

Study to assess the implementation status of the National Food Security Act 2013

Study Period
February 2021

Prepared by:
Vikas Samvad Samiti

Rationale






National Food Security Act 2013 (NFSA) provides for the systematic introduction of social audits of the food and nutrition systems covered by the Act. Social Audit means the verification and monitoring of the programs by members of the municipalities, including direct beneficiaries and other members of the municipality. It appears that very little effort has been made in defining the guidelines and structures for the implementation of the social audit. It is assumed that when the municipality starts participating in a social audit process, the quality of implementation will be improved, exclusion will be reduced and the inclusion of the most marginalized households will be ensured.

Vikas Samwad Samiti, through the community participation and advocacy approach is ensuring for an effective implementation of Food Security Act – 2013 in the state of Madhya Pradesh and Bihar. Henceforth, a study was conducted to analyze and understand the status on the implementation of the National Food Security Act at the community level according to the act. The challenges faced by the beneficiaries on accessing their rights, grievance redressal in place, the eligible families are easily receiving the benefits from the targeted public distribution system and the improvement observed among the families through the quality implementation of the act.



Coverage area:

Study was conducted in six districts of two states; Madhya Pradesh (Rewa, Satna, Panna & Umaria) and Bihar (Jehanabad & Sitamarhi).

Target population group

-  Pregnant and lactating women
-  Mother of 6 month to 3 years child
-  3 to 6 years child from the anganwadi centre,
-  Children aged 6-14 years and adolescent girls
-  Adolescent girl

Objective:

-  To analyze the quality implementation of the Act at the grass root level.
-  To understand and capture the occurring changes in the food security.

Selection of the village

| District | Population based on the size of the village | | | Based on the community groups | | |
|--------------------|---|---|--|--|--|----------------------------------|
| | Big (Population = 1000/ HH = 200) | Medium (Population = 500-1000/ HH = 100-200) | Small (Population = <500 / HH = <100) | Villages having ST as a major population | Villages having SC as a major population | Villages having mixed population |
| Rewa | 1 | 1 | 1 | 2 | 0 | 1 |
| Satna | 1 | 1 | 1 | 2 | 0 | 1 |
| Panna | 1 | 1 | 1 | 2 | 0 | 1 |
| Umaria | 1 | 1 | 1 | 3 | 0 | 0 |
| Sitamarhi | 2 | 1 | 1 | 0 | 4 | 0 |
| Jehanabad | 2 | 1 | 1 | 0 | 4 | 0 |
| Total | 8 | 6 | 6 | 9 | 8 | 3 |
| Grand Total | 40 | | | | | |

(Note: Non-intervene villages were also considered for the study)

Methodology

The following methodology was adopted for conducting the study in the intervene villages:

- ✚ Development of the two different survey tool to access the status:
 - at PDS and MDM
 - at ICDS and PMMVY scheme
- ✚ Capacity building of the interviewers
- ✚ House-listing of families from the selected villages
- ✚ Conducting of the survey with the above mentioned target population also the key beneficiaries of PDS, MDM, ICDS and PMMVY

Provision of food security

Previously implemented government schemes are included in the NFSA for the provision of Nutrition and food security as per the lifecycle which includes:

- Targeted Public Distribution System – providing food grains at subsidized prices to eligible household
- Mid-day meal scheme (school children) - Nutrition support to the children.
- Integrated child development services scheme (Aanganwadi children) – prevention and management of child malnutrition.
- Maternal Rights – providing nutritional support to pregnant and lactating women

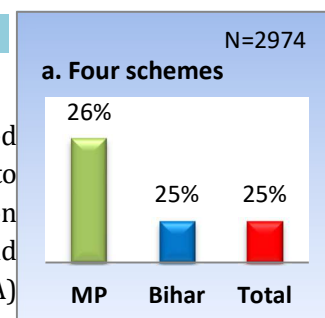
Henceforth, the study result focuses on the implementation of the scheme on the above lifecycle approach.

Results

I. Targeted Public Distribution System

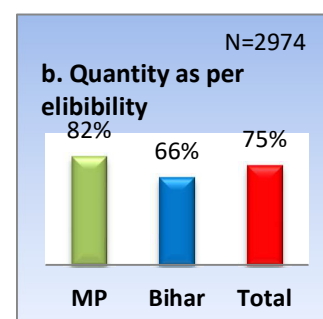
a. Awareness on four schemes

A very low level awareness among the respondent was observed (25%) about the four different schemes included in NFSA related to the provision of food security – Targeted Public Distribution System, Mid-Day Meal, Pradhan Mantri Matruvta Yojana and Integrated Child Development Scheme (as per chapter II.3 of NFSA) to the different beneficiaries for their nutrition support.



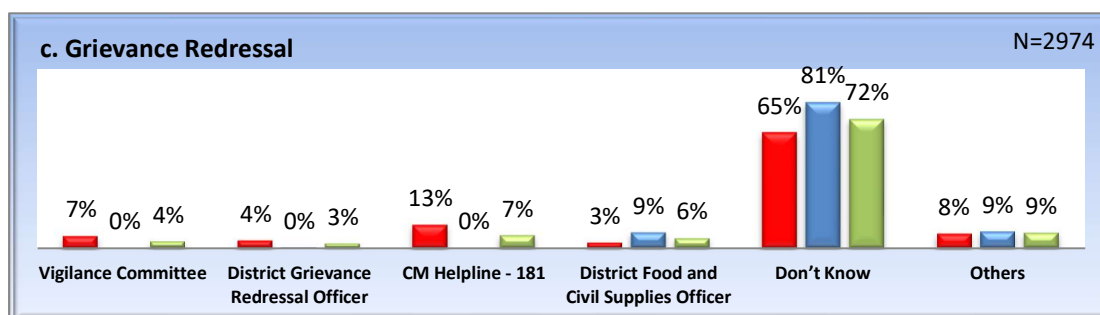
b. Quantity of food-grains as per eligibility

In spite, of the low awareness on the four schemes, the respondents' awareness (75%) on their entitlement to receive the food grain per person per month at subsidized prices to the eligible beneficiaries is shown substantially higher. Still an effort to make the awareness level on 100% is required with more focus in the Bihar state which is observed to be as (66%). As in-depth knowledge on the entitlement is the key right of the eligible beneficiary.



c. Grievance Redressal Mechanism

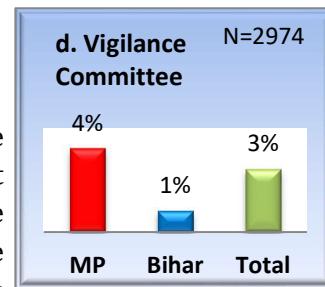
Under the act, every state government has in place an internal grievance redressal mechanism. The aggrieved eligible beneficiaries can make any complaints to enforce the entitlements under the act. However, high percentages (72%) of the respondent were



unaware of such mechanism in place. CM-Helpline 181 was found to be the highest services availed by the respondent of Madhya Pradesh (13%). The local authorities and the community should encourage the aggrieved to raise their grievances using the system.

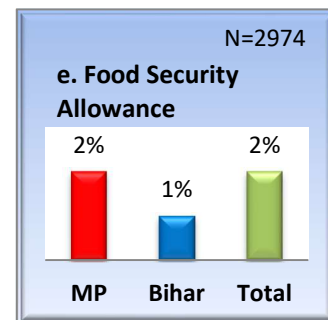
d. Setting up of Vigilance Committee

Due to the high percent on the unawareness about the redressal mechanism, minimal percent of the respondent (3%) are aware about the existing and functional Vigilance committee at the village level for ensuring the transparency and proper functioning of the TPDS as mentioned in the act (chapter XI.29)



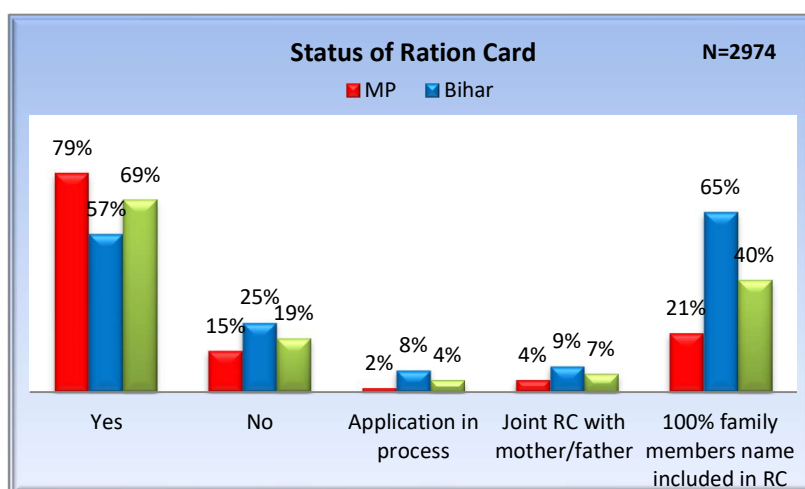
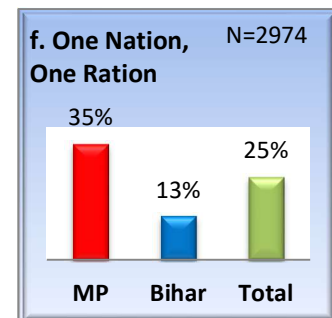
e. Food security allowance

As mentioned in chapter III of the NFSA, every eligible is entitled to receive food security allowance in case of non-supply of the entitled quantities of foodgrain. However, the percentage was shown very low (2%). It may be assumed, as the state might not have faced such grave circumstances. Also, in such cases the states has a practice of distributing the pending allotment of the previous month in the subsequent months. There is also no clear amount mentioned in the act for the allowance on non-supply of food-grains.



f. Awareness on “One Nation, One Ration”:

The scheme allows eligible beneficiaries, mainly the migrant workers and their family members to buy subsidized ration under the National Food Security Act (NFSA) from any Fair Price Shop (FPS) across the country. Comparatively, Madhya Pradesh shows a slightly high percentage (35%) however, the overall knowledge level of the respondent was shown to be at 25% only. Maximum awareness generation mechanism through a display of the information at the FPS level can support to reach to the large level of population.



g. Status of the Ration Card:

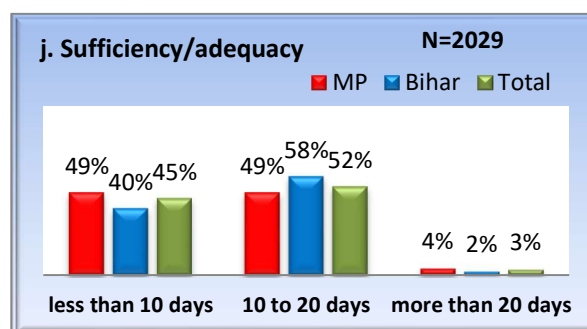
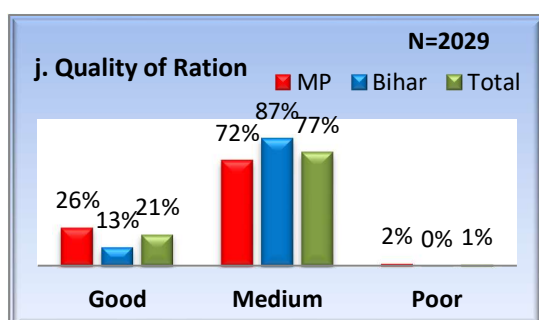
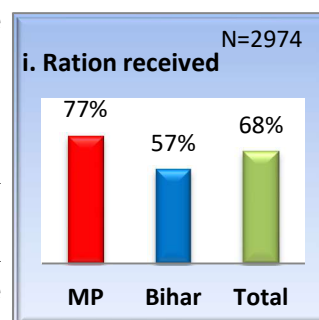
Ration cards offer identification as well entitle the card holder to a ration of food, fuel, or other goods issued by the Government of India. They are primarily used when purchasing subsidized foodstuffs from the FPS.

For availing the subsidized food from the Fair Price Shop it is utmost necessary either to have the name enlisted in the TPDS list, to have a ration card or to have an eligibility coupon. There were (69%) of the respondent having the ration card, a very few have applied for the new RC (4%) and (7%) were having joint RC.

Those having the RC were further analyzed to analyze whether the entire family members name are included in the ration card which was found to be (40%) with highest in Bihar with (65%).

h. Status of the Ration received @PDS

To analyze the continuity of the ration received was observed during the prior three months period of Dec'20 to Feb'21 (before the study phase). 68% of the respondent stated on the receipt of the food-grains for the above mentioned three months. Madhya Pradesh stands higher (77%) for receiving



the ration in proper continuation. It may be assumed that due to C-19 the transportation and other facilities were affected in many places.

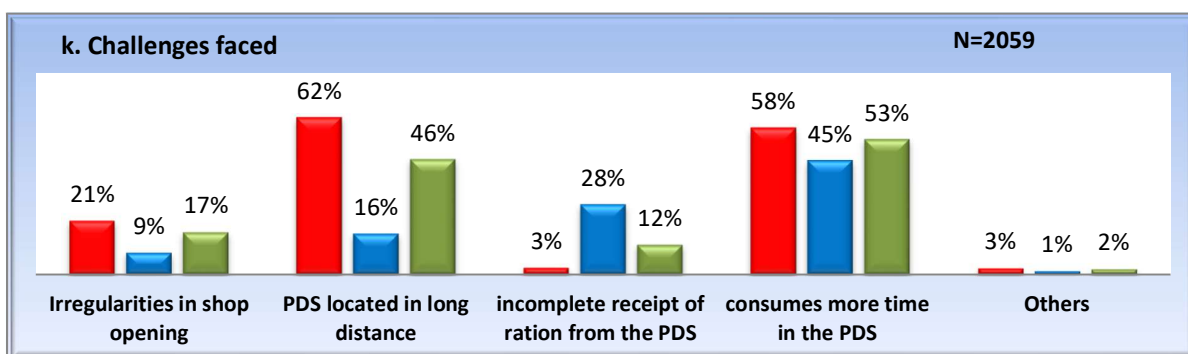
i. Quality and the frequency of the ration received

Quality of the food-grain was analyzed on the parameter of contamination (unclean, dirty, filthy, soiled/pebbled, moist etc.) for direct consumption of the food-grains received for the three months ration. Maximum responded that the received rations are in the "Medium" category and require little effort by the household members to make it in a consumable form.

Further, an analysis on the sufficiency/adequacy of the ration received monthly was done in which only (3%) of the responded shared that the received monthly ration is adequate for their family size for more than 20 days. The highest percentage was (52%) for the adequacy of 10-20 days. It may be concluded with a tagline statement as "free food-grain scheme does not mean that we do not have to worry about Hunger". Alternative mechanism for fulfilling the requirement of the remaining days is a need of the hour.

j. Challenges faced by the eligible beneficiaries

69% of the respondents have faced challenges for receiving the ration from the Fair Price Shops which includes 79% from Madhya Pradesh and 57% from Bihar state. These challenges was sub-categorize to cull out the various reasons in which highest percent (53%) was observed for beneficiaries spending long waiting time at PDS followed by (46%) for PDS located in long distance from their houses, which affects their daily wages, day-to-day household work, daily diet, etc. For both these issues high percentage was observed in



Madhya Pradesh. Hence, an advocacy can be made with the respective state government for increasing the number of Fair Price Shops maintaining the distance which will help in segregating the beneficiaries from one FPS. Through this the total waiting time will be reduced for the individual beneficiaries.

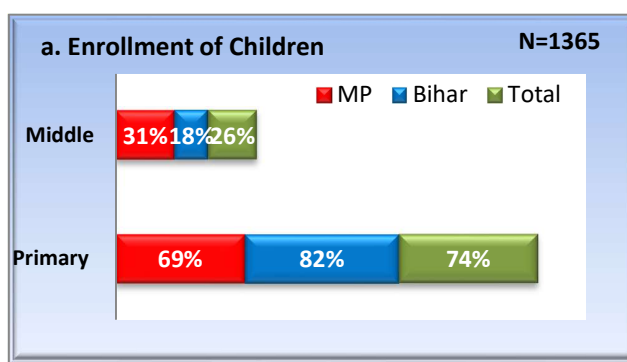
Mid-Day Meal Scheme (MDMS)

The Mid-day Meal Scheme (MDMS) for school children is a legal entitlement in India following the enactment of the National Food Security Act (NFSA) in 2013. In terms of the food and nutrition security situation, India already has an unenviable rank of 94 among 107 countries in the Global Hunger Index for 2020. The latest National Family Health Survey-5 reveals high prevalence of malnutrition among children. The novel coronavirus disease (COVID-19) pandemic have struck a heavy blow to India's school feeding programme and in turn, have affected years of progress to tackle malnutrition, especially among children. Few findings reveals the actual situation at the grass-root level.

a. Children enrolled in government school

The main objective of the Mid-day meal schemes is to increase the enrolment and maintain high attendance of children belonging to disadvantaged section of the society in the government school. It also aims to address hunger and malnutrition by giving nutritional support. However, due to COVID-19

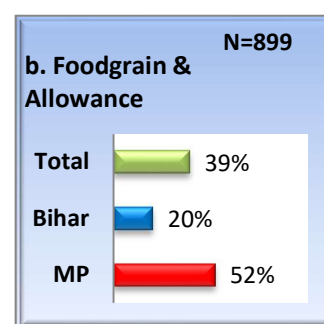
pandemic schools are closed since March 2020 and the parents have not enrolled their children in the school.



Enrolment of the children in the school was analyzed with around 1365 children aged 6-14 years during the survey so as to access the services rendered to the eligible children. It was observed that highest enrollment (74%) was in the primary school. There is a huge dip in percentage (26%) observed for children enroll in the Middle school. The major reason is due to pandemic.

b. Receipt of food-grain and allowance in place of hot cook meal

State governments have been providing Food Security Allowance, which includes financial aid, food grains, pulses, oil and other cooking ingredients, in place of the mid-day meals. Owing to COVID-19 it is not possible to provide hot cooked meal under the prevailing circumstances, to all eligible children till such time their schools are closed due to aforesaid pandemic,



It was observed, that only (39%) of the eligible beneficiaries received food-grain and allowance, maximum was in Madhya Pradesh (52%). Several reasons may be underlined as:

lack of awareness, received food-grain but unsure about the allowance, bank closed during pandemic, bank far off from the house, school closed, lockdown, shops closed etc. Although, the government has done a rigorous effort for addressing the malnutrition however, maximum eligible beneficiaries were missed to reach-out during pandemic.

To give a base to the above findings a desk review on the secondary data was also done for getting a final picture. A state-wise analysis of off-take of food-grains by states, available in the monthly bulletin of the Food Corporation of India shows a somber picture.

| Offtake of Food-grains by states under MDMS in April-May 2019 & 2020 (in Million Tonnes) | | | | | | |
|--|----------------|----------------------|--------------|----------------|----------------------|--------------|
| (Source: <i>Food-grain Bulletin, Food Corporation of India, New Delhi, June, 2020;</i> https://dfpd.gov.in/food-grain-bulletin.htm) | | | | | | |
| State | 2019 | | | 2020 | | |
| | Primary | Upper-primary | Total | Primary | Upper-primary | Total |
| Bihar | 24.7 | 19.9 | 44.6 | 0.0 | 0.0 | 0.0 |
| Madhya Pradesh | 10.9 | 0.0 | 10.9 | 0.0 | 22.0 | 22.0 |
| India | 162.3 | 119.7 | 281.9 | 99.9 | 121.4 | 221.3 |

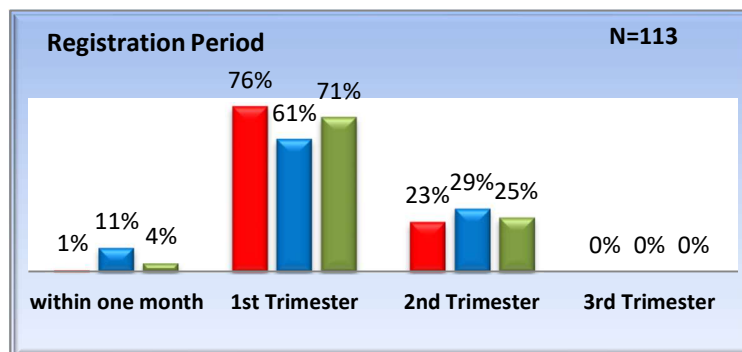
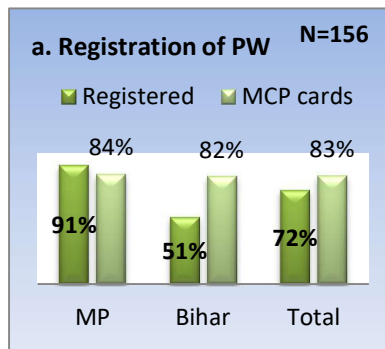
Integrated Child Development Scheme (ICDS)

a. Registration of Pregnant Women

Provision of quality care is an important factor for the pregnant women during their antenatal period and high risk factors such as severe anemia, pregnancy-induced hypertension etc. if these are detected on time and managed well this may save many lives and reduce the deaths related to pregnancy. As a very first step to avail the quality care and other services it is necessary for the pregnant women to register themselves in the government health facilities.

Henceforth, the status of registration was analyzed from 156 pregnant women in which only (72%) 113 PW were registered. Out of those registered PW (83%) have received Maternal and Child Protection (MCP) cards a gap of overall (11%) was observed. This card is necessary to access recording cum counseling for pregnant & postpartum women and under-five children at high risk to track the services, care, check-up, etc., she has received. The MCP card helps in timely identification, referral and management of complications during pregnancy, child birth and postnatal period. The card also serves as a tool for providing complete immunization to infants and children, early and exclusive breast feeding, complementary feeding and monitoring their growth.

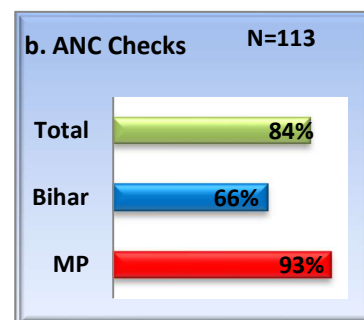
Further, an analysis on the actual registration period was analyzed for those registered PW, in which it was found that maximum PW were registered during their 1st trimester (71%) followed by (25%) in the 2nd trimester.



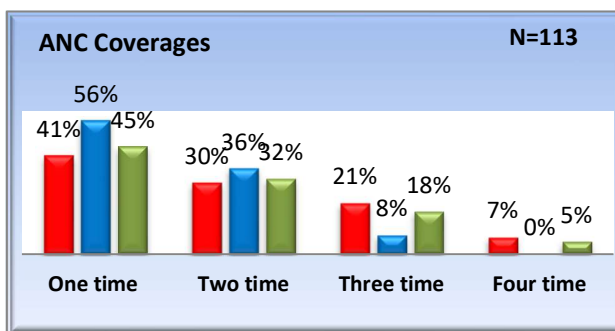
b. Status of ANC check-ups

An important element during pregnancy is the continuum of care which is effective ANC. The goal of the ANC package is to prepare the mother for birth and parenthood as well as prevent, detect, alleviate, or manage the health problems during pregnancy that affect mothers and newborn.

The high coverage of ANC visits and repeated contacts between the pregnant woman and the health services offer many opportunities for providing evidence based interventions likely to affect maternal, fetal, and neonatal health and survival. Of the surveyed pregnant women a good percent (84%) have undergone ANC checks during their entire 9 months pregnancy. While analyzing in depth for the highest numbers of ANC checks



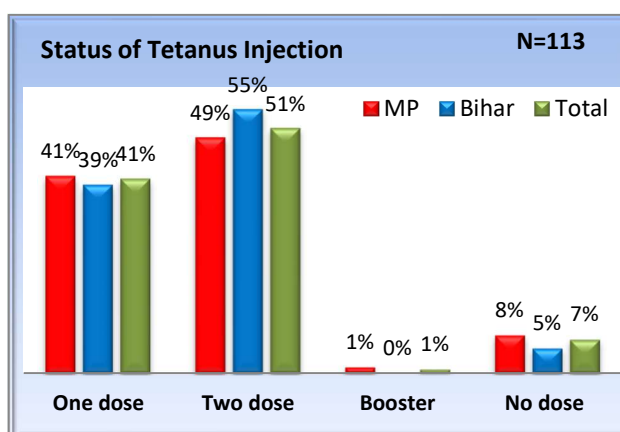
taken up by the pregnant women it was found that it is in a decreasing trend of PW opting a very less (5%) for their 4 ANC checks starting from the one time check- up.



c. Status of maternal vaccine and IFA supplementation

Tetanus Injection -

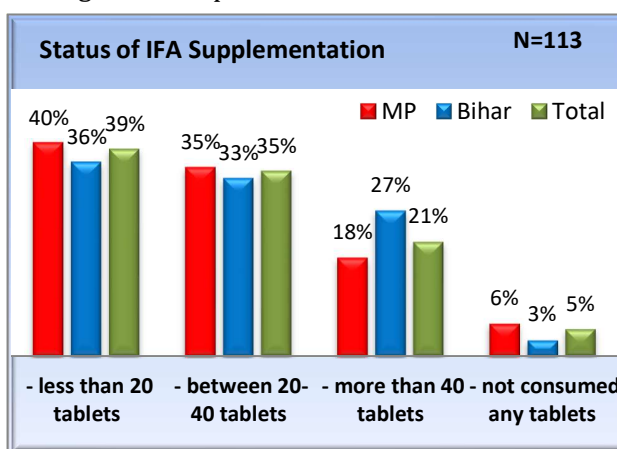
The purpose of giving the vaccine to women of childbearing age and to pregnant women is to protect them from tetanus and to protect their newborn infants against Neonatal Tetanus. Tetanus vaccination produces protective antibody levels in more than 80% of recipients after two doses and these two doses protect them for 1–3 years.



Hence all those pregnant women registered were observed for receiving the Tetanus injection during their pregnancy period. It was found that (51%) have received two doses and (41%) have received only one dose of Tetanus injection. However, there were still (7%) of the PW who have not received any doses of tetanus. If the mother is not immunized with the correct number of doses of tetanus toxoid vaccine, neither she nor her newborn infant is protected against tetanus at the time of delivery.

IFA Supplementation -

India's maternal mortality ratio remains high, at 113 per 100,000 live births according to the special bulletin on Maternal Mortality in India 2016-18. This must be halved within the next decade to reach the sustainable development goal. Furthermore, India has one of the highest prevalence of anaemia among pregnant women at 50.3% and in Madhya Pradesh (54.6%) as per NFHS-4 2015-16 and in Bihar (63.1%) as per NFHS-5 2019-20. Uptake of iron and folic acid (IFA)



supplementation for 100 days or more among women of childbearing age in India is low to 30.3% and in Madhya Pradesh (23.6%) as per NFHS-4 2015-16 and in Bihar (18%) as per NFHS-5 2019-20, despite widespread distribution, due to apathy and common side-effects of nausea and vomiting. This is aggravated by a lack of dietary diversity in regular food consumption, tending towards high consumption of undernourished food.

Total (87%) of the registered pregnant women received IFA tablets during their pregnancy with the percentage in Madhya Pradesh and Bihar. Consumption of IFA tablet is considered to be equal of the distribution. However, during the survey the consuming practice of the IFA tablets among the pregnant women was accessed. The highest in total (39%) remains for consuming less than 20 tablets during the entire pregnancy period followed by a very less percent of (21%) for consuming more than 40 tablets.

d. Take Home Ration and dry ration

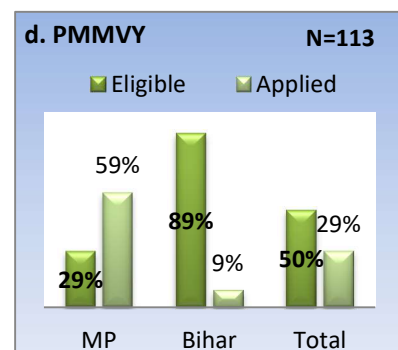
As mentioned in NFSA-2013, the nutrition standards for children in the age group of 6 months to 3 years, age group of 3 to 6 years and pregnant women and lactating mothers are required to be met by providing “Take Home Ration (THR)/ Dry Ration” in accordance with the ICDS scheme. Through the scheme, Take-Home Ration (THR) of micronutrient fortified blended food and/or energy dense food are distributed to children between 6-36 months of age and to pregnant/lactating women for consumption at home. The principle behind providing THR is to fill in the nutrition gap and improve IYCF practices among infants and young children. The THR in effect is actually a food source for complementary feeding of young children across the country.

As the survey was held in the month of Feb. 2021 and the information was collected for the period of Dec.'20 to Feb. '21 during the C-19 pandemic and yet systems were not streamlined properly hence the respondent could barely recollect on the receipt of the THR or dry ration packets. It was also observed that the THR or dry rations received by the PW are consumed by the entire members of the family.

e. Pradhan Mantri Matrutva Vandana Yojana

The Maternity Benefit Programme/ PMMVY scheme is meant for the pregnant women in accordance with the provision of the National Food Security Act, 2013. Under PMMVY, a cash incentive of Rs. 5000/- would be provided directly in the account of Pregnant Women(PW) and Lactating Mothers (LM) in three installments for first living child of the family subject to their fulfilling specific conditions relating to Maternal and Child Health.

Hence, Madhya Pradesh significantly shows a slightly good percent in terms of eligibility versus applied for the



scheme. However, Bihar state shows the somber picture as (89%) are eligible for the scheme out of which only (9%) have applied to avail the benefits.

f. Status of Lactating Women

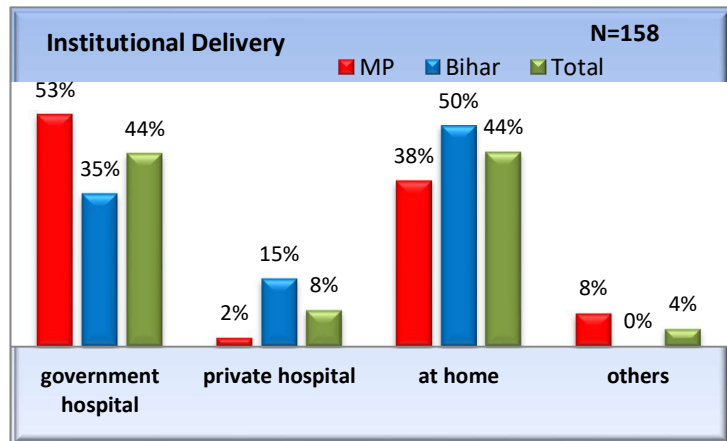
During the survey, total 158 currently lactating women were interviewed to access their status during their pregnancy.

The result shows an equal percentage of deliveries took place at institution and at home with (44%) with a high percent (50%) in Bihar state for home deliveries. While

comparing with the state average of Bihar as per NFHS -5, 2019-20 the status of institutional deliveries is 76% and home deliveries is 6.1% and for Madhya Pradesh as per NFHS-4, 2015-16 the status of institutional deliveries is 80.8% and home deliveries is 2.3%. However, the surveyed result shows a big gap as compared to the respective state average for home deliveries.

Only 35% of the lactating women have availed the benefit of Janani Express service (MP-44% and Bihar – 26%). An impact of COVID-19 pandemic can be seen in such circumstances in the awareness level of the LW.

Out of the eligible LW (158), only 14% have received the benefits from the PMMVY scheme in Madhya Pradesh which is also less in numbers and there is no information from the Bihar state.



Recommendations

Results of this NFSA study call for actions that can be initiated concurrently at policy and implementation levels to promote optimal services:

- ✚ Respective state government should increase the number of Fair Price Shops for resolving the distance issue which will help in scattering the huge number of beneficiaries from one FPS shop resultant to reduce of long waiting time, hamper of daily household work etc.
- ✚ The grievance redressal mechanism should be encouraged more for all the four schemes under the NFSA to be used by the community members. Statutory legal committee/vigilance committee needs to be functional for addressing the grievances
- ✚ The offtake of food-grains by states have reduced under the MDM scheme from 2019 to 2020 hence the respective state should plan to overcome the situation. Although, in some states the government authority have stated a deadline for the offtake, however, space for preserving the huge metric tonnes of ration need to be resolve.
- ✚ Early identification of 'at-nutritional-risk' pregnancies at the time of pregnancy registration (by 12 weeks gestation) and subsequent follow-ups can help mitigate many risk factors in later pregnancy.
- ✚ Awareness on availing the Take home Ration/Dry Ration should be initiated for benefitting the maximum eligible beneficiaries

Annexure - Factsheets

PDS & MDM

| | Details | Madhya Pradesh | | Bihar | | Total | |
|--|---|----------------|---------|---------|---------|---------|---------|
| | | In Nos. | In %age | In Nos. | In %age | In Nos. | In %age |
| 1. General Information | | | | | | | |
| State and District-wise household coverage | | | | | | | |
| | Total Coverage | 1668 | 56% | 1306 | 44% | 2974 | 100% |
| | Rewa | 347 | 21% | - | | | |
| | Satna | 379 | 23% | - | | | |
| | Panna | 491 | 29% | - | | | |
| | Umaria | 451 | 27% | - | | | |
| | Sitamarhi | - | 0% | 671 | 51% | | |
| | Jehanabad | - | 0% | 635 | 49% | | |
| Caste-wise categorization | | | | | | | |
| | Schedule Tribes | 1305 | 78% | 0 | 0% | 1305 | 44% |
| | Schedule Caste | 83 | 5% | 332 | 25% | 415 | 14% |
| | Other backward class (OBC) | 221 | 13% | 309 | 24% | 530 | 18% |
| | General | 59 | 4% | 62 | 5% | 121 | 4% |
| | Maha-Dalit (only for Bihar) | 0 | 0% | 603 | 46% | 603 | 20% |
| Family Business | | | | | | | |
| | Small Farmer (1 hectare/2.5 acre / less than 4 bigha) | 458 | 27% | 36 | 3% | 494 | 17% |
| | Big Farmer (2 hectare/5 acre / more than 8 bigha) | 67 | 19% | 3 | 0% | 70 | 2% |
| | Medium Farmer (1-2 hectare/2.5 -5 acre / 4-8 bigha) | 127 | 8% | 3 | 0% | 130 | 4% |
| | Farming labour | 383 | 23% | 405 | 31% | 788 | 26% |
| | Government Job | 16 | 1% | 36 | 3% | 52 | 2% |
| | Private Job | 24 | 1% | 59 | 5% | 83 | 3% |
| | Small Shop | 7 | 0% | 23 | 2% | 30 | 1% |
| | Skilled worker | 13 | 1% | 125 | 10% | 138 | 5% |
| | Other labour | 554 | 33% | 595 | 46% | 1149 | 39% |
| | Other | 19 | 1% | 21 | 2% | 40 | 1% |
| Family Type | | | | | | | |
| | Single | 1366 | 82% | 1190 | 91% | 2556 | 86% |
| | Joint | 302 | 18% | 116 | 9% | 418 | 14% |
| Caategory of the family member | | | | | | | |
| | Pregnant women | 87 | 5% | 65 | 5% | 152 | 5% |
| | Lactating women | 69 | 4% | 65 | 5% | 134 | 5% |
| | Children of age 6 months to 3 years | 399 | 24% | 412 | 32% | 811 | 27% |

| | | | | | | | |
|--|---|------|-----|------|-----|------|-----|
| | Children of age 3 to 6 years | 422 | 25% | 439 | 34% | 861 | 29% |
| | Children of age 6 to 14 years | 757 | 45% | 608 | 47% | 1365 | 46% |
| | None of the above | 582 | 35% | 344 | 26% | 926 | 31% |
| 2. Information on Food Security Act 2013 | | | | | | | |
| Knowledge Assessment | | | | | | | |
| | On their rights in FSA 2013 (especially on all four schemes) | 430 | 26% | 320 | 25% | 750 | 25% |
| | Total quantity of entire ration material as per eligibility | 1362 | 82% | 863 | 66% | 2225 | 75% |
| | Non-compulsion of Aadhar Card for receiving ration | 212 | 13% | 85 | 7% | 297 | 10% |
| | <i>Grievance Redressal:-</i> | | | | | | |
| | - Vigilance Committee | 113 | 7% | 0 | 0% | 113 | 4% |
| | - District Grievance Redressal Officer | 72 | 4% | 4 | 0% | 76 | 3% |
| | - CM Helpline - 181 | 216 | 13% | 0 | 0% | 216 | 7% |
| | - District Food and Civil Supplies Officer | 52 | 3% | 115 | 9% | 167 | 6% |
| | - Don't Know | 1078 | 65% | 1064 | 81% | 2142 | 72% |
| | - Others | 137 | 8% | 123 | 9% | 260 | 9% |
| | Food security allowance In case of non-supply of the entitled quantities of foodgrains or meals to entitled persons | 38 | 2% | 10 | 1% | 48 | 2% |
| | Composition of Vigilance committee | 70 | 4% | 16 | 1% | 86 | 3% |
| | Availing of the remaining ration in case of incomplete ration distribution occurred in the previous month | 126 | 8% | 555 | 42% | 681 | 23% |
| | Aware on "One Nation, One Ration" scheme | 582 | 35% | 166 | 13% | 748 | 25% |
| | Mid-Day meal to children up to class VIII or within the age group of six to fourteen years, whichever is applicable | 1431 | 86% | 1217 | 93% | 2648 | 89% |
| | THR to pregnant and lactating women and HCM to children in the age of 3 to 6 years from AWC | 1421 | 85% | 1090 | 83% | 2511 | 84% |
| | PMMVY a Centrally Sponsored DBT scheme with the cash incentive of ₹ 5000/- (in three instalments) being provided to Pregnant women for their 1st pregnancy. | 720 | 43% | 508 | 39% | 1228 | 41% |
| | Visual samples of the foodgrains at the TPDS | 15 | 1% | 204 | 16% | 219 | 7% |
| 3. Ration Card and its eligibility criteria | | | | | | | |
| | Availability of Ration card / eligible coupons | | | | | | |
| | - Yes | 1316 | 79% | 745 | 57% | 2061 | 69% |
| | - No | 249 | 15% | 328 | 25% | 577 | 19% |
| | - Application in process | 27 | 2% | 104 | 8% | 131 | 4% |

| | | | | | | |
|--|------|-----|-----|-----|------|-----|
| - Joint RC with mother/father but not a separate card | 75 | 4% | 123 | 9% | 198 | 7% |
| Eligibility categorization | | | | | | |
| - AAY | 209 | 13% | 160 | 12% | 369 | 12% |
| - PHH | 1103 | 66% | 399 | 31% | 1502 | 51% |
| - Other priority category | 4 | 0% | 1 | 0% | 5 | 0% |
| - Previously received household ration card | 0 | 0% | 185 | 14% | 185 | 6% |
| | | | | | | |
| 100% name inclusion of the family members in the ration card | 355 | 26% | 847 | 98% | 1202 | 55% |
| Eligible families with "No Ration Card" | | | | | | |
| - AAY | 0 | 0% | 126 | 38% | 126 | 22% |
| - PHH | 43 | 17% | 128 | 39% | 171 | 30% |
| - Annapurna | 0 | 0% | 10 | 3% | 10 | 2% |
| - Others | 0 | 0% | 14 | 4% | 14 | 2% |
| 4. Status of receiving ration from the TPDS | | | | | | |
| Ration received during the period of (Dec.20 to Feb'21) | 1290 | 77% | 739 | 57% | 2029 | 68% |
| <i>Quality of the ration received</i> | | | | | | |
| - Good | 338 | 26% | 96 | 13% | 434 | 21% |
| - Medium | 928 | 72% | 642 | 87% | 1570 | 77% |
| - Poor | 23 | 2% | 1 | 0% | 24 | 1% |
| Faced refusal for receiving the ration | 40 | 3% | 11 | 1% | 51 | 3% |
| <i>Adequacy of the ration received</i> | | | | | | |
| - less than 10 days | 630 | 49% | 293 | 40% | 923 | 45% |
| - 10 to 20 days | 631 | 49% | 431 | 58% | 1062 | 52% |
| - more than 20 days | 52 | 4% | 18 | 2% | 70 | 3% |
| <i>Distance of PDS from house</i> | | | | | | |
| - less than 1 km | 315 | 24% | 623 | 84% | 938 | 46% |
| - between 1 - 2 km | 82 | 6% | 121 | 16% | 203 | 10% |
| - between 2 - 3 km | 98 | 8% | 0 | 0% | 98 | 5% |
| - more than 3 km | 790 | 61% | 1 | 0% | 791 | 39% |
| Receives receipt from the EPoS machine | 229 | 18% | 456 | 62% | 685 | 34% |
| 5. Transparency, Grievance Redressal and management | | | | | | |
| Challenges faced for receiving the ration | 1316 | 79% | 743 | 57% | 2059 | 69% |
| - Irregularities in shop opening | 281 | 21% | 64 | 9% | 345 | 17% |
| - PDS located in long distance | 817 | 62% | 120 | 16% | 937 | 46% |
| - incomplete receipt of ration from the PDS | 36 | 3% | 206 | 28% | 242 | 12% |
| - consumes more time in the PDS | 764 | 58% | 336 | 45% | 1100 | 53% |
| - Others | 34 | 3% | 10 | 1% | 44 | 2% |
| - No issues | 352 | 27% | 348 | 47% | 700 | 34% |

| | | | | | | |
|--|-----|-----|-----|-----|-----|-----|
| Have you filed any complaints related to the PDS shop | 9 | 1% | 72 | 10% | 81 | 4% |
| If yes, whether satisfactorily resolved | 4 | 44% | 2 | 3% | 6 | 7% |
| Benefitted of the farming developmental schemes | 137 | 8% | 23 | 2% | 160 | 5% |
| - irrigation | 19 | 14% | 7 | 30% | 26 | 16% |
| - seed | 19 | 14% | 13 | 57% | 32 | 20% |
| - equipment | 17 | 12% | 0 | 0% | 17 | 11% |
| - Bio-compost and pesticides | 18 | 13% | 1 | 4% | 19 | 12% |
| - insurance | 0 | 0% | 7 | 30% | 7 | 4% |
| - Others | 116 | 85% | 3 | 13% | 119 | 74% |
| Benefits of other schemes: | | | | | | |
| - cash payment | 85 | 5% | 8 | 1% | 93 | 3% |
| - grant received | 134 | 8% | 16 | 1% | 150 | 5% |
| - loan | 0 | 0% | 0 | 0% | 0 | 0% |
| - benefits in kind | 0 | 0% | 1 | 0% | 1 | 0% |
| 6. Mid-day meal | | | | | | |
| Children enrolled in government school | 537 | 71% | 362 | 60% | 899 | 66% |
| - Primary | 369 | 69% | 297 | 82% | 666 | 74% |
| - Middle | 168 | 31% | 65 | 18% | 233 | 26% |
| 6.1 Mid-day meal distribution and its quality | | | | | | |
| Children receiving HCM regularly | 53 | 10% | 9 | 2% | 62 | 7% |
| Children receiving foodgrains and allowances in place of HCM | 227 | 42% | 65 | 18% | 292 | 32% |
| Availability of safe drinking water | 459 | 85% | 217 | 60% | 676 | 75% |
| - good (filtered/handpump) | 55 | 12% | 35 | 16% | 90 | 13% |
| - medium (handpump/borewell near school) | 392 | 85% | 181 | 83% | 573 | 85% |
| - poor (unhygienic water) | 12 | 3% | 1 | 0% | 13 | 2% |
| Availability of safe toilets | 474 | 88% | 218 | 60% | 692 | 77% |
| - available | 359 | 67% | 184 | 51% | 543 | 60% |
| - available but not functional | 115 | 21% | 34 | 9% | 149 | 17% |
| Quality of the toilet | | | | | | |
| - good (clean, adequate water, without any breakages) | 61 | 13% | 72 | 33% | 133 | 19% |
| - medium (with breakage but with clean and adequate water) | 278 | 59% | 111 | 51% | 389 | 56% |
| - poor (with breakage, without clean and adequate water) | 20 | 4% | 1 | 0% | 21 | 3% |
| Separate toilets for male and female | 299 | 63% | 168 | 77% | 467 | 67% |

ICDS & PMMVY

| | Details | Madhya Pradesh | | Bihar | | Total | |
|--|---|----------------|---------|---------|---------|---------|---------|
| | | In Nos. | In %age | In Nos. | In %age | In Nos. | In %age |
| 1. General Information | | | | | | | |
| State and District-wise household coverage | | | | | | | |
| | Total Coverage | 655 | 37% | 1125 | 63% | 1780 | 100% |
| | Rewa | 162 | 25% | | | | |
| | Satna | 149 | 23% | | | | |
| | Panna | 196 | 30% | | | | |
| | Umaria | 148 | 23% | | | | |
| | Sitamarhi | | 0% | 478 | 42% | | |
| | Jehanabad | | 0% | 647 | 58% | | |
| Caste-wise categorization | | | | | | | |
| | Schedule Tribes | 530 | 81% | 0 | 0% | 530 | 30% |
| | Schedule Caste | 33 | 5% | 259 | 23% | 292 | 16% |
| | Other backward class (OBC) | 72 | 11% | 250 | 22% | 322 | 18% |
| | General | 20 | 3% | 58 | 5% | 78 | 4% |
| | Maha-Dalit (only for Bihar) | 0 | 0% | 558 | 50% | 558 | 31% |
| Family Business | | | | | | | |
| | Small Farmer (1 hectare/2.5 acre / less than 4 bigha) | 148 | 23% | 33 | 3% | 181 | 10% |
| | Big Farmer (2 hectare/5 acre / more than 8 bigha) | 11 | 7% | 3 | 0% | 14 | 1% |
| | Medium Farmer (1-2 hectare/2.5 -5 acre / 4-8 bigha) | 40 | 6% | 3 | 0% | 43 | 2% |
| | Farming labour | 170 | 26% | 372 | 33% | 542 | 30% |
| | Government Job | 4 | 1% | 31 | 3% | 35 | 2% |
| | Private Job | 12 | 2% | 51 | 5% | 63 | 4% |
| | Small Shop | 2 | 0% | 19 | 2% | 21 | 1% |
| | Skilled worker | 6 | 1% | 89 | 8% | 95 | 5% |
| | Other labour | 262 | 40% | 507 | 45% | 769 | 43% |
| | Other | 0 | 0% | 17 | 2% | 17 | 1% |
| Caategory of the family member | | | | | | | |
| | Pregnant women | 82 | 13% | 74 | 7% | 156 | 9% |
| | Lactating women | 80 | 12% | 78 | 7% | 158 | 9% |
| | Children of age 6 months to 3 years | 409 | 62% | 437 | 39% | 846 | 48% |
| | Children of age 3 to 6 years | 232 | 35% | 415 | 37% | 647 | 36% |
| 2. Rights of Pregnant / Lactating women | | | | | | | |
| | Pregnant women registration | 75 | 91% | 38 | 51% | 113 | 72% |
| | Registration period | | | | | | |
| | - within one month of pregnancy | 1 | 1% | 4 | 11% | 5 | 4% |

| | | | | | | |
|--|-----|------|----|------|-----|------|
| - between 1 to 3 months | 57 | 76% | 23 | 61% | 80 | 71% |
| - between 3 to 6 months | 17 | 23% | 11 | 29% | 28 | 25% |
| - between 6 to 9 months | 0 | 0% | 0 | 0% | 0 | 0% |
| - after the birth of the child | 0 | 0% | 1 | 3% | 1 | 1% |
| - not registered | 0 | 0% | 1 | 0% | 1 | 0% |
| Status of MCP card | 63 | 84% | 31 | 82% | 94 | 83% |
| Status of Tetnus vaccination | | | | | | |
| - one doze | 31 | 41% | 15 | 39% | 46 | 41% |
| - two doze | 37 | 49% | 21 | 55% | 58 | 51% |
| - Booster | 1 | 1% | 0 | 0% | 1 | 1% |
| - not vaccinated | 6 | 8% | 2 | 5% | 8 | 7% |
| Status of the receipt of IFA supplementation | 65 | 87% | 33 | 87% | 98 | 87% |
| Status on the consumption of IFA supplementation | | | | | | |
| - less than 20 tablets | 26 | 40% | 12 | 36% | 38 | 39% |
| - between 20-40 tablets | 23 | 35% | 11 | 33% | 34 | 35% |
| - more than 40 tablets | 12 | 18% | 9 | 27% | 21 | 21% |
| - not consumed any tablets | 4 | 6% | 1 | 3% | 5 | 5% |
| Regular receipt of THR from AWC | | | | | | |
| Status of the receipt of THR | 63 | 84% | 7 | 18% | 70 | 62% |
| - THR packets | 131 | 208% | 1 | 14% | 132 | 189% |
| - Dry ration | 1 | 2% | 17 | 243% | 18 | 26% |
| - Amount | 0 | 0% | 0 | 0% | 0 | 0% |
| Receipt of total THR packets for the last 3 months (Dec.'20 to Feb'21) | 124 | 197% | 7 | 100% | 131 | 187% |
| - less than 4 packet | 13 | 10% | 3 | 43% | 16 | 12% |
| - 4 packet | 17 | 14% | 0 | 0% | 17 | 13% |
| - 8 packet | 11 | 9% | 0 | 0% | 11 | 8% |
| - 12 packet | 73 | 59% | 0 | 0% | 73 | 56% |
| - more than 12 packet | 10 | 8% | 0 | 0% | 10 | 8% |
| - other than THR packets, dry rations (applicable to Bihar only) | 0 | 0% | 4 | 57% | 4 | 3% |
| Status on the frequency of the receipt of THR | 124 | 197% | 7 | 100% | 131 | 187% |
| - weekly | 104 | 84% | 6 | 86% | 110 | 84% |
| - Bi-monthly | 12 | 10% | 0 | 0% | 12 | 9% |
| - monthly | 4 | 3% | 0 | 0% | 4 | 3% |
| - irregular | 4 | 3% | 1 | 14% | 5 | 4% |
| Quality of THR | | | | | | |
| - Yes (Ready to eat) | 131 | 208% | 14 | 200% | 145 | 207% |
| - No (exceeding expiry, rotten, pebbled etc.) | 1 | 2% | 4 | 57% | 5 | 7% |
| THR consumed by whom: | | | | | | |

| | | | | | | |
|--|-----|------|----|------|-----|------|
| - self | 29 | 46% | 4 | 57% | 33 | 47% |
| - whole family | 101 | 160% | 14 | 200% | 115 | 164% |
| - other | 2 | 3% | 0 | 0% | 2 | 3% |
| Eligible of PMMVY | 22 | 29% | 34 | 89% | 56 | 50% |
| Applied for the PMMVY schemes | 13 | 59% | 3 | 9% | 16 | 29% |
| Received receipt on applying for the scheme | 3 | 23% | 1 | 33% | 4 | 25% |
| Any amount given to AWW for applying for the scheme | 0 | 0 | 0 | 0 | 0 | 0 |
| Status of ANC check-up by the PW | 70 | 93% | 25 | 66% | 95 | 84% |
| - one | 29 | 41% | 14 | 56% | 43 | 45% |
| - two | 21 | 30% | 9 | 36% | 30 | 32% |
| - three | 15 | 21% | 2 | 8% | 17 | 18% |
| - four | 5 | 7% | 0 | 0% | 5 | 5% |
| - No ANC check-up | 0 | 0% | 0 | 0% | 0 | 0% |
| Status of PNC check-up by the LW | 42 | 53% | 36 | 46% | 78 | 49% |
| - one | 17 | 40% | 5 | 14% | 22 | 28% |
| - two | 11 | 26% | 18 | 50% | 29 | 37% |
| - three | 8 | 19% | 13 | 36% | 21 | 27% |
| - four | 6 | 14% | 2 | 6% | 8 | 10% |
| - No PNC check-up | 38 | 48% | 66 | 85% | 104 | 66% |
| Only for LW | 80 | 12% | 78 | 7% | 158 | 9% |
| Status of Institutional delivery | | | | | | |
| - government hospital | 42 | 53% | 27 | 35% | 69 | 44% |
| - private hospital | 1 | 1% | 12 | 15% | 13 | 8% |
| - at home | 30 | 38% | 39 | 50% | 69 | 44% |
| - others | 6 | 8% | 0 | 0% | 6 | 4% |
| - not applicable | 1 | 1% | 0 | 0% | 1 | 1% |
| Availing the Janni express services | 35 | 44% | 20 | 26% | 55 | 35% |
| Any amount given for availing the Janni express services | 0 | 0% | 0 | 0% | 0 | 0% |
| Status on the receipt of PMMVY schemes | 11 | 14% | 0 | 0% | 11 | 7% |