

Re-energising the Anganwadi...

A Glimpse of improvements in nutrition services due to Community Monitoring





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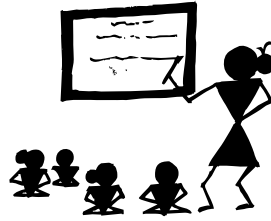
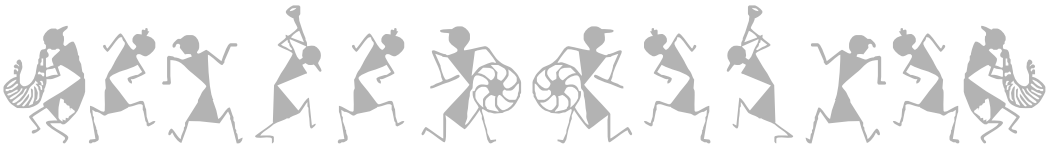
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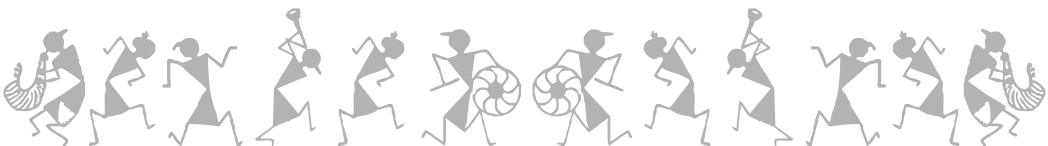


Re-energising the Anganwadi

Translated by
Renuka Mukadam

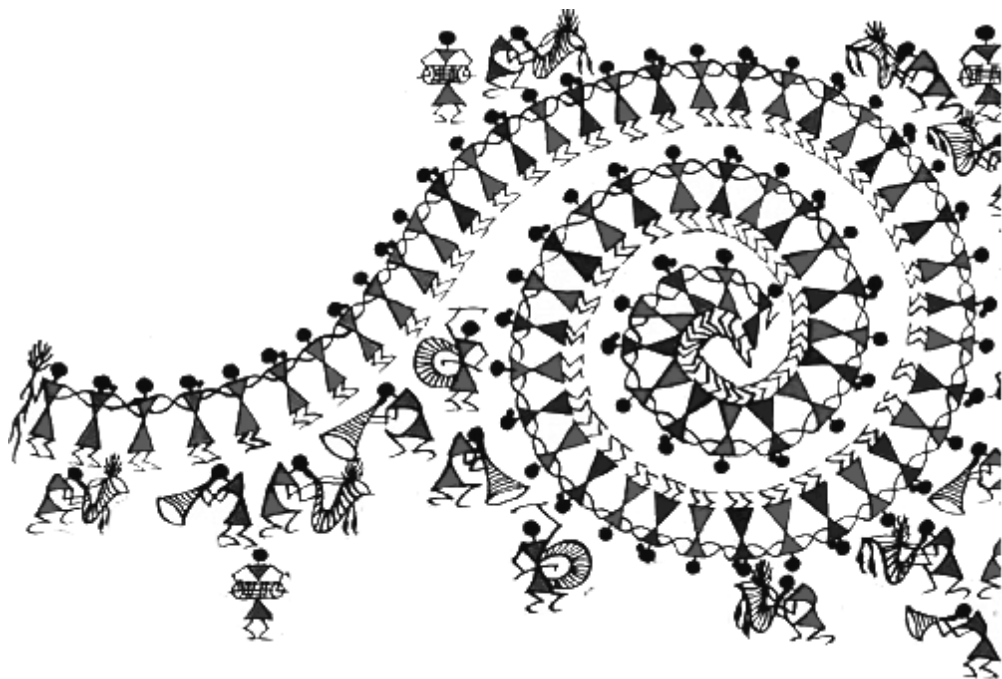


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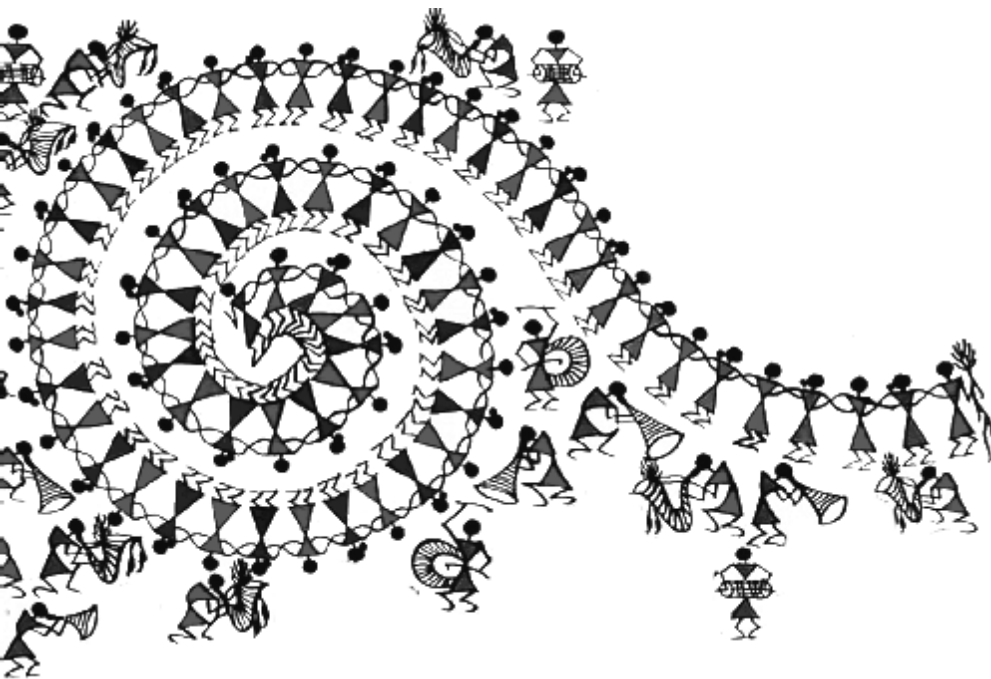
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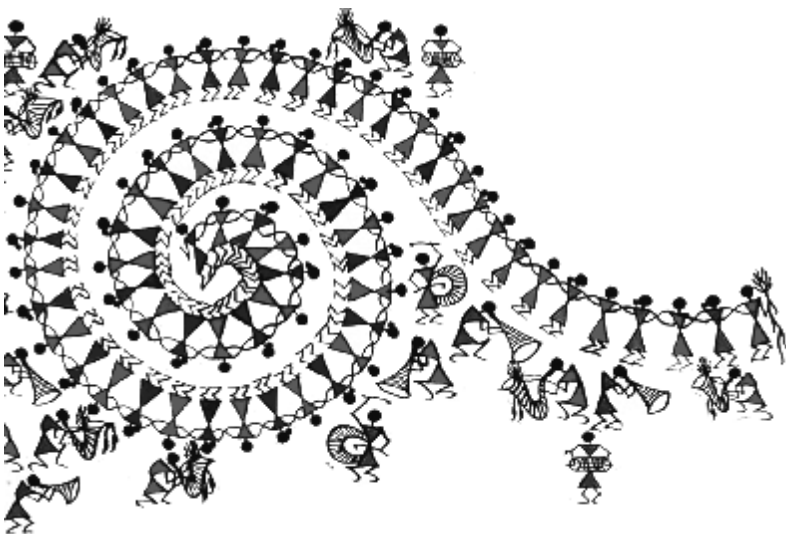
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Preface

Maharashtra is an important developed state in India, and its capital Mumbai, is considered the financial capital of the country. However, the condition of malnutrition is fearful in this 'developed' state. Half of the young children in Maharashtra are malnourished, of these 1/5th are severely malnourished. Maharashtra, which has double the income of a poor state like Orissa, has the same number of very hungry persons as the financially weak Orissa. This is the reality of 'developed' Maharashtra!

The most important scheme being implemented by the Government for reduction of malnutrition and proper upbringing of children, is the Integrated Child Development Scheme. It has been implemented in the entire country from 1975. Currently 13,18,912 anganwadis are functional across the country, 95% of the sanctioned strength. There is an average of about 30 children in each anganwadi. However, the implementation of this scheme has always been a subject of worry and critique.

Actually for improvement of anganwadi services and other services provided to reduce malnutrition among children, the anganwadi worker and the local people must work in collaboration. People should feel a sense of ownership over the anganwadi which functions in their village/community. Issues like infant/child mortality, malnutrition, should not be a cause for worry merely for the ICDS workers, they should become crucial issues for the local community as well. People need to develop a perspective that they would contribute towards resolving the obstacles in receiving the services which are their right, would be alert to ensure good quality of these services and would also perform their duties in this context.

Community based monitoring and planning of public health services, is one such intervention aimed at developing a perspective like this and improving the standard of health services, which was introduced in Maharashtra since 2007. SATHI functions as the state nodal organisation in this process.

Inspired by the success of this project, it was felt that community based monitoring process could prove useful for improving anganwadi services, and a path breaking Nutrition Rights Project for community based monitoring on anganwadi services was launched in November 2012. It was implemented in Dhadgaon block of Nandurbar, Velhe block of Pune, Chikhaldhara and Dharani blocks of Amravati, Kurkheda block of Gadchiroli, Hanuman nagar and Reshimbaug of Nagpur city and Bainganwadi, Chembur of Mumbai city.

Soon, the villagers developed a sense of ownership on the anganwadi. They began raising several problems, starting from very basic, like the anganwadi being closed, to a range of other issues. Due to the active support of the Chief Secretary (Women and Health), ICDS workers began to establish a dialogue with the people. Almost half of the problems were resolved at the local level. Some issues were raised at the higher level in the State Mentoring Committee, before the Chief Secretary and issues like vacant posts were resolved.

Although half of the issues are still to be resolved, the success achieved is definitely encouraging. These stories, provide a glimpse of the things that can be done by ensuring people's participation, what community based monitoring can actually achieve in various settings, from remote tribal padas to a poor community in Mumbai. These are stories of change.

They may be small, but they indicate a host of problems which are encountered in the actual functioning of anganwadis. This project is currently being implemented in 114 anganwadis, where within six months 2221 issues have been raised. Given this situation, the project raises concern about the condition of the more than one lakh other anganwadis across Maharashtra.

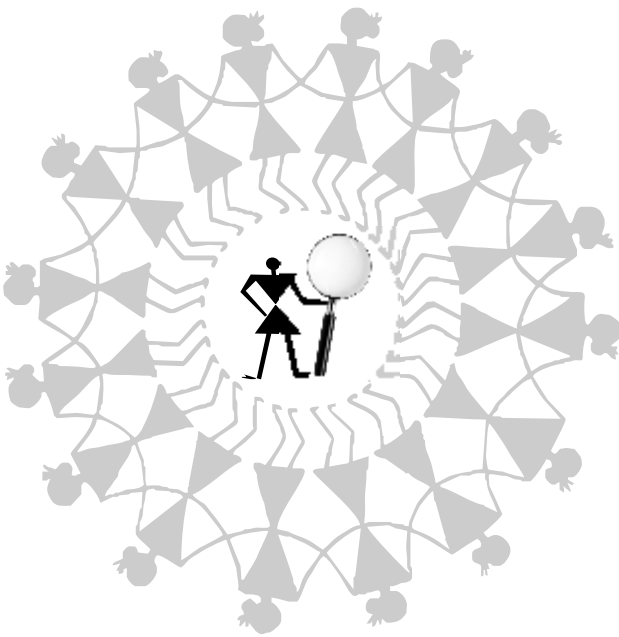
However, these 17 stories are indicative of the fact that if people are given the charge of monitoring over public services, then these services actually reach the true beneficiaries. People start feeling a sense of ownership over these services.

We hope that these stories would play a crucial role in convincing health experts, political leaders, policy makers and people at large, about the importance of community monitoring on public services.


Because community monitoring is the key to management of all public services in the twenty-first century.

Dr. Arun Gadre

Co-ordinator, SATHI



Bricks of perseverance and united pressure help complete anganwadi construction

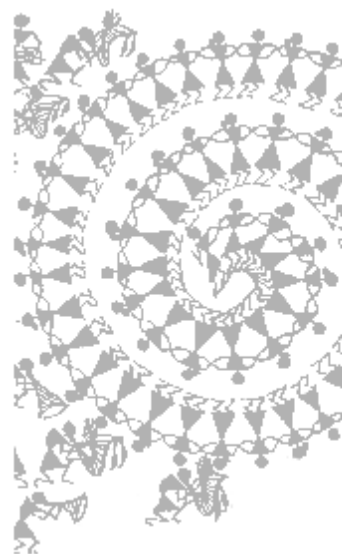


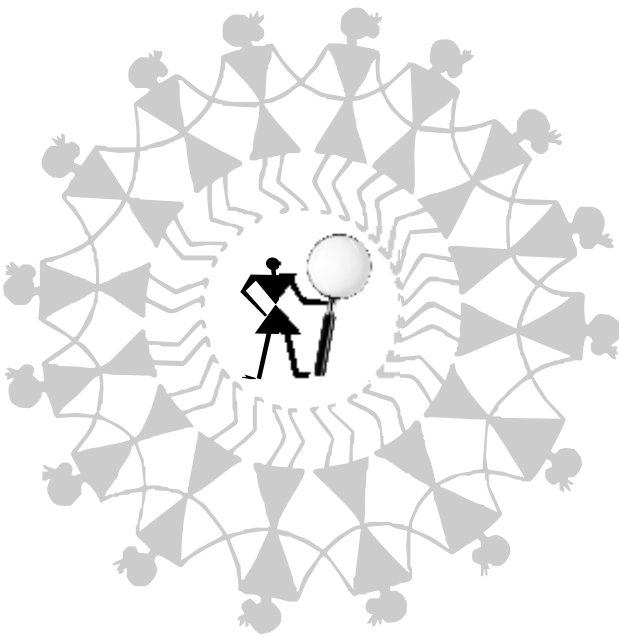
In remote tribal areas, Government officials and staff are often unable to pay minute attention to the village level services, the result being a significant apathy regarding these services. However, community monitoring and action at the village level, can actually help fight such apathy, as was demonstrated in a small village, Maal, in block Dhadgaon, district Nandurbar.

The problems related to ICDS services in the small and remote tribal village called 'Maal', in Dhadgaon block, Nandurbar district, represent most tribal areas and their anganwadis. The anganwadi was approved in 2006, for one of the 3 padas, and the village leader's daughter was appointed as the AWW (Anganwadi worker/sevika). However, she soon got married and left the village, she would come once in a while to the anganwadi for immunization. On these rare visits, based on

her whims, she sometimes provided nutritious food to the children. It is no wonder that there was no regularity to any of the anganwadi activities. A new anganwadi sanctioned in 2009-10 was only half constructed.

With the advent of CBMA ICDS in 2013, the villagers started discussing issues related to the anganwadi openly. The issue of the incomplete construction was taken to the Block Development Officer by Janarth (NGO working in CBMA ICDS) activists but to no end. A temporary room was made available in the school, and the Anganwadi worker, under the pressure of the CBMA process, began to live in the village. With services available daily, the attendance in the anganwadi increased, but in the monsoon the school room began to leak. Again the CBMA team raised the issue about the incomplete construction at the district level, and the district level officials visited the village and the site of the anganwadi and ordered the contractor to finish the construction in 3 days. The contractor paid no heed to this. Finally it was a written notice sent by Monitoring committee members threatening a criminal complaint against the BDO, the Gram sevak and the contractor, which set things in motion and the construction was finally completed.





One anganwadi- multitude of problems

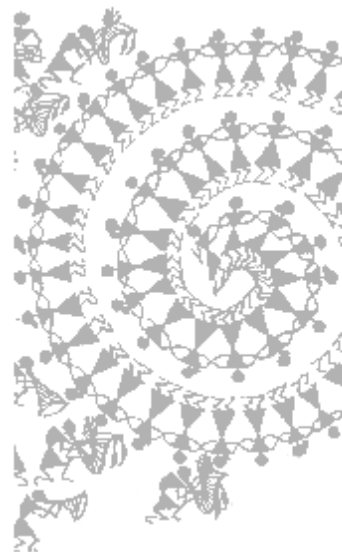


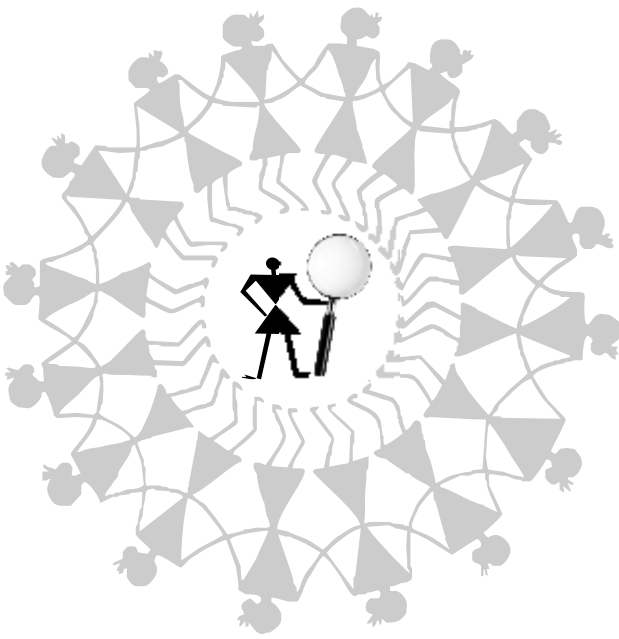
Making an anganwadi in a remote tribal village functional is not a simple task. Power dynamics and local vested interests, apathy of the Government system and non-action of villagers- Any anganwadi faces several problems which need to be tackled to make it functional. Following is an example of how this can be achieved, with the CBMA process playing the crucial role of a catalyst.

In village *Bodla Baripada* of Dhadgaon block, Nandurbar district the village head's wife was the AWW. With the launch of CBMA ICDS, and training of the Village Health Nutrition and Sanitation Committees, the head realized that things were heating up. He was not willing to digest the fact that questions would be raised regarding the functioning of the anganwadi. He started hindering the CBMA meetings. An unwritten rule was established that villagers should not cooperate with the

representatives of the organization in the matters related to functioning of the anganwadi. The organization people tried in vain to meet the village head but he kept avoiding them. Finally, upon enquiring his schedule they caught up with him while he was leaving his house at 8.30 in the morning. After some arguments, the activists challenged the village head to collect signatures and thumb impressions of the villagers saying they did not want the organization to work in the village. If that happened, they would leave the village. He back tracked and the Monitoring committee began its work.

The anganwadi was not regularly providing food to children and the contract for providing the food was with a self-help group which was again within the village head's family. The monitoring committee started keeping a note of the dates when the food was being provided, however the irregularity continued. Follow-up of the monitoring committee and involvement of the Block level official helped. A threat by the block level authorities that if the food is not regularly provided, then the bill will not be passed, worked. With regular food being provided, attendance of children also improved. With a follow-up of almost 6 months, incomplete construction of the anganwadi was also completed in due period.





Campaign for weighing machines

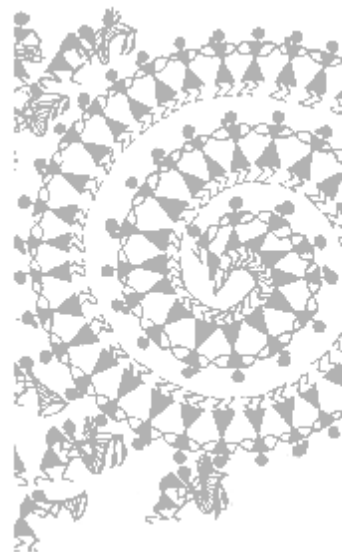


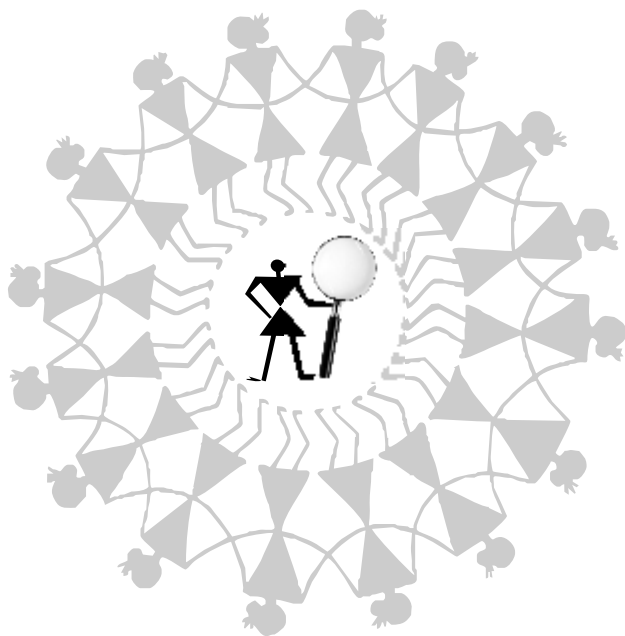
Taking proper weights of children in the anganwadi is crucial for identification of malnourished children. However, there is a lot of apathy, even about this simple aspect of the functioning of anganwadis in remote areas. The issue of weighing scales in anganwadis came to the forefront due to the intervention of the CBMA process, and the anganwadis also received new weighing scales.

Well-equipped anganwadis with proper services, can help in resolving the malnutrition among small children. However, the CBMA process in Dhadgaon block of Nandurbar district, revealed the sorry state of affairs in anganwadis, especially about functioning of weighing scales. During the routine visits for preparing report cards of anganwadis, under the CBMA, it was discovered that many of the weighing scales were not functioning properly and still the AWW was recording wrong


weights in her register. This was reported to ICDS authorities and it was the first time they had heard of it. Their argument was that since the weights of children are regularly being noted, how could the scales be non-functional. Finally, with insistence of Janarth, the NGO working in CBMA, the ICDS authorities visited the anganwadis. Janarth activists were equipped with their own weighing scales and they counter checked the weights in the registers noted by AWW. A difference of nearly 400 to 500 grams was observed per child, between the measurements of the faulty anganwadi scales and the proper scales carried by the activists.

There was also an issue about lack of electricity in villages to charge the electronic weighing scales. Besides all the AWWs were not trained to handle the electronic weighing scales. The issue was taken up at the block level by the Monitoring committee members, but this did not yield results soon. Then the committee members began putting moral pressure on AWWs, saying that by writing false weights they were cheating the villagers who trusted them. The AWWs in turn started reporting about the faulty scales to their supervisors, and as a result of the CBMA process; by December 2014, all the anganwadis in Dhadgaon were given new weighing scales.





Nutritious food in the anganwadi- yellow rice!

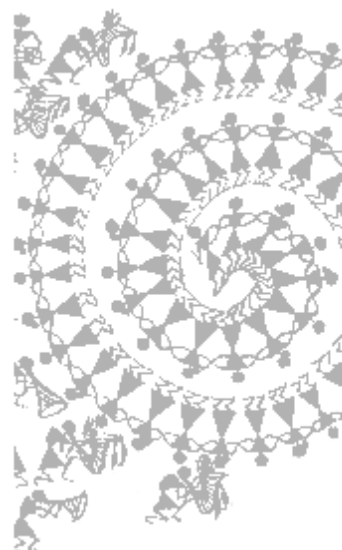


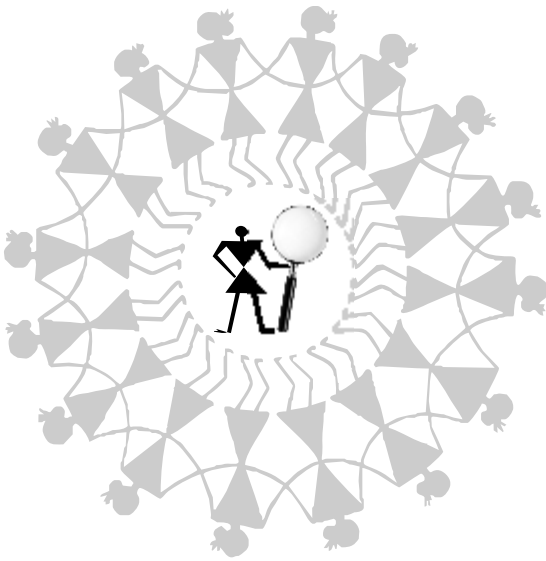
It would be a general assumption, that irrespective of all other the services meant to be provided in the anganwadi, food is something which would definitely be provided as it is one of the basic mandates for this system. However, in Dhadgaon block, even nutritious food was not being provided daily in the anganwadis. But due to the intervention of the CBMA process, fourteen anganwadis under the 'Janarth' organisation have started giving out yellow rice twice a day to the children...

When the CBMA of nutrition services was launched, out of 14 Anganwadis monitored in Dhadgan block, Nandurbar district, only one anganwadi, in Mandvi Khurd, was providing food everyday to the children. Ideally, there should be a variety in the food distributed in the anganwadi over the week and there are guidelines to this effect too, but in this anganwadi, the children were only being provided with plain yellow rice without any dal, basically rice tempered with cumin seeds and turmeric.


People actually believed that the sole purpose of an anganwadi is distribution of yellow rice! Most of the AWWs belonged to the families of village heads, as it is a fixed government employment and hence the influential people appropriated it. The contract for providing food to the anganwadis, is given to self-help groups who share some interests with the village head. There is competition among self-help groups for this contract, and the villagers were not even aware of the purpose of the anganwadi, what is malnutrition etc. Hence nobody could care less how the anganwadi was being run. It was all a very convenient arrangement till the CBMA began and the atmosphere changed. People and the monitoring committee members began asking the AWW as to why variety of food was not being provided in the anganwadi. After continuously facing this question, the AWW in turn began to ask the self-help groups about it. Some self-help groups, who enjoyed the 'protection' of the village heads, were undeterred and instead of pulling their socks, they gave their resignations. Then the responsibility of cooking and distributing the food, came on the AWW and the helper.

The issue remained that regular food was not being provided in the anganwadi and the issue was raised at the block level, in the meetings of the block monitoring committee meeting. Even after 6 months when the issue would not be resolved, the officials suggested keeping a register in each anganwadi, in which the monitoring committee members would note down whether the food was being provided regularly or not. Only if there was regular supply, the bills for the self-help group would be cleared. This turned out to be effective and while variety food items remains a distant dream, at least the yellow rice is now available twice a day to children in all anganwadis.





Gandhigiri- Silent protest to ensure punctuality of Anganwadi staff

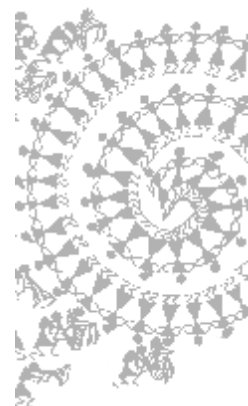


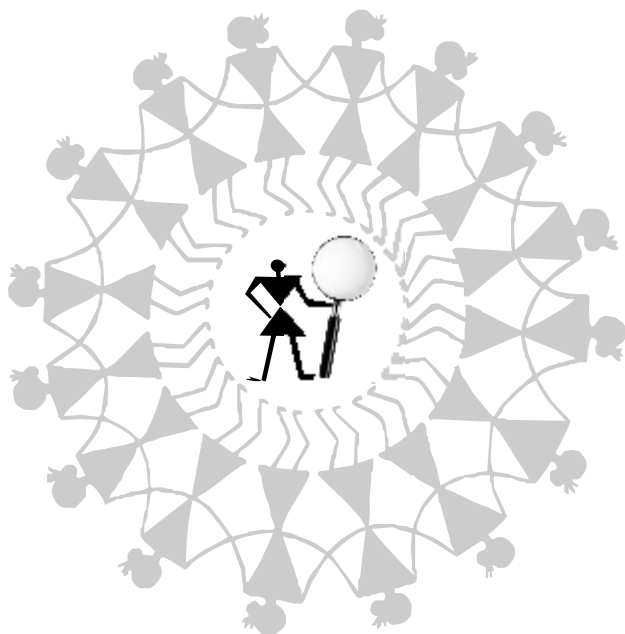
Despite the Maharashtra Government spending Rs. 1700 crores on anganwadi services annually, the number of malnourished children has not reduced. One of the reasons for this is that people's participation is not encouraged at the village and community level, to ensure the standard of nutrition services. Breaking away from this mould, locals in a poor locality of Govandi, Mumbai, adopted a novel gandhigiri approach to bring about a change in the anganwadi services.

In Shivajinagar Bainganwadi area of Govandi (West), Mumbai, often in news for its malnutrition problem, the Lokseva Sangam organisation (NGO working in CBMA ICDS), battled difficult conditions to implement CBMA on 17 anganwadis. In their daily struggle for survival the people from this largely slum area, never really concentrated on the functioning of the anganwadis. During one of the meetings


regarding CBMA, it came to light that they were not even aware about the timings of the anganwadi. For them the timings started whenever the AWW chose to come and open the anganwadi. When the monitoring committee members were informed by the organization that the anganwadi should be open for at least 4 hours daily, they were shocked.

The manner in which the monitoring committee member tackled this problem was unique. They decided to adopt a peaceful Gandhigiri approach. All they did was that one of them was available when the anganwadi opened, equipped with a register to note the timing of opening the anganwadi and the reason for the delay. Initially the AWW came up with several reasons, but soon she started running out of explanations. To see the children gathered around the anganwadi before her arrival was embarrassing and finally, the trick worked and the AWW started coming to the anganwadi punctually...





Errant food providers brought to book

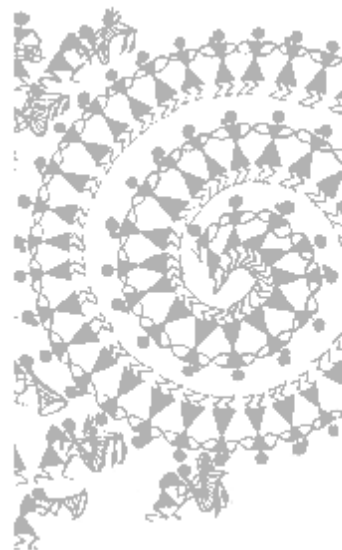


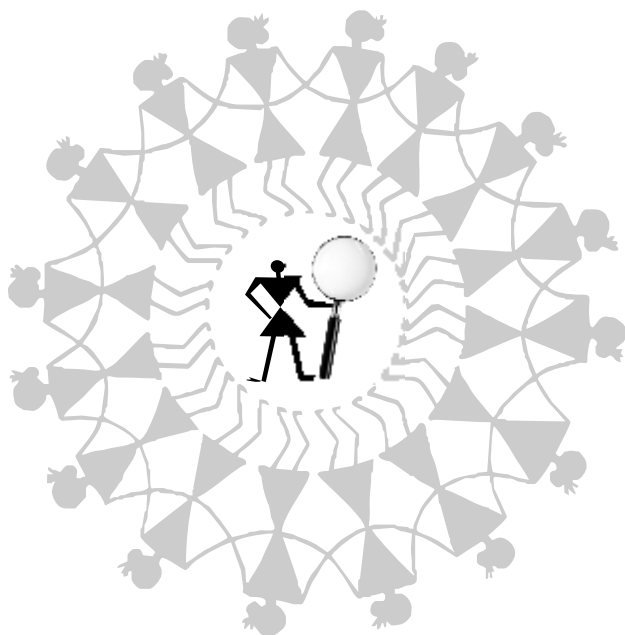
Despite rules about the quantity of nutritious food to be given to a child in the anganwadi, not all anganwadis are providing this specific amount of nutritious food to children. Sometimes, owing to collusion between the anganwadi worker and the contractors providing the food, or due to the arrogance of the contractor, children do not get food in sufficient quantity. Under the CBMA, the people in the community began to monitor the anganwadi, and this cheating came to light.

To ensure variety in the food being provided in the anganwadi, usually cooked food like khichadi, usal or lapshi, is given to the children 3 times in a week and dry snacks are given 3 times. The self-help groups are expected to supply food based on number of children, 50 grams of dry snacks and 100 grams of the cooked food, per child. With CBMA starting in the Shivajinagar area of Govandi, Mumbai, one of the queries raised


during the meetings was whether the food was being provided in sufficient quantities to the anganwadi. The discussions led to the beginning of an interesting intervention - the AWW should weigh the food when it is received from the self-help groups, and note down the weight in a register daily, along with her signature.

The figures spoke for themselves and exposed the gap between the expected amount and that being provided. Armed with these figures, Monitoring committee members approached the ICDS officials and the food providers were confronted. In their defence they tried to say that the rate given to them was too low etc but these excuses were not justifiable. As a punishment their two days payment was held up and they were warned that if next time a gap in weight was identified then their contracts would be terminated. .





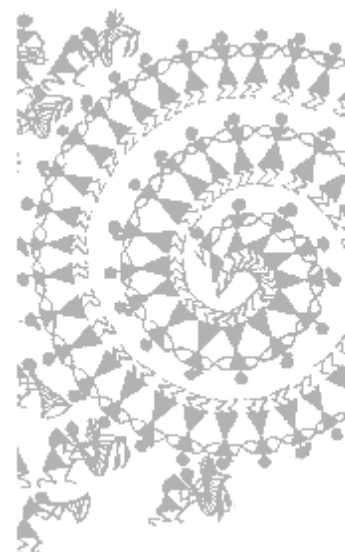
Mother committees get activated

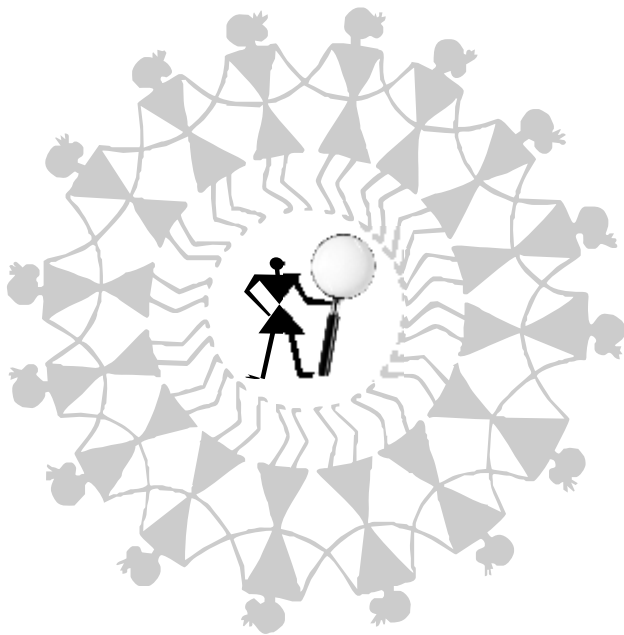


In most anganwadis in Maharashtra, food is being supplied through self-help groups, since 2005. To monitor the standard and quantity of the food, a GR was issued in September 2009, to set up specific committees, however, the implementation of this decision largely remains on paper. However, in the 17 anganwadis of the poor community of Shivajinagar - Bainganwadi, in Mumbai, CBMA intervention has ensured the activation of these committees.

A GR has been issued regarding setting up of mother committees at the community level, to monitor the food supply at the anganwadi. The mother committee comprises of a pregnant woman, a lactating mother, mother of a 1 to 3 year old child of the anganwadi, also a mother of a 3 to 6 age group child, anganwadi worker, a woman representative of the local CSO,

and if possible a female teacher. When activists of the Lokseva Sangam organization sought information about the Mother Committees of the anganwadis in their area, they realized that not much information was available at the level of the anganwadi, and it was only upon persuasion with the supervisor that the lists were provided. When the activists began to meet with the members, another picture emerged. When asked about the meetings, women said that the AWW visited their house and took their signatures on some papers, but they had never attended the meetings. When this was reported to the ICDS authorities, they gave explanations like the members keep changing etc. Not a single committee had a representative of a local NGO as per the requirement. Finally the activists proposed setting up of new mother committees which would include one pregnant woman, one lactating mother, a representative of the NGO and also a community representative. Thus new committees were set up, and once they had been oriented on their role, and the cooperation of the AWW was sought, they became active.





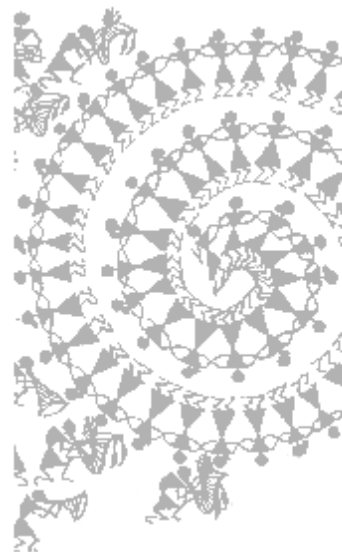
Anganwadi opens its doors to adolescent girls

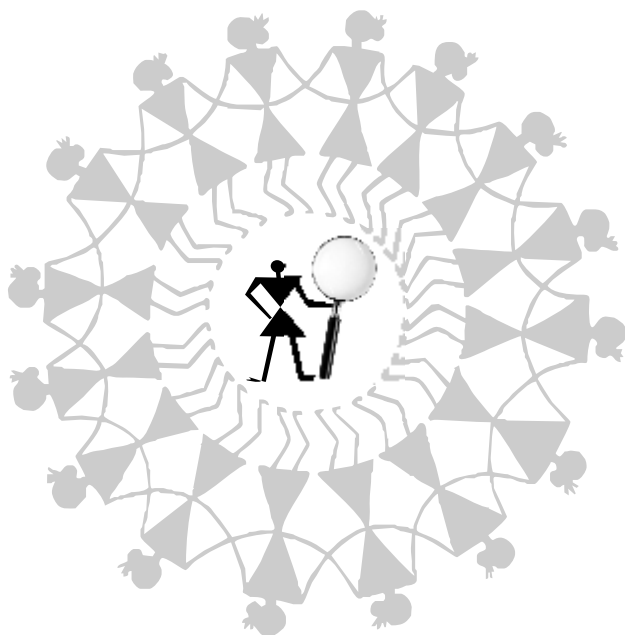
Ages 10 to 19 are referred to as adolescence and often in India, girls in this age group do not receive proper nutrition and this has been linked as one of the reasons for maternal mortality in later life. There is a provision to provide nutritious food to girls in this age group, through the anganwadis, but it is rarely implemented. However due to the initiative of the CBMA process, some anganwadis in Mumbai have started providing nutritious food to the adolescents.

Activists' initiative led to anganwadi services being extended to adolescent girls in a slum area of Mumbai. It is well known that in a patriarchal society girls are often fed lesser than boys and especially in adolescence with the onset of menstruation, nutritious food, becomes very important but many times the girls are deprived of this. Besides they also fail to understand the


bodily changes they are going through during their youth- ages of 10 to 19. Proper scientific knowledge about the same can help them cope better and also dispel myths. Initially the activists undertook a survey of the 17 Anganwadi areas, and located 415 adolescent girls. There was a discussion on issue of access to the anganwadi, as some of these girls attended college/school, most worked for money etc. Based on need and willingness to take nutritious food from the anganwadi, a separate list of 205 girls was prepared. The list was broken up for each anganwadi and kept at the respective anganwadi for record. The process of bringing the girls began with a meeting involving people from the community, the AWW, and representative of the organization. In this meeting information was provided on what services adolescent girls can get at the anganwadi level.

Anganwadis are also supposed to maintain records of weights of adolescent girls, as malnutrition at this stage leads to malnourished mothers, giving birth to malnourished babies. As per scientific indicators, the weight of girls aged 11 to 15 should be 30 kgs on an average, and that of girls in the age group of 15 to 19 should be an average of 35 kgs. The activists are now planning maintaining of weight records of the adolescent girls in these anganwadis...





Discussing malnutrition in the gram sabhas

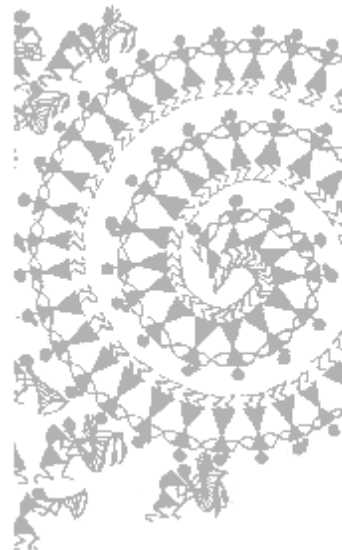


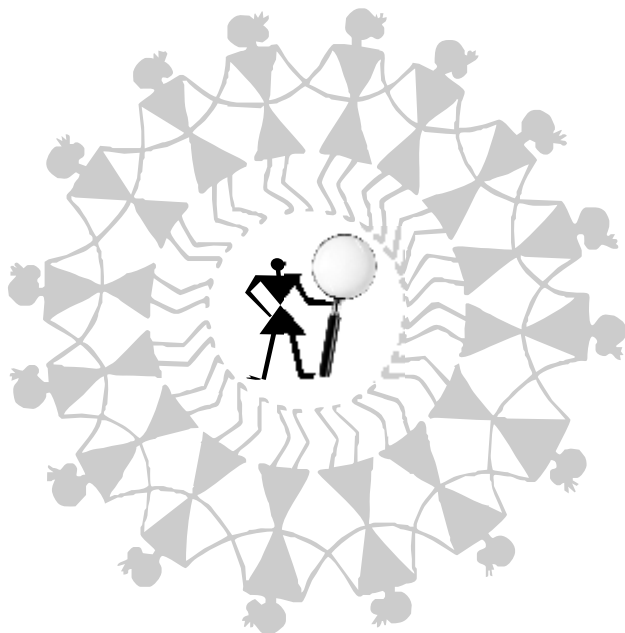
Mostly the blame for malnutrition is placed on the AWW or on the overall Government system. However the issue of lack of active participation from villagers is often ignored. Under the CBMA, 'Rachana' raised the issue of malnutrition in the '*gram sabha*', and malnutrition became a cause of concern for the entire village not just the Government system..

The NGO Rachana, while participating in the CBMA process, tried to utilize the forum of *gram sabha*, provided by the *Panchayati Raj* structure, to bring attention to the issue of malnutrition and to take appropriate action. They approached the Block Development Officer for this, and he approved of the idea. A message was sent to the ICDS officials that the AWW should present the problems and requirements with regards to

malnutrition in the gram sabha of the village.

The activists of Rachana discussed the problems of the anganwadis with the AWW, and even members of the Mother Committees were roped in for the gram sabha. This led to effective gram sabhas where solutions were sought to the problems raised. In the gram sabha of Rule village, several issues related to the anganwadis building, condition of toilets etc were raised and decisions about how to resolve them were taken. When the activists visited the anganwadi later, they found most of the problems resolved. 13 children in this anganwadi had been reported in the 'Medium' category of malnutrition in the gram sabha. This figure came down to 7. Even in other villages, effective interventions were undertaken and the gram sabha provided the appropriate platform for bringing all stakeholders together to battle the issue of malnutrition, and to improve services of the anganwadi.





No butter no biscuit campaign

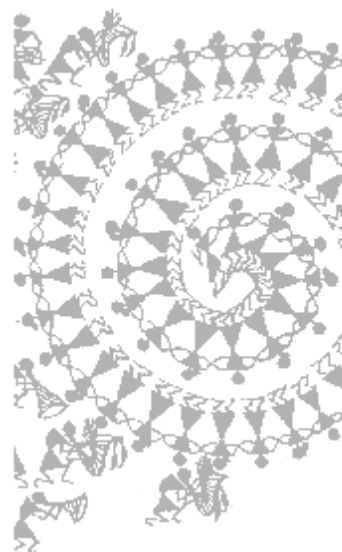


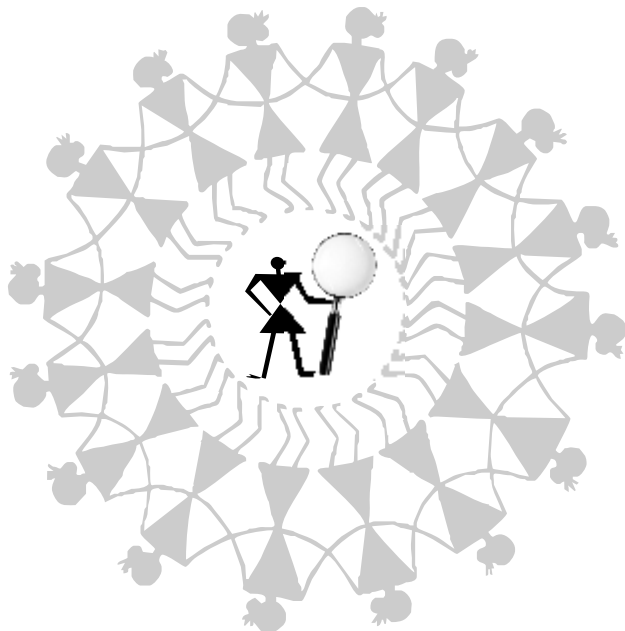
People's participation was the missing link in the implementation of the 'Rajmata Jijau Kuposhan Mukti Abhiyan', which has been introduced by the Maharashtra Government, with the objective of reducing malnutrition. This gap has been addressed to a certain extent, through the process of CBMA.

With CBMA in place, people's participation has been garnered for the Maharashtra Government's 'Rajmata Jijau Kuposhan Mukti Abhiyan', especially in 15 villages of Velhe taluka, with the initiative of 'Rachana'. This programme suggests creation of a 'Children's Corner', or *balkopara*, within the house, where nutritious snacks should be kept at a place accessible to the child. That way even if the mother is not around, the child can eat when hungry. Many of the families


adopted this concept and implemented it.

By rigorously following up for the Mother Committee meetings, the Rachana activists ensured that the noting of weights and heights of children took place regularly in the anganwadi. The mothers themselves started taking initiative for this, it was no longer just the task of the AWW. They also kept note of these in the chart put up in their houses, near the balkopara. While explaining about nutrition to the women, a campaign was taken up – '*no fast food, no bakery food*' Rachana activists created a lot of awareness about the uselessness of items like biscuits, butter-khaari, toast etc in terms of nutrition. These items and packet of chips etc are easily available and often given to children. Rachana also took the lead along with the AWW to demonstrate nutritious recipes from easily available vegetables and other items in the area.





And the Anganwadi got a fan

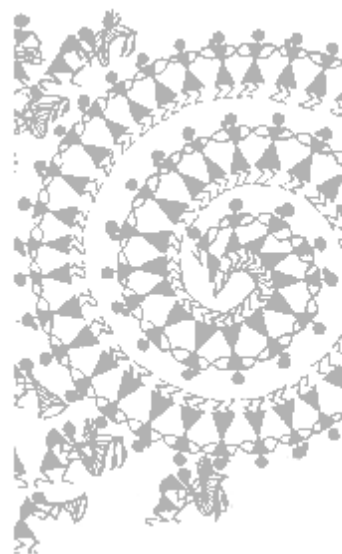


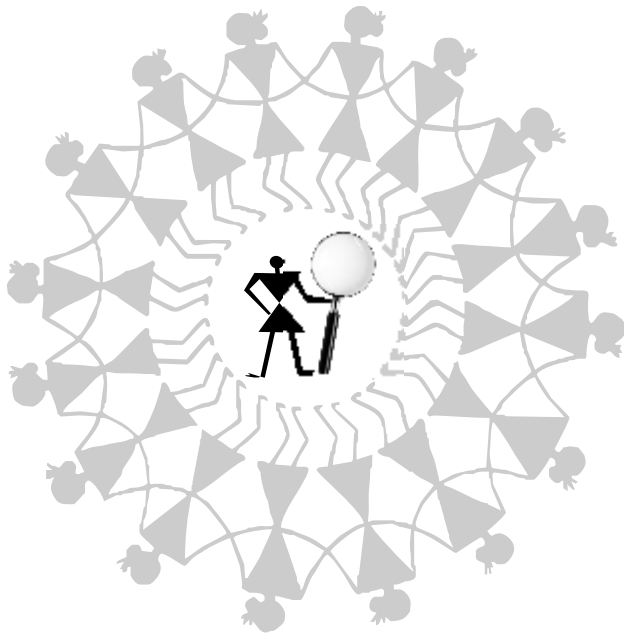
Sometimes certain very trivial problems, or lack of a small facility creates an obstacle in successful implementation of Government services. Anganwadis in the poor community of Tajbag near Nagpur city, face several such trivial problems, which are rendering their services ineffective. However, through CBMA, these problems have been identified and solved to enable smooth running of the anganwadi.

Amhi Amchya Arogyasathi is involved in the CBMA in Tajbag, a densely populated poor locality in Nagpur. Most of the anganwadis in this area run in rental spaces, which come with their own problems, like lack of toilet, availability for a limited time duration etc. Besides the provision for rent and electricity bill for the anganwadi is very low, and rentals are comparatively high in urban areas, which is another problem. Most of the


rental places are made of tin, with tin roofs, and naturally they heat up unbearably in summers, in a city like Nagpur where temperatures easily cross 40 degrees Celsius. In this situation a ceiling fan is a necessity, hardly a luxury. However, anganwadi no. 150 in Tajbag had no ceiling fan. Hence the AWW would open the anganwadi briefly only for distribution of food, but it was impossible to provide any other services.

After a lot of debate and discussion about how to get the funds for a fan, the issue was presented before the Corporator (Nagar sevak). He suggested that instead of him alone bearing the costs, there should be contribution from the community too. He said he would donate twice the amount collected by people. There was also an issue of electronic weighing scales not being available at all anganwadis, and with rotation of the existing scales, weighing of children and pregnant women was not being done regularly. The same principle was applied here too. The community, which comprises very poor people, often barely making ends meet, collected Rs. 500 for the fan and Rs. 1000 for the scales. As per his word, the Corporator donated Rs. 3000. Weighing scales were purchased and utilized carefully and regularly, with community ownership feeling. And the anganwadi finally started functioning under the cool breeze provided by the ceiling fan!





Activating the Nutrition Rehabilitation Centre

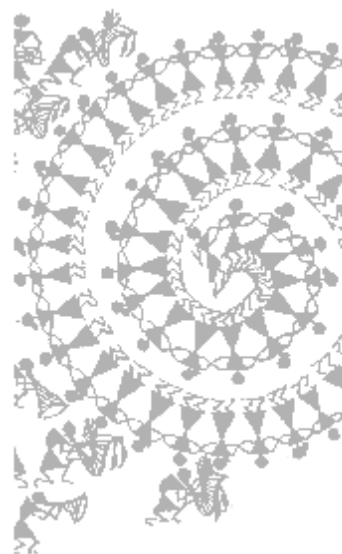


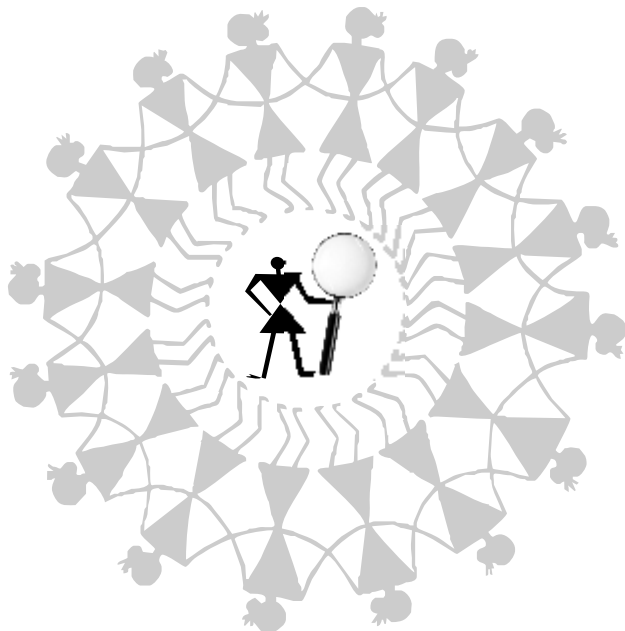
Under the 'Rajmata Jijau Kuposhan Mukti Abhiyan', Nutrition Rehabilitation Centres (NRC) are established. Residential treatment is provided to severely malnourished children in these NRCs. But with lack of information about these centres, the beneficiaries were not accessing these services. Hence due to the developments in the Nutrition Rights Project in Nagpur city, several needy have begun to access these services.

In Tajbag area of Nagpur, the activists of Amhi Amchya Arogyasathi noticed a lot of children who despite consuming nutritious food, were still becoming thinner and weaker. They realized that some of these children needed treatment along with nutritious food. They were also aware of the fact that such treatment was available in the Nutrition Rehabilitation Centre (NRC), at the Daga hospital in Nagpur. However neither the


Anganwadi staff nor the ICDS officials were aware of this centre and the services offered by it. Another problem was that most of the children had been put in the 'moderate malnourished' category, but the NRC only treated those children who were 'severely malnourished'. Upon follow-up it emerged that the weighing scales in many anganwadis were not functioning properly. Besides the AWW was including even the severely malnourished children in the moderate category. An independent survey by activists revealed shocking figures – 106 children in the age group of 6 months to 3 years, and 134 in the age group of 3 to 6 years, were moderate to severely malnourished.

The activists created awareness about this and stressed on the need to access the NRC for treatment of these children. Unfortunately the NRC officials were showing reluctance due to a gap in the indicators used by the anganwadi for moderate to severe malnutrition and those used by the NRC. This was a minor issue, which the activists tried to resolve by approaching the Municipal Corporation officials and the Sabhapati, and advocating for common indicators. They also pushed for increasing the capacity (from 10 beds to 20) and the staff of the NRC. Finally a separate ward has been approved for the NRC in the Daga hospital and children are able to access the necessary treatment. In addition their parents receive Rs. 50 per day to compensate for the loss of wages as these are daily wage earners and loss of working days for them means a struggle for survival. This entire intervention has enabled activation and proper utilization of the NRC.





CBMA- an effective medium for evaluation

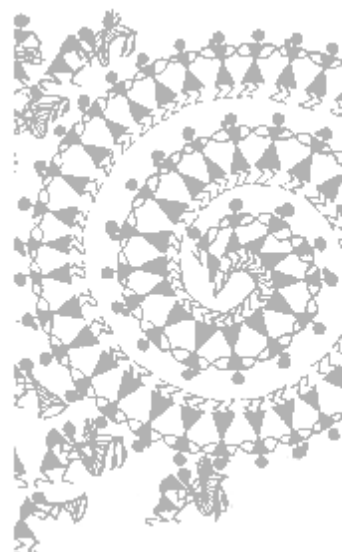
 There is no system of evaluating the nutrition services, apart from the figures filled at the local levels and then passed on to higher levels. However, the CBMA process has enabled an effective people-centred evaluation process.

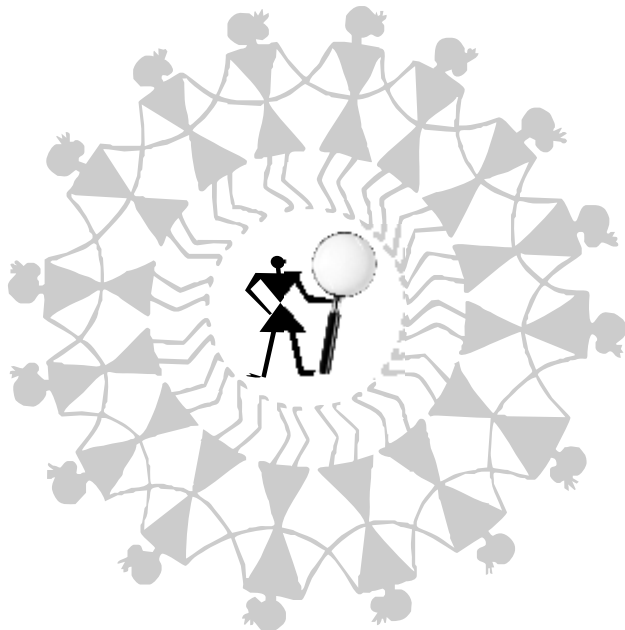
The CBMA process in Uradi village in Gadchiroli district, implemented a simple activity- weighing children in the presence of their parents. The AWW also readily agreed. The activists of Aamhi Amchya Arogyasathi, also invited the MO for this process. In this exercise 4 children were discovered to be in the severely malnourished category. The MO immediately examined these children and it was recommended that a 'Child Development Centre' be established in the anganwadi for these

children. There is a provision for this service for severely malnourished children, where by an amount is sanctioned for special diet and fruits for these children. The AWW keeps these children in the anganwadi for the entire day and is responsible for feeding them at specific intervals. The AWW often avoids all this due to the fear of increasing her workload. However, this is not an acceptable fact, given that there are services available, and knowing well that lack of intervention means literally pushing the malnourished children into the 'malnutrition death' figures.


Another issue which came to light was that although the register showed that the lactating mothers and adolescent girls were being weighed every 3 months as per the requirements, actually none of the women had ever been weighed. The notes in the register had the signature of the Anganwadi supervisor, hence both the AWW and the Supervisor were questioned in front of everybody. They admitted to their mistake of 'forging' the weights and promised this would never happen in the future.

Thus schemes and provisions which exist, often seem to give good 'results' on paper, but there is no bottom up evaluation mechanism to check effectiveness. CBMA has filled this crucial gap.





The reality of 'take home ration' (THR)



The reality of sub-optimum hapazard implementation of the Take Home Ration scheme, which has been introduced for children aged 6 months to 3 years, pregnant and lactating women, and adolescents, came forth due to the CBMA process.

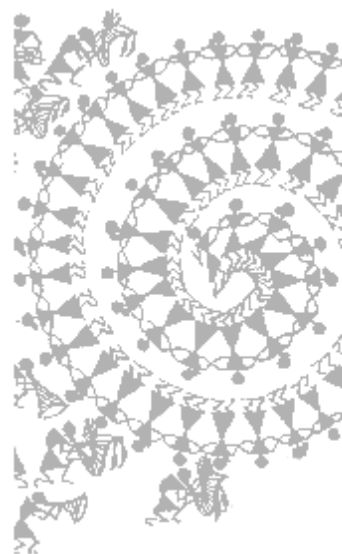
The take home ration (THR) scheme has been initiated for children in the age group of 6 months to 3 years, who cannot visit the anganwadi, and also for the pregnant women, lactating mothers and for adolescent girls. Basically it is a pre-packed dry powder which contains essential calories and protein content for preparing nutritious food. In Kurkheda block, with the initiation of CBMA, a lot of issues regarding the THR started coming up. One was about receiving THR packets after they had crossed their expiry date. The issue came to light when CBMA members noticed packets beyond the expiry date lying in the anganwadi, and upon enquiring with the beneficiaries,

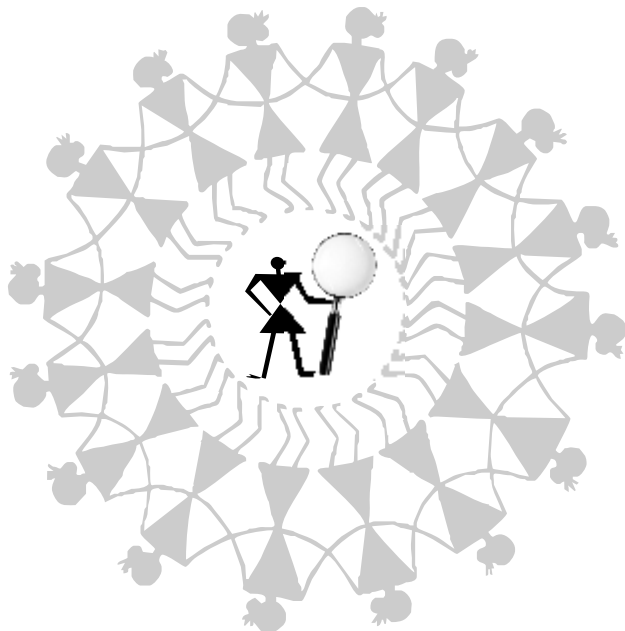
discovered that they too were often given packets beyond expiry date. The CBMA members recalled all packets and pressurized the AWW to replace these with new ones.

A related issue that emerged in Dhadgaon block of Nandurbar was that the supplier sent the packets only once in 3 months and these were not distributed to all the anganwadis, rather they were dropped off at the most convenient and accessible anganwadi. It was then upto the other AWWs to make a trip to this anganwadi to collect the packets, often spending money from their pockets for the transport. One AWW shared her problem, saying that it was mandatory to provide a receipt collected from the CDPO and supervisor, to receive the packets from the contractor. This process is often delayed due to laxity on the part of these officials, and hence the packets are delivered to the anganwadis close to their expiry dates.

It was also reported that the people often did not use the THR for feeding children, because it is not tasty. Instead they have many innovative uses for THR in different places – some use it to feed their dogs and cattle, some use it as bait to catch fish and even to feed the hens!!

Every child should get three packets of THR every month. But as per a survey conducted by the Nutrition Rights Coalition, in 15 villages of 4 districts, 60 % mothers reported that they received on an average only two packets per month, and 40 % mothers received only one packet per month. They showed dissatisfaction about the taste of the THR too. The Nutrition Rights Coalition reported these results to the officials in the Women and Child Department, as a result of which the Principal Secretary, Shri. Ujwal Uke, issued orders that the THR distribution should be done through self-help groups. Although the THR scheme is still being blindly followed all over the state, this slight change of approach could be brought about due to the CBMA process.





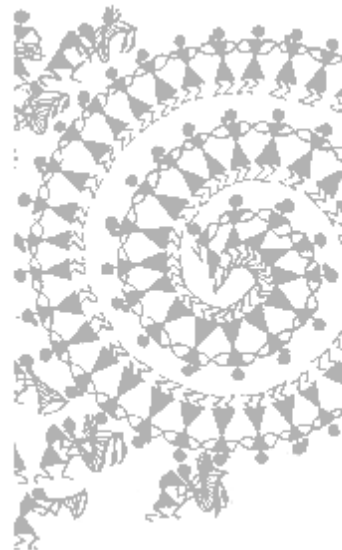
Making the anganwadi child friendly

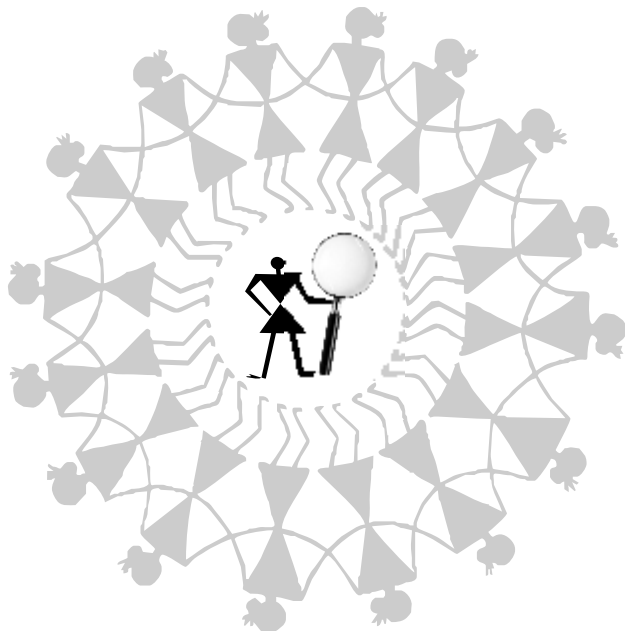


CBMA process managed to break through apathy of ICDS workers about the functioning of anganwadi in a remote tribal village, and achieved a crucial breakthrough.


Bhandri is a small village in Chiklaldara block, with a population of about 700 to 750, located close to the Melghat tiger reserve. It is in a relatively under developed area, and is almost cut off from the rest of the world. There is an anganwadi, but who would bother to really see how it is functioning? When 'Khoj' organisation began CBMA of ICDS in 30 villages of the 2 blocks of Dharni and Chikhaldhara, issues related to this anganwadi began to come to light.

In the Bhandri anganwadi, the register showed 73 names but in reality only 5 or 6 children showed up at the anganwadi. Being located in the interior, the supervisor had not bothered to travel 30 kms to monitor the anganwadi. The AWW, when questioned blamed the villagers for not sending the children. In subsequent village meetings it became clear that the villagers were not aware of the services provided by the anganwadi. There also seemed to be some apathy among the villagers about the same. With continuous dialogue with the villagers, the reasons for low attendance became clear – one was emergence of a religious sect which goes by the name 'jai gurudev'. Non-veg food and any outside food was banned for the followers of this sect, and this ban extended to the anganwadi food. The other reason which emerged was the villagers' perception that the AWW beats the children with a cane, villagers asked why they should send their children to the school to be beaten up by her. On confronting the AWW she said she just holds the cane to scare the children, she never hits them. Then the proposal of a 'cane-free anganwadi' was suggested by the activists of Khoj. The AWW agreed, and the helper began to make home visits to invite the children to the anganwadi. The monitoring committee members also created awareness about the services provided by the anganwadi, about immunisation, education, treatment for malnourished children and slowly the results were seen. Attendance increased to about 22. The people belonging to the 'jai gurudev' sect still do not send their children, but that is a larger and longer battle. The experiment of child friendly anganwadi definitely showed positive results.





The Monitoring committee tows the line for the contractors



Due to apathetic approach of people and lack of their interest in the Government constructions, the contractors often get away with sub-standard work. But with the CBMA process, the villagers realised the importance of the nutrition services and they took interest in the construction of the anganwadi too.

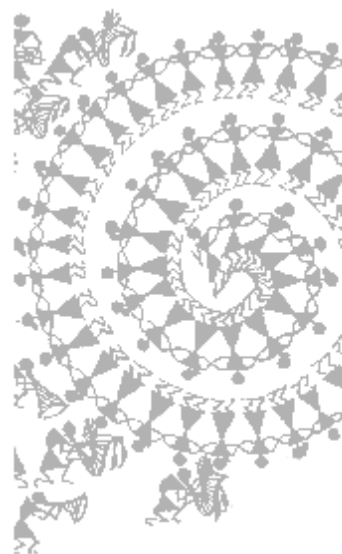
It is often observed that government constructions are undertaken by local contractors, who show great negligence and deliver a sub-standard construction. Thus complaints about anganwadis with leaking roofs, no toilets, weak walls etc are commonplace. There seems to be no accountability towards the safety and life of the children visiting these anganwadis. However the picture changed in Jaitadehi village in Chikhaldhara block. Despite increased allocation of funds for

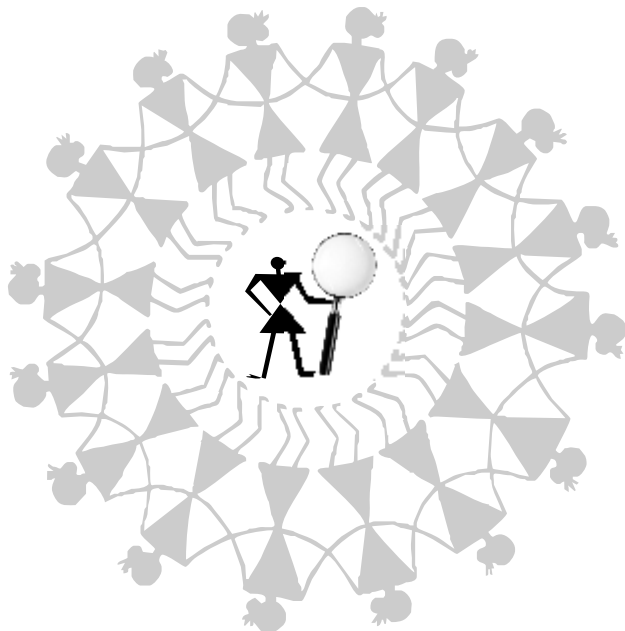
the construction of the anganwadi, as per the demand of the contractor, something was not right, because instead of working on the construction during the day, he was working at night! A visit to the site revealed that he was building a very weak structure, using very little cement!

The labourers were from the village and assured support to the committee members if they made a complaint. A village meeting was called and the villagers agreed this was a serious issue which needed attention. The matter was reported to Khoj, and they sent three activists to the village to cross check the facts and made a formal complaint to the Chief Executive Officer. An enquiry committee was established, which included monitoring committee members.


The contractor now panicked because an enquiry like this could affect his business, when the construction is found too sub-standard, the contractor can get black-listed. Hence he rushed to the village and promised to put the slab in presence of monitoring committee members. He also promised to fortify the walls with cement. Anyway, the Monitoring committee members were more interested in the results than the enquiry process, so the construction took place in their watchful presence.

Thus with joint action of the Monitoring Committee, villagers and NGO Khoj, the problem of faulty construction of the anganwadi was identified and resolved. It also shows that people are not apathetic, they need proper spaces to raise their voice, which are being provided by the CBMA process.





Resolving issues locally through CBMA

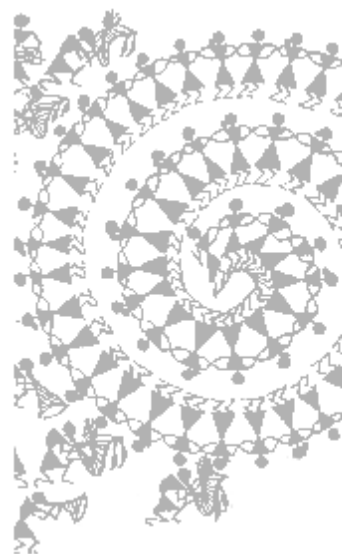
 There was no space for raising issues related to nutrition services at the village level, but with the advent of CBMA this space has been created, and several issues are being raised and resolved at the local level. One such example.

Dharni block of Chikhaldhaara is infamous for its malnutrition and also famous for its timber and thick forest cover. During the monsoon months, most villages are completely cut off from the outer world. Monsoon, contamination of water sources, combined with the remoteness of the area, makes it a festering ground for epidemics. All this makes the anganwadi very crucial, but how do the anganwadis function here?



One of the villages, Mansudhavadi, where the Korku tribe lives, has 2 anganwadis. One of these anganwadis is sanctioned, it has posts of AWW and helper, but ironically has no building! The other anganwadi has a building, but no anganwadi helper! It also has no utensils to cook food for the children. The AWWs, in true spirit of a population used to 'adjusting' with the situation, found a solution by combining the children in the second anganwadi, which has the building and utilising the utensils of the first anganwadi. However, this led to double strain on the helper and the children were also cramped up. And neither had any space to complain.

Here the CBMA process stepped in. With discussions about anganwadis taking place, monitoring committee members began following up for sanctioning a building for



the second anganwadi. The local ICDS officer and the anganwadi supervisor, were invited to the village. The grampanchayat provided space and also made funds available from the *zilla parishad*. Once the construction was complete, the contractor refused to hand it over due to non-payment of his last instalment. Monitoring committee members and Khoj activists followed up on this issue and ensured that it was done. The building was cleaned collectively by the villagers, and follow up is on for getting utensils for the other anganwadi and also to fill the post of the helper. Members of the monitoring committee and some villagers have decided to gift utensils to the anganwadi in the coming jansunwai.





“The examples written this book provide an excellent opportunity for all policy makers and the program implementers to understand how transformational the community monitoring processes are; especially when NGOs look at Government as their partner to make that meaningful difference in the lives of women and children from the vulnerable communities.

Such processes are very powerful and they give the frontline functionaries, community workers space to exhibit their leadership, strengthen their self-esteem and provide leadership with accountability.

We should as a network embed these processes in all flagship programs of the government; to build a strong partnership among communities, government and NGOs.

We should encourage such processes with a positive stroke to create transformation among the service providers especially the ANM, ASHA, AWWs so that they would emerge as the champions of change”

- Rajalakshmi Nair

*Health and Nutrition Specialist
UNICEF*

In a country which is on the path to be a super-power, why is malnutrition so severe? There is one reason for this- absence of people's participation in the anganwadis which are fighting against malnutrition, at the village level. Community based monitoring can prove to be an effective tool to bring people's participation at the centre for resolving malnutrition. In Maharashtra this experiment is in process in 114 anganwadis under the 'Nutrition Rights Project'. This booklet notes some unique experiences of this project, which provide glimpses into the amazing possibilities presented by bringing anganwadi services and community monitoring together. This booklet suggests a new people-centred alternative for fighting the old problem of malnutrition...



Narotam Sekhsaria Foundation

