

## **Children's Right to Food: Essential Demands**

*Further to the government's pledge to enact a Right to Food Act, this note presents a set of "essential demands" relating to children's entitlements under this proposed Act. These are best read in conjunction with the Right to Food Campaign's essential demands for the Act as a whole.<sup>1</sup> The "Preamble" below is adapted from that document.*

### **Preamble**

All people residing in this country have a fundamental right to be free from hunger and malnutrition. This requires, on the one hand, sufficient availability of food, which in turn calls for strengthening of sustainable agricultural production systems, with special focus on the small rain fed farmer. Ensuring the right to food requires, on the other hand, economic access for people, involving for instance adequate employment and wage levels, the protection of existing livelihoods, and equitable rights over land, water and forests. It also requires social access, meaning that barriers of gender, caste, disability, stigma, age, etc must all be overcome.

While it is the responsibility of governments to ensure that such conditions exist, the realization of the right to food further requires a system of direct food entitlements through public provision. At the very least the Right to Food Act should include care, health and nutrition programmes for children; the Public Distribution System (PDS); social assistance for vulnerable groups (e g, pensions, Antyodaya Anna Yojana); and other complimentary interventions such as crèches and maternity benefits. These should cover not only rural but also urban areas.

There are several reasons for children, especially young children, to have a special claim under the Right to Food Act. India has intolerable levels of child undernutrition, which impairs the daily lives of millions of girls and boys. Further, research on nutrition has unambiguously shown that it is in childhood (and especially in the age group of 0-3 years) that nutritional interventions are most required to ensure adequate growth, cognitive development and good health. This is the period of most rapid development when the blood is being formed, the neural channels of the brain are being sculpted and personality being shaped. In terms of the proposed Act, this would imply strengthening the Mid Day Meal Scheme and the Integrated Child Development Services (ICDS), especially services for children in the 0-3 age group and including in it special services which provide nutrition counselling, breastfeeding support, crèches and maternity entitlements for women to facilitate care and breastfeeding.

### **Children's Entitlements in the Right to Food Act**

The proposed Right to Food Act must include the following minimum provisions for children:

#### **I. Universalisation of ICDS**

1. **Universal Coverage:** All children in the age group of 0-6 years should be entitled to basic nutrition, health and pre-school education services under the Integrated Child Development Services (ICDS).
2. **Basic Services:** These basic services should include all child development services available under ICDS as of 1 April 2009, namely: (1) supplementary nutrition; (2) immunization; (2) health check-ups; (4) referral services; (5) growth monitoring and promotion; (6) pre-school education. "Infant and young child feeding" (IYCF) counselling should be added as an additional ICDS service, with a separate budget head.

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<sup>1</sup> This document is available at [www.righttofoodindia.org](http://www.righttofoodindia.org) ("Right to Food Act" section).

3. **Population norms:** For the purpose of providing ICDS services, a full-fledged Anganwadi should be made available in every habitation of at least 300 persons. There should be no ceiling on the number of children to be enrolled in a particular Anganwadi, and no eligibility criterion other than age.
4. **Tiny or scattered habitations:** In habitations of less than 300 persons, ICDS services should be provided through extension services or mini-Anganwadis, linked with the nearest Anganwadi.
5. **Anganwadis on demand:** Rural communities and slum dwellers should be entitled to an “Anganwadi on demand” (not later than three months from the date of demand) in cases where a settlement has at least 40 children under the age of six years but no Anganwadi.
6. **Monthly “health and nutrition day”:** In each Anganwadi, a pre-fixed day of the month should be reserved for specific activities such as distribution of take-home rations to pregnant and nursing women, immunization sessions, NHE sessions, weighing of children under three years, identification of malnourished children, and so on.
7. **Personnel:** Each anganwadi should have at least two Anganwadi workers and one Anganwadi helper who are adequately trained. They should at least be paid minimum wages applicable to NREGA workers.
8. **Basic Facilities:** Each Anganwadi should at the minimum have its own, independent pacca building, a kitchen with adequate ventilation, utensils, storage facilities, toilets and water facilities, weighing scales for different age groups, a medical kit with basic drugs (including ORS and IFA tablets/syrup), plates in sufficient quantity for all children and toys and teaching material for pre-school education.
9. **Inclusion:** Special provisions should be made for the inclusion of marginalized children in ICDS, including disabled children, street children, and children of migrant families.
10. **No private contractors:** No private contractors should be allowed in the supply of take home rations or cooked meals in the anganwadis. All food and nutrition that is given in the anganwadi must be made using local foods, without the involvement of any private contractors.

## **II. Nutrition Services: Children in the age-group of 0 – 3 years**

1. **Nutrition and Health Counselling:** Anganwadi workers should provide home-based Nutrition and Health Education (NHE) services. Each household with a pregnant woman, nursing woman or child under three years of age should be visited by an Anganwadi worker at least once in three months for the purpose of providing nutrition and health counselling. Through these home visits all mothers should be counselled on early initiation and exclusive breastfeeding for six months, continued breastfeeding for two years or more, adequate and appropriate complementary feeding from the age of seven months onwards. Anganwadi workers should be suitably trained to provide this service.
2. **Monthly “health and nutrition day”:** In each Anganwadi, a pre-fixed day of the month should be reserved for specific activities such as distribution of take-home rations to pregnant and nursing women, immunization sessions, NHE sessions, weighing of children under three years, identification of malnourished children, and so on.
3. **Take-home rations:** All pregnant and lactating women and children in the age group of 6 months to 3 years should be provided weekly take-home rations that can be locally prepared and meet minimum nutrition norms.
4. **Maternity benefits:** Maternity benefits of at least Rs 1,000 per month (at 2009-10 prices) for six months, from the 7<sup>th</sup> month of pregnancy, should be extended to all pregnant women for care during pregnancy. No conditionalities should be attached to maternity benefits. In

particular, the benefits should apply irrespective of the place of birth, age of mother or number of children.

### **III. Nutrition Services: Children in the age-group 3 – 6 years**

1. **Cooked mid-day meal:** All Anganwadis should provide a hot, cooked, nutritious mid-day meal to children who attend the Anganwadi, every day of the year, except during holidays (and in any case for at least 300 days). The mid-day meal under ICDS should be cooked on the Anganwadi premises, using local foods, without the involvement of any private contractor.

### **IV. Children above six**

1. **Cooked mid-day meals:** All government and government-aided schools should provide a hot, cooked, nutritious mid-day meal to children up to Class 10 every day of the year, except during school holidays (and in any case for at least 200 days).
2. **Droughts and disasters:** At times of drought or natural or human-made disasters, mid-day meals should also be provided during school holidays.
3. **Weekly menu:** The mid-day meal should have a different menu on each day of the week. The weekly menu should be prominently painted on the walls of the school, along with a functional Helpline number.
4. **No private contractors:** In rural areas, the mid-day meal should be cooked on the school premises, using local foods, without the involvement of any private contractors.
5. **Minimum facilities:** For the purpose of effective and hygienic provision of the mid-day meal, every government or government-aided primary school (or school with a primary section) in rural areas should have the following minimum facilities: A kitchen shed with adequate ventilation, toilets and water facilities, utensils and plates in sufficient quantity, storage facilities.
6. **Personnel:** At least one cook and a helper should be employed for the purposes of cooking the mid day meal and they should at least be paid minimum wages applicable to NREGA workers.
7. **Social equity:** Mid-day meal cooks and helpers should be women from the local community. Preference should be given to single women and SC/ST women in the appointment of cooks and helpers, in such a way that at least half of them are from these disadvantaged groups.
8. **School Health Services:** All school-going children in government and government-aided schools should be entitled to a health check-up at least thrice a year. School health services should be arranged by the nearest Primary Health Centre (PHC), under the general supervision of the district's Chief Medical Officer. All recognised private schools should organise the same health services at their own cost.
9. **School-based nutrition education:** "Nutrition and health education" should be included as a compulsory subject in the school curriculum, at the secondary level.

### **V. Financial Allocations for Mid-Day Meals**

1. Financial allocations for mid-day meals in schools and anganwadis, and for take-home rations in anganwadis, should be no less than Rs 5 per child day at 2009-10 prices, in addition to a grain quota of 100 grams per child per day as well as further provisions for infrastructure, implements, salaries and miscellaneous expenses.

## VI. *Severe Acute Malnutrition*

1. **Nutrition Rehabilitation Centres:** For the purpose of treating children suffering from “severe acute malnutrition” (SAM), nutrition rehabilitation centres (NRCs) should be set up in every Primary Health Centre.
2. **Identification:** Identification of SAM-affected children (based on WHO norms) should be the responsibility of Anganwadi workers under ICDS. Suitable training should be imparted to them for this purpose. In the event of any complaint or other alert of the possibility of a child suffering from severe acute malnutrition in the Gram Panchayat, it should be the duty of the Anganwadi worker to investigate the situation and refer the mother and child to a Nutrition Rehabilitation Centre if required.
3. **Free treatment:** All SAM-affected children should be entitled to free treatment at the nearest NRC, for as long as may be required to restore them to good health. During this period, the mother of the concerned child should also be entitled to free board and lodging at or near the same NRC.
4. **Community-based option:** Uncomplicated cases of SAM that do not require NRC-based treatment, after due examination by medical staff, should be treated by being given locally produced therapeutic food, with proper counselling to the family on the protocol for feeding.

## VII. *Crèches*

1. **Crèches and Daycare Services:** Crèches and daycare services should be provided for all children under six whose mothers are working in the informal sector. Crèches/daycare centres should provide care and nutrition for young children. The crèches/day care centres can be met through the most appropriate strategy based on local conditions such as setting up an anganwadi-cum-crèches, crèches under Rajiv Gandhi National Crèche Scheme or any other models such as those run by panchayats and women workers’ co-operatives.
2. **‘Crèches-on-demand’:** There should be a provision for ‘Crèche on demand’, where there is such a demand from at least 20 mothers of children under six years in a habitation.
3. **Personnel:** Crèches/ day care centres must provide for three full-time personnel – a separate worker for children under three years of age and one of children in the age of three to six year, and additionally one helper to help with the cooking, cleaning and caring of children. These workers should be given specific training for care, feeding and stimulation of infants and toddlers. In case of anganwadi-cum-crèches the anganwadi workers and anganwadi helper should be employed full time to also play the role of crèche workers and helper.
4. **Minimum facilities:** Additional to the minimum facilities that an anganwadi must provide, all crèches/day care centres (including anganwadi-cum-crèche) must have at least two rooms, one for children under three years and the other for children in the three to six years of age, and additional resources for health and medical supplies, sleeping and play equipment, cleanliness and hygiene.
5. **Nutrition:** Age-appropriate and nutritious morning snack and an evening snack , over and above a mid-day meal should be provided for all children in the crèche/daycare centre.