Status of Child Nutrition, ICDS & 11th Plan[1]

Issues, Challenges & Expectations

A Case Study from Madhya Pradesh, India

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Screaming for attention
An agenda to Universalise ICDS with Quality

Children under six form 15 % of the Indian population but find no place in the approach paper to the 11th Plan. It is time to redeem this mistake and refocus on young children

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A dream of development that does not include children is a futile dream. Childhood is the foundation of physical, mental and emotional wellbeing of people. The first six years of life is a period of dramatic growth and development. Apart from rapid physical and mental growth, children do the difficult task of learning languages, an assortment of physical skills, values and other things required to lead a full life in this competitive world. Much of this cannot be achieved without sound nutrition, good health, appropriate education, love and affection.

Investing in the nutrition, health and education of the child under six is not only a moral duty of the government, but also a sound 'business choice' with high returns. Research across the world has established that it is either impossible or too costly to make a malnourished child a healthy adult. Minor investments in education of young child goes a long way to ensuring that the child finishes school and makes the best use of it. In failing to attend to the child the government has both been unjust and unwise. The approach paper for the eleventh plan grandly captioned as "Towards Faster and More Inclusive Growth" barely makes a lip service to early childhood[2]. This note is a call to sharply refocus the plan by giving due attention to children under six. The most important step in fulfilling our commitment to early childhood is to create a high quality ICDS that every child can access.

Importance of ICDS

ICDS addresses crucial areas of health, nutrition and education of young children. It is the only programme of any scale that addresses children of this age group, and is the only institutionalized mechanism of reaching children under six. This visionary programme created in early 1970s recognises that child development cannot be conceived without ensuring the well-being of the mother. States such as Tamil Nadu that have given due priority to the programme amply demonstrate that a high quality programme can be created at low cost with sufficient political and administrative will[3].

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[2] The most significant mention comes in Box 4 in page 47, "We aim to give the right start to children from 0-6 years with effective implementation of the ICDS programme". Unfortunately, focus on early childhood begins and ends in this grand statement.

[3] The priority given to ICDS in Tamilnadu is reflected in many ways. Most anganwadis in the State are run in reasonably spacious own buildings. The typical anganwadi is colorfully decorated and has ample materials for play-way learning. The Worker and the Helper with appropriate training make most of these. Education is given top priority and is based on scientifically developed curriculum appropriate for the age group. Cooked food based on a sound menu is given to children who come to the anganwadi and a nutritious food is delivered daily to children under three. A key highlight is its decentralized block-level training system. Each block has a team of qualified trainers (a qualified nutrition, health and an education trainer) is appointed in each block and trainings are held for the AWW once in two years. Many anganwadis have two workers one catering to the children aged 3-6 and the other for catering to other groups.

The urgency of a high quality childcare system cannot be overstated in Madhya Pradesh. With its high levels of malnutrition, morbidity, school drop-outs, illiteracy, infant and maternal morality among other things Madhya Pradesh features among the worst developed regions on the world. While these are overall numbers for the State, the status of marginalised regions and populations is disastrous, illustrated by regular occurrence of child deaths in the State. The situation cannot be redeemed without creating a quality childcare system for the whole population. The best means of doing it is to universalise ICDS and enhance its quality. The section below has concrete suggestions towards this end.

An Agenda for ICDS

1. Universalization: recognising the right of every child to early childhood care, the Supreme Court has directed that a functional Anganwadi be opened in every habitation. The eleventh plan has to create a functional framework for implementing this direction. Towards this:
    a. *Guaranteeing Anganwadis* to any habitation that demands it.
    b. *Covering all SC/ST habitations immediately* should be an explicit priority of the 11th plan. All SC/ ST habitations should be covered by a full-fledged or a mini-Anganwadi within one year.
    c. *Revising current norms:* the current norms for creating Anganwadis should be changed either to a settlement framework or a more feasible norm of (1) a full fledged Anganwadi for population between 500 and 1500 population (2) a mini Anganwadi for populations less than 500 (3) in tribal areas a full-fledged Anganwadi should be opened in habitations having population over 300.

2. Infrastructure: good quality childcare cannot be created without adequate infrastructure. The anganwadi has to be adequately spacious, clean, functional, and decorated with a lot of pictures so that it is stimulating to the child. At the minimum, there should be one spacious building with storage and cooking facility (if required), water facilities, kitchen garden, sanitation and other basic facilities. Building and upkeep of the centre can be linked to the Employment Guarantee Scheme.

3. Focus on the child under three: Children under three have long been neglected in ICDS, partly due to the inability of the worker to be both at the Anganwadi and outside at the same time. A practical plan to eliminate malnutrition, prevent avoidable disabilities and ensuring a sound childhood needs to put due attention to the child under there. It is unnatural to expect one worker to do her quota of work at the Anganwadi and also attend to the needs of children under three at the same time. I strongly urge the inclusion of a second Anganwadi worker who will focus on the child under three as a policy goal for the 11th plan. This can start in areas of greatest need immediately and be gradually extended to other parts of Madhya Pradesh over time. The work of the second AWW would be to ensure the distribution of nutritious food to all children, pregnant and nursing women, early identification of disabilities in children in order to avoid or mitigate it, monitor the growth of children and ensuring full and timely coverage of immunisation.

4. The Anganwadi worker
    a. *Just remuneration and due recognition* to the Anganwadi worker. Despite the crucial function that the Anganwadi worker does, she is paid less than minimum wages for the work. Further the worker carries a low status within the administration and also in the community. We cannot expect the worker to deliver without giving a just remuneration and due recognition. Urgent steps have to be taken to revise the salary norms and to take steps to improve the status of the worker in the community.
    b. *Training for the challenging work.* Early childhood care is a skilled task that requires intensive and continuous training. Regular training and refresher programmes should be held for CDPOs, Workers and Helpers for them to be able to do their work effectively. Without proper training it would be impossible to identify disabilities early in children, to develop appropriate pedagogy, interpret and act on growth monitoring information, for meaningful nutrition and health education, among other things. At the minimum training and retraining of workers should be done according to NIPCCID norms. Going beyond this, visionary programmes such as the Block Level Training System of Tamil Nadu could be developed in Madhya Pradesh.

5. Quality concerns: reports from the field indicate many quality problems with services provided in ICDS. Poor quality of food has been a regular source of complaint. Food plays a central role in attracting children to the anganwadi and retaining them.
    a. *Allocation for SNP* should be fixed at least at Rs. 3 per child per day.
    b. *Food preparation:* the Supreme Court has banned the use of private contractors to prepare food in the anganwadi. Preparing food at the anganwadi would be the most feasible and effective solution. Else, food could be prepared by Self Help Groups with regular and assured funding.
    c. *Right to information, Monitoring and Vigilance*: efforts must be taken to make all information relating to ICDS readily available so that the community could monitor the functioning of the anganwadi more effectively. Further, all officers of all related departments should be requested to monitor the functioning of the scheme without harassing the anganwadi workers.

Background Scenario

Patalgarh village of Sheopur district is in the center of discussion since beginning of last year-February 2005. 13 child-deaths were reported, due to mal-nutrition, in the month of February 2005 in this village. This issue was raised almost at every platform. Taking note of the gravity of situation, the Hon'ble Supreme Court nominated Commissioners for remedial measures, which in turn issued directions for removing mal-nutrition. However, nutritional securities for every citizen, being an issue not on priority list of Government the required Anganwadis were not opened. Consequently, between March and May 2006, 10 more untimely child-deaths were reported from that area.

In this village, in the name of employment, a mere 5 days work was allotted to people during last three years under the various employment schemes. There is absolutely no trace whatsoever of provisions like mid-day meals and Anganwadis, for the simple reason that the population of this village is less than 700. As far as facilities are concerned, the hospital is about 63 kilometres away from this village. Because of scarcity, poverty and non-availability of any proper and nutritious food, one out of almost 10 expectant mothers suffer death during their respective delivery. Upon enquiring from the mother of an infant – Guddi, as to when she will start breast-feeding her infant, the prompt came the reply "how I can feed my infant when I myself did not take anything for last seven days". In such a scenario, the fact remains that real problem starts from unsafe motherhood and results into never-ending vicious circle of mal-nutrition. Patalgarh is not the single village, which is facing crisis of existence; there are 76 thousand villages and habitations in Madhya Pradesh waiting with hope for ICDS scheme to be functional.

Although in the past efforts had been initiated to overcome the problem of mal-nutrition by way of launching schemes like ICDS (Integrated Child Development Scheme). Although the respective Government departments have addressed this issue, the vital question remained as to whether the mal-nutrition has really fallen down? The obvious answer, based on ground realities is a big NO.

In the context of Madhya Pradesh, the basic issues facing the State in terms of health and mal-nutrition can be summarized as under:

- Madhya Pradesh is the state with highest infant mortality and mal-nutrition among children. 55% of all children below 3 years are under weight, 51% are stunted, 20% are wasted and 75% of them are anaemic.

- 42% families of the total population live below the poverty line.

- Out of total population 19% are Scheduled Tribes and 15% belongs to Scheduled caste categories.

- Maternal mortality rate in the State is second highest in the country i.e. 498 per lakh live births.

- Infant Mortality Rate (IMR) is also highest at 79/1000 live births[4].

[4] SRS Data –April 2006

- The reach of health and nutrition can be understood for the fact that only 22% of the children having received all vaccinations before 12 months and only 25% of children 6 – 35 months having received at least one dose of Vitamin 'A'.

- Out of total population of 10,618,323 of children in the age group of 0 – 6yrs., only 2,334,789 (22%) of them are enrolled under the S.N.P. As against the average number of 80 children are to be enrolled per AWC, only 57 are actually enrolled[5].

- As against standard expenditure norm of Re.2.30 per beneficiary per day (set by the Department of Women and Child Development, Government of India in December 2004), only a paltry 50 paise per beneficiary per day (21.74% of set norm) is spend by the Madhya Pradesh Government.

- As far as the implementation of schemes are concerned, no specific problem analyses or planning has been conducted by the State. The scheme is being implemented on general basis across the State without identifying or mapping most problematic, food insecure and neglected areas.

- Similarly, as against the set norm of 20 pregnant mothers per Anganwari centres only 15 are actually enrolled.

- As against the requirement of 1,26, 172 lakh Anganwadis, only 49,784[6] (39.5%) are functioning under Integrated Child Development Scheme in the State.

- According to a perspective document of the Health Department itself, only a paltry sum of Re.125 per person is being allotted in the annual budget of the department and this includes cost of medicines and other services.

- In Madhya Pradesh, only 90 child specialists (medical practitioners) are working in the State system, while it requires 718 doctors i.e. 428 in community health centres, 48 in district hospitals, 18 in medical colleges and 224 for emergency services.

Government's approach to the problem

How a system can be termed as pro-children when it refuses to accept and properly understand the necessities and requirement of childhood itself. Here is a very relevant example of a village, known as Kotda in tribal district of Jhabua. It is divided into 12 Falias (hamlets). In this village, just for the sake of completing the mere formality, only one day's fair was organized, under the "Bal Sanjivni Malnutrition Eradication Campaign", meant to identify and treat the children suffering from mal-nutrition.

[5] Sixth report of the Commissioners to the Supreme Court (in writ petition 196/2001)
[6] Situation on 25th August 2006

Although there is realization amongst the Government circles that the problem of mal-nutrition is grave it lacks the required commitment to deal with it. That is why while planning its activities, this fact was totally ignored that the timing of this campaign was coinciding with harvesting season of Soya bean when most of the workers and small farmers of the village, along with their families, migrate to other places to engage themselves in Soya bean fields for earning their livelihood. Thus, in the absence of majority of villagers and their families, the identification and treatment of children for mal-nutrition is just meaningless and rendering it only a self-defeating exercise.

Another important dimension of the whole experience is branding people as poor, hungry and/ or 'under-nourished'. Villagers shy away and feel insulted for this. True to the saying that while hunger pinches a person only physically but being branded so, is quite torturous both mentally as well as psychologically. Therefore, to avoid such a situation, they prefer to depend on forest produces, its roots and leaves, only to have a 'feeling' of chewing and eating something and filling their stomach, irrespective of the fact whether they are gaining any energy or not. Obviously such so-called 'food' develops diseases like mal-functioning of lungs, swelling in intestines, infection and gastroenteritis. When people die due to such diseases, Government proclaims them as deaths due to sickness, conveniently ignoring the root cause of such sickness i.e. hunger and malnutrition. Most of the victims of such deaths are children.

In this era of neo-liberalism, it is clear from the approach being adopted by the Government that it does not want to take any direct responsibility for mal-nourished, poverty stricken and deprived children. That is why in spite of clear directions from the Hon'ble Supreme Court to the effect that no contractual arrangement be made for supplying nutritious food to Anganwadi and also instead of any centralized arrangement for the purpose, this should done either through Self Help Groups or Women organizations the Government of Madhya Pradesh, ignoring the directions, started giving the said manufacturing and supply work to contractors[7]. Not only this, instead of exploring the possibility of providing local community based nutritious food, which is cheap, nutritious and long lasting, it has been decided to supply energy rich foods by entering into a contractual arrangement with the multi-national manufacturers of such food. Apparently, the Government believes that only multi-national companies are able to manufacture and provide energy food for the children.

It is a matter of utmost importance that unless and until people are aware of their rights, one cannot expect them invoke those rights. It is very well applied in the context of Anganwadis in Madhya Pradesh. Almost 83% of villagers are not even aware of the system and making use of them. In fact they get quite satisfied if their children get enough to survive. Things like education or capacity for leading a prosperous life is far beyond their belief.

Integrated Child Development Scheme (ICDS)

Realizing the fact that with continued mal-nutrition and state of hunger, a healthy and productive society, based on equality, cannot be developed Government launched an Integrated Child Development Scheme in the year 1975. The purpose of the Scheme was to make the childhood a healthy one for transforming into a strong, healthy and all round physically fit younger generation.

[7] Department of Women and Child Development itself has filed an FIR in Economic and Offence Wing, as wide level corruption was reported in the Tendering process.

The Integrated Child Development Scheme (ICDS) is a complex scheme both for the range of diverse and difficult objectives that the scheme seeks to achieve the complexity and scale of its implementation. It was started in the year 1975 with the following objectives:

- To improve the nutritional and health status of children under the age of six years;
- To lay the foundation for the proper psychological, physical and social development of the child;
- To reduce the incidence of mortality, morbidity, malnutrition and school drop-outs;
- To achieve effective coordination of policy and implementation among various departments to promote child development;
- To enhance the capability of the mother to look after the normal health, nutritional and developmental needs of the child through proper community education.

Although the most visible and best known of the services of the ICDS is supplementary nutrition, it is supposed to provide a range of other services, which are arguably even more vital, and should be monitored as well. The guidelines issued by the Government for the ICDS, unlike several other schemes are scattered and are found in a host of department orders, circulars and notifications related to implementation of the scheme.

Financial aspects –

There is a temporary Anganwadi in Patalgarh village and the nearest anganwadi is situated in Hirapur village, 17 kms away. Mithilesh a worker holding a temporary post looks after the temporary Anganwadi in Patalgarh village. According to the villagers there are 70 children in the village who have been enrolled in the Anganwadi just to fulfil in the formalities. The enrolled children have been given Supplementary Nutritious Food only till January 2006. There is no ANM or Dai in the whole village that tends to the needs and advises pregnant women. This is perhaps the reason why one finds that the death of women during childbirth is a common phenomenon. There is a Multipurpose Heath Worker for the village who manages to make a round once in a month. However one cannot blame him for this because, he has to look after 3 Panchayats. He has also been entrusted the duty of registration of births and deaths and in the given circumstances he leaves out many children. This is the main reason why the government has been denying the deaths. Most of the new born die within one month and neither their birth nor their death gets registered. The government has no doubt devised a number of schemes for the benefit of the poor and the marginalized communities, but unfortunately all these schemes remain on papers without being implemented.

> *However, doctors in the district claim that the deaths were caused by various viral infections. The Chief Medical and Health Officer of Sheopur, Dr. A.K. Dixit, said: "There may have been a couple of cases of measles, which may have been compounded by malnutrition. However, most of them were viral infections of various kinds, including bronchitis and pneumonia." However, other doctors studying the deaths have stated that malnutrition led to measles, even in those children who had been vaccinated against the disease. Dr. P.C. Mahajan, head of the Department of Preventive and Social Medicine at the Gwalior Medical College, said: "In cases of severe malnutrition, vaccination is not effective. A second attack of measles cannot be prevented. You need protein to produce antigens and Vitamin A to build immunity. It is a vicious cycle - protein-energy malnutrition leading to opportunistic infections, which*

again leads to low immunity, which kills appetite further. The impact is almost as in the case of Acquired Immune Deficiency Syndrome (AIDS), except that malnutrition is a curable condition, not a disease. Unless and until malnutrition is treated, nothing can be done."[8]

Patalgarh village of sheopur district is a Sahariya tribal community dominated district and a study on Health and Nutritional status of Sahariya has been conducted by the Regional Medical Research Center for Tribals (ICMR) Jabalpur. The study results make picture quite clear about the prevalence of Under-Nutrition. Prevalence of Under-Nutrition in Pre-School children in terms of Under-Weight, Stunting and Wasting (weight for age, height for age and weight for height below –2SD respectively) was observed at 74.3%, 75.4% and 20% respectively. Forty Four percent population had signs of Anaemia. Vitamin-A deficiency was observed in 8.2% children. Anaemia status has been categorised as per WHO recommended classification. Very high prevalence of anaemia (87.6%) has been observed in the tribe. Prevalence of moderate to severe anaemia has been found to be very high at 47.1%. In accordance with this situation it is necessary to make sure that the essential components like Vitamin-A, Protein, Iron, Fat and sufficient amount of Calories (to cover the gap of average energy deficiency of 500 to 600 calories in Children) reach to the beneficiaries of ICDS.

Like any other village Patalgarh also needs a permanent and well-functioning Anganwadi center. When we analyze what is needed for the establishment of the center it is basically the Political will and then, the necessary budget which could be roughly summed up as around Re.1, 83,800.00 (a one time expenditure for the next five years and Re.2, 54,140.00 per Year for its regular expenses).

Financial requirements to establish and run an anganwadi center in Patalgarh village of Sheopur district

1. One time expenditure for Patalgarh Anganwadi Center

1.1 Civil construction of AWC -	Re.1.75 Lac[9]
1.2 Utensils	Re.8000.00[10]
1.3 Weighting machine	Re.800.00[11]
Total cost	Re.1, 83,800.00

2. Annual expenditure for Patalgarh Anganwadi Center

2.1 Anganwadi workers Salary (2)	Re.60, 000.00[12]
2.2 Anganwadi Sahayika (1)	Re.23, 040.00[13]
2.3 Stationery	Re.500.00[14]

[8] Vol:22 Iss:09 URL: http://www.flonnet.com/fl2209/stories/20050506000904900.htm
[9] Norm set by the Government of India for North- Eastern States.
[10] Re 100 per child for 80 children. It includes all the utensils for next five years.
[11] Actual cost
[12] Re 2500.00 per month per worker for minimum 2 anganwadi workers.
[13] Re. 1920.00 per month. As it should not be less than state's prescribed minimum wages.
[14] It includes registers for record maintenance etc.

2.4 Food[15]	
2.4.1 Group – I (0-3 Years)	Re.36, 000.00[16]
2.4.2 Group – II (3-6 Years)	Re.36, 000.00[17]
2.4.3 Group – III (P&L Women)	Re.60, 000.00[18]
2.4.4 Group – IV (Adolescent girls)	Re.15, 000.00[19]
2.5 Medicine Kit	Re.6600.00[20]
2.6 ECE Kit	Re.8000.00[21]
2.7 Building maintenance	Re.9000.00[22]
Total cost	Re.2, 54,140.00

At the state level - If we sit by to analyse the budgetary allocations and its outcome in Madhya Pradesh from 2001 and 2005, one clearly see a sorry state of affaire. This period, – being the transitional period between 9th and 10th Five Year Plans, funds to the tune of Re.1685.64 crores were allocated and disbursed to the Department for Women & Child Development. However, the Department could utilize only a sum of Re.1210.34 crores (71.80%) and the balance amount of Re.475.30 crores (28.20%) remained unutilized[23].

(Rupees in crores)

Year	Total budget provision	Expenditure	Savings	Percentage of saving
2000-2001	272.97	199.62	73.35	27
2001-2002	274.06	189.58	84.48	31
2002-2003	335.86	261.78	74.08	22
2003-2004	393.89	275.86	118.03	30
2004-2005	408.86	283.50	125.36	31

[15] Chattisgarh Civil Society Groups working on food rights have done an analysis of the various combinations of Nutritious food, which can be provided to the Children. Madhya Pradesh group has also tried to contribute to this section. These combinations have been given in the Annexure –1.

[16] Re 3.00 per child per day for minimum 25 days. Food related schemes for children usually encounter inflation related ups and downs, that's why there is a need to make provisions accordingly. In Patalgarh case, Collector Sheopur also said that the distribution of the nutrition on old government rates is not possible due to the steep rise in the price of Moong in the market.

[17] There should be a provision of Rs 3.00 per child per day for minimum 25 days. This group of children should be provided by the full meal not the supplementary food

[18] Re. 5.00 per P&L Women per day for a group of 40 (average) for minimum 25 days. The number of pregnant and nursing mothers in a population of 1000 is estimated to be 40 – 4% of the population. Estimate used under ICDS Scheme itself (Reference- Manual for the State Advisors to Commissioners of the Supreme Court)

[19] Rs. 5.00 per Adolescent girl per day for a average group of 10 (average) for minimum 25 days

[20] Rs 5.00 per beneficiary per month as experiences from South Indian states show that this much amount would be sufficient for medicines.

[21] Rs. 100.00 per child per year for an ECE Kit. ECE Kit will include pre-school education learning material, Games, Board, Stationery, Learning charts, copies etc.

[22] Rs. 750.00 per month for electricity, cleaning, painting and sitting arrangements.

[23] Report of the Comptroller and Auditor General of India - 2005

Thus, on the one hand, the State Government is not able to put full use of already sanctioned budgetary allocation; on the other hand, it argues that there are budgetary constrains. This happens whenever talks regarding development of strong community based systems are brought forth. Thus, in the context of Madhya Pradesh, one finds the state taking irresponsible steps so that it can get rid of the "Sick State" label attached to it. One such irresponsible step is ensuring minimum allocations, under the head "Women & Child Development" in the 11th Five Year Plan as under:

- Re.1854 crores per year (@ Re.3/- per child/per day and Re.5/- per women-adolescent girl) for providing nutritious food to the children;
- In the 11th Five Year Plan, there should be a provision of Re.928.40 crores for the construction of 50468 (40% of total anganwadies – in all villages and habitations) buildings and meeting one time cost of making it more creative. So that these centres are converted into effective ones for meeting the real objectives for which they have been established;
- Essentially state will have to make sure that every Anganwadi center has a sanction of 2 Anganwadi workers along with one Sahaiyka (Helper) and they are not paid less than minimum wages.
- As per the data provided by the Department of Public Health Engineering, Government of Madhya Pradesh, there are 126172 villages and habitations and State Government should ensure that the Supreme Court's order of dated 7th October 2004 is respectfully followed. The order says that *" Efforts shall be made that all the SC/ST hamlets/habitations in the country have Anganwadi Centers as early as possible…All the States/Union Territories shall make earnest efforts to cover the slums under ICDS*". Here it is clearly evident that there is a mammoth gap of about 76000 anganwadi centers from is the number, which has to be covered. Covering this gap should be the primary objective of the 11th Plan.

Upon analysis of ICDS, the following facts have come to forefront:

'*Achievements*' under ICDS

Although the Integrated Child Development Scheme (ICDS) was operational since last more than three decades, but the average success of this Scheme (if at all we may call it a *'success'*) remained as low as 0.25% per year only. Thus, in fact, the ICDS remained a big failure for achieving its objectives, for the simple reason that the issue of nutrition was never considered to be an important issue amongst the political circles and as such it failed to attract the priority it deserves. During the last four years, the number of children and women, which were identified as beneficiaries under the nutritious food programme, comes to 253.84 lakhs.

(Rupees in crores)

Year	No. of beneficiaries identified for daily coverage (in lakh)			Funds required for assisting identified beneficiaries			Annual expenditure	Shortfall in provisions
	WFE/CARE PROJECT	Non-WFP/CARE project	Total	WFE/CARE PROJECT	Non-WFP/CARE project	Total		
2001-2002	21.01	37.04	58.05	8.85	131.99	140.84	65.78	75.06
2002-2003	21.73	40.71	62.44	9.14	144.35	153.49	84.39	69.10

2003-2004	4.54	60.39	64.93	1.25*	214.45	215.70	86.49	129.21
2004-2005	3.14	65.28	68.42	1.33	230.26	231.59	77.27	154.32
Total	50.42	203.42	253.84	20.57	721.05	741.62	313.93	427.49

Accordingly, a budgetary provision of Re.741.05 crores was made to provide nutritious food to them. But, as against this provision, the Government of Madhya Pradesh, spent only a total sum of Re.313.93 crores i.e. 42.36% of allocated amount. An analysis of the audit report, submitted by the Auditor General of Madhya Pradesh, clearly indicates that the benefits of the ICDS have not reached up to 52 to 62 percent of requiring children and that up to 46 to 59 percent of pregnant women, although both categories were already identified as beneficiaries[24].

(Number in Lakh)

Year	Pregnant and nursing mothers			Children in the age of group of 6 months to 6 years		
	Identified	Assisted	Percentage of Shortfall	Identified	Assisted	Percentage of Shortfall
2000-2001	8.49	3.45	59	39.27	14.89	62
2001-2002	10.51	5.20	51	48.80	21.77	55
2002-2003	11.06	5.77	48	51.38	24.26	53
2003-2004	11.66	6.30	46	53.26	25.75	52
2004-2005	12.03	6.24	48	56.39	26.24	53

The State of Madhya Pradesh earns a distinction for most pathetic condition as far as death rates of child and mother are concerned - although it is expected from Anganwadi workers, engaged in Women & Child Development, to keep a watch over the death rates of infants and mothers and to take necessary steps to control such death rates, in coordination with concerned Health Department. Though 6.10 lakhs of children (in the age group of 0 to 1 year and as per the Infant and Maternal Mortality Rate) and 65,000 women died due to pregnancy related complications between the period 2001 and 2005 for reasons, in one way or the other, linked with child birth, but there is absolutely no mention of such child and mother deaths in the Monthly Progress Reports being submitted by the Anganwadi workers to the Government.

Monitoring of ICDS – A big failure

It appears that a deliberate and calculated attempt is being made by vested interests to turn the monitoring system into just an exercise in futility and rendering it almost an empty one with no substance. Although the respective Gram Sabhas and Panchayats have been empowered to suggest ways and means for implementing the Integrated Child Development Scheme (ICDS) but the authority to accept or reject the same has been vested only with the concerned bureaucrats. The Panchayats are only to ensure the proper distribution of food whenever and whatever it is supplied to Anganwadis, but they have no authority whatsoever for ensuring regular and timely supply of nutritious food, even if it is not provided for almost nine months in a year.

* Reduction was due to discontinuance of Word food program (WFP)/Co-operation for American Relief Everywhere (CARE) SCHEME OF DISTRIBUTION OF FOOD

[24] Report of the Comptroller and Auditor General of India - 2005

Thus, there is absolute need to link the monitoring system with a sense of responsibility and answerability. The Integrated Child Development Scheme, launched in the year 1975, is now 31 year old. However, the fact reveals that in the name of achievements of its objectives i.e. removing mal-nutrition, child and mother death rates, adolescent health, vaccination etc., it remains at negligible 0.25% per year – meaning no progress at all on these counts. Not that in the absence of any proper building or lack of any nutritious food, the mal-nutrition could be removed only by a total of 12% in a period spread over for long 31 year. But the basic fact is the absence of any political commitment for achieving these objectives.

Need for proper food

It is true that in the absence of any provision to provide food security in the families, we cannot overcome the problem of mal-nutrition. But it remains a matter of self analysis that with the lack of social, political and economic commitments, the community based development could not be materialized. On the one hand, all the developmental activities were sharply tilted towards a particular section of Society, but on the other hand, a large section of Society have remained deprived even for the right over its livelihood resources. A comparative analysis of various parts of the country itself shall present a better view of the situation. During the decade of 1970s, the problem of child nutrition had taken the turn of political magnitude in the Southern States of Kerala and Tamil Nadu. As such, with the given political commitment and the will of the concerned Governments, the Integrated Child Development Scheme is in real sense having an effective role in terms of providing nutritious food for the children of these States. On the contrary, a comparative analysis in the context of Madhya Pradesh shows that as against the required 1200 to 1700 calories for the children up to six years of age, they are in fact getting food with only 758 calories i.e. almost 50% of what is required. In other words, these children are being fed with only equivalent to one time food in a day. This is not a one-time and suddenly developed, but is prevailing and continuing from years together. Not being fed properly, the under nourished and half-hungry labour force of Madhya Pradesh is just not able to meet the work targets so determined under the Employment Scheme and, as such, have to contain themselves with lower wages by 30% to 50% of target based fixed minimum wages.

Thus, the very objectives of the Scheme remain a far cry to be achieved, particularly in the State of Madhya Pradesh.

Status of Infrastructure

On the other hand, the status of so-called infrastructure available to deal with the dreaded situation of mal-nutrition is an ample proof of political negligence on the subject. Although the State Government believes that at least 50,000 more Anganwadis are required to deal with mal-nutrition, but in the absence of permission and budgetary sanction from the Central Government, not a single Anganwadi can be established. As such, the State Government has not initiated measures, of its own, to open Anganwadis out of State budget. As per directions of Hon'ble Supreme Court, the number of Anganwadis needs to be increased from existing 6 lakhs to 14 lakhs. Thereafter, as per the decision of Central Cabinet taken in December 2004, it was decided to open 1.88 lakh Anganwadis, but till date no formal orders to this effect have been issued and as such, action to implement the decision is pending. Looking at the time consuming decision making process of the

Government, it appears to be highly unlikely that the deprived children will be able to take advantage of Anganwadis at least before August-September, 2007[25].

Attitude towards ICDS

One of the most important issues relating of Anganwadis is linked with its social character. The Government has never attempted to provide recognition in such a manner so that Anganwadis are accepted and treated by the Society as a Social Centers for Child Development. Even looking at the four directions issued by the Planning Commission, from time to time, it will be observed that basically Anganwadis are considered to be Centers for poverty stricken, deprived, hungry and ignored children of the society. Consequently, the basic ideal behind establishing an Anganwadi has been lost sight of. The families of such children attending the Anganwadi have come to be identified as an altogether separate and distinct section of Society. In the Jatashanker Badagaon of Chhattarpur district, the Anganwadis are functional for years together, but still 5 children belonging to Dalit community, died there simply because of mal-nutrition. Going deep into the matter, it was revealed that Anganwadi being situated in a locality inhabited by upper caste people and as such, the children of Dalit community are not permitted there. Although the lady volunteer of that Anganwadi made some attempts to help those Dalit children, but with the negative attitude on the part of both – Government as well as Society, all her efforts were proved to be just futile[26].
Generally, because of budgetary constrains, lack of commitment and prevailing corruption, the nutritious food is not being distributed in Anganwadi Centers on regular basis. In the absence of facilities and resources, the local community looks down these Anganwadis negatively. One of the districts of Madhya Pradesh – Sidhi, is its worst affected district in terms of mal-nutrition. But the ground reality of functioning of Anganwadis there can be simply assessed by the stark reality that 187 Anganwadi workers of Sidhi block did not receive their remuneration for last 16 to 28 months. But still they are required to perform their duties, which includes bringing children from their respective homes, put them to bath, prepare food and feed them, fill-up as many as 8 office registers, conduct survey and look after the pregnant women. The irony is that they are expected to do all this, but without receiving any already sanctioned budgetary resources from the Government. The climax was when in the absence of payment of rent for the building, housing the Anganwadis, due to non-receipt of funds from the Government, the 9 respective landlords of the buildings not only forced them to vacate the place but also seized house-hold goods, registers etc. belonging to Anganwadis. However, against all these odds, the volunteers of Anganwadis are willing to provide social protection to the children, but when the seriously ill children of the Anganwadis are referred to ANMs or to Government Hospital for treatment, where they are subjected to and treated with gross negligence at the hands of staff of Health Department.

In the year 2002 it has been decided by the Government that the responsibility to supply nutritious food to Anganwadis shall be assigned to Self Help Groups of Dalit-Adivasi Women, thus benefiting about 750 such groups[27]. However, this policy was reversed in the year 2006 in favour of multi-national food manufacturers, who will prepare and supply nutritious food to Anganwadis worth

[25] ICDS – Matters we need to look at, Manual for State Advisors to Commissioners of the Supreme Court, pg.-25
[26] Case study prepared by Samhit Vikas Samaj Sevi Sanstha, Chatterpur (allay of the RtFC) for Right to Food Commissioners
[27] Government order No.- WCD/2003-04/F-3-8/2002/50-2, Bhopal, Dtd.- 30.05.2003

Re.150 crores. The reasoning for such reversal being advanced by the Government officials is that according to their assessment and experience of last five years, the Dalit-Adivasi Women Self Help Groups are neither capable nor competent to prepare and provide nutrition food for themselves. On the contrary, the report of Auditor General reveals some glaring anomalies about the functioning of such Self Help Groups. According to report, the fact is that Dalit-Adivasi women are not running these Self Help Groups, but instead the combination of vested interests including Anganwadi workers, Contractors and Government Officers are factually and effectively operating such Self Help Groups. The report further reveals an apparent fraud to the tune of Re.20.00 crores in the functioning of such Self Help Groups, at the very cost of Dalit-Adivasi Self Help Groups, for the very benefit of whom the decision was taken.

The role and responsibility of Health Department in implementing and monitoring the programme is yet to be decided by the Government. The experience of Madhya Pradesh gives rise to the doubt about the seriousness on the part of Government on this issue because of the fact that even in the limited efforts being made to fight with the problem of mal-nutrition, there is very negligible role or responsibility of the concerned Health Department in this behalf. Therefore, first of all, the respective roles have to be determined and responsibilities be fixed accordingly. Surprisingly, while the Government talks about reducing the child-death rate, but on the contrary, the objective to eradicate mal-nutrition is not a part of its policy, while in fact both these issues are inter-linked with each other[28].

The burning example of Kiwad village of district Dindori provides ample exposure of Government attitude on this issue. In this village, two children of 11-month old each faced untimely death due to their sickness directly linked with mal-nutrition. The incident was put to enquiry on the directions issued by Commissioners so nominated by the Hon'ble Supreme Court. The Government enquired into the incident, but without any representation from any of the concerned voluntary organizations. As expected, the so-called enquiry report concluded that although these children were suffering from mal-nutrition, but the real cause of their death was negligence on the part of their parents. However, it is also true that neither the concerned Anganwadi worker has been paid any remuneration for last six months nor any nutritious food was supplied there, but still that worker has been made the scapegoat for the entire incident and terminated from the post[29]. In the face of these facts, the question arises as to who should be made responsible and accountable for such incidents – The Government, who despite being duty-bound to provide sufficient resources for running Anganwadis, but miserably failed to do so, or the poor Anganwadi operators, who in the face of all odds, try to perform their duties more with human angle.

While selecting workers for Anganwadis, the Government deliberately gives preference to women belonging to either poor and dalit - adivasi category or widows, so that they can be easily exploited and in situations embarrassing to Government, like the one above, such workers may be made easy scapegoats for such incidents. The aforesaid example of Kiwad village defines in itself the policy-level character of the Government. Whenever there is any problem arising out of deficient system, never any responsibility is assigned to either upon any higher-up bureaucrat or upon any political authority responsible for framing the policies.

[28] Various observations by the Civil Society organisations - Case studied are available with the RtFC
[29] Process documentation report of the case by Right to Food Campaign Madhya Pradesh Support Group

Ideally, Anganwadi is a source medium to keep a micro-watch over the prevailing situation in the respective village. The infrastructure so designed for functioning of Anganwadis, provides for one Supervisor over 20 to 30 Anganwadis to oversee their working and to ensure proper co-ordination at block level with concerned Project Officer of Child Development Scheme. But the fact remains that out of 2063 positions of Supervisor, 549 of them (27%) are still vacant[30]. To worsen the situation further, the news is taking rounds from the corridors of power that instead of increasing the number of ground level workers, the Government is planning to create more managerial posts from the level of Deputy Directors and above, meaning thereby that number of Managers and Supervisors may exceed the managed ones.

Growth & Malnutrition

The issue of mal-nutrition and right to food for children is of great significance in the present context because both the Central as well as the respective State Governments are in the process of finalizing the outline of 11th Five Year Plan. As far as Government is concerned, it is influenced by the system of measuring the developmental growth in terms of its percentage rate. As per the guidelines issued by the Planning Commission, the target rate of development will be achieved by initiating programmes for constructing roads, buildings, tanks etc. Here the Planning Commission has conveniently lost sight of the fact that due to poverty and mal-nutrition, almost 66% (2/3rd) of the population has gone so weak that it just cannot make use of these roads and buildings for meeting its respective basic needs. Although to provide employment, the Government launched the Rural Employment Guarantee Scheme, but it has been observed during first six months of its implementation that minimum wages under this Scheme are being calculated on the basis of target based physical work. However, the workers belonging to Adivasi community in some of the districts of Madhya Pradesh, like Shivpuri, Umaria and Khandwa, although needy but, being physically weak, are just not able to put-in sufficient labour to achieve the set target of work i.e. digging of minimum 100 cubic feet of land, within seven hours a day, to earn their daily minimum wages. Thus, the very objective of Employment Guarantee Scheme i.e. removal of poverty, is being lost sight of, simply because of approach and attitude of the implementing agencies being miles away from prevailing ground realities. Thus the Scheme itself is becoming a source of exploitation at the hands of vested interests. Not that the workers shy away to put-in their labour, but due to extremity of mal-nutrition are just not physically fit to do so for achieving the set target.

In this given scenario, based on grass-root experience of prevailing ground realities, it has become rather incumbent upon the Planners to make Freedom from Mal-nutrition and Right to Nutrition as underlining objectives for the next Five Year Plan. Unless this is done and in the absence of such objectives, even if an overall growth rate equivalent to 10% is achieved, at the cost of continuing mal-nutrition and under nourishment, it is just meaningless and shall render such growth as an exercise in futility. Only a weak young generation can be developed out of an under-fed and under nourished childhood, who cannot be expected to contribute in the process of Nation building. It may be a perfect statement that expected Growth rate of 8, 9 or 10 percent couldn't be achieved without addressing severe problem of Under-Nutrition in the society. We cannot define it scientifically but we can feel that fact that an empty stomach under nourished children cannot survive and if any way survives, that person will not be a productive part of the development process.

[30] Report of the Comptroller and Auditor General of India – 2005, pg. 70

The basic objective of any development process is to provide an improved and better quality of life based on equality. Therefore, while drawing plans in terms of wider perspective value, the Government has to take into account the prevailing basic reality of life that mal-nutrition is a stumbling block in the proper development of a person – both mentally as well as physically. On an average, the birth weight of about 60% of children, born in Madhya Pradesh, is less than 2.5 Kgs., causing a negative impact over the natural process of their mental development. That is why, right from the very beginning, their mental strength remains weak towards development of their learning and understanding skill. Therefore, the very talk about process of development through proper education to such children becomes redundant and meaningless in itself in the face of mal-nutrition being suffered by them. Further, while talking and analyzing about the status of education, various arguments are put forward towards the tendency and reasoning leading to dropout children. Obviously, the mal-nourished and under-nourished childhood is bound to have less than average capacity and mental strength to learn and understand and as such, is not able to cope up with the mainstream of education system and prefer to opt out of it and thus remain deprived from opportunity to learn and move forward. Consequently, being uneducated and/or under-educated, such children face a life-long insecurity towards employment, earning capacity and source of their livelihood, leading to increased mal-nutrition and/or under nourishment for themselves, engulfing their future families. Thus begins the never-ending - rather ever increasing vicious circle of mal-nutrition.

Financial allocations for Child Development – Some larger issues

Today, as against the absolute need to spend Re.3.00 per child/per day for providing better food and health services to 53 lakh mal-nourished children, the Government followed the 15-year old standards of one rupee per child per day, which were determined as far back as in the year 1991. On the contrary, during these 15 years, the dearness allowance, applicable to Ministers, Bureaucrats, Officers of Police Services and even clerical staff of Government, has been increased by 3 to 5 times, but the expenditure over the needy and mal-nourished children remain unchanged. After the intervention of the Supreme Court of India, Government of India increase the norm from Re. One to Re. Two per child per day, but the budgetary allocations never met the actual requirement. Any attempt to improve the situation, met with Government apathy towards the children. Not only this, even the allocated funds for the purpose, are being drastically cut down. For example, as against the allocation of Re.2.51 crores for Anganwadis and nutritious food for the district of Shivpuri, which is dominated by maximum number of mal-nourished children belonging to Saharia community, only Re.90 lakhs were actually provided for and spent in the district. The matter was taken up to Hon'ble Supreme Court and despite being directed for four times, only Dalia was distributed that too for 28 days in Pichhore block of the district between the period from November 2003 to December 2004. But the Government did not furnish any information to the Hon'ble Court for one and half year.

The aforesaid financial allocations by the State Government are in sharp contrast with the budgetary provisions made by the Central Government for the financial year 2005-06, which is:

- As per Government of India's publication on "Child Budgeting", the expenditure on Child Development, as a proportion of total expenditure of the Union Government, has

increased to 0.69% in 2005-06 as compared to 0.43% in the year 2001-02. This significant rise is almost entirely due to the stepped up allocations under the Integrated Child Development Scheme.

- Similarly, the expenditure on Child Health also shows an increase from 0.33% in 2001-02 to 0.58% in 2005-06. However, the increase in this group of allocations comes mainly on account of stepped up allocations for the Reproductive Child Health Project under the Department of Family Welfare. The National Maternity Benefit Scheme has been renamed as "Janani Suraksha Yojna and merged under RCH Flexible Pool in 2005-06.

Role of States

The Central Government, in this behalf, define the role and responsibility of State Governments as under:

- States are primarily responsible for the provision of social sector services, yet are dependent on flows from Central Government. For example, in the health sector, States provide 85% of total expenditure. Yet, states are still not contributing sufficient finances to social sector spending, thus having an adverse impact over the implementation of important social schemes.

- In the Annual Report for the year 2004-05, published by the Central Ministry, variations in State allocations were highlighted, particularly noting that States with larger child populations are spending disproportionately lesser amount on child-related sectors resulting into decline in their expenditure on these heads.

- To address this significant set of financial constraints, *effective policy action is required, either in the form of increased transfers from the Centre and /or greater pressure on States to prioritize their expenditures in line with policy commitments to the social sectors and to children*. In the Ministry's Statement of Outlays and Outcomes/Targets and Achievements for the Annual Plan for the year 2005-06, the importance of States taking a lead in monitoring and evaluation of programmes for which they release funds has been emphasized, in order to improve implementation. Improved targeting of districts having high incidence of Infant Mortality, Child Mortality, Maternal Mortality, low literacy, high drop-outs from school, high malnutrition and anaemia rates, have all been identified as measures that can improve outcomes. Further, focus on hard to reach groups and areas are also identified as an important strategy. Timely release of funds and close monitoring of implementation are both necessary actions on the parts of States and Union Government.

Trend of Budgetary Allocations for Child Development:

(a) By Union Government:

A comparative analysis of Central Government's allocations on Child Development, show a constant increase as under:

S. No.	Account Head	2001-02 Rs./crores	2002-03 Rs./crores	2003-04 Rs./crores	2004-05 Rs./crores	2005-06 Rs./crores
01	Integrated Child Development Services	1492.54	1726.72	1801.46	1934.40	3315.25
02	Day Care Centers	21.95	22.10	21.40	29.25	41.50
03	Nutrition	9.85	7.59	7.48	8.60	11.53
04	Total expenditure on Child Development in Union Budget	1557.74	1775.94	1948.27	2048.66	3559.95
05	% age over total Union expenditure	0.43%	0.44%	0.41%	0.41%	0.69%

(b) By State Government:

As against constant increase in Union Government's allocations, the expenditure by the Government of Madhya Pradesh show a fluctuating and declining trend, as under:

Account Head.	2000-01 % of total	2001-02 % of total	2002-03 % of total	2003-04 % of total	2004-05 % of total
Medical and Public Health and Family Welfare	5.10%	4.10%	4.10%	3.10%	3.40%
All States (% of aggregate disbursement)	4.70%	4.40%	4.10%	3.60%	3.80%
All States (% of G.D.P.)	0.77%	0.73%	0.69%	0.72%	0.67%

Thus, the aforesaid analysis shows that as against the Union Government's constant increase in allocations for child development (from 0.43% to 0.69% of its total expenditure), but in sharp contrast thereof, the allocations by the State Government of Madhya Pradesh are not only fluctuating but on the contrary are declining – from 5.10% in 2000-01 to 3.40% in 2004-05.

Issues pertaining to Norms

In Saidabad village of Khandwa district, dominated by Korku Adivasi community, there is no Anganwadi at all, on the pretext that the population of the village is less than 700 – which is minimum standard set for opening an Anganwadi. On the other hand, the target of nominating a

minimum of 80 children for Anganwadis is being completed out of children belonging to upper caste and hence the children belonging to Adivasi community were refused admission there. Consequently, 11 children, belonging to one locality alone died for lack of proper food[31]. As such, the impractical and population based system is responsible for ever-increasing death toll of children. It is a fact that the Officers and so-called experts, responsible for devising standards for Anganwadis, are not even aware of basic realities about the existing infrastructure that people belonging to Adivasi community always lives in small groups that too in difficult terrains. Therefore, to meet the set standards of minimum population of 700 people for Anganwadi mean covering an area of about 8 to 10 kilometre. In the given situation, whether it would be possible and convenient for children in the age group of 0 to 6 years and pregnant women to approach Anganwadi. This is clearly an anomaly of population-based system, which keeps the real beneficiaries deprived from taking advantage thereof.

Need to Amend the System

The need of the hour is to amend the population-based system for opening Anganwadis. The Government has to decide for opening Anganwadi either in each and every locality or based on the demand of people of the area. Even the Hon'ble Supreme Court had directed the Government for opening Anganwadis not only in every village but also in each locality, but still there are no budgetary provisions and/or indications for meeting such directions. Presently, there are 49,784 Anganwadis in the State of Madhya Pradesh, as against the requirement of 1.26 lakh Anganwadis. It appears, as against humanitarian approach towards this issue, the child-deaths is becoming a necessary criteria for opening any new Anganwadi, with no trace of any human angle, rendering the loudly proclaimed ideal of a Welfare State, a mere paper slogan. The basic problem is not budgetary constrains, but that of sense of responsibility and answerability to the Society.

Directions of Hon'ble Supreme Court -

It may not be out of place to mention here the directions/orders issued by the Hon'ble Supreme Court on 28th November 2001 and 29th April 2004 on coverage of beneficiaries under Anganwadis are:

1. That every child, adolescent girl and pregnant woman be covered;

2. That every child, adolescent girl and pregnant woman should get a requisite number of calories and proteins;

3. That every malnourished child be provided with a stipulated amount of calories and proteins to combat malnutrition;

4. That there be a disbursement center in every 'settlement' and that the same must function;

[31] Case report prepared by Kandwa based Spandan Samaj Sevi Samiti – a civil society organisation.

5. That the above benefits be made available for the requisite period of 300 days a year in all Anganwadis.

Suggested priorities under 11th Five Year Plan

To bring out the desired changes in the aforesaid existing scenario, the Government, under the forthcoming 11th Five Year Plan, should commit itself at least on six counts for providing nutritious food i.e.:

i) To change the present structure of Child Development Scheme, It has to be established, in the present context, that Anganwadi Center is meant for the development of children belonging to each and every section of society and not for any particular section. The Government has to come out of any distinction between communities based on their respective social and economic status. There is a need to break the myth on priority that the ICDS centre's are meant to serve Children belong to Poor, Hungry, or lower castes of the society.

ii) Secondly, it has also to be ensured by the Government that Anganwadis, duly equipped with sufficient resources, are established to cover each and every locality of the country. Also this should not be left to a particular Government Department, but the role of all concerned departments, such as, Panchayat & Rural Development, Primary Education, Health, Finance, Tribal Development, be clearly defined under this Plan.

iii) As far as economic resources are concerned, the Government has to make a declaration in the very opening sentence of this Plan, that no financial constrain will be allowed to have any adverse impact over this scheme. Neither the remuneration, being paid to Anganwadi workers, commensurate with neither their assigned duties, nor any due training is imparted to them to improve their performance, leave aside the respect they deserve. They are also involved in surveying the population as well as status of education. In other words, an altogether new section of exploited persons is taking shape in the form of Anganwadi worker. Therefore, it is rather incumbent upon the concerned authorities that instead of treating the Anganwadi workers like a Government clerk, they should be recognized as one involved in constructive work and they be allowed to perform accordingly.

iv) Specific policy intervention for the inclusion of Physically and Mentally challenged Children, Pregnant & Lactating Women and Adolescent girls.

v) It has to be clearly understood by the policy makers of the country, so influenced by globalization, that any amount spent for eliminating mal-nutrition from the society, is neither a favour, nor any concession, but is a long-term investment for future development of the Nation.

vi) During the last 22 years, the policy of industrialization was introduced and implemented in the name of development of the State on priority basis, by the Governments of the day in Madhya Pradesh. However, neither the productive industrialization could take

place nor any serious challenge could be posed to the burning problems facing the society like mal-nutrition and under-nourishment. Thus, to deal head-on with the problem, the need of the hour is to fix the removal of any scarcity of nutritious food, as its top priority objective under the 11th Five Year Plan. This will, of course, enhance the healthy productivity of the State. It has to be accepted and be well realized that a sick childhood can only develop into a sick and weak young generation and it can not be expected from such generation to contribute much in the overall development of the society. It is a fallacy, imported from World Bank, that scarcity of nutrition can only be overcome through promoting development by way of industrialization. While, on the contrary, the fact remains that with the continued paucity of nourished food, no developmental process can be either effectively implemented or succeed. Here it will not be out of place to consider and look into the example civil war stricken neighbouring country – Sri Lanka. There, the Government and the society combined, despite being faced with a turbulent situation continuously for last more than three decades, have protected the rights of nourished food for its women and children and that is why even in the face of heavy odds, the rate of mother-deaths and problem of mal-nutrition is almost negligible in Sri Lanka, meaning thereby that the possibility of hunger-deaths there is lower by almost five and a half times as compared with the State of Madhya Pradesh.

vii) The National Rural Employment Guarantee Scheme is picking-up in a positive direction in the State of Madhya Pradesh. Of course, it is a step in the right direction. To give pace to the Scheme and also to link it with mal-nutrition problem, the Employment Guarantee Council of Madhya Pradesh, should take initiative by bringing the construction of buildings for Anganwadis within the ambit of Employment Guarantee Scheme and thus may present an example for the rest of the country. This will not only generate work, but will provide a better environment for the entrants of Anganwadis. Such an initiative shall be based on the acceptance of this fact that Employment Guarantee Scheme is a Scheme meant for human development and is being implemented for achieving this objective.

Suggested Policy level changes to overcome malnutrition

In the prevailing scenario, it requires re-framing of the policy, in its wider perspective, for succeeding in our objective to eradicate mal-nutrition from the society. Some of the suggestions in this direction are given below for consideration:

Avoid drifting from objectives: The Integrated Child Development Scheme (ICDS) is an effort in the right direction having wide-ranging implications for overcoming the monstrous and dreaded problem of mal-nutrition among children. Only through health child-hood, between age group of 0 – 6 years, we can accelerate the process of development in its real sense. While the central theme of Integrated Child Development Scheme is providing of nutritious food to the children, but at the implementation stage, this very theme of ICDS is overlooked. Analysis reveals that all children up to six years of age are treated equally, while in fact the children up to two years of age require most tender, extensive and sensitive care in their upbringing and thus they have to be treated as separate and distinct category and be provided nutrients accordingly. This scientific fact appears to be have been totally ignored that the first two years of human life, as compared to other age groups, are most

important for its vital mental development and any deficiency during this period have its life-long adverse affect. The nutrient requirement of a child, up to first six months, is to some extent, are met with the breast-feeding and as such, the nutrition needs of lactating mothers has to be taken care of so that they are able to feed their infants properly. But it did not happen and in the absence of any proper and required nutritious food, particularly during first six months of post natal care of mothers, they are not able to properly feed their infants and as such there was no appreciable reduction in the child-death rate of Madhya Pradesh. The micro-nutrient requirement of children between age group of 6 months and 2 years are simply ignored and they continued to be served with the same food as is provided to children up to six years of age – which obviously is more solid and difficult to digest for children up to 2 years of age. Thus it did not have the desired impact over the children in this tender age group.

Further, specific attention with alertness need to be provide both by Society as well as the concerned families to the children between age group of 2 and 6 years in terms of their nourishment. However, under the Integrated Child Development Scheme, provision of nutrition education to the respective parents and families has been rendered a mere formality. Ground level analysis reveals that workshops intended to provide capacity building trainings to Anganwadi workers have been totally ignored. Consequently, the door-to-door contacts with beneficiaries with a view to make them aware about the importance of nutritious food and health needs is not taking place in an effective manner.

In the context of right to nutritious food and Integrated Child Development Scheme, the experience of Madhya Pradesh reveals that Anganwadi workers are functioning under tremendous pressure from the State Government. Since the mal-nutrition is now being treated as the cause of resultant hunger deaths, therefore, the high-up bureaucrats and those at middle level, are pressurizing the Anganwadi workers not to enter the names and addresses of mal-nourished children in their respective registeRe. This is being done under a well considered strategy to wriggle out from its responsibility of mal-nutrition deaths, that Anganwadi workers should not be allowed to register the names of those children who are the victims of extreme mal-nutrition of 3rd and 4th grade, because the Government believes that mal-nutrition of 1st and 2nd grade level is not a serious problem. That is why, due to this misconception, even the condition of children in the so-called 1st and 2nd grade level of mal-nutrition, instead of improving, is further worsening and bringing them within the fold of 3rd and 4th level of mal-nutrition.

Anganwadis and Plan objectives[32]: Till now the population criteria for opening Anganwadis was (a) over a population of 1000 in general category areas; and (b) over a population of 700 in Adivasi area. However, for revising this population norm, new suggestions have been put forward as under:

For General Category Rural Areas:

a) One proper Anganwadi over a population between 500 and 1500; and
b) One mini-Anganwadi over a population between 150 and 500

For Tribal areas:

[32] Ensuring ICDS Universalisation – Matters we need to look at, Manual for State Advisors to Commissioners of the Supreme Court, pg.-27.

a) One normal Anganwadi over a population of 300 and 1500; and
b) One mini-Anganwadi over a population of 150 and 300.

For Urban Areas:

- One proper Anganwadi for a population between 500 and 1500.

Further, the Hon'ble Supreme Court has clearly specified that in every locality of habitation, there should be one Anganwadi.

The location of Anganwadi is also an important criterion for ensuring its accessibility for all the children. For example, in Jatashanker Badagaon of district Chhatarpur, although there is one Anganwadi, but it is located in the area dominated by upper caste people and as such, it is difficult for the children belonging to Dalit category to enter into the said Anganwadi. Thus, there is also a need to bring about a change in such social thinking for ensuring equality amongst all sections of society. We assume that if a Gram Sabha passes a resolution for opening a new Anganwari in the village, that resolution will respectfully be accepted and Anganwari be opened in the area.

Quality of nutritious food: Although all efforts are being directed to remove mal-nutrition by providing nutritious food, but in case even such food is contaminated one, then what happens to the fate of this whole scheme? In 175 Anganwadis of Khandwa district of Madhya Pradesh, coarse gain food – Dalia, contaminated by fungus, was distributed. Similarly, since almost 75% of Anganwadis are situated in kucha houses, therefore, it is extremely difficult to maintain the quality of food being stored in such places. Thus, for the sake serving quality food, it is also necessary that Anganwadis be opened in pucca houses and proper arrangements are made for storing the food items there. In this connection, even the Auditor General of Madhya Pradesh, in its report, raised fingers over the quality of nutritious food in Anganwadis. The report points out that the required ratio of Dal, Gur and Salt was not applied while preparing the nutritious food, meaning thereby that children are not consuming – rather not being provided with standard amount of calories, protein and carbohydrate in the food being served to them[33]. This report clearly mentions that *According to the orders of Government, each 80-gram nutritional food (73.6 gram dalia and 6.4 gram jaggery and salt) was required to contain 300 calories and 10-gram protein. Above nutritive value would be available in the mixture of dalia if the proportion of Wheat dalia and soyabean/green moong dal was 9:1, as per Nutritive value of Indian Foods - ICMR 1980. However, dalia mixture purchased in the test checked district contained wheat dalia and soyabean/moong dal in the ration of 22:1*[34]. Thus, how far the ICDS is successful at implementation stage can be easily gauzed from this scenario.

Status of Anganwadi workers needs attention: Generally, the workers for Anganwadis are appointed either out of local area or those belonging to deprived sections of society, because of their psychological attachment with the area and being face-to-face with the reality of the situation. However, they need proper training to perform, but the Government appears to be ignorant and constantly lesser attention is being provided on capacity building training programmes for such Anganwadi worker. Not only this, even their remuneration is not being paid regularly and as per schedule. Most of the time, Anganwadi workers are affected by the working of officials of the

[33] Report of the Comptroller and Auditor General – 2005, Pg.- 74-75
[34] Report of the Comptroller and Auditor General – 2005. Pg.- 74-75

concerned Department and decisions taken in the name of policy. The prevailing corruption has a direct impact over the quality of so called 'nutritious' food. In addition, the Anganwadi workers also had to face angry protests from the members of respective communities. In return, he is being paid only a paltry sum of Rs.1, 000/- per month as remuneration. Thus, it is of prime importance that the remuneration of Anganwadi workers is fixed at a respectable level and the same is paid regularly and on schedule, to enable them to perform their duties properly.

Looking at the comprehensive and sensitive nature of their duties, the children are divided into two categories i.e. (i) in the age group of 6 months to 3 years; and (ii) in the age group of 3 years to 6 year. To serve the children, two Anganwadi workers be appointed – one for each group categories of children. Generally, about 80 to 100 children are registered in one Anganwadi and, as such, it is just not possible for one Anganwadi worker to properly look after the whole lot of children single handedly. Therefore, unless and until the number of Anganwadi workers are increased, this programme shall lose its very utility and effectiveness.

There is a strong need to make provision of at least 2 Anganwari workers at every Anganwari center to take care of children under the age of six and other targeted beneficiaries of ICDS.

Practical approach to 11th Five-Year Plan

Thus, to overcome the aforesaid anomalies and to make the system as effective one, the provisions have to be made under the 11th Five Year Plan as under:

1. Substantial increase in the budget allocations for Child Development programmes, especially for nutrition and health care.

2. Establishment and strengthening the infrastructure.

3. Community participation to be increased.

4. Strengthen the monitoring and vigilance mechanism.

5. Need of a Legal Right to Nutrition to all.

6. Respectful environment is required for the ground level functionaries.

7. Uniformity of Integrated Child Development Schemes.

8. Common role of Health, Panchayat & Rural Development, Social Welfare, Education and Finance Departments with equal responsibilities with their respective areas of operations.

9. No private sector involvement.

10. Special provisions should be made and steps taken to include within its ambit Specially abled children (both physically as well as mentally), women, adolescent girls as well as lactating mothers.

11. Also effort has to be made to include children, pregnant women and adolescent girls from families, which migrate to nearby towns and cities in search of livelihood options.

12. The ICDS should be in coordination with the concerned authorities of the Health Department and Primary School education Department for the proper implementation of the referral services, immunisation, creating awareness on nutrition, maternal heath and education.

Annexure –1

The current SNP is too a weak programme to make any significant impact on child malnutrition. The weaknesses are:

- In absence of oil supplies, there is almost no fat content in the food being given whereas for children below three, almost 40% of their calorie requirement should come from fats. Children can eat only small quantities of food and therefore need fat rich food to obtain necessary calories. This aspect gets totally unfulfilled in the current SNP. As a result less than 10% of children are getting adequate fat.
- The average energy deficiency in Children is to the tune of 500 to 600 calories per day. However only 250 calories are being given at present through SNP. Therefore it does not affect malnutrition much. More than half the children are still facing calorie deficiency.

The following combinations can be considered:

Option 1

Item – One Wheat-Ragi Chapati	Qty	Cost	Calories	Fat	Protein	Iron
Wheat	90	0.90	265	1.09	7.26	4.14
Ragi	10	0.10	-	-	-	-
Along with Millet – Soya Kheechla	75	0.70	135	1.27	5.34	2.00
Total		1.50	400	2.36	12.60	6.14

With respect to the requirements of Children in Madhya Pradesh a lot of options have been given in the studies on processing and utilisation aspects of Minor millets for products formulations (by Department of Food Science and Technology, JNKVV, Jabalpur). This study in general proves that locally available minor millets and Wheat-Ragi Chapati can be a good option to tackle the calorie-Iron-Protein deficiency. It is now a well-understood fact that one item on a regular basis will not help and a menu with different food items has to be accepted under ICDS scheme. Khichdi, a traditional food preparation made from minor millets, moong dal and green gram dal showed a good taste in the ration of 70:30 and 60:40. Nutritionally the products were also balanced in terms of protein and other nutrients[35]. In Madhya Pradesh context Wheat, Soyabean and Vegetables are a great combination of useful elements in food preparation under ICDS.

Option 2:

Item	Qty	Cost	Calories	Fat	Protein	Iron
Rice	60	0.48	207	0.4	4.2	0.4
Red Gram	20	0.6	67	0.3	4.5	0.5
Groundnut	50	1	284	20.1	12.7	1.3

[35] Final progress report of research project on Studies on processing and utilisation aspects of Minor millets for products formulations (by Department of Food Science and Technology, JNKVV, Jabalpur, Pg.- 87

Total	2.08	558	20.8	21.3	2.2

The advantage of this option is that it provides the adequate calories, protein and Iron as it uses inexpensive foods like rice and groundnuts (without shells). Red Gram (Arhar Dal) is a good source of protein and Iron. The ones present in Dal nicely complement the amino acids in rice protein. Groundnut (Mungfali Dana) is excellent source of fat as well as energy. It is likely that local groundnut production will also go up once Panchayats start procuring it. If hand pounded rice is used, the protein, Iron and Vitamin content will be even higher.

Option 3:

Item	Qty	Cost	Calories	Fat	Protein	Iron
Red Gram	20	0.6	67	0.3	4.5	0.5
Groundnut	50	1	284	20.1	12.7	1.3
Gur	25	0.45	96	0.0	0.1	0.7
Total		2.05	446.3	20.4	17.2	2.5

This option provides lesser calories and protein but includes Gur, which makes it attractive to children. This option assumes that most of the families will anyway have enough rice to supplement Dal.

Option 4:

Item	Qty	Cost	Calories	Fat	Protein	Iron
Rice	60	0.48	207	0.4	4.2	0.4
Red Gram	25	0.75	84	0.4	5.6	0.7
Vegetable Oil	20	0.9	180	20.0	0.0	0.0
Total		2.13	471	20.8	9.8	1.1

This option substitutes vegetable oil for groundnuts. But it is poorer in terms of calories and protein as compared to option no.1. It is based on assumption that for Panchayats, vegetable oil may be easier to procure as compared to Groundnut.

Option 5:

Item	Qty	Cost	Calories	Fat	Protein	Iron
Gur	25	0.45	96	0.0	0.1	0.7
Red Gram	25	0.75	84	0.4	5.6	0.7
Vegetable Oil	20	0.9	180	20.0	0.0	0.0
Total		2.10	360	20.45	5.7	1.3

This option is very poor in calories as well as Iron because it is based on more expensive foods like Gur and Vegetable Oil as compared to Rice and Groundnut.

In our view, the option no.2 provides the most economic combination of foods providing substantial energy and protein requirements. These foods also contain important micronutrients like Calcium, Iron and Vitamins. Contrary to popular perception, Groundnut and Dal like Arhar (Red Gram) have almost as much Iron as in Gur. Therefore providing Gur to meet Iron needs is not necessary. Using Panchayats to provide hand pounded rice wherever possible, will result in even higher Vitamin and Iron contents reaching the children. Otherwise, Iron can also be supplemented through Iron fortified Salt (as being done currently).

This menu if implemented can make a significant reduction in malnutrition levels amongst children. The nutritional needs and deficiencies in pregnant women are much higher and even higher for lactating women. They should be given double the rations of the menu, which gets decided, for Children (below 3 yrs).

Panchayats should be entrusted with the budgets for THR food also. The Panchayats can procure the foodstuff from local markets and distribute through ICDS centres. The Anganwadi worker can provide counselling to the mothers regarding ways of feeding THR to children.