

## ROLE OF ANGANWADIS IN ENSURING FOOD SECURITY IN RURAL INDIA

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### Abstract:

The ‘National Food Security Act, 2013’ entitles Anganwadi centers (courtyard shelters) responsible for ensuring mothers and children have access to food and nutrition. This research paper emphasizes the critical role of ‘Integrated Child Development Services (ICDS)’ in the healthy well-being, and nutrition of children and women. The program is widely regarded as a well-functioning intervention deserving of additional investment, but it is also a system that requires significantly greater coverage, quality, and impact to achieve acceleration in achieved outcomes. Additionally, the budget for 2021–22 allocates '20,105 crores to the ICDS when combined with three other programs, compared to 20,532.4 crores to the ICDS alone last year; a highly regrettable reduction that does not bode well for service expansion.

This research paper proposes several critical reforms necessary to revitalize the weakening Anganwadi system: 1. The budgetary allocation for ICDS should be considerably increased; 2. The market prices of the food and other supplements should be made the basis for fixing the mess charges.; 3. The Anganwadi workers aren't recognized as Government servants and their pay is an honorarium. Just as the Kothari commission brought is drastic changes in the pay and perks of teachers in school education which improved the school education system, Anganwadi workers should be recognized as Government employees and their status should be that of early childhood teachers. This will attract more qualified and eligible workers to ICDS; 4. There were recent reports (UNICEF) that children in India are becoming increasingly anemic and deficient in vitamins. The New Education Policy, 2020 made it clear that the strengthening of the Anganwadi system is non-negotiable. Hence the paper focuses on the emergent need to equip Anganwadis with adequate infrastructure for ensuring food security amongst women and children in rural India.

**Key Words:** Anganwadi's, Health, Food security, Integrated Child Development Services, Rural India.

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## 1. INTRODUCTION

Hunger and malnutrition are one of the world's most pervasive health problems, contributing to mortality at a young age, particularly in developing countries. Today, agriculture produces enough food for everyone, but the number of people affected by moderate to severe food insecurity is two billion of the world's population, according to The State of Food Security and Nutrition in the World (2019) report. Despite being self-sufficient in grain production, India had 194.4 million malnourished people between 2016 and 2018.

Malnutrition is one of society's most serious development challenges, not only because of its long-term, often unpreventable effects but also because of the enormous human and economic costs it imposes on society's most vulnerable members. India has pledged to achieve Sustainable Development Goal (SDG)-2 (ending hunger, achieving food security and improved nutrition, and promoting sustainable agriculture) by 2030, recognizing its importance.

After the enactment of the National Food Security Act (NFSA) in 2013, India transitioned from a welfare-based to a rights-based approach, making food a legal entitlement for up to 75% of the rural population and 50% of the urban population, effectively making food a constitutionally guaranteed right.<sup>1</sup>

Another major issue to address is the concealed form of malnutrition. One in every two youngsters in India suffers from at least two of the 6 nutritional deficiencies, according to a report titled "Adolescents, Diets, and Nutrition: Growing Well in a Changing World." Dietary supplementation is an important intervention in addressing hidden undernourishment among women and children in this context. While the pandemic has impacted many aspects of our lives, it may also lead to an increase in the number of children suffering from Severe Acute Malnutrition (SAM). Community ownership of local Anganwadi activities could be a focus in order to effectively combat malnutrition, and thus a community-led response, through POSHAN Panchayats/mothers' groups, is essential.<sup>2</sup>

Building capacity within the public sector and improving Centre-State coordination are both urgently needed in order to progressively beneficial procurement and distribution frameworks for

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<sup>1</sup> Sandhya Kumar; Rajesh Kumar Rai, "Role of India's Anganwadi Center in Securing Food and Nutrition for Mothers and Children", April 2015, Journal of Agricultural & Food Information, <http://dx.doi.org/10.1080/10496505.2015.1022178>

<sup>2</sup> Sandhya Kumar & Rajesh Kumar Rai (2015) Role of India's *Anganwadi* Center in Securing Food and Nutrition for Mothers and Children, Journal of Agricultural & Food Information, 16:2, 174-182, DOI: [10.1080/10496505.2015.1022178](http://dx.doi.org/10.1080/10496505.2015.1022178)

food supplements. Some of the major channels that can be used to address the issue of hidden hunger include providing fortified foods in midday meals, supplementary nutrition in Anganwadi centres, and using the Public Distribution System (PDS). Platforms like Self-Help Groups (SHGs) can be used in rural areas to raise awareness and cook meals with fortified staples. The dietary supplementation of milk with Vitamin A and Vitamin D in Kerala, as well as fish rations and farming in Bihar, are good examples of states using flexi funds creatively under the POSHAN Abhiyaan.

## **2. India's Anganwadi system**

Indian Council of Child Development (ICCD) is a humanitarian organization that works to improve access to quality health care for children in under- and middle-income countries. It operates programs that promote maternal, newborn, infant, and young childhood development by improving access to safe, appropriate, affordable, and equitable primary healthcare services to over 1.4 billion children. The government of India offers grants for its implementation of several key interventions to improve the situation of poor girls and women and malnutrition in rural India. This essay describes how ICD is working with the goal of reducing female child marriage by 10% and poverty in Indian society.

## **3. The goals of ICD**

To achieve 50 million girls and one billion healthy children by 2020; provide an enabling environment for all children in the developing world, including those in rural India; prevent and eradicate malnutrition; prevent early morbidity and death from complications arising from pregnancy complications, delivery, motherhood, and infant survival; reduce premature puberty, and reduce HIV/AIDS-related deaths (ICCD 1).

Over 14 million infants have been saved from being contaminated with dangerous bacteria that can cause malnutrition in their first months of life. Furthermore, there has been significant progress towards achieving universal coverage for HIV-free mothers that are currently accessing ART and other prophylactic medicines for their newborns and infants; there has been a substantial increase in perinatal healthcare facilities; 95% of the countries in Sub-Saharan Africa have achieved at least 25% coverage of antenatal care and only 5 countries have reached 90%. These statistics show remarkable progress towards universal access to safe, high quality and affordable healthcare for pregnant women and their babies in various regions of Africa and Asia, particularly in sub-Saharan Africa and parts of South East Asia and Latin America (ICCD 2). There are close to 70 million newborn deliveries each year in this region. These figures make up nearly 40% of the entire total number of pregnancies delivered globally (ICCD 3).

The main components of efforts to meet these targets include increased funding through government, increasing coverage levels via improved coverage and education levels, and providing better access to services through policy reforms. The strategy adopted by ICD involves three focus areas: preventing severe diarrhea in infancy and hospitalization in newborns, promoting and scaling advocacy initiatives, and eliminating under-nutrition, especially among women. A recent study conducted by UNICEF showed that the number of deaths related to intestinal infections rose by more than 15 times between 2001 and 2005 from 2000 to 2010. In 2009, we witnessed the largest outbreak as well as worsening in 2004 and 2005, which could be attributed to delayed diagnostics and inadequate treatment of symptomatic infants. The report also identified that there was a 17.5% increase in hospitalizations from 2001 to 2006 and about 80% of all deaths occurred in this age group (UNICEF 4). This increase in hospitalizations and subsequent deaths could largely be explained by delayed diagnoses and inadequate treatment with most children suffering from infection in the first few days of life. However, ICD plans to improve access to diagnosis and care to reduce mortality and serious complications related to infantile infection.

The program also focuses on ensuring access to clean water and sanitation and provides hygiene measures and hand wash programs for mothers and infants. The plan aims to establish a strong network in urban India where it will work with community-based organizations to build awareness and capacity-building, increase water access, and enable sustainable use of water resources.

Some of the components of these efforts are the following, ICD's National Plan for Adolescent Sexual Health Survey; National Policy on Infant Mortality Rate; NIPHS' Interim Report on Childhood Obesity; and Action Aid India Project – Rural Population Health and Well Being (APHWBO). Each component carries out an evaluation of factors affecting health, which are addressed with specific interventions aimed at overcoming the challenges and addressing the issues. In this case, the three pillars are joined with five elements such as the Millennium Development Goal – 6 (MDG-6), which envisions ending extreme hunger and poverty by 2015, and MDGs 11 to 18 which were agreed upon by the United Nations in 2011. ICD's National Plan for Adolescent Sexual Health Survey (NPSHRS): Targeting adolescent sexuality education by targeting girls and boys and using sex as a tool to help them improve in their futures, NIPHS' Interim Report on Childhood Obesity (NOCHCWBO) – Monitoring & Evaluation and Action Agenda 2025 (AACED)– ActionAid India Project- Rural Population Health and Well Being (APHWBO) – Building Back Better: Ending Poverty, Strengthening Societies, Ending Violence Against Women and Children and Promoting Psychological Safety for Young Girls and Boys (APHWBO, 2018) are some of the components of ICD's Integrated Program for Early Childhood Development (IPECCD) that include six core elements of its integrated action plan. One core element of our integrated action plan is to ensure that every child starts his or her journey safely from birth through adulthood. The IPECCD comprises eight interdependent

programs: Preterm Birth, Neonatal, Small-Gestational, Medium-Gestational, Prenatal, School-Age, and Postnatal Care.<sup>3</sup>

#### **4. The Importance of ICD's Integrated Action Plan**

In line with its commitment and vision to provide better access to quality health care to children living in a deprived world, the ICD works towards attaining 50 million girls and one billion healthy children by 2020 (ICCD 4). Its objective is to do so through the implementation of key programs that aim to improve access to quality and timely health and nutritious care. According to the International Monetary Fund, the most significant achievements of the ICD have been in reducing female child marriage by close to 20 percent between 2007 and 2008, decreasing the percentage of children underweight by almost 25 percent between 2003 and 2009, in saving many more lives from infant mortality, in empowering more women by encouraging them and facilitating decision making, and in ending the cycle of illiteracy and malnutrition. All these successes are attributed to the broad range of interventions that are offered to ICD's beneficiaries and they have contributed to this achievement.<sup>4</sup>

#### **5. Battle against Undernutrition and COVID-19**

In normal times, India's million-plus army of Anganwadi workers leads the country's war against undernutrition. Today, these women have joined another battle – that of the coronavirus pandemic. As India fights to contain the spread of this deadly disease through its own people, it must ensure food and nutrition are provided in adequate amounts and at appropriate times. This paper will explore how Indian households can best meet their nutritional needs during the current global health crisis. It will also explore how essential access to nutritious foods might improve the overall quality of life for millions of Indians living across the world today.

#### **6. The Role of Anganwadi Workers During a Global Pandemic Like Coronavirus Disease (COVID-19)**

The role of Anganwadi workers in addressing the issue of malnutrition in South Asia has been a difficult task over time. There is no doubt that both health and economic benefits accrue when children are fed well. Many research studies show that early childhood nutrition is particularly beneficial for improving later-in-life outcomes like educational attainment and life expectancy.

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<sup>3</sup> Sandhya Kumar; Rajesh Kumar Rai, "Role of India's Anganwadi Center in Securing Food and Nutrition for Mothers and Children", April 2015, Journal of Agricultural & Food Information. <http://dx.doi.org/10.1080/10496505.2015.1022178>

<sup>4</sup> "Food Security Bill, ICDS can reap the benefits only with proper implementation", The Economic Times, Feb 02, 2012.

However, the lack of effective strategies and policies to address malnutrition in most countries continues to create significant challenges for such mothers.<sup>5</sup>

India has more than two million young girls and adolescent girls who depend mainly on nutrition for survival in their families. Some poor rural communities lack alternative sources of food because they rely entirely on traditional sources of income like rice cultivation. The absence of affordable and reliable nutritional supplements such as protein, iron, vitamin A and zinc leads to stunting rates among infants. Furthermore, the prevalence of anemia, a serious deficiency that results from a lack of sufficient nutritional intake, has risen significantly over the past 10 years. Children born with it suffer severely from other diseases like diarrhea and pneumonia. These outcomes lead to long and expensive-term effects. Also, malnutrition affects children differently due to their genetic makeup. These consequences result in stunted growth and reduced educational achievement. Moreover, children who are malnourished are less likely to perform well academically, which in turn affects their grades in school adversely.

There has been a worrying trend in recent years where countries like India are experiencing an increase in cases of malnutrition. India accounts for nearly 1/3rd of all cases in the world. On average, children die before reaching the age of five due to malnutrition. Although malnutrition has decreased since 2006, there are still many people starving in order to find enough money to keep their children alive. More than half of the poorest 20 percent of India's population still relies on malnutrition as their primary means of survival.

India's population is growing at its Largest Rate Ever showed that India's population is growing at an alarming rate. It currently stands at 3.28 billion people, with half of them being below the national poverty line. Despite the fact that the country has one of the lowest per capita incomes as compared to other developing countries, malnutrition seems to be one of the main causes of poor health and development in rural areas. Malnutrition remains one of the major threats to India's nutrition security. Since 2011, the percentage of women dying by pregnancy complications from preventable conditions such as malaria has increased rapidly. By 2016, it had already doubled.<sup>6</sup>

In addition to high mortality rates from various causes, lack of proper nutrition is a contributing factor to several non-communicable diseases such as heart disease, cancer, obesity, and diabetes. Studies conducted in 2017 found out that malnutrition is directly related to the risk of dying within six months after birth for every child that is not breastfed, even if the mother breastfeeds. Even so, some researchers argue that breastfeeding could be very challenging under certain social norms due to cultural practices within rural environments. Therefore, although interventions to educate and provide better nutrition are necessary, efforts should be made to

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<sup>5</sup> "Response to COVID-19 by the Anganwadi ecosystem in India", KPMG Report, <home.kpmg/in/covid-19>

<sup>6</sup> ibid

support all these groups who need these extra services to survive and thrive when it comes to the pandemic of COVID-19.<sup>7</sup>

## 7. CONCLUSION AND SUGGESTION:

The Kasturirangan committee rightly realized unless imparting of education is meticulously approached right from the toddler level it is near impossible to fix the curve as an individual advance in age.

Anganwadi, which means "courtyard shelter", a framework that was started by the Central government way back in 1975 as part of the Integrated Child Development Services (ICDS) program to fight child undernourishment, becomes critical.

There are 13.42 lakh Anganwadi Centers (AWCs) working effectively across the country today. The AWCs are the major focus for the implementation of all health, nutrition, and elementary education initiatives under ICDS. The assertion of the committee on the present condition of AWCs is not very passionate.

"Anganwadis are nowadays quite insufficient in supplies and infrastructure for education; as an outcome, they tend to contain more children in the 2–4-year age bracket and lesser in the educationally crucial 4–6-year age bracket; they also have few teachers trained in or specially dedicated to early childhood education." In the meantime, corporate and other pre-schools have largely functioned as downward extensions of primary school," the advisory board said in the National Education Policy 2020.

The high focus on reinforcing the AWCs in terms of infrastructure is not baseless as it is the first layer of foundation on which a decent education system will rest and subsequently assess the strength of the future product.

"The learning process for a child commences immediately at birth. Evidence from neuroscience shows that over 85 percent of a child's cumulative brain development occurs prior to the age of 6, implying the important implications of developmental level appropriate care and stimulation of the brain in a child's early years to encourage sustained and healthy brain development and growth," the committee said in NEP 2020.

Without adequate treatment in the earlier days, deficiencies in the development of appropriate areas of the brain and correlating negative impacts on cognitive and emotional handling ultimately hold as an obstacle in shaping up the quality human asset.

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<sup>7</sup> By Tabrez Alam, Md Afroz, "Post-COVID-19 e-governance challenges: A case study of Anganwadi services", 18 December 2020.

"Excellent care, nurture, nourishment, physical exercise, psychosocial environment, and emotional and cognitive stimulation throughout a child's first six years are thus considered especially critical for ensuring proper cognitive development and, subsequently, desired to learn curves over a person's lifetime," the NEP 2020 said.

In February 2016, the government released guidance to create 4 lakh AWCs across the country in integration with Mahatma Gandhi's National Rural Employment Guarantee Scheme. Underneath the 14th Finance Commission period, water and sanitation services amenities at AWCs have been supplied from money available with the Panchayati Raj. The percentage of AWCs that had toilets enhanced from 8.68 lakh to 9.46 lakh during 2016-17 to 2018-19 and those having potable water infrastructure increased from 10.16 lakh to 11.76 lakh. In no uncertain terms, the NEP 2020 made it very clear that the improvement of the Anganwadi system is non-negotiable.

"Anganwadi Facilities will be largely built specifically to handle the learning needs of children at the age of 6. In particular, Anganwadi workers trained in techniques of cognitive stimulation for babies and of play-based and multidimensional education for 3-6-year-olds will be located across the country," the policy said.

The NEP 2020 highly emphasizes the correct approach to early childhood care and education. "During the ages prior to 3 years, performance ECCE includes the health and nutrition of both the mother and the child, but also vitally contains cognitive and emotional encouragement of the baby through speaking, playing, relocating, playing music and noises, and stimulating all the other senses, particularly sight and touch," the NEP 2020 said.

### **Suggestions:**

1. The budgetary allocation for ICDS should be considerably increased;
2. The market prices of the food and other supplements should be made the basis for fixing the mess charges.;
3. The Anganwadi workers aren't recognized as Government servants and their pay is an honorarium. Just as the Kothari commission brought is drastic changes in the pay and perks of teachers in school education which improved the school education system, Anganwadi workers should be recognized as Government employees and their status should be that of early childhood teachers. This will attract more qualified and eligible workers to ICDS;
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