Integrated Child Development Scheme (ICDS) Interventions in India: A Grassroots Level Perspective

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Abstract

Child development is key issue for any civil society and it can be achieved through different focused interventions to improve the living standard of poor people so that every mother can take good care of her child. Government of India is also running a flagship scheme ICDS (Integrated Child Development Scheme) to cater child development across the country. The ICDS adopts a multi- sectoral approach to child well being, incorporating health, education and nutrition interventions, and is implemented through a network of Anganwadi centers (AWCs) at the community level. At present ICDS is running all across India and it is effective in the study area also. Beneficiaries of different services provided by Anganwadi Centers and ICDS group interventions are satisfied but they are still not much aware of different provisions of ICDS and other schemes which can benefit them. This study also shows how small interventions at grassroots level can change the scenario as well as the fruits of involving beneficiaries in delivery mechanism of scheme itself. This participation has improved their earnings and on the other hand increased their self confidence.

INTRODUCTION: INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS)

ICDS program has been started in 1975 and become India's flagship nutrition programme. ICDS addressed some of the underlying causes for malnutrition amongst children in India. The ICDS Scheme has been massively expanded since it was launched. Till the 9th Five Year

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Plan (1997-2002), the scheme was expanded to 5652 projects (blocks) across the country. It has been realized that only physical expansion of the ICDS programme is not enough to solve the complex problem of malnutrition. ICDS is a Centrally-sponsored Scheme and implemented by the State Governments/UT Administrations. Before 2005-06, 100% financial assistance for inputs other than supplementary nutrition was being provided by the Government of India but now States have to provide out of their own resources. Many States were not able to provide adequate supplementary nutrition because of resource constraints, it was decided in 2005-06 to provide support to States up to 50% of the financial norms or to support 50% of expenditure incurred by them on supplementary nutrition, whichever is less.

From the financial year 2009-10, Government of India has modified the funding pattern of ICDS between Centre and States. The sharing pattern of supplementary nutrition in respect of North-eastern States between Centre and States has been changed from 50:50 to 90:10 ratio. So far as other States and UTs, the existing sharing pattern of 50:50 continues. However, for all other components of ICDS, the ratio has been modified to 90:10(100% Central Assistance earlier).

The programme has reached a stage where there has been expansion of the programme and its content are enriched in order to accelerate the implementation for achieving the core objectives, especially to reduce the child malnutrition and reduction in mortality rates.

A number of evaluation studies on implementation of ICDS Scheme have been conducted in the past viz., Programme Evaluation Organization of the Planning Commission in 1982, National Evaluation of ICDS Scheme conducted by National Institute of Public Cooperation and Child Development (NIPCCD) in 1992, Evaluation Results of Annual Survey during 1975-1995, published by Central Technical Committee on Integrated Mother and Child Development on completion of 20 years of ICDS and Nationwide Evaluation of ICDS by National Council of Applied Economic Research (NCAER) 1998-1999.

A. Main findings of the study conducted by NCAER (1996-2001) were as follows:-

i. Most of the AWCs across the country were located within accessible distance (100-200 meters) from beneficiary households. Thus, the factor of distance of beneficiary households from the AWC was unlikely to affect attendance at the AWC during inclement weather. Most of the AWCs in the country, except those in Tamil Nadu, Kerala, Karnataka and Orissa were functioning from community

buildings. The type of building plays an important role in safe-guarding against any natural hazards. Out of them only about 40 % were functioning from pucca buildings. Nearly 50 per cent AWCs reported adequate space, especially for cooking.

ii. In all central and southern states, less than 50 per cent of the AWWs were 'at least matriculate'; more than 75 per cent of AWWs were matriculates in the northern and eastern states of the country. Gujarat and Rajasthan reported lowest percentage of matriculate functionaries. Though about 84 per cent of the functionaries reported to have received training, the training was largely pre-service training. In-service training remained largely neglected.

iii. The day to day functioning of the AWC is a critical indicator of the effectiveness of the ICDS programme. Community leaders were generally positive about the functioning of the AWCs (more than 80 per cent in all states) while more than 70 per cent found the programme to be beneficial to the community. Participation of beneficiary women and adolescent girls in AWC activities was reported to be low. These two segments of population form the foundation for any child care programme and their involvement is imperative for successful implementation of the ICDS Services.

B. The National Council of Applied Economic Research (NCAER) conducted a Rapid Facility Survey on ICDS infrastructure in 2004 and submitted by NCAER in February, 2005. Main findings of the study were-

i. More than 40 per cent AWCs (Anganwadi Centers) across the country are neither housed in ICDS building nor in rented buildings. One-third of the Anganwadi are housed in ICDS building and another one-fourth are housed in rented buildings. Anganwadi were running from pucca building, 21 per cent from semi-pucca building, 15 per cent from kuchcha building and more than 9% running from open space.

ii. It is quite encouraging to observe that average number of children registered at the Anganwadi centre is 52 for boys and 75 for girls. The survey data reveal that more than 45 per cent Anganwadi have no toilet facility and 40 per cent have reported the availability of only urinal. Of the 39 per cent Anganwadi reporting availability of hand pumps, half of the hand pumps were provided by the Gram Panchayat and 12 per cent provided by the ICDS.

iii. Regarding the provision of services at the Anganwadi centers, more than 90 per cent Centers provided supplementary food, 90 per cent provided pre-school education and 76 per cent weighed children for

growth monitoring. Only 50 per cent Anganwadi reported providing referral services, 65 per cent health check-up of children, 53 per cent for health check-up of women and more than 75 for nutrition and health education.

iv. Average number of days in a month in which services are provided at the Anganwadi centers are 24 for supplementary food, 28 for pre-school education and 13 for Nutrition and health education. More than 57 per cent of Anganwadi centers reported availability of ready-to-eat food and 46 per cent availability of uncooked food at the Anganwadi centers. Nearly three-fourth of the Anganwadi have reported the availability of medical kits and baby weighing scale. On the other hand adult weighing scale has been reported only by 49 per cent of the Anganwadi.

C. The study conducted by National Institute of Public Cooperation and Child Development (NIPCCD, 2006) covered 150 ICDS Projects from 35 States/UTs covering rural, urban and tribal projects. A total of five AWCs were randomly selected from each sample projects covering 750 AWCs. The main finding of the appraisal was as follows:

1. Around 59 per cent AWCs studied have no toilet facility and in 17 AWCs this facility was found to be unsatisfactory. Around 75% of AWCs have pucca buildings and 44 per cent AWCs covered under the study were found to be lacking PSE kits.
2. Disruption of supplementary nutrition was noticed on an average of 46.31 days at Anganwadi level. Major reasons causing disruption was reported as delay in supply of items of supplementary nutrition and 36.5 per cent mothers did not report weighing of new born children.
3. 29% children were born with a low weight which was below normal (less than 2500 gm) and 37% AWWs reported non-availability of materials/aids for Nutrition and Health Education (NHED).Wheat Based Nutrition Programme (WBNP) was initiated in which government allocates food grains (wheat and rice) at BPL rates to the States, on their demand, for meeting their requirement for supplementary nutrition to beneficiaries under the ICDS Scheme.

Few international partners were also involved to supplement interventions under the ICDS. These organizations were UNICEF, CARE, WFP. Special focus was on north east i.e. keeping in view the special needs of North Eastern States, the Central Government sanctioned construction of 4800 Anganwadi Centers at a cost of Rs.60 crore in 2001-02, 7600

Anganwadi Centers at a cost of Rs.95.00 crore in 2002-03 and 7600 AWCs at a cost of Rs.95.00 crore in 2004-05. In the wake of expansion of ICDS Scheme in 2005-06, it was provided in the Scheme itself that GOI will support construction of AWCs in NE States. The cost of construction was also revised from Rs.1.25 lakh per centre to Rs.1.75 lakh per center. In 2006-07, 50% of funds have been released to all the NE States except the State of Manipur.

STUDY ON SERVICES PROVIDED BY AWC AND ICDS GROUP INTERVENTION

Three villages Sagara, Itora and Manjgavan situated in block Raipur Karchuliyan, Distt. Rewa were selected for data collection and 100 respondents were interviewed using random sampling method. Key objectives of this study are listed below:

1. To study the services provided by AWC to women and AG.
2. To study the impact of ICDS promoted groups on social and economic status of beneficiaries.
3. To provide suggestions for efficient working of AWC and welfare of beneficiaries.

Locale of the Study

Rewa district was selected as study area because there are various social and developmental challenges faced by the district. Rewa district is suffering from acute poverty and backwardness. During discussions with government officials it was found that formulation of schemes at higher level is perfect but when these schemes are implemented at village level, schemes fails. Reason of failure of schemes in this district is because of following reasons:

- Lack of community participation, inadequate allotment of funds, mismatching of data at top and bottom level, delay in designing of module for trainings, less number of employees at grassroots level, improper maintenance of records/files at administrative level, rampant corruption among workers etc.
- Quality of primary education is decreasing day by day as teachers are paid less salary, due to which they (teachers) do not give 100% while teaching. Total disabled population in the district is 50093. Literacy rate of the district is low. Pregnant women and children are under nourished.

ICDS is running in the district for development of women and children but still number of malnourished children in the district has not improved much. Thus, REWA district was selected for the study in order to find out field level glimpse of the services provided by Anganwadi centers and ICDS group intervention.

SERVICES PROVIDED BY AWC TO WOMEN AND ADOLESCENT GIRLS

Awareness level of Beneficiaries

At village Sagara there are actually 5 Anganwadi centers (AWC) but only 7 girls out of 30 knows about the actual number of AWC in their village. Anganwadi centre is the common meeting point at the villages. Food packets, medicines etc all the facilities are been given to the beneficiaries at that centre. In spite of this fact beneficiaries were not aware about AWC in their own village this shows that the awareness level of beneficiaries about anganwadi centers is low. There is a need to spread the awareness about these centers.

Awareness level of local women was also not satisfactory about the anganwadi centers. There were 5 AWC's at sagara village but none of the women were having knowledge about that only one beneficiary said 4. Similarly, there are 5 at Itora village but only few know about all the centers same is the case with manjgava village. This shows that even though women roam around the whole village, they are not having knowledge about all the centers.

Services Provided by Anganwadi Center's:

This part of data analysis shows different services provided by Anganwadi Centers like distribution of food packets, health Check-ups etc.

Availability of food packets

There were total 50 respondents and out of 50, 39 respondents were satisfied with availability of food packets while 2 were not satisfied. Rest 9 respondents were not using that facility. Response shows that quantity available in food packets is sufficient and beneficiaries are quite satisfied with the delivery mechanism of the packets from AWCs.

Table 3.1: Availability Of Food Packets

Particulars		*No. of Beneficiaries*
	Yes Regularly	40
	No	1
	Not Applicable	9

Source: Field Survey

Weighing of Children between 0-6 Years

Table 3.2 shows that according to 36 respondents Anganwadi workers are taking weight of children once in a month while 5 were not satisfied with the services. Majority of the women who were having children within age group of 3-6 years were satisfied with the services of anganwadi helpers and have given positive response.

Table 3.2: Frequency of Weight Measurement of Children

Particulars	*No. of Respondents*
No	5
Yes Regularly	36
Total	41

Source: Field Survey

Health Check-up Camps

Table 3.3 shows that according to 37 respondent health camps are organized once in a month while 2 say often and 2 were not satisfied with the services. This shows that health camps are arranged once in a month and provide proper medication to women and children.

Table 3.3: Frequency of Health Check Up

Particulars	*No. of Respondents*
No	2
Often	2
Every Month	37
Total	41

Source: Field Survey

Proper Immunization Facilities for Pregnant Women and Children

Table 3.4 shows that according to 40 respondents Anganwadi workers are giving proper immunization to pregnant women and small children while only 1 was not satisfied with the services.

Table 3.4: Immunization to Women And Children

Particulars		*No. of Beneficiaries*
	Yes	40
	No	1
	Total	41

Source: Field Survey

Informal Education at Anganwadi Center

According to 36 respondents Anganwadi workers are giving informal education to the children regularly while 2 were not satisfied with the services. Out of 50 respondents only 38 were having children below 6 years and majority of them are satisfied with the education given to their children.

Table 3.5: Informal Education to Children

Particulars	*No. of Beneficiaries*
No	2
Daily	36
Total	38

Source: Field Survey

Home Visits by Anganwadi Workers

Table 3.6 shows that according to 35 respondents Anganwadi workers are doing home visits while 3 were not satisfied with the services. AWW are doing frequent home visits and give information about food packets distribution.

Table 3.6: Home Visits By AWW

Particulars	No. of Beneficiaries
Yes	35
No	3
Total	38

Source: Field Survey

Sanitation of Children

Table 3.7 shows that according to 35 respondents Anganwadi workers are taking care of children's cleanliness while 4 were not satisfied with the services.

Table3.7: Sanitation of Children during School Hours

Particulars	*No. of Beneficiaries*
Yes	35
Never	4
Total	39

Source: Field Survey

Findings**:** Analysis of different factors shows that services provided by anganwadi were satisfactory. AWC were working as per government guidelines but area where it is lacking is Awareness. Beneficiaries were not properly aware about services provided AWC and about roles and responsibilities of AWW.

ANALYSIS OF ICDS GROUP INTERVENTION

Average Age of Respondents

Table 3.8 shows that average age of girl respondent was 16- 17 years and average age of women respondents is 32- 33 years.

Literacy Rate of Beneficiaries

Source: Field Survey

Table 3.9 shows Literacy rate of girl respondents was 100% while literacy rate of women in area of study was 15% i.e. only 85% of women beneficiaries were illiterate. There is a huge difference between literacy rate of women and AG's.

Table: 3.8 Average Age of Respondents

Particulars	*No. of Respondent*	*Average Age*
Adolescent Girls	30	16.27
Women	20	32.47
Total	50	

Table:3.9 Literacy Rate

Particulars	*Percentage*	*No. of Beneficiaries*
Adolescent Girls	100%	30
Women	15%	20
Total	66%	50

Source: Field Survey

Average Dropouts from school

Table 3.10 shows that 33.3 % girls left school. Most of the girls went to school till 9th standard but after 9th standard the reason for dropping out from school was distance. Respondents said that schools were far away from their village and because of that they stop going to schools. Thus, study area needs improvement in school infrastructure.

Table:3.10 Average Girl Drop Outs from School

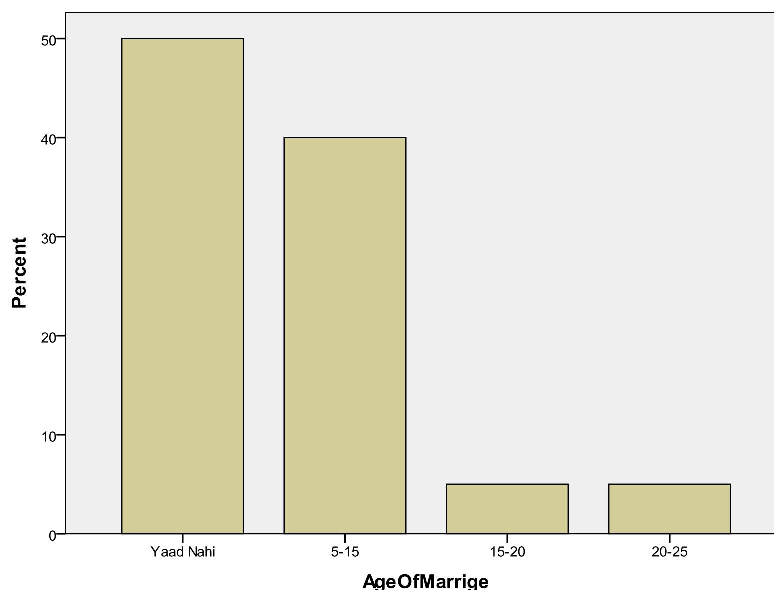
Particulars	*No. of girls*	*Percent*
Drop outs	10	33.3%
Regular	20	66.7%
Total	30	100%

Source: Field Survey

Age of Marriage of Beneficiaries:

Fig 3.1 shows that 50% women were of so small age at the time of their marriage that they didn't even remember age of their marriage while 40 % of women were in between 5- 15 years when they got married. This was one of the major reason of low rate of literacy rate of women beneficiaries. Because of their marriage at very small age women beneficiaries did not

get any chance to study.



Source: Field Survey

Enrollment of Girl Child to School

Table 3.11 shows that 16% women don't send their girl child to school while 80% of women who are illiterate themselves are sending their girl children to school regularly. Thus, there is increase in literacy rate of AG's.

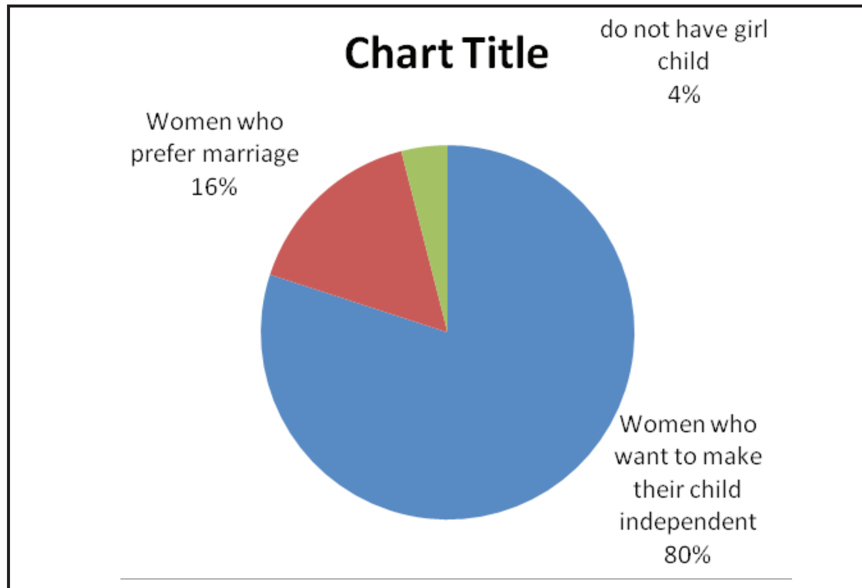
Table:3.11: Percentage of Women Beneficiaries Who Send their Girls Child To School

Particulars	*No. of Beneficiaries*	*Percent*	*Valid Percent*
No	8	16.0	16.0
Regularly	40	80.0	80.0
No girl child	2	4.0	4.0
Total	50	100.0	100.0

Women Beneficiaries Perspective About Girl Child's Future

Fig 3.3 shows that 80% women want their girl child to become independent in future while 18% women still prefer marriage of their girl child. Reason behind preference for marriage was lack of income and thus they want to become free from their responsibility as soon as they can arrange money for marriage.

Fig 3.3: Percentage of Women who Want to Make Their Girl Child Independent

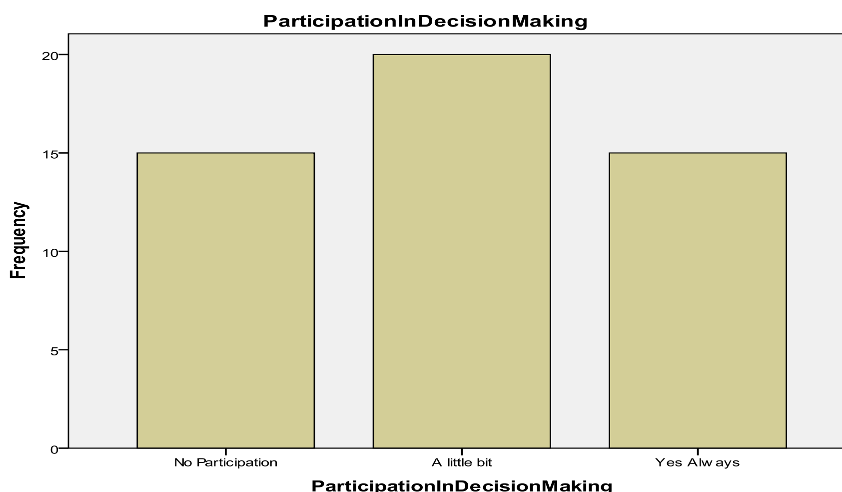


Source: Field Survey

Beneficiaries Participation in Household Decisions

Fig 3.4 shows that 30% women have no participation in decision making 40% have a little bit participation and 30% always participate in decision making related to household. Beneficiaries said that they mostly participate in small decisions of the family but when it comes to major decisions, beneficiaries are not actively involved and decisions are taken by male members of the family only.

Fig 3.4: Beneficiaries Participation in Household



Source: Field Survey

Bank Access Level of Beneficiaries Before and After Joining SHG Groups

Table 3.12 shows that there is 50% increase i.e. (78% - 38%) in bank access level before and after joining the SHG group. As after joining SHG women got aware of the bank services and started saving money on weekly basis. Still all women beneficiaries are not having access to the banks because most of the time head of the group goes to the bank and do all the formalities.

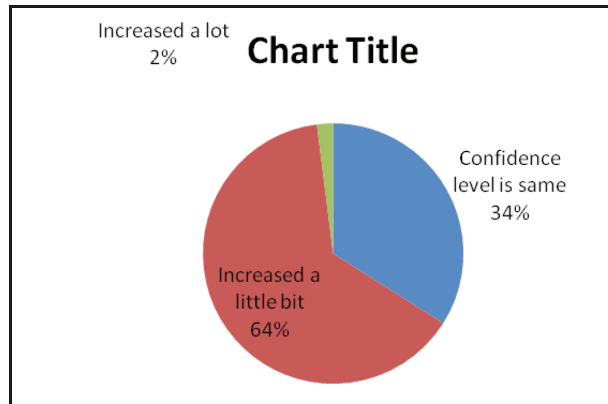
Table 3.12: Bank Access Level of Beneficiaries

Particulars	*Women who access banks*	*Percent*	*Women who do not access bank*	*Percent*
Bank Access before joining SHG	11	22%	39	78%
Bank Access after joining SHG	31	62%	19	38%

Source: Field Survey

Fig 3.5: Percentage Increase in Confidence Level of

Beneficiaries after Joining SHG



Source: Field Survey

Increase in Confidence Level After Joining SHG Group

Fig 3.5 shows that confidence level of 34% women is still same as it was earlier while confidence level of 64% women have been increased and only 2% said that there is huge increase in their confidence level. After joining SHG women beneficiaries feel that they have gain some confidence. Before they were not even able to step out of their houses alone but now they have confidence to speak up.

Income Level of Beneficiaries

3.2.9.1: Income before Joining Group:

Table 3.13 shows that before joining SHG group beneficiaries were not having any fix income. They were given wages on daily basis. In some cases they get wheat or any grain in return of work done by them in the fields. Only 2 beneficiaries were having more than Rs. 1000.00 per month.

Table 3.13: Previous Income

Income (Rs)/month	*No. of Beneficiaries*	*Percent (%)*
100-500	4	8
500-1000	3	6
In terms of kinds	3	6
No Income	27	54
Not Fix	14	28
Total	50	100

Income after Joining SHG Group

There were 10 members in maximum groups. 3 members work as cook for 3 months and for next 3 months other 3 members work as cook.

Table 3.14: Income after joining SHG

Total Beneficiaries	*Group Occupation*	*Time period/ member*	*Income p.m/ member*	*Income p.a*
50	Cooking	3 months	Rs.250*	Rs.3000

*Calculation:

Therefore, groups income per year will be- 3000 x 12= 34,000/-

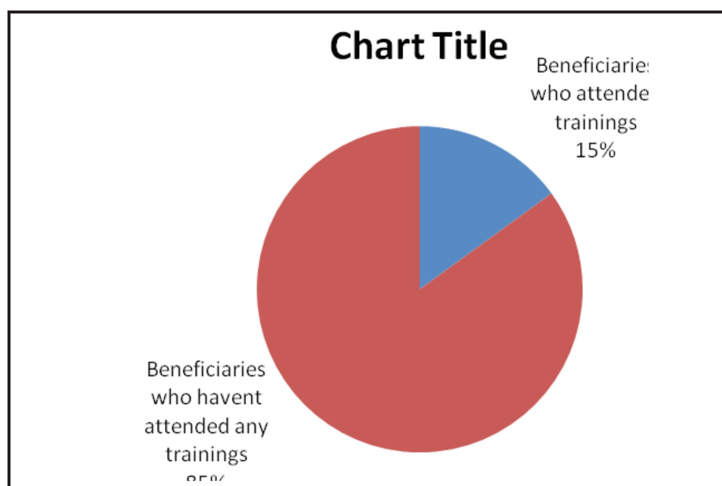
Thus, income of each member per annum is 3000/-

Hence income of each member per month = 3000/12 = 250/-

Table 3.14 shows that after joining SHG group beneficiaries are having fix income of Rs.250 per month. Each beneficiary get a chance to work as a cook for 3 months at anganwadi centers. They work as cook for 3 months and earn Rs.3000 while for rest of 9 months they get engage in other activities for income. Through this activity a small step has been taken to support the income level of beneficiaries.

Trainings Provided to Beneficiaries

Fig 3.7: Women Beneficiaries Participated in Skill Development Training:



Source: Field Survey

*No trainings were given to Adolescent Girls.

Fig 3.7 shows that only 15% of women beneficiaries has given any type of trainings while none of the adolescent beneficiaries has undergone

any training.

FINDINGS: Analysis of following factors shows that Socio-Economic status of beneficiaries was not satisfactory. Even after implementation of different schemes by ICDS literacy rate, income level, awareness about different schemes is low. Beneficiaries are not given proper trainings. SHG's are not linked with banks even after 1 year of their formation because of that groups are not into any income generating activities. There is no increase in income level of beneficiaries.

PROBLEMS

Problems and Challenges prevailing in the study area observed while field survey were as follows:

Lack of Infrastructure

Most of the houses in the block were kuchcha houses. AWC were also build in kuchcha houses. One room of a house was taken on rent on monthly basis for establishing AWC. Major challenge is to build good infrastructure for beneficiaries. Supply of food for children was not satisfactory. There was no fix time of food delivery at AWC's.

Over-burdened ICDS functionaries

After informal discussions with officers it was found that there were less no of people for support of officers, because of which proper distribution of work does not take place. Each functionary at lower level was overburdened by work, which affect his working efficiency.

Lack of Convergence

Facilities like pukka roads, pukka houses, proper drainage system, clean water, schools etc. were not available at the study area. Lack of other facilities also affects the overall development of the beneficiaries. Thus, it also immerges as a major challenge for functionaries to overcome.

Failure in reducing Malnutrition Centralized Procurement and Distribution system

Because of improper distribution channel hundreds of food packets were wasted in ICDS gowdouns. Proper transport facilities were not at functionary level because of which there was delay in distribution of food packets from offices to AWC.

SUGGESTIONS

Study suggests that in order to improve the present condition of women and adolescent girls in that area are as follows:

Awareness

For successful implementation of women welfare programmes, participation of women Stakeholders is essential. Wide spread awareness about the programmes among groups of beneficiaries and other stakeholders including voluntary agencies, etc. would be desirable. Through this study it is found that beneficiaries were not having sufficient knowledge about schemes currently running in their village, they don't know about their rights, facilities provided by these schemes. Because of this gap beneficiaries are unable to take benefit of schemes which are actually planed for their benefit.

In block Raipur Karchuliyan currently there is no NGO which is working for spreading awareness about different government schemes. Thus, study suggests to involve other organizations for spreading awareness among beneficiaries.

Bottom to Top Approach:

The top down approach in Planning and Implementation has led to formulation of schemes without assessment of the need of the people. Thus the interests of the people in these programmes have declined. Stakeholders would, therefore, need to be actively involved in the formulation and planning of all schemes. This would facilitate not only better planning but also better monitoring of the programmes.

Actually, policies or schemes which are made for the benefit of grass root people, are made by top officials, by those who are not familiar with current needs and challenges present at grass root level, they try their level best to formulate a scheme which is beneficial to the beneficiaries but when it come to implementation, schemes fail. This happens because of lack of planning and lack of feedback from stakeholders. Therefore, for

making schemes successful and for increasing participation of stakeholders BOTTOM TO TOP APPROACH should be followed. It is an approach where beneficiaries will tell what they need and then schemes will be formulated by official considering all available resources.

Rationalization of Objectives & Specification of Goals/Sub-Goals:

Their operationalisation in terms of variables, preparation of a base-line/preparedness profile, identification of target group, existing or new organization of people at the local level, process of intervention or service delivery, community participation, change over time in the socio-economic status of target groups(outcome/impact), conflicts and their resolution during implementation of a scheme, bottlenecks and their correction, transparency of results and future leads, comparison of this data with those of other schemes in terms of opportunity, access, input, use, client satisfaction, social environment and strains, cost effectiveness, created assets infrastructure/equipment) and impact etc. should deserve attention.

Participation of Local Governance

In rural areas people still have their own believes, their own tradition and culture. They don't trust and co-operate with people who come from urban areas easily. So in order to increase participation level of beneficiaries it is important that government involve local governance or take suggestions from panchayats before formulating new schemes. Government should take in confidence to the Panchayats for successful implementation of the programmes at the village/block level. Similarly, the Nagar Palikas in the towns should also be empowered to implement welfare programmes in towns and cities.

Local Participation in Monitoring and Evaluation:

It is found that even after formulating an effective scheme it fails to serve its purpose. This is because of lack of proper monitoring and evaluation. There are various gaps in our system which leads to improper implementation of schemes such as corruption, long hierarchy at government offices, lack of feedback, lack of field experience etc. Monitoring is very important part of any project. If proper monitoring and timely evaluation of a project is done that it reduces risk of failure. Thus it is suggested to counter the traditional

top down approach to monitoring and evaluation. It has been seen that the traditional approach does not give a clear picture of the various schemes and projects being monitored. The conventional monitoring technique has proved costly and ineffective in terms of measuring and assessing programme achievements. Bottom up strategy that employs participatory methodologies should be encouraged.

Enhancing Outreach with Quality Advice

Increasing Home Visits. Survey result shows that interaction of women with AWW is very less. This needs to be complementing by means to enhance outreach to the redefined audience. The two main reasons cited for non-utilization are- distance of the AWC from the household and non-availability of family members to collect food. The possible alternative in this reference could be the Anganwadi Sahayika delivering packed food to the excluded households on weekly basis. This is a plausible alternative as the total number of target group in a given AWC would be a reachable number. Besides reaching out to the targeted beneficiary through increased home visit, it is also quintessential to provide the quality counseling and advice for new born care and feeding behavior at household level.

Building Operational Efficiency

Strengthening existing infrastructure and support for robust monitoring and supervision. Strengthening the system to respond to community demand in a more effective and efficient manner. Strengthening infrastructure of the Anganwadi is important. Existing infrastructure of the anganwadis is a key concern in effective delivery of targeted services by the anganwadi. Most of the anganwadis are running from a rented building, only few of the anganwadis are Pucca, most of centers do not have toilet facilities and are devoid of drinking water facilities. This being key issue, mechanism for developing necessary infrastructure needs to be explored and operationalized. Opportunities in this reference exists TSC, State Planning Commission and untied funds with the panchayat. Similarly Accelerated Rural Water Supply Programme can be accessed for providing drinking water facilities in the AWCs. For construction of AWCs, Revenue-based PPP model in areas where there is ability and willingness to pay (Lets say urban areas) and Grant-Based PPP models (CSR) could be explored. Panchayat Plan here can serve as an effective instrument for leveraging resources however forging effective linkages

with panchayat would be prerequisite.

Grading System for AWC

It is proposed to come up with a grading system based on the key indicators like- Number of Malnourished children in AWC, Immunization Status, Maintenance of Records, Cleanliness at AWC, Distribution of Food to Beneficiary, Presence of Weighing scale and Growth Monitoring Chart.

Coordination for Convergence with Other Programmes

There is evidence of joint planning and implementation of activities targeting health and nutrition of children and mothers through cross-departmental initiatives of health, Panchayat and Rural development, Department of Education and PDS. This gets exemplified by activities like immunization, village health and nutrition day, referral services to PHC and NRC, engagement of SHGs in supply of food items, construction of AWCs, enrolment of children into schools etc. However, there are next generation issues viz. sibling care impeding enrolment of girls in schools the same being the mandate of AWCs. This requires for a greater coordination as well as joint planning on part of the two department concerned i.e. School education and ICDS. Joint planning with committed human and financial resources and well defined deliverables are mandated for ensuring mutually beneficial outcomes. Stakeholder mapping in this regard is requisite so as to identify stakeholders getting impacted and impacting indented outcomes. Process of joint planning can therefore be initiated for converging and allocating resources facilitating convergence. Maximum beneficiaries are having kuchcha houses, thus they face problems seasonally for eg: rainy season. This problem can be solved if other government schemes like Indira Awaas Yojana can be used under which kuchcha houses can be replaced by pukka houses.

CONCLUSION

There are certain regions in India facing socio-economic problems, such as high poverty, low growth, exclusion and poor governance, despite numerous developmental efforts. Such socio-economic exclusion is more for households with a higher intensity of poverty and restricted earning opportunities. This study is focused on current condition of women and adolescent girls in Rewa district i.e. their literacy rate, decision making

power, awareness level etc and what interventions are made by the GOI in that area to improve their socio-economic condition.

The conclusion drawn from the study is that the women beneficiaries of that area are not much literate, maximum percentage of women population is illiterate and got married at a very early age i.e. 5-6 years. There awareness level is low and they have less participation in decision making related to economic or household related issues. Women haven't undergone under any such trainings that can support them in future.

There is no such income generation activity going on in the study area under any government scheme or through SHG formation. There are in all around 20 SHG groups formed in the block but no grading of any groups is done in 1 year of time spam. Therefore, none of the groups has been linked with banks till now. Maximum groups are pooling funds on weekly basis i.e. 10 Rs. Per week. Otherwise, 3 group members work as a cook at anganwadi schools for 3 months on rotational basis. None of the groups have taken loan or started any income generation activity.

In spite of all these gaps there are some positive implications also. Even though maximum percentage of women beneficiaries are illiterate, literacy rate of adolescent girls is 100%. This shows that awareness level of women has increased. They want their girl child to become independent in future. Mindset of village people is changing. As stated earlier there are around 20 SHG groups in the block and because of this government implication through IDBP. After joining the group there is 50% increase in bank access level of women beneficiaries, women has started saving some money now.

There is considerable increase in the confidence level of beneficiaries. Before forming groups income pattern was not fixed but after formation of groups beneficiaries are having fix income per month. Women are interested in joining different types of trainings that will further help in income generation activities and adolescent girls are ready to join computer courses, trying to gain more and more knowledge about future studies. Mindset of village people is changing with time but still they do not want to go away from their home in search of work but because of lack of opportunities at village level they have to migrate to cities. Government should launch more schemes in the study area but after proper planning and analyzing actual needs of the people. Future schemes should be planned with bottom to top approach and PRA tool must be used for detail study of social and economic challenges.

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