

RGICS

RAJIV GANDHI INSTITUTE FOR CONTEMPORARY STUDIES
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RGICS ISSUE BRIEF **BACKGROUND PAPER (August 31, 2012)**

Malnutrition in Gujarat

"Gujarat is by and large a vegetarian state. And secondly, Gujarat is also a middle-class state. The middle-class is more beauty-conscious than health-conscious – that is a challenge. If a mother tells her daughter to have milk, they'll have a fight. She'll tell her mother, 'I won't drink milk. I'll get fat',"

-Chief Minister of Gujarat Narendra Modi

THE ACTUAL STORY

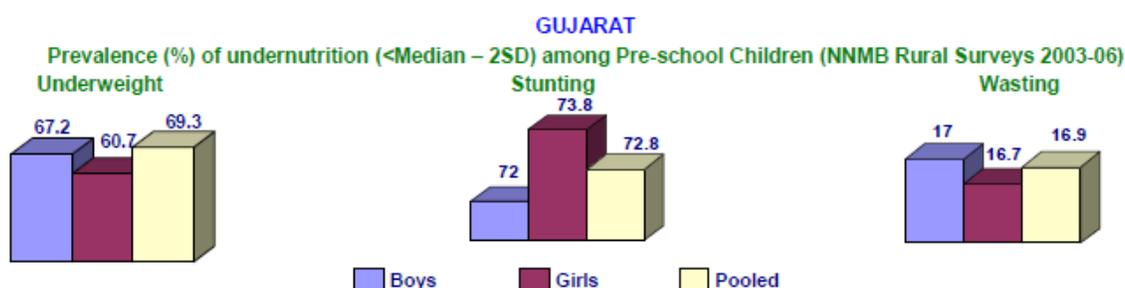
Gujarat as a state where agricultural growth is not accompanied by improvements in nutrition

In Gujarat, agricultural GDP per worker increased by 17 percent from 1998 to 2005 while the prevalence of underweight children rose by 5 percentage points over that period (from 45.1 percent to 50.1 percent) and stunting rose by 2.3 percentage points (from 43.6 percent to 45.9 percent). Only female BMI improved slightly over this more recent period in Gujarat. We also note that Gujarat experienced strong growth in the non- agriculture sector (particularly manufacturing).¹

While the agricultural growth was high, the state had very weak performance in grain production. Gujarat's agricultural growth, for example, has been driven by rapid growth in cotton production and some higher-value foods.² The weak performance in grain production might be the reason for increase in undernutrition.

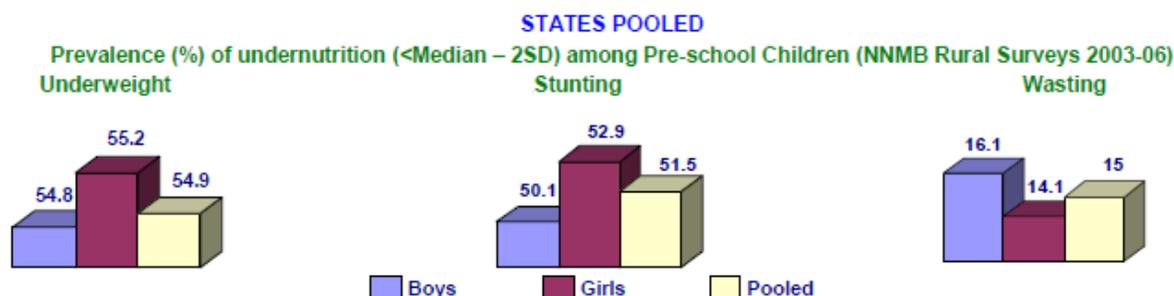
Undernutrition among pre- school children (from 2003-06):

The following two tables indicate that percentage undernutrition among pre- school children is higher in Gujarat than the corresponding percentage of total undernutrition in the nine states surveyed. (Note: States surveyed includes Andhra Pradesh, Kerala, Tamil Nadu, Karnataka, Maharashtra, Madhya Pradesh, Gujarat, Orissa and West Bengal):



¹ : Headey, Derek. Chiu, Alice and Kadiyala, Suneetha "Agriculture's Role in the Indian Enigma Help or Hindrance to the Undernutrition Crisis?" IFPRI Discussion Paper 01085. P.15 May 2011. Accessed from: <http://www.ifpri.org/sites/default/files/publications/ifpridp01085.pdf>

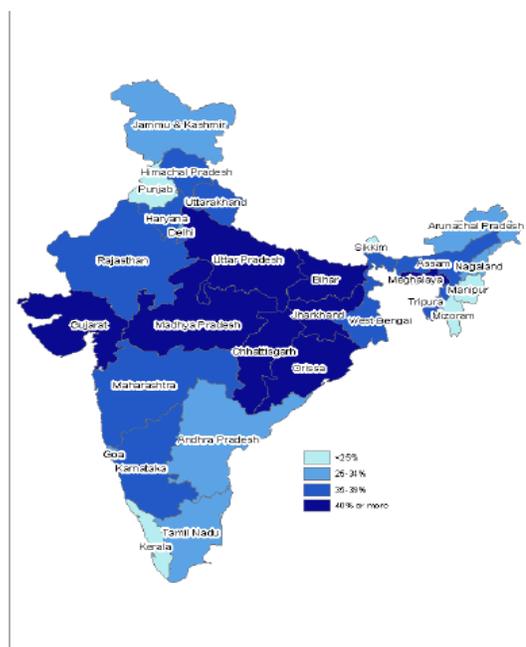
² Ibid. p.9



Source: National

Nutrition Monitoring Bureau, Accessed from: http://www.nmbindia.org/FACTSHEETS_MND-%20NUTRISTATUS08.pdf

Also, as per 2005 statistics, in Gujarat, more than 40 percent of children under five are underweight³. The following table shows the state-wise percentage of underweight children.



Source: Ministry of Health and Family Welfare. NATIONAL FAMILY HEALTH SURVEY (NFHS-3) INDIA 2005-06 “Nutrition in India” p.11 Accessed from: <http://www.measuredhs.com/pubs/pdf/OD56/OD56.pdf>

³ Ministry of Health and Family Welfare. NATIONAL FAMILY HEALTH SURVEY (NFHS-3) INDIA 2005-06 “Nutition in India” p.11 Accessed from: <http://www.measuredhs.com/pubs/pdf/OD56/OD56.pdf>

As of 2005-06, in Gujarat, 42.4% of urban children (6-35 months) are stunted. This is higher than the corresponding rate at national level, which is 37.4 %.

Percentage of Urban Children (6-35 months) who are Stunted, 1998-99 and 2005-06

Sl. No.	States	Percentage of Children who are Stunted	
		1998-99	2005-06
1	Andhra Pradesh	29.7	33.2
2	Assam	37.1	35.3
3	Bihar	42.2	38.2
4	Gujarat	38.5	42.4
5	Haryana	40.3	36.1
6	Karnataka	30.9	33.9
7	Kerala	18.5	27.3
8	Madhya Pradesh	39.8	41.1
9	Maharashtra	33.3	40.0
10	Orissa	37.0	36.0
11	Punjab	29.4	32.9
12	Rajasthan	44.0	29.4
13	Tamil Nadu	27.1	30.1
14	Uttar Pradesh	46.7	33.1
15	West Bengal	25.5	29.6
	India	35.6	37.4

Source: NFHS 2000; NFHS 2007

Source: M S Swaminathan Research Foundation "Report on the State of Food Insecurity in Urban India" September 2010 p.80
 Accessed from: <http://www.mssrf.org/fs/pub/report%20on%20the%20state%20of%20food%20insecurity.pdf>

The average per capita calorie consumption (2004-05) in Gujarat is 1991 kcal/day. It is lower than the corresponding all- India figure of 2020 kcal/ day.

Average Per Capita Calorie Consumption across Different Expenditure Classes in Urban Areas of Major States, 1993-94 and 2004-05

SL. No.	States	Average per capita calorie consumption (Kcal/day)							
		Bottom 30% of Expenditure Classes		Middle 40% of Expenditure Classes		Top 30% of Expenditure Classes		All Classes	
		1993-94	2004-05	1993-94	2004-05	1993-94	2004-05	1993-94	2004-05
1	Andhra Pradesh	1603	1618	2025	2003	2497	2461	1992	2000
2	Assam	1674	1744	2031	2055	2519	2578	2108	2413
3	Bihar	1858	1850	2314	2383	2862	3208	2188	2372
4	Gujarat	1501	1537	2038	1942	2517	2393	2027	1991
5	Haryana	1584	1558	2061	1930	2556	2465	2140	2033
6	Karnataka	1566	1583	2043	1904	2518	2352	2026	1944
7	Kerala	1361	1382	1874	1863	2477	2474	1966	1996
8	Madhya Pradesh	1718	1610	2116	2013	2586	2374	2082	2011
9	Maharashtra	1570	1535	1869	1787	2332	2137	1989	1847
10	Orissa	1861	1853	2283	2236	2839	2701	2261	2139
11	Punjab	1522	1633	1931	2013	2450	2535	2089	2150
12	Rajasthan	1741	1707	2195	2128	2588	2740	2184	2116
13	Tamil Nadu	1440	1550	1923	1857	2520	2334	1922	1935
14	Uttar Pradesh	1747	1829	2123	2181	2691	2628	2114	2169
15	West Bengal	1701	1681	2100	1978	2516	2319	2131	2011
	India	1636	1678	2033	1984	2537	2412	2071	2020

Note: Top 30% for Haryana is an estimated value for 1993-94

Source: NSSO 1996b; NSSO 2007c

Source: M S Swaminathan Research Foundation "Report on the State of Food Insecurity in Urban India" September 2010 p.45
 Accessed from: <http://www.mssrf.org/is/pub/report%20on%20the%20state%20of%20food%20insecurity.pdf>

WOMEN AND CHILD DEVELOPMENT AND ITS RELATION WITH NUTRITION

Adequate nutrition is critical to child development. The period from birth to two years of age is important for optimal growth, health, and development. At this age, children are particularly vulnerable to growth retardation, micronutrient deficiencies, and common childhood illnesses such as diarrhea and acute respiratory infections (ARI).⁴

- Gujarat is doing very badly when it comes to the percentage of underweight (0-5 Years) children among STs and Muslims and not much better than India among SCs despite its claims of high growth rate. This is a clear indication of its failure in inclusive growth.

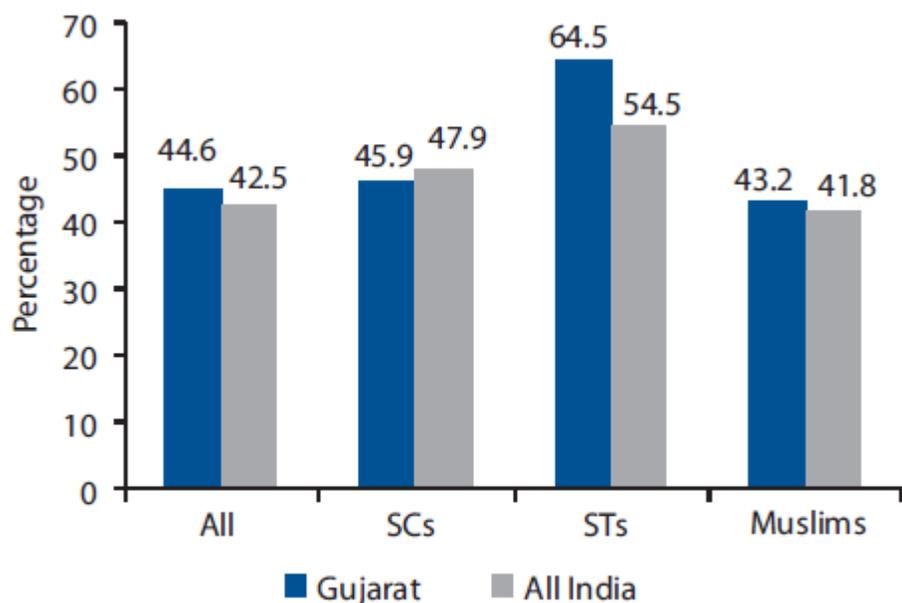


Figure 5 Percentage of Underweight Children (0–5 Years), Gujarat and India, 2005–6

(Source: Institute of Applied Manpower Research, Planning Commission, Government of India, “HUMAN DEVELOPMENT REPORT 2011”, Page 49)

- In Gujarat, agricultural GDP per worker increased by 17 percent from 1998 to 2005 while the prevalence of underweight children rose by 5 percentage points over that period (from 45.1 percent to 50.1 percent) and stunting rose by 2.3 percentage points (from 43.6 percent to 45.9

⁴ National Family Health Survey 3 data, Chapter 10 Nutrition and Anemia, page 267, <http://hetv.org/india/nfhs/nfhs3/NFHS-3-Chapter-10-Nutrition-and-Anaemia.pdf>

percent). Only female BMI improved slightly over this more recent period in Gujarat. We also note that Gujarat experienced strong growth in the non- agriculture sector (particularly manufacturing)⁵

Percentage of Neo-Natal deaths to total deaths in Gujarat

	unit	2002	2003	2004	2005	2006	2007	2008	2009
Total	Percent	72.6	61.4	68.8	66.3	70.8	71.7	74.5	71.8
Rural	Percent	74.2	59.8	67.4	63.9	66.2	68.3	72.8	72.9
Urban	Percent	64.9	69.9	73	74.1	85.2	82.5	79.9	68.2

(Compiled from “Health Statistics, Gujarat” Table4.2, pg36)

Child under-nutrition is very much a matter of gender for three main reasons:

1. It affects women more than it affects men due to the specific nutrition needs of women during adolescence, pregnancy, and lactation;
2. Widespread nutrition deprivation among women perpetuates an inter-generational cycle of nutrition deprivation in children. Undernourished girls grow up to become undernourished women who give birth to a new generation of undernourished children;
3. Women are given the responsibility – but often not the means (empowerment) – to ensure optimal nutrition for their children. A recent study in Andhra Pradesh shows that women with higher autonomy (both financial and physical, for example – the freedom to go to the market) are less likely to have stunted children.⁶

Hence it is important to look at female nutrition conditions to have a better understanding of the nutrition status of the state overall

According to the Human Development of Report, Gujarat is behind India in eliminating undernourishment among women in general and in particular SC, ST and Muslim women.

⁵ : Headey, Derek. Chiu, Alice and Kadiyala, Suneetha “Agriculture’s Role in the Indian Enigma Help or Hindrance to the Undernutrition Crisis?” IFPRI Discussion Paper 01085. P.15 May 2011. Accessed from: <http://www.ifpri.org/sites/default/files/publications/ifpridp01085.pdf>

⁶ Hulshof , Karin UNICEF Report on “Child Undernutrition in India: A Gender Issue” http://www.unicef.org/india/nutrition_5901.html

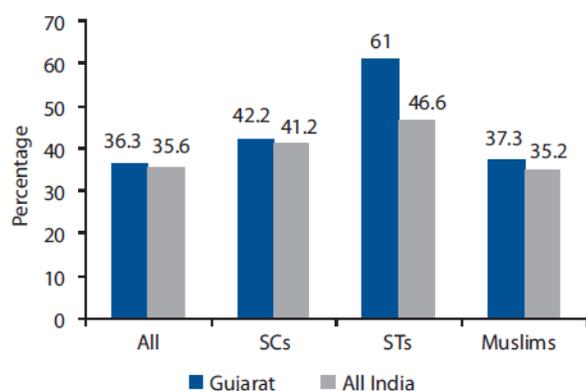


Figure 3 Percentage of Women with BMI<18.5, Gujarat and India, 2005-6

The Table below shows the percentage of urban women (15-49 years) with chronic energy deficiency in 1998-99 to 2005-06. The NFHS data places the urban women from Gujarat in the high Insecurity area in terms of CED.

Sl. No.	States	Percentage of Urban Women with CED	
		1998-99	2005-06
1	Andhra Pradesh	19.7	22.1
2	Assam	18.8	26.4
3	Bihar	31.1	30.5
4	Gujarat	22.8	24.6
5	Haryana	13.7	20.6
6	Karnataka	23.8	26.3
7	Kerala	14.7	15.2
8	Madhya Pradesh	28.2	30.7
9	Maharashtra	26.2	26.6
10	Orissa	32.9	28.6
11	Punjab	9.2	17.2
12	Rajasthan	28.5	30.9
13	Tamil Nadu	17.5	22.8
14	Uttar Pradesh	23.3	22.9
15	West Bengal	24.5	23.3
	India	22.6	25.0

Source: NFHS 2000; NFHS 2007

'Development' has focussed only in the urban areas, establishing only a very small proportion of the elite.

The marginalized groups of the state, particularly the STs are severely deprived of health facilities. The incidence of poverty in Gujarat is lower than that of India for both rural and urban areas; however, rural poverty is higher than urban poverty for all social groups in the state. The incidence of poverty among STs is higher than the state average⁷.

		All India	Gujarat	Kerala	Maharashtra
Percentage of children (0-5 years) underweight	Total	42.5	44.6	NA	NA
	SCs	72.4	69.6	50	64.8
	STs	77.2	83.3	43.8	67.4
	Muslims	69.7	67.1	50.9	58.9
	Hindus	69.8	70.2	41.2	64
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Women (in the age group of 15-49 years) who are anaemic.	Total	55.3	NA	NA	NA
	SCs	58.3	56.3	37.7	52
	STs	68.5	74.2	51.9	58.9
	OBC	54.4	55.3	33.4	46.8
	Muslim	54.7	56.5	37.9	43.1
	Hindus	55.9	55.1	32.9	50.4
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Percentage of Women with BMI<18.5	Total	33	36.3	NA	NA
	SCs	41.2	42.2	22.6	40.2
	STs	46.6	61	41.7	51.6
	Muslims	35.2	37.3	15.6	23.7
	Hindus	36.4	36.4	20	37.8
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Under five mortality rate	Total	74.3	60.9	14	41
	SCs	88.1	86.6	NA	50.2
	STs	95.7	115.8	NA	69.8
	Muslims	70	48	18.6	28.6
	Hindus	76	80.7	19.1	57.8

Source: National Family Health Survey-3 (2005-'06), Human Development Report, 2011.

⁷ Scheduled Castes (11.33 percent of total) and Scheduled Tribes (16.53 percent of total) account for almost one fourth of the State's population. 7.89 percent of Gujarat's population is Muslim. Though Gujarat has a low incidence of income poverty, it is still significant given the high economic growth it has achieved over the years.

The NSSO 2009-2010 – the survey on consumer expenditure by households shows the following: -

- That in urban Gujarat, 60% of the population spends less than the state average of Rs.1909 per month per head which is lower than the national average of Rs.1984 per month per head.
- In rural Gujarat too, 60% of the population spends less than the state average of Rs.1110 per capita which is slightly higher than the national average of Rs.1054.
- With about two out of three Gujaratis spending less than the state norm which is itself lower or only slightly higher than the national average, it is a far stretch to call Gujarat – a middle class state.
- Another NSSO report on nutritional status intake shows that the people of Gujarat are eating worse than before and it is poverty that is causing this. In Gujarat's rural areas, the average daily calorific intake was 1982 Kcal, slightly down from 1986 Kcal in 1999-2000 and substantially down from 2142 Kcal in 1972-73 according to the report. In urban areas, the calorific intake was 1983 Kcal, down from 2058 in 1999-2000 and again substantially down from 2172 Kcal in 1972-73.
- Average intake of food is declining steadily. In the rural areas, it is considerably lower than the national average. 62% of households are below the recommended norm of 2700 Kcal per day. This is worse than the 52% national average.
- In the poorest 10% of the households, the average daily intake in Urban Gujarat is 1484 Kcal per person, while in the richest 10% households it is more than double at 2971Kcal per person. Similarly in the rural areas too, the households in the poorest income decile – get 1430 Kcal while the richest get 2777 Kcal.⁸

⁸ Varma, Subodh (2012), NSSO figures call Narendra Modi's bluff on malnutrition, *The Times of India*, August 31st.

Important Questions which need to be asked:-

- Why has women's malnutrition increased during the period of higher growth?
- Is this increase in malnutrition conveying the poor reach of the welfare schemes or is it showing the limits of the market in enhancing women's well being?
- Statistics show high obesity along with high anaemia – is this an indication of changing food habits and lack of an adequate nutritive component in the foods? Also does this show that the rich are getting richer and the poor are getting poorer?
- High levels of anaemia in women – are they being discriminated / less cared for in food allocation?
- What is the status of mid-day meal scheme in Gujarat?
- The nutrition statistics across communities also show that all the communities in Gujarat are worse off under the present Government vis-a-vis the national average.

BACKGROUND AND CONTEXT

Malnutrition in Gujarat

Nutrition Security is broadly defined as physical, economic and social access to and utilization of an appropriate balanced diet, safe drinking water, environmental hygiene and primary health care for all. It is dependent on several inter-related factors such as community and household level food distribution, poverty, equity, access to health services, education levels, access to safe drinking water, cultural beliefs and practices etc. A good nutritional status is widely accepted as an important indicator of national development but it is also a critical input that fuels further health, development and economic growth.

Malnutrition is defined as the outcome of insufficient quality or quantity of food intake and recurrent infectious diseases. Malnutrition amounts to deprivation in one of the most elementary and central aspects of well being. It also has implications for human development which are large and cumulative. For example adverse influence of maternal malnutrition goes much beyond maternal mortality to intrauterine growth retardation, child nutrition and rising emergence of chronic diseases among others. Therefore, women's malnutrition needs to be viewed not as an isolated issue of health but as an important issue of human development.

Determinants of Malnutrition: - There are many causes:-

Economic – poor purchasing power, poverty, livelihood insecurity, major inequities in asset distribution and control including gender inequities.

Environment - poor sanitation, lack of safe drinking water, poor hygiene practices.

Agricultural-failure to include nutrition concerns in farming and cropping system, seasonal food shortages, inequities in food distribution, conversion to cash crops and decreases in home gardening.

Cultural-inadequate knowledge of nutrition, cultural beliefs/ cultural shifts to less micronutrient , rich food, intra-familial discrimination in food distribution, high workload for women, early marriage, general discrimination against women.

Health- weak health service systems, inadequate human resources especially in public health and nutrition education systems.

Political and Administrative – many vertical programmes that are not coordinated, lack of a central coordinating mechanism for nutrition extending from local to national level, lack of a nutrition surveillance system, weak monitoring and implementation, poor governance, lack of accountability.⁹

GUJARAT STATE GOVERNMENT'S TAKE ON THE SITUATION

In the past few years, the state of Gujarat has seen continuous development and urbanization with steady economic growth. It has adopted a novel pattern of progress with strategic development of the key sectors like energy, industry and agriculture. As per quick estimates, Gross State Domestic Product at factor cost at current prices in 2010-11 has been estimated at Rs. 513173 crore as against Rs. 427555 crore in 2009-10, registering a growth of 20.0 percent during the year. The State Income i.e. Net State Domestic Product (NSDP) at factor cost at constant (2004-05) prices in 2010-11 is estimated at Rs. 309409 crore as against Rs. 280929 crore in 2009- 10, showing a growth of 10.1 percent during the year. The Gujarat government has emerged as the top performer of the Centre's Twenty Point Programme during year 2010-11. The programme consists of various pro-poor schemes with focus on poverty alleviation, employment generation especially in rural areas, housing, education, family welfare and health, protection of the environment, among others.¹⁰

The successes have come in many fields and through innovations - be it through two rounds of green revolutions to improve productivity in agriculture sector and make farmers and villages prosperous, through co-operatives and white revolution to empower women and provide a strong backbone to rural Gujarat, through inter linking of rivers and by taking waters of Narmada to every nook and corner of

⁹ A Leadership Agenda for Action- The Coalition for Sustainable Nutrition Security in India , Accessed from http://www.mssrf.org/fs/Leadership_Agenda_for_Action.pdf

¹⁰Socio Economic Review, Gujarat State 2011-2012. Budget Publication No. 34, Directorate of Economics and Statistics, Government of Gujarat, Gandhinagar.

Gujarat and making every village self sufficient in their drinking water needs or by ensuring that every household in Gujarat gets 24 hour electricity supply.

Agriculture:

The production of total food grains during the year 2010-11 is estimated at 100.71 lakh tonnes as against 56.05 lakh tonnes in the previous year, showing an increase of 79.65 percent over previous year. The production of cotton during the year 2010-11 is estimated at 98.25 lakh bales as against 74.01 lakh bales (170 kgs. per bale) in 2009-10, showing an increase of 32.75 percent over the previous year. The production of total oil seeds during the year 2010-11 is estimated at 51.42 lakh tonnes, which is 70.83 percent higher than that in 2009-10.

Human development:

The State Government has given the highest priority to development of Social Sectors which have direct impact on Human Development by allocating about 40 percent of the total outlay to Social Sectors in the 11th Five Year Plan 2007-12.

To address specific pockets of underprivileged spread over specific geographical areas / regions, State Government has started Flagship Programmes like Sagarkhedu Sarvangi Vikas Yojana, Vanbandhu Kalyan Yojana, Garib Samruddhi Yojana and 41 Developing Talukas. Besides these, various Mission Mode Programmes like Kanya Kelavani, Gunotsav, Krishi Mahotsav, Nirmal Gujarat, Skill Development, Nirogi Bal Sakha Yojana, Mamata Abhiyan etc. are also being implemented to improve Human Development Index of the State.

Health:

The health infrastructure has been able to achieve a significant improvement in the health status of the people of the State. The **birth rate** has **declined** from **40.0 (1971) to 21.8 (SRS 2010)**. The death rate has decreased from 16.4 (1971) to 6.7 (SRS 2010) and the Infant Mortality Rate (IMR) has also come down from 144 (1971) to 44 (SRS 2010). The latest civil registration system (CRS) data released by the government said the sex ratio has gone up to 905 girls per 1,000 boys as per births registered in 2009. This is the first time that the number of girls in the 0-6 year age group has risen above the 900 mark in the past decade. The Sex Ratio in the country which was 933 in 2001 has risen by 7 points to 940 in 2011. While the Sex Ratio in the state decreased to 918 in 2011 from 920 in 2001. In rural areas of the state it has increased by 2 points from 945 in 2001 to 947 in 2011, while in urban areas it has been 880 in 2001 as well as in 2011. Thus the sex ratio of the state was 918 against the national average of 940 and in urban areas of the state it was 880 against the national average of 926. Since the formation of Gujarat state, i.e. from 1961, the sex ratio of the state has a decreasing trend except in 1981 census.

The number of Community Health Centres, Primary Health Centres and Sub-Centres functioning in the State has increased to 305, 1114 and 7274 respectively at the end of December, 2011 from 17, 251 and 2951 respectively in 1981-82. The state has 6 major hospitals with educational institute, 24 district level hospitals and 26 sub-district level hospitals, 6 class-II hospital, 4 Mental Hospital, 2 Government Dental Hospital and 1 Ophthalmology Hospital.¹¹

¹¹ *Ibid.*

Nutrition Interventions in Gujarat:

As per NFHS III report - 42 percent of the state's children are stunted and 17 percent are wasted. The Government of Gujarat has taken several initiatives to improve the malnutrition levels of its children and mothers. The state implements nutrition intervention adopting the life cycle approach i.e. From Womb to Adolescence. Mamta Abhiyan is an umbrella programme adopting the same approach, which are as follows:

1. MAMTA Abhiyan
2. Micronutrient Programs
 - Anemia Control Program among women and children
 - Adolescent Girls Anemia Control Program (AGACP)
 - Iodine Deficiency Disorder Control Program (IDDCP)
 - Vitamin A Supplementation Bi-annual Round for children.
 - Fluorosis Prevention Control Program
3. Child Development Nutrition Centre (CDNC)
4. Nutrition Counseling and Rehabilitation Centre(NCRC) at the six medical colleges
5. National Program for Prevention & Control of Fluorosis
6. Mamta Taruni Program for out of school adolescent girls

At present 70 Child Development and Nutrition Centers (CDNCs) are functional in 19 districts of Gujarat. During the year 2010-11, 10867 underweight Children were admitted of which 10320 have completed a ten day stay at the centre whereas in 2011- 12 up to December-2011, 14480 children were admitted in CDNC centers, of which 12041 have completed 10 day at the centre.

E-Mamta: The Health and Family Welfare Department of the Government of Gujarat, has introduced a Mother & Child name based tracking Information management system called "E-Mamta" in collaboration with NIC, Gujarat. One of the first of its kind the system has been conceptualized and developed by State Rural Health Mission Gujarat and the Government of India has adopted the system for replication in all the other States of India.¹²

Progress of NRHM in Gujarat (as on June 2009)

National Rural Health Mission is being implemented in Gujarat with the aim of reducing infant mortality rate & maternal mortality ratio, ensuring population stabilization, prevention & control of communicable & non-communicable diseases. There has been significant progress in terms of implementation of various activities under NRHM. New schemes have been launched such as the Saubhagyawati Surakshit Matretev Yojana, to promote institutional deliveries by involving private sector providers. The aim is to have the highest attainable standards of services at the public health institutions coupled with the recent technical advances in terms of well equipped facilities and adequate skilled manpower at every level.

Achievements:

1. Overall increase in case loads in public health system.
2. Improvement in drug supply and distribution system

¹² Gujarat State Report. http://mohfw.nic.in/NRHM/Documents/Non_High_Focus_Reports/Gujarat_Report.pdf

3. Improvement in Diagnostic Facilities in public health facilities
4. Better community involvement through Mamta Abhiyan
5. RKS at the level of hospitals and sub hospitals are well set
6. The state has Chiranjeevi Scheme-an effective PPP model to increase institutional deliveries.
7. There is effective disease control and disease surveillance programme.

Areas for Further improvements:

1. Contain the sharp decline in deliveries conducted by Public Institutions.
2. Need to address acute shortage of human resources for public health system
3. Proper utilization of untied and RKS funds need to be strengthened.
4. The State need to gear up for the payments of JSY beneficiaries.
5. Greater involvement of PRIs is required.
6. HMIS system is relatively much better but data reports need to be acted upon.

WOMEN AND CHILD DEVELOPMENT:

1. **Integrated Child Development Service (ICDS):** In Gujarat, Integrated Child Development Service started in Chhota Udepur block in 1975. Under this scheme, total 43.92 lakh beneficiaries have been covered up to December 2011, achieving 98 percent against the target of 44.50 lakh beneficiaries. Under this scheme, children belonging to age group of 6 months to 72 months, pregnant and lactating mothers are covered to alleviate malnutrition and maintain the health standard amongst them.
2. **Supplementary Nutrition:** This includes supplementary feeding and growth monitoring and prophylaxis against Vitamin A deficiency and control of nutritional anemia. All families in the community are surveyed to identify children below the age of six and pregnant and nursing mothers. They avail supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadi attempts to bridge the protein energy gap between the Recommended Dietary Allowance (RDA) and average dietary intake of children and mothers.
3. **Fortified Banded Food:** For beneficiaries of ICDS, the food made at Anganwadi centre cannot be eaten by children who are below 3 years in age. Special supplementary nutrition is required to upgrade the nutritional status by eradication malnutrition in this age group.
4. **Fortified Atta:** All districts throughout the State are providing fortified flour instead of wheat. By using oil, horse gram, jaggry by anganwadi worker fortified atta is served to the beneficiaries. Under this scheme As on December 2011 total 15.70 lakh children of the age 3 to 6 years have been covered
5. **Nutritious Chocolate (Nutri-Candy):** Nutri-Candy was launched in June 2007 under "Balbhog" programme. Under the scheme, a nutritious chocolate of 3 gm containing iron, vita A, vita C and folic acid, is given to the 12 lakh children's of 3 to 6 years age group.
6. **Extruded Fortified Blended Premix:** Under this scheme 600 calories and 20 grams protein supplementary nutrition food is provided to pregnant, lactating mothers and adolescent girls as THR.
7. **Supplementary Nutrition Food through matrumandal (Mother's Committee):** Through matrumandal, children in the age group of 3 to 6 years at anganwadi centers hot cooked food are

being provided twice a week at 2 Rs. per beneficiary rate on no profit basis. Presently the scheme is implemented across the State.

8. **Sukhdi (Take Home Ration):** Permission is given for preparing Sukhdi under roasted method as take home ration through sakhi mandals, mahila mandals and matru by ICDS scheme to the pregnant, lactating mothers and adolescent girls throughout State. The SHGs provide this THR twice a week within expense limit of Rs.5 per beneficiary including all type of expenses such as fuel charges, raw material, etc. THR is given in state through 50180 Matru Mandals to 1548051 beneficiaries in 48886 anganwadi centers. In December 2011 provision of Rs. 2640 lakh is made in this project.
9. **Dudh Sanjeevani Yojana:** The scheme provides 100 ml pasteurized, flavored, fortified milk twice a week to the children in the age group of 3 to 6 years in 10 backward blocks of 6 districts (Banaskantha - Amirgadh and Danta, Vadodara - Kavant, Narmada, Dediapada 1 & 2, Tapi - Uchchal, Dahod - Jhalod 1 & 2, Panchamahar - Santrampur 1 & 2). 69030 beneficiaries in 1565 AWCs are to be covered. A provision of Rs.162.36 lakh has been made for this project.
10. **Scheme of providing fruit to the children of anganwadi:** A scheme for providing fruits to the children in the age group of 3 to 6 years of an anganwadi at the cost of Rs.10/- per beneficiary per month has been granted. 887296 beneficiaries in all the functioning 50134 AWCs are being covered. For this project provision of Rs.15.23 crore is made.

Activities in Selected Area

1. **Vanbandhu Kalyan Yojna (Nutrition programme):** For the year 2011-12, total 12091 Anganwadi centers & 80 ICDS blocks are sanctioned under Vanbandhu Kalyan Yojna. Total 10.14 lakh beneficiaries will be covered under Vanbandhu Kalyan Yojna. In the year of 2011-2012 provision of Rs. 15021.11 lakh made for vanbandhu kalyan yojna
2. **Saheri Garib Samruddhi Yojana (Nutrition Programme):** For the year 2011- 12, total 4235 Anganwadi centers and 23 ICDS blocks have been sanctioned under Saheri Garib Samruddhi Yojana. Total 3.14 lakh beneficiaries will be covered under Saheri Garib Samruddhi Yojna. For the year 2011-2012 provision of Rs. 3966.00 lakh is made for saheri garib samruddhi yojna
3. **Developing scheme for very backward Taluka (Nutrition Programme):** For the year 2011-12 total-9153 Anganwadi centers and 64 ICDS blocks have been sanctioned in very back ward taluka area. Total 8.70 lakh beneficiaries will be covered in very back ward taluka area. In the year of 2011-2012 provision of Rs. 12140.00 lakh is made for the very back ward taluka area.
4. **Sagarkhedu Sarvangi Vikas Yojana (Nutrition Programme) :** For the year 2011-12 total-7120 Anganwadi centers & 52 ICDS blocks have been sanctioned under Sagarkhedu Sarvangi Vikas Yojana. Total 6.66 lakh beneficiaries will be covered under Sagarkhedu Sarvangi Vikas Yojana. In the year of 2011-2012 provision of Rs. 8604.00 lakh is made for Sagarkhedu Sarvangi Vikas Yojana.¹³

WELFARE OF WEAKER SECTIONS:

¹³ Socio Economic Review, *op. cit.*

The Gujarat state government has set up the state mission authority for women's welfare under the chairmanship of the Hon. Chief Minister to ensure better implementation of welfare schemes and activity for women of the state. During the year 2010-11 and 2011-12 (up to October 2011) an expenditure of Rs. 231.19 crore and Rs.202.10 crore was incurred under various schemes for the welfare of Socially and Educationally Backward Classes, Economically Backward Classes, Minorities, Nomadic and Denotified tribes.

Civil Supply

- 1. Above Poverty Line Scheme:** This scheme covers 80.04 lakh families of the State. Under this scheme during the year 2010-11, the State Government had distributed 6.30 lakh M.T. of wheat and 18198 M.T. of rice. While during the year 2011-12 (April-December, 2011), the State Government has distributed 3.39 lakh M.T. of wheat.
- 2. Below Poverty Line Scheme:** Under this scheme during the year 2010-11, the State Government had distributed 4.20 lakh M.T. of wheat/atta, 1.85 lakh M.T. of rice. During the year 2011-12 (April-December, 2011), the State Government has distributed 3.92 lakh M.T. of wheat/atta and 1.79 lakh M.T. of rice at subsidised rates.
- 3. Antyodaya Anna Yojana:** This scheme is under implementation since July-2001. As per the target given by Government of India, the State Government has covered 7.12 lakh families. During the year 2011-12 (April- December, 2011) the State Government has distributed 1.22 lakh M.T. wheat/atta and 1.04 lakh M.T. rice. The poorest of poor families are covered under this scheme.

PDS

The State Government distributes wheat, rice, sugar, iodised salt and edible oil through fair price shops to ration card holders in fixed quantum and at fixed price. The Government of India allots wheat and rice to the State for distribution under "Targeted Public Distribution System" (TPDS) since 1st June- 1997. The food grains are lifted from the depot of Food Corporation of India by the Gujarat State Civil Supplies Corporation on behalf of the State Government and distributed under "Targeted Public Distribution System" (TPDS).¹⁴

¹⁴ *Ibid.*