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Different Schemes Laid By Government Of India For Nutrition Of Infants, Lactating Mothers, Poor Children, Removal Of Malnutrition And Vaccination

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ABSTRACT: Pradhan Mantri Matru Vandana Yojana (PMMVY), previously known as the Indira Gandhi Matritva Sahyog Yojana, is a maternity benefit program run by the government of India. It was originally launched in 2010 and renamed in 2017.[1] The scheme is implemented by the Ministry of Women and Child Development. It is a conditional cash transfer scheme for pregnant and lactating women of 19 years of age or above for the first live birth.[2] It provides a partial wage compensation to women for wage-loss during childbirth and childcare and to provide conditions for safe delivery and good nutrition and feeding practices. In 2013, the scheme was brought under the National Food Security Act, 2013 to implement the provision of cash maternity benefit of ₹6,000 (US$75) stated in the Act.[3] Presently, the scheme is implemented on a pilot basis in 53 selected districts and proposals are under consideration to scale it up to 200 additional 'high burden districts' in 2015–16.[4] The eligible beneficiaries would receive the incentive given under the Janani Suraksha Yojana (JSY) for Institutional delivery and the incentive received under JSY would be accounted towards maternity benefits so that on an average a woman gets ₹6,000 (US$75)[5] The scheme, rechristened Maternity benefits programme is set to cover the entire nation. Prime Minister Narendra Modi, in his 2017 New Year's Eve speech, announced that the scheme will be scaled up to cover 650 districts of the country.[6] The announcement assumes significance as India accounts for 17% of all maternal deaths in the world. The country's maternal mortality ratio is pegged at 113 per 100,000 live births, whereas infant mortality is estimated at 32 per 1,000 live births. Among the primary causes of high maternal and infant mortality are poor nutrition and inadequate medical care during pregnancy and childbirth.[7]

KEYWORDS: PMMVY, women, child, lactating, mothers, childbirth, childcare, food security, maternal, infant, mortality, malnutrition

I.INTRODUCTION

The scheme name has undergone two changes. In 2014, "Indira Gandhi" was dropped from the scheme name. In 2017, "Pradhan Mantri" was added making it Pradhan Mantri Matri Vandana Yojana (PMMVY).[8] Objectives:[9]Promoting appropriate practice, care and institutional service utilization during pregnancy,[1] delivery and lactationEncouraging the women to follow (optimal) nutrition and feeding practices, including early and Exclusive breastfeeding for the first six months; andProviding cash incentives for improved health and nutrition to pregnant and lactating mothers.IGMSY provides financial assistance as grant-in-aid to state governments.[9]Originally, the scheme was brought under the National Food Security Act, 2013 to implement the provision of cash maternity benefit of ₹6,000 (US$84) stated in the Act.[2] Then, all pregnant women of 19 years of age and above were eligible for conditional cash transfer benefits

of ₹5,000 (US$63) to paid in three installments,[2] except those who receive paid maternity leave.[10] After the implementation of National Food Security Act the amount has been revised to ₹6,000 (US$75) to be paid in two installments of ₹3,000 (US$38) each.[3] The cash transfers under the Scheme are subject to the following conditions:The first transfer (at pregnancy trimester) of ₹1,000 (US$13) requires the mother to:Register pregnancy at the Anganwadi centre[4] (AWC) upon realising conception has occurred,Attend at least one prenatal care session and taking Iron-folic acid tablets and TT1 (tetanus toxoid injection), and Attend at least one counseling session at the AWC or healthcare centre.The second transfer (six months of conception) of ₹2,000 (US$25) requires the mother to:Attend at least one prenatal care session and TT2The third transfer (three and a half months after delivery) of ₹2,000 (US$25) requires the mother to:Register the birth, Immunize the child with OPV and BCG at birth,[5] at six weeks and at ten weeks,Attend at least two growth monitoring sessions within three months of delivery, Additionally the scheme requires the mother to:Exclusively breastfeed for six months and introduce complementary feeding as certified by the mother,Immunize the child with OPV and DPT,[6]Attend at least two counseling sessions on growth monitoring and infant and child nutrition and feeding between the third and sixth months after delivery.[11]However, studies suggest that these eligibility conditions and other conditionalities exclude many women from receiving their entitlements.[12]

Food security refers to ensuring adequate food supply to people, especially those who are deprived of basic nutrition. Food security has been a major concern in India.[7] According to UNO -India, there are nearly 195 million undernourished people in India, which is a quarter of the world's hunger burden. Also, roughly 43% of children in India are chronically undernourished.[1] India ranks 68 out of 113 major countries in terms of food security index 2020. Though the available nutritional standard is 100% of the requirement, [8]India lags far behind in terms of quality protein intake at 20% which needs to be tackled by making available protein-rich food products such as soybeans, lentils, meat, eggs, dairy, etc. at affordable prices.[2] The Human Rights Measurement Initiative[3] finds that India is doing 56.8% of what should be possible at its level of income for the right to food.[4] In order to provide the Right to food to every citizen of the country, the Parliament of India, enacted a legislation in 2013 known as the National Food Security Act, 2013. Also called as the Right to Food Act, this Act seeks to provide subsidized food grains to approximately two thirds of India's 1.33 billion population.[5] It was signed into law on 10 September 2013, retroactive to 5 July 2013.[6][7]

Central Initiatives

- The Food Corporation of India (FCI) was established in 1965 for the purpose of procurement, storage and distribution of food grains. It has been playing a major role in the food security of India.[8]
- The National Food Security Act,2013 (NFSA 2013) converts into legal entitlements for existing food security programmes of the Government of India. It also includes the Midday Meal Scheme, Integrated Child Development Services scheme and the Public Distribution System. In 2017–18, over Rs 1500 billion[9] (7.6% of the government's total expenditure) have been allocated to provide food subsidies under the Targeted Public Distribution System (TPDS).[9]
- The NFSA 2013 also recognizes maternity entitlements. Pregnant women, lactating mothers, and certain categories of children are eligible for daily free cereals.[10]

State Initiatives

- Karnataka has launched the 'Indira Canteen', which serves breakfast, lunch, and dinner at a very low price. This idea was implemented by Siddaramaiah as CM so that no one in the state would go hungry and everyone would get healthy food.[11]
- Andhra Pradesh has supported the Nalabothu Foundation, which provides free meals to people in need by redistributing excess food from homes, restaurants, businesses, canteens, and gatherings. This scheme was brought to national attention by Prime Minister Modi.[12]
- Tamil Nadu has launched 'Amma Unavagam' (Mother's canteen), or more commonly known as Amma canteen.[13] The genesis of this program could be traced to the scheme proposed by Nimbkar Agricultural Research Institute in 2012.[14]
- The State of UP in 2013 passed a food bill. Food that is going to be wasted from parties will be preserved and distributed to poor and needy people.[11]
- The Chhattisgarh Food Security Act, 2012 law was enacted by the Chhattisgarh government. It was passed on 21 December 2012, by the State Assembly unopposed to ensure “access to adequate quantity of food and other requirements of good nutrition to the people of the State, at affordable prices, at all times to live a life of dignity.”[15]

Food availability is not that reliable in India. The challenge to produce more and more for the growing population is becoming increasingly hard for a country of its size and economic growth. Since the land in India is a shrinking

resource for agriculture, the production rate for agriculture needs to be higher per unit of land and irrigation water.[12] Over 60% of the Indian population depend on agriculture for their daily meals. India produces around 100 million tonnes of rice every year. Accessing food in India can be considered to be more difficult than in Australia. While there might be enough food for the whole population of India, many families and especially children in India don't have access to food because of financial problems. Thus, this is the cause of millions[15] of malnourished children around India.[13] The cultural knowledge in India allows them to have a very nutritional and balanced diet. Nearly the whole of the Indian population has rice at least once a day which allows them to have carbohydrates in their system. Since India is most commonly known for producing and exporting rice to other countries, their lifestyle will be mainly dominated by rice.[17]

India needs to concentrate on methods to improve the availability and affordability of protein rich food products using the latest environmental friendly technology without the need of additional land and water.[18] Biogas or natural gas or methane produced from farm/agro/crop/domestic waste can also be used in addition to mined natural gas[14] for producing protein rich cattle/fish/poultry/pet animal feed economically by cultivating *Methylococcus capsulatus* bacteria culture in a decentralized manner near to the rural/consumption areas with tiny land and water foot print.[19][20]

II.DISCUSSION

The National Food Security Act 2013, also known as Right to Food Act, is an Indian Act of Parliament which aims to provide subsidized food grains to approximately two thirds of the country's 1.2 billion people.[1] It was signed into law on 12 September 2013, retroactive to 5 July 2013.[2][3]The National Food Security Act, 2013 (NFSA 2013) converts into legal entitlements for existing food security programmes of the Government of India. It includes the Midday Meal Scheme, Integrated Child Development Services scheme and the Public Distribution System. Further, the NFSA[16] 2013 recognizes maternity entitlements. The Midday Meal Scheme and the Integrated Child Development Services Scheme are universal in nature whereas the PDS will reach about two-thirds of the population (75% in rural areas and 50% in urban areas).

Under the provisions of the bill, beneficiaries of the Public Distribution System (or, PDS) are entitled to 5 kilograms (11 lb) per person per month of cereals at the following prices:

- Rice at ₹3 (3.8¢ US) per kg
- Wheat at ₹2 (2.5¢ US) per kg
- Coarse grains (millet) at ₹1 (1.3¢ US) per kg.[17]

Pregnant women, lactating mothers, and certain categories of children are eligible for daily free cereals.

The bill has been highly controversial. It was introduced into India's parliament on 22 December 2011, promulgated as a presidential ordinance on 5 July 2013, and enacted into law on 12 September 2013.[4][5] Government of Odisha announced implementation of the act in 14 district from 17 November 2015.[6] Government of Assam implemented the Act on 24 December 2015.[7]

Salient features:-

Coverage and entitlement under Targeted Public Distribution System (TPDS) : Up to 79.56% of the rural population and 64.43% of the urban population will be covered under TPDS, with uniform entitlement of 5 kg per person per month. However, since Antyodaya Anna Yojana (AAY) households constitute poorest of the poor, and are presently entitled to 35 kg per household per month, entitlement of existing AAY households will be protected at 35 kg per household per month.[18]

State-wise coverage : Corresponding to the all India coverage of 75% and 50% in the rural and urban areas, State-wise coverage will be determined by the Central Government. Planning Commission has determined the State-wise coverage by using the NSS Household Consumption Survey data for 2011–12.[19]

Subsidised prices under TPDS and their revision : Foodgrains under TPDS will be made available at subsidised prices of Rs. 3/2/1 per kg for rice, wheat and coarse grains for a period of three years from the date of commencement of the Act. Thereafter prices will be suitably linked to Minimum Support Price (MSP). In case, any State's allocation under the Act is lower than their current allocation, it will be protected up to the level of average offtake under normal TPDS during last three years, at prices to be determined by the Central Government. Existing prices for APL households i.e. Rs. 6.10 per kg for wheat and Rs 8.30 per kg for rice has been determined as issue prices for the additional allocation to protect the average offtake during last three years[20]

Identification of Households : Within the coverage under TPDS determined for each State, the work of identification of eligible households is to be done by States/UTs.

Nutritional Support to women and children : Pregnant women and lactating mothers and children in the age group of 6 months to 14 years will be entitled to meals as per prescribed nutritional norms under Integrated Child Development Services (ICDS) and Mid-Day Meal (MDM) schemes. Higher nutritional norms have been prescribed for malnourished children up to 6 years of age.[21]

Maternity Benefit : Pregnant women and lactating mothers will also be entitled to receive maternity benefit of not less than Rs. 6,000.[22]

Women Empowerment : Eldest woman of the household of age 18 years or above to be the head of the household for the purpose of issuing of ration cards.

Grievance Redressal Mechanism : Grievance redressal mechanism at the District and State levels. States will have the flexibility to use the existing machinery or set up separate mechanism.

Cost of intra-State transportation & handling of foodgrains and FPS Dealers' margin : Central Government will provide assistance to States in meeting the expenditure incurred by them on transportation of foodgrains within the State, its handling and FPS dealers' margin as per norms to be devised for this purpose.[23]

Transparency and Accountability : Provisions have been made for disclosure of records relating to PDS, social audits and setting up of Vigilance Committees in order to ensure transparency and accountability.

Food Security Allowance : Provision for food security allowance to entitled beneficiaries in case of non-supply of entitled foodgrains or meals.[24]

Penalty : Provision for penalty on public servant or authority, to be imposed by the State Food Commission, in case of failure to comply with the relief recommended by the District Grievance Redressal Officer.[8]

The intent of the National Food Security Bill is spelled out in the Lok Sabha committee report, *The National Food Security Bill, 2011, Twenty Seventh Report*, which states, "Food security means availability of sufficient foodgrains to meet the domestic demand as well as access, at the individual level, to adequate quantities of food at affordable prices." The report adds, "The proposed legislation marks a paradigm shift in addressing the problem of food security – from the current welfare approach to a right based approach. About two thirds (approx 67%) of the population will be entitled to receive subsidized foodgrains under Targeted Public Distribution System. In a country where almost 40% of children are undernourished the importance of the scheme increases significantly." The Indian Ministry of Agriculture's Commission on Agricultural Costs and Prices (CACP) has referred to the Bill as the "biggest ever experiment in the world for distributing highly subsidized food by any government through a 'rights based' approach."[9] The Bill extends coverage of the Targeted Public Distribution System, India's principal domestic food aid program, to two thirds of the population, or approximately 820 million people. Initially, the Lok Sabha Standing Committee on Food, Consumer Affairs and Public Distribution estimated a "total requirement of foodgrains, as per the Bill would be 61.55 million [metric] tons in 2012-13."[10] The CACP calculated in May 2013, "...the requirement for average monthly PDS offtake is calculated as 2.3 mt for wheat (27.6 mt annually) and 2.8 mt for rice (33.6 mt annually)..."[25] When volumes needed for the Public Distribution System and "Other Welfare Schemes" were aggregated, the CACP estimated rice and wheat requirements to total an "annual requirement of 61.2" million metric tons.[9] However, the final version of the Bill signed into law includes on page 18 an annex, "Schedule IV", which estimates the total food grain allocation as 54.926 million metric tons.[11]

The Standing Committee estimated that the value of additional food subsidies (i.e., on top of the existing Public Distribution System) "during 2012-13 works out to be...Rs.2409 crores," that is, 24.09 billion rupees, or about $446 million at the then-current exchange rate, for a total expenditure of 1.122 trillion rupees (or between $20 and $21 billion).[10] However, the Commission on Agricultural Costs and Prices (CACP) calculated, "Currently, the economic cost of FCI for acquiring, storing and distributing foodgrains is about 40 percent[26] more than the procurement price."[12] The Commission added,

The stated expenditure of Rs 1,20,000 crore annually in NFSB is merely the tip of the iceberg. To support the system and the welfare schemes, additional expenditure is needed for the envisaged administrative set up, scaling up of operations, enhancement of production, investments for storage, movement, processing and market infrastructure etc[27]. The existing Food Security Complex of Procurement, Stocking and Distribution- which NFSB perpetuates- would increase the operational expenditure of the Scheme given its creaking infrastructure, leakages & inefficient governance.[12]

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The Commission concluded that the total bill for implementation of the Bill "....may touch an expenditure of anywhere between Rs 125,000 to 150,000 crores," i.e., 1.25 to 1.5 trillion rupees.[12] As of the implementation deadline of 4 October 2014, only 11 states had either implemented the Act or declared readiness to do so.[13] On 28 November 2014, the Indian government announced, "Allocation of foodgrains to 11 States/Union Territories (UTs) namely, Bihar, Chandigarh, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Karnataka, Madhya Pradesh, Maharashtra, Punjab and Rajasthan has started under the Act..." and that the "remaining 25 States/UTs have not completed the preparatory measures required for implementation of the Act." The Indian government extended the deadline for implementation of the Act "by another six months, i.e. till 04.04.2015."[14]

Criticism of the National Food Security Bill includes accusations of both political motivation and fiscal irresponsibility.[15][16][17][18] One senior opposition politician, Murli Manohar Joshi, went so far as to describe the bill as a measure for "vote security" (for the ruling government coalition) rather than food security.[15] Another political figure, Mulayam Singh Yadav, declared, "It is clearly being brought for elections...Why didn't you bring this bill earlier when poor people were dying because of hunger?...Every election, you bring up a measure. There is nothing for the poor."[19]

The report of the 33rd meeting of the Technical Advisory Committee on Monetary Policy stated, "...Food prices are still elevated and the food security bill will aggravate food price inflation as it will tilt supply towards cereals and away from other farm produce (proteins), which will raise food prices further...Members desired that the Reserve Bank impress on the government the need to address supply side constraints which are causing inflationary pressure, especially on the food front."[20][21] Dr. Surjit S. Bhalla warned, "The food security bill...if implemented honestly, will cost 3 per cent of the GDP in its very first year."[22] The writer Vivek Kaul noted,

The government's estimated cost of food security comes at 11.10%...of the total receipts. The CACP's estimated cost of food security comes at 21.5%...of the total receipts. Bhalla's cost of food security comes at around 28% of the total receipts...Once we express the cost of food security as a percentage of the total estimated receipts of the government, during the current financial year, we see how huge the cost of food security really is.[23]

The Indian Ministry of Agriculture's Commission on Agricultural Costs and Prices warned that enactment of the Bill could be expected to "induce severe imbalance in the production of oilseeds and pulses," and "...will create demand pressures, which will inevitably spillover to market prices of food grains. Furthermore, the higher food subsidy burden on the budget will raise the fiscal deficit, exacerbating macro level inflationary pressures."[12] The Commission argued further that the Bill would restrict private initiative in agriculture, reduce competition in the marketplace due to government domination of the grain market, shift money from investments in agriculture to subsidies,[28] and continue focus on cereals production when shifts in consumer demand patterns indicate a need to focus more on protein, fruits and vegetables.[12]

India ranks 74 out of 113 major countries in terms of food security index. Though the available nutritional standard is 100% of the requirement, India lags far behind in terms of quality protein at 20% which needs to be tackled but no provision is made in the Act to subsidize the protein rich food products such as eggs, meat, fish, chicken, etc.[24] India needs to concentrate on methods to improve the availability and affordability of protein rich food products using the latest technology without the need of additional land and water. Biogas or natural gas or methane produced from farm/agro/crop/domestic waste can also be used in addition to mined natural gas for producing protein rich cattle/fish/poultry/pet animal feed economically by cultivating *Methylococcus capsulatus* bacteria culture in a decentralized manner near to the rural / consumption areas with tiny land and water foot print.[25][26][27][28]

The bill was very widely viewed as a "pet project" of Indian National Congress(INC) President, Sonia Gandhi.[29][30] Gandhi addressed Parliament the night of the August 2013 Lok Sabha vote on the bill, saying its passage would be a "chance to make history".[31]

Former National Advisory Council member and development economist Professor Jean Drèze, reputedly one of the architects of the original, 2011 version of the bill, wrote, "...the Bill is a form of investment in human capital.[29] It will bring some security in people's lives and make it easier for them to meet their basic needs, protect their health, educate their children, and take risks."[32] Professor Drèze dismissed opposition from business interests, saying, "Corporate hostility does not tell us anything except that the Food Bill does not serve corporate interests. Nobody is claiming that it does, nor is that the purpose of the Bill."[33]

Minister of Consumer Affairs, Food, and Public Distribution K.V. Thomas stated in an interview,

This is no mean task, a task being accomplished in the second most populated country in the world. All the while, it has been a satisfying journey. The responsibility is not just of the Central Government but equally of the States/[Union Territories]. I am sure together we can fulfill this dream. The day is not far off, when India will be known the world

over for this important step towards eradication of hunger, malnutrition and resultant poverty...By providing food security to 75 percent of the rural and 50 percent of the urban population with focus on nutritional needs of children, pregnant and lactating women, the National Food Security Bill will revolutionize food distribution system.[4]

In a rebuttal to Dr. Surjit S. Bhalla, three economists responded, "...the food subsidy bill should roughly double and come to around 1.35% of GDP, which is still way less than the numbers he put out."[34]

The Chhattisgarh Food Security Act, 2012 law was enacted by the Government of Chhattisgarh. It was passed on 21 December 2012, by the State Assembly unopposed to ensure "access to adequate quantity of food and other requirements of good nutrition to the people of the State, at affordable prices, at all times to live a life of dignity.''.[35]

The Act divides households into four groups — Antodaya, Priority, General and Excluded households.[30]

The priority households will have monthly public distribution system (PDS) entitlement of 35 kg rice, wheat flour, pulses, gram and iodised salt at subsidised price. "The new act will make the acclaimed PDS more comprehensive. Nearly 90% of the provisions incorporated in the Act were already covered under the PDS", the then chief minister Raman Singh said. The new initiative will put a burden of ₹2,311 crore on the state exchequer. The act will not cover those who are income tax payees, own over 4 hectares of irrigated or 8 hectares of non-irrigated land in non-scheduled areas and who are liable to pay property tax in urban areas.[36]

The Act benefits 42 lakh families living here. It will also cover families headed by a destitute, a widow or a differently abled person. It will also take care of poor, children living in hostels/ashrams, pregnant women as well as those hit by disaster.[31]

III.RESULTS

POSHAN Abhiyaan is a multi-ministerial convergence mission with the vision to ensure attainment of malnutrition free India by 2020.[32] The objective of POSHAN Abhiyaan to reduce stunting in identified Districts of India with the highest malnutrition burden by improving utilization of key Anganwadi Services and improving the quality of Anganwadi Services delivery. Its aim to ensure holistic development and adequate nutrition for pregnant women, mothers and children.The Ministry of Women and Child Development (MWCD) is implementing POSHAN Abhiyaan in 315 Districts in first year, 235 Districts in second year and remaining districts will be covered in the third year.[33]There are a number of schemes directly/indirectly affecting the nutritional status of children (0-6 year's age) and pregnant women and lactating mothers. In spite of these, level of malnutrition and related problems in the country is high. There is no dearth of schemes but lack of creating synergy and linking the schemes with each other to achieve common goal. POSHAN Abhiyaan through robust convergence mechanism and other components would strive to create the synergy.[34]

Integrated Child Development Services (ICDS) Scheme

Paediatric malnutrition has always been a matter of national concern. The various vertical health programmes initiated by the Government of India (GOI) from time to time did not reach out to the target community adequately. In 1974, India adopted a well-defined national policy for children. In pursuance of this policy it was decided to start a holistic multicentric programme with a compact package of services. The decision led to the formulation of Integrated Child Development Services (ICDS) scheme – one of the most prestigious and premier national human resource development programmes of the GOI.The scheme was launched on 2 October 1975 in 33 (4 rural, 18 urban, 11 tribal) blocks. Over the last 25 years, it was expanded progressively and at present it has 5614 (central 5103, state 511) projects covering over 5300 community development blocks and 300 urban slums; over 60 million children below the age of 6 years and over 10 million women between 16 and 44 years of age and 2 million lactating mothers [1]. The total population under ICDS coverage is 70 million, which is approximately 7 percent of the total population of one billion.The main thrust of the scheme is on the villages where over 75 percent of the population lives. Urban slums are also a priority area of the programme.[35]

Objectives

The main objectives of the scheme are [2]:

i) Improvement in the health and nutritional status of children 0–6 years and pregnant and lactating mothers.

ii) Reduction in the incidence of their mortality and school drop out
iii) Provision of a firm foundation for proper psychological, physical and social development of the child.
iv) Enhancement of the maternal education and capacity to look after her own health and nutrition and that of her family
v) Effective co-ordination of the policy and implementation among various departments and programmes aimed to promote child development.

Beneficiaries

The beneficiaries are:

i) Children 0–6 years of age
ii) Pregnant and lactating mothers
iii) Women 15–44 year of age
iv) Since 1991 adolescent girls upto the age of 18 years for non formal education and training on health and nutrition.[36]

Services-The programme provides a package of services facilities [3] like:

i) Complementary nutrition

ii) Vitamin A

iii) Iron and folic acid tablets

iv) Immunization

v) Health check up

vi) Treatment of minor ailments

vii) Referral services

viii) Non-formal education on health and nutrition to women

ix) Preschool education to children 3–6 year old and

x) Convergence of other supportive services like water, sanitation etc.

The services arc extended to the target community at a focal point ‘Anganwadi’ (AWC) located within an easy and convenient reach of the community. AWC is managed by an honorary female worker ‘Anganwadi Worker'(AWW). who is the key community level functionary. She is a specially selected and trained woman from the local community, educated upto high school. She undergoes 3 months training in child development, immunization, personal hygiene, environmental sanitation, breastfeeding. ante-natal care, treatment of minor ailments and recognition of ‘at risk’ children. She gets a small honorarium as an incentive. The presence of AWW in the community has a synergistic effect as she liaises between health functionaries and the community. Convergence with health helps achieve better maternal and child health, enhances awareness regarding family planning services, treatment of morbidity and reduction of mortality.[37] AWC serves as a central point for immunisation, distribution of vitamin A, iron and folic acid tablets and

treatment of minor ailments and first aid. AWC is also the venue for health related activities carried out by auxiliary nurse-midwives (ANM). Each AWC looks after a population of approximately 1000 in rural and urban areas and 700 in tribal areas. Presently on an average there is 125–150 AWCs per project/block [4].

Complementary Nutrition

6 months to 6 year old children, pregnant and lactating mothers belonging to low income group families are entitled to avail the facility of CN for 300 days in a year. 300 calories and 8 to 10 g proteins are given to all children below 6 years including those with mild (grade 1 & II) malnutrition while pregnant (3^{rd} trimester) and lactating mothers (first 6 months of lactation) are given 600 calorics and 20 g proteins per day as CN. The type of food varies from state to state. Usually it consists of a hot meal cooked at AWC. It contains a combination of pulses, cereals, oil, vegetables and sugar. Some AWCs provide a 'ready-to-eat' meal while some other agencies like CARE, World Food Programme (WFP) are implementing a 'take-home' strategy for 2–4 weeks at a time for children under 2 years and pregnant and lactating women. While the 'take-home' practice solves the problem of daily attendance and saves considerable time of the AWW, there is bound to be sharing of the food and the index beneficiary at best gets only a part of it. Food sharing strengthens the family bonds though it will delay recovery from malnutrition. Cooking and serving hot meal at AWC, on the other hand, provides a good opportunity to develop a close rapport with the local women and indulge in non-formal education on health and nutrition. This also provides a good opportunity for community mobilisation and participation, though it definitely adds to AWW's workload. A flexible approach to suit the local needs appears to be the answer. Improper storage facilities, poor quality and shortages of CN, erratic food supplies, bad communication, pilferage and other such logistic problems in certain states have been noticed and require corrective administrative measures.[38]

Immunization

AWW helps organise fixed day immunization sessions. Primary Health Care Centre(PHC) and its infrastructure carry out the immunization of infants and expectant mothers as per the national schedule. AWW assists in the exercise; maintains records and follows up the recorded cases to ensure complete coverage. Her services are also being utilised for special drives and campaigns like pulse polio and family planning drive. Such activities, it has been seen, adversely affect her other duties and dilute her commitment to the ICDS programme.

Health Check Up and Referral Services

The health check up activity includes care of all children below 6 years, ante-natal care of pregnant women and post-natal care of lactating mothers. AWW and PHC staff work together and carry out regular check-up, body weight recording, immunization, management of malnutrition, treatment of diarrhoea, deworming and other minor ailments. At AWC, children, adolescent girls, pregnant women and lactating mothers are examined at regular intervals by the lady health visitor (LHV) and auxiliary nurse-mid-wife (ANM). Malnourished and sick children who cannot be managed by the ANW / AWW are provided referral services through ICDS. All such cases are listed by the AWW and referred to the medical officer.[39]

IV.CONCLUSIONS

The benefit of the CN is seen to be limited in very young children aged 1/2 to 2 years. Their attendance at AWC and intake of CN are poor. Innovative approach is needed to draw them to the AWC. The young children probably need a special treatment regarding CN and better sensitization to health and nutrition education. Physiologically, in early childhood there are marked differences in food intake. Therefore, specific attention is required to be focused on narrow age groups to work out requirement and variety of CN e.g. nutritional needs and intake are different in 4 to 6 months; 7 to 12 months and over 12 months old children. We personally believe that 4 to 6 months is the optimal age to introduce CN. However, there are many pediatricians who recommend exclusive breast-feeding for the first 6 months. This controversy requires more information to formulate a definite policy. We also need a firm policy regarding introduction of CN in low birth weight children. CN as designed presently must be wholesome, nutritionally and culturally acceptable with adequate micronutrients. This requires special care in small children 1/2 to 1 year of age as home foods are difficult to be consumed in large quantities by them. The timing of CN should be such as not to affect the breast milk intake. Hence probably the best time for the small children is to give it in between feeds. We prefer serving hot meal at the AWC. All the same there is no quarrel if 'carry home' dry rations or precooked packets are supplied to

small children and pregnant and lactating women. Perhaps a controlled study could be done in some areas. Considering the experience with iron and folic acid tablets, it perhaps will be best if CN is fortified with micronutrients. The micronutrients requirements, calorie and components of CN for LBW and normal children require redefining in view of our updated knowledge in this field. Many a time during community survey, mothers complain of poor appetite of their children. Recent observation that asymptomatic presence of microbes in the gut, urinary or respiratory tracts is associated with anorexia and lack of appetite resulting in progressive weight loss and malnutrition requires detailed looking in for appropriate corrective steps.[40]

Growth Monitoring And Growth Faltering

This activity has not served the purpose for which it was initiated. The available tools for weight taking and length/height recording require proper standardisation and knowledge. AWW, ANM and other functionaries must receive more training and education in this respect in case this activity is to be continued. Linear growth measurement is as important as body weight in view of the recent observation that in some children, linear growth falters before they start losing weight.[41]

Convergence and Coordination

Better convergence and coordination among various departments, NGOs and groups involved in mother and child development is required to avoid duplication and avoidable expenditure. CTC-ICDS had recommended use of fixed day immunization sessions for interaction between ICDS, health functionaries and the community. CARE and some other NGOs have encouraged the concept of observance of a special day in 10–15 days where community can actively participate and interact with ICDS and health personnel. Any approach, which facilitates convergence at all levels is welcome.

Community Participation

Despite all efforts, community participation has been substandard and far below expectation. To enhance this we recommend involvement of elders and the menfolk in the family, opinion makers in the community, women groups, adolescents, Swastha Sangathans, Mahila Mandals, Gram Panchayats etc. Their cooperation will indeed be very exciting and full of potentials for further community motivation, mobilisation and participation. Community involvement at planning stage may also prove useful and should be encouraged. AWW, the key player in ICDS, must have more time for community motivational visits and interaction at AWC. This is possible only if less time is spent in non-productive work.

Administrative Corrections

Better training to AWW and Mukhya Sevikas, more inputs, better supervision, rational and equitable workload distribution, better logistics and realistic community expectation will go a long way to make ICDS programme better. CTC-ICDS in their annual convention in 1977 had stressed at length the vulnerable areas in each state and proposed a number of corrective measures. These points have again been mentioned by Kapil and Tandon [3]. They deserve most serious consideration of the concerned authorities.ICDS has been and is an excellent mother and child development programme. Its implementation has been good in most of the areas, outstanding in some, mediocre in other and poor in some other areas. [42]

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