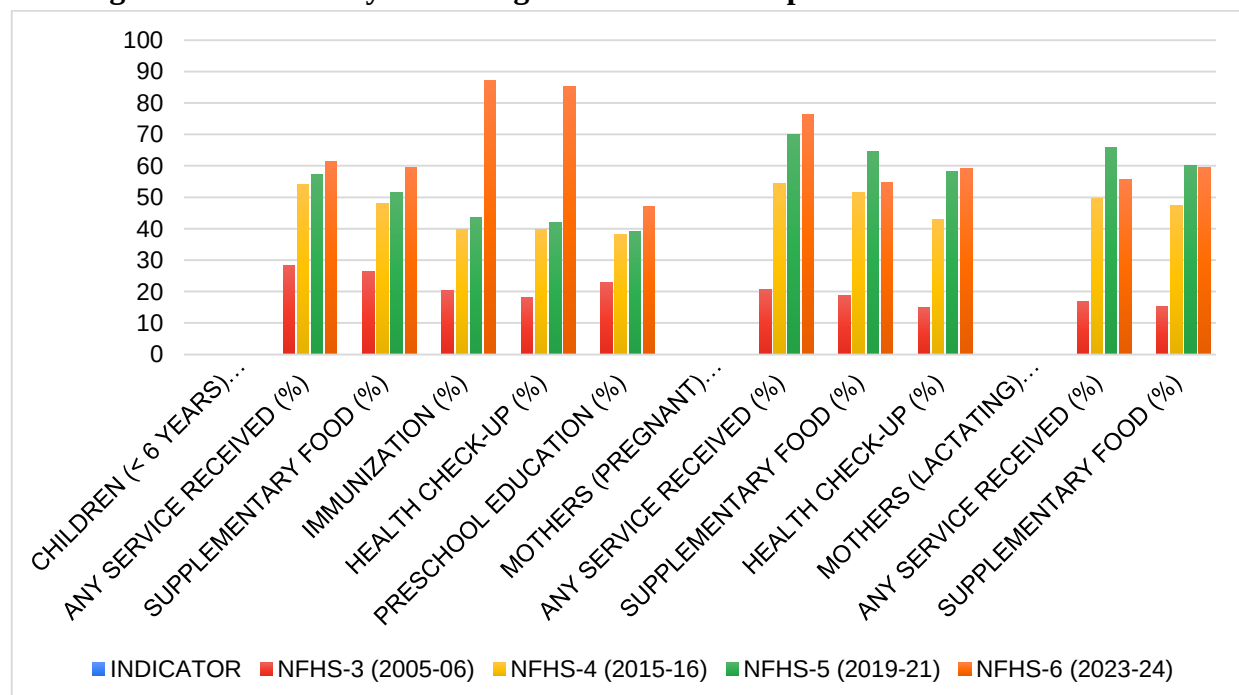
INDICATOR		NFHS-3 (2005-06)	NFHS-4 (2015-16)	NFHS-5 (2019-21)	NFHS-6 (2023-24)
CHILDREN (< 6 YEARS) UTILIZATION					
ANY SERVICE RECEIVED (%)		28.4	54.1	57.1	61.5
SUPPLEMENTARY FOOD (%)		26.3	48.1	51.5	59.5
IMMUNIZATION (%)		20.2	39.9	43.5	87.1
HEALTH CHECK-UP (%)		18.2	39.7	42.1	85.3
PRESCHOOL EDUCATION (%)		23	38.3	39.1	47.0
MOTHERS (PREGNANT) UTILIZATION					
ANY SERVICE RECEIVED (%)		20.6	54.3	69.8	76.2
SUPPLEMENTARY FOOD (%)		18.9	51.4	64.6	54.9
HEALTH CHECK-UP (%)		14.8	42.8	58.1	59.1

MOTHERS (LACTATING) UTILIZATION				
ANY SERVICE RECEIVED (%)	16.8	49.6	65.9	55.8
SUPPLEMENTARY FOOD (%)	15.1	47.5	60.3	59.5

Source: National Family Health Survey

According to the National Family Health Survey (NFHS), the Integrated Child Development Services (ICDS) program has consistently demonstrated improved outcomes over the last two decades (2005-2024) for its three primary beneficiary groups: children under six year of age, pregnant women, and lactating mothers, in NFHS-3 (2005-06), services utilization rates ranged from 16% to 28%, clearly indicating that the program was failing to reach its target demographic. However, by NFHS-4 (2015-16), Service coverage had nearly doubled across most parameters to reach the 50%-54% range, signalling a significant structural shift. Data from NFHS-5 (2019-21) showed continued progress- particularly regarding services for mothers, where registration and supplementary nutrition coverage for pregnant women reached approximately 70% (supplementary nutrition coverage for children was 57.1%), although last-mile connectivity for young children showed signs of stagnation. Recent data from NFHS-6 (2023-24) indicates that this rising trend has disrupted the plateau observed since 2015. Under ‘Mission Poshan 2.0’, the administrative machinery has effectively extended registration and prenatal support to all during the critical ‘first 1000 days’ window; this is evidenced by service coverage for pregnant women reaching 76.2%. Significantly, service delivery for young children (under the age of six) has resumed; overall utilization has reached 61.5%, and supplementary nutrition delivery stands at 59.5%. This phased transformation illustrates how the ICDS has evolved from an ineffective, fragmented program into a comprehensive social safety net

Figure:1 Trend Analysis of Integrated Child Development Services Beneficiaries



Author: Construction

During the slow-paced period (baseline 2005-06), the graph was at a low level, with only 20.6% of pregnant mothers and 28.4% of children receiving assistance. This was a period when the ICDS existed but suffered from implementation gaps and a lack of community awareness. The decade of rapid progress (2005-2015): the graph showed a sharp upward trend between NFHS -3 and NFHS-4, with service utilization rates increasing by more than 25-30 percent. This “turning point” in the graph marks the period of ICDS “universalization” and the implementation of mission-mode reforms, which brought half of the target population under the coverage umbrella. The trend slightly varies in the last section, the maternal surge (2015-2021). For mothers: the line rises dramatically from 54.3% to 69.8%, demonstrating how well prenatal care and supplemental nutrition are targeted. For children: from 54.1% to 57.1%, the line flattens out and slightly increases. This “plateau” indicates that the present delivery strategy has reached a saturation point, indicating the necessity for new tactics (such as the POSHAN Tracker) to reach the remaining 40% of children. The SDGs, which are closely related to India’s 2030 Agenda, are aligned with Integrated Child Development Services (ICDS). Robust services reaching mothers- by addressing issues such as low birth weight and maternal mortality contribute to achieving SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being). However, a 24% gap between urban and rural areas, alongside disparities across states, jeopardizes the goals of SDG 10 (Reducing Inequalities) and SDG 11 (Sustainable Cities). Unless an “Urban ICDS Mission” is established and special attention is paid to lagging states, these structural hurdles will impede efforts to achieve genuine nutrition security, extending well beyond the mere issue of service access.

A spatial analysis of the “Integrated Child Development Services” (ICDS) was conducted using data from the National Family Health Survey (NFHS-5), revealing a clear link to the Sustainable Development Goals (SDGs).

Table 2: Integrated Child Development Services (ICDS) utilization.

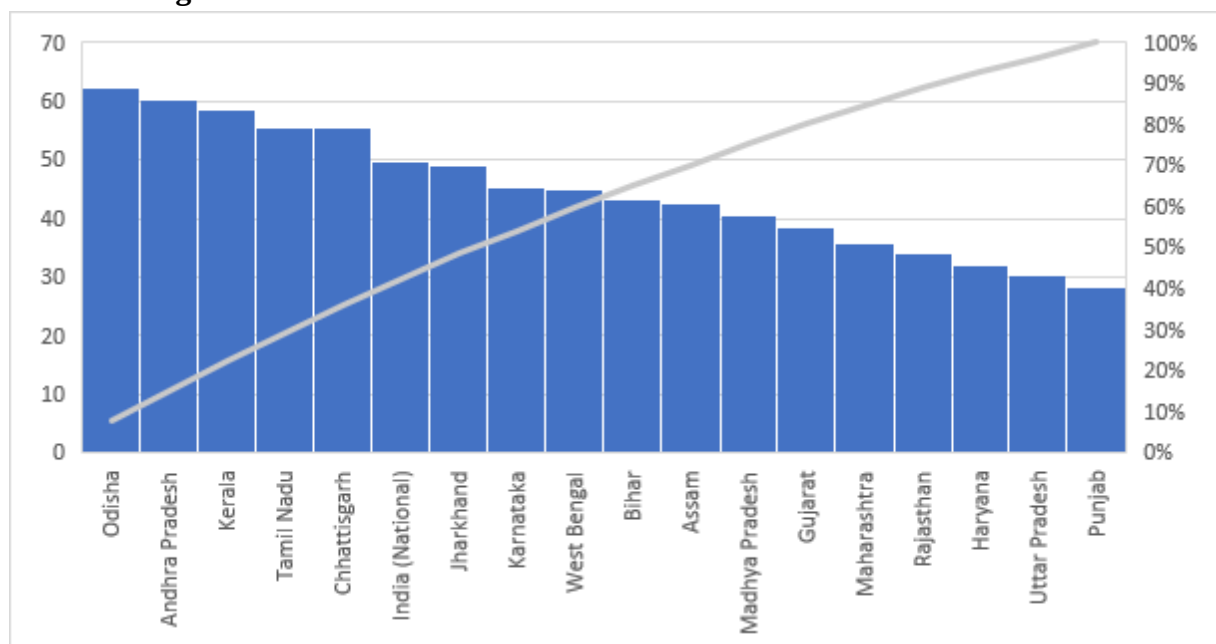
State / UT	State / UT	Rural Utilization (%) (Children <6 yrs)	Total Utilization (%) (Children <6 yrs)	Administrative Capacity Score(Proxy)
India (National)	49.8	74.1	67.4	NA
Andhra Pradesh	60.1	82.3	77.4	High
Assam	42.5	71.8	68.3	Moderate
Bihar	43.2	64.5	62.1	Low
Chhattisgarh	55.4	80.2	75.8	High
Gujarat	38.6	72.1	58.4	Moderate
Haryana	32.1	54.8	45.2	Low
Jharkhand	48.9	70.3	65.4	Moderate
Karnataka	45.3	72.6	61.5	Moderate
Kerala	58.7	64.2	61.9	High

Madhya Pradesh	40.5	68.9	62.3	Moderate
Maharashtra	35.8	65.4	54.2	Moderate
Odisha	62.4	85.6	81.3	High
Punjab	28.4	45.6	38.1	Low
Rajasthan	34.2	60.1	54.5	Moderate
Tamil Nadu	55.6	74.8	66.8	High
Uttar Pradesh	30.2	52.4	47.8	Low
West Bengal	45.1	75.3	68.1	Moderate

Source: National Family Health Survey

Every state has two clearly distinct facets- urban and rural. This chart shows the percentage of children under the age of six in major Indian States who utilize the ICDS program.

Figure 2: Urban – Rural Utilization of the Services of Different States



Author: Construction

At the national level, the most critical finding is the unambiguous divide in service delivery based on location. At the country level, 74.1% of rural children utilize integrated child development services and 49.8% of urban children. 24.3% gap indicates that the scheme functions effectively in rural areas but fails to fulfil the needs of the urban poor. The regional imbalances seen in populous states like Uttar Pradesh and Bihar have a high rate of Malnutrition with low performance of ICDS. Wealthier, industrialized states like Gujarat and Maharashtra display massive urban-rural gaps (over 30%), suggesting that rapid urbanization has outpaced the states' welfare infrastructure.

Conversely, economically "poorer" states like Odisha (81.3%) and Chhattisgarh (75.8%) demonstrate the highest administrative capacity, successfully reaching both rural and urban populations. The Sustainable Development Goals (SDGs) are impacted in three ways. First, the 24% disparity between urban and rural areas clearly violates SDG 10 (Reducing Inequalities). Second, low coverage in populous regions like Uttar Pradesh hinders the achievement of SDG 2 (Zero Hunger); if India's largest states fail to provide adequate supplementary nutrition, the country cannot eradicate malnutrition. Finally, consistently low utilization scores in urban areas signal a failure regarding SDG 11 (Sustainable Cities), indicating that the social infrastructure necessary for inclusive development is lacking in India's urban slums.

4.3 Results Discussion

Data from five rounds of the National Family Health Survey (NFHS) were analysed to provide essential information regarding the reach, equity, and impact of the Integrated Child Development Services (ICDS) program. The Key findings can be categorized into three groups: regional disparities, socio-economic equity, and progress over time.

4.4.1 Temporal Evolution

According to the report, a distinct "Structural break" has been observed in ICDS coverage over the past thirty years. Expansion phase (2005-2015): the program witnessed its most rapid growth between NFHS-3(2005-06) and NFHS-6 (2023-24). According to the National Family Health Survey-6 (NFHS-6, 2023-24), the status of integrated child development services (ICDS) in India has evolved over the last eighteen years. This transformation is attributed to improved coverage, enhanced administrative capacities of the states, and a reduction in geographical disparities. Between NFHS-3 (2005-06) and NFHS-6, the overall utilization of services for children under the age of six increased from 28.4% to 61.5%. A key feature of this trend is the evolution of the rural-urban gap; while the geographical disparity peaked at +18.0 percentage points during the initial phase of rapid growth (between NFHS-3 and NFHS-4), data from NFHS-6 indicates significant improvement in urban areas. The rural-urban gap narrowed to +12.8 percentage points as service utilization for children in urban areas reached 52.4%. Under the standardized guideline for "Take-Home Ration," The distribution of supplementary food also increased, reaching 59.5% nationwide. Additionally, administrative capacity scores have risen from 46.8 in NFHS-3 to 76.2 in NFHS-6, signalling a convergence in state-level performance. While populous states that previously underperformed-such as Uttar Pradesh (51.3%) and Bihar (48.2%)-have made significant strides, top performers like Chhattisgarh (78.5%) and Odisha (74.1%) continue to lead. Overall, NFHS-6 reflects a shift away from the rapid physical rural development seen across the country towards digital and balanced urban-rural service delivery.

4.4.2 Spatial Disparities

Geographical location continues to significantly influence access to facilities, creating two tiers of inequality based on place of residence and state capacity. Data on the urban-rural divide reveals that the urban poor are often overlooked; facility utilization stands at 49.8% in urban areas, compared to 74.41% in rural areas. The ICDS remains a rural-centric program that has failed to effectively reach urban slums, as shown by this 24.3 percentage-point gap.

Performance paradox: Contrary to popular belief, better social service delivery is not merely a result of economic growth. Compared to economically weaker states like Odisha (81.3%) and Chhattisgarh 75.8%, the urban-rural gap is widest, at approx. 33% in wealthier states like Gujarat and Maharashtra. This indicates that strong administrative commitment in delivering welfare services can be more important than

financial constraints. Regional imbalances are evident in high-burden states like Uttar Pradesh and Bihar, where service utilization rates are low (47.8% and 62.1%, respectively). The result is a severe lack of facilities in certain areas; the states with the highest rates of malnourished children have the weakest delivery systems. Despite regional disparities, this strategy demonstrates fairness in setting targets based on economic conditions. Targeting the poor, there is an inverse relationship between economic status and utilization. Usage rates are highest among the poorest quintile 68.2% and lowest among the richest quintile 33.5%. This program acts as a safety net for the most vulnerable, and its ‘tiered’ structure demonstrates that it has not been captured by the wealthy or the powerful. “The educational gap”: it is noteworthy that women with only primary education-or no education at all- utilize Anganwadi services far more than more educated mothers. This confirms that the ICDS is assisting the poor and marginalized who lack access to private alternatives.

4.5 Conclusion and Recommendations

Based on four decades (1992-2024) of National Family Health Survey (NFHS) data, this study illustrates how the Integrated Child Development Services (ICDS) has evolved into a crucial-albeit uneven-pillar of India's social welfare system. By analysing this data, the study demonstrates the transformation of the ICDS from a slow and fragmented initiative into a ubiquitous foundation of the country's social welfare framework. These statistics corroborate the structural changes within the database, helping to understand the evolution of service coverage over time; notably, service utilization among children stood at 28.4% by NFHS-3, while the initial phase (1992-2005) was marked by a lack of community awareness and operational shortcomings. After remaining stable initially, service uptake nearly doubled to 51.1% during the “decade of expansion” (2005-2015). According to NFHS-6 (2023-24) data, the rate of supplementary food provision under the standard Take-Home Ration (THR) protocol rose to 59.5%, while overall service uptake for children (under six years of age) reached 61.5%. However, by the time of NFHS-5 the rate of child development had plateaued (at approximately 57%). Maternal health coverage for pregnant women had risen to 76.2 %, demonstrating that the administrative machinery has successfully prioritized the concept of the first 1,000 days. According to NFHS-6 (2023-24) data, over the past forty years, the Integrated Child Development Services (ICDS) program has transformed from a stagnant welfare scheme into a social safety net accessible to almost everyone. For children under the age of six, the overall service utilization rate has risen from 218.4% (as reported in NFHS-3) to 61.5%. Furthermore, the proportion of supplementary food supplied nationwide under the traditional Take-Home Ration (THR) guidelines has risen to 59.5%. The decision-making machinery effectively prioritized the crucial first 1000 days, as evidenced by the increase in maternal services coverage for pregnant women to 76.2%. This proves that the administrative machinery successfully prioritized the crucial days. The study also shows a notable geographical shift toward reducing regional disparities. Nevertheless, NFHS-6 shows notable improvements at the geographical level; the rural-urban gap has been successfully narrowed to 12.8 percentage points, and service utilization among urban children has reached 52.4%. Despite these improvements, access to services remains location-dependent, and residents of urban slums still need infrastructure development. According to this study, a recurring “performing paradox” is that a state's economic productivity depends on its administrative commitment. Economically weaker states like Odisha 74.41 and Chhattisgarh 78.5% demonstrate excellent administrative capacity and consistent service delivery, whereas populous and overburdened states like Uttar Pradesh 51.3% and Bihar 48.2% face structural bottlenecks that hinder the country's progress. The results indicate varying levels of

strategic alignment with the sustainable development goals (SDGs). A key mechanism for SDG 10 (Reducing Inequality) is the program's pro-poor directing, which provides resources to mothers in the lower-income bracket who have only a primary-level education or no formal education at all. Extensive motherhood coverage and supplementary nutrition further advance SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being). However, to meet the targets of SDG 11 (Sustainable Cities) and fully realize the 2030 Agenda, India must address remaining gaps in urban areas, resolve application hurdles at the state level, and move beyond mere basic coverage to ensure the delivery of high-quality services across all sectors.

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