



International Journal of Social Science and Humanities

www.humanitiesjournals.com

Online ISSN: 2664-8628; Print ISSN: 2664-861X; Impact Factor: RJIF 5.44

Received: 08-11-2018; Accepted: 10-12-2018; Published: 10-01-2019

Volume 1; Issue 1; 2019; Page No. 48-51

The integrated child development scheme in Bihar: Operational success on the ground

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Abstract

This article examines the operational success of Integrated Child Development Scheme (ICDS) in Bihar. It aims at the holistic development of children below the age of six years, expectant and nursing mothers and adolescent girls. This involves providing a package of services comprising supplementary nutrition, immunisation, health check-ups, referral services, pre-school education and nutrition and health education.

Keywords: ICDS, Bihar, Malnutrition, Food, musahar, aganwadi

Introduction

The Integrated Child Development Services (ICDS) scheme was started in 1975 in 33 development blocks and a few urban areas in India. Currently regarded as the world's largest community-based child development programme, it aims at the holistic development of children below the age of six years, expectant and nursing mothers and adolescent girls. This involves providing a package of services comprising supplementary nutrition, immunisation, health check-ups, referral services, pre-school education and nutrition and health education. The ICDS is aimed particularly at the most vulnerable sections of the population and at disadvantaged areas such as backward rural areas, tribal tracts, and urban slums.

The only institution at the village level that is responsible for the health and well-being of mothers, children and adolescent girls is the Anganwadi centre created under the ICDS programme, which started in 1975 with the following objectives: to improve the nutritional and health status of children in the age group 0-6 years; to lay the foundation for proper physical, psychological and social development of the child; to reduce the incidence of malnutrition, mortality, morbidity and school drop-out; to achieve effective coordinated policy and its implementation amongst the various departments to promote child development; to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The ICDS programme renders nutrition and health services for children under the age of six years and pregnant or breastfeeding

women, also early childhood care or preschool activities for children age 3-5 years. These services are provided through community-based anganwadi centres. State governments are responsible for procuring food for the Supplementary Nutrition Programme (SNP). However, since 2005, as a result of a Supreme Court direction, the GOI meets half the cost of the SNP. Supplementary Nutrition is distributed in the form of Take Home Ration to pregnant and lactating women and children between 6 months to 3 years at each Anganwadi Center on 15th date of every month. Beneficiaries are getting Take Home Ration for the full month at one time.

Health indicator show Bihar lagging behind most of the other states. From the National Sample Survey, it can be incurred that 87% of the rural population and 61% of urban residents were found to be calorie deficient during 2009-10 in Bihar. According to the India State Hunger Index 2008 survey, Bihar ranked alarmingly at position 74th in the global hunger index of around 88 countries^[1]. The situation is so worse that around 48% of children under the age of five years are stunted or too short which in a way indicates how undernourished they have been for some time now. 21% of the children, i.e., one in four are either wasted or too thin for their height which is the result of a recent illness or inadequate food intake. More than half of the children, i.e., 44% are thereby underweight, which considers both chronic and acute undernutrition. (NFHS-4). This persistent high level of malnutrition may be partly due to economic stagnation and poor implementation of food security schemes.

¹ Bihar ranks 74th in global hunger index, <http://timesofindia.indiatimes.com/city/patna/Bihar-ranks-74th-in-global-hunger-index/articleshow/22530080.cms> accessed on 05.02.2015

Table 1: Nutritional Status of Children of Bihar

	Urban	Rural	Total	India
Total children age 6-23 months receiving an adequate diet	8.8	7.4	7.5	9.6
Children under 5 years who are stunted (height-for-age)	39.8	49.3	48.3	38.4
Children under 5 years who are wasted (weight-for-height)	21.3	20.8	20.8	21
Children under 5 years who are severely wasted (weight-for-height)	7.9	6.9	7	7.5
Children under 5 years who are underweight (weight-for-age)	37.5	44.6	43.9	35.7

Source: NFHS 4

Review of Literature

There are very few studies on implementation and effectiveness of ICDS in Bihar. Gill summarised the evidence on social exclusion in the ICDS programme. Three studies of exclusionary bias in the delivery of ICDS (Mander and Kumaran 2006; Thorat and Sadana 2009) conclude that locational factors underpinned, and perpetuated such bias. First, there was a relative lack of AWCs in scheduled caste (SC), scheduled tribe (ST), and Muslim habitations; second, even in mixed-caste villages, the village AWC was usually not located in the part where the deprived groups lived. Although the location of *Anganwadi Centres* (AWCs) is an ostensibly neutral factor, Mander and Kumaran (2006) in a study of 14 villages across four states (Andhra Pradesh, Chhattisgarh, Jharkhand and Uttar Pradesh) argue, "It is not a mere accident that in none of the surveyed mixed-caste villages was the AWC located in the Dalit or Adivasi hamlet. The decision to locate not just the AWC, but also other valued institutions and services, in the upper caste so-called 'main' village, is influenced by the upper caste and class [sic] and politically powerful groups in the village."

However, as FOCUS (2009) shows, ST children in certainly sampled districts comprised 27% of the total number of children, but as much as 40% of the total enrolled in the districts' AWCs. So, even though locational factors might militate against inclusive, the utilisation of ICDS, as measured by enrolment in AWCs, would suggest that while better location could improve inclusivity, this itself is not a problem per se. On the other hand, Mander and Kumaran (2006) claim that in addition to the locational factor,

"A large number of eligible children from impoverished and food deprived households did not access ICDS services, including supplementary nutrition for infant and small children ...and that the denial of these services is not random or accidental but is frequently the outcome of active social discrimination, based on caste, gender and disability."

A study conducted by the Indian Institute of Dalit Studies (IIDS) in four states –Uttar Pradesh, Madhya Pradesh, Bihar, and West Bengal –covering 895 respondents, corroborates this finding by showing that compared to upper-caste Hindu mothers, ICDS participation was higher among SC and ST mothers but lower among Muslim mothers. According to this study, 69% of Muslim mothers, compared to 78% of Hindu mothers, utilised ICDS provided for children up to three years of age and 76% of Muslim mothers, compared to 83% of Hindu mothers, utilised services provided for children in the three to six years age group. (cited in Borroan, 2014:55)

However, overlaying these difficulties faced by mothers from all the vulnerable groups in accessing ICDS, patriarchal restrictions on the mobility of Muslim women outside the family home if unaccompanied by another household member were a specific reason for the poor utilisation of ICDS by Muslim mothers.

Although SC mothers also had difficulty in accessing AWC services –for example, the reluctance of AWC workers to visit SC hamlets. SC mothers did not experience any familial restraints on their mobility outside the home. By going out of the family home (perhaps, for work), SC mothers were able to acquire information for themselves about ICDS without the intermediation of AWC workers. On the other hand, Muslim mothers, who lacked this mobility, were much more reliant on visits by AWC workers for such information, and this restricted their access to ICDS. (Ibid. p.55)

Methodology

For the purposes of the study being proposed, three suitable villages (Chotki Amawn, Gazipur, Barew) of Akbarpur Block in Nawada District were selected for a field observation. Total 180 households are randomly selected (sixty households from each village) for study. Out of sixty households, 20 households from Musahar community, 20 households from non-mushar scheduled caste and 20 households are from others community. The present paper will try to describe the effectiveness of ICDS in Nawada district of Bihar.

Socio-Economic Profile of the Village/Respondent

Table 2 represents the socio economic background of the sample households. All the sample households are landless in Musahar community. They work as an agricultural labourer. More than eighty percent of the musahar households migrate to other place for work where they work in brick kiln. Musahar is one of the most deprived, marginalised castes among the Scheduled castes. Non-Musahar scheduled castes are also landless in two villages and very small amount of landholding in another village.

Table 2: Agricultural Landholding

	Barew			Chhotaka Amwan			Gazipur		
	Landless	< 20 katha	> 20 katha	Landless	< 20 katha	> 20 katha	Landless	< 20 katha	> 20 katha
Musahar	100	0	0	100	0	0	100	0	0
Non-Mushar SCs	65	35	0	100	0	0	100	0	0
Others	25	40	35	30	50	50	60	20	20

Source: Field Work

Figure 1 shows the landholding pattern in the three sample village. Sixty eight percent of the sample households are landless. Eighty seven percent of sample household in Gazipur village have not own a single katha of land. Fifty percent in Amwan village and sixty seven percent in Barew village are landless. Fifteen percent and ten percent of sample households have own less than ten katha and 20 katha of land respectively. Only seven percent of household have own more than twenty katha of land.

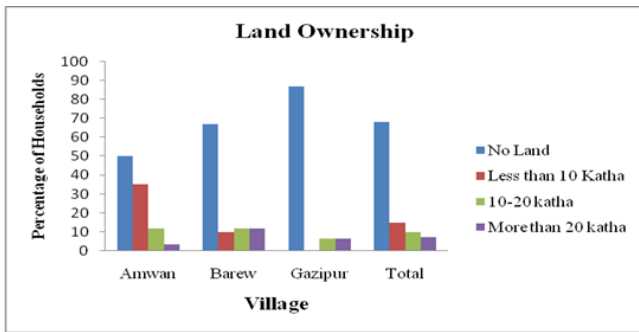
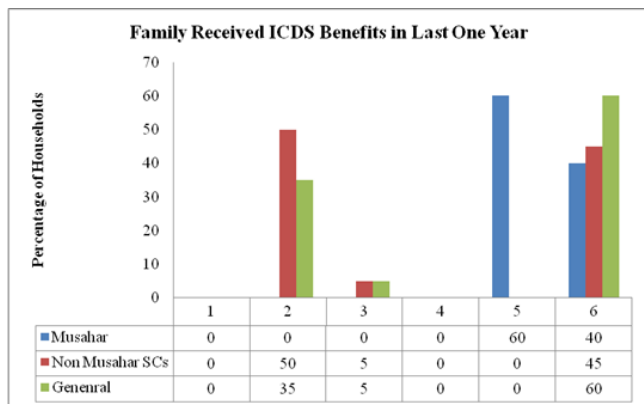


Figure 1: Land Ownership Source Field Work

Results and Discussion

Village 1: Barew

Integrated Child Development Schemes (ICDS) is one of the important schemes for children between the age group of 0 to 6 years. It is clear from the figure 2, that musahar, which is most deprived community of society, remains excluded from the ICDS benefit. Musahari tola is one km away from the main village. There are 80 households of musahar and 10 households are that of other SC but no ICDS centre. Earlier there was ICDS centre but it is shifted to main village in 2005. From then onwards, not a single household are getting the benefit of ICDS because it is not possible for 3 to 6 years children to walk 1 km to reach ICDS centre. One separate ICDS centre is situated at Ravidas (Non musahar SC) tola so that their children can get the benefit. 50 percent Non musahar SCs and 35 percent others communities households said that they are getting the ICDS benefit regularly but quantity is insufficient and quality is poor.



Source: Field Work

Note: 1: Regular, adequate and satisfactory, 2: Regular but inadequate and unsatisfactory, 3: Irregular, inadequate and unsatisfactory, 4: Once in a while, 5: Never, 6: Not eligible

Fig 2: Families Received ICDS Benefits in Last Year

Village 2: Chhotki Amwan

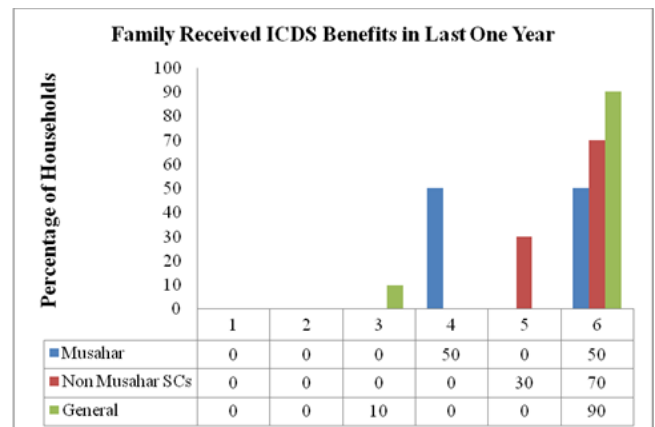
Integrated Child Development Services are provided from Aganwadi centres. There are three ICDS centre in Amwan village and one separate Aganwadi centre for Musahar tola. Musahar tola is situated one kilometre away from the main village. The worker of the aganwadi centre belongs to koeri caste (OBC community) and helper from pandit caste. Fifty percent musahar respondents said that aganwadi centre opens only once in a while, as shown in the figure 3 and whenever it opens children get only biscuit and

toffee. Aganwadi worker do not touch their children and she distributes biscuits and toffee from a distance. Children hardly get cooked food.

Rohni devi, a mushar women said that why will their children go to aganwadi centre, aganwadi worker neither teach the children nor distribute the food.

Another musahar women, Veena devi said that “jis din biscuit aur toffee batta hai, us deen upper se giratahai, kabhi thali mein girta hai aur kabhi bahar, mere bache kutta thode hai. Sahaika pandit hai wah sabko hath mein biscuit aur toffee deti hai, sevika koeri jati ki hai par wah door se hi deta hai” (Whenever Aganwadi worker distribute biscuit or toffee, they throw the biscuits from above in the thali. At times it falls into the thali while most of the time it falls outside, my children are not dogs. Aganwadi helper is from pandit caste, she gives biscuit and toffee in the hand but Aganwadi worker is from Koeri (OBC) caste, she serves it from distance).

Not a single household from Ravidas community’s (Non musahar SC) children are getting the benefit of ICDS. Most of the Ravidas community said that two years ago ICDS centres was near their tola and their children had received the ICDS benefit. But now it transferred to other ICDS centre, which is one kilometre away from our tola. ICDS worker told that seat is not available at that centre so they can not enroll their (Ravidas community) children.



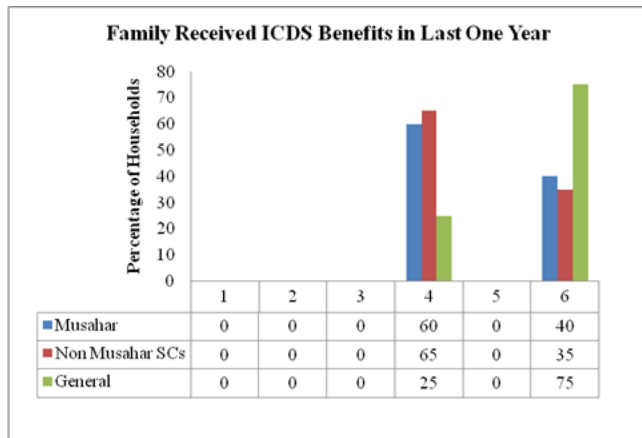
Source: Field Work

Note: 1: Regular, adequate and satisfactory, 2: Regular but inadequate and unsatisfactory, 3: Irregular, inadequate and unsatisfactory, 4: Once in a while, 5: Never, 6: Not eligible

Fig 3: Families received ICDS benefits in last one year

Village 3: Gazipur

The failure to properly run a scheme among the poorest of the section of population is very much common and in a way has taken the course of becoming a common phenomenon. Likewise the case is same also with the integrated child development service (ICDS). Aganwadi centre opens only once in a month during polio vaccination day. Whenever it opens children get only biscuit and toffee. Figure 4 shows that 60% musahar, 65% non musahar SCs and 25% general communities’ households received ICDS benefit once in a while. Whenever they open Aganwadi, children get only biscuit and toffee. Take Home Ration is not provided either to Children (6-72 months), severely malnourished children (6-72 months), pregnant women or Nursing mothers.

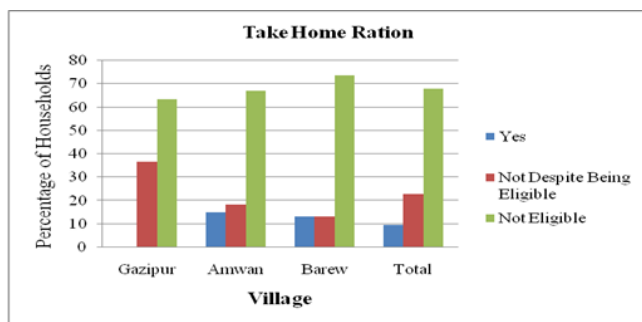


Source: Field Work

Note: 1: Regular, adequate and satisfactory, 2: Regular but inadequate and unsatisfactory, 3: Irregular, inadequate and unsatisfactory, 4: Once in a while, 5: Never, 6: Not eligible

Fig 4: Families received ICDS benefits in last one year

Supplementary Nutrition is distributed in the form of Take Home Ration to pregnant and lactating women and children between 6 months to 3 years at each Anganwadi Center on 15th date of every month. Beneficiaries are getting Take Home Ration for the full month at one time.



Source: Field Work

Fig 6: Take Home Ration

Only nine percent of eligible households are getting the benefit of take home ration and twenty three percent of households are not getting the benefit despite being eligible. Sixty percent of sample household are not eligible for this benefit because these households not full the criteria for take home ration benefit. Not a single households are getting the benefit of this scheme in Gazipur village. Figure 1 shows that eighty seven percent of households in gazipur village are landless and table 2 shows that all the Sceduled castes (Musahar and Non-Musahar SCs) are landless in Gazipurpur village. Depite landless and poor, they are not getting the benefit of take-home ration.

Conclusion

One of the main objective of the ICDS to improve nutritional status but recent NFHS-4 report shows that Bihar is still far away from national nutrional status. 43.9% Children under 5 years are underweight (weight-for-age) in Bihar but it is only 35.7% at all India level. 48.3% Children under 5 years are stunted (height-for-age) in Bihar but it is only 38.4% at all India level. Above study shows that implementation of ICDS in all sample villages is not

satisfactory. Many poor beneficiaries are not availing the ICDS benefit.

A lot have to be done to improve the accessibility of ICDS to the needy people. First, location of the *Aganwadi* play an important to reach the beneficiaries. In village Barew where the Musahar lives in the periphery of the village (1 km from main village) and the Aganwadi centre situated in the main village, it is not possible to 3-6 year children to walk every day to get the benefit of the ICDS.

The number of Aganwadi centre in proportion to population is less. So many children do not enrol at Aganwadi centre due to limited no. of seat. In case of Chhotki Amwan village, Aganwadi centre is not in sufficient in number to accommodate every child. To cover every child under ICDS, it needs to open sufficient no. of Aganwadi centre in every village.

Political commitment is essential for the successful implementation of ICDS, for example in Tamilnadu where this issue has entered the political debate, a combination of pressure from the above through political will, and public expectation from below.(Rajivan, 2006:3685) This type of political will is completely absent in case of Bihar.

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