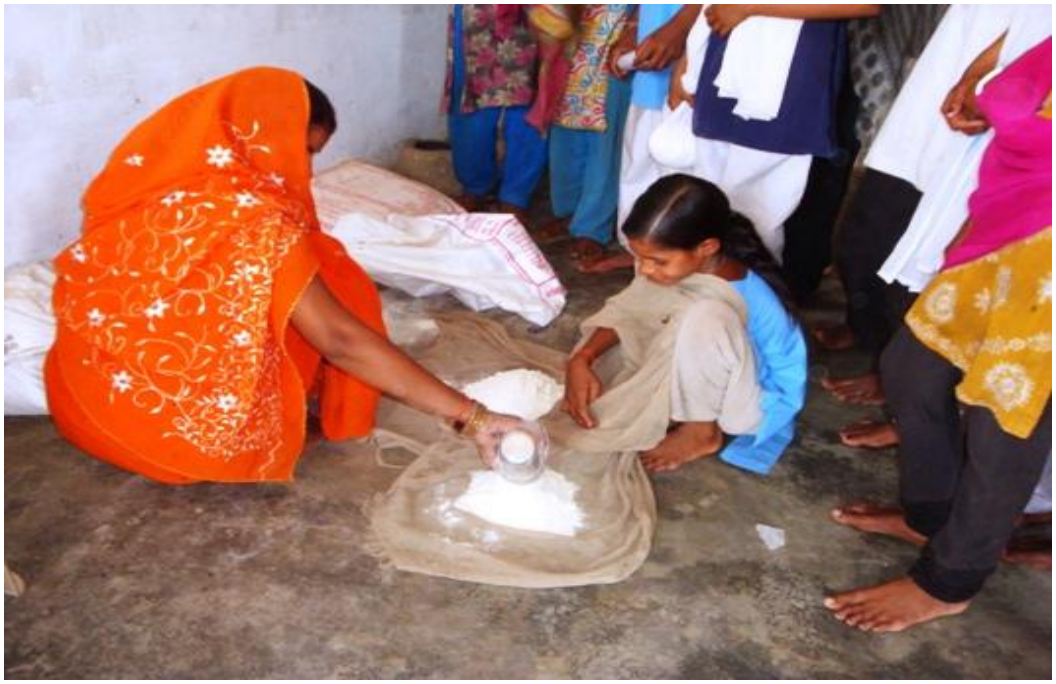
MONITORING PROVISIONING OF SUPPLEMENTARY NUTRITION PROGRAMME OF THE ICDS

in 7 districts of Uttar Pradesh



MAHILA SWASTHYA ADHIKAR MANCH

Background:

Nutrition embodies a central role in human well-being; however, women's nutrition assumes additional importance due to its critical but complex association with pregnancy and lactation. The Government of India started the Integrated Child Development Scheme (ICDS) in 1975 which has been an intervention the Department of Women and Child Development through State Governments and Union Territories (UTs) to combat maternal and child undernutrition. Through *Anganwadi* Centres (AWC) the Scheme addresses the nutritional needs of children aged 0-6 years, pregnant and lactating women and adolescent girls. It comprises of a package of services which includes the following (some services are provided by the Department of Health and Family Welfare):

- Supplementary Nutrition Programme (SNP)
- Immunization
- Growth Monitoring
- Nutrition and Health Education
- Health check-up, and Referral
- Preschool non-formal Education.

Although India has experienced an impressive growth rate in the last few years, about 50 per cent of women in both rural and urban India still suffer from a worrying degree of malnutrition, though its nature varies between rural and urban regions. Further, over half the women in the age group of 15-49 years irrespective of their place of residence suffer from iron deficiency and anaemia - mild, moderate and severe; a figure which has remained unchanged for several years. The incidence of anaemia among pregnant women is even higher - nearly 59 per cent - of which moderate or severe forms of anaemia constitute more than half. The National Health and Family Survey data (NFHS-3) shows that a large proportion of these women belong to the bottom of the hierarchy, both socially and economically, and are at the receiving end of multiple forms of malnutrition (see Table 1 and 2)

Table 1: Prevelance of Anemia among women by Caste and Wealth Quintiles

	Prevalence of Anemia among women (%)	
Caste	**Moderate to Severe**	**Any**
Scheduled Tribes	23.7	68.5
Scheduled Castes	19.0	58.3
Other Backward Castes	16.2	54.4
Others	14.2	51.1
Wealth Quintiles		
Lowest	20.7	64.3
Second	18.9	60.3
Middle	17.7	56.0
Fourth	15.3	52.2
Highest	12.1	46.1

Source: Computed from NFHS 3 data (2005-06), Sunny Jose, K Navaneetham (2008): **A Factsheet on Women's Malnutrition in India** Economic & Political Weekly, August 16, 2008 (special article)

Table2: Prevalence of Anemia Correlated by Caste and Wealth Quintiles

	Prevalence of Anemia among women (%)		
Wealth Quintiles	**Scheduled Tribes**	**Scheduled Castes**	**Other Backward Castes**
Lowest	73.8	63.9	59.5
Second	68.7	60.7	58.0
Middle	61.9	56.7	55.9
Fourth	61.8	55.2	51.9
Highest	52.8	49.6	46.7

Source: Computed from NFHS 3 data (2005-06) Sunny Jose, K Navaneetham (2008): **A Factsheet on Women's Malnutrition in India** Economic & Political Weekly August 16, 2008 (special article)

The data clearly brings out that it is the most marginalized (both economically and socially) women who suffer from the higher percentages of anemia. This is relation between anemia and marginalization emerges more clearly when one correlates wealth quintiles with caste – across all castes, it is the poorest women among whom the incidence of anemia is the highest. This disparity is a matter of serious concern and civil society across India has been raising the issue consistently. Concerned with this state of affairs the People's Union of Liberties filed a writ petition in the Supreme Court in April 2001 to seek legal enforcement of the Right to Food. While the final judgment is yet to be passed, several "interim orders" have been passed by the Supreme Court one of which was passed on April 22nd 2009. Expressing concern over the rising food prices, the Supreme Court passed a directing all States and UTs to revise the nutritional and feeding norms as well as the financial norms of supplementary nutrition under the ICDS scheme. The Hon'ble Supreme Court ordered that the SNP be provided universally to all pregnant and lactating women and all adolescent girls in every village, and directed that in setting up of new AWCs, priority is to be given to SC and ST hamlets/habitations.

The Ministry of Women and Child Development issued a Government Order (GO) {Ref. No. F.No 5-9/2005/ND/Tech (Vol. II)} to the Directors and Secretaries of the States and UTs of the Women and Child Development Department/Social welfare department in charge of the ICDS. Citing facts and figures from the and NFHS 3 (2005-06) which indicate that the level of calorie and micronutrient changed from 1975, when the ICDS was first started, the GO, stresses on the urgent need to expand its coverage and ensure that the nutritional gap is effectively bridged and all women and children in the target group are brought into its coverage. The States and UTs have been directed to revise the norms at the earliest. Thus the feeding norms were revised as in Table 3 below:

Table 3: Revised norms for SNP to pregnant and lactating women

Pregnant & Lactating Mothers		
	Old Norm	**New Norm**
Rate per beneficiary per day (Rs.)	2.30	5.00
Calories (cal)	500	600
Protein (g)	20-25	18-20

The nutritional norms have been revised taking into account the gap between the recommended dietary allowance and the actual dietary intake. The rate per beneficiary for provision of the food supplement has been doubled. Thus pregnant and lactating mothers are entitled to a food supplement of 600 calories of energy and 18-20 gm of protein per beneficiary per day in the form of take home ration (THR). In order to ensure that the food is consumed by the mother, the food supplement may be given in a form that the mother could eat alone.

Mahila Swasthya Adhikar Manch (MSAM)

The *Mahila Swasthya Adhikar Manch* (Women's Health Rights Forum) is a grassroots organization comprising of rural poor, Muslim, tribal and Dalit women, which was set up in 2006 to demand improved health facilities for women through various campaigns and dialogue. The main aim of *Mahila Swasthya Adhikar Manch* is to raise awareness among women about their entitlements in five thematic areas, health, food security, livelihood, nutrition and social security. Equipped with this knowledge, the women engage in monitoring the implementation of relevant schemes and the quality of the services provided by the government. Based on their findings, they advocate for better services with officials at the local, district and state levels. The MSAM works through a tiered structure with five elected leaders at each level to work with the five thematic areas. Presently, the MSAM is actively working in 9 districts of Uttar Pradesh (Azamgarh, Chandauli, Gorakhpur, Mirzapur, Banda, Muzzafarnagar, Mau, Kushinagar and Chitrakoot) and is also present in three other districts (Saharanpur, Jaunpur and Bareilly).

Community Audit of Entitlements to Nutrition Services

Sustained capacity-building of the MSAM leaders on health and four related issues (livelihoods, food security, nutrition, social security and violence against women) by SAHAYOG and its partners has been a strategy for the last several years. As part of this, a capacity–building programme for 3 days was organized in 2011 to enhance the knowledge of 59 MSAM leaders from 10 districts on the existing government programmes for food security, nutrition and livelihood. Pictorial flash cards were designed for the training, and copies given to the MSAM leaders so that they could disseminate the learning to other MSAM members.

MSAM women have used the knowledge gained during this capacity building to undertake a local monitoring exercise of Anganwadi Centres in seven districts, to ascertain if they were following the Supreme Court Orders of universalization of the provision of supplementary nutrition to all adolescent girls, pregnant and lactating women.

Initially in early 2011, this survey covered only 3 to 5 Anganwadi centres in each of the seven districts of Uttar Pradesh and the preliminary findings were shared on 28 May 2011 with the Advisor for Uttar Pradesh for the Right to Food Commissioner, Ms. Arundhati Dhuru. The Advisor found the results to be very important and requested that the survey to be extended to cover all the Anganwadi centres present in at least 3 panchayats in each of these seven districts. Hence a second survey was done by the MSAM women leaders later in 2011 with the help of staff of the seven partner organizations.

The partner organization engaged in this survey were - Gramin Punar Nirman Sansthan (Azamgarh), Gramya Sansthan (Chandauli), Baba Ramkaran Das Gramin Vikas Samiti (Gorakhpur), Shikhar Prashikshan Sansthan (Mirzapur), Tarun Vikas Sansthan (Banda), Astitva Samajik Sansthan (Muzzafarnagar), and Ebteda Sansthan (Chitrakoot).

Tools used in the Survey:

A simple format was developed to enable the MSAM leaders to monitor the extent of coverage by an Anganwadi Centre, and the quality and regularity of the supplementary nutrition provided.

The tool had two parts:–

1. A set of questions aimed at collecting information from the Anganwadi worker on the number of adolescent girls, pregnant and lactating women listed in her records
2. A set of questions asked to the residents of the village covered by the same Anganwadi centre to ascertain:
   i) the total number of adolescent girls, pregnant and lactating women in the village
   ii) the quantity, quality and regularity of supplementary nutrition distributed by the Anganwadi worker

Area covered by Survey:

The State ICDS Directorate revealed that GO related to the universal coverage of pregnant and lactating women in the SNP services was issued on the 17th of August 2011 (Letter No C926/Yojana 232/2011-12/Dated: 17th August 2011

Therefore **62 Anganwadi Centres spread across 41 panchayats** were covered in this survey by the MSAM women in seven districts of Uttar Pradesh. The seven districts were – Azamgarh, Banda, Chandauli, Chitrakoot, Gorakhpur, Mirzapur and Muzaffarnagar.

Findings:

a) **Accuracy of the listing**: In all 7 districts, except Banda, the list drawn by the Anganwadi worker (AWW) included all the pregnant and lactating women and adolescent girls in the village.

b) Access to THR for women:

- Across the seven districts, **pregnant and lactating women** were able to access the THR in Azamgarh, Banda, Chitrakoot, Muzaffarnagar and to a large extent in Mirzapur.
- But significant numbers of such women (around two-thirds) were not receiving THR in Chandauli and about one-fourth were getting left out in Gorakhpur district.
- In Chandauli this number was large with almost 67% of registered pregnant women and 60% of registered lactating women not receiving THR. The *Anganwadi* worker in Chandauli district stated that they had not received any GO and therefore they could not ensure universal coverage of all women and girls.

The findings are given in Table 4 below.

Table 4 - Data from 7 districts about provision of Take Home Rations (THR)

	Number of Pregnant women			Number of Lactating Women			Number of Adolescent Girls		
District	Listed Women	Beneficiaries	Women not receiving THR	Listed women	Beneficiaries	Women not receiving THR	Listed women	Beneficiaries	Not receiving THR
Azamgarh	111	111	0	122	122	0	612	30	582 (95%)
Banda	49	49	5*	70	70	5*	75	75	45* (60%)
Chitrakoot	47	47	0	52	52	0	180	180	0
Chandauli	217	72	145 (67%)	177	70	107 (60%)	117	20	97 (83%)
Gorakhpur	75	56	19 (25%)	70	53	17 (24%)	168	28	140 (83%)
Muzaffar-nagar	128	128	0	122	122	0	32	32	0
Mirzapur	200	189	11(6%)	226	210	16 (7%)	880	185	695 (79%)
Total	**827**	**652**		**839**	**699**		**2064**	**550**	

* Banda is the only district where 5 pregnant, 5 lactating and 45 adolescent girls were excluded from the Anganwadi worker's list.

c) Access to THR for girls:

- The picture is more worrying for **adolescent girls**. Except for two districts, Chitrakoot and Muzaffarnagar, girls were mostly unable to access the THR in all the other five districts.
- Azamgarh, Chandauli, Mirzapur and Gorakhpur have very high numbers of listed girls not being provided THR.
- In Banda, the Anganwadi Worker is giving it to everyone on her list; but it appears that she has missed listing out 45 girls, who therefore get nothing.

d) **Frequency and quantity:** The distributed THR was not consistent in any of the districts. It varied between 1 to 3 measuring bowls (*katoris*).

e) Location of the AWC: In the selected Panchayats of these 7 districts, the largest number of Anganwadi Centres were located in Primary Schools (44%) followed by Dalit neighbourhoods (26%). Another 21% were located in settlements inhabited by Other Backward Castes, while 5% each were located in Panchayat Bhavans (Council buildings) and 'general caste' settlements.

Recommendations:

1. Take immediate steps to operationalize the Supreme Court order of universalization of SNP for all pregnant, lactating women and adolescent girls
2. Ensure that all Dalit and ST habitations have an AWC
3. Ensure that AWCs are opened regularly and at proper time
4. Ensure weekly distribution of good quality and right quantity of THR
5. Ensure regular health checkup of all pregnant lactating, women and adolescent girls in the village to identify cases of acute malnourishment
6. Establish centres at the district level where such cases of acute malnourishment can be treated
7. Ensure that all pregnant lactating, women and adolescent girls in the village are invited for counseling on nutrition and health
8. Ensure that Village Health and Nutrition Day (VHND) is held regularly
9. Ensure transparency by informing community when AWW is not available either due to non appointment or due to any other reason
10. Promote social audit of the functioning of ICDS centres and services.