



TRIBAL FOOD AND NUTRITION SECURITY IN GONDIA DISTRICT, MAHARASHTRA: A CRITICAL REVIEW OF GOVERNMENT INTERVENTIONS AND CHALLENGES

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ABSTRACT:

This article critically examines government initiatives aimed at enhancing food and nutrition security among Scheduled Tribe (ST) communities in Maharashtra's Gondia district. Despite robust policies like Integrated Child Development Services (ICDS) and Tribal Sub-Plan (TSP), the district struggles with high rates of maternal and child malnutrition. We analyze supplementary interventions, including eggs/bananas for children and full meals for pregnant/lactating women, as well as the enhanced Public Distribution System (PDS) and Maa Gruha (Maternity Waiting Home) scheme. Our review of policy documents, annual reports, and academic evaluations reveals persistent gaps in infrastructure, supply chain consistency, and service utilization. These findings underscore the need for a community-driven, nutrition-sensitive approach to address the entrenched nutritional deficits in these communities.

Keywords: Tribal Nutrition, ICDS, Supplementary Nutrition Programme (SNP), Public Distribution System (PDS), Tribal Sub-Plan (TSP), Malnutrition, Maternal Health.

INTRODUCTION :

The Gondia district, located in Maharashtra's Vidarbha region, is recognized as a high-focus area for tribal development, with communities primarily belonging to the Gond, Pradhan, and Halba tribes. According to anthropological and public health data, ST communities in the region have a disproportionately high burden of malnutrition, stunting, and anemia, far exceeding state and national averages, particularly among women of reproductive age and children under the age of five (Rokade et al., 2020).

The policy response is based on a multi-sectoral strategy that includes both national flagship programs and state-specific mandates within the Tribal Sub-Plan (TSP) framework. This review combines official government strategy with critical implementation insights to provide an authentic, research-based perspective for policy refinement and academic discourse.

Policy Interventions and Nutritional Security Mechanisms for Tribal Areas

This section critically examines the primary government-led policy interventions aimed at addressing malnutrition and food insecurity in Tribal Sub-Plan (TSP) regions, focusing on districts such as Gondia, Maharashtra. The success of these programs is frequently dependent on their adaptation to the unique socio-geographic challenges that tribal communities face.

Integrated Child Development Services (ICDS) and Supplementary Nutrition Program (SNP)

The Integrated Child Development Services (ICDS), which are implemented through Anganwadi Centres (AWCs), serve as the foundational platform for providing nutritional and early childhood services in India. The Maharashtra State Government has enacted specific enhancements for beneficiaries residing in TSP areas, directly acknowledging and

attempting to alleviate the severe regional nutritional disparities, particularly concerning Protein-Energy Malnutrition (PEM) rates.

Enhanced Nutritional Support

- In TSP areas, pregnant and lactating women (PLW) receive one full meal per day in addition to the standard Take Home Ration (THR). This intervention improves maternal energy and micronutrient intake (GoM, Tribal Development Department Annual Report, 2020-2021).
- **Children aged 7 months-6 years:** Four times per week, this cohort receives an additional protein/micronutrient supplement, specifically one egg or one banana. This enhancement is intended to fill essential nutrient gaps that are frequently found in standard SNP offerings (GoM, TDD Annual Report, 2020-2021).

Implementation and Operational Challenges:

The intended impact of the SNP in regions like Gondia is heavily reliant on a strong and consistent supply chain that reaches remote hamlets (padas) and AWCs. Academic evaluations of SNP implementation in comparable tribal districts of Maharashtra (e.g., Palghar, Gadchiroli) have frequently identified persistent operational impediments that jeopardize the intended nutritional benefit (ICDS Evaluation Report, 2021). Common challenges include irregular supply of rations to remote centers.

- Insufficient storage facilities and essential infrastructure lead to low provision of Hot Cooked Meals (HCM).

Public Distribution System PDS and Food Security

The Public Distribution System (PDS), mandated by the National Food Security Act (NFSA), is critical to ensuring baseline caloric and food grain security. For tribal populations, this mechanism is critical, acting as the primary buffer against severe food insecurity.

Targeted Coverage and Subsidies: The majority of the Scheduled Tribe (ST) population in Gondia

is systematically covered by the Priority Household (PHH) and Antyodaya Anna Yojana (AAY) categories. This targeted approach ensures access to heavily subsidized essential food grains such as rice and wheat, thereby stabilizing household food consumption (NHRC Report, 2007).

Micronutrient Intervention: Fortification:

A major contemporary policy directive involves the roll-out of Fortified Rice through the PDS. This public health intervention is specifically designed to combat high endemic rates of iron deficiency anemia and vitamin B12 deficiency, which are notably prevalent within these communities (NHRC Report, 2007). The ultimate success of this large-scale micronutrient intervention is contingent upon effective operational efficiency at the Fair Price Shop (FPS) level and strong community acceptance.

Maternal Health and Institutional Support Schemes

Recognizing the undeniable link between maternal health and childhood nutritional outcomes, the Tribal Health Policy prioritizes schemes that facilitate safe delivery and enhanced maternal nutrition.

- **Maa Gruha (Maternity Waiting Home):** This critical scheme provides temporary residential care for expectant mothers during the final weeks of pregnancy. The service includes the provision of nutritious meals and is strategically targeted at women from remote areas, effectively addressing last-mile access issues to Primary Health Centres (PHCs) for institutional delivery (GoM, TDD Annual Report, 2020-2021). This focused pre-delivery nutritional support represents a vital, albeit often less-publicized, direct nutritional scheme within the tribal context of Gondia.

Implementation Challenges and Critical Review

Based on long-term observation and empirical review, the schemes face several authentic,

systemic challenges in the Gondia tribal environment:

Key Implementation Challenges of Nutrition Schemes in Tribal Areas

The effectiveness of government nutrition schemes in tribal areas like Gondia is significantly hampered by the following systemic challenges:

- **Infrastructure and Logistics Challenges:**

Inadequate infrastructure and logistics at remote Anganwadi Centers (AWCs) jeopardize the safety and quality of Supplementary Nutrition Programme (SNP) services, including special tribal provisions such as eggs and full meals. This issue has consistently been raised in evaluations of ICDS implementation in tribal districts. (ICDS Evaluation Report, 2021).

- **Cultural mismatch and dietary diversity:**

The centralized SNP/Take Home Ration (THR) model is frequently based on urban or generic dietary standards, failing to account for Minor Forest Produce (MFP) and other traditional foods essential to tribal diets. This mismatch causes poor ration acceptance and diversion, necessitating community-specific approaches (NHRC Report, 2007; Rokade et al., 2020).

- **Lack of Inter-Sectoral Convergence:** There is a critical disconnect between key implementing department-Tribal Development, Women & Child Development (ICDS), and Health (ANC/PNC care). This results in fragmented data, poor utilization of specialized Tribal Sub-Plan (TSP) funds, and an inability to deliver targeted, real-time interventions for conditions like Severe Acute Malnutrition (SAM) (CBGA, 2017).

- **Human Resource Deficiencies:** The frontline service delivery is weakened by a severe Human Resource Gap, characterized by high vacancy rates, low motivation, and inadequate honorariums for Anganwadi Workers (AWWs). This directly compromises the quality of essential services such as growth monitoring

and nutritional counseling (ICDS Evaluation Report, 2021).

- **Policy and Practice Discrepancy:** The structural gap between policy mandates and practical implementation impedes the intended impact of special schemes, largely due to **supply chain inconsistency** and the AWW's inability to manage increased workload without appropriate logistical and financial support.

Conclusion and Policy Recommendations

The government's initiative to support tribal food and nutrition in Gondia, although well-intentioned, faces significant implementation challenges, particularly in reaching the most vulnerable populations. To overcome these hurdles, we propose the following policy adjustments:

1. **Community-Driven Nutrition:** Shift from centralized SNP models to community-led initiatives, incorporating locally sourced ingredients and culturally sensitive practices to improve acceptance, dietary diversity, and nutritional outcomes.

Example: Wildlife vegetable canning for Mid-Day Meal Programs, Community-managed nutrition centers, Tribal community gardens.

- a. **Decentralizing SNP:** Empower local communities to take ownership of nutrition programs, leveraging locally available resources and cultural knowledge to enhance the effectiveness and sustainability of SNP services. Examples- Community-led SNP planning, Decentralized nutrition distribution, Community-based nutrition monitoring.

- b. **Community-Centric Approach:** Transition SNP services from a centralized model to a community-driven framework, prioritizing locally sourced ingredients, cultural relevance, and community participation to improve nutritional outcomes.

- c. **Community-Led Supplementary Nutrition Programme (SNP):** Transition from a centralized model to a community-driven approach, utilizing

locally sourced ingredients and culturally relevant practices. This shift will enhance acceptance, dietary diversity, and nutritional outcomes. Example- Community-centric nutrition education, Collaborative decision-making, Community-led nutrition research

2. **Enhancing Anganwadi Centre (AWC)**

Infrastructure: Develop a comprehensive plan to equip AWCs in the Gondia Tribal Sub-Plan (TSP) area with essential facilities, including storage, kitchens, and safe drinking water. This investment is crucial for ensuring the quality and safety of food provided to beneficiaries.

3. **Nutrition-Sensitive Livelihood Initiatives:**

Integrate food and nutrition programs with livelihood support initiatives, such as the Tribal Development Fund (TDF) and NABARD's Wadi model. By promoting self-consumption of nutritious crops and boosting household income, tribal households can achieve sustainable food security and reduce dependence on state rations.

Ultimately, eradicating malnutrition in Gondia's tribal communities requires a holistic approach that prioritizes community participation, local food systems, and the empowerment of Anganwadi Workers. By adopting a nutrition-sensitive ecosystem, we can ensure that nutritional interventions are both effective and sustainable.

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