

A field survey by ActionAid in Koriya District

Background

ActionAid, Chhattisgarh is committed towards improving the delivery of Government run food schemes in the state. It is an active member of the national Right to Food campaign. It has been designated as adviser to the Commissioner to Supreme Court on the Right to Food petition. As a part of this mandate, it is monitoring the food schemes in the state. However, this role is not limited to finding out the situation and reporting it to the Commissioner of Supreme Court. Its endeavour is to actively collaborate with the government in finding and demonstrating solutions. Its approach in this regard has the following components:

1. Participatory surveys about the functioning of food schemes
2. Sharing of the results with the government at district as well as state level
3. Finding ways of improving the delivery of schemes in consultation with the government
4. Testing out ideas in field locations and suggesting ways of upscaling

As a part of this effort, its Koriya team held a discussion with the District Collector of Koriya in July. **ICDS came out as the scheme which is not functioning too well but can be improved with effort in near future.** It was felt that the lack of awareness amongst ICDS programme staff as well as public about its functions is a major problem. **Still it was decided that a systematic survey can help in identifying the specific gaps and suggest ways of improvement. During the months of July and August, ActionAid Koriya team undertook this survey with help of women leaders in 29 villages of Manendragarh block.**

Methodology

A sample of 15 ICDS centres was chosen out of the 103 centres present in the block. These centres are spread across 10 Panchayats (out of 47 in the block). Bulk of the sampled centres are however from Panchayats located in the northern part of Manendragarh and are not close to the block headquarters. Along with each of the 15 villages having these centres, survey was carried out in another village which was adjacent to it. Therefore in total **29 villages were studied – 15 with centres and 14 without centres but close to the chosen centres and therefore eligible to receive benefits from these centres only.**

The methods employed included two questionnaires (Ref. Annexure 1a,b). One of them was semi-structured and was administered in form of a group interview with village women (each group size 8-15 women). This group interview was focused on issues related to performance of the centre as a whole. The second questionnaire was focused on the beneficiary household and explored the causes wherever it was not getting the benefits. It was administered to 5 women in each of the sample villages. All these women were chosen randomly out of those having at least one person eligible for ICDS benefits (children aged 6months to 6 years, pregnant and lactating mothers).

Findings

Coverage

According to the 1991 census, Manendragarh block had a population of 71,108. Currently there are 103 ICDS centres operational in the block. Hence each centre caters to a population of 690 (1991 census) which apparently looks to be a favourable ratio. The number of children below the age of six was 15491 in the 1991 census. **That means ideally, each ICDS centre should be catering to more than 150 children** (likely to be **around 180 now** considering the increase in population since 1991). This is one of the benchmarks against which the performance of the ICDS centres has been measured.

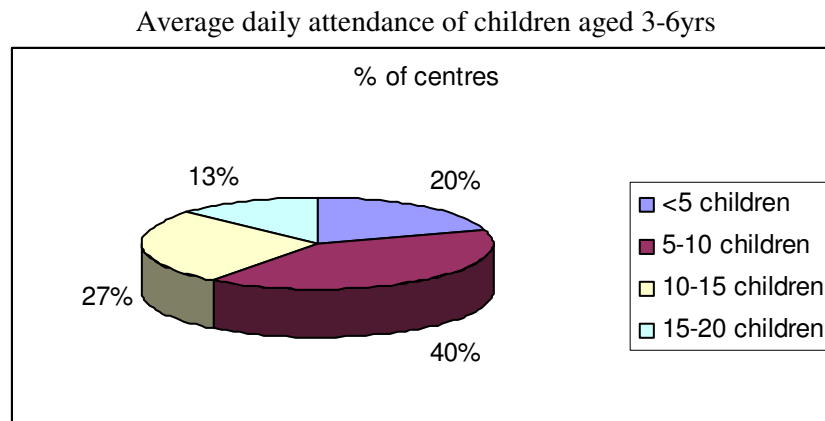
Enrolment

According to the latest data provided by the CDPO, the number of children enrolled in the entire block is 5875 only. This comes to about 57 children enrolled per centre. Hence we can see that **as many as 68% of the eligible children get left out at the enrolment stage itself.**

Attendance of children aged 3-6years

The survey reveals that all the centres suffer from extremely low attendance. None of the centres had more than 20 children of 3-6 years attending. In fact, the average attendance per centre comes to only 11 children.

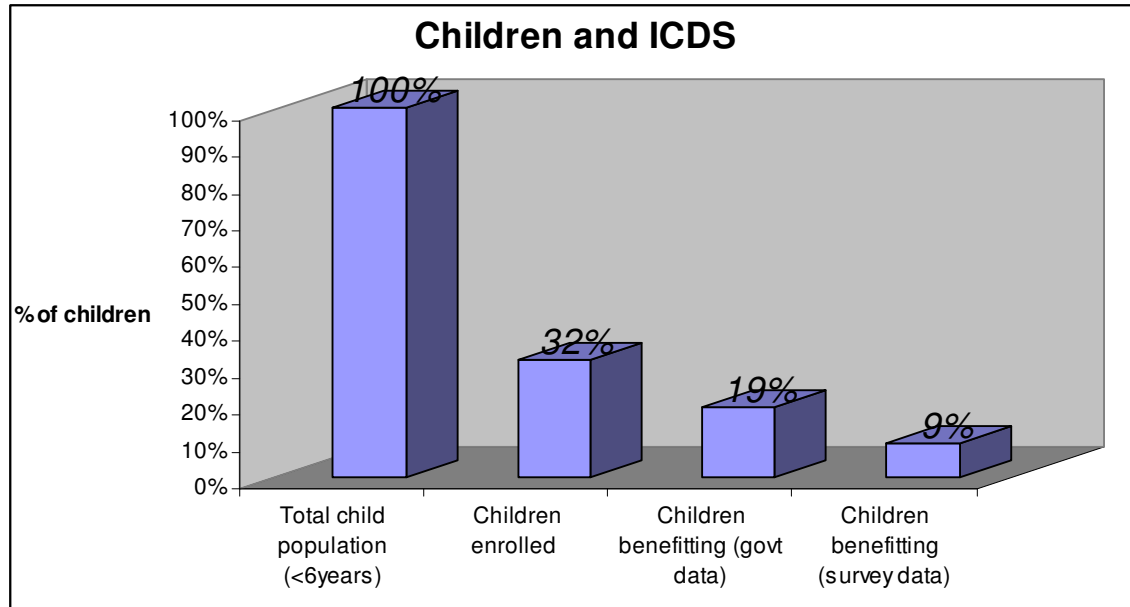
The following diagram shows that majority of the centres get only 5-15 children daily.



Take Home Rations for children aged 6months-3years

The number of children benefiting in this category is extremely low. The average number of children getting this ration is only 5 per centre.

The average number of children of both categories put together, benefiting per centre, is 16 only. The Government data however puts this average at 34 (3491 children in the entire block). But this difference in the two estimates is not where the real problem lies. As the following diagram shows, **even according to the Government data, only 19% of the eligible children are getting any benefits from ICDS.** Hence at least 81% of the eligible children never benefit from the programme.



Malnourished children

In 33% of the centres children are not weighed on a regular basis. In rest of the centres, children are being weighed regularly but **only in 20% of the centres were the mothers aware of the nourishment status of their children.**

Pregnant and lactating mothers

The Take Home Rations for pregnant and lactating mothers has been restarted since July 2003. **The survey shows that 27% of the centres are yet to start providing this service even though two months have elapsed since the scheme commenced.** Even in the remaining centres, its usage is very low with an average of only 5 women benefiting per centre. This means that **about 66% of the enrolled mothers are not able to benefit from the programme.**

Causes for poor usage of ICDS

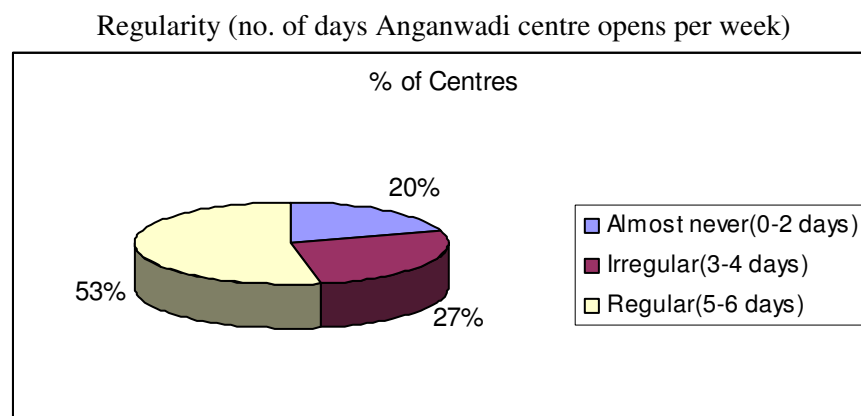
Scattered habitation

Large parts of rural Manendragarh have low population density with scattered settlements. Most hamlets are of very small size and are separated by large distances and at times forest tracts and streams. This alters the effective reach of each ICDS centre. In this block each centre is catering to a population of around 860 people (having about 180 children below the age of six). Most centres need to cater to more than one village. **In fact, in the northern part of the block, the two ICDS sectors have only 36 centres for 72 villages. Therefore each centre is supposed to cover two villages and an average of 6 hamlets. In actual practice however, hardly any centre serves more than the hamlet it is situated in.** Parents in the other villages and even hamlets don't consider their children as eligible to benefit from the Anganwadi. Only 35% of the ICDS workers were found to have made some effort to extend benefits to other hamlets of the same village while, only 13% of them did so for an adjoining village meant to be served by the same centre.

Lack of information

There is serious lack of awareness among the people about the benefits provided by the ICDS programme. **In all the villages surveyed, this emerged as the major cause of low usage of the Take Home Rations (THR) facility. 58% of the respondents were unaware of the THR provisions for pregnant and lactating mothers. In case of THR for children below 3 years, the extent of ignorance was extremely high with 78% of the respondents not being aware of such provisions.** The ICDS workers have not attempted enough to spread the relevant information and in some cases, have even deliberately held it back. The people were not fully aware of the entitled quantities especially of the Take Home Rations. Many of the respondents said that they feel ashamed to send their children to the Anganwadi, as it would imply that they are incapable of feeding them. A few people stopped sending their children to the centre when they realized that the children were not being taught to read and write.

Irregularity in the Anganwadi centre's opening



One of the most positive aspects that came out from the survey that as many as 53% of the centres open regularly and only **20% of the centres remain closed for most of the week due to negligence of the ICDS workers.** However, in 27% of the centres which open but very regularly, attendance is low mainly because the parents are never sure which days the centre would be open. Further in 13% of the centres, respondents held the worker responsible for discouraging them and also the children from coming regularly.

Negligence on the part of the Anganwadi sahaika

It was found that when the sahaika came to gather the children, they readily went to the centre and attendance dropped sharply when she did not. **Sadly in as many as 47% of the centres, majority of the respondents reported that the Sahaika does not come regularly to gather the children from their homes.**

Quality of food served

In 27% of the centres, majority of the parents said that salted Dalia is served most of the time. As a result children refuse to go to the Anganwadi. In most cases the ICDS staff are to blame because the 8 kgs gur which they get per month should be enough to sweeten the Dalia on most days of the month.

Recommendations

1. Linking more hamlets to each centre

At present an average centre is effectively catering to one hamlet only and leaving out upto five hamlets in its periphery. This is the single most important cause for low effective coverage under ICDS. These hamlets are usually at a distance of 1-3 kilometers from the centre. The following ways can be used to link these hamlets:

A. Opening more centres: Surveys have been conducted in villages which are difficult to cater to from the existing centres and recommendations have been sent to the state government for opening of new centres. The state has a proposal (4439 centres across 140 blocks/projects) pending with the Central Government. **If the sanctioning of new centres happens soon, about 30 more villages in per block will be able to get the benefit from the programme. But even that can improve coverage only marginally unless the following steps are taken:**

B. Community managed ICDS centres: This requires significant community action to increase usage of Anganwadi centres. Community can help themselves to achieve that in two ways:

- i) Communities from the hamlets relatively closer to the centre can start sending their children by **arranging escorts from the community itself**. Wherever, the Anganwadi centres are close to primary schools, the school children from each hamlet can take up this role. In some cases, shifting of the centre to a house of community's choice can also help.
- ii) Hamlets which are really distant from any of the centres should be mobilized to run their Anganwadi centre on their own. **ICDS should agree to supply them the rations and the community should offer volunteers who can fulfill the role of ICDS staff (at least the cooking part).**

For mobilizing the community for above actions, ICDS should start a campaign with help from voluntary organizations.

2. Awareness campaign (especially on Take Home Rations)

The use of **Take Home Rations** facility is very low at the moment mainly because most people are not aware about it and ICDS staff haven't made enough effort to spread the information. ICDS should start an awareness campaign with voluntary support to spread the message using methods like **Kala Jathas**. Also, the ICDS workers need to go to more and more hamlets to give this information.

3. Quick Action against negligent workers

About 20% of the centres are not functioning well due to continued negligence on the part of ICDS workers. Such workers have been issued warnings by ICDS project staff but still the situation remains the same. Such workers should be replaced immediately. Also, the new workers recommended by the community should be appointed without much delay. Action should be taken against 47% of the sahaikas also who are not doing their job well. Currently even though the community is disgusted with the performance of such staff, they are not able to take any action to replace them. Therefore in the entire block, only 3 of the negligent workers have been dismissed over last one year. In most villages, people are not aware of the procedure to change them and the role of Panchayats in it. People often feel that there is no one to listen to their complaints and only senior officials can replace such workers. Therefore community action on this front would often require external facilitation.

Annexure 1a

Centre Questionnaire

(To be administered to a group of 8-15 women in the hamlet where the centre is situated)

1. How many days did the Anganwadi open per week during the past two months?
2. On the days it opened, how many children went to the Anganwadi per day?
3. Was the Dalia given in cooked form?
4. Was the Dalia given with Gur or Salt?
5. Did the Anganwadi Sahaika go house to house to gather children?
6. How many people got Take Home Rations from the Anganwadi?
 - a) for children 6months-3years old
 - b) for pregnant women and lactating mothers

Annexure 1b

Household Questionnaire

(To be administered to women having at least one person in their household eligible for ICDS benefits)

1. In your family, how many people do you have in the following categories:

Sl No	Category	Number	Number who get Dalia from Anganwadi
1	Children 6months-3 yrs		
2	Children 3-6 yrs		
3	Pregnant Women		
4	Women with baby<6months old		

2. If any of above are not getting Dalia from Anganwadi, what are the major reasons for that?
3. Does the Sahaika regularly come to your house to gather your children?
4. What is the weekly quantity of take home ration you get for each of the children aged 6month-3years, in your family?
5. What is the weekly quantity of take home ration you get for each of the pregnant/lactating mothers in your family?
6. If you have any children below 6 yrs, do you know if his/her weight was measured during past six months?
7. If yes, how much was the weight?
8. Is your child undernourished?

Annexure 2

List of Centres Surveyed

Sl No	Gram Panchayat	Centre
1	Ghutra	Harritola
2	Pendri	Saristal
3	Biharpur	Biharpur
4	Garudol	Garudol
5	Garudol	Dulku
6	Tarabehra	Bairagi
7	Pahadhanswahi	Shivpur
8	Dehuli	Dehuli
9	Dehuli	Rojhi
10	Charwahi	Charwahi
11	Charwahi	Dorki
12	Kelua	Kelua
13	Kelua	Amadamak
14	Ghaghra	Bhuiyari para
15	Ghaghra	Tilokhan

List of non-centre villages surveyed

Sl No	Gram Panchayat	Village	Nearest Centre
1	Garudol	Charcha	Dulku
2	Garudol	Bala	Dulku
3	Garudol	Balshiv	Garudol
4	Garudol	Mahadeopur	Garudol
5	Dehuli	Bidauridand	Dehuli
6	Dehuli	Dahiyadand	Dehuli
7	Charwahi	Bharatpur	Dorki
8	Charwahi	Bodritola	Dorki
9	Pasauri	Mouhari	Bulakitola
10	Kelua	Kharla	Amadamak
11	Kelua	Murdhowa	Kelua
12	Kelua	Sripur	Amadamak
13	Kelua	Srirampur	Kelua
14	Ghaghra	Ghaghra	Bhuiyari para