

October 17, 2008.

Allschemes /595/M.P.

Shri. R C Sahni,
Chief Secretary
Government of Madhya Pradesh,
Mantralaya
Bhopal.

Sub: Status of Implementation of Food Schemes.

Dear Shri. Sahni,

Thank you for convening the meeting of senior officials of the state government to consider aspects of the right to food case and related matters, in a meeting presided over by Principal Secretary Ms. Tinoo Joshi, and attended by several officials and the Advisor to the Supreme Court Commissioners, Dr. Mihir Shah, at Vallabh Bhavan on 6 Oct 08. I wanted to summarise the major discussions, to enable follow-up.

1. We expressed concern that there has been some dilution of the earlier salutary resolve of the state government to comply in letter and spirit with the orders of the Supreme Court to fully decentralise to self-help groups of women or panchayats the procurement and preparation of hot cooked meals with varied menus to all children above the age of 3 years. The instructions of the Court are unambiguous about this, and these arrangements may please be fully restored and indeed strengthened.
2. We have learnt that in many locations, this instruction of 'local food models' have been interpreted to mean implementation by the AWW or AWH directly. This may kindly be discouraged as it would gravely impact on their performance of their

duties. Likewise implementation by NGOs is not a substitute for genuine decentralisation to local parents' or women's groups or village panchayats.

3. We expressed our distress at the fact that ready-to-eat "instant" *upma*, *halwa* and *lapsi* (requiring the addition only of hot water) are being served to children of 3-6 years, expectant and nursing mothers and adolescent girls at ICDS centres. This is confirmed through a reading of the table on page 5 of an order (attached) issued in the Dewas district (which cites a letter no. F-3-21-07-50-2 dated 27th March 2008 from the Department of Women and Child Development, GoMP, Bhopal). This has also been confirmed by reports received by the Advisor from the districts of Khandwa, Anuppur, Tikamgarh, Shivpuri, Mandla and Sidhi. The Advisor had also brought some samples of these. This is a violation of the instructions of the Supreme Court for hot cooked meals to be served for these categories of beneficiaries of ICDS. It appears that in the last two years, ICDS menus have changed thrice. We would strongly recommend reverting back to the varied weekly menu of hot cooked meals (*puri-sabji*, *kheer-puri*, *poha*, *halwa* etc.) that were being served till a few months ago. It is not at all clear why the retrogressive decision to stop this menu was taken especially after it proved very popular among the children and had led to a distinct rise in ICDS attendance.

4. We agreed also that weaning foods for children below 3 years can also best be locally produced, and culturally and nutritionally appropriate recipes need to be prepared for every region within the state. We agreed to organise the assistance of the National Institute of Nutrition and other experts, if the state government seeks this, but such arrangements should also kindly be put into position early. The current practice of purchasing from the MP Agro-Industries Corporation is merely an indirect purchase from contractors, which is a violation of the Court's orders.

5. We agreed that there are certain tribal communities like Korkus, Sahariyas, Baigas, Bhariyas, Kol and Mawasi etc. and certain pockets of the state in districts such as Sheopur, Shivpuri, Khandwa, Satna etc have high levels of nutritional deprivation. Every household of these most nutritionally vulnerable communities and the nutritionally vulnerable households in these regions of distress must please be listed in a comprehensive census, and a special drive undertaken to ensure that a) they all are given AAY cards; b) ICDS centres are opened on priority in all their settlements with AWWs and AWHs from their own communities; c) a special drive is undertaken to ensure that all their children are enrolled in the AWCs ; and d) PDS outlets must provide them prescribed floor of 35 kg cereal per family per month. This may please be ensured within one year.

6. We agreed also that there is high nutritional deprivation among single women headed households; and aged and disabled people. Once again, Collectors may kindly be advised to work with panchayats and gram sabhas to undertake a full census of these social categories, and it may kindly be ensured that a) they all are given AAY cards; b) a special drive is undertaken to ensure that all their children (of women and disabled persons led households); and all disabled children are enrolled in the AWCs within 2 years and d). PDS outlets must provide them prescribed floor of 35 kg cereal per family per month.

7. We agreed that especially in tribal areas, there are many remote settlements where access is difficult and the number of under-6 children is less than 40. They do not have an anganwadi of their own and find it difficult to reach even the nearest ICDS centre. For these mothers and children, we would recommend that take-home rations be provided once a week from the ICDS centre.

8. We agreed that it must be ensured in a time-bound manner that all ICDS centres have a proper building, kitchen, toilet, safe drinking water facilities and utensils

for cooking, storage, serving and eating. Innovative and attractive toys and educative material should be provided for all-round child development and also to attract them to the anganwadi. Salter weighing machines for children under-3 must be provided to each centre. Fresh medicine kits need to be provided and old expired medicines removed at the earliest.

9. It was agreed that long delays in transfer of funds from district to block and block to Matri Sahayogini Samitis have at times even led to the AWW borrowing money from local moneylenders at high rates of interest to run the anganwadi. Transfer of money should take place on-line without delay at the beginning of every month. In calculating the amount to be advanced, the MDMS practice of taking 90% of the children enrolled should be followed.

10. For greater transparency, there was also agreement to place all lists of enrolled children, and children identified as grade 3 and 4 malnourished on websites. Data of enrolment may also be disaggregated for gender, SC, ST and disability. On the lines of NREGA, detailed orders are requested for periodic social audits of ICDS centres.

11. The selection procedures of AWCs and AWHs may kindly be reviewed to ensure recruitment from local communities, especially from SC and ST backgrounds. We also agreed about the great importance of strengthening training of ICDS staff, both on technical issues but also on social equity and justice issues. The Advisor agreed to assist the state government, if called upon, in developing suitable training packages. We agreed that 2 AWWs are required - one to look after expectant and nursing mothers and children under-3 and the second, to look after children from 3-6 years, who will also take care of adolescent girls.

12. It was pointed out that PDS outlets are violating clear instructions of the Supreme Court by issuing much below the prescribed floor of 35 kg cereal per family per month. We requested this to be remedied, and compliance ensured.

13. Under NREGA implementation, issues discussed included a) worksite facilities especially crèches; b) less than 100 days' work per family; and c) delays in payments; and d) strengthening social audits. We were pleased to read the recent orders for disabled workers issued by the state government. We would only request that a clear instruction be added to these orders that payment to disabled workers will not be dependent on measurement of work done by them. On completion of a full day's work, they will be entitled to full statutory minimum wages.

14. In JSY, we expressed deep concern that only 1 per cent of disbursements are being made for non-institutional deliveries, which constitute 75 per cent of all deliveries. This is in violation of Court orders that women who undergo non-institutional deliveries should also be covered without discrimination with maternity benefit. The Health Secretary agreed to give this high priority. Disbursements are often delayed well beyond delivery, which make the assistance infructuous as a maternity benefit.

In addition to these discussions, a few other matters which could not be discussed for shortage of time, but we list these also for the consideration of the state government.

1. SHGs have been asked to tender for ICDS (see attachment). This seems an extraordinary requirement, because genuine SHGs and mothers' committees would be locally rooted and unlikely to be able to engage in formal tendering processes. Also who would they be competing against? We recommend that this process may kindly be discontinued.

2. There is an informal quota of 2 adolescent girls (and that also for 6 months only) and 10 pregnant and lactating mothers in each ICDS centre, which contravenes the Supreme Court order for universal coverage. Not surprisingly, of an estimated 24 lakh expectant and 12 lakh nursing mothers, only 9 lakhs are officially covered. The Court orders of universal coverage may please be complied with, especially in the light of low birth weight and very high maternal mortality in Madhya Pradesh.

3. We were informed about the surprising decision of the state government to keep each ration shop open only 3 days a month: one day each for APL, BPL and AAY. Effectively this means that one can access the shop only one day a month. Imagine the plight even of a well endowed middle class family if they could purchase all their food requirements only one day a month; then how much harder it would be for a poor family with low and uncertain incomes. The Supreme Court has instructed that the PDS shop should be opened all days a month.

4. Children in grade 3 and 4 malnutrition are referred to Nutrition Resource Centres, and subsequently discharged into unchanged family situations of destitution, which becomes self-defeating. State government may kindly consider extending the scheme to ensure that all families of such children may be awarded during the period of the child's hospitalisation itself the following: a) AAY card; b) NREGA job card with special provision for employment of 2 family members; and c) pensions for all aged persons and single women.

5. The recent Khandwa experience shows that most of the families of SAM (Severe Acute Malnourished) children have migrated to other districts, usually with the children. Distress migration itself is becoming a cause of child deaths. Therefore, we request you please identify all the families of SAM children and ensure that enough work is made available to them that they do not need to migrate and also all the children who migrate with their families to other districts should be allowed

**DR. N. C. SAXENA, COMMISSIONER AND
HARSH MANDER, SPECIAL COMMISSIONER OF THE SUPREME COURT
IN THE CASE: PUCL v. UOI & Ors. WRIT PETITION (Civil) No. 196 of 2001**

to access ICDS services and MDM as the case will be, without any paper work as that would invite further administrative hurdles.

We would be grateful for an action taken report on these points in one month.

With Regards,

Dr. N.C. Saxena

Harsh Mander

CC: Dr. Mihir Shah, Adviser to Commissioners, Madhya Pradesh.