#THRiveSeries

Bridging Gaps:

Strategic Actions for Adopting Take Home Ration (THR) guidelines under National Food Security Act (NFSA) 2023

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Introduction

The Take-Home Ration (THR) component of India's Supplementary Nutrition Programme, the world's largest flagship supplementary feeding programme under POSHAN 2.0 and Saksham Anganwadi, is a key intervention to improve the nutrition of children 6-36 months, adolescent girls, pregnant women, lactating mothers. THR has evolved over the years to ensure it provides adequate amount of daily and protein for children and PWLMs, with recent updates emphasizing macro- and micronutrient profiles and limiting added sugars, salt, preservatives, and synthetic additives.

In this context, the Global Alliance for Improved Nutrition (GAIN)in India, organised a webinar under THRive series focused on "Understanding the Updated THR Norms: What's New and What's Next?" The session convened policymakers, practitioners, social innovators, and community stakeholders to reflect on the revised guidelines and explore opportunities for strengthening nutrient-rich, safe, and cost-efficient THR models at the state level. **This document distils the key insights from the discussion, highlighting findings, practical recommendations, and future pathways.**

Background

Ensuring optimal nutrition is both a basic human right and a constitutional obligation under Article 47 of the Indian Constitution[1], which mandates States to raise the nutrition levels and living standards of their population. Despite decades of nutrition interventions, including Iron, Folic Acid, Vitamin A, and Iodine supplementation, India continues to face persistent micronutrient challenges. To address calorie and protein deficiencies, interventions such as Take-Home Rations (THR), the Supplementary Nutrition Programme under ICDS, and the Mid-Day Meal Scheme have been introduced. However, their impact has been uneven, as issues of limited dietary diversity, inadequate fortification, and weak implementation mechanisms often reduce their effectiveness, leaving significant nutritional gaps unaddressed. Major challenges related to nutrition status of children are highlighted below.

- **Sub-optimal dietary practices:** Timely initiation of complementary feeding after six months of an infant's life remains low; only 11% of 6-24-month-old children in India meet the Minimum Acceptable Diet (NFHS-5)[2]

- **Micronutrient malnutrition** the National Nutrition Monitoring Bureau (NNMB)[3]**.** reports that most children under six consume less than half of the Recommended Dietary Allowance (RDA) for key micronutrients. The Comprehensive National Nutrition Survey CNNS[4] highlights anaemia as a critical concern, with deficiencies of iron (17–32%), folate (23–37%), and Vitamin B12 (14–31%). NFHS-5 (2019–21) further underscores the gravity of the situation, showing that 67.1% of children aged 6–59 months and 57% of women aged 15–49 years are anaemic.
- **Undernutrition:** 35% of children under-five years are stunted and 19% wasted (NFHS-5), reflecting cumulative growth failure beginning in-utero and worsening during the critical 6–24 month window period, when THR and complementary feeding are most vital.

These gaps highlight the need to strengthen Take-Home Ration formulations and delivery so that they address both caloric and micronutrient needs in early childhood. If redesigned beyond a narrow calorie–protein focus, THR can serve as a comprehensive tool against malnutrition, provided its composition, quality, and delivery systems are delivery systems are significantly enhanced.

THR is a key part of the Government of India's nutrition program for women and young children. Under the government's POSHAN 2.0 and Saksham Anganwadi schemes, THR provides free, nutritious food items that families can collect and prepare at home. These rations are specially formulated to support the health and growth & development of children 6-36 months old, as well as pregnant women and breastfeeding mothers.

THR was first introduced in 1975 under the Integrated Child Development Services (ICDS) scheme and has since undergone several revisions. Nutrition norms were first updated in 2009 and in 2013, THR became a legal entitlement under the National Food Security Act (NFSA). Supplementary Nutrition Rules were notified in 2017, followed by a major revision in 2023, which introduced age-specific standards with a stronger focus on protein quality and micronutrient adequacy (as captured in Exhibit 1).

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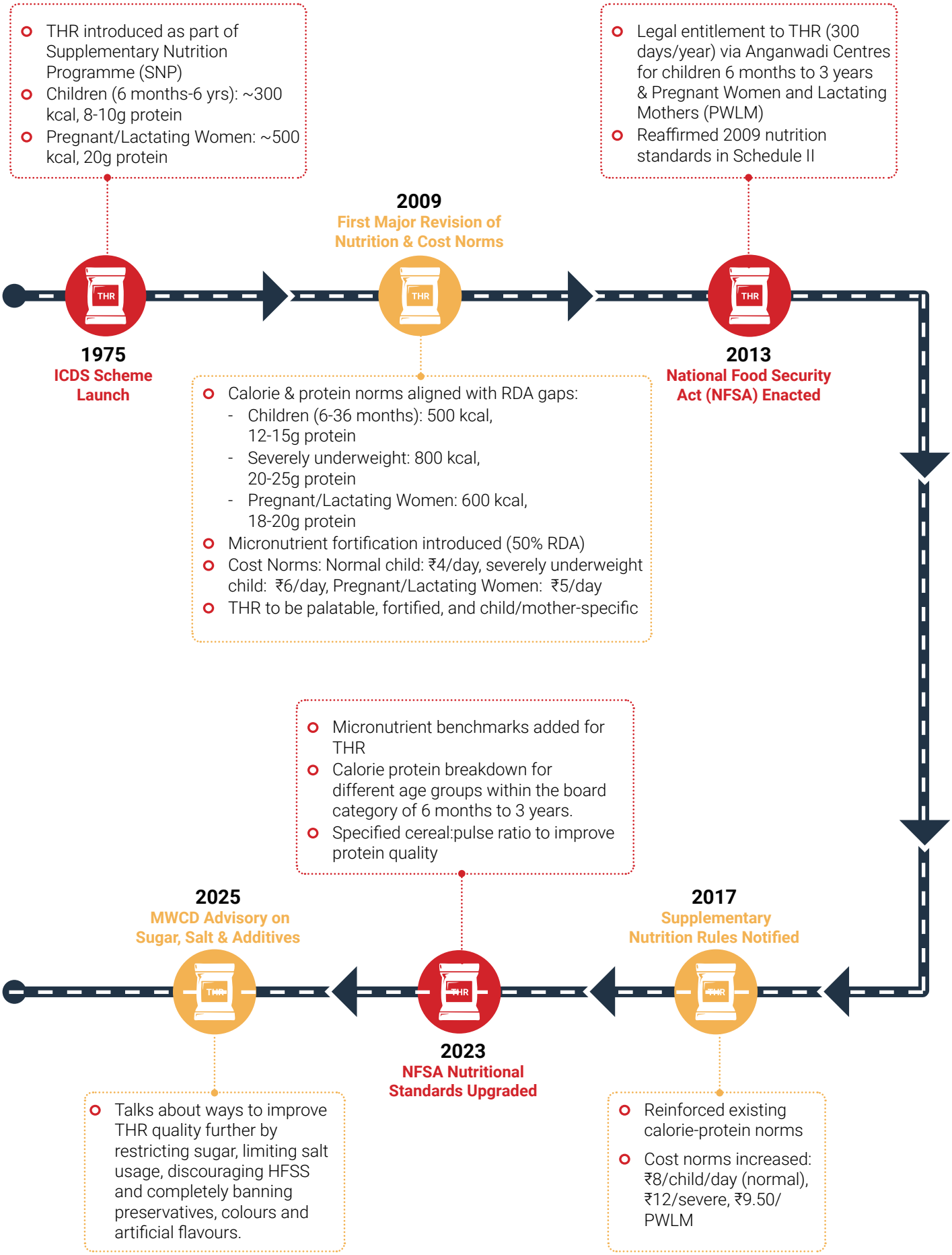
[1] Article 47 of the Indian Constitution focuses on the duty of the State to improve public health, nutrition, and the standard of living
[2] NFHS-5 (2019–21). International Institute for Population Sciences (IIPS) and Ministry of Health and Family Welfare.
[3] NNMB. Diet and Nutritional Status of Population and Prevalence of Hypertension among Adults in Rural Areas. Technical Report No. 26, National Institute of Nutrition, ICMR.
[4] Comprehensive National Nutrition Survey (CNNS), 2016–18. Ministry of Health and Family Welfare, UNICEF, and Population Council.
[5] NFSA 2023, Schedule II can be accessed under the amendment section from https://dfpd.gov.in/implementation-of-nfsa/en

Exhibit I: Evolution of THR in the country



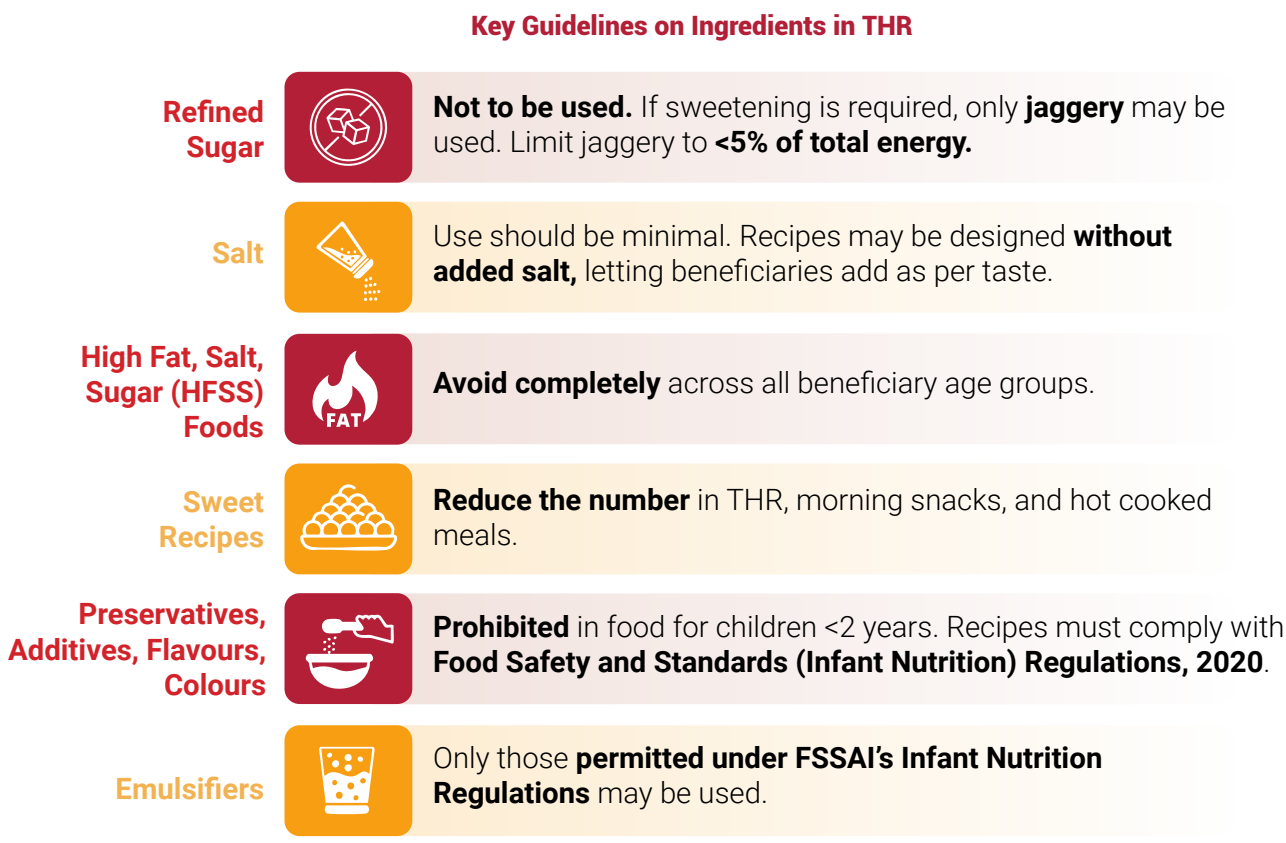
Current THR standards under NFSA 2023 (Schedule II)[5]

The January 2023 revision of Schedule II of the National Food Security Act (NFSA) brought major changes to the THR component under Saksham Anganwadi & POSHAN 2.0. These reforms explicitly shift THR from being primarily calorie-driven to delivering age-appropriate, protein-rich, and micronutrient-dense formulations, as illustrated in Table 1.

Aspect	Earlier (Pre-2023 THR)	After NFSA 2023 (Clause II THR)
Nutritional Focus	Calories + protein for children 6-36 months, PLW and adolescent girls(uniform norms)	Age-specific standards • 6–12 months & 12–36 months: THR provided; enhanced for severely underweight children. • 3–6 years: Hot cooked meals at anganwadi centres; THR for severely underweight. • Pregnant & Lactating Women (PLWs): Entitled to fortified THR.
Protein Quality	Not addressed	PDCAAS score, cereal–pulse 8:1
Micronutrients	Quantity was not clearly specified'	Defined norms: Ca, Fe, Zn, Folate, Vit A, B6, B12
Special Needs (SAM)	No separate provision; states doubled ration	Acknowledges the need for specialized THR for undernourished children

This year in April (2025), The Ministry of Women and Child Development (MoWCD) has issued an advisory on the use of sugar, salt, preservatives, colors, flavors, etc in supplementary nutrition (No. PA/185.2024-CPMU (e-115799). Key aspects of the advisory are highlighted in exhibit 2.

Exhibit 2: Difference in THR standards pre and post 2023



MOWCD 2025 advisory for THR and hot cooked meal

**As per advisory in April 2025 by MoWCD*

[5] *NFSA 2023, Schedule II can be accessed under the amendment section from https://dfpd.gov.in/implementation-of-nfsa/en*

Current Status of NFSA 2023 (Schedule II) Roll-Out and Challenges

Although the revised THR standards under the NFSA 2023 (Schedule II) were notified in January 2023, no State has rolled them out at scale. A few States are experimenting with new formulations, but full statewide implementation is yet to begin, reflecting gaps in readiness, financing, and technical capacity.

Key challenges include:

1. Nutritional Formulation

- The government departments by themselves would find it difficult to change the formulations to meet the revised protein quality norms (PDCAAS[6] score and cereal-pulse ratio), requiring external technical support.
- Guidelines require THR to meet micronutrient needs, but ambiguity persists between promoting dietary diversity (pulses, millets, vegetables, eggs) and relying on fortification. Natural foods improve diet quality but are costly and perishable, while fortification is scalable yet raises concerns of bioavailability.
- The current policy of providing one-third of the Estimated Average Requirement (EAR) for each micronutrient in Take-Home Rations (THRs) under Schedule II of the National Food Security Act (NFSA) 2023 is insufficient to address the widespread micronutrient deficiencies among Indian children. To effectively combat these deficiencies, it is imperative to revise the policy to provide at least half of the Recommended Dietary Allowance (RDA) for each micronutrient, aligning with the actual dietary requirements of children and enhancing the impact of the THR program.
- Many states use sugar (or jaggery) in THR to meet prescribed calorie norms at low cost, since sugar is cheap, energy-dense, and light in volume. Maintaining calorie requirements while keeping sugar low can lead to an increase in the volume of THR, which young children may find difficult to consume.
- Revised norms improve THR overall but lack therapeutic standards for severely malnourished (SAM) children.

2. Financial Constraints

- **Cost norms and nutrition gaps:** Current allocations are insufficient to meet the nutritional specifications for the THR . The Union Budget 2025–26 announced that cost norms for both Saksham Anganwadi and POSHAN 2.0 schemes would be enhanced. However, specific revised THR rates were not disclosed in the budget announcement itself.
- **Rising costs of meeting revised nutrient standards:** The cost-sharing norms for Supplementary Nutrition under NFSA/ICDS are 50:50 between the Centre and States/UTs in mainland India and 90:10 for North-Eastern and Himalayan States. The challenge, however, is that most States are either unwilling or fiscally constrained to contribute beyond this mandated share, even though the central allocation is calibrated only to meet minimum prescribed nutritional standards. This limits the scope for enhancing the quality, diversity, and nutrient density of Take-Home Rations and hot cooked meals.
- **WCD advisroy on sugar:** restricts sugar in THR to <5% of total energy. To maintain calorie requirements, states must increase cereals, pulses, oils, nuts, milk, or eggs. These food products, if included, can raise production costs and intensify financial pressures on THR reformulation.

[6] *PDCAAS (Protein Digestibility Corrected Amino Acid Score) is a method to measure protein quality by evaluating both its essential amino acid content and how well it is digested by the human body.*

3. Systemic Challenge for THR Guideline Adoption

While the above-mentioned challenges play a critical role, State departments face entrenched systemic bottlenecks that go beyond technical operations, making it difficult to embed the new THR guidelines effectively. Some of these key bottlenecks are:

- **Supply chain & infrastructure limitations**: Moving toward locally diverse, nutritious sources demands agile procurement frameworks, which would be difficult to achieve through existing centralized systems in many States. Moreover, the Self Help Group (SHG)[7] led decentralized production models offer promise but struggle with variable capacity, quality assurance, raw material procurement, and machinery maintenance.
- **Leakages and pilferages in the THR supply chain:** Occurring through diversion, short delivery, or substitution with inferior ingredients. These undermine both the quantity and quality of nutrition delivered, making transparency measures like digital tracking and community oversight essential.
- **Sociocultural acceptance barriers:** Transitioning from dry rations (widely accepted during the pandemic) to recipe-based options requires strengthened community engagement and re-skilling of frontline staff.
- **Implementation capacity constraints:** Anganwadi workers require re-training to communicate the new THR guidelines and their needs effectively. Additionally, most States lack accredited laboratories or systems for regular nutrient analysis and quality testing, leading to inconsistent quality assurance. These challenges that are further compounded by limited funds for training and infrastructure Governance & coordination gaps

  The absence of robust operational guidelines, especially for formulation, fortification, and monitoring, combined with developing interdepartmental coordination (across the Ministry of Women and Child Development, the Ministry of Health and Family Welfare HFW, and Food & Public Distribution), significantly hampers effective policy-to-practice translation.

That said, positive shifts are emerging. Uttar Pradesh has established 204 THR production units across 43 districts, strengthening the foundations for decentralization, improved logistics, and institutional convergence. This also creates scope for further scale-up in the coming years.

[7] *SHG is a small community-based collectives, often comprising 10–20 women engaged in savings, credit, and micro-enterprises. It offer significant promise by enhancing community participation and supporting local livelihoods.*

Call to Action

National Level Priorities

1. **Update Cost Norms:** Revise per-beneficiary allocation to support protein-rich and fortified foods.
2. **Issue operational guidelines:** Provide model recipes and culturally acceptable protein alternatives.
3. **Address SAM Needs:** Introduce specialized THR formulations aligned with WHO therapeutic diets.
4. **Strengthen Quality Assurance:** Mandate third-party FSSAI-certified lab testing for THR; create a central compliance dashboard.
5. **Build Capacity:** Standard training and re-training for Anganwadi workers, SHGs, and food production units involved in THR production.

State Level Priorities

1. **Localize recipes:** Adapt THR with local cereals, pulses, millets, and nuts to improve diversity.
2. **Innovative supply chains:** Link Farmer Producer Organizations (FPOs) with Self-Help Groups (SHGs) to build decentralized community-level food processing units.
3. **Community mobilization:** Use IEC/ social behavior change campaigns (SBCC) to build THR acceptance.
4. **Digital monitoring & social audits:** Track distribution, quality, and beneficiary feedback in real time.
5. **High-burden district models:** Pilot millet-based and fortified blended foods with higher micronutrient density.
6. **Built-in feedback loops:** Introduce digital reporting systems and local grievance redressal at Anganwadi centres. These small but critical measures can significantly improve trust and uptake of THR.
7. **Promote convergence:** Partners with diverse expertise (such as Educational Institutions, Development Sector Organizations, and Government Departments) should work collaboratively to provide need-based support in an integrated and cohesive manner.

Conclusion

The revised THR guidelines under NFSA 2023 Schedule II present a historic opportunity to strengthen India's fight against child undernutrition. However, without cost revision, technical clarity, and state-level innovation, these reforms risk limited impact.

National leadership must set enabling policies and resources, while states must adapt and innovate locally. Together, these actions can ensure that THR evolves from a calorie supplement to a nutrition guarantee for India's most vulnerable children and women.

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