

OPINION

Relevant for: Government Policies & Welfare Schemes | Topic: Welfare of Children - Schemes & their performance; Mechanisms, Laws, Institutions & Bodies

The National Nutrition Mission, launched by Prime Minister Narendra Modi on 8 March—now christened POSHAN (Modi's overarching scheme for holistic nourishment) Abhiyaan—aims to drastically reduce the prevailing high incidence of malnutrition, stunted growth and anaemia. The intention is to do this through convergence, mass movements and leveraging technology. Anganwadi workers (AWWs) are required to feed in details of the beneficiaries and monitor their growth in real time during pregnancy, as well as height and weight of the child once born, in the mobile phones given to them and follow up with SMS alerts to those who are at risk. However, certain fundamental issues need fixing for the programme to be successfully implemented.

Anganwadi centres (AWCs) are the focal point of delivery of health and nutrition services for pregnant women, lactating mothers and children. There have been improvements in the quantity, quality and coverage of services provided to the beneficiaries. These have reflected positively in maternal and child health indicators. However, many of the AWCs lack basic amenities and face infrastructure problems. Around 24% of them lacked their own building and operated from small rented premises, and around 14% lacked *pucca* buildings. Only 86%, 67% and 68% of AWCs had drinking water facilities, electricity connections and toilets respectively, some of which are either dysfunctional or could not be used due to conditions imposed by landlords. The cumulative effect was that children were forced into cramped, poorly lit and unhygienic spaces, often in searing heat.

Secondly, despite improvements, there is still much left to do in terms of achieving universalization of coverage and advanced service delivery. According to the Rapid Survey on Children (2013-14) carried out by the Union ministry of women and child development, 74% of AWCs had functional baby-weighing scales and 23% of them had adult-weighing scales. However, a 2015 evaluation carried out by NITI Aayog had found that over 24% of the AWCs surveyed maintained poor records. To overcome the challenges of the tedious and irregular system of manually maintaining daily registers and monitor growth efficiently, information and communications technology-enabled real time monitoring (ICT-RTM) has been rolled out in POSHAN Abhiyaan districts. This helped identify 12,000 severely malnourished children in 46 districts of six states.

However, this could be rendered ineffective due to the limited capacities of AWWs to handle smartphones owing to their lack of technological literacy. This is compounded by technical issues like slow servers and data deletion problems, resulting in irregular and improper recording of growth data of children.

Finally, AWWs are the fulcrum of POSHAN Abhiyaan and render vital services to mothers and children in villages. Despite their indispensability, nearly 40% of AWWs had to use their personal money to run the AWCs, 35% of them complained of delayed payments (*Progress of Children Under Six Report*, 2016), and administrative duties like organizing functions, and conducting exams and surveys distracted them from their core health and nutrition responsibilities. Thus, overburdened with work, undervalued and underpaid, AWWs have become demotivated and demoralized.

Positive measures have been taken to rectify these issues. Expeditious construction of 36,000 AWCs which meet the required standards of space, cleanliness, convenience of locality etc. is imperative. And recent visits to NITI Aayog's aspirational districts demonstrated that the strategy

of actively involving otherwise unsupportive *panchayat* leaders in construction of AWCs and improvement in the quality of village health sanitation and nutrition, will make POSHAN Abhiyaan more effective in these areas. Further, if the government vests more powers in the district administration to fill vacant posts in AWCs, it would be a significant step towards overcoming the problem of shortage of staff. This is especially so at the supervisory level; this has been plaguing effective implementation of integrated child development services for years. Thirdly, comprehensive periodical and refresher training of AWWs, especially when it comes to usage of tablets for monitoring growth among malnourished children and high risk pregnant mothers, is crucial. Further, supply of iron/folic acid tablets, allotment of 'take-home rations' and supplementary nutrition needs to be regular. Finally, the prime minister's recent video conference with front-line workers and the announcement of an increase in their remuneration, as well as the recent POSHAN Maah awards, send the right signals about the government's commitment to recognizing and honouring AWWs' efforts. All of this said, supply side investments need to be complemented with the enhancement of the traditionally weak demand for health and nutrition services.

The prime minister recently said, "One cannot build a strong building on a weak foundation. Similarly, if the children of the country are weak, the progress of the country will also slow down". India is home to one of the largest populations of malnourished children in the world. The problems which hinder effective implementation of the programme are not insurmountable. But the basics must be fixed first for operationalizing POSHAN Abhiyaan's advanced features.

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