



Impact of Covid19 Outbreak on Health and Nutritional Status of Women and Children

- Sooner The Better!

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ACKNOWLEDGEMENT

This report has been prepared as the part of the study conducted on the impact of Covid-19 Outbreak on the Health and nutrition status of women and children, as a seek through what this outbreak has brought and how the community beholds this. The author and the organization acknowledge and thank all of the individuals and indigenous communities participated in this study. We thank all the family members, pregnant and lactating mothers, and everyone who despite of having been troubled due to this pandemic has given their time out to this study. We thank the community and each and every individual directly and indirectly involved.

We also express gratitude towards our partner organization who made critical contributions to this work. All the ground level organization viz. Social Change Foundation, Niwari; Prithvi Trust, Panna, Rewanchal Dalit Aadiwasi Sewa Sansthan Samiti, Rewa; Aadiwasi Adhikar Manch, Satna, Zenith Youth Foundation, Umaria and Badlav Sanstha, Pohri, Shivpuri.

We also thank the dedicated teams from the respective organizations- all the Program Coordinators, Community Mobilizers, and Fellows under different prog for extensively participating throughout the study. A very special mention to Mr. Mast Ram Ghosh from Niwari, Mr. Ravi Kaanth Pathak from Panna, Mr Prateek K Gupta and Mr Avnish Kumar Yadav, Satna and Mr Bhupendra Tripathi from Umaria, and Mr. Puspendra K. Singh, Rewa and Mr. Ajay Yadav, Shivpuri for extending out the additional support whenever needed.

In the end, we are thankful to all the departments and respective officials in concerns deployed in the respective districts including CMHO, DPOs, CDPOs, Dos, BMOs, BEOs and front-line workers including AWWs, ASHAs and ANMs, PRI members, SHG members, FPS owners and everyone for being compassionate and coordinative and having played crucial role in the pandemic.

ABBREVIATIONS AND ACRONYMS

AAY	Antyodaya Anna Yojana
ANM	Auxiliary Nurse Midwife APL
ASHA	Accredited Social Health Activist
AWC	Anganwadi centre AWW
AWW	Anganwadi Worker
BOCW	Building and Other Construction Workers' Welfare
BPL	below the poverty line
cm	centimeter
FAO	Food and Agriculture Organization
FPS	Fair Price Shop
FRA	Forest Rights Act
FY	Financial year
GoI	Government of India
ICDS	Integrated Child Development Scheme
ICMR	Indian Council of Medical Research
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IYCF	infant and young child feeding
IYCN	Infant and Young Child Nutrition
JSY	Janani Suraksha Yojana
MDM	Mid-Day Meal
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MoHFW	Ministry of Health and Family Welfare
NFHS	National Family Health Survey
NFSA	National Food Security Act
NTFP	Non-Timber Forest Produce
NGO	Nongovernmental Organization
NRHM	National Rural Health Mission
NRC	Nutrition Rehabilitation Centre
OBC	Other Backward Class
PDS	Public Distribution System
PHH	Priority Household
PRI	Panchayati Raj Institution
RDA	Recommended Dietary Allowance
SC	Scheduled Caste
SHG	Self-Help Group
ST	Scheduled Tribe
VHSND	Village Health Sanitation and Nutrition Day
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Covid-19 State-wise Status

S. No.	Name of State / UT	Total Confirmed cases*	Cured/ Discharged/Migrated	Deaths**
1	Maharashtra	25922	5547	975
2	Gujarat	9267	3562	566
3	Tamil Nadu	9227	2176	64
4	Delhi	7998	2858	106
5	Rajasthan	4328	2459	121
6	Madhya Pradesh	4173	2004	232
7	Uttar Pradesh	3729	1902	83
8	West Bengal	2290	702	207
9	Andhra Pradesh	2137	1142	47
10	Punjab	1924	200	32
11	Telangana	1367	940	34
12	Jammu and Kashmir	971	466	11
13	Karnataka	959	451	33
14	Bihar	940	388	7
15	Haryana	793	418	11
16	Odisha	538	143	3
17	Kerala	534	490	4
18	Chandigarh	187	28	3
19	Jharkhand	173	79	3
20	Tripura	155	16	0
21	Assam	80	39	2
22	Uttarakhand	72	46	1
23	Himachal Pradesh	66	39	2
24	Chhattisgarh	59	55	0
25	Ladakh	43	22	0
26	Andaman and Nicobar Islands	33	33	0
27	Meghalaya	13	10	1
28	Puducherry	13	9	1
29	Goa	7	7	0
30	Manipur	2	2	0
31	Arunachal Pradesh	1	1	0
32	Dadar Nagar Haveli	1	0	0
33	Mizoram	1	1	0
Total number of confirmed cases in India		78003#	26235	2549
*(Including foreign Nationals)				
**(more than 70 percent cases due to comorbidities)				
#States wise distribution is subject to further verification and reconciliation				
#Our figures are being reconciled with ICMR				

Source: Ministry of Health and Family welfare, Government of India as on May 14th 2020

1. Brief Overview

Malti Yadav is now barely able to feed her three daughters even with Chapati and salt. Her husband had migrated to Surat a few days back to earn his luck. Unfortunately, Corona-Covid 19 pandemic-triggered abrupt shutdown never gave him the opportunity to return back to his family. Malti's youngest daughter is Severely Acute Malnourished and needs nutritional support apart from food to sustain her life. More families like Malti's are striving hard for their daily breads.

1.1. Nutritional Status of India and MP

NFHS-4 says that in India, 58.4 percent of children in the ages of 6 to 59 months are anaemic, 38.4 percent are stunted (Low Height-for-Age) 35.7 percent of all the children are under-weight (Low Weight-for-Age) and 21.0 percent are wasted (Low Weight-for-Height)¹. With a strikingly high Maternal Mortality Rate (MMR) at 130 per 100, 000 live births, Infant Mortality Rate (IMR) at 32 per 1000 live births and Under5 Child Mortality Rate (U5CMR) at 30 per 1000 live births, India is still striving hard to secure its nutritional equilibrium and that the situation in Madhya Pradesh is worse.

- **According to National Family Health Survey -4 (NFHS-4), 42.8 percent of children are underweight, and 42.0 percent are stunted in Madhya Pradesh.**
- **Only 37.4 percent women between the ages of 15 and 24 years are adopting safe hygienic methods during menstruation whereas only 11.4 percent women receive full antenatal services.**
- **It is also notable that only 34.4 percent of the children are initiated early breastfeeding within one hour of birth, while 58.2 percent of the children receive Exclusive Breastfeeding for 6 months. It means that the rest of the 41.2 percent infants receive complementary feed as well along with the breast feed, within the first six months of life, which is a grossly inappropriate practice.**
- **Going by the facts and figures, four out of every ten children are affected by malnutrition in Madhya Pradesh. The Infant Mortality Rate is strikingly high at 47 in the state. More than half of the women and about two-thirds of adolescent girls are anemic.**

1.2. Migration Status

According to Census 2011, about 453 million of people were recorded as migrants by place of last residence in India. The total migrant population of Madhya Pradesh is 25.3 million amongst with two-third of them being females. Bundelkhand region of the State represents a scenario wherein one member each from 50-70 percent of rural households migrates annually. **The study area also reflects the higher migrant pattern and has also witnessed maximum reverse migration cases during the lockdown. Simultaneously, their families have continued to remain affected due to lack of proper services delivery.**

1.3. Outbreak of Covid19 and its Impact

The outbreak of coronavirus disease 2019 (COVID-19) has caused a worldwide wellbeing crisis. It has established an unparalleled calamity leaving all the nations in dismay in the wake of catastrophic pandemic. India announced a 21-days lockdown to avert the pandemic spread of the virus in Phase-I, followed by complete lockdown for a period of another 19 days in phase-II and 15 days in phase-III. The Ministry of Health and Family Welfare, GoI suggested that the situation is turning grave as Covid-19 Positive cases are spiking up with each passing day. In a short span of mere a month, Madhya Pradesh has soared to more than 4000 cases.

¹ Government of India, Ministry of Health and Family Welfare, National Family Health Survey-4. 2015-16

Amidst already crucial health condition in the state, the outbreak of Covid-19 has largely affected more than 3 crore persons of unorganized and agriculture sectors. Around five lakh workers have herded back to their villages as almost all employment opportunities in construction, industry, and retail sectors have either been shut down or are severely curtailed to fewer ones in the wake of the pandemic.

With the onset of this pandemic, serious concern is raised on nutritional wellbeing of pregnant women, lactating mothers and 15000 children of these returning migrant families. Unfortunately, they are bound to feed on salt with chapati or rice to meet their basic hunger needs. Undoubtedly, the pandemic has also had an adverse impact on the implementation of schemes for their nutritional wellbeing and food security. This calls for an urgent and analytic insight into the situation at the ground level.

2. Methodology

2.1. Study Plan and Objectives

This Study, implemented amongst the community and migrant families, seeks to look into the plight of and problems faced by women and children of the marginalized and returning migrant families in the wake of Covid 19.

It aims to capture information on households documented through case studies, video, and photo documentation and by conducting in depth interviews and situation analysis through a mini survey conducted across 122 villages.

2.2. Geography and Sample Size

The studied area covered 6 districts of Madhya Pradesh: Panna, Satna, Rewa, Niwari, Umariya, and Shivpuri from where randomly selected 33 households across 122 villages having pregnant women, lactating mothers, children below 6 years and migrant families with mixed population were chosen to record case studies.

2.3. Method

This study has been carried out in two phases –

Phase One: In this phase, case studies on different scenarios and situations were collected with reference to the effect of pandemic and lockdown-triggered shut down on life, livelihood, food, and diet of the vulnerable and excluded and migrant families.

Phase Two: This phase looks into the analysis pertaining to the functionality of service delivery across 122 villages of 6 districts through a questionnaire in situ filled by the Field Teams.

2.4. Tools

A one-pager questionnaire with featured questions focusing on the migration status, economic and financial status, food security, benefits from schemes, etc. was administered by the Field Teams during the relief work undertaken by the Vikas Samvad Samiti. In doing so, Covid-19 protocols were duly observed. Follow-up through phone calls was also done with the respondents.

A mini-survey format covering the service deliverance issues was also administered across 122 villages.

3. Analysis and Findings

Based on the quantitative data derived both from the case studies recorded from the 33 different households covering the pregnant women, lactating mothers, children under-6, especially from the migrant families and daily wagers, and survey of 122 households, the analysis and findings as inferred are presented below –

3.1. Case studies-based Findings

3.1.1. Basic Profiling

1. **Population, Census Classification and Family Size:** Total number of family members across 33 covered cases stands at 179. The 33 household cases include as many as 21 migrant families (64 percent). These 33 households have 6 pregnant women, 12 lactating mothers 21 children (below 3 years of age), 24 children (3 - 6 years of age) and 12 adolescents.
2. Maximum households belong to Scheduled Tribes (79 percent including Mawasi, Gond, Kol and Baiga). Others include 12 percent OBCs and 9 percent SCs. Average family size is 5.4.
3. **Earnings during Lockdown** – 30 out of the 33 families (91 percent) did not have any employment as labourer or wage worker whereas 3 families (9 percent) were an exception, with 2 families (6 percent) being involved in Non-Timber Forest Produce (NTFP) collection and the other 1 family (3 percent) being employed on harvesting work in someone's field.

Rajankali Kol, Rewa says, "Somehow I have managed working in a landlord's field for harvesting and have received 70 Kg wheat on barter basis on 10 Kg per day basis. For buying food and ration, I had sold 30 Kg of wheat. Rest of the provisions I have procured by borrowing an amount of ₹1000. And, I shall pay it up once my husband is back home"

4. **Debts and Borrowing** – 24 percent of the households are under debt of total amount of ₹21250, with 12 percent being in debt for an amount ranging from ₹2000-4000, 9 percent of the families had borrowed lesser than ₹1000 and 3 percent families had owed more than ₹4000. Conversations with the families brought out that one family had even borrowed an amount of ₹50. Again, one of the cases is reported to have borrowed ₹7000. The families have owed the money in order to survive the odds this Covid has brought to them for running their daily errands and buying the kitchen essentials including spices, condiments, and oil apart from pulses and vegetables.

Khushbu Kol from Rewa says, "We owed ₹100 to the local shop a few days back, who has denied us giving any more credit. Nor the farmers on whose land we work, are willing to lend us money. Rather they would help us with grains. But we have run out of daily essentials. This has made life difficult. I have borrowed ₹1500 from a relative to buy the oil, spices, and vegetables. God knows what will happen if this lockdown persists...."

3.1.2. Schemes Outreach

Findings on the impact of Covid-19 on the Schemes like Public Distribution System (PDS), Mid-Day Meal (MDM), Integrated Child Development Services (ICDS), and its outreach to community are presented pointwise below –

1. **Take Home Ration (THR):** 35 percent of the beneficiaries have not received any THR packets compared to 65 percent who have received packets at home distributed by the Anganwadi Workers (AWWs). About 38 percent have received only two packets of THR.

Mamta Ahirwar, Niwari "I was on migration with my husband and 2 children when lockdown was imposed. I am 7 months pregnant and have just got registered under Anganwadi Centre (AWC) after arriving from Haryana. I got vaccinated but have not received THR on regular basis. I only have received 2 packets of Daliya but have not got any laddu or Sattu as of yet. My delivery and health conditions concern much to me..."

2. **Ready to Eat (RTE) Food:** 60 percent of beneficiaries have not received any RTE as of now. The 40 percent recipients include 10 percent getting 500 g of Sattu only once and 30 percent who have received 1200 g (600 g each for two weeks).

Siyabai Gond, Panna "I recently have become a mother second time to a girl. Due to health issues, I did not pay visit to AWC nor I have received any THR packets or Sattu for my 2 years old son. Both vaccination and home visits are due..."

3. **Growth Monitoring Status and Identification of Severe Acute Malnutrition (SAM)/Moderate Acute Malnutrition (MAM):** None of the beneficiaries have had their weight and height checked in the past two months. Nor any children's growth monitoring has been recorded across the districts.

Kusum Aadivasi, Pohri Shivpur says, " My younger daughter Anjali is a major concern for us for having been the malnourished child. She has contracted diarrhoea during the lockdown and felt sick. She is becoming weaker and growing thinner with the passing days. No monitoring is maintained to check on her. Her health has deteriorated, and this has unseamed me..."

4. **Hot Cooked Meal (HCM):** None of the 24 children belong to 3-6 years of age were provided with Hot Cooked Meal by any Self-Help Groups (SHGs) as Anganwadi Centres are closed in the wake of Covid-19. The children ought to have been provided with THR packets and RTE as per the norms set by the government.

Phhool Bai Baiga Umaria," My son Aakash who used to eat 5 times a day prior to this lockdown (including 4 times meal at home and Hot Cooked Meal once at the Anganwadi Centre. This has now completely stopped. I am concerned about his health. He cries often for food. I give him small portions of food three times a day..."

5. **Mid-Day Meals (MDM) in Primary Schools:** 58 percent school-going children have not received any food allowance in lieu of MDM, whilst those who have received, they have got as per the guidelines i.e. 3 Kg 300 g of wheat or rice or both as per the provision provided in the state. Also, about 96 percent are yet to receive the recommended cash allowances of ₹146 for 33 days.

Shakuntala Mawasi says, "My elder son Rajneesh, 8 years old, goes to school and used to have one meal there. I was not worried then but as it is stopped, it bothers me for his food. He has not received any ration as yet from the school..."

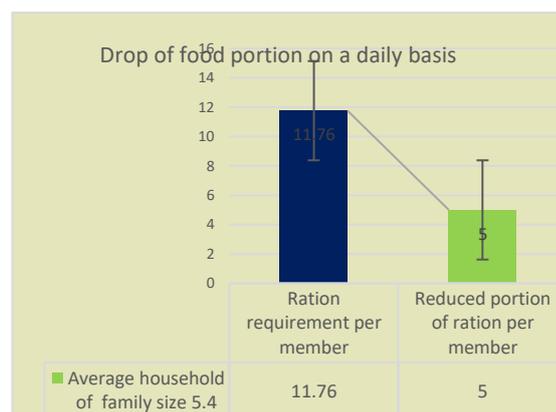
6. **Mid-day Meals in Secondary Schools:** 80 percent of the students have received MDM food allowances as per the recommendation (4900 grams for 33 days). Amongst these beneficiaries only 30% have received the cash as per the norms i.e. 221 for 33 days whereas 70% are yet to receive any.

7. **Status of Ration Availability through Public Distribution System (PDS):** 17 (52 percent) of families have been benefitted as per National Food Security Act (NFSA) entitlements whilst 6 (18 percent) of the families have only partially benefitted.

Pan Bai Baiga, Umaria "My elder daughter is 9 and younger is only five and both of them have growing needs of nutrition in their diet which I fail to provide these days for having no livelihoods in hands. Chhoti (younger) often cries out of hunger and has become irritated from the past few days. Also, she appears weak as compared to earlier. We have had to cut down on their meals to two. With no aid from the PDS and extremely limited resources on earnings, I have left the condition into God's hand..."

8. **Ration Cards and Eligibility Slips:** 52 percent have eligibility slips, against 30% those who do not have any eligibility slip. 18 percent do not have separate ration cards but are registered under their parents' cards.

9. NFSA Category: As many as 70 percent families have been benefiting from the PDS facilities under NFSA. However, the 30 percent families which have not accessed the benefits should be a cause for deep concern. Further, it is also notable that the 70 percent benefited families comprise 52 percent of those which have all members of the family covered in the scheme whereas 18 percent families are such where ration has been available to only one or two members of the families. Besides, 94 percent of the sampled families are entitled for Priority Household (PHH) Cards and that 6 percent are entitled for Antyodaya Anna Yojana (AAY).



10. Ration Allocation during Covid-19 Lockdown: About 9 percent of the families are deprived of receiving any ration from the government despite having BPL cards or AAY cards. 91 percent of the families have ration provided by other sources also apart from PDS subsidized ration.

11. Source of Ration Allocation: About 45 percent of the families are directly benefitted through PDS shops by purchasing the subsidized ration as per their allocation marked in eligibility slip. PMGKAY benefits are availed by fewer families (15 percent) by receiving ration free of cost from PDS as per 5 Kg per person. 12 percent of the families have been benefitted from relief work.

3.1.3. Food and Nutrition Security

With the event of Corona-19 outbreak and imposed lockdown, all the pillars of food security seem to have been compromised on all fronts leaving the community dependent only on the government schemes. The pillars include livelihood, harvesting, access to market, fields, and jungles.

3.1.3.1. Household Food Security

- 1. Food availability:** 52 percent of families have PDS ration available as per NFSA entitlements against 18 percent of the families who are not getting 100 percent of the allotment.
- 2. Food Sustainability:** About 77 percent families have received ration from different sources [including PDS subsidy and free/Pradhan Mantri Garib Kalyan Yojana (PMGAKY)/Panchayat/Relief kit by organization] and have food sustainability only for a month.
- 3. Food Sufficiency:** An average family (with family size of 5.4) which requires a monthly ration of 63 Kg is provided with only 25 Kg. This has significantly dropped down per member's monthly intake from 11.76 Kg of ration to less than half i.e. to 5.04 Kg a month i.e. 168 g of daily intake of cereals. **It is worth mentioning here that this daily intake is just half the average recommended allowance by ICMR i.e. 270 g for Adult woman and 360 g for Adult man².**

Thus, the study concludes the food available to the family is insufficient in terms of monthly and daily food needs, portion size, dietary recommendation, and nutrient requirements.

3.1.3.2. Food Security of Pregnant Women, Lactating Mothers, and Children Below 6 Years of Age

Table 1: Food Security of Women and Children

² ICMR

Demonstrated in the table is the food security of women and children. Findings are analysed below –

Particulars	Pregnant women	Lactating mothers	6 months - 3 years	3-6 years
Ration availability through PDS in percent age	50 %	50 %	50 %	50 %
Cereals provided by PDS per day	150.0	178.0	206.0	219.9
THR provided	2000.0	1700.0	1100.0	1100.0
THR recommended	4500.0	4500.0	3600.0	3600.0
Deficit	2500.0	2800.0	2500.0	2500.0
Per day THR grain intake computed as	19.0	15.0	12.0	12.0
Total grains consumed in a day (PDS+THR/RTE)	169.0	193.0	218.0	231.9
Recommended Dietary Allowance for cereals per day	270.0	300.0	60.0	120.0
Deficit	101.0	107.0	-158.0	-111.9

A. Pregnant Women:

1. **PDS:** The ration availability from PDS is only 50 percent. Following various exclusions (uncovered members, non-inclusion of families etc.) cereals provided from PDS on a daily basis is computed as **150 g only**.

2. **THR Packets and Grains Per Day:** THR received by the women is averaged out to

2000 g for three weeks which is 2500 g lesser than the recommended allowance i.e. 4500 g. Also, per day THR grains intake is computed as 19 g which is only 8 percent of recommended value of 250 g a day. However, though the THR packets are meant for pregnant women or the lactating mothers, it is observed that the THR grains are consumed by all the family members in one or two meals. This is a general practice obtaining in the community. The practice is a pointer to an already a pitiable situation in the community with regard to the inadequacy of availability of foodgrains to the poor and vulnerable families. Consequently, the actual intake of dietary allowance for the pregnant woman is further cut down to 19 g for pregnant woman [(with an average family size of 5.4), which is just the 8 percent of the recommended THR Allowance i.e. 250 g a day]. This severely impacts her own nutritional wellbeing apart from that of the foetus.

3. **Daily Consumption Vs. Recommended Daily Allowance (RDA):** Total grains including THR and PDS, consumed by pregnant women per day is computed as 169 g in a day which is 63 percent of the recommended dietary allowance of 270 g a day.

A deficit of 101 g of cereals is recorded on a daily basis which would have serious health repercussions.

Pooja Bai Kol, Satna says that, "I am 5 months pregnant and my pregnancy is not yet registered at an Anganwadi Centre (AWC). I was about to register but failed to do so as the AWC was shut down because of Corona. My husband is a labourer and his earning is our source of income. As everything is closed, we are not even able to fulfil our diet needs. I can even avail no Anganwadi benefits. Essentials like vegetables and other groceries are not available now which has left us with no choice apart from eating rice and dry roti with salt and sometimes dry aloo."

B. Lactating Mothers

1. **PDS :** The ration availability from PDS is only 50 percent. Cereals provided from PDS on a daily basis is computed as **178 g** only.

4. **THR Packets and Grains:** THR received by the women is averaged out to 1700 g for three weeks which is 2800 g lesser than the recommended allowance i.e. 4500 g. However, though the THR packets are meant for the lactating mothers, it is observed that the THR grains are consumed by all the family members in one or two meals. This is a general practice obtaining in the community. The practice is a pointer to an already a pitiable situation in the community with regard to the inadequacy of availability of foodgrains to the poor and vulnerable families. Consequently, the actual intake of dietary allowance for the lactating mother is further cut down [15 g for lactating mother (with an average family size of 5.4) which is just the 6% of the recommended THR Allowance i.e. 250 g a day]. This severely impacts her own nutritional wellbeing apart from that of the breastfed children under 2.

2. **Daily Consumption Vs. RDA:** Total grains including THR and PDS, consumed by lactating mother per day is computed as **193 g in a day** which is 64percent of the recommended dietary allowance of **300 g** a day.

A deficit of 107 g of cereals is recorded on a daily basis which would cause deficiency of nutrients in the long run.

Anari Adivasi, Shivpuri, says "I recently have delivered a boy who is 1.5 months old. My younger son has got stricken with fever and diarrhoea so referred a local quack and gave him a fee of ₹50 out of a saving of ₹200. I had borrowed 2 Kg of ration from my neighbor to survive a day. I also had to borrow 10 Kg of ration from my mother in law. Panchayat provided me 10 Kg. I have managed 22 Kg but it still lesser than my family needs for a month about 30 Kg. I have thus cut down on meals with reduced rotis and more salt, chatni and potatoes if made available somehow. I have dropped down on my elder son's meals as well in order to survive the crisis. I neither have any access to CHCs or have met anganwadi or ASHA Didi"

C. Infants and Children

1. **Breastfeeding Frequency: Increased** - The breastfeeding frequency has increased in both the age groups. There is a demonstrated increase in the breastfeeding to almost 12 times a day i.e. the frequency has been doubled. Clearly, feeding load on the lactating mother has gone up and that the need to make up her nutritious dietary needs cannot be ignored.

Urmila Mawasi, Satna is a breast-feeding mother to one-year old young child who is currently being fed 10-12 times a day which is twice the frequency he was fed before the lockdown. Urmila states the irony that she is not provided with pulses, legumes, green vegetables and also running out of kitchen essentials including groceries, oil, and condiments. In such a time they have reduced the amount and quantity of the food along with its frequency. They have confined their vegetables only twice a week provided if some made it available to them from the field. Having two meals a day one with vegetable or potatoes and one with salt. Urmila is scared for not having provided the children with the desirable nutrient to meet their bodies' demands at present.

2. **Meal Frequency: Decreased** -The meal frequency has fallen from 6 times a day to 3 times a day for children between 6 months to 3 years of age.

Bijna Adivasi, Shivpuri, "My elder daughter, Bandhana is only 4 years and has growing nutritious need. However, we have compromised with needs in view of the current circumstances. We have reduced the portion of their meals as well as mine to only two and sometimes one.

3. **PDS** : The ration availability from PDS is only confined to 50 percent. Cereals provided from PDS on a daily basis is computed as 206 (children 6 months – 3 years) and 219 g (children 3 - 6 years).
4. **THR Packets and RTE:** During the lockdown, the children are provided with THR packets as well as RTE food that includes Sattu in the studied districts. The total provision for RTE and THR packets for the children between 6 months to 6 years as per the guidelines/orders issued by WCD was 3600 g (Based on 200 g per day, about 1200 g in a 1 week (6 days) and 3600 g for 3 weeks). However, in the study, it was computed that together the THR packets and RTE food as received by the children is averaged out to 1440 g for three weeks which is only 40% of recommended allowance i.e. 3600 g.
5. **THR Grains and RTE Grains Per Day:** Similarly when consumption of these grains was analysed on a daily basis, per day THR and RTE consumption is averaged out as 12 grams for children below 6 years of age (with an average family size of 5.4) which is just the 6% of the recommended allowance i.e. 200 g a day. It is worth mentioning again here that per day THR and RTE grains are computed based on the common practice observed in the villages of having packets and RTE food consumed by all family members.
6. **Daily Consumption Vs. RDA:** Total grains including THR and PDS, consumed is computed as 218 g by children 6 months – 3 years and 231.9 g by children 3 - 6 years.

As depicted, consumed grains by children of both the age groups during lockdown is only high on cereals which is even more than the recommended allowance but this is steeply very low on proteins food groups and immunity boosting foods that includes milk and milk products, animal products and green leafy vegetables and fruits which is true for pregnant and lactating mothers as well. This will create a deficit of nutrients for the both the groups of children, pregnant women and feeding mothers and would push them into the vicious cycle of malnutrition.

3.1.3.3. Nutrient Analysis

Table 2: Nutrient Analysis of Women and Children									
Nutrients	Pregnant woman		Deficit	Lactating mothers		Deficit	Children 2-6 years		Deficit
Net Energy Kcal/d	3200	653	2547	3450	832	2618	1350	657	693
Protein g/d	78	11	67	74	19	55	20	12	8
Visible Fat g/day	30	15	15	30	26	4	25	33	-8
Calcium mg/d	1200	51	1149	1200	269	931	600	230	370
Iron mg/d	35	3	32	21	3	18	13	0	13
Retinol	800	16	784	950	82	868	400	4	396
Ascorbic acid mg/d	60	10	50	80	4	76	40	1	39
Dietary folate g/d m	500	12	488	300	12	288	100	0	100
Vitamin B12g/d	1	0	1	2	0	1	-	0	NA
Zinc mg/d	12	2	10	-	2	NA	7	0	7

**children those who are breastfed are not included under this analysis*

The nutrient Analysis is presented in Table-2. It brings out the following:

1. Pregnant women during this lockdown are consuming only 20 percent of total calories, 14 percent of total proteins, 4 percent of total fats and only 8 percent of iron of the Recommended Dietary Allowances as prescribed by ICMR.
2. Similarly, lactating mothers are consuming 24 percent of calories, 26 percent of protein, 22 percent of calcium and only 14 percent of iron required by them in a day.
3. Likewise, children are getting only 49 percent of energy, 59 percent of proteins, 38 percent of calcium and only 3percent of iron required by them during day as per the RDA prescribed by Indian Council of Medical Research.

This is alarming in terms of nutrients and diet consumption during this lockdown and if situation persists, children may fall in the Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition) (MAM) categories and women may have to face severe drawbacks of nutrients deficiency.

3.2. Survey based Findings

Major highlights below –

1. **Take Home Ration:** THR Distribution services are partially affected in 61 (50 percent) of the villages due to delay in receiving allotment, unavailability of THR stocks, closure of AWCs to prevent corona spread etc. THR is well distributed in 32 (26 percent) villages by AWWs at the beneficiaries' home with the support of the Anganwadi helpers.
2. **Hot Cooked Meals:** As per the government orders followed, 85 percent AWCs have completely stopped providing HCMs whereas in 15 percent villages from Panna, Satna, Shivpuri, the HCM was stopped by centres themselves in the event of Covid-19. They have not received any orders but later on they were directed via WhatsApp message, verbal communication, or text messages.
3. **Home visits:** 53 percent of the Anganwadi centres in the surveyed villages have remained unaffected by the lockdown and Anganwadi workers are found to have been doing regular nutrition counselling visits started from second week of April. Anganwadi workers from 40 percent of the villages have completely stopped doing home visits in the wake of Corona Covid-19 lockdown.

4. **Community Events and Village Health Sanitation Nutrition Day (VHSND):** No community events have been taking place in 77 percent villages and VHSND has been stopped completely in 58 percent villages due to Covid 19 protocols. In 26 percent villages, frontline workers have not been given any instructions.
5. **Growth Monitoring Status and identification of Severe Acute Malnutrition (SAM)/Moderate Acute Malnutrition (MAM):** In 51 percent villages growth monitoring is completely stopped and in almost all the Anganwadi of 47 percent villages, management and identification of MAM and SAM children has come to a halt.
6. **Review meetings and convergence meetings:** Regular convergence meetings held between health and Integrated Child Development Services (ICDS) departments are completely stopped in all the 122 villages. Likewise, regular review meetings and nutrition meetings have stopped completely in 74 percent villages.
7. **Provisions of Hot Cooked Meal (HCM) for Children:** None of the villages have shown continuation of HCM during the lockdown. However, the allowance in lieu of this is also not fully established.
8. **Mid-Day Meals (MDM) for both Primary and Secondary schools:** Schools of 80 percent villages have discontinued the MDM completely due to closures of schools and simultaneously Mid-day meal programmes. Schools of 20 percent villages have established distribution of the food allowance in place of the MDM as per the recommended norms
9. **Status of PDS Across the Villages:** In 78 percent of the villages, it remained unaffected i.e. 95 villages have continued providing ration during Covid 19. Contrary to this, about 22 percent villages of the districts have faced partially affected services during the Covid 19 lockdown.

4. Detailed Recommendations

Based on the analysis, conclusion, and discussions, on the findings of the study and the scenario from the field area, following detailed recommendations are suggested to be looked into at both the levels of policy and implementation:

1. Under the ICDS program, the Supplementary Nutrition Program (SNP) should be converted into the Complete Nutrition Program (CNP). For this purpose, the per beneficiary provisions need to be increased.
2. Immediate provisions should be earmarked and allocated to provide complete nutrition food to the children of migrating families / workers.
3. Nutrition programme should be decentralized through women's and Self-help groups.
4. Maternal entitlements (currently Pradhan Mantri Matru Vandana Yojana) should be universalized. For maternal benefits, the conditions affecting the health and life of women should be removed. As a maternal benefit/entitlement, six months' support should be provided at par with the minimum wage.
5. It is recommended to decentralize the ration system i.e. Public Distribution System wherein procurement and distribution of local produce should be established. Social audit of PDS under NFSA must be done.
6. 200 days employment should be given under MNREGA. Under MNREGA, provision of living wage should be maintained while abolishing minimum wage provision. Social Audit should be implemented along with effective grievance redressal system.
7. All claims of individual and community rights should be accepted under the Forest Rights Act.
8. The provision of nutrition garden / kitchen garden should be made mandatory in all Anganwadi centres and schools. In every village, fruit trees should be planted 5 times the total families residing there while maintaining the continuous monitoring.
9. There should be provision of subsidy to raise milking cattle and availability of fodder to increase the milk production and incentive scheme should be started for fish farming and pond construction.

1. Chapter One: Background and Literature Review

1.1. Brief Overview

Malti Yadav now barely feeds her three daughters Chapati with salt. Her husband migrated to Surat few days back to earn his luck. Unfortunately, Corona-Covid 19 pandemic abrupt shutdown never gave him the opportunity to returned back to his family. Malti's youngest daughter is Severely Acute Malnourished and needs nutrition apart from food to sustain her life. More families like Malti's are striving for their daily breads. Going by the facts and figures, four out of every ten children are affected by malnutrition in Madhya Pradesh. The infant mortality rate is striking at 47. More than half of the women and about two-thirds of adolescent girls are anaemic. Amidst already crucial health condition in the state, the outbreak of Covid-19 has largely affected more than 3 crore persons of unorganized and agriculture sectors.

Around five lakh workers have herded back to their villages as almost all employment opportunities in construction, industry, and retail sectors have either been shut down or are severely curtailed to fewer ones in the wake of the pandemic.

With the onset of this pandemic, serious concern is raised on nutritional wellbeing of pregnant women, lactating mothers and 15000 children of these returning migrant families. Unfortunately, they are bound to feed on salt with chapati or rice to meet their basic hunger needs. Undoubtedly, the pandemic has also had an adverse impact on the implementation of schemes for their nutritional wellbeing and food security. This calls for an urgent and analytic insight into the situation at the ground level.

This study seeks to look in to plight and problems faced by women and children of the marginalized and migrant families in the wake of Covid 19 across six districts of Madhya Pradesh viz. Satna, Niwari, Rewa, Umariya, Panna and Shivpuri.

This analytical insight has been carried out in two phases. Phase one was collecting case studies on different scenarios and situation as being observed in the field during lockdown and pandemic outbreak including the effect of shut down on life and food of excluded families, no livelihood options for marginalised community, villages and poor and migrant families, the impact on the diet and food. This was based on the questionnaire focused on the problems faced by aforementioned groups administered through telephone by the field teams in their respective districts while maintaining the video and photo shots during the distribution of relief kits and addressing the problems of villagers, while maintaining the Covid-19 protocols implicating social distancing at its best.

In the second phase during the field analysis the teams were instructed to fill in the sperate questionnaire to find out the services delivery carried out pertaining to different schemes to be visualized during these times. The questionnaire with direction briefs and records was developed by Vikas Samvad to have an outline of the field data and evidence as appears. This mini survey questionnaire has helped developing a mutual understanding on applied solutions to carry prog in the setting of COVID-19. The findings will help in understanding the challenges faced, learnings derived, breaks and innovations around nutrition care practices and delivery and its long/mid/short term impact on the running projects/programme. Recording and sharing the findings on developing evidence and lessons are crucial in determining and executing the most suitable and operative retorts in contempt of Covid 19 outbreak. The questionnaire was further analysed to derive the exact scenario and circumstances as emerging from the field.

1.2. Understanding Nutritional Status

The increasing poverty, food insecurity, has caused the world to face malnutrition with its varied forms encompassing deficiencies or excesses of macro and micronutrients further inducing disorders affecting more than 2 billion people across the world and are more prevailing in developing countries like India. Global hunger Index, 2016, ranks India at 97 amongst 118 countries, wherein vitamins and mineral deficiencies continue to be throbbing problems and are budding as quiet crisis. Consumption of daily needs of iron, folate, Vitamin A and B complex, and zinc across any age group is merely 50 percent by more than half the population of the country. Despite of various supplementation programmes, the score is comparatively low when it comes to trim down and address the crucial nutrient deficiencies like iron folic acid and vitamins. Iron deficiency is widespread across all the age groups affecting the haemoglobin level and has become the root cause for anaemia in India.

1.2.1. Nutritional Status in India

As stated by WHO (2009), more than one fourth of the world's Vitamin A deficient children suffering from subclinical Vitamin A deficiency belong to India. Global Nutrition report states that the condition of wasting is critical in the country³. NFHS-4 says that in India, 58.4 percent of children in the ages of 6 to 59 months are anaemic, 38.4 percent are stunted (Low Height-for-Age) 35.7 percent of all the children are under-weight (Low Weight-for-Age) and 21.0 percent are wasted (Low Weight-for-Height)⁴. With a strikingly high Maternal Mortality Rate (MMR) at 130 per 100, 000 live births, Infant Mortality Rate (IMR) at 32 per 1000 live births and Under5 Child Mortality Rate (U5CMR) at 30 per 1000 live births, India is still striving hard to secure its nutritional equilibrium

1.2.2. Nutritional Status in Madhya Pradesh

With a total population of 8.70 crores spread across 52 districts⁵, the Madhya Pradesh state reflects no different condition than the entire county. The state of Madhya Pradesh (MP) endowed with rich natural, human capital reels under poverty, and backward tag despite numerous attractive features, MP, the state of Central India, has not done much improvement in its health and nutrition indicators. According to National Family Health Survey -4 (NFHS-4), 42.8 percent of children are underweight, and 42.0 percent are stunted in Madhya Pradesh. Only 37.4 percent women between the ages of 15 and 24 years are adopting safe hygienic methods during menstruation whereas only 11.4 percent women receive full antenatal services. It is also notable that only 34.4 percent of the children are initiated early breastfeeding within one hour of birth, while 58.2 percent of the children receive Exclusive Breastfeeding for 6 months. It means that the rest of the 41.2 percent infants receive complementary feed as well along with the breast feed, within the first six months of life, which is a grossly inappropriate practice. Going by the facts and figures, four out of every ten children are affected by malnutrition in Madhya Pradesh. The Infant Mortality Rate is

SN	Indicators	India	MP	Source
1	Children under 5 years who are stunted (height-for-age)	38.4	42.0	NFHS-IV
2	Children under 5 years who are wasted (weight-for-height)	21.0	25.8	NFHS-IV
3	Children under 5 years who are underweight (weight-for-age)	35.7	42.8	NFHS-IV
4	Infant Mortality Rate	32	48.0	SRS 2018
5	Maternal Mortality Rate	130	173.0	SRS 2016
6	Under 5 Mortality Rate	30	40.0	SRS 2016

Source: NFHS-4 for Nutritional status of U5 years of all communities

³ Global Nutrition Report, 2016

⁴ Government of India, Ministry of Health and Family Welfare, National Family Health Survey-4. 2015-16

⁵ Census, 2011, http://censusindia.gov.in/2011-prov-results/data_files/mp/Finalpercent20Datapercent20Sheet_mp.pdf

strikingly high at 47 in the state. More than half of the women and about two-thirds of adolescent girls are anemic.⁶

Anaemia stances a foremost danger to maternal and child survival and is indirectly responsible for a high Maternal Mortality Ratio (221/lakh live birth)⁷, Infant Mortality Rate (47/1000 live birth)⁸ and lived with disabilities for both sexes in the disease burden of the state. It was rated as number 6 (in 2016) compared with number 12 (in 1990)⁹ and Under 5 Mortality Rate (40/1000 live births)¹⁰. At any given point of time, malnutrition is worse and has its own adverse implication on human body and the results are even shocking when it comes to tribal population as they devoid of consuming nutritious rich in particular.

1.2.3. Nutritional Status in the Tribal

If malnutrition is stated to be one of the most stagnating and adverse conditions affecting the health of people of India, then it is also creating a spectrum of diseases, more across all the tribal belts of the country. It is amongst these communities; individuals have shown up the direst health fallouts. shows us that malnutrition in all of its varied aspect is anytime more in Scheduled tribes and Scheduled Caste than any other community. For instance, approximately 51.5 percent of children below 5 years of age in ST communities are underweight as compared to 42.5 percent Madhya Pradesh and 38.4 percent of India (Table 1.2). In the similar vein, children below 5 years of age in ST communities continue to lag behind in height-for-age (Stunting) and weight-for-height (wasting) with 47.6 percent and 25.5 percent as compared to Madhya Pradesh’s 42 percent and 25 percent respectively.

In view of this, there is an urgent need to redress malnutrition in children. To accomplish this, the Integrated Child Development Services (ICDS) programme, is under implementation as the most important government intervention for reducing maternal and childhood malnutrition. It has emerged as the world’s largest programme of its kind. This scheme has expanded Remarkably in its scope and coverage providing a well-integrated package of services through a network of community level Anganwadi Centres (AWCs).

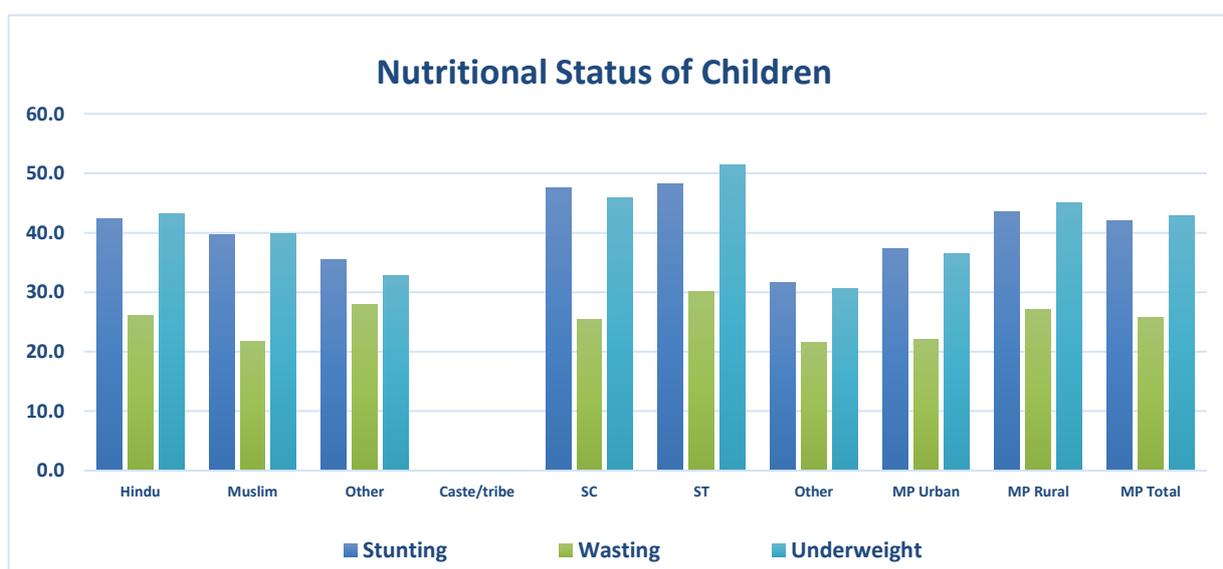


Figure 1: Nutrition Status of Children

6 Government of India, Ministry of Health and family Welfare, National Family Health Survey-4. 2015-16

7 Office of the Registrar Government of India, NITI Aayog, 2015

8 Government of India, Government of India, NITI Aayog, 2015

9 India Council of Medical Research, Public Health Foundation of India, and Institute for Health Metrics and Evaluation. India: Health of the Nation's States.-The India State-level Disease Burden Initiative. New Delhi, India. ICMR, PHFI and IHME, 2017.

10 Government of India, NITI Aayog, 2015

1.3. Understanding Migration Status

Although, mobility is considered the imperative element of human survival and existence, migration in its varied forms, does not hold the truth for the same. Mobility in its more verbal expression, in developing countries like India, is migration. Migration is that texture of mobility whither, people or droves involuntary or voluntary shift their residence while traversing to defined administrative peripheries for multiplicity of reasons. The actions and decisions about the places and ways to move through may be complex and are dependent on number of varied factors acting on them, in different ways. Some including Kingsley D. has considered India as relatively immobile. However, this does not wither away the fact that every third person in the count of ten within the country is internal migrant as per the Census 2011. Internal migration is encouraged principally by employment, weddings and urbanization that have shifted the economy as well as the social and political life of migrants largely. Whilst employment raises the demand of migration Remarkably within the context but is followed by marriages that remains the most widespread driver of internal migration, and is more significant amongst women migrants.

Harris and Todar (1970) suggested that migration occurs due to income differential which act as the main driving agent in roving people to comparatively higher income zones from lower income zones. Slothful agricultural growth, limited development, suppressed rural farm and non-farm sectors primarily stifles the employment and livelihood in rural settings subsequently raising the prevalence of rural poverty, unemployment, and underemployment, thus causing the extra burden on the families to earn loafs. Given the fact, that maximum of intense productivity activities and livelihood options are marked up in urban zones, predominantly for the poor and unemployed segments. Consequently, many of them migrate to urban considering it as better opportunity zone. Duration of their stay could be permanent, semi-permanent and temporary depends upon the nature of their stay.

1.3.1. Internal Migration in India: Data and Concept

According to Census, a person is termed migrant when s/he is detailed out in the given census at a different place other than her/his birthplace or last residence. Particularly common reason could be due to marriage as in case of females; or work that could be the case in either males or female or children or all. It is also happened when people return to their place of birth/residence after staying out. For having better understanding of the current migration trend and scenario, Census gathers its information to have records of such movements of population.

Census and National Sample Survey principally are two main data sources to derive and draw data on internal Migration in India. According to Census 2011, about 453 million of people were recorded as migrants by place of last residence. Amongst them 140 million migrants are males against 312 million women migrants constituting 69 percent. The primary reason for the migration is accounted to be marriage causing migration of 217 million females against only 6 million males. This way, marriage itself contributes to 49.3 percent of all causes of migration. The other reasons that added up for the cause of migration are work (10.23 percent), business with (1 percent), education (2percent) and others. Only 10percent of migrants actually shift in search of better livelihood and employment opportunities. The data reveals that male migrants are mostly out in search of their bread contrasting to women.

As stated by Census 2011, around 69 percent of India's 1.21 billion populations, comes from rural settings. However, census also specifies the boost in urban population by 31.6 percent (Census 2011) from 27.81 percent (2001). This urbanization is taking place keenly owing to migration to the most populous urban cities, from rural areas due to lack of sufficient economic contingencies. The migration rate as calculated by National Sample Survey, 2007-08 is 35 percent which clearly defines the state of the move from one place to other.

According to census 2011, maximum migration contributing states are Uttar Pradesh with 13.03 percent and Maharashtra with 12.6 percent followed by West Bengal and Andhra Pradesh with 7.3 percent each. Bihar, Gujarat, Tamil Nadu, and Madhya Pradesh contributes almost same i.e. somewhere between 6-7 percent against other states with 3-4 percent of contribution. Bhagat and Mohanty (2009) have tried to outline the flow of migration which clearly indicates that largest migrant-sending states are Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu, Uttar Pradesh, and Uttarakhand. Extensive flows of labour migrants transpose from Uttar Pradesh to Maharashtra, Delhi, Gujarat, Haryana, West Bengal, and other states across northern and central India. Bihar migrants normally relocate to the same or nearby destinations, with the highest numbers towards Delhi or West Bengal. Erstwhile Madhya Pradesh, Rajasthan, Andhra Pradesh, Orissa, Chhattisgarh, and Jharkhand are chief migrant-sending states.

1.3.2. In the State

Census 2011 data clearly marks Madhya Pradesh on eighth position of all the other leading states those are contributing to the total migrants of country. The total migrant population of the state is 25.3 million amongst which almost two third migrants of Madhya Pradesh are females i.e. 18796138 constituting 74.1 percent of total migrant populating against 65,54,711 males framing the rest of 25.85 percent. The major reason for migration is account to be marriage than work contrasting to other reasons including business, education et cetera. Migration has become the major and dominant source of economy for households in Madhya Pradesh all told, primarily due to lack of natural reserves, lesser agricultural productivity and insufficient employment benefits and opportunities. Madhya Pradesh Bundelkhand district represents the same scenario where in any case one member each from 50-70 percent of rural households migrates annually or lastingly on necessary basis as indicated by 2002 BPL Survey data. As suggested by Debashish in his study on migration in Bundelkhand, Chitrakoot has highest migration proportion. Deshingkar argued though varied actor including availability of irrigation water, agricultural and non- agricultural opportunities, employment activities etc are responsible for varied migration across villages, but important determinant of migration is the size of the land owned by the family. According to his study there are fewer chances for a family to migrate if they own lands largely. Also, it is observed in these areas, that men migrate for they acquire skills require for work, more than women in earlier times. However, this fact is totally overruled in present context where women has outnumbered number of male migrants in few villages in search of labour and employment chances.

1.3.3. Vulnerability

Due to lack of informational knowledge on policies and schemes, there are more chances for these migrants of being vulnerable at destination site affecting in return all of their other assets including physical, human, social, natural, and financial as well. Migration and vulnerability are strongly associated with the fact that the migrants are closely vulnerable irrespective of their destination site. This holds true especially for the migrants those are undocumented.

The study area consists of high migrant pattern and has also witnessed maximum reverse migration cases during the lockdown. Simultaneously, their families have continued to remain affected due to lack of proper services delivery.

2. SECTION TWO – PROBLEM STATEMENT AND METHODOLOGY

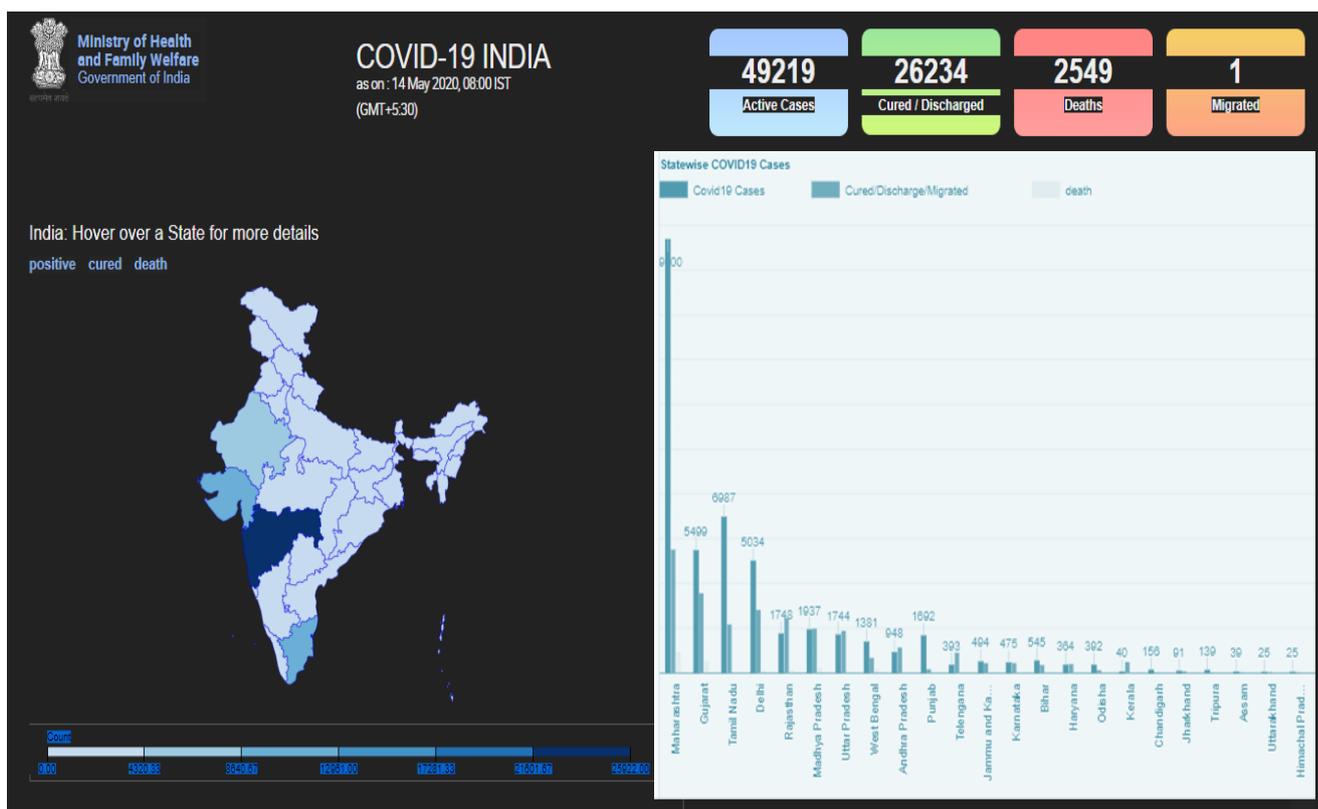
2. Chapter Two – Problem Statement

2.1. Barebones of issue

Since December 2019, a series of unexplained pneumonia cases have been reported in Wuhan, China. On 12 January 2020, the World Health Organization (WHO) temporarily named this new virus as the 2019 novel coronavirus (2019-nCoV). On 11 February 2020, the WHO officially named the disease caused by the 2019-nCoV as coronavirus disease (COVID-19). The COVID-19 epidemic is spreading all over the world, especially in China. Based on the published evidence, we systematically discuss the characteristics of COVID-19 in the hope of providing a reference for future studies and help for the prevention and control of the COVID-19 epidemic.

2.1.1. Grave Situation in the Nation

As data suggested by the Ministry of Health and Family Welfare, GoI suggested that the situation is turning grave as Covid-19 Positive cases are spiking up with each passing day Maximum cases have been reported in Tamil Nadu (698) followed by Maharashtra, Gujarat, Delhi, Madhya Pradesh, Uttar Pradesh, Rajasthan, Punjab, and other states. India has witnessed about 78000 cases approx. with a striking rate of 49219 active cases as on May 14th, 2020 as shown in Graph1 and figure3.



Graph 1: State wise Covid Cases

2.1.2. Situation in Madhya Pradesh

The situation is even worsening in the state where the cases are rising even at rapid pace. In a short span of mere a month, Madhya Pradesh has soared to more than 4000 cases, wherein the maximum cases are seen in Indore (2107) followed by state capital, Bhopal (858), Ujjain (269), Khargone (95) and Barwani each with 17 cases as shown in figure 3. These tables and figures are adapted from MHRD and covid19indiadotorg. With the concerning nutritional indicators, these figures are setting up new health challenges for the state.

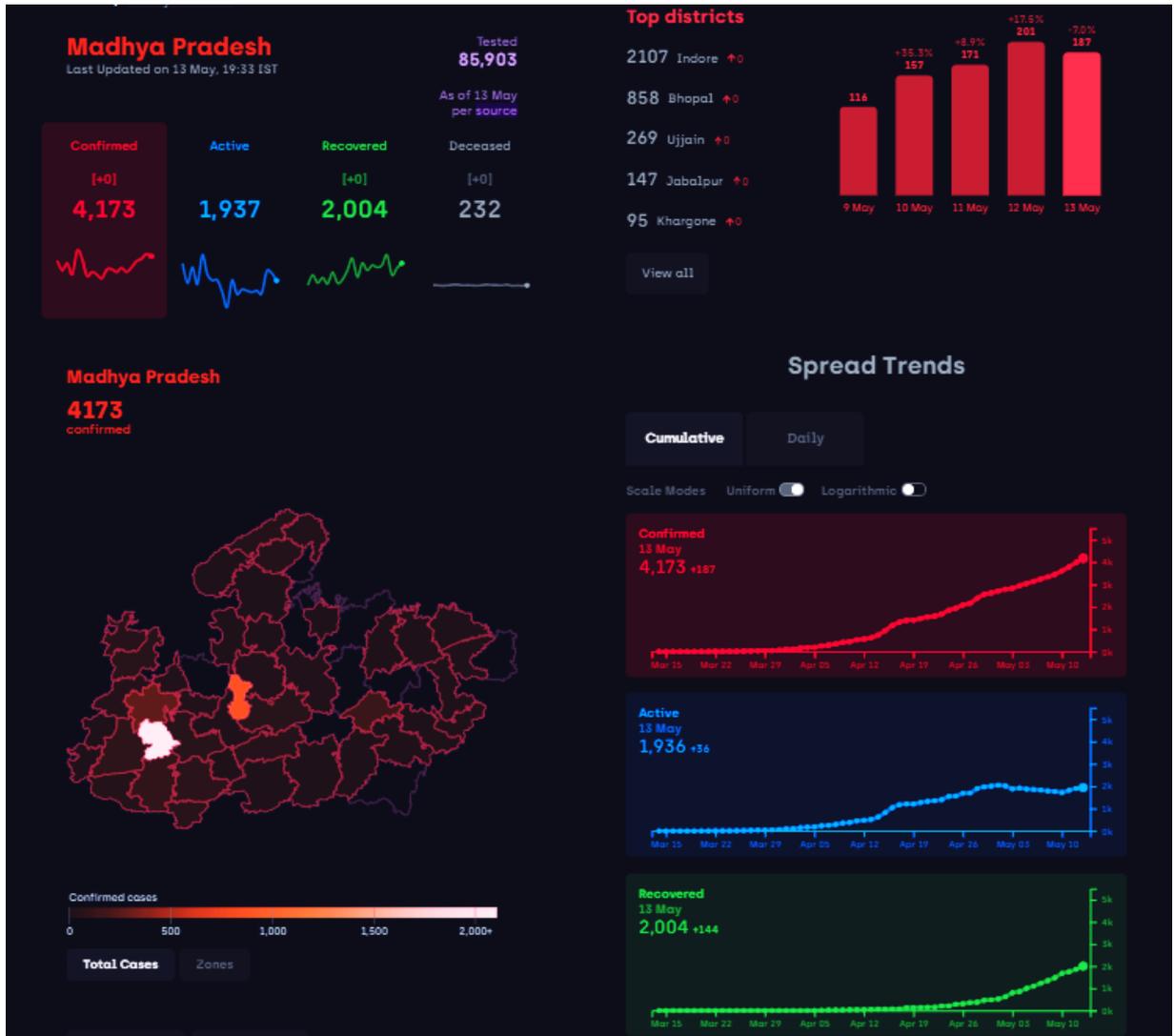


Figure 3 : Covid Cases Status in Madhya Pradesh

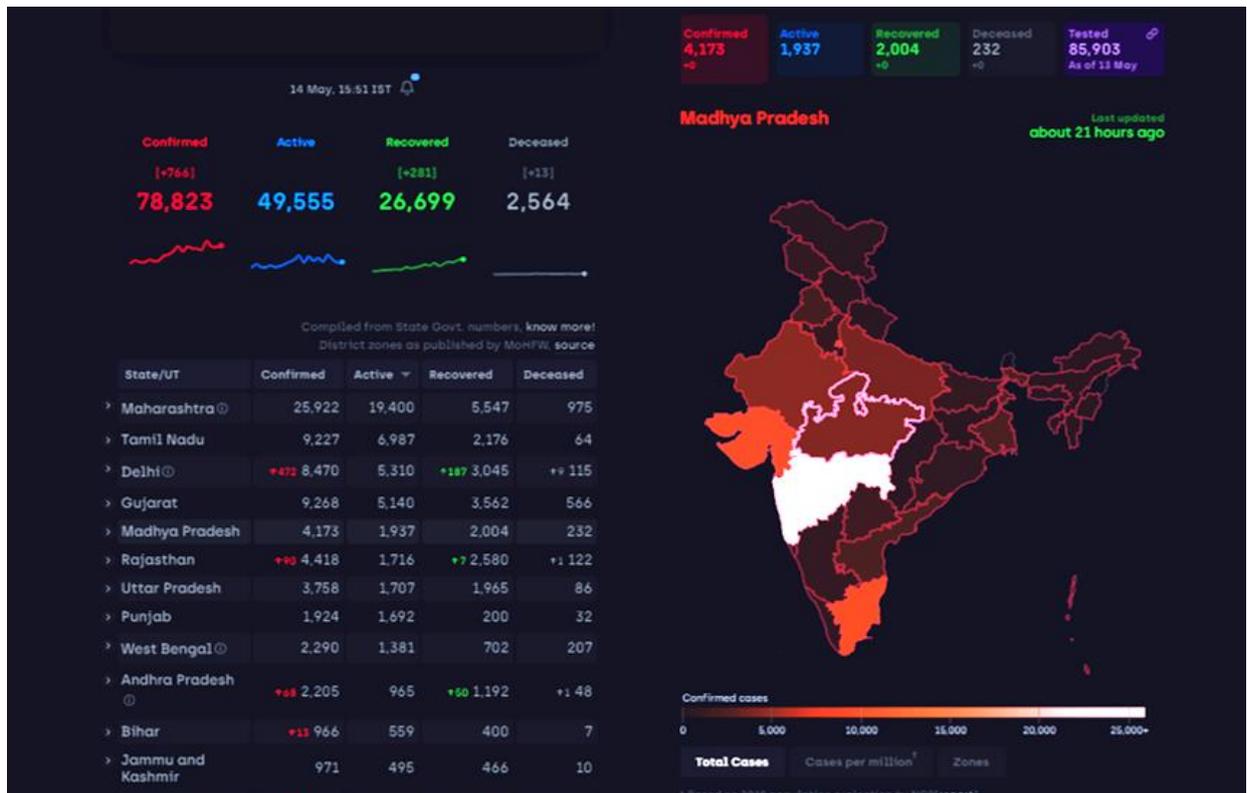


Figure 2: Covid cases in India as tracked by Covid19India.org

2.2. Outbreak of Covid19 and its Impact

The outbreak of coronavirus disease 2019 (COVID-19) has caused a worldwide wellbeing crisis that has had a profound influence on the way we perceive our world and our everyday lives. Not only the rate of contagion and patterns of transmission threatens our sense of agency, but the safety measures put in place to contain the spread of the virus also require social distancing by refraining from doing what is inherently human, which is to find solace in the company of others. In a continued effort to curb the spread of coronavirus disease 2019 (COVID-19), countries have been tightening borders and putting travel restrictions in place. These actions have affected migrants and poor worldwide.

Pervasive challenges remain for hundreds-of-thousands of migrant workers in India whose lives were upended by the sudden lockdown across the country, in response to the threat of the coronavirus pandemic, as said by UN human rights chief. And while welcoming steps to address the deadly crisis, ensuring that measures responding to COVID-19 are “neither applied in a discriminatory manner nor exacerbate existing inequalities and vulnerabilities.

Lacking jobs and money, and with public transportation shut down, hundreds of thousands of migrants who have no job security or protection, were forced to trek often hundreds of miles back to their home villages – with some dying on the journey. India had 4,421 cases of the coronavirus until Tuesday and 117 deaths from the disease, including 354 cases in the last 24 hours which is also the indicator of the degree of the problem to be worsened more. The condition is even more critical in the state.

2.2.1. Understanding Transition

COVID-19 crisis has established an unparalleled calamity leaving all the nations in dismay in the wake of catastrophic pandemic. India announced a 21-days lockdown to avert the pandemic spread of the virus in Phase-I, followed by complete lockdown for a period of another 19 days in phase-II and 15 days in phase-III. This act though inappropriately caused a reverse evacuation of migrant labourers as thousands of them, have been laid off by their companies and servicers, having left them in the frantic state where basic supplies of food and shelter were lost. This move caused them to leave their destination cities and walk thousands of miles barely to returned back to their homes. The situation is even more concerning in the village premises where the natives are robbing out of any livelihood, health and medical and food services leaving them at the verge of falling prey to death.

2.2.2. Plights and Problems

During outbreak of communicable diseases, such a COVID-19, and the restrictions imposed on routine activities as part of social distancing norms to prevent the spread of the disease, scores of migrant workers tend to move back to their native places. Immediate concerns faced by such migrant workers relate to food, shelter, healthcare, fear of getting infected or spreading the infection, loss of wages, concerns about the family, anxiety, and fear. Sometimes, they also face harassment and negative reactions of the local community. Migrant workers faced with the situation of spending a few days in temporary shelters, which may be quarantine centres, while trying to reach to their native places, are filled with anxieties and fears stemming from various concerns, and are in need of psycho-social support

A rapid assessment “Voices of the Invisible Citizens” done on 3196 migrants by Jan Sahas reveals that 55 percent of the earned between ₹200- ₹400 per day, 42 percent had no ration left even for the day, 33 percent of the respondents are still stuck in destination cities due to the lockdown with little or no access to food, water and money, 94 percent do not have the Building and Other Construction

Workers' Welfare (BOCW) Identity Card, which rules out the possibility of availing any of the benefits that the State has declared from its ₹ 32,000 crore BOCW Fund. The report also highlights the structural flaws in the beneficiary identification systems that are probably going to get in the way of the subsidy and relief reaching migrant workers.

Under such conditions, it is important to understand the dismay felt by these migrant as well as the deprived families from the villages who are facing more or less the similar issues in terms of having basic necessities. Outbreak of pandemic outbreak can have reversing impact on health of women and children.

Girls and Women

- Disease outbreaks increase adolescents and young women's duties caring for elderly and ill family members, as well as for siblings who are out of school.
- Adolescents, especially those from marginalised communities and with disabilities, may be particularly affected by the secondary impacts of the outbreak.
- Economic stress on families due to the outbreak can put children, and in particular girls, at greater risk of exploitation, child labour and gender-based violence.

Health Services

- Evidence from past epidemics indicates resources are often diverted from routine health services. This further reduces the already limited access of many girls and young women to sexual and reproductive health services, as well as maternal, newborn and child health services.

Economic Wellbeing

- Economic challenges during the outbreak pose a serious threat to families and women's work and occupational activities thus exposing them to increased risk of exploitation or abuse.
- Families, migrants, women, and adolescents facing severe financial shocks are more likely to take on high-risk work for their economic survival.

Child and Pregnant and lactating mothers

- Effect on nutrition and diet plate is crucially affected due to less availability of food which might affect their health and well-being in terms of providing nutrition.

This study thus tries to understand the problems faced by pregnant women and lactating mothers and especially those belonging to migrants' families, their nutrition security and impact of delayed service delivery across the respective field areas, during Covid-19.

What is Corona virus/ Covid-19?

Coronavirus is an infectious disease caused by the COVID-19 virus. The virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

Protection against the Virus

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads while following the measures regarding following hygiene, maintain social distance and self-isolation, and reaching out to hospital while start to show symptoms such as: fever, tiredness, dry cough, shortness of breath, sore throat, aches and pains.

3. Chapter Three – Methodology

3.1 Study Plan and Objectives

This Study, implemented amongst the community and migrant families, seeks to look into the plight of and problems faced by women and children of the marginalized and returning migrant families in the wake of Covid 19.

It aims to capture information on households documented through case studies, video, and photo documentation and by conducting in depth interviews and situation analysis through a mini survey conducted across 122 villages.

This has helped in understanding –

- The psycho-social pressure on the families in reference to health and livelihood
- The impact on women and children
- Impact on the health and economical aspects

3.2 Geography and Sample Size

The studied area covered 6 districts of Madhya Pradesh: Panna, Satna, Rewa, Niwari, Umariya, and Shivpuri from where randomly selected 33 households across 122 villages having pregnant women, lactating mothers, children below 6 years and migrant families with mixed population were chosen to record case studies.

3.3 Methods

This study has been carried out in two phases –

Phase One: In this phase, case studies on different scenarios and situations were collected with reference to the effect of pandemic and lockdown-triggered shut down on life, livelihood, food, and diet of the vulnerable and excluded and migrant families.

Phase Two: This phase looks into the analysis pertaining to the functionality of service delivery across 122 villages of 6 districts through a questionnaire in situ filled by the Field Teams.

3.4 Study Tools

The study aims to square the proper information to be documented by recording case studies, video, and photo documentation by in–depth interviews.

Questionnaire

A one-pager questionnaire with featured questions focusing on the migration status, economic and financial status, food security, benefits from schemes, etc. was administered by the Field Teams during the relief work undertaken by the Vikas Samvad Samiti. In doing so, Covid-19 protocols were duly observed. Follow-up through phone calls was also done with the respondents.

Case-studies

Any important topic/ issue/ problem happened in relevance with individual or community to be documented as a case study pertaining to conditions of women and children, impact of lockdown on their economic and financial conditions, their livelihood hinderances, purchasing powers, health status, ration stock and availability and sustainability of food etc.

Mini Survey

A mini-survey format was designed covering the service deliveries issues highlighting the key schemes including ICDS, MDM and PDS covering THR distribution, growth monitoring, ANC and PNC status, Immunization, IFA and calcium supplementation, provision of hot cooked meal during MDM, institutional deliveries, Home visits, Deworming and vaccination and PDS ration distribution.

This was administered in 122 villages to derive the status of the schemes and service deliveries in these villages.

3. SECTION THREE- CASE RESPONSES FROM FIELD

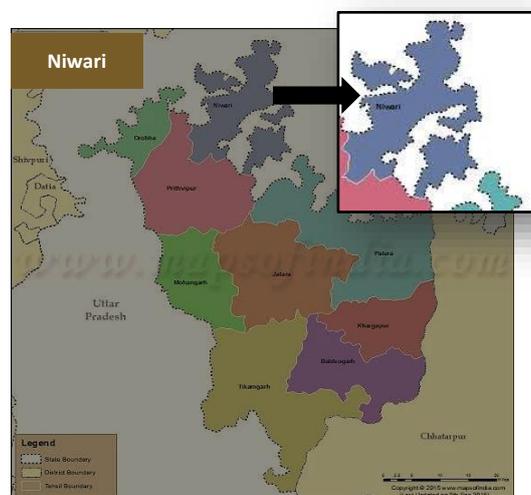
4. Chapter Four – Case Studies: Situation from Districts

The case studies as recorded from the field during this assessment is briefed district wise below –

4.1. Niwari, Madhya Pradesh

Niwari District, which is recently extracted out of Tikamgarh District, is located in the northern part of Madhya Pradesh. It forms the north-western part of Sagar District. It lies on the Bundelkhand Plateau between the Jamni, a tributary of Betwa and Dhasan rivers. It extends between the latitude 24° 26' and 25° 34' N and between 78° 26' and 79° 21' Longitudes.

The northern margin is very irregular. Towards south is Tikamgarh District, which is bounded by Chhatarpur district to east, Lalitpur district Uttar Pradesh to West, Jhansi to North and Sagar to South.



The western and Eastern boundaries are formed by two big rivers. The northern part of the district is at a height of 200 meters from the mean sea-level while the southern part is at a height of 300 meters. It lies in the level plane which forms the Betwa-Dhasan Doab. The Niwari Nagar Panchayat has population of 23,724 of which 12,440 are males while 11,284 are females as per report released by Census India 2011.

Table 2: Nutrition Indicators of Niwari

Particulars		Madhya Pradesh	Niwari (Tikamgarh)
Annual exponential growth rate		1.9	1.8
Total Population	2011	72597565	167893
	2018	87081745	198261
ST Population	2011	15316784	4761
	2018	18372686	5710
ST percentage of Total Population		21.1	2.88
Health Statistics	IMR	48	67
	MMR (Sagar Division)	173	386
	U5MR	40	91
Nutritional Status	Stunting	38.4	49.7
	Wasting	21	19.2
	Underweight	35.7	43.3

Population of Children of under 6 years age is 2919 which is 12.30 percent of total population of Niwari (NP) Males constitute 53 percent of the population and females 47 percent. Niwari has an average literacy rate of 60percent, higher than the national average of 59.5 percent: male literacy is 69 percent, and female literacy is 50 percent. In Niwari, 7 percent of the population is under 6 years of age. Nutritional Indicators are placed in the table below against Madhya Pradesh:

Field Scenario

1. MDM is totally stopped. The children were given 3 Kg of wheat and 500 g of rice for a month.
2. NRC do not have any children. Growth monitoring has been stopped completely
3. THR is not being distributed properly. It has been started recent only and is distributed through anganwadi workers and helpers.
4. PDS: The ration for the three months were distributed but was few families have utilized the ration or selling out in order to have condiments spices and other daily essentials, thus running out of stock already
5. Schemes: Only fewer are able to withdraw the amount from the extraordinarily little those who have been benefitted
6. Rations are not being up to the mark as number of members have been increased as migrants have returned to the families. Ration kits from the organization has been distributed to the family. Resources from the locals have been collected.
7. Dire need for the collaborative efforts in determining the plan for the upcoming days in terms of ensuring ration under PDS and coordinating with the administration.

4.1.1. Case 1 - Corona: Death in Disguise - Matadin (Chattan) Kushawaha, Tila gram Niwari, Madhya Pradesh

Matadin Kushwaha, 48 years comes from Other Backward Classes of Tila gram of Niwari district and has four members in his family. The family does not have any children below 6 years, neither pregnant nor lactating mothers. The family derive its income mainly from daily wages.

Earnings and Migration Status

The family earns up to ₹ 8000-9000 a month by engaging in different wages. Chattan has 0.5 acre of rainfed land which is dependent on rainwater and does not produce much to feed them. Chattan's eldest son Ramsevak, 22 years, who is a migrant and stayed in Faridabad for earning their daily loaves had to get back to the village on March 28th 2020 in the wake of Corona outbreak. Ramsevak walked down hundreds of miles for continuous three days to his way back to his village in devoid of transport facility due to lockdown. He tested negative for Covid-19 but was isolated from the family to avoid the infections if any.

Lockdown Impact

Chattan owed ₹ 7000 on 5percent interest, from someone in the village for performing the last rituals of his mother, who died a month ago. With these financial burden Corona landed as a church mouse. The family is not benefitted under NFSA and are not provided with any PDS ration to run their basic food needs.

Lockdown has an everlasting impact on the economic condition of the family as all the fours of the house are involved in some daily pursuits for earnings. Family feels happy for having their son with them but have no money and earning sources for them as no livelihood opportunities are opened now and they are left for starving back.

Earning during Lockdown

Since the beginning of April as mahua begins to flourish and forests are now opened for collection of Mahua leave. Manku (Chattan's wife) somehow is managing collecting 5-7 Kg of Mahua a day and after giving 50percent to the owner, she is left with 3-4 Kg a day to sell Mahua at ₹ 25-30/kg making her an income of merely 75 ₹ per day. This ironically would last only for 10-12 days.

Ration Arrangement

Manku says she has arranged ration of about 1-1.25 Kg a day for the family which is the reduced quantity from the usual quantity which is 1.5 Kg to 2 Kg a day. However, the family is having food with the onions and tomatoes already available or if made available by the farm owners.



Figure 4: Chattan Kushwaha, Tila Gram Niwari



Figure 5 :Manku Kushwaha, Tila Gram Niwari

The condition is even bitter as Chattan becomes violent at times with Manku to fetch some penny for buying liquor and boozing out to bust his stress on the conditions

To the family, corona is not curative, and it brings death as it is leading to low quality of life where surviving through is the bigger challenge. Chattan and Manku feels stressed about the situation of accumulating enough money for coming days. They however have been connected with Food safety Officer, Sandeep Pandey who assured Chattan of having him provided with 5 Kg of cereals including 4 kg of wheat and 1 kg of rice as per the Government provisional step under Lockdown advisories, delivered to the family on April 17th 2020. The family is unsure about the future, and is convinced with the fact that there is no future in migrating to any city in the plight of unavailability of employment.

अभी नहीं है कि हम वापस मजदूरी पर जाएंगे क्योंकि अब तो वहां से भी लोग डंडों से मारकर मजदूरों को भगा रहे हैं और हमारी कोई सुरक्षा भी नहीं है इसलिए अभी हम लोग वापस नहीं जाएंगे.

Concluding Remark

The families owe ₹ 7000 on 5 percent interest which is the primary issues for the family at present and both manku and Chattan are under stress of having it returned as going back on migration does not seem easier to them. Manku is more tensed about misbehavior of Chattan towards her for getting liquor. The problems family face at present are of debts, no income during lockdown, lesser ration to feed the family etc.

4.1.2. Case 2 : Death by Starvation is Slow and Dreadful: Jairam Ahirwar, Gidhkhini, Niwari

Jairam Ahirwar, 63 years stays in Gidhkhani with nine other members of his family. Jairam belongs to Scheduled caste and has joint family system with two supporting families of his two sons.

About the Family

Jairam has to hold up two adolescents, two children below 6 years and one pregnant woman at present. Jairam's both the sons migrate to nearby towns for earning and make up to ₹ 20000 in a month with all the earning hands. Jairam's wife Phoola Devi suffers pulmonary infection and remains sick most of the time.

About the Pregnant Woman

His younger son Kashiram migrated to Sonipat, Hariyana along with his pregnant wife and two children below 6 years of age, due to which, Mamta (Kashiram's wife) remain neglected on her health and care during her initial trimesters. In the event of lockdown, Kashiram had to reeled back to the village with his wife and children. Mamta got herself registered under Anganwadi Centre in her 7th months and received her vaccination late by two months. As, per the rules, the first T.T. injection should be taken during the second trimester. The second T.T. injection should be taken one month later. Withal, his 4 years old son Sanskar is able to reach Anganwadi centre twice only. Mamta has received a packet of *Daliya* as THR so far.

Migration and Covid-19

Jayram with his sons and their families were in Sonipat for workmanship when lockdown was imposed. Employer sacked them off and asked them to leave for their village immediately by showing incompetence in providing total salary for their work rather giving them partial compensation while declining any further help.



Figure 7: Sanskar Ahirwar

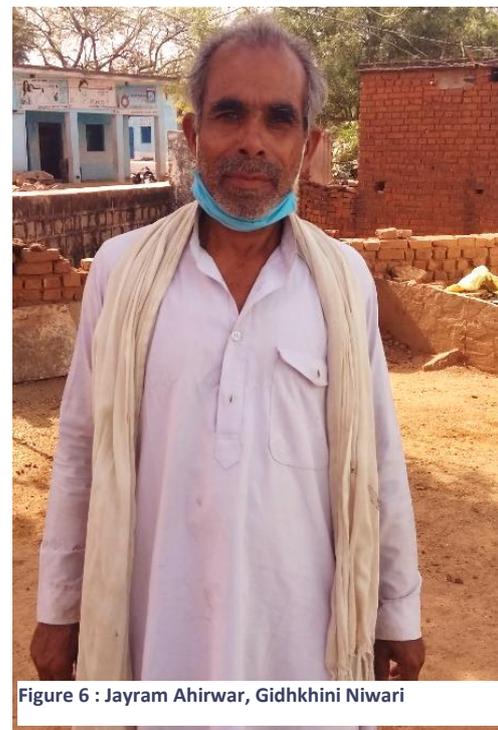


Figure 6 : Jayram Ahirwar, Gidhkhini Niwari

Sarpanch of the village where Jayram was working, provided them with mask. The family strolled down the roads for 60 Km only to rode back to Gwalior by a truck and further to Orchha by taking lift from other trucks while covering the midway distance on walk. From Orchha the family walked down to Gidhkhini.

On Corona outbreak Jairam and his family believe it to be dreadful disease which takes away life and knows nothing apart maintaining distance and wearing mask. Reaching village, the family got her tests done and remained in isolation for a fortnight on ANM advice in order to prevent the spread.

Ration Arrangement

Jayram shows concern on the lockdown as family's consumption of cereals for 1.5 quintals of cereals in a month for 10 members is just reduced to 1/3 i.e. 50 Kg supplied by PDS which is bare enough to feed them.

जब लॉक डाउन हुआ तो हम लोगों से कहा गया कि आप लोग अपने अपने घर चले जाएं क्योंकि बीमारी फैल रही है और मालिक ने कहा कि हम आपकी कोई मदद नहीं कर सकते, जिस गांव में थे उस गांव के सरपंच ने हम लोगों को मास्क भी दिए, लेकिन मजदूरी पूरी नहीं मिली ठेकेदार ने कहा कि अभी हमारे पास पैसे नहीं हैं कुछ क्राय खर्च के लिए हैं और आप इन को ले करके चले जाओ जब लॉक डाउन खतम होगा तब आ



Figure 8 : Khushi Ahirwar, Gidkhini, Niwari

Concerns due to Lockdown

Jayram informed that none of the family member is involved in substance abuse as of yet but concerns much on the debts this lockdown might foists on them. He is anxious about the price hike in the village. Family is running out of groceries and will be short of spices and condiments soon. This will affect the health and diet of the family especially the pregnant lady of the house along with the children and adolescent.

As far as policies are concerned, Jayram's granddaughter Khushi learning in standard 4th was given 3 Kg of wheat and 500 g of rice under MDM provisions and family has received an amount of ₹ 500 in their bank account but Jayram fears that it would not last for long. Under such a condition they will have to seek refuge to migration irrespective of lifting of lockdown.

अभी भी नहीं खुलता तब भी हम लोग गांव के बाहर जाकर कि कहीं न कहीं काम की तलाश करेंगे क्योंकि भूखे पेट से अच्छा है कि बीमारी से ही मर जाएं, कम से कम भूखे तो नहीं मरना पड़ेगा

Concluding Remark

The families has one 7 months pregnant mother and two children below six years of age, and two adolescents, and with ration almost reduced to one-third the diet and nutrition of the family has compromised, which concerns the head of the family, Jairam, who is willing to go to migration irrespective of the lockdown lifting.

4.1.3. Case 3 : Little is not Always More: Vanshkar Girls: Tehraka, Niwari

Ragini Vanshkar, Pratigya Vansh and Bhavna Vanshkar are three girls each below 5 years of age of Banshkar family of Tehraka gram of Niwari.

About the Family

Sheela Vanshkar belongs to a family who has migrants in their house has 12 members in their families including 4 males and 3 females and 5 kids. The family has the joint family settings and do have 5 children. Three of them belong to under three age group whereas the other two belonged to under 6 age group. The youngest of them is Bhawna who is 1 and half year old and is on breastfeeding. Bhawna was breastfed five to six times a day during the heavy busy day between the working schedule before the Covid-19. However, when both mother and children are at home, her frequency of breastfeeding has slightly improved on higher side.



Figure 9:Ragini, Pratigya and Bhavna Vanshkar

खाना अभी तो है पर जल्द ही खतम जायेगा ऐसे में बच्चे को बहुत थोड़े में क्या खिला पाएंगे, यही चिंता सता रही है

Dietary Pattern followed for 2-3 Years Old Children

All the children are fed with the food made at home with some biscuits and namkeen available at present but would run out shortly during the lockdown. The frequency of the meals given to children has dropped down to 3 from four to five but are given full attention by the family members for being full time at home. In terms of having fed them with nutritious meal which was earlier confined to ready-made or packets available from the market.

Arrangement of Food and Essentials Due to the Absence of Livelihood During Lockdown

Due to Covid19 outbreak and abrupt shutdown the male members who migrated to Delhi had to moved back to their place only to have no livelihood opportunities at present. Children's father and grandmother are doing some harvesting work in the villages, got some ration through BPL card, some THR packets from Anganwadi centre, also they got some laddoos for 3-6 years old child). Presently these are the only source of food available to them, but the family is scared of having these things run out soon

Solutions to Meet Up the Expenses - They had some saving from labour wages and they have been following a simple diet for now including two meals where only rotis are consumed with chatni, sometimes vegetables if made available by farmer, where they work or if available from community kitchen. Around ₹ 500 has been transferred under PMJDY. Women are at home during lockdown so have sufficient time in hand to look after their children. But with little food in hands they are scared of facing serious health issues for their children.

Concluding Remark

The family has 5 children - three of them belong to under three age group whereas the other two belonged to under 6 age group with a lactating mother. Vanshkar family in the initial days was able to buy packaged food for the children but now confined to homemade food. However, the major concern for the family looking to large number of members is livelihood and ration to provide all of them.

4.1.4. Case 4 : Feed My Soul is Feeding It All: Sukhdevi Sahu m/o Bhavna Sahu, Taharka, Niwari, Madhya Pradesh

About the Family

Sukhdevi Sahu 24 is married to Devendra Sahu for two years and comes from Other Backward classes from Taharka gram of Niwari district. The family comprises of 5 members including Sukhdevi's 7 months old daughter Bhavna Sahu.

Earnings

Family derives its basic income from daily wages which comes to halt after corona outbreak. Devendra Sahu who is a daily wager could earn up to ₹ 200-250 a day provided with 14-15 days' work in a month and thus could make up to ₹ 3000-4000 in a month. They are barely left with any savings to suffice this harder time.

PDS and Ration Arrangement

Through PDS they could fetch only 15 Kg of ration which is lower than their basic requirements of 30 Kg a month. PDS ensures them food security for 15 days only. The family is provided with some land on which they grow wheat and harvest up to 2-3 quintals provided good rain which is sold now to buy some essentials and daily food items

About Lactating Mother and Feeding Frequency

Bhavna is on breastfeed, Sukhdevi is trying to give some complimentary food in the form of the available food at home including normal roti rice and plain sabzi. The lockdown does not allow Sukhdevi to feed her child with more nutritious food. To fill the void, she is breastfeeding her child for about ten to twelve times a day. Earlier Bhawna was breastfed for five to six times a day, but now she feels hungry more and keeps on crying out for the milk makes her to feed Bhawna more.

Concluding Remark

The family has one breastfeeding mother and young child Bhawna who is 7 months old and is dependent on her mother for her feeding. She has not recently started giving meals in the form of roti and vegetables available once in a while, however, has increased the frequency of the breast-feeding from 5-6 times a day to 10-12 times a day. The major concern of the family is availability of ration and vegetables which is not provided to them due to the lockdown.



Figure 10 : Bhavna sahu, Niwari

चूँकि घर पे रहती हूँ इसलिए बच्ची मुझे देख कर ज़्यादा रोती है। इसलिए 10-12 बार स्तनपान करवाती हूँ। शायद भूख लगाता लगती है अब हमे।

4.1.5. Case 5 : In Hope of the Good Days : Kalpana Dangi, Mother of Nitya Dangi: Teharka Niwari

About the Family

Kalpana Dangi is married to Rituraj Dangi for 2 years and has five members in her home. She is mother to Nitya Dangi who is about to turn one. The family comes from OB class and resides in Taharka gram of District Niwari.

Earnings

Mostly the members are dependent on farming with little land and has an automobile shop. They do not migrate but are engaged in work related to harvesting. However, the personal automobile shoppe is the great hand help to the family.

Lockdown Effect

The lockdown has turned shadowed for the family as the shop is now closed and does not have good crops to sustain much. None of the member migrate thus do not possess any migration history. There is a chance of deterioration in economic condition due to lockdown and it would be too difficult for them to fulfil the demands of their basics and daily.



Figure 11 : Nitya with her mother, Niwari

About the Lactating Mother

Kalpana Dangi is home maker and stays at home so she does not feel a change in the frequency of her breastfeeding her child Nitya. She generally feeds her five to six times a day. However, providing her with the complementary food would become difficult for the family.

Ration Arrangement

Kalpana is provided with the PDS ration under BPL category for about 15 Kg of ration as three members are registered under Samagra which is barely sufficient to meet the monthly need of 50-60 Kg.

Concluding Remark

The family has one breastfeeding mother and young child Nitya who is about to turn 1 sooner. The family do not migrate and as the only earning provided to them in the name of shop is closed, the ration for the month seems to be the major issues as it would cut down their meals and nutrition security of both mother and child are shortened due to this. The frequency of the breastfeeding of Nitya remain unchanged with 5-6 meals a day as mother was not engaged in any other work prior to lockdown, her feedings habits remain unaltered. Issues of insufficient vegetables and pulses cut seem as a major challenge in the coming days.

कोरोना की वजह से दुकान बंद हो जाने के कारण, आर्थिक स्थिति बिगड़ गयी है जिससे मूलभूत आवश्यकताओं की पूर्ती करने में समस्या का सामना करना पड़ रहा

4.2. Rewa, Madhya Pradesh

Rewa is basically a plateau which decreases in height from the south to the north. In the south, the height of Kaimur Range is more than 450 meters, whereas the height of alluvial plain of Teonthor is just 100 meters. According to Census 2011, the total numbers of villages are 2719, out of which 2408 villages inhabited and 311 uninhabited. of the district is mainly dependent on agriculture and the district is famous for white tiger.

In 2011, Rewa had population of 2,365,106 of which male and female were 1,225,100 and 1,140,006, respectively. In 2001 census, Rewa had a population of 1,973,306 of which males were 1,016,687 and remaining 956,619 were females.



The people in the far away villages between the mountains have to struggle for their daily breads, as the employment, drinking water facilities, health facilities are major problems here.

Table 3: Nutrition Indicators of Rewa

Particulars		Madhya Pradesh	Rewa
Annual exponential growth rate		1.9	1.8
Total Population	2011	72597565	2363744
Total Population	2018	87081745	2747855.6
ST Population	2011	15316784	311985
ST Population	2018	18372686	374230.16
ST percentage of Total Population		21.1	13.62
Health Statistics	IMR	48	72
	MMR (Rewa Division)	173	268
	U5MR	40	107
Nutritional Status	Stunting	38.4	40.4
	Wasting	21	18
	Underweight	35.7	36.2

Field Scenario

1. Within 4-5 days complaints have circulated regarding the capture of ration by the shop owner. A twitter campaign was launched by the Rewa team to involve the administration to look into the matter. Soon after which, the administration asks the organization to collect information. 334 families were identified who were excluded of ration benefitted. The District Collector issued the directives for the distribution of 70 quintals of ration.
2. Gram Panchayat was allocated ₹ 30, 000. The amount has been used for the families further for distribution of sanitizers and masks.
3. List of the poor and excluded families were prepared for 235 families by the team and were given the ration kits based on 4 Kg of wheat and 1 Kg of rice to be distributed per member per family.
4. Coordination with Women and Child Development department for THR was established by Rewa team and Sattu ready to eat food distribution was further ensured.
5. WCD team accompanies the Rewa team for distributing 11000 masks in 34 villages.

6. MNREGA work is not established the way it should have been looking to the livelihood insecurities barking at present for which a signature campaign is under plan to increase the livelihood and daily wage amount on per day basis under MNREGA.
7. Kitchen Garden is being established in Ansra and Loni g of Rewa where women are providing vegetables free of cost which is even acknowledged by tahsildar. Total lockdown is a worrisome issue because as times passes by the district has to face serious water scarcity problems.
8. Ration kits under Dastak are being accumulated but has been brought to rest for distribution for now as administration is already providing the kits and has asked the team to disburse once their kits run out of stocks in order to maintain the ration flow amongst the community. The families including widows, pregnant and lactating mothers, children, members stranded in migration are in the privileged ones.
9. NTFPs are collected at a place. Community is being made aware on collection of NTFPs to be utilized at consumption level from the family.
10. Rewa is under total lockdown and borders are sealed due to identification of 2-3 corona positive cases which has affected the team movement to a bit. Fewer from the community Bahna village of Rewa who went to UP are sent for testing of Covid-19. 15 migrants have been quarantined arrived recently in Panchayat Bhawan
11. Ujjawala's amount is only limited to ₹ 773 against ₹ 817, withdrawing of cash under Jandhan is still an issue.

4.2.1. Case 6 : Alone we survive: Khushbu Devi Kol, Dhurkuch, Rewa

About the Family

Khushbu Devi Kol w/o Vinay Kumar Kol is 26 years and stays in Dhurkuch Gram of Rewa districts with her two daughters under 6 years of age, Shivani (6 years) and Ankita (4 years) and her husband. Vinay works on daily wages in the nearest brick clan which earns him up to ₹ 200 a day. He barely gets work for a fortnight to make money of ₹ 3000-3500 a month.

PDS Entitlements and Ration Arrangements

The family is not getting any NFSA privileges due to unavailability of ration slips despite of coming from Scheduled tribes. Panchayat secretary on asking repeatedly for ration card slips, has successfully registered Khushbu's family in AAY under which she was provided 20 Kgs of ration for two months.

Impact of Covid 19

Covid 19- pandemic outbreak has affected the family largely. Khushbu came to know about the pandemic through Mobile, TV and during discussion at village meetings with AWWs and ASHA. She is aware that the disease involved the precautionary steps of sneezing etiquettes to avoid the infection further, but she is scared of the spread to her family. She however has maintained the hygiene routine in her family on washing hands at least 4-5 times using soap or cinder ash. Khushbu's family is facing financial insecurity issues for no work is available to Vinay due to lockdown which consequently impressing their feeds

About the Pregnant Women

Khushbu is observing her 3rd pregnancy for 8 months and is facing discomfort for her husband continuous efforts to feed them out of hard labor which is their only support. Being expectant and little work around, Khushbu is able to fetch the desirable rest but fails to have nutritious food on her plate to meet the additional requirements of her growing foetus. Since the family owns no land, question of farming runs out axiomatically. Harvesting in other's field has helped Khushbu with 50 Kg of ration which would last for not more than 2 months. She is apparently more worried on lentils, oil, vegetables, spices. In the initial days, neighbours have helped them with vegetables lasted for 2-3 days but their condition is no more different with each passing day.

Also, Khushbu has received one packet of THR of 750 g and 2 packets each of Khichdi and Panjiri. Her both the daughters are declined of receiving Hot Cooked Meal under Anganwadi due to pandemic spread though

Vinay borrowed ₹ 100 from the local ration shop for which the seller denied giving further supply. Even farmers have denied lending money rather they offered cereals. Khushbu owed ₹ 1500 from her relative as barter against work. The amount has let them pass a week safely. If this situation prevails, they will die of starvation.



Figure 12: Khushbu Kol, Dhurkuch, Rewa

अगर इस घडी में मेरे बच्चे या परिवार से कोई बीमार हो जायेगे तो क्या कर सकती हूँ कोई आपने घर के सामने खड़े होने नहीं दे रह है और न ही इलाज मिल रहा है।

Concluding Remark

The family has one pregnant mother with the pressing need on nutrition and diet with little ration in hand to survive a month. Insufficient grains, lentils, vegetables causing food deprivation to the growing children as well as foetus on all the grounds. Khushbu is scared of her family's health and her unborn child as OPD at a distance of 5 Km is now opened for Corona tests and delivery facility for pregnant women. The other major issues the family concerns are the debt they owe during this time.

4.2.2. Case 7: Difficult Times are Hard Times: Pintu Devi Kol, Nonaari, Rewa

About the Family

Pintu devi Kol, 23 years, with her husband Rakesh Kumar Kol (26) resides in Gram Nonaari of jatri Panchayat of Jawa Block in Rewa districts. Pintu Devi is pregnant with her first child for 8 months now and is in her final and third trimester. The couple does not have any piece of land for any cultivation thus being the man of the house, Rakesh is the bread earner to the family of two by hacking daily wages whereas Pintu is a homemaker for now. The family is equally stricken with sudden pandemic commotion.

PDS Entitlements

The family does have the eligibility slip and the ration cards, but that does not provide details of Pintu. This reduce the ration to halves of their eligibility i.e. only 5 Kg a month from PDS shops. Rakesh has tried his utmost to get Pintu's name registered on the card by meeting with Sarpanch, Rozgar Sahayak, Secretary, but all went in vein as Pintu is not yet able to avail any privileges. As seen from figure 13, Rakesh kol is registered under the name of her mother Rajkali kol under her mother's name Rajkali Devi because of which he has been benefitted for 5 Kg per person. For having Pintus name go on the card, Rakesh must have the separate ID registered under Samagra portal.

Owing to no livelihood, Rakesh is working at somebody's field for harvesting of crops only to fetch 10 Kg of ration for 8 hours of work for four days in a row. This ensures food security to the family.



Figure 13 : Pintu devi kol, Rewa



समग्र पोर्टल

समग्र सामाजिक सुरक्षा मिशन, मध्यप्रदेश

शासन

समग्र परिवार कार्ड

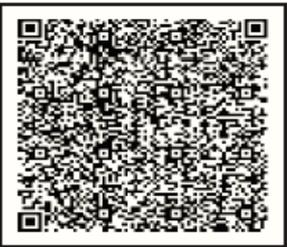


समग्र परिवार आईडी : 37331645

मुखिया का नाम: **Rajkali Devi** [राजकली देवी]

वर्तमान निवास : **Nonari**
ग्राम : नोनारी ग्राम पंचायत : जतरी जनपद पंचायत, जवा जिला : रीवा

समग्र में पंजीयन की दिनांक : **13/10/2013** पंजीयन कर्ता : **Janpad Panchayat, Jawa** [Janpad Panchayat, Jawa]



परिवार के सदस्यो की जानकारी

क्र.	समग्र आई डी	आधार न .	सदस्य का नाम	उम्र	लिंग	पंजीयन कर्ता/दिनांक
1	169965706	उपलब्ध है	Rajkali Devi [राजकली देवी]	57	म.	Janpad Panchayat, Jawa [13/10/2013]
2	169965738	उपलब्ध है	Rakesh Kumar [राकेश कुमार]	27	पु.	Janpad Panchayat, Jawa [13/10/2013]
3	169965767	उपलब्ध है	Rajesh Kumar [राजेश कुमार]	25	पु.	Janpad Panchayat, Jawa [13/10/2013]
4	169965801	उपलब्ध नहीं है	Ayodhya Kumar [अयोध्या कुमार]	21	पु.	Janpad Panchayat, Jawa [13/10/2013]
5	307626210	उपलब्ध है	Pintu Devi Kol [पिटू देवी कोल]	23	म.	Vijay Kumar [07/09/2018]

Figure 14 : Samagra ID of Rakesh Kol

About the Pregnant Women

Pintu got herself registered in Anganwadi centre and was getting THR and counselling on constantly till the lockdown was imposed. Since then she was denied of THR from AWC for unavailability of packets at centres. Prior to the scenario, she has well received her vaccination, IFA tablets and ANC on time. Pintu is having dal roti and some vegetables from her kitchen garden including tomatoes and brinjals for now. Both of the family members need 25-30 Kg of ration as per their basic requirement in a month which is somehow reduced to one-third.

Pintu weighs 42 Kg and is anaemic with 11.2 Hb at present with reduced diet due to running circumstances as she has been denied of any privilege from government. About the Covid 19 spread, she comes to know from the AWW and ASHA during community meetings and knows the basic precautionary steps regarding the diseases.

Concluding Remark

Pintu is a pregnant mother presently is facing nutrition and food security issues due to insufficiency of grains, lentils and vegetables which soon will be exhausted. This stressed her out and is showing negative impact on her health where her blood levels have dropped down with 11.2 Hb levels and if she is not sufficiently provided with nutrition rich food, it may impact the growth of foetus.

इस महामारी के कारण चिंता बनी रही है कि अब आगे गुज़र बसर कैसे हो पायेगा? घर में जो खुच भी है, जो कुछ भी जमा था, सब खतम हो गया है. जब सबकुछ बंद कर दिया है, तो रोज़ी कैसे मिलेगी? कुछ समझ नहीं आ रहा है?

4.2.3. Case 8: Snippet of Stranded and Lost Dinesh Kol, Lafda Rewa

About the Family

Dinesh Kumar Kol 34 years inhabits in Lafda comes from Scheduled Tribes and Dinesh has 7 members in his family including his elderly parents, wife, Santosh Kumari (30) who is a TB patient and 3 children below 6 years of age to support through and is left alone at the village. His wife is lactating mother to 1-year old child.

Migration and Earnings

He is migrant to Faridabad, where he works in an aluminium casting company on daily wages through contractor, for which he does not have any employment ID, which further raises insecurities. The enterprise closed down abruptly due to lockdown causing the loss of employment to their labourer including Dinesh. He only once gets ₹ 2000 which made him buy few food items from the local ration shop. Contractor assured of sending the remaining amount but could not connect for he is stranded in the lockdown as well. Dinesh is locked in and stranded in his own rented room with limited food resources and wants to go back home to at least provide them with minimum breads to his family members



Figure 15: Santosh Kumari

PDS Entitlements

Having five members registered with Samagra portal under BPL category has helped his family to receive the 25 Kg of ration under PMGKY which only suffice for half a month and is only one third the quantity the family needs on a monthly basis of about 75 Kg.

About the Lactating Mother

Dinesh's wife has to feed her one-year old child and has noticed the increased in the frequency of breastfeeding despite of the fact that she is on low calorie diet irrespective of her body demands for both due to lactation and TB infection.

Concluding Remark

The family has a lactating mother and three young children to meet on their nutritional requirement however is not provided with sufficient stocks of grains, vegetables, oil, and lentils which has shortened the meals of the children as well as the families on both. The earning member is stranded at the migrant place causing more difficulty for the family.

4.2.4. Case 9: Locked up in Lockdown – Santlal Kol, Kolhua, Rewa

About the Family

Santlal Kol, 40 years is inhabitant of Gram Kolhua of Rewa district, with 6 members of his family and has two adolescents to support. Santlal with his wife Rajkumari 38 years and his eldest son Akshay Kol are the only earning hands to the family.

Migration and Earnings

In the absence of agriculture land, the family is totally dependent on daily wages. Rajkumari works as a labourer in farmer's land for harvesting, and daily wages. Santlal Kol with his son migrate to Delhi, Noida and Dahod for work and stay there for three-four months and work either as security guard or work in the flour mill for 12-14 hours to earn up to ₹ 350-400 a day.

Santlal was working in the security in Delhi and Akshay was working in Flour mill in Dahod in March when Lockdown was enforced and had to rush back to the villages out of panic and sacking off from their respective jobs with no pay for past two months. Santlal somehow with other migrants rambled down to the village after being stuck at Noida for a week and running out of ration stocked with them.

After having faced exigency on their way back to home, they got their tests done to find the reports negative. Akshay is still stranded at Dahod (Gujarat).

PDS Entitlements and Ration Arrangements

As per the advisory of the government Santlal got the ration for three months from April to June which seems to have been lesser than the required quantity as being registered under BPL the family is eligible for 30 Kg of ration for 6 members for a month

Concluding Remark

The family has migrants and is devoid of any livelihood at present. They are provided with 90 Kg of grains for three months (which is equal to their one month's requirement only). This has curtailed their ration from 70-80 Kg to 30 Kg of ration in a month. This immediately cut shorts the diet to only 37-40 percent with more of carbohydrates and lesser of proteins and vitamins and minerals food especially for the adolescent girls who could turn anaemic further under deprivation of the nutrition requirement. Santlal too is concerned of the fact that they would run out of stock and PDS ration is bare enough to sustain their big family. Although predicaments even boil them to move out for work, but lockdown has locked them up to stay back. Thus, he decides to migrate once, things come to rest, but for the time being he takes the privilege of being home with his family to avoid the virus incubation.



Figure 16 : Santlal Kol, Kolhua, Rewa

कोरोना वाइरस पूरी तरह से भारत से समाप्त हो जाने के बाद ही वह पलायन पर काम की तलाश में जायेंगे, जब तक कोरोना पूरी तरह से समाप्त नहीं हो जाता तब गाँव के आस-पास ही काम की तलाश कर अपने परिवार का जीवन – यापन करने का प्रयास करेंगे.

4.2.5. Case 10: Stretching Limited Resources to fit in the race of survival: Rajankali Kol, Veerpur, Rewa

About the Family

Rajankali Kol (24 years), wife of Bhim Kol is hauled from Veerpur gram of Veerpur Panchayat of Jawa block of Rewa district. She belongs to scheduled tribe and stays with her husband and two sons. Elder one is Kuldeep Kumar who is 5 years older than Jaydeep Kumar who is only 10 months of age.

Migration and Earnings

Rajankali's husband Bhim Kol works for 12 hours in Mumbai (Mudwara) Biscuits Company on migration, on a monthly payment of 7000, alongside he is also provided with food through contractor. As a consequence of outbreak and lockdown Bhim had to make a way back to his village with little earned money which is the only support and hope for Rajankali

NFSA Entitlements

Under NFSA entitlements, both from the husband and wife, only Bhim Kol is eligible to be benefitted with 5 Kg of ration because he is registered under his father's Id in Samagra portal and owns eligibility slip. None of the rest of the member from Kol family receives any ration.

On Arranging Grains and Meals

Nor the family is provided with any land in hand. Rajankali somehow got the work in a landlord's field for harvesting and had fetched, 10 kgs wheat per day in lieu of her work. Subsequently working for seven days got her, 70 kgs of grains, out of which they have sold 30 kgs to buy other daily food essentials from the shop. Other grocery stuffs have been purchased from village's shopkeeper on a borrow of 1000, considering the fact that she would be able to return once her husband arrives with some money. Rajankali includes dal, chawal and roti in her meal, whereas earlier she used to have milk, green vegetables, and dal. Where Rajankali used to ate 3 times a day, but now she has limited her diet pattern. In present day, she eats 2 times a day, and her both sons eat 3 times a day compared to 5-6 times a day.

On Breastfeeding

Younger child Jaydeep is being breastfed 10-12 times. Earlier, she used to join the children in evening in the evening as well at the time of eating. Food was kept separately for them and she went to work and used to breastfeed the baby 12-15 times in a short time. But when the child was 5-6 months old, due to going to work, she used to feed only for 5-6 times. During this lockdown time, everyone has to stay at home, and the children keep on asking for breastfeeding throughout the day. She breastfeeds him so that the kid does not feel hungry.



Figure 17 : Rajankali Kol, Veerpur, Rewa

पहले बच्चे को अपने साथ खाना खाते समय खाना खिलाती थी. जब काम पर जाते थे, तो उनका खाना अलग निकाल कर भी रख जाती थी. काम पर जाने की वजह से बच्चे को लगभग 5 बार अपना दूध पिलाती थी. अब 5 माह का हो गया है. इस समय घर पर ही रहती हूँ तो बच्चा दिन भर स्तनपान के लिए रूठता रीझता रहता है. आजकल 12 से 15 बार तक दूध पिला रही हूँ. अब सोचती हूँ कि दिन भर छोटे बच्चे के साथ रहना कितना जरूरी है?

Concluding Remark

The family has one lactating mother to 10 months old son and has one younger child to feed. At this time of lockdown, there is no work for them, even they do not have NTFP sources which would have eased them a bit in buying essentials. She does not have any means of income at this moment which scares her the most. Rajankali reveals that her food has gotten limited due to Corona pandemic, as due to stoppage of her husband's work restrained her to limited diet. They are afraid that if lockdown is imposed for longer time, then they will have nothing to eat.

4.2.6. Case 11: Under the net: Seema Devi Kol, Veerpur, Rewa

Seema Devi Kol of 29 years stays in Veerpur with her husband Ramu Prasad Kol. Veerpur lies in Gram Panchayat Veerpur of Jawa Vikaskhand (Block) of Rewa district.

There are total 4 members in her family that includes husband and wife, two children, elder son is 1 year 10 months old Samir Kumar and younger one is Raj Kol (3 months old). The main source of livelihood for family is daily wage. Seema Devi and her husband work as labourers in brick clan, harvesting, stone-breaking etc around nearby villages. In which they get ₹ 220 for about 8 hours of work.

PDS Entitlement

Seema's family eligibility slip has not yet arrived. From the family, Ramu Kol is only benefitted in PDS entitlement under his father's Samagrah ID and receives 5 Kg of ration in a month against 35-40 Kg of monthly requirement. Other three member's name has not been registered yet in Samagrah portal, though they have their Aadhar Card enrolled. In THR she gets 2 packets of khichdi Panjiri from Anganwadi once in a while during the lockdown.

Occupation

Seema's family is dependent on daily earning, which fulfils their daily necessities, medical expenses, clothes etc. Ramu Kol had saved ₹ 2000 by breaking the stone and working in brick clan, out of which, in the birth of his younger child he had spent ₹ 1000 and ₹ 600 were spent in buying 25 kg rice in the month of February. When the farming was started, then Ramu harvested wheat continuously for one month in the Tionthar block in Persia block, which lies 30 kms away from his village. In the exchange of his work, he has received 10 kg of wheat in a day rather than wages. For 20 days he has received the total quantity of 2 quintals and ₹ 1500 in 1 month. Family has stored the grain and utilized the money in purchasing other necessary stuffs from the local shops. They had been using that grains in their diet nearly for a month, and are left with nearly 1 Quintal wheat. They are totally dependent on that for their food survival, when it will get over, they have no clue what to do next. They said that this is how they had spent all their years. This has become their lifestyle – earning their breads daily.

Dietary Pattern

Seema says that for now she does not see any change in the dietary pattern after corona epidemic, as they had sufficient food to eat for now. But they could not pay attention to farming properly whereof consequences can be seen later. She has confined her eating, as her husband's work has already been stopped and they have to be restrained from having proper meals. Family is afraid that this lock down should not be extended for a longer duration else they might not be left with anything to eat at all.

Seema Devi includes stored dal, chawal and roti in her diet, whereas earlier she also used to have milk, green vegetables, and dal. Frequency of her meals have changed from thrice a day to twice a day



Figure 18: Seema devi with younger son Raj kol, Rewa

जब भी हम खाना खाते थे, तब बच्चे को भी कुछ खिलाते थे. 6 महीने से कम उम्र है, लेकिन चूंकि काम के लिए बाहर जाना पड़ता है, इसलिए ठोस खाना खिलाना ही पड़ता है. जब बाहर जाती हूँ, तब उसके लिए कुछ पतला सा खाना रख कर जाती हूँ. अब जबकि बाहर नहीं जा पा रहे हैं इसलिए मैं उसे बार-बार स्तनपान कराती हूँ. इससे वह रोता नहीं है. खुश रहता है.

wherein she has also limited the volume of the plate though she is a lactating mother and has increased needs of nutrition on her plate.

She is breastfeeding her younger son raj for about 10 to 12 times a day as the child feels hungrier which is almost twice the frequency she used to feed earlier before lockdown. Seema says the elder child was not this much breastfed. Though she was keeping his food aside but was not very much particular due to lack of time and daily wage.

Concluding Remark

The family has been migrating to nearby villages and having worked in brick clans had somehow saved ₹ 2000 with which they have managed refilling their monthly grains. It has a breastfeeding mother, an infant and young child. Despite of having Samagra card they are only provided with five Kg of ration compared to monthly need of 35-40 kgs which has seriously affected their diets at present. Her younger child had never been this cared of as her infant is because of work; Seema never had the time to feed her children. Now that she is home, she pays more attention to both of her sons. However, she is maintaining the meals of the younger son to three to four times a day and has not yet confined her diet looking to the present scenario but concerns about the days when they will run out of food. The main problem is livelihood, insufficiency of food and unavailability of vegetables for children.

4.3. Panna, Madhya Pradesh

Panna district lies between 23° 45' and 25° 10' North latitudes and 79° 45' and 80° 40' East longitudes. It has an area of 7,135. According to Census 2011, the total number of villages in the district are 1011. Out of which 947 villages are inhabited and 64 villages are uninhabited. Panna district is divided into eight tehsils. In 2011, Panna had population of 1,016,520 of which male and female were 533,480 and 483,040, respectively.

In 2001 census, Panna had a population of 856,558 of which males were 450,549 and remaining 406,009 were females. They mainly depend on cultivation and animal farming for their livelihood along with some contribution from forestry, and labor with minor contribution from diverse occupations. Several studies have reported sub-optimal nutritional status of children and adults of tribal community.



Particulars		Madhya Pradesh	Panna
Annual exponential growth rate		1.9	1.7
Total Population	2011	72597565	1016028
	2018	87081745	1171892
ST Population	2011	15316784	170879
	2018	18372686	204971
ST percentage of Total Population		21.1	17.49
Health Statistics	IMR	48	87
	MMR (Sagar Division)	173	322
	U5MR	40	132
Nutritional Status	Stunting	38.4	42.3
	Wasting	21	24
	Underweight	35.7	40.8

The main source of income is generated from migration. The maximum migration pattern is recorded during November to January and June to August. All the districts have shown the similar fashion. One or two members from the family or sometimes, it is whole family that migrate to nearby towns or far away districts. Two trends have been reported – short term migration and long-term migration. In former cases, the distance is nearest to the villages and is followed for 2-3 days or on daily basis provided the distance from the native. In later case the families or members establish themselves in the destination for a period of three months. People migrate after Dussehra to Makarsankranti and after summer till onset of Monsoons.

In the study, the highest pattern of migration is recorded in Panna where 75 percent of families are recorded to have been observing migration. Table 4 clearly explains the Nutritional Indicators of Panna district are falling behind that of the State. Looking to such sensitive cases of livelihood, the maximum chunk of grains is dependent on PDS for these families and under such conditions if beneficiaries are excluded out, it would further dig hole into their pockets looking to the wave of pandemic outbreak when livelihood opportunities have compromised a lot.

Field scenario

1. No cases reported in Panna on Covid 19 as of yet. However, the administration is too concerned about the health services thus have sealed the border on all the sides.
2. Reliance kit is being distributed containing the ration and basic essentials.
3. Department and administration are distributing the ration, the ration is left out to reach to the greater needy segment. Community is not provided with enough rations to sustain their basic need which is almost curtailed to half their monthly requirements.
4. Growth Monitoring is seized totally and would impact the health and growth of the children especially those who have been SAM and falls in red or yellow bands. SAM cases might increase, dialogue with the management regarding handling SAM and malnourished children is required.
5. MDM ration is stopped totally. Anganwadi workers however are distributing Sattu and THR
6. Digital democracy came handfull during the whole scenario and thus coordinating and connecting with people and raising issues because accessible. Youth group along with the participants have taken the charge of the situation and are raising awareness.
7. People's experience: Conditions can no longer seem to be normal in coming days. Community is scared of hunger; They are scared of extension of lockdown.
8. Administration warns to arrange the meetings and to avoid gathering, following social distancing.
9. MNREGA to be stressed in order to deal with the livelihood problems as livelihood resources will arise as a bigger problem. MNREGA and NTFP can be helpful in longer runs

4.3.1. Case 12: Walk down the deadly lane: Rajendra and Santosh Ahirwar, Tilganwa, Panna

About the Family

Rajendra Ahirwar s/o Kripal age 23 years and Santosh Ahirwar s/o Gopal age 27 years are residents of Gram Panchayat Tilganwa, District Panna (MP). Rajendra Ahirwar has 10 members in the family whereas Santosh Ahirwar has 6 members in his family.

Migration Status

Both went on migration on March 14, 2020 to Kasana village of Noida. They only stayed for three days when the work was shut down in the event of Corona outbreak. Rajendra says that we were asked to leave for the village without any payment for the three days of work. Somehow Rajendra along with Santosh and few others strode back to their village while covering hundreds of miles on legs while taking lift on the truck for few miles, by giving extra pennies for driving them for few Km.

Anywise reaching Chhatarpur they sighed in relief and was provided with some food. Arriving Panna, they were tested for Corona Covid 19 and were kept quarantined in the Panchayat bhawan. However, the basic essentials are asked from the home including blanket.

PDS Entitlements and Ration Management

Both Rajendra and Santosh have BPL cards and are provided with the eligible ration as per the cards' eligibility i.e. 50 Kg and 30 Kg against 120 Kg and 72-75 Kg from the usual requirement, respectively. Lockdown has limited the livelihood to the local agriculture labour only where sometimes these families make out to other's field for a day work and earn up to ₹ 200 against which equal amount of ration or vegetables are provided by big farmers.

Covid concepts are clear to these families as explained by Panchayat Secretary or other community mobilizers and are aware that Covid 19 is contagious thus maintaining the distance and following safety measures will prevent them as the disease appear noxious and life taking.

Concluding Remark

The family has migrants who have barely managed way back homes during lockdown and the little they have earned had been spent during their travel towards their villages. Been denuded with any livelihood or earning opportunity at present, the financial power to buy food commodities dissipated. Thus, has affected the families' big time in ensuring food and nutrition security. However, food security concerns them more which is ensured for a week only as the families run short of vegetable. It further will cause them a trouble if they stock out of food essentials. People are scared of losing lives more from starvation than corona infection.

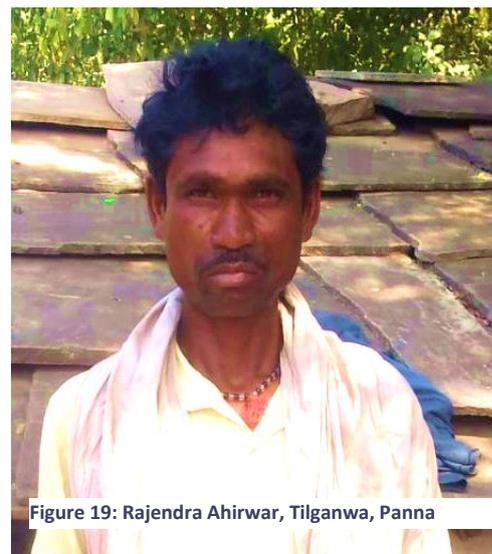


Figure 19: Rajendra Ahirwar, Tilganwa, Panna

मैं मार्च में अकेला ही पलायन पर नोएडा गया था. तीन दिन का ही काम किया था कि लाकडाउन हो गया. बिना कुछ पैसा दिए हमें वापस जाने को कह दिया गया. नोएडा से गाँव तक का ज्यादातर सफ़र पैदल ही पूरा किया. समझ नहीं आ रहा है कि यहाँ क्या करूंगा? वापस जाने की कोई इच्छा नहीं है लेकिन यदि यहाँ कुछ रोज़गार नहीं मिला तो?

4.3.2. Case 13: Young, Broken and Destitute: Narender Gond, Kalyanpur, Panna

The story comes from village Kalyanpur of Gram Panchayat Golden, which falls under Janpad Panchayat Panna in Panna district of Madhya Pradesh, wherein reside 221 families. Almost 80 percent of the people in the village are laborers working in diamond and stone mines. 20 percent of people feed their families with agriculture and animal husbandry. Women in tribal families along with working in mines sell the wooden stalks collected from the forest. In the current scenario 22 families are on complete migration. Youth from 25 other families migrate to nearby and far off towns only to be working in the construction companies after the mines were closed.

About the Family

Narender Gond is one of the youth migrants harked back to their village subjected to the Covid lockdown, are quarantined in village school after testing for Covid 19. Narendra comes from a Scheduled Tribes and is the head of his family.

He is only 15 years and have to take care for his three younger siblings including two sisters and a brother viz. Puna (12 years), Jyoti (7years) and Ramasre (4 years). Narendra's father Surendra, died 3 years ago due to silicosis. Surendra also started off working for his family when he was only 14 and suffered silicosis for having worked heavily in stone mines. After his father's death, his mother fell prey to poor health for having borne the responsibility of the family and working days and nights in earnings loaves for her children. Narender had to leave his studies for supporting his mother in work, but sooner their mother left the children for her second marriage leaving children helpless and destitute. The young boy soon realized the need of having stood as a backup for his young kins.

NFSA Entitlements and Grain Management during Lockdown

Narender does not have any NFSA beneficiary entitlements, or ration cards or eligibility slips, which excludes him and his siblings out of the PDS ration aids. The lockdown is the difficult for these children as they have no one to take care of them. The kids are provided food by their uncle or grandfather but sufficiently not enough to feed their hungry stomach. When Narender used to work he could easily get 230-250 ₹ a day against his work which is nowhere to be found in the forthcoming days looking to the lockdown extension.

Narender siblings are having food but he feels bad in asking for food from anyone. He is concerned and is worried for his brother and sisters' future which seems shadowed. On covid-19 he knows about the contiguity and transmission and he has taught his youngers to maintain the precautions but himself is planning to chase for financial security.

The little do they have is brought from his uncle (*tauji*) at present but looking to the current situation, they soon will run out of any options.



Figure 20 : Narender gond with siblings

मैं अपने भाई-बहनों में सबसे बड़ा हूँ इसलिए काम तो करना ही पड़ता है. मुझे 230 रूपए मजदूरी मिलती थी. अब काम बंद हो गए हैं तो परिवार को बहुत दिक्कत हो गयी है. सबसे बड़ा संकट है खाने का;

Figure 21 : Narender, Puna, Jyoti and Ramasra Gond



Concluding Remark

The family has no elders but run by 15 years old adolescent boy to survive her three younger siblings- two of which are below 6 years of age. Narender is migrant and has to earn by moving out to different city but presently is locked back in his village with no earnings in hand. The major threat on the family is imposed on food and grains to meet the growing nutritional needs of the three young children and the adolescent himself. The family is not giving any PDS ration under NFSA. However, the family is provided with a ration kit by the district team that contains 15 Kg of wheat, and legumes with oil, salt, sugar and a soap but this would not last for more than a month making them feeble on their diets.

4.3.3. Case 14: Better to sleep hungry than to wake up in Debt: Raju Pal, Kalyanpur, Panna

About the Family

Raju Pal Prasad 23 years also resides in kalyanpur comes from Other Backward Class and has four members in his family to support.

Migration and Earnings

He works as migrant in Udaipur, Rajasthan as OBSS staff in railways which after shuts down brought him back to the village by walking down the thousand miles and arranging the rides wherever possible in the route. On reaching village he got himself tested for corona covid19 and results were negative.

He was quarantined for the entire period and was explained about the safety measures to be followed during the pandemic. He darns about the management at the school where they were kept, which made him more concerned about the different diseases he could have been caught up with due to infections if staying with other people and under mismanagement

For him, the disease appears cruel for taking away his job and leaving him with problems for the days to come.

PDS Entitlements

Raju and other three members of the family are registered under BPL category and are entitled for receiving ration as per 5 Kg per member in a month. This ensured them a total quantity of 20 Kg of ration for a month. This is sufficiently lesser than their monthly requirement of about 50 Kg.

He had stored the essentials and few more things including grains and lentils from his salary but that would serve for a month or two only.

Concluding Remark

The family has no children but elders to support on their daily breads. For this the adult son raju is on migration and has been paved back due to lockdown. He got his wage on time, but this is not enough to survive the odd time. Family runs out of essential and vegetables. The nutrition and diet have reduced to half. From PDS family gets 20 Kg which is lesser than the half the family needs. Raju concerns that his salary would not last forever and there will be time when he might need to take debts to pull in his daily requirements.



Figure 22 : Raju Pal, Kalyanpur, Panna

मैं उदयपुर (राजस्थान) से वापस आया तो मुझे स्कूल में अलग रहा गया. वहाँ कोई व्यवस्था नहीं थी. खूब मच्छर थे. पानी नहीं, पंखा नहीं. बहुत डर लग रहा था. जांच जरूर हुई. मुझे लग रहा था यदि दो-चार दिन और रहना पड़ता तो कोरोना से नहीं, किसी और बीमारी से मर जाता.

4.3.4. Case 15: Debt is the worst poverty: Siyabai Gond w/o Jitendra Gond, Pati, Panna

About the Family

Siya Bai, 23 is married to Jitendra Gond (25 years) for three years for now. She resides with her husband and her two children in the gram Pati of Panna panchayat of Panna districts. The family comes from the Scheduled tribe and is nuclear of four members. Includes two of them, they have one son Prince Gond (age 1 year and 11 months, born on 3rd May 2018) and a daughter, Aanshik Gond who is newly born (birthdate – 3rd April 2020).

Earnings and Impact of Covid19

Both husband and wife were on labour and there was no other source of income besides daily wages. The pandemic indeed has the impact on the family in terms of grappling the work opportunities from their hands.

PDS Entitlements and Ration Arrangements

As far as PDS is concerned, only Jitendra gets ration in the family as his name is registered under his mother's Samagra ID and has eligibility slip on his name. But Jitendra has his own family now and lives with his wife where his wife is not benefitted under NFSA entitlements.

Condition of Both the Children

Prince Gond was born in the district hospital of Panna. He was breastfed for 6 months, later supplementary food was given in form of buffalo's milk, cereal etc. when Prince was a year old, he started eating the regular food which was prepared for whole family like roti, chawal and dal. He generally eats 4 to 6 times a day. In present day scenario, no change is seen in his eating habit. However due to lockdown, there has been shortage of food and money, seeks help from the relatives and grains have been borrowed from them on the statement that whenever work will resume, they will return the borrowed money. Vegetables that are grown in house are mostly used and also, they ask vegetables from the fellow villagers. Sometimes they used to have only bread (roti) and dhanpatti chatni in their diet.

When his daughter was born, he thought to have thrown a get together with relatives and friends but felt helpless for no money in his pocket. He organized a meal for family after borrowing some from his mother and his elder brother.

Had he been provided with job opportunities or he would have gotten good and proper meal for his wife and children. He now owes 2000 from friends to have some food to eat.

Being at Lactation

Siya did not take any Take home ration from Anganwadi this month, as she did not go there. She had to deliver her daughter at her home as her water broke out of sudden making her immediate into labour pain. Her daughter was not yet

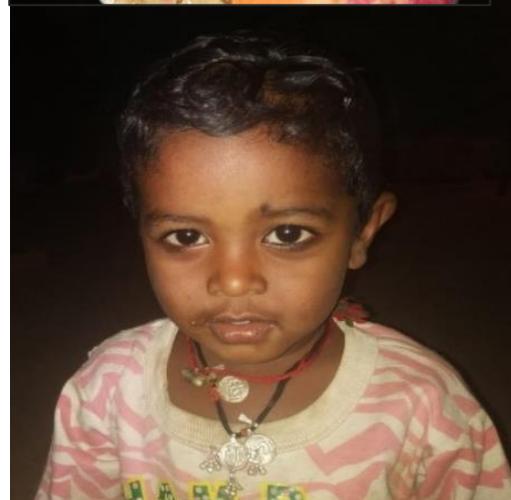
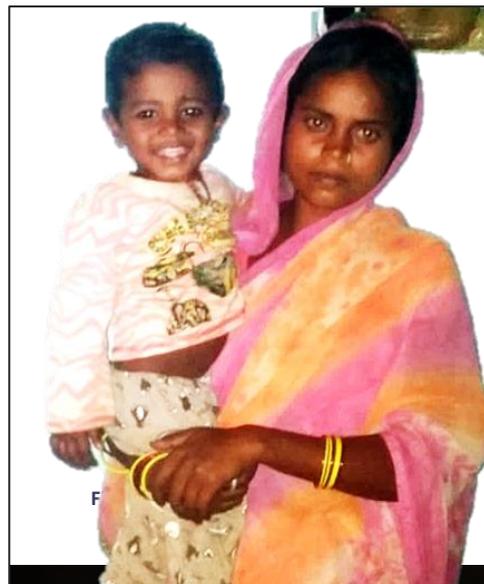


Figure 24 : Prince Gond, 1.5 years



vaccinated neither weighed, though home visit was done. She feeds her girl but complains of not having enough milk production due to lack of proper meals at times. She is scared of not having enough food for her son in the coming times looking to the extent of lockdown

यदि मेरा काम लगता तो मैं बच्चों और पत्नी के लिए अच्छे खाने की व्यवस्था कर पाटा था, लेकिन अब संकट आ गया है. एक हफ्ते बाद ही 2000 रुपये कर्ज़ लेना पड़ा. ताकि कुछ दिनों के लिए खाने के व्यवस्था कर सकूँ.

Concluding Remark

The family has one lactating mother and two children whose diet is severely impacted with the facts that family has no provisions for arranging grains. They have stored with the fewer money they had in hand. The family is not even benefitted through NFSA but has been provided with 10 Kg of ration by Panchayat when marked as eligible. However, this is insufficient in terms of meeting the high demands of nutrition the family has it at present. Younger child got delivered at home recently and was vaccinated by ANM at home. Her PMC is done and Siyabai is provided with 2 packets of THR till now. This is inadequate in providing the desired nutrition to both mother and children in the face of food scarcity.

4.3.5. Case 16: Darkness at noon: Reeta and Rakesh, Brajpur, Panna

About the Family

Reeta Gond W/o Rakesh Gond Age - 35 years, inhabitant of village Brajpur, of gram panchayat Janakpur of district Panna.

There are total 9 members in her house. The eldest daughter is Vimla Gond 12 years old, Dharmendra Gond 10 years old, Priyanka Gond 8 years old, Haseena Gond 6 years old, Ajit Gond 4 years old, Sohan Gond 3 years old and youngest daughter is 5 months old.



Figure 26 : Reeta and Rajesh with children

Occupation and Land

Rakesh Gond belongs to the village Dhanauja of Gram Panchayat Brajpur but due to the unavailability of any work he is living with his family at his in-law's place. (At Reeta's father village-Gandhi). He has been living in Gandhi village for two years. In consequence of this, his children (4) studies are also getting affected. Reeta says that they could not arrange meals for her family while being living in Dhanauja. So, they have decided to come over at Gandhi village so that they could feed their children at least. They do not possess any land thus are mainly deriving their income from daily wages only.

Rakesh says that he gets work in the mines of diamonds, which is helpful for feeding his family. When they used to live in Dhanauja. Some days were there when his family has to live in hunger. So, they decided to move out the village and can supply essentials for his family. Both husband and wife use to go for work in order to get some good food stuff for children and themselves.

PDS and Food Security

The family is entitled in NFSA schemes under BPL category but do not receive any ration for not having their name registered under Samagra portal and are not provided with eligibility slip. Rakesh has tried out for this n number of times but could not succeeded in so.

Child Care and Meal Patterns

Reeta Gond says, when her youngest daughter was 2 months old, then she used to go to work by leaving her child back at home with Vimla to take care after her.

he used to go to field at 6:00 AM after breastfeeding her and when returned at 3:00 PM then she breastfed her. In this way she fed her 5-6 times but after lockdown she is feeding them 12 -15 times a day.

The family has not received any ration from the administration in spite of number of order have been into place regarding distribution of ration to the eligible families who have no ration cards.



रीता गौड़ कहती है कि जब मेरी छोटी बेटी यानि छोटी बाई 2 माह की थी तब मैं काम पर जाती थी. छोटी बाई को घर पर बड़ी बेटी विमला घर पर खिलाती रहती थी. पहले में सुबह 6 बजे काम पर जाने से पहले तब छोटी बाई को दूध पिला कर जाती थी. इसके बाद जब काम से दोपहर 3 बजे आती थी तब आ कर दूध पिलाती थी. दिन भर में लगभग 5 से 6 बार दूध पिलाती थी लेकिन जब से सभी जगह बंद हुआ है सभी काम बंद हुए है, तब से मैं घर पर हूँ तो बेटी को दिन भर में कम से कम 12 से 15 बार दूध पिलाती हूँ .

Concluding Remark

The family has a migrant labour who has to support 7 children and one lactating mother making it a large family of 9 members but due to devoid of income, grains, vegetables and stock, it has raised concern and stress on the family to meet the basic needs. They are not benefitted under NFSA thus the district team has helped the family with 10 Kg of ration and one Kg each of pulses, sugar, salt, and oil. But this would not last for a month. The family's monthly requirement is 25-30 Kg which has to be compromised on meals and portion in order to make it last a month at least. This will put their nutrition and food needs in jeopardy.

4.4. Satna, Madhya Pradesh

Satna district is situated in the Vindhya-chal Plateau of Madhya Pradesh State. The district is located in between the Vindhya-chal and Satpura range of hills. According to Census 2011, the total number villages in the district are 1984, out of which 1799 are inhabited and 185 villages are un-inhabited. There are 10 tahsils, In 2011, Satna had population of 2,228,935 of which male and female were 1,157,495 and 1,071,440 respectively In 2011, Satna had population of 2,228,935 of which male and female were 1,157,495 and 1,071,440 respectively They mainly depend on cultivation and animal farming for their livelihood along with some contribution from forestry, and labor with minor contribution from diverse occupations. Also, the condition of women and children are question of concerns. Due to lesser options of livelihood options the people are striving for their loafs and thus are largely dependent on PDS for monthly grains. However similar cases have been reported from Satna describing their torments during Covid 19 Outbreak.

Nutritional indicators as explained in 5 also states that the district does not doing well in terms of health conditions of children and women and require special attention in terms of dealing with food especially looking to current pandemic conditions.



Table 5: Nutrition Indicators of Satna

Particulars		Madhya Pradesh	Satna
Annual exponential growth rate		1.9	1.8
Total Population	2011	72597565	2228619
	2018	87081745	2590772
ST Population	2011	15316784	319975
	2018	18372686	383814
ST percentage of Total Population		21.1	14.81
Health Statistics	IMR	48	92
	MMR (Rewa Div.)	173	268
	U5MR	40	138
Nutritional Status	Stunting	38.4	41.2
	Wasting	21	26.6
	Underweight	35.7	39.6

Field Scenario

- Administration has been active since the lockdown. List of identified families have been created and shared for ration distribution.
- SHGs are instructed to establish Sattu who are unable to deliver it due to problem in procuring the material required for its preparation.
- Scared of the conditions thus people do not leave their place and situation is worsening with time.
- MDM ration has been started and 3 kilo 300-gram 4.50 kilo ration has been distributed well.
- Centre for quarantine are not well in condition. Fewer those who were quarantined, food was given twice.
- Kitchen garden has been effective for providing the vegetables.
- Ration is available from PDS, harvesting for the families for now but is bare enough to meet the basic need of the family.
- Black-marketing of essentials and food and daily needs has taken a toll.
- Daily essentials would be extreme difficult for people to have access to.
- Mahua and NTFP can be the only source of nutritious food intake. Production of liquor out of Mahua has subsequently seen increased during the time production has been increased.
- Jandhan's cash is transferred to migrant and labour but they are unable to fetch any cash. After lines in Banks are the real problem people are not given any facilities and are being seated for hours in front of the banks only to draw their amount.
- THR is now being distributed.
- Black-marketing of liquor and wine shop in the district is prevailing along with substance abuse has also taken a rise. Tobacco and Gutka are available with price hikes in the district.
- There is a dire need to establish resources kit which should include basic essentials like pulses, gud spices and oil apart from only ration. NTFP documentation to be prepared and circulated amongst the villages.

4.4.1. Case 17: Identity block down in the lockdown: Chhoti BaiMawasi, Majhgavan, Satna

About the Family:

Chhoti Bai or Shanti Mawasi who is 50 years now has been residing in Baruva gram under Baka Panchayat of Majhgavan block of Satna. She was married to Late Lalbihari Mawasi, 30 years ago and has a joint family system. The family comes from Scheduled Tribes. Her daughter in law Shakuntala Mawasi is lactating mother to 3 months old boy Pappu Mawasi. The family has 8 members and is dependent on daily wages

Corona Impact

She informed that they are scared of the infection named corona they consider it as disease as it is not curable according to them due to the fear of the same, they stay inside our houses. If they require some groceries, then they go outside for the shorter duration of time and return to home as soon as possible. Due to this outbreak her husband is not able to work as a labour and it is getting difficult for us to deal with day to day expenditures and they are not able to fulfil or meal requirements because of the same. They are already quite scared because of this infection and living inside the house for so long seems like a challenge. All of us live in a joint family that is headed by the mother in law who is a widow.

About the Lactating Mother

Shakuntala Mawasi recently has delivered a baby in the community health centre and She is a lactating mother. her baby got vaccinated for 1.5 months but the rest of the vaccines are on hold because of the corona. According to her, *“Earlier I used to get supplementary food packets, but I have not received any packets from January 2020. I recently heard that children. pregnant and lactating women will get Sattu to eat but everything got suspended due to lockdown”*.

Her younger brother in law Lal Bihari is suffering from T.B. since last year he was getting treatment the new hospital in Satna and his medicines are finished they are not able to get his medicines because of the lockdown. They cannot talk that much to get his medicines and they do not have any vehicle to reach the community health centre in Majhgava. If children get sick, they do not have any access to the health facilities.

PDS Facilities and ration Arrangements

Shakuntala informed that her family has a ration card and she get 10 kgs of ration. There is another woman in the village with the same name as of Shanti Mawasi under same BPL number allotment causing distribution of ration to one family at once. The other remains deprived. Thus, they shifted the ration card on her mother in law’s name. now they get 25 kgs of ration per month and another person from her extended family have the same no. in ration card thus sometimes her mother in law gets the ration or another person from extended family gets the ration and there are fights in the house because of that.



Figure 27 : Shakuntala Mawasi

DESCRIPTION OF THE FAMILY

Chotibai Mawasi Age 50 Yrs. W/O Late Lalbihari Mawasi,
Pappu Prasad Mawasi Age 28 Yrs. S/O Lt. Lalbihari Mawasi,
Rakesh Mawasi Age 24 Yrs. S/O Lt. Lalbihari Mawasi,
Shakuntala Mawasi Age 25 Yrs. W/O Pappu Prasad Mawasi,
Rajnish Mawasi Age 7 Yrs. S/O Pappu Prasad Mawasi,
Roshni Mawasi Age 4 Yrs. S/O Pappu Mawasi,
Rubi Mawasi Age 2 Yrs. S/O Pappu Prasad Mawasi,
Shivani Mawasi Age 3 Months D/O Pappu Mawasi.

Identity lost is the major issue that has caused the family to get privileged once in every two months. This time her mother in law got 50 kgs of ration so another woman did not get the ration. Earlier they used to get groceries and edibles easily but after lockdown, almost everything is inaccessible and expensive. they have to go far to buy vegetables.

अभी गाँव की दुकाने भी बंद हो गयी हैं. हम तो बाज़ार से ज्यादा से ज्यादा हफ्ते भर का राशन लाते थे. लाक डाउन हुआ, तो हफ्ते भर बाद राशन खतम होने लगा. घर में गेहूँ, नमक, 7-8 आलू और चने की तीन पाव दाल बची है. थोड़ा थोड़ा इस्तेमाल करके बनाते हैं, ताकि ज्यादा दिन चल सके.



Figure 28: Shakuntala with her children

Concluding Remark

The family is dependent on wage to survive with 8 members with four children and a lactating mother, Shakuntala. Her husband has been working as a labour on daily wages to yield ₹ 250 on daily basis. The little they have earned was utilized by the family to stock daily essentials and vegetables and they had enough food to eat but a lockdown gets extended it has started stressing the family because they have to cut down on the frequency of the meals for children and worried for not having provided them with nutritious food. Her youngest daughter depends on her for feed and as she is three months Shakuntala is not feeding her any complementary food, but her frequency has increased to 10-11 times.

Currently they are left with salt, wheat, and some amount of pulses. If the condition remains like this, then it will get harder for us to get even meals properly. Shakuntala and her husband are not left with any money so there is no scope of buying anything. if this situation lasts, they will not be able to survive with the current stock of food they have. She hopes that the conditions will improve as it is affecting their lives very badly.

4.4.2. Case 18: Food Security migrated: Kamtu Bai Mawasi, Devlaha, Satna

About the Family

Kamtu son of Chandrapal Mawasi stays in Devlaha gram of Satna district with 8 members in a joint family system wherein the family has two younger children including 10-year-old girl and 4-year-old boy.

Migration Status

He along with his younger Rajpal Mawasi both migrated to Haryana in the august of 2019 where they did the labour job for 8 months. The contractor in Haryana hired them and they worked in a company named 'Jyoti' and the job profile was of 'beldari' accommodation facilities were given by the company where the rooms were having a ceiling of the teen shed and food expenses were bothered by us to.

In a single room there were 7 people and the daily wage was 300 Rs/day. contractor told us infection named corona got spread among the country due to which the work will stop until the conditions get better and we were asked to move back to our houses so we came back via train and bus we paid 330/person and got down at Chitrakoot junction took another bus till majhgava and paid 50rs for each and from majhgava we had to walk till 6 km to reach home.

Chandrapal informed that they got to know that there is no cure for corona, and it may turn fatal that's they are quarantined in our houses. Everyone is healthy inside our house. Currently there is the shortage of grains in our house. A ration is allotted on our father's name and they are entitled to get 30kgs of grains in a month and that they received previous ration previous month and they are using the previous stock currently.

PDS and Food Security

He holds a Samagra ID card (no. 23779062) In which he receives 10 Kg if grains but because he emigrated his family did not receive ration on his behalf. His father is currently harvesting the seasonal crop as labor on the and hiya/batai basis in which the crop owner is supposed to give 4 quintals of grains and that is only hope left with us

Schemes Status for Chandrapal

Chandrapal also informed that they do not have access to health facilities. Currently, anganwadi are closed so kids are neither getting meals nor the supplementary food packets. Anganwadi worker and helper are almost out of reach, the vaccination was not done on the previous month, even masks are not provided by panchayat majority of the shops are closed so they are getting the daily groceries and vegetables on higher price. He has heard that govt. Is providing Jan Dhan Kalyan amount that they have not received yet and no one is a pension holder in our family.



Figure 29: Kamtu and Rajpal Mawasi

DESCRIPTION OF THE FAMILY

Gram-Devlaha
Gram Panchayat Devlaha
Tehsil-Majhgava
Janpad-Panchayat Majhgava
District-Satna (M.P.)

Kamtu Mawasi S/O Ramsanjeewan Mawasi 55 Yrs.,
Wife-Buiya Mawasi Age 50 Yrs.,
Chandrapal Mawasi S/O Kamlu Mawasi, Age 35 Yrs.,
Wife-Phulkali Mawasi Age 30 Yrs.,
Girl- Asika Mawasi Age-10 Yrs.,
Rajpal Mawasi S/O Kamlu Mawasi Age 30 Yrs.,
Wife- Leela Mawasi Age 28 Yrs.,
Girl-Radhika Age-4 Yrs.,

Chandrapal also informed that there is no situation of mental stress in the surroundings everyone is living with peace and there is no domestic violence in our joint family, and they are free to cook whatever they want. He also said that they are in stress because they had to leave their job in the middle and had to return home. It seems that they will not be able to get or remaining payment because of the corona. They feel bored living in the house and even they got out to purchase vegetables they are beaten up by police and they are also thinking about not going back until Diwali and they will look for work at another place. People in Devlaha grow some vegetables in the rainy season. It is not possible to grow vegetables in this season because of water shortage neither there is enough land to grow vegetables.

इसी परिवार के सदस्य चन्द्रपाल द्वारा बताया गया कि हम लोग काफी चिंता में हैं. अच्छा खासा-काम छोड़कर वापस आना पड़ा, कोरोना बीमारी की वजह से. हमारे बचे हुए पैसों का मिलना असंभव लगता है. अपने घरों में रहकर काफी बेकार हो गए हैं और बाजार में ही नहीं जा पा रहे हैं. अभी पता नहीं कि वापस जा पायेंगे या नहीं. अब तो दीवाली के बाद ही सोचेंगे.

Concluding Remark

The family has to support three individual families living as joint family system where they have to support two younger children as well. Due to corona the migrants of the family have to reeled back with almost half the payments they usually earn.

They are left with ₹ 3000 as of now, even contractor informed that the payments will be done in the accounts, but they have received nothing yet. As they can't move outside and unable to generate any income they are tensed of running out with the saved money sooner informed that they are not able to move outside because of corona and not able to work to generate income and they are not left with money to buy basic essential food items like oil and vegetables. They have received the amount of 30 Kg of rice from PDS which is barely sufficient for ten days for the big family of 8 numbers who require almost 90 Kg of ration in a month.

4.4.3. Case 19: Young heart, aging pocket: Neeraj Mawasi, Jaretha, Satna

About the Family

Neeraj Mawasi is a resident of gram Jaretha (baklava) post-Devrah tehsil Majhgava district Satna (M.P). He belongs to a scheduled tribe his age is 19 years and he has completed his education till 5th std. There are total of 4 members in his family and all of them stay together. His mother left him when he was noticeably young.

Migration Status

Neeraj and his elder brother often work as labourer. They are working in Haryana based company known as the sonah Roli crusher machine. There are many expenditures to bear so they decided to emigrate and work outside. With the mindset of earning more and do enough savings to spend on weddings and ration stock, he moved to Haryana, where he worked as a stone breaker in the roll crusher machine in sonah. He has to stay at work for 12 hours and he was paid ₹ 9000/month with two meals a day in the company itself.



Figure 30: Neeraj Mawasi

Impact of Lockdown

He worked there for two months meanwhile he heard a lot of people talking about coronavirus and people in the country are getting infected because of the same and the this is not curable, and the day passed, and we heard that the no. *Of cases are increasing and we were getting worried and when there was Janta curfew on 22nd march then we got an idea that if the work gets closed then we have to go to home and lockdown was announced on 23rd March and all the transportation services and we were still in Haryana we got free meals for 3-4 days by the company then, later on, we had to manage the food on our .because of the lockdown we were not able to get groceries easily and we have to far to buy vegetables and we were getting everything on increased price.*

Parallely we were scared of the police that if we will get beaten for violating the rules and there was announced made by the police the corona outbreak has taken place in the country and everyone needs to be attentive and stay inside the house. And we got to know this infection is dangerous and fatal too. We were thinking of coming back to the village because we can get infected too living in Haryana. We were living inside the room from dawn to evening and we use to wash our hands and cover our faces. After that, we talked to the contractor that we want to go to the village and asked to clear our finances and he deposited 15000 Rs. We were stuck there for 4-5 days.

After that, all of us decided to get out of the place by walking either on the tracks or road and we walked 60kms in the whole day and we sat near the field and have the water from the nearby well. We started walking again and were staying in the dhaba and we were caught by police and we were tested and then we were asked to sit In truck and after sometime when we crossed Jamuna river then we

DESCRIPTION OF THE FAMILY

Gram-Jaritha(Bakhva)
Gram Panchayat- Banka
Tehsil-Majhgava
District-Satna (M.P.)

Phulchand Mawasi s/o Paggu Mawasi aged 45 yrs.,
Ramesh Mawasi s/o of Shulchan Mawasi age 22 years,
Neeraj Mawasi s/o Phulchand Mawasi age 19 yrs.,
Pintu Mawasi s/o Phulchand Mawasi age 17 yrs.
Kunta Mawasi S/O Kamlu Mawasi Age 13 Yrs.

walked for another 3kms and bought edibles from the grocery store then we walked for another 240 km and reached alipur where we had food and stayed there for the whole night and started the journey again at 4 'o'clock. Walked for another 100kms again and we reached bharatkup that comes in the U.P. border.

We had an overnight stay there and then entered Majhgava. Distance between majhgava and bharatkup is 150 km. We got tested in the Majhgava hospital for corona and tested negative for that and received the certificate for the same. We walked another 18 km to reach our village. We suffered from hunger because we walked from Haryana to reach our village. When we reached our homes, our families were in stress because we were away, and our father was not able to eat well because he was worried about us. Our father cooks the food and my brothers help him. My father was planning to get the elder most brother married this year but due to work lapse, the wedding will not take place this year.

PDS Facilities and Ration Arrangements

They have a ration card on the name of their father from which they get 35 kgs of ration every month. The financial condition of the house is not fine. They were however provided with 105 Kg of ration for three months

हमें तीन महीने के लिए 105 किलो अनाज मिला था. उसी से काम चल रहा है. अभी खाने में रोटी-चावल ही ज्यादा है. इस बीमारी से बहुत डर गए हैं. अभी लगता है कि घर से बाहर ही नहीं निकलना चाहिए. गाँव से बाहर जाने की बात भी नहीं सोची है. जब तक यह बीमारी खतम नहीं होती, तब तक हम पलायन पर जाने का नहीं सोचेंगे.

Concluding Remark

The family is dependent on migration which is closed in the event of lockdown causing the financial security at stake. Currently, have stock of 105 Kg for the next 3 months to be used wisely else they will run out of it sooner. There is a wedding in the family which is due. The family looks forward to the lifting of the lockdown soon.

4.4.4. Case 20: Down in the dumps: Pooja Bai Amirti, Devraha, Satna

About the Family

Shrimati Poojabai is a resident of gram- amirti, devrah tehsil, majhgava village, district satna. She got married to vijay kol in the year 2017 in amirti. Family has a total of 5 members in the family and She is the labour. Head of the family is her father in law. We have an Antyodaya scheme ration card on her father's name and get 35 kgs of ration because. Pooja further says, "We don't have any land on our name and the financial condition of the family is not good. My father in law is handicapped and he is unable to do any physical work. Pooja told us that her husband is labour and bear household expenditure".

About the Pregnant Woman

Pooja says that, "I am 5 months pregnant and my pregnancy is not registered I was thinking of going to anganwadi for the registration of pregnancy, but it got closed down because of corona it is closed. I have already faced one miscarriage earlier. When she got vaccinated with the second dose of tetanus and I got cramps that night and it started bleeding heavily. My family members called the 108 immediately and I was taken to the community health centre. Doctor referred me to district hospital. if I would have not taken to district hospital I would have died. I had to spend ₹ 1000 on my treatment and I got the rest of the treatment for free"

Pooja told that corona is infectious that spread by touching. I used to work as labour in fields and that was the source of my wage. Now because of the lockdown we all are quarantined, and we cannot go outside the house. This is affecting our lives badly. My husband was labour and his earning was our source of income and we use to survive in that now we are not even to fulfil our diet needs and anganwadi is not closed because of that I do not able to get services as well. Essentials like vegetables and other groceries were available easily but all the shops are closed now we have no choice apart from eating dry roti with salt and rice with dry aloo. If we will not follow the instructions by the govt, then it may get transmitted to our society thus we have to be attentive regarding washing hands and covering the face and to avoid to go to places that are crowded.

Current Situation

Currently, they chow down on wheat flour, rice, tomatoes, aloo sabzi. They all are labours in the family and the energy gets depleted because of the extremely hard work they perform on daily basis. As per pooja, they need 400 g of grains in a single meal and thus the consumption in a single day rise up to 4 Kg and 500 g for entire family. In one month, they require 120 kgs of ration. But right now, they do not have enough stock to survive. We are getting affected in terms of food and resources that are the basic needs to live. If this situation would have not taken place, we might be in a better place.

Concluding Remark

The family has a 5-month pregnant mother to take care on nutrition and diet part. But the major challenge to the family is livelihood obstacles faced during lockdown due to corona, lack of money and

DESCRIPTION OF THE FAMILY

Pooja Kol
Gram-Amirti
Gram Panchayat-Amirti, Tehsil-Majhgava
District-Satna, M.P.

DESCRIPTION OF THE FAMILY-

Raghunandan Kol S/O Lt. Rammilan Kol Aged 50 Yrs.,
Mukhiya Bai Kol Wife of Raghunandan Kol Age-48 Yrs.,
Vijay Kol S/O Raghunandan Age- 22 Yrs.,
Pooja Kol W/O Vijay Kol, Age 20 Yrs,
Jaynarayan S/O Raghunandan Kol Age-19 Months.

पूजा बाई कहती हैं कि हमारे परिवार को एक महीने में 120 किलो अनाज लगता है. जितना जमा था वह खतम हो गया है. अगर जल्दी ही काम नहीं खुले और मजदूरी नहीं मिली, तो बहुत संकट आएगा.

inaccessibility to anganwadi services, owing money to buy groceries, unavailability of essential edibles and confusion regarding the govt scheme to get the compensatory ration-5 kgs per person

4.4.5. Case 21: Bent, broken, and knocked sideways.: Ranpat Mawasi, Majhgawan, Satna

About the Family

Ranpat Mawasi (20 years) is married and has no children for now He resides in Majhgawan and has five members in his family to support

Migration Status

He works as labour in nearby or if not, available he goes outside. On 6.02.20 he left for Hyderabad to work as a marble polishing labour with a contractor. Expenditures for the entire journey were taken by Ranpat. He started working in Hyderabad since 13th of Feb.

He worked for nearly 25 days and after all the deductions of living he is left with due payment of Rs 2400. there were total 12 people in total who went to Hyderabad from M.P. for this work. He left Hyderabad on 6.04.20 and reached stars on 8.04.20 and the police asked us to get down from the truck. Our meal was arranged by the police and then we all walked since we all were not tired and then slept along roadside started walking.

Impact of Lockdown

Ranpat Mawasi lives in Majhgava and he works as labour in nearby or if not, available he goes outside. On 6th Feb 2020 he left for Hyderabad to work as a marble polishing labour with a contractor. Expenditures for the entire journey were taken by Ranpat. He started working in Hyderabad since 13th Feb. He worked for nearly 25 days and after all the deductions of living he is left with due payment of ₹ 2400. There were total 12 people who went to Hyderabad from M.P. for this work. He left Hyderabad on 6th April 2020 and reached Itarsi on 8th April 2020 and the police asked us to get down from the truck. Our meal was arranged by the police and then we all walked since we all were not tired and then slept along roadside started walking.

On 10th and after some time contractor bought us 500 g of jaggery and 100 g of peanuts and we had water. A vehicle from Satna had sent us by police and we reached house around 3 'o'clock. Traveling expenditure from Hyderabad to hometown was taken by the contractor. Once the lockdown is over ranpat is willing to go outside for work again and the financial condition of the house is extremely poor and there is no employment provided by the govt.



Figure 31: Ranpat Mawasi

DESCRIPTION OF THE FAMILY

Gram-Gahira Gadighat
Gram panchayat-majhgava
District-Satna, M.P.

Ranpat Mawasi age 20 yrs. s/o Jagdish Mawasi age-43 yrs.,
buttan bai w/o Jagdish Mawasi age 41 yrs.,
Hema w/o ranpat Mawasi age-18 yrs.
Ku. Krapna, Yuvraj s/o Jagdish age- 14,
Subhash s/o Jagdish age-14 yrs.

PDS Facilities and Ration Arrangements

Being registered under NFSA for BPL category the family is benefitted with the monthly ration for three months during Covid and was provided with 18 Kg of rice, 72 kgs of wheat, 3 Kg of salt. Currently, family has a stock of 5 quintals by working over other farmer's field they have sold the fodder for 2000rs and have contributed to daily essentials like oil, spices, and vegetables.

According to the family, *"We got 3 months of ration from ration shop that consists of If the lockdown will continue like this for next month, we will not be able to survive with existing resources. Neither I nor my family know much about coronavirus. I am quite stressed and restless since the time I came back from Hyderabad. I was fine when I left for work from here but because of the lack of sleep and food while coming back from Hyderabad. I am also coughing thus MPW has come into our house and I am asked to do my check-up. I have heard that schemes are going on for poor people, but we are not informed nor benefitted from that."*

परिवार में मानसिक रूप से परेशानी में है। रनपत बाहर से काम करके आया है, वह मानसिक अवसाद से पीड़ित हो रहा है। परिवार के लोगों का कहना है कि जब रनपत काम पर गया था तो मानसिक रूप से सही था लेकिन वह जिस दिन से हैदराबाद से रनपत चला है तो 5 दिन तक न समय पर भोजन और न समय पर सोना, और दो दिन पैदल चलने व कड़कती धूप में पैदल चलने के कारण भी हो सकता है।

Concluding Remark

The family has a one adolescent married woman and migrants. The major concern to the family stays with food to be survived till the lockdown gets over. The three months ration 90 Kg which is 30 Kg for a month and barely fulfill the monthly needs of 60 Kg concern them more. The only earning hand in the family is now mentally disturbed which causes the family to worry more.

4.4.6. Case 22: Crying in the wilderness: Shanti Mawasi, Devlaha, Satna

About the Family

Mrs. Shanti Mawasi told us that she is resident of gram devlaha , gram panchayat- Devlaha ,Janpad Panchayat-Majhgava of district Satna.

Shanti Mawasi told us that from *the day corona entered India and lockdown is imposed we prefer to remain inside the house. I have heard that the patient does not cure completely. We are quarantined. But at the same time worried about how we will deal with upcoming expenditures.*

About the Pregnant Woman

Shanti lives separately from her in-laws and currently expecting from 7 months. She has vaccinated with two TT vaccines and had two antenatal check-ups she generally remains sick during this period and there is no chance of going to the primary health centre as there is no means of transportation and I am not able to walk much. I am not getting any facilities from the government and the anganwadi are closed. I have not received THR since January and no vaccination has not taken place since then. Generally, self-help groups give Sattu to pregnant, lactating women and kids and we have not received that too.

Earnings and Lockdown

Shanti Mawasi is the wife of Dheeru Mawasi who is labour. Before corona outbreak he uses to work in Majhgava as a building material labour from which he uses to earn 250rs of wages daily and this money was used to run the household.

Ration Stocking

Shanti said, *“Currently, we have food stock for 10 days only and then there could be a crisis after that. My husband has worked with my father-in-law in the filed the harvesting of the crop is going on. We hope that we will get some grains to eat because of that the situation will improve further. My father in law holds 3 bighas of land. There is no land on the name of Dheeru Mawasi. We do not have enough money to buy edible oil and spices now we rarely eat vegetables. Mostly we eat roti with salt. Shops in our villages are selling things for expensive and as we do not have any means of transportation, we are unable to go to Majhgava market. If anybody from the village goes to the market, then the police come to scold and give warning. When I was vaccinated last, I was 40 Kg and very weak. ASHA worker injected me the iron sucrose because I was suffering from anaemia.”*

PDS Entitlements

Dheeru Mawasi does not have ration card on his name and his father in law has a BPL ration card under which their names are registered as beneficiary and we have attached name as the beneficiary in that card from which we get 15 Kg of ration every month and we have received 45 Kg for next three months and that is the source of diet for them. Government has deposited ₹ 500 under Jandhan Yojana which Shanti is unsure of receiving.



Figure 32: Shanti Mawasi

DESCRIPTION OF THE FAMILY

Shanti Mawasi
Gram-Devlaha
Gram Panchayat-Devlaha
District-Satna (M.P)

Dheeru Mawasi S/O Gayadin Mawasi Age 30 Yrs.,
Shanti Mawasi W/O Dheeru Mawasi, Age 23 Yrs.,
Arti Mawasi D/O Dheeru Mawasi Age 3.5 Yrs.

Stretching out on the current scenario, Shanti says, “Several villagers are distributed with masks but we have not received it in our village. We are quarantined inside the houses and I do not do heavy work now. We do not have any violence issues inside our house. But my husband does eat tobacco but is not involved in any kind of drug. I am scared if the infection reached our villages how we will manage, and it will cause a lot of trouble. We do not even have a proper house to live there is only one cemented /pakka wall we have in our house in which I live with my family. Neither we have the toilet, nor we got benefitted with Pradhan Mantri Awas. even the safe drinking water is a km away from our house. Hope things get better”



“सरकार की किसी प्रकार की सेवाओं का लाभ नहीं मिल रहा है। आंगनवाड़ी केंद्र बंद रहता है। जनवरी 2020 में टीएचआर पैकेट दिया गया था जिसके बाद से अभी तक नीं दिया गया नहीं तब से कोई टीकाकरण हुआ है। शान्ति मवासी द्वारा बताया गया कि हमें जानकारी मिली है कि स्व सहायता समूह के माध्यम से गर्भवती, धात्री, तथा बच्चों को सत् मिलता है यहा अभी वो भी नहीं मिला। “वर्तमान में 10 दिन के भोजन के लिये अनाज है। इसके बाद संकट की स्थिति आ सकती है।

Concluding Remark

The family has one 7 months pregnant mother who has got her vaccination done before the lockdown was imposed but feels mostly sick due to household work and least of the food she is provided due to lockdown as they are not able to yield any income or stock any ration. The PDS has provided them with 45 Kg of ration for three months which would last only for one month and 10 days as they require minimum of 1.5 Kg of ration for day and has monthly requirement of 45 Kg of ration.

She is tensed of bearing the expenses and that they are already running out on vegetables and lentils. Earning, ration insufficiency, low on diet and meal frequency, health and infection and fatigue are major threats appear to Shanti at present.

4.4.7. Case 23: Waiting for usual routine with bated breath: Urmila kol, Amirti, Satna

About the Family

Mrs. Urmila told us that she is a resident of Gram-amirti, block-Devraha, tehsil- Majhgava, district-satna, M.P. and she belongs to Kol community of Scheduled tribe. She and my husband is involved in labour jobs. My two daughters are enrolled in Anganwadi. She added she has a BPL ration card on her name. But my daughter's name is not included in the ration card thus I get 10 kgs of lesser ration as per the requirement. We get 15 kgs of ration from the ration shop but our actual requirement is 50-60 kgs of ration in the month as we require 2 kgs of ration daily excluding daal and rice.

I have to purchase 35-40 kgs of ration from our wages. As I do not have any space to grow any vegetables thus, we do not have any kitchen garden that could work as a backup for vegetables or fruits. Because of the corona outbreak kids are not able to get sufficient nutrient meals. Also, it is getting difficult to collect daily essentials as shops are closed because of lockdown.

Condition of the Children

There is no employment right now. I am a breastfeeding mother. Recently I went to a farmer to help in the harvesting of crops and left my daughter at home and because of the disturbance in diet and feeding cycle she got sick and weak. Because, of the lockdown we are running out on resources now I am unable to eat nutrient-rich meals and to give the same to my daughter thus I am also no able to breastfeed frequently.

PDS Entitlements

The family possesses BPL card and receives 10 Kg of ration lesser for not having their daughters name registered on the ration card. Urmila shared that with five members the family consumes 2 Kg of ration a day which makes the total consumption of 60 Kg of ration in the month whereas the ration from PDS is confined to only 20 Kg and thus extra burden of 40Kg in a month is real burden.

Meal and Dietary Pattern

Urmila is breastfeeding her youngest daughter of 1-year Amrita Kol who is feeding for more than 10 times a day on breastmilk as compared to the previous days when Amrita was breastfed for 4 times a day. Currently, the family is surviving by consuming dry rot and salt. This critical condition is taking a toll on me and my family.



Figure 33: Urmila Mawasi, Satna

हमारा पूरा परिवार सूखी रोटी खा कर गुज़ारा करता है. गर्मी के दिनों में बीमारी का खतरा बना रहता है. पैसे न होने से दिमाग में टेंशन बना रहता है. इन परिस्थितिओं में बच्चों को सही से खाना नहीं खिला पा रहे जिसके कारण बच्चे बीमार पड़ सकता है. यह मुश्किल समय है और हमारी समस्या गंभीर.

DESCRIPTION OF THE FAMILY

Gram-Amirti
Gram Panchayat-Amirati
Tehsil-Majhgava
District-Satna

Rajaram Kol S/O Lt. Rachel Kol Age 32 Yrs,
Urmila W/O Rajaram Kol Age 30 Yrs,
Anshudevi D/O Rajaram Kol, Ku. Nandini Devi
D/O Rajaram Age 5 Yrs,
Amrita Devi D/O Rajaram Kol Age 1yr.

Concluding Remark

Urmila is a breast-feeding mother to one-year old young child who is currently being fed 10-12 times a day which is twice the frequency he was fed before the lockdown. Urmila states the irony that she is not provided with pulses, legumes, green vegetables and also running out of kitchen essentials including groceries, oil, and condiments. In such a time they have reduced the amount and quantity of the food along with its frequency. They have confined their vegetables only twice a week provided if some made it available to them from the field. Having two meals a day one with vegetable or potatoes and one with salt. Urmila scared for not having provided the children with the desirable nutrient their body demands at present.

4.4.8. Case 24: A tale of agony: Usha Mawasi, Devlaha, Satna

About the Family

Smt. Usha Mawasi who resides in village Devlaha, gram panchayat Devlaha, District Satna(M.P.). Usha Mawasi is married to Ramkumar Mawasi who is labourer. With a family of five, comes the greater responsibility of having them feed properly.

Earnings

Thus, Usha ensures working herself out to feed her three kids. She said since the day lockdown has been announced our economic condition is disturbed completely. My husband who is a labour have no choice apart from living inside the house. She was also involved in selling the wooden planks in Majhgava and I was able to at least buy spices and oil for cooking from the money

She used to get after selling the wooden planks. Now my son Mahindra is not a breastfeeding baby anymore, but I have to feed roti and salt. Earlier I used to feed my son at least 4-5 times the either included some fruits or vegetables in a day but now I can't feed my son more than 2 times a week because we are not left with much resources and I have to feed him biscuits sometime. We are not left with much money to buy vegetables and fruits.

PDS Status

The family is provided with BPL ration card thus is entitled to receive 20 Kg of ration for four members. The younger one is not enrolled as of yet. The ration accounts low compared to the basic monthly consumption which is about 50 Kg. From PDS, under the government announcement, the family has gotten ration for the coming three months totalling to 60 Kg.

Concluding Remark

The family has two young child and one pregnant mother to support and is dependent on wages and selling of wooden planks for their basic earning which is lost due to corona impact. Out of the 60 Kg of ration provided by PDS for three months, 50 Kg have been consumed till now and Usha is left with only 10 Kg of ration to survive the coming odd days. Usha and Rajkumar do not own any land so having any benefits from the crops is out of the sight. Both husband and wife work in the field of Rajkumar's father on harvesting and in return have received 40 Kg of ration which would provide the additional aid on something which would further help in spending few more upcoming days with ease. Not much help is provided by the kitchen garden or any sources as derived from MFPs which concerns the family more. On part of her son, she is not currently breastfeeding her child but providing meals with diverse food is a bit harder. No vegetables and fruits are provided



Figure 34 : Usha Mawasi, Satna

मुश्किल के ऐसे समय में बच्चे की चिंता ज्यादा है । रोजगार तोहि नहीं नॉन रोटी खिलते हैं पहले दूध भी ले आते थे अब सब्जी भी नहीं मिल रही बच्चे को भोजन भी दो से तीन बार ही करवा रहे हैं.

DESCRIPTION OF THE FAMILY

Village-Devlaha
Gram Panchayat-Devlaha
Janpad Panchayat-Majhgava
District-Satna (M.P.)
Head Of The Family Ramkumar Mawasi
Age-30 Yrs,
Wife Usha Mawasi Age 28 Years,
Elder Son Pawan Kumar Mawasi Age 7 Yrs,
Daughter Simansi 5 Yrs,
Son Mahindra 1 Yr. 9 Months (Born On 19-08-2018)

4.5. Umaria, Madhya Pradesh

Umaria district is located to the North East of Madhya Pradesh. The population of the district on the basis of 2001 census is 515963. Out of which about 83 percent population resides in rural areas. The district has extensive forests. About 42 percent of the total area is covered by forests only. The District is rich in minerals. According to Census 2011, the total number of villages in the district are 653, out of which 594 villages are inhabited and 59 villages are uninhabited. There are 5 tahsils and three number of CD blocks. In 2011, Umaria had population of 644,758 of which male and female were 330,674 and 314,084, respectively. ST constitutes 46.7 percent of total population of Umaria.



They mainly depend on cultivation and animal farming for their livelihood along with some contribution from forestry, and labour with minor contribution from diverse occupations. ST Population of the district is 360678. As the districts deals with the health problems, water scarcity, unemployment largely, the people have to migrate to nearby towns in search of their income. PDS thus plays a crucial role in determining the food security to certain extent at present.

As shown in Table 6 the nutrition indicator of the district is falling behind that of the State and has 41.1 percent of children as stunted and 46.6 percent of them as underweight whereas has 361 MMR and 105 U5MR. With such concerning indicators pandemic is more alarming. It is tribal dominating district with nearly 46.72 percent of tribal population in habiting in and in the periphery of the district.

Particulars		Madhya Pradesh	Umaria
Annual exponential growth rate		1.9	2.2
Total Population	2011	72597565	643579
	2018	87081745	771981
ST Population	2011	15316784	300687
	2018	18372686	360678
ST percentage of Total Population		21.1	46.72
Health Statistics	IMR	48	61
	MMR (Shahdol Div.)	173	361
	U5MR	40	105
Nutritional Status	Stunting	38.4	41.1
	Wasting	21	27.4
	Underweight	35.7	46.6

Field Scenario

1. Livelihood and MNREGA issues payment are major issue in the district
2. MNREGA is to be stressed out for proper livelihood promotion and people are not aware of going out even if MNREGA is opened
3. Liquors production from Mahua has increased much
4. Community is scared of stepping out as they are more fearful of facing corona as a disease which is termed futile by many. Even stigma and myths have been busted which needs to be controlled.
5. Water scarcity issue is the prime issue in the upcoming months which would raise further problems
6. Positive impact of distributing ration has been observed amongst the community mobilizers.
7. Daily essentials would be extreme difficult for people to have access to
8. Mahua and NTFP can be the only source of nutritious food intake. Production of liquor out of Mahua has subsequently seen increased during the time production has been increased.
9. Jandhan's cash is transferred to migrant and labour but they are unable to fetch any cash. After lines in Banks are the real problem people are not given any facilities and are being seated for hours in front of the banks only to draw their amount

4.5.1. Case 25: Dying with loved ones is thousand times better than dying like a stray dog: Arvind Sign Gond, Karkeli, Umaria

About the Family:

Arvind Singh s/o Jayaram Singh is resident of Gram Birhuliya is situated in karkeli janpad panchayat of Umaria district surrounded by the beautiful mountains of Akashkot. Arvind age 35 yrs. live in this village with his wife Chaiti bai age 32 yrs., daughter Sonia Singh age 12 yrs., currently studying in 7 th std. Son aman ages 8yrs studies in class 2 . They belong to the goods community under the ST group. There is a total of 4 members in the family.

Land and Occupation

Arvind is the owner of 1.5 acres of land that he has inherited from his father. The land is in bhara village and it is completely stony and sloppy. Every year when it rains the rain takes away all the essential nutrients of the soil or it could be said as the case of soil erosion. Especially if the rain comes after ploughing the fields it is difficult to cultivate the crop. This is why Arvind leaves the land for 3 years once he is done cropping. Arvind prefers to grow Kodo-kutki, and arhar in that land and because of this cropping pattern Arvind often suffers from the food insecurity issue.



Figure 35: Arvind Singh, Gond, Umaria

PDS Entitlements

He is entitled to the food security benefits but still, they do not get the ration from the ration shop. He has tried many times to sarpanch, secretary and employment associate but even after putting too many efforts, he was not able to get himself enrolled for the ration card. Meanwhile, he also tried to contact some agents and get the card done but he failed to get the ration card. Apart from farming labour jobs are a source of income for Arvind. In village labour jobs under national employment law is the only option for employment in the village. Lately from the past few years Arvind is not getting enough work to sustain his livelihood and even the payment is not regular.

Migration Story

Around 17/03/20 Arvind with his co-workers moved to Raipur, Chhattisgarh for farming jobs. They started working in the fields under a contractor near the interstate four-lane route and after 4 days lockdown was announced on 22/03/20. Contractor asked us to stay with him where he was ready to do our arrangements. But we were stressed and all of us wanted to come back to our homes. We decided to leave Raipur on the 22nd night itself. We walked consistently for 10 hours and via one dumper we reached Ratanpur and rested there for the whole night and reached Biruliya on 28/03/20. for the whole journey we had meal only in the state border of M.P. and Chattisgarh in the entire journey we survived on biscuits and Chana. Even we lost the way in the middle. Once we reached back to the village. The Sarpanch of the village gave us the food

उनके अंदर चिंता थी, इतना भय था कि सभी लोग मर जाएंगे। बाहर मरने से अच्छा है कि वह अपने घर पहुंच जाएं. अपने परिवार के साथ रहें. परदेस में सभी अपरिचित थे. लोग उन्हें शंका की नजर से देखते थे. रास्ते में मध्यप्रदेश, छत्तीसगढ़ बॉर्डर में उन्हें खाना मिला बाकी समय अपने पैसे से नमकीन, बिस्किट, चना आदि खाते हुए आए, जंगल में वे भटक भी गए थे, अरविंद कहते हैं कि अगर हमारे यहां गांव में ही हमें काम मिल जाता तो हम कभी बाहर नहीं जाते. अब तो इस लॉक डाउन के बाद कहीं जाने की हिम्मत नहीं होती. लॉटने के बाद पंचायत द्वारा एक माह का गल्ला मिल गया है लेकिन आगे क्या होगा कोई निश्चित नहीं है. इस तरह की आशंका उनके मन में है.

stock for the next month but what would be the situation after next month it is unpredictable, and we are in consistent stress because of the same.

Concluding Remark

As Arvind is a daily wage worker, he is in a constant struggle to assure the food security of his family. His wife is also involved in labour jobs. Both the children in the house are school going and there is food security at least for the mid-day meal but they do not get it in summers as the school remains closed. The only dependency is the grains that was derived from the crop this year in devoid of receiving any ration from PDS. The family's main concern is food for their children with the better nutrition for their growth which seems a distant dream for now.

4.5.2. Case 26: Behind his smile, there is a story no one would understand: Lallu Singh Gond, Karkeli, Umaria

About the Family

Lallu Singh belongs to the bajakund area of the karkeli block of the Pathari area of Umaria. Bajakund village is situated near the maikal hills. District administration is well aware of this village in the month of February this village faced crises of water shortage and mallu Singh is a young man of this village.

Migration Status

Jaipur's aamgaav locality is filled with full of labours, one or another person is returning from work and has groceries in their hand. Some are going outside to eat some are cooking themselves in the Choolha. Parallely, there are talks about that country will be in lockdown. Then all of sudden a person just finished a call and said that he got information regarding the corona outbreak and tomorrow is nobody is supposed to move out. Everyone was talking in their homes and the night was getting deeper and deeper and people from nearby villages started moving back to their home. Also, it was heard from the contractor that the work will be closed from tomorrow. More than half of the people in the room left the room by morning, only people who are from faraway places are staying in the room and they are the labours from Umaria district of Madhya Pradesh.

Meanwhile, Lallu Singh from the group consoles everyone that situation will get better in 2-3 days. Then one of the co-worker's phone rang and the landlord of the room said there is a lockdown in the country, and everything will remain closed and the lockdown period may exceed two months too. So, it is better to go back home, and the landlord asked to give keys to the neighbour once they leave. Then they decided to talk to the contractor and the contractor also said the work will remain closed and now look for your arrangements. The landlord has taken ₹ 650 in advance from every individual and even the contractor does not pay for 5 days of work and some of the labours are not even paid and the contractor had denied paying any amount to them. Then everyone decided to move and go back to their native village by walking for 1000 kms from Jaipur by the help of the neighbour they made a chart and on 23.03.20 group of 22 labours leave Jaipur to move for Umaria. His father sambar such holds 5 acres of land and a farmer and labour jobs is his occupation. Because the land they have is stonier thus less fertile and the consistent water shortage makes them face the food security issues very often. There is a total of 8 members in the family and all got married the previous year due to which now he is responsible for his wife as well. Generally, to generate more income people from this village emigrate outside for work. Lallu moved to Jaipur with few more people of his village to work in Jaipur around 15th of Feb this year.



Figure 36: Lallu Singh, Karkeli, Umaria

लल्लू सिंह एवं उसके चारों साथी राजेन्द्र सिंह, उदल सिंह, अजय सिंह व धरम सिंह अपने घर बाजाकुण्ड पहुंच गए हैं. लगातार पैदल चलने की वजह से पैर में सूजन है. जोड़ी में दर्द है प्राइवेट डॉक्टर के पास दवाई करा कर घर में आराम और सेंकाई कर रहे हैं. लल सिंह की माने तो उन्हें अब बाहर मजदूरी करने जाने में उन्हें डर लगने लगा है. वो अब कभी अपने जिले से बाहर मजदूरी करने नहीं जाएंगे.

Earnings

Lallu said he was working in the brick site and was able to generate around ₹ 500 a day. But the contractor used to give the money after 5 days in every week. Initially when we started off working there a lot has been spent on accommodation and food arrangements in the last 15 days, they were left with ₹ 3000 and the same was the case with other people as well. When we left Jaipur, we had a hope that we will find any means of transportation, but we were unable to find one. We kept on walking and wherever we got the chance we bought some snacks and keep on having them.

We realized the intensity of the spread of corona. We saw people staring at us with weird looks as if we are carriers. There was no space around, so we slept in the temple premises and when we started walking the next day, we lost the way and reached jhalawaad and then returned to reach M.P. We were offered food on the way and the govt. Bodied provided the facilities too, but we almost lost the appetite because the way we were treated was weird. Somehow, we managed to reach the M.P. border and we were tested there for corona. We shared the struggle faced by us to the police they agreed to arrange a vehicle but the amount was to be paid by us that costed around ₹ 8000 in total and I was not left with the money thus my co-workers paid my rent too for the travelling we reached Umaria on the 27th night and got tested again at the district hospital and then reached their houses at bajakund. Since then there is swelling in lallu's feet and he took a consultation from a private doctor. He is under the medication and doing fomentation to cure the swelling. He is now traumatized to move out to another far place to go for labour jobs and will never go outside his district. There is no one to hear the pain of these labours.

Concluding Remark

The case study is about the migrant who with extreme difficult came back to his family during lockdown and was left with no money in hand creating a wave of discomfort in his family. All what he has earned was spent on the way back. However, PDS ration has provided them with 105 Kg of ration for three months and is also benefited in having received 70 Kg of ration from PDS under PMGKY making a total of 175 Kg for three months for seven members for a period of three months.

The family is still low in having accumulated with other basic essentials and vegetables and lentils which is depriving them basic nutrient requirements

4.5.3. Case 27: Silent Tears, Empty Pocket, Helpless Souls: Panbai, Umaria

About the Family

Panbai who is a single mother to two girls, resides in Birhuliya village of Karkeli panchayat in Umaria district and comes from Scheduled tribes. Feeling helpless at the age of 30, Panbai considers the lockdown period as suicidal for her and for her girls. She was married to Ramchanda Singh who died of sudden attack of some infection in 2015, Panbai unaware of. To her it was the death clutch that gripped him away leaving the responsibility of home and their daughters to bare shoulders of Panbai.

Occupation and Land

Panbai is provided with 2 acres of land which due to weightage of work burden and home was handed over to her brother only to receive some ration which lasts for at least 3 months giving them food security for a quarter of the year. Panbai ensures working under MNREGA and daily labour on other's field should provide them livelihood securities and food for the rest of the 9 months. Lockdown has brought her empty handed where she is just claiming hard on her luck for nothing.

PDS and Food Security

PDS does not provide Panbai the desired ration she is entitled to under NFSA for her name is not registered at Samagra portal and she does not have any eligibility slip. She is even excluded out of the window pension schemes after husband has died. She has been trying really hard on her fates to get name registered for both PDS and widow scheme and had words with Sarpanch, Panchayat Secretary and Employment assistant but all went in vain.

Diet and Meal Patterns

With empty pockets, Panbai really does not have at present to ensure food security for her daughters. In the wave of Corona outbreak, there is lockdown everywhere. people are scared to move out of their houses. Everyone has limited resources. earlier she was not that tensed regarding food security but now she gets panicked that what will happen next.

Concluding Remark

The case study tells about the single mother- Panbai and her struggles to earn for the daily bread for her two daughters of growing age. Her elder daughter is 9 and younger is only five and both of them have growing needs of nutrition in their diet which Panbai fails to provide looking to the various situation she comes across. Her younger daughter often cries out of hunger has become irritated from the past few days. Also, she appears weak from before. They have cut down on their meals to two. In the last Panbai has left this in God's hand! With no aid from the PDS and very limited resources on earnings, Pan bai is provided with the kit by the district team which would ensure them a ratio of 15 Kg including wheat, Chana, oil, salt and soap. This would last them for a month. But are not sufficient enough to meet the growing nutrition needs.



Figure 37: Panbai, Birhuliya, Umaria

सब जगह लाक डाउन है. गांव में लोग अपने घरों से नहीं निकल रहे हैं. तब उन्हें भोजन के लिए बड़ी मशक्कत करनी पड़ती है. लोग डरे हुए हैं कि कब तक घरों में बंद रहेंगे. सबके पास सीमित संसाधन हैं. ऐसे में वह दूसरों को कैसे कुछ दे सकते हैं? पानबाई कहती हैं कि बड़ी बेटी तो समझदार है लेकिन छोटी बेटी अभी 5 साल की है. वह क्या जाने कि घर में राशन है या नहीं! उसे जब भी भूख लगती है तो रोने लगती है. लाक डाउन के पहले इतना चिंता नहीं रहती थी. कहीं ना कहीं से कमा कर ले आते थे और खा लेते थे. छोटी बेटी पिछले कुछ दिनों से चिड़चिड़ाने लगी है. धीरे-धीरे कमजोर होती जा रही है. पानबाई कहती हैं कि भगवान् ने जन्म दिया है, तो वही रास्ता भी दिखाएगा. अभी तो हमें कुछ समझ नहीं आ रहा है.

4.5.4. Case 28: Walking down the hunger lanes: Rajesh gond Akashkot, Umaria

Umaria district, there is panchayat named Akashkot and one of the villages under this panchayat is Birhulia. Rajesh lives in this village with his family. Rajesh is the third generation who is living in this village and this place was used to be much prosperous in context of natural resources and beauty and the resources from nature was the source of living years back thus Rajesh does not hold any farming land on his name, neither he has an oxen so that he can work in other's farm and his family lives in a small kachha house.

About the Family

There are total 5 members in the family including Rajesh age -28 yrs., his wife Faguni Baiga age-25 yrs., elder daughter Kapsi Baiga age -8 yrs. and she studies in class 2, son- Ravi Baiga age-6 yrs. studies in class 1 and the younger most son Omprakash Baiga age -4 yrs. he goes to Anganwadi.

Work and Livelihood

Rajesh manages to work here, and her wife also works as labour there in nearby villages and somehow managing the expenditures and needs of the family. Rajesh have one brother but both of them lives in a nuclear family setup. His father expired a few days back who was living with his younger brother and his younger brother was not self-sufficient to perform the final rituals of father thus he asked for support from Rajesh but Rajesh is also daily wage worker and he does not have any savings but for the sake of his father's soul and to avoid the taunts and criticism from the community he borrowed ₹ 2000 from his neighbourhood and supported his brother in performing the final rituals. Somehow, he was looking after expenses and the lockdown was announced on 22.03.20.

Ration and Meals

When lockdown was announced he hardly had ration stock left for two days. Someway his family managed on that ration for 3 days. On the fourth day of lockdown, his wife went to the field and got some Chana in the field and gave the fried chanas to his husband and kids to eat. There was no work anywhere and Rajesh was worried and hopeless that what will happen next. He did fish and managed to get some fishes for the meal, but his wife said that this will not work for a longer time and she borrowed some rice from neighbours and everyone in the family had dinner. The entire night Rajesh was restless and was not able to sleep. Next day he went to the same shopkeeper where he went to borrow some grains for his father's final rituals.

Concluding Remark

Rajesh comes from the Baiga community that comes under scheduled tribe. He has five members to support including her three young children. He is entitled to get ration under food security law 2013 but he never gets ration. Even after putting too many efforts he never received the entitlement receipt and he was never able to understand the reason behind this. Recently because of lockdown he received a ration receipt by the panchayat under that he was provided with 25 kgs of ration but he is worried about the food security for future. Rajesh owes his shopkeeper for stocking 8 kgs of broken rice, 1/2 kgs of salt, 50 g of chilies, 50 g of dhania powder a small Parle-G biscuit and peas, tobacco, and edible lime. Debts, insufficient food, earning money is the major concern for the family.



Figure 38: Rajesh Gond with his family, Umaria

कई बार प्रयास के बाद भी उन्हें पात्रता पर्ची नहीं मिली. जिसका कारण उनकी समझ में आज तक नहीं आया. इसी बीच लॉक डाउन के दौरान ग्राम पंचायत के रोजगार सहायक द्वारा एक राशन पर्ची दी गई है. जिससे उन्हें अभी हाल निस्तार के लिए 25 किलो अनाज मिल गया है. लेकिन वे भविष्य को लेकर के काफी चिंतित हैं.

4.5.5. Case 29: Down and out striving: Phhool Bai Baiga, Birhulia, Umaria

About the Family:

Phhool Bai Baiga (24) with his family lives in Birhuliya, Umaria. Birhuliya is surrounded by Maikal ranges and comes under Janpad panchayat of Umaria district. Her family consists of four members that along with her includes her husband Sanket Baiga (25) son Neeraj Baiga age 4 years and younger daughter Sarita who is 11 months old. Sanket possess no land and has last year built his house under Pradhan Mantri Awaas Yojana with great difficulty wherein his entire family was involved in the construction of the house for a year they have received the wages for 100 days of work too. But the majority of the money went into the construction of their house. In some way, they have constructed their own house.

Livelihood an Occupation

Sanket and his wife are primarily involved in labour jobs and they work nearby villages around Birhuliya. And they were hardly used to get jobs for 10-12 days. His family is involved also in the collection of tendu leaves in the summer season. Last year they generated 5000 ₹ of income by collecting tendu leaves. By using that money, they purchased clothes and slippers for them. The combined efforts of Sanket and his wife are the driving force of their livelihood. But they were facing issues regarding food security and they were jobless thus they borrowed ₹ 3000 from one of the lenders in the nearby village.

PDS Entitlements and Migration

They belong to the Baiga community that comes under ST and they are entitled to get the ration, but he is not even enrolled to get the free ration. He tried a lot of times to get his name included into the list but failed every time thus he opted to go outside the village and earn his living. On 17.03.2020 Sanket with other men of the village. He left from Raipur and manages to get work in Raipur for ₹ 400 a day as wage. He moved to Raipur with the motive of collecting some money and sending it to the family, but the exact opposite and unexpected thing happened with him.

Ration Stock and Meal Pattern

His wife kept ration as stock for 3-4 days when he was leaving for Raipur. It was not even 4 days since Sanket started working and the lockdown was announced, and he was stuck in Raipur. Because of the critical condition, his wife Phhool Bai Baiga has to arrange resources for food security she borrowed 3kgs of grains from neighbours so that kids can have meals. Sanket reached back to village Birhuliya. later he received an eligibility receipt via Panchayat under Pradhan Mantri Gramin Yojana which he received 20 Kg of ration to be relieved for few days. Already this year was harder on them where they used to work their days and nights so that at least kids will not suffer from hunger.



Figure 39 : Phhool Bai, Birhuliya, Umaria

बच्ची लॉक डाउन से पहले थोड़ा-थोड़ा करके चार-पांच बार खाना भी खा लेती थी और इतने ही बार वह उसे स्तनपान भी करा देती थी लेकिन अब खाना घटकर के तीन बार हो गया है. साथ ही घर में राशन ना होने की वजह से मैंने बच्चों को तो खिला दिया था लेकिन पांच-छह दिन से मैं बचत के चक्कर में दिन भर में एक बार ही खाना खाई जिसके कारण मुझे भी कमजोरी हुई और चक्कर आने लगे. सिर्फ थोड़ा भाग खाने से बच्ची को भी अच्छे से स्तनपान नहीं करवा पा रही हूं. पिछले कुछ दिनों से इसका असर मेरे बच्चों में स्पष्ट रूप से दिख रहा है.

Earlier Akash who is 4-year-old used to eat 4-5 times a day including the meal he receives in Anganwadi but now she can feed him only twice a day with the fear that what if the ration stocked out and she can see the effect of hunger on my children's body. They were so scared that diseases spread by the touch and even she did not breastfeed my daughter because of the same. Now, we are running short of ration. She and her husband are having a single meal a day and as I am a breastfeeding mother thus she can see I feel very weak from before. This corona outbreak is affecting the family very badly.

Concluding Remark

Phool bai is lactating mother to 11 months old young child Sarita and has one younger child of four is to support. Both husband and wife are engaged in labours to strive and thrive. In difficult period like lockdown the earnings is the second crucial thing that stir them up after meals. As the younger child is home, his hot cooked meal from the anganwadi is stopped his frequency is dropped to only twice a day from 4-5 times before lockdown. Being lactating mother irrespective of the increased nutrition demand in her body, she has to cut down on her meals to have survive with the limited ration she has at present as they are not benefitted under PDS but was provided with relief kit by the organisation.

4.6. Shivpuri, Madhya Pradesh

Shivpuri district is located on the lower Vindhya plateau. It is bordered by the river Betwa in the east and the river Kuno in the west. The district extends between the parallels of latitudes 24° 50' north and 25° 55' north and between the meridians of longitudes 77° 0' east and 78° 30' east. Shivpuri district is bounded by some districts of Madhya Pradesh, Uttar Pradesh, and Rajasthan. Morena, Gwalior and Datia districts, in the north, by Jhansi district of Uttar Pradesh, and Datia district in the east; Morena and Kota district of Rajasthan bound it in the west and entire southern boundary is closed by Guna district.



Table 7: Nutrition Indicators, Shivpuri

Particulars		Madhya Pradesh	Shivpuri
Annual exponential growth rate		1.9	
Total Population	2011	72597565	1726050
	2018	87081745	227802
ST Population	2011	15316784	227802
	2018	18372686	273251.53
ST percentage of Total Population		21.1	13
Health Statistics	IMR	48	71
	MMR (Gwalior Division)	173	262
	U5MR	40	100
Nutritional Status	Stunting	38.4	48.6
	Wasting	21	25.8
	Underweight	35.7	49.6
Source: NHFS-4			

The district headquarter Shivpuri is located on NH-3 (Agra-Mumbai National Highway) at a distance of 113 km from Gwalior and 98 km from Guna. The district is situated over small hilltops covered with deciduous forests where the slope is gentle with verdant vegetation and good forests round about, the landscape is generally pleasing. The area of the district is 10,277 sq. km. and it ranks 2nd in the state. The area was re-divided into four parganas viz, Sipri, Karera, Kolaras and Pichhore. The species of trees commonly found in the district are Khair, Kardhai, Dhow, Salaj, Tendu, Palas, Mahua, Karch, Karey, Saja, Koha, Jamun, Saj, DhamanKaim, Semal, Tinachand Amaltas. The normal height of a tree is about 15' to 20' and the girth is 40 cm to 50 cm. Agriculture is the main stay of the rural economy in the district as overwhelming majority of the district population is still engaged in agriculture pursuits. Shivpuri is mainly an agricultural district and so

The total workers of district are engaged in agriculture either as cultivators or as agriculture labourers. The total population of district has increased from 1,406,031 to 1,726,050 with registered 22.8 per cent growth rate during 2001-2011. The percentage of urban population to total population of the district is 17.1 per cent in 2011. Shivpuri tahsil (52.8 percent) has the highest percentage of urban population. There is no urban population registered in Pohri tahsil. As shown in Table 7 the nutrition indicator of the district is falling behind that of the State and has 48.6 percent of children as stunted

and 46.6 percent of them as underweight whereas has 262 MMR and 100 U5MR. With such concerning indicators pandemic is more alarming.

Field Scenario

1. Migrant's families were scared of the situation and the prevailing myths. Have been stuck with the current scenario and find nowhere to seek refuge to.
2. Migrants returning from Agra was settled with shelter, food and sent for quarantine for having their tests done after in lining with the administration and concerned officials.
3. Sugar was not being distributed under PDS which was ensured through continuous dialogues
4. List of people those who did not have ration cards were prepared and shared with the administration. Thus, ensuring that ration to be provided to the privileged ones who were denied in the beginning
5. THR is being distributed since after making collaborative efforts
6. Cash amount under schemes are being coordinated through however the families have been facing issues in receiving the amount lesser than the recommended. 80 percent of the families have been coordinated for cash withdrawal
7. Ayush Department has established the drugs important for the resistant towards corona and is distributed to 3 villages
8. 30 thousand per panchayat was given by administration for sanitizers and masks which are being distributed in villages

4.6.1. Case 30: Debt up in lock down – A child cry: Anjali d/o Rajesh and Kusum Adiwasi, Pohri, Shivpuri, Madhya Pradesh

Rajesh Adiwasi lives in Machakhud village of Upsil panchayat in Pohri block of Shivpuri. Rajesh comes from a Scheduled Tribe community and has 7 members in his family that include him, his wife Kusum, his 4 daughters and a son (Jyoti (8years), Kamini (7years), Lakshmi (5years), Arjun (3 years) and 10 months old Anjali.

Livelihood and Occupation

Rajesh is not provided with any land. He seeks driving for earning his daily bread and was employed as a tractor driver for past three years in gram Dulhare under Masundar Dhakad the owners of tractor agency. He derives a good amount of ₹ 300 a day as a daily wage against day night duties on roads. The lockdown brought him back to his family with no resuming of work for next couple of months, which obviously meant zero income and no work.

PDS Entitlements and Ration Management

Rajesh holds Antyodaya Yojana card in which he has ration for three months according to 35 Kg of ration a month that includes 30 Kg of wheat, 5 Kg of rice and 1 Kg of sugar and 1 Kg of salt. This has helped him out by some means in better way to survive at least couple of weeks or months, Rajesh is unsure of. As Rajesh concerns that this three-months ration will last for only one month as they are 7 members in the family and consume about 100 Kg of ration in a single month itself.

Debts to Meet the Needs

Rajesh borrowed some ₹ 4000 from his owner Masundar Dhakad to survive the lockdown days and to feed his family and promised him to return back the amount once the lockdown is over. He did not even have the money to buy ration thus left with no choice apart from borrowing the money. Before getting ration from the PDS, he had to arrange essentials for the families which last for 18 days. He said he has 7 members to look after and is a daily wager. Thus, concerns returning the money he owned big time once the lockdown is over.

Pandemic Impact

Rajesh added every year 80 percent of the villagers used to migrate outside the village for manual harvesting jobs and that job gave food security to lot of people in form of 4-5 quintal of wheat that was a huge support to survive the rainy season. Somehow, they have managed ration for three months, but he is concerned for the other services those have compromised due to Covid.

Kusum is also scared of the situation around the corner for having received no facilities under lockdown and that the disease turns futile and is life threatening. She has bigger concerns for her children.



Figure 40: Rajesh Adiwasi

राजेश का कहना था कि घर में गेहूं, नमक, तेल, मसालों के लिए पैसा नहीं था तो सेठ से लेकर आया हूँ. हर रोज़ कम कर घर का खर्च चलता था, लेकिन अब बहुत मुश्किल है. पांच बच्चे हैं, तो कर्जा लेना पडा.

राजेश की पत्नी कुसुम आदिवासी का कहना है कि इस बीमारी ने बहुत डरा भी दिया है. एक तरफ घर में बंद रहना मुश्किल है, वहीं घर से बाहर जाना भी मुश्किल है. दोनों ही जानलेवा स्थितियां हैं.

Meal Patterns and Health Effect on Children

The youngest daughter to both, Anjali is on breastfed which frequency has been increased from 5-6 times to 10-12 times a day as Kusum is mostly home and has sufficient time for her children to take care. Kusum is even trying to provide the complimentary food in form of rice and roti to Anjali.

कोरोना के कारण बच्चों की देखभाल में मुश्किल हो रही है। अब भी गाँव में कोई फेरी लगाकर खाने की चीज़ बँचता है, तो बच्चे जिद करते हैं कि दिलाओ; लेकिन अब हालात ये हैं कि हम बच्चों को 2-5 रुपये की चीज़ भी नहीं दिला सकते हैं। बिना कर्जा लिए एक दिन भी नहीं गुज़र रहा है। अभी अपनी बच्ची को स्तनपान कराने के साथ साथ ऊपरी आहार भी दे पा रही हैं क्योंकि घर पर ही रह रही हैं।



Figure 41 : Kusum with Anjali

The family has dropped their meals and the portions to 1/3 in order to provide food to the children. The elder children are treated as responsible towards the situation thus under suffer zone for receiving the compromised meals whereas the parent is on toes to provide much to their younger children arjun and Anjali

Concluding Remark

The youngest daughter to both, Anjali is the major concern for the family for having been the malnourished child. She was caught by diarrhoea during the lockdown and felt sick. She is becoming weaker and growing thinner with the passing days. Parent concerns finding a doctor for their girl.

The meal patterns have been impacted largely. Right now, they have ration at home but are worried for upcoming days. Being lactating mother irrespective of the increased nutrition demand in her body, she has to mow down on her meals as a coping mechanism to sustain the ration for the coming days. The PDS ration which was provided for three months were 105 along with ration under PMGKY has increased the quantity by 5 Kg totalling it to 110 Kg which is enough for them only for a month.

4.6.2. Case 31: Every cloud has silver lining: Bijna and Desraj Adivasi batkakhedi, Shivpuri, Madhya Pradesh

Bijna Adivasi is a resident of Batkakhedi gram of Shivpuri. She stays with her family and has a total of 4 members including her husband, her daughter Bandhana 4 years and the younger most 1-year-old infant Rajveer.

Occupation and Livelihood

Deshraj has no land and is dependent on daily wages. They have to migrate to nearby villages to earn their daily breads thrice a year to cut wheat in Supaad, Rajasthan and to dig potatoes in Agra, UP. Likewise, every year Bijna with her family moved to a nearby village in Agra for manual harvesting of potatoes and 8 days later lockdown was announced due to the coronavirus spread. Bijna had already spent ₹ 1000 on traveling to Agra and another ₹ 500 was spent on food. She talked about the same with the owner and the owner denied helping her in her critical conditions. Her family got stressed but with everyone around, gathered courage and arranged a vehicle to come back to their village that cost around ₹ 500 per person. She has had spent more than what they might have earned in the past eight days period. In total, her family spent ₹ 3000 while traveling to Agra which further has increased the economic burden on the family.



Figure 42: Bijna with Bandhana and Rajveer

PDS Entitlements and Ration Management

Belonging to Scheduled tribe's community furnish them entitlements of NFSA under BPL category to get the ration but they not even got enrolled. Deshraj has tried a lot of times to get his name included into the list but failed on every effort thus he opted to go outside the village and earn his living. Supplementing the monthly essentials and provision requires money. Deshraj and Bijna owe an amount of 3000 in the past too, from the locals which they are bothered to get out of the debt as soon as lockdown is lifted.

Impact of Corona on Livelihood

Bijna is more scared of the spread. The family feels the virus kills the being and would turn futile for them if any of them got clutched by it. She is worried of the health conditions too that if someone from her family falls sick where would they land for help.

Child Care and Meal Patterns

Rajveer is breastfed and her feeding has increased to 10-12 times a day as compared to previous feeds which was limited to 5-6 times a day. However, the family would be helpless in providing nutrition and proper diet looking to the scarcity of proper meals in their plate. The elder daughter to them, Bandhana is only 4 years and has growing nutritious need to which is compromised looking to the current circumstances. The family has reduced the portion of their meals and being lactating Bijna herself has dropped the meals to two and sometime one.

Rajveer also felt sick and was down with fever and cold during the family migration period and was not taken to any doctors as everything was closed. This has turned his health down and is now thinner compared to old days. Bijna concerns his health owing to empty containers of condiments, ration, and pulses. For long none of them had vegetables in their meals. Because of a lack of healthy meals her

son might fall sick again and they do not have access to health care at present. They are consuming roti with chatni of green chillies. Bijna craves for vegetables at least for their children and would buy once lockdown is withdrawn.

However, bijna feels that, she is now have ample time to be with her kids in a way she could take care of them in a better way and rear them up healthy. She is able to manage them more advantageously. Had she be supplied with enough ration and time in hand, her children would have been healthy and active. This Covid-19 effect, she sees as silver lining.

Concluding Remark

Not only the income but food security is badly affected as in the month of April the family used to go to Rajasthan specifically in Supad from where they easily could manage five to seven quintals of ration primarily wheat that lasted for the entire rainy season. The family is under pressure of having maintained their food in the upcoming rainy seasons as they do not have any stock as they do not have any ration card, they highly doubtful of having received any ration aid from the government. There is a lactating mother and two young children to face the compromise on meals in coming days.

विजना की बेटा राजवीर पहले स्वस्थ था. जब वे उत्तरप्रदेश के आगरा में आलू खोदने गए, तो राजवीर की देखरेख नहीं हो पायी. वो बीमार रहने लगा. उसे लगातार सर्दी-खानी रहती. अब भी उसे कुछ समस्या है किन्तु डाक्टरों की दुकान बंद है. ऐसे में उसे काढा बना कर पिलाया जा रह है. किन्तु उससे आराम नहीं है. इस वक्त उनके पास नकद भी नहीं है कि बाज़ार से कुछ खरीद सकें. खाने का सामन लेने के लिए कुछ रुपयों की व्यवस्था की तो दुकानें भी बंद है. रोज़ के खाने में अभी रोटी और मिर्ची की चटनी है, बस. शुरू के हफ्ते भर के लिए दाल थी, लेकिन वह कभी की खतम हो चुकी है.

4.6.3. Case 32: A handful of grain to survive the crane: Anari and Brijwasi Adiwasi Machakhurd, Shivpuri, Madhya Pradesh

Story of Anari Adiwasi – Lactating mother and has delivered her boy child one and half months ago just before the lockdown

Anari Adiwasi is mother to two sons, one of which is three and the younger one is 1.5 months old whom she has recently delivered just before the lockdown in the community health centre in Pohri. Analogously, the family has four members including Anari and her husband Brijesh Adiwasi and their two sons.

Occupation and Livelihood

Anari and her husband both are labours and serve on daily wages. As Anari had delivered a child in a recent past, she was unable to lend any support to the family in terms of earning money. The whole burden of running the household is now on Brijwasi's shoulder.

PDS Entitlements and Ration Management

Anari and Brij are enrolled under NFSA entitled and does have a Samagra ID. Thus, are eligible for ration under BPL category wherein must be benefitted with 5 Kg of ration per member that is the total of 15 Kg for a family. Due to absence of eligibility slip, the family fails to avail this aid from the government. In dearth of this, family falls apart on basic rations. Though the Shivpuri district team has anyway have made efforts in booking his name beneath the free ration distribution under Corona pandemic as governed by the administration. Thus, the family is benefitted with 10 Kg of ration during second week of April month which is insufficient for the family for a month only as the family basic needs is about 25-30 Kg of monthly ration consumption.



Figure 43: Anari with her infant

Impact of Corona on livelihood

The country is locked down Anari's husband is unable to move outside the house and look for work thus it is difficult to deal with day to day expenditures for example buy groceries and daily essentials. Anari said in this season every year *we use to harvest crop in other's field and get 4-5 kgs of wheat and we had stock for rainy season, but we are in dilemma that how will survive upcoming months especially the rainy season.*

Not only the income but food security is badly affected as in the month of April the family used to go to Rajasthan specifically in Supad from where they easily could manage five to seven quintals of ration primarily wheat that lasted for the entire rainy season. The family is under pressure of having maintained their food in the upcoming rainy seasons as they do not have any stock. They are unsure about how long the disease would last and impact them and are frightened of the virus.

Child Care and Meal Patterns

Her younger son has got stricken with fever and diarrhoea but had nowhere to go and no doctors to consult. She had referred to some local quacks and gave ₹ 50 to him to get her son treated. She managed spending ₹50 out of her savings of ₹ 200 at some point of her life.

She had borrowed 2 Kg of ration from her neighbour Sumitra devi to survive a day. She also borrowed 10 Kg of ration from her mother in law and somehow received 10 Kg of ration from Janpad Panchayat and have managed 22 Kg of ration this way for a month lesser than 30 Kg of monthly requirements.

Anari admits that they have to slow down on their meals with lesser rotis and more salt, chatni aur potatoes if made available somehow. She has reduced the meals of the elder son as well in order to survive the crisis but has increased the breastfeeding frequency for the younger one

Anari's Health

She needed to postnatal care, but the lockdown has affected things badly for her. She was supposed to the health care centre for the postnatal check-ups also she does not have access to Anganwadi services, ASHA'S or ANM'S. *We are highly scared because of the corona. With regards to the information and news, we have got it is deadly and if it reached our village then it would be big trouble.*

Concluding Remark

The case study shades light on the recent delivered girl just before the locked down and a lactating mother. Her postnatal check-up is due but she is not in a position to access the same due to the lockdown. As far as her nutrition security is concerned, she somehow has managed stocking 22 Kg of ration which is barely enough for the month. The major concern is the health facilities, the service deliveries, the food, and diet for the young child and the lactating mother which has been compromised due to low ration and grains in hand. In the event the family is again deprived of vegetables, lentils, and other kitchen essentials.

अनारी का कहना है कि जब से कोरोना आया है, तब से उनके तीन साल के बेटे बादल को बहुत समस्या हो रही है. गाँव में चोरी से फेरी वाले आ ही जाते हैं और बादल कुछ सामान लेने की जिद करता है. मेरे पास कुल 200 रुपये बचे थे. इसमें से 50 रुपये इलाज में खर्च हो गए. मैंने 150 रुपये में पूरा महीना निकला है. जिसमें से सबसे ज्यादा पैसे गेहूँ पिसाने, नमक, मिर्च और तेल में खर्च हुए. अब भी बादल को स्तनपान करवा रही हूँ. वह एक दिन में सात से आठ बार दूध पीता है.

4.6.4. Case 33: Lockdown on Sahariyas: Impact on the living practices of this tribe: Batkhedhi, Shivpuri, Madhya Pradesh

Batkakhedi village is situated in Pohri block of Shivpuri where the 50 families of Adivasi Sahariyas reside. The total count of the members of Sahariyas comes near 360. as the fertile and uniform base land is almost negligible and hardly only sesame and millets could be grown in that land thus the majority of the population is dependent on labour jobs by which these people sustain their lives.

Migration and Earnings of Sahariyas

These people are emigrants and go out for work for almost 3-4 times a year in the month of October, November for the cutting of paddy crop than from February till may for soybean crops and again in Feb for the cultivation of potatoes in U.P. After returning from U.P they move to Rajasthan. They receive an amount of 200 daily as a wage against cutting and harvesting the crops in other's field. The harvesting process almost lasts for 15-20 days thus every individual involved in this process earns up to ₹ 4000-5000. Thus, the same way the harvesting of potatoes gives ₹ 5000 to 6000 to an individual. When they got for wheat harvesting, they don't earn the wage there but the barter system provides them with 50 kgs of wheat that provide food security and they are easily able to survive the rainy season because of that as there is no source of errand in the rainy season.

Lockdown Impact

Like every year 27 Sahariyas families emigrated to villages near Agra in U.P. and have been working since past a fortnight in potatoes fields when was informed that there is a corona outbreak across the globe and the entire country is under lockdown. All of them got scared that what they are not able to pay the debt and the corona started to spread then they talked to the owner of the crop that all of them wanted to go back to their village but the owner backed out to help them. They stayed there for 2-3 days and covered the daily expenses on their own. After a few days, they decided to lend a vehicle on their own and leave the place. They somehow managed to collect ₹ 7000 and left the place on 29.03.20 and managed to reach batkakhedi in the night as they were not having the entire money to pay to the driver, they borrowed money from the Thakur's of the village and gave it to the driver. By the next morning, the Thakur's informed the Pohri administration about their arrival and then the ANM, ASHA tested them for corona infection.

Food Security and Supad under Lockdown

According to Sahariyas emigration and working at different places is a source of living specially Supad in Rajasthan and they wait for almost a year to go to Rajasthan. Corona is not only affecting their livelihoods but their way of generating income, food security even developing relations to get their children married while going to Supad.

Concluding Remark

Almost 80 percent of Sahariyas of Sheopur and Shivpuri emigrate to Rajasthan during this time lot of Sahariyas meet their relatives and it makes their social image stronger. Due to lockdown they are not able to move to Rajasthan where harvesting helps them with food security, and they are quite worried about the future food arrangements not only the food security but the basic

Anganwadi services including THR are not in an accessible to Sahariyas. There is no vaccination facility available at the moment nor even ANC check-ups are conducted. If the situation will not improve this may turn fatal for all of them. Furthermore, many families have their name registered under Samagra but are not benefitted or else are provided with ration as low as one third of the monthly requirement has raised concerns on the deteriorating health, nutrition and food security in the coming days.

4. SECTION FOUR- IMPLICATION OF THE STUDY (ANALYSIS AND FINDINGS)

This section deals with the analysis of the intensive research and represents the key findings of the study broadly as per the tools taken up for the same. It covers findings from both of the segments covered during the study –

- **Section one** – Case studies: Its analysis is presented through the basic profiling demographic, socio-economic structure, social class, occupation, earnings, and debts, problems of ration distribution through THR, MDM and PDS, problems due to insufficiency of entitlements received, with special reference to meal patterns of pregnant and lactating mothers and children below 6 years of age, frequency of meals and breastfeeding behaviors etc.
- **Section two** – See through the service delivery mechanism during Covid 19, are presented in the following chapters –
 1. **Basic Profiling** – This chapter covers the quantitative data of the respondents and their families whose case studies are recorded from 33 different households covering the pregnant and lactating mothers, children under-6, especially from the migrant families and daily wagers. It will also cover the profiling of the village covered in the mini survey on analysis of the service delivery mechanism
 2. **Analysis of Schemes** – This covers the analysis of the Schemes like PDS, MDM, ICDS, impact of Covid-19 on their service delivery, in references with the responses received in the case studies and mini-survey
 3. **Food and Nutrition Security** – It covers the impact of the above parameters on the food and nutrition security of women (pregnant and lactating mothers) and children (Below 6 years of age)

5. Chapter Five – Basic Profiling

5.1. About the Households (Cases)

Based on the issues pertaining to lockdown that impacts the pregnant and lactating mothers and children under 6 years of age and looking to the limitation of the study (Covid19 protocols), the random thirty- three households were selected for recording the case documentation.

The total cases as recorded from the field are 33 stressing on different issues in the event of Covid-19 where in the impact of the pandemic is captured on the life of migrant families including special focus on pregnant, lactating mothers and children below 6 years of age especially on their meal and feeding patterns.

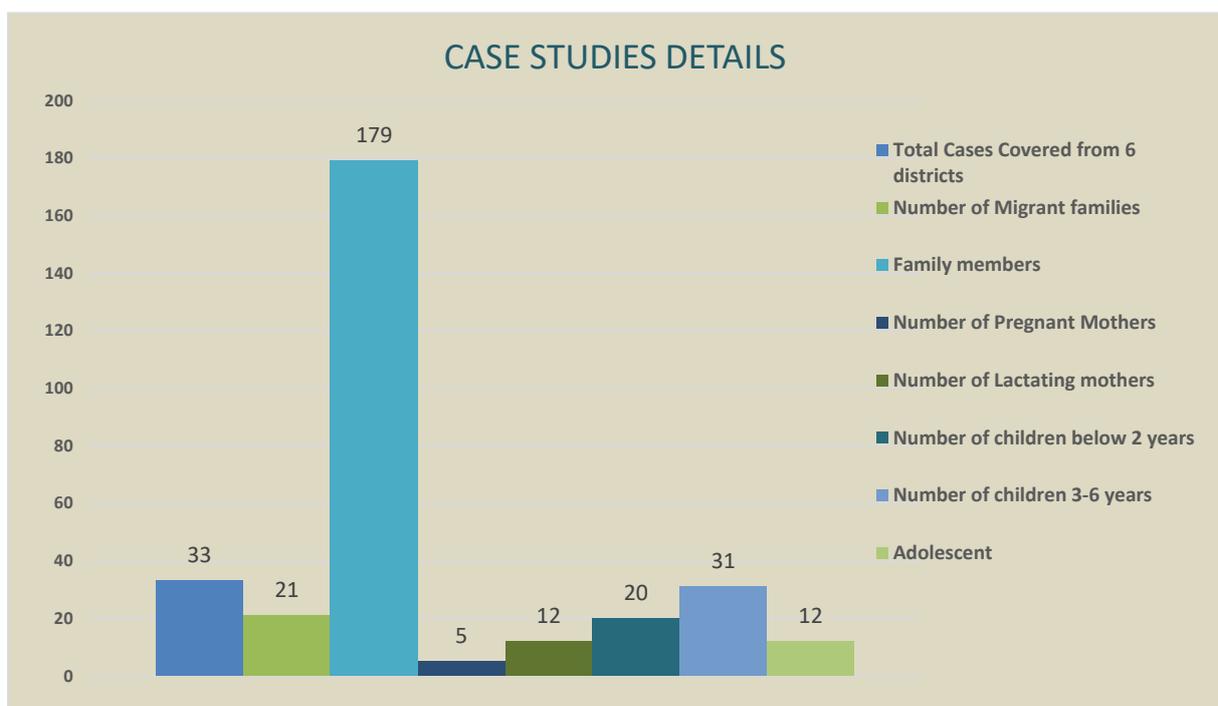
As shown in graph 2, the cases are then further segregated amongst pregnant, lactating, children below 6 years of age and migrant families based on the observed patterns. Likewise, these 33 case studies are contained of 3 cases from Shivpuri, 5 cases each from Niwari and Umaria, 6 cases each from Panna and Rewa and 8 cases from Satna. The details of these are captured in the next segments.

5.1.1. Demographic Characteristics

The demographic characteristics of sampled household are presented in graph 2 and graph 3. The graphs show the population, household, size, and social classification of the sampled households.

5.1.1.1. Population

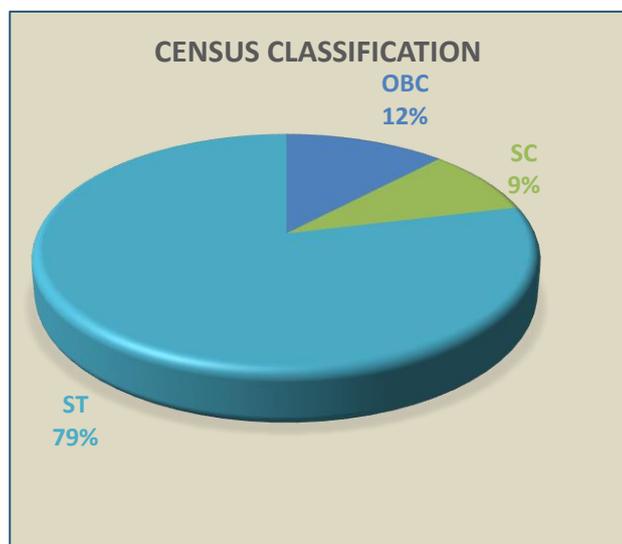
The total population of the surveyed 33 households is computed as 179. It contains cases of 6 pregnant women, 12 lactating mothers and 21 migrant families. Further the total population of the children below 3 years of age are computed as 21 whereas those between 3 years and 6 years are 24 and number of adolescents are computed as 12 amongst the 33 households surveyed for recording case studies. (Graph2)



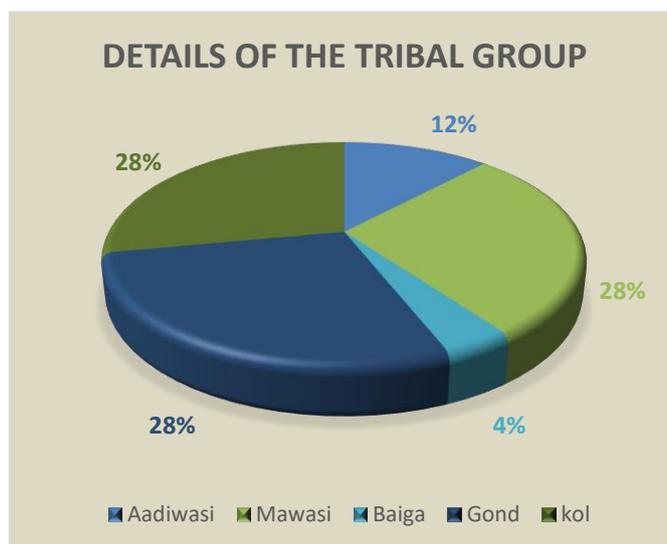
Graph 2: Details of the cases recorded from the field

Census Classification (Social Groups)

As clear from the Graph 3, that maximum households of the case studies have belonged to Scheduled Tribes with a highest percentage of 79 percent i.e. 26 cases covered are the families coming from ST community. This was followed by Other Backward classes for 12 percent with 4 households and three households from Scheduled Caste constituting of about 9 percent of the total sampled households. Maximum amongst of ST cases are recorded from Satna, Shivpuri, Rewa and Umaria where 100 percent of the cases recorded are belonged to STs followed by Panna and then least from Niwari looking to the tribal dominating field areas in the respective districts.



Graph 3: Census Classification



Graph 4: Detail of Tribal Groups

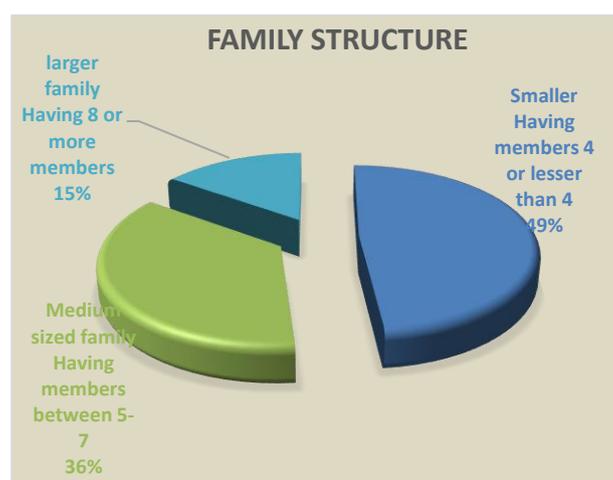
Moreover, graph 3 further highlights the details of the tribal groups from the households covered during case documentation. It depicts that Maximum households belong to Scheduled Tribes (79 percent including Mawasi, Gond, Kol and Baiga). Others include 12 percent OBCs and 9 percent SCs. followed by other communities (3 percent) which includes Dangi, Kushwwaha, Pal, Sahu and Vanshkar.

5.1.2. Family Structure

The definition of family by UNICEF encompasses the unit that has all the members together in a kinship. However, the modern concept of family is replaced with the term household and it in broader terms is defined as one single unit, where all people living together. The household/family structure includes present members, their characteristics with regards to age, gender, and numbers; type of family etc.¹¹

5.1.2.1. Family Type

Understanding the family size and type becomes important in documenting the cases studies to determine the ration consumption and requirement and managing the portion size. The larger family of probably 7-8 members with lower ration stock will have smaller portion size in comparison to the smaller family with same amount of ration stock.



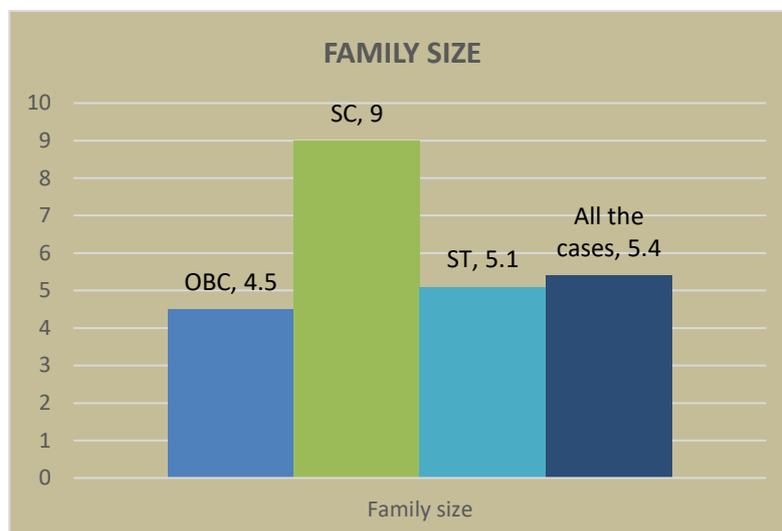
Graph 5: Family Structure of recorded cases

¹¹ Brian D. Carpenter, Elizabeth A. Mulligan, in Handbook of Assessment in Clinical Gerontology (Second Edition), 2010

As displayed in Graph 5 and 6 the 49 percent of the total cases have smaller family structure compared to 36 percent where family has members between 5-7 and comprise of medium sized family structure. A very smaller percent of about 15 percent are the households having larger family structure i.e. having eight or more family members. This segment is also computed to be framing the joint family system.

5.1.2.2. Family Size

Family size has its own socio-economic implications, the more the family size, the lesser are the chances of lower or poor intake of food, provided the economy of that particular household. As represent by Graph 5, the average family size of all the cases is depicted as 5.4 and mean as 5.27 +-0.31 for all the six districts i.e. the family size of the household could range from 4.95-5.57, which would be true for all the six districts covered. However, maximum family size is recorded from SC community with 9, followed by ST with 5.1 and then by OBC with 4.5.



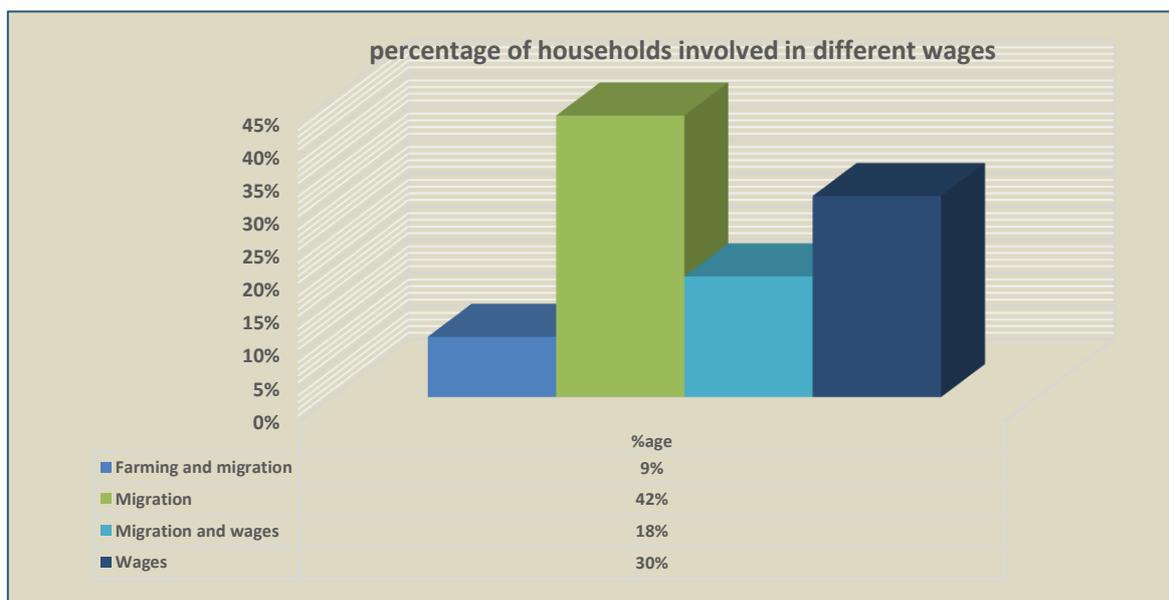
Graph 6 : Family size

5.1.3. Occupation and Income

The chief occupation and source of income for the community in the field areas of the respective districts, remain daily wages, labor, agriculture, conventional farming, and small shops, cattle-stock rearing, to certain extent. However, in the case studies recorded.

5.1.3.1. Mode of Occupation

As recorded in graph 7, the primary occupation of the surveyed households is found to be Migration. About 42 percent of the families documented derive their income through Migration. Thirty percent of the families (10) are generating their earnings from daily wages.

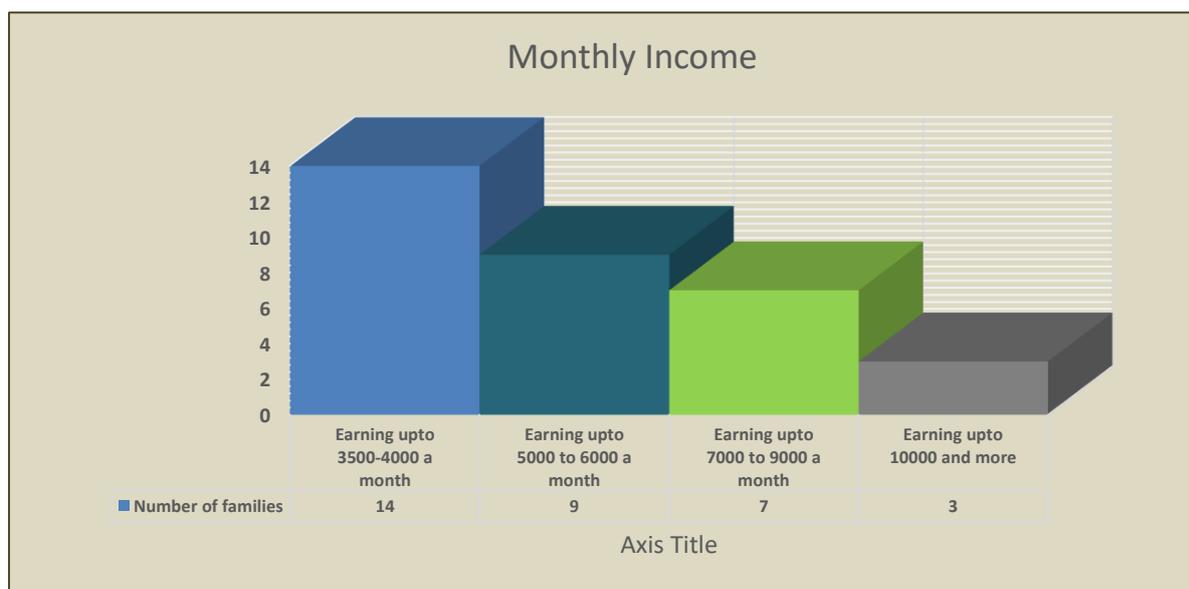


Graph 7 : Types of occupation families are indulged in.

Though 18 percent of the families (6) are again dependent on migration as well as wages whereas very smaller number of about 3 families i.e. 9 percent of the total cases allow their money coming from farming whereas they also seek migration as haven. When lockdown was imposed, few or all the members from these families were on migration. They got stuck and stranded at the place where they went for earning their daily breads and made out back to their village with extreme difficulties and suffering hunger, blisters on foot, compromised status of health only to have no food back at their villages

5.1.3.2. Monthly Income

The rural households meet food and income needs from collection of NTFPs, wage/labour earning, agriculture, business, and other allied activities in general. However, since these cases are tales of migrant families and their struggles during corona, the monthly income is derived from migration mostly, and then wages and in fewer cases farming as explained in the above context.



Graph 8: Monthly income of the families

Graph 8 illustrates that about monthly income of 42 percent of the families is confined to ₹ 3500 to 4000 a month. This is the largest segment of the group followed by 9 families i.e. about 27 percent whose monthly income ranges between ₹ 5000-6000 a month. This frames the second largest segment of the income group. About 21 percent of the families earn up to ₹ 7000 to 9000 a month provided if two or more members of the families are involved in the earning process which includes women of the house too.

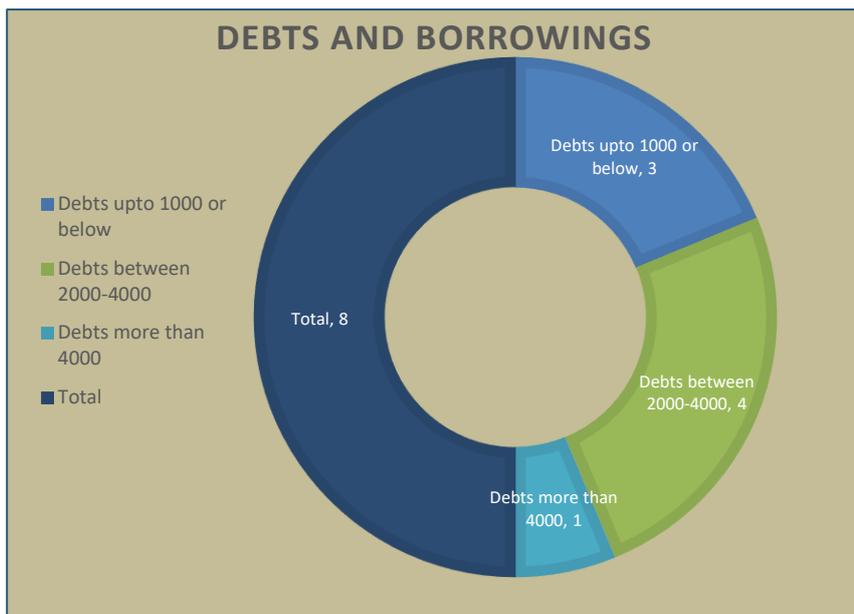
And a very smaller portion of about 3 families constituting 9 percent of the sampled household derive their monthly income up to ₹ 10, 000 or more given the fact, that the member of their families is placed at some construction and manufacturing companies in metropolitan cities like Delhi, Gurgaon etc. The segment segregation defines the clear demarcation of income group coming from the community and has direct impact on their family meal patterns and especially in the given time.

5.1.4. Debts and Borrowing

Though due to lockdown most of families have suffered the livelihood crisis and at present have zero work thus zero wages at hand, has thrown them directly into the suburbs of debts.

Of about 24 percent of the households is under debt of total amount of ₹ 21250. Amongst which, about 12 percent of the total cases have owed a money between ₹ 3000-4000 against 9 percent of the families who have borrowed lesser than even ₹ 1000. One family even borrowed an amount of ₹ 50. Again, one of the cases is reported to have borrowed ₹ 7000.

The families have owed the money in order to survive the odds this Covid has brought to them for running their daily errands and buying the kitchen essentials including spices, condiments, and oil apart from pulses and vegetables



Graph 9 : Debts taken by the families

5.1.5. Earnings during Covid-19 Lockdown

Despite of the running fact, that the poor marginalised families are running out of their stock of ration, fewer savings on hand, and money they have earned in the lockdown, they are not provided with any livelihood opportunities at present, apart from NTFP collection and harvesting work is allowed in certain parts of the districts.

As presented in graph 10, out of these 33 families 91 percent are not employed anywhere on labour except for 9 percent of the families. The two of them are involved in the NTFP collection which supplied them with some amount of money.

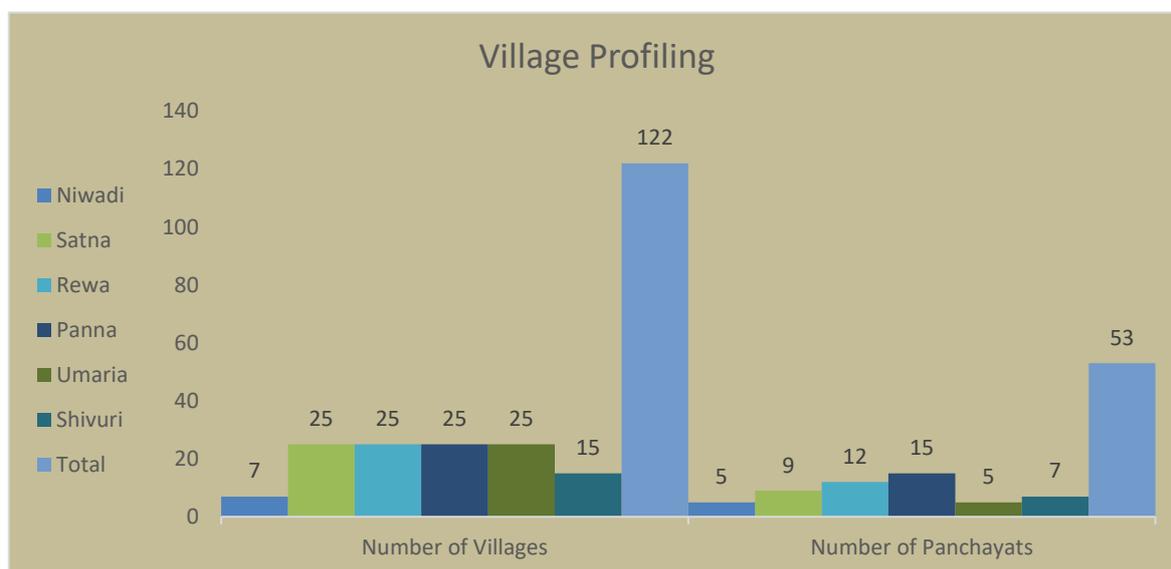


Graph 10 : Earning during lockdown

In NTFP collection, as Mahua blooms in Mid-April, this was remained opened for the families for having them collected and selling them out in the market, government has permitted during the lockdown. By doing this for 12 days family could earn up to ₹ 900 to 1200 which they have utilized in buying the essentials for them. Aside one family was seen involved in the harvesting work at somebody's field for a period of 7 days. This earned the family up to 70 Kg of ration in lieu of wages on 10 Kg of wheat a day. This secured the ration stock for at least a month.

5.2. Village Profiling (Survey based)

The village profiling is based on the survey conducted with the programme coordinators and districts' teams who are in closed analysis of the service delivery during the relief work. This covers the overall situation of the different service delivery mechanism as observed in all the villages of the project area and is represented in the Graph 11.



Graph 11: Village Profiling

The survey collected the information from 122 villages in total from 53 Panchayats and 6 districts. Rewa, Satna, Panna and Umaria has 25 villages each whereas Shivpuri and Niwari has 15 and 7 villages respectively have been covered. These villages are based on the presence of the organization (Vikas Samvad)

About 21 indicators have been analysed focusing the service delivery during lockdown covering schemes like PDS, MDM and ICDS and other aspects explained in the coming chapters.

5.3. Highlighted /Concluding Points:

5.3.1.1. From the Field

- **Earnings during lockdown** - Out of the 33 families 91 percent are not employed anywhere on labour except for 9 percent of the families.
- Only 6percent are involved in the NTFP collection which supplied them with some amount of money whereas the other 6 percent got harvesting work in someone's field.
- **Debts and borrowing** – 24 percent of the households are under debt of total amount of ₹ 21250. Amongst which, about 12 percent of the total cases have owed a money between ₹ 3000-4000 against 9 percent of the families who have borrowed lesser than even ₹ 1000. One family even borrowed an amount of ₹ 50. Again, one of the cases is reported to have borrowed ₹ 7000.
- The families have owed the money in order to survive the odds this Covid19 has brought to them for running their daily errands and buying the kitchen essentials including spices, condiments, and oil apart from pulses and vegetables.

6. Chapter Six – Analysis of Schemes

6.1. Integrated Child Development Services (ICDS)

The Integrated Child Development Services (ICDS) with its network of Anganwadi, that are covering more than 3000 community development blocks in the country, it is stated to be the largest women and child development program being implemented anywhere in the world. The Anganwadi worker (AWW) is the community based voluntary frontline worker of the ICDS programme. The AWW is chosen from the community, the role of these workers is considered imperative because of the creation of close and incessant communications with the beneficiaries. The productivity of the ICDS scheme is to a large extent dependant on the profile of the key functionary i.e. the AWW, educational qualifications, experience, skills, attitude, training and so forth¹².

This scheme is implemented in a uniform and a well-organized manner throughout the country. The main purpose of the ICDS scheme is to meet the health, nutritional and educational needs of the poverty stricken and disadvantaged infants, pre-school aged children, and women during their child-bearing time period

6.1.1. ICDS Setup

ICDS scheme is an inter-sectoral programme, which provides an integrated package of services, seeks to directly reach out to mothers (pregnant and lactating); and children, below six years, especially from vulnerable and remote areas. To achieve the objectives, the scheme is designed to provide a comprehensive package of services for early childhood care and development. ICDS consists of six basic components for service delivery as shown in figure 44.

Since the scheme is based on the strategy of an inter-sectoral approach to the development of children, there is the coordination of the efforts of different Ministries and Departments at all levels. The three services namely immunization, health check-up and referral are delivered through public health infrastructure viz. Health Sub Centres, Primary and Community Health Centres under the Ministry of Health & Family Welfare. The ministry has indicated the norms of the health services to be attained in the project areas. The training of health personnel for the delivery of health services envisaged in the Integrated Child Development Services projects are arranged by the Ministry of Health and Family Welfare.

6.1.2. ICDS Program in Madhya Pradesh

The Integrated Child Development Services (ICDS) scheme is one of the flagship program of the Government of India and has been in operation since 1975. ICDS provides a package of six core services comprising of i) Supplementary Nutrition, ii) Growth Monitoring & Promotion, iii) Health Services & Immunization, iv) Referral services, v) Early Childhood Care & Education and vi) Care & Nutrition Counselling. The aim of the program is to address health, nutrition, early learning, and the development needs of young children as well as pregnant and nursing mothers.

The State of Madhya Pradesh has 52 districts comprising 453 ICDS projects. There are in all 80,160 Anganwadi Centers (AWCs) and 12070 mini Anganwadi Centres across the 453 projects. The ICDS program covers all the 52 districts of the state through the network of AWCs and mini AWCs. The universalization of ICDS services for children and women can be seen in the table 4.

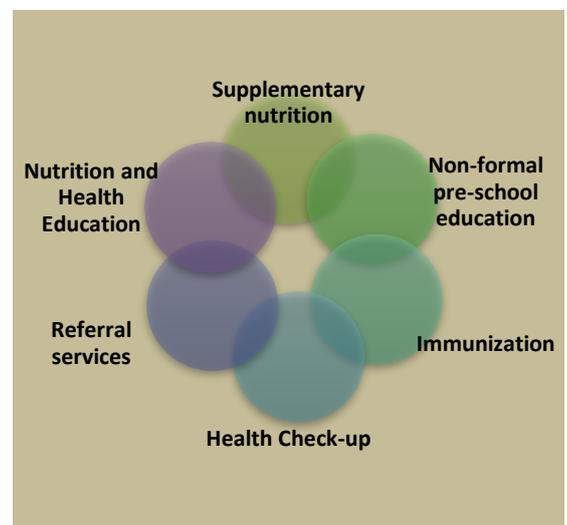


Figure 44: Services of ICDS

¹² Thakare, Kuril, Doibale, & Goel, 2011

6.1.2.1. Beneficiaries in ICDS

ICDS caters to the developmental needs of children below six years of age, pregnant women, and lactating mothers. The scheme is self-selecting and universal.

6.1.2.2. Coverage and Outreach

After its launch in 1975 with 33 projects, ICDS has expanded in three phases increasing the number of ICDS Projects from 4608 in 2002-03 to 5829 Projects and that of Anganwadi Centres (AWC) from 5.46 lakh to 8.45 lakh by the end of 2006-07. Further, GoI in 2008-09 approved 7076 projects and 14 lakh AWC, which also includes provision of 20,000 AWCs 'On Demand' in all over India.

Currently 453 projects and 97135 AWCs are functional (March 2020 latest update at WCD) Currently the SNP beneficiaries are 921368 including 737845 children below 6 years of age and 82726 pregnant mothers and 84943 lactating mothers and 1854 adolescent girls as shown in Table 8 (The data is extracted from the WCD websites)

Table 8: ICDS Coverage, outreach, and beneficiary

Indicator	Details
Total no. of districts	52
Total no. of Blocks	333
Total number of sectors	3401
Total ICDS projects	453
Projects in rural areas	281
Projects in tribal areas	99
Projects in urban areas	73
Total no. of Anganwadi Centres	84465
Total no. of Mini Anganwadi Centres	12670
Total SNP beneficiaries	921368
6M-3Y Childs	382538
3Y-6Y Childs	355307
Pregnant Women	82726
Lactating Women	84943
Adolescent Girls	15854

Source: WCD, MP

6.1.2.3. Current Scenario of ICDS in MP

- At present, 3435150 children between 6 months to 3 years and 3850652 children from 3 years to 6 years are registered in the ICDS Program in the state.
- Similarly, 749006 pregnant women and 714537 lactating mothers are registered in the program i.e. a total of 7285802 children and 1463543 women (pregnant and lactating mothers) are registered in the Anganwadi centres in MP.
- According to National Family Health Survey-4, 42.8 percent of children are underweight and 42.0 percent are stunted in Madhya Pradesh
- Only 37.4 percent women between the ages of 15 and 24 years are adopting safe hygienic methods during menstruation.
- Only 11.4 percent women receive full antenatal services (i.e. full ANC - 4 home care visits, at least 100 IFA tablets, TT injection).
- Subsequently, it was observed that only 34.4 percent of the children are initiated early breastfeeding within one hour of birth, while 58.2 percent of the children are able to receive exclusive breastfeeding for 6 months.

6.1.3. Orders/Guidelines Brief Pertaining to Covid-19 Lockdown

There are certain orders issued by Directorate, Women and Child Development Department, Madhya Pradesh in the event of Covid 19 to be followed under ICDS, during the lockdown period and are briefed below –

1. Order to close Anganwadi centers operated in Madhya Pradesh by 31.03.2020 in view of Corona-Covid 19 spread.
2. Take home ration for the next 3 weeks should be provided to the pregnant and lactating mothers and children in the age group of 6 months to 6 years under essential Anganwadi services.

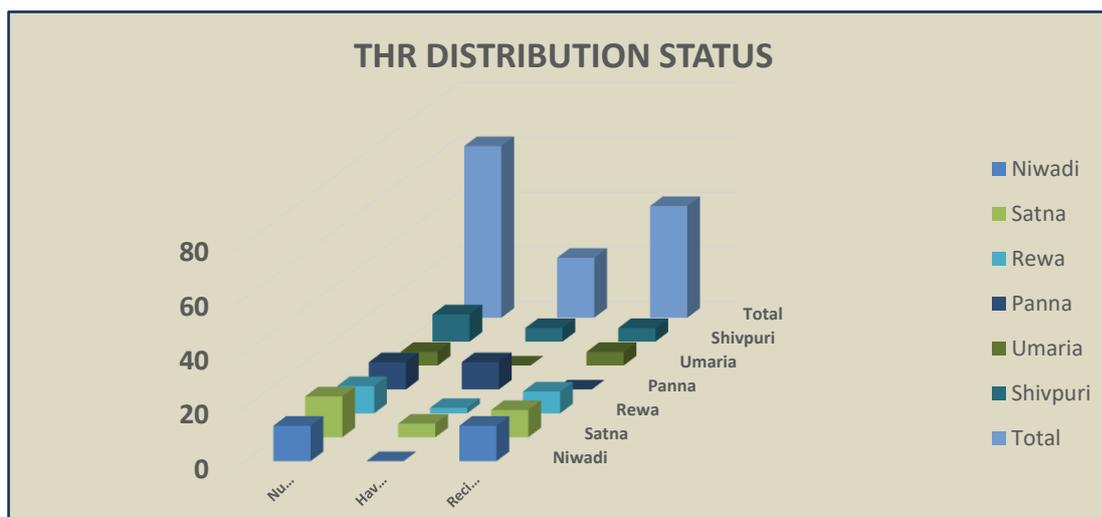
3. Anganwadi centers of the state to remain closed in March and thus children between 3 to 6 years of age shall be provided with good quality Ready-To-Eat nutritious food in lieu of Hot cooked meal and third meal. This will be provided to the eligible beneficiaries on weekly basis.
4. With the approval of the District Collector, groups to be framed at the district, block, project, sector, or village level to prepare ready-to-eat nutritional supplements. Essentially medical screening related to the Novel Corona Virus (Covid 19) of all the members of the group should be ensured.
5. Ready to eat food to be distributed should follow the following norms
 - a. For children aged 6 months to 6 years - Based on 200 g per day, about 1200 g in a 1 week (6 days) and 3600 g for 3 weeks to be ensured.
 - b. For Pregnant and lactating mothers – based on 250 g per day, about 1500 g in 1 week (6 days) and 4500 gram in 3 weeks to be ensured.
 - c. The collector will decide the recipe from based on the locally available options.
6. In places where take home ration is not available due to Total Lockdown, children between the age group of 6 months to 3 years should be provided ready-to-eat supplementary food.
7. Ready to eat food to be distributed for at least 3 weeks.

6.1.4. Situation from Field Area During Covid-19 (Based on Case Studies)

The Anganwadi is the focal point for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls. Besides this, the anganwadi is a meeting ground where women's/mother's groups can come together, with other frontline workers, to promote awareness and joint action for child development and women's empowerment. All the ICDS services are provided through the anganwadi in an integrated manner to enhance their impact on childcare. Build upon the situation analysis both from the case studies and mini survey, status of THR, RTE distribution and service deliveries are analysed and presented in this segment.

Based on the details as collected from 33 households including 6 Pregnant mothers, 12 lactating mothers, 21 children in the age group of 6months-3 years and 24 children 3-6 years of age totalling to 63 beneficiaries, these ICDS services are analysed and is presented below-

6.1.4.1. Take Home Ration Distribution



Graph 12: THR distribution Status amongst the beneficiaries

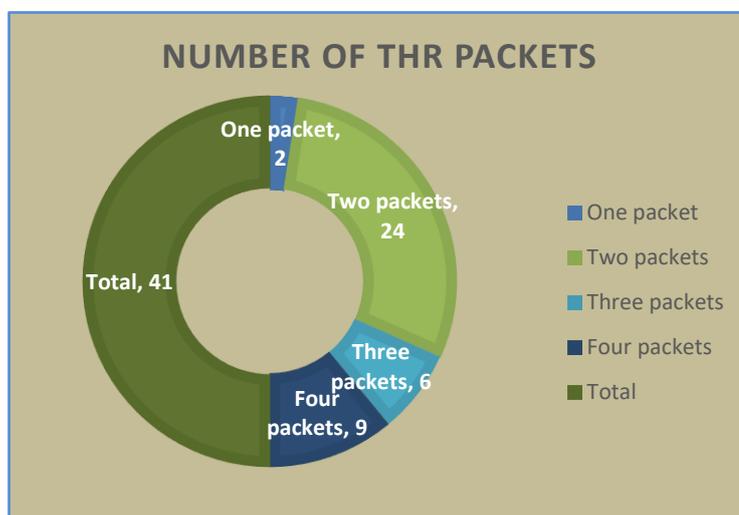
Take home ration distribution was analysed based on the THR received by the beneficiaries at home is presented through graph 12. As depicted, it is evident that about 35 percent of the beneficiaries' have not received any THR against 65 percent those who have received the THR at home distributed

by AWWs and helpers. Amongst the district, all the beneficiaries from Niwari and Umaria have received the THR followed by 80 percent of those who have not received any THR from Rewa.

About 50percent of the beneficiaries from Shivpuri and 33 percent from Satna remain deprived in having received any THR followed by 20 percent from Rewa. Panna excludes out where none of the beneficiaries have received the THR packets rather RTE is distributed to them.

Number of Packets' Distribution

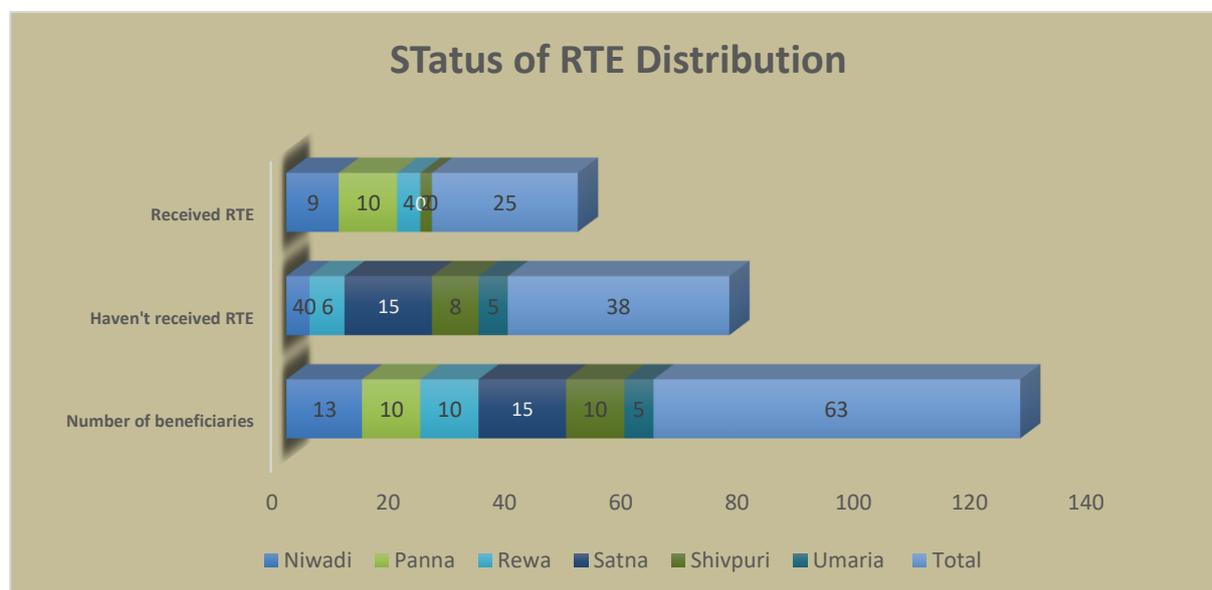
Out of the 63 beneficiaries only 14 percent has received four packets of THR and 10 percent of them have received three packets for three weeks. About the maximum percentage of 38percent (24 beneficiaries) have received only two packets of THR. The THR distribution as evident is not up to the guidelines prescribed for the RTE and THR distribution during Covid 19



Graph 13 : Number of THR packets distributed

6.1.4.2. RTE Distribution

Ready to eat distribution amongst the beneficiaries of the cases records are presented in the graph 14 that shows that about 60percent of the beneficiaries are deprived of receiving RTE against only 40 percent of those who have received RTE at their homes through distribution facilitated by SHGs in their respective villages.



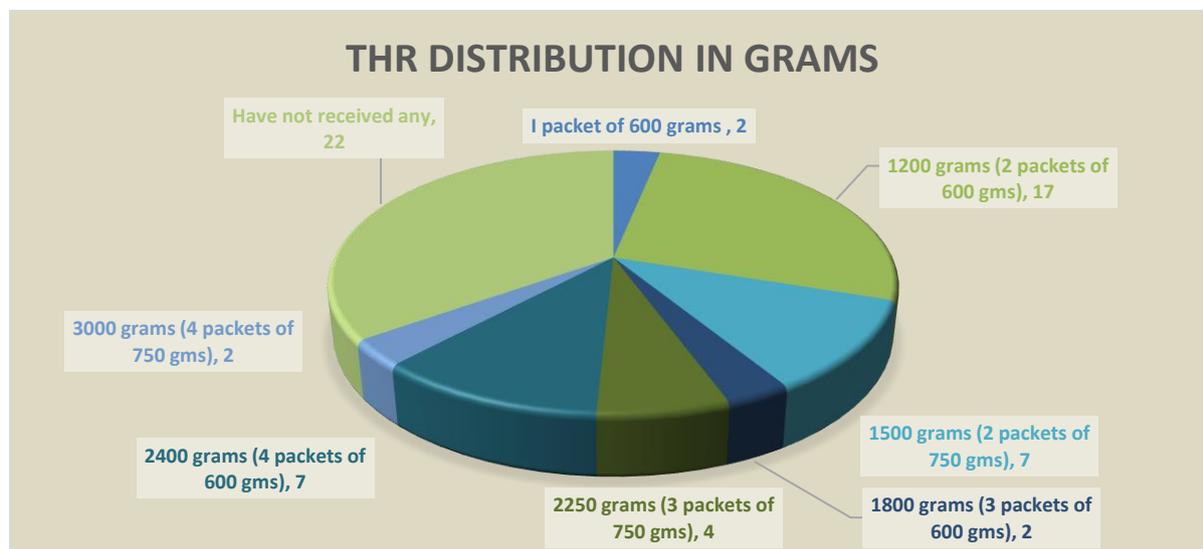
Graph 14: Status of RTE distribution

Maximum of those who have received are belonged to Satna and Umaria where 100 percent of the respondent families followed by 80 percent and 60 percent of the beneficiaries from Shivpuri and Rewa respectively, have not received any RTE. Only beneficiaries from Panna (all the members) and to certain extent from Rewa (40 percent) and Shivpuri (20 percent) have received RTE in form of Sattu.

6.1.4.3. Quantity of THR and RTE Distributed

Quantity of THR Distributed

Based on the quantity, frequency and numbers of THR packets distributed, seven categories have been marked i.e. 600 g (1 packet of 600 g), 1200 g (2 packets of 600 g), 1500 g (2 packets of 750 g), 1800 g (3 packets of 600 g), 2250 g (3 packets of 750 g), 2400 g (4 packets of 600 g), 3000 g (4 packets of 750 g). Using these categories, the beneficiaries are then analyzed for having been provided with the recommended THR packets (presented in Graph 15)



Graph 15: Quantity of THR distributed in g

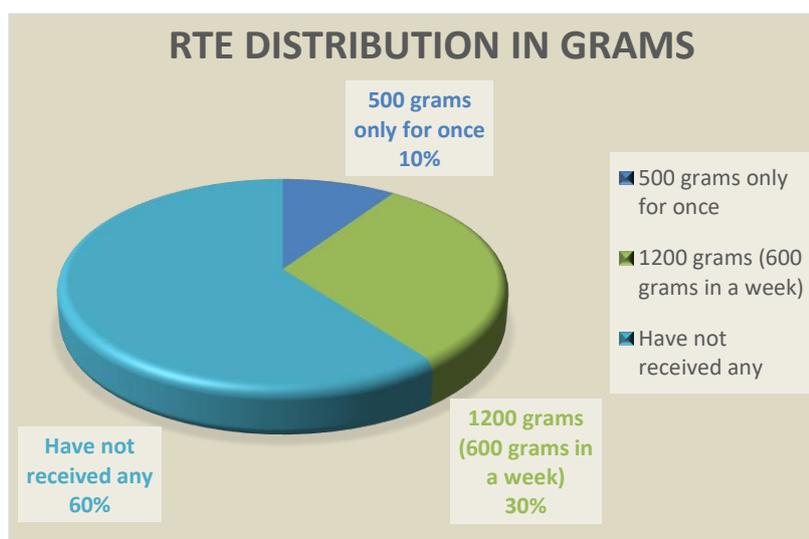
As noticeable maximum of the beneficiaries (27 percent) has received 1200 g of 2 THR packets of 600 g. About 11 percent of them have received 2400 g 4 THR packets of 600 whereas similar number of respondent's families have received 1500 g of 2 THR packets of 750 g of THR. A very least of about 2 beneficiaries have received about 3 Kg of 4 THR packets of 750 g.

Quantity of RTE Distributed

Likewise, RTE distribution is analyzed where only two categories have been marked based on the distribution of RTE in g including 500 g and 1200 g of RTE.

The 40 percent recipients include 10 percent getting 500 g of Sattu only once and 30 percent who have received 1200 g (600 g each for two weeks).

It is worth mentioning that both THR and RTE is not received by the beneficiaries



Graph 16: Quantity of RTE distributed

as per the norms which states the distribution of THR for three weeks up to 4500 g for women and 3600 g for children (Order explained in section 6.1.3.)

RTE and Self-Help Groups

Guidelines were issued to provide ready-to-eat nutritious food to the beneficiaries of hot cooked meal under the Integrated Child Development Program in the emerging crucial circumstances due to Covid 19. According to orders, local Self-Help Groups were instructed to prepare sattu or laddu and make it available to Anganwadi centres. Nevertheless, it is evident from the study that these SHGs were not provided with any clear instructions and information regarding the procedure for preparing RTE, quantity number of beneficiaries for availing the benefits and the cost they might need to bear for the preparation. This information is crucial in terms of determining the monetary stability for these women groups who belong to disadvantaged and economic feeble section. They did not have enough credits or investments to maintain the supply of RTE from their side. In the absence of proper monitoring system at the state level, children had to be deprived of receiving the continuous and desired supply of RTE. Major findings below –

- Self-help groups have provided RTE on an average of 67 grams per day, while according to the provision RTE to be supplied was 200 grams per day for children and 250 grams per day for women.
- In this way, children have received only 66.5% whereas women have received 73% of the recommended as announced in the order.
- About 88 percent of Self-Help Groups have not been paid for supplying RTE for 2 to 4 months.
- About 88 percent of Self-Help Groups were not given any information regarding RTE supplies, its arrangements, recommendation etc.
- The major cause behind the lack of supply of RTE came out to be the failure on State government's part in terms of not delving proper information and instruction to SHG and their timely payment arrangements.

SHGs stories from field

SHG 1 – Gram Jardhoba, Panna

SHG 1 from Panna belongs to Siya Bai (changed name) has 9 members in her group who have successfully provided 82 kilograms of Sattu to three 3 Anganwadi centres so far. The members purchased the required Chana from the market and prepare the sattu on the clay stove provided in one of the member's house. Sattu was pounded and handed over to Anganwadi worker but this SHG still awaits their allowance.

SHG 2 – Gram Kalyanpur, Panna

A similar tale was voiced out by Gudia Yadav (Changed name) from Kalyanpur gram of Satna who runs an SHG with 10 members. Gudiya has informed the team that despite of providing 150 kilograms of Sattu to two AWCs, their SHG has not received a single penny against the costing and preparation charges of Sattu, for which they have bought the raw ingredients from the market and prepared it locally on their mud stoves by hand pounding it.

SHG 3 – Sonipura, Shivpuri

Identical occurrence has been reported from Gram Sonipura of Shivpuri where SHG 3 has providing RTE regularly to 60 children to the Anganwadi centre. Laddus were distributed by the group in the month of April 2020 based on the recommendation i.e. 500 gram per child per week. As per the new orders for providing Sattu, the group was managing 1200 grams of Sattu for 80 children in a month. The group has received the ration for preparing RTE from Public Distribution Shop but has not provided yet with the remuneration. The group is now under debt of ₹ 30000

SHG 4 – Gram Jakhnod, Shivpuri

The SHG from Gram Jakhnod, Shivpuri has distributed laddu and sattu for the months of April and May 2020 and have reached out to 125 children, 10 pregnant women and 10 lactating mothers with Ready to Eat food. This SHG has provided every child with 6 laddus weighing around 600-700 grams and about 1200 grams of Sattu has been distributed through SHG. The group has informed that it has not received any ration from the PDS since March 2020 and is not given any coupon yet. The members somehow have managed 2 quintals of wheat from the market and owe an amount of 1300 ₹

SHG 5 – Patni, Satna

Sunita Devi (changed name) who runs SHG with ten members has shared that her group was never informed regarding the preparation of Sattu. Nor they have received any written orders regarding the same. However, was verbally briefed over phone to provide Sattu to all the children registered under the Anganwadi centres that comes under their purview but was never apprized on the payment status about the same. Sunita was denied support from her other group members due to lack of resources as they all have faced financial crisis due to lockdown and crop destruction caused from hailstorms.

Sunita thus decided to prepare Sattu with the little she was left in the crops. Thus with 10 kgs of Chana, 4 kgs of java and 2 kgs of wheat, she prepared 16 kgs of Sattu with a grinding cost of ₹ 40 and roasting cost of ₹ 20. For roasting, Sunita went to Majhgavan as there was no one around in the village to help her out. After dehusking Sunita was left with only 10 kgs of Sattu which was later distributed to the 15 SAM children as 700 grams per child

SHG 6– Gram Patna Khurd, Satna

The SHG group of Kamla Bai (changed name) works for providing HCM to the anganwadi centre, it is attached with. However presently the SHG was given the responsibility of preparing RTE. The group has provided 25 kilograms of Sattu for the month of April which was composed of 10 kilograms of Chana, 15 kgs wheat, one kg jo and 4 kgs of sugar. The RTE was distributed based on the recommendation allowance i.e. 750 grams for women and 600 grams for children. For the month of May, group has provided 25 kilograms of Dalia to be distributed to beneficiaries. Similarly, it is involved in preparing 25 kilograms of Sattu for June also.

Kamla Bai shared that group was never asked in written but has always been informed verbally by the sector supervisor for the same. The expenses have always been incurred on the group and is not backed with a single penny against their remuneration and overheads.

SHG 7 –Jhawajhar, Umaria

Ramkumari Singh (changed name) along with her group members provide RTE to the registered beneficiaries under ICDS in the nearest Anganwadi Centres. The secretary informed that they have received the round sum amount for three months for distributing laddu and murmura for six weeks and Sattu for 2 weeks in the month of April and May. Sattu was provided as 500 kg per child whereas murmura and laddu together were provided as 1 kg per child. The group faced problem in arranging the dry ingredients which was difficult due to lockdown. They also had to purchase phuta chana at the spiking cost of ₹ 240.

SHG 8– Gram Pajanpura, Niwari

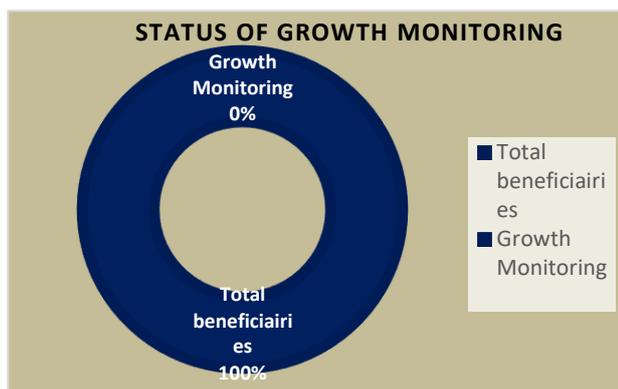
The SHG group of Urmila Devi (changed name) has provided laddu as per 1200 gram per child for 4 weeks to nearest two Anganwadis to almost 127 beneficiaries. They have not been provided with any ration from PDS and has not provided with any amount yet. The group has owed an amount of ₹ 9000 The group was even informed through a written order from the WCD, Niwari. The group has borne the expenses of the preparation by themselves.

This way the members are double burdened for maintaining the supply of RTE in terms of preparation and bearing the cost. In the void of payments and proper instructions, supply has been cutdown and beneficiaries has to suffer

6.1.4.4. Status of Growth Monitoring

Depicted and evident from graph 17, is the status of growth monitoring which is found to be not taking place. None of the beneficiaries have had their weight and height checked in the past two months.

Nor any children’s growth monitoring has been recorded across the districts.



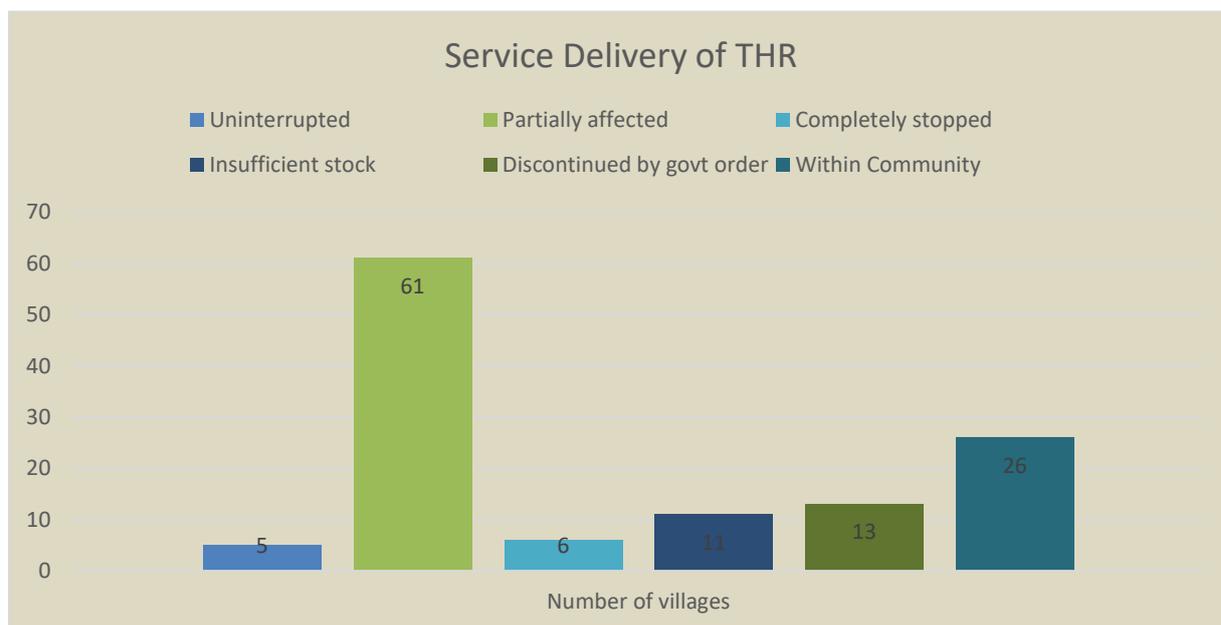
Graph 17: Status of growth monitoring

6.1.5. Service Delivery of ICDS in the Field Area During Lockdown (Survey)

Analysis of 122 villages on the service deliveries of ICDS is presented below –

6.1.5.1. Take-Home Ration under ICDS

The analysis of the THR distribution facilities through AWCs under ICDS is done for 122 villages and is displayed in Graph 18. As visible, the services are partially affected in about 50 percent of the villages (61) and remained uninterrupted only in 5 percent i.e. 6 villages of Rewa including Panval, gud and chateni where Sattu was provided. THR is well distributed in 32 (26 percent) villages by AWWs at the beneficiaries’ home with the support of the Anganwadi helpers.



Graph 18: Service Delivery of THR

How is the THR partially affected –

The partially affected criteria cover the villages where THR is distributed was observed but it is coverage was not 100 percent due to many factors, described below –

- About 5 villages of Rewa (4 percent of total villages) and one village each of Satna and Niwari did not have the stock for the THR distribution which was raised with the officials and THR distribution was restored.
- In one village of Rewa, all the four packets were distributed once THR was re-stocked
- In mahten Satna, it was stopped under the fear of Corona to avoid the spread.

- In the absence of proper stock only two packets were distributed in two villages of Rewa.
- In 12 percent of villages covering 15 villages of Shivpuri, the allotment was not received since last December thus distribution was affected, it reinstated through Twitter campaign by the district team
- In all other villages, all the AWWs were instructed on mobile and has revived distributing THR after mid-April to the pregnant and lactating mothers and children.

THR distribution affected for other reasons –

- The THR was completely stopped in 5 percent covering 6 villages of Satna, where Sattu is being distributed through Self Help Groups
- THR distribution was hindered due to insufficient stocks in 8 percent villages i.e. 10 villages of Rewa and one village of Satna where transport was affected due to lockdown
- About 11percent of villages covering 13 villages are found from Satna where AWCs were closed and thus THR distribution was hampered badly in the event of Lockdown. The order was misunderstood by AWWs where they have closed the center assuming the spread of corona covid-19 would affect the villages thus did not distribute the THR at all. This was later on restored by teams’ efforts

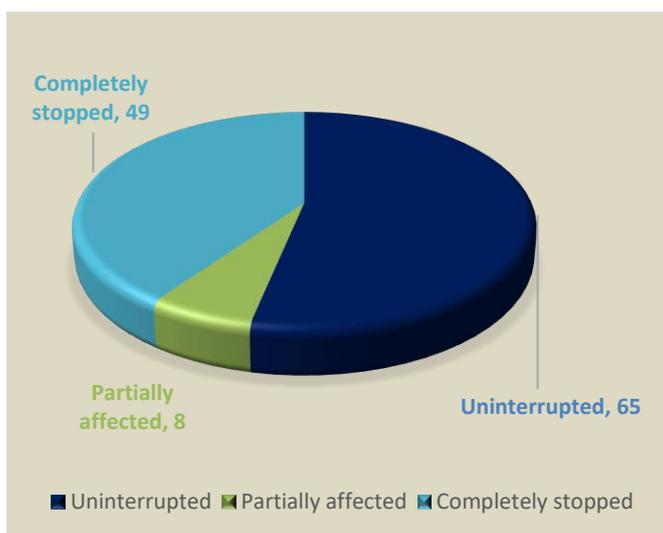
In the remaining 21 percent of total villages i.e. about 26 villages of Panna, THR is well distributed by AWWs at the beneficiaries’ home with the support of the Anganwadi helpers

6.1.5.2. Provision of Hot Cooked Meal for Children (3-6 years)

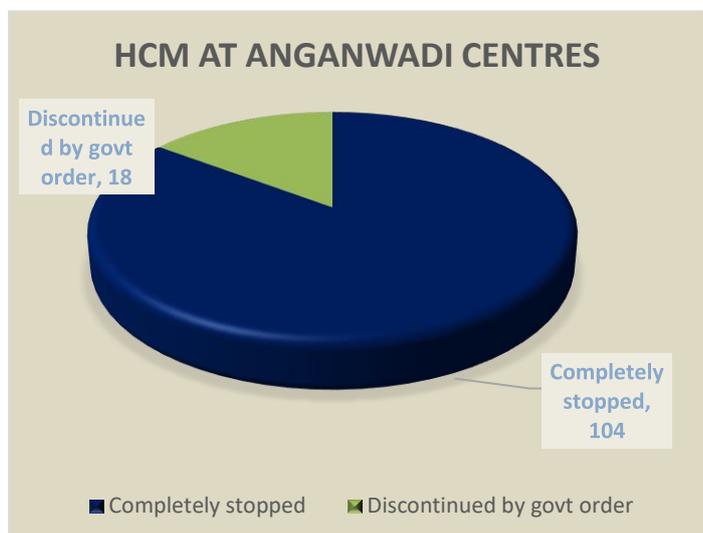
Graph 19 demonstrates the status to Hot Cooked Meal provisions for children 03-06 years of age at Anganwadi centers during lockdown. It is clear that Anganwadi centers of all the 122 villages are affected due to Covid 19 and unable to feed children with Hot Cooked Meal. As per the government orders followed, 85 percent of AWCs have completely stopped providing HCMs whereas in 15 percent of villages from Panna, Satna, Shivpuri, the HCM was stopped by centers themselves in the event of Covid-19. They have not received any orders but later on was directed on the phones via WhatsApp message, verbal communication, or text messages.

26 percent has not been provided with any written orders. They were directed either verbally over phone or through WhatsApp messages.

Thus, all 122 villages have followed not providing HCM during lockdown to children between 3-6 years of age.



Graph 20: Home visits by AWWs during Lockdown



Graph 19: HCM for Children (03-06 years) at AWCs

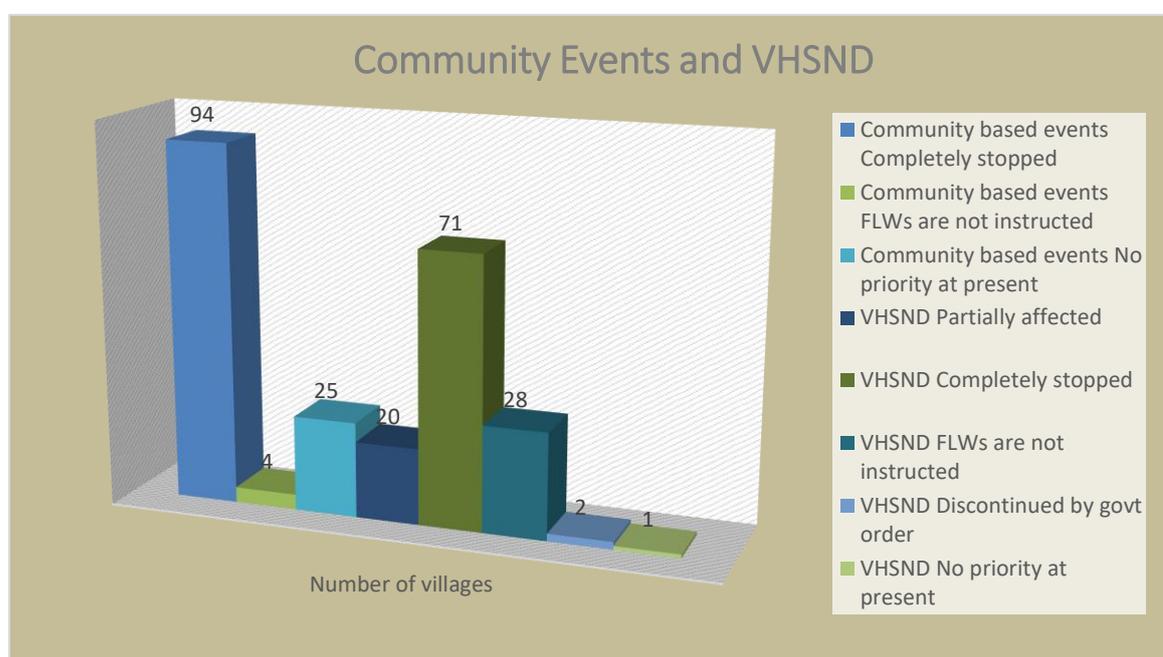
6.1.5.3. Home visits by Anganwadi Workers for Counselling

Service deliveries on home visits made by Anganwadi workers are analysed and presented in Graph 20 which clears that 53 percent of the Anganwadi centres in the surveyed villages have remained unaffected by the lockdown and Anganwadi workers are found to have been doing regular nutrition counselling visits started from second week of April. Anganwadi workers from 7 percent of the villages have confirmed that their services are partially affected as they are able to visit only once or twice a week or very rarely. Anganwadi workers from 40 percent of the villages have completely stopped doing home visits in the event of Corona Covid-19 lockdown under the fear of the spread and infections. They were directed either verbally over phone or through WhatsApp messages.

6.1.5.4. Service Deliveries of Community Events and VHSND

Community based events including *godbharai* and *annaprashan* are meant to encourage pregnant and lactating mothers and comes under services of ICDS along with Village health and Sanitation day is celebrated by ICDS in collaboration with Health Department to promote good practices related to health, nutrition, diet and sanitation for the community. Service deliveries of these have been analysed for 122 villages and is displayed in Graph 21.

The graph illustrates that no community events have been taking place in 77 percent villages and VHSND has been stopped completely in 58 percent villages for community Covid 19 protocols in reference to social distancing to be followed. In 26 percent villages, frontline workers are not instructed following 21 percent (26 villages) where these events do not seem a priority in first place. FLWs say in order to avoid the spread it is better to prevent any sort of gatherings. In 12 percent (15 villages of Shivpuri), these events were stopped from March 22 to April 1, 2020 and then it was reinstated with immunization sessions by ANMs.



Graph 21: Service deliveries of community-based events and VHSND under ICDS during lockdown

6.1.5.5. Growth Monitoring Status and Identification of SAM/MAM

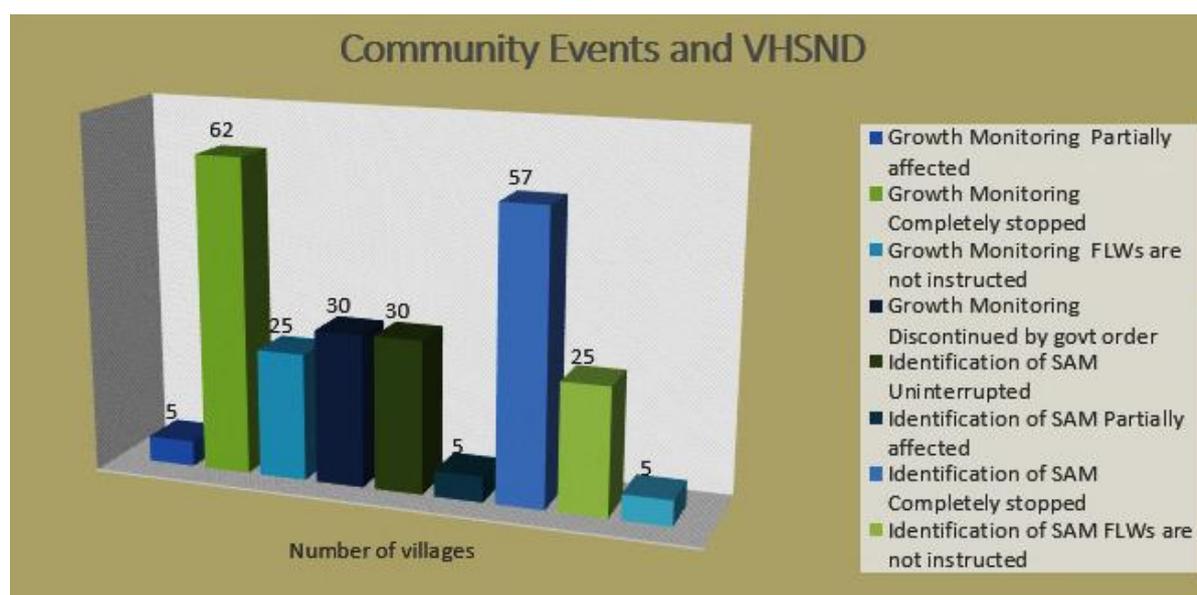
Service deliveries of ICDS on maintain growth monitoring and measures taken for identification of SAM and MAM children are illustrated through Graph 22

As shown, amongst 62 villages growth monitoring is completely stopped and in almost all the Anganwadis of 57 villages, management and identification of MAM and SAM children has come to halt. In such villages, the community itself is taking the call in monitoring the health of their children.

In 25 villages from Umaria, FLWs are not instructed regarding either growth monitoring or identifying SAM and MAM. Simultaneously in 30 villages included from Rewa and Satna growth monitoring is completely stopped by the government Orders.

As per AWWs, the growth monitoring will reinstate after further orders provoke. Amongst this chaos, in the five villages of Rewa district, anganwadi workers have been monitoring the MAM and SAM children through home visits. In 20 percent villages (i.e. 25 villages of Satna and 5 villages of Rewa), if any malnourished children are observed during home visits, are provided with supplementary nutrition and THR packets. This way, during home visits and THR distribution Anganwadi workers and helpers are observing the MAM and SAM children in terms of health symptoms.

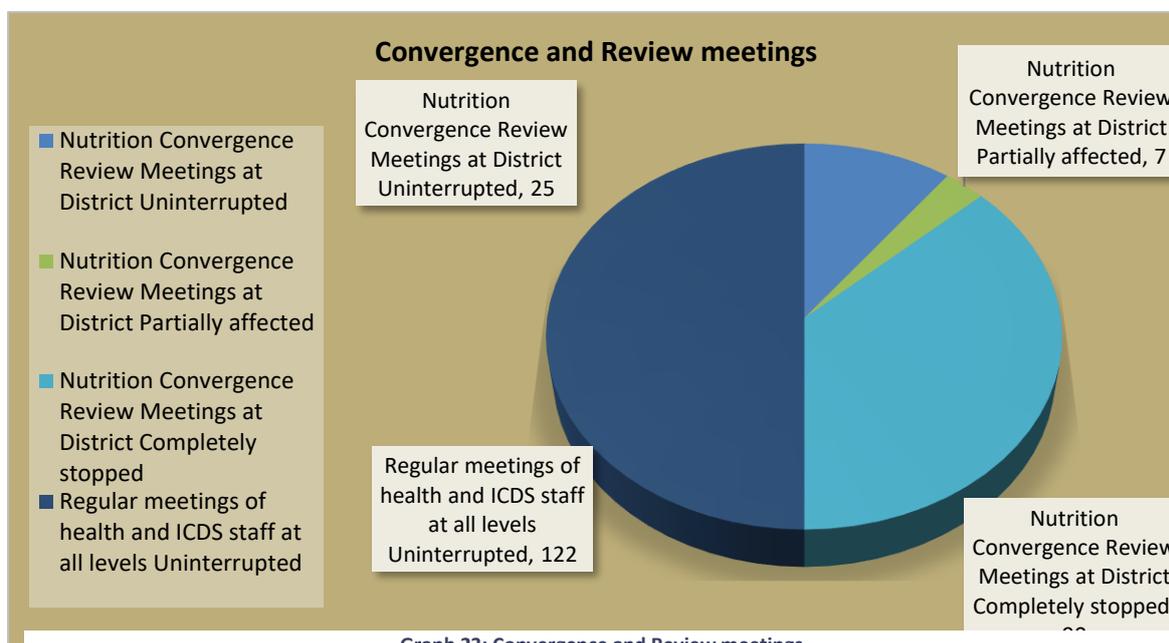
It is thus evident that none of the villages have been continuing on growth monitoring on technical grounds i.e. as per the established norms by following weighing and measuring weight and height of child.



Graph 22: Growth monitoring Status and identification of SAM and MAM

6.1.5.6. Review and Convergence Meetings

Convergence and regular departmental meetings are done with health and ICDS staff in order to accentuate the conditions of the villages pertaining to health and nutrition of the beneficiaries from



Graph 23: Convergence and Review meetings

the community and thus actions points are decided to cover up the lag if found anywhere. But in the event of lockdown, these seem to be equally affected.

Regular convergence meetings held between health and ICDS departments are completely stopped in all the 122 villages. Likewise, regular review meetings and nutrition meetings have stopped completely in 74 percent villages. However, in 26 percent villages, the meetings are held following the protocol on every Monday of the week.

6.1.6. Highlighted /Concluding points:

6.1.6.1. From the Field

- **Take Home Ration:** 35 percent of the beneficiaries have not received any THR packets compared to 65 percent who have received packets at home distributed by the Anganwadi Workers (AWWs). About 38 percent have received only two packets of THR.
- **Ready to Eat Food:** 60 percent of beneficiaries have not received any RTE as of now. The 40 percent recipients include 10 percent getting 500 g of Sattu only once and 30 percent who have received 1200 g (600 g each for two weeks).
- **Growth Monitoring Status and Identification of SAM/MAM:** None of the beneficiaries have had their weight and height checked in the past two months. Nor any children's growth monitoring has been recorded across the districts.

6.1.6.2. Service Delivery

- **Take Home Ration:** THR Distribution services are partially affected in 61 (50 percent) of the villages due to delay in receiving allotment, unavailability of THR stocks, closure of AWCs to prevent corona spread etc. THR is well distributed in 32 (26 percent) villages by AWWs at the beneficiaries' home with the support of the Anganwadi helpers.
- **Hot Cooked Meals:** As per the government orders followed, 85 percent AWCs have completely stopped providing HCMs whereas in 15 percent villages from Panna, Satna, Shivpuri, the HCM was stopped by centres themselves in the event of Covid-19. They have not received any orders but later on they were directed via WhatsApp message, verbal communication, or text messages.
- **Home Visits:** 53 percent of the Anganwadi centres in the surveyed villages have remained unaffected by the lockdown and Anganwadi workers are found to have been doing regular nutrition counselling visits started from second week of April. Anganwadi workers from 40 percent of the villages have completely stopped doing home visits in the wake of Corona Covid-19 lockdown.
- **Community Events and VHSND:** No community events have been taking place in 77 percent villages and VHSND has been stopped completely in 58 percent villages due to Covid 19 protocols. In 26 percent villages, frontline workers have not been given any instructions.
- **Growth Monitoring Status and Identification of SAM/MAM:** In 51 percent villages growth monitoring is completely stopped and in almost all the Anganwadi of 47 percent villages, management and identification of MAM and SAM children has come to a halt.
- **Review Meetings and Convergence Meetings:** Regular convergence meetings held between health and Integrated Child Development Services (ICDS) departments are completely stopped in all the 122 villages. Likewise, regular review meetings and nutrition meetings have stopped completely in 74 percent villages.

6.2. Mid-Day Meal Programme

6.2.1. MDM Setup

Despite achieving near Universalisation of access to elementary education and increase in the provisioning of infrastructure and teachers in schools, the problems of retention, dropout and low learning levels of children still persist. There are clear indications that family poverty has a negative effect on all key educational indicators of children. On both weight for age and height for age criteria, about half the children in Madhya Pradesh are malnourished and one fourth are severely malnourished. Besides, there are significant social disparities among social strata to which they belong. Empirical observations and data available show that children with low health and nutritional levels, or those who support family tend to be the ones whose attendance is irregular, and whose participation in school processes tend to be conspicuously low. Therefore, there is a strong case for child development programmes to combine the components of education with health and nutrition, to address their problems comprehensively. To ensure improved enrolment and retention, and to address the concerns of poverty, social disparity, socio-economic division and gender inequality, the mid-day meal scheme is an effective strategy.

6.2.2. MDM Programme in Madhya Pradesh

The National Programme of Mid-Day Meal (MDM) was formally launched on 15th August 1995. The implementation of MDM was started in Madhya Pradesh in 1995. Initially the scheme, provided for distribution of dry rations or Daliya / Porridge as per availability of financial resources with implementation agency. In the year 2004, the State Government decided to replace 'Daliya' or 'Porridge' by cooked meal in the form of Dal-Roti / Dal-Sabji or Dal-Rice / Dal-Rice-Sabji to students of government /government aided primary schools. Later in the academic year 2004-05 Government of India, Ministry of Human Resources Development also issued instructions and provided assistance for cooking cost to serve the cooked food for primary schools under MDM. The menu and quantity of MDM for primary school children was revised and improved (Dal-Roti-Sabji in wheat predominant area and Dal-Rice Sabji in Rice predominant area) in Madhya Pradesh from 15th August 2006, consequent to the increased assistance for cooking cost from ₹ 1.00 to 1.50 per child per day made available by the Govt. of India. In the academic year 2007-08, the implementation of MDM has also been started in middle schools of Educationally Backward Blocks of Madhya Pradesh, from year 2008-09 the implementation of MDM was also started in all blocks of Madhya Pradesh, as per instructions of Government of India. The menu prescribed for middle schools is same as that for primary schools but with increased quantity. The Mid day meal scheme has helped in giving a boost to achieve the goal of Universalisation of elementary education, by increasing retention rate and attendance and improving creating additional nutrition of students in targeted schools. It has also helped in creating additional livelihood opportunities for special members of poor women SHGs engaged in its implementation.

6.2.2.1. Objectives

The objectives of the revised Mid-Day Meal Scheme are:

- Universalization of education.
- To provide cooked Mid-Day Meal to the students of the government and government aided schools of the State
- To improve the nutritional health standard of growing children.
- To increase retention and attendance and reduce dropout rate of children in government and government aided schools/Madarsas/Maqtabs and Special Training Centers.

- To attract poor children to school by providing Mid-Day Meal to them.
- To increase the employment opportunities at the village level by linking rural poor with income generating activities related to revised Mid-Day Meal Scheme.

6.2.2.2. Beneficiaries of MDM

About 60,31,000 Children are enrolled in Government Primary and Middle School/Anganwadi are getting benefitted under Mid-Day-Meal Scheme through 84542 Primary & 30518 Middle School/Anganwadi of Madhya Pradesh.

6.2.2.3. Orders/Guidelines Brief pertaining to Covid-19 Lockdown

Orders issued by Midday Meal Program Council, (Panchayat and Rural Development Department), Madhya Pradesh in the event of Covid 19 to be followed under MDM Scheme, during the lockdown period and are briefed below –

1. Due to Corona-Covid 19, the distribution of food has been stopped under the Mid-Day Meal Scheme. Therefore, according to the provision of National Food Security Act 2013, food security allowance has to be provided in this period. For this, allowance will be given for 33 days of March (11 days) and April (22 days) as per –
 - a. Primary School - ₹ 4.48 per student per day i.e. total ₹ 147.84 and wheat / rice at the value of 100 g per day i.e. 2.7 kg wheat and 600 gm rice/ Student for 33 Days
 - b. Secondary School- ₹ 6.71 per student per day i.e. total ₹ 221.43 and wheat / rice at the value of 150 g per day i.e. 4 kg Wheat and 900gm Rice/Student For 33 Days.

6.2.3. Situation from Field Area during Covid-19 (Based on Case Studies)

Hot cooked meal and Mid-day meals are the detailed provision comes under MDM Scheme. This covers the Schools and anganwadi centres which as the pivotal point for the delivery of services at community levels to children below six years of age at Anganwadi centres and children going to Primary and secondary schools.

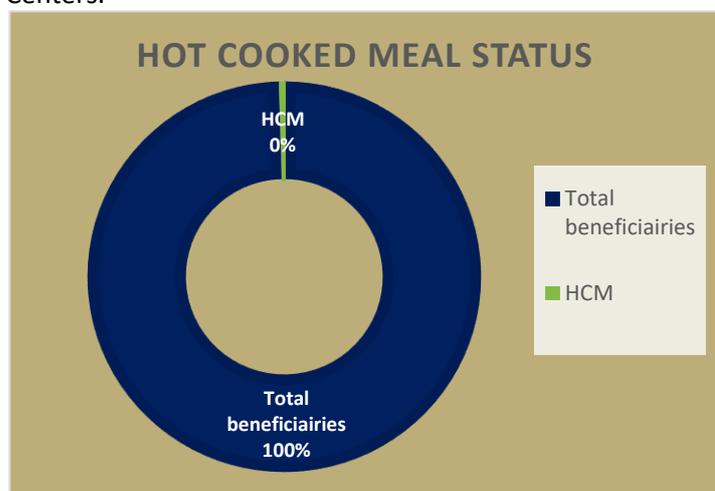
Thus, the MDM services in terms of HCM and MDM in all the anganwadi and schools and beneficiaries availing the aids are analysed in this segment based on the details as collected from 33 households including children eligible for MDM and HCM.

6.2.3.1. Hot Cooked Meal for Children 03-06 years at Anganwadi Centers

Amongst the 33 households there have been 24 children belong to 03-06 years of age and are eligible beneficiaries for HCM under Anganwadi Centers.

Hot cooked meal provision to these 24 children were analyzed and is delineated through Graph 24 which clears that none of the children were provided by hot Cooked meal by any SHGs as Anganwadi centres are closed in the event of Covid 19.

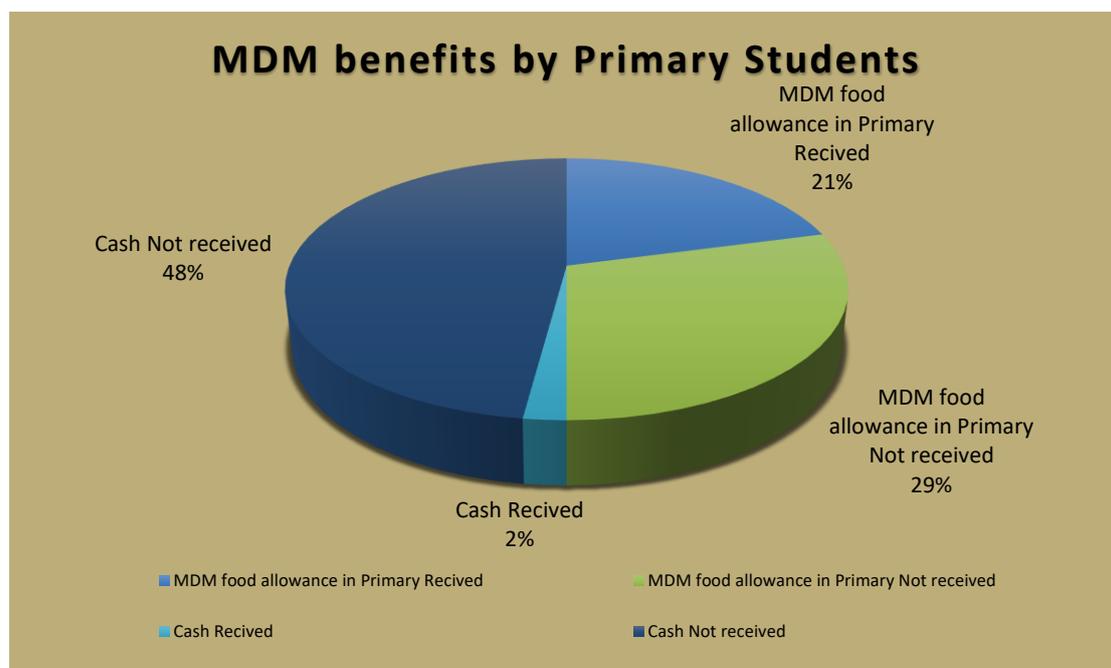
The children rather to be provided with THR packets and RTE in the recommended allowances as issued in Government guidelines during the lockdown which is also however not completely followed as presented in ICDS schemes analysis.



Graph 24 : Hot Cooked Meal provisions

6.2.3.2. Mid-day Meals in Primary Schools

It is evident that none of the school is providing MDM during the lockdown. However as per the guidelines issued by the WCD, children should be provided with food and cash allowance in place of Mid-Day Meals. The status of the food and cash allowance for the primary school students during lockdown by the beneficiaries is explained through graph 25 which states that, of the total beneficiaries eligible to avail allowance in lieu of MDM, only 42 percent have received the ration as per the recommended guidelines i.e. 10 out of 24 children eligible under Primary school levels have received 3 kilo 300 g of wheat or rice or both as per the provision provided in the state.



Graph 25: MDM benefits by Primary Students

Contrary to this, maximum of the beneficiaries (77 percent) is deprived of having received any MDM allowance as of now. The maximum of such cases has been reported in Satna where on further follow up, school management has confirmed of sending the list to the department so as to benefit the remaining children.

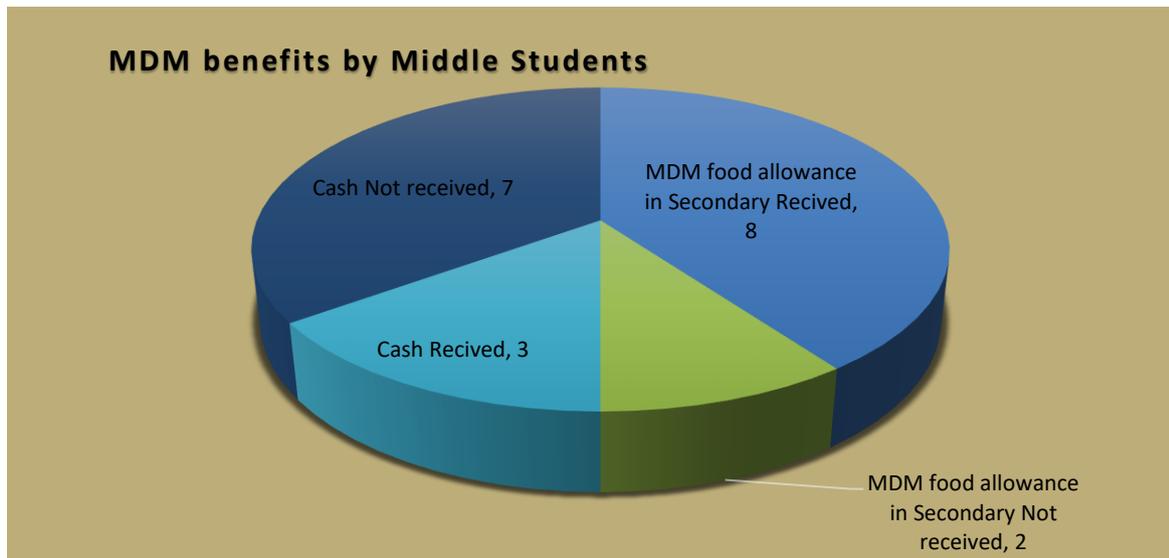
Along with the food allowance, cash is to be provided of ₹ 141 for 33 days which is only received by one beneficiary (Panbai's elder daughter of Umaria). Rest of the 96 percent are yet to receive the recommended cash allowances.

6.2.3.3. Mid-day Meals in Secondary Schools

Analysis of 10 children coming from these families who are eligible for secondary school MDM allowances is presented in the Graph 26.

As depicted, 80 percent of the students have received MDM food allowances against 20 percent those who have not received, hail from Rewa.

Amongst the beneficiaries those who have received the food allowances is as per the recommended norms that is 4900 g approx., wherein the grains were distributed as per the provision establish in the respective districts. For instance, wheat is distributed in Panna whereas rice is being distributed in Satna and Umaria in few villages and in Niwari both rice and wheat are distributed. Amongst these beneficiaries' only 30 percent have received the cash as per the norms i.e. 221 for 33 days whereas 70 percent are yet to receive any.



Graph 26: MDM benefits by Secondary Student

6.2.4. Service Delivery of MDM in the Field Area During Lockdown (Survey)

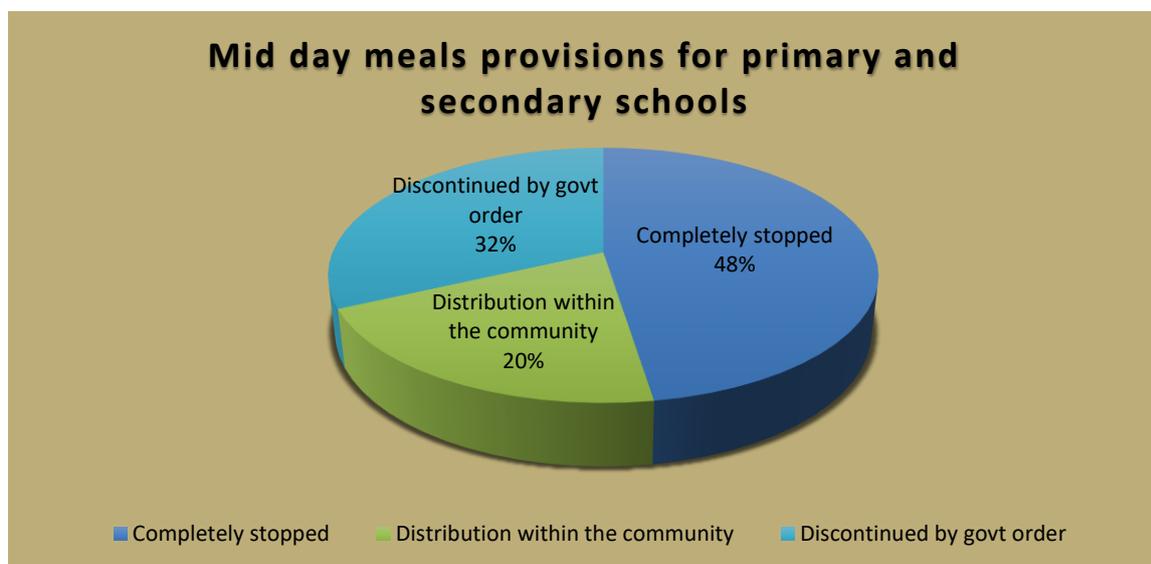
Analysis of 122 villages on the service deliveries of MDM is presented below –

6.2.4.1. Provisions of Hot Cooked Meal for Children (3-6years)

As explained under ICDS through graph 19, 104 AWCs have completely stopped providing HCMs whereas in 18 villages from Panna, Satna, Shivpuri, the HCM was stopped by centres themselves in the event of Covid-19 as per the government orders followed. They have not received any orders but later on was directed on the phones via WhatsApp message, verbal communication, or text messages. Thus, none of the villages have shown continuation of HCM during the lockdown, however, the allowance in lieu of this is also not established hundred percent in the field as explain in the above section

6.2.4.2. Mid-day Meals for both Primary and Secondary Schools

Graph 27 establishes the mid-day meal provisions for primary and secondary schools as observed in all the schools of 122 villages.



Graph 27: Mid-day meals provisions for primary and secondary schools

It portrays that schools of 58 villages (48 percent) have discontinued the MDM completely without any orders received whereas, schools from 39 villages of about 32 percent have stopped after receiving the government orders of closures of schools and simultaneously thus Mid-day meal programmes.

Schools of 25 villages (about 20 percent) have established distribution of the food allowance in place of the MDM as per the recommended norms set by MDM council, within the community.

6.2.5. Highlighted /Concluding Points:

6.2.5.1. From the Field

- **Hot Cooked Meal :** None of the 24 children belong to 3-6 years of age were provided with Hot Cooked Meal by any Self-Help Groups (SHGs) as Anganwadi Centres are closed in the wake of Covid-19. The children ought to have been provided with THR packets and RTE as per the norms set by the government.
- **Mid-day Meals in Primary Schools :** Only 42 percent of the total beneficiaries eligible to avail allowance in lieu of MDM have received the ration as per the recommended guidelines 3 kilo 300 g of wheat or rice or both as per the provision provided in the state. 58 percent school-going children have not received any food allowance in lieu of MDM, whilst those who have received, they have got as per the guidelines. Also, about 96 percent are yet to receive the recommended cash allowances of ₹146 for 33 days.
- **Mid-day Meals in Secondary Schools:** 80 percent of the students have received MDM food allowances as per the recommendation (4900 grams for 33 days). Amongst these beneficiaries only 30% have received the cash as per the norms i.e. 221 for 33 days whereas 70% are yet to receive any.

6.2.5.2. Service Delivery

- **Provisions of Hot Cooked Meal for Children:** None of the villages have shown continuation of HCM during the lockdown. However, the allowance in lieu of this is also not fully established.
 - **Mid-day meals for both Primary and Secondary Schools:** Schools of 80 percent villages have discontinued the MDM completely due to closures of schools and simultaneously Mid-day meal programmes. Schools of 20 percent villages have established distribution of the food allowance in place of the MDM as per the recommended norms
-

6.3. Public Distribution System

Under this system, the State formulates and implements fool proof arrangements for identification of poor, for delivery of food grains to fair price shops and for its distribution in a transparent and accountable manner at the FPS level. The Madhya Pradesh State Civil supplies Corporation lifts wheat from its decentralized procurement and the FCI, rice from FCI, sugar from sugar factories as per the allocation issued by GOI and transports them through its supply centres to the lead cooperative societies which send them to link cooperative societies / Aaport Stores that run Fair Price Shops

The beneficiaries of the TPDS are the population living below the poverty line, Priority Households and AAY Families as defined per NFSA, 2013. On the basis of parameters fixed by the GOI and Rural/ Urban Development departments of the state government, the beneficiary families are identified with the help of Gram Panchayats and Gram Sabhas in rural areas and local bodies such as Municipal Corporation in urban areas. The families whose name figure in the priority list can apply for special e-ration cards (Patrata Parchi) giving details of family members to the authorized officers of their respective local bodies. After necessary verification, the competent authority issues ration cards and the family is thus eligible for getting food grain and other essential commodities at prescribed rates from the FPS with which its card is attached. Under the provisions of NFSA, 2013, the subsidized quantity of ration has been increased to 35 Kgs per family for AAY (Antyodaya Anna Yojana) families and 5 Kgs per member for other Priority Households (PHH). Wheat, Rice, Sugar, Salt & Kerosene supplied in the scheme is of fair average quality as prescribed by GOI. Sugar & Salt is available at the scale of 1000 g, per family per month. Kerosene is available to all priority households – AAY at the scale of 5 litres/family/month and PHs at the scale of 4 litres/family/month.

Table 9: Details of TPDS in MP

No	Subject	Description
1	Directives	GOI issued guidelines in 2013
2	Implementation	M. P. Govt. started this scheme since 1-3-2014
3	Targeted group	The beneficiaries of the TPDS are the AAY families and Other Priority Households as defined by the State Government notification dated 5th June 2014
4	Beneficiaries	All the families as part of AAY families and other priority households per State government gazette notification dated 5th June 2014
5	No of beneficiaries	As on 15-03-2020, there are 11684833 beneficiary families with 54411085 members.
6	Consumer price	Rs. 1.00/kg for wheat & rice, ₹ 1.00/kg for Salt, ₹ 13.50/Kg for Sugar and ₹ 16.00/Ltr for Kerosene* <i>*where there is availability and provision</i>
7	Scale of issue	35 kg food grain per family per month

Source: NFSA portal, Madhya Pradesh as on 15.03.2020

6.3.1. Institutions Involved in PDS

After the allotment is received from GOI, Commissioner, Food Civil Supplies and Consumer Protection, Madhya Pradesh allots stocks to various districts, local bodies and up to the level of FP Shops using the SAMAGRA database and the District Collector redistributes the same among the Tehsils, if necessary. As per the number of e-ration cards (Patrata Parchi), the Sub Divisional Officer re-allots the stock to each fair price shop. This allotment is intimated to local self-government bodies in urban area and to Gram Panchayats in rural area and also to the

Districts	Total FPS	Valid Devices
51	25149	25083
Total		
Trans	Cards	Today Trans
6036194	5923918	189821
Scheme	Nfsa Ration Cards	% NFSA RATION CARDS
NFSA-PHH	10184436	87.15 %
NFSA-AAY	1500397	12.84 %
TOTAL NFSA RATION CARDS	11684833	100.00 %
Commodities	Allocation (Kgs)	Distribution (Kgs)
NFSA-Rice	74009050.000	37887708.500
NFSA-Wheat	221494210.000	119538916.000
	1636641.000	871868.000

Source: NFSA portal as on 15th March 2020

Figure 45: NFSA Details of MP

concerned MLA/MP. Food Corporation of India, M.P. State Civil Supplies Corporation, Lead and Link cooperative societies are involved in delivery of food grain. Oil companies, their wholesalers and retailers and Sugar mills are involved in supply of kerosene and sugar. M.P. State Civil Supplies Corporation and the lead societies chalk out the convenient routes for transportation of these commodities. On arrival of stock the FPS vigilance committee and the general public is intimated, and people are allowed to purchase the food grain in instalments at their convenience.

6.3.2. Fair Price Shops

As on 15.03.2020 there are 21,459 Fair price shops in 52 districts in the state. All these shops are run by cooperative societies. The cooperative societies of the women are also allotted these shops. As these shops are run by cooperative societies, they can avail of the credit limits allowed to them by the district cooperative banks so there is no shortage of capital to run these shops. Also, the state government compensates these societies for the losses incurred in running the PDS at the rates fixed by the cooperative department. At district headquarter, District Supply Officer and in other areas Sub Divisional Officer of the area are authorized to permit a new shop on the recommendation of Deputy Registrar of cooperative societies of the district. On an average an FPS caters to 717 families. As the off take in some sectors is negligible, the number of card holders is below average and is not a viable proportion. To compensate the losses incurred by the cooperative societies, the State government make them available a subsidy to the tune of ₹ 15 - 20 crores per annum. Following is the district-wise distribution of FP Shops in the state. Fair Price shops have to follow the rules prescribed by **Madhya Pradesh (Food Stuff) Sarvajanik Nagrik Poorti Scheme, 1991**. If any FPS commits irregularity, its license can be cancelled, and security can be forfeited after due enquiry by the appointing authority.

6.3.3. Orders/Guidelines Brief Pertaining to Covid-19 lockdown

During Covid 19 mainly following guidelines were established in the states

1. Distribution of three months ration for March, April, and May 2020 on the subsidy rates to the BPL and AAY card holders as per NFSA entitlements through Fair Price Shops
2. Distribution System (TPDS) free of cost for a period of three months **PRADHAN MANTRI GARIB KALYAN ANNA YOJANA** - Additional allocation of food grains to all the beneficiaries covered under TPDS free of cost for a period of three months, as per the order released from Ministry of Consumer Affairs, Food and Public Distribution dated 30th March 2020. The order states that –
 - The undersigned is directed to refer to pro-poor initiatives announced under Pradhan Mantri Garib Kalyan Package as a part of Economic Response to COVID-19 to ameliorate the hardships faced by the poor due to economic disruption caused by Corona virus and to say that it has been decided with the approval of the Competent Authority to provide additional foodgrains @ 5kg/person/month free of cost for three months, i.e. April-June, 2020 to all the beneficiaries (AAY and PHH) covered under TPDS as per provisions of NFSA. The above allocation will be over and above the regular monthly allocation of foodgrains under NFSA to such beneficiaries. The beneficiaries of TPDS in the UTs of Chandigarh, Puducherry and Dadra & Nagar Haveli and Daman & Diu who receive benefits under NFSA in form of DBT would also be provided food grain under this Scheme.
 - 2. The Government of India will bear the entire cost on account of such distribution.
- In continuation to this memorandum a letter is issued from the Ministry of Consumer Affairs to all the PS of States and UTs and MD of FCI regarding ensuring the same

- Distribution of ration to non-ration card holders based on the list generated by panchayat by identifying the beneficiaries in needs and issues them token. This to be taken care by Janpad CEO

6.3.4. Situation from the Field Area During Covid-19

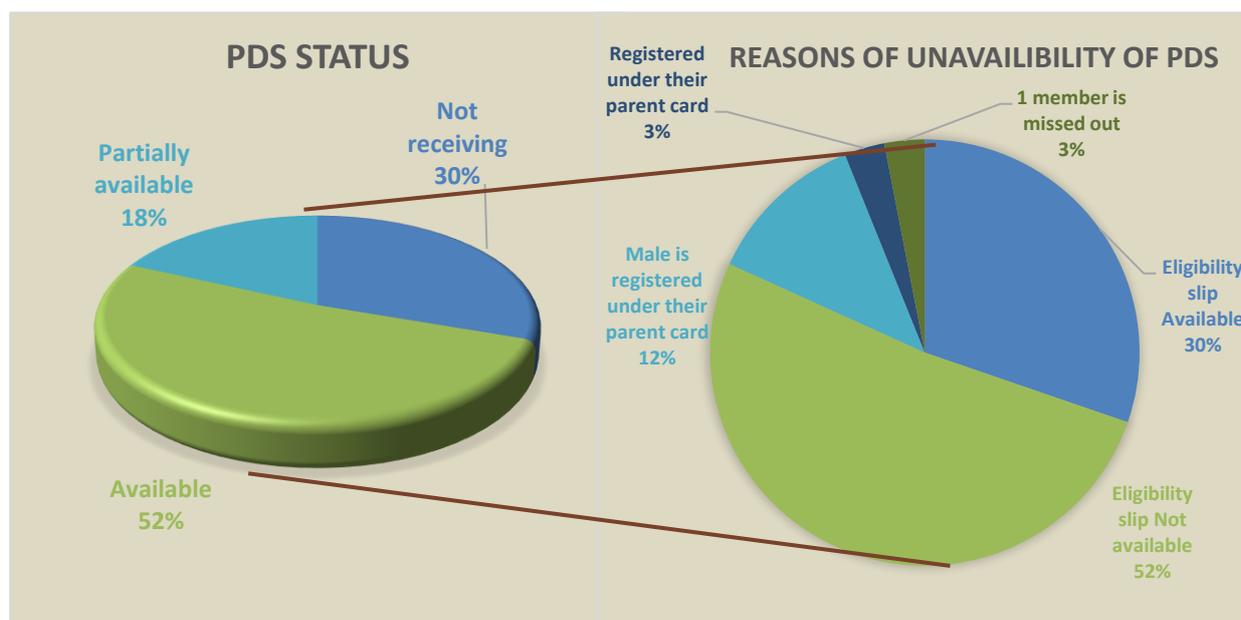
The PDS ideally ensures availability of required food grain to the vulnerable section of the society that lacks the purchasing power to buy the required food grain at market prices. Rice and wheat are mainly sold at cheap prices under the PDS from ration shops. A few districts from the state also sell coarse grain and pulses under the PDS. The operation of FPS has always been at the stake.

Beneficiaries collect PDS commodities on designated days in a month from the FPS. Commodities under the PDS are distributed on a monthly basis in all the districts covered. Usually, FPSs distribute food grains at the beginning of the month depending on the supply from the FCI go down or wholesale dealer. If the dealer does not receive supplies on time, or if there is a time lag in getting supplies, distribution from the FPS also gets delayed. Ideally, the FPS dealer should inform the beneficiaries of any change in the days or timing of distribution through personal visits in villages or by phone in urban areas. In many villages, beneficiaries come to know about the day of commodity distribution from neighbours. In other words, information about the day of distribution or availability of food grains at the FPS spreads mainly by word of mouth. Thus, the functioning of FPSs was rendered in the case studies.

Based on the points mentioned above, the ration allocation, distribution and sufficiency are analysed in the case studies covered and is presented in segments below.

6.3.4.1. Status of Ration Availability through PDS

As detailed out in graph 28, status of availability of PDS has been observed as the major issue. Where PDS ration is remained available to 52 percent of the total families i.e. total 17 families out of 33 has been benefitted as per NFSA entitlements against 18 percent of the families those who are partially benefitted under the scheme. However, about 30 percent of such families have been observed where they are not receiving any ration from PDS though they are entitled to receive PDS ration through FPS.



Graph 28 : Status of availability of PDS

Reasons of Non-availability of PDS Facility

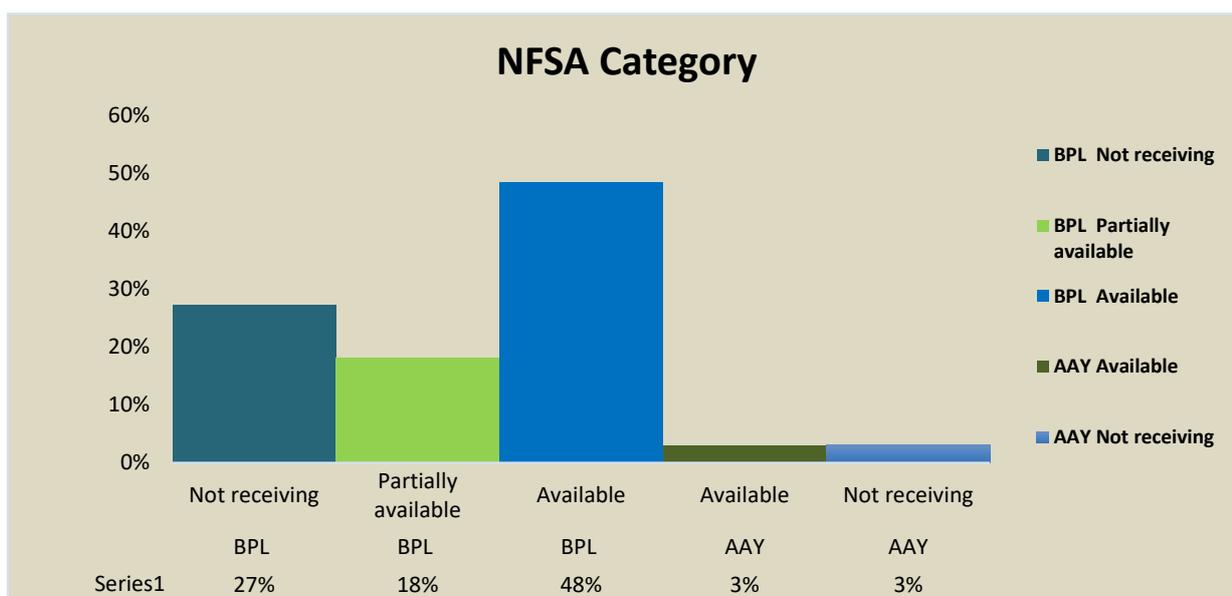
This status remains true irrespective of the lockdown effect. That means these families have benefitted neither prior to Covid-19 from PDS nor during lockdown. When further status of the families who stayed underprivileged, was analysed in detail, it was observed that 30 percent do not have any eligibility slips against 52 percent of the families those who have eligibility slip, whereas, 18 percent have eligibility slips registered under their parents ID.

Thus, these families are partially benefitted from PDS as only those members whose names are registered under their parents' ID, are only provided with ration.

About 12 percent have their male members name registered under their parents Samagra ID. About 3 percent, have two- or three-members' name registered under their parents' Samagra ID whereas about 3 percent reported to have their children name missed out in their Samagra ID and eligibility slip as well.

6.3.4.2. NFSA Category

By the rule, there are 26 categories under NFSA however, the assessment has found beneficiaries from two categories only thus analysis is focussed accordingly. The two categories as analysed under NFSA entitlements are found to be AAY cards and BPL cards. As laid out in Graph-29, as many as 70 percent families have been benefiting from the PDS facilities under NFSA. However, the 30 percent families which have not accessed the benefits should be a cause for deep concern. Further, it is also notable



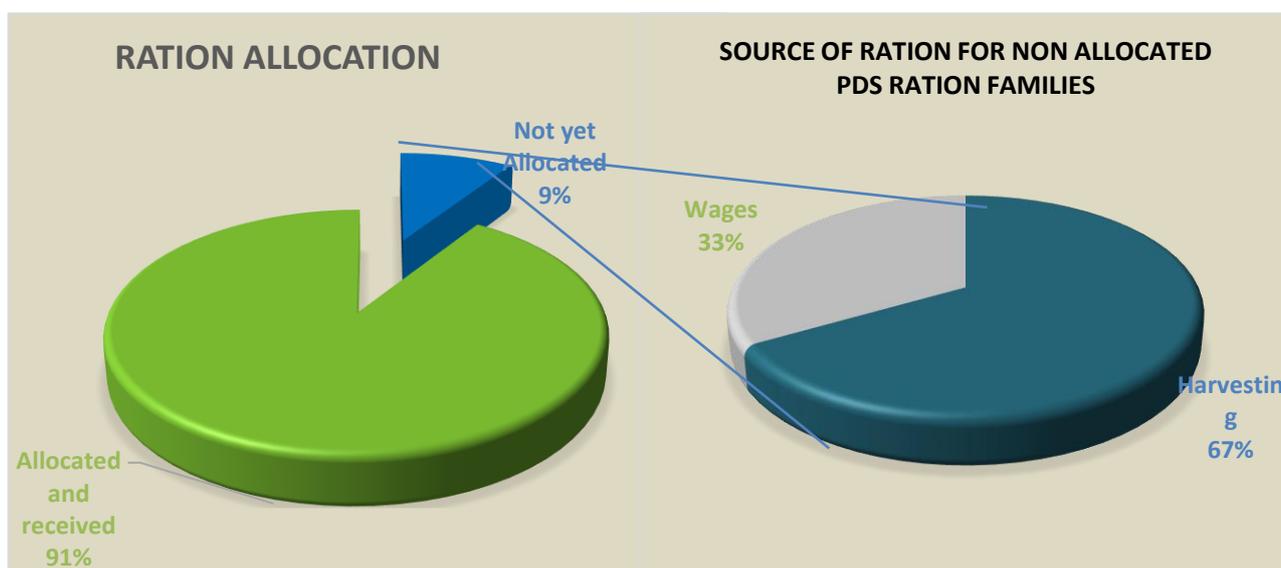
Graph 29: NFSA category

that the 70 percent benefited families comprise 52 percent of those which have all members of the family covered in the scheme whereas 18 percent families are such where ration has been available to only one or two members of the families. Besides, 94 percent of the sampled families are entitled for Priority Household (PHH) Cards and that 6 percent are entitled for Antyodaya Anna Yojana (AAY).

6.3.4.3. Ration Allocation During Covid-19 Lockdown

Status of ration allocation during lockdown is demonstrated through Graph 30 which states that about 91 percent of the families have ration allocated by different means which are discussed in next heading. About 9 percent of the families are deprived of receiving any ration from the government despite of having BPL cards. Three such cases are identified from the district Rewa and Shivpuri. Rajankali Kol and Seema kol from Rewa are dependent for their ration through harvesting work they have done. Seema has her husband's name identified with his parent's ID thus has received only 5 Kg

of ration against 4 members in her family. Both Rajankali and Seema Kol are identified in the list produced by the Panchayat to benefit them under PMGKAY with 5 Kg of ration per member, but yet has not received any. Similarly, 33 percent constituted of one family from Sheopur is dependent on the ration they have collected by doing daily wages.

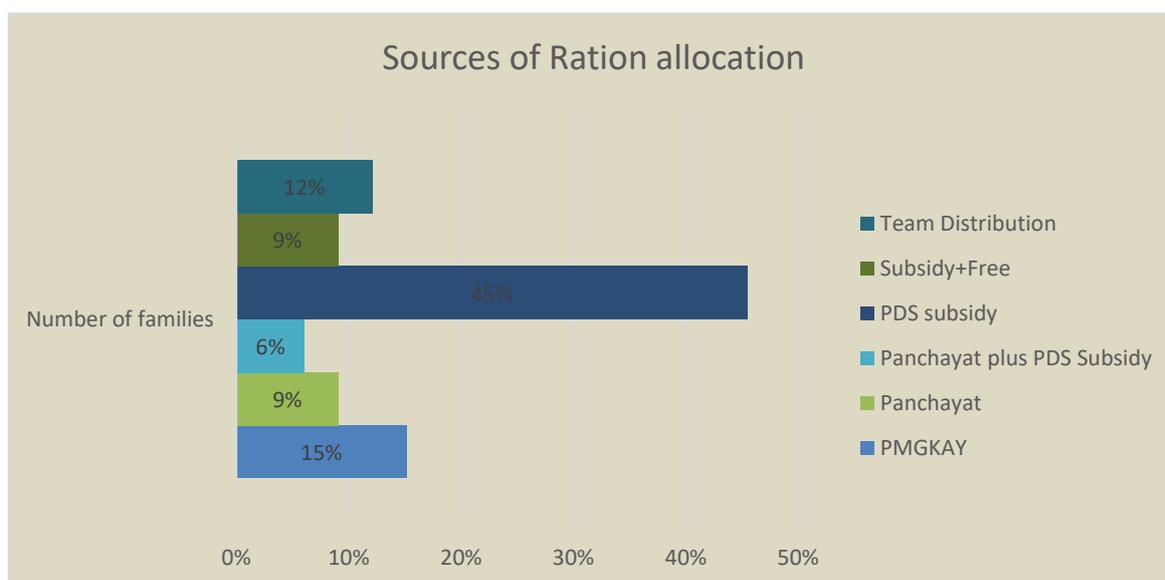


Graph 30 : Status of ration allocation during Lockdown

6.3.4.4. Source of Ration Allocation

The ration allocated to the families during lockdown is maintained by different sources as delineated in Graph 31. It says that about 45 percent of the families are directly benefitted through PDS shop by purchasing the subsidized ration as per their allocation marked in eligibility slip. This is followed by PMGKAY benefits availed by fewer families (15 percent) by receiving ration free of cost from PDS as per 5 Kg per person. Also, there were 9 percent families each of those who are benefitted by Panchayat and have received both subsidized and free ration from PDS shops.

Then there were 2 families who were both benefitted through Panchayat as well subsidized ration. Through the organization about 12 percent of the families have been benefitted from these cases so far.



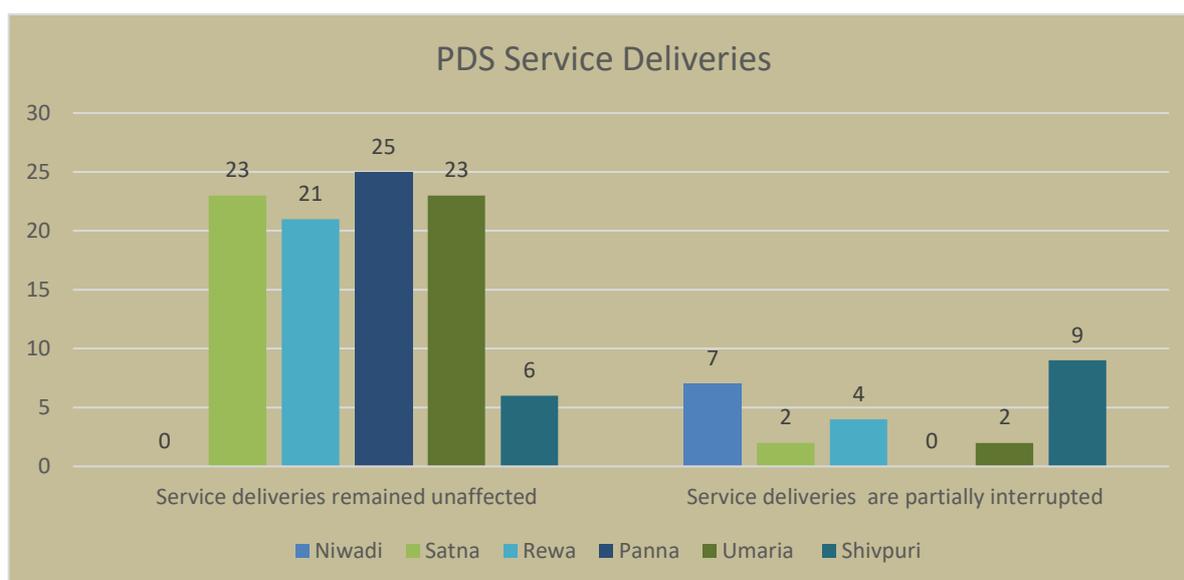
Graph 31: Source of ration allocation

6.3.5. Service Delivery of PDS in the Field Area During Lockdown

6.3.5.1. Status of PDS Across the Villages

The service delivery of PDS in the field area is analyzed using the survey and is presented through Graph 32 which states that, in 78 percent of the villages it remained unaffected i.e. 95 villages have continued providing ration during Covid 19. Contrary to this, about 22 percent i.e. 27 villages of the districts have faced partially affected services during the Covid 19 lockdown.

Maximum partially interrupted services are observed in the villages of Niwari (100 percent) and Shivpuri (60 percent) amongst the districts. Contrary to this, maximum uninterrupted service deliveries of PDS are found in villages of Panna (100 percent) followed by Umaria, Satna with 92 percent of villages and Rewa with 84 percent of villages.



Graph 32: PDS Service Delivery in the field area

The PDS delivery those remain unaffected are the provisions of ration distribution as per the government guidelines during lockdown for providing 3 months of ration at subsidy and 2 months of ration under PMGKAY has remained intact. Whereas, in the partially interrupted areas it was observed that most of the cases the ration distribution was not taken as per the allotted lists, and beneficiaries were not benefitted as per the provision. The district teams have intervened in most of the cases in producing the list and sharing it with government so that all the beneficiaries are equally provided with the desired aid. In few cases, ration distribution is still pending with the panchayat for non-ration card holders and are under process.

1. Where ration is distributed and remained unaffected

- Ration card holders are receiving rations from the respective FPS in their villages following the Covid-19 protocols. Food grains are distributed only to ration card holders whereas ration is being distributed to the beneficiaries according to the village and wards
- In Bhatwa village of Satna, only one family was given 75 Kg of ration for three months based on their eligibility slip
- In almost 9 villages of Satna Food is not provided to the families who do not have ration card or eligibility slip or whose ration card and eligibility slip are cancelled.
- In Rampurva, Satna, government benefit is being extended to the needy families

2. Where services are partially affected (not 100 percent coverage)

- In Dagbarbe village of Shivpuri, ration was distributed for three months however, sugar was provided only for a month which was intact when district team raised the issue with the concerned department
 - In 4 villages of Shivpuri, the ration was not distributed by the FPS to the beneficiaries for three months, which after being raised with DSO of Shivpuri was intact.
 - In Madhkheda of Shivpuri, only two months of ration was distributed in the beginning which after dialogues with the concern department was re-established.
 - In four villages of Satna, the ration card holders were only privileged whereas the families who do not have ration card or eligibility slip and whose ration card and eligibility slip are cancelled, are not given food grains to those families
 - In almost 5 villages of Rewa, ration was misappropriated by the seller, thus was distributed for 1 month, after raising the issues with the Food Department, extra food grains were distributed and was borne by the PDS owner
3. In maximum districts, it is observed that rice is distribution is taking place in lieu of gain distribution under PMGKAY due to demand and availability

6.3.6. Highlighted /Concluding Points:

6.3.6.1. From the Field

- **Status of Ration Availability through PDS:** 17 (52 percent) of families have been benefitted as per National Food Security Act (NFSA) entitlements whilst 6 (18 percent) of the families have only partially benefitted.
- **NFSA Category:** As many as 70 percent families have been benefiting from the PDS facilities under NFSA. However, the 30 percent families which have not accessed the benefits should be a cause for deep concern. Further, it is also notable that the 70 percent benefited families comprise 52 percent of those which have all members of the family covered in the scheme whereas 18 percent families are such where ration has been available to only one or two members of the families. Besides, 94 percent of the sampled families are entitled for Priority Household (PHH) Cards and that 6 percent are entitled for Antyodaya Anna Yojana (AAY).
- **Ration Allocation During Covid-19 Lockdown:** About 9 percent of the families are deprived of receiving any ration from the government despite having BPL cards or AAY cards. 91 percent of the families have ration provided by other sources also apart from PDS subsidized ration.
- **Source of Ration Allocation:** About 45 percent of the families are directly benefitted through PDS shops by purchasing the subsidized ration as per their allocation marked in eligibility slip. PMGKAY benefits are availed by fewer families (15 percent) by receiving ration free of cost from PDS as per 5 Kg per person. 12 percent of the families have been benefitted from relief work.

6.3.6.2. Service Delivery

- **Status of PDS Across the Villages:** In 78 percent of the villages, it remained unaffected i.e. 95 villages have continued providing ration during Covid 19. Contrary to this, about 22 percent villages of the districts have faced partially affected services during the Covid 19 lockdown.
-

7. Chapter Seven: Food and Nutrition Security

This chapter broadly analyse the food and nutrition security of Household, pregnant and lactating mothers, and children below 6 years of age based on the food available to them amidst the Covid-19 lockdown.

7.1. Pillars of Food Security

Food security exists when all people at all times have physical, social, and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life. The four pillars of food security are: food availability, access to food, utilization, and stability. The nutritional dimension is integral to the concept of food security¹³.

Four elements build the framework of food and nutrition security: availability, access, use and utilization, and stability. The picture below illustrates the three dimensions describing the food flow from availability and access to use and utilization as well as the aspect of sustainability.

7.1.1. Food Availability

Food availability refers to the physical existence of food. On national level food availability is a combination of domestic food production, commercial food imports and exports, food aid and domestic food stocks. On household level food could be from own production or bought from the local markets. Regarding food production, water resources are required to produce the crops. Due to population growth and climate change, the pressure on existing natural resources, namely land and water, increases. Impacts of climate change are often leading to land degradation, lack of irrigation water, reduced soil moisture and therefore losses of economic livelihoods. argument ¹⁴

7.1.2. Food Access

Access is ensured when all households have enough resources to obtain food in sufficient quantity, quality, and diversity for a nutritious diet. This depends mainly on the amount of household resources and on prices. In addition, accessibility is also a question of the physical, social and policy environment. Drastic changes in these dimensions may seriously disrupt production strategies and threaten food access of affected households.¹⁵

7.1.3. Food Distribution

Food distribution is regarded to a process through which any general public is supplied with food and is affected by n number of factors including food availability, food supply, income and purchasing power, bargaining power, access to food resources, food behaviors, social status, tastes and preferences, and interpersonal relationships. Similarly, plenitudes of factors responsible for Household food distribution that includes, wealth, food security, occupation, land ownership, household size, religion/ethnicity / caste, education, and nutrition knowledge¹⁶

7.1.4. Argument

With the event of Corona-19 outbreak and imposed lockdown, all the pillars of food security seem to have been compromised on all the fronts leaving the community dependent only on the government scheme for all the pillars in the absence of livelihood, harvesting, lack of income, insufficient purchasing powers, cipher access to markets, fields and jungles and other severe factors. For this, the

¹³ Committee on World Food Security (CFS), Global Strategic Framework for Food Security and Nutrition, 2011 (http://www.fao.org/fileadmin/templates/cfs/Docs1011/WG_GSF/GSF_annotated_outline_formatted_Rev1_22_Jun_11.pdf)

¹⁴ SIWI, IFPRI, IUCN, IWMI. 2005. "Let it Reign: The NewfckLRWater Paradigm for Global Food Security." FinalfckLR Report to CSD-13. Stockholm International WaterfckLRInstitute, Stockholm.

¹⁵ USAID 1995 Food Aid and Food Security Policy Paper, (<http://transition.usaid.gov/policy/ads/200/foodsec/foodsec.pdf>)

¹⁶ Determinants of intra-household food allocation between adults in South Asia – a systematic review, H-Harris et al, International Journal for Equity in Health volume 16, Article number: 107 (2017)

community food security is majorly defined and determined by the ration distribution through PDS at subsidy or free to the ration card holders of NFSA, through certain relief brought from the organization in the envelope of rations that would last for a fortnight or so.

This chapter thus try to analyse the food security with the available ration in the household received by them mostly by PDS subsidy or PMGKAY or panchayat or through schemes, or from their previous stocks.

7.2. Household Food Security

Household food security is determined for the 33 households covered in the assessment and is analysed below –

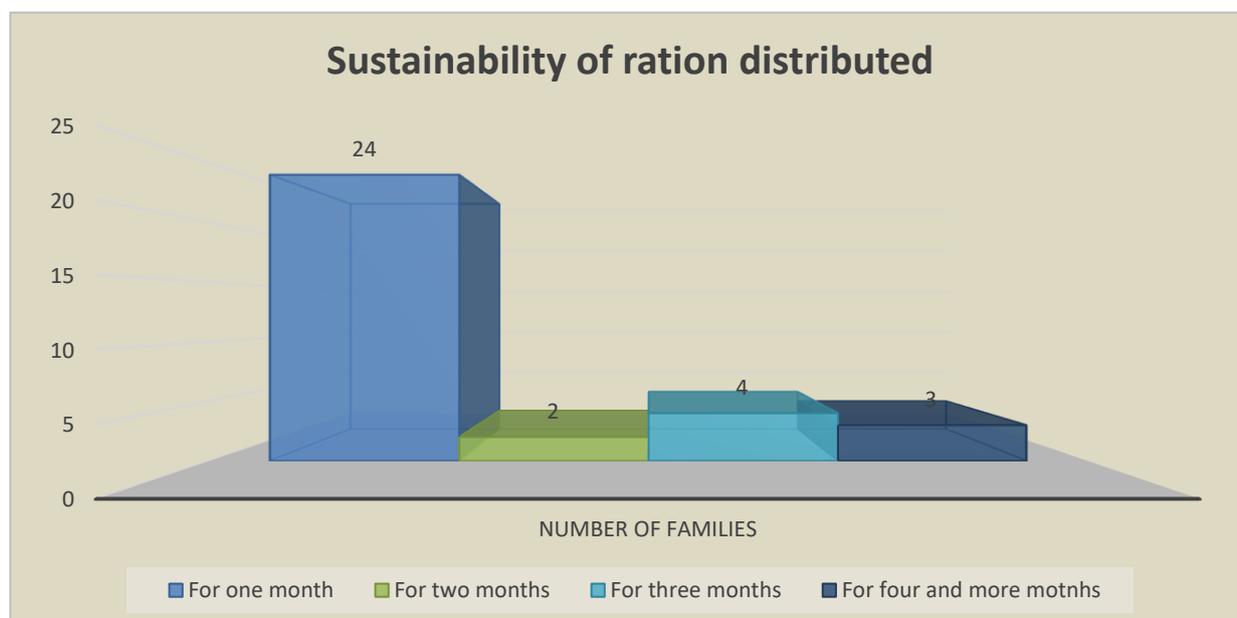
7.2.1. Food (ration) Availability

As already explained in section 6.3.4.1., where families are provided with grains including wheat and rice from the PDS are the only source of food at present. About 52 percent i.e. 17 out of 33 families have ration availability under PDS against 18 percent i.e. 6 families those who have received ration for one or two members in their families. However, there are 33 percent covering 10 families who are not receiving any ration benefits out of the PDS system making them vulnerable on food security parameters. It is concluding that ration availability to a family is confined to 50 percent (average 45-55 percent) during lockdown Following various exclusions (uncovered members, non-inclusion of families etc.)

7.2.2. Food (Ration) Sustainability

Ration sustainability came the next issues when ration distribution was analysed as not all families have received ration for two or three months. This is again interpreted based on the case documentation and is demonstrated through graph 33.

As can be depicted from the graph, the maximum families (77 percent) those have received ration from different sources have it sufficient for a month are 24.



Graph 33: Sustainability of distributed ration

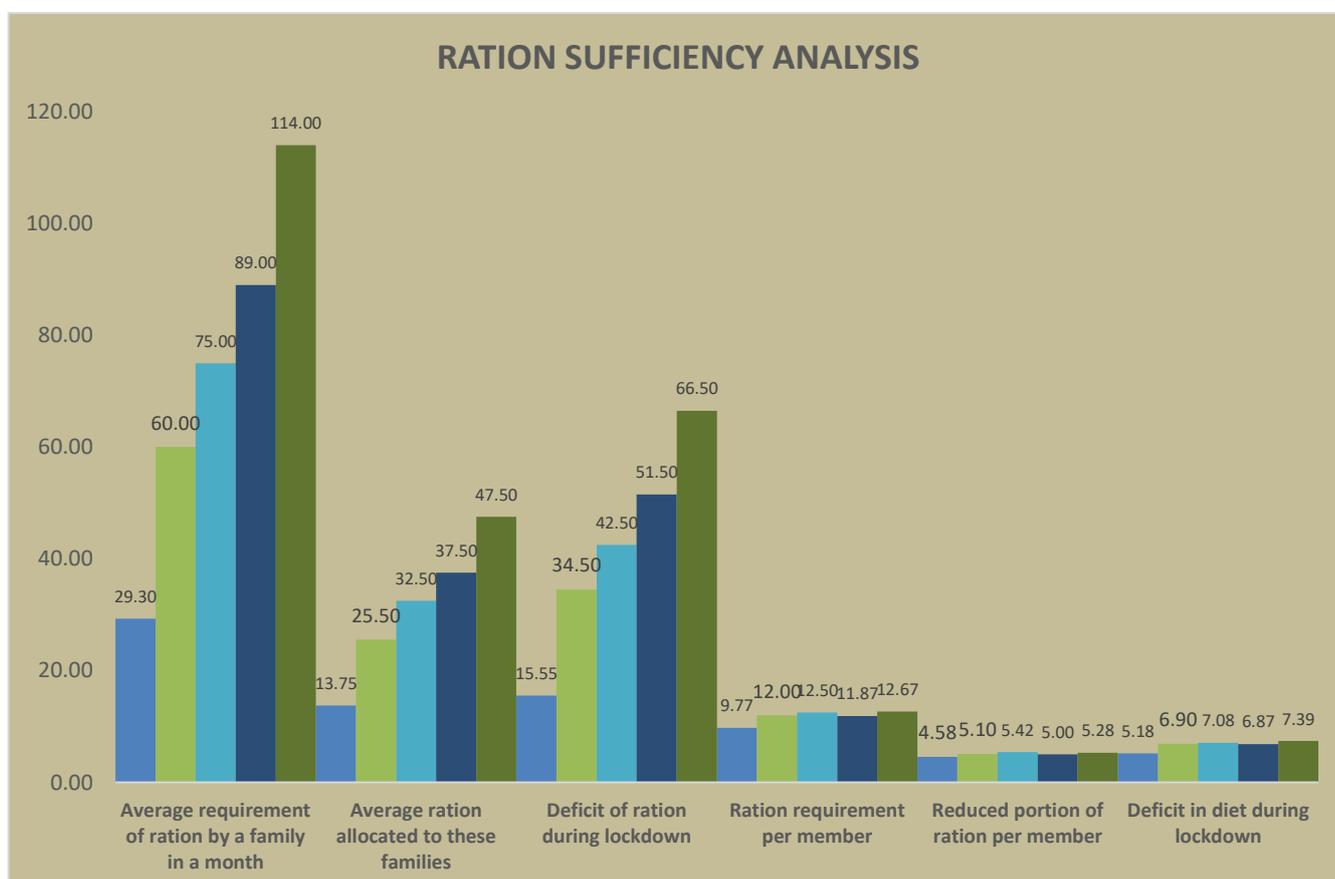
This is followed by 12 percent of the families having ration sustainable for three months whereas 9 percent of families can manage it for four months and only 6 percent of the families have sufficient stock for two months only. If this lockdown persists, this becomes crucial in determining the status of food security of these families, as the ration they have been provided will soon run out.

7.2.3. Food (Ration) Sufficiency

It is important to understand if distributed ration for the families are enough for their needs or not. Based on the interpretation of the data the result is illustrated through Table 9 and Graph 16.

Table 10 : Ration Sufficiency

Category as per the requirement	Average requirement of ration by a family in a month	Average ration allocated to these families	Deficit of ration during lockdown	Ration requirement per member	Reduced portion of ration per member	Deficit in diet during lockdown	Number of families	percentage
Families with 20-40 kgs requirement in a month for 3 members	29.30	13.75	15.55	9.77	4.58	5.18	8	24 percent
Families with 41-60 kgs requirement in a month for 5 members	60.00	25.50	34.50	12.00	5.10	6.90	10	30 percent
Families with 61-80 kgs requirement in a month for 6 members	75.00	32.50	42.50	12.50	5.42	7.08	4	12 percent
Families with 81-95 kgs requirement in a month for 7-8 members	89.00	37.50	51.50	11.87	5.00	6.87	4	12 percent



Graph 34: ration Sufficiency Analysis

Families with 96 and more kgs requirement in a month for 9 and more members	114.00	47.50	66.50	12.67	5.28	7.39	4	12 percent
Total for 33 cases	2121.00	1750.00	371.00	11.92	9.83	2.08		

As shown in the table 10 and graph 34 the families are broadly categorized based on their family size and ration requirements in five categories viz. Families with 20-40 kgs requirement in a month for 3 members; Families with 41-60 kgs requirement in a month for 5 members; Families with 61-80 kgs requirement in a month for 6 members; Families with 81-95 kgs requirement in a month for 7-8 members and Families with 96 and more kgs requirement in a month for 9 and more members.

Based on these categories the average requirement of ration (as shared by the family and as computed in the study conducted by Vikas Samvad on Community Traditional Food Resource Mapping in these districts) is placed against average distribution of ration by PDS and government and deficit per family and members are calculated and is presented though above table and graph.

7.2.3.1. Analysis of Food and Ration Sufficiency

Broadly analyzed below –

- About 30 percent of the families fall in the category two where they are provided with 25.50 Kg of ration against their 60 Kg of requirement on a month with a deficit of 34.50 Kg of ration for a month dropping their per member requirement i.e. provision of 47 percent of their daily diet
- About 24 percent of the families come under category one where their monthly ration is dropped from 60 Kg to 25.50 Kg making their diet sufficiency to 43 percent per member in month
- Likewise, 12 percent each of the other three categories have also been facing a drop of 43percent of their average monthly diet requirements.

This would have the serious health repercussions in the long run as this would not only compromise their nutritional needs but Recommended Dietary Allowances. Furtherance is responsible for poor immunity making them prone to more diseases and infections largely.

Concern is on the health of pregnant and lactating mothers and children belonging to these families where the extra needs are compressed largely, and they have to be self-sufficed them with as low as 40-45 percent of their daily diet further jeopardizing them to poor nutritional indicators.

7.2.3.2. Availability of Other Food Sources

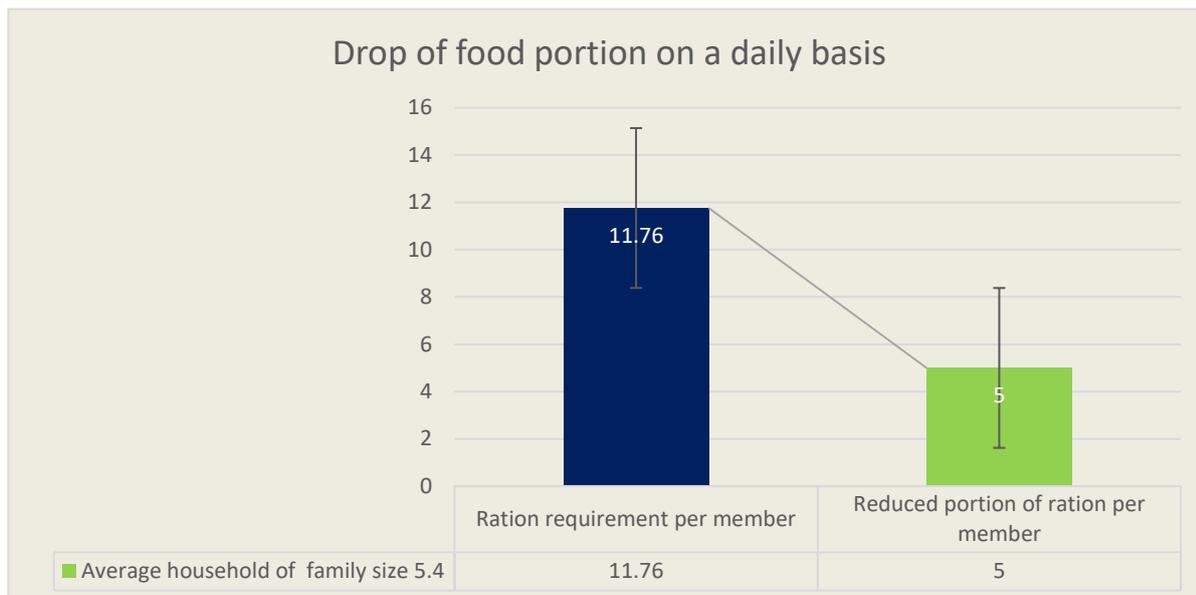
As informed my maximum families, they are run out of already available stocks of food, ration, pulses, spices, and other kitchen essentials. Once in a while they arrange vegetables which is extremely dependent on the harvesting work in their respective villages where some farmers may provide fewer families with vegetables including tomatoes and potatoes only which barely lasts for one or two meals. This negates the possibility of the food variety in the plate of the community at present. In most of the cases they consume roti with either salt or chatni, whatever is best available to them.

7.2.3.3. Graphical Portrayal of Reduced Food Portion

Based on the average family size which is 5.4 (as computed in the assessment) the average consumption and requirement of the family is graphically presented through graph 35

To meet the needs, the families even have cut down on their meals from 3 to 2 a day and sometimes to only one per day where their plate is already squeezed to reduced ration, the quantity of the servings have significantly dropped as can be seen through Graph 35, where average family which would require a monthly ration of 63 Kg are provided with only 25 Kg.

This has dropped down the per member monthly intake from 11.76 Kg of ration tremendously to lesser than half i.e. to 5.04 Kg a month.



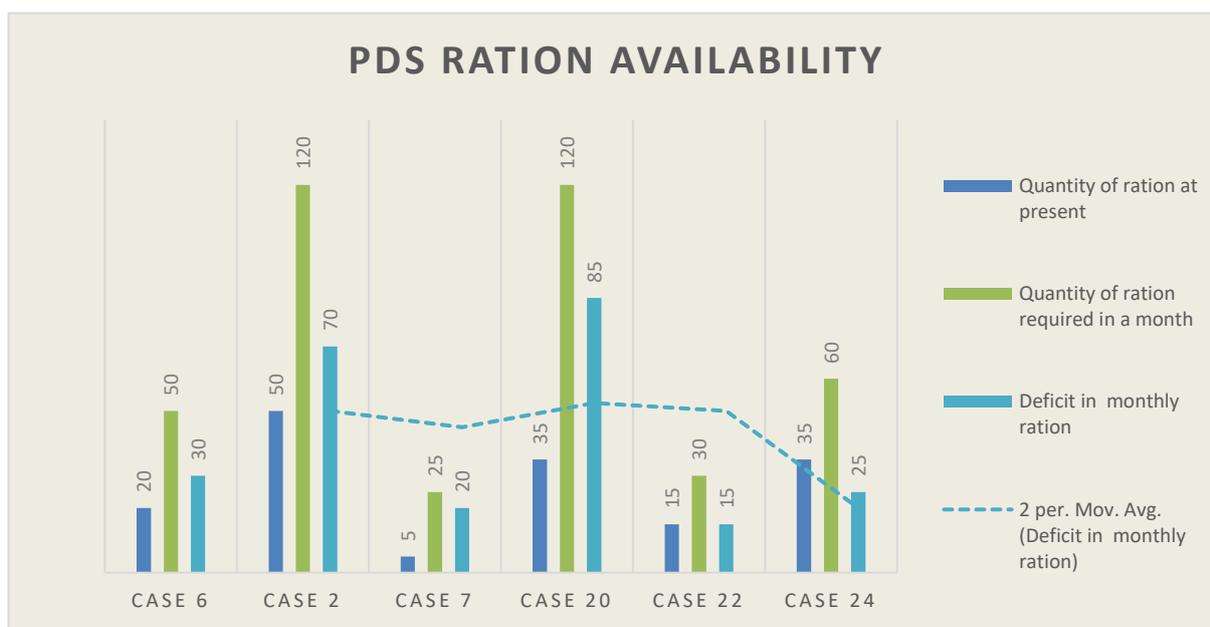
Graph 35: Reduced Food portion

7.3. Food and Nutrition Security of Pregnant Women

The cases documented under this assessment covers 6 pregnant mothers. Through the discussion and analysis based on their food intake which primarily consist of cereals at present derived mainly from PDS in maximum cases and stocks in few, the food and nutrition security of these women are determined and presented below –

7.3.1. Food (ration) Availability to Pregnant Women from PDS

All the 6 cases of pregnant mothers have received the monthly ration from PDS and is dependent mainly on PDS and availability of ration is shown through Graph 36. As evident from the graph in all the cases, the ration availability from PDS is as low as 50 percent or more.

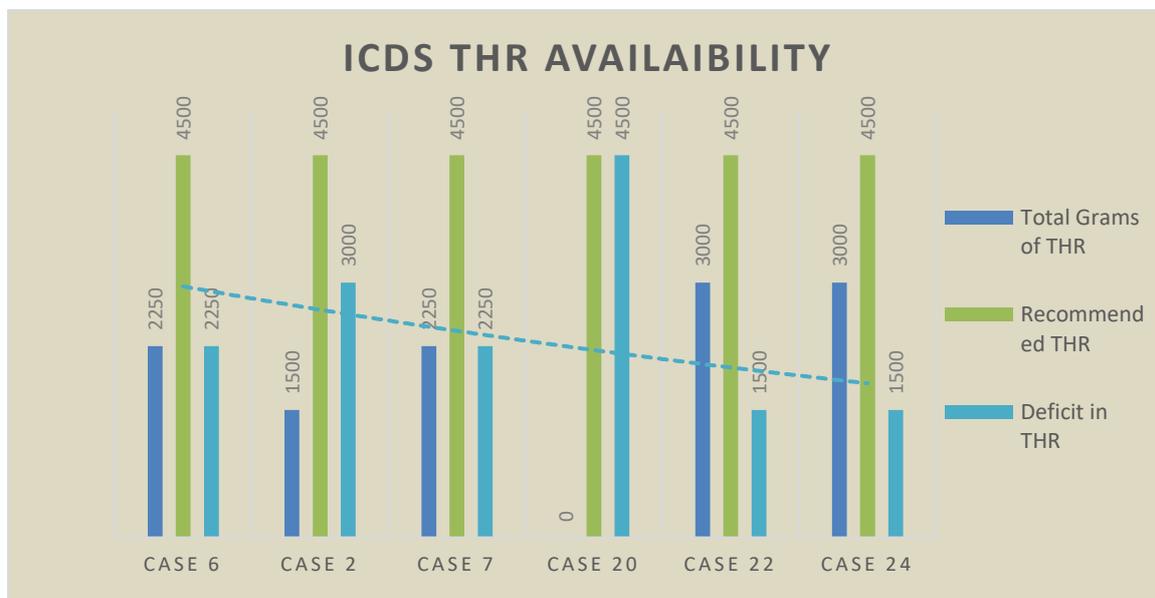


Graph 36: Food availability to Pregnant Mothers from PDS

This further will affect the diet of the pregnant mothers due to reduced intake of grains in order to meet the daily requirement of the family.

7.3.2. THR Availability to Pregnant Women from ICDS

Graph 37 shows the trend analysis of the THR deficit against the recommended allowances for Pregnant mothers.



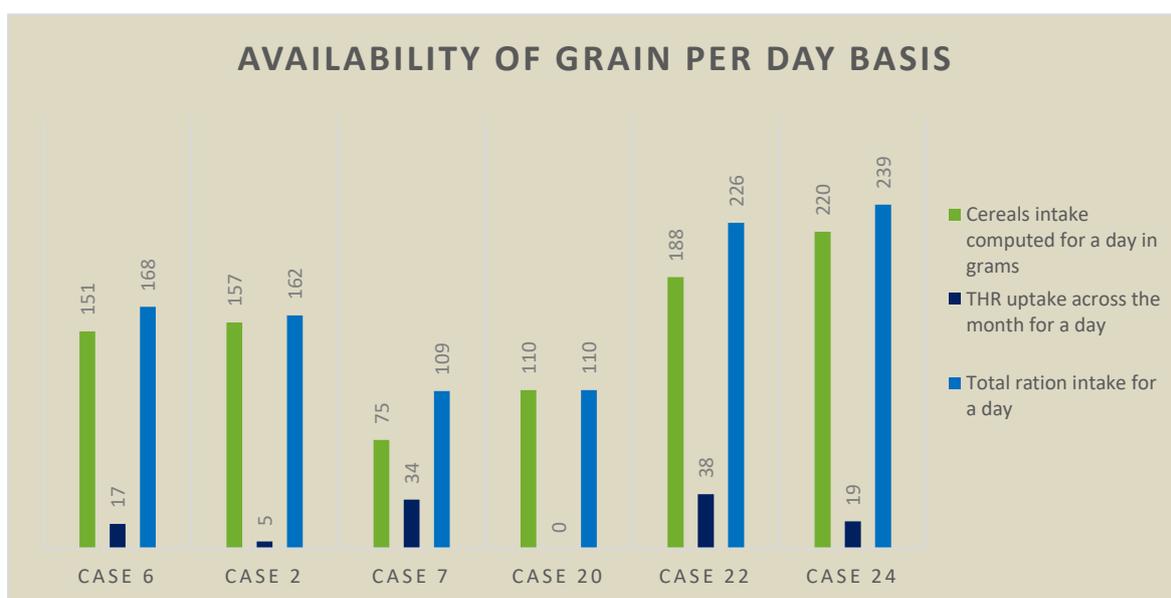
Graph 37: THR Availability to Pregnant Mothers

As delineated from the graph, except for one case all the 5 other pregnant mothers have received THR lesser than the recommended allowance i.e. 4500 g to be distributed in the three weeks during lockdown. Majority of them have received it between 1500 g to 3000 g leaving a wide margin of deficit except for case 20 who received 4500 g as recommended.

THR received by the women is averaged out to **2000 g** for three weeks which 2500 g lesser than the recommended allowance i.e. 4500 g.

7.3.3. Food Consumption: Per Day Basis

Provided with the availability of PDS ration and THR packets to the pregnant mothers, the per day grains and cereals are computed for all the cases of pregnant mothers and are well put in Graph 38.



Graph 38: Availability of grains per day basis

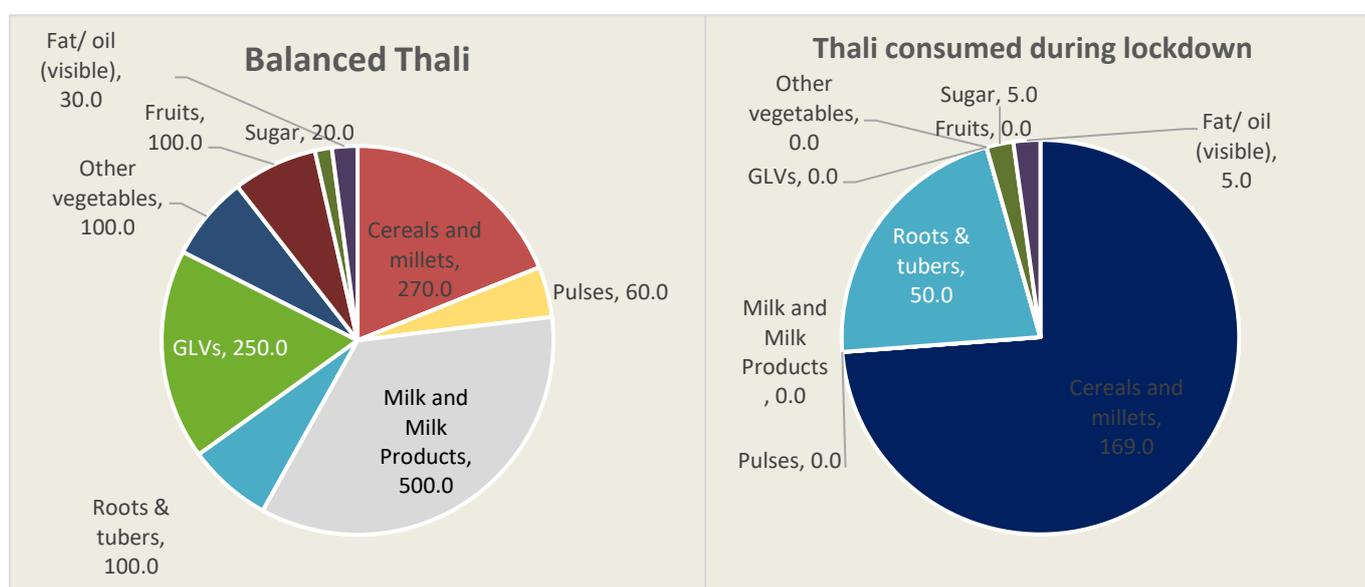
As shown cereals intake computed for a day is averaged out to be 150 g in a day by a pregnant mother.

Also, per day THR grains intake is computed as 19 g which is only 8 percent of recommended value of 250 g a day. However, though the THR packets are meant for pregnant women or the lactating mothers, it is observed that the THR grains are consumed by all the family members in one or two meals. This is a general practice obtaining in the community. The practice is a pointer to an already a pitiable situation in the community with regard to the inadequacy of availability of foodgrains to the poor and vulnerable families. Consequently, the actual intake of dietary allowance for the pregnant woman is further cut down to 19 g for pregnant woman [(with an average family size of 5.4), which is just the 8 percent of the recommended THR Allowance i.e. 250 g a day]. This severely impacts her own nutritional wellbeing apart from that of the foetus.

Thus, total grains including THR and PDS, consumed by pregnant women per day is computed as 169 g in a day which is 63 percent of the recommended dietary allowance of 270 g a day.

7.3.4. Determining Portion Size and Nutrition Security of Pregnant Women

On the basis of the food available to the pregnant mothers the portion size is calculated and matched against the recommended allowance set by ICMR and is presented through Graph 39



Graph 39: Balanced Thali vs Thali consumed during lockdown

As clear from the graph that the diet consumed by the pregnant mothers chiefly consists of cereals only and devoid of any milk products, fruits, and green leafy vegetables at present. These groups are required for developing body building tissues and immunity which is somehow lacking. Moreover, the basic vegetables are consumed once in a while and that principally consists of potatoes and tomatoes.

7.4. Food and Nutrition Security of Lactating Mothers

The cases documented under this assessment covers 12 pregnant mothers. Through the discussion and analysis based on their food intake which primarily consist of cereals at present derived mainly from PDS in maximum cases and stocks in few, the food and nutrition security of these women are determined and presented below –

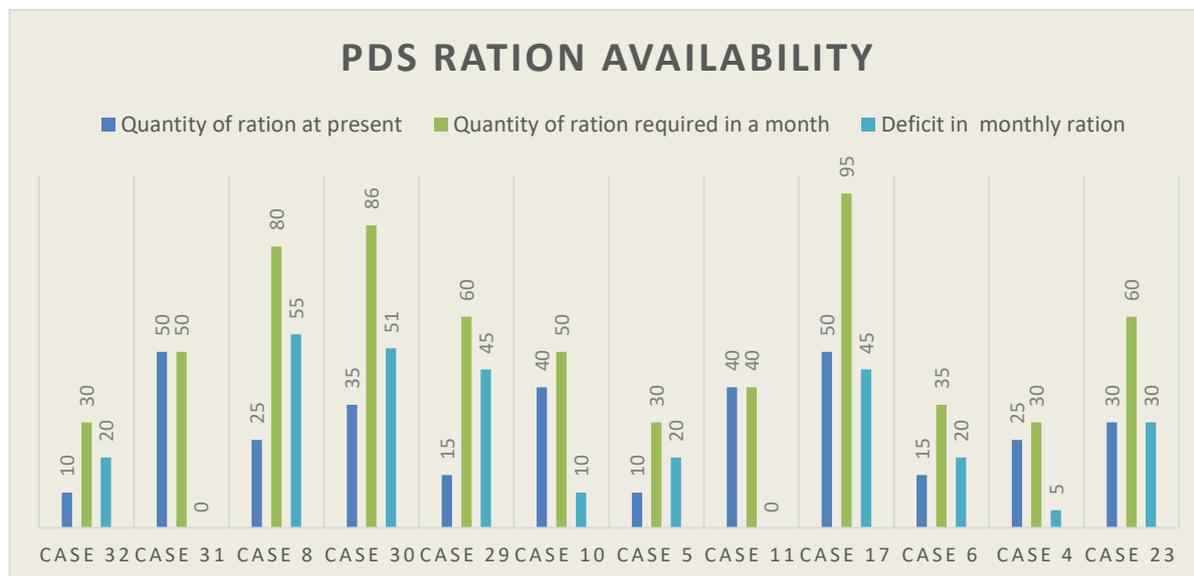
7.4.1. Food (ration) Availability to Lactating Mothers from PDS

The ration availability to the lactating mothers as per the PDS ration received and other grains they have managed with little savings or by working in someone’s fields when harvesting work was open or by collecting NTFPs and is exemplified in Graph 40.

As evident from the graph almost all the lactating mothers are provided with deficit amount of ration from PDS i.e. the ration which is available to them at present is deficit by more than 50percent.

It is notifiable that, case 10, 11 and 31 have not received any PDS ration despite of having their names registered under Samagra portal.

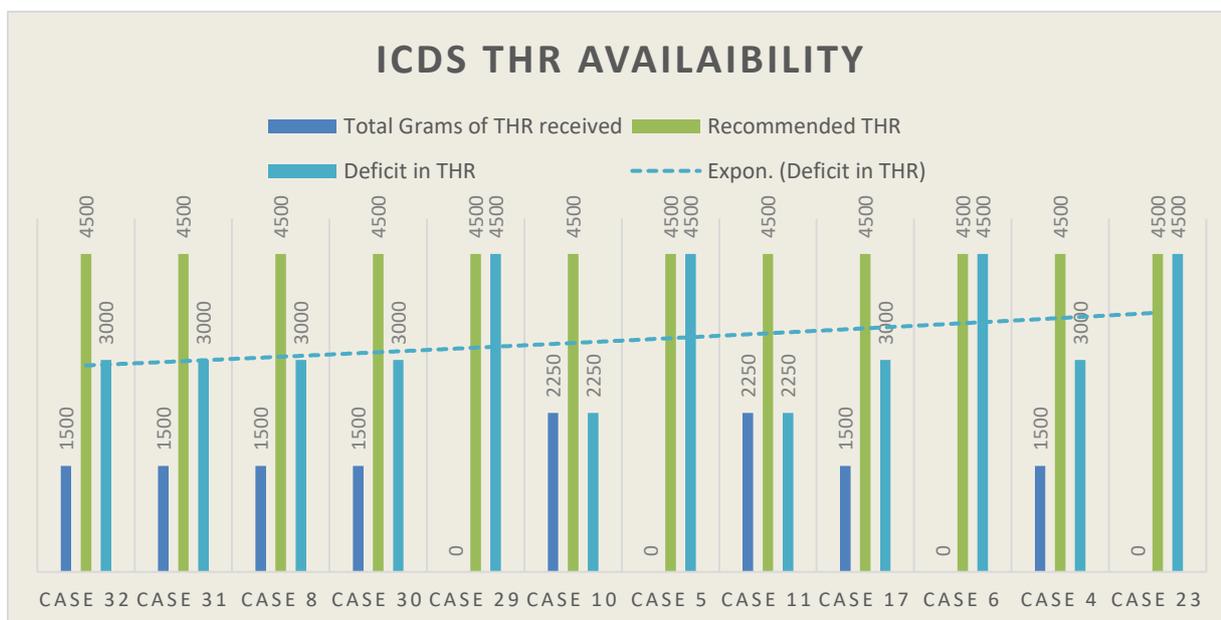
They have managed their monthly stock by doing labour work or harvesting for at least a month. It is interesting to note that two of these cases have zero deficit of ration for them and their families. It is evident that the ration availability from PDS is only 50 percent. Cereals provided from PDS on a daily basis is averaged out as **178 g** only.



Graph 40 : Food availability to Lactating Mothers from PDS

7.4.2. THR Availability to Lactating Mothers from ICDS

The trend analysis of the THR deficit against the recommended allowances for Lactating mothers are exhibited through graph 41.



Graph 41: THR availability to Lactating mothers

It says that in majority of the cases THR distributed remained on lower side than the recommended allowance of 4500 g for three weeks. About 33 percent of the lactating mothers are not even provided with any THR packets making a deficit of 100 percent for them.

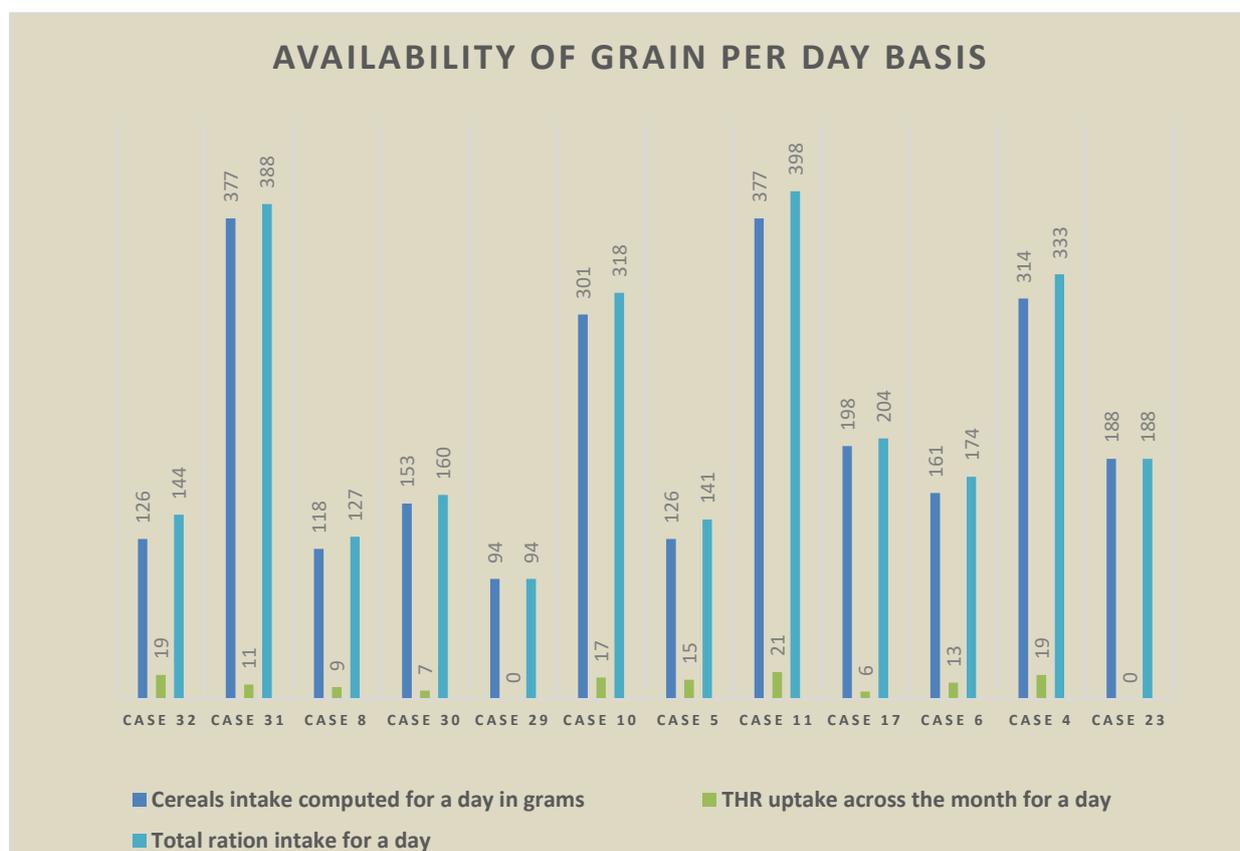
Most of them have received 50 percent-67 percent of the recommended THR i.e. it between 1500 g to 3000 g leaving a wide margin of deficit.

THR received by the women is averaged out to 1700 g for three weeks which is 2800 g lesser than the recommended allowance i.e. 4500 g. However, though the THR packets are meant for the lactating mothers, it is observed that the THR grains are consumed by all the family members in one or two meals. This is a general practice obtaining in the community. The practice is a pointer to an already a pitiable situation in the community with regard to the inadequacy of availability of foodgrains to the poor and vulnerable families. Consequently, the actual intake of dietary allowance for the lactating mother is further cut down [15 g for lactating mother (with an average family size of 5.4) which is just the 6% of the recommended THR Allowance i.e. 250 g a day]. This severely impacts her own nutritional wellbeing apart from that of the breastfed children under 2.

7.4.3. Food Consumption: Per Day Basis

Graph 42 depicts the availability of grains to the lactating mothers on the daily basis, on the basis of available PDS and THR food grains. It is computed on an average depends upon the number of members in the household. As shown cereals intake computed for a day is averaged out to be 178 g in a day by a lactating mother. The THR packets are normally distributed for mothers but looking to the practice in the community it is consumed by all the family members in one or two meals. Provided the fact, the per day THR is computed on an average as 15 g for a lactating mother which is just the 6 percent of the recommended THR allowance i.e. 250 g a day.

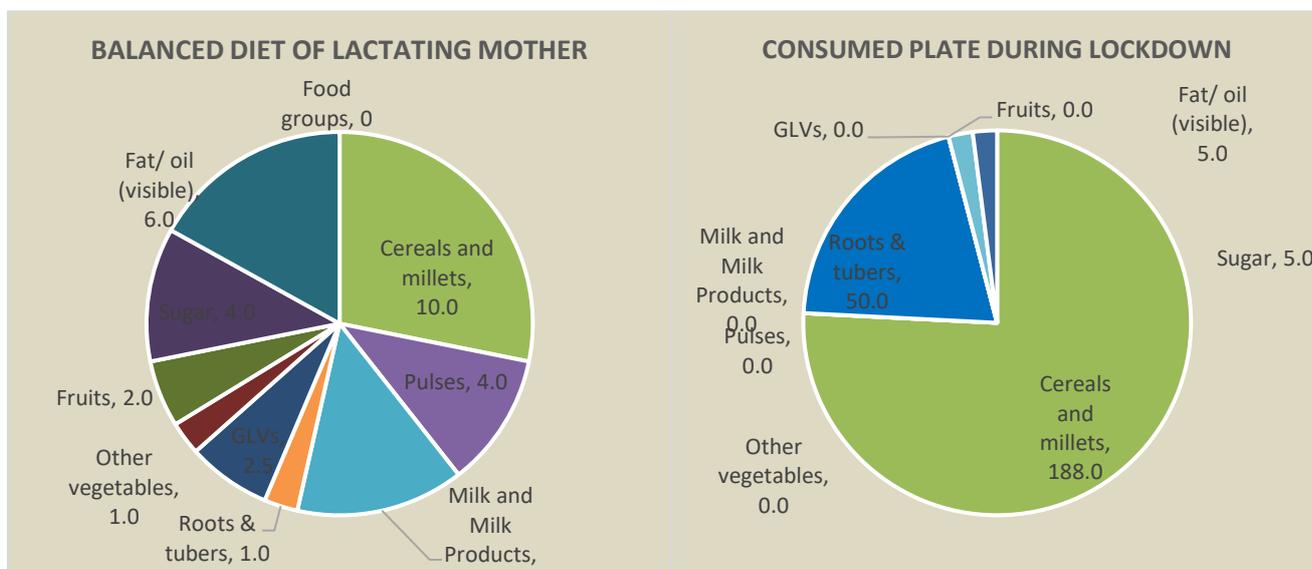
Thus, Total grains including THR and PDS, consumed by lactating mother per day is computed as **193 g in a day** which is 64percent of the recommended dietary allowance of **300 g** a day. A deficit of 107 g of cereals is recorded on a daily basis which would cause deficiency of nutrients in the long run.



Graph 42: Availability of grains on daily basis

7.4.4. Determining Portion Size and Nutrition Security of Pregnant Women

Based on food available to the lactating mothers their portion size is calculated and matched against the recommended allowance set by ICMR and is illustrated through Graph 43



Graph 43: Balanced plate vs plate consumed during lockdown

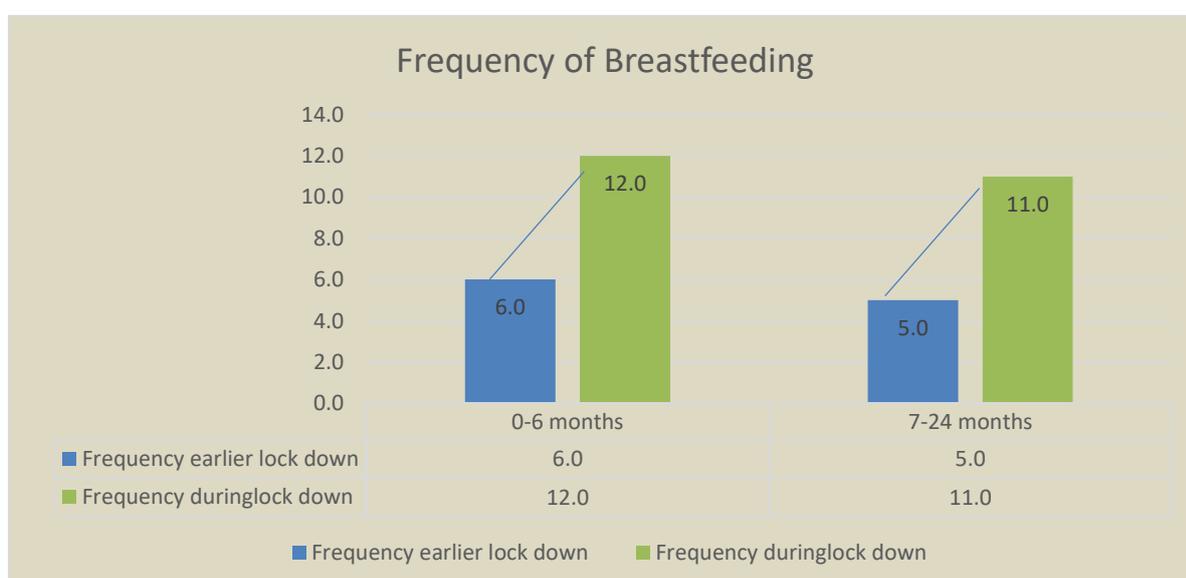
As visible from the graph the consumed plate by lactating mothers during lockdown is high on cereals and extremely low on protein and immunity boosting foods that includes milk and milk products, animal products and green leafy vegetables and fruits. This will create a deficit of nutrients for the feeding mothers and would trigger them in the vicious cycle of malnutrition

7.5. Food and Nutrition Security of Infants and Children

As looking to the limitation of dietary recall and per day intake of the children and infants, their portion size is computed based on the average food intake through the availability of food, meal frequency and breastfeeding frequency in case of breast-fed infants and young child and is presented below –

7.5.1. Frequency of Breastfeeding for Infants and Young Children

The total number of breastfeeding children assessed during the study was 14 out of which, three infants belonging to age group of 0- 6 months of age 11 young child belonging to age group of 6 months



Graph 44 : Frequency of Breastfeeding for infants and young child

to 24 months are assessed during study. Their frequency is analysed based on the discussion with their mothers and is presented in graph 44 with trend analysis line.

As evident from the graph, the breastfeeding frequency has increased in both the age groups.

In the first age group, the children were breastfed on average of 6 times a day provided the mother has time after working and being engaged with daily wages. While it is observed there is demarcated increase in the breastfeeding to almost 12 times a day i.e. the frequency has been doubled

Likewise, breastfeeding frequency of young children belonging to 6 months to 24 months of age has also shown tremendous increase from 5 times a day prior the lockdown to 11 times a day during the lockdown.

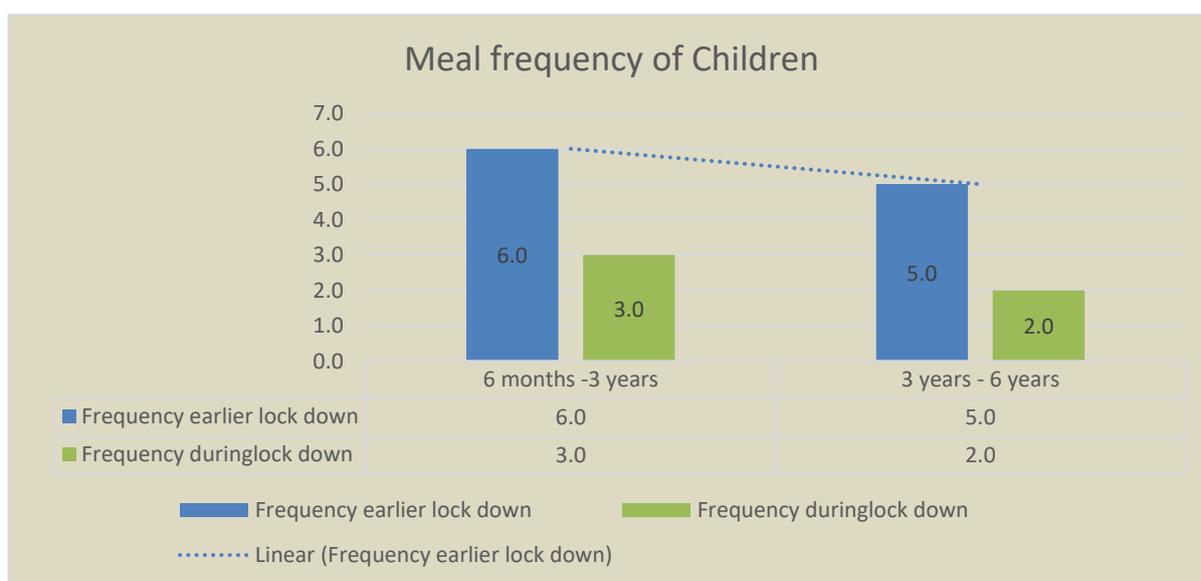
Thus, the breastfeeding frequency has increased in both the age groups. There is a demonstrated increase in the breastfeeding to almost 12 times a day i.e. the frequency has been doubled. This is due to the care; the mother could afford to the children assumed the time in their hands during the lockdown. This would have the positive influence on the nutrition graph of the children in the coming months given the nutritious diet on their plate, proper complimentary feeding for infants and proper weaning for children entering into third years of their life. However, it is also clear, feeding load on the lactating mother has gone up and that the need to make up her nutritious dietary needs cannot be ignored.

7.5.2. Meal Frequency of Children 6 Months to 6 Years

The total children assessed during study were 45 including 3 below 6 months of age, 18 between 6 months to 24 months and 24 children belonging to 2 years to 6 years of age. Their frequency is however impacted during the lockdown looking to the ration limitation. This is analysed based on the average computation between two groups and is presented in graph 45.

As shown the meal frequency for both the age groups have tremendously fell from 6 times a day to 3 times a day for children between 6 months to 3 years of age whereas it has been dropped from 5 times a day to 2 times a day in case of younger age group.

This sense the deficit of nutrition in the coming days for these children due to reduced intake and insufficient of availability of food and ration on their plates.



Graph 45 : Meal frequency of children 2 years to 6 years

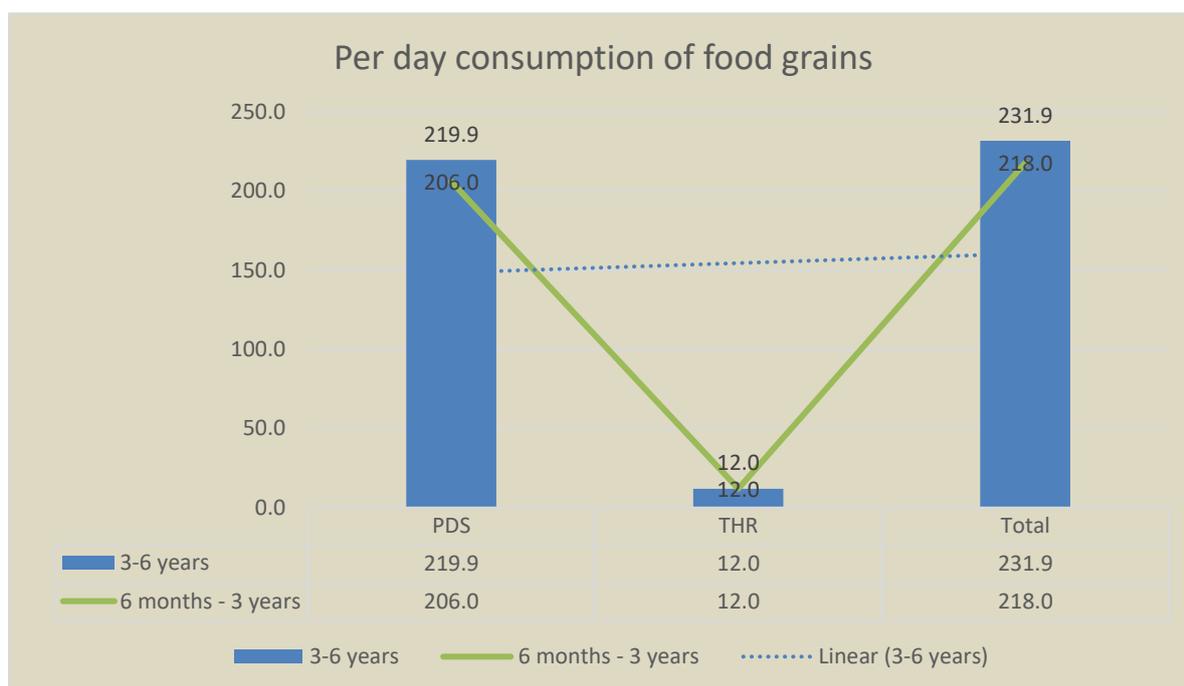
7.5.3. Consumption of Food Grains by Children 6 Months to 6 Years

Consumption of available grains including PDS and THR ration to the children at the moment is computed on per day basis and is shown in Graph 46. As illustrated, it is clear that the ration availability

from PDS is only confined to 50 percent. Cereals provided from PDS on a daily basis is computed as 206 (children 6 months – 3 years) and 219 g (children 3 - 6 years).

During the lockdown, the children are provided with THR packets as well as RTE food that includes Sattu in the studied districts. The total provision for RTE and THR packets for the children between 6 months to 6 years as per the guidelines/orders issued by WCD was 3600 g (Based on 200 g per day, about 1200 g in a 1 week (6 days) and 3600 g for 3 weeks). However, in the study, it was computed that together the THR packets and RTE food as received by the children is averaged out to 1440 g for three weeks which is only 40% of recommended allowance i.e. 3600 g.

Similarly, when consumption of these grains was analysed on a daily basis, per day THR and RTE consumption is averaged out as 12 grams for children below 6 years of age (with an average family size of 5.4) which is just the 6% of the recommended allowance i.e. 200 g a day. It is worth mentioning again here that per day THR and RTE grains are computed based on the common practice observed in the villages of having packets and RTE food consumed by all family members.



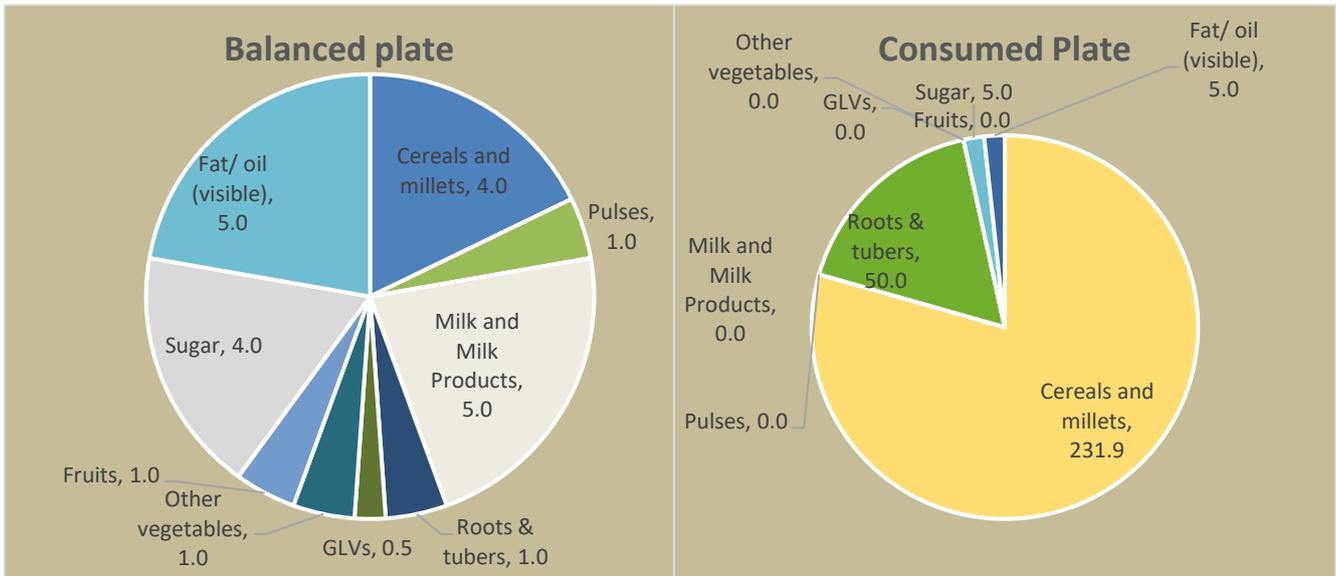
Graph 46: per day food consumption of available grains

Thus, total grains including THR and PDS, consumed is computed as 218 g by children 6 months – 3 years and 231.9 g by children 3 - 6 years.

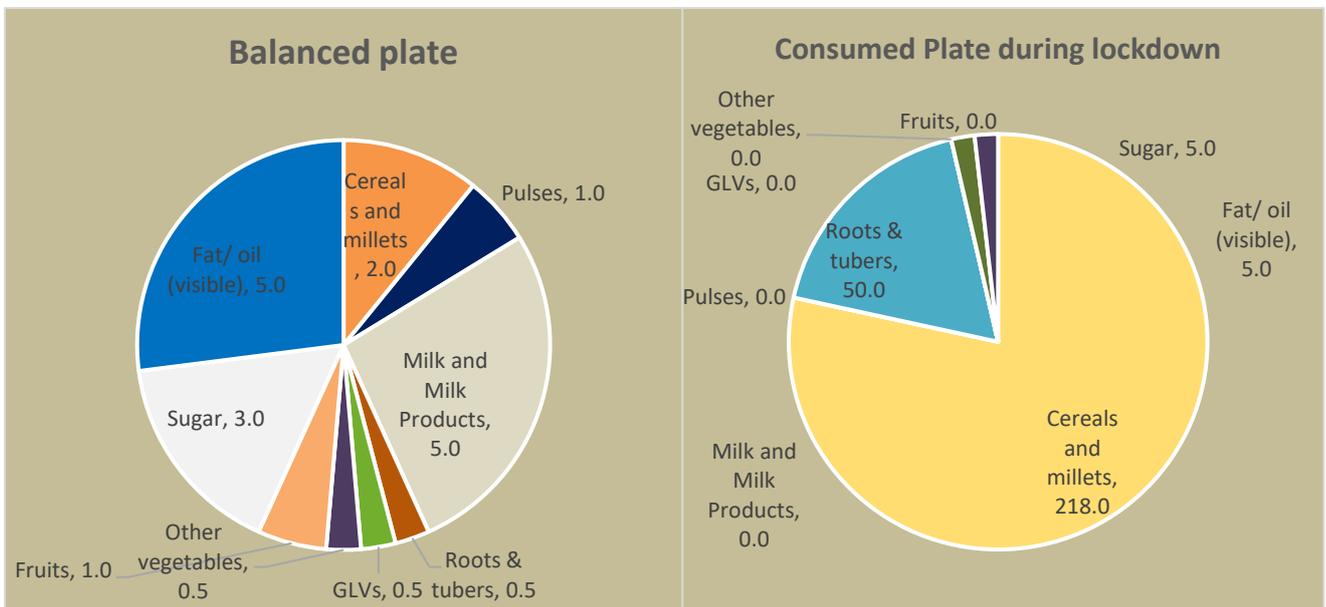
7.5.4. Determining Portion Size and Nutrition Security of Children 6 Months to 6 Years

Based on food available to the children, their portion size is calculated and matched against the recommended allowance set by ICMR and is illustrated through Graph 47 and Graph 48 for both the groups.

As the graphs depict the consumed plate by both the groups during lockdown is only high on cereals which is even more than the recommended allowance but this is steeply very low on proteins food groups and immunity boosting foods that includes milk and milk products, animal products and green



Graph 48 : Balanced plate vs. consumed plate by Children 6 months to 3 years



Graph 47 : Balanced vs Consumed Plate for 3 years to 6 years

leafy vegetables and fruits. This will create a deficit of nutrients for the both the groups of children feeding mothers and would trigger them in the vicious cycle of malnutrition.

7.6. Nutrient Analysis of Women and Children

Based on the Recommended Dietary Allowances for Indians (Micronutrients and Minerals) as set by Indian Council of Medical research, and the computed per day consumption of food against the RDA, a comparison is done using RDA tables.

The analysis is presented in table 11 and Graph 49 and 50 and is concluded below –

1. Pregnant women during this lockdown are consuming diet deficit in energy by 67 percent than recommended total calories, thus in similar pattern diet is deficit in protein by 59 percent, total fats by 34 percent and iron by 56% than the Recommended Dietary Allowances as prescribed by ICMR.
2. Similarly, lactating mothers are consuming diet deficit in energy by 68 percent than recommended total calories, thus in similar pattern diet is deficit in protein by 53 percent, total fats by 34 percent and iron by 23% than the Recommended Dietary Allowances as prescribed by ICMR.

3. Likewise, the diet consumed by children are also deficit by 51 percent in energy, 41 percent in proteins, 24 percent in fats whereas 62% in calcium and 97 percent in iron as compared to their Recommended Dietary Allowances prescribed by Indian Council of Medical Research.

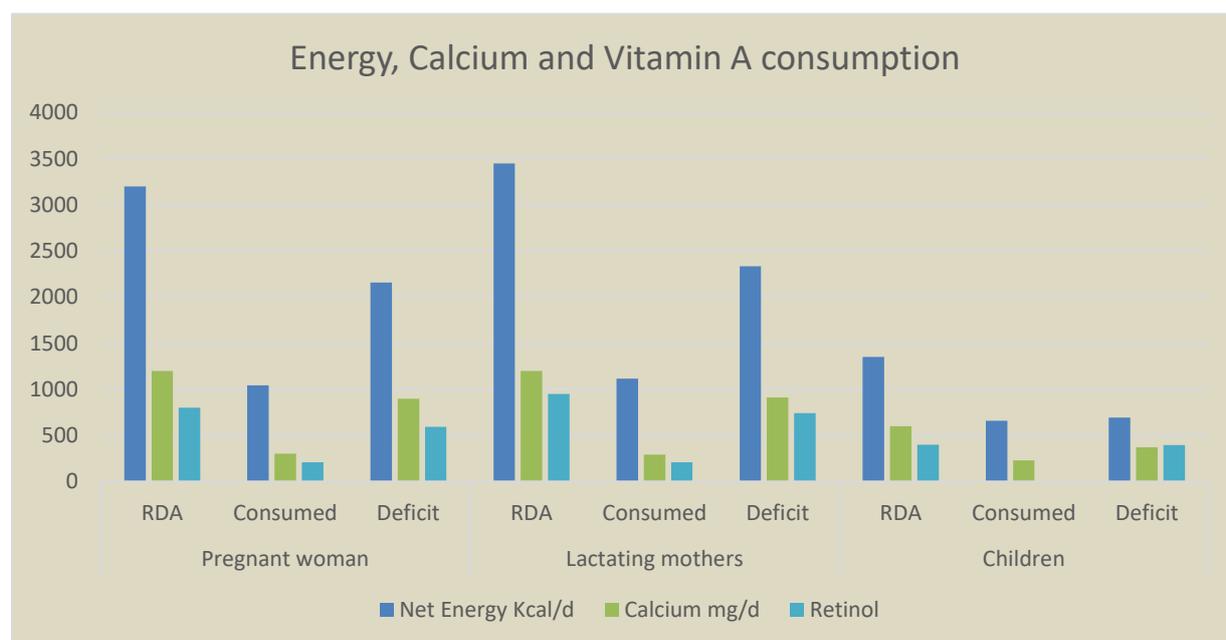
Table 11 : Nutrient Analysis of Women and Children

Nutrients	Pregnant woman				Lactating mothers				Children*			
	RDA	Consumed	Deficit	Deficit %age	RDA	Consumed	Deficit	Deficit %age	RDA	Consumed	Deficit	Deficit %age
Net Energy Kcal/d	3200	1043	2157	67%	3450	1116	2334	68%	1350	657	693	51%
Protein g/d	78	32	46	59%	74	35	39	53%	20	12	8	41%
Visible Fat g/day	30	20	10	34%	30	20	10	34%	25	19	6	24%
Calcium mg/d	1200	303	897	75%	1200	290	910	76%	600	230	370	62%
Iron mg/d	35	15	20	56%	21	16	5	23%	13	0	13	97%
Retinol	800	208	592	74%	950	207	743	78%	400	4	396	99%
Ascorbic acid mg/d	60	53	7	11%	80	52	28	35%	40	1	39	97%
Dietary folate g/d m	500	206	294	59%	300	206	94	31%	100	0	100	100%
Vitamin B12g/d	1	0	1	100%	2	0	2	100%	-	0	0	0%
Zinc mg/d	12	8	4	35%	-	8	0	0%	7	0	7	95%

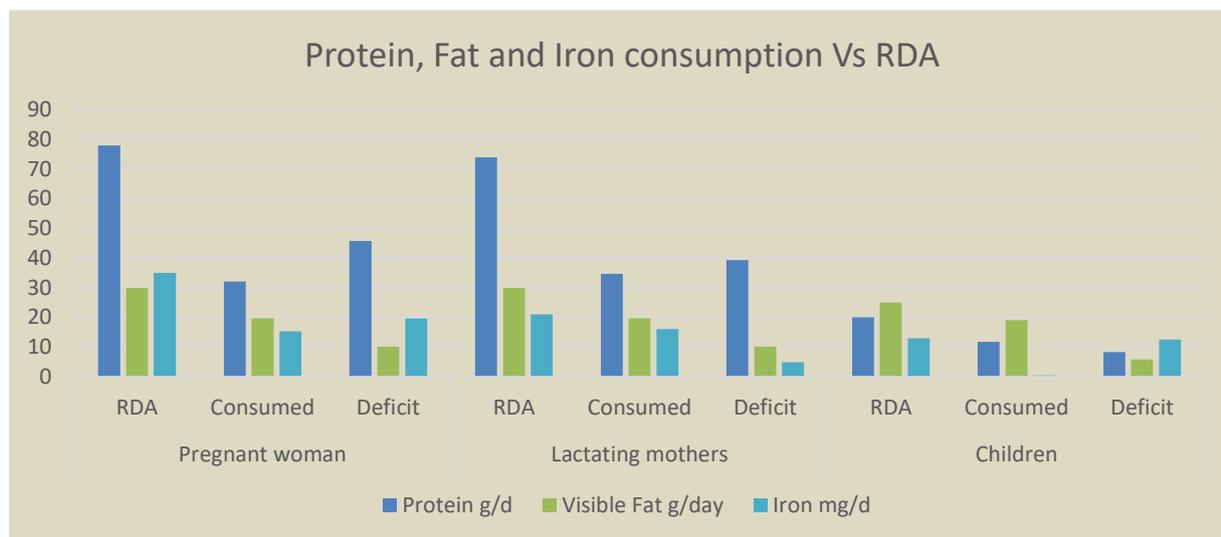
*children those who are breastfed are not included under this analysis

These nutrients are calculated based on the cereals and grains consumption as computed per day as obtained by the beneficiaries from PDS and THR. This also includes the inclusion of the vegetables, pulses and oil consumption provided to the families on a weekly basis. This contains the consumption of potatoes, tomatoes, onions and other vegetables including brinjal, cabbage and bottle gourds once in a week. This is followed by consumption of oil which is limited to 2-3 kilograms in a month. The families are provided with green leafy vegetables from other fields once in a while making their total consumption to 1-2 kilograms a month during this lockdown. Pulses consumption is however confined to barely 1 kg in a month given the consistency which is diluted to meet the families need.

This is alarming in terms of nutrients and diet consumption during this lockdown and if situation persists, children may fall in the Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) categories and women may have to face severe drawbacks of nutrients deficiency.



Graph 49: RDA vs Nutrient Consumption (Energy, Calcium and Vitamin A)



Graph 50: RDA vs Nutrient Consumption (Protein, Fat and Iron)

7.7. Highlighted /Concluding Points:

1. Pregnant mothers

- The ration availability from PDS is as low as 50 percent or more. This further will affect the diet of the pregnant mothers due to reduced intake of grains in order to meet the daily requirement of the family.
- THR received by the women is averaged out to **2000 g** for three weeks which is 2500 g lesser than the recommended allowance i.e. 4500 g
- Per day THR is computed on an average as 19 g for a pregnant mother which is just the 8 percent of the recommended THR allowance i.e. 250 g a day. Thus, this makes the total grains for a day during this lockdown as 169 g on an average.

2. Lactating mothers

- All the lactating mothers are provided with deficit amount of ration from PDS i.e. the ration which is available to them at present is deficit by more than 50 percent.
- THR distributed remained on lower side than the recommended allowance of 4500 g for three weeks. About 33 percent of the lactating mothers are not even provided with any THR packets making a deficit of 100 percent for them.
- THR is computed on an average as 15 g for a lactating mother which is just the 6 percent of the recommended THR allowance i.e. 250 g a day. Thus, this makes the total grains consumption for a day during this lockdown as 188 g on an average.

3. Infants and Children

- The breastfeeding frequency has increased in both the age groups. There is a demonstrated increase in the breastfeeding to almost 12 times a day i.e. the frequency has been doubled. Clearly, feeding load on the lactating mother has gone up and that the need to make up her nutritious dietary needs cannot be ignored.
- The meal frequency for both the age groups have tremendously fell from 6 times a day to 3 times a day for children between 6 months to 3 years of age whereas it has been dropped from 5 times a day to 2 times a day in case of younger age group
- The ration availability from PDS is only confined to 50 percent. Cereals provided from PDS on a daily basis is computed as 206 (children 6 months – 3 years) and 219 g (children 3 - 6 years)
- Similarly when consumption of these grains was analysed on a daily basis, per day THR and RTE consumption is averaged out as 12 grams for children below 6 years of age (with an average family size of 5.4) which is just the 6% of the recommended allowance i.e. 200 g a day. It is worth mentioning again here that per day THR and RTE grains are computed based on the common practice observed in the villages of having packets and RTE food consumed by all family members.
- Total grains including THR and PDS, consumed is computed as 218 g by children 6 months – 3 years and 231.9 g by children 3 - 6 years.

It is analysed that the diet consumed by the pregnant and lactating mothers and children chiefly consists of cereals only and devoid of any milk products, fruits, and green leafy vegetables at present.

5. SECTION FIVE- CONCLUSION, DISCUSSION AND RECOMMENDATIONS

This section will try to conclude the analysis and provide recommendations based on the discussion

8. Chapter Eight – Conclusion and Discussion

In the event of Corona outbreak and lockdown, the lives of the people have widely affected and amongst them, community, women, and children are almost at the verge of breaking down, in terms of having not provided with sufficient food and livelihoods. They are cluttered and clutched in the stigma and fear of Covid and are trying hard to protect themselves from the spread while living with heads high, which seem to be difficult for them. The conditions that has emerged during the pandemic outbreak has shattered their hopes and have brought down back to the fight of daily breads which was already tough. In the absence of the sufficient food, desired nutrients, and lack of power to buy grains due to inadequacy of income has put them all in void.

There have been numerous schemes and directives issued by State Government and ministries to retort to the emergency and crisis ensuing to Covid 19 lockdown. These should reach the community well within time and in the approved capacity to meet their needs. **However, this assessment shows that maximum of the surveyed households has either not received the benefits as per the**

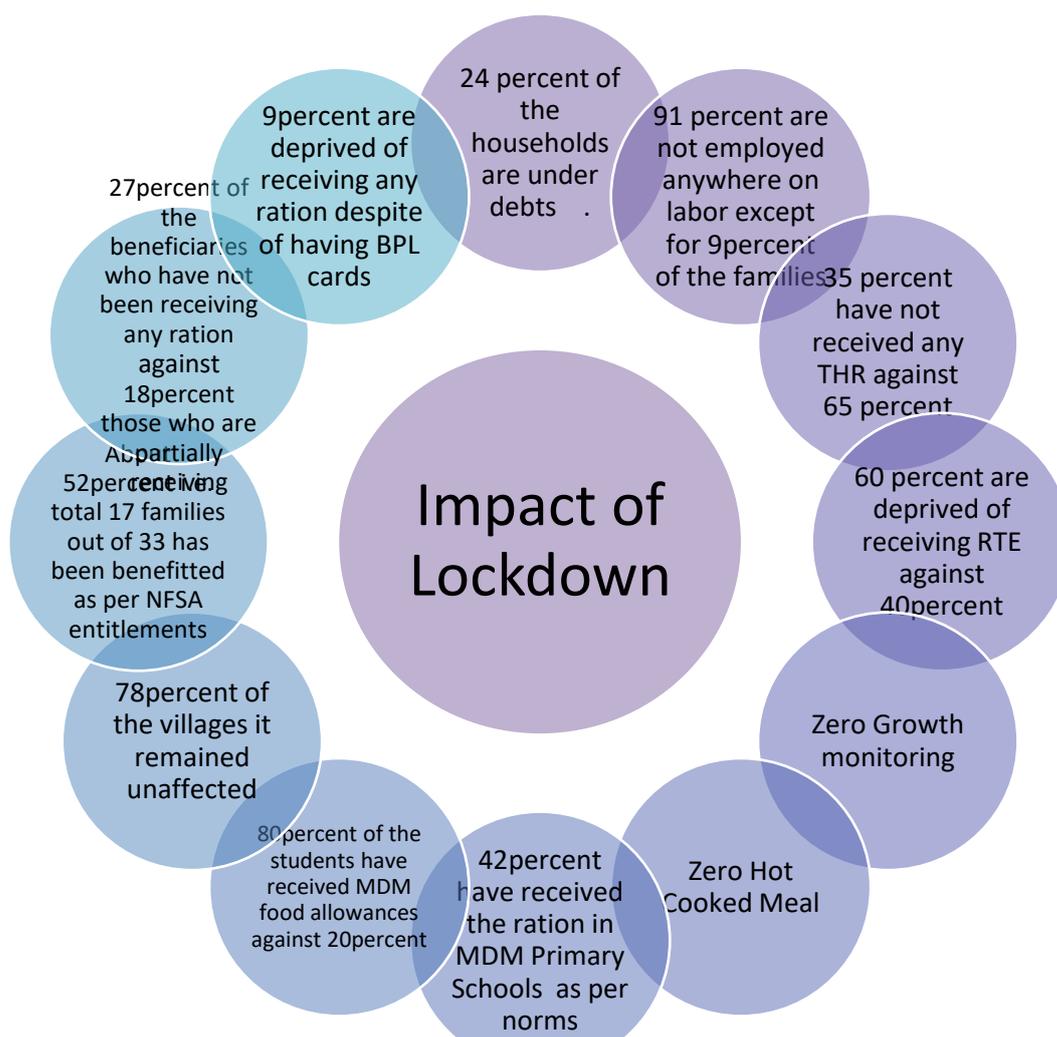


Figure 46 : Concluding Highlights of the findings

recommended allowance or has not received at all. Likewise, the survey done to analyze the service deliveries of various schemes accentuates this fact and the findings derived from the study.

8.1. Situations from the Field

As presented in graph 46, the conditions of the schemes and its outreach is appalling in terms of meeting out the livelihood and income requirements, meeting out the daily food needs and relying largely on schemes which turns out a disappointment to many. The assessment clearly indicates the failure of earnings to 91 percent of the surveyed households whereas those who are employed would be able to fetch it for a fortnight or so thus not making income more than ₹ 1200-1500 for the entire period. This compromises their purchasing power largely, leaving the majority of them under debts. It is observed that 24 percent of the households are totally under debts and have owed a total amount of ₹3000-4000 supplementing their daily essentials for a month only. This, traversing them further into an atrocious cycle of earning and paying off debts once the lockdown is lifted, thus pushing them into hunger and poverty rings.

The total dependency of the family has now become the ration facilities provided to them. Amongst these are present the most vulnerable segment including pregnant and lactating mothers and children below 6 years of age. This is the group; whose nutrition viability is under threat. Noticeably the daily nutrition needs are to be met through the provisions under ICDS, MDM and PDS which again turned out to be the disquieting factors in ensuring their desired and recommended nutrients with THR, RTE and HCM.

It is evident from the assessment that 35 percent of the beneficiaries including pregnant and lactating mothers and children below 6 years of age have not received any THR whereas 60 percent of them have not received any RTE. About 16 percent of the beneficiaries have received neither THR nor RTE. The worth mentioning factor is there is a major segment of 94 percent of those who have received THR and RTE (84 percent of total) are not as per the recommended norms which states the distribution of THR for three weeks up to 4500 g for women and 3600 g for children (Order explained in section 6.1.3.) This is the Remarkable finding in terms of finding out the nutrition deficiency it would create in the longer run looking to nonviability of any other rations' options.

Besides, schemes like Mid-day meal programmes has to be annulled in the schools completely looking to avoid the Corona spread for both primary and secondary students while determining the equal ration for the student was provisioned by the MDM Program council which again was assessed to be compromised on so many levels . About 58 percent of the eligible beneficiaries were deprived of receiving ration, whereas 96 percent of them have not received any cash at all. However, the positive aspect was that 42 percent of those who have received, were provided the ration as per the norms i.e. 100 g for 33 days equalling the ration to 3 kilo 300 g. Correspondingly similar condition is observed for the secondary students where 80 percent of the students have received MDM food allowances against 20 percent those who have not received but as per the recommended norms that is 4900 g approx., wherein the grains were distributed as per the provision establish in the respective districts. The nutrition security of 47 percent of total eligible beneficiaries for MDM from both Primary and Secondary are at stake and also 62 percent of them are yet waiting for receiving the cash.

Furtherance, Public Distribution System which is topping the schemes in terms of defining the food security for the whole family becomes crucial during Covid-19 related lockdown. However, its condition is debacle too as the status of availability of PDS has been analysed as the major issue in the field areas, where PDS ration is remained available to 52 percent of the total families. This status remains true irrespective of the lockdown effect. That means these families have benefitted neither prior to Covid-19 from PDS nor during lockdown. When further status of the families who stayed

underprivileged, was analysed in detail, it was observed 30 percent do not have their eligibility slips against 52 percent. Moreover, 42 percent of the total cases of partially available (not hundred percent coverage) PDS facilities have either the male members name registered under their parents Samagra ID (67 percent) or two- or three-members' name registered under their parents' Samagra ID (17 percent). About 9 percent of the families are deprived of receiving any ration from the government despite of having BPL cards. The food securities of these families are being compromised for the given facts.

8.2. Service Delivery of Schemes

The assessment has tried presenting the scenarios from the field areas of the organization (Vikas Samvad) which includes 122 villages from Satna, Rewa, Panna, Umaria, Shivpuri and Niwari for different schemes (figure 47).

ICDS

Under ICDS, it was noted that, the services are partially affected in about 50 percent of the villages (61) and remained uninterrupted only in 5 percent. In the remaining 21 percent of total villages i.e. about 26 villages of Panna, THR is well distributed by AWWs at the beneficiaries' home with the support of the Anganwadi helpers. There have been 61 percent of the villages where services are hampered due to unavailability of stock, stigma, transport problems which were later reinstated using the support of district administration by the teams. However, the 5 percent villages are totally deprived of receiving THR, but efforts are being taken to provide Sattu as RTE in these villages through Self Help Groups.

HCM

The Hot cooked meal provision for the children under anganwadi determining their nutrition and food needs for children between 3-6 years are immensely affected as 85 percent of AWCs have completely stopped providing HCMs whereas in 15 percent of villages from Panna, Satna, Shivpuri, the HCM was stopped by centres themselves

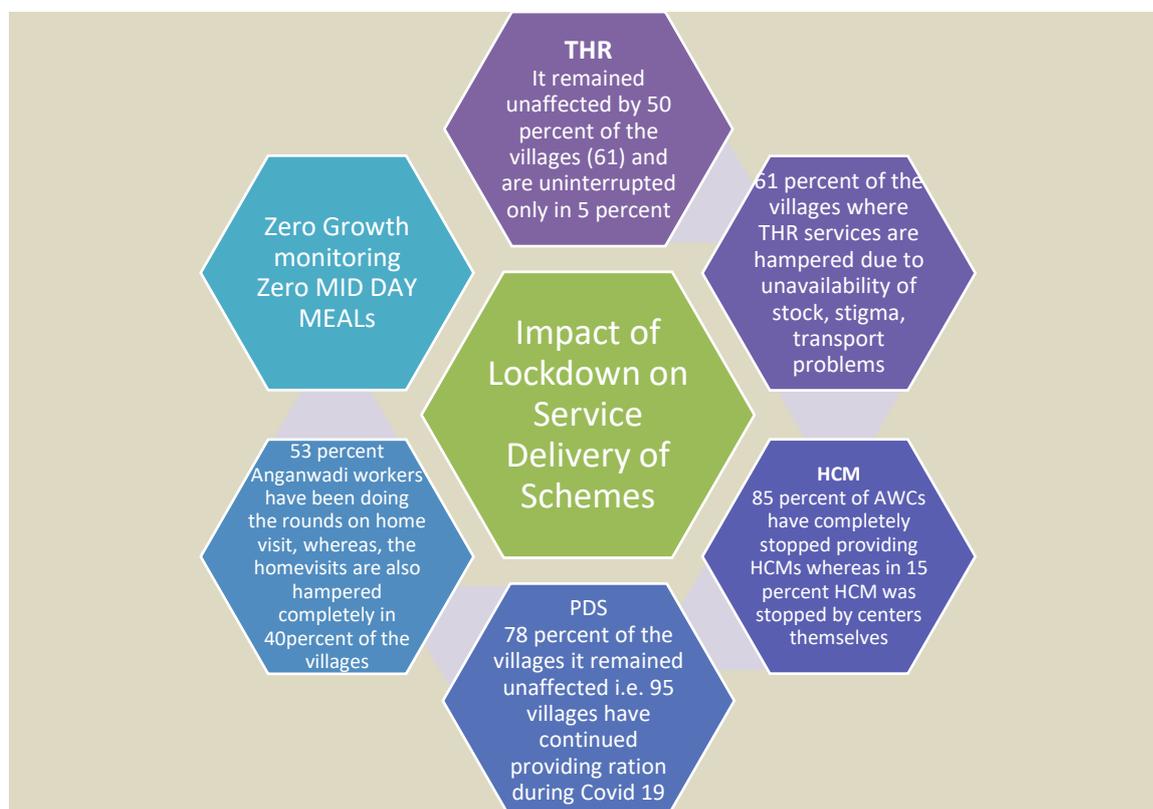


Figure 47: Impact of Lockdown on service delivery

Anganwadi workers of 53 percent have been doing the rounds on home visit and ensuring the child needs extra care or if their health deteriorates, whereas, the home visits are also hampered completely in 40 percent of the villages. This affect the monitoring of children largely as those who have been under MAM could be fallen prey to SAM category very easily in the devoid of proper food, nutrition, and care.

Growth Monitoring

The growth monitoring status in the ICDS services are badly tampered due to its total shutoff during COVID-19.

Mid-Day Meal

In mid-day meal exercises also, schools of 58 villages (48 percent) have discontinued the MDM completely without any orders received whereas, schools from 39 villages of about 32 percent have stopped after receiving the government orders of closures of schools and simultaneously thus Mid-day meal programmes. Schools of 25 villages (about 20 percent) have established distribution of the food allowance in place of the MDM as per the recommended norms set by MDM council, within the community.

PDS

In the PDS, the assessments conclude that 78 percent of the villages service delivery remained against 22 percent of the villages have shown partially affected services by PDS shops during the Covid 19 lockdown. The partially affected covers the PDS shops where services were not hundred percent established for number of factors including misappropriation of ration by PDS shop owner, stock unavailability, stopped just without any reasons. This was very well raised by the district teams and was intact. The PDS delivery those remain unaffected are the provisions of ration distribution as per the government guidelines during lockdown for providing 3 months of ration at subsidy and 2 months of ration under PMGKAY has remained intact. Whereas, in the partially interrupted areas it was observed that most of the cases the ration distribution was not taken as per the allotted lists, and beneficiaries were not benefitted as per the provision. The district teams have intervened in most of the cases in producing the list and sharing it with government so that all the beneficiaries are equally provided with the desired aid. In few cases, ration distribution is still pending with the panchayat for non-ration card holders and are under process.

8.3. Food and Nutrition Security

With the event of Corona-19 outbreak and imposed lockdown, all the pillars of food security seem to have been compromised on all the fronts leaving the community dependent only on the government scheme for all the pillars in the absence of livelihood, harvesting, lack of income, insufficient purchasing powers, cipher access to markets, fields and jungles and other severe factors. For this, the community food security is majorly defined and determined by the ration distribution through PDS at subsidy or free to the ration card holders of NFSA, through certain relief brought from the organization in the envelope of rations that would last for a fortnight or so. The assessment thus focused, to analyses the food security with the available ration in the household received by the beneficiaries mostly by PDS subsidy or PMGKAY or panchayat or through schemes, or from their previous stocks and how insufficiency will hurdle into their nutrition security thus affecting their health and growth in remote futurity

Food Security of Households

The food security of the households as presented is comprised and confined to only 47 percent wherein about 30 percent of the families are provided with 25.50 Kg of ration against their 60 Kg of requirement on a month with a deficit of 34.50 Kg of ration for a month dropping their per member

requirement i.e. provision of 47 percent of their daily diet. Similarly, about 24 percent of the families come under category one where their monthly ration is dropped from 60 Kg to 25.50 Kg making their diet sufficiency to 43 percent per member in month. Likewise, 12 percent each of the other three categories have also been facing a drop of 43 percent of their average monthly diet requirements. Also, as presented in the survey, to meet the needs, the families even have cut down on their meals from 3 to 2 a day and sometimes to only one per day where their plate is already squeezed to reduced ration, the quantity of the servings have significantly dropped

This would have the serious health repercussions in the long term as this would not only compromise their nutritional needs but Recommended Dietary Allowances. Furthermore is responsible for poor immunity making them prone to more diseases and infections largely. Concern is on the health of pregnant and lactating mothers and children belonging to these families where the extra needs are compressed largely, and they have to be self-sufficed them with as low as 40-45 percent of their daily diet further jeopardizing them to poor nutritional indicators.

Food and Nutrition Security of Pregnant Women and Lactating Mothers and Children Below 6 Years

For the pregnant mother, the ration availability from PDS is as low as 50 percent or more. This further will affect the diet of the pregnant mothers due to reduced intake of grains in order to meet the daily requirement of the family. All the pregnant mothers have received THR lesser than the recommended allowance i.e. 4500 g. Per day THR is computed on an average as 19 g for a pregnant mother which is just the 7percent of the recommended THR allowance i.e. 250 g a day. Thus, this makes the total grains for a day during this lockdown as 169 g on an average. All the lactating mothers are provided with deficit amount of ration from PDS i.e. the ration which is available to them at present is deficit by more than 50 percent. THR distributed remained on lower side than the recommended allowance of 4500 g for three weeks. About 33 percent of the lactating mothers are not even provided with any THR packets making a deficit of 100 percent for them. THR is computed on an average as 15 g for a lactating mother which is just the 6 percent of the recommended THR allowance i.e. 250 g a day. Thus, this makes the total grains consumption for a day during this lockdown as 193 g on an average.

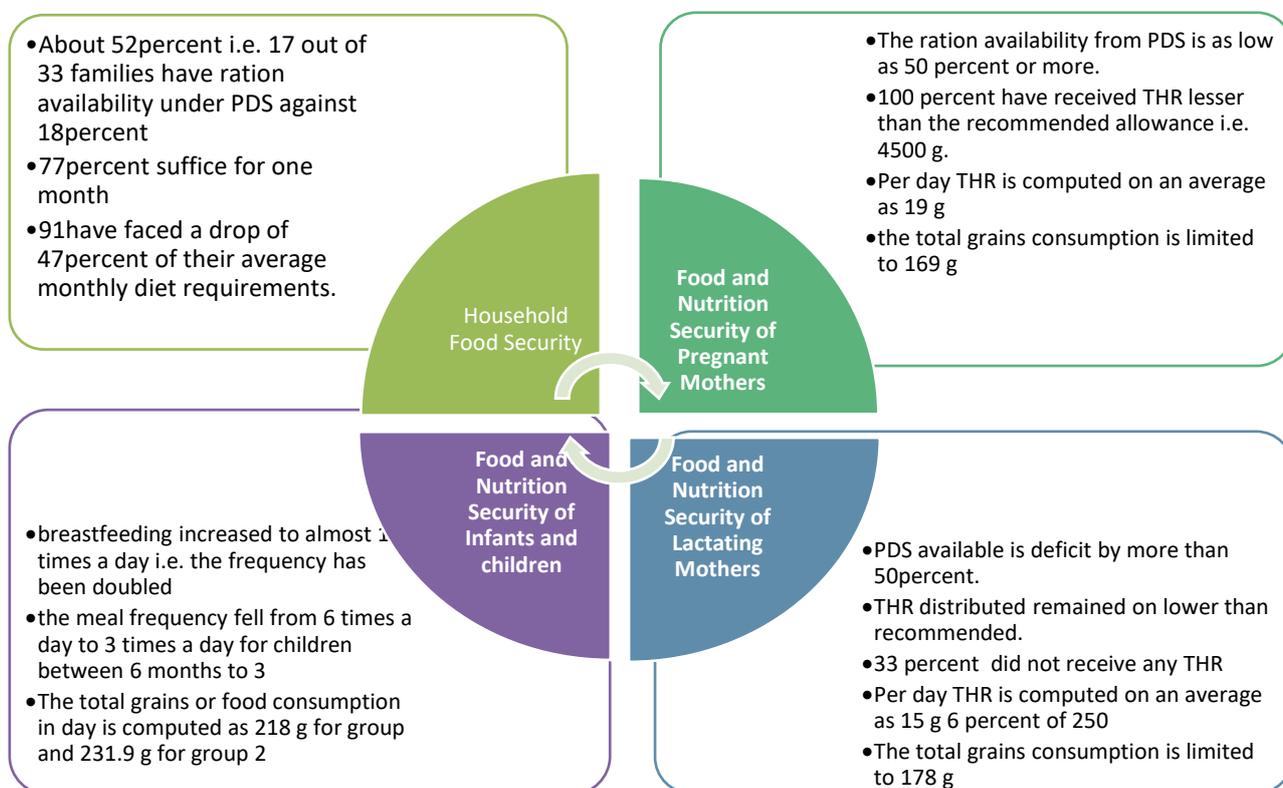


Figure 48: Impact of lockdown on Food and Nutrition Security

Amongst the infants, the breastfeeding frequency has increased in both the age groups. There is demarcated increase in the breastfeeding to almost 12 times a day i.e. the frequency has been doubled. the meal frequency for both the age groups have tremendously fell from 6 times a day to 3 times a day for children between 6 months to 3 years of age whereas it has been dropped from 5 times a day to 2 times a day in case of younger age group. PDS grains is computed as 206 and 219 g in a day by group 1 (children 6 months – 3 years) and group 2 (children 3 - 6 years) respectively. THR consumption is computed as 12 g a day against the recommended provision of 200 g provided the practice the packet is consumed by all the members in the family. Thus, the total grains or food consumption in day is computed as 218 g for group and 231.9 g for group 2.

It is concluded that the diet consumed by the pregnant and lactating mothers and children chiefly consists of cereals only and devoid of any milk products, fruits, and green leafy vegetables at present.

Also, the calorie consumption by pregnant and lactating mothers is just 20-24 percent of RDA whereas 49 percent by children. Equally, Protein consumption got lowered to only 14-46 percent in women and 59 percent in children. The other important micronutrient like calcium and iron is significantly steeped down to 6-18 percent (average) in women and 21 percent (average) in children. Iron consumption is as lowered as 3-8 percent in all. This is alarming in terms of nutrients and diet consumption during this lockdown and if situation persists, children may fall in the SAM and MAM categories and women may have to face severe drawbacks of nutrients deficiency

As the study depict the consumed plate by the vulnerable during lockdown is only **high on cereals which is even more than the recommended allowance but this is steeply very low on proteins food groups and immunity boosting foods that includes milk and milk products, animal products and green leafy vegetables and fruits. This will create a deficit of nutrients for the both the groups of children feeding mothers and would trigger them in to the vicious cycle of malnutrition.**

9. Chapter Nine – Detailed Recommendations

The circumstances emerging from the Corona-Covid 19 need careful attention so that concrete initiatives can be taken for food and nutrition security. In the Second Edition Report of International Labor Organization Report - ILO Monitor, the organization has considered the corona virus pandemic to be the most serious global crisis since World War II. According to this report, 400 million people working in the informal / unorganized sector in India will fall the purview of poverty. This spread will snatch away approx. 19.5 million full-time employment opportunities. This directly would impact the food security.

Simultaneously, FAO of the United Nations Organization has already declared that this pandemic will stretch the problem of hunger across the world. This raises the question of the ways certain strategies and policies to be framed to deal with the situation in an effective manner.

Based on the analysis, conclusion, and discussions, on the findings of the study and the scenario from the field area, detailed recommendations are suggested to be looked into to address the problem areas existing both at the levels of policies and implementation. Pointwise below–

9.1. Complete Nutrition Program for Pregnant Women and Lactating Mothers and Children Below 6 Years of Age

1. Evident from the findings of the study and NFHS-4 data regarding the impact on the nutritional indicators on the population, numerous persuasive and intensive prog for children, and pregnant and lactating mothers' women have been needed under normal circumstances. Nevertheless, after the spread, special attention is required to deal with the situation of the vulnerable group.
2. Substantially, under the pandemic effect, there is a dire need to bring down the “**Complete Nutrition Program**” for women and children rather than Supplementary Nutrition Program. Currently the provision fulfills only 50 percent of the nutritional needs of children. The same goes for women group where the provision fulfills 40-50 percent of their daily dietary requirements. This should be changed looking to the current conditions because as per the ICDS programme it was believed that the programme should fulfill the missing nutritional needs. However, in view of the crisis of livelihood and the everlasting effects of corona, the provision of "Complete Nutritional Food" should be implemented. This would require the provision of about 16 to 17 rupees per beneficiary to be made for providing nutritious food.
3. On average 4900 deliveries a day are reported in Madhya Pradesh, but as the entire health system is battling around Covid 19 spread, it has negatively impacted the safe institutional deliveries at the community level. Thus, it is recommended to that special care and provision for screening should be made for all deliveries recorded after 15 March 2020 to ensure safe motherhood.
4. Social audit on Nutrition and health should be made mandatory by the local bodies once in every year.
5. Role of local women groups and Self-Help Groups has emerged positive and strong during the spread. This should be uniformed further and decentralization to be adopted in the Nutrition Program
6. It is observed that the children of the migrants and the laborers are remained deprived of the basic ICDS facilities at their workplace including the SNP, HCM, MDM and growth monitoring as they are not registered at the place. They are also not benefitted with these services at their native place due to migration. This has further severed up their malnutrition status

Necessary Action Points

- Under the ICDS program, the Supplementary Nutrition Program (SNP) should be converted into the Complete Nutrition Program (CNP). For this, the per beneficiary provisions need to be increased.
- Arrangements should be made to provide complete nutrition food to the children of migrating families / workers.
- Nutrition program should be decentralized through women's and Self-help groups.

9.2. Maternal Entitlements

1. Concluded from the study there is demarcated increase in the breastfeeding frequency to almost 10-12 times a day from 5-6 times a day prior the lockdown i.e. frequency has been doubled due to the care; the mother could afford to the children assumed the time in their hands during the lockdown which otherwise was not possible for them for they have been engaged tremendously in household chores plus work and labours. This concludes that if efforts to be made for ensuring exclusive and proper breastfeeding and care to the children, the mother should be waived off the work and must be privileged with maternal entitlements.
2. It is thus recommended to develop the comprehensive maternal entitlement program encompassing both Pradhan Mantri Matru Vandana Yojana and Prasuti Sahayta Yojana.
3. Under maternal entitlements, the women should be privileged to be provided with a minimum of 6 months wage equal to the basic minimum wage.

Necessary Action Points

- Maternal entitlements (currently Pradhan Mantri Matru Vandana Yojana) should be universalized. For maternal benefits, the conditions affecting the health and life of women should be removed.
- As a maternal benefit/entitlement, six months' support should be provided at par with the minimum wage.

9.3. Public Distribution System

1. The urgent call needs to be taken to ensure including the names of the families having pregnant lactating mothers and children below six years to the list of socio-economic groups for the deprived sections for whom additional ration provision was made.
2. As the lockdown was imposed due to Covid-19 outbreak, the government announced the ration distribution for three months March, April, and May 2020 on the subsidy rates to the card holders as per NFSA entitlements through Fair Price Shops. Apart from that there was also the provision of Distribution System (TPDS) free of cost for a period of three months **PRADHAN MANTRI GARIB KALYAN ANNA YOJANA** - Additional allocation of food grains to all the beneficiaries covered under TPDS free of cost for a period of three months, as per the order released from Ministry of Consumer Affairs, Food and Public Distribution dated 30th March 2020. Furtherance in continuation government also announced distribution of ration to non-ration card holders based on the list generated by panchayat by identifying the eligible beneficiaries.
3. In Madhya Pradesh too, there were 32 lakh people who does not have been provided with ration cards but are in acute need of ration
4. This has cleared the air that Public Distribution System should be universalized without any delay i.e. bringing all the eligible beneficiaries under the purview of PDS.
5. For the last one and a half months, a large percentage of the population is feeding only on wheat flour and rice in the State. It is already established that nutritional needs cannot be met only with grains. Thus, there is acute call for making the provisions of pulses and edible oil under PDS.

6. It is therefore recommended, to decentralization the ration system i.e. Public Distribution System wherein procurement and distribution of local produce should be established.
7. Social audit of the National Food Security Act must be done.

Necessary Action Points

- Decentralization of Public Distribution System should be ensured while introducing pulses and edible oil
- Social Audit should be implemented along with effective grievance redressal system.

9.4. Mahatma Gandhi National Rural Employment Guarantee Scheme

1. The lockdown has demonstrated the importance of the MGNREGA program. Millions of workers are harking back to their natives headless and hopeless towards no livelihood and employments. This would press the rural economy. Thus, MNREGA could be the opportunity using which decentralization and rural economy will be strengthened.
2. Under MNREGA, provision of at least 200 days of employment for a family should be made. Along with this, it should be ensured that no laborers should be harassed on the basis of minimum wages provision. Living wage provision to be intact.
3. It might double up the MNREGA budget, but this indeed will establish the rural economy and liquidity in the market, by increasing the purchasing power of the community.

Necessary Action Points

- 200 days employment should be given under MNREGA.
- Under MNREGA, provision of living wage should be maintained while abolishing minimum wage provision.
- Social Audit should be implemented along with effective grievance redressal system.

9.5. Nutrition Production Cycle

1. Under the Forest Rights Act, the food commodities obtained from the forests will need to be managed at the community level.
2. Forest rights will have to be granted to all applicants under the Forest Rights Act.
3. To ensure that community rights are given with full readiness.
4. The provision of nutrition garden / kitchen garden should be made mandatory in all Anganwadi centers and schools.
5. In every village, fruit trees should be planted 5 times the total families residing there while maintaining the continuous monitoring.
6. Mixed farming at local level (different grains, vegetables, pulses etc.) should be made mandatory.

Necessary Action Points

- All claims of individual and community rights should be accepted under the Forest Rights Act.
- The provision of nutrition garden / kitchen garden should be made mandatory in all Anganwadi centers and schools.
- In every village, fruit trees should be planted 5 times the total families residing there while maintaining the continuous monitoring.
- There should be provision of subsidy to raise milking cattle and availability of fodder to increase the milk production.
- Incentive scheme should be started for fish farming and pond construction.