

Tackling Malnutrition

Right to Food and Nutrition Interventions in India

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Advocacy Primer II





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To address under-nutrition in India, nutrition-specific or direct nutrition interventions are delivered through Centrally Sponsored Schemes (CSS) of the Ministries of Health and Family Welfare i.e. the National Health Mission (NHM), and Women and Child Development (MWCD) i.e. Integrated Child Development Services (ICDS) Scheme, SABLA (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls) and Indira Gandhi Matritva Sahyog Yojana (IGMSY). On the other hand, nutrition-sensitive interventions are delivered through various schemes (18 CSS) via nine Ministries/Departments. (List in Annexure) (Srivastava et. al, 2017)

Given this context, this note, second in a series of advocacy primers, introduces some of the important direct and nutrition-sensitive interventions created to ensure the rights to food and nutrition. A clear understanding of these is warranted to be able to plan and implement a rights based approach to tackling malnutrition at a micro-level. This note attempts to introduce the objectives, provisions, institutional structures, monitoring and grievance redressal mechanisms of these interventions to be able to envisage micro-level features to garner community action. Some of these features vary across States (including the names of certain schemes/ provisions) since State governments play a substantial role financially, own the implementation process and some States additionally implement State-funded schemes. This note details the design of the interventions as introduced centrally, with special reference to the State of Maharashtra at times. It is crucial to bear in mind that this note discusses 'what should be, as per the mandate' not 'what is'. Further, considering that the information herein is only an introduction, links have been provided in the document and in the end to the schemes/ acts and/or relevant detailed information, where possible.

National Food Security Act, 2013 (NFSA)

The Government of India notified the National Food Security Act, 2013 on 10th September, 2013 with the objective to provide for food and nutritional security in human life cycle approach, by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with dignity (DFPD, 2016). This marked a shift from a welfare approach to a rights based approach to address the problem of food and nutrition security. The NFSA converts existing food security programmes of the Government of India into legal entitlements. It includes the Midday Meal Scheme, Services in the ICDS scheme and the Public Distribution System as well as maternity entitlements under the IGMSY (DFPD, 2015). The Midday Meal Scheme, ICDS, IGMSY are universal in nature whereas the PDS is targeted. Each of these have been clarified in the following sections. Chapter 5 of

the Act states that for the purpose of monitoring and review of implementation of the Act every State Government shall, by notification, establish a grievance redressal mechanism. In Maharashtra District Grievance Redressal Officers have been appointed in every district and the State Food Commission has also been set up (FCSCPD, 2017).

Details are available on: www.mahafood.gov.in/website/english/NFSA.aspx.

Public Distribution System (PDS)

Evolution of public distribution of grains in India had its origin in the 'rationing' system introduced by the British during the World War II. Later, after Independence, PDS was continued as a deliberate social policy of the government with the objectives of:

- i) Providing food grains and other essential items to vulnerable sections of the society at reasonable (subsidised) prices;
- ii) to have a moderating influence on the open market prices of cereals, the distribution of which constitutes a fairly big share of the total marketable surplus; and
- iii) to attempt socialisation in the matter of distribution of essential commodities. (Nawani, 1994)

As per DFPD (2017), in June 1997, the PDS changed from a universal scheme to a targeted one that concentrated on the poor. Under the Targeted PDS (TPDS), States were required to formulate and implement fool proof arrangements for the identification of population Below Poverty Line (BPL) for delivery of food grains and for its distribution in a transparent and accountable manner at the Fair Price Shop (FPS) level. State Governments were advised to identify BPL families by involving Gram Panchayats, Gram Sabhas and Nagar Palikas. While doing so the thrust was to include the really poor and vulnerable sections of the society. Thereafter the Antyodaya Anna Yojana (AAY) launched in December 2000 was a step in the direction of making TPDS aim at reducing hunger among the poorest segments of the BPL population, by providing food grains at a highly subsidized rate of Rs.2/- per kg. wheat and Rs.3/- per kg rice. The AAY Scheme has since expanded to cover 2.50 crore households as follows:

- a) Landless agriculture labourers, marginal farmers, rural artisans /craftsmen, such as potters, tanners, weavers, blacksmiths, carpenters, slum dwellers and persons earning their livelihood on daily basis in the informal sector like porters, coolies, rickshaw pullers, hand cart pullers, fruit and flower sellers, snake charmers, rag pickers, cobblers, destitute and other similar categories in both rural and urban areas.

- b) Households headed by widows or terminally ill persons/disabled persons/ persons aged 60 years or more with no assured means of subsistence or societal support.
- c) Widows or terminally ill persons or disabled persons or persons aged 60 years or more or single women or single men with no family or societal support or assured means of subsistence.
- d) All primitive tribal households.

Under the NFSA priority households are entitled to receive food grains @ 5 kg per person per month at the issue prices of Rs. 3.00, Rs.2.00 and Rs. 1.00 kg for rice, wheat and coarse grains respectively. The AAY households are to receive 35 kg of food grains per household per month at the same subsidized price (DFPD, 2017).

PDS is operated under the joint responsibility of the Central and the State Governments. The Central Government, through Food Corporation of India (FCI), assumes the responsibility for procurement, storage, transportation and bulk allocation of food grains to the State Governments. The operational responsibility including allocation within State, identification of eligible families, issue of Ration Cards and supervision of the functioning of FPSs etc., rest with the State Governments (DFPD, 2017). The PDS operates through FPSs at the village level.

The Maharashtra State Government with an aim to monitor the distribution of the essential commodities through the PDS and thereby to ensure the participation of the Public in monitoring of PDS, has constituted vigilance committees at various levels viz. village, taluka, municipal council, municipal corporation and district level. The State level Advisory Committee has also been constituted under the chairmanship of Minister for Food, Civil supplies and Consumer Protection.

- The Sarpanch of the village is the President of the Village Level Vigilance Committee which consists of total 13 members including official and non-official members.
- The Member of the Legislative Assembly representing the maximum area of the Taluka is the President of the Taluka Level Vigilance Committee. It consists of 17 members including official and non-official members.
- The Member of the Legislative Assembly representing the maximum wards of the Municipal Council area is the President of the Municipal Council Level Vigilance Committee which consists of 15 members including the official and non-official members.
- The Guardian Minister of the district is the President of the District Level Vigilance Committee. It consists of 21 members including official and non-official members.

- The Member of the Legislative Assembly representing the Rationing Area of the Municipal Corporation is the President of the Municipal Corporation Level Vigilance Committee which consists of 21 members including official and non-official members.
- Out of the total non-official members in each of the above mentioned Vigilance Committees, 50 % are to be women.
- The concerned District Collector needs to initiate disciplinary action under Maharashtra Civil Services (Conduct) Rules, 1979 against those Secretaries of the Vigilance Committees who fail to conduct regular meetings of the Committees. The concerned Additional Collector and Controller of Rationing, Mumbai need to personally monitor that the meetings of the Vigilance Committees are conducted regularly and they need to ensure that the report regarding this is submitted to the Secretary of the Department by 15th day of every month.
- Meetings of the Taluka and District level vigilance committees need to be held on every Lokshahi Din and wide publicity needs to be given to these meetings. Complaints received from public regarding supply department are to be discussed and resolved in these meetings. (FCSCPD, 2017)



Integrated Child Development Services Scheme

The ICDS scheme was launched in India on 2nd October 1975 in pursuance of the National Policy for Children. It is a multi-sectoral program and involves convergence of several government departments. The primary responsibility for the implementation of the program lies with the DWCD at the Centre and nodal department at the states, which may be Social Welfare, Rural Development, Tribal Welfare or Health Department or an independent Department. The program provides an integrated approach for converging all the basic services for improved childcare, early stimulation and learning, health and nutrition, water and environmental sanitation aimed at the young children, expectant and lactating mothers, other women in the 15-44 age group and adolescent girls in a community. (Kapil, 2002)

The ICDS team comprises an Anganwadi Workers (AWW) and Anganwadi Helpers (AWH) at each Anganwadi Centre (AWC), Supervisors, Child Development Project Officers (CDPOs) at each Block and District Programme Officers (DPOs) in each district who report to the State Directorate. Besides, Medical Officers (MO), Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) who are a part of the NHM form a team with the ICDS functionaries to achieve convergence of different services. (MWCD, 2009)

The objectives of ICDS are

- to improve the nutritional and health status of children in the age-group 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education (MWCD, 2009)

To help achieve these objective ICDS offers six services, viz.

1) Supplementary Nutrition

Provision of supplementary nutrition under the ICDS Scheme is to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) of children and pregnant and lactating women. This service is an entitlement

under the NFSA. Snacks and hot cooked supplementary food are provided to 3-6 year old children in the *Anganwadi* 25 days a month. Take Home Rations (THR) with prescribed nutritional norms are provided to pregnant women, lactating mothers, and 6-36 month old children. For severely underweight children a food supplement of 800 calories of energy and 20-25 gms of Protein per child per day in the form of Micronutrient fortified and/or energy dense food as THR is to be provided (MWCD, 2009).

In Maharashtra, the Governor amended NFSA in November 2016 in its application to the Scheduled Areas of the state. In a notification issued by the Governor, the word 'Take Home Ration' used in the National Food Security Act (Schedule II) has been replaced by the words 'Hot Cooked Meal'. The notification adds a provision that eggs shall be provided to children aged above 7 months and up to 6 years, as an additional item in *Anganwadis* in the Scheduled Areas of Maharashtra, at least four times a week. It further mandates that suitable alternatives may be provided to children who may not prefer eggs (Anonymous, 2016). The government had accordingly initiated the *APJ Abdul Kalam Amrut Ahar Yojana*.

2) Pre-school non-formal education (PSE)

PSE, as envisaged in the ICDS, focuses on holistic development of children up to six years to ensure a significant input towards a sound foundation for cumulative lifelong learning. For around three and half hours in the morning, six days a week, the *Anganwadi* is to provide a learning environment for promotion of social, emotional, cognitive, motor, physical and aesthetic development of the child. It is to also contribute to the universalization of primary education, by providing the child necessary preparation for schooling and offering substitute care to younger siblings, thus, freeing the older ones- especially girls-to attend school. (MWCD, 2009)



3) Nutrition & health education

This includes growth monitoring and promotion of young children's (0-6 years) health and development using WHO growth charts and family retained mother & child protection card; Identification of growth faltering and appropriate counselling of care givers especially on optimal Infant and Young Child Feeding (IYCF) and health care; lactation support for new mothers; Maternal care counselling for household members of pregnant and lactating women; parent and community education on integrated child development, health and nutrition services. Village Health and Nutrition Days and SNEHA SHIVIRS¹ are to be an important platform for nutrition, health and hygiene education. Also monthly sessions, small group meetings of mothers / Mahila Mandals, community and home visits, village contact drives, local festivals, celebration of special events and days like Nutrition Week, ICDS day, Breastfeeding week etc. are to be organized to sensitize the community. (MWCD, 2009)

4) Immunization

Immunization of pregnant women against tetanus and infants against six vaccine preventable diseases poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles is facilitated by functionaries of ICDS scheme (U Kapil, 2002). Primary Health Centres (PHCs) or Sub Health Centres (SHCs) are responsible for carrying out immunization as per the national immunization schedule. Children are also to be given Vitamin A and booster doses. The AWW and ASHA assist the health functionaries in complete coverage of the target population for immunization as well as in organizing the fixed day immunization sessions- popularly known as "Village Health Nutrition Days (VHND)" at the AWC. (MWCD, 2009)

5) Health check-up

This includes health care of children under six years of age, antenatal care for pregnant mothers and postnatal care for lactating mothers. The various health services provided for children by ANM and PHC staff (MO) include regular health check-ups, recording of weight, immunization, support to community based management of malnutrition, treatment of diarrhoea, deworming and distribution of iron and folic acid and medicines for minor illnesses. A medicine kit is to be provided at every AWC every year containing basic medicines for

1: Hands on training on caring practices are to be given at Sneha Shivirs to mothers and caregivers of underweight children at AWCs for 12 days, followed by 18 days of home practice. This is to help the child to gain weight and within 6-8 sessions the child should be on the path of rehabilitation. Those severe underweight children requiring medical attention are to be referred to NRCs in consultation with ANM and / or MO. Close monitoring and follow up of these children after discharge is to be facilitated by AWWs.

controlling common ailments like fever, cold, cough, worm infestation, etc. including medicines and basic equipment for first aid. NHM is to provide doctors for health check-up at AWC level preferably on monthly basis but at least once in a quarter. (MWCD, 2009)

6) Referral services

During health check-ups and growth monitoring sessions, sick and malnourished children as well as pregnant and lactating mothers in need of prompt medical attention, would be referred to health facilities. The AWW would facilitate the referrals and also detect disabilities in young children and refer to health facilities. ANM and/or MO would be primarily responsible for referrals. (MWCD, 2009)

The last three services are related to health and are provided by Ministry/Department of Health and Family Welfare through NHM & Health system. For better governance in the delivery of the Scheme, convergence is one of the key features. This convergence is in-built in the Scheme in the form of AWCs which provides a platform for providing all services under the Scheme. (MWCD, 2009)

MWCD has the overall responsibility of monitoring the ICDS Scheme. At the village level, the Village Health, Sanitation and Nutrition Committee (VHSNC); at the block level, the Panchayat Samiti / Standing Committee; at the district level, the Zila Parishad lead by the CEO / District Magistrate / Collector (decided by States); at the State level, the concerned Executive Committee under the State Nutrition Council and at the National level the Empowered Committee headed by the Secretary, MWCD is responsible for the registration and redressal of all complaints / grievances concerning ICDS. (MWCD, 2009)



Indira Gandhi Matritva Sahyog Yojana (Source: NITI Aayog, 2017)

This conditional cash transfer maternity benefit scheme is aimed at improving the health and nutrition status of Pregnant and Lactating women and their young infants by:

- i. Promoting appropriate practices, care and service utilization during pregnancy, safe delivery and lactation.
- ii. Encouraging women to follow (optimal) IYCF practices including early and exclusive breastfeeding for the first six months.
- iii. Contributing to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and lactating women.

This scheme which is an undertaking of the MWCD and managed through the ICDS mechanism, aims to provide partial compensation (Rs.6000) for wage loss so that the woman is not under compulsion to work till the last stage of pregnancy and can take adequate rest before and after delivery. This compensation is to be provided in 2 installments (Rs. 3000 each) to the pregnant and lactating woman upon fulfillment of certain conditions.

- i. Pregnant women above the age of 19 years are eligible for benefits under IGMSY for the first two live births.
- ii. All organized sector employees are excluded from the scheme as they are entitled for paid maternity leave.
- iii. The first transfer (at the end of second birth/pregnancy trimester) of Rs. 3,000 requires the mother to:
 - a. Register her pregnancy at the AWC within four months of conception;
 - b. Attend at least one prenatal care session, and take iron folic acid tablets and tetanus toxoid injection; and
 - c. Attend at least one counseling session at AWC or healthcare centre.
- iv. The second transfer (three months after delivery) of Rs.3,000 requires the mother to:
 - a. Register the birth;
 - b. Immunize the child with oral polio vaccine (OPV) and Bacillus Calmette–Guérin (BCG) vaccine at birth, at six weeks, and at 10 weeks of age; and
 - c. Attend at least two growth monitoring sessions within three months of delivery.
- v. Additionally, the scheme requires the mother to:
 - a. Exclusively breastfeed for six months and thereafter introduce complementary feeding;
 - b. Immunize the child with OPV and diphtheria, pertussis, and tetanus (DPT) vaccine; and

- c. Attend at least two counseling sessions on growth monitoring and infant and child nutrition and feeding between the third and the sixth month after delivery.

Each installment is to be transferred through bank accounts in the name of beneficiary. Mother and child protection card certified by AWW serves as the means of verification.

SABLA (Source: MWCD, 2010)

This scheme is to be implemented using the platform of ICDS Scheme through Anganwadi Centres. The Scheme covers adolescent girls in the age group of 11-18 years under all ICDS projects in selected 200 districts in all the States/UTs in the country. In order to give appropriate attention, the target group is subdivided into two categories, viz. 11-15 & 15-18 years and interventions planned accordingly.

The objectives of the Scheme are to

- i. Enable the Adolescent Girls (AGs) for self-development and empowerment
- ii. Improve their nutrition and health status.
- iii. Promote awareness about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH) and family and child care.
- iv. Upgrade their home-based skills, life skills and tie up with National Skill Development Program (NSDP) for vocational skills
- v. Mainstream out of school AGs into formal/non formal education
- vi. Provide information/guidance about existing public services such as PHC, CHC, Post Office, Bank, Police Station, etc.

An integrated package of services is to be provided to AGs that would be as follows

- i. Nutrition provision
- ii. Iron and Folic Acid (IFA) supplementation
- iii. Health check-up and Referral services
- iv. Nutrition & Health Education (NHE)
- v. Counseling/Guidance on family welfare, ARSH, child care practices and home management
- vi. Life Skill Education and accessing public services
- vii. Vocational training for girls aged 16 and above under National Skill Development Program (NSDP)

Details about each service are available at

http://wcd.nic.in/sites/default/files/1-SABLAScheme_0.pdf

Emphasis is on convergence of services under various schemes/ programmes of Health, Education, Youth Affairs & Sports, Labour, PRI etc. so as to achieve the desired impact. Coordination of efforts of different line Ministries /Departments at all levels is an essential component for the success of the Scheme. In particular, IFA supplementation, including the supply of IFA tablets; Health check-up and referral services; Nutrition & Health Education; Family welfare, ARSH will be provided by establishing convergence with Ministry of Health and Family Welfare and Department of National Aids Control Organisation. For entry/re-entry into formal schools and motivation to do the same, coordination with Department of School Education and Literacy under the Right to Free and Compulsory Education Act and Saaksharta Abhiyaan is to be established. Life skill education and other interventions require convergence with National Programme for Youth & Adolescent Development, existing youth clubs of Ministry of Youth Affairs & Sports. Ministry of Labour provides Vocational Training under NSDP for which an optimum convergence may be established. PRI is to be involved for community monitoring and Information, Education and Communication activities.

The monitoring and supervision mechanism set up under the ICDS Scheme at the National level, the State level and the Community level is to be used for this Scheme as well. (MWCD, 2010)

Mid-day meal scheme

As per MHRD, with a view to enhancing enrollment, retention and attendance and simultaneously improving nutritional levels among children, the National Programme of Nutritional Support to Primary Education (NP-NSPE) was launched as a Centrally Sponsored Scheme on 15th August 1995, initially in 2408 blocks in the country. By the year 1997-98 the NP-NSPE was introduced in all blocks of the country. It was further extended in 2002 to cover not only children in classes I -V of government, government aided and local body schools, but also children studying in Education Guarantee Scheme (EGS) and Alternative Innovative Education (AIE) centres. In September 2004 the scheme was revised to provide cooked mid-day meal with 300 calories and 8-12 grams of protein to all children studying in classes I – V in Government and aided schools and EGS/ AIE centres. In October 2007, the scheme was further revised to cover children in upper primary (classes VI to VIII) initially in 3479 Educationally Backwards Blocks (EBBs). The programme was extended to all areas across the country from 2008-09.

The objectives of the mid-day meal (MDM) scheme are:

- (i) Improving the nutritional status of children in classes I – VIII in Government, Local Body and Government aided schools, and EGS and AIE centres.
- (ii) Encouraging poor children, belonging to disadvantaged sections, to attend school more regularly and help them concentrate on classroom activities.
- (iii) Providing nutritional support to children of primary stage in drought-affected areas during summer vacation. (MHRD, 2011)

With a view to promoting school participation, preventing classroom hunger, facilitating healthy growth and psychological well-being of children, providing intrinsic (hygiene) educational value, fostering social equality and enhancing gender equity, a cooked mid-day meal with the following nutritional content is provided to all eligible children.

Components	Primary	Upper Primary
Calories	450	700
Protein	12 gms	20 gms
Micronutrients	Adequate quantities of micro-nutrients like Iron, Folic Acid and Vitamin-A.	

Source: MHRD, 2011

The Department of School Education and Literacy has prescribed a mechanism for monitoring and supervision of the Mid-Day Meal Scheme which includes arrangements for local level monitoring. Representatives of Gram Panchayats/ Gram Sabhas, members of Village Education Committees, Parent Teacher Associations, School Development and Monitoring Committees as well as Mothers' Committees are required to monitor the following on a daily basis:

- i. regularity and wholesomeness of the mid-day meal served to children,
- ii. cleanliness in cooking and serving of the mid-day meal,
- iii. timeliness in procurement of good quality ingredients, fuel, etc,
- iv. implementation of varied menu,
- v. social and gender equity.

In order to ensure that there is transparency and accountability, all schools and centres where the programme is being implemented are required to display information on:

- i. Quantity of food grains received, date of receipt.
- ii. Quantity of food grains utilized

- iii. Other ingredients purchased, utilized
- iv. Number of children given mid-day meal.
- v. Daily Menu
- vi. Roster of Community Members involved in the programme (MHRD, 2011)

Information about the grievance redressal mechanism set up in Maharashtra is available at

www.mhrd.gov.in/sites/upload_files/mhrd/files/upload_document/Maharashtra-GRM.pdf

National Rural Health Mission (NRHM)

NRHM (2005- 12) was launched in April 2005 by GOI to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups (NHM, 2016). The goals of the NRHM include: (i) reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR); (ii) universal access to integrated comprehensive public health services; (iii) child health, water, sanitation and hygiene; (iv) prevention and control of communicable and non-communicable diseases, including locally endemic diseases; (v) population stabilization, gender and demographic balance; (vi) revitalize local health traditions and main-stream AYUSH; (vii) promotion of healthy life styles. (MFHW, 2005)

The mission linked villagers and health centres through “Accredited Social Health Activists” (ASHA). One ASHA was raised from every village or cluster of villages. The ASHA is trained to advise village populations about sanitation, hygiene, contraception, and immunization; to provide primary medical care for diarrhea, minor injuries, and fevers; and to escort patients to medical centres. They are also expected to deliver direct observed short course therapy for tuberculosis and oral rehydration; to give folic acid tablets and chloroquine to patients; and to alert authorities to unusual outbreaks. (Kapil, 2005)

Additionally, as mentioned in NHM, 2017, one of the key elements of the National Rural Health Mission is the Village Health, Sanitation and Nutrition committee (VHSNC) which is formed to take collective actions on issues related to health and its social determinants at the village level. They are envisaged as being central to ‘local level community action’ under NRHM, which would develop to support the process of Decentralised Health Planning. Thus the committee is envisioned to take leadership in providing a platform for improving health awareness and access of community for health services, address specific local needs and serve as a mechanism for community based planning and monitoring.

The committee is formed at the village level and should act as a sub-committee of the Gram Panchayat. It should have a minimum of 15 members comprising elected members of the Panchayat who shall lead the committee, all those working for health and health related services, community members/ beneficiaries and representation from all community sub-groups especially the vulnerable sections and hamlets/ habitations. ASHA residing in the village shall be the member secretary and convener of the committee.

Roles and Responsibilities

- Create awareness about nutritional issues and significance of nutrition as an important determinant of health.
- Carry out survey on nutritional status and nutritional deficiencies in the village especially among women and children.
- Identify locally available food stuffs of high nutrient value as well as disseminate and promote best practices (traditional wisdom) congruent with local culture, capabilities and physical environment through a process of community consultation.
- Inclusion of Nutritional needs in the Village Health Plan – The committee will do an in-depth analysis of causes of malnutrition at the community and household levels, by involving the ANM, AWW, ASHA and ICDS Supervisors.
- Monitoring and Supervision of Village Health and Nutrition Day (more information: <http://nhm.gov.in/communitisation/village-health-nutrition-day.html>) to ensure that it is organized every month in the village with the active participation of the whole village.
- Facilitate early detection of malnourished children in the community; tie up referral to the nearest Nutritional Rehabilitation Centre (NRC) as well as follow up for sustained outcome.
- Supervise the functioning of AWC in the village and facilitate its working in improving nutritional status of women and children.
- Act as a grievances redressal forum on health and nutrition issues. (NHM, 2017)

Conclusion

As stated in the beginning, this note discusses 'what should be, as per the mandate' not 'what is'. Its limitation is that it does not discuss challenges in the implementation of the above interventions. To be able to formulate key aspects in community action initiatives, one needs to understand not only aggregated challenges in each of these schemes as discussed in relevant documentation, but also actual challenges in the geographical/ focus areas one is working. Prioritising and sequencing challenges to be addressed, is a crucial step before one begins to design action plans on garnering community action. It is hoped that this note provides enough information and impetus to enquire further, seek and address those challenges.

Furthermore, as highlighted in the UNICEF framework of causes of under-nutrition (Ref. Note 1), the causes of under-nutrition are multi-sectoral (including food security, health, household behaviour, the roles and status of women) and the need for action is therefore at all levels from national through community and household (Pelletier et. al 2013). As advocates of an equitable society, using a rights based approach, evaluating the design and provisions of the schemes/ policies/ acts critically, and not just in terms of challenges faced in implementation, is also essential. As a next step, in advocating nutrition security, it is crucial to think through and consolidate all such concerns about the design and provisions. Only then will it be possible to strategically design advocacy initiatives to motivate a wide range of policy-makers and civil society organisations at many levels.



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Annexure I: Useful Links

- About ICDS- <http://icds-wcd.nic.in/icds/icds.aspx>
- ICDS Mission – Framework for implementation - <http://wcdsc.ap.nic.in/ICDS/References/IcidsMission.pdf>
- ICDS Mahiti Pustika (Marathi) - <http://icds.gov.in/pdf/....Mahiti%20Pustika.pdf>
- Mid-day Meal Scheme Website - <http://mdm.nic.in/>
- About MDMS (archived) - http://pib.nic.in/archieve/flagship/bkg_mdm1.pdf
- Mid-day meal scheme (Maharashtra annual work plan and budget 2017-18) http://mdm.nic.in/Files/PAB/PAB-2017-18/Maha/1_MAHARASHTRA%20State%20WRITE%20UP.pdf
- Indira Gandhi Matritva Sahyog Yojana/ Pradhan Mantri Matritva Vandana Yojana - <https://web.archive.org/web/20150928124326/http://wcd.nic.in/Schemelgmsy/IGMSYImpGuidelinesApr11.pdf>
- Maternal Absolute Affection Scheme - http://nhm.gov.in/MAA/Operational_Guidelines.pdf
- National Health Mission - <http://nhm.gov.in/>
- About ASHA <http://nhm.gov.in/communitisation/asha/about-asha.html>
- Notes for Trainers for VHSNC http://nhm.gov.in/images/pdf/communitisation/vhsnc/Resources/Notes_for_Trainers_on_VH_SNC-English.pdf
- Handbook for VHSNC Members - http://nhm.gov.in/images/pdf/communitisation/vhsnc/Resources/Handbook_for_Members_of_VHSNC-English.pdf
- Guidelines for Community Processes (NRHM 2013) - [file:///C:/Users/Manasi/Downloads/Community%20Processes%20Guidelines%20-%202013%20\(1\).pdf](file:///C:/Users/Manasi/Downloads/Community%20Processes%20Guidelines%20-%202013%20(1).pdf)
- VHND Guidelines - http://nhm.gov.in/images/pdf/communitisation/vhnd/vhnd_guidelines.pdf
- About TPDS - <http://dfpd.nic.in/public-distribution.htm>
- National Food Security Act - <http://indiacode.nic.in/acts-in-pdf/202013.pdf>
- About NFSA - <http://dfpd.nic.in/nfsa-act.htm>
- Salient features of NFSA - <http://dfpd.nic.in/Salient-features-National-Food-Security-Act.htm>
- SABLA - http://wcd.nic.in/sites/default/files/1-SABLAScheme_0.pdf

Annexure 2: Ministries/Departments and programmes/schemes delivering NSIs, Union Government (Source: Srivastava et. al, 2017)

Ministry and Department/s	Programme/ Scheme	Purpose
Sector: Agriculture		
Ministry of Agriculture and Farmers' Welfare (Department of Agriculture, Cooperation and Farmers Welfare; Department of Animal Husbandry, Dairying and Fisheries)	National Food Security Mission (NFSM)	Enhance production of rice, wheat, pulses, coarse cereals and commercial crops to achieve self-sufficiency in foodgrains production. Increase availability of nutritious food through sub-schemes.
	National Mission on Oilseeds and Oil Palm (NMOOP)	Enhance production of traditional oilseeds and tree-borne oilseeds.
	National Mission for Sustainable Agriculture (NMSA)	Improve 'water use efficiency', 'nutrient management' and 'livelihood diversification' through adoption of sustainable development pathway. Special focus on dryland agriculture and managing climatic shocks.
	National Horticulture Mission	Enhance horticulture production; augment farmers' income through promoting value addition and small scale agri-industries. Also, strengthen nutritional security.
	Rashtriya Krishi Vikas Yojana (RKVY)	Integrated development of agriculture sector through interventions on food security, sustainable agriculture, production of oil seeds, oil palm and agriculture extension.
	White Revolution-Rashtriya Pashudhan Vikas Yojna	Combines erstwhile dairy and livestock schemes- includes National Dairy Plan / National Programme for Dairy Development, Dairy entrepreneurship, Assistance to Cattle Institutes, Indigenous Breeds, National Programme for Bovine Breeding, Delhi Milk Scheme, supporting state Co-operative Dairy Federations, Livestock Health and Disease Control Programme and National Livestock Mission.
	Blue Revolution-Integrated Development and Management of Fisheries	Contribute to food and nutrition security through sustainable development of fisheries and utilizing full potential of water resources. Achieve economic prosperity for fish farmers and the country.

Annexure 2: (Continued)

Ministry and Department/s	Programme/ Scheme	Purpose
Sector: Education		
Ministry of Human Resource Development (Department of School Education and Literacy)	Mid-Day Meal (MDM)	Enhancing school enrollment, attendance and retention; improve nutritional status of children (6-14 years), in government and government-aided schools.
	Rashtriya Madhyamik Shiksha Abhiyaan (RMSA)	Promote secondary education, especially among girls
	Rashtriya Madhyamik Shiksha Abhiyaan (RMSA)	Promote secondary education, especially among girls
Sector: WASH		
Ministry of Drinking Water and Sanitation	National Rural Drinking Water Programme (NRDWP)	Accelerate achievement of universal access to safe and clean drinking water
Ministry of Urban Development (Department of Urban Development)	Swachh Bharat Abhiyan (SBA) / Swachh Bharat Mission (SBM) / Nirmal Bharat Abhiyan (NBA)	Accelerate achievement of universal access to safe and clean drinking water and improved sanitation facilities
Sector: Health		
Ministry of Health and Family Welfare (Department of Health and Family Welfare) Ministry of ANaturopathy, Unani, Siddha and Homoeopathy (AYUSH)	National Health Mission (NHM)	Improve access to equitable, affordable and quality health care services.

Annexure 2: (Continued)

Ministry and Department/s	Programme/ Scheme	Purpose
Sector: Poverty Alleviation		
Ministry of Rural Development (Department of Rural Development)	Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)	Livelihood security through legal right for at least 100 days of unskilled wage employment to willing adult members of a household- initially in 200 most backward districts and now at-scale.
Ministry of Urban Development (Department of Urban Development)	National Rural Livelihood Mission (NRLM) / Aajeevika	These programmes aim at creating efficient and effective institutional platforms of the rural and urban poor, enabling them to increase household income through sustainable livelihood and improved access to financial services.
	National Urban Livelihood Mission (NULM)	
Sector: Food Security and Social Safety Nets		
Ministry of Consumer Affairs, Food and Public Distribution (Department of Food and Public Distribution)	Public Distribution System / National Food Security Scheme	Ensure to 2/3rd of country's population has access to affordable food grains through subsidies.
	National Social Assistance Programme (NSAP)	Ensuring minimum national standard for social assistance complementing benefits that states are currently providing or might provide in future. Includes various pension benefit schemes.
Ministry of Rural Development (Department of Rural Development)	Indira Gandhi Matritava Sahyog Yojana (IGMSY)	Providing cash assistance (conditional) to pregnant and lactating women from the end of 2nd trimester of pregnancy up to 6 months after delivery. INR 6000 are provided to the pregnant and lactating women to address short term income support objectives with long term objective of behaviour and attitudinal change. The scheme is being implemented in 53 districts across the country on a pilot basis. The scheme attempts to partly compensate for wage loss to pregnant and lactating women both prior to and after delivery of the child.
Ministry of Women and Child Development		

National Centre for Advocacy Studies (NCAS) is a social change resource centre that aims to strengthen rights based and people centred advocacy. NCAS endeavours to create enabling conditions for people's empowerment at the grassroots level as well as to facilitate efforts for human rights, social justice and transparent and accountable governance.



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