Status of Implementation of Food Schemes In Gujarat

A Report based on Field Survey in Four Districts
Nov 2009-January 2010
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CHAPTER 1 INTRODUCTION

1.1. GUJARAT AT A GLANCE

According to the final results of Population Census 2001, the population of Gujarat is reported at 5.07 crore. The growth rate of the decade 1991-2001 has increased to 22.66 percent from 21.19 percent of the decade 1981-1991. Nearly, 37.36 percent population of Gujarat resides in urban areas. This proportion of urbanization was 34.49 percent in 1991. The density of Gujarat was 211 persons per sq.km. in 1991 which has increased to 258 persons per sq.km. in 2001. The highest density (of 719 persons per sq.km.) has been observed in the district of Ahmedabad, while the least density of 35 persons per sq.km. has been reported for the Kachch district.

The population of Scheduled Castes and Scheduled Tribes in the State have been reported at 35.93 lakh (7.09 percent) and 74.81 lakh (14.76 percent) respectively. About 60.69 percent of the Scheduled Castes population was enumerated in rural areas and the remaining 39.31 percent was enumerated in the urban areas. The literacy rate (excluding the population of 0-6 years age group) for Scheduled Castes and Scheduled Tribes have been reported to 70.50 percent and 47.74 percent respectively. The literacy rate for the rural areas was 61.29 percent and for the urban areas it was 81.84 percent.

The sex ratio of Gujarat has reduced significantly from 934 (1991) to 920 (2001). The trends in Malnutrition in the state of Gujarat as per the NFHS reports have shown that the situation continues to remain alarming. The percentage of children under 3 who are stunted was 50.1% in NFHS 1 and was 49.2% in NFHS-3, while 41.1% of children under 3 as per NFHS-3(2005-06)are underweight, dropped only one percent from NFHS-1. 79.8% of children between ages 6mnths-35 months were anemic while 55.5% of women between the ages 15-49 yrs as against 22.1% of men in the same age group were anemic, Gujarat’s double burden of malnutrition is also indicated in the survey wherein 32.3 % of ever married women in the reproductive age (15-49 yrs) had Body Mass Index below normal while 20.3% of women were overweight.
OBJECTIVE OF THE SURVEY

The survey was to access the implementation of food related schemes monitored by the Supreme Court of India under (CWP-196/2001) the right to food case. The survey covered the following aspects:

- Coverage (inclusion/exclusion)
- Availability, accessibility and quality
- Problems in implementation
- Grievance redressal and general grievances mechanism

1.2. SURVEY AREA
To monitor the implementation of food schemes and compliance of Supreme Court Orders in the state, six districts were covered in the survey. In this report data from four districts has been presented in keeping with the sample taken from the other states. These chosen districts represent the different agro-climatic regions of the state. The four chosen districts are Kuchchh, Panchmahal, Rajkot, and Tapi. Five villages were selected randomly in each block to have populations between 500-3000, at least one primary school and two blocks were selected in each chosen district. The villages and blocks were selected such that there was representation of all social groups- SC’s, ST’s, OBC’s, Primitive Tribes, Minorities.

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>Blocks</th>
<th>Villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tapi</td>
<td>Nizar</td>
<td>Umja, Rajpur, Taranda, Moramba, Sadagvan</td>
</tr>
<tr>
<td></td>
<td>Songadh</td>
<td>Vajharda, Sadadkuva, Champavadi, Malangdev, Sadadun</td>
</tr>
<tr>
<td>Kutch</td>
<td>Rapar</td>
<td>Manaba, Nandasar, Kalyanpar, Sonalva, Makhel</td>
</tr>
<tr>
<td></td>
<td>Bhachau</td>
<td>Bandhadi, Bharudia, kadol, Kanthkot, Vamka</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>Ghoghamba</td>
<td>Galibili, Padhora, Nathkuva, khanpatla, Davadra</td>
</tr>
<tr>
<td></td>
<td>Santrampur</td>
<td>Bhamari, Nani Kyar, Molara, Manchod, Gothibda,</td>
</tr>
<tr>
<td>Rajkot</td>
<td>Maliya</td>
<td>Kajarda, Chikhli, Bagasara, Mota Bhela, Moti Barar</td>
</tr>
<tr>
<td></td>
<td>Jasdan</td>
<td>Janada, Kandhevaliya, Thoriyali, Veraval Bhadli, Gundala</td>
</tr>
</tbody>
</table>
1.3. METHODOLOGY

1.4.a. Selection of Survey Area:

Four districts has been selected ensuring that four different agro-climatic regions, communities of the state will be represented. Tapi and Panchmahaals fall in the the eastern tribal belt of Gujarat, while Kutch and Rajkot fall in the western Saurashtra region of Gujarat. In each district 2 blocks were selected – one which is easily accessible and relatively closer to the District Head Quarter and the other which further away and remote. The five survey villages have been selected randomly from the Census list of villages from each block. Out of the total 10 villages selected in each district ensure that at least one has a SC population in the range of 20% to 50% and that at least one other village has a population of minorities (Muslims, Christians), NT-DNT, or PTGs. The demographic population of the sample villages aggregated for the districts is as follows:

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>No_HH</th>
<th>TOT_P</th>
<th>P_06</th>
<th>P_SC</th>
<th>% P_SC</th>
<th>P_ST</th>
<th>% P_ST</th>
<th>P_ILL</th>
<th>% P_ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tapi</td>
<td>2855</td>
<td>13560</td>
<td>2187</td>
<td>78</td>
<td>0.6</td>
<td>12999</td>
<td>95.9</td>
<td>8724</td>
<td>48.2%</td>
</tr>
<tr>
<td>Kutch</td>
<td>3320</td>
<td>15144</td>
<td>2827</td>
<td>1809</td>
<td>11.9</td>
<td>2633</td>
<td>17.4</td>
<td>10563</td>
<td>51.1%</td>
</tr>
<tr>
<td>Panchmahaals</td>
<td>3213</td>
<td>19896</td>
<td>3748</td>
<td>329</td>
<td>1.7</td>
<td>12326</td>
<td>62.0</td>
<td>12500</td>
<td>44%</td>
</tr>
<tr>
<td>Rajkot</td>
<td>2900</td>
<td>15473</td>
<td>2999</td>
<td>620</td>
<td>4.0</td>
<td>5</td>
<td>0.0</td>
<td>8960</td>
<td>38.5%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>12288</td>
<td>64073</td>
<td>11761</td>
<td>2836</td>
<td>4.4</td>
<td>27963</td>
<td>43.6</td>
<td>40747</td>
<td>45.2%</td>
</tr>
</tbody>
</table>

(Data source: District Statistical Abstract, Census 2001)

While Gujarat has overall 14% tribal population, the surveyed villages in Tapi have over 95.9% tribal populations including some primitive tribal groups such as kotwadiyas. The villages selected in Panchmahaals also have a significant population of tribals of 62%, while Kutch had villages with high percentage of SC populations of 11.9% as against the state total of nearly 7% of SC population. The percentage of literate population in the sample was lower than the state average.

1.4.b. Conducting the Survey:

In each selected village the following schedules were completed:

- Schedule 1: Village information Schedule
- Schedule 2: ICDS (Observation)
Schedule 2a: ICDS (Anganwadi worker)
Schedule 3: MDM (Observation and discussion with children, teachers and cooks)
Schedule 4: TPDS (Observation and discussion with ration dealer)
Schedule 4a: Verification of Ration Cards
Schedule 5: NOAPS
Schedule 6: NMBS
Schedule 7: NFBS
Schedule 8: Grade III and Grade IV Malnutrition
Schedule 9: Community responses on Scheme

In order to fill these schedules, Mapping has been done in the selected villages. The researchers first prepared a rough map to find out the structure of village and clusters, and of different groups, like SC/ST etc.

A list of BPL/AAY households in these villages that have BPL or AAY cards was obtained to take interviews. Focus Group Discussions were conducted in the villages to get further information on the functioning of the schemes. It was ensured that all the FGDs had adequate representation of men and women, young and old people.

Entitlements under the various schemes were obtained from the different departments and compiled for the surveyors to provide a basis for monitoring the implementation of the scheme as per the state government’s norms.
CHAPTER 2 INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

2.1. INTRODUCTION:
ICDS is a major national program to provide an integrated package of services such as supplementary nutrition, health care and pre-school education to young children under the age group of six. The program also covers adolescent girls, pregnant women and lactating mothers for health and nutrition. These services are provided through centres known as “Anganwadi Centres” (AWCS).

In state of Gujarat 47,919 Anganwadi Centres (AWCs) are operational where as 48,617 AWCS were sanctioned as on 31st March, 2010. 16,244 AWCS are operational in SC/STs habitations and 4051 AWCS are operational in urban areas out of total operational AWCS as on 31.3.2010. In Gujarat, the norms followed for tribal hamlets/ villages were the same as largely followed for the rural and urban populations - with one Anganwadi for every 1000 population. There is no separate enumeration of ST/SC habitations.

To provide SNP, the state government is procuring ‘Balbhog’ (Extruded Fortified Blended Food) to the children under the age group of 6 months to 3 years. ‘Balbhog’ is a pre-cooked, cereal-based supplementary food in powder form fortified with 9 essential micronutrients. Its formulation was developed by GAIN and WFP. The project worked with the private sector which produced, packaged and transported the food to the final distribution point (Anganwadi Centre). Private manufacturers were selected through an e-tendering process. Hot cooked is provided at the AWC for -6 year old children. Since April 2010, according to the new financial norms of GOI additional provisions have been made for SNP. Take Home Ration (THR) like ‘Sukhdi’/ ‘Sheera’ premix or ‘Uppma’ premix is giving to Pregnant and lactating mothers and to adolescent girls and severely malnourished children. However, this RTE has a centralized procurement, which has been done through a global tendering process. Since July 2010, the government has started a partial decentralization by providing morning breakfast twice a week in the AWCS through the Matru mandals. In January 2011, the government has stated its intent to move to decentralized production of SNP, through self help groups over a period of three years in the High Court of Gujarat SCA 8055/2008, and has also filed an IA in the WPC 196/2001 in the Hon’ble Supreme Court of India seeking to continue with the current contractor procurement of SNP.
2.2. SAMPLE COVERED UNDER THE SURVEY:

During the survey total 62 Anganwadi Centres were visited in 40 villages of opted districts. Out of 62 visited AWCs, 37 were located in SC/ST habitations. The research team has conducted 42 ‘Focus Group Discussions’ with villagers to discuss the performance of ICDS in their localities.

Table 1: Sample covered in the survey

<table>
<thead>
<tr>
<th>District</th>
<th>No. of Villages Covered</th>
<th>No. of Anganwadi centres covered</th>
<th>No. of Anganwadi located in SC/ST mohallas</th>
<th>No. of FGDs conducted where ICDS was discussed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutch</td>
<td>10</td>
<td>15</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>10</td>
<td>20</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Rajkot</td>
<td>10</td>
<td>11</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Tapi</td>
<td>10</td>
<td>16</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>62</td>
<td>37</td>
<td>42</td>
</tr>
</tbody>
</table>

2.3. FINDINGS OF THE SURVEY:

Universal coverage and priority in all SC.ST hamlets and urban poor pockets:

During the survey, we came across several tribal hamlets in the tribal districts which did not have access to Anganwadi in the vicinity. Anganwadi is the core functional centre of the ICDS program which should be clean, hygienic with proper basic facilities. During the survey it has been found that 84 percent of Anganwadis centres were operated from a cemented building which is owned by government.

Nani Ker village of Panchmahals, has are three habitations (faliyas) in the village, with a habitation of 50 Dalit/SC families situated on a hillock. The village has only one anganwadi and the children of the SC families have no access to the AWC. In such tribal villages with far flung habitations, the norm of at least 300 population or 40 children needs to be followed for universal coverage of the most vulnerable SC/ST/Minority populations.
Table 1.A No. of children attending the Anganwadi

<table>
<thead>
<tr>
<th>District</th>
<th>Total anganwadis visited</th>
<th>Total number of children in the ages 3-6 years registered in the AWC</th>
<th>Average number of children in the AWC</th>
<th>Total children present</th>
<th>% of ages 3-6 registered children attending</th>
<th>Average Number of children present during visit*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutch</td>
<td>15</td>
<td>716</td>
<td>48</td>
<td>275</td>
<td>38.41</td>
<td>18</td>
</tr>
<tr>
<td>Panchmahaals</td>
<td>20</td>
<td>827</td>
<td>41</td>
<td>189</td>
<td>22.85</td>
<td>9</td>
</tr>
<tr>
<td>Rajkot</td>
<td>11</td>
<td>295</td>
<td>27</td>
<td>187</td>
<td>63.39</td>
<td>17</td>
</tr>
<tr>
<td>Tapi</td>
<td>16</td>
<td>478</td>
<td>30</td>
<td>374</td>
<td>78.24</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>2316</td>
<td>37</td>
<td>1025</td>
<td>44.26</td>
<td>17</td>
</tr>
</tbody>
</table>

* The visit was made at the centre during working hours by the survey team in each AWC.

In the survey, less than 50% of the registered children under the ages 3-6 years were observed to be attending the Anganwadi centre.

Table 2: Quality of buildings in which Anganwadi centres are housed

<table>
<thead>
<tr>
<th>District</th>
<th>Anganwadis housed in government buildings</th>
<th>Type of AWC Building</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Kutch</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>Panchmahaals</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>Rajkot</td>
<td>10</td>
<td>90.91</td>
</tr>
<tr>
<td>Tapi</td>
<td>12</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>83.87</td>
</tr>
</tbody>
</table>

Under the ICDS scheme, it is mandatory that every Anganwadi centre should have basic facilities like drinking water, toilets, medicine kit, toys to play, weighing scale machine to measure the weight of children, and cooking facilities. During the survey it has been found that very few Anganwadis have operational toilets in their premises and availability of drinking water. Only 40 percent Anganwadis have drinking water facility of which only 30 percent were found to be operational during the survey. Cooking facilities were available in
less than 50 percent of Anganwadis. Weighing scale machines were available in 90% of AWC’s but growth monitoring was not regular as seen in the subsequent sections.

Table 3: Facilities in Anganwadi Centres

<table>
<thead>
<tr>
<th></th>
<th>Kutch</th>
<th>Panchmahals</th>
<th>Rajkot</th>
<th>Tapi</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighing Scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available (%)</td>
<td>80</td>
<td>95</td>
<td>100</td>
<td>93.75</td>
<td>91.9</td>
</tr>
<tr>
<td>Operational (%)</td>
<td>80</td>
<td>90</td>
<td>100</td>
<td>93.75</td>
<td>90.30</td>
</tr>
<tr>
<td>Toys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available (%)</td>
<td>80</td>
<td>15</td>
<td>54.55</td>
<td>81.25</td>
<td>54.84</td>
</tr>
<tr>
<td>Operational (%)</td>
<td>80</td>
<td>15</td>
<td>54.55</td>
<td>81.25</td>
<td>54.84</td>
</tr>
<tr>
<td>Medicine Kit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available (%)</td>
<td>46.67</td>
<td>65</td>
<td>100</td>
<td>93.75</td>
<td>74.19</td>
</tr>
<tr>
<td>Operational (%)</td>
<td>46.67</td>
<td>50</td>
<td>100</td>
<td>87.5</td>
<td>67.74</td>
</tr>
<tr>
<td>Drinking Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available (%)</td>
<td>33.3</td>
<td>10</td>
<td>45.45</td>
<td>56.25</td>
<td>33.87</td>
</tr>
<tr>
<td>Operational (%)</td>
<td>26.67</td>
<td>10</td>
<td>45.45</td>
<td>50.00</td>
<td>30.65</td>
</tr>
<tr>
<td>Cooking facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available (%)</td>
<td>40</td>
<td>10</td>
<td>63.64</td>
<td>62.5</td>
<td>40.32</td>
</tr>
<tr>
<td>Operational (%)</td>
<td>33.3</td>
<td>10</td>
<td>63.64</td>
<td>62.5</td>
<td>38.7</td>
</tr>
<tr>
<td>Toilets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available (%)</td>
<td>46.67</td>
<td>20</td>
<td>63.64</td>
<td>37.50</td>
<td>38.71</td>
</tr>
<tr>
<td>Operational (%)</td>
<td>33.3</td>
<td>10</td>
<td>54.55</td>
<td>25</td>
<td>27.42</td>
</tr>
</tbody>
</table>

One of ICDS’s basic services is pre-school education, to promote holistic child development with emphasis on necessary inputs for optimal growth and development. For this purpose learning by playing technique is applied in Anganwadis and toys and other playing kits were provided to Anganwadis. During the survey it was found that average of 17 children per AWC were present in the AWC during our visit. In less than half the centres (28 out of 64 AWCs) were engaged in pre-school education activities while in the FGD’s people reported that less than a third of all anganwadi centres had preschool activities for children.

Table 4: Pre-School activities in Anganwadi Centres

<table>
<thead>
<tr>
<th>District</th>
<th>Total Anganwadis visited</th>
<th>Number of centres where pre-school activities were being conducted during visit:</th>
<th>Number of centres where pre-school activities are conducted regularly according to FGD:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Kutch</td>
<td>15</td>
<td>11</td>
<td>73.33</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>20</td>
<td>6</td>
<td>30.00</td>
</tr>
<tr>
<td>Rajkot</td>
<td>11</td>
<td>3</td>
<td>27.27</td>
</tr>
</tbody>
</table>
2.4. SNP Services under ICDS

According to NFHS-3, in Gujarat, more than half (52.6%) of rural children under the age of 3 years are stunted, also known as chronic malnutrition, carrying long-term developmental risks. 44.4% of children in the same age are underweight and alarmingly large 21.3% children are wasted that is suffering from acute malnutrition. The high rates of malnutrition amongst children are directly linked to wide prevalence of malnutrition amongst mothers and women at large. The Supplementary Nutrition program under ICDS covers pregnant and lactating mothers, children between the ages 6 months to 6 years and focus on severely malnourished children with hot cooked meals. As per the orders of the Hon’ble Supreme court of India, dated 22 April, 2009 the new norms for Supplementary nutrition for different categories of beneficiaries are as follows:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Category</th>
<th>Existing Calories (K Cal)</th>
<th>Protein (g)</th>
<th>Revised Calories (K Cal)</th>
<th>Protein (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Children (6-72 months)</td>
<td>300</td>
<td>8-10</td>
<td>500</td>
<td>12-15</td>
</tr>
<tr>
<td>2.</td>
<td>Severely malnourished children (6-72 months)</td>
<td>600</td>
<td>20</td>
<td>800</td>
<td>20-25</td>
</tr>
<tr>
<td>3.</td>
<td>Pregnant women and Nursing mothers</td>
<td>500</td>
<td>15-20</td>
<td>600</td>
<td>18-20</td>
</tr>
</tbody>
</table>

During the time of the survey between November 2009 to January 2010, however the new norms had not been adopted in the ICDS program.

Supplementary Nutrition given in Anganwadis in Gujarat:

<table>
<thead>
<tr>
<th>Categories</th>
<th>SNP given</th>
<th>Amount per child</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months to 3 years (300 k.cal , 8.5 gms of protein)</td>
<td>Balbhog (Mix of Wheat, Chana, Oil, Soyabean, Sugar, MNI mix)</td>
<td>80gms per day- 4 packets of 500 gms per month</td>
<td>RTE mix Balbhog prepared by a contractor identified through tendering.</td>
</tr>
<tr>
<td>Severeely malnourished infants 6 mthns- 3 years (300 k.cal , 8.5 gms of protein)</td>
<td>Balbhog (Mix of Wheat, Chana, Oil, Soyabean, Sugar, MNI mix)</td>
<td>160 gms per day</td>
<td></td>
</tr>
<tr>
<td>3-6 years- Snack As per the old norm (600 k.calories, 17 gms of protein)</td>
<td>hot cooked snack (Muthiya, Upma, Lapsi, Thepla- wheat and oil, boiled chana based)</td>
<td>80 gms daily (50 gms of Wheat flour+5 gms oil+ 15 gms of Chana)</td>
<td>Hot cooked snack Prepared at the Anganwadi by the worker</td>
</tr>
</tbody>
</table>
In Gujarat, children between 6 months to 3 years old, pregnant women, nursing mothers, and adolescent girls are given Supplementary Nutritious Food in varied form. Pregnant and lactating mothers and children between the ages 3 years to 6 years were to be provided hot cooked meals at the Anganwadi’s. However, the survey in 62 Anganwadis, showed that hot cooked meals were not being provided regularly at the centre nor were they available to all the different categories of women and children entitled.

Table 5: Kind of SNP Given in Anganwadi centres:

<table>
<thead>
<tr>
<th>Category</th>
<th>RTE mix</th>
<th>Hot Cooked Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>under 3</td>
<td>38(61%)</td>
<td></td>
</tr>
<tr>
<td>3-6 years</td>
<td></td>
<td>37 (60%)</td>
</tr>
<tr>
<td>pregnant/ lactating mothers</td>
<td></td>
<td>40 (67%)</td>
</tr>
<tr>
<td>adolescent girls</td>
<td></td>
<td>40(67%)</td>
</tr>
</tbody>
</table>

Regularity in the distribution of Disruption: SNP is to be provided for 300 days a year . The survey checked for this parameter on the basis of distribution of SNP regularly, without interruption during the last 3 months from the Anganwadis and through the focus group discussions in the community. Of the 62 Anganwadis only 20 reported no disruption in the distribution of SNP. In nearly half the anganwadi (29), non availability of stock from the block level was the reported reason for disruption in SNP distribution.
Table 6: Regularity in distribution of SNP

<table>
<thead>
<tr>
<th>District</th>
<th>No. of AWCs where SNP was distributed without disruption in last 3 months according to AWW (% of total number of AWC centres surveyed)</th>
<th>Avg. No. of days of disruption according to AWW in centres where there was disruption</th>
<th>Responses from FGD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of AWC where SNP for under 3 was regular in the last 1 month</td>
<td>No. of AWC where SNP for 3 to 6 was regular in the last 1 month</td>
<td>No. of AWC where quality of food was reported good</td>
</tr>
<tr>
<td>Kutch</td>
<td>4(26.6%)</td>
<td>38</td>
<td>4</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>0(0%)</td>
<td>37</td>
<td>0</td>
</tr>
<tr>
<td>Rajkot</td>
<td>5(45.5%)</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Tapi</td>
<td>11(68.75%)</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>20(32.25%)</td>
<td>21</td>
<td>18(29.0%)</td>
</tr>
</tbody>
</table>

The supply of SNP in regulary only in 32.25% AWC’s, with Panchmahals and kutch reporting highest irregularity in the provision of SNP at AWC’s. Average number of days is 21 when Anganwadis centre was open in a month according to attendance register. Also during the discussions with community they admit that Anganwadi are open for 22 days in a month. In the last month, in district Kutch Anganwadis was open for 24 days, in Panchmahal 26 days, Tapi 21 days and in Rajkot Anganwadi center was open for 19 days.

The coverage of children under Supplementary Nutritious Program is not satisfactory as not even 60 percent children are covered under the program.

Table 7: Coverage of Children under SNP

<table>
<thead>
<tr>
<th>District</th>
<th>Percent of children in the village enrolled and being given SNP according to Angawadi registers</th>
<th>Average number of children enrolled for SNP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-6months old (lactating mothers)</td>
<td>6 months to 3 years old</td>
</tr>
<tr>
<td>Kutch</td>
<td>100.00</td>
<td>108.16</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>49.84</td>
<td>40.35</td>
</tr>
<tr>
<td>Rajkot</td>
<td>55.56</td>
<td>51.17</td>
</tr>
<tr>
<td>Tapi</td>
<td>79.76</td>
<td>99.13</td>
</tr>
<tr>
<td>Total</td>
<td>58.02</td>
<td>62.37</td>
</tr>
</tbody>
</table>

Access to Anganwadi services: The location and the social discriminatory practices can create problems of access to services. In nearly half the Anganwadis (29 of 62), the Anganwadi worker belonged to SC/ST community. However, the location of the Anganwadi did create problems of access to the marginalized sections. The Hon’ble
Supreme court’s order explicitly states that priority be given to cover all SC and ST hamlets in the opening of new Anganwadi. Currently, there is no mapping available at the state level for the settlements of SC/SC populations within the village. More often than not, the Anganwadi building’s were in the village, away from the Dalit bastis. In the tribal villages too, the Anganwadis were not distributed in all the hamlets within the village. Not all the Anganwadis allocated for SC/ST were not found to be located in their settlements.

Table 6: Caste discrimination
In Gujarat, most of the Anganwadi’s were housed in government buildings. The location of the Anganwadi’s earmarked for SC/ST were not always housed in the settlements/ hamlets where the majority of the SC/ST populations were settled. The Anna Suraksha Adhikar Abhiyan received complaints from a village Kundaliya in Vav Block, Banaskantha and sent us the following pictures to show the difference in amenities in the Anganwadis available for the children from dalit communities.

![Anganwadi in Dalit Basti - Kundaliya](image1)

![Anganwadi in Upper Caste Area - Kundaliya](image2)

<table>
<thead>
<tr>
<th>District</th>
<th>No. of AWCs visited</th>
<th>No. of these in upper caste mohallas</th>
<th>No. of AWCs that investigators felt is equally accessible to all castes</th>
<th>No. of AWCs workers who belonged to SC/ST communities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutch</td>
<td>15</td>
<td>10</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Panchamah</td>
<td>20</td>
<td>5</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Rajkot</td>
<td>11</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Tapi</td>
<td>16</td>
<td>1</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>22</td>
<td>32</td>
<td>29</td>
</tr>
</tbody>
</table>

Growth Monitoring and Care of Severely Malnourished Children: Children under the age group of 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 the outreach to especially vulnerable children- severely malnourished and the disabled.

*
Table 10: Weighing of children in Anganwadi centres:

<table>
<thead>
<tr>
<th>District</th>
<th>No. of AWCs visited</th>
<th>Number of AWWs where children were weighed in the last three months according to AWW*</th>
<th>Number of AWWs where grading was done in the last three months according to AWW*</th>
<th>Number of AWCs where weighing was done in the last 3 months according to FGD</th>
<th>Number of centres where FGD participants said parents were informed about the growth monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutch</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Panchmahal</td>
<td>20</td>
<td>4</td>
<td>3</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Rajkot</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Tapi</td>
<td>16</td>
<td>8</td>
<td>3</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>19</td>
<td>9</td>
<td>35</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 11: Grade III and Grade IV children (From schedule 8)

<table>
<thead>
<tr>
<th>District</th>
<th>No. of Grade III &amp; Grade IV children identified by AWCs</th>
<th>No. of Grade III &amp; Grade IV children visited by survey team</th>
<th>No. of families where nutrition counselling was given</th>
<th>No. of children who received extra rations</th>
<th>No. of children who were referred to a health centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutch</td>
<td>21</td>
<td>21</td>
<td>6</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>Panchmahal</td>
<td>48</td>
<td>48</td>
<td>21</td>
<td>36</td>
<td>0</td>
</tr>
<tr>
<td>Rajkot</td>
<td>71</td>
<td>71</td>
<td>12</td>
<td>59</td>
<td>3</td>
</tr>
<tr>
<td>Tapi</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>148</td>
<td>148</td>
<td>47</td>
<td>122</td>
<td>19</td>
</tr>
</tbody>
</table>

The identification of severe malnourishment (Grade III and IV) amongst children in AWC’s had poor follow up by the AWC worker wherein only 31.75% of families were provided with counseling and only 12.8% of children were referred to health centres, although reportedly 82.4% of such children were provided with extra supplementary nutrition.

Khanpatla village, Ghoghamba: The Anganwadi was shut on the working day when the survey team went to the village. People in the vicinity as well as pregnant women, lactating mothers who the team visited in the hamlet said that they were not been given any services through the Anganwadi. When the team went and met the worker the next day, they saw that children were present at the AWC but there were no pregnant women or adolescent girls during meal time when the SNP was distributed. She said that no Mamata divas had been organized in the Anganwadi since one year, since there was no ANM visiting the centre the village. Hence, no Maternity benefits were given, nor was immunization of pregnant women, children done in the AWC.
Table 12: Health and nutrition counseling

<table>
<thead>
<tr>
<th>District</th>
<th>Number of FGDs where the community responded the following</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of FGD’s</td>
</tr>
<tr>
<td>Kutch</td>
<td>15</td>
</tr>
<tr>
<td>Panchamahals</td>
<td>20</td>
</tr>
<tr>
<td>Rajkot</td>
<td>11</td>
</tr>
<tr>
<td>Tapi</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
</tr>
</tbody>
</table>

The identification of malnourishment and growth monitoring need to be followed up by regular home visits for nutrition and health counseling. The focus group discussions reported that home visits were not being undertaken by the anganwadi workers in over half the anganwadi centres. Similarly, the progress on most vulnerable children such as the differently abled children was extremely poor. At the time of the survey, mapping of such children through a survey had not been undertaken in 90% of the anganwadis.

Table 13: Disability

<table>
<thead>
<tr>
<th>District</th>
<th>Number of centres where any disabled children were present during the visit:</th>
<th>Number of centres where disability survey was conducted in the last one year*:</th>
<th>Number of centres where disability survey was NEVER conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Kutch</td>
<td>3</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Panchamahals</td>
<td>1</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Rajkot</td>
<td>2</td>
<td>18.18</td>
<td>2</td>
</tr>
<tr>
<td>Tapi</td>
<td>1</td>
<td>6.25</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>11.29</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 14: Visit of supervisor and health worker

<table>
<thead>
<tr>
<th>District</th>
<th>Average no. of visits by supervisor per centre in the last 12 months:</th>
<th>Average no. of visits by health worker per centre in the last 12 months:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average no. of visits by supervisor per centre in the last 12 months:</td>
<td>Average no. of visits by health worker per centre in the last 12 months:</td>
</tr>
<tr>
<td>Kutch</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Panchamahals</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Rajkot</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Tapi</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
Recommendations:

(1) Mapping of all SC/ ST hamlets needs to be done to find the gap in coverage. A time bound implementation plan to be put up by the Department. Anganwadi’s should be started on apriority basis to ensure universal coverage in all SC, ST habitations, urban slums and rehabilitated sites. All Anganwadi’s which are allocated for SC-ST hamlets but are currently running in non- SC, ST hamlets should be moved within a time bound period.

(2) The number of children attending anganwadi centres and receiving all the services from the program needs to be the focus of the program monitoring. Programs for creating community awareness, ensure regularity in the services of the program, home visits and mobilization of children by AWC worker require to be undertaken on scale to ensure universal coverage.

(2) Ban on contractors in the supply of nutrition in the ICDS program needs to be strictly adhered to. The Government has identified over two lac Self Help Groups in the state of Gujarat which can be equipped to prepare and supply the same mix in the ICDS centres.

(3) Simple, understandable data on entitlements of each child, adolescent girls, pregnant and lactating women covered under the program should be displayed at every AWC in addition to Website. The availability of stock should also be displayed for monitoring by the community.

(4) The government should display the number of applications received, addressed and pending and the time by which these applications for Anganwadi’s on Demand will be cleared in each district.

(5) Regularity in Growth monitoring, inclusion of differently abled children, follow up with home visits for nutrition and health counseling needs to be improved for timely intervention.
CHAPTER 3: MID DAY MEAL

3.1. INTRODUCTION:

The objective of Mid day Meal program is to improve 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. The Supreme Court has directed to the State Governments/Union Territories in its order dated 28th November 2001 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.

3.2. SURVEY SAMPLE:

During the survey, the survey team has given unannounced visit to 56 government schools in 40 villages of four districts. The team has observed quality and quantity, cooking facilities, hygiene, participation of children and any evidence of social exclusion. 19 government schools were found and surveyed in Panchamahal and 14 government schools were visited in district Kutch where as in Tapi 13 schools and in district Rajkot only 10 government schools were covered under the survey.

Table 1: Sample size covered under the survey

<table>
<thead>
<tr>
<th>District</th>
<th>No. of Villages Covered</th>
<th>No. of schools covered</th>
<th>EGS/AIE centres</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutch</td>
<td>10</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Panchamahals</td>
<td>10</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Rajkot</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Tapi</td>
<td>10</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>56</td>
<td>0</td>
<td>0</td>
<td>56</td>
</tr>
</tbody>
</table>

3.3. FINDINGS OF THE SURVEY

3.3.1. Coverage:

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 gms of protein each day of school...
for a minimum of 200 days. In Gujarat all government primary schools has been covered under the programme. During the conversation with community, they have reported that 97.5 percent of schools are covered under the program and serving hot cooked meals in school.

3.3.2. Facilities for MDM in the School

In its order dated 20th April 2004, the Supreme Court has stated that the infrastructure for the implementation of the MDMs should be developed. But in terms of basic facilities like drinking water availability, cooking sheds & utensils and plates to serve, we found that serving plates were available only in 64 percent of visited schools, in district Tapi only half of the visited schools (53 percent) have serving plates and in district Panchmahal 80 percent schools have serving plates. The cooking utensils were available in almost all visited schools whereas cooking sheds were found only in 66 percent of visited school. In district Kutch just 1 school has cooking shed facility out of 14 visited schools. 68 percent schools have drinking water facility.

Table 2: Facilities for MDM in the school

<table>
<thead>
<tr>
<th>District</th>
<th>Drinking water</th>
<th>Cooking shed</th>
<th>Plates</th>
<th>Utensils</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Kutch</td>
<td>10</td>
<td>71.4</td>
<td>1</td>
<td>7.1</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>11</td>
<td>57.9</td>
<td>15</td>
<td>78.9</td>
</tr>
<tr>
<td>Rajkot</td>
<td>9</td>
<td>90</td>
<td>9</td>
<td>90</td>
</tr>
<tr>
<td>Tapi</td>
<td>8</td>
<td>61.5</td>
<td>12</td>
<td>92.3</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>67.9</td>
<td>37</td>
<td>66.1</td>
</tr>
</tbody>
</table>

3.3.3. Fuel used for cooking

In Gujarat the mid day meals in the rural schools are being provided by the appointed cooks and supervisors under the supervision of the school principals. In most of the visited schools it has been found that meal is cooked in the school premises. 96 percent schools were cooking meal in the school. However, 98 percent schools were using wood for cooking fuel in all four districts. LPG gas in use in only 1 school of district Rajkot and kerosene is not in use in any of the visited districts.
3.3.4. Quality of Food Given

Supreme Court stated in its order dated 28th November 2001, 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.

During the survey, the team has found the quality of grain is fair in 50 percent of visited schools and 46 percent schools has good quality of grains. The poor quality of grain was found in district Panchmahal.

It was also found that the menu is repeated every day. 79 percent of visited schools were repeated the menu every day. Other items like eggs or fruits are not been served in mid day meal in any of visited schools.

3.3.5. Regularity of Supplies:

It has been found that only 70 percent schools were receiving grain for mid day meal on time. In district Tapi 54 percent schools were receiving grain on time whereas in district Rajkot 90 percent, district Kutch 79 percent and in district Panchmahal 63 percent schools were receiving grains on time.

Wages for cooks were paid on time in district Kutch and district Rajkot 90 percent cooks have paid their wages on time. However, in district Panchmahal (37 percent) and district Tapi (54 percent), the number cooks who have paid their wages on time was less.

3.3.6. Cooks

It was noticed that out of total 56 visited school, only in one school (in district Panchmahals) Self Help Group was involved in cooking of mid day meal in school. In rest of 55 schools cooks were appointed by school administration to cook the mid day meal.

It was also found that most of the cooks were female i.e. 91 percent. Women were appointed as cooks in all schools of district Kutch, Tapi and Rajkot. In district Panchmahal 78 percent cooks were female in 19 visited schools of the district.

Overall, 46% of the schools had SC/ST cooks. In the districts with predominantly tribal populations, ST cooks were hired e.g 92% in Tapi district and 58% in Panchmahala.
However, there were no SC/ST cooks in Rajkot district and only 21% of the cooks in Kutch were from ST/SC communities.

Table 3: Cooks appointed for cooking of Mid Day Meal

<table>
<thead>
<tr>
<th>District</th>
<th>Who has been given responsibility to cook?</th>
<th>% of female cooks*</th>
<th>% cooks from SC/ST communities*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cooks appointed by school</td>
<td>SHGs</td>
<td></td>
</tr>
<tr>
<td>Kutch</td>
<td>14</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Panchamahals</td>
<td>18</td>
<td>1</td>
<td>73.7</td>
</tr>
<tr>
<td>Rajkot</td>
<td>10</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Tapi</td>
<td>13</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>1</td>
<td>91.1</td>
</tr>
</tbody>
</table>

3.3.7. Caste Discrimination:

It was glad to notice in the survey, 2 schools were found where discrimination has been observed on the basis of caste. Out of the 40 villages in the surveyed in 4 districts of the state, one case was observed in district Panchmahal and another one was in district Rajkot.

During the FGD’s the community reported that children of all castes sit and eat together.

Table 4: Cases of Caste discrimination

<table>
<thead>
<tr>
<th>District</th>
<th>No. of schools where investigators found evidence of caste discrimination</th>
<th>No. of schools where community reported that children of all castes sit and eat together</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Kutch</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Panchamahals</td>
<td>1</td>
<td>5.3</td>
</tr>
<tr>
<td>Rajkot</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Tapi</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>3.6</td>
</tr>
</tbody>
</table>

3.4. OTHER ASPECTS OF MDMS:

Supervision

According to the SC order dated 20th April 2004 an attempt should be made for closer monitoring (regular inspection) so as to provide nutritious meals to the children. In Gujarat
The survey team has found more than half of the visited schools (i.e. 30 schools) were not inspected by any officials in last one year. It has been found that 26 schools in 40 villages have been visited by government officials in the last one year (2008 - 09).

Table 5: Supervision of the performance of MDM in schools

<table>
<thead>
<tr>
<th>District</th>
<th>No. of schools where MDMS has been inspected by government official in the last one year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Kutch</td>
<td></td>
</tr>
<tr>
<td>Panchmahals</td>
<td></td>
</tr>
<tr>
<td>Rajkot</td>
<td></td>
</tr>
<tr>
<td>Tapi</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

b. Hygiene and amenities: Children were seen sitting in one place and eating their meals. In schools where teachers were present during the serving of the meal, the levels of hygiene were better. Most schools did not have mats or a separate enclosed space for children to eat. In most rural schools arrangements for plates was made for children through school funds or donations.

c. Proactive Disclosure:

In several schools the entitlements of children and menu’s are displayed on the boards. The two pictures on this page are from Nani Kyar School, in Santrampur Block of Panchmahals districts where the community had reported well functioning Mid Day meal scheme and was corroborated during the visit by the survey team.

Recommendations

1. Provision of drinking water & cooking sheds needs to be done in all the primary schools where MDMs are being served.

2. Priority to be given to SC/ST cooks in all schools to end discriminatory practices.

3. Regularity in supply of provisions and wages are essential to ensure regularity in MDMS

4. Improvement in nutrition content through diversity in food being served, addition of dense calorie foods such as eggs in tribal and other such populations were there is high levels of malnutrition.
CHAPTER 4: PUBLIC DISTRIBUTION SYSTEM

4.1. INTRODUCTION:

Orders of Supreme Court on Targeted Public Distribution System, Transparency and Accountability in Fair Price Shops.

1. Identification of BPL families: On 28th November 2001, the Court directed the State Governments “to complete the identification of BPL families, issuing of cards and commencement of distribution of 25 kgs of grain per family per month latest by 1st January, 2002”. The entitlements of BPL families were subsequently raised from 35 kgs of grain per month to 35 kgs.

2. Accessibility of ration shops and regular supply of grain: On several occasions, the Supreme Court directed the government to ensure that all ration shops open regularly.

3. Accountability of PDS dealers: The licenses of PDS dealers and shop-keepers should be cancelled if they: “(a) do not keep their shops open throughout the month during the stipulated period; (b) fail to provide grain to BPL families strictly at BPL rates and no higher; (c) keep the cards of BPL households with them; (d) make false entries in the BPL cards; (e) engage in black-marketing or siphoning away of grains to the open market and hand over such ration shops to such other person/organizations”.

4. Permission to buy in installments: Arrangements must be made to “permit the BPL Household to buy the ration in installments”.

5. Awareness generation: “Wide publicity shall be given so as to make BPL families aware of their entitlement.”

6. Antodaya Anna Yojana On 2nd May 2003, the Supreme Court declared that all Households belonging to six “priority groups” would be entitled to Antyodaya cards. More precisely, the Government of India was directed “to place on AAY category the following groups of persons:

Aged, infirm, disabled, destitute men and women, pregnant and lactating women, destitute women;
- Widow and other single women with no regular support
- Old persons (aged above 60) with no regular support or no means of subsistence
- Household with a disabled adult with assured means of subsistence
- Households where due to old age, lack of physical or mental fitness, social customs, need to care for a disabled, or other reasons, no adult member is available to engage in gainful employment outside the house;
- Primitive tribes

Schemes in Gujarat:

In Gujarat the TPDS scheme has been operational since 1997. In all, the state has 123 lac ration card holders. 8.1 Lac(6.58%) of these are Antyodaya Anna Yojana Cards while 25.7 lacs (20.8%) are BPL cards, while the majority 89.5 lacs(72.76%) are APL cards.
The ration cards have been issued as per lists of 1993-94 and no comprehensive updation of the lists of BPL has taken place since. In spite of the Hon’ble Supreme courts orders on adoption of the BPL surveys of 2002, there has been no updation of the lists.

4.2. Sample covered in the survey

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. In 40 visited villages 16 have no ration shops within the village. 5 out of 16 ration shops were more than 3 kms distance which is not easily accessible for villagers. Only 24 out of 40 villages have a ration shop within the same village.

### Table 1. Sample covered in the survey

<table>
<thead>
<tr>
<th>District</th>
<th>No. of Villages Covered</th>
<th>Villages that have a ration shop within the same village</th>
<th>Number of villages where nearest ration shop if ration shop is not in village is:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Kutch</td>
<td>10</td>
<td>9</td>
<td>90</td>
<td>1</td>
</tr>
<tr>
<td>Panchmahal</td>
<td>10</td>
<td>5</td>
<td>50</td>
<td>4</td>
</tr>
<tr>
<td>Rajkot</td>
<td>10</td>
<td>4</td>
<td>40</td>
<td>3</td>
</tr>
<tr>
<td>Tapi</td>
<td>10</td>
<td>6</td>
<td>60</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>24</td>
<td>60</td>
<td>11</td>
</tr>
</tbody>
</table>

Regarding distribution of ration cards, the team has found that 13155 out of 13165 households have any kind of ration card. That means 10 households do not have any kind of ration card to claim their rations from ration shops under the PDS system. 8 households from district Rajkot and 2 households in district Tapi were not have any kind of ration card. The maximum number of BPL cards was found in tribal district Tapi i.e. 2229 and the number of Antyodaya card holders was also high in the district i.e. 749. Whereas highest number of APL cards were distributed in district Rajkot that is 2285. Also it can be analyzed with available data that 37.10 % households have below poverty ration cards and 11 percent have Antyodaya cards where the percentage of Above Poverty Line rations card holders is 52 percent in these 4 districts.
Table 2: Distribution of ration cards

<table>
<thead>
<tr>
<th>District</th>
<th>Total no. of HHs in villages covered under survey</th>
<th>Total number of APL cards</th>
<th>Total number of BPL cards</th>
<th>Total number of AAY cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutch</td>
<td>3466</td>
<td>2008</td>
<td>1218</td>
<td>240</td>
</tr>
<tr>
<td>Panchamah</td>
<td>3029</td>
<td>1920</td>
<td>836</td>
<td>273</td>
</tr>
<tr>
<td>Rajkot</td>
<td>3086</td>
<td>2285</td>
<td>601</td>
<td>192</td>
</tr>
<tr>
<td>Tapi</td>
<td>3584</td>
<td>604</td>
<td>2229</td>
<td>749</td>
</tr>
<tr>
<td>Total</td>
<td>13165</td>
<td>6817</td>
<td>4884</td>
<td>1454</td>
</tr>
</tbody>
</table>

4.3. Transparency

Table 3: Display of information at the Fair Price Shops

<table>
<thead>
<tr>
<th>District</th>
<th>Information publicly displayed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Timings</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Kutch</td>
<td>1</td>
</tr>
<tr>
<td>Panchamahals</td>
<td>5</td>
</tr>
<tr>
<td>Rajkot</td>
<td>2</td>
</tr>
<tr>
<td>Tapi</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
</tr>
</tbody>
</table>

Information display: The Supreme Court in its order dated 2nd May, 2003 has directed all State Governments and Union Territories that the details should be displayed on the notice board of the shop. During the survey it has been found that only 13 ration shops have put the price list of rice and wheat on the notice board whereas 29 ration shops have not displaced the quotas for different segments like APL, BPL and Antyodaya beneficiaries. Depressingly, 31 out of 40 ration shops have not stuck the list of Card holders on their notice boards. Regarding the timing of opening the ration shops, 75 percent i.e. 30 shops have not mentioned any information on it on the notice board. Information regarding records was also not available for public scrutiny/social audits as required. Survey teams also had difficulty in accessing these records in several places inspite of explicit orders from the state govt and district officials.

Most of the households kept their ration cards with themselves and were not with the Ration card holders. However, inspite of the provision of being able to buy the ration in installments, only 30% of the surveyed villages was this practice being followed on the ground.
Table 4: Accountability mechanisms

<table>
<thead>
<tr>
<th>District</th>
<th>No. of villages where ration dealers from same village</th>
<th>No. of villages where ration cards are usually kept with the households</th>
<th>No. of villages where ration can be bought in installments</th>
<th>No. of villages where someone asked for ration records and it was made available for public scrutiny</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutch</td>
<td>5 50</td>
<td>10 100</td>
<td>0 10</td>
<td>0 10</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>2 20</td>
<td>10 100</td>
<td>0 0</td>
<td>1 10</td>
</tr>
<tr>
<td>Rajkot</td>
<td>5 50</td>
<td>10 100</td>
<td>5 50</td>
<td>1 10</td>
</tr>
<tr>
<td>Tapi</td>
<td>6 60</td>
<td>10 100</td>
<td>6 60</td>
<td>2 20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18 45</strong></td>
<td><strong>40 100</strong></td>
<td><strong>12 30</strong></td>
<td><strong>4 10</strong></td>
</tr>
</tbody>
</table>

To verify the records of visited ration shops the team has cross checked the ration cards and official records at the Fair Price Shops.

1. Verification of records/Leakages

Describe the verification exercise that was conducted for schedule no. 4a

<table>
<thead>
<tr>
<th>District</th>
<th>No. of villages where it was possible to access the records for verification</th>
<th>No. of people whose ration cards and official records were cross-checked</th>
<th>No. of people for whom there was a discrepancy between what was reported in the distribution register and what was reported by the people themselves</th>
<th>No. of people for whom there was a discrepancy between what was reported in the ration card and what was reported by the people themselves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutch</td>
<td>10 50</td>
<td>6</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Panchmahals</td>
<td>10 50</td>
<td>28</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Rajkot</td>
<td>10 50</td>
<td>17</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Tapi</td>
<td>10 49</td>
<td>32</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40 199</strong></td>
<td><strong>83</strong></td>
<td><strong>121</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>District</th>
<th>No. of villages where the community reported that they have to pay more than the right price for their food grains from PDS</th>
<th>No. of villages where there was any interruption of supply of food grains in the last 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutch</td>
<td>5 50</td>
<td>3 30</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>1 10</td>
<td>1 10</td>
</tr>
<tr>
<td>Rajkot</td>
<td>5 50</td>
<td>7 70</td>
</tr>
<tr>
<td>Tapi</td>
<td>4 40</td>
<td>7 70</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15 37.5</strong></td>
<td><strong>18 45</strong></td>
</tr>
<tr>
<td>District</td>
<td>No. of villages where people said that they normally get their entire quota of grain under PDS</td>
<td>No. of villages where people reported instances of grain being pilfered/sold in the black market</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kutch</td>
<td>Number 7, Percent 70</td>
<td>Number 8, Percent 80</td>
</tr>
<tr>
<td>Panchamahals</td>
<td>Number 9, Percent 90</td>
<td>Number 4, Percent 40</td>
</tr>
<tr>
<td>Rajkot</td>
<td>Number 2, Percent 20</td>
<td>Number 3, Percent 30</td>
</tr>
<tr>
<td>Tapi</td>
<td>Number 3, Percent 30</td>
<td>Number 1, Percent 10</td>
</tr>
<tr>
<td>Total</td>
<td>Number 21, Percent 52.5</td>
<td>Number 16, Percent 16</td>
</tr>
</tbody>
</table>

Recommendations:

1. The Below Poverty Line Ration cards should be reviewed and revised. Follow the directions of the Hon’ble Supreme Court in ensuring that the poor are not left out of their entitlements to subsidized grain.

2. Identification of all the categories identified by the Supreme Court as Antyoday should be completed at the earliest to ensure coverage under the AAY scheme.

3. No deductions of grains from Antyoday or BPL categories should be done on provision of wheat flour instead of grains as costs of milling or fortification.

4. The allocation of foodgrains to BPL families needs to be enhanced immediately to 35 kilograms per BPL household from the present 25 kgs per BPL household by abiding the order of the Supreme Court.

5. Fair Price shops should be opened within a distance of 3 kms at the most. Special attention should be paid to opening of Fair Price Shops/ distribution outlets in urban rehabilitation sites.

6. The State Government shall widely publicize/advertise the entitlements of the beneficiaries through newspapers, radio, hoardings, etc. every month.
7. Strict action including cancellation of licenses be taken on irregularities found in FPS distribution records and upon mass complaints made by card holders on irregular distribution, denial of full portion of ration, etc.

8. The operation of Fair Price Shops should be handed over either to Panchayats or WSHGs in the Balasore district as well for better implementation and checking pilferages in the scheme.
Chapter 5: NATIONAL OLD AGE PENSION SCHEME (NOAPS)

5.1 Introduction:
Indira Gandhi National Old Age Pension Scheme was launched in 1995 to provide old age pension to the old people the age of 65 years or above. Under the NOAPS, the Central Government provides for Rs. 200/- per pensioner per month and the states are urged to contribute some amount. As per the Supreme Court Order the scheme should be implemented as per state guidelines and the old age pension beneficiaries should get the benefit regularly each month before 7th of the month.

In state of Gujarat under the National Old Age Pension Scheme old age people from BPL households are eligible to receive monthly pension of Rs 400/- to be paid by 7th of every month.

5.2. Sample covered under the survey
To check the implementation of the scheme at the ground level and compliance of the supreme court order, the survey has been conducted in 40 villages of four districts of the state. 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, 615 aged residents 333 male and 337 female were interviewed (Kutch 83, Panchmahal 169, Rajkot 204 and district Tapi 159).

5.3. Findings of the study
5.3.1. Coverage of old age pensions:
5.3.2. In the sample survey study found that there are 615 person who are eligible for the pension but out them only 95 (16 %) are getting their pension. The worst performing district is Kutch were not a single person is getting benefit of pension scheme. In Panchmahal 9 person (5 %) and in Rajkot 6 person (3 % ) were getting their pensions. The highest number of person i.e. 80 (50 %) who are getting pensions in district Tapi.

Table:

<table>
<thead>
<tr>
<th>District</th>
<th>Total no. of eligible old persons covered in survey</th>
<th>No. and % of eligible old persons receiving pension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>Kutch</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Panchmahal</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

*
5.3.3. 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 Scheme and modified the eligibility criteria: 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, this state contribution of Rs. 200/- per month was not being paid during the time of the survey.

The survey study finds that in the sample selected there are 615 eligible persons who are entitled for pension but only 16% i.e. 96 are receiving the pension. Out of 96 persons receiving pensions, 92 are getting pension between Rs. 200/- to Rs 300/- and 4 person are getting 400 per month. The worst performance of district Kutch where no one is getting pensions.

Regularity in Pensions

In last one month only 16 person has received their pension, 1 person has receive in last 2 months and 2 have received in last 3 months. 76 persons (79.1%) of them has received their last pension in more than a 3 months back.

Recommendations:

1. The identification of all the eligible aged for pensions should be carried out forthwith and their inclusion should be ensured in a time bound manner.
2. The state government must add its share to the pensions to ensure that the aged get their due pensions.
3. Regularity in the disbursal of pensions is critical for this vulnerable group. Regular disbursals by the 7th of every month should be ensured at the village level.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rajkot</td>
<td>204</td>
<td>2</td>
<td>1.08</td>
<td>4</td>
<td>2.15</td>
</tr>
<tr>
<td>Tapi</td>
<td>159</td>
<td>27</td>
<td>16.98</td>
<td>53</td>
<td>33.33</td>
</tr>
<tr>
<td>Total</td>
<td>615</td>
<td>33</td>
<td>5.52</td>
<td>62</td>
<td>10.37</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>95</td>
</tr>
</tbody>
</table>

Rajkot 204 2 1.08 4 2.15 6 3.23
Tapi 159 27 16.98 53 33.33 80 50.31
Total 615 33 5.52 62 10.37 95 15.89

Tapi
Chapter 6: National Maternity Benefit Scheme (NMBS)

6.1. Introduction:

National Maternity Benefit Scheme 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 Jannai 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.

In the state of Gujarat, the coverage of benefit under JSY of eligible women is very less. Only 20 percent (42373 out of 212845 eligible women) eligible women have received the benefit of Rs. 500/- under NMBS irrespective of place of delivery in year 2006 – 2007. The situation has improved considerably since then.

6.2. Sample covered under the survey:

The survey of the National Maternity Benefit Scheme included visits to all BPL/ AAY houses in the selected 40 villages of 4 districts. The finding 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, 480 deliveries have been taken place in the BPL/AAY families of the 39 villages. In order to learn about benefits under the scheme, these 480 eligible women were interviewed during the survey.

Table: Sample covered in the survey

<table>
<thead>
<tr>
<th>District</th>
<th>No. of Villages Covered</th>
<th>No. of eligible women covered:</th>
<th>Age group of women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No. who had home delivery</td>
<td>No. who had hospital delivery</td>
</tr>
<tr>
<td>Kutch</td>
<td>9</td>
<td>51</td>
<td>30</td>
</tr>
<tr>
<td>Panchmahal</td>
<td>10</td>
<td>108</td>
<td>61</td>
</tr>
<tr>
<td>Rajkot</td>
<td>10</td>
<td>16</td>
<td>65</td>
</tr>
<tr>
<td>Tapi</td>
<td>10</td>
<td>73</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>248</td>
<td>232</td>
</tr>
</tbody>
</table>

6.3. Findings of the survey

6.3.1 Coverage under NMBS/JSY: during the survey the team met 480 eligible women out of that 336 women had delivery in last one year. 145 women had home delivery and 191 women went to...
hospital for the delivery. The increasing number of institutional delivery shows peoples motivations for institutional delivery.

2a. Place of delivery

<table>
<thead>
<tr>
<th>District</th>
<th>No. of eligible women covered</th>
<th>No. of eligible women who received monetary benefit:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. who had home delivery</td>
<td>No. who had hospital delivery</td>
<td>Total</td>
</tr>
<tr>
<td>Kutch</td>
<td>81</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td>Panchmahal</td>
<td>169</td>
<td>39</td>
<td>53</td>
</tr>
<tr>
<td>Rajkot</td>
<td>81</td>
<td>9</td>
<td>41</td>
</tr>
<tr>
<td>Tapi</td>
<td>149</td>
<td>72</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td>480</td>
<td>145(58.46%)</td>
<td>191(82.32%)</td>
</tr>
</tbody>
</table>

The coverage of women who have delivered at home are seen increasing and stand at 58.46%, while those who have delivered at hospitals have increased to 82.32%.

2b. By age

<table>
<thead>
<tr>
<th>District</th>
<th>No. of eligible women covered</th>
<th>No. of eligible women who received monetary benefit:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. who were &lt; 19 years of age</td>
<td>No. who were &gt; 19 years of age</td>
<td>Total</td>
</tr>
<tr>
<td>Kutch</td>
<td>81</td>
<td>0</td>
<td>46</td>
</tr>
<tr>
<td>Panchmahal</td>
<td>169</td>
<td>0</td>
<td>92</td>
</tr>
<tr>
<td>Rajkot</td>
<td>81</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Tapi</td>
<td>149</td>
<td>1</td>
<td>147</td>
</tr>
<tr>
<td>Total</td>
<td>480</td>
<td>1</td>
<td>335</td>
</tr>
</tbody>
</table>

2c. Number of children

<table>
<thead>
<tr>
<th>District</th>
<th>No. of eligible women covered</th>
<th>No. of eligible women who received monetary benefit:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. who had 2 or less children</td>
<td>No. who more than 2 children</td>
<td>Total</td>
</tr>
<tr>
<td>Kutch</td>
<td>81</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>169</td>
<td>65</td>
<td>27</td>
</tr>
<tr>
<td>Rajkot</td>
<td>81</td>
<td>35</td>
<td>15</td>
</tr>
<tr>
<td>Tapi</td>
<td>149</td>
<td>119</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>480</td>
<td>250</td>
<td>86</td>
</tr>
</tbody>
</table>

6.3.2. Total Amount Received

Gujarat is a state where the NMBS benefits are merged with JSY and hence women who have hospital deliveries receive additionally Rs. 200/- as transport cost.

<table>
<thead>
<tr>
<th>District</th>
<th>Total amount received by women who had hospital delivery and received benefit</th>
<th>Total amount received by women who had home delivery and received benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; Rs. 700</td>
<td>&gt;=Rs. 700</td>
</tr>
<tr>
<td>Kutch</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>52</td>
<td>1</td>
</tr>
<tr>
<td>Rajkot</td>
<td>26</td>
<td>21</td>
</tr>
<tr>
<td>Tapi</td>
<td>39</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>131</td>
<td>67</td>
</tr>
</tbody>
</table>
CHAPTER 7: NATIONAL FAMILY BENEFIT SCHEME (NFBS)

7.1. Introduction

The Supreme Court order of 28th November 2001 calls for prompt implementation of the National Family Benefit Scheme. BPL Families are to be paid Rs. 10,000 within four weeks through the local sarpanch when the breadwinner dies.

The coverage of the National Family Benefit Scheme in the State of Gujarat is less than 3 percent. Respectively, as per the survey undertaken in selected villages of 6 districts in the month of November-December 2009 and the responses received under RTI.

7.2. Survey Sample

To monitor the implementation of the scheme the research team has visited 135 eligible families in 40 villages of these four districts. Among 125 families 95 were male deceased member and 31 were female deceased member of the family. Out of 125 interviewed families only 5 cases were found where deceased member was not an earning member.

1. Sample covered in the survey

<table>
<thead>
<tr>
<th>District</th>
<th>No. of Villages Covered</th>
<th>No. of eligible families covered:</th>
<th>Sex of Deceased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Deceased member was an &quot;earning&quot; member</td>
<td>Deceased member was not an &quot;earning&quot; member</td>
</tr>
<tr>
<td>Kutch</td>
<td>10</td>
<td>22</td>
<td>3</td>
</tr>
<tr>
<td>Panchmahals</td>
<td>10</td>
<td>36</td>
<td>2</td>
</tr>
<tr>
<td>Rajkot</td>
<td>10</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Tapi</td>
<td>10</td>
<td>51</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>120</td>
<td>5</td>
</tr>
</tbody>
</table>

7.3. Findings of the Survey:

7.3.1. Coverage

The coverage of NFBS is very poor in the 4 districts. Out of 125 eligible families those have interviewed only 3 cases were found where eligible family has received benefit under NFBS.
The survey team did not find a single beneficiary of NFBS in district Kutch, Panchmahal and Tapi. In district Rajkot 3 cases were found where eligible received benefit under NFBS.

7.3.2. Time of payment of benefit

The Supreme Court in its order dated 28th November 2001 directed to the state govt/Union Territories to implement the National Family Benefit Scheme and pay a BPL family Rs. 10,000/- within four weeks through a local Sarpanch, whenever the primary bread winner of the family dies. During the survey the survey team has found only 1 family in district Rajkot who has received the payment of family benefit within 4 weeks since death. In other 2 cases payment was delayed of 3 – 6 months. Under the NFBS the entitled amount of Rs. 10,000/- to be paid to the family members, is paid very late, as per information obtained from RTI due to “procedure” and/or “lack of available grants” at the district level are main reason of delay in payments.

Recommendations

(1) The scheme is currently found not being implemented in the state. There needs to be a concerted drive to implement the scheme all through the state in a time bound manner.

(2) Names of pensioners covered under the scheme should be proactively displayed in the Gram Panchayats. The lists should be made available on the website for verification and updation.

(3) The government should disclose the funds available and disbursed under NOAPS and NFBS at the state level for public knowledge and to ensure transparency.

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1 Source: Letter received by State government dated 10.08.2010 ref: No. ICD-112010-Gol-97-B.
2 Based on Source: Improving Supplementary Nutrition for Indian Children in Gujarat Project http://www.gainhealth.org/project/india-fortification-supplementary-nutrition-children-integrated-child-development-services-n &
Letter received by state government ref: ICD- 112010-394081-B. dt. 2.6.2010

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