

Status of Food and Welfare Schemes in Madhya Pradesh

A Report

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The Commissioners of the Supreme Court
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Conducted by

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PREFACE

Madhya Pradesh is a hunger hotspot, not only of India, but the world. Unlike the six African nations it statistically equals in IFPRI's 2008 World Hunger Index, Madhya Pradesh has no recent history of civil war or political instability. How is it that such a 'stable' state with over half a century of democracy can have malnutrition indicators in women and children equal to those in Chad and Ethiopia, countries torn apart by civil war and ethnic conflict? Seeking answers to this question would show a much needed mirror to the true face of our democracy, which seems to have successfully expunged all ideas of equality.

Given that democracy is the system of governance chosen by our founding fathers as the best answer to all our problems, it is essential to continue democratically pushing our state's institutions into becoming more transparent and efficient, and to take responsibility for the basic rights of each of its citizens, especially all those that today have little to eat. This study may be placed in this wider perspective.

More specifically though, it has been conducted to assess the food schemes in Madhya Pradesh that are being monitored by the Supreme Court of India under the Right to Food case (no. 196 of 2001). It is necessary to mention here that Supreme Court Commissioners regularly report the status of food and employment related schemes to the Supreme Court. In the context of this process a survey has been undertaken for 10th Report of commissioners to assess the grassroot realities of food and employment schemes in the state.

The focus is on the coverage, access, quality, problems, and grievance redressal of certain schemes, namely: Integrated Child Development Services, Indira Gandhi National Old Age Pension Scheme, National Family Benefit Scheme, Public Distribution System, National Maternity Benefit Scheme (JSY), and Mid-day Meal Scheme. The sample selected for the study is that of 40 villages, situated in 4 separate districts and 4 agro-climatic zones of Madhya Pradesh.

The findings of each scheme even within each agro-climatic zone are varied enough to prevent easy summarization, save for one: the implementation of the respective schemes on the whole show the true earnestness and urgency of the state and central government in addressing the problems surrounding food in Madhya Pradesh. So carefully have these schemes been planned and implemented in the last few years that conditions of hunger in Madhya Pradesh, especially amongst its dalit and tribal communities and among women and children, are far direr than ever before. This study shows the way that what is missing, what is moving and what has to be done and where in various state welfare programs to ensure that people at margin enjoy their entitlements with dignity.

This study could not be visualized and completed without the technical and generous knowledge support of Dr. N.C. Saxena (Commissioner to the Supreme Court), Shri Harsh Mander (Special Commissioner to the Supreme Court), Biraj Patnaik (Principal Adviser to the commissioners), Dipa Sinha and Navjyoti of Commissioner's office, who stood up with their guidance as and when we expected during the study. I also acknowledge the kind support of my counterpart in Madhya Pradesh Ms. Jyotsana Jain.

I must acknowledge the vigorous support provided by the Collectors of the respective studied districts to the study team for providing information and logistical arrangements. We would like to name Shri Jagdish Sharma (District Collector of Jhabua), Shri Shyam Singh Kumre (District Collector of Umaria), Ms. Kerolin Khongwaar Deshmukh (District Collector of Burhanpur) and E. Ramesh Kumar (District Collector of Chattarpur) for their contribution.

We shared the cases of non-implementation under all the food and welfare schemes came out during the study for redressal with the respective departments and District Authorities, and want to mention that State and District Administration took them up seriously.

One hopes the respective state authorities will be able to acknowledge this fact and reassess their efforts and planning. Before that bright day arrives, humble acknowledgements need to be made for hard work in helping compile this report. This study could not have become so useful without the fieldwork of Seema Prakash, Anant Solanki, Chetan, Pankaj, Bahadur, Pradeep, Omprakash, and Santosh Dwivedi. Apart from this I am thankful to my teammates Prashant Dubey, Rakesh Malviya, Seema Jain, Aparajita Vijayawargiya, Madhukar, Santosh Vaishnav, Manoj Gupta, Kamlesh and Sonu Malviya for their continuous support and guidance during the study. There are numerous others who aided the effort, and special thanks must go to Rolly Shivhare for painstakingly compiling all figures, reports and coordinating with the field staff.

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b. District Jhabua

Lok Jagruti Manch (Field work by Pankaj & Bahadur)

c. District Chatarpur

Abhar Mahila Samiti (Field work by Pradeep & Omprakash)

d. District Umaria

Rastriya Yuva Sangthan (Field work by Santosh Dwivedi, Israil, Bhupesh, Rani and Jitendra)

Abbreviations

NFHS-3	- National Family Health Survey -3
NSSO	- National Sample Survey Organization
HDR	- Human Development Report
IMR	- Infant Mortality Rate
MMR	- Maternal Mortality Rate
MDG	- Millennium Development Goals
DLHS-3	- District Level Health Survey-3
SC	- Scheduled caste
ST	- Scheduled Tribe
RTI	- Right to Information
ICDS	- Integrated Child Development Scheme
BPL	- Below Poverty Line
NOAPS	- National Old age pension Scheme
NMBS	- National Maternity Benefit Scheme
NFBS	- National Family Benefit Scheme
FGDs	- Focus Group Discussion
AWW	- Anganwadi Worker
AWH	- Anganwadi helper
SHGs	- Self Help Group
CDPO	- Child Development Project Officer
ACDPO	- Assistant Child Development Project Officer
WCD	- Women and Child Development
AWC	- Anganwadi Centre
SNP	- Supplementary Nutrition Program
ANM	- Auxiliary Nurse Midwife
JSY	- Janani Suraksha Yojana
NRHM	- National Rural Health Mission
UNICEF	- United Nations Children's Fund
IFA	- Iron Folic acids
AAY	- Antyoday Ann Yojana
CHC	- Community Health Centre
SHC	- Sub Health Centre
PDS	- Public Distribution system
(TPDS)	- Targeted Public Distribution system
RPDS	- Revamped Public Distribution system
APL	- Above the poverty line
FPS	- Fair Price Shops
VC	- Vigilance committees

1. INTRODUCTION AND METHODOLOGY

1.1 Scenario of hunger and poverty in the state

Data from a variety of studies and reports show that the number of people afflicted with hunger in Madhya Pradesh is increasing rapidly. The latest food consumption patterns presents a dismal picture of chronic hunger in Madhya Pradesh, the second largest state in India, having a population of 60.3 million people. According to the Indian State Hunger Index released in 2008¹, Madhya Pradesh has a score of 30.9, the highest score in the country, and therefore the only state grouped in the “extremely alarming” category of hunger. Madhya Pradesh, with less than 6% of country’s population, is the state that is home to the largest number of hungry people in the country. “Why M.P. is India’s Ethiopia” was the heading to a story published in 2009 in one of the country’s leading newspapers that went on to elaborate the chronic and deep-rooted nature of the growing problem.

Indicators	Position and percentage
Infant Mortality Rate	70 (SRS –Oct 2009)
Maternal Mortality Rate	379 (NFHS-3)
Malnutrition	60% (NFHS-3)
Poverty Ratio	38.3% (planning commission)

Populations of Madhya Pradesh have a low purchasing capacity. They are largely dependent on cereals. Food grain production in Madhya Pradesh has declined rapidly in the last decade. In addition, the pattern of food grain consumption also shows a significant decline. These facts underpin numerous innutrition related problems in the state that need serious attention. The NSSO report of Government of India on consumption patterns across the nation, which includes consumption of food and other essentials for life, shows a marked decline in the level of food consumption in Madhya Pradesh.

Analysis of these findings reveals the true face of poverty elimination programs, which are mistakenly isolated from a concept of development that does nothing to protect agriculture. The changing consumption pattern in Madhya Pradesh points to a deep crisis of food security in the state. On average, in 2005-06, a person in rural Madhya Pradesh consumed 11.48 kg food / grain per month and spent Rs. 86.46 to acquire this amount.

The current per person food / grain consumption in Madhya Pradesh has declined to 9.718 kg per month, while expenditure has remained about the same, i.e. Rs 87.27. This decline in per capita consumption of 15.34% at more or less the same expenditure, while keeping in

¹ IFPRI Report 2008.

mind both population growth and inflation, shows an alarming trend in food consumption levels.

The Madhya Pradesh Human Development Report (HDR), 2007, shows that the state of health in Madhya Pradesh is far from satisfactory. The estimate for longevity, measured as life expectancy at birth calculated in the 2001-2006 period, stands at 59.19 years for males and 58.01 years for females. This figure for both males and females in Madhya Pradesh is the lowest amongst all major states of the country. Longevity in the state is also far below the national average, which stands at 63.87 years for males and 66.91 years for females.

Madhya Pradesh has the highest figures for cases of Malnutrition and Infant Mortality in India as well as in the world. The state's performance on the infant mortality rate (IMR)² and the maternal mortality rate (MMR), is far below than the national average. According to National Family health Survey (NFHS-2) the infant mortality in the state in 1998-99 was estimated at 88 (96 for rural areas and 60 for urban areas) as against national IMR of 67.6³, the highest among all states in the country. With the passage of 5 years, i.e. according to the data released in NFHS-3 (2005-06), the national IMR reduced from 67.6 to 57.0, while the IMR of Madhya Pradesh also dropped, but only from 88 to 70.

According to the Millennium Development Goals (MDG's), under-5 mortality should be reduced by two-thirds and maternal mortality by three-quarters between the years 1990 and 2015. If we consider the status of MDG's between 1990 and 2006, the under-5 mortality rate in India decreased at an average annual rate of 2.6%. In order to achieve MDG goal, the under 5 mortality in India must reduce at an average annual rate of 7.6% in the 9 years between 2006 and 2015.

The issue of malnutrition in Madhya Pradesh is not new. It has come to the forefront in this decade, especially since the year 2004 when the deaths of numerous children in the state came to light. The last year has been particularly severe on children in Madhya Pradesh, with the state becoming something of a graveyard for children. Last year, at least 159 children between the ages of 0 and 5 were documented as having died due to malnutrition.

As per the 2005-2006 National Family Health Survey (NFHS-III), about 82.6% children in the age group of 6 to 35 months are anaemic and 60% children under three years of age are malnourished in Madhya Pradesh. Only 22.4% of the children aged 12-24 months are receiving immunization against all preventable diseases. As per the District Level Health Survey (DLHS-3) report only 36.2% children in the state and only 31.4% children in rural areas are fully immunized. This data flies in the face of the state government's claim that

² NFHS-3 Madhya Pradesh Report Page number 10-11

³ NFHS-3 India Report page number 182

62.5% children in 2007-08, & 63.6%¹ child in 2008-09 children are fully immunized under the child vaccination programme. Furthermore, the DLHS-3 report shows that 11.3% children from rural Madhya Pradesh and 9.8% children throughout the state have not received any form of vaccination.

Anaemia is endemic in Madhya Pradesh. At a figure of 74.1%, Madhya Pradesh has the second highest percentage of anaemic children in the nation after Bihar [78%]⁴. Around 56% of women in Madhya Pradesh are anaemic; they need special care during pregnancy. The problem is even more acute amongst tribal women as 74% of them live with anaemia and 1.2% of them are severely anaemic.

The statistical politics of poverty identification is one of the biggest hurdles in eliminating chronic hunger. The estimation by the Planning Commission work to support the argument that poverty in India is reducing. For those working on the ground, it seems the Planning Commission will devise the most acceptable statistical trick or formula to ensure the image of poverty reduction is maintained.

The Planning Commission had estimated that in Madhya Pradesh, a family spending Rs 327.78 per person per month in a rural settlement will not be considered as poor. In Urban settlements, the benchmark expenditure level was held at Rs 570.15 per person per month. In other words, a person spending anything more than Rs 9 every day in a village or Rs 19 in an urban area, will not be identified as poor and will not be a beneficiary of poverty elimination programs. No person can survive at this level of expenditure in India today. These figures represented a starvation line, rather than a poverty line.

The Planning Commission's recently accepted Tendulkar Committee report, which was mandated to address the above criticisms of the prevailing poverty line, is sadly another case of statistical jugglery in the guise of rectifying the poverty line. The Tendulkar Committee arbitrarily chooses the consumption basket at the prevailing arbitrary urban poverty line as the benchmark with which to measure poverty across the country. This results in a slight increase in the poverty ratio for rural areas, but does so at the cost of sanctioning a drastic reduction in the minimum calorie norms and with dubious methodology.

The motive of the Tendulkar Committee is to both deflect the strong criticisms to earlier poverty ratios and allow the government to continue its economic myth making of poverty reduction over time. In terms of Madhya Pradesh, the underestimations of the Tendulkar Committee still find 53.6% of its rural population living below the poverty line. In contrast, the Dr. N.C. Saxena Committee report puts the figure at 66.55%.

⁴ NFHS-3 Madhya Pradesh Report Page number 90

It is not a coincidence that Madhya Pradesh has the lowest (and a continuously declining) food consumption, the highest malnutrition, the highest infant mortality, and amongst the lowest life expectancy levels of 57.7 years. According to the Dr. N.C Saxena Committee Report the percentage of rural population that is poor, and is not able to satisfy the minimum required calories needs, nor is able to consume the minimum cereal required for healthy living, is far greater than the present cut off line of 28.3% in India.

The Dr. N. C Saxena committee report recommends that the percentage of people entitled to BPL status should be revised upwards to at least 50%, though the calories norm of 2400 would demand this figure to be about 80%. The figure of 50% that this report mentions is based on a calorie consumption norm of 2100 for rural areas, as well as a minimum cereal consumption of 12.25 kg per month. The committee also recommends an increase in the cut off line of states, and according to these estimates the Madhya Pradesh present poverty ratio of 37.67% should actually stand at 66.55%.

The debate of poverty as reflected in discrepant statistics does not end here. As per a survey conducted by the Planning Commission, 38.35% of population of Madhya Pradesh is living below the poverty line and the numbers of poor families are 44.5 Lakh, who are direct beneficiaries under the Public Distribution System. In addition, such beneficiaries are also entitled for subsidized ration under other schemes of the government. However, the Madhya Pradesh government poverty ratio is much higher than the government of India estimates of 38%. According to state government statistics the total number of beneficiaries under the Antodaya Food Scheme should be 15.87 lakh for the poorest of the poor and 51.47 lakh for BPL families⁵.

In total, 67.35 lakh families in Madhya Pradesh are required to be distributed ration, as per prescribed norms, under the centrally run public distribution system, at the rate of 35 kg of ration per card per family. As such, a total of 23.57 lakh tonnes⁶ of ration is required to be distributed in Madhya Pradesh. However, as against the existing 67.35 lakh beneficiary families, the center is providing ration to the state government sufficient for only for 44.5 lakh families. In other words, no ration is being provided to about 22.85 lakh families.

'Development', 'social inclusion', and 'elimination of poverty' have long been catch phrases in Madhya Pradesh state politics. Over time the very meanings of these words have turned upside down and hollowed out. The tattered rhetoric of today mirrors large proportions of wasted populations in the state. Under the veneer of words, an incessantly rapid and iniquitous development process, made to appear as inevitable as change itself, is leaving the common person further behind.

⁵ Data collected under RTI on Oct 09 from food and Civil supplies department.

⁶ http://fcamin.nic.in/ReportTable/view_reporttable.asp

1.2 Objectives of the survey

To assess the implementation of food schemes monitored by the Supreme Court of India under the Right to Food case (Case No 196 of 2001). This survey focuses on the following aspects:

- (a) Coverage (inclusion/exclusion)
- (b) Availability (vis-à-vis entitlements), access and quality of service
- (c) Problems in implementation
- (d) General grievances and grievance redressal system.

1.3 Selection of Survey Area

To study the implementation of food schemes monitored by the Supreme Court of India under the Right to Food case (case no. 196 of 2001), Madhya Pradesh has been chosen alongside 8 other states. Pilot work for the study was undertaken in 3 states of the country namely, Andhra Pradesh, Nagaland and Kashmir. Madhya Pradesh was selected for this study because the state is leads in terms of malnutrition and is 3rd in IMR and MMR figures.

A. 1 About the Area

Profile of Madhya Pradesh

Madhya Pradesh lies in the center of India and is surrounded by 5 states, namely: Uttar Pradesh, Chhattisgarh, Maharashtra, Gujarat, and Rajasthan. It is the second largest state in terms of area. There are 50 districts in Madhya Pradesh, which are divided into 9 revenue divisions for administrative purposes. The strong rural base is reflected in the large number of villages, i.e. 52,117, that are covered by 23,040 Gram Panchayats and 313 Blocks.

Madhya Pradesh at a glance⁷

Demographic Profile

Area (in sq. kms.)	308,000
Districts	50
Tehsils	341
Development Blocks	313
Total villages	55,393
Populated villages	52,117
Gram Panchayats	23,040

⁷ Source: Data obtained from Census 2001

Socio-economic Profile

Population (Census-2001)	60348023
Males	31443652
Females	28904371
Child population (0-6 years)	10782214
Sex Ratio (Females/1000 Males)	919
Density Of Population (Persons/ Square Km)	196
Urban Population %	26.67
Schedule Caste Population (In Million)	9.16
Schedule Tribe Population (In Million)	12.23
Population Below Poverty Line (%)	38.3%
Literacy Rate (Census 2001) In %	63.7
Male Literate	19672274 (76.1%)
Female Literacy	11920289 (50.3 %)

A Selection of Districts

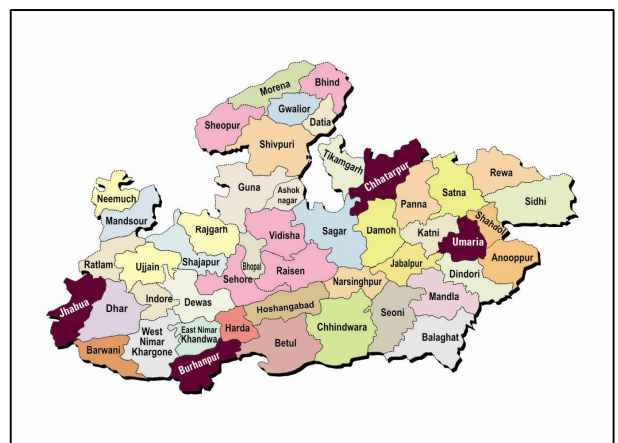
The geography of Madhya Pradesh is varied; the state has a number of different agro-climatic regions. For the purpose of this study, districts were chosen according to four different agro-climatic regions of the state. Four districts from four different geographical regions of Madhya Pradesh have been selected, namely: Chatarpur district (Bundelkhand), Umariya district (Baghelkhand), Jhabua district (Malwa) and Burhanpur district (Nimar).

B Selection of Blocks

In each district, two blocks have been selected: one that is easily accessible and is close to the district head quarter and the other that is remote.

Following are the blocks selected for the study—

- 1 Chatarpur: (1) Bakswaha (2) Chatarpur
- 2 Umariya: (1) Pali (2) Karkeli
- 3 Jhabua: (1) Petlavad (2) Raama
- 4 Burhanpur: (1) Khaknaar (2) Burhanpur



C Selection of Villages

The villages were randomly selected from the census list. A total of 5 villages were selected from each block. Of the total of 10 villages selected in each district, one has an SC population in the range of 20 % to 50% and another village has a population of minorities (Muslims, Christians) or Primitive Tribal Groups. **Therefore, in total 40 villages have been selected for survey and study in 8 blocks of 4 districts of Madhya Pradesh.** The list of villages has been annexed (annexure-1).

1.4 Methodology of the study

The study is based on primary and secondary data, with a survey research design for collecting primary data, and the use of government reports, websites, and RTI's for collecting secondary data. The methods employed for data collection are of two kinds (Ref. Annexure 1 and 2).

The first method of data collection or schedule contains a set of questions for various stakeholders of the schemes. It centers on observations of the services of respective schemes and a discussion with the beneficiary and field staff, such as anganwadi workers, cooks, teachers, and ration dealers. Similarly, a schedule designed for interaction with parents of children identified as being in Grade III or Grade IV level of malnourishment by the anganwadi workers has also been used.

The second method of data collection or schedule is based on focus group discussions in the village to elicit further information on the functioning of the schemes. It is a qualitative method for data collection. In this study, focus group discussions have been conducted in the community to observe & understand the community response to various schemes.

The focus group discussions were conducted in areas where the poorest section of the village resides. For making this study more qualitative, case studies from all the four districts have been collected during interactions with community & field staff of various concern departments.

1.5 Description of villages covered in sample

In the survey, 10 villages have been studied in each district, so as to cover 40 villages in 4 different districts of Madhya Pradesh. In these 40 districts, 95 schools and 67 Anganwadi centers were covered. To learn about the realities of the public distribution system, we surveyed 40 ration shops serving each of the 40 villages. Apart from this, 771 beneficiaries of National Old Age Pension Scheme, 482 beneficiaries of Janani Suraksha Yojana, and 101 BPL

families whose primary bread-winner aged between 18-64 years passed away, have been interviewed. With regard to the ICDS program, as a part of the study, specific talks were held with parents of 79 severe malnourished children about the care and follow up provided to the children. Furthermore, for taking the community point of view, we undertook 51 focus group discussions in 40 villages of 4 districts.

Table 1.2								
S.No	District	ICDS centres	Schools	Ration shops	NOAPS beneficiaries	NMBS beneficiaries	NFBS beneficiaries	FGDs
1	Umariya	12	15	5	147	41	19	10
2	Burhanpur	14	18	5	134	171	17	10
3	Chatarpur	12	32	5	255	111	31	10
4	Jhabua	29	32	5	235	159	34	21
Total		67	95	20	771	482	101	51

1.6 Points for Consideration

Roads – The inadequate state of transport and road infrastructure has been a major issue in M.P for quite some time now; it has also become an important political issue in recent times. In the survey it has been found that out of 40 villages in 4 districts, 19 villages have *kachcha* roads, whereas 21 have weathered approach roads to the village. As per the Human Development Report 2007, road connectivity in M.P has always been amongst the lowest in India. Furthermore, even where roads connect, a non-existent public transportation system leaves residents at the mercy of private bus conductors, often connected to the same politicians that helped destroy the MPSRTC in the last two decades. The terrible impact of no public transportation in the form of buses in the second largest state of the nation, which is not connected well by Railways, needs to be seen to be believed.

Electricity – Access to electricity has become much more than a purely developmental issue in Madhya Pradesh. In the study, 39 out of 40 villages have been found to possess electricity supply. But, there is a catch in this statistic. That a village is connected to the power grid does not mean that a majority of its inhabitants have access to electricity in their households. According to the state government, access to electricity means only that the village has access to electricity in some way. It does not mean that every household in the village has access to electricity. According to human development report of Madhya Pradesh 2007, 70 % of rural households don't have their own domestic power connections and nearly 40% of the households still don't have access to electricity.

Rural Madhya Pradesh depends on agriculture. But the unavailability of power supply to farmers is a problem being faced by them on a daily basis. Rural areas get power supply for

only 3-4 hours in a day. However, this power supply often does not extend up to their farms and due to this farmers are unable to irrigate their lands.

Another recent development has rocked farmers across the state. There has been increasing pressure on the state government's power companies to improve their fee collection. As a result, in thousands of cases, and in villages covered in this survey, farmers have been handed 6 month bills of 30-40 thousand rupees despite them availing limited to no power supply. Present circumstances have added to the misery, with villagers often recalling the 'good old days'.

2. INTEGRATED CHILD DEVELOPMENT SCHEME

Integrated Child Development Services (ICDS) is the only major national program that addresses the needs of children under six years of age. It seeks to provide young children with an integrated package of services, such as supplementary nutrition, health care, and pre-school education. Because the health-care and nutrition needs of a child cannot be addressed in isolation from that of its mother, the program also extends to adolescent girls, pregnant women and nursing mothers. The objectives of this union government scheme are as follows:

- ➡ To improve the nutritional and health status of children below the age of six years.
- ➡ To lay the foundation for proper psychological, physical, and social development of the child.
- ➡ To reduce the incidence of mortality, morbidity, malnutrition, and school dropouts.
- ➡ To achieve effective coordination of policy and its implementation among various departments to promote child development.
- ➡ To enhance the capability of the mother to look after the health, nutrition, and developmental needs of the child through proper health and nutrition education.

2.1 Basic services of ICDS

ICDS is a program that seeks to provide a package of 'integrated services' through Anganwadi Centres, i.e. a network of ICDS centers focused on children under 6 years. The anganwadi worker (AWW) is assigned the responsibility of operating an Anganwadi centre, with support from an anganwadi helper (AWH). The six basic services provided through Anganwadi Centers are as follows:

1. Supplementary nutrition,
2. Immunization,
3. Health check-ups,
4. Referral services,
5. Pre-school non-formal education, and
6. Nutrition & health education.

2.2 Introduction of ICDS in the State

Early childhood years are vital as 80 % of the brain's development takes place in this phase. It is these years that lay the foundation for later physical, emotional, cognitive and social development. Therefore proper childcare is mandatory. Apart from rapid physical and mental growth, children do the difficult task of learning languages, an assortment of physical skills, and

values amongst other things required to lead a full life in today's world. Much of this cannot be achieved without sound nutrition, good health, appropriate education, love and affection.

Investing in the nutrition, health and education of the child under six is not only a moral duty of the government, but also essential in the economic development of a state. Research across the world has established that it is either impossible or too costly to make a malnourished child into a healthy adult. Thus, Integrated Child Development Scheme (ICDS) is an effort in the right direction having wide-ranging implications for overcoming the monstrous problem of malnutrition among children. The central theme of Integrated Child Development Scheme is the provision of supplementary nutrition to children, however at the implementation stage; this very theme of ICDS is continually overlooked.

The scheme basics make it expressly clear that every child, pregnant woman, lactating mother and adolescent girl should get the benefit of supplementary nutrition and other services for 300 days in a year without any limiting criteria. However in MP, the budget is created to provide this service for only 130 days. The report of Comptroller and Auditor General mentions that the scheme falls prey to corruption in MP, that children do not get the necessary 300 calories and 8 to 10 gm of protein, and that as much as 59 % children in the state are not even touched by the scheme.

Recent uncovering of corruption, especially income tax department raids on top bureaucrats and politicians of the women and child development department and the health department, betray an unconscionable truth. A whopping 200 crore of money meant for vulnerable children in the state has gone into filling the bottomless pockets of officials and leaders. Corruption in sectors like health and women and child development is unlike any other example of money eaten by the authorities. In this case, the corruption is directly eating up hundreds of thousands of lives every year especially that of children in the poor and the most marginalized communities of Madhya Pradesh.

The Supreme Court of India, in its decision dated December 13, 2006, ordered the universalisation of the ICDS scheme. At present, in Madhya Pradesh there are 78,929⁸ (53%) ICDS Centres as against the huge need of 1.48 lakh⁹. The supplementary nutrition program is being currently implemented in these centres. The programme is serving around 72.85¹⁰ lakh beneficiaries. This includes 59,91,395¹¹ children and 12,94,046¹² pregnant and nursing mothers. It means that government is reaching out to only 53% of the children of the state going by its own statistics and leaving 47% children out of the coverage of ICDS.

⁸ Source- Government Diary 2010

⁹ Source- Supreme Court Commissioners 6th Report

¹⁰ <http://www.mpwcd.nic.in/Format-Dec09.htm> accessed on May 10.

¹¹ <http://www.mpwcd.nic.in/Format-Dec09.htm> accessed on May 10

¹² <http://www.mpwcd.nic.in/Format-Dec09.htm> accessed on May 10

The ever-changing nutrition policy in the state has become a headache not only for the lower level officials or workers but also for the communities. A good policy is usually one which emerges from the grass-roots, but in the real sense the nutrition policy of Madhya Pradesh has emanated from the top rather than the other way around. The policy keeps changing from time to time, with contracts being shifted from SHGs to private contractors, private contractors to cooperatives, and then again from cooperatives back to SHGs. These changes have debilitated implementation, not to mention obfuscating even basic comprehension of the realities on the ground.

Whether it is the functioning days of anganwadi centers, or technical input, or the supply of nutritious food, or staff appointed for ICDS, or budget allocation for ICDS, complete negligence and violations are seen in each and every aspect of the supplementary nutrition program. The claim of spending Rs. 4 per beneficiary is the key statement in all the responses released by the state government. However, when the implementation and coverage analysis in terms of budget provision is done, it reveals that only Rs. 2 per beneficiary has been allocated in Madhya Pradesh. Even if one were to take the state government at its word of having spent Rs. 4 per beneficiary per day in this budget, then it would mean that all the covered (not actual population) beneficiaries will receive supplementary nutrition for only 126 days in a year. As per the order of the Supreme Court coverage should be for at least 300 days in a year. Even after four years of the relevant Supreme Court orders, the budget allocations are not proportionate to the needs of beneficiaries.

At present, in Madhya Pradesh, 411¹³ ICDS projects are sanctioned by the government of India. Within the purview of these projects 78,929 anganwadi centres have been sanctioned. Out of 78,929 centers, the supplementary nutrition program is currently being implemented through 71,321¹⁴ functional anganwadi centers. In order to look after such a vast number of ICDS projects covering a noticeable amount of beneficiaries, only 260 CDPOs, 42 ACDPOs and 2,497¹⁵ supervisors have been appointed till date. A total of 131 posts of CDPOs, 69 posts of ACDPOs and 371 posts of supervisors are still lying vacant. Therefore, presently one CDPO is responsible for managing about 304 anganwadi centers. This figure puts into perspective the quality of ICDS services offered in such a time of nutrition deficiency in the state.

Last, but most important, is the debate in Madhya Pradesh concerning the total number of malnourished children. According to the Monthly Progress Report of Women and Child

¹³ Monthly Progress report WCD December 2009 (<http://www.mpwcd.nic.in/Format-Dec09.htm>) accessed on May 10

¹⁴ Monthly Progress report WCD December 2009 (<http://www.mpwcd.nic.in/Format-Dec09.htm>) accessed on May 10= there are two figures of Total number of Anganwadi sanctioned in the Monthly progress Report . At one place it is 78929 and at the other it is 75371.

¹⁵ Monthly Progress report WCD December 2009 (<http://www.mpwcd.nic.in/Format-Dec09.htm>) accessed on May 10

Development Department there are 83415 children¹⁶ identified as severely malnourished, but on the other hand National Family Health Survey (NFHS-III) comes to the conclusion that around 13,00,000 children under the age of six are in the seriously malnourished category in Madhya Pradesh. This stark difference has been created as a result of the callous attitude of state functionaries. It is a matter of serious concern that whenever a child dies due to malnutrition in Madhya Pradesh, the state government switches to denial mode. While the Health Department, in its report, states that the deaths were due to malnutrition, the Women and Child Development Department (WCD) immediately denies the same report, saying that the children succumbed to a specific diseases. Other times, the same thing happens the other way around. One way or another, the concerned department tries to shake-off the burden of responsibility.

Malnutrition in Madhya Pradesh is the biggest blight in the state. The dance of deaths of innocent children across the state and the continuous neglect by the administration towards these deaths underscores the urgent need for bringing positive change for the poor and marginalized sections. A change can only be achieved by bringing a change in attitudes concerning the health of children, by winning faith of rural and tribal communities, as well as by making the state administration more accountable.

2.3 Sample covered under the survey

To check the implementation of ICDS in the field, this study has been carried out in 40 villages of 4 districts in Madhya Pradesh, i.e. 10 villages in each district. During the survey each and every anganwadi centre of these 10 villages has been covered. In the process, visits were made to 67 anganwadis: 12 in Umariya, 14 in Burhanpur, 12 in Chatarpur, and 29 in Jhabua district. To cross check the data provided by the anganwadi worker, focused group discussions were conducted. In this way, 51 FGDs in 40 villages involving around 2300 people were conducted. The perspective that emerges from FGD's stands in stark contrast to government records and statistics.

2.4 Findings of the Study

2.4.1 Facilities Available and Functional at the Anganwadi

Good quality childcare cannot be created without adequate infrastructure. The anganwadi has to be spacious, clean, functional, and decorated with a lot of pictures so that the environment proves stimulating to the child. At minimum, there should be one spacious building with

¹⁶ Monthly Progress report WCD December 2009 (<http://www.mpwcd.nic.in/Format-Dec09.htm>) accessed on May 10

storage and cooking facility (if required), water facilities, a kitchen garden, sanitation, and other basic facilities.

A. Infrastructure of Anganwadi Centres

During the study it has been found that 41 (61%) anganwadis have their own building while 26 (39%) are lacking the same. The study shows that in villages where there is no edifice for anganwadis, centres are operated in either a rented structure, panchayat bhawan, or at the residence of the anganwadi worker or helper.

Table 2.1 – Anganwadi buildings			
District	Total AW covered	Anganwadi buildings	
		Available	N/A
Umaria	12	12	0
Burhanpur	14	10	4
Chatarpur	12	6	6
Jhabua	29	13	16
Total	67	41 (61%)	26(39%)

The anganwadis which operate in rented structures don't get the rent amount on time and the rent is also not fixed. Likewise, the rent for different anganwadis is different, ranging from Rs 100 to Rs 250. Out of the 26 anganwadis that don't have a building, 13 are not getting any rent from the government for the rented building.

Anganwadis as Defecation Space in Paretha Village

Paretha village of Khaknar block in Burhanpur district has four hamlets with three anganwadis, out of which one of them is a mini-anganwadi. Construction for anganwadi center no. 1 began 2 years back. It was left incomplete, without doors and windows. The place has now become dirty as it is being used by anti-social elements who often defecate there. Thus children, women and adolescent girls of this center are being served through anganwadi no.2. The available space in anganwadi no. 2 is inadequate. It cannot accommodate children from both the centers. As the kitchen shed is filled with supplementary nutrition, ingredient bags, and cooking utensils, the food is cooked in the open and children are also served in the open. There is no ventilator in this center, so there is lack of adequate light and air for children to feel comfortable.

A similar situation is found in anganwadi no. 2 of Mondra village, where again anti-socials have been dirtying the place. This has compelled the children of this center to accommodate themselves with children of anganwadi center no.1, creating another space crunch. Despite several requests and applications to the panchayat, no action has been taken.

The mini-anganwadi in Patel Mohalla of Paretha village has neither a building nor a worker. It is managed by the helper who merely distributes the supplementary nutrition and fetches water for children from a nearby hamlet. The records are compiled by the workers of the other two anganwadis.

However according to the data of Women and Child Development¹⁷ there are 78,929 AWCs and 12,870 mini-AWCs in the state, out of which only 22,541 (26%) have their own buildings. Furthermore, out of these 22,541 anganwadi buildings, only 16,094 have the facility of toilets. In other words, only 20% of the Anganwadi of states have the toilet facilities.

B. Availability of weighing machine

Table 2.2 – Weighing machine in AWC			
District	Total AW covered	Weighing machine	
		Available	Not Available
Umaria	12	10	2
Burhanpur	14	9	5
Chatarpur	12	7	5
Jhabua	29	16	13
Total	67	42 (63%)	25 (37%)

In order to control the prevailing child malnutrition, it is necessary to keep a check on the weight of children, women, and adolescent girls of each hamlet. Regular weighing of children, pregnant / lactating women, and adolescent girls is expected to be undertaken in anganwadi centers with the provision of a Salter scale and an

adult weighing machine. Out of the studied AWCs, only 42 (63%) centers have a weighing machine. This indicates that in the numerous centres where there are no weighing machines, proper health monitoring is not being done for the beneficiaries. In some centers where there is no weighing machine, anganwadi workers occasionally borrow machines from nearby centers. This may be contrasted with a different fact. Out of the 42 centres where weighing machines are available, 4 centers were found to have machines that were in a non-working condition.

C. Toilet Facility

Table - 2.3– Toilet facility in AWC			
District	Total AW covered	Toilet facilities	
		Available	Not Available
Umaria	12	6	6
Burhanpur	14	2	12
Chatarpur	12	2	10
Jhabua	29	8	21
Total	67	18 (26%)	49(73%)

Under the ICDS scheme, it is mandatory that every anganwadi centre should have a well-maintained and separate toilet for girls and boys. This facility is important because it will further ensure the presence of girls in anganwadis. But the ground reality is something else. Separate toilets for girls and boys are a distant

dream; most of the centres do not have any toilet facilities at all. The study shows that only 18 (26%) centers have toilets, and the condition of even these toilets is deplorable, while remaining 49 (73%) centers are devoid of any toilets. The centers surveyed in Burhanpur and Chatarpur districts have only 2 toilets each district in total. Moreover, out of the 18 toilets that were found in AWCs, 11 toilets are not accessible to children either because they are being

¹⁷ Data collected under RTI from Women and Child Development Department on Sep. 2009

captured by some powerful persons of the village or being used as a place to dump waste, or have no door etc.

D. Drinking Water Facility

Table - 2.4 – Drinking Water facility in AWC			
District	Total AW covered	Drinking water Facility	
		Available	Not Available
Umaria	12	6	6
Burhanpur	14	5	9
Chatarpur	12	1	11
Jhabua	29	10	19
Total	67	22 (33%)	45 (67%)

An attempt has been made to analyze the availability of safe drinking water for children in anganwadi centres. It had been found that lack of safe drinking water has resulted in a number of water borne diseases. If the availability of safe-drinking water is ensured, then the occurrence of water borne diseases like diarrhoea and cholera can be controlled. Such water-borne diseases are one of the reasons behind the deaths of malnourished children, whose immune systems, already enfeebled, fail to repel the contracted disease. This study reveals that only 22 (33%) of the centres have safe-drinking water, while the remaining 45 (67%) centres do not provide the facility of safe-drinking water.

Conditions in anganwadi centres of Umaria district have been found to be the worst amongst all surveyed districts. In Umaria, 6 out of 12 AWCs don't have any facility of drinking water. In the anganwadi centres where water availability is reported, water is available only for the cooking of food. Availability of water for drinking is not seen as essential to the proper functioning of the anganwadi centres here; hence the children are asked to get drinking water from home. In Chatarpur district the water available is not safe for drinking; the water level is markedly reduced in this area due to a recurrent drought situation.

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E. Availability of Medicine Kit

Table-2.5– Medicine kits in AWC			
District	Total AW covered	Medicine kits	
		Available	Not Available
Umaria	12	7	5
Burhanpur	14	3	11
Chatarpur	12	2	10
Jhabua	29	24	5
Total	67	36(54%)	31(46%)

Of the basic services provided through ICDS, primary health care is an important component and to provide primary health care a medicine kit is supposed to be made available in every anganwadi center. This kit, also called a first-aid box, consists of bandage, tincture, medicines for common fever, and de-worming

tablets. Children between 6 and 36 months of age are susceptible to parasitic infections and thus these children must be given de-worming doses every six months on a priority basis to prevent anaemia. To enable this, the availability of a well-stocked medicine kit at anganwadi centres is

essential. These kits are available at some 36 (54%) but not all the centres. The survey shows that in Jhabua district 24 out of 29 anganwadi centres have the required kits, whereas in Burhanpur district only 3 out of 14 centers have the kits. In 31 (46%) out of 67 centers there is no medicine kit facility. Furthermore, out of the 36 centres where there is availability of medicine, children from 9 centres don't have ready access to medicines as the medicines are kept with anganwadi workers at their homes or the medicines are past the expiry date. During the survey, anganwadi workers of Burhanpur, Umaria, and Chatarpur stated that since 2006 the medicine kits have not been replenished.

If one examines the budgetary expenditure for this facility one finds one of the sources of negligence. Not even a single rupee has been spent on the medicine-kit component in the past 2 years, i.e. 2006-07 and 2007-08¹⁸. In the year 2006-07, a budget of Rs. 21.65 lakh was allocated to the department of women and child development for medicine-kits, while in year 2007-08 this amount was decreased to Rs.1 lakh. The budgetary decrease happened despite the fact that the number of anganwadi centres was increasing rapidly across the state. Furthermore, even if the medicines are made available by the department, they are not distributed on the basis of demand or need. Rather, a standard variety of medicines are prescribed and allocated to each and every anganwadi centre. Also if one analyzes the budget further, one finds that the state government is providing only Rs. 1.44 per anganwadi centre. In terms of expenditure this amounts to the miniscule sum of only 2 paisa per beneficiary.

As far as health facilities provided to the children under six are concerned, the health department simply deny their responsibility by stating that children under 6 years is the responsibility of the women and child development department. The lack of convergence between the departments creates several problems in immunization, referral services, etc., and due to these inter-departmental squabbles, children, women and adolescents suffer.

F. Availability of Toys (pre school material)

ICDS provides 6 basic services to its beneficiaries through anganwadi centres and pre-school education is one of them. This component of pre-school education is directed towards promoting holistic child development with emphasis on necessary inputs for optimal growth and development. It also contributes to the universalization of primary education and in preparing the child for schooling. For this purpose, the learning by playing technique is

Whither Toys?

Anganwadi no. 2 of Paretha village of Burhanpur has to accommodate the children of anganwadi no. 1 as well. The anganwadi worker of center no. 2 has packed whatever remains of the toys and utensils provided and dumped them in the kitchen shed. She says the children take away utensils and toys home; so she has stopped providing them.

¹⁸ Source- Data procured under RTI in the year 2008

supposed to be applied, for which anganwadis are provided with (learning) toys or playing kits. These toys provide and ensure a natural, joyful, and stimulating environment for young children. The availability of toys in anganwadis is also useful in attracting children towards the center and keeping them engaged.

Table -2.6 – Toys in AWC			
District	Total AW covered	Toys	
		Available	Not Available
Umaria	12	4	8
Burhanpur	14	2	12
Chatarpur	12	4	8
Jhabua	29	12	17
Total	67	22 (33%)	45(67%)

In the study we found that only 22 (33%) centres have toys to facilitate the pre-school component of ICDS, while the remaining 45 (67%) centres do not have the same. Out of 22 centres where playing kits were available, children from 12 centres are in actuality not getting the kits for playing because either the kit is kept

wrapped or kept in the house of anganwadi workers. During the survey most of the AWC workers stated that toys were provided to the centre quite some time back and they have either broken in time or have been carried away by the children.

G. Availability of Cooking Facilities

Providing supplementary nutrition food with dignity to each and every child is a mandatory service under ICDS. As per ICDS norms, mentioned in Supreme Court orders as well, every anganwadi has to be equipped with cooking facilities to enable hygienic serving of the hot cooked meal to children in the age group of 3

Table-2.7. – Cooking facilities			
District	Total AW covered	Cooking facilities	
		Available	Not Available
Umaria	12	7	5
Burhanpur	14	10	4
Chatarpur	12	2	10
Jhabua	29	9	20
Total	67	28 (42%)	39 (58%)

to 6 years in the anganwadi centres itself. But this norm is not followed and the anganwadi

In Dhamni village of Umaria district, supplementary nutrition was being cooked inside the center building. The center was full of smoke, making it uncomfortable for children to sit. In Ghangrai village the angawadi helper was cooking outside the center and the place was very dirty.

worker has to cook the meal in an open area or she has to bring cooked food from her home. In the survey it was found that out of the total anganwadi centres studied, cooking facilities were available only in 28 (42%) centres. In Jhabua district the condition of cooking facilities is especially pathetic. Moreover, of the 28 centres where availability of cooking facilities has been reported, 5 centres were found to be in disuse or under construction.

2.4.2 Services under ICDS

A) Supplementary Nutrition

An important component of ICDS scheme is that all the beneficiaries of ICDS (children below 6 years of age, pregnant women, nursing mothers, and adolescent girls) must be provided supplementary food having nutritious qualities. The Supplementary Nutrition Program (SNP) is a useful means of protecting children from hunger, especially among communities that do not have food security. SNP also helps in overcoming the barriers of caste and class among the children. SNP arrangements under ICDS in Madhya Pradesh are generally different for different age groups. During the health check-ups if a child is categorized as severely malnourished, the child is supposed to be given double the amount of supplementary nutrition.

Nutrition on Contract

In Umaria district, the delay in supply of supplementary nutrition was 120 days for Patraee, 4 days for Dhamni, 6 days for Ghangrai, 2 days for Dhanwahi, and 31 days for Bodli village. The major reason for the delay as recorded: delays from district headquarters in handing the supplementary nutrition to private contractors and Self Help Groups. (The supply is being done by private contractors for AWC at Ghangrai.)

● Availability of Supplementary Nutrition in Anganwadi Centers

Coverage of children between 0-6 years

In Madhya Pradesh, children between 6 months and 3 years old, pregnant women, nursing mothers, and adolescent girls, are supposed to be given ready-to-eat packed food as 'take home ration' worth 5 days of food every Tuesday of the week. Children between 3 and 6 years old are supposed to be fed hot cooked meals at the anganwadi center, with the hot cooked meal prepared on the same day in a common anganwadi kitchen, known as '*sanjha chulha*'. The responsibility of cooking and supplying hot cooked meal is meant to be given to a self-help-group in the village. However, the realities of this service in the surveyed districts are found to be otherwise.

Table -2.8-Children Below 3 Years

District	Total AW covered	Available					Not available
		Uncooked (daliya, panjiri)	Ready-to-eat mix (cooked & ready)	Dry ration (dal/rice)	Chana/ Mungfali	Cooked (khichri, etc.)	
Umaria	12	3	0	0	0	0	9
Burhanpur	14	0	1	0	0	13	0

Chatarpur	12	4	1	0	0	0	7
Jhabua	29	5	24	0	0	0	0
Total	67	12	26	0	0	13	16
Children Between 3-6 Years							
District	Total AW covered	Available					Not available
		Uncooked (daliya, panjiri)	Ready-to-eat mix (cooked & ready)	Dry ration (dal/rice)	Chana/ Mungfali	Cooked (khichri, etc)	
Umaria	12	2	0	0	0	9	1
Burhanpur	14	0	0	0	0	14	0
Chatarpur	12	5	3	0	0	3	1
Jhabua	29	0	4	0	0	25	0
Total	67	7	7	0	0	51	2

According to the orders of Supreme Court¹⁹, each anganwadi center must provide hot cooked nutritious meals to all its beneficiaries for at least 300 days of the year or 26 days a month. However, the monthly progress report of Women and Child Development Department²⁰ provides the statistic that out of 89.9 lakh children

Glass Half Empty: No Standard in Umaria District

The AW worker at Patraee village of Umaria District uses a glass and measures half a glass per child; the worker at Dhamni village uses a bowl as measure; while the worker at Ghangrai village simply measures a handful for each child.

Contractors in ICDS

Supplementary nutrition services have come to a grinding halt in large swathes of Madhya Pradesh with the orders of Supreme Court banning contractors in supplementary nutrition supply to ICDS. According to the new norms for providing Supplementary Nutrition, the state government is supposed to encourage the Self Help Groups for the supply of supplementary nutrition food to children above 3 years of age. However, the state government has ignored the Court's directive and given the contract to one M.P Agro for supplying packaged food for children below 3 years of age, pregnant women, nursing mothers and adolescent girls.

between the ages of 0-6 years

only 59.91 lakh children are covered under the supplementary nutrition program. During the survey it has been found that there are 16 anganwadis, 9 out of 12 in Umaria district and 7 out of 12 in Chatarpur district in which supplementary nutrition is not being provided to children 0-3 years of age. Umaria district is the worst performer when it comes to supplementary nutrition. In terms of supplementary nutrition for children below 3 years of age in this district, in 3 centers (Patrae, Bodli and Ginjari) children are being provided uncooked dalia. The remaining 9 centers of the

¹⁹ Supreme Court Order Dated 7th October 2004.

²⁰ <http://www.mpwcd.nic.in/novmpr2009.htm> accessed on March 10.

district are devoid of any supplementary nutrition for children in this age group. In Burhanpur district out of 14 AWC, 13 centers are providing supplementary nutrition as a cooked meal. However, the cooked meal is not khichri, made up of dal and rice. Rather this meal is being prepared by adding hot water to the dalia or ready to eat mix. Considering all anganwadis in all 4 districts surveyed, it has been found that 26 centers (39%) provide ready to eat mix to children of 0-3 years of age.

On discussing the availability of supplementary nutrition in ICDS centers for the children below 3 years of age with villagers in focus group discussions, it has been found that there are a total of 20 centers where the children are not getting supplementary nutrition at all. Comparing the data provided by anganwadi workers with that gathered from communities shows a significant discrepancy and raises questions about administrators hiding facts.

The survey found no standard measure or standard food for supplementary nutrition in the villages studied. The reason for these variations is the ever-changing nutrition policy of the state. While the survey was being conducted the department of women and child development again changed its policy. The policy appeared to have smooth implementation for the first 1 ½ months. However, complaints of the non-availability of supplementary nutritious food soon started ringing out from all the surveyed districts. This was especially so in the case of supplementary food for children under 3 years, which as per contract is supposed to be provided by M.P Agro.

Children above 3 years of age are being provided hot cooked meal through self help groups. This is because a centralized process is being followed for children in this age group, wherein a hot cooked meal is prepared in one place from where it is supplied by SHG's to AWC's daily. Though the new norm states that the meal is to be served 2 times a day, field reality shows that it is being supplied only once.

In complete disregard for the new norm of providing hot cooked meal to children in the age-group of 3-6 years, there are 7 AWC's of Chatarpur and Umaria districts where uncooked food is still being provided to children. In the case of two villages, Narayanpur in Chatarpur district and Dhanwahi in Umaria district, children above 3 years are not getting any nutrition from the anganwadi centers.

In focus group discussions, village residents revealed that children from 29 centers (7 in Umaria, 8 in Burhanpur, 4 in Chatarpur, & 10 in Jhabua) are getting supplementary nutrition regularly. In the other 22 centers children are not getting regular supplementary nutrition because either there is irregular supply or anganwadi workers discriminate between lower caste and upper caste children. The survey study revealed that caste-based exclusion in Hatna village of Chatarpur district is the most pronounced of all the 40 villages studied.

Coverage of Pregnant Women & Nursing mothers

As per Supreme Court orders²¹, all children below 6 years of age, all adolescent girls and all pregnant and lactating mothers, must be registered in the anganwadi center of the area. During the study we found this order openly flouted. According to the new norms, pregnant and lactating mother are supposed to be provided ready-to-eat mix as take-home ration. But the situation prevalent in anganwadis studied is quite different.

Of the 67 surveyed anganwadi centers, there are 13 centers where no nutrition in any form is provided to pregnant women and nursing mothers. Umaria district is once again found to have the worst performance in this regard. Out of 12 centers in this district, only 3 centers are providing mandatory nutrition to pregnant and lactating mothers. Considering statistics for all the 4 districts surveyed, only 27 (or about 40%) centers are providing ready-to-eat mix to its beneficiaries.

Table -2.9-Pregnant Women & Nursing mother

District	Total AW covered	Available					Not Available
		Uncooked (daliya, panjiri)	Ready-to-eat mix (cooked & ready)	Dry ration (dal/rice)	Chana/ Mungfali	Cooked (khichri etc)	
Umaria	12	0	2	0	0	1	9
Burhanpur	14	14	0	0	0	0	0
Chatarpur	12	7	3	0	0	0	2
Jhabua	29	0	22	0	0	5	2
Total	67	21	27	0	0	6	13

On comparing this data with the facts that emerged out of FGD's, it is found that there are only 17 out of 67 centers where FGD's were held where supplementary nutrition is provided to the pregnant and lactating mother. Women of Patrae village in Umaria district lament this lack and state that supplementary nutrition should be provided to pregnant and lactating mothers. The consensus amongst residents in Umaria district vis-à-vis the anganwadi center is shocking. Residents in nine out of ten villages in this district say that not a single woman in their village is getting the benefit from the anganwadi center.

Coverage of Adolescent girls

Despite the clarity in the Supreme Court direction ordering coverage of all beneficiaries, the Madhya Pradesh government has set a limit in anganwadi centers with regard to the number of beneficiaries covered under the supplementary nutrition program. This limit has been set

²¹ Supreme Court order dated 28 November 2001

against the state government's own policy which itself states that there is no limit. In Madhya Pradesh there are 61,80,117 adolescent girls out of which only 9.39% are being covered under this scheme²². During discussions most AWW reported that only 2 girls per anganwadi center are to be registered and in addition most AWW betrayed utter confusion as to whether supplementary nutrition is being given to even these girls or not.

Table 2.10- Adolescent girls							
District	Total AW covered	Available					Not Available
		Uncooked (daliya, panjiri)	Ready-to-eat mix (cooked & ready)	Dry ration (dal/rice)	Chana/ Mungfali	Cooked (khichri etc)	
Umaria	12	0	2	0	0	0	10
Burhanpur	14	14	0	0	0	0	0
Chatarpur	12	9	0	0	0	0	3
Jhabua	29	0	23	0	0	3	3
Total	67	23	25	0	0	3	16

According to the table above, there are 16 (23%) centers in the 40 villages surveyed where no adolescent girls are getting benefit of the nutrition program. Again Umaria district fares the worst; out of the 12 centers amongst those surveyed in Umaria district only 2 centers are providing nutrition to adolescent girls.

● **Quality of Supplementary Food**

Supplementary nutrition should be of good quality in terms of being properly cooked, clean, free of moisture, and free of dust and insects. Furthermore, safe clean water must be available at anganwadi centers for cooking food. To study the quality of nutritious food provided in the anganwadi centers, the survey team brought it up as a subject of discussion in the focus group discussion with resident villagers.

The FDG's revealed that only 29 centers out of 67 centers are providing average quality food to its beneficiaries. In 10 centers the quality of food is shamefully low. It must be noted that none of the centers were found to provide nutritious food of good quality. The quality of nutritious food provided in anganwadi centers of Jhabua and Burhanpur districts is satisfactory, while the performance of Umariya and Chatarpur districts is way below the mark. The villagers of Chaapar village of Chatarpur district complained during the survey about regularly finding insects in their supplementary food.

²² Data Procured under RTI in the month of Sep 10.

B) Growth Monitoring and Promotion

Table- 2.11 – Growth monitoring					
District	Total AW covered	Growth monitoring			
		Conducted		Never conducted	Don't know
		Regular	Once in 3 months		
Umaria	12	8	4	0	0
Burhanpur	14	9	5	0	0
Chatarpur	12	5	3	4	0
Jhabua	29	15	1	5	8
Total	67	37	13	9	8

Children under three are supposed to be weighed once a month, to keep a check on their health and nutrition status. The entire monitoring is based on the system of growth monitoring through growth

charts and weight records. In the survey, an attempt was made to ascertain whether anganwadi workers have in fact been regularly monitoring the growth of children. The registers of anganwadi workers were duly checked and it has been found that the anganwadi worker only weighs the children and considers their grade according to the weight for age norm. In 37 centers children were weighed regularly but their growth has not been registered in the growth charts as the worker doesn't know how to fill the chart. The other 13 centers surveyed just complete a formality by weighing children once in 3 months.

All the records of AWC of Mohangarh of Burhanpur district were found with the supervisor concerned. The anganwadi worker did not know how to grade the children properly and had no idea about malnourished children.

In 8 of the 29 centers surveyed in Jhabua district, the anganwadi workers do not know how to monitor the growth of the child. In order to fill the charts, workers usually hire an outside person to get the work done. Anganwadi workers in all the 67 anganwadi centers reported that they haven't receive any training in the past last 5 years.

Recently the state government has adopted new criteria for determining grade or type of malnutrition. Previously there were 4 grades used for measuring growth, under which children who are in 3rd and 4th grade were considered in the category of severely malnourished. Due to this categorization, children of the 2nd grade remained out of focus in terms of government intervention. If not properly cared for, in time these children would slip into the 3rd and 4th categories, i.e. become severely malnourished. Now the government has reduced the categories to 3 grades, divided into normal, mild, and severely malnourished. According to the anganwadi worker of Village Ginjari,



Umaria district, as a result of this change in categorization, the number of children under the category of severe malnourishment has increased in comparison to the figure under previous norms.

Malnutrition among Children

Table -2.12 -Malnutrition Among Children							
District	Total AW covered	Number of Children Enrolled	3rd Grade		4th Grade		Total Severely Malnourished 0-6 Years
			0-3 year	3-6 year	0-3 year	3-6 year	
Umaria	12	999	19	8	2	0	29(2.9%)
Burhanpur	14	665	12	2	3	0	17(2.5%)
Chatarpur	12	1108	12	1	1	0	14(1.2%)
Jhabua	29	1993	11	3	3	0	17(0.8%)
Total	67	4765	54	14	9	0	77(1.6%)

Malnutrition has turned out to be the biggest curse for children in Madhya Pradesh. It is not a new phenomenon, but has been put on the backburner by the state government in

terms of various social development indicators. Horrifying stories from the field continually stun every sensitive citizen in the state. The supplementary nutrition program of ICDS, along with other services such as nutrition counseling, and referral health services are aimed at reducing malnutrition among children under six.

While state government statistics show decrease in levels of malnutrition, ground realities differ. The NFHS III report states that the level of malnourished children in Madhya Pradesh increased, rising from 54 percent in 1998-99 to 60 percent in 2005-06. How grave the malnutrition in Madhya Pradesh is, reveals itself in the following statistics. Out of the 63 lakh malnourished children in the state more than 13 lakh or one-fifth fall in the

Death of Bal Sanjeevani Abhiyaan

‘Bal Sanjeevani Abhiyan’ (Child Treatment Campaign) was a campaign run by the state government. According to this campaign it was expected that children suffering from malnutrition would to be identified from each and every village and they would be given additional nutrition and medication. The campaign covered not only the children registered under the ICDS program but also covered children in areas that have no anganwadi. The Bal Sanjeevani Abhiyan had completed 12 phases since June 2001 when the government put an end to it in June 2008. Therefore, at present, there is no mechanism developed by the state government to identify and protect malnourished children where ICDS services are absent.

severely malnourished category²³.

According to the data obtained from DWCD²⁴, the total number of children weighed in the month of December 09 was 69.59 lakh. This is actually 78% of the total population of the children under six years of age. Of the 69.59 lakh of children weighed, the state government data shows that Madhya Pradesh has only 1.2% severe malnutrition. However, the NFHS-3 data shows that the state has the highest rate of malnutrition in the country, with 60% malnutrition. Furthermore during the survey we found that according to the records of Anganwadi only 1.6% children are in the category of severely malnourishment.

The survey also brought to light many cases of malnutrition amongst children. The details of the malnourished children have been provided by the anganwadi worker. The survey found 77 children in hamlets associated with the 67 anganwadi centers studies that are living in a condition of severe malnutrition needing urgent attention.

However, in the village Panth Borali of Jhabua District an 8 month old girl Manjali is severely thin. On checking her name in the records of the anganwadi worker it has been found that her name is not registered in the severe malnourished grade. On discussing the registration of malnourished children, AWW of Mohangadh in Burhanpur district stated that they have verbal orders from government officials not to register the severely malnourished children.

C) Nutrition and health education

The aim of nutrition and health education in ICDS is to help women aged 15-45 years to look after their own health and nutrition needs as well as that of their children and families. This knowledge is imparted through counseling sessions, home visits, and demonstrations. It covers issues such as infant feeding, family planning, sanitation, utilization of health services, etc. During the study, discussions were held with parents of the children identified as malnourished and severely malnourished, where questions were asked about the counseling given by the anganwadi worker.

Discussion with the concerned parents about nutrition counseling brings to light the fact that no parent has received any counseling from the AWW. No parents were told about the amount and type of food to be given to malnourished children, or the means of preventing and coping with infectious diseases.

FGDs inform us that only 2 anganwadi workers, one from Ginjari village in Umariya district and the other from Mor village in Jhabua district, hold meetings with pregnant and lactating

²³ Source –NFHS 3 Madhya Pradesh Report

²⁴ Monthly Progress report WCD December 2009 (<http://www.mpwcd.nic.in/Format-Dec09.htm>) accessed on May 10

mothers to discuss nutrition and health issues. The women of Umaria district say that although the respective anganwadi worker doesn't hold group meetings, she has individual discussions with the women about breastfeeding, complementary feeding, and other nutrition issues. Villagers of Mokampura, Jhabua district, say that 'the anganwadi worker never goes to anyone's house. Only the children who go to the center are given dalia by her and then sent packing.'

D) Pre-School Activities

Table No. 2.13- Pre-School Activities			
District	Total AW covered	Pre-School Activities	
		Available	Not Available
Umaria	12	2	10
Burhanpur	14	4	10
Chatarpur	12	3	9
Jhabua	29	0	29
Total	67	9 (13.4%)	58 (86.5%)

Pre-school activities are a crucial component of the package of services envisaged under ICDS scheme, as these activities lay the foundation for proper physical, physiological, cognitive, and social development of the child. Pre-school activities are to be offered at the anganwadi centre to children in the age group of 3 to 6

years. According the study, pre-school activities at the anganwadi are sporadic and limited.

Out of 67 centers only 9 (13.4%) centers were found to be conducting pre-school activities. The rest of the 58 centers were either closed or not found to be conducting pre-school activities. When reasons for not conducting pre-school activities were elicited from anganwadi workers, the common explanation given was that in the absence of charts and other study materials it is not possible to teach the children. The anganwadi workers of Jhabua district were quite open about not knowing what to teach or how to teach.

Out of 29 centers surveyed in Jhabua District none were found to be executing pre-school activities in the anganwadis. Residents from Ikara village in Chatarpur district categorically stated that 'no pre-school activities are ever conducted in our anganwadi center.'

The survey also found good news in the form of exceptions to the norm. The focus group discussions elicited the information that in 9 cases, namely Umaria (4), Burhanpur (2), Chatarpur (1), Jhabua (2), residents said that pre-school activities are conducted regularly and that the anganwadi workers of these centers do their work enthusiastically.



E) Health checkups

Table No.-2.14 – ANM Visits							
District	Total AW covered	ANM Visits in a year					
		No Visits in a year	Once in a year	2 visits in a year	4 visits in a year	6 visits in a year	12 visits in a year
Umaria	12	4	2	2	1	1	2
Burhanpur	14	0	0	0	0	12	2
Chatarpur	12	4	1	0	0	2	5
Jhabua	29	6	0	0	1	5	17
Total	67	14(20%)	3(5%)	2(3%)	2(3%)	20(30%)	26(39%)

The Auxiliary Nurse Midwife (ANM) is a crucial link between the ICDS and the health department. Her main task in the context of ICDS is to organize immunization sessions together with the anganwadi worker. During her visits to the village, the ANM has to establish contact with her area population both individually and collectively. The purpose of this is two-fold: to provide health and family welfare services which can be made available in the field at individual doorsteps and to carry out Information Education Communication (IEC) activities and collect information. She is expected to visit every household in her area once in three months. The present survey collected information on visits by the ANM during the 12 month period prior to the survey. It has been found that in 14 (20%) centers not a single visit has been conducted by the ANM. There are 2 villages in Umaria district and 1 village of Jhabua district where the ANM visited only once in a year. These figures emerged out of the focus group discussions as in most of the anganwadi centers no inspection registers are maintained.

F) Referral services

Table No. – 2.15- Referral services			
District	Total AW covered	Total villages having Referral services	Referral Services Not Available
Umaria	12	8	4
Burhanpur	14	12	2
Chatarpur	12	7	5
Jhabua	29	12	17
Total	67	39(58%)	28(42%)

During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are supposed to be referred to Nutritional Rehabilitation Centers or Primary Health Centers or its sub-centers. The anganwadi worker is oriented to detect disabilities in young

children. She is supposed to enlist all such cases and refer them to the respective health centre. The cases referred by anganwadi workers are in turn to be attended by health functionaries on a priority basis. The survey found that there are 28 (42%) centres where no referral facilities have

been availed to malnourished children. Out of the 4 surveyed districts, Chatarpur and Jhabua districts appear to be the worst-off as they show insufficient referral facilities. Among these 4 districts, Umaria performs the best in referral facilities. In Umaria district, all the children found malnourished were rushed to hospital, as the governance system of Umaria district is strong compared to that of other districts. In this district the administration pays much more attention to the issue of malnourishment and maternal mortality.

Everything is Possible

The posting of Mr. S.S. Kumre as Collector in Umaria district brought major changes particularly in the case of mid-day meals, PDS, Sanjha Chulha, and other beneficiary based schemes. He personally involved himself in implementation of these schemes, which resulted in their improvement. Former Zila Panchayat CEO, Mr. Rajiv Sharma, began implementing some of Mr. Kumre's innovative initiatives, like 'Akshay Patra' for the proper functioning of mid-day meals. This initiative advanced the arrangement for sending coupons and allotment for every month by 15 days. The allotment is now directly deposited in the account of the Parent Teacher Associations and SHGs operating the mid-day meal. With this initiative, there is no scope for blaming lack of ration or money as a reason why mid-day meal or sanjha chulha is not functioning properly. The Collector himself monitors the initiative and the mid-day meal, along with the present CEO Zila Panchayat, Mr. Akshay Kumar Singh, and other district level officers. Recently, a women's organization distributed food under the Akshay Patra Campaign in the district's most remote village "Chhotummi". The Collector and Zila Panchayat CEO were also present.

Local level committees have been formed in Umaria for strengthening the Public Distribution System. The presence of these committees is a must for storage and distribution of grains. Thorough inspections and follow-up investigations are being conducted by the district administration. The action taken against half a dozen female multipurpose committees and sellers recently shows the level of seriousness in this regard. The Collector allotted first priority to beneficiary based schemes. Cases of old age, disabled, and widow pension are resolved on the spot in jan sunwais and public welfare camps. Economic assistance to the needy is also reportedly being provided effectively under the disaster scheme. There is also the jan chaupal, in which cases mainly regarding school, anganwadi, mid-day meal, sanjha chulha, pension, ration, kerosene, wages and MNREGA are resolved on the spot. Cases of Indira Gandhi National Old Age Pension are sanctioned immediately and first installment is released on the spot.

Disabled and malnourished children are specially attended to in the district. Other than routine health camps, doctors and paramedical staff attend every program organized at the village level with medicines as directed by the Collector. The identification and immediate treatment of disabled and malnourished children, besides anganwadi workers and ASHA, is well arranged. The Nutrition Rehabilitation Centre (NRC) in the District Hospital is operating well, a fact that was also appreciated by Director Health, Mr. Manohar Agnani, during his visit in the last few days. The Collector is sensitive to health issues. By his personal efforts, a mobile life line train is being brought to the district, and it will stay here till 13th May 2010.

2.4.3 Universalization with Quality

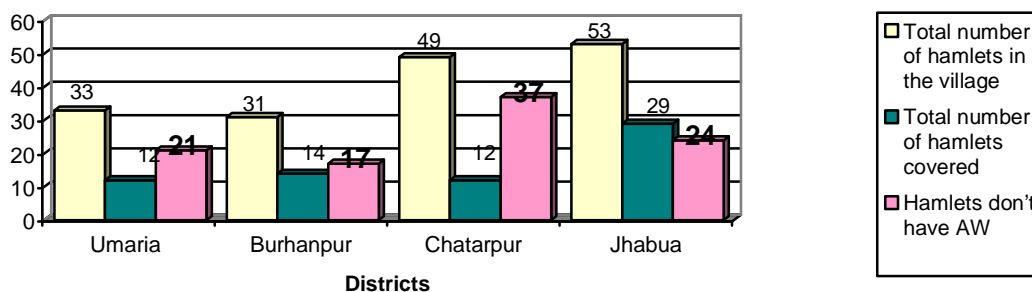
Universalization in terms of ICDS means that every child, as well as every pregnant woman, nursing mother, and adolescent girl, should be within easy reach of an anganwadi where the full range of ICDS services can be received. On 28th November 2001, the Supreme Court directed the government to universalize ICDS. Further orders to this effect were issued on 29th April 2004 and 7th October 2004.

A. Coverage of Habitations

Table No. 2.16 – Coverage of Habitations			
District	Hamlets in Village	Coverage	
		Anganwadis	Hamlets without Anganwadis
Umaria	33	12(36%)	21
Burhanpur	31	14(45%)	17
Chatarpur	49	12(24%)	37
Jhabua	53	29(55%)	24
Total	166	67(40%)	99(60%)

Recognizing the right of every child to early childhood care, the Supreme Court has directed that a functional anganwadi be opened in every habitation. Also, the court has given instructions to ensure the coverage of all children below six years, all pregnant and lactating mothers, and adolescent girls in all rural habitations and urban slums under all nutritional and health services of the ICDS.

Chart 1 - Coverage of Habitations in the Surveyed Districts



According to the Supreme Court Order dated 28th November 2001, every settlement should have a disbursement center, i.e. an anganwadi center. However, this study finds that only 40% of hamlets surveyed have an anganwadi center; out of a total of 166 hamlets in the four districts surveyed, only 67 have an anganwadi center. Therefore, children and vulnerable women in 99 hamlets are not covered for all the services under the ICDS program. Chatarpur district has the least coverage amongst the surveyed districts. Only 12 out of 49 hamlets, i.e. only 24%, of the

surveyed hamlets, are covered in the 10 surveyed Chatarpur villages. Due to the severe lack of anganwadi centers, many children in Chatarpur district are being denied benefits under ICDS.

Coverage of SC/ST Habitations

The Supreme Court, in its order dated 7th Oct. 2004, stated that hamlets with high SC/ST populations should receive priority in the establishment of anganwadis. This order appears to be well implemented in the four surveyed districts. Out of 67 anganwadi centers in the 4 districts, 42 (or 62%) are found in tribal hamlets, 5 in SC Hamlets, and only 2 in upper caste hamlets.

B. Coverage of Beneficiaries

Table No. 2.17 - Coverage of Beneficiaries

District	Coverage	
	Children in village	Children enrolled in AWC
Umaria	1485	999
Burhanpur	1315	665
Chatarpur	1853	1108
Jhabua	2858	1993
Total	7511	4765

In its order dated 29th April 2004, the Supreme Court directed an order for the 'universalization of ICDS'. The Court ordered that all children under the age of six, all pregnant and lactating women, and all adolescent girls, must be provided with all seven services from the ICDS center.

The latest report from Madhya Pradesh Department of Women and Child

Development (DWCD²⁵) shows that only 70% of the 38 lakh children between 3-6 years are covered under the Supplementary Nutrition Program (SNP). The coverage of the 0-3 year age group is even worse. Out of 50 lakh children aged between 0-3 years in Madhya Pradesh, only 29.1 lakh (58%) children are getting SNP.

Furthermore, according to NFHS-3 data, out of 80% of the children under six years in Madhya Pradesh who reside in areas covered by an anganwadi center, only half (50%) receive services of some kind from a centre. Only about one third of the children (36%) under the age of 6 years receive supplementary food. Furthermore, the data of NFHS-3 shows that 60% of children from SC and ST communities still remain far removed from nutrition benefits of anganwadi centers.

2.4.4 Functioning Time of Anganwadi Centers

● Days of Function

The Supreme Court, in its order dated 29 April 2004, stated that 'all the beneficiary of ICDS shall receive supplementary Nutrition for 300 Days in a year'. A check of records and

²⁵ Data collected from DWCD in September 2009.

discussions with anganwadi workers towards the application of this directive brought information that 24 of the 67 anganwadis are opening regularly for 26 days in a month and a majority were functioning for between 21 and 26 days in a month.

Table No-2.18 – Regularity of Anganwadi based on FGD						
District	Total Number of AWC covered	Regularity				
		1-5 days	6-10 days	11-15 days	16-20 days	21-26 days
Umaria	12	2	0	9	0	1
Burhanpur	14	0	4	6	2	2
Chatarpur	12	1	2	2	4	3
Jhabua	29	4	5	14	5	1
Total	67	7	11	31	11	7

Further investigations, however, muddled this rosy picture. According to the focus group discussions, which were held in hamlets having anganwadis, the reality that emerged regarding regular functioning is somewhat different. In

these discussions it has been found out of the 67 anganwadi centers where FGD's were conducted, 7 anganwadis provide services between 1-5 days a month, 31 between 11-15 days a month, 11 between 16-20 days a month, and only 7 between 21-26 days a month. Given these circumstances, eradication of malnutrition seems is a distant dream.

● *Hours of Function*

Table No-2.19 – Timings of Anganwadi based on FGD						
District	Total Number of AWC covered	Timings				
		1 Hour	2 Hours	3 Hours	4 Hours	5 Hours
Umaria	12	0	3	5	2	2
Burhanpur	14	2	4	3	4	1
Chatarpur	12	2	6	2	2	0
Jhabua	29	8	14	6	1	0
Total	67	12	27	16	9	3

According to the latest Madhya Pradesh Women and Child Development department order, an ideal anganwadi should function for 6 hours in a day, i.e. between 9 am and 3 pm. From 9 am to 1

pm, the worker is supposed to give supplementary nutrition and preschool education to children between 0-6 years. Following this, 1 hour should be spent by the anganwadi worker with the parents of malnourished children, with pregnant women, and with lactating mothers. The last hour should be used for record maintenance.

However, FGD's show that out of a total of 67 anganwadi centers, 27 anganwadis operate for only 2 hours. Jhabua district appears to have the worst functioning habits. In 14 of the 29 conducted FGD's in the district, village residents stated that the anganwadi opens only to

distribute 'dalia' (porridge). In 5 villages of Umaria district, residents stated that the respective anganwadi opens for 3 hours. One of the women present in the FGDs stated that AWC is only a dalia distribution centre, nothing more, because in the small span of 2 -3 hours only dalia can be distributed.

2.4.5 Regularity of Anganwadi Worker

District	Total Number of AWC covered	Regularity		
		Regular	Irregular	Don't know
Umaria	12	1	11	0
Burhanpur	14	2	11	1
Chatarpur	12	3	9	0
Jhabua	29	1	26	2
Total	67	7	57	3

There are two persons involved in managing the work of any anganwadi: one is the anganwadi worker and the other is the anganwadi helper. The anganwadi worker has the responsibility of conducting surveys, effecting pre-school activities, serving supplementary nutrition, making home visits, etc. The anganwadi helper is expected to assist the

worker, bring the children to the centre, and cook food for them. However, in reality the study shows a regular absence of the anganwadi worker, in whose absence it is the helper who opens the anganwadi centre, prepares and serves food for the beneficiaries, and after serving, closes the centre.

People-speak: Comments by Residents during FGD

Umaria

- “The anganwadi opens daily, but after 10 am.” (Village Bodli, Block Karkeli)
- “The anganwadi worker takes one week off each month. The anganwadi helper does all the work.” (Village Saans, Block Pali)
- “The anganwadi worker arrives at an irregular time, and never before 11 am.” (Village Sarvahi Khurd, Block Pali)

Burhanpur

- “When the anganwadi opens then she (anganwadi worker) arrives. From time to time the anganwadi does open. But, only the anganwadi helper stays.” (Village Chulkhan, Block Burhanpur)

Chatarpur

- “The anganwadi worker shows up 3-4 days in a month.” Village Hatna, Block Chatarpur)

Jhabua

- “She (anganwadi worker) sets up the anganwadi in her own home.” (Village Maukamura, Block Raama).
- Anganwadi centre is just a centre for distributing dalia, nothing more than that.

In 57 out of a total of 67 AWC's, it has been learned that the anganwadi worker does come regularly to open the centre. Moreover, this worker only distributes supplementary nutrition to some of the children, after which she closes the centre. In Umaria and Burhanpur districts, villagers say that although the anganwadi worker is regular, she never involves herself with educating their children and she does not make home visits to meet pregnant and lactating mothers. It is worth noting that in 3 FGD's village residents stated that they don't know anything about the anganwadi centre as the worker hasn't yet interacted with the people.

2.4.6 Background of the Anganwadi Worker

The anganwadi worker is the kingpin of the ICDS program, the success of which rests to a large extent on her ability and capacity to perform her role and responsibilities effectively. The survey found that out of the 67 anganwadi centers surveyed, 37(56%) centers have anganwadi workers from tribal communities. It must be mentioned that most of the tribal anganwadi workers that make up the above statistic are those from Jhabua district, which is tribal dominant.

Table No-2.21-Caste wise description					
District	No. of anganwadi	General	SC	ST	OBC
Umaria	12	3	0	6	3
Burhanpur	14	3	0	9	2
Chatarpur	12	7	0	0	5
Jhabua	29	1	4	22	2
Total	67	14(20%)	4(6%)	37(56%)	12(18%)

The most startling fact that emerges from the survey is that there are only 4 (6%) centers that have an anganwadi worker from the dalit community. Each of these 4 centers is in Jhabua district, which is a tribal dominated district. The centers in the other three

districts rest have not a single dalit anganwadi worker. This is an alarming fact.

2.4.7 Social Exclusion

A. Caste Discrimination

An essential finding of the field research conducted is that there are indeed a number of eligible children from impoverished and food-deprived households that do not have access to ICDS services, including supplementary

In Hatna and Chapar villages of Chatarpur district and Ginjari village of Umaria district, anganwadi workers from upper castes play a major role in discouraging the participation of children from disadvantaged castes or tribes. They make the lower caste children sit outside the anganwadi. Also, they give supplementary nutrition food first to upper caste children and only then to lower caste children. The fact that the workers themselves belong to the general caste category explains their behavior without excusing it.

nutrition. Much of this is the outcome of active social discrimination, based especially along caste lines.

The study also reveals that whosoever is accessing the anganwadi centre is influenced by its physical location as well as the caste / community profile of its workers as well as the village community. Access to services by deprived communities like Scheduled Castes (SC) and Scheduled Tribes (ST) is restricted if the centre is located in upper-caste dominated hamlets. The study also shows what appears to be a glaring lack of method in assessing the particular needs and requirements of communities. As a result, the tribal and dalit communities in particular are being excluded from the benefits of ICDS. In Chhatarpur district this situation is most widely prevalent; tribal and dalit children and women are not getting any benefit from anganwadi centers in Chatarpur.

Lesser attendance at centers has many reasons. In Uchhera village of Umaria the distance prevented women and children of Dongariya Tola from reaching the anganwadi center. In Barbaspur AWC no. 2, attendance was affected because the anganwadi worker belonging to a higher caste leaves the children at the mercy of the helper. The day the helper does not turn up the children are absent too.

B. Exclusion of Disabled children

Table No-2.22- Disability Survey				
District	No. of Anganwadi	Conducted	Never Conducted	Don't know
Umaria	12	5	5	2
Burhanpur	14	2	12	0
Chatarpur	12	4	6	2
Jhabua	29	4	15	10
Total	67	15(22%)	38(57%)	14(21%)

It is rare to find a disabled child in an ICDS center. It is not only their impairment, but also the anganwadi environment that places barriers on their mobility. During the survey, disabled

children were found in 4 (6%) out of 67 centers. The reason for this might be because there are no separate administrative orders for the inclusion of disabled children in anganwadi centers.

Despite the fact that the union government's Integrated Child Development Scheme is its primary early childhood program, it remains physically inaccessible, rife with problems of mobility, and suffers from a kind of apartheid system instituted by the government in terms of the disabled. The survey found that there are 38 (57%) centers in which not a single child with any form of disability is registered under the ICDS program. There are 14 anganwadi workers who don't know anything about any disability survey. And there are 15(22%) anganwadi workers who have registered disabled children in their records; however these records were made during the birth registration of the child. No separate survey has been undertaken in any of the 4 surveyed districts of Madhya Pradesh. During the study a field-worker met the

supervisor of Petlavad block in Jhabua district. In the discussion that ensued, the supervisor stated that the disability survey is not the responsibility of anganwadi worker. Among the 4 districts, Burhanpur district is the worst performing in terms of disability surveys, as 12 out of 14 centers have never undergone any such survey.

2.4.8 Monitoring, supervision and support

ICDS supervisors averaged 2 visits a center during the past 12 months, while health workers averaged not even 1 visit per center. For instance, ICDS supervisor did not visit Saans and Barabspur AWC # 2 of Umariya district even once in the past one year. Similarly, the health workers have only visited Ginjari and Barabspur centers in Umariya district in the past year, ignoring other centers.

Regular planned monitoring, supervision, and support, with provisions for mid-way corrections, is essential for effective delivery of the ICDS. As per the guidelines envisaged under ICDS, the supervisors are supposed to regularly visit each of the anganwadi centers: at least one visit every month to each AWC

to support the AWWs with a constructive approach in order to build their capacities and confidence. During her visit, the supervisor is supposed to check registers, inspect the premises, advise the Anganwadi worker, and enquire the about problems faced by the worker.

Table No-2.23- Supervisor Visits

District	Total AW covered	Supervisor visits per year						
		No visits	1 visit	2 visits	4 visits	6 visits	8 visits	12 visits
Umariya	12	1	1	4	2	2	2	0
Burhanpur	14	0	0	0	3	5	2	4
Chatarpur	12	1	1	1	4	3	1	1
Jhabua	29	1	0	1	8	8	6	5
Total	67	3(4%)	2(3%)	6(9%)	17(25%)	18(27%)	11(16%)	10(15%)

Unfortunately the study finds that supervisors at best visit anganwadi centers once in two months, but entirely to fulfill a formality. They don't check registers or advise anganwadi workers. There are three villages, namely Hatna in Chatarpur district, Saans in Umariya district, and Panthborali in Jhabua district, where, according to the inspection register and resident villagers, supervisors had not made any visit to the centre. Also there are only two (3%) anganwadi centers, namely Uchera of Umariya district and Bundor of Chatarpur district, in which supervisors have made a visit, but at an average of once in a year. It may be extrapolated that there is no regular monitoring system for the anganwadi centers.

2.5 Overall Findings of the Scheme

This report represents findings from an action study conducted in order to learn about the status of ICDS in 67 Anganwadi centers of 8 blocks from 4 districts of the state. The following issues emerge regarding the status of ICDS in Madhya Pradesh—

- During the study it has been found that 41 (61%) anganwadis have their own building while 26 (39%) are lacking the same. Most of the anganwadi centers across the state lack their own buildings, i.e. the most vital requirement for a safe, secure and spacious environment for children. Out of 67 surveyed centers only 41(61%) anganwadis have their own building.
- The FGD's show that only 2 anganwadi workers, one from Ginjari village of Umaria district and another from Mor of Jhabua district, hold meetings with pregnant and lactating mothers to discuss the nutrition and health issues
- During the survey it has been found that there are 16 anganwadis, 9 out of 12 in Umaria district and 7 out of 12 in Chatarpur district in which supplementary nutrition is not being provided to children 0-3 years of age. Umaria district is the worst performer when it comes to supplementary nutrition.
- Of the 67 surveyed anganwadi centers, there are 13 centers where no nutrition in any form is provided to pregnant women and nursing mothers. Umaria district is once again found to have the worst performance in this regard. Out of 12 centers in this district, only 3 centers are providing mandatory nutrition to pregnant and lactating mothers. Considering statistics for all the 4 districts surveyed, only 27 (or about 40%) centers are providing ready-to-eat mix to its beneficiaries.
- The FDG's revealed that only 29 centers out of 67 centers are providing average quality food to its beneficiaries. In 10 centers the quality of food is shamefully low. It must be noted that none of the centers were found to provide nutritious food of good quality.
- Out of 67 centers only 9 (13.4%) centers conduct pre-school activities; the remaining 58 centers were either found closed or found not to be conducting pre-school activities. When the reason for not conducting pre-school activities was asked, the anganwadi workers most often stated that in the absence of charts and other study material it is not possible to teach the children.
- The present survey collected information on visits made by the ANM in the 12 month period preceding the survey. In 14 (20%) centers, it has been found that not a single visit has been conducted by the ANM in this period of time. There are 2 villages in Umaria district

and 1 village in Jhabua district where the respective ANM made only one visit in 12 months. These figures emerged in the process of the focus group discussions as in most of the anganwadi centers no inspection registers have been maintained.

- A majority of anganwadi centers across the state lack the most basic facilities that an anganwadi must provide to its beneficiaries as per the norms. The study revealed that most of the centers lack cooking facilities (39 centers), safe drinking water (45 centers), toilet facilities (49 centers), playing kit/pre-school education kit (45 centers), and medicine-kit (31 centers).
- In 37 centers children were weighed regularly but their growth has not been registered in the growth charts as the worker doesn't know how to fill the chart. The other 13 centers surveyed, do the work as a formality by weighing children once in 3 months.
- The survey found that there are 28 (42%) centres where no referral facilities have been availed to malnourished children. Out of the 4 surveyed districts, Chatarpur and Jhabua districts appear to be the worst-off as they show insufficient referral facilities. Among these 4 districts, Umaria performs the best in referral facilities.
- However, this study finds that only 40% of hamlets surveyed have an anganwadi center; out of a total of 166 hamlets in the four districts surveyed, only 67 have an anganwadi center. Therefore, children and vulnerable women in 99 hamlets are not covered for all the services under the ICDS program.
- In these discussions it has been found out of the 67 anganwadi centers where FGD's were conducted, 7 anganwadis provide services between 1-5 days a month, 31 between 11-15 days a month, 11 between 16-20 days a month, and only 7 between 21-26 days a month. Given these circumstances, eradication of malnutrition seems is a distant dream.
- However, FGD's show that out of a total of 67 anganwadi centers, 27 anganwadis operate for only 2 hours. Jhabua district appears to have the worst functioning habits. In 14 of the 29 conducted FGD's in the district, village residents stated that the anganwadi opens only to distribute 'dalia' (porridge).
- In 57 out of a total of 67 AWC's, it has been learned that the anganwadi worker does come regularly to open the centre. Moreover, this worker only distributes supplementary nutrition to some of the children, after which she closes the centre.
- Unfortunately the study finds that supervisors at best visit anganwadi centers once in two months, but entirely to fulfill a formality. They don't check registers or advise anganwadi workers.

- Out of 67 anganwadi centers surveyed, 37 (56%) centers have anganwadi workers from tribal communities. The major percentage of these centers is in Jhabua district, a predominantly tribal district. The most appallingly fact encountered in the study is that there are only 4 (6%) centers having anganwadi workers from the dalit community. The presence of dalit anganwadi workers is found only in Jhabua district; other districts have not a single dalit anganwadi worker.
- Exclusion of children and women from ICDS services on the basis of caste and community is prevalent in Madhya Pradesh due to which a vast section of tribal and dalit communities are deprived of the facilities. During the course of the study it has been learnt that social exclusion in Chhatarpur district is comparatively worse than the other 3 districts studied.
- During the survey, disabled children were found in only 4 (6%) out of 67 centers. There are 38 (56%) centers in which not a single child with any form of disability is registered under the ICDS program. Also, there are 14 AWW who don't know anything about the disability survey. There are 15 (22%) AWW who registered disabled children in their records, but this was recorded during the birth registration of the child. No separate disability survey has been undertaken in any of the 4 surveyed districts of Madhya Pradesh.

All these ground realities shows that there is considerable lacuna in the implementation procedure as well as monitoring system and accountability with regard to ICDS, which is the only scheme for children under six. The health and well-being of children is not a priority for political parties and policy makers because children do not affect vote banks in the short term.

3. NATIONAL MATERNITY BENEFIT SCHEME

The National Maternity Benefit Scheme (NMBS) was introduced in 2001 to provide nutrition support to pregnant women. Under this scheme, pregnant women living below the poverty line are given a one-time payment of Rs. 500, 8–12 weeks prior to delivery. In the year 2005, the government of India launched the Janani Suraksha Yojana (JSY) under the National Rural Health Mission (NRHM) to provide cash incentives for women choosing to have institutional deliveries. NMBS was merged into JSY. However, with the intervention of the Supreme Court, the benefits under the NMBS were retained, irrespective of the place of delivery.

3.1 Introduction of NMBS in Madhya Pradesh

Despite India's remarkable economic growth-rate in the last decade, the nutritional health of many of its citizens has fallen. Madhya Pradesh reflects symptoms of this nation-wide trend. According to the National Family Health Survey state report, the number of wasted children under three years of age in Madhya Pradesh increased from 20.2% to 33.3% between 1998-1999 and 2005-06. The number of underweight children under three years of age increased from 53.5% to 60.3% during this same period. The number of women with a body mass index below normal increased from 35.2% to 40.1%²⁶. These indicators reflect the real impact on health in the last decade. UNICEF estimates that malnutrition is the underlying cause in half of the 2.1 million under-5 deaths in India each year. Further, malnutrition in pregnant women is one of the chief causes of babies with low birth-weight, which is in turn a significant contributor to infant mortality²⁷.

Around 56%²⁸ of women in Madhya Pradesh are anaemic. They need special care during pregnancy. This is especially so with respect to tribal women, 74% of whom live with anaemia, out of whom 1.2% are severely anaemic. Despite this reality, only 32.5% of pregnant women in rural Madhya Pradesh received the minimum of three ante-natal check-ups for early detection of pregnancy related complications by doctors or other health providers. Less than 10% rural women in the state were administered IFA tablets for a minimum of 90 days in order to raise their haemoglobin levels during pregnancy. Most pregnant women in the state are either not supplied with such tablets or are not made aware of the need of special nutrition during pregnancy.

²⁶ Fact Sheet: Madhya Pradesh (Provisional Data) 2005-2006 National Family Health Survey (NFHS-3) www.nfhsindia.org/pdf/MP.pdf

²⁷ UNICEF webpage. Under-nutrition – Challenge for India. www.unicef.org/india/nutrition_1556.htm

²⁸ Source- NFHS-3

Rural women are at a disadvantage in terms of maternal care. However, it is far worse in the case of tribal women in the state. For them, motherhood becomes a gamble of life. It appears as if the pregnant tribal woman simply does not have any right to care. Only 25.9% of pregnant tribal women receive a minimum of three ante-natal check-ups and less than 8% get IFA tablets for 90 days. On top of this, 92% of the deliveries of tribal women take place either at home or by the road-side on the way to a health facility, with the support of traditional birth attendants. Only 8% deliveries take place in health facilities.

One of the basic requirements for institutional delivery is a sufficient number of beds in health institutions. But, most distressingly, at present only 26,000 beds are provided in government hospitals in Madhya Pradesh and out of them only 9,300 beds are there in rural areas. This means that there is approximately one available bed per 6 villages in Madhya Pradesh, which has a total of 55,392 villages.

Despite such a dire situation, the government of India has released figures related to maternal mortality just once since 1998. These figures claim that the Maternal Mortality Rate (MMR) in Madhya Pradesh has decreased from 498 to 379 (per lakh child-births) during the period²⁹, though this figure still ranks the state amongst the highest in the country.³⁰ A whopping 10% of the country's maternal deaths take place in Madhya Pradesh. As per the report published by the government of India, about two-thirds of all maternal deaths in the country occur in a handful of states: Bihar, Jharkhand, Orissa, Madhya Pradesh, Chhattisgarh, Rajasthan, Uttar Pradesh, Uttaranchal (the Empowered Action Group or EAG states), and Assam³¹.

The National Maternity Benefit Scheme was initiated to provide nutritional support to BPL women 8-12 weeks before delivery. Later, this scheme was merged into the Janani Suraksha Yojana, a scheme for promoting institutional deliveries introduced in 2005. The objective of JSY is the reduction of maternal and infant mortality through increased delivery at health institutions. The focus of NMBS was the provision of maternity benefits. Since the merger of NMBS in JSY, the guidelines followed in JSY state that "while the NMBS is linked to provision of a better diet for pregnant women, the JSY integrates the cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health centre by establishing a system of coordinated care by field level health worker." The scheme thus links cash assistance to ante-natal check-ups and an institutional delivery.

²⁹ Govt. Of India, Registrar General, India in collaboration with Centre for Global Health Research University of Toronto, Canada. October 2006, Maternal Mortality in India: Trends, causes and risk factors - 1997-2003

³⁰ SRS Data, April 2006

³¹ Govt. Of India, Registrar General, India in collaboration with Centre for Global Health Research University of Toronto, Canada. October 2006, Maternal Mortality in India: Trends, causes and risk factors - 1997-2003

Under JSY, pregnant BPL women older than 18 also receive Rs. 500 cash assistance if the deliveries take place at home. The cash is supposed to be given at birth, or around 7 days before the delivery for “care during delivery or to meet incidental expenses of delivery.”³²

“If the focus of the scheme is to promote institutional delivery, why should there be a provision for home delivery” is the question included from October 2006 onwards in the frequently asked questions section of the JSY scheme. In reply to its own question, the government states that it indeed wants to discourage home delivery, but that under the Supreme Court’s decision in the right to food case it is mandatory to provide money for home delivery.³³

The question and answer completely miss the point. NMBS and the Supreme Court orders were not intended to encourage home deliveries, but to provide financial support to BPL women before the birth of their child, whether that birth took place at home or in an institution. The focus in NMBS was on supplying money during pregnancy that mothers could use to supplement their nutrition during these critical months. JSY entirely abandons this goal by providing money only at or near the time of delivery.

While in principle, the benefits of the NMBS remained in the newly modified JSY, this caused a lot of confusion on the ground with the objectives of the two schemes being different. As a result, many women who were eligible for benefit under NMBS and had a home delivery were not getting any benefit.

The state government repeatedly emphasizes that women and children are precious assets of the state and that many initiatives have been introduced by the Public Health & Family Welfare department and Women & Child Development department to improve the health status of women and children. It is claimed to be the major thrust area of government planning. According to District Level Health Survey 3 (2007-08), however, the percentage of home deliveries in the state stood at 52.1 %. And, the reality behind the state government propaganda is that in the year 2005-06, not one of the women who had institutional deliveries availed benefits under the JSY scheme.

In 2006-07 the state government covered only 0.4 % of the state’s women under JSY. The number of women covered in the state under JSY increased marginally in 2007-08 taking the percentage of women beneficiaries to 1.8 %. But, in 2008-09 the number of beneficiaries again decreased, bringing the percentage of women covered down to 1 %. These figures betray how serious the state government is in protecting its ‘precious assets’.

³² Oct. 2006 JSY Guidelines, para. 4.13

³³ Oct. 2006 JSY Guidelines, Frequently Asked Question 8.

Witnessing the condition of the scheme as implemented by the state government, the Commissioner of the honorable Supreme Court wrote to the Chief Secretary of Madhya Pradesh on Oct 17, 2008 regarding the implementation of JSY. In his letter he expressed deep concern that only 1% of disbursements are being made for non-institutional deliveries, which constitute 75 per cent of all deliveries. This figure represents a violation of the Court's orders that women who undergo non-institutional deliveries should also be covered without discrimination.

The NMBS scheme has not been publicized in the state. Furthermore, with recent repeated modifications in the scheme, the communication to the people has not been clear as to who the eligible beneficiaries are. The advertisements on Janani Suraksha Yojana focus only on the cash benefits for institutional delivery without mentioning the benefits available to all BPL women under NMBS, irrespective of place of delivery. There is also no mention of the objective of strengthening the nutritional status of pregnant and nursing women.

Apart from this, cases of discrimination have been reported by marginalized women in government institutions at the time of delivery. This is another reason why marginalized sections of society shy away from deliveries in hospitals.

There also a need to take up the debate on limitations within NMBS. According to the scheme, pregnant BPL women delivering at home are eligible for benefits. However, why are not the women that do not qualify as BPL excluded? Do the women above BPL not need nutritional support and awareness at the time of pregnancy? In such a dire environment, is it possible to ensure safe motherhood without special assistance?

3.2 Sample covered under the survey

Table No-3.1						
District	No. of Villages Covered	No. of eligible women covered:			Age group	
		No. of home deliveries	No. of hospital deliveries	Total	≥ 19 years	< 19 years
Umariya	10	7 (17%)	34(83%)	41	40	1
Burhanpur	10	59(34.5%)	112(65.5%)	171	170	1
Chatarpur	10	39(35 %)	72(65%)	111	111	0
Jhabua	10	27(16%)	132(84%)	159	150	9
Total	40	132(27.3%)	350 (72.6%)	482	471	11

The survey of the National Maternity Benefit scheme included visits to all BPL/AAY houses in the selected 40 villages of 4 districts. The findings provide relevant information about each of these houses, i.e. whether there has been a delivery in the last 12 months and whether the mother has received benefits under NMBS or not. The survey shows that in last 12 months, 482 deliveries have been taken place in the BPL/AAY families of the 40 villages. In order to learn about benefits under the scheme, these 482 women have been interviewed. Information from these 482 interviews shows that 132 deliveries took place at home. And, women with ages of less than 19 years had 11 deliveries.

3.3 Findings of the survey

3.3.1 Coverage under NMBS / JSY

Place of Delivery

Table No-3.2 -Place of Delivery			
District	Total Deliveries	Home Deliveries	Institutional Deliveries
Umariya	41	7 (17%)	34 (83%)
Burhanpur	171	59 (34.5%)	112 (65.5%)
Chatarpur	111	39 (35 %)	72 (65%)
Jhabua	159	27 (16%)	132 (84%)
Total	482	132 (27.3%)	350 (72.6%)

Healthcare in rural areas has been developed as a three-tier structure based on predetermined population figures. But due to inadequate health facilities and discrimination, 132 (27.3%) of women of the four districts studied prefer home to institutional delivery. Among all

four districts, Chatarpur district has the maximum proportion of home deliveries (35%) followed by Burhanpur district. As the table above shows, Jhabua district has the highest number and proportion of institutional deliveries; however, at the same time many women didn't receive the benefit of the scheme in this district. As far as the state of Madhya Pradesh is concerned, the promotion of safe institutional delivery is a major focus of the government.

Residents of Saans village of Umariya said that they are unable to transport pregnant women to hospital especially during rainy seasons as the approach road to their village is a nightmare as it is. So deliveries take place at home and women get no benefits whatsoever.

The department of health has declared that in the past few years the state has succeeded in attaining a decline in maternal mortality by increasing institutional delivery. The government claims that 81.2% of deliveries in Madhya Pradesh are institutional deliveries. But the situation on-ground is quite different as it has been found that most of the CHC's and SHC's don't have separate labor rooms and essential facilities like blood storage units and ambulance facilities. Given these realities, the question of safe motherhood is still left unanswered.

3.3.2 Received Benefit

Table No-3.3- Received Benefit					
District	Total Deliveries	Home Deliveries	Received Benefit	Institutional Deliveries	Received Benefit
Umariya	41	7 (17%)	0	34(83%)	33(97%)
Burhanpur	171	59(34.5%)	0	112(65.5%)	69(62%)
Chatarpur	111	39(35 %)	0	72(65%)	69(95.8%)
Jhabua	159	27(16%)	0	132(84%)	56(42.4%)
Total	482	132(27.3%)	0(0%)	350 (72.6%)	227(65%)

While both the institutional delivery benefit program and the home-delivery aspect of JSY are grossly under-implemented in the state, JSY benefits are widely received for institutional births. The amount of benefit for institutional delivery is Rs. 1,400 in rural areas and Rs. 1000 in urban areas. For home delivery the financial component is Rs. 500 for both rural and urban areas. The survey shows that none of the women who had home deliveries received benefits under the scheme.

Tarmali Kunwarsingh of Khadki village, Burhanpur district delivered a boy child on 1st January 2009. The closest PHC is at Ragai, 3 kilometers away. As the birth took place at home, Tarmali was not provided JSY or NMBS benefits. Her child is severely malnourished (third grade).

Although the cash benefits of Rs. 1,400 under JSY reached the beneficiaries, there were community complaints of paramedical staff extracting money. The money extorted ranged from Rs. 200 to Rs. 500. Some beneficiaries were not even provided the transportation cost. Chaiti Bai of Ghangrai village Umariya district delivered her child on way and had to pay 300 rupees to the accompanying paramedic.

There are 123 cases of BPL/AAY families in these 40 villages of 4 districts who didn't get the benefits of institutional delivery. The maximum number of the cases denied benefits were found in Jhabua district. In Jhabua out of 132 cases of institutional delivery only 56 received benefits.

However, in the case of institutional deliveries in Umariya and Chatarpur districts more than 95 % of BPL and AAY women received benefits under the scheme. Notable is the fact that in Khadki village, Khaknar block, Burhanpur district, out of 12 deliveries, 11 (91.6%) deliveries took place at home but none received NMBS benefits.

During the survey, beneficiaries interviewed said that only a little of the benefit amount remained with them on discharge from the hospital as amounts had to be given to employees of the hospital as a gift. Therefore, rather than helping the poor, much of the scheme benefit filled the pockets of government employees.

3.3.3 Corruption

Table No-3.4- Corruption				
District	Total amount received by women who had hospital delivery and received benefit		Total amount received by women who had home delivery and received benefit	
	> 1400/-	1400/-	> 500/-	500/-
Umariya	17(52%)	16 (48%)	0	0
Burhanpur	38(55%)	31(45%)	0	0
Chatarpur	28(40%)	41(60%)	0	0
Jhabua	36(34%)	20(36%)	0	0
Total	119(53%)	108(47%)	0	0

Pervasive corruption at all levels is making conditions even more dangerous for pregnant women. Women, when interviewed, said that on discharge from hospital they received a cheque worth Rs. 1400 but thereafter the nurse and sweeper took money from them as a gift for delivering

the child. The government of Madhya Pradesh started another scheme known as Janani Express Scheme in order to bring pregnant women to hospital at the time of delivery. However, the driver of the vehicle also grabs money from women in labour. Sometimes, due to the unavailability of medicine in the hospital, women have to purchase medicine from outside.

Though the cash benefits of Rs. 1400 under JSY reached the beneficiaries, there were community complaints of paramedical staff extracting money. The money extorted ranged from Rs. 200 to Rs. 500. Some beneficiaries were not even provided transportation cost. Chaiti Bai of Ghangrai village delivered her child en-route and had to pay 300 rupees to the accompanying paramedic.

As a result, pregnant women are forced to spend around Rs 500 to Rs 600 on bribing the local health staff to procure the medicine. During the survey it has been found that out of the 227 women who benefited from the scheme in their institutional deliveries 119 (53%) women didn't get the full amount of Rs 1,400. The worst situation is present in Burhanpur district where 38 (55%) out of 69 women had to spend money in bribes. In the case of home deliveries none of the women received benefits under the scheme.

There were many complaints in Umariya district where the paramedical staff and ASHA workers have been demanding money for assisting in institutional deliveries. It appears to be well entrenched. The Nurse and ASHA worker charged Rs. 200/- each and even the child specialist at the hospital charged Rs. 100/-.

3.3.4 Neonatal Deaths

Neonatal survival is a very sensitive indicator of population growth and socio-economic development in society. Neonatal Mortality refers to the death of a live-born baby within the first 28 days of its life.

Table No-3.5- Neo natal Deaths in Umaria				
Block	Village	Name of Mother	Time of child's death	Place of Delivery
Karkeli	Ghanghri	Itwariya Kol	8 hours after delivery	Hospital
Pali	Ginjari	Suman Baiga	9 days after delivery	Hospital
Pali	Ginjari	Urmila Bai Baiga	1 hours after delivery	Hospital

Neonatal survival is closely linked with maternal health, IMR, CMR, MMR, and TFR. Ensuring good maternal health is essential for neonatal survival. The study finds that there are 3 children of Umaria District who died 1 hour, 8 hours and 9 days after their birth. All 3 children were born in hospital and the distressing fact is that all 3 were from the tribal community. It is clear that only institutional delivery cannot help in decreasing IMR and MMR. A mechanism has to be made so that the health and nutrition of the mother is ensured.

3.3.5 Using the Money

The main objective of Janani Suraksha Yojana (JSY) is to provide cash assistance to fulfill the nutrition and health needs of the mother and child. But in reality it has been widely reported during the study that in 41% of FGDs, women who received money under JSY used it for bribing government officials. Many of these cases were reported from Jhabua district, where women spent around 80% of the benefit amount of Rs. 1,400 for bribing the nurse, doctor, sweeper, or driver. On the other hand, 29.4% of the women said that due to poverty and food insecurity they spent the money on the food for the whole family. The situation of poverty is the direst in Chatarpur district of Bundelkhand as the district is reeling under drought from last 5 years, due to which their agriculture has failed and families are facing a severe food crisis. It has also been reported courtesy FGD's that 23% of the women in the village are spending the money in paying off loans or in buying medicines during delivery as the hospitals don't have the medicines.

Table No-3.6- Using the Money						
Districts	Villages covered	FGD conducted	Own Nutrition	Loan, Medicines, other expenses	Bribe	Food for whole family
Umaria	10	10	1	2	5	2
Burhanpur	10	10	3	1	2	4
Chatarpur	10	10	0	1	3	6
Jhabua	10	21	0	7	11	3
Total	40	51	4(7.84%)	12 (23%)	21(41%)	15(29.4%)

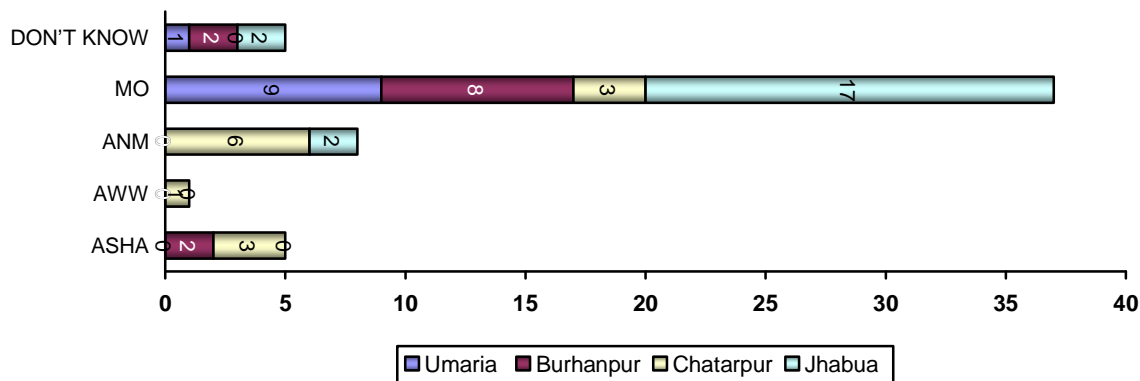
Unfortunately, the results of the FGDs show that there only few women in 4 hamlets that spent their money for their own nutritional needs. In Chatarpur and Jhabua districts not a single woman said during the FGDs and interviews that she spent money on her own food.

3.3.6 Systems of selection and payment

In all the villages studied, women do not know about the home delivery benefit. However, residents in all the villages say that the selection for the benefit of JSY only depends upon the place of delivery, not on the number of children and age of women. In different districts people have different views regarding the process of application and selection. For example, in Umaria district residents said that as soon as the woman is admitted to the hospital her name is registered and after one week of delivery she get the benefit of the scheme. Women of Burhanpur and Chatarpur districts explained that ASHA and anganwadi workers are responsible for getting the women registered in their records and that at the time of delivery they pressure the women to deliver in the hospital. The women of Chatarpur district noted that the benefit depends on the vaccination register of the ANM.

A total of 46 out of 51 FGDs conducted show that women who deliver in hospitals get the requisite amount through cheque. However, in 5 FGDs women said that they unaware about the mode of payment, as in their village maximum of the deliveries occur at home.

During the FGDs none of the women said that they get the payment immediately at the time of delivery. Out of 51 FGDs conducted women present in 23 FGDs said that the payment was made after one week of delivery. It is necessary to mention that these 23 FGDs are limited to Chatarpur, Burhanpur and Umaria districts. Women from Jhabua districts said that they get the benefit 5 to 6 months after delivery.



According to the graph above, participants in 37 FGDs explained that the Medical officer of the hospital is responsible for making the payment. However in 8 FGDs participants said that the ANM is responsible for executing the scheme.

3.4 Overall Findings of the Scheme

- Due to inadequate health facilities and discrimination, 132 (27.3%) out of 482 women prefer home delivery to institutional delivery. Of all four districts, Chatarpur district has the maximum number of home delivery (35%) compared followed by Burhanpur district.
- None of the women who had home delivery got the benefit of the scheme. Furthermore, there are 123 cases of BPL/AAY families of these 40 villages in 4 districts who didn't get the benefit of institutional delivery. The maximum number of cases amongst those that didn't receive the benefits hails from Jhabua district.
- Out of the 227 women that benefited from institutional delivery 119 (53%) women didn't get the full amount of Rs 1,400. The worst-off is Burhanpur district where 38 (55%) out of 69 women spent money in bribes. In the case of home delivery, none of the women got benefits under the scheme.
- Three children of Umaria district died 1 hour, 8 hours and 9 days after their birth. All three children were from the tribal community and were born in hospital.
- Repeated reports that also turned up in 41% of FGDs, show that women who received money under JSY used it for bribing officials. Jhabua district had the most reported cases of bribery wherein women had to spend around 80% of their Rs 1400 for bribing the nurse, doctor, sweeper, or driver. Notable is the statistic that 29.4% of women said that due to prevailing poverty and food insecurity they spent the money on the food for the whole family.
- A total of 46 out of 51 FGDs conducted, show that women who getting their deliveries done in hospitals were getting the amount through cheque.
- During the FGDs none of women said that they receive payment at the time of delivery.
- The multitude of schemes available to pregnant women and the failure of the government to communicate them clearly has caused intense confusion and resulted in widespread underutilization of the scheme. Women do not know the eligibility criteria, benefits, and implementing agency for the scheme. This confusion has helped foster a climate of unaccountability in implementation.
- Although JSY encourages women to have their delivery in public health institutions, these institutions are rarely capable of providing safe and competent care.
- During the study it has been found that the women get debarred from the benefit of the scheme if she had home delivery and have more than 2 children.

4. NATIONAL OLD AGE PENSION SCHEME

NOAPS is a monthly pension scheme for elderly BPL citizens. It has recently been re-christened and modified into the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Under this scheme, all people above 65 years of age and BPL are eligible for pension. The government of India contributes Rs. 200 towards the monthly pension amount and expects state governments to make a matching grant, thereby bringing the monthly pension for old people to Rs. 400. The Madhya Pradesh government, however, only contributes Rs 75 for NOAPS; though it does maintain other schemes wherein pension is paid for people in the 60-64 age groups. Therefore, in Madhya Pradesh an amount of Rs 275 is provided as an old age pension to BPL persons above 65 years of age under NOAPS.

4.1 Introduction of NOAPS in Madhya Pradesh

As far as NOAPS is concerned, there are two criteria for availing benefit: one is age and the other is the identification as a BPL family. However, one way or another, both criteria are riddled with problems that limit coverage. Firstly, the coverage is not universal; pension benefits are not given to all aged destitute in Madhya Pradesh. This, itself, stems from two factors. One is the identification of BPL families and the other is that even the targets spelled out are not covered under the scheme. According to the 2001 census, the proportion of aged population (65+) with respect to the total population of the state is 4.62%. By applying this percentage to the current projected state population, one finds that in 2009 there should be about 32,29,241 people above 65 years of age in Madhya Pradesh. As the scheme applies to only BPL persons 65 and above, in order to find the approximate target beneficiaries, one may multiply 32,29,241 with the state poverty ratio which stands at 38%. The figure of eligible beneficiaries courtesy this calculation equals 12,27,111. This figure, though based on a formula with certain assumption, shows that actual coverage in the state is inadequate. According to the data of Madhya Pradesh Social Justice Department, 9,79,363 people received benefits under NOAPS in the year 2008-09. This, as per the aforementioned calculations, is about 79% of the eligible population.

It is important to note here that amongst these 9,79,363 beneficiaries, not a single disabled old age person has been registered under the scheme in Gwalior, Bhind, Burhanpur, Jabalpur, Katni, Seoni, Dindori, Sagar, and Satna districts of Madhya Pradesh. In fact, in the year 2009, not a single disabled old aged person has been registered under the scheme in 26 districts of Madhya Pradesh.

The second criterion for being selected under the scheme is BPL. The debate involving BPL selections is also one of the reasons why many eligible beneficiaries have been excluded from the benefits of the pension scheme. As per a survey conducted by the Planning Commission,

38.35% of population of Madhya Pradesh is living below the poverty line and the numbers of poor families stands at 44.5 lakh. However, the state government maintains its own statistics, according to which the total number of BPL families in Madhya Pradesh is 67.35 lakh. Due to this statistical variation, a large number of beneficiaries are being left out from the benefits of NOAPS, which is a violation of Supreme Court order dated 28 November 2001.

The Madhya Pradesh state government has initiated many social assistance schemes like state social security pension scheme, destitute pension, disability pension, widow pension, old age pension for the old age group of 60-65 years and so on. This is done with the state's own contribution, in which Rs. 150 is given to the respective beneficiaries. The large number of schemes has, however, led to a lot of confusion in comprehension. And, citing the vast variety of schemes offered is always the way in which the state government wriggles out of the question of raising the pension amount of NOAPS.

According to the Supreme Court order dated 28 November 2001, pensions are to be paid by the 7th day of each month. However, the reality is that beneficiaries have been getting lump sum pension payments every two months or every quarter. Due to uncertainty of payment many beneficiaries save their energy and wait for around 6-7 months before collecting their pension at distant banks/post offices.

Presently, the percentage of people migrating has increased due to livelihood scarcity in villages and due to drought conditions. There are many old people in villages separated from their family members due to drought, as their children have migrated for work and survival. Old age pension can help these elderly people survive with a bare minimum of dignity. However, at present life for them is bleak, mired as it is in an endless waiting for either trickle-down government relief or funds from their migrant sons and daughters.

4.2 Sample covered under the survey

Table No-4.1-Sample Covered				
District	Villages Covered	No. of eligible old persons visited		
		Male	Female	Total
Umariya	10	84(57%)	63(43%)	147
Burhanpur	10	60(44%)	74(56%)	134
Chatarpur	10	116(45%)	139(55%)	255
Jhabua	10	102(43.5%)	132(56.5%)	234
Total	40	396(51%)	374(49%)	770

To check the implementation of NOAPS in the field, the survey has been conducted in 40 villages of 4 districts of Madhya Pradesh, i.e. in 10 villages in each selected district. During the survey each and every BPL/AAY house having a member of more than 65 years of age has

been questioned. These BPL/AAY elderly residents were asked whether they receive pension or not. Also they were asked about the amount of pension received per month. In this

process, 770 aged residents eligible for NOAPS were interviewed (147 Umaria, 134 Burhanpur, 255 Chatarpur, and 234 in Jhabua district). Of the eligible pool, 396 are male and 374 female. To cross check data FGDs were conducted which involved a total of 2300 people.

4.3 Findings of the Study

4.3.1 Coverage of old age pensions

Table No-4.2- Coverage of old pensions							
District	No. of eligible old persons covered in survey	No. and % of eligible old persons receiving pension					
		Male		Female		Total	
		No.	%	No.	%	No.	%
Umaria	147	24	53.3%	21	46.6%	45	30.6%
Burhanpur	134	57	45.9%	67	54%	124	92.5%
Chatarpur	255	86	41.5%	121	58.4%	207	81.1%
Jhabua	234	24	36.3%	42	63.6%	66	28.2%
Total	770	191	43.2%	251	56.7%	442	57.4%

According to the Supreme Court order dated 28 November 2001, the state government has been directed to complete the identification of persons entitled to pension under NOAPS. But, this sample survey finds that in the sample studied there are 770 persons who are eligible for the pension scheme but out of them only 443 (57.4%) are getting the pension. A

Jawli bai Preamsingh and Jamnabai Narsingh, Selgaon village, Khandwa district, have crossed 65 years of age. They are widows and landless. Their children have to struggle to make their own ends meet. They have made many requests to the Sarpanch to no avail.

total of 56.7% of these 443 beneficiaries are female, 43.2% male. The worst performing district is Jhabua where only 28.2% of the eligible attain benefits. In Jhabua too more women than men get benefits. After Jhabua, Umaria district

stands out as a poor performer, providing only 45 (30.6%) out of 147 eligible persons pension benefits. On the other hand, Burhanpur district performs well, ensuring 92.5% of the eligible with coverage.

In Sarwahi village of Umariya, the survey team came across Durwahi Bai aged 70, Yashoda Bai aged 65, Jamuni Bai aged 65 and as well as a certain Kotha Bai: all of them are widows but not yet covered under NOAPS.

The 51 FGDs conducted show that residents in 4 villages (3 from Burhanpur district and 1 from Chatarpur district) reported that all the old and eligible people are getting pension. In Umaria district the eligible do not get benefits due to corruption; the secretary and sarpanch of the village ask for a bribe of Rs. 500 for sanctioning applications through the

gram sabha. Due to a lack of financial resources to even make this bribe many fail to avail the pension benefit. Often, internal disputes within villages and the nature of the village power structure prevent many from being included in the pension scheme. It has also been found that people do not know about the process of applying for pension. In Burhanpur district, the old norms for sanctioning pension are still being followed by the administration, though the norms have been modified in 2007. Could the old norms be working better, as Burhanpur district displays the widest coverage of eligible persons? On the other hand, in Jhabua district, no new pension has been sanctioned in the last 4 years.

With regard to the subject of identification of beneficiaries, residents from all the 4 districts reported that even though eligible beneficiaries were identified and their applications accepted by the gram sabha, the pensions have been sanctioned only with the help of a bribe to the panchayat secretary and sarpanch. Another issue that reared its head during discussions was the differentiation between lower castes and upper castes for sanctioning pension.

Respondents to the survey were also asked to report whether they knew who was entitled to NOAPS and what the procedures and formalities are for getting the payment. Though a majority of the respondents don't know the criteria of eligibility, some beneficiaries did respond to this question. They reported that the application should be forwarded by the gram sabha to the janpad panchayat and further on to the district level. It was also observed that a majority of the respondents had a faint idea regarding the procedures for obtaining benefit under the scheme. The qualitative data gathered from the respondents makes it clear that only those of the respondents who remain in constant contact with the implementing agencies or have political affiliations are aware of the various details of the scheme.

The situation in Saans village of Umaria District is a matter of concern as none of the 15 aged and eligible interviewed received any benefit. This is predominantly a Baiga PTG village. Take the cases of Jhalla Baiga (male, 75), Jhariya Bai (female, 70), Djurai (male, 78), Madho (male, 81), Surji Bai (female, 77). All of them remain deprived of old age pension.

4.3.2 Amount of pension received

On September 2007 the Ministry of Rural Development passed an order in which the old age pension scheme was modified. According to the order, the name of the scheme changed to Indira Gandhi Old Age Pension. But, this is not all that changed. Earlier beneficiaries had to satisfy a criterion of destitution, i.e. of having little or no regular means of subsistence from own sources of income or through financial support from family members or other sources. This criterion created a lot of confusion in beneficiary selection. According to the changed norms, an applicant should satisfy two criteria for eligibility: age, which should be 65 or above 65 years, and name on a BPL list. In time, the central government issued an order

increasing the central contribution amount from Rs. 75/- to Rs. 200/-, and requested the state governments to contribute the same amount from their budget for the pensioners. However, even today, the Madhya Pradesh government continues to follow its own philosophy of running several pension schemes. The state government contributes the old amount of Rs. 75. Thus, from 1st November 2007 the Madhya Pradesh state government decided to give 275/- per beneficiary as pension amount.

Table No- 4.3- Amount of Pension								
District	≤ 150 per month		150-200 per month		200-250 per month		250-275 per month	
	No.	%	No.	%	No.	%	No.	%
Umaria	2	4.4%	0	0%	2	4.4%	41	91.1%
Burhanpur	0	0%	0	0%	20	16.1%	104	83.8%
Chatarpur	0	0%	0	0%	0	0%	207	100%
Jhabua	28	42.4%	0	0%	0	0%	35	53%
Total	30	6.7%	0	0%	22	4.9%	387	87.5%

This survey study finds that in the sample selected there are 770 eligible persons who are entitled for pension, but only 442 persons received this pension. Amongst these 442 pensioners there is a lot of confusion amongst the beneficiaries

regarding the pension amount as not only do state and central contributions differ in NOAPS, the pension amounts in state and central pension schemes are also different. The study shows that out of 442 beneficiaries, 387 are receiving the full amount of 275/ which is exactly according to the criteria fixed. At the same time, 30 cases were found in the sample selected where a pension amount of Rs. 150 is being received by beneficiaries, Rs. 150 being the amount granted under different state pension programs. There is confusion and overlap, which excludes some beneficiaries from NOAPS benefits.

Interestingly, there are 22 beneficiaries getting an amount that doesn't match any pension scheme of either the central or the state government. Only a total of 53% percent of the beneficiaries receive an amount of Rs. 275, while 42.4% of the beneficiaries who are eligible for NOAPS receive an amount of Rs 150 per month as pension. A large majority of non-beneficiaries could not correctly report the exact amount payable under the scheme. In Jhabua District there are 3 beneficiaries whose passbook has been kept with the bank. They are unable to report the correct amount.

The best performing district in this regard is Chatarpur district. Here 100% of the beneficiaries receive Rs. 275, followed by Umaria district where 91.1% of the beneficiaries benefitted as per the prescribed norms under NOAPS. In the FGDs village residents remained confused about the pension amount. There are some villages where no one knows the correct pension amount.

4.3.3 Regularity of pension

Table No- 4.4- Regularity of Pension										
District	Last month		2 months ago		3 months ago		> 3 months ago		Don't know	
	No.	%	No.	%	No.	%	No.	%	No.	%
Umariya	31	68%	9	20%	5	11.1%	0	0%	0	0%
Burhanpur	12	9.6%	48	30.6%	0	0%	64	51.6%	0	0%
Chatarpur	107	51.6%	5	2.4%	70	33.8%	13	6.2%	12	5.7%
Jhabua	38	57.5%	6	9%	0	0%	2	3%	20	30.3%
Total	188	42.5%	68	15.0%	75	17%	79	18%	32	7.2%

The scheme does not indicate when the payments are to be paid to the beneficiaries, whether monthly, quarterly or biannually. But, the Supreme Court, in its order dated 28th November 2001, mentioned that pensions should be paid by the 7th day of each month. The present study shows that 79 (18%) of the pensioners receive pension once in over three months. Out of a total of 442 pension beneficiaries, 188 (42.5%) reported that they received pension payment in the last month. However, these 188 beneficiaries added that they receive pension quarterly. The payments are highly irregular in Khandwa district where 51.6 % of the beneficiaries mentioned that they receive payments biannually. Out of a total of 442 beneficiaries, 32 (7.2 %) beneficiaries do not know when exactly payments are made to them: some have their passbooks at the bank, some have lost their passbooks, and others simply do not have a clue. Such cases were encountered in Jhabua district too, where out of 60 beneficiaries 20 do not know when payments are made.

Beneficiaries from Budor, Ikara, Narayanpura and Chapar villages of Chatarpur district receive pension around once every two-three months. The case of Hatna village in Chatarpur district is unfortunate; beneficiaries in Hatna receive lump sum pension once in 6 months.

During FGDs most beneficiaries from Ikara, Budor and Chaapar villages in Chatarpur district stated that their passbooks are with the bank. Upon questioning, these beneficiaries volunteered that the bank officer took their passbooks in order to complete data entry. Furthermore, FGD's show that beneficiaries in 26 villages receive pension once in 3 months. And in 16 FGDs participant beneficiaries reported that they received payment irregularly.

4.3.4 Mode of Disbursement

The Madhya Pradesh government released a letter on 20/2/09 which states that all payments should be deposited in the bank account / post office account of the beneficiary or it should be sent to the beneficiary via postal money order. In this letter the state government has questioned the cash payment of pension. The focus group discussions conducted in the course of the survey point out that beneficiaries in 42 (82.3%) FGDs receive payment through the bank / post office. Some beneficiaries from Chatarpur district continue to receive payment by cash. Residents from 7 (13.7%) hamlets do not know about the mode of payment as they do not receive pension. Some of the respondents, belonging to villages where there is no bank / post office, mentioned that it is not easy to collect pension from the bank / post

Table No- 4.5- Mode of Payment								
District	Bank/PO Payments		Cash given in the village		Cash to be collected from elsewhere		Do Not know	
	No.	%	No.	%	No.	%	No.	%
Umaria	9	90%	0	0%	0	0%	1	10%
Burhanpur	10	100%	0	0%	0	0%	0	0%
Chatarpur	8	80%	2	20%	0	0%	0	0%
Jhabua	15	71.4%	0	0%	0	0%	6	28.5%
Total	42	82.3%	2	3.9%	0	0%	7	13.7%

office. No communication link between banks / post offices and such beneficiaries makes the simple task of picking up pension Sisyphean; beneficiaries have to go on visiting the bank / post office again and again to enquire about the arrival of their dues. Therefore, in light of these circumstances, it is highly desirable to formulate a method which will enable banks and post offices to inform beneficiaries regarding the arrival of their dues.

In the wake of the state government letter, beneficiaries were supposed to be provided with passbooks in which the particulars of each payment are meant to be recorded. A large proportion of beneficiaries possess these passbooks. Some beneficiaries of Chatarpur and Jhabua districts could not produce their passbooks, as these passbooks had either been kept in the post offices / banks or they were in the possession of other family members.

4.4 Overall Findings of the Scheme

- In the 40 villages surveyed, there are 770 eligible people out of which only 442 are getting the benefits of the scheme. In Madhya Pradesh as a whole, 79% of the eligible old age persons are covered under the pension program. Out of the 4 districts surveyed, the worst performing district is Jhabua, where only 28.2% persons of the eligible attain pension benefits.

- The survey sample found 770 eligible persons entitled for pension; however, only 442 persons receive pension. Discussions with the 442 pensioners show that there is a lot of confusion among the beneficiaries regarding the pension amount as the amount of state and central pension schemes differ. Out of 442 beneficiaries, 387 receive the appropriate amount of Rs. 275.
- The Supreme Court order of 28 November 2001 continues to be violated, as beneficiaries in most districts receive pension in lump sums, quarterly or biannually. As a consequence, beneficiaries are forced to visit the bank / post office time and again to enquire about their pension. Hence, it is suggested that there should be some structure through which beneficiaries may be informed so our aged are not required to unnecessarily waste their time, energy, and resources.
- Analysis of the focus group discussions points out that out of 51 FGDs conducted in 40 villages, 42 (82.3%) beneficiaries receive payment through the bank / post office. Some beneficiaries from Chatarpur district received payments through cash. However, people from 7 (13.7%) hamlets do not know about the mode of payment as they do not receive pension.
- The central government enhanced the amount of old age pension from Rs. 75 to Rs. 200 in 2007. But, in view of rise in prices even this amount is very low. As such, this meagre amount is insufficient, especially for those elderly who do not have financial support. At minimum, the state government needs to increase its pension contribution to Rs. 200 per month and match the contribution of the center.

5. NATIONAL FAMILY BENEFIT SCHEME

The National Family Benefit Scheme is one of the components of the National Social Assistance Programme. Under this scheme, central assistance of Rs. 10,000 is given as a one-time relief to BPL families that have lost their primary bread winner. The primary breadwinner can be a male or female member of the household, whose earnings contribute substantially to the total household income. To qualify for the scheme, the death of the primary breadwinner should occur when he or she is between the ages of 18 and 64 years. Following local inquiry by the respective gram sabha, the benefit sum is paid to a surviving member of the household of the deceased who is determined as the new head of the household.

5.1 Introduction of NFBS in Madhya Pradesh

NFBS is a scheme that provides financial support to families that have lost their primary breadwinner. This program is critical as a majority of starvation deaths plague infants and elderly from very poor families, i.e. those who need care and support from breadwinners of the family. It is, therefore, extremely important to ensure efficient and fair implementation of this scheme. Unfortunately, the field reality shows few getting the benefit of this scheme. According to the numerical ceiling of government of India (estimated by using the formula: Population x Poverty Ratio x Proportion of 18–64 age group in total population x Age specific mortality in 18-64 age group x 0.5), Madhya Pradesh has 6,00,00 beneficiaries eligible for NFBS. But up to March 2009, the state government was only covering 39289³⁴ beneficiaries, i.e. about 65.48% of the beneficiaries. (It must be noted, however, that the calculation of numerical ceilings is a contentious issue especially in the case of defining poverty.)

The implementation of NFBS has been quite poor since its inception, and it remains poor right from allocation to utilization. Allocations do not correspond to the numerical target, and are far below the requirement. Furthermore, even the low allocations in the budget are underutilized. According to the data procured under RTI, the department of social justice has spent only 82% of the allotted budget up to March 2009.

In addition, the procedures for availing benefits under the scheme are complicated, making it near impossible for a poor family to prove their eligibility and get the benefits on time. As a result, there is a large backlog of applications, of up to 4-5 years in Madhya Pradesh.

According to the Supreme Court order dated 28th November 2001, the benefit under the scheme is supposed to be provided by the local sarpanch. In practice it has been found that

³⁴ Source- Data procured under RTI dated 23/6/09

many family members are forced to pay a bribe to the local administration in order to get the benefit. The order further states that the benefit should be paid within four weeks of the demise of the breadwinner. This directive has not been followed. The delays in payment are considerable, ranging from 1 to 5 years.

Due to less awareness and due to the lack of monitoring and accountability mechanisms, the National Family Benefit Scheme is being sacrificed to the altar of corruption. The union and state governments need to monitor the scheme far more closely, ensuring that it is backed by greater political and administrative will.

5.2 Sample covered in the survey

Table No- 5.1- Sample Covered				
District	No. of Villages Covered	No. of eligible families covered:		
		Male	Female	Total
Umariya	10	19	0	19
Burhanpur	10	6	11	17
Chatarpur	10	22	9	31
Jhabua	10	34	0	34
Total	40	81	20	101

To aid this study, every BPL / AAY household of the 40 villages selected has been surveyed. Death of any member in the last 5 years in such households, falling in the age group of 18 to 64 years, has been documented and the family members of the deceased have been questioned about any

applied for or availed cash benefit. The survey shows that there are 101 families eligible under NFBS, i.e. whose primary breadwinner in the age group of 18 to 64 years died in the last 5 years.

In Umariya and Jhabua districts, no family whose female breadwinner died in this selected period received benefits. Burhanpur district is found to be progressive in the sense that here women are considered as the head of the household. In Burhanpur district, of the 17 eligible beneficiary households, 11 households had female breadwinners, and after their deaths these households were entitled to the benefit.

Ramdeen of Ginjari village and Sukha Baiga of Barbaspur village in Umariya district died in August 2008 but their families are yet to receive NFBS benefits. Even more disconcerting is the case of Purshotam Singh who appears to have been murdered in November 2009. With three young daughters, the household is yet to receive benefits.

In 3 separate cases found in Sawli Raiyyat, Khaknar Block, Khandwa District, none of the eligible families have received NFBS benefits. Their primary breadwinner's died between November 08 and June 09. Similarly, in Paretha village though 2 families lost their breadwinners between June and August 09, the bereaved families have not received NFBS assistance.

5.3 Findings of the survey

5.3.1 Coverage under NFBS

Table No- 5.2- Coverage Under NFBS							
District	No. of Families Covered	No. of eligible families who received benefit under NFBS:			No. of eligible families who received benefit under NFBS:		
		When deceased was male	When deceased was female	Total	Deceased was a married person	Deceased was not a married person	Total
Umariya	19	8(100%)	0(0%)	8(42.1%)	8	0	8
Burhanpur	17	4 (33.3%)	8(66.6%)	12(70%)	12	0	12
Chatarpur	31	19(79.1%)	5(20.8%)	24(77.4%)	24	0	24
Jhabua	34	18(100%)	0(0%)	18 (53%)	18	0	18
Total	101	49(79%)	13(21%)	62 (61.3%)	62(100%)	0(0%)	62(100%)

Eligible Denied

Amra Galiyan of Meda village, Ambapada block, Jhabua district, lost his brother Babu Galiyan on 17th April 2007 after a prolonged illness. Babu left behind his mother, wife, and three small children. A month after Babu's death Amra approached the panchayat secretary for the death certificate of his deceased brother. Though he received the death certificate, he had no idea that his brother's widow is entitled to National Family Benefit Scheme. Babu was the bread winning head of the family. His wife had a trying time managing the family finances, often leading to her borrowing money. Though family is a BPL family, the panchayat did nothing to provide NFBS benefits.

Narsingh Goba, Amargarh village, Petlawad tehsil, aged 30 years and belonging to BPL category, died due to a disease two years back. He was the earning head of the family. Despite repeated requests, the family of the deceased has not received NFBS benefits.

According to the scheme, BPL families are supposed to receive benefits on the death of primary breadwinner of the household. But the study finds that out of 101 eligible families in 40 villages of 4 districts only 62 (61%) received benefits. Umariya district has the least coverage; out of 19 families only 8 families have received benefits under this scheme.

According to the scheme, the primary breadwinner of the household can be either male or female, whose earnings contribute substantially to the total household income. This study finds that because of the patriarchal nature of most communities studied, women are not considered as breadwinners even if their earnings contribute substantially to household income. In Chatarpur and Umariya districts not a single family has been benefited when the female breadwinner has died. Of 62 families

that received benefits, only 13 (21%) represent those families that have been given benefits

upon the death of the female breadwinner. Burhanpur district is the exception here; 66.6% of the families given benefits are those that lost a female breadwinner. A point to note is that all the deceased persons of eligible families, who died between the ages of 18 and 64 years, were married.

5.3.2 Timing of Payment

Table No- 5.3- Timing of Payment							
District	Number of eligible families who received NFBS						
		Within 4 weeks since death	1 to 3 months after death	4 to 6 months after death	7 months to one year after death	13 months to 5 years after death	More than 5 years after death
Umariya	8	0(0%)	1(12.5%)	2(25%)	4(50%)	1(12.5%)	0(0%)
Burhanpur	12	0(0%)	1(8%)	4 (33%)	4(33.3%)	3(25%)	0(0%)
Chatarpur	24	0(0%)	4 (16%)	6(25%)	5(21%)	9(37.5%)	0(0%)
Jhabua	18	0(0%)	2 (11%)	5(28%)	7(39%)	4(22.2%)	0(0%)
Total	62	0(0%)	8 (13%)	17(27%)	20(32.2%)	17(27.4%)	0(0%)

The time frame for payment of benefit under NFBS, as stipulated in the Supreme Court order dated 28th November 2001, has not been adhered to in Madhya Pradesh. The order stipulates that the eligible family should receive benefits within four weeks of the death; however none of eligible families received the same within this time frame. This study shows that 8 (13%) of the eligible families received cash benefit 1 to 3 months from the date of death. In 17 (27%) of the cases, benefit was provided 4-6 months after death of the primary breadwinner.

National Family Benefit Scheme is a program that fulfils a critical need, as most of the starvation deaths involve infants or aged people from very poor families who are dependent on their care givers. It is therefore essential to ensure timely implementation of this scheme. Unfortunately, this study finds cases of families whose primary breadwinners died as much as five years ago unable to avail NFBS benefits. These cases prevail in Jhabua and Umariya districts. In no case in the 4 districts studied did families receive benefits after five years of death.

Ramsingh of Patraee village, Umariya district died in March 2009. The family received the benefit after 11 months. Sahmat Singh of village Dhamni died in November 2005, but the NFBS benefit was received by the family only after a year of his death. Chaitlal from Bodli village died in July 2004 but the NFBS benefit reached his family after 36 months.

Studying the results district-wise, one finds that Umariya district has the maximum delay in payment of benefits, which varies from 4 months to 1 year. In Burhanpur District the cash benefit is given between 4 to 6 months from the date of death. However, Jhabua district also shows a few cases which have maximum delay in payment to beneficiary families.

5.3.3 Amount of Payment

Table No- 5.4- Amount of Payment					
District	Number of eligible families who received NFBS	Total amount received			
		Rs. 10000		Less than Rs 10000	
		Number	Percent	Number	Percent
Umariya	8	8	100%	0	0%
Burhanpur	12	12	100%	0	0%
Chatarpur	24	15	62.5%	9	37.5%
Jhabua	18	13	72%	5	28%
Total	62	48	77%	14	23%

According to the scheme, the eligible family is to be given a cash benefit of Rs 10,000 within 4 weeks of the death of their primary breadwinner. These criteria were bolstered by the Supreme Court in its order dated 28th November 2001. The study shows that 77% of the beneficiary families received Rs. 10,000 as cash benefit. However, 23 % of the beneficiary families were made to hand over some benefits money to the local administration as bribe. Of the four districts, Umariya and Burhanpur districts are those in which all the families of the deceased breadwinners received 100% of the amount, i.e. they didn't have to pay a bribe. Chatarpur district is the most corrupt in terms of NFBS; here 37.5% of the families spent some of their cash benefit in bribing the officials.

5.4 Overall Findings of the Scheme

- Out of 101 families covered in 40 villages of 4 districts, only 62 (61%) of the eligible families received benefit.
- In Chatarpur and Umariya districts unfortunately not a single family received benefits when their female breadwinner died. Of the 62 families given benefits only 13 (21%) families were those with deceased female breadwinners.

- The study shows that 8 (13%) of the deceased families received the cash benefit between 1 to 3 months of the death. In 17 (27%) of cases, the benefit has been given 4-6 months after death of primary breadwinner.
- In some cases families whose earning household head died five years back have not yet received NFBS benefits. Such cases were found in Jhabua and Umariya districts.
- The study shows that 77% of total eligible beneficiary families received Rs. 10,000 as cash benefit. On the other hand, 23 % of the families had to give some of the benefit money to the local administration as bribe.

6. TARGETTED PUBLIC DISTRIBUTION SYSTEM

The Public Distribution System (PDS) is one of the oldest food subsidy programs in the country. It has an 80 year old history in India. It began with the concept of rationing that was introduced by the British Government in 1939. By 1942, the basic framework for PDS was established.

Since then the program has undergone many changes. In 1992, PDS was a general entitlement scheme for all consumers without any specific target. The month of June of the same year witnessed the launch of the Revamped Public Distribution System (RPDS) in 1775 blocks throughout the country. However, it was in 1997 that the scheme was altered markedly into the Targetted Public Distribution System (TPDS), which made a distinction between households below (BPL) and above the poverty line (APL). TPDS introduced provisions for the transfer of a major proportion of the subsidy to those households determined to be below poverty line.

TPDS is operated through a network of Fair Price Shops (FPS) meant to distribute grains and other commodities. TPDS has been conceived as a system of the management of scarcity in terms of the distribution of food grains at affordable prices.

At present, 35 kgs of rice or wheat are provided at subsidized rates to families living below the poverty line. Families which qualify for the Antyodaya Anna Yojana (AAY) scheme are entitled to the same quantity of food grains at roughly half the price of that which is sold to other BPL families.

PDS is also covered under the Supreme Court case of Right to Food as it is one of the largest food schemes covering a significant population.

6.1 Introduction of PDS in Madhya Pradesh

Hunger and food insecurity has reached alarming levels in Madhya Pradesh. For the last nine years both the Supreme Court and civil society groups have been trying to ensure that both the centre and state governments perform their respective constitutional roles to rectify the abject conditions of hunger prevalent in the state. PDS is one of the key programs, providing subsidized ration to poor and vulnerable people, proper implementation of which can mitigate the impacts of prevailing food insecurity. However, the government at both levels has failed to provide basic entitlement to people under PDS. Both the state and central governments instead play a blame-game, casting aspersions at each other with regard to both the exact number of persons that should be classified as BPL families and the correct allocation of food grain. The center states that Madhya Pradesh has 41.25 lakh BPL families, a figure that includes 15.82 lakh³⁵ families under AAY. Accordingly, the families under AAY are provided food grain at the rate of

³⁵ Data procured under RTI dated August 09

35 kg per family per month wherein wheat is provided at the rate of Rs. 2/- per kg and rice is provided at the rate of Rs.3 /- per kg.

The Madhya Pradesh government on the other hand categorically denies the above estimation of the center, maintaining that 67,35,036 families are in fact living below poverty line, out of which only 15,87,258 families under AAY are able to receive their entitlement of 35 kg at subsidized prices. Non-AAY BPL families are receiving less than 35 kgs per month because of the reduced allotment from the center. The fact remains that amidst the continuing blame game between center and state which, both are violating the orders of the Supreme Court with regard to food entitlements of the poor under the TPDS.

A poverty line survey in Madhya Pradesh shows that the state government should distribute 35 kg of ration per family to 67,35,036 families. Thus, the state should provide 2,35,726.26 metric tonnes of grain under PDS every month. But the Union Food Ministry is releasing only 1,44,373 metric tonnes 36 of grain per month, which is sufficient for only 41.25 lakh BPL families. In other words, 26.10 lakh BPL families are being totally deprived of subsidized food grain under the scheme.

In its report on the performance of PDS, the Planning Commission of India has stated that Madhya Pradesh is amongst those states where 50 to 75 % grain is being sacrificed at the altar of corruption, i.e. even the 51 lakh beneficiaries that are getting benefits are suffering greatly under the vice like grip of corruption, which ultimately affects both quantity and quality of their entitlement.

PDS dealers are usually considered to be the primary culprit and source of this corruption; however this is not entirely true. They are certainly one cog in the wheel of the corruption chain in PDS, but not the central one. PDS corruption and pilferage involves many players.

According to Madhya Pradesh Food and Civil Supplies department data, the number of ration shops in rural areas is 16,587³⁷, whereas the state has 55,393 villages. This means that only 30% villages have direct access to the benefits of PDS. The data shows that 1 ration Shop is located between 3-4 villages in the state. Most people have to walk for more than 5 kms to reach the ration shops. In tribal areas this distance increases to 7-8 km, which is gross violation of PDS control order (2001).

The Supreme Court, in its order dated 8th May 2002, directed that PDS shops should remain open throughout the month during fixed hours. The Madhya Pradesh Government has given contrary orders that shops should open for only 2 days of the month.

In April 2008, the Madhya Pradesh state government launched a scheme called the "Mukhyamantri Annapurna Yojana". Under this scheme food grain is provided at prices lower

³⁶ Source - Allocations of Grains 2008-09. (<http://fcamin.nic.in/>)

³⁷ Source - Data obtained under RTI on 13/10/09

than that stipulated under TPDS for BPL families. Notable is the fact that the amount of food grain entitlement has been reduced from 35 kg per month for each BPL family to 20 kg per month under this scheme. On the other hand, the state government has reduced the price of food grains for BPL under Mukhyamantri Annapurna Yojana. The price of wheat that was 5 Rs/kg, has been reduced to 3 Rs/kg and the price of rice has been reduced from 6.50 Rs/kg to 4.30 Rs/kg.

The provision of grain through PDS plays a large role in ensuring food security of the people, especially that of the poorest. It also creates demand for grain produced by farmers, as it makes the government procure grains through the MSP mechanism. In making available a cheap source of food PDS also prevents large price rises in the retail prices of grain sold by private merchants.

A weakening of PDS will not only result in lower food availability to the poor, it will also lead to large scale price rise in the retail prices of grain in the open market. It would have a negative impact on the MSP procurement and thereby reduce farm incomes by effecting a fall in farm gate prices of grain. The only group that would benefit from an undercutting of the scheme would be the large business houses that are entering the grain market at both the ends of procurement, i.e. from direct purchase from farmers and retail sale to consumers. Unsurprisingly, the present attack on PDS is coupled with a corresponding attack on the grain procurement system in the form of privatisation of *mandis*.

6.2 Sample covered in the survey

Table No- 6.1- Sample Covered					
District	No. of Villages Covered	Villages that have a ration shop		Villages where nearest ration shop is :	
		No.	%	>3 km away	≤ 3 km away
Umaria	10	5	50%	1 (10%)	4 (40%)
Burhanpur	10	3	30%	3 (30%)	4 (40%)
Chatarpur	10	5	50%	0 (0%)	5 (50%)
Jhabua	10	4	40%	3 (30%)	3 (30%)
Total	40	17	42.5%	7 (17.5%)	16 (40%)

During the survey, ration shops connected to 40 villages in 4 districts were visited. In villages that do not have a ration shop in the village itself, the nearest ration shop accessed by residents for PDS were selected. Observations, and discussions with the respective ration dealers, are the basis upon which the survey format has been completed. As a part of the visits, the survey

group asked for the distribution register from each shop. From this distribution register, names of five BPL card holders were randomly selected (every 5th or 10th name) and the information about quota and price was recorded.

The survey results show that, out of 40 ration shops covered, only 17 (42.5%) villages have ration shops in the same village. In the remaining 23 villages, 16 (40%) villages have their nearest ration shop less than or equal to 3 km away, and 7 (17.5%) villages have the nearest shops more than 3 km away. On an average, the diameter of a panchayat is 3 km and a ration shop should be located in each panchayat so that beneficiaries do not face problems accessing the ration shop. The survey shows that in 6 villages of Jhabua and Burhanpur districts, the ration shops are situated more than 3 km away. In Chatarpur district none of the ration shop is located more than 3 kms away from the village.

The survey also uncovered a pattern of non-availability of records with ration dealers; out of 40 villages covered, the surveyors were able to access the records of 34 villages, but only with repeated visits to the ration dealer. On occasions, obstinate behaviour on the part of ration dealers was brought to the notice of district administration. Cases of threat by ration dealers were also reported by surveyors, especially in Jhabua district.

6.3 Findings of the survey

6.3.1 Distribution of ration cards

Table No- 6.2- Distribution of ration cards					
District	Total no. of households covered by survey	Total no. of APL cards	Total no. of BPL cards	Total no. of AAY cards	No. of Card-less families
Umaria	2125	669 (31%)	902 (42%)	316 (15%)	238 (11%)
Burhanpur	3272	1449 (44%)	1236 (38%)	288 (9%)	299 (9%)
Chatarpur	3629	1564 (43%)	1120 (31%)	689 (19%)	256 (7%)
Jhabua	3283	1443 (44%)	1204 (37%)	323 (10%)	313 (9%)
Total	12309	5125 (42%)	4462 (36%)	1527 (12%)	1195 (10%)

PDS is a scheme which provides subsidized items through fair price shops. The issuing of ration cards to holders gives them entitlement to obtain certain essential commodities, at a certain scale, at set prices through fair price shops. This survey, conducted in 40 selected villages of 4 districts, found a total of 4,462 (36%) BPL households and 1,527 (12%) AAY households. The BPL and AAY card holders together combine to represent 48% of the total households in the village. On the other hand, APL households total up to 5,125, i.e. 42% of the total households. In summary, BPL households form 36%, AAY 12%, and APL households 42% of the total households surveyed. The remaining 10% are card-less households.

Notable is the fact that Saans village in Umariya District has almost all families covered under AAY.

The Supreme Court, in its order dated 28th November 2001, directed the state to complete the identification of BPL families, issue all ration cards, and commence distribution of grains to families by 1st January 2002. The order of the Supreme Court has however been violated in all districts of Madhya Pradesh as there are still 10% households in the 40 villages surveyed that do not have ration cards. The focus group discussions unearthed details with regard to non-availability of cards. For example, in some cases the application for cards has been pending for months, in other cases the cards have been prepared but not distributed. Residents of Chatarpur district said that in some cases cards have been prepared and distributed but to wrong households. Focus group discussions show that the basis for eligibility to PDS is plagued by errors of both exclusion and inclusion, that is, the exclusion of certain families that should have qualified, and the inclusion of families that are not entitled. A wide-spread practice found in this study is that of the bogus ration cards that have been made in the name of people who do not even exist. These bogus cards enable ration to be drawn by the ration dealer in the names of such non-existent card-holders and sold in the open market.

In almost all the villages, respondents complained that they have to pay bribes for getting a new ration card or for making changes in the card, such as change of address or the addition or deletion of names). The amount paid as bribe for getting a new ration card varies from Rs. 50 to Rs. 500.

The survey shows that the maximum number of AAY cards (19%) has been distributed in Chatarpur district, though it must be noted that the district has a large number of families. After Chatarpur, the maximum number of AAY cards has been given in Umariya District. Umariya is dominated by the Baiga tribe (Primitive Tribal Group), which according to the SC order dated 2nd May 2003 are entitled for AAY cards. The study finds that 15% of cards have been given to the AAY category in the 10 villages surveyed in this district. However, Burhanpur district on the other hand distributed the least number of such cards. In Burhanpur only 9% ration cards has been provided in the AAY category.

Harassment of the Eligible

There are numerous cases where eligible families have not been provided ration cards despite their names being on the BPL list. On the other hand, irregularities such as the provision of duplicate ration cards also abound. Kalu Tejiya, Petlawad tehsil, Jhabua district, is listed as BPL but he has not been provided a BPL ration card as his age is entered as zero! Babu Lalji of the same village is on the BPL list bearing number 14753. His ration card tore-up with use. He applied for a duplicate BPL ration card but was instead given an APL card. Similarly, Sadiya Madiya of the village Naharpura who is listed as BPL, number 18067, has been provided an APL card instead. Nanji Bhera, Ambapada village, Petlawad tehsil, lost his ration card 13 years ago but has not been given a duplicate till today. Bheema Rugga Gamed of the same village has been frequenting the Tehsil office for the last 4 years in an attempt to get a ration card that remains elusive.

6.3.2 Information on ration shops

3a Information display

Table No- 6.3- Information display									
District	Total Ration Shops covered	Information publicly displayed							
		Timings		Prices		Quotas		Card Holder details	
		No.	%	No.	%	No.	%	No.	%
Umaria	10	6	60	5	50	2	20	0	0
Burhanpur	10	5	50	5	50	4	40	3	30
Chatarpur	10	6	60	6	60	2	20	5	50
Jhabua	10	1	10	0	0	0	0	0	0
Total	40	18	45%	16	40%	8	20%	8	20%

Three principal instruments built in to ensure transparency in the distribution of food grains and other items like sugar and kerosene oil under TPDS include: a) norms prescribed for the display of important items at fair price shops, b) specific instructions for the delivery and monitoring of PDS items, and c) instructions on measures for giving wide publicity to the Citizen's Charter which lays down the rights and privileges of the consumer³⁸.

However, the reality found in Madhya Pradesh is at variance. Considering the dissemination of information for the TPDS scheme and the corresponding Supreme Court order dated 23 July 2001, ration shops should remain open throughout the month during fixed hours, and prices, quotas, and card holder details should be displayed on the notice board.

However, only 45% shops were found to display the opening time and only 40% displayed the stipulated rates of grain. Only 20% shops displayed the information on the stipulated quota, and only 20% showed the number of beneficiaries.

An important point that needs to be noted is that the information displayed about the quota at the PDS shop says nothing about the details of the stock of grains; it only displays the entitlement per beneficiary.

Of the 4 districts surveyed, Jhabua district is the worst performing district in this respect. In only one village have the transparency modes been adopted. The other nine villages are nowhere near any semblance of transparency.

³⁸ Planning Commission Study 2005

◆ Location of Ration Dealer

The survey found that 32 (80%) of the 40 villages do not have a ration dealer from the same village. As a result, most respondents were not aware when the ration shop opens and closes. With regard to the opening of ration shops, the Supreme Court, in its order dated 8th May 2002, has given clear directions that PDS shops should remain open throughout the month for fixed hours. Violating this SC order, the Madhya Pradesh Government has given its own order that shops should stay open for only 2 days of the month. In Chatarpur district, Sitram Patel, Raghunth Adiwasi, Kallu Verma of Chaurae village reported that the ration shop of their village does not open regularly. They said that the ration shop opens for only 2-3 days in a month and even these days are not decided in advance. As a result, most beneficiaries are denied benefits.

The ration shop for Bodli village, Umariya district, is located at the neighbouring village of Rahta. Here the ration dealer has to deal with around 1000 families across 5 villages. He has not kept the village wise record of the beneficiaries.

◆ Who Keeps the Ration Cards?

Discussing ration cards, residents from Chapar village, Chatarpur district, said that most people do not have control of ration cards. Chatarpur district is a region where upper castes dominate the lower caste people. Ram Sevak Rajak, Mukundi Laxman, Bhawani Deen, Rajendra Singh, Gyadeen Rajput, Radha Sahu, Bhagwaan Daas, Chatur Singh, Ramesh Ahirwar, and Beti Bai Prajapati have ration cards but their cards are kept with powerful personalities in the village. In its order dated 2 May 2003, the Supreme Court stated that if the ration cards are kept with the ration dealer, his PDS shop license should be cancelled. However, the survey shows that there are as many as 8 villages out of 40 where ration cards of beneficiaries are in the possession of other people in the village. Such cases have been observed mostly in Chatarpur district. Here people in 3 out of the 10 villages surveyed complained that their cards are usually kept by dominant persons of their village. This is a violation of the Supreme Court order.



• Ration in Installments

The Supreme Court, in its order dated 2 May 2003, also stated that arrangements must be made to permit BPL households to buy ration in installments. However, the state government's own orders show that the government never took any step to follow the court's order. The survey shows that there are 2 villages of Burhanpur district where, as a result of community pressure, the respective ration dealers have been forced to create a system for providing grains in installments. However, in the other 38 villages surveyed no such arrangement has been observed. Girija Bai of Khamariya village, Chatarpur district, has a BPL ration card. Due to a financial crisis she requested the dealer many-a-time to provide her entitlements of food grains in installments. But the ration dealer refused every time saying that the government doesn't allow him to do so. This is again a violation of the Supreme Court order.

Table No- 6.4 - Ration in Installments									
District	Total Ration Shops (covering studied area)	Villages where ration dealer from same village		Villages where ration cards are usually kept with households		Villages where ration can be bought in installments		Villages where ration records asked for were made available for public scrutiny	
		No.	%	No.	%	No.	%	No.	%
Umaria	10	1	10	9	90	0	0	1	10
Burhanpur	10	2	20	8	80	2	20	1	10
Chatarpur	10	3	30	7	70	0	0	2	20
Jhabua	10	2	20	8	80	0	0	0	0
Total	40	8	20	32	80	3	5	4	10

• Records for Public Scrutiny

The Madhya Pradesh public distribution system is being sacrificed to corruption due to a lack of transparency. This survey study shows that in only 10% of the ration shops in the 4 districts surveyed were ration records made available to public scrutiny. In fact, in Jhabua district no ration dealer shows records to anyone.

6.3.3 Verification of Records/Leakages

Table No- 6.5 - Verification of Records/Leakages							
District	People / Cases interviewed	Villages covered	Villages where records for	Cases where ration	Cases with discrepancy between	Cases with discrepancy between	Cases with discrepancy between

			verification accessible	cards & official records cross-checked	ration card & distribution register figures	distribution register figures and respondent statements	ration card figures and respondent statements
Umaria	50	10	8	40	2 (5%)	10 (25%)	11 (27.5)
Burhanpur	50	10	8	40	0 (0%)	2 (5%)	1 (2.5%)
Chatarpur	50	10	10	50	0 (0%)	24 (48%)	24 (48%)
Jhabua	50	10	8	40	23 (57.5)	9 (22.5%)	24 (60%)
Total	200	40	34	170	25 (14.7%)	45 (26.4%)	60 (35.2%)

In its order dated 2 May 2003, the Supreme Court stated that if PDS dealers make false entries in the records, their licenses should stand cancelled. This order has been violated in many cases reported during the survey. For example, in village Patraee, Umariya district, Mr. Jugran Chukhada's ration card entry showed that he had received 12 kg of grain against the sum of Rs. 54. However, Mr. Chukhada stated that he had paid a total of Rs. 70. Likewise, the ration card entries of Ramswaroop Barman, Gopisingh, and Dallu Yadav, showed 14 kg of grain provided against the sum of Rs. 57, but these respondents stated that they had made a payment of Rs. 60.

Discrepancies in distribution register and ration card

Discrepancies

In Jhabua District price of food grains have not been entered in ration cards.

During the survey of PDS, 200 people were interviewed, and records of 170 people were cross-checked. In the case of the remaining 30 people, ration records could not be accessed as the ration dealers in 6 villages didn't provide the same even after the intervention of district administration. In each village we interviewed 5 families, 3 BPL and 2 AAY, to check

their statements against entries in the distribution register and ration card. Entries were verified in the ration card and beneficiaries were asked whether they actually received the amount mentioned in the distribution register. In the survey, discrepancies have been found in the entries in distribution registers and ration cards of 25 (14.7%) out of 170 people. A major proportion of discrepancies have been found in Jhabua district, where out of 40 people interviewed, 23 (57.5%) reported that the price of food grains have not been entered in their ration cards. Apart from Jhabua, 2 beneficiaries of Umariya district also reported discrepancies. In one case, the price of food grain has not been entered in ration card and in the other the price of food grain has not been entered in the distribution register. These discrepancies violate the SC order, according to which such fake entries are illegal. In Jhabua and Umariya districts these discrepancies have been found mostly in AAY cases.

Discrepancies in respondent statements and distribution registers

Discrepancies

- People of Jhabua and Chatarpur districts with AAY cards reported that they receive 33 kg food grain, though records show it as 35 kg. In Umariya district people reported that they have to pay Rs. 2-3 more than the actual price.

Out of the 170 people interviewed, whose records were successfully cross-checked, in 45 (26.4%) cases there is a discrepancy in the rate of food grain at which grains were sold and that which has been noted in the distribution register. In Umariya district 10 out of 40 people interviewed, reported that they have to pay Rs. 2-3 more than what has been written in the distribution register in

order to buy grain.

However, it is Chatarpur district that is the worst performing district. Here corruption takes the form of food grain pilferage, i.e. not by inflating price but by reducing quantity. Out of 50 people interviewed, 24 (48%) people said that they have been provided less amount of food grains as compared to the amount entered in the distribution register. Hiriya Ahirwar of Narayanpura village, Chatarpur district, has an AAY card. According to the Supreme Court order, AAY beneficiaries are entitled to 35 kg of grain. But this is true only in records. Hiriya reported that he received only 33 kg of grain. In the distribution register the entry is of 35 kg.

In Jhabua district both types of discrepancies abound. In Amargadh village, Badrilal reported that he was given 35 kg of grains at the cost of Rs. 70 (2 Rs/kg). Examination of the distribution register shows however that the quantity mentioned alongside his name is 33 kg. In contrast to this case is that of Smt. Mangudi bai, village Panthborali. She received 33 kg grains, whereas the distribution register mentions 35 kg. In the survey of 10 villages of Jhabua district, data could be verified for only 8 villages. In 2 villages, the data has not been provided by the ration dealer. Surveyors reported to having been threatened by the ration dealer of Mokampura village.

Discrepancies in respondent statements and their Ration Cards

The survey shows violation of the Supreme Court order in the case of 35.2% of the beneficiaries of 4 districts. These violations take the form of discrepancies between ration card entry and statements of card holders.

In Jhabua District, out of 40 people interviewed, 16 reported that entries have not been made in their ration cards and 8 reported that they have been provided less grain in comparison to their entry in the ration card. A total of 24 (60%) beneficiaries complained that they have been provided less quantity of food grain. In Chatarpur district 24 out of 50

Discrepancies

People from AAY and BPL Categories complained that they are receiving 2-3 kgs less than what they are entitled to.

beneficiaries complained about being given the less quantity of food grains. Apart from this, 24 beneficiaries, (10 beneficiaries of AAY and 14 BPL), are receiving 2-3 kg less than what they are entitled to.

Among the surveyed districts, Burhanpur district is the best performing, having the least number of discrepancies. The few problems found in Burhanpur relate to extra price of Rs. 2-3 that is being taken from beneficiaries.

6.3.4 Corruption and Interruption

Table No- 6.6 - Corruption and Interruption					
District	Total number of Ration Shop(covering studied area)	Villages where beneficiaries pay extra for their PDS food grain		Villages with interrupted food grain supply in the last 3 months	
		No.	%	No.	%
Umaria	10	6	60	1	10
Burhanpur	10	3	30	1	10
Chatarpur	10	6	60	2	20
Jhabua	10	8	80	5	50
Total	40	23	57.5%	9	22.5%

In village Saans, Umaria district, ration card entries of Lalman Jugran, Mahesh Baiga, Bukai Baiga, Shivnanadan Bhura Baiga, and Tillu Baddu Baiga show them listed in the AAY category. Entries on their ration card and the register show that they were provided 33 kilograms of grains and charged Rs. 83 for the same. However, according to the beneficiaries, they were charged Rs. 86. This story repeats itself in 23 (57.5%) out of 40 villages surveyed. Resident participants of focus group discussions said that each month they have to pay Rs. 2-3 more than the actual price. Some reported that this problem occurs due to the problem of change and some said that the ration dealer intentionally ask them to pay more. This is again a violation of the Supreme Court order which states that if a ration dealer charges more than the fixed price, the dealer's license should be cancelled. The court directed that no laxity should be shown in the matter of corruption. However, the field reality shows that corruption is rife.

Jhabua is again the worst performing district in this regard. Here communities from 80% of the surveyed villages said that they have to pay more than the actual price. Umariya and Chatapur districts follow Jhabua with 60% of the village communities assenting to the prevalence of such corruption.

In rural areas, poor people depend on PDS food grains. An interruption in supply for as little as 1 month wreaks havoc in their lives. During the survey communities were asked about any interruption in food grain supply in the last 3 months. Out of 40 villages surveyed, 9 (22.5%) villages were found to suffer from the interruption in supply of food grain. Jhabua district holds 5 of these 9 districts (3 in Petlavad Block and 2 in Raama Block). Community members replied that they did not know the reason why there is interruption in supply. In almost all the villages, people complained about not getting rice and sugar from PDS.

6.3.5 Entitlement & Monitoring

Table No- 6.7- Entitlement & Monitoring									
District	Total number of Ration Shop(covering studied area)	Villages where residents normally get entire quota of PDS grain		Villages with instances of grain being pilfered /sold in black market		Villages with a PDS vigilance committee		Villages with vigilance committee & meeting held in past year	
		No.	%	No.	%	No.	%	No	%
Umaria	10	2	20	4	40	5	50	0	0
Burhanpur	10	5	50	0	0	3	30	0	0
Chatarpur	10	2	20	1	10	4	40	0	0
Jhabua	10	3	30	2	20	2	20	0	0
Total	40	10	25	7	17.5	14	35	0	0

Entitlement

Ramesh / Bhattu Baiga and Shivcharan / Sukhsen Baiga of Village Saans, Umariya district, have AAY cards but have not been provided food grain in the last three months. The Supreme Court, in its order dated 2 May 2003, states that members of primitive tribal groups are entitled to AAY cards. Furthermore, the court's order of 28th Nov 01 states that if the beneficiaries are so poor that they are unable to uplift, they should be provided grain free of cost. The administration is however not following the court's orders. During the survey, it has been

People inconvenienced

The ration shop of Mokhampura village is situated at Dudhikheda, about 5 km away. As the shop does not open on scheduled days, people are inconvenienced. They have to forego a day's wages to visit the shop when it opens. Problems compound as the ration dealer provides 16 kg of grain to BPL families but enters 20 kg in the ration card. Even the ration cards of AAY families are fudged, as 35 kg are noted when only 20 kg of grains are provided. Similarly, the families in village Amlipada in Raama block of Jhabua district complain that their ration dealer misbehaves, opens the shop at his own convenience, and does not provide ration in installments. In another case, Rama Koda of Panthbaroli village, Temriya Panchayat, Tehsil Petlawad, holds an AAY ration card, number 17874. He has not received his quota of rice for one year but his ration card shows the rice as having been provided.

found that only 25% of the villages are getting the entire quota of food grains, with entire quota meaning 20 kg for BPL and 35 kg for AAY per month per family. This entire quota is only being provided for AAY, following the lines of the Supreme Court order dated 28 November 2001. However, the Supreme Court order dated 10 January 2008 is being violated in its entirety. This order states that BPL families are also entitled to 35 kg food grain per month per family.

Among the four districts surveyed only Burhanpur district is half following the state government's own minimized norms. Only 50% of the surveyed villages in Burhanpur are getting the quota of grain according to the state government norms, i.e. 20 kg for BPL and 35 kg for AAY. The other beneficiaries in other districts surveyed are nowhere close to getting grain according to the state government norms, never mind the Supreme Court norms which appears a bridge too far to cross in Madhya Pradesh.

The ration shop of Mondra village is situated at Ritalai, about 4 km away. It serves 6 villages, namely: Ritalai, Jampani, Mondra, Jhirmittee, Ramdhad and Melchuka. It has to provide ration for 305 BPL families, 730 APL families, and 66 AAY families. The monthly grain allocation to this shop is 60 quintal for BPL, 34 quintal for APL and 21.90 quintal for AAY. This means that BPL families cannot access more than 20 kg a month, while APL families can have barely 5 kg a month. The large number of card-holders seeking the grain that is their life-line often causes crowding around the shop and many are forced to return home without grain, having already foregone a day's wages to travel to the shop.

● Monitoring

Monitoring and transparency measures have been considered together because they are closely interlinked. TPDS guidelines envisage that the ground level monitoring of PDS will be affected through regular inspections of community as well as administration. In this monitoring process, involvement of PRIs in the identification of poor and in the functioning of FPSs can be helpful. Vigilance committees (VCs) are supposed to be formed at the village level. The committee is supposed to conduct social audits of PDS, in association with the intended beneficiaries. The committee at the village level should consist of cardholders, some of whom should be women.

In its order dated 12th July 2006, the Supreme Court stated that a central vigilance committee has been constituted to investigate the problems affecting the proper functioning of the PDS. Furthermore, the Supreme Court requested the central vigilance committee to suggest the ways to make the existing vigilance committees more effective. However, neither the government guidelines nor the Supreme Court order has been followed at the village level. The survey shows that, out of 40 villages surveyed, only 14 villages have vigilance committees at the village level. Interestingly, even in these 14 villages, not a single vigilance committee meeting has been held in last year. The maximum number of committees is supposed to exist in Umaria district according to official records, but investigations by surveyors did not find any such committees in Umaria district. Furthermore in all the focus group discussions many of the people don't

know about the vigilance committee. People from the Chatarpur District reported that the no such vigilance has been undertaken by any person of from the committee because the committee is formed by consulting the powerful person of the villages.

Due to the lack of monitoring and transparency mechanisms mentioned above, 7 villages of Umariya, Chatarpur and Jhabua districts were found to have reported instances of grain being pilfered / sold in the black market.

A wide-spread practice prevalent is that of bogus ration cards made in the name of people who do not exist. Due to this, ration is regularly drawn by ration dealer in the names of these non-existent card-holders and sold in the open market.

In Chatarpur district, a common problem is that ration cards do not reach the people who applied for them. Instead, corrupt ration dealers and other dominating persons of the district draw ration on these cards and sell the grain in the open market. There are a large number of households who do not take ration from PDS, but their records show otherwise. The supplies are actually sold in the open market.

6.4 Overall Findings of the Scheme

- The survey results show that, out of 40 ration shops covered, only 17 (42.5%) villages have ration shops in the same village. Among the remaining 23 villages, 16 (40%) villages have their nearest ration shop less than or equal to 3 km away, and 7 (17.5%) villages have the nearest shops more than 3 km away.
- The survey also uncovered a pattern of non-availability of records with ration dealers; out of 40 villages covered, the surveyors were able to access the records of 34 villages, but only with repeated visits to the ration dealer.
- The BPL and AAY card holders together combine to represent 48% of the total households in the village. On the other hand, APL households total up to 5125, i.e. 42% of the total households. In summary, BPL households form 36%, AAY 12%, and APL households 42% of the total households surveyed. The remaining 10% are card-less households.
- In almost all the villages, respondents complained that they have to pay bribes for getting a new ration card or for making changes in the card, such as change of address or the addition or deletion of names). The amount paid as bribe for getting a new ration card varies from Rs. 50 to Rs. 500.

- During the survey it has been found that 45% shops were found to display the opening time and only 40% displayed the stipulated rates of grain.
- The survey found that 32 (80%) of the 40 villages do not have a ration dealer from the same village.
- However, the survey shows that there are as many as 8 villages out of 40 where ration cards of beneficiaries are in the possession of other people in the village. In Chatarpur district people in 3 out of the 10 villages surveyed complained that their cards are usually kept by dominant persons of their village.
- The survey shows that there are 2 villages of Burhanpur district where as a result of community pressure the respective ration dealers have been forced to create a system for providing grains in installments. However, in the other 38 villages surveyed no such arrangement has been observed.
- This survey study shows that in only 10% of the ration shops in the 4 districts surveyed were ration records made available to public scrutiny.
- In the survey, discrepancies have been found in the entries of distribution registers and ration cards of 25 (14.7%) out of 170 people. A major proportion of discrepancies have been found in Jhabua district, where out of 40 people interviewed 23 (57.5%) reported that the price of food grains have not been entered in their ration cards.
- Out of the 170 people interviewed, whose records were successfully cross-checked, in 45 (26.4%) cases there is a discrepancy in the rate at which grains were sold and that which has been noted in the distribution register.
- Out of 40 surveyed villages, 9 (22.5%) villages were found to suffer from the interruption in supply of food grain.
- The survey shows that, out of 40 villages surveyed, only 14 villages have vigilance committees at the village level. Interestingly, even in these 14 villages, not a single vigilance committee meeting has been held in last year.

7. MID DAY MEAL SCHEME

The Mid Day Meal (MDM) scheme was launched in Madhya Pradesh with the specific objectives of improving the nutritional status of school going children and bringing about growth in their enrolment and retention to give a boost to primary education among children of poorer sections of the society. It is a scheme meant to protect children from hunger and to provide supplementary nutrition. Under this scheme every child who attends a government or government-assisted primary school is entitled to a cooked, nutritious, mid-day meal every day. The provision of cooked mid-day meals in primary schools is an important step towards the right to food. Indeed, mid-day meals help to protect children from hunger (including “classroom hunger”, an old enemy of school education), and if the meals are nutritious, they can facilitate the healthy growth of children. Mid-day meals also serve many other useful purposes. For instance, they are quite effective in promoting regular school attendance, and in that respect mid-day meals contribute not only to the right to food but also to the right to education. Mid-day meals also help to undermine caste prejudices, by teaching children to sit together and share a common meal. They reduce the gender gap in school participation, provide an important source of employment for women, and liberate working women from the task of having to feed children at home during the day. Apart from this, mid-day meals can be seen as a source of economic support for the poorer sections of society, and also as an opportunity to impart nutrition education to children. Previously cooked food was given in primary schools only, but from July 2008 it has been extended to middle schools too.

7.1 Introduction on state of MDM in the state

The nation’s first state-wide mid-day meal program was introduced in Tamil Nadu in the 1950’s. By the 1980’s, two other states – Gujarat and Kerala – used their own resources to create schemes to universalize mid-day meals for primary school children. Madhya Pradesh introduced limited mid-day meal schemes during the 1980’s and 1990’s. Recognizing the success of many of these state programs, the central government introduced the Mid-Day Meal Scheme (MDMS) in 1995.

According to the Panchayat & Rural Development Department of Madhya Pradesh, enrolments figures stand at 83,51,600 for primary schools and 26,17,087 for middle schools. Of the above, 66,47,000 (79.59%) children from the primary schools and 23,22,000 (88.78%) children from middle schools have been served mid day meals in the year 2008-09. In other words, around 20 lakh children in the state (17 lakh in primary schools and 2.9 lakh in middle schools) are not getting benefits of the mid day meal scheme. Some realities of the enrolment and coverage of mid-day meals has been exposed by the Comptroller Auditor General in 2008. According to the CAG report, between 2003-04 and 2007-08, enrolment in schools providing mid-day meals increased by 10 per cent from 76.94 lakh to 84.90 lakh. The CAG audit shows that though the

enrolment in schools increased between 2003 and 2007, it decreased by 5% in 2007-08. The CAG report also notices that the number of beneficiaries availing mid-day-meals decreased by 6% during the year 2007-08.

In the year 2007, the Madhya Pradesh government gave the responsibility for managing the mid-day meal in rural areas to self-help groups (SHGs). Previously this work had been in the hands of parent-teacher associations, but due to the involvement of teachers, which took time away from actual schooling work; this responsibility was shifted to SHGs. According to the 2009-10 annual administrative report of the state Panchayat and Rural Development department, out of 78,319 primary schools and 24,975 middle schools, mid-day meals have been served in 73,049 primary and 23,353 middle schools respectively by SHGs.

In 2008-09, the number of children enrolled was 109.67 lakh, and according to the norms of food grain allocation per child per day in grams, 100 grams was supposed to be given for primary school children and 150 grams for middle school children. Calculations show that 5,48,434.35 m. tonnes of food grain is required for covering all the children, but, according to the data procured under RTI, it has been found that only 2,17,385 m. tonnes food grain was allocated by the government. This means there is gap of 3, 31,049.4 m. tonnes.

In an order, the Supreme Court directed that provisions should be made for the construction of kitchen sheds in schools. However, according to the data in the 2009-10 annual administrative report of the state Panchayat & Rural Development department, there is a provision for only 81,187 kitchen sheds in 1,03,294 schools. And in the 81,187 schools where there is a provision for a kitchen shed, only 50,621 kitchen sheds have been constructed up till 2009-10. According to the CAG report 2008, the center released Rs.139.39 crore and 212.74 crore during 2006-07 and 2007-08 respectively, for the construction of 23,232 and 35,456 kitchen sheds in primary and middle schools at the rate of Rs. 60,000 per kitchen shed. The construction work of these kitchen sheds was to be completed in about 3 months. However, only 17,359 kitchen sheds were completed in this period, while the construction of 12,420 were found to be in progress and the construction of 28,909 were found yet to have begun.

Despite the fact that 20 lakh children are not being able to benefit from the mid-day meal scheme, the state government finds itself unable to spend the allocated budget. In the year 2008-09, the budget allocated for mid day meals was Rs. 379.12 crore, but the government spent only Rs. 326.57 crore, i.e. (86.14%). This lack of budget utilization is also mentioned in the CAG report 2008, according to which, between 10% and 25% of state government funds remained unutilized at the end of each year, between 2004 and 2007.

7.2 Sample covered in the survey

Table No- 7.1 - Sample covered						
District	Villages Covered	Schools Covered				
		Government	Government Assisted	EGS/AIE centers	Other	Total
Umariya	10	11	0	2	0	13
Burhanpur	10	16	0	2	0	18
Chatarpur	10	23	0	9	0	32
Jhabua	10	28	0	4	0	32
Total	40	78	0	17	0	95

During the survey, each school was given an unannounced visit at lunch time. Quality and quantity, cooking facilities, hygiene, participation of children, and any evidence of social exclusion were observed. Apart from this, discussions were held with children, teachers, and cooks. A total of 95 primary, upper primary government / government-aided schools have been covered in the 40 surveyed villages. Out of these 95 schools, 78 schools are government schools and 17 are EGS / AIE centers. Interestingly, no government-assisted schools have been found in these 40 villages spread over 4 districts. Another point to note is that 13 schools were found and surveyed in the villages selected in Umariya district, as the population of these villages is comparatively small. A maximum number of schools were found in Jhabua and Chatarpur districts as these villages have bigger populations per village, in comparison to those in other districts.

7.3 Findings of the survey

7.3.1 Coverage

Table No- 7.2 – Coverage							
District	Schools Covered	Schools where MDM was served on the day of the visit		FGDs where community reported that hot cooked meal is served in school		FGDs where community reported that hot cooked meal is served regularly in school	
		No.	%	No.	%	No.	%
Umariya	13	10	77	8	61	8	61
Burhanpur	18	15	83	10	55	10	55
Chatarpur	32	24	75	18	56	16	50
Jhabua	32	28	87	22	68	19	59
Total	95	77	81	58	61	53	56

The Supreme Court, in its order dated November 28, 2001, directed “the state governments / union territories to implement the mid day meal scheme by providing every child in every government and government assisted primary schools with a cooked mid day meal with a minimum content of 300 calories and 8–12 grams of protein each day of school for a minimum of 200 days”. In Madhya Pradesh all government, government assisted schools, and EGS have been covered under the mid day meal scheme. In 2008 Madhya Pradesh Government extended the mid day meal coverage to middle schools.

During the study it has been found that out of 95 schools covered in the 40 surveyed villages, 77 (81%) were found to be providing MDM at the time of visit. In remaining 18 schools, MDM was found not to be served, as either the schools were closed or the ration for MDM had not reached to the respective SHGs. However, in contrast to this finding, during the discussions with residents, it emerged that 44% of schools are not serving mid day meals regularly.

7.3.2 Facilities for MDM in the school

Table No- 7.3 – Facilities for MDM

District	Schools covered	Drinking water		Cooking shed		Plates		Utensils	
		No.	%	No.	%	No.	%	No.	%
Umariya	13	9	69	10	77	4	31	7	54
Burhanpur	18	14	78	13	72	10	56	14	78
Chatarpur	32	16	50	18	56	17	53	20	62
Jhabua	32	22	69	17	53	19	59	19	59
Total	95	61	64	58	61	50	53	60	63

In its order dated 20th April 2004, the Supreme Court stated that the infrastructure for the implementation of the MDMS should be developed. The central Government was directed to make provisions for the construction of cooking sheds and further directions were made to ensure that better attempts were made towards the provision of drinking water facilities amongst others. But the survey finds that the order is not being implemented properly in Madhya Pradesh. For example, in the primary school of Paretha village, Burhanpur district, there are no plates or cooking utensils. This school has 334 enrolled children and on the day of survey (23/9/09) 207 children were present. The children bring plates from home; most of them have plates in their school bags, packed along with their books.



The data on cooking utensils and plates shows that even the schools that have utensils, have few of the same. During discussions with cooks it was learnt that many of the utensils for cooking are brought from the cook's home. In Umariya district only 4 out of 13 schools have plates, and even in the schools where plates are present the number is not sufficient for all the children of the school. Considering the data of all 4 districts, 50 schools out of 95 have plates, i.e. about half the schools have at least some plates. The condition is same in case of utensils; 60 schools out of 95 have cooking utensils. It is hard to imagine how a cooked meal is being provided to children in these schools without the availability of cooking utensils.

In Hatna village, Chatarpur district, surveyors observed that water facility was available in the school, but the area was not clean and the drainage water was also flowing by the drinking water. Students were drinking this water and the same water was being used for cooking mid day meals for the children.

The teacher at the primary school, Phalia, Naharpura village of Jhabua district reported 1 cooker, 1 drum, 1 balti, 2 big bhagone, 2 aluminium balties, 20 glasses, 40 karories, 100 plates, 1 steel balti as available. On being questioned about the stock register for these utensils, the teacher reported that there was no stock register. When asked to verify the utensils, he replied that the utensils were at cook's house. On visiting the cook's house the cook reported that she had only 1 bhagona of school and she used a big plate (Parat) and other utensils of her own to cook.

The data available for the 4 districts with regard to the availability of drinking water, cooking sheds, plates, and utensils shows that the most worrisome condition of drinking water availability is in Chatarpur district. Here, out of 32 schools, only 16 have drinking water available. It should be noted here that Chatarpur is in the Bundelkhand region of Madhya Pradesh, which has been affected by drought conditions for several years. Despite this the Madhya Pradesh government has invited companies to invest in power, food processing, IT, commerce and energy sector in Bundelkhand, with the promise of providing

land, water and electricity to the companies. The actions of the government show that it is more interested in providing water to the companies in this drought affected region rather than the children in schools.

Out of 95 schools of 4 districts, 61 schools have drinking water. There is no facility for drinking water in the primary school at village Panthborali. Surveyors found a hand pump in the hamlet near the school where all the children go to drink water and wash plates. The cook also takes water for cooking meals from here. In case the hand pump is found to be out

In village Narayanpura and Hatna of Chatarpur district, the area for preparing MDM food was found to be very dirty and people were bathing there. In the school of Udayan Purva of village Budour there was arrangement for utensils found and children were eating in rusted plates. Due to lack of water arrangements, students were washing their plates in dirty water pits. Children bring water from their houses to drink. SHG of village Ikara and Chhapar have migrated to Delhi and the Panchayat Secretary has appointed a cook for preparing food.

of order, the cook draws water from a well.

The best conditions, among the 4 districts surveyed, are those found in Burhanpur district. This is due to the fact that here the community is involved in the process of monitoring the scheme on a regular basis. Other than the availability of drinking water, however, Burhanpur district is found to be in an average position in terms of availability of cooking shed, plates, and utensils.

The Supreme Court, in its order dated 2004, stated that attempts should be made for better infrastructure and the improvement of facilities (provision of safe drinking water etc.). However, the field reality shows that in the 95 schools surveyed, kitchen sheds have been constructed in a total of 61 schools. This fact affects the quality of the meal provided to children. The unavailability of kitchen sheds is a violation of the April 20, 2004, Supreme Court order. In villages Budour, Ikara, Chhappar and Narayanpura of Chatarpur District there was no arrangement for a separate kitchen found and the mid day meal was cooked in an open space. In the absence of a kitchen meals, are not cooked for these children during the rainy season. In FGD's, residents of Jhabua reported that although schools have kitchen sheds, the meal is not prepared inside them because the structure of the kitchen is not spacious and devoid of adequate ventilation.

Points from Focus Group Discussions in Jhabua

- *In village Ambapada of Jhabua district, three schools were operated at one time when there were a total of 117 students. In the schools surveyed, investigators found only 65 plates in the school for mid day meals. Students were taking meals in katories while holding chapatias in their hands. The surveyors counted 54 katories in a box and students reported that there was no plate in the school. Sunil, student of 5th class in village Ambapada, brought his katori from his own house. Mid day meal food was given in a katori to a student and the same katori was washed and given to another student so he too could eat his meal.*
- *In the primary school of Mandi Falia, Amargarh tehsil, there exists a tank meant for storing drinking water, but it was found non-functional. There is no proper facility of drinking water in this school. Students sit on floor having no mats for eating their meals.*
- *The new primary school of Naharpura village of Jhabua district reported registration of 110 students in the school but only 74 plates and 74 glasses were found available for meals. The number of registered students was far greater than the number of available utensils.*

7.3.3 Fuel used for cooking

Table No- 7.4 – Fuel used for cooking											
District	Schools covered	Schools where food is cooked in school		LPG		Kerosene		Wood		Other	
		No.	%	No.	%	No.	%	No.	%	No.	%
Umariya	13	10	77	0	0	0	0	12	92	0	0
Burhanpur	18	15	83	0	0	0	0	18	100	0	0
Chatarpur	32	24	75	0	0	0	0	24	75	0	0
Jhabua	32	28	87	0	0	0	0	31	97	0	0
Total	95	77	81	0	0	0	0	85	89	0	0

In the state of Madhya Pradesh, the responsibility for providing mid-day meals has been given to the Self Help Groups of that village or panchayat. During the survey an attempt has been made to collect details pertaining to the preparation of food, i.e. whether it is prepared in the village or outsourced from elsewhere. Furthermore, questions were asked about the kind of fuel used for preparing the meals. In all the 77 schools providing mid day meals at the time of the survey, wood is used as fuel for preparing the meals. The cooks in all the districts reported that they did not receive money regularly for buying fuel. In Jhabua district, residents reported that due to the shortage of funds they have to collect wood from the jungle.

7.3.4 Quality of Food Given

Table No- 7.5 – Quality of Food Given							
District	Schools covered	Quality of grains used in MDM				% schools where same menu is served everyday	% schools where eggs or fruits are given in MDM
		Good (%)	Fair (%)	Poor (%)	Unknown (%)		
Umariya	13	0	10(76%)	3	0	12	0
Burhanpur	18	6	12(66%)	0	0	15	0
Chatarpur	32	6	15(47%)	4	7	20	0
Jhabua	32	1	28(87.5)	1	2	19	0
Total	95	13(13.6)	65 (68)	8 (8%)	9(9.47%)	66 (70%)	0

The mid day meal cannot claim to satisfy all the daily nutritional requirements of the child. However, it is a good opportunity to improve the nutritional status of a vast number of children. This requires the provision of a nourishing meal, which should contain most or all the groups of essential foods. Furthermore, if this variety in food is maintained, it encourages children to join and attend school. The Honorable Supreme Court, in its April 2004 order dated

states that attempts should be made for maintaining quality safeguards as also the improvement in the contents of the meal so as to provide nutritious meals to children. Sadly, the survey shows that out of the 95 schools surveyed in Madhya Pradesh, 65 are providing food of average quality. The mid day meal scheme aims at providing cooked meals that adhere to a prescribed nutritional norm of calories and protein. The Supreme Court, in its order dated 28 November 2001, directs that every child in every government and government assisted primary school should be given a prepared mid day meal with a minimum content of 300 calories and 8 –12 grams of protein each day. Following this Supreme Court order, the state government issued its own order to provide mid day meals according to the same norms. In time, due to continuous pressure of civil society and the Supreme Court, the central government increased the minimum calorie norm from 300 to 450 calories and protein from 8 grams to 12 grams in August 2006. However, according to the CAG report 2008, there is no provision in the scheme to check the nutritional value of the meals provided to children. The survey study observed that in 8 schools children are being provided extremely low quality food. Chatarpur district is serving its children the lowest quality food. In this district, only 47% of the schools were found to be providing fair quality of food. The rest were found to be well below par. This reality is in clear violation of the Supreme Court order dated 28 November 2001.

The quality of food in mid day meals in Madhya Pradesh is something that has been investigated by the National Institute of Public Cooperation and Child Development, (NIPCCD) Western Regional Centre Indore³⁹. NIPCCD evaluated the nutritional value of mid day meals and found that the average amount of food given to a child is about two rotis, and one katori of dal or vegetable. Sometimes a child receives three rotis, depending on demand and availability. A standard roti weighs about 30 grams which contributes 103.5 calories of energy and 2.04 grams of protein. Hence caloric contribution in two rotis is barely 207 calories and 4.08 grams of protein. The remaining energy has to be made good by either dal or vegetable. Dal / vegetable prepared in the form of curry were found thin by NIPCCD, thus reducing the possibilities of adequate calorie and protein supplementation as per norms. *This is most important aspect of mid day meals. In almost all the villages children reported that they don't get the sufficient quantity of mid day meal and they have to go back to their homes and eat.* During survey children of village Ikara of Chatarpur District complained of insufficient quantity of food distributed to students. Villagers Bhura Adiwasi, Kamal Adiwasi and Haridas Ahirwar said that the biggest problem with regard to mid-day meals is that the quantity of food distributed among students is insufficient— only one spoon of dal and one spoon rice is being distributed. If the students demand more, the administration refuses to provide the same. The same villagers also complained that the water used for cooking purposes is also contaminated. In fact in 38 out of 51 focus group discussions conducted, residents reported that the mid day meals provided is insufficient for the needs of children who are growing. Residents also spoke

³⁹ CAG REPORT 31st March 2008.

about some families in all the villages who don't have the ability to feed their children properly even once in a day. For these families, mid day meals are a boon.

Additionally, in January 2004, the government of Madhya Pradesh decided to provide cooked tasty meals with different menus in all schools (PS/EGS/AIE centers), beginning July 2004. According to this decision, cooked meals were to be served regularly according to varied menu. However, the survey conducted finds that in 66 out of 95 schools, i.e. in 70% schools, there is no sign of a varied menu. Suddi Bai, Rajan Bai, Ralli Ahirwar, and Mankunwar, of Dhimarva village, Chhatarpur district, responded that the mid day meal was not being prepared according to the menu in schools. Daily, just one type of food, i.e., dal and rice, is being distributed to students, which the children do not like to eat because the dal is watery and the rice is full of stones and worms. In comparison to the other 3 districts surveyed, Chhatarpur district is the worst performing in terms of supply of varied menus. Few children of Chhatarpur reported that potato is added to the Tuar dal (Arhar) that becomes a part of their mid day meal. The study found that eggs and fruits are not being provided in any of the 40 villages of 4 districts.

7.3.5 Regularity of Supplies

In its order dated 28 November 2002, the Supreme Court stated that mid day meals have to be served for a minimum of 200 days in a year. However, the study finds gross violation of this order.

Consider the village school of Chhaphar, Chhatarpur district, where mid day meals are not prepared and distributed regularly. Halku Rajak, Babulal Ahirwar, Roshani Rajput, Mathura Devi Ahirwar, Yamuna Ahirwar, and Rajkumar Yadav amongst other residents of Chhaphar village, responded that because there is no kitchen in the school and the self help group of village has migrated out, the mid day meal is not being prepared regularly. In the middle school of the village, mid day meals are prepared and distributed occasionally. According to students, Baburam, Vijendra, Devendra, Rachana, Sandhya and Arti, mid day meals are distributed in the school only twice or thrice in the week. Thus Chhaphar students

Table No- 7.6 – Regularity of Supplies					
District	Schools covered	Schools where grain reaches on time		SHGs/cooks usually paid on time	
		No.	%	No.	%
Umariya	13	7	54	6	46
Burhanpur	18	12	67	10	55
Chhatarpur	32	18	56	15	47
Jhabua	32	15	47	6	19
Total	95	52	55	37	39

In the primary school of Phalia, Naharpura tehsil of Jhabua district, the teacher reported that of five days, i.e. from Nov. 3rd - to 7th, the respective Self Help Group served meals to student for only 2 days. On both days, the attendance was between 80 to 100 students. However, in the register, attendance of students was reported to be between 130 to 160 students between July and Oct. 09. The teacher of this village blames the Self Help Group and reports that SHG's are not working at all.

are not receiving regular and sufficient quantity of food. In some schools, like that in village Chhappar, the mid day meal is not being prepared at all.

There are a total of 43 schools in the 40 surveyed villages where the grain for MDMs does not reaches on time. These delays deprive children of food under the mid day meal scheme and violate the Supreme Court order which says that children should get MDMs 200 days in a year. In the focus group discussions conducted residents from 4 villages in Jhabua district and 3 villages in Chatarpur district complained that MDMs are disrupted for around 7 days in a month. Looking into the data of all the districts shows that all three districts except Burhanpur show complaints of leakages in ration meant for MDMs. Jhabua district registered the maximum complaints of leakages with the surveyors.

An observation emerging from the study that merits noting is related to the problems faced by SHGs involved in preparing MDMs. The all-women SHG at Hamidpura village, Burhanpur district, has been entrusted with the responsibility of cooking food for MDMs. This group

Ms. Kamla Bai, w/o Lalu Meda, president of Shri Ram SHG of Panth Borali village in Jhabua district reported that they were contracted in August 2009 for preparing MDMs. They prepared food for last three months. In return, till date they received only Rs. 6000 for one month, out of which they provided Rs. 1500 to cook. The Janpad provided them ration card on which they got 4 quintal wheat the first time and 2.50 quintal the next time. They use material from their own house to cook food.

consists of women that are not very well to do. One women is a divorcee and another is a widow. The group is not provided grains in advance and so they have to buy grains themselves, which is difficult and risky for them. Even when grains are allocated, many a time the sufficient quantity is not given to this SHG. The problem is a longstanding one as the officials concerned do not sign the approval or sanction documents on time.

In a similar vein, the focused group discussion with the community of Patraee village, Umaria District, revealed that the concerned SHG itself indulges in pilfering grains. When this allegation was cross checked with the members of the SHG it was found that the chief functionary (secretary) of the SHG is the Anganwadi worker who provides the grains and maintain that they cook whatever is provided. These SHG members work as daily wage earners and their wages have not been paid for past three months. This shows how the success of the MDM scheme is itself connected to other inequalities and problems in society.

The problem of non payment to SHGs is quite common in all the villages. During the focus group discussions it has been observed that in 61 schools SHGs were not paid on time. Due to these delays SHGs are unable to supply meals to the children.

The SHG managing MDM at primary school of Dhanwahi village of Umaria District has been facing problem of grains procurement despite having the permit. It is forced to buy grains on loan. The grains earlier procured from the PDS ration shop had substantial wastages during sieve. Similar was the problem in pre secondary school at village Bodli.

The other problem faced by the SHGs centers are the hurdles put forth by teachers of the schools. In Dhamni village, Umriya district, SHG complained that the teacher of school did not provide them figures related to attendance of the children, as a result of which the SHG is facing problems in managing the meal. Jhabua district shows cases of less number of children being registered by teachers. During investigations the SHGs reported that this act of registering lower number of children is being done by the teacher because SHGs are given payment according to the per child payment norm. Due to low registration of children the SHGs get a smaller remuneration than what they should receive given the actual amount of children that they feed.

7.3.6 Cooks

Table No- 7.7 – Cooks					
District	Schools covered	Who has been given responsibility to cook?		% of female cooks*	% cooks from SC/ST communities*
		Cooks appointed by school	SHGs		
Umariya	13	4	9	100	66
Burhanpur	18	0	16	93	79
Chatarpur	32	1	23	98	22
Jhabua	32	5	27	100	94
Total	95	10	75	97.7	65

In ensuring the smooth functioning of MDMs, the cook and the helper have a vital role. Earlier in Madhya Pradesh, the MDM was being prepared by the cook, who is appointed by the respective Gram Sabha. However, recently the state government launched a scheme known as Sanjha Chula under which the

responsibility of preparing the MDMs has been given to the local SHGs.

According to the Supreme Court order dated 20 April 2004, priority has been given to dalits, scheduled castes, and scheduled tribes in the appointment of cooks of and helpers. However, even after the recent changes in policy, no clear guidelines to help enable this process have been issued by the state government. The survey shows that in 89% of the surveyed schools MDMs are being prepared by SHGs. The SHGs generally comprise of female members. Analyzing details of SHG membership in the context of the Supreme Court order, it turns out 65% of the cooks in the surveyed SHGs hail from scheduled caste and scheduled Tribes communities. However, Chatarpur district is again the odd one out, violating the Supreme Court order, because here only 22% cooks are from SC / ST communities. Discussion with communities turns up the fact that 60% residents have no idea who constitute the SHGs, while 20% think that they are formed by the panchayat, and 20% responded that teachers were behind SHG formation.

7.3.7 Caste Discrimination

Table No- 7.8-Caste Discrimination					
Districts	Schools covered	Schools with evidence of caste discrimination		Schools where community reported that children of all castes sit and eat together*	
		No.	%	No.	%
Umariya	13	2	15	9	69
Burhanpur	18	1	6	15	83
Chatarpur	32	5	16	26	81
Jhabua	32	1	3	28	87
Total	95	9	9.5	78	82

One of key objective of MDMS is to spread egalitarian values, as children from various social backgrounds learn to sit together and share a common meal. In particular, it helps break the barriers of caste and class amongst school children. But this objective seems to be failing. In the survey, 9 schools were found where discrimination has been observed on the basis of caste. Out of the 40 villages

surveyed in 4 districts, the maximum cases of discrimination have been observed in Chatarpur district. The focus group discussions show an even higher prevalence of caste based discrimination in schools that the surveyor observations.

FGD's show that children of 17 schools faced caste-based discrimination. In discussions, community members replied that this discrimination is due to caste and class. Children from lower castes and poor families are treated badly in the school. They are not allowed to sit with upper caste children, they were forced to sit on the floor with no mattress, and lower caste and poor children are served food after the upper caste children.

7.3.8 Other Aspects of MDMS

a. Supervision

According to the Supreme Court order dated 20 April 2004 an attempt should be made for closer monitoring (regular inspection) so as to provide nutritious meals to the children. In 2007 the Madhya Pradesh state government issued an order in which the responsibility

Table No- 7.9- Supervision			
Districts	Schools covered	Schools where MDMS has been inspected by a government official in the last one year	
		No.	%
Umariya	13	5	38
Burhanpur	18	8	44
Chatarpur	32	15	46
Jhabua	32	17	53
Total	95	45	47

for monitoring MDMS at the village level was given to the respective PTA and gram sabha. At the block level the Chief Executive Officer is responsible for the proper implementation of the

scheme. However, the reality that the survey throws up is that half of the schools have not been inspected in the last year. Among the surveyed districts, Umariya performs the worst in this regard as only 5 schools out of 13 in Umariya have been inspected by government officials in the last year.

7.4 Overall Findings of the Scheme

- During the study it has been found that, out of 95 schools covered in the 40 surveyed villages, 77 (81%) were found to be providing MDM at the time of visit. In the remaining 18 schools, MDM was found not to be served, as either the schools were closed or the ration for MDM had not reached the respective SHGs. However, in contrast to this finding, during the discussions with residents, it emerged that 44% of schools are not serving mid day meals regularly.
- During discussions with cooks it was learnt that many of the utensils for cooking are brought from the cook's home.
- Out of 95 schools of 4 districts, 61 schools have drinking water.
- The Supreme Court, in its order dated 2004, stated that attempts should be made for better infrastructure and the improvement of facilities (provision of safe drinking water etc.). However, the field reality shows that in the 95 schools surveyed, kitchen sheds have been constructed in a total of 61 schools.
- In all the 77 schools providing mid day meals at the time of the survey, wood is used as fuel for preparing the meals.
- The survey shows that, out of the 95 schools surveyed in Madhya Pradesh, 65 are providing food of average quality.
- The survey study observed that in 8 schools children are being provided extremely low quality food. Chatarpur district is serving its children the lowest quality food. In this district, only 47% of the schools were found to be providing fair quality of food. The rest were found to be well below par. This reality is in clear violation of the Supreme Court order dated 28 November 2001.
- The survey conducted finds that in 66 out of 95 schools, i.e. in 70% schools, there is no sign of a varied menu.

- There are a total of 43 schools in the 40 surveyed villages where the grain for MDMs does not reach on time. These delays deprive children of food under the mid day meal scheme and violate the Supreme Court order which says that children should get MDMs 200 days in a year.
- The problem of non payment to SHGs is quite common in all the villages. During the Focus group discussion it has been observed that in 61 schools SHGS were not being paid on time.
- The survey shows that in 89% of the schools MDMs are being prepared by SHGs. The SHGs generally comprise of female members. Analyzing details of SHG membership in the context of the Supreme Court order, it turns out 65% of the cooks in the surveyed SHGs hail from scheduled caste and scheduled Tribes communities.
- In the survey, 9 schools were found where discrimination has been observed on the basis of caste. Out of the 40 villages surveyed in 4 districts, the maximum cases of discrimination have been observed in Chatarpur district.

List of Villages

Umaria

Block Karkeli

1. Patraee
2. Dhami
3. Ghanghari
4. Dhanwahi
5. Bodli

Block- Pali

6. Saans
7. Sarvahi Khurd
8. Uchehra
9. Ginjari
10. Barbaspur

Burhanpur

Block Khaknaar

11. Mohangadh
12. Sawali (Raiyyat)
13. Mondra
14. Paretha
15. Khadki

Block Burhanpur

16. Chulkhan
17. Jalandra
18. Naseempura (Badnapur)
19. Shailgon
20. Hameedpura

Chatarpur

Block- Bakswaha

21. Dhimarawa
22. Khamariya
23. Berkhedi
24. Chaurae
25. Kairhara

Block-Chatarpur

26. Ikara
27. Hatna
28. Bundor
29. Chapra
30. Narayan Pur

Jhabua

Block – Raama

31. Amlipada
32. Mokampura
33. Kalidevi
34. Dhochka
35. Rotla

Block – Petlavad

36. Amargadh
37. Panthborali
38. Mor
39. Ambapada
40. Naharpura