

POLICY  
BRIEF

## APJ Abdul Kalam Amrut Ahar Yojana (APJAKAAY)

### ABSTRACT

This Policy Brief provides an analysis of the on-ground implementation of APJ Abdul Kalam Amrut Ahar Yojana (APJAKAAY) in Maharashtra and presents key actionable recommendations to address the gaps that emerge from the analysis. The Brief is based on review of existing evidence and interviews with those who had tried to access these schemes, conducted at three different locations in Maharashtra - Panvel, Raigad district (urban, peri-urban), Kagal, Kolhapur district (rural) and Chikhaldara, Amravati district (tribal). Detailed Briefs on other schemes aimed at providing support and protection to children and women during pregnancy and a Summary Policy Brief form part of this 6 part series.

## BACKGROUND

APJ Abdul Kalam Amrut Ahar Yojana was introduced by the Government of Maharashtra (GoM) in the year 2015, with the objective of providing adequate nutrition to pregnant women, lactating mothers and children to reduce malnutrition, maternal and infant mortality and low birth weight in scheduled and tribal-dominated areas. The scheme is being implemented jointly by the Department of Tribal Development (TDD) and the Department of Women & Child Development (DWCD) through 105 ICDS projects across 16 districts coming under the Tribal sub-plan (TSP).

Under the scheme, pregnant women and lactating mothers (of all communities) residing in designated areas, are provided a cooked meal during afternoon (in place of Take Home Rations being given earlier) at the nearby anganwadi centres for a period of 12 months (6 months before delivery and 6 months after pregnancy), amounting to 40% of the Recommended Dietary Allowance (RDA) of macro and micro nutrients. From the year 2016, as part of the second phase of the roll-out of the scheme, provision of giving one egg or four bananas per week was also made for children in the age group of 7 months to 6 years.

The scheme is significant because of following two improvements over the ICDS programme: the diversity of the meals being provided (which includes cereals, pulses, green leafy vegetables, boiled egg and peanut *ladoo*/soya milk) and a much higher unit cost per meal, as compared to the unit cost under ICDS programme for Take Home Rations for pregnant women and lactating women (Rs 9.5). The unit cost under APJAKAAY was Rs 25 per meal in 2015,<sup>1</sup> which was revised to Rs 35 per meal in 2018<sup>2</sup>.

## Present Challenges

A review of the scheme conducted in 2018 found that the existing mechanism of funds transfer was leading to delays in availability of funds with the *anganwadis*, which made it difficult for the Anganwadi *sevikas* to continue providing the services.<sup>3</sup> Additionally, the review

highlighted the lack of any mechanism to monitor the delivery of services under the scheme.

During our interviews, the women availing the services under the scheme reported that the *anganwadi* staff would often close the centre and deny the meal to the registered women without any notice or reason. Complaints made to supervisors and through helplines have not been effectively redressed, and in some cases the beneficiaries have been harassed for making complaints.

Additionally, even when meals are provided at the centre, the provisioning of protein-based items in the meal (boiled eggs and peanut *ladoo*) are highly irregular. This was partially attributed to the delay in transfer of funds to *anganwadis* which means that *anganwadi sevikas* have to use their own money to buy supplies, which is inadequate and hence leads to inadequate provisions. In part, this could also be because of corruption and leakages in the system, both of which require effective monitoring and supervision of the scheme. The interviewees also reported that the food was not very tasty (attributed to inadequate usage of spices and oil) which leads to non-consumption and wastage of food provided, especially pulses and vegetables.

Since the scheme is being implemented only in rural areas coming under Tribal-Sub-plan (TSP) areas, certain pockets with substantial concentration of tribal population in non-TSP rural areas and also in urban areas remain outside the purview of the scheme.

### Actionable Recommendations

1. The monitoring and accountability mechanisms under the scheme requires strengthening. Regular feedback should be taken from the beneficiaries regarding whether the meals and all the mandatory food items are being served regularly or not. Helpline numbers should be publicised prominently and complaints received should be dealt with effectively.
2. The fund release mechanism for implementation of the scheme needs to be simplified to ensure that funds reach the *anganwadis* well in time for them to

be able to procure the provisions required for effective delivery of the services under the scheme.

3. To address the palatability of the food being provided, apart from ensuring adequate provisioning of ingredients like oils and spices, more diversity can be brought in the vegetables being used, by including locally available varieties.
4. The *anganwadis* outside the TSP areas, which have a substantial tribal population should also be notified under the scheme, especially in urban areas where the nutritional related issues are equally acute.







## Endnotes

- 1 | Department of Tribal Development, Government Resolution No. AaViVi-2015/Pra.Kra.78/ Karyasan-8 dated 18 November 2015.
- 2 | Department of Tribal Development, Government Resolution No. AaViVi-2018/Pra.Kra.4/ Karyasan-8 dated 22 June 2018.
- 3 | International Institute for Population Sciences (IIPS) and UNICEF, Maharashtra (2018). Mapping of Social Protection Schemes in Maharashtra: A Desk Review, Maharashtra, India.



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