# UGC Sponsored Minor Research Project

# Role of Integrated Child Development Scheme in improving the Status of Women and Children in Tribal Area of Odisha- A Case study of Nilgiri ITDA Block.

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**Introduction:** ,ICDS is a revolution in improving the status of women and child in respect of overall development – education, health and socio economic life of the general masses. It represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

The need for a comprehensive study to assess ICDS programme at the national level has been felt at the advent of the new millennium as the programme was on the verge of completing three decades of its implementation. The Department of Women and Child Development, now the Ministry of Women and Child Development, Government of India, the nodal Ministry for the implementation of ICDS programme, desired NIPCCD to undertake a comprehensive assessment of the entire gamut of programme implementation including its impact on the intended beneficiaries. The study was accordingly conceived at the national level. Such an exercise is undoubtedly being considered essential in order to improve delivery system, ensure its optimal outreach and take decisions on matters concerning its future thrusts in the Eleventh Five-Year Plan. Accordingly, the Institute planned and carried out the present study.

Nilgiri Block is the only ITDA Block of Balasore district of Odisha with heavy concentration of tribal population. This Block is declared as Gandhi Block by central government also. The socio economic standard of the remote tribal area is lower . Though ICDS is operating in this block, the impact of the programme on the status of tribal women and children needs assessment. No research analysis is made yet to study the impact of the ICDS in this block. This research work will be torch bearer for both the programme administrator and the Government to reassess their work and priority.

The objectives of the study will be to :

1 assess the existing status of implementation of ICDS programme in terms of coverage, outreach, coordination, convergence, and innovations introduced by States and NGOs;

2.compare the differences in implementation of the ICDS programme in rural, urban and tribal areas and in NGO-run projects;

3. identify gaps and problems in the implementation of ICDS;

4.find out the perception of community and local bodies about ICDS and the extent of support provided by them in implementation of the programme;

5.exploring the inter-linkages of ICDS with other development programmes and their role in improving the quality of services, and 6.ascertain the benefits of the scheme on selected outcome indicators related to different services provided to children, women and adolescent girls.

This study was the outcome of the impact evaluation of ICDS programme in the state of Orissa sponsored by the Ministry of Women and Child Development. The objective was to see whether ICDS had succeeded in delivering services to the target groups as envisaged under the scheme. It also aimed to assess the lacunae and bottlenecks, if any, and suggest measures to overcome them. The study will based on the sample study of Nilgiri ITDA Block of Balasore district in which some selected Anganwadi Centres in Tribal villages of Nilgiri Block will be studied for the impact of ICDS.

Hence this study is a maiden attempt to assess the existing status of implementation of ICDS programme in terms of coverage, outreach, coordination, convergence, and innovations introduced by States ,compare the differences in implementation of the ICDS programme in rural, urban and tribal areas , identify gaps and problems in the implementation of ICDS and find out the perception of community and local bodies about ICDS and the extent of support provided by them in implementation of the programme and to ascertain the benefits of the scheme on selected

outcome indicators related to different services provided to children, women and adolescent girls. To my satisfaction I have been successful in achieving the goal of study.

` Nilgiri is one of the group of twenty-six territories called Feudatory States attached to the division of Orissa during British time. As the history goes, this feudatory state was established in 1125 A.D. The princely state first merged into Indian union after independence on 14.11.47 and it became a Sub-Division of Balasore district. Nilgiri Block is a part of Nilgiri sub-division. Nilgiri I.T.D.A. Block covers a part of Nilgiri sub-division of Balasore district and lies between 86°-60E and 86°-85 E and 21°'-55N and 21°-79 N with an area of 223.60 sq. kms. It is bounded in North and West by the district Mayurbhanj and on the East and South by Balasore. The Block area is mainly a rolling plain rising and falling in gentle slopes and dotted with a number of small hills and forest. There are innumerable rocky mountains and hills. The Block area consists of open plains, well-cultivated and well-watered during rainy season by natural streams and rivers. The river SONA is the major river in the Block area which rises from the Similipal hills and after tortuous course east-ward through the Block area falls into the river Budhabalanga. The other hill streams worth mentioning are Ghagra, Tangana etc.

The study is based on the field level data collected from a sample, selected from the scheduled tribe households of Nilgiri ITDA Block in Balasore district of Orissa. A multistage sampling technique has been used to select households for the purpose of questionnaire.

Nilgiri Block of Balasore district, Orissa, is purposively selected as the area of the present study, as it has the largest concentration of tribal population as well as the Block has been declared as the most backward and underdeveloped Block in the country (Named as Gandhi Block) and special programmes are being under taken to improve its socio-economic status.

Selection of Gram Panchayats becomes the second stage of sampling. There are twenty-two Gram Panchayats operating in the Block. Accordingly 10 percent Gram Panchayats are selected for the study purpose. As such three Gram Panchayats namely Bhaunriabad,Mahisapata and Matiali are selected at random.

After selection of Gram Panchayats, two villages from each Gram Panchayat are selected at random.The total number of scheduled tribe households in the selected villages is then listed and classified according to community. From amongst the different tribal communities, three dominant communities are chosen for the purpose of study. Accordingly the Kolhas, the Bathudis and the Bhumijas being the three dominant community are selected and from each community twenty-five percent sample is drawn for the purpose of questionnaire.

Thus a total of 93 households from the Kolha community. 66 households from the Bathudi community and 43 households from the Bhumij'a community (a total of 202 tribal households) are selected for the purpose of study.

The data relevant for the study have been collected both at the primary and secondary level. A household schedule specially designed for the purpose is used for collecting data at the field level. Through household schedule, required information on the socio-economic characteristics, pattern of illness, loss of man-days of employment and income due to illness, utilisation of different health services, expenditure on health-care etc. of the sample households are obtained. Direct personal interview method has been followed to elicit information needed for .the study. Besides, data are also collected from various secondary sources like census report 1991, official records of the Chief Dist. Medical Officer Balasore, Deputy director Indian Medicine (Homeopathic & Ayurvedic) Balasore,ITDA project office Nilgiri, ICDS Nilgiri, B.D.O. Nilgiri, Directorate of Health Services, Orissa, office of the Medical Officer Berhampur P.H.C., and P.H.C.s (New) Ajodhya, kans, Sajanagarh, kalakada and Betakata. Health & Family Welfare Department, Govt.,of Orissa, Planning and co-ordination Department, S.C. & S.T. Development Department, Govt. of Orissa, Directorate of Economics &. Statistics, Government of Orissa, S.C. S.T. Research and Training Institute Orissa Bhubaneswar, National Institute of Health & Family Welfare, New Delhi, National Council of Applied Economic Research, New Delhi, National Institute of Public Finance & Policy New Delhi, I.C.S.S.R. Kolkata and New Delhi and National Library Kolkata etc.

All data of 21 Nos. sample Anganwadi Centres are collected for the year from 2010-11 to 2013-14 (i.e. 1st April 2010 to 31st March , 2014).

**Findings of the Research:**

(1) Although the design of ICDS recognizes the multidimensional determinants of under nutrition, too much emphasis is currently given to providing food security through the supplementary nutrition program. Not enough attention is given to the most effective interventions for child nutritional outcomes, e.g. improving child-care behaviors and educating parents how to improve nutrition using the family food budget.

(2) Service delivery is not sufficiently focused on the youngest children (under three), who can potentially benefit most from ICDS interventions. In addition, children from wealthier households participate much more than poorer ones and ICDS is only partially succeeding in preferentially targeting girls and lower castes.

(3) Although the increase in program coverage was greater in underserved than well-served areas during the 1990s, the poorest states and those with the highest levels of undernutrition still have much lower levels of program funding and coverage.

(4) The supply of food in ICDS is erratic: the national evaluation in 199220 found that the average AWC was without food for 20% of the time, and more than a quarter of AWCs experienced shortages that lasted longer than 3 months. Leakages in the distribution of ICDS food are substantial at many levels, notably in the procurement of food supplies21. the absence of localized food insecurity (such as drought or crop failure), local procurement may be a more effective means of supplying food: the supply would be more regular since it is easier to hold local providers accountable for delivery and local inhabitants would have a vested interest in the well-being of the children in their community. Moreover, local procurement provides a source of income to local inhabitants and promotes community involvement in and awareness of ICDS activities.

(5) Clearly, the lack of growth-monitoring equipment needs to be addressed. Many AWCs do not have weighing scales that are in working condition, many lack growth charts, others have insufficient numbers of growth cards and the current monitoring and evaluation system fails to remedy shortfalls in supply. What is more crucial, though, is that growth-monitoring activities are used as communication tools to educate and encourage mothers to adopt behaviors that promote the growth of their children. It is in this area that the ICDS program is found to be most lacking. The training of AWWs needs to pay urgent attention to ensuring that AWWs are competent and effective in growth-monitoring and growth promotion activities

(6) Despite statements of intent to involve communities in the process, there is little sense of community ownership24. This impression is reinforced by the fact that, in most places, the AWW is hired and paid by the government, and is not made accountable to the community in which she works. Also, equipment, food and other supplies are provided directly by the government. As discussed above, because of her daily presence in the village, the AWW is asked to take on many additional duties to support the field outreach staff of other government agencies (education, health and rural development in particular), but they are not encouraged to work as closely with community organizations such as the Gram Panchayat or Mahila Mandal. Given the extensive decentralization that has been underway in India over the past decade, there is considerable scope for involving locally-elected village committees much more actively in implementing the ICDS program. The experience of the mothers' committees in Andhra Pradesh could be replicated in other states.

(7) One important way to enhance the responsiveness of the ICDS program and cultivate a sense of local ownership is to always select the AWW from the community that she is intended to serve. Although identified as a recommended policy in DWCD guidelines, this does not always occur in practice − appointments are sometimes political, or compassionate (made to women in difficult circumstances) and sometimes even for sale. Also, in many cases, the AWW is from a forward caste which may affect the access of scheduled caste and schedule tribe children since, by their own admission, some AWWs from forward castes only make infrequent home visits to scheduled caste hamlets.

(8) From the results of the present study we can conclude that the nutritional status of the subjects is not satisfactory and it seems that there is scope for much improvement in the form of enhanced

supplementary nutrition than what is currently being offered by the ICDS scheme in Arambag, Hooghly District of West Bengal. Therefore, it is imperative that the ICDS authorities urgently consider the enhancement of the supplementary nutrition being currently given. This requires additional government funding and will help to reduce the prevalence of under nutrition. Such a measure will go a long way in improving the public health of the population**.**

(9) It is also evident in the time usage of the AWW: AWWs can spend up to 40 per cent of their time on supplemental nutrition-related activities and a further 39 per cent on preschool education [NCAER 2001], which does not leave much time for other important ICDS activities such as growth-promotion, health and nutrition education, home visits, referral services and meeting with the community**.**

(10) Another problem is leakage of the supplementary food benefit to non-targeted and non-needy beneficiaries since, in practice, practice, there is little targeting of malnourished children for adults and it is common practice for anganwadi helpers In some instances, food is also distributed to indigent (AWHs), and occasionally AWWs, to take home-cooked food

(11) It is observed that Anganwadis are accompanied with poor targeting, focusing on children from 3-6 years of age instead of the particularly critical window of opportunity from conception to 24 months. Informal preschool activities are often prioritized over health programming, and nutrition interventions focus almost exclusively on the supplementary food provision. Some of the most effective interventions for child nutritional outcomes—behaviour change around family care and feeding practices—are lost when home visits, counseling, and demonstration-education are not prioritized or supported. Anganwadi centres are often located in wealthier or more central parts of town, making them poorly situated to target vulnerable children in the poorest households or lower castes living in remote areas. Centres in priority tribal areas have been difficult to reach and monitor, and ICDS has not been able to fully target girls, poorer households, and lower castes. Some anganwadi centres are caught in issues around caste.

It is observed that the inequality is not due to sex, but due to the social attributes which govern the living of men and women. The biological difference in sex at birth does not determine the preferential environment created for male and female in our society. Gender is socially learned behavior associated with men and women with the expectations. In the Indian society, different roles are ascribed to two sexes. The expected behavior from each sex is different and there is discrimination in vesting power and control in the family and community. Men and women do not enjoy equal opportunities in decision making and they do not have equal access to and control over various kinds of resources in the family. Women's opinions are seldom valued even in the matters of pregnancy, abortion, delivery, contraception, etc. Repeated child births and abortions often bring in adverse consequences like anemia, reproductive tract infections, uterine prolepses and urinary incontinence.

This subordinate status of women in the Indian society deeply influences their health status. Excessive emphasis on one biological aspect (child bearing) leads to early marriage, repeated pregnancies, abortions (preference to male child) and reproductive problems are compounded. Added to this, lack of adequate nutrition – partly due to poverty and partly due to lack of freedom – limited or no opportunity to rest and relax further aggravates women's reproductive health. Another problem revealed in the field study is that about 55per cent of the respondents told us that, the distance of AWC from their home is walkable for the Child, but 45 per cent responds find the distance not walkable for their children. The parents disagree to send their child to the AWC as the small children have to cover longer distance daily to reach the AWC. The parents also do not get enough time to accompany their children to the AWC. In some cases, the parents do not think the Anganwadi Programme is important for their child. Some of the parents think that the child does not get any improvement from such programmes. Some Parents told me that, if the AWW and Helper would pick their child from home and drop back home, then it could have been easier for them to send their child to AWC regularly. The CDPO of Nilgiri in her interview told the researcher that the AWWs and the Helpers of the AWCs are supposed to do the Pick –Drop of Children, but unfortunately most of them are not doing this.

During visit to the AWCs, the researcher tried to know the quality and quantity of supplementary food being supplied to the children. It is needless to say that the food is not of nutritional quality. In Some AWCs Non-preschoolers also attend during food distribution and the

same quantity is being shared among all the children present at that moment. About 73.5 per cent parent think that the food is acceptable for their children but 23.5 per cent parents do not think the food is acceptable for their children. Some parents stated that the child is not showing interest in going to AWC regularly. In some cases the child goes to AWC but return home before it closes. When I tried to find out the reason, the parents explained that, the children do not find the AWC activities interesting except the MDM time. Some children could not cope with the environment of AWC. Due to lack of playing materials at the AWCs, the children do not find the programme interesting rather they prefer to play at home or with nearby friends.

It is further revealed by the villagers that the AWWs have to submit a quarterly report to the Block ICDS office regularly. As it is mandatory for every AWWs, they monitor the growth of every child in order to submit the report. Where the AWW remain absent regularly and from which areas the preschoolers are not coming, there, monitoring of growth is not done by the AWWs. About 80 per cent parents agree that the monitoring is being done, where 20 per cent told that monitoring is not being done.

**Conclusion:** It was observed that delivery of health education services was far below the desired level. In this regard, it is recommended that Supervisors should be given the responsibility of organising formal NHEd sessions at regular intervals in AWCs under their supervision. Continuous and effective monitoring by CDPOs and district officials, as also active participation of health functionaries, can go a long way in the effective implementation of this component. For group formation and collecting women at one place for NHEd sessions, locally popular social or recreational event or activity may be organised. Utilisation of folk media such as *nautanki, kathputli,* etc., need to be included in the training component of AWWs to strengthen their skills in imparting NHEd effectively.

Undoubtedly, whatever success ICDS programme has been able to achieve so far, it has been because of strong community support and cooperation. However, there is still much to be done in this direction to ensure community participation in ICDS programme at the expected level. In this regard, it is suggested to experiment with an idea of having community mobilizing team comprising functionaries, teachers having skills to effectively communicate and energies local voluntary organizations, youth clubs, community formations as well as representatives of village committees concerned with health, education, drinking water and sanitation so as to provide all back up support to ICDS programme. The other functions of the community mobilizing team may include, mobilization of people using methods like participatory rural appraisal, advocacy on local social development issues, consensus on and articulation of key issues, awareness building among people on priority issues, liaising with the intersectoral team of the village and initiating processes for thrift and credit.

The concept of community monitoring could be experimented with a different perspective by technically ensuring developmental goals of ICDS programme. A community level monitoring team comprising local people from all sections of life could be developed. The team members should be trained by service functionaries and professional experts to monitor ICDS programme based on certain process indicators and outcome indicators. This will ensure tracking of locally relevant indicators vis-a-vis developmental goals set for children, adolescent girls and women at community level.

Moulding the mind of people, especially with such issues as discrimination against girl child is major challenge to the ICDS programme. Female infanticide has remained to be a problem for a long time. The institution of Anganwadi can play a very important role in crating awareness in the villages about the dwindling sex ratio and its likely impact on future of the country. It is therefore imperative that project functionaries including the AWWs and the helpers are involved in creating such awareness through campaigns and other means.