




The Story of Anganwadi, a gift of Maharashtra to the Nation : History of the creation of Anganwadis run by women for women and children, their work, their contribution during the Covid-19 times and the way forward

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Two lives were saved by the Anganwadi workers

The Anganwadi workers in Dharavi came to know of an incident which happened on 23rd March 2018. A family, frustrated by the birth of another girl child, drove both the mother and the girl out of the house. The underweight infant had little chance of survival and the starving mother had no milk. The workers rushed to the help of the new-born and her mother and admitted them to the public hospital nearby and also nursed and fed both to health and to life. Not one, but two lives were saved by the Anganwadi workers.

August 2018. A remote and inaccessible region of Palghar District in Maharashtra where malnutrition is a way of life. Quite a number of children just managing to stay on this side of survival. In a recently migrated family, there was a two-year-old girl with an underage mother completely exhausted by frequent pregnancies and childbirths. With hardly any means to feed so many mouths, the girl had hunger as her constant companion. She just sat in a corner looking nowhere and doing nothing. Again, the local Anganwadi workers rushed to help but the family simply refused to admit the girl to the Primary Health Centre (PHC) near the village. Then the Anganwadi maids decided to accept the deadly challenge and taking tips from the doctors in the PHC, they took care of the child at her home. They had to draw from their own meagre resources to feed her, to ensure that she received the necessary nutrients. And today their eyes swell with tears of satisfaction when they see her going to school with other girls.



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- has a network of the NGOs, CSOs and many other groups associated with social movements.
- has constant dialogue with policy makers and elected representatives.
- studies the day-to-day operations of the Legislative Houses.
- remains updated with the changing times.
- accepts new challenges in the social sector.
- Pursues a healthy and egalitarian social system.
- Partnership with UNICEF since 2015.
- Sampark's "Navi Umed" (New hope), a social media platform recently completed five years.

The Story of Anganwadi

Anganwadi and the Anganwadi workers have been providing service to all children; right from those surviving in the shadow of the giant skyscrapers in cities to those enduring complete lack of basic amenities in tribal settlements. These children are being supported with a 'home from home', with adequate nutrition and active help in all sorts of obstacles they encounter in their struggle for survival. Please note that even the Covid-19 pandemic did not cause a break in this service.

The idea that an Anganwadi provides life support to hapless children is so different from the popular perception of an Anganwadi as a place where children listen to nursery rhymes and are fed cookies. Their problems and their contributions enter public discourse only when the Anganwadi workers are seen agitating for their rights, their demands. They are aware that the service they provide cannot be interrupted even when their basic

issues remain unattended and they continued their duties to feed the children with nutritious diet even during the challenging Corona times.

The seed came from Maharashtra

Integrated Child Development Scheme (ICDS) is the largest initiative in mother and child nourishment in the country and is one of the many such innovative, imaginative and path breaking policies coming from Maharashtra. The scheme has six major targets around which all its functions are woven. The scheme is responsible for supplementary nutritious diet, informal initial education, health and awareness of nutrition values, vaccination, physical examination and related services. The credit for this structure too goes to the legendary educationist Padmabhushan Tarabai Modak (1892-1973).

The 'Geeta Education System' based on the principles of Montessori started in 1921 at Bhavnagar in Gujrat under the guidance of Gijubhai Badheka was the beginning of Tarabai's career in child education. Believing that the foundation of good education has to be laid at a young age, she stepped onto the uncharted path of pre-primary education and founded the Nutan Balshikshan Sangh. The hardships in the initial period proved fruitful and all corners of Maharashtra responded to her call for child education. She started Shishu Vihar in the Hindu Colony area of Dadar in Mumbai to propagate the idea. This institution later started a training program in pre-primary education and trained more than a thousand Marathi and Gujrati teachers.

Guidance from Gandhi

After the death of Gijubhai in 1939, Tarabai carried on the work of Nutan Balshikshan Sangh for the next 12 years. It was Mahatma Gandhi who disagreed with the initial thrust of the work and drew her attention to the needs of rural and tribal areas. Agreeing with him, Tarabai left for the rural hinterland and established Gram Shiksha Kendra at Bordi in Thane District in 1945. Gramin Balwadi and Gram Bal Adhyapan Mandir were two more institutions that emerged from the parent institution. These were born of

the awareness of the fundamental hitch that tribal children, on their own would not step into a completely alien space called a school and that the school has to go to their courtyard, to the meadows where they grazed their cattle. Innovative ideas like the Anganwadi, the Meadow School emerged and Tarabai took the invaluable attributes of education and health to the tribal children. Thus, was born the concept of Anganwadi.

This was the solution Tarabai created to the problem of taking education to the masses with a minimum of cost and a minimum of time. Tarabai had given a thought to the smallest detail contributing to the objectives of Anganwadi initiative today. For example, when the children receive education, the entire community, the whole of the hamlet will be exposed directly or indirectly to modern education and that will bring about the upliftment of the people at large. They will be favourably inclined towards schooling. Being well aware that no education can be imparted unless the three issues of children's hunger, malnutrition-induced ill-health and insanitation resulting from lack of proper information; Tarabai also started giving the children food which was not what the city people consumed for the sake of its delicious flavour, but what could easily be procured from local crops. Regular physical examination accompanied the intellectual stimulation of the children there. Today's Anganwadi has adopted all of these ideas.

An in-depth study of local needs and requirements

Anganwadis started by Tarabai gave an impetus to the educational development of tribal people. Before her Madame Montessori did throw away the yoke of set ideas of traditional education system which suppressed the vitality of children. Anganwadi welds the basic principles of Montessori and a deep study of the local needs and requirements and forms the backbone of children's education and health. Indira Gandhi once visited to observe this innovative experiment and was convinced of its utility in the National context. The efforts of Tarabai Modak and after her, Anutai Wagh gave Maharashtra and also the Nation the gift of the Anganwadi concept. It is this concept which has taken schooling and the means to a healthy and informed life to children.

At its core, the concept has the idea to introduce education to children through their environment, through plants, leaves, flowers and also rocks. Anganwadis took shape through such education which happened on farms, in courtyards and at village squares. Anganwadi, born of the ideas of an educationist woman and run by women for children and also their mothers, soon reached the farthest corners of the country.

2nd October 1975

The Nationwide scheme commenced on the occasion of Gandhi Birth Anniversary on 2nd October 1975 as a part of the 5th 5-year plan through 4891 Anganwadis in 33 blocks. Six lakh Anganwadis running 5652 projects were functional all over the country during the 9th five-year plan from 1997 to 2002.

Today there are 14 Anganwadis in 7000 blocks with more than 28 lakh employees.

Numbers in the year 2021

Anganwadis in Maharashtra and their beneficiaries

- Total number of Anganwadis in the State: 1,20,486
- Number of functional Anganwadis today: 1,09,832
- Anganwadi maids: 93,262
- Maids in mini Anganwadis: 11,309

Beneficiaries

- Children between 6 months and three years: 30,70,115
- Children between 3 and 6 years: 36,53,256
- Pregnant and lactating mothers: 11,16,171

Criteria for starting new/mini Anganwadi

- At a place where there is no Anganwadi or one has not already been sanctioned according to the survey; provided the population is more than 800
- A mini Anganwadi may be proposed in a village or a hamlet or a community with a population between 300 and 800.

Backbone of the village transformation

In 1975, the main objective was to have health and education go jointly right from the day an Anganwadi commenced. It was to be a school where a child would undergo development in its intellectual, emotional and physical development in a home-like ambience since the Anganwadi maid and her assistant were to be from the same village. The system and the scheme have received such widespread acceptance precisely because the Anganwadi maid belongs to the village and the Anganwadis as a whole and the Integrated Child Development Scheme have become a hugely effective enterprise. This is a system, providing support to village children between 3 and 6 years, has successfully implemented the basic concepts of introduction to education and provision of nutritious diet so as to promote healthy growth.

In fact, it has gone ahead where the maids are devotedly helping maintain the health and hygiene of children, inform mothers and families about vaccination and providing nutritious supplements to mothers and children. The maids have neither vehicles nor any technology to support them in their duties. Not deterred by the lack of roads or the internet, they work tirelessly to take the Integrated Child Development Scheme to the farthest hamlet. They record the details of the service they provide which is compiled by the main maid. The Child Development Project officers send the data to the District level where the road ahead is decided.

Since the maids belong to the same village; they have been able to explain to the villagers why something becomes outdated and has to be replaced by something new. The criteria which were inclined towards larger villages with bigger population and so created impediments in starting Anganwadis at smaller villages and hamlets, have since been changed and now there is a wide network of Anganwadis in smaller villages and hamlets. Maharashtra is among the top States in the efficient implementation of the scheme. Maharashtra has made valuable contribution to overcoming malnutrition too.

The Difficult Goal of Public Awareness

The maid's chief job is to develop a rapport with the parents of the child to be admitted to the Anganwadi. In the early days the concept of Anganwadi was new and it was a daunting task to put it across. Health was added later to nutrition and education. The Anganwadi maids provide information on various subjects like vaccination, growth of a child, care of the lactating mothers, attention during pregnancy, etc. They also are required to face and diffuse situations where a household wants to disown a mother and her second female baby, the misconception that vaccination leads to infertility and so on. The word of the Anganwadi maid and of the local teacher carries weight with the villagers who seem to accept change in beliefs. This greatly helps in the process of social change. They themselves have narrated an incident when they prevented a daughter-in-law and her unwelcome new-born girl being driven out of the house in a progressive city like Mumbai. There is still a class which does not accept that vaccination promotes better health and does not cause impotency. 'We try to reason with them,' the maids say.

The Anganwadi became an integral part of village

It was really a challenge to take the message of education to tribal and poor communities in remote areas. Parents were reluctant to send their 3-6 year-old children to schools for getting introduced to education even though they sought primary and secondary education for them later. This impasse was resolved because of the provisions of the Integrated Child Development Scheme and the Anganwadi became an integral part of the village.

Children found second homes in these schools and to the great relief of the poor households; their diet was taken care of. The large edifice seen today is entirely thanks to the tireless reasoning sessions the maids held at household after household. The Anganwadi maids who started early have a lot of anecdotes from those early days. The initial arrangement had nutritious diet and education which gradually changed to expand as the efficiency of its arms was enhanced. As additions were made to include

malnutrition eradication, vaccination, pregnant women and lactating mothers, the workload of the Anganwadi maids went on increasing.

For eradication of malnutrition, the height, weight and the circumference of the arm are noted and the children are categorized as 'SAM' (Severe Acute Malnutrition) and 'MAM' (Moderate Acute malnutrition). Special diet supplements are provided for these children. Their family is co-opted as partners in the fight with malnutrition. The work of the Anganwadi maids rose to include finding malnourished children, send their particulars and arrange for their special diet. The data is to be entered in 22 different registers which took not less than 6 to 8 hours every week. Time to visit their homes for collecting data and for follow up was extra. The education component suffered on account of this additional workload in the meantime and in the initial stage of the Anganwadi, there was greater stress on nutrition compared to education so as to attract the children to the Anganwadi. Later, with the entry of private childcare homes, the expectations of the parents rose and so did the requirement of education.

However, with the introduction of Right to Education Act in 2005, the significance of education increased and there were attempts to raise education to be at par with nutritious diet. More could be done to improve the education component even now.

The scope of Functions today

The Anganwadi maid's main job is to introduce a child to education with the help of colours, lines, beads, environmental details and factors related to routine life. Apart from this, she has to develop a rapport with the parents of every child, inform them of various government schemes, help health worker to carry out vaccination, health inspection, provide services related to malnutrition eradication, maintain data on weaker and ill children and information on diseases; which the Anganwadi maid from every village is doing diligently through the medium of Integrated Child Development Scheme.

The Anganwadi maids receive their uniforms, a flexi fund from the Central Government and of Rs.2000 as brotherly gift during Diwali from the State Government. District level reviews are taken to resolve local issues. Programs such as making parents aware, facilitating pregnant mothers, celebrating childbirth, imparting information on sanitation and raising awareness are regularly organised.

Today, the data collected by the Anganwadi maids is compiled through mobile phones. The system suffers from inadequate equipment as also insufficient space. Technology has lowered the writing work but other work has increased. The Government carries out its various surveys through these maids which is additional workload. Each Anganwadi worker has to provide data on 40 to 50 children in the 0 to 6 age group; which for her is a tedious and extremely time consuming job. This kind of work being performed by the Anganwadi workers is very important for the Government since it becomes important data in policy making.

Detailed information on every family, the age wise classification of the members of the family, children, and women in every single village is collected by the Anganwadi workers and transmitted to the Government. This becomes the basis for arriving at the requirements of the people, drawing of new plans and making necessary corrections in the existing plans. The contribution of Anganwadi maids and health worker maids to Polio eradication borders on the ideal and is of crucial value.

The Challenge of malnutrition eradication

A third of all malnourished children in the world come from India. Physical malnourishment gives rise to problems elsewhere and the development of their brains too suffers. Their capacity to understand, propensity to act, readiness to learn are hampered and so is their employability.

The Integrated Child Development Scheme must be strengthened with innovative impetus if this menace of malnutrition which adversely affects the entire life is to be checked. The number of beneficiaries of the Integrated Child Development Scheme showed a significant rise during the

period 2006 to 2016 according to International Food Policy Research Institute report. However, the challenge before the Government organisations is big since a large proportion of children are still out of the purview of this scheme.

Districts of Thane, Palghar, Melghat (Amravati), Nandurbar, Gondia, Chandrapur and Gadchiroli are sensitive in the context of malnutrition and various schemes are implemented in these districts on the basis of review of the state of malnutrition there.

The observation in the report of the NFHS 5 survey which was undertaken in 22 states and union territories in 2019-20 is grim: the nutrition level of children in 0 to 5 age group has fallen as compared to that from NFHS 4.

Comparison: NFHS 5 and NFHS 4.

National Family Health Survey	NFHS 5 Urban/rural	NFHS4 Urban/rural
1) Malnourished children below 5 years (according to age and height)	34.9/35.5	35.2/34.4
2) Malnourished children below 5 years (according to weight and height)	23.0/27.3	25.6/25.6
3) Severely Malnourished children below 5 years (according to age and height)	9.5/11.5	10.9/9.4
4) Underweight children below 5 years (according to age and height)	33.3/38.0	36.1/36.0
5) Incidence of neonatal mortality	15.1/17.6	16.5/16.2
6) Child mortality	22.6/23.7	23.2/23.7
7) Mortality among children below 5 years	28.2/27.9	28.0/28.7
8) Malnourished pregnant mothers in 15 to 49 years	44.2/46.5	45.7/49.3

Findings of NFHS 5 : Children

State of children in Maharashtra according to NFHS 5

- children are malnourished and anemic
- neonatal mortality: 16.2 in 2015-16 and 16.5 in 2019-20
- slight improvement in infant mortality. 23.7 in 2015-16, whereas 23.2 in 2019-20
- One in every three surviving children is stunted.
- 4 of every 11 children are underweight.
- one in every 4 children is wasting.
- 1 in every 25 is obese.
- 1 in every 2 children was anemic; in 2019 it is 2 in every 3.
- the number of stunted, obese and anemic children has gone up compared to the figures from 5 years ago.

Findings of NFHS 5 : Mothers/Womens

State of Mothers/Womens and girls in Maharashtra according to NFHS 5

- mothers are malnourished and do not keep good health.
- 54% women are anemic.
- Body-Mass Index (BMI) of 16.2% women is less than normal (less than 18.5 Kg per cubic metre.)
- 22% girls marry before they are adults as per the law and also as per biology.

These figures pertain to pre-Covid times. Things have gone bad to worse during the Covid times. More and more children are facing the menace of malnutrition because of the lockdown and because of the health system are tied to Covid. Lack of jobs, no wages have enhanced the effect. Children are deprived of the food they used to get in the school since the schools are closed. Anganwadis are no different.

Rise in the prices of pulses, vegetables, fruit have made proper nutrition difficult at home. At the same time prices of junk food like noodles, chips and biscuits have not risen and these are being fed to children since they are relatively cheap. The number of severely malnourished children is now going to rise by 10 % according to experts.

22% of our population belongs to 0 to 18 age group and 10% to 0 to 5 years age group. It must be ensured that the improved indicators are maintained and the fallen ones improve.

This is the state of affairs when Anganwadis are providing grains to the children. The Fair-price shops too are expected to provide nutritious grains along with wheat and rice.

Facing the Corona Calamity

The schools were the first to close down when Corona hit, making children prisoners in their homes. Soon almost all activities came to a halt. Roads were deserted and families could not step out. Many lost the jobs they had. Others suffered pay cuts. Business dwindled and the fight for survival became grimmer. The children in such families experienced catastrophic changes.

Anganwadi was their second home. Morning breakfast, singing, stories, hygiene inspection, nutritious lunch, snacks constituted their daily routine. Lockdown disrupted it all and the children were stuck in their homes. In the initial period, even the nutritious supplements did not reach them. Soon the Government decided to reach food grains to every household and the children have been receiving 'THR' (Take Home Ration) till date.

Food grains are being provided to an Anganwadi according to the number of children in the Anganwadi, pregnant women and lactating mothers. The maids are taking them to all houses even in this dangerous time. Along with the health workers, the Anganwadi maids too worked explaining Corona infection, the symptoms thereof, preventive measures, care to be exercised, tests to be done, vaccination and now the responsibility of the survey of children who have lost their parents to Covid and have been rendered orphans, also has been entrusted with the Anganwadi workers.

National Women Commission informs that atrocities against women have gone up during the lockdown. 47% of the complaints received by the commission during April and May 2020 were about domestic violence. Naturally, the Anganwadi maids came forward for the women's safety and performed stellar role in bringing down the incidence of domestic violence. Government of Tamil Nadu created a system for the relief of women in distress and appointed the Anganwadi maids as coordinators. Their job was to convey the pleas for help received on phone to their superiors. They were given mobile phones for the purpose. 'Sakhi', the project implemented with the help of Anganwadi maids provided relief to a number of victims of domestic violence, sexual offences and physical-psychological harassment.

Similar services were provided to women in Rajauri district of Jammu-Kashmir. The victims could make a call to the related call center or could contact the nearest Anganwadi center to seek help. The Anganwadi centers were equipped to record the complaints received.

When everyone stayed at home, the Anganwadi workers went from door to door to deliver nutrition supplements, Amrut diet and gave support to pregnant women and lactating mothers. They encouraged people to get vaccinated once vaccines were available. It is a matter of regret that they also had to agitate for their rightful wages in such times.

Problems faced by the Anganwadi workers

The Anganwadi workers face many problems while executing their duties like raising the health and nutrition parameters of poor, young children below 6 years; laying the foundation for balanced psychological, physical and social development of young children; bringing down the incidence of sudden demise among young children; preventing malnutrition and school dropouts, coordinating for the formulation and the implementation of various schemes and programs drawn by Government departments for the purpose of development of children; providing information as also necessary training to the mothers of young children about health and nutrition; supplying nutritious diet to mothers of young children and pregnant mothers and so on. They have to march for their rightful demands, have to agitate to move the Government to take action.

Demand has often been made for application of the provisions of minimum wages to them, in the light of the extraordinary strain which they have bear and the volume of data particulars they are expected to provide; but has not met with any success. In 1975 when the scheme took off, maids educated upto SSC were being paid Rs.150 and those with lesser education, Rs.100. The Government refused to consider higher wages in spite of the considerable contribution made by them during Covid times; however, pressure put by the maids made the Government to relent and agree to a rise to Rs.8, 325.

Their plight is worse in cities. They have no quarters of their own and the terms for renting a room are complicated. An Anganwadi must have access to clean water and washroom facilities; but according to the information obtained in February, only 39.8% of Anganwadis have access to tap water. Accommodation and water are thus key issues. The quality of food grains delivered to an Anganwadi is often below par and needs to be looked into urgently. The weighing scales with the maids are not up-

to-date and mostly are not calibrated. Mobiles provided to them are another source of grievances. Their repairs are unaffordable and good network is another problem. To add to these woes, the data-filling app is in English and is complex. More and more surveys are dumped on their head but the Government does not want to compensate for this extra work.

Concern caused by the delay in starting the next census

Planning and execution of welfare schemes are done on the basis of the census made every ten years; but there has been no planning of the census program this year, 2021 on account of Corona and the Government informed the Parliament in August that the census program has been indefinitely postponed. The census provides detailed information on the level of education, the state of women and children which is useful in drawing welfare plans. The scope of the Integrated Child Development Scheme is decided by the information census provides on pregnant and lactating mothers and children in general. It is therefore feared that the implementation of the scheme may suffer as the census is delayed.

Private bill in the Parliament : raise their remuneration to Rs. 10000.

BJP MP Ajay Mishra drew attention to the issue of Anganwadi workers by tabling a private bill, which resulted in a discussion on their working conditions with their welfare in mind. A demand to pay them minimum wages of Rs.10, 000 was made in view of their contribution. Their workload too was discussed. Mishra implored that the wellbeing of Anganwadi maids and their assistants be given due consideration. MPs have discussed from time to time issues such as the remuneration paid to Anganwadi workers, nutritious diet and their service conditions.



Experts say

1. Dr. Neelam Gorhe, Deputy Chairman, Legislative Council, Maharashtra.

- There is a need to find a solution to the problems of Anganwadi workers, as also proper division of labour.

Anganwadi maids have made a huge contribution on the fronts of child education and child health. Children, who received a great boost from these women well aware of the village and its needs, began moving forward on the road of education. This activity also boosted women's movement. The work done by these maids in the domain of malnutrition eradication, for pregnant and lactating mothers is invaluable and that is the reason why the pending issues of Anganwadi maids rankle. They have contributed to the villages' development through the training they have received and the excellent rapport they enjoy with the villagers. Therefore, it is all the more necessary to pay heed to their practical difficulties and other problems they face. There is a basic divergence between their perception and that at the Government level. The work of Anganwadi workers is treated as contract labour in a service industry; on the other hand, the workers want to be recognised as Government servants and receive corresponding amenities.

Both outlooks, though poles apart have substance but are hard to be reconciled and any revision in thinking or resolution of the problem becomes so difficult. Even the budget provision for the scheme is inadequate, which has to be increased if welfare of children and their mothers is to be promoted. The maids suffer work-related stress and entertain hopes of improving their lot and therefore are unhappy with the meagre remuneration. One way to resolve the issue is to make extra project-based payment for the additional work they do. It is also unfair to make them responsible for so many jobs at the same time. In order to lessen their burden, the women-related work can conveniently be entrusted to women's movement, thereby removing the very cause of disagreement.

2. Rajlaxmi Nair, Nutrition specialist, UNICEF

- The very best scheme in the world

The Integrated Child Development Scheme was started with the dual objectives of providing nutritional supplements and pre-primary education. The scope of the scheme was widened to include nutrition of pregnant and lactating mothers. Nutrition of the baby and the development of its brain are given priority during the

first two years. Between 2nd and 3rd years, the child is oriented for pre-primary education and it receives that education in the next three years. The performance of the Integrated Child Development Scheme in the last so many years is extremely important. If you closely, you will realise that this is the very best scheme in the whole world and its implementation rests with the Anganwadi maids. So, this is a scheme formulated for women and children and is being implemented by women. There could always be some shortcomings in the implementation; but one must not lose sight of the fact that there are one lakh seven thousand Anganwadis in the State being run very efficiently by these women and glitches are bound to emerge during the implementation on such a large scale. These women are heroically working in adverse conditions and have continued to work without a break even during the Covid pandemic.

In village after village, you come across signs of success of the Anganwadi and of the Integrated Child Development Scheme. They went from door to door to reach the rural citizens; they prepared short videos to explain the care to be exercised during the pandemic and raised the awareness. Neither Corona nor any other calamity has been able to stop them in all these years even as they are paid salary but work on remuneration. The education component has come to a halt during Covid times but they have continued to inspect children and deliver their diet to their doorstep. Thus, in view of the significance of the scheme which is so needed; adequate funds should be made available for better implementation.

3. Farida Lambe, Co-founder, Pratham

- Pre-primary education should have priority in the Anganwadi

Primary school teachers and Anganwadi maids are the media through whom many issues, enlightening ideas reach remote villages which are cut off from benefits of development. Decentralisation has helped take the benefits of this scheme to more and more people and since many decisions are being made at the local level, this is a truly people-centric work. The Anganwadi workers risked their lives in the line of duty. Their contribution to eradication of Polio is universally recognised. The participation of the village people in the functioning of the Anganwadi is increasing and the Anganwadi has now become a part of the village.

The character of the Anganwadi has changed with time and the workload of the maids has increased. It appeared as though their functioning has become restricted to nutritious diet and the education component has become secondary. But the Right to Education Act brought about a reorganisation of the Integrated Child Development Scheme and pre-primary education regained its primacy once again. The concept of 'education with a smile' received a boost and the Anganwadi children were seen to be persuaded to attend school. However, there is still room for

strengthening the education component in the Anganwadi by involving the parents in the process. The villages and the communities will be charged with an educational desire if the parents become aware. Subsequent to the policy on pre-primary education, a fresh new policy has also been formulated to decide how Anganwadis should be, what changes they require, what could be the infrastructure, etc. It must be implemented properly.

There is no system to track the later journey of a child coming to Anganwadi, to find if it goes to school or not. Attention has to be paid to confirm that children do not leave school and so the situation of an Anganwadi has to be right next to the school or in the same building. The initial years from Anganwadi to 2nd standard are important for a child in developing a liking for schooling and the Education Department and the Women and Child Development Department must together deliberate this issue.

Space for the Anganwadi is a ticklish issue. Some are situated in houses, on mezzanine floors which give rise to serious problems of child safety. The criteria for Anganwadi rent have not been decided taking cities into account. The issue of space is an urgent issue and even though space is now available in Government schemes like the SRA, that has to become general policy.

The Anganwadi plays a crucial role in eradication of malnutrition. The problem of malnutrition is not limited to remote areas; it pervades even metro cities like Mumbai and the network of urban Anganwadis also need to be strengthened.

4. **Bandya Sane, Founder, Khoj, Melghat**

- A long-term deliberation is required.

Programs like Nutritious diet, Amrut Ahar which were suspended at the outbreak of Covid, came back later but one wonders if the meagre allocation available for this scheme is enough to nourish needy mothers and their children. How can this small provision provide a nutritious meal to pregnant and lactating mothers? Villages are sometimes inaccessible and things are not readily available, which makes the issue of additional funds so important. Anganwadi and the Integrated Child Development Scheme have low priority for the Government.

You have breaking news when malnutrition becomes chronic and temporary measures are taken but a long-term consideration addressing the roots of the problem does not take place. A glance at the scheme right from 1975 when it commenced will reveal its flaws and shortcomings. In place of physical inspection of Anganwadis in remote areas, there is excessive reliance on records on paper but a sense of reality is not possible without inspecting Anganwadis physically. Flaws are ignored in the mutual facilitation society. Vehicles are not available for supervisors and senior officers for visiting isolated places.

Anganwadi maids have been functioning in spite of such impediments and perform the daunting task of noting all details of 40 to 50 children and keeping a watch on their health. It would be better if there is no generalisation in provision of THR and Amrut meals and eating habits and the culture are given due importance. Paediatricians and dieticians should be consulted in this regard.

5. Dr. Madhukar Gumble, Someshwar Chandurkar, Apeksha Homeo Society, Amravati

- Coordination among various departments is necessary; so is emphasis on local diet

The need for cooked food is on the rise in tribal areas since Corona outbreak. The children do receive food grains at their homes, but that is not the same thing as cooked food which was being provided under Anganwadi supervision. That food also included khichadi, rice, pulses, groundnut feeds and eggs. Malnourished children got two eggs and that additional food stopped. The food grains delivered to their homes were shared with other family members and it was not possible to ensure that children received adequate diet.

Thus, the concern about malnutrition is rising. Bananas, eggs and medicines which were available at VCDCs, also became uncertain. Malnourished children were given Energy Days Nutrition Food packets but giving additional groundnut laddoos and eggs was a better choice since it is better to add to a child's regular diet than to give them a costly packet. The food in the packet did not have medical approval and there were instances where children could not digest that content. Such problems led to its rejection by some parents. Parents must be taken into confidence if malnourishment is to be eradicated. Local officers do not enjoy good rapport and the system seems to favour provisional measures.

Malnutrition can be checked by providing employment to people locally but policies change when the concerned officer changes. There has to be a consensus among all the concerned departments and joint implementation of programs, with due attention to local dietary habits.

6. Indavi Tulpule, Shramik Mukti Sanghatana, District Raigad

- Clerical work of the Anganwadi maids should be reduced.

Rural issues are different from tribal issues where it is necessary to act more competently. However, apart from a few enthusiastic and inspired Anganwadi maids, the rest seem doubtful who are unable to deliver adequately to overcome problems both at the policy level as well as during implementation. The limit on population, a number of smaller hamlets in far-flung places do not have an Anganwadi or a mini

Anganwadi. The children there are not able to travel far distances and thus are deprived of all kinds of services, whereas they are the ones who need them most. A tribal beneficiary is not going to trust an Anganwadi maid who does not belong to her village and her community. The tribal customs and beliefs too conveniently serve as excuses. The Anganwadi maids, on their part are not in a position to spend from their pockets when funds do not arrive on time. They also are not left with spare time and energy because of the clerical and other responsibilities they have to bear. The capacities of her assistant should be enhanced so as to make the Anganwadi maid spare time for children. Independent staff has to be provided for clerical chores. Even after the many experiments in the ingredients of diet, freshly cooked hot meal remains the best option. There seems to be good response where the Amrut Aahaar includes eggs and bananas. It is the inordinate workload and limited funds which ultimately dishearten the maids. Malnutrition eradication is a subject which calls for a holistic effort and it is necessary to create an agency which will bring together Integrated Child Development officials and departments of health, agriculture, animal husbandry, fisheries and tribal development. All these departments should work collectively to produce local vegetables, fruits, milk and eggs and make these available to the children; whereas the policy today seems to favour market-oriented production, which results in all the nutritious produce of the village going straight to the market without the child getting nothing. The Anganwadi maids should be encouraged to find cases of malnutrition and at the same due attention has to be paid to Anganwadi buildings and the infrastructure there.

Says the Government

Fresh meals and breakfast were being served to children in the 3 to 6 age group right till the advent of Corona and it was being delivered to the homes of younger children between 6 months and three years. Anganwadis had to be closed down during Covid times so as to protect the children from Covid infection, leading to stoppage of cooking and delivering fresh meals and commencement of home delivery of THR. Now the demand for fresh meals in Anganwadis is picking up. Children in the 3 to 6 years age group will start receiving meals in the Anganwadi centres as soon as the State disaster management office takes the decision to start Anganwadis.

A search campaign will be launched for 'SAM' children between 15th and 31st August and after due examination, children in need will be admitted to VCDC (Village Child Development Centre) where they will receive nutritious food with extra energy (Energy Dense Nutritious Food – EDNF). Similarly children with chronic diseases will be admitted to NRC centres. Health examination program is held every month at Anganwadis where vaccination also is done. The recipes of nutritious meals are determined at the district level by the Nutrition Diet Committee which is presided by

the District Magistrate. The committee incorporates Food and Drugs Administration and Food and Nutrition Diet Board.

Hon Yashomati Thakur, Women and Child Development Minister

- There is a need to further strengthen Anganwadis

Extra strengthening of the Anganwadis, Anganwadi maids and their assistants is necessary. Anganwadis and the Anganwadi workers are the backbone of the service being provided by the Central and the State Governments. It is a power that reaches the grassroots which makes their administration very important and it is necessary to empower them further. As a matter of fact their demands are very reasonable. All they expect is technology support, user friendly phones and sarees to wear. Anganwadi workers are required to move from house to house, reaching even the remotest hamlets and communities. To support them, I have asked for a motor car in every Taluka which the workers can use accommodating one another. It is they who take the Government schemes to farthest communities and they cross rivers and hills to do that. They were handicapped during the lockdown and a vehicle will go a long way in solving their problems. A vehicle for the Women and Child Development Department at the Taluka level is all that is expected. Their efficiency is sure to go up if due thought is given to their administration, pay rise and technology. In view of their work and their contribution, they certainly deserve to get these facilities, which will enable them to participate in the welfare activities with added vigour.

The work the Anganwadi workers have done in malnutrition eradication is exemplary. I have visited many places since becoming a minister and have witnessed how affectionately they look after young children. They watch the health of every child in their care, which is an extremely important job. Their contribution during the Covid times too was commendable when they exhibited a great resolve to stay put and continue to work. Without them, it would not have been possible to house to house surveys and spread awareness. I wish to express sincere gratitude to them for the contribution they made during Covid times.

Shortage of funds, inadequacy of funds for nutritious diet is often the subjects of discussions but I think integration is more important. If the Health Department, the Forest Department and other related departments come together to work and together draw plans, it will increase the efficiency of all programs and the Anganwadi workers too will benefit when the overlapping of programs will be avoided. We can proceed ahead in our fight for malnutrition eradication. At present the figures reported by the Integrated Child Development Scheme and the Health Department do not agree. This anomaly will be removed and correct figures will be reported and

will be available for the programs of both the Health Department and the Women and Child Development Department.

Anganwadi maid is a great weapon against various ills and it is necessary to lay more stress on their training and to the system of which they are a part. The next generation will be better equipped, better informed if Anganwadi maids are trained better since they build the base for the children to erect an edifice of achievements later. The future Anganwadis must be smarter with an excellent technological support. I even feel that the facilities and the kind of education imparted in private schools should be made available in Anganwadis too. That is the goal before us as we march ahead.

Nutrition month in collaboration with the public

The Central Government started the National Nutrition Mission in March 2018 with the objective to improve the nutritional level of children upto six years, adolescent girls, pregnant women and lactating mothers. It was aimed at preventing birth of underweight babies and to ensure that children do not remain malnourished or semi-malnourished. The level of anaemia was to be brought down in three years and it was decided to implement the nutrition mission as a public campaign and so it is being implemented with the involvement of local elected representatives, State Governments, Social organisations and the public and private sectors. The month of September is treated as the nutrition month when the Central Government organises various programs. However, the State Governments seem to be indifferent to the implementation of this program started specifically for eradication of malnutrition. A sum of Rs.5,312.79 crores was handed over to the States and the Union territories during the period 2017-18 to 2020-21. It is learnt that an amount of Rs. 2,985 crores was spent till 31st March 2021.

Financial provision and cuts

The Integrated Child Development Project is implemented by the State Governments in the whole country. Every State Government contributes an amount equal to that contributed by the Central Government. Concern is being expressed in response to the reduction made in the Central Government budget provision for the Integrated Child Development Scheme right when there is a dire need of funds to support the activities of the Scheme for the welfare of mothers and children as Corona calamity has thrown the people into terrible economic hardship. An amount of Rs.20,532 crores was provided for Anganwadi-related services in the year 2019-20 which has come down to Rs.20,105 and includes the 'Saksham' program too. It is evident that there is a cut of more than Rs.400 crores.

Reduction in Central Government provision for ICDS	
2014-15	15,562 crores
2015-16	15,484 crores
2016-17	14,561 crores
2017-18	15,245 crores

Together with the National Nutrition Mission provisions	
2018-19	16,335 crores
2019-20	20, 532 crores
2020-2021	20,105 crores

It appears that the provision for the Integrated Child Development Scheme is being reduced every year. It can be inferred that the Central Government is not interested in continuing the Integrated Child Development Scheme which is known as the biggest program for the nutrition of children and their mothers, in its present form. The Government wishes to be rid of its responsibilities by making a deposit of a fixed amount in the bank accounts of the children. It is said that NITI commission too has made the same suggestion. The supporters of the Program say that the Government does not want to take into consideration that contrary to all of the fresh food given in the Anganwadi going to the children, the Take Home Ration delivered to their homes will be shared.

Same is true in respect of money deposited in a bank account where there is no assurance that the money paid to the family will all be spent on the child's nutritious diet. The supporters want the very large network of Anganwadis all over the country should be made more competent. The Program, started in 1975, had reached by 2006 a third of the country only when the Supreme Court intervened to direct that the Program be widened to cover the length and the breadth of the country in view of rising incidence of malnutrition. The Court had directed that the children between three and six years be given fresh food prepared by women from the local communities. Thereafter fresh food started being served as it was being done before Covid. The national Food Security Act of 2013 gave details of the calories and proteins which the children and the woman need and it was mentioned that supplementary diet was the right of the economically weaker sections in the society.

The attempt of some corporates to offer packets of meals in place of fresh food did not succeed and fresh food remained the first choice as per the Court directive. Now the Central Government needs to work towards strengthening the Scheme.

Recommendations

1. It is necessary to increase the provision for the Scheme. Various departments should work together to implement the Scheme.
2. Anganwadi workers should receive the just compensation for the work they do.
3. There should be more stress on pre-primary education given in the Anganwadi and to this end; the Education Department and the Women and Child Development Department have to think together.
4. various functions such as health-nutrition, education, collecting data performed by the Anganwadis should be segregated and assistants should be provided to the Anganwadi maids.
5. Maharashtra is undergoing rapid urbanisation and the menace of malnutrition threatens even Mumbai, the Metro city. It is therefore necessary to strengthen the network of urban Anganwadis on the same lines as is the case with rural Anganwadis.

Study and report writing by **Yamini Sapre** with the inputs from **Medha Kulkarni**.

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