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Reimagining Hunger-Free Communities

How Civil Society Organizations Can Leverage
National Food Security Act, 2013



CENTRE FOR CHILD AND THE LAW (CCL)
National Law School of India University (NLSIU)



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**Centre for Child and the Law
National Law School of India University
2021**

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ACRONYMS

AAY	<i>Antyodaya Anna Yojana</i>
ANM	Auxiliary Nurse Midwife
APL	Above Poverty Line
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWCs	Anganwadi Centres
AWW	Anganwadi Worker
BBBP	<i>Beti Bachao Beti Padhao</i>
BPL	Below Poverty Line
BVS	<i>Bal Vikas Samiti</i>
CBMP	Community Based Monitoring and Planning
CBMPC	Community Based Monitoring and Planning Committee
CBOs	Community Based Organisations
CDPO	Child Development Project Officer
CGS	Child Growth Standards
CMB	Conditional Maternity Benefit
CSOs	Civil Society Organisations
DGRO	District Grievance Redressal Officer
DWCD	Department of Women and Child Development
FCI	Food Corporation of India
FGDs	Focussed Group Discussions
FPS	Fair Price Shop
FPTCs	Farmers' Produce Trade and Commerce
HMNEH	Horticulture Mission for North East and Himalayan States
ICDS	Integrated Child Development Services
IDA	Iron Deficiency Anaemia
IDD	Intellectual and Developmental Disabilities
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IGMSY	<i>Indira Gandhi Matritva Sahyog Yojana</i>
IGRM	Internal Grievance Redressal Mechanism
IPPE	Intensive Participatory Planning Exercise
JE	Japanese Encephalitis
JSY	<i>Janani Suraksha Yojana</i>
MA	Ministry of Agriculture
MCAFPD	Ministry of Consumer Affairs, Food and Public Distribution
MCTS	Mother and Child Tracking System
MDMS	Mid-Day Meal Scheme
MDWS	Ministry of Drinking Water and Sanitation
MFPI	Ministry of Food Processing Industries
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme

MHRD	Ministry of Human Resource Development
MI&B	Ministry of Information and Broadcasting
MIS	Management Information System
MMA	Ministry of Minority Affairs
MoH&FW	Ministry of Health and Family Welfare
MPR	Ministry of Panchayati Raj
MRD	Ministry of Rural Development
MSD	Ministry of Skill Development
MSDP	Multi-Sectoral Development Programme
MSJE	Ministry of Social Justice and Empowerment
MTA	Ministry of Tribal Affairs
MUD	Municipal Utilities District
MWCD	Ministry of Women and Child Development
MYAS	Ministry of Youth Affairs and Sports
NMBS	National Maternity Benefit Scheme
NOAPS	National Old Age Pension Scheme
NFBS	National Family Benefit Scheme
NAC	National Advisory Council, Empowered Groups of Ministers (EGoM)
NFSA, 2013	National Food Security Act, 2013
NFSM	National Food Security Mission
NGO	Non-Governmental Organisation
NHM	National Health Mission
NHM	National Horticulture Mission
NIDDCP	National Iodine Deficiency Disorders Control Programme
NNM	National Nutrition Mission
NRDWP	National Rural Drinking Water Programme
NRHM	National Rural Health Mission
NRLM	National Rural Livelihoods Mission
NSAP	National Social Assistance Programme
NMEW	National Mission for Empowerment of Women
PHC	Primary Health Centre
PMAY	<i>Pradhan Mantri Awas Yojana</i>
PMMVY	<i>Pradhan Mantri Matru Vandana Yojana</i>
PRIs	Panchayat Raj Institutions
PTA	Parent - Teacher Association
PUCL	People's Union for Civil Liberties
PVTGs	Particularly Vulnerable Tribal Groups
RBSK	<i>Rashtriya Bal Swasthya Karyakram</i>
RCH-II	Reproductive Child Health
RGSEAG	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
RKVY	<i>Rashtriya Krishi Vikas Yojana</i>
RMNCH+A	Reproductive, Maternal, New-born, Child and Adolescent Health
SC	Scheduled Caste
SDGs	Sustainable Development Goals

SDMC	School Development and Monitoring Committee
SFC	State Food Commission
SHGs	Self Help Groups
SNP	Supplementary Nutrition Programme
SSA	<i>Sarva Shiksha Abhiyan</i>
ST	Scheduled Tribe
THR	Take Home Ration
TPDS	Targeted Public Distribution System
TSC	Total Sanitation Campaign
UPA	United Progressive Alliance
VAD	Ventricular Assist Device
VEC	Village Education Committee
VHND	Village Health and Nutrition Day
VHSNCs	Village Health, Sanitation and Nutrition Committees
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WIFS Programme	Weekly Iron and Folic Acid Supplementation Programme

Acknowledgments

This Manual, “Reimagining Hunger-Free Communities: How Civil Society Organizations Can Leverage National Food Security Act, 2013” has significantly benefited from our consistent engagement with a number of civil society organizations actively involved in the effective implementation of the rights based National Food Security Act, 2013 on the ground. In addition to their existing roles, challenges and obstacles being faced by them encouraged us to reflect upon the possible solutions and unexplored potentials which enriched the discussions surrounding the prospective role of CSOs.

We put on record our heartfelt gratitude to the members of state food commissions in Karnataka, Jharkhand and Telangana for their valuable insights during our interactions with them. Reflections on the platforms available for civil society engagement along with the most suitable methodologies to approach the grievance redressal at various levels facilitated a nuanced understanding of the system, which has manifested in various sections of this manual.

We are immensely grateful to the rights holders; their resilience continues to inspire us to keep moving towards building resilient communities and a culture of assertion of rights.

CCL Team

Preface

Abundance and scarcity of resources coexist in India. When it comes to food, we witness acute starvation as well as obesity in the country. Direct correlation of food insecurities with that of disparities in income and resources present a complex combination that dampens the potential of policies and programmes meant to address food and nutrition insecurities.

Having a specialised law that aims at addressing the food and nutrition insecurities may work as a tool for all those who are concerned with the hunger and malnutrition situation in the country. National Food Security Act 2013 identifies a number of agencies and authorities that have a crucial role to play in ensuring its effective implementation. In addition to central and state governments, local authorities, nodal officers, and independent district grievance redressal officers and state food commissions, all are supposed to play distinct roles towards the implementation of the Act.

The role of Civil Society Organisations (CSOs) in the implementation of NFSA needs to be articulated within the framework of its qualitative implementation. While there are specific sections that delineate the participation of civil society representatives, such as participation in vigilance committees, etc., the role needs to be expanded keeping in view the nature of the provisions as well as the vision that guides that provision. Implied and expected role of the civil society organisations, hence assumes much greater importance.

This manual prepared by the Centre for Child and the Law (CCL), National Law School of India University (NLSIU) is a modest step towards identifying the most critical roles that CSOs can play in the implementation of NFSA. It is inspired with the underlying principle of supporting the state governments and its agencies in the implementation of the provisions in the ground, but is also grounded in the most progressive vision of food and nutrition security for all that advocates for participation of people in decision making at all levels, seeking accountability from the governments and their agencies, equity without discrimination, transparency of highest level, rights based approach to food security, and ultimate empowerment of all the right holders.

It is expected that this manual will not only provide CSOs with a tool to engage constructively with the implementation of NFSA, but will also trigger further debates and discourse on an ideal legal framework on food security and its desired components.

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Introduction

Very often, law is understood as a tool for regulation or command issued by an authority or superior to the one who is considered as subordinate. The common understanding based on the regulatory role of law needs to be examined in the context of social legislations, such as the National Food Security Act 2013 and other such laws that provide entitlements to people. It is intriguing to note that when it comes to the implementation on the ground it is the social legislations that face a bigger challenge, while in the case of the regulatory legislations, compliance is not as low. There are a number of reasons that may be identified for the non-implementation of the social legislations, starting from the lack of adequate resources to political will, lack of capacity among the functionaries, or no awareness among people about the entitlements created through legislations. The intrinsic relationship between the law and social good needs to be re-established while engaging with the formulation and implementation of such legislations.

However, an even more critical issue with regard to such legislations is the visible gaps between the legal provisions and the constitutional values and policy prescription. Legislative provisions are rendered non-implementable on the ground because of the lack of human rights values, leaving a much larger issue for civil society to collectively address.

Peoples' participation, transparency and accountability, accessible grievance redressal mechanism, and robust monitoring mechanisms, aid the implementation of the social legislations. Most of the social or entitlement-based legislations get energised by the power of peoples' participation because it, in turn, propels the effective demand and seeks accountability. In regions where the implementation of entitlements remains a challenge for a longer period of time, the absence of a strong civil society movement is usually a primary factor.

The role of civil society towards seeking the implementation of social legislations hence needs to be grounded in the need for mobilising the community and activating the ground level institutions. In addition, it is extremely important to augment the institutional capacities for the new roles and facilitate effective dialogues between the community and functionaries. Such facilitation, if based on the premise of knowledge sharing and awareness generation among primary stakeholders, leads to the empowerment of people and their enhanced capability to seek their entitlements.

National Food Security Act (NFSA), 2013 provides many opportunities for civil society engagement, ranging from participation in vigilance committees, making people aware of their entitlements through dialogues in vernacular languages, and also supporting the State machinery in implementing some of the crucial provisions in their true spirit. NFSA's implementation has been marred with a number of confusions as the schemes such as the Targeted Public Distribution System (TPDS) through which the entitlements are to be provided already existed. Civil society organisations' roles assume even more importance in addressing such confusions and also strengthen the relatively weaker provisions.

Civil society organisations, networks, academic institutions, research organisations, all individuals and experts concerned about the wellbeing of people, need to engage with the policy questions. Research and data, the experience of engaging with the community and community-based institutions must be utilised for a collective voice to seek orientation of the legal provisions towards the constitutional values and the normative framework. This may mean mobilisation for law reform while engaged in the implementation of the legal framework.

In this direction, the Centre for Child and the Law, National Law School of India University, Bangalore with its vast experience of engaging with the civil society organizations, local self-governments, and the State, attempts to orient the civil society organizations on the critical food-based social legislation through the manual, "Reimagining Hunger-Free Communities: How Civil Society Organizations can Leverage National Food Security Act, 2013. The theme is so vast that if any other relevant information is not covered, it is no less important.

The Manual facilitates the civil society organizations working at all levels among diverse social groups including marginalized children, women, senior citizens, differently abled, grassroots LGBTIQ+ organizations, to comprehend the evolution of rights-based understanding of NFSA, 2013 and seeks to enhance their transformative role in progressing towards hunger and malnourished free communities.



National Food Security Act (NFSA), 2013

A Law to provide food and nutrition security in the life cycle approach

The civil society organizations and people's movements under the Right to Food Campaign have been the torchbearers in bringing the underlying concerns related to food insecurity and hunger to the public attention as social injustice and human rights violation. An important result of the right to food movement and the resulting judicial activism was the enactment of the National Food Security Act (NFSA) in 2013, which has attracted considerable attention regarding its potential to radically improve the food security of over 800 million Indians. One such critical effort pursued persistently that resulted in the enactment of NFSA 2013, and thereby the 'Right to Food' was that of People's Union for Civil Liberties (PUCCL) - a coalition of 56 civil society organizations. PUCCL played a major role in addressing the situation of widespread drought and the consequent hunger and starvation deaths across India in 2001. At this crisis, the failure of the Government was all the more shocking when huge food stocks were found to be rotting in the Food Corporation of India (FCI) godowns. PUCCL (Rajasthan) filed a public writ petition (Public Interest Writ Petition No.196 (Civil Writ) of 2001) in the Supreme Court in April 2001, demanding the immediate utilization of the country's food stocks for drought relief and prevention of hunger. The scope of the petition was also focused on the general need to uphold the 'right to food'. The respondents to the lawsuit were the Union of India, all the State/UT Governments, and the Food Corporation of India.

The Supreme Court of India in PUCCL vs. Union of India issued several interim orders that have a bearing on the realization of the right to food for children and other groups. The orders pertaining to the implementation of the Mid-Day Meal Scheme (MDMS), Integrated Child Development Services (ICDS) Scheme, and National Maternity Benefit Scheme (NMBS) are most relevant to the right to food for children and women. The Supreme Court in the same case identified eight food schemes as forerunners in the attempts to realize the right to food, i.e., Targeted Public Distribution System (TPDS), Antyodaya Anna Yojana (AAY), National Old Age Pension Scheme (NOAPS), National Family Benefit Scheme (NFBS), Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), ICDS and MDMS.

During the 15th Lok Sabha elections, for the first time, the United Progressive Alliance (UPA) promised in its election manifesto to frame a law to ensure food security for all in India, and the promise was reiterated by the then President of India in her first Presidential

address. This enthused civil society and the government to evolve a framework by identifying the components of the law. Since 2009, there have been several drafts of the Bill evolved by the Right to Food Campaign, National Advisory Council, Empowered Groups of Ministers (EGoM), and the final draft was approved by the Cabinet and notified as the National Food Security Ordinance, 2013.

Enactment of NFSA, 2013

Several amendments were made for the National Food Security Ordinance before it was approved by both the Houses of Parliament and received the Presidential assent on September 10th, 2013. It was notified as National Food Security Act, 2013 and published in the Gazette of India, Extraordinary, Part-II, Section-1 as Act No.20 of 2013, on September 10th, 2013.

This is a law written through the participation of people. The legal recognition of the right to food became the most important central legislation in the country with one of the largest numbers of hungry people in the world. Some of the components of existing food schemes were converted into 'legal entitlements' by NFSA - a paradigm shift in the approach to food security from welfare to a rights-based approach.

The effectiveness of the law in addressing the problem of food insecurities depends on the way progressive provisions in this law are implemented on the ground by the state governments.

A national legal framework on the right to food recognizing the principles of Participation, Accountability, Non-discrimination, Transparency, Human dignity, Empowerment, and the Rule of law (commonly known as PANTHER principles) goes a long way in realizing each of the basic components of the right to food - Availability, Accessibility, Adequacy, and Sustainability. The enactment of NFSA in 2013 identifying the Right to Food is indeed a significant step forward in India's battle against hunger, under-nutrition, and food insecurity.

The objective of NFSA, 2013

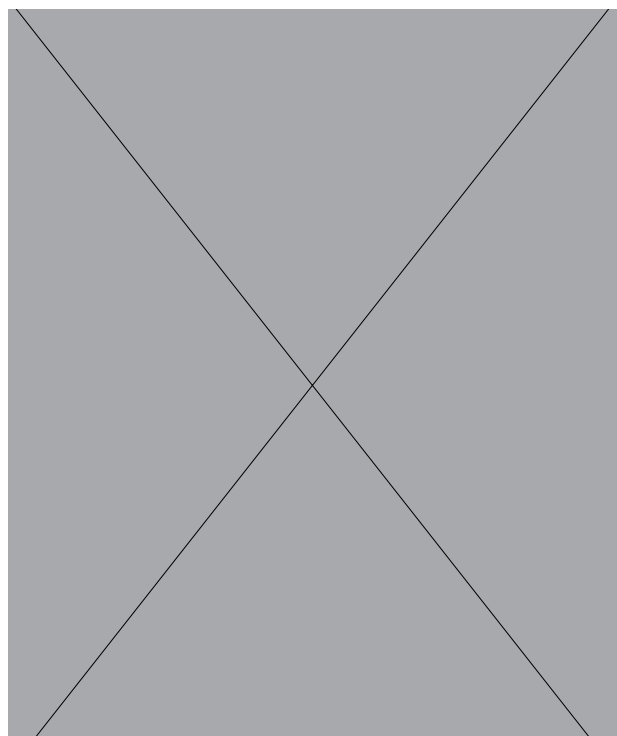
The objective of NFSA, 2013, as articulated in the text itself, is to provide for food and nutritional security in the human life cycle approach, by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with dignity and for matters connected therewith or incidental thereto. The Act comprises thirteen chapters and four schedules.

As a landmark enactment, the NFSA is a significant step towards the realization of the right to food. One of the crucial aspects of this Act is that it upholds the benefits, which were earlier provided under four schemes, namely

the Public Distribution System (PDS), Integrated Child Development Services (ICDS) Scheme, Mid-Day Meal Scheme (MDMS), and the Maternity Benefits Scheme (MBS) as rights. This is considered the most important feature of the Act as it makes Right to Food a legal entitlement. This is in accordance with Article 42 of the Constitution of India, which states that "the duty of the State to raise the level of nutrition and the standard of living and to improve public health."

The life cycle approach in ensuring food security

Figure 1 Intergenerational cycle of Malnutrition



In a country with the largest number of hungry people in the world, a legal right to food security is of paramount importance. The distinguishing feature of NFSA, 2013 is its recognition of the life cycle approach in tackling food insecurity at critical periods of nutritional vulnerability and opportunity for enhancing human development potential. The Act assures 'to provide for food and nutritional security in the human life cycle approach, by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with dignity...'

Recognizing that there is an intergenerational cycle of undernutrition, life cycle approach to food and nutrition security believes in providing nutritional support from the beginning of pregnancy to all pregnant women and lactating mothers as well as at various stages of the child's physical development from infancy, during early childhood (up to six years), 6-14 years, during adolescence, as an adult and also during old age. The approach also adopts various kinds of interventions to address problems of different age groups.

Provisions and Entitlements under NFSA, 2013

NFSA, 2013 deals with four schedules in which Schedule I deals with creating costs for the PDS. Schedule II covers the quality of goods to be delivered to students in mid-day meals. Schedule III covers various lists related to the advancement of food security. And schedule IV deals with the lowest food material allotment to each state.

Chapter II of NFSA, 2013 highlights the provisions, entitlements, and the implementation under Sections 3, 4, 5, 6, and 7.

The NFSA, 2013 provides for different kinds of nutritional support to pregnant and lactating mothers, children between the age group of 6 months to 6 years, school-going children up to VIII standard or 14 years of age, and low priced food grains to poor households who are to be identified by the State Governments.

Table 1: List of Sections, Entitlements, Schemes, Nutritional Standards & distribution centres under NFSA, 2013

Section in NFSA, 2013	Right-holders	Entitlements under NFSA, 2013	Scheme	Nutritional Standards -Schedule II		Distribution/ Implementation Point
				Calorie (Kcal)	Protein (g)	
3	Households entitled to/ availing benefits from AAY	35 KG of food grains per household per month at prices specified in Schedule I	Targeted Public Distribution System (TPDS)			Fair Price Shop
3	Households entitled to/ availing benefits from PHH	5 KG of food grains per person per month from the State Government at prices specified in Schedule I (not exceeding Rs 3 per KG for rice, Rs 2 per KG for wheat and Rs 1 per KG for coarse grains)	TPDS			Fair Price Shop

4	Pregnant women & Lactating mothers entitled to/ availing benefits	Free hot cooked meal/ Take home ration free of charge, during pregnancy and six months after childbirth so as to meet the nutritional standards specified in Schedule II	Integrated Child Development Services (ICDS) Scheme	600	18-20	Anganwadi Centre
5	Children (6 months to 3 years) entitled to/availing benefits	Take home ration Provided that for children below the age of 6 months, exclusive breastfeeding shall be promoted	ICDS	500	12-15	Anganwadi Centre
5	Children aged between three and six years, entitled to/availing services	Morning snack and hot cooked meals	ICDS			Anganwadi Centre
6	Children aged between 6 months and 6 years who are malnourished	Free take-home ration with additional food supplementation to meet nutritional standards specified in Schedule II.	ICDS	800	20-25	Anganwadi Centre
5	Children aged 6-14 years availing benefits	One mid-day meal, free of charge, every day except on school holidays, in all schools run by local bodies, Government, and Government-aided schools	Mid-day Meal Scheme (MDMS)	450 700	12 20	Lower Primary School Upper Primary school
4	Pregnant women & Lactating mothers entitled to/ availing benefits	Maternity benefit of not less than Rs. 6000, in instalments, as may be prescribed by the State Government	Maternity Benefit Scheme (MBS)			Anganwadi Centre
8	For those who have not got the entitled quantity of food grains or meals from TPDS, ICDS, and MDMS	Food Security Allowance				

Section 3 further mandates that the entitlements of the eligible households shall extend up to 75% of the rural population and up to 50% of the urban population under TPDS. It also states that the State Government may provide wheat flour in lieu of the entitled quantity of food grains in accordance with the guidelines specified by the Central Government.

In addition to nutritional support to children under ICDS and MDMS, Section 5 mandates every school and Anganwadi to have facilities for cooking meals, drinking water, and sanitation; provided that in urban areas facilities of centralized kitchens for cooking meals may be used, wherever required, as per guidelines issued by the Central Government.

Section 7 mandates the implementation of schemes for the realization of entitlements. It provides that schemes for meeting entitlements of pregnant women, lactating mothers, and children shall be implemented by the State Government in accordance with guidelines, including cost-sharing, between Central and State Governments, as prescribed by the Central Government.

Food Allowances

Section 8 mandates the right to receive food security allowance in certain cases. It provides that in case of non-supply of the entitled quantities of food grains or meals to entitled persons under Chapter II, such persons shall be entitled to receive food security allowance from the concerned State Government to be paid to each person, within such time and manner as may be prescribed by the Central Government. These provisions are governed through the Food Security Allowance Rules, 2015.

The Ministry of Food and Civil Supplies is responsible for the implementation of the Targeted Public Distribution System (TPDS), the Ministry of Education for the provision of Mid-day Meals, and the Ministries of Women and Child Development and Health and Family Welfare are responsible for the implementation of ICDS and provision of maternity benefits, respectively.

Identification of eligible households

Section 9 of Chapter IV provides for coverage of the population under TPDS. It provides that subject to sub-section (2) of Section 3, the percentage coverage under TPDS in rural and urban areas for each State shall be determined by the Central Government, and the total number of persons to be covered shall be calculated on the basis of population estimates as per the census of which the relevant figures have been published.

Section 10 provides guidelines to be prepared by the State Governments for the identification of priority households.

It provides that within the number of eligible persons determined under Section 9 for rural and urban areas, the State Government shall identify-

- ❖ the households to be covered under the Antyodaya Anna Yojana in accordance with guidelines applicable to the said scheme; and
- ❖ the remaining households as priority households to be covered under the TPDS in accordance with guidelines specified by the State Government.

It further provides that the State Government shall identify the eligible households, as soon as possible but within a period not exceeding one hundred eighty days, in accordance with guidelines framed for this purpose.

It also provides that till the completion of identification of such households, the State Government shall continue to receive an allocation of food grains under the existing TPDS.

It also provides that within the number of persons determined under section 9 for rural and urban areas, the list of eligible households shall be updated by the State Government in accordance with the guidelines framed for this purpose.

Section 11 provides for publication and display of a list of eligible households. It requires the State Governments to place the list of eligible households in the public domain and display it prominently.

Women Empowerment

Section 13 speaks of the empowerment of women. The oldest woman member of the house who is above the age of 18 years is regarded as the head of the family and the ration card is issued in her name.

It further provides that where a household at any time does not have a woman or a woman of 18 years of age or above but has a female member below the age of 18 years, then the eldest male member of the household shall be the head of the household for the purpose of issue of ration card and the female member, on attaining the age of 18 years, shall become the head of the household for such ration cards in place of such male member.

Grievance Redressal Mechanism (GRM)

GRM prescribed by Chapter VII in NFSA provides for the constitution of the internal redressal mechanisms, District Grievance Redressal Officer, and the State Food Commission by the State Government.

Internal Grievance Redressal Mechanism (IGRM) at village level

Section 14 of NFSA, 2013 provides for internal grievances redressal mechanism. It provides that State Governments

shall put in place an internal grievances redressal mechanism which may include call centres, helplines, designation of nodal officers, or such other mechanisms as may be prescribed.

As per Section 14 of the Act, any person can record/submit his/her grievance regarding any aspect of the implementation of the Act or upon violation or denial of his/her right in any of the following manner;

- ❖ Submission of grievance in person or through the post in writing and obtaining acknowledgement to that effect.
- ❖ Submission of grievance through a web-based format that generates a unique complaint number for each complaint.
- ❖ Submission of grievance through mobile or landline either by SMS or voice call or voice mail which generates a unique complaint number for each complaint.

Grievance Redressal Mechanism at District level

Section 15 of the Act provides for District Grievance Redressal Officers (DGRO). It provides that for redressal of grievances in matters relating to the delivery of entitlements under Chapter II, the State Government shall appoint or designate a DGRO for each district. It further provides that DGRO shall hear complaints regarding non-distribution of entitled food grains or meals, and matters relating thereto, and take necessary action for their redressal in such manner and within such time as may be prescribed by the State Government and any complainant or the officer or authority against whom an order has been passed by such officer, who is not satisfied with the redressal of grievance may file an appeal against such order before the State Commission.

Grievance Redressal Mechanism at State level

Section 16 provides for setting up an independent State Food Commission (SFC), and its functions. It provides that every State Government shall constitute a State Food Commission for the purpose of monitoring and reviewing the implementation of NFSA, 2013.

Obligations of Central Government for Food Security

Section 22 lays down the responsibilities of the Central Government to procure food grains to the central pool and allocate the required quantity of food grains to the State Governments under the TPDS.

Section 23 makes provision for funds by the Central Government to State Governments in certain cases or in case of short supply of food grains from the Central Government to a State.

Obligations of State Government for Food Security

Section 24 makes the State Government responsible for the effective implementation and monitoring of schemes for ensuring food security.

Obligations of Local Authorities for Food Security

Section 25 provides for implementation of TPDS. It provides that the local authorities shall be responsible for the proper implementation of the Act in their respective areas and the State Governments may assign additional responsibilities to local authorities in the implementation of TPDS.

Section 26 of the Act provides that in implementing different schemes of the Ministries or Departments of the Central and State Governments, prepared to implement provisions of the Act, the local authorities shall be responsible for discharging such duties and responsibilities as may be assigned to them, by notification, by the respective State Governments.

Transparency and Accountability

Chapter XI in NFSA, 2013 prescribes a comprehensive system to ensure transparency and accountability at various levels.

Section 27 provides that records be kept in the public domain and kept open for inspection by the public.

Section 28 states that every local authority or any other authority or body shall conduct periodic social audits on the functioning of Fair Price Shop, TPDS, and other welfare schemes as authorized by the state government, and an independent agency if authorized by the central government.

Section 29 in NFSA, 2013 provides for setting up Vigilance Committees by the State Government at various levels for ensuring transparency and proper functioning of the Targeted Public Distribution System (TPDS) and accountability of the functionaries in such systems. It also specifies the functions of Vigilance Committees.

Provisions for Advancing Food Security

Section 30 provides that the Central and State Governments shall, while implementing the provisions of the Act and the schemes for meeting specified entitlements, give special focus to the needs of the vulnerable groups especially in remote areas and other areas which are difficult to access, hilly and tribal areas for ensuring their food security.

Section 31 provides for steps to further advance food and nutritional security. It provides that for the purpose of advancing food and nutritional security, the Central and State Governments shall strive to progressively realize objectives mentioned in Schedule III.

Role of Civil Society Organizations (CSOs) in the effective implementation of NFSA, 2013

The involvement of CSOs with marginalized social groups is crucial for ensuring the participation from all stakeholders - from people in the grassroots up to the highest levels of Government towards effective implementation of the programmes and review of the system under NFSA, 2013. While directly engaging with the rights holders in creating awareness, the coordinated efforts of all stakeholders such as frontline workers, village committees, school committees, women's groups, gram panchayats, and local authorities sustain the impact of the process.

CSOs in ensuring access by rights holders to the schemes under NFSA, 2013

First and foremost role of CSOs at the grassroots is ensuring access by rights holders to the schemes under NFSA, 2013.

Targeted Public Distribution System (TPDS)

- ◆ Build rapport, mobilize and create awareness on right to food and nutrition, entitlements, and provisions under NFSA, 2013 in the communities
- ◆ Facilitate and ensure that an updated data of the deserved priority households below BPL, AAY & APL, destitute, single women/widows/old age persons, differently-abled persons, SC, ST & minorities, etc. is available in the Gram Panchayat.

Ensure:

- ◆ PHH cards and AAY cards are issued to all the eligible households in the name of a woman, who is above 18 years of age as per the rules, and also updated with the names of children, supported by Aadhar link and biometrics.
- ◆ A sufficient number of fair price shops (FPSs) are established proportionate to the number of households in a ward.
- ◆ FPSs are open on time and display all the details of items procured in a particular month and the names of vigilance committee members outside the shops.
- ◆ The adequate quantity and quality of food grains are available at all the fair price shops.
- ◆ Fair distribution of ration by fair price shops without any discrimination and monitor any misappropriation or diversion of the commodities in FPS.
- ◆ The number of items and the right amount of food grains is given to the right holders in accordance with their eligibility criteria.

- ◆ The FPS should not charge any extra money for the food grains to the rights holders.
- ◆ Distribution of ration to the needy in times of distress.

Activate, oversee & monitor effective functioning of vigilance committees at FPS level.

Integrated Child Development Services (ICDS)

Direct Services provided in Anganwadi centres (AWCs) for children below six years, pregnant women and lactating mothers under ICDS include the following:

- ◆ Supplementary nutrition
- ◆ Pre-school non-formal education
- ◆ Nutrition and health education
- ◆ Immunization
- ◆ Health check-up
- ◆ Referral services
- ◆ Maternity benefit - cash transfers

Facilitate and coordinate with gram panchayat to set up and/or create a child-friendly anganwadi centre with adequate facilities such as clean toilets and drinking water, kitchen and storerooms on panchayat land, if available, and a sufficient number of anganwadis to cater to children, adolescent girls, and women of all habitations and communities.

Organize and Promote:

- ◆ Awareness and periodic training for anganwadi workers, supervisors, mothers, and adolescent girls on NFSA 2013 & its provisions.
- ◆ Awareness of nutrition and food diversity, locally available nutritious produce.
- ◆ Awareness on preventive health care, childhood diseases, reproductive rights, related nutrition-specific and nutrition-sensitive schemes.
- ◆ Overseeing and monitoring to ensure participation of important stakeholders in VHSNCs and VHND.
- ◆ Home visits and counselling on the matters of health and nutrition.
- ◆ Monthly children and mothers' health camps and Central Government's flagship programme to improve nutritional outcomes for children, pregnant women, and lactating mothers - The Prime Minister's Overarching Scheme for Holistic Nutrition (POSHAN) Abhiyaan.
- ◆ Nutrition gardens in AWCs

- ◆ Awareness on NFSA, 2013, intergenerational nutrition benefits, breastfeeding, early childhood care, and health-seeking behaviour through information education and communication (IEC) materials, street plays, film shows, campaigns, etc. with the active participation of the communities.

In addition, CSOs can ensure:

- ◆ The AWCs are open every day on time as prescribed in the rules and maintain hygiene.
- ◆ Registration of all children below 6 years, pregnant and lactating women, adolescent girls in the AWCs under ICDS supplementary nutrition programme
- ◆ The enrolment and attendance of children especially of girl children and disadvantaged children without any discrimination in the AWC.
- ◆ Children between 6 months and 3 years of age are getting monthly take-home rations with all supplementary nutrition items.
- ◆ Children between 3 years and 6 years of age are getting hygienically cooked adequate snacks and hot cooked meals every day in the AWC.
- ◆ Children are getting supplementary nutrition such as eggs and milk as prescribed by the Government in AWCs.
- ◆ Identification of severe acute malnourished (SAM) & undernourished children, anaemic girls & women and refer to AWWs and Nutrition Rehabilitation Centre (NRC).
- ◆ Display of schemes and provisions, entitlements in or outside AWCs.
- ◆ Display of daily/weekly menu in AWCs.
- ◆ Safe drinking water storage, hygiene, sanitation, functioning toilets in anganwadis.
- ◆ Immunization, nutrition supplements for children, adolescent girls, and pregnant and lactating mothers.
- ◆ All pregnant women and lactating mothers in the wards are registered in AWCs avail of the nutrition and financial services under ICDS and MBS.
- ◆ Availability of nutrition benefits for adolescent girls out of school through ICDS, Sabla, strengthen and expand.

Maternity Benefit Scheme (MBS)

- ◆ Ensure that pregnant women and lactating mothers registered in AWCs have opened Jan Dan accounts in the nearest bank.

- ◆ Facilitate pregnant women and lactating mothers registered in AWCs to avail direct cash transfer of Rs 6,000 in three instalments under a central scheme, Pradhan Mantri Matru Vandana Yojana (PMMVY), and if any other cash benefit under any State scheme/s.

Mid-Day Meal Scheme (MDMS)

Organize and promote:

- ◆ Awareness on entitlement provisions under NFSA, 2013 and MDMS in the schools, Village Education Committee (VEC)/School Development and Monitoring Committee (SDMC) and Parent-Teacher Association (PTA) and gram panchayat members.
- ◆ Awareness on NFSA, 2013, nutrition, hygiene, sanitation through IEC materials, street plays, and film shows addressing health-seeking behaviour by involving school children and youth.

Ensure:

- ◆ Registration of all children, both boys and girls above 6 years of age in schools & MDMS especially belonging to vulnerable groups without any discrimination.
- ◆ Children are getting adequate hygienically hot cooked meals in the schools
- ◆ School premises maintain a hygienic environment
- ◆ Village Education Committee (VEC)/School Development and Monitoring Committee (SDMC) or Parent-Teacher Association (PTA) as the case may be active and regularly conduct meetings, monitoring the nutrition of the children.
- ◆ Children avail adequate take-home ration in case of emergencies (natural disasters, COVID-19 lockdown).
- ◆ Availability of potable water in the school.
- ◆ The food menu and its quality and quantity suggested by the department are to be strictly adhered to.
- ◆ Guidance in preparation of culturally acceptable food menu and cooking as per the indicative menu and liked by children.
- ◆ Proper fire fighting systems are in place and schools are well equipped with functional fire extinguishers.
- ◆ Kitchen-cum-store is away from classrooms but at a safe and accessible distance and should not have thatched roofs or inflammable.
- ◆ Involvement of community members by the support of gram panchayats/SDMC on a rotation basis for

different activities of the schemes.

- ◆ A member of SDMC/parent of the school student should taste the food on a rotation basis along with the teachers.
- ◆ The observations made by the community members should be encouraged and a register should be maintained for recording their observations.

Proactive disclosure of the following information at a place visible to everyone:

- ◆ Entitlement of children (food norms)
- ◆ Quantity of food grains received and date of receipt
- ◆ Quantity of food grains utilized
- ◆ Other ingredients purchased
- ◆ Number of children taking MDM
- ◆ Daily food menu
- ◆ Roster of community members for supervision and monitoring

Facilitate and Promote:

- ◆ All the guidelines issued by the Ministry with regards to quality and safety aspects under MDM should be complied with.
- ◆ In case the MDM is being arranged through a centralized agency, undertake regular review and monitoring of their kitchens and processes involved.
- ◆ Nutrition gardens in the school premises involving school staff, children, and parents
- ◆ Testing of food samples in case of any untoward incident/health issues in coordination with district authorities.
- ◆ Periodic Nutrition Surveys – linked to Health Surveys are conducted regularly

In addition to the specific schemes, below are some of the initiatives that can be promoted in the communities by the CSOs along with frontline workers, local authorities, gram Panchayat members, and village groups.

Infant and Young Child Care and Nutrition

These interventions will focus on children under 3 years, through the promotion of -

- ◆ Universal early initiation (within 1 hour of birth) and exclusive breastfeeding for the first six months of life.

- ◆ Universal timely and appropriate complementary feeding after six months, along with continued breastfeeding for two years or beyond.
- ◆ Universal growth monitoring and promotion of young children using WHO child growth Standards (CGS) chart with counselling of mothers/families using the Mother-Child Protection Card.
- ◆ Universal access to infant and young child care (including ICDS, crèches, linkages with MGNREGA), with improved supplementary nutritional support/THR through ICDS.
- ◆ Enhanced care, improved feeding during and after illness, nutritional support, referrals, and management of severely and acutely undernourished and/or sick children.

Infant and Young Child Health

The set of interventions related to Infant and Young Child Health, therefore, envisage the promotion of-

- ◆ Improved new-born care and care of low birth weight babies.
- ◆ Bi-annual vitamin A supplementation for children aged 9-59 months.
- ◆ Universal, timely and complete immunization of infants against vaccine-preventable diseases (and subsequent booster doses) with quality assurance.
- ◆ Ensuring that young children receive micronutrient supplementation and bi-annual deworming as per MoH&FW guidelines.

Maternal Care, Nutrition and Health

Interventions for maternal care, health, and nutrition, therefore, include the promotion of -

- ◆ Improved supplementary nutritional support during pregnancy and lactation (ICDS).
- ◆ Improved antenatal care - including health and nutrition counselling (also family support for extra diet and rest to ensure adequate weight gain), IFA supplementation, consumption of adequately iodized salt, and screening/management of severe anaemia.
- ◆ Enhanced maternity protection (through the effective implementation of PMMVY).
- ◆ Institutional deliveries, lactation management, improved postnatal and new-born care.

- ◆ Promoting marriage at the right age, first pregnancy at the right age, inter-pregnancy recoupment/birth spacing, and shared care/parenting responsibilities.
- ◆ Promoting women's literacy and empowerment.

Adolescent Care, Nutrition and Health

The interventions here - especially for improving the nutrition status of adolescent girls will focus on the promotion of -

- ◆ Equal care of the girl child at different stages of the life cycle - linked to the Beti Bachao Beti Padhao initiative.
- ◆ Improved access to health care, counselling support through school health programmes, ARSH, and deworming as per MoH&FW's National Deworming Initiative.
- ◆ Improved access to nutritional support through Mid-Day Meals in schools (MHRD) and through the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) - Sabla for out-of-school girls.
- ◆ Universal access of girls in school and girls out of school to IFA supplementation.
- ◆ Girls' education, skill development, and female literacy.
- ◆ Changing gender constructs - Gender sensitization and life skills for adolescents.
- ◆ No Child Marriage - Marriage of young women after the age of 18.

Addressing Micronutrient Deficiencies - including Anaemia

Micronutrient deficiencies often coexist with protein-energy malnutrition and have independent and interacting effects on health, growth, and immune competence.

Vitamin A deficiency, VAD, IDA, and IDD are public health problems that need to be addressed through a comprehensive approach that includes:

Promoting optimal Infant and Young Child Feeding Practices, Dietary Diversification, Nutrient Supplementation, Public Health Measures, and Horticultural interventions.

Promoting nutrition gardens & local varieties of nutritious vegetables, fruits, and plants such as drumsticks, papaya, greens, etc., for food diversity.

Community Nutrition

The interventions addressing the community include indirect

nutrition interventions and are largely multi-sectoral. These seek to ensure a healthy, hygienic, caring, and nutritionally secure environment, especially reaching the most nutritionally vulnerable community groups (SC, STs, minorities, others).

These interventions include, among others –

- ◆ Ensuring universal access to safe drinking water, sanitation, and hygiene, in an open defecation free environment, through Swachh Bharat, WASH
- ◆ Prevention and treatment for infectious diseases such as Malaria, Dengue through the use of bed-nets and/or intermittent preventive therapy for malaria (as per MoH&FW protocols) in malaria-endemic areas and facilitating mosquito control measures.
- ◆ Other relevant health /disease control measures specific for the state/district, relevant for improving nutrition at community levels - such as JE, kala-azar, etc.
- ◆ Ensuring access to household food security, social protection systems, and safety nets.
- ◆ Nutrition education to ensure that optimal feeding and caring practices, dietary diversity, nutritious foods; sanitation and hygiene, and healthy lifestyles are promoted - addressing under-nutrition and also the dual burden of malnutrition. (This includes nutrition education in the school curriculum and in colleges).
- ◆ Focused interventions to reach the most nutritionally vulnerable community groups (such as SC, STs, minorities, others) and address multiple nutritional vulnerabilities such as those related to seasonal distress, disease outbreaks, natural disasters (such as floods, drought, earthquakes), and other situations.
- ◆ In collaboration with the departments organizing awareness campaigns, rallies, jathas, puppet & film shows on girl education adverse impact of child marriages, child trafficking, child labour, and related matters.

CSOs in ensuring effective monitoring for transparency and accountability

NFSA, 2013 envisages a comprehensive mechanism to ensure transparency and accountability at various levels. This includes:

- ◆ Records are to be kept in the public domain and open for inspection to the public.
- ◆ Periodic social audits (Section 28) through independent agencies on the functioning of fair price shops, TPDS, and other welfare schemes, and publicizing its findings, and taking necessary action.

- ◆ Setting up of vigilance committees (Section 29) with due representation of the local authorities, the Scheduled Castes, the Scheduled Tribes, women, and destitute persons or persons with different abilities.

Further, the TPDS (C) Order, 2015 also provides for comprehensive provisions elaborating on the specific role that the local authorities including PRIs may be required to play at ground level in states so that the system can become transparent and responsive to the needs of the beneficiaries. The various provisions of the order involving PRIs in the implementation of TPDS are as follows:

- ◆ Identification of eligible households
- ◆ Lifting of food grains
- ◆ Distribution of food grains by States
- ◆ Operation of FPSs
- ◆ Transparency and accountability
- ◆ FPS owner to include Gram Panchayat/ PRIs
- ◆ Preference in FPS licensing

Social Audit

National Food Security Act, 2013 defines social audit as a process in which people collectively monitor and evaluate the planning and implementation of a program or scheme.

Social audit is a democratic process where the concerned community demands information and verification from the responsible agencies in a systematic manner and this helps in ensuring public accountability. It is an effective means for ensuring transparency, participation, consultation, and accountability of the government schemes and functioning of panchayats.

Going beyond the realm of financial auditing, the process of social audit is used to establish whether or not the benefits meant for an individual or community have reached them. Hence, it is an empowering process; jointly monitor the implementation of the government schemes. Since the agency implementing the scheme cannot itself audit it; therefore, it is necessary to promote people's participation in the audit along with support provided by an independent social audit organization and civil society groups that facilitate the process. The social audit process is a fact-finding process and not fault-finding. It is commendable that social audit is mentioned in the Act as a mechanism to ensure transparency and accountability.

Role of CSOs in 'Social Nutrition Audit Report'

NITI Aayog's National Nutrition Strategy suggests that social nutrition audits would be need-specific and linked to/

based on nutrition surveillance data. As suggested by the National Nutrition Mission, assistance may also be taken from Social Audit Units set up under MGNREGA.

- ◆ CSOs are required to engage with any Nutrition Social Audit teams, consisting of a mixed group representing officials (National, State, and District level (from different districts), community members/organizations, PRIs, voluntary agencies, experts, and technical institutions.
- ◆ The team would visit a defined sample of hot spots/ areas repeatedly reporting a higher prevalence of severe under-nutrition.
- ◆ The team would carry out qualitative analysis to gauge interventions, gaps, further measures required for improving nutrition outcomes and impact. This would be carried out through public interaction and focused group discussion (FGDs) with members of families, communities and programme functionaries. It also needs to study the nutritional status of children and women, relevant parameters on the spot and all available data.
- ◆ The team would prepare a Social Nutrition Audit Report with recommendations for action. This would be discussed with the District team and State/National Mission Steering Group/s and an action taken report would be put out for public information on the MWCD/NNM website.

Vigilance Committees (VCs)

Monitoring mechanisms at various levels are critical for the effective functioning of welfare programs and schemes and ensuring each and every right holder access to the entitlements with no hurdles.

The NFSA, 2013 provides that for ensuring transparency and proper functioning of TPDS and accountability of the functionaries in such system, every state government shall set up Vigilance Committees as specified in the Public Distribution System (Control) Order, 2001, made under the Essential Commodities Act, 1955, as amended from time to time, at the state, district, block and fair price shop levels consisting of such persons, as may be prescribed by the state government giving due representation to the local authorities, the Scheduled Castes, the Scheduled Tribes, women and destitute persons or persons with disability.

The functions of vigilance committees under the Act are as follows:

- ◆ Regular supervision of the implementation of all schemes under the Act
- ◆ Informing the District Grievance Redressal Officer (DGRO), in writing, of any violation of the provisions

of the Act and any malpractices or misappropriation of funds by it.

While vigilance committees are being formed in many states for monitoring the functioning of TPDS, other departments have not made similar progress for their respective schemes.

Vigilance Committee at Fair Price Shop (FPS) level for TPDS

Vigilance Committee at every FPS level consists of:

- ◆ Three women members representing the SC, ST or destitutes, or persons with disabilities are chosen randomly through the computer database of the ration card holders belonging to that shop.
- ◆ One concerned Gram Panchayat Secretary or Panchayat Development Officer, as nominated by the panchayat acts as Member Secretary of the Committee.

During random selection, if a household does not have a woman member above 18 years of age will not be selected for the VC. Thereby, ensuring only women HOH (Head of the Household) will be chosen as the committee members.

Many a time the ration cardholders are not aware of their selection as VC members as it is a computer-based random selection, and they are not aware of their functions.

Hence, grassroots CSOs engaged with the vulnerable groups in the villages are expected to play a key role in the effective functioning of VC at the FPS level with the support of gram panchayats and people's groups such as women's self-help groups, youth groups, etc.

Organize awareness and training programmes for all the stakeholders about the monitoring mechanisms under NFSA, 2013.

Ensure that the members are informed of their selection in the first place and periodic trainings are conducted for the members on their roles and responsibilities.

Monitor and ensure the pertained discussions at gram sabhas:

- ◆ Regular supervision of the implementation of TPDS by FPS through verifying all the records from lifting of food grains to the distribution at FPS and cross-checking with beneficiaries.
- ◆ Opening of FPS at working hours
- ◆ Display the information of monthly stock received and distributed and names of VC
- ◆ Quality of food grains and any other food items

- ◆ Quantity of food grains distributed as per entitlements (PHH and AAY cardholders).
- ◆ Standardized Measurement tools
- ◆ Functioning Biometric equipment
- ◆ All cardholders especially the poorest, elderly, SC, ST, differently abled individuals /families received adequate quality food grains
- ◆ Names of all members of families added to the ration cards from time to time.
- ◆ Maintenance of vigilance committee reports
- ◆ Storage of food grains hygienically in the shop
- ◆ All needy in distress avail food grains with or without ration cards (floods, drought, pandemic, etc.)
- ◆ Encourage the cardholders or any concerned persons to write complaints
- ◆ Existence of bogus cards
- ◆ Overcharging
- ◆ Diversion of food grains (selling grains privately)
- ◆ Demanding extra payment for services
- ◆ Ensure that the VC informs the nodal officer, DGRO, or State Food Commission in writing, of any violation of the provisions of NFSA
- ◆ Inform the nodal officer, DGRO in writing, of any malpractice or misappropriation of funds found by it as mentioned in Section 29 of the Act.

Other Vigilance Committees at village level and role of CSOs

There are several institutionalized monitoring mechanisms enabled by gram panchayat in place for ensuring the rural population benefitted from all welfare schemes and programmes of the government and move towards sustainable rural development.

The effective functioning of these committees, composed of representatives from all the stakeholders, is a persistent challenge in the villages. Local CSOs are required to represent in many of these committees at anganwadi and village levels.

Anganwadi level Monitoring and Support Committee (ALMSC) in ICDS

In the context of universalization of ICDS with a focus on improved quality of delivery services and proposed

strengthening and restructuring of ICDS, the Ministry of Women and Child Development at the Union had brought out guidelines for constitution of monitoring and review committees from national to anganwadi levels in the country. (F.NO. 16-8/2010-ME/Government of India/Ministry of Women and Child Development (ICDS-M&E Unit) dated 31 March 2011).

At the anganwadi level, local CSOs represent as one of the members of the committee along with AWW, members from gram panchayat, parents, and community groups.

The committee discusses various issues pertaining to AWC and wards in the implementation of ICDS and takes action in addressing the issues.

ALMSC under different names in different states (Bal Vikas Samithi in Karnataka) is responsible for monitoring the efficiency of AWC, management, impact, and quality of supplementary food programmes, an inspection of quality and quantity in respect of the supply of food materials. CSOs being with the people and aware of the ground realities are expected to play a proactive role in monitoring the programmes under ICDS.

CSOs through ALMSC ensure and review:

- ◆ Regularity of functioning of AWC
- ◆ Coverage of all eligible beneficiaries as against surveyed population
- ◆ Status of supply of supplementary food to all beneficiaries for at least 21 days in a month
- ◆ Nutritional status of children 0-3 years and 3-6 years, their growth, availability of WHO new growth charts and joint mother and child protection cards and number of moderate and severely malnourished children in AWC and actions taken
- ◆ Non-formal educational activities per day and use of learning materials
- ◆ Regular parents and mothers meetings
- ◆ AWC facilities child friendly
- ◆ Absentee AWWs, health workers, and missing children-including girls in AWCs
- ◆ Take-home rations, additional nutritional food such as eggs, milk powder, nutrition package
- ◆ Infrastructure, hygiene, sanitation, and functional child-friendly toilets
- ◆ Review receipt and utilization of consumables such as food supplements and medicines and physical stocks

- ◆ Ensure participation of AWWs in VHSNC Meetings
- ◆ Monthly health and nutrition camps & POSHAN Abhiyaan and VNSD campaigns
- ◆ Cash transfers in accordance with maternity entitlements.
- ◆ Maternal care and ensure safe institutional delivery, health, nutrition, and care during pregnancy, lactation, early infancy.
- ◆ Timely completion of immunization.
- ◆ Programmes for the control of Micronutrient deficiencies – Vitamin A, anaemia, Iodine Deficiency Disorders, micronutrient supplementation, deworming
- ◆ Management of neonatal, infant, and childhood illnesses at community and facility levels
- ◆ Adolescent health and nutrition – reaching girls in and out of school with health check-ups, IFA supplementation, deworming
- ◆ Attend to and resolve any local disputes related to AWC amicably and flag unresolved disputes to gram panchayat or block-level monitoring committees.

Community

Village Health Sanitation and Nutrition Committee (VHSNC) VHSNCs, one of the key interventions introduced by National Rural Health Mission, are an important mechanism to ensure community participation at all levels, which include participation as beneficiaries, in supporting health activities, in implementing, and even in monitoring and action based planning for health programmes.

The VHSNC is to be formed at the level of revenue village. The VHSNC functions under the ambit of PRIs.

Composition of the VHSNC: Being the subcommittee or a standing committee of the Gram Panchayat, the VHSNC should have a minimum of 15 members. It may have more members. At least 50% should be women members and SCs, STs and minorities should be adequately represented as per their population in the village.

Constitution of the VHSNC: Elected gram panchayat members limited to one third of the total number of members, and preference should be given to women panchayat members.

ASHAs: All ASHAs of the village should be on the committee.

Frontline staff of government health related services: The ANM of the health department, the AWW of the ICDS, and the school teacher should be included as regular members only if they are residents of that particular village. Otherwise they qualify to be special invitees. Volunteers/village level workers of other government departments, eg. the hand pump mechanic of the Public Health and Engineering Department (PHED) or the field coordinators of the MGNREGA programme should also be considered if they are resident in the village.

Community Based Organizations: Representatives of existing community based organisations like Self Help Groups, Forest Management Committees, Youth Committees, etc.

Existing Committees: Separate committees on School Education, Water and Sanitation or Nutrition should be made to collaborate with VHSNC.

Service-Users: Pregnant women, lactating mothers, mothers with children of up to 3 years of age, and patients with chronic diseases who are using the public services should also find a place in the VHSNC.

The Chairperson of the VHSNC is a woman elected member of the gram panchayat (sarpanch) preferably from among the SC/ST communities, who is a resident of that village. The ASHA will be the Member-Secretary and Convener of VHSNC.

As CBO and CSO representation is mandatory in VHSNC, CSOs can stimulate, monitor and enhance efficiency of VHSNC.

VHSNC, recognized as the sub-committee of the panchayat, provides a platform for convergence at the field level between National Health Mission, ICDS, and Swachh Bharat for addressing different determinants of under-nutrition synergistically. The VHSNC would be responsible for coordinating nutrition-related activities.

The mandate of the VHSNC encompasses health, sanitation, drinking water and nutrition as well as education, particularly in the context of programmes like Mid-Day Meal, ICDS, and other programmes implemented by the Department of Woman and Child Development.

Accordingly, the VHSNC has the role of providing oversight and monitoring of their services to ensure convergent action on wider determinants of health such as drinking water, sanitation, female literacy, nutrition and women and child health.

The Flexi funds provided under NHM to VHSNCs and under ICDS/NNM can be used for local innovation and gap filling, linked to real-time name-based tracking of

undernourished children, counselling, and community-based monitoring.

The representatives inform VHSNC on various developments, enabling VHSNC to monitor and take action on challenges faced in implementing the respective programmes. This will ensure action on improving social determinants of health. This also allows VHSNC to ensure local level accountability in delivery of social sector programmes.

Some activities related to the essential processes involved in the functioning of VHSNC include -

◆ **Monthly Meetings**

The VHSNC functions through its meetings. It is in the meeting that the VHSNC monitors and plans for health. It is a platform for taking and initiating action, to identify, discuss the problems and plan for ways to mitigate them.

◆ **Management of Untied Village Health Fund**

An untied fund of Rs. 10,000 is given annually to the VHSNC. The management of funds is completely in the hands of the VHSNC. It can use these funds for any purpose aimed at improving the health of the village. Nutrition, education, sanitation, environmental protection, and public health measures are key areas where this fund could be utilized. Decision on the utilization of funds should be taken during the VHSNC meetings

◆ **Accounting for the Untied Village Fund**

VHSNC has to present an account of its activities and expenditures in the bi-annual meeting of Gram Sabha and the quarterly meeting of the Gram Panchayat in which the plan and budget of the gram panchayat is discussed.

The annual Statement of Expenditure, prepared by VHSNC, will be forwarded by the Gram Panchayat to the appropriate block level functionaries of NRHM.

Record Maintenance

Maintaining records enables VHSNC to be more organized and function systematically - Record of meetings with attendance signatures; Cash Book; Bank Pass Book; VHSNC Statement of Expenditure & other registers.

The other set of activities include -

- ◆ Monitoring and facilitating access to essential public services
- ◆ By using a health register VHSNC can easily identify who are being excluded from receiving various services.
- ◆ By Using a Public Service Monitoring Tool to assess the situation of public service in the village helps

ascertain whether key services were available in the previous month and what is the status of some critical indicators for the wellbeing of the village, and plan for appropriate action.

- ◆ Organizing local collective action for health promotion
- ◆ VHSNC serves as an inspiring village organization and brings the community together for collective action on health.
- ◆ This could be done by motivating voluntarism for community mobilization and utilizing their support for organizing cleaning drives, improving village sanitation, or in synergized efforts for vector control.
- ◆ Facilitating Service Delivery in the village
- ◆ Organizing the Village Health and Nutrition Day and supporting the organization of immunization sessions.
- ◆ VHSNC members should facilitate mobilization of pregnant women and children, particularly from marginalized families, facilitate the organization of and support the ANM, AWW and ASHA in conducting the VHND.
- ◆ Act as a medium to allow outreach workers and community service providers to articulate their problems and provide support in overcoming their challenges.
- ◆ Help in providing important amenities missing in AWC or sub-centre or school. The VHSNC can help provide these amenities, so as to make it more comfortable and healthy for both user and provider.
- ◆ Learn about the gaps in services from the community feedback and possible gaps from the provider feedback and act as a platform for dialogue and action.
- ◆ The VHSNC should focus on cause of death and good quality reporting of such causes, as this is likely to form the basis for village planning.
- ◆ Community Monitoring of Health Care Facilities
- ◆ Monitor health care services in primary and secondary health care facilities.
- ◆ Organize Jan Samvads (Public Hearings) - which are forums for dialogue between the community and the authorities and also perform the task of grievance redressal.
- ◆ Monitor programmes such as Rashtriya Swasthya Bima Yojana and private sector partnerships and highlight their problems.

Village Health planning

- ◆ Village health action planning is a continuous process and is to be done in each monthly VHSNC meeting. It includes discussion and decision on gaps, collective actions and responsible persons.
- ◆ A second mechanism to develop a village plan is to identify health care priorities and take appropriate action at various levels: health education action at the level of the community and asking for government action or services at the level of health systems.

School Development and Monitoring Committee (SDMC) at school level

Section 21 of Right of Children to Free and Compulsory Education Act, 2009 (RTE Act) provides for formation of School Development and Monitoring Committee (SDMC) which includes at least three fourth of the parents/guardians of children, members of panchayat/wards and school teacher who will be elected democratically and proportionately. Priority for membership should be given to the parents/guardians of vulnerable/weaker sections of the society. SDMC should consist of 50% of women.

From the National Health Mission & National Food Security Act, 2013 schemes like Mid-day Meals Scheme (MDMS) are effectively implemented in all the Government and Government aided schools of the States. Nutritious meal provided under MDMS in the school helps students not only to improve their health but it also increases their learning potential. A nutritious meal aids in the overall development of the child.

The main objective of MDMS is to increase the admission, attendance and to reduce the dropout rate from school. It is also to ensure that every child is given an opportunity to attend school hunger-free and all the necessities are provided.

What can CSOs do in ensuring SDMCs are proactive in the delivery of Mid-Day Meals services to the children?

- ◆ To strengthen SDMC, organize awareness sessions for SDMC members about NFSA, 2013, MDMS and importance of nutritious food on the physical and mental health of the children.
- ◆ Ensure SDMC takes responsibility: The detailed information should be displayed on the notice board.

As per MDMS Guidelines, 2006, under the Right to Information Act, information regarding quantity of food grains received, date of receipt, quantity of food grains utilized, other ingredients purchased and utilized, number of children given mid-day meal, daily menu and the roster of community members involved in the programme should be displayed on the notice board.

- ◆ To monitor hygiene in the kitchen, storage and serving places, drinking water, quality and quantity of food grains and other ingredients used in preparing the meals.
- ◆ To ensure adequate, quality and tasty food be served to the children. Sprouts should be given as part of a mid-day meal.
- ◆ To facilitate hygienic hand washing facilities with well-connected water supply in the school premises
- ◆ As many anganwadis nowadays are in the school premises itself, ensure that SDMC should supervise and check the functioning of anganwadis.
- ◆ Besides MDMS, SDMC should also take proactive measures to look into other schemes provided by the Government like Public Distribution System, Integrated Child Development Services and Maternity Benefit Scheme as they are also very essential for the development of children and to ensure that they receive the right nutrition at the right age.

On the whole, in order to fill gaps and strengthen these monitoring mechanisms, the CSOs may actively facilitate several initiatives in the community. The following maybe some of the activities that can be mentioned:

- ◆ Ensure that not only the constitution of the vigilance committees, but also functioning and participation of all due representatives from the local authorities, the Scheduled Castes, the Scheduled Tribes, women, and destitute persons or persons with disabilities as per its constitution.
- ◆ Training of the vigilance committees on the rules and legal obligations under NFSA that requires information about the structure of the committees, allotment of funds, transparency and accountability to the public, writing complaints, appeals, whom to address, whom to contact, and so forth.
- ◆ Ensure the complaints reach the appropriate authorities and actions are taken
- ◆ Organize community-led monitoring and review meetings, and public hearings, Aahaar adalats, Jan Sunwai to generate popular pressure for positive change,
- ◆ Ensure the accountability of the system. Community involvement in both monitoring and planning lead to solving problems and generating the local political will to improve health, food, and nutrition in the village.

CSOs in ensuring Grievance Redressal Mechanisms (GRM)

A very important component of NFSA is the Grievance Redressal Mechanism, which clearly focuses on the need to provide a well-functioning, accessible redressal mechanism for right holders at village, district and state levels.

In most of the States and for nearly all the schemes under NFSA, the concerned Department of Food and Public Distribution already has grievance redressal mechanisms in place. However, for effective implementation of the Act, it is also important to make sure that awareness is generated about these mechanisms that can be accessed by the people, and these mechanisms are made functional, and efficient by adhering to the procedures and timelines for settling the complaints. It has been noticed that most states have fallen short of exploring IGRM to its fullest potential.

Although the Act suggests establishing toll-free numbers, helplines, designating nodal officers, and having complaint boxes fixed to receive complaints, not all the departments have uniformly adopted these systems in the states.

Internal Grievance Redressal mechanism (IGRM) at village level

To enable the grieved right holders in the villages to lodge complaints the concerned departments have set up free help lines, call centres and nodal officers.

Telephonic grievance redressal system

For PDS, online GRM has been set up by the Department of Food, Civil Supplies, and Consumer Affairs. It enables one to lodge and track the complaints already lodged through the website. All one requires is the Aadhar Card number or the Ration card number. Complaints are to be lodged under 'information entry' on the website.

CSOs ensure:

- ◆ Awareness of the IGRM in the communities, especially among the rights holders. The aggrieved generally are not aware of the formalities; how to write and file complaints, where to go, whom to approach.
- ◆ Training on using the toll free numbers, helplines, written complaints if available. If not, advocacy for establishing IGRM at the village level, designated nodal officer with the support of CBM committees, village committees, SHGs, gram panchayat and local authorities.
- ◆ Access to the telephonic grievance redressal system such as toll-free numbers and call centres for addressing public grievances relating to TPDS and MDMS, contact numbers of nodal officers, District Grievance

Redressal Officer (DGRO)/District Commissioner and State Food Commission through billboards, notice boards, banners at public places, FPS, AWCs, schools, etc.

Assist the people in writing complaints if anyone is unable to write.

Online grievance redressal systems

- ◆ CSOs facilitate access to internet services and assist the complainants in posting their grievances on the specific websites of the Departments or offices.

Nodal officers at block level

The nodal officer acts as a link between the public and the DGRO. The executive officer of block panchayat assisted by a Grade II officer heads the MDMS at the block level. Tahsildar with food inspectors and food shirestedars oversee TPDS

- ◆ CSOs in coordination with gram panchayats facilitate follow up with the complaints pertained to the departments/offices.
- ◆ If possible, CSOs maintain rapport with the nodal officer and invite the officer to the village to address the complaints, if necessary.
- ◆ Child Development Project Officer (CDPO) is in charge of ICDS at the block level. The only GRM for complaints under the ICDS is to contact the authorities personally or through written complaints.

District Grievance Redressal Officer (DGRO)

Many states have not appointed new officers as DGROs and have designated existing officers only. As regards the DGRO, there has been a trend to designate the district-level officers for the same. It is despite the fact that the NFSA does provide for appointing an independent DGRO.

For instance, in Karnataka, the District Commissioner acts as DGRO. The State order of 2016 allows any person or his representative to submit a complaint before a DGRO in written or electronic form. It states that the proceedings shall be summary in nature and are to be disposed of within 30 days of receipt of complaints, an appeal on the order of the DGRO lies with the State Food Commission.

CSOs can assist the complainants if the District Grievance Redressal Officer's attention is required for redressal of such complaints.

State Food Commission (SFC)

The State Food Commission is the independent supervisory body for all schemes under NFSA in a state. It can review

and take up complaints suo moto to inquire into violations. It holds a key position in advising the government and its ancillary agencies in the implementation of NFSA within the state. As a body of vital importance within the legal framework of food security, NFSA has specifically laid down numerous stipulations to ensure the proper functioning of the SFC. As per NFSA's goal, SFC focuses on the 'right', not any particular social group; hence it is essential for SFC to have a similar orientation that enables it to work towards protecting and promoting food security for all, with a focus on the vulnerable groups such as children, women and those who are poor and are unable to feed themselves.

The State Food Commission is expected to have an overview of a wide spectrum of issues and challenges that avert the realization of food security and is required to work along with a number of concerned state departments responsible for the implementation of the relevant schemes and programmes, especially those mentioned in the law, namely, ICDS, MDMS, TPDS and MBS, and those that have implications for food and nutrition security for all. Being set up at the state level, not at the national level, it is necessary for the state food commission to consult and coordinate with relevant State and National Commissions such as the Women's Commission, Commission for Protection of Child Rights, and Human Rights Commission for supervising the effective implementation of NFSA at all levels in the state.

CSOs and SFC cooperation in addressing grievances and monitoring the schemes:

- ◆ Facilitate dialogue between the people in the villages and SFC for understanding ground realities that would contribute to the effective implementation of the welfare/relief measures and reforms.
- ◆ Ensure that the key concerns reach the respective grievance redressal officer or the State Food Commission through online or written.
- ◆ Keep a check on the status of hunger and malnutrition closely and bring it to the notice of authorities and State Food Commission whenever it rises.
- ◆ Collaborate with Commission members during their field visits to monitor services delivery centres: facilitating direct discussions with right holders, especially with children and women, schools, AWCs, PDS, village committees, CBOs, CSOs & the community.
- ◆ Through mutual cooperation between CSOs and SFC in the State, especially during disasters such as floods, famine, and presently in COVID times, SFC needs to ensure the availability of food grains and its access to the migrant children, women and differently-abled persons.

- ◆ CSOs can make sure that the vigilance committees at the ground and block levels are functioning well and their key concerns are reaching the respective grievance redressal officers or the State Food Commissions.
- ◆ CSOs should be able to help people file complaints of the violations and conduct necessary follow-ups even up to the state food commission.
- ◆ CSOs enable public hearings in the villages in cooperation with SFCs & other Commissions.
- ◆ Facilitate State Food Commission to organize regular meetings with the CSOs to understand the ground situations and problems to arrive at solutions.

CSOs in ensuring advancing food and nutrition security

In addition to the entitlements, Schedule III of the NFSA, 2013 also identified certain areas in which food security needs to be advanced progressively to ensure sustainable food and nutrition security for all at all times.

Section 30 of the Act prescribes special measures to be taken by the central, state, and local authorities while addressing the needs of vulnerable groups in remote, hilly and tribal areas, which are difficult to access for ensuring their food security.

Section 31 of the Act specifically mentions that the central, state and local authorities are required to strive to progressively realize the objectives in Schedule III of the Act for the purpose of advancing food and nutrition security for all.

The objectives for Advancing Food Security:

Revitalisation of Agriculture

- ◆ agrarian reforms through measures for securing interests of small and marginal farmers;
- ◆ increase in investments in agriculture, including research and development, extension services, micro, and minor irrigation and power to increase productivity and production;
- ◆ ensuring livelihood security to farmers by way of remunerative prices, access to inputs, credit, irrigation, power, crop insurance, etc.;
- ◆ prohibiting unwarranted diversion of land and water from food production.

Procurement, Storage, and Movement related interventions

- ◆ incentivizing decentralized procurement including procurement of coarse grains;

- ◆ geographical diversification of procurement operations;
- ◆ augmentation of adequate decentralized modern and scientific storage;
- ◆ giving top priority to the movement of food grains and providing a sufficient number of rakes for this purpose, including expanding the line capacity of railways to facilitate food grain movement from surplus to consuming regions.

Access to

- ◆ safe and adequate drinking water and sanitation;
- ◆ health care;
- ◆ nutrition, health, and education support to adolescent girls;
- ◆ adequate pensions for senior citizens, differently-abled persons, and single women.

The objectives mentioned in Schedule III of the Act are different from the legal entitlements. They neither prescribe any deadline for the realization of the objectives nor justiciable but only to be progressively realized by the state.

The other Schedules of the Act mainly focus on the legal entitlements, provisions, and immediate distribution aspect of food security but not on the fundamental source for distribution - food production. Schedule III has highlighted the importance of original food producers (small farmers), agrarian reforms, secured facilitation for distribution of food grains, and related enabling of ecological and social safety nets for the vulnerable as long term obligation of the state to ensure adequate food and nutrition security for all at all times. Obviously, the State has obligations of acting upon immediate realization and progressive realization of the right to food and ultimately respecting the right to life with dignity of all the people at all times.

What can CSOs do in promoting sustainable agriculture for nutrition security?

Most CSOs have been working in multiple areas such as natural resources, agriculture, poverty, livelihoods, gender, and migration that link directly or indirectly with food and nutrition security. There may be direct interventions and policy advocacy as well. The long-term nutrition interventions through sustained production of food grains and demonstration would lead to improvement of dietary patterns. It is important to adopt sustainable practices in agriculture and food production so that the problem of food and nutrition security can be dealt with in a feasible manner.

Addressing malnutrition, especially among children and adolescent girls, and social and economic safety net for

the vulnerable groups, call for immediate attention and action in bridging intergenerational nutritional challenges on the contrary to the 'progressive realization of the same fundamental requirements' under Schedule III. This particular objective of sustainable food security through progressive realization with 'no legal obligations' seems to weaken the purpose of ensuring food and nutrition security in the human life cycle approach as articulated in the NFSA 2013.

The collaboration of CSOs, gram panchayat and departments is essential in the realization of food and nutrition security. Hence, the role of CSOs is critical in advancing food and nutrition security especially in the COVID and post COVID times through:

- ◆ Emphasizing on the specific food cultures and traditional knowledge systems in medicine, and livelihoods that ensure their health and nutrition while working with tribal communities.
- ◆ Enabling reclaiming the social safety net scheme from right to work to the right to livelihoods such as Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) for restoring livelihoods to the poor and returning migrants due to the COVID-19 pandemic in their villages.
- ◆ Organize/facilitate natural resource mapping that focuses on the natural resources in the locality e.g. topography, land, forests, water bodies, fields, vegetation, etc.
- ◆ Promote organic nutrition gardens in the schools, anganwadis, and in the common areas by encouraging participation of women (mothers, adolescent girls, and SHGs)
- ◆ Awareness and training on chemical free, sustainable ecological agriculture practices and related schemes for food and livelihood security, and climate change adaptation such as integrated organic farming, natural farming, vermicomposting, biodiversity, water conservation, alternative energy, etc., among the small and marginal farmers. These earth-based practices improve farmers' food security by diversifying their food and income sources. They also enhance nutrition security for families subsisting on agriculture.
- ◆ Encourage and promote group farming by women as their right. Women can be encouraged to collectively cultivate leased land and become farm managers in their own right. Farming in groups empowers women economically as well as socially and politically.
- ◆ Mobilize advocacy for legal rights recognizing women in agriculture as women farmers, which enable them access to entitlements as that of men farmers.

- ◆ Promote eco-friendly food processing units using alternative energy such as solar-powered food processing machines at the community level for the preservation of local food grains, vegetables, and fruits and for supplementary income for marginalized women farmers and landless women as well.
- ◆ Focus on knowledge exchange and capacity building among farmers and agriculture extension workers.
- ◆ Take steps to broaden the perspectives of stakeholders across the agriculture ecosystem and make them more open to alternative approaches.
- ◆ Make sustainable agriculture visible by integrating data and information collection on sustainable ecological agriculture practices in the prevailing national and state-level agriculture data systems.
- ◆ Utilize agriculture extension services for training stakeholders available from different institutions e.g. state agriculture departments, Indian Council of Agricultural Research (India) (ICAR), agriculture universities, Krishi Vijnan Kendras (KVK), etc.
- ◆ Collaborate in action research studies with other national and international networks to allocate special funds for nutrition in the national and state budgets
- ◆ Facilitate and promote rural haats/gramin haats, millet/vegetable/fruit/seed festivals for direct farmer - consumer linkages.
- ◆ The rights-based approach also allows CSOs to pressure businesses and international organizations to help secure nutrition rights.

CSOs in water conservation

CSOs have an instrumental role in educating, developing, protecting, and augmenting water resources vital for agriculture, health and local economies, which in turn enhances food and nutritional security.

Organize, facilitate and promote:

- ◆ Awareness and education on water literacy, environmental education in the villages through IEC materials, films, local cultural performances
- ◆ Appropriate water-use technologies to conserve water
- ◆ Water-use rationalization by selecting appropriate cropping patterns.
- ◆ Surveillance, local environmental safeguard measures of water bodies.
- ◆ Plan and implement an environmental management framework.

- ◆ Appropriate irrigation methods
- ◆ Rain water harvesting structures in the schools, anganwadis, gram panchayat office and other public buildings under MGNREGS
- ◆ Water-shed structures- small check dams, farm ponds and appropriate irrigation canals under MGNREGS
- ◆ Training for elected representatives of panchayats, farmers on water management techniques and the use of satellite imagery and maps.
- ◆ Enhance skills of elected representatives to plan water management at the village level along with the knowledge of creating the right kind of water structures at the right places in the village.

CSOs in ensuring safe drinking and sanitation for nutrition security

To accelerate the efforts to achieve universal drinking water and sanitation coverage the Central and State Governments have launched several programmes in rural and urban areas to ensure clean drinking water at household level; toilets to eradicate open defecation and liquid and solid waste management to improve the living standards and health of the people.

The Rural Drinking Water and Sanitation Department (RDWSD) is working towards ensuring sanitation and providing clean drinking water to the rural areas of the states. It administers the Swachh Bharat Mission Gramin (SBMG) and Jal Jeevan Mission (JJM) components.

Open Defecation Free (ODF) Plus activities under Phase II of Swachh Bharat Mission (Gramin) reinforce ODF behaviours and focus on providing interventions for the safe management of solid and liquid waste in villages.

With the support of gram panchayats and local authorities, CSOs educate and promote the water, hygiene and sanitation programmes that ensure health, food and nutrition security in the community. Short-term/long-term programmes should be prepared for achieving the motto “Drinking water and Total sanitation for everyone, every time.”

- ◆ Ensure participation of local communities, including registrants of MGNREGS, SHGs, CBOs, village committees, front-line workers, teachers in planning and improving water and sanitation management.
- ◆ Ensure priority be given to the domestic connections for the marginalized communities.
- ◆ Ensure safe drinking water supply and storage to anganwadis and schools
- ◆ Promote construction of safe, functioning toilets/

sanitation in all anganwadis, schools, Gram Panchayat offices and public institutions and places under relevant schemes along with ensuring comfortable girl/women friendly designs under MGNREGS, SBM and related schemes.

- ◆ Educate communities about hygiene, safe usage of water, prevention of contamination, implication of open defecation, importance of toilets, zero-waste and about hygienic habits through IEC pamphlets, campaigns, jathas, street plays, film shows.

Social safety nets for the protection of vulnerable groups

National Social Assistance Programme (NSAP) is a centrally sponsored scheme of the Government of India that provides financial assistance to the elderly, widows, and persons with disabilities in the form of social pensions and also includes one-time assistance in case of death of the primary breadwinner in a BPL family. NSAP at present comprises of Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS), Indira Gandhi National Disability Pension Scheme (IGNDPS), National Family Benefit Scheme (NFBS), and Annapurna.

CSOs in NSAP:

- ◆ CSOs should play an active role in the identification of the beneficiaries under all the schemes of NSAP.
- ◆ Facilitate an annual survey be conducted by the gram panchayats and it shall be compared with the approved BPL list. This will help to enlist all eligible persons under the schemes of NSAP so that universal coverage is achieved
- ◆ Ensure that the list of beneficiaries should be displayed at the gram panchayat office and updated every three months.
- ◆ Disseminating information about NSAP regarding the procedure for obtaining benefits.
- ◆ Enable periodic reviews and discussions in gram sabhas/ward level meetings.
- ◆ Ensure that wherever SHGs of NRLM are in existence, they should be involved in the identification of beneficiaries.
- ◆ Ensure adequate pensions for senior citizens, differently-abled persons, and single women from the relevant departments.

CSOs' role in ensuring Food and Nutrition Securities beyond NFSA

The determinants of malnutrition go beyond just the quantitative and qualitative aspects of food and nutrition for consumption. There are multiple determinants across several sectors such as health, water, sanitation, education, agriculture and social concerns such as gender, caste, religion, belief systems that work together and impact the nutrition status of a person.

While the civil society groups and right to food movements at the international and national level work together on a human rights framework for adequate food and nutrition security-related policies, the complimentary right-based interventions of grassroots CSOs are critical in the realization of the right to food and nutrition securities.

The right to food is a human right. It means access to adequate food at all times, with dignity. It protects the right of all human beings to live in dignity, free from hunger, food insecurity, and malnutrition. The right to food is not about charity, but about ensuring that all people can feed themselves in dignity. All human beings have the right to food that should be available in sufficient quantity and quality; nutritionally and culturally acceptable; physically and economically accessible. The right to food is realized when all people - men, women, and children, individually and in groups have physical, social, and economic access to adequate food, at all times with dignity.

Local CSOs directly involved in various poverty reduction, health, food, nutrition, water, and social interventions among the socio-economically marginalized communities are witness to the ground realities. They have an understanding of the combination of direct and indirect interventions with multi-stakeholders participatory life cycle approach and strategies. The pro-people participatory and collaborative approaches have been proved effective in addressing malnutrition on the ground. These approaches can help bring the community together to identify, understand and address health, food, and nutrition problems of the community and evolve a 'Malnutrition-free village'.



Figure 2: Multi stakeholders Participatory Approach to combating malnutrition



Sensitization of Community



Engagement with women's Self Help Groups (SHGs) and community-based organizations (CBOs)



Joint capacity development of Frontline Service Providers and Community Networks



Partnerships with NGO Alliances, Academic & Research Institutions

Sensitization of community

Sensitizing the community to ensure they lead their lives with dignity, especially among the below poverty line groups with a focus on the marginalized women and children, adolescent girls, single women, children with special needs, etc. needs a strong commitment of the CSOs. They play the roles of facilitator, trainer, and educator in highlighting the provisions of NFSA 2013, its legal entitlements, and related central and

state schemes from a right to food and nutrition perspective. Many parents, particularly those of SAM children, are not even aware of the condition of their children and the facilities they are entitled to. It is important to dispel the general assumption that the services rendered by the government are charity by emphasizing the entitlements as people's rights and the need for breaking the intergenerational cycle of undernutrition to alleviate hunger and malnutrition.

Table 2: Major Programs to alleviate hunger and malnutrition

Target Group	Central Schemes
0-3 Years children	ICDS, RCH-II, NRHM, Rajiv Gandhi National Crèche Scheme
3-6 Years children	ICDS, RCH-II, NRHM, Rajiv Gandhi National Crèche Scheme, TSC, NRDWP
6-14 years school going children	MDMS, SSA, WIFS Program
11-18years –adolescent girls	RGSEAG (SABALA), <i>Kishori Shakti Yojana</i> , TSC, National Rural Drinking Water Programme. WIFS Programme
Pregnant women & Lactating mothers	ICDS, RCH II, NRHM, JSY, IGMSY – The CMB Scheme, PMMVY
Adults Male & female	NFSM, TPDS, AAY, MGNREGS, Women Welfare and Support Programme, RKVY, TSC, NHM, NIDDCP, Nutrition Education & Extension, <i>Bharat Nirman</i> , <i>Rashtriya Swasthya Bima Yojana</i>

Mobilization, Awareness & Interventions in Nutrition specific and Nutrition sensitive programs by CSOs

The realization of the right to food for children entails that all children (up to the age of 18 years) have regular access to sufficient nutritious food at all times, either directly or through their families. This also means that they get adequate nutrition required at various stages of development, including the opportunity for being breastfed.

Since children are vulnerable and cannot fend for themselves either by way of some employment or making use of productive resources, the state has the responsibility to make provisions for the realization of the right to food and nutrition for children within the family and beyond. As part of Article 21, i.e., the right to life, the right to food for children is also recognized under Part III of Fundamental Rights in the Indian Constitution. In addition, the Directive

Principles of State Policy provided in Part IV is also relevant in the context of children.

Nutrition interventions are well established and operational through flagship programmes such as ICDS, NHM - including RMNCH + A, Swachh Bharat, and others such as PMMVY and SABLA. However, to eradicate hunger and malnutrition and sustain the improvement a long-term multi-sectoral approach is essential. The determinants of nutrition go beyond the ‘quantity and quality’ of food consumption. A comprehensive combination of direct nutrition-specific interventions and indirect interventions in the wider spectrum of sectors such as agriculture, water, and sanitation, education, health to name a few, bring about deserved positive changes in combating malnutrition. The mutual impact of nutrition-sensitive strategies and nutrition-specific actions is explained below:

Table 3: Nutrition sensitive strategies increase the impact of specific actions for nutrition

Nutrition Sensitive strategies increase the impact of specific actions for nutrition		
Nutrition sensitive Strategies		Specific Actions for Nutrition
<p>Agriculture: Making nutritious food more accessible to everyone, and supporting small farms as a source of income for women</p> <p>Clean Water & Sanitation</p> <p>Improving access to reduce infection & disease</p> <p>Education and Employment</p> <p>Making sure children have the nutrition needed to learn & earn a decent income as adults</p> <p>Health Care: Access to services that enable children & women to be healthy</p> <p>Support for Resilience: Establishing a stronger, healthier population & sustained prosperity to better endure emergencies & conflicts</p>		<p>Feeding Practices & Behaviours</p> <p>Encouraging exclusive breastfeeding up to 6 months of age & continued breastfeeding together with appropriate nutritious food up to 2 years of age and beyond</p> <p>Micronutrient Supplementation</p> <p>Direct provision of extra nutrients through inclusion of locally grown diverse food grains, vegetables, fruits, eggs, etc. in daily diet. Priority should be given to natural, chemical free food.</p> <p>Treatment of acute malnutrition and anaemia</p> <p>Enabling children and women with moderate & severe malnutrition and anaemia to access effective treatment and recovery.</p>



Engagement with the women Self Help Groups (SHGs) and community based organizations (CBOs)

As a means to women empowerment, SHGs and CBOs have been promoted by the CSOs and the governments through exclusive socio-economic development programs. It is essential to link nutrition interventions with poverty alleviation initiatives, as poverty is an underlying cause of undernutrition, as well as a manifestation of poor nutrition. Engagement with the women's groups and CBOs for overall development of the communities helps initiate the collective actions for addressing underlying malnutrition related issues. Effective interventions entail looking beyond “maternal

responsibility” and address entitlement uncertainties and gender inequality, in order to ensure essential nutrition and good health of all vulnerable groups such as children, women and elderly.

Some of the actions include:

- ◆ Mapping and tracking the hunger and malnutrition trends.
- ◆ Direct & indirect interventions such as reproductive health, maternal, new-born, and child health, and nutrition, intergenerational cycle of undernutrition and anaemia, etc.
- ◆ Women's groups taking responsibility for setting up day-care/crèche centres that may generate supplementary income for women.
- ◆ Promoting income-generating nutrition and herbal gardens, organically cultivated local millets, vegetables in the food basket.
- ◆ Campaigns, rallies, jathas for awareness on preventive health care, water & airborne diseases, nutrition and natural farming, environmental issues - water conservation, the impact of the climate crisis on food insecurity, etc.

- ◆ Social campaigns on the girl child, child marriages, social norms, gender, caste inequalities.
- ◆ Community-based monitoring of the schemes.
- ◆ Enabling environment for behavioural change in the communities - envisioning “Malnutrition Free SHGs/ Open Defecation Free SHGs”. Trained women’s SHGs mobilized under NRLM will play a key role in catalysing this approach.

Community Action: Active leadership of CSOs is critical for the effective mobilization of community action for nutrition. Greater community ownership would (i) enhance nutrition and health awareness (ii) help improve family care behaviours (iii) expand community outreach to the most vulnerable (iv) enable effective program implementation at the grassroots level and (v) strengthen community-based monitoring. Therefore the process comprises a series of meetings, in which community groups are encouraged to engage in dialogue, learn and engage in the participatory decision-making process that will enable them to take action to address local problems.

Joint capacity development of Frontline Service Providers and Community Networks

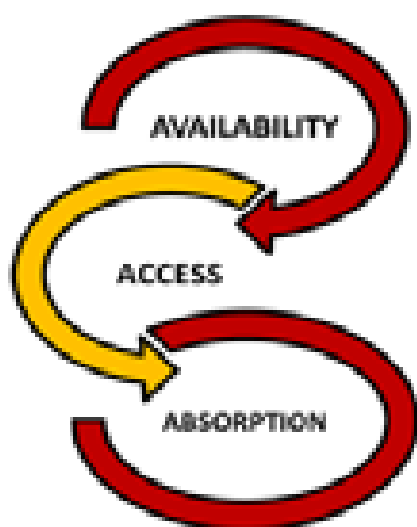


Figure 3: Missing link between Availability, Access and Absorption

There are several schemes and programs for the prevention and eradication of malnutrition in the states. However, as the above picture suggests, the challenge remains about availability, access, and absorption by the right holders. Absorption of nutrition programs goes beyond just food, with economic, health, water sanitation, gender perspectives, and social norms contributing to better nutrition. This is why the implementation of integrated multiple schemes can contribute to better nutrition.

As explained earlier, mobilizing local mechanisms in collaboration with frontline service providers such as anganwadis, ASHA workers, ANMs, village/ward committees and gram panchayat/local authorities is key in eliminating hunger and malnutrition at the local level.

Partnerships with NGO alliances, academic & research institutions

Inter-sectoral collaborations and partnership building between grassroots CSOs and academic & research institutions bridge the gaps in the international, national, and state policies related to sustainable food and nutrition security and child protection against hunger and malnutrition. The partnerships act as guides for CSOs in affirming a rights-based approach and monitoring, documenting, and reporting any violations in this regard.

Engagement of CSOs with Panchayati Raj Institutions (PRIs)

The Panchayati Raj system in India is a unique local self-governance in terms of democratic decentralization of powers in the hands of people at the grassroots who collectively govern towards gram swaraj. Strengthening the ownership of Panchayati Raj Institutions and urban local bodies is a vital principle to ensure that local self-governments own, promote, monitor, and sustain nutrition initiatives – affecting convergence of action at the grassroots. This is essential as the subjects allocated in the 73rd Amendment include those addressing the immediate and underlying determinants of under-nutrition such as Health and Sanitation, Family Welfare, Drinking Water, Women and Child Development, Public Distribution Systems, Agriculture, Education, Poverty Alleviation, and Social Welfare, among others.

Hence, it is the obligation of the Panchayati Raj Institutions to ensure household food & nutrition security and hunger & malnutrition-free Panchayat at large. There is no dearth of welfare schemes but there is a lack of creating synergy and linking the schemes with each other to achieve a common goal.

Role of CSOs:

- ◆ It is critical to decentralise and integrate Sustainable Development Goals (SDGs) that address hunger and malnutrition comprehensively in the programs at the Panchayat level to achieve the targets by 2030.
- ◆ The state government has announced several relief measures and it is important that people know about these. CSOs and PRIs should play a proactive role in not only generating awareness about NFSA entitlements but also about additional benefits, and provisions so that more and more people could benefit from it.

- ◆ CSOs in partnership with local authorities work closely with the elected representatives in bringing about awareness and information about hunger, malnutrition, its inter-generational cycle, its causes and effects on peoples' lives and wellbeing, etc.
- ◆ Awareness training for PRI functionaries and elected representatives on nutrition and food security, and NFSA help PRIs to focus on effective delivery and monitoring of food-based social security including TPDS, MDMS, and ICDS, and related social welfare programmes.
- ◆ Training Gram Panchayat to undertake mapping the nutritional status of children, women (including pregnant and lactating mothers), homeless, destitute, elderly, adolescent girls and boys, people with disability, Nomadic-Denotified Tribes, Scheduled Tribes, Scheduled Castes, Primitive Vulnerable Tribes, and other marginalized groups.
- ◆ Collaboration with PRIs is essential to link nutrition interventions (such as ICDS, TPDS, MDMS, Poshan Abhiyaan, NFSA) with poverty alleviation initiatives (such as DAY-NRLM, NSAP, MGNREGA, PMAY) to enhance convergence and synchronization of flagship programmes and participatory local planning to address differential food security and nutrition needs of women, men, girls, and boys.
- ◆ Trained Panchayat members (especially women) and Women's SHGs mobilized under NRLM will play a key role in catalysing this approach. The gram Panchayat plan can include a set of simple indicators to enable, track, recognize, and incentivize malnutrition-free Panchayats. (These could be displayed at the community level; in AWCs, health centres, schools, and Panchayats/urban local bodies).
- ◆ Since the programme gaps need to be addressed comprehensively and they directly impact families/communities at the grassroots/Panchayat levels, the coordination of the CSOs and Panchayats is essential to address these gaps in the Panchayat development planning. This process would be extremely effective and useful in addressing and preventing malnutrition through providing information and awareness regarding proper nutritional practices, and proper child, maternal and adolescent care.
- ◆ The service delivery systems at the ground level are overburdened during the times of COVID. With the support of Panchayat, CSOs should step up and ensure that the entitlements reach the right holders. For instance, mid-day meals and nutrition provided through anganwadis are made available to people in some form or the other.

In general, the CSOs trust democracy and justice principles, so also people's active participation in the decentralized democratic mechanism such as the Gram Sabha/Ward Sabha.

A vibrant Grama Sabha is essential for the effective functioning of village panchayats by promoting transparency and accountability in administration, enhancing public participation in the planning and implementation of schemes and in the choice of beneficiaries, and paving the way for social audit. The Gram Sabha has been defined by the Indian Constitution as a body consisting of all registered voters of a village within the area of a village Panchayat. Article 243A of the Constitution provides that a Gram Sabha may exercise such powers and perform such functions at the village level as



Gram Sabhas: CSOs for ensuring inclusive participation and decision making powers of the marginalized communities in gram sabhas

the legislature of a State may, by law, provide. Powers assigned to the Gram Sabha, therefore, vary from state to state. It has a high potential for grounding democracy at the grassroots, facilitating socio-economic inclusion, participation in planning and implementation of development programmes, and ensuring accountability of the Panchayat to the electors.

In addition to general Gram Sabhas, special gram sabhas for women and children are mandated to be held separately at least once a year in all Gram Panchayats. These special Gram Sabhas are meant to find solutions and actions for women's socio-economic issues and children's issues such as child health, nutrition, child labour, child rights, and child trafficking among others. The children can also express problems at school, including harassment faced, demand for toilets, water facilities, and libraries. In these Gram Sabhas, panchayat members and officials should discuss the problems with the children, communities, and stakeholders and pass resolutions for actions and solutions.

Grassroots CSOs play a pivotal role in the effective functioning of gram sabhas by:

- ◆ Organizing training for Gram Panchayat functionaries and members, village committees on the importance of gram sabhas.
- ◆ Ensuring the Gram Panchayats organize women and children's special gram sabhas regularly.
- ◆ Mobilizing the marginalized and vulnerable groups for active participation in the gram sabha
- ◆ Organizing awareness campaigns, rallies with the help of women, children, and youth groups.
- ◆ Facilitating the focus group discussions among the children, women, and youth in the village on the issues of food, nutrition, health, water, sanitation, education, livelihoods, and related needs so that the people would be able to identify problems, analyse, prioritize, articulate and place demands in writing in the gram sabhas.
- ◆ Ensuring resolutions passed in the gram sabha and follow-up actions by panchayat within their official capacity and if beyond, gram panchayat should approach taluk, district officials for the solutions.
- ◆ Promoting Children's Councils in the villages by involving children to build their leadership in local public decision-making and governance. The children's councils become a platform to address their issues and successfully lobby in gram sabhas for action to improve children's social and physical environments, using education, empowerment and tactful political manoeuvring.

Community Based Monitoring and Planning (CBMP) for the intergenerational cycle of nutrition

As a planning and monitoring mechanism, the Community Based Monitoring and Planning (CBMP) process is essential for sustainability in maternal, adolescent, and child

health, nutrition service delivery systems. This approach supported by National Health Mission envisages bridging the gaps between people's needs and actual budget planning through appropriate need assessment through community mobilization. The CBMP process generates momentum for improvement in public health and nutrition services at the local level since this process stimulates people's participation in building popular pressure for positive change. As community members, especially right holders begin the dialogue with local service providers in an organized manner; the system becomes more accountable and responsive to people's needs.

Role of CSOs

Constant engagement with all stakeholders is a prerequisite for dynamic participation in the CBMP processes. Their involvement in both monitoring and planning lead to solving problems and generating the local political will to improve health, food, and nutrition in the village.

Key processes in CBMP:

Process 1: Formation/expansion and capacity building of community-based committees: A key activity is building awareness among communities regarding basic health, food, and nutrition entitlements. Multi-stakeholder community-based monitoring and planning committees (CBMPC) drawn from right holders from Anganwadis and schools, CSO representatives, frontline /higher level service providers, and representatives from village committees such as VHNSC, BVS, SDMC, vigilance committee for TPDS, from PHC are required to be activated, formed and oriented to carry out CBMP activities from village level to district/state levels.

Training should be provided for the members of CBMPC on NFSA, food and health entitlements, and human rights.

Process 2: Community data collection and filling Citizen's health and nutrition report cards: At the core of CBMP is the act of recording and reporting the status of public food entitlements under NFSA 2013 and maternal and child health services and facilities in villages, as experienced by people. These citizens' report cards are filled by the CBMPC with the active guidance of CSOs and displayed in a prominent place in the village and copies are sent to gram panchayat, child development program officials, PHC, Department of Women and Child Development (DWCD) at the district level and State Food Commission

Process 3: Public Hearings/Public Dialogues: CSOs in coordination with CBMPCs, community members, people's organizations, government officials, State Food Commission, and experts in health and nutrition facilitate in organizing mass events like public hearings/public dialogues at Panchayat, block, and district levels. At these platforms, people are invited to report their experiences of health and nutrition services and denial of care, entitlements, and findings of citizen's report cards as well. The authorities

present to respond to the testimonies and findings, stating how the problems will be addressed.

Process 4: Periodic state-level dialogues: In reality, there is no regular forum for community-level groups to raise issues at the state level in ways that could elicit action. The initiative of CBMPCs that include CSO representatives enables dialogues at the state level, which help to address locally unresolved issues for corrective actions and reinforce the commitment to the right to health, food, and nutrition security.

Process 5: Community-based planning: Any health, nutrition planning at the local level has largely been dominated by the bureaucracy with political representatives playing a nominal role and almost no space is available for intervention by community groups and civil society organizations. However, the active presence of CSOs in the midst of the marginalized vulnerable groups invigorates the participation of the monitoring communities in the decentralized planning process. Their active interventions in the program fund expenditure, formulation of proposals for inclusion in block and district level plans based on the available community evidence, and active efforts to ensure spaces for participation safeguards community-based planning.

Convergence of multi-sectoral interventions for hunger and malnutrition free Communities

The framework for nutrition highlights the immediate and underlying determinants of nutrition, calling for both direct (nutrition-specific) and indirect (nutrition-sensitive) interventions, as envisaged in the National Nutrition Policy, 1993. These involve several sectors such as women and child development, health, food, and public distribution, sanitation, drinking water, rural development, livelihoods, education, and agriculture, among others. Indirect multi-sectoral nutrition interventions are also designed to have a long-term impact – even intergenerational – such as girls' education.

The major programmes and concerned sectors/Ministries which address various determinants of nutrition include the following:

Table 4: Major Programmes & Concerned Departments

Sl. No.	Determinants of Nutrition	Ministry	Major Programmes
1	Access to Maternal and Child Care	Ministry of Women and Child Development (MWCD)	-Integrated Child Development Services (ICDS) -Pradhan Mantri Matru Vandana Yojana (PMMVY) - Crèches - Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls- SABLA
2	Access to Healthcare	Ministry of Health and Family Welfare (MOHFW)	National Health Mission - Includes RMNCH+A encompassing programmes for the control of Micronutrient Deficiencies (VAD, Nutritional Anaemia, IDD)
3	Access to Drinking Water	Ministry of Drinking Water and Sanitation (MWDS)	- Swachh Bharat Mission - National Rural Drinking Water Programme
4	Access to Household Food Security (food supplementation)	Ministry of Consumer Affairs, Food and Public Distribution (MCAFPD) Ministry of Human Resource Development (MHRD) MA	- Targeted Public Distribution System - National Food Security Mission - Agriculture - Mid Day Meals Scheme (Food Supplementation)
5	Access to Livelihoods Security and Poverty Alleviation	Ministry of Social Development (MSD) Ministry of Rural Development (MRD)	Skill Development - NRLM - MGNREGA

6	Girls' Education, Literacy & Empowerment	Ministry of Women and Child Development (MWCD) Ministry of Human Resource Development (MHRD)	- Sarva Shiksha Abhiyan - Sakshar Bharat - Beti Bachao Beti Padhao
7	Information Communication & Social Mobilization	Ministry of Information & Broadcasting (MI&B) Ministry of Panchayati Raj (MPR) Municipal Utilities District (MUD) Ministry of Youth Affairs and Sports (MYAS)	Information Campaigns - Training of PRIs - Training of Urban Local Bodies - Youth Initiatives
8	Interventions for Vulnerable Community Groups	Ministry of Tribal Affairs (MTA) Ministry of Social Justice and Empowerment (MSJE) Ministry of Minority Affairs (MMA)	Focussed Interventions for vulnerable community groups (Scheduled Tribes, Scheduled Castes) - Multi-Sectoral Development Programme (Minorities)
9	Key Determinants	Ministry of Women and Child Development (MWCD)	NNM/ Nutrition Programme in High Burden Districts

Source: National Nutrition Strategy- NITI Aayog

NITI Aayog through its National Nutrition Strategy envisages: Indicative action points for convergence as related to the roles of different ministries/sectors are accordingly highlighted in the matrix below, on the premise that these will be contextualized, relevant to specific state/district contexts

Table 5: Role of Different Ministries for 'Convergence'

MINISTRY/SECTOR	INDICATIVE ACTION POINTS FOR CONVERGENCE
Objective 1: Ensure universal access to Maternal and Child Care (including supplementation of dietary intake)	
Ministry of Women and Child Development	<ul style="list-style-type: none"> ◆ Leadership; policy direction multi-sectoral coordination as the nodal Ministry for Nutrition. ◆ Ensure Nutrition commitments are in the National Development Agenda, Results ◆ Framework Documents and Five-year Strategic Plans of concerned ministries. ◆ Ensure universal reach of quality maternal and child care services through ICDS Restructuring (and progressively Matritva Sahyog Yojana) including key nutrition intervention/practices. ◆ Ensure inclusion of the most vulnerable and deprived communities, women and children - such as SC, ST, particularly vulnerable tribal groups, and minorities. ◆ Implement new components of ICDS Restructuring – especially those focused on reaching the younger child under 3 years such as second worker, crèches,

	<ul style="list-style-type: none"> ◆ Infant and Young Child Feeding Counselling, Growth Monitoring and Promotion, improved care behaviours (including health, hygiene, feeding, psychosocial care of girls and women), prevention, care, community-based management of severely undernourished children, and referrals. ◆ Improve the quality and delivery of SNP esp. THR in ICDS with greater decentralization, community participation, and involvement of PRIs, women's SHGs, and mothers' committees. ◆ Extend a redesigned Matritva Sahyog Yojana for progressive universal coverage. ◆ Extend the provisions for infant and child care/ Crèches through existing and revamped schemes, linkages with MGNREGA - based on local needs assessment. ◆ Promote nutrition of adolescent girls out of school through SABLA, strengthen and expand ◆ Enable development, implementation, and monitoring of National, State, and district level nutrition action plans - initially in 200 high prevalence districts focusing on linking ICDS, NHM, and Swachh Bharat plans. ◆ Universalise use of the new common Mother-Child Card with new WHO child growth standards in ICDS, NHM. <p>Enhance institutional capacity for Nutrition at different levels.</p> <p>Strengthen partnerships between government sectors, civil society, Panchayati raj institutions, families, and communities for fulfilling nutrition rights.</p> <ul style="list-style-type: none"> ◆ Institute mechanisms to ensure that infant and young child feeding and nutritional support interventions are free from commercial influence and conflict of interest ◆ Develop, strengthen, and integrate nutrition monitoring through revamping ICDS MIS, integrating nutrition status monitoring in NHM ◆ MCTS and developing a National Nutrition Surveillance System. ◆ Ensure that periodic Nutrition Surveys – linked to Health Surveys are conducted regularly for assessing monitorable outcomes at National, State and district levels. ◆ Promote Women's Empowerment through on-going initiatives – NMEW, NRLM etc.
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Objective 2: Ensure Universal Access to Quality Health Care Services

Ministry of Health and Family Welfare

- ◆ Link NHM District Implementation Plans with ICDS, Swachh Bharat, District Plans for better nutrition outcomes
 - ◆ Strengthen its Nutrition components especially in 200 high prevalence districts /184 NHM high priority districts
 - ◆ Specify redefined roles of frontline worker team (AWWs/ ASHAs/ANMs) and also at other levels with a focus on Nutrition
 - ◆ Ensure universal use of Mother-Child Protection Card with WHO child growth standards in ICDS and NHM by trained functionaries
 - ◆ Ensure regularity and reach of Fixed Monthly Village Health and Nutrition Days, effective use of contact points for nutrition counselling, and service delivery
 - ◆ Strengthen Village Health Sanitation and Nutrition Committees
 - ◆ Integrate reporting of nutrition status of under 3s in NHM MCTS
 - ◆ Position nutrition status of children under 3s as a lead progress indicator of NHM
 - ◆ Improve maternal care and ensure safe institutional delivery, ensuring a seamless continuum of maternity support, health, nutrition, and care during pregnancy, lactation, early infancy
 - ◆ Improve new-born care – including care of low birth weight babies
 - ◆ Strengthen skilled counselling support for Infant and Young Child Feeding early and exclusive breastfeeding
 - ◆ Progressively make all maternity facilities baby friendly
 - ◆ Ensure timely and full/complete immunization
 - ◆ Strengthen programmes for the control of Micronutrient deficiencies
 - ◆ Vitamin A, anaemia and Iodine Deficiency Disorders and ensure micronutrient supplementation, deworming
 - ◆ Ensure improved management of neonatal, infant, and childhood illnesses at community and facility levels
- Diarrhoea management with ORS and zinc supplementation
- Management of acute respiratory infections (ARI)

	<p>Ensure improved care, referrals, and facility-based management of severe acute malnutrition- linking with community-based management at AWC level</p> <p>Improve adolescent health and nutrition – reaching girls in and out of school with health check-ups, IFA supplementation, deworming, health and nutrition counselling, and screening through RBSK</p>
Objective 3: Ensure Universal Access To Safe Drinking Water, Hygiene, and Sanitation	
Ministry of Drinking Water & Sanitation	<ul style="list-style-type: none"> ◆ Link district implementation plans with ICDS, NHM – for better nutrition outcomes ◆ Progressively ensure the provision of toilets and safe drinking water supply in all AWCs, HSCs, and schools and at community and household levels. ◆ Reduce open defecation.
	<ul style="list-style-type: none"> ◆ Focus on improving hygiene practices like hand washing, safe disposal of child stools and waste, etc. ◆ AWCs, schools, and health centres to be strengthened as the hubs for demonstrating and changing hygiene practices ◆ Swachhta Doots and community mobilization activities under Swachh Bharat- NHM and ICDS to be linked ◆ Common core training and communication packages to be developed and widely used. ◆ Linking with Village Water and Sanitation Committees
Objective 4: Ensure Universal Access to Household Food Security	
Ministry of Consumer Affairs, Food & Public Distribution	<ul style="list-style-type: none"> ◆ Monitor effective implementation of the National Food Security Act 2013, including its enabling provisions and formulation of rules by concerned sectors/states. ◆ Ensure food & nutrition security at the household level by making the essential food grains (rice, wheat, and coarse grains), edible oils, and sugar available through TPDS. ◆ Effective implementation of TPDS along with reform measures, tools, strengthened monitoring, on an on-going basis. ◆ Provide Social safety nets especially in times of nutritional vulnerability, seasonal distress, and natural calamities. ◆ Support for piloting of community grain banks in high burden districts, based on district plans in identified states

Ministry of Food Processing Industries	<ul style="list-style-type: none"> ◆ Promote processing of locally available nutritious foods through training of women's SHGs/ Federations (564 FPTCs in 2010-11) and use this for nutrition communication ◆ Cater to cluster development for nutritious food preparation
Ministry of Agriculture	<ul style="list-style-type: none"> ◆ Strengthen convergence of Rashtriya Krishi Vikas Yojana with other schemes such as MGNREGA for improving livelihood and food security of nutritionally vulnerable groups ◆ Strengthen improvement in food and nutrition security through National Food Security Mission, National Horticulture Mission (NHM), and Horticulture Mission for North East and Himalayan States (HMNEH) ◆ Provide support for kitchen gardens in AWCs as village demonstration sites ◆ Strengthen cereal productivity & strengthen production diversity – including the production of coarse cereals such as millets, ragi, etc. ◆ Integrate household food and nutrition security considerations into the design of cropping and farming systems for large and small farmers ◆ Invest in strengthening systems for the supply of high nutrient value foods (vegetables, fruits, milk, eggs, etc.) ◆ Stabilize prices of cereals, pulses, and high-value foods such as dairy, eggs, vegetables and fruits
Ministry of Human Resource Development	<ul style="list-style-type: none"> ◆ Improve nutrient value, quality, and community-based monitoring of Mid-Day Meals in schools and usage of iron-fortified iodized salt (double fortified salt). ◆ Use SSA Flexi funds for kitchen gardens in/ around school premises contributing to the addition of local/seasonal vegetables and fruits in MDMS. ◆ Strengthen linkages between MDMS/ICDS SNP where locally needed, specific piloting of community kitchens in innovative models. ◆ Address overlap of children 5-6 years old in ICDS SNP and MDMS. ◆ Strengthen ICDS convergence and linkages with timings/location of AWCs, where locally needed releasing girls from the burden of sibling care to participate in education.

Objective 5: Ensure Livelihood Security and Alleviate Poverty	
Ministry of Rural Development	<ul style="list-style-type: none"> ◆ Improve livelihood security of the most vulnerable and accelerate poverty alleviation efforts in high under-nutrition districts. ◆ Integrate the concept of malnutrition-free panchayats in gram Panchayat plans underway under IPPE in 2532 backward blocks (of which 967 are intensive blocks). ◆ Strengthen implementation of the enabling provisions for women and child care/crèches in MGNREGA, with piloting in remote and tribal areas.
	<ul style="list-style-type: none"> ◆ Use amended MGNREGA guidelines to increase the percentage of constructed AWCs, with better provisions for health check-ups and care of mothers at AWC; hygienic food storage and cooking, safe drinking water, and sanitation. ◆ Encourage the use of MRD funds for strengthening nutrition interventions, construction of AWC & HSC with better provisions for drinking water and sanitation. ◆ Link Women's SHGs, NRLM with the provision of SNP in ICDS, where locally feasible
Ministry of Skill Development	<ul style="list-style-type: none"> ◆ Provide opportunities for skill development to young women especially in nutritionally vulnerable community groups and areas. ◆ Provide opportunities for skill development linked to older out-of-school adolescent girls reached by SABLA.
Objective 6: Promote Girls' Education and Women's Literacy	
Ministry of Human Resource Development	<ul style="list-style-type: none"> ◆ Promote female literacy and girls' education (including secondary and higher education) also linking with Beti Bachao Beti Padhao. ◆ Use schools as a contact point for reaching in school and linking with SABLA for: ◆ Nutrition and health counselling and check-ups-linking with RBSK ◆ Anaemia control through supervised weekly IFA supplementation (WAFs) deworming ◆ Second chance/alternative education for out of school girls ◆ Retaining girls in education and eliminating child marriage ◆ Strengthening of nutrition, health, and sanitation education component in the school curriculum and through Sakshar Bharat with activity-based learning sessions ◆ Use schools as village hubs for demonstrating and changing hygiene practices in the community.

Objective 7: Information Communication and Social mobilization for Nutrition	
Ministry of Information and Broadcasting	<ul style="list-style-type: none"> ◆ Facilitate a nationwide IEC and intensive media campaign on nutrition, with State adaptations and support. ◆ Conduct competitions with crowdsourcing for designing media campaigns. Allocate free time for communicating nutrition messages during prime time on Doordarshan. ◆ Consider making it mandatory for the private satellite television channels to carry advertisements/public messages on nutrition in the public interest. ◆ Facilitate use of community radio services for awareness creation on health & nutrition ◆ Strengthen the capacity of state media units through orientation/training for communicating ◆ Nutrition issues, reporting best practices such as malnutrition-free panchayats, and encouraging local solutions.
Ministry of Panchayati Raj	<ul style="list-style-type: none"> ◆ Mainstream Nutrition in the training of PRIs for malnutrition free panchayats, earmarking certain wards to them - especially women members ◆ Support the development of innovative district models with PRIs leadership in 200 NNM districts ◆ Share best practices to support the devolution of powers related to nutrition to PRIs in other states ◆ A special Gram Sabha meeting dedicated to nutrition in every gram sabha every year. ◆ Recognition and incentivization of malnutrition-free panchayats especially in disturbed and other special areas. ◆ Gram panchayat should be the actual delivery agency for PDS of food grains ◆ Ward sabha and ward members should take up issues of absentee AWWs, health workers, school teachers, and missing children including girls. ◆ Supervision and monitoring to be led by gram panchayat or its subcommittee
Ministry of Youth Affairs	<ul style="list-style-type: none"> ◆ Mobilize youth groups for nutrition communication campaigns (IEC). ◆ Strengthen youth groups through training/orientation for supporting and/or adopting malnutrition-free panchayats/communities.
Objective 8: Enable Focused Interventions for Vulnerable Community Groups	

Ministry of Tribal Affairs	<ul style="list-style-type: none"> ◆ Nutrition interventions for tribal areas to be reflected as a part of Tribal Sub Plan – especially in identified high priority districts. ◆ Special focus to be given to PVTGs (particularly vulnerable tribal groups) ◆ Construction of AWCs as a comprehensive mother and child care centre, and HSCs to be funded from Tribal Sub Plan - especially in difficult areas with large infrastructure gaps ◆ Improvement in the quality and nutritional value of foods being provided under relevant programmes/institutions.
Ministry of Social Justice and Empowerment	<ul style="list-style-type: none"> ◆ Nutrition interventions to be reflected in identified high priority districts. ◆ Improvement in the quality and nutritional value of foods being provided under relevant programmes/institutions.
Ministry of Minority Affairs	<ul style="list-style-type: none"> ◆ Nutrition interventions to be integrated into MSDP. ◆ Construction of physical infrastructure for anganwadi services and health care services under MSDP. ◆ Improvement in the quality and nutritional value of foods being provided through relevant institutions.

CSOs as stakeholders in advancing Sustainable Development Goals

Source: NITI Aayog - National Nutrition Strategy
[https://www.google.com/](https://www.google.com/url?sa=i&url=http%3A%2F%2Fwww.waynevisser.com%2Freport%2Fsdgs-finalised-text&psig=AOvVaw22HMSUZA1Grk7IMaHZ6wDf&ust=1623323132739000&source=images&cd=vfe&ved=2ahUKEwjUv92GtIrxAhWkISsKHZWCAT4Qr4kDegUIARCUAg)
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Sustainable Development Goals (SDGs) and associated 169 targets, spanning the three dimensions of economic, social, and environmental development were adopted by the United Nations General Assembly in its 70th Session. The 17 SDGs came into force with effect from 01st January 2016, signed onto by 193 governments on the basis that they apply to everyone, everywhere, and will 'leave no one behind'.

The SDGs provide a framework for countries to track the progress made on different fronts of sustainable development and countries increasingly use these goals to determine their development priorities. Under this framework, each national government as well as other stakeholders, including local

Figure 4: Sustainable Development Goals

sample image

5 Ps of Sustainable Development, UN Sustainable Development Goals (SDGS), 2015

source:

[https://www.google.com/](https://www.google.com/url?sa=i&url=https%3A%2F%2Fnl.pinterest)
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governments, businesses, and the civil society is expected to identify, implement and report on specific actions that lead to their achievement.

Like other countries, India too has assigned indicators to each of the targets under all SDGs, put in place mechanisms to assess and track the progress made under each of these targets, and incentivized the achievement of these targets in a time-bound manner. On the other hand, civil society organizations are expected to play an important role in popularizing SDGs as well as take on the role of monitoring the implementation of the SDGs.

Nutrition is central to achieving Sustainable Development Goals, and SDG2 aims at ending hunger, achieving food security and improved nutrition, and promoting sustainable agriculture.

Since the Government is the biggest entity with the most resources to ensure achievement of the SDG2 and related SDGs and targets that have been set, the legal and policy framework already in place, the governments are usually adopting the top-down approach in their programmatic interventions with the least participation of people in the decision-making process.

Programmes emerging from such non-inclusive policies tend to be welfarist in nature. There is a need to bring in a paradigm shift towards a rights-based approach to utilize the available resources for maximized impact. A transformative approach in reviewing and framing policies and interventions is a critical need of the hour.

Coordination of work to promote the SDGs and to provide a holistic model, and prevent conflict from emerging between goals (poverty reduction, food security, and environmental protection for example) cannot be resolved without the active participation of civil society. The onus lies on the non-state actors such as CSOs and academic research institutions to critically review the systems for ensuring the participation from all stakeholders, from people in the grassroots up to the highest levels of government, and identify the gaps and challenges for refinement.

For documenting and incorporating good practices, there is also a large number of grassroots CSOs with a right-based approach close to the ground in their knowledge of grassroots realities, which are in practice innovatively involved in SDG-related activities, although they may not specifically identify their activities as such. The intersectionality and multi-sectionality of the approach evident at the grassroots are crucial towards achieving SDGs, especially in terms of ensuring that no one is left behind from secured food and nutrition.

CSOs in coping with the COVID-19 pandemic

Several studies revealed that wherever there is a presence of CSOs in rural and urban areas, the majority of the

marginalized have been able to access rations through fair price shops and obtain the money transfers under special schemes as they were linked to some CSOs. This finding provides some glimmer of hope as CSOs work closely with the vulnerable communities, usually have databases of households, and can easily link them to the government's COVID relief measures.

There have been many exemplary interventions by the CSOs during the disasters. In the midst of the risk of getting infected during an unprecedented COVID pandemic lockdown in 2020, several civil society organizations have responded instantaneously to the basic needs of vulnerable people through food and cash relief measures. With commitment, CSOs and people's networks are building resilience among the poor by ensuring government programs such as MGNREGA in village panchayats, dry ration kits for children and mothers in AWCs, primary health care, adequate distribution of food grains in FPSs, and pensions. CSOs are actively monitoring schemes and programmes of central and state governments and voicing the gaps in the media and to the administration.

Nearly half of India's children are already undernourished; the unprecedented surge of COVID 19 is likely to push many more to malnutrition and millions into utter poverty. Mounting pressures to cope with the aftermath impact of the COVID pandemic on the vulnerable, the role of CSOs calls for innovative sustainable strategies for addressing emerging complex health, nutrition, social and economic challenges in India.

On the path to transformative change

Eradicating hunger in a sustainable manner seems a daunting task. But it need not be insoluble if we consider the possibility of transformative change rather than incrementalism. The recognition that our food and nutrition security is part of a larger system of mutual interdependence, and that the right to food is a human right, is central to this transformation.

Nutrition plays a transformational role in our communities and in the country as a whole, in improving health and ending poverty. The need for transformative change persisting in individual gender-based food consumption patterns and attitudes in resisting progressive change cannot be overlooked while attempting at a larger picture for sustainable impact. For instance, the SDG monitoring and evaluation is totally based on the vast data gathered from the states, which means increased dependency on the technology for measuring any achievement of goals. The welfare schemes and programs framed by the government however do not seem to be impactful at the household level. Indian societal issues are so complex to be addressed based on technology alone. Undoubtedly technology is an effective tool that enables the last mile of transparency and accountability, but not a sustainable solution to alleviate poverty or eradicate hunger or inequity or injustice, most of

which have been deep-rooted in the unequal socio-cultural practices, and belief systems still haunting the individuals and communities.

For any transformative resilient communities, progressive behavioural change at the individual and community levels is the key. The mere scientific awareness at the grassroots may not be so effective without addressing such traditional practices that inhibit acceptance and absorption of healthcare-seeking attitudes. It is important to recognize specific cultural, traditional norms existing in the communities and reframe creatively with empathy and respect so that the empowered household internalizes the importance of nutritional intake of children, girls, and women. The impact of such attitudinal change reflects in the younger generation. The CSOs hold the responsibility to continue addressing the traditional barriers especially pertained to child and maternal care, breastfeeding, nutrition, etc. prevailing in the communities

while educating the people on digital literacy for inclusive development.

A thrust for transformation calls for strengthened and extended partnerships in translating effective policy interventions on the ground. At the policy level, while envisaging the partnerships of different ministries and sectors it is indispensable to synchronize with the partnerships with CSOs, professional bodies, and technical resource institutions. Such partnerships with no conflict of interest and free from commercial influence are critical for ensuring human rights, transparency, and accountability in framing people-centered long-term regional and culturally specific strategies and national nutrition policies. These policies should be translated into effective interventions at the household-community level so that no one goes hungry and malnourished, thus progressing towards hunger and malnourished free resilient communities.

Annexure: Public Services Monitoring Tool

Sl. No.	Indicators	Jan	Feb	March
ANGANWADI CENTRE				
1	Did all Anganwadi centres open regularly during the month?			
2	Number of children aged 3 - 6 years?			
3	Number of children aged 3 - 6 years who came regularly to Anganwadi Centre?			
4	No. of 0-3 year children in village			
5	No. of 0-3 year children who are in malnourished or severe malnourished grade			
6	Was the weight measurement of children done in all centres last month?			
7	Were pulse and vegetables served all days in the cooked meal last week in all the centres?			
8	Was the Nutrition kit distributed in all centres during the last month?			
9	Was milk distributed in all centres to the children during last month?			
10	Were eggs given in all AWCs as per schedule during last month to children & pregnant & lactating mothers			
11	Were eggs & milk given to SAM & MAM children during last month?			
12	No. of children taken to referral services (PHC, NRC)			
COMPLEMENTARY FEEDING				
13	Number of children aged 6-9 months whose complementary feeding has not started yet?			

HEALTH SERVICES				
14	Did the ANM come last month for the Immunization/VHND?			
15	Whether all children of all hamlets are being vaccinated at an appropriate age?			
16	Whether the BP measurement of pregnant women was done in the VHND?			
17	Did the ANM provide medicines to the patients free of cost?			
18	Did all the ASHAs have more than 10 chloroquine tablets with them?			
19	Whether the transportation facility was available to take the serious patients, delivery cases, sick new-born cases, etc. to health facilities?			
20	Number of deliveries that took place in the home during the last month?			
21	Number of diarrhoea cases during the last month?			
22	Number of fever cases during the last month?			
FOOD SECURITY				
23	Whether the ration shop provided all ration items during the last month?			
24	Did the old age pensioners get pension in time?			
25	Was the MNREGA payment made in time?			
EDUCATION				
26	Number of girls under the age group of 6-16 not attending the school?			
27	Did all the school teachers come to the schools regularly during the last month?			
MID- DAY MEAL				
28	Were pulse and vegetables served all days in the cooked meal last week in all the schools (for children up to 8 th class)?			
HAND PUMP/PUBLIC TAP				
29	How many hand pumps are non-functional as of today?			
30	Number of hand pumps with stagnant water around today?			
INDIVIDUAL HOUSEHOLD LATRINES				
31	Number of households with individual household latrines constructed and used?			
32	Do latrines have regular water supply?			

OTHERS				
33	Number of cases of violence against women during the last month?			
34	Number of cases of early childhood marriages reported?			

Source: **Health Development in Gram Panchayats -Active Series Book VII, UNDP**

R E F E R E N C E S

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