



THE COMPARATIVE STUDY OF GOVERNMENT VS NGO ICDS PROJECTS OF RAJASTHAN AND WEST BENGAL

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Abstract: *The study was conducted on voluntary organizations involved in implementation of ICDS Projects in the west Bengal and Rajasthan. These voluntary organizations were mainly located in the state of Rajasthan and West Bengal. The study was also done in Government and NGO sector of Rajasthan and West Bengal.*

Methodology: *A total of five AWCs were randomly selected from each of these voluntary organizations and the government running ICDS Projects/AWCs. The random selection of these AWCs was made on the basis of the list provided by the concerned CDPO. In order to ensure the fair representation of AWCs which were selected for in depth study, precautions were taken not to choose more than two AWCs from same supervisory circle of ICDS Project. The questionnaire and the answer to these questions were collected, for these indicators from the NGO and the Government ICDS project were collected in the excel formats such as Availability of Toilets and Indoor Space, Availability of Weighing Scales and Medicine Kit, Effective Coverage under Supplementary Nutrition, Average Number of Days for Distribution of Supplementary Nutrition, Referrals, Nutrition and Health Education and Health Check Up, Kishori Shakti Yojana, Community Contribution Pre School Education, Availability of PSE Material, CDPO Monitoring of Anganwadi Centers, Additional Tasks Performed by AWWs. The comparison has been made on Infrastructure, Delivery of Services (Supplementary Nutrition, Pre School Education and Health Services) Community Involvement and Monitoring Visits. The formats of the data were prepared in such a way that the data could be used in variety of ways for subsequent analysis.*

Result: *After collecting, tabulating, interpreting the data and summarizing the results, an attempt has been made to present some broad conclusions and recommendations. It is hoped that the recommendations of the study, if implemented, would make the implementation of ICDS with involvement of voluntary organizations. Thus we can say that the ICDS should be given to NGO; they will perform better as per the directives of our prime minister of India.*



Keywords: NGO ICDS Project, Government ICDS project, AWWs, Infrastructure, Delivery of Services, Community Involvement

INTRODUCTION

The children are our precious resources. The development of any nation on social index and economic prosperity largely depends on the physical, mental and social well being of this most supremely important asset as enumerated in National Policy on Children, 1974. The policy further lies down that the State shall provide adequate services to children both before and after birth and through the period of growth so as to ensure their survival and development. The policy resolution had also enjoined on the State that it shall progressively increase the scope of its minimum basic services (like comprehensive health inputs, supplementary nutrition services for preventing deficiencies in children, expectant and nursing mothers, nutrition education of mothers and non formal education to pre school children services) so that within a reasonable time, all children in the country enjoy optimum conditions for their optimal growth. The policy delineates that *it shall be the endeavor of the state to encourage and strengthen voluntary action so that State and voluntary efforts complement each other. The resources of voluntary Organizations, trusts, charities and religious and other endowments would have to be tapped to the extent possible for promoting and developing child welfare programmes.* The concluding Para of the policy states that the *Government of India calls upon the citizens and voluntary organizations to play their part in the overall effort to attain the objectives as enunciated in the policy.* Women and children constitute seventy two percent of the population of India. The women and children homogenous whole .A great deal of heterogeneity exist .The form of marginalize and vulnerable group of SC, ST, OBC, and other religious minorities suffer multiple challenge. Women from these group and even more disadvantages as they are subject to additional discrimination on account of societal construct of gender and the consequently adverse power balance. The main problem with the minorities is that no proper database of these have been done .The Integrated Child Development Services (ICDS) Scheme since 1975 for delivery of an integrated package of services relating to health, nutrition and non-formal education to children in the age group 0-6 years, pregnant women and nursing mothers,. This package is aimed at improvement in the nutritional and health status of children in this age group, reduction in the incidence of mortality,



morbidity, malnutrition and school drop-out rates, and enhancement of the capability of the mother to look after the health and nutritional needs of the child through proper nutrition and health education. In short, these objectives which envisage the laying of the foundation for the proper psychological, physical and social development of the child, with appropriate support from the mother, aim at the ultimate goal of human resource development, in its broadest sense. The twin objective of this strategy being comprehensive child development and family welfare, effective coordination in the states, between the departments and agencies that are responsible for the major inputs in the program. Wherever this convergence of the maternal and child health services and the ICDS program have been achieved, the results in terms of our goal, have been heartening. In areas like immunization, prophylaxis against Vitamin A deficiency and anemia and maternity and nutritional services, it has now been established that the achievement in ICDS program may have been achieved by use of group work practice by social worker a tremendous lot in India by the implementation of these work. Advances in scientific knowledge about the causation of illness and thereby the concept of prevention of diseases and also the micro & macro techniques of diagnosis and treatment have resulted in multiple specially in allied medical fields like medical social services. This special field of expertise has gradually taken over the position of family physician in our traditional society. Medicine is now practiced in metropolitan city and urban centers by group or associates of professional, who can exchange the necessary professional information and call upon each other continuously for advice and helping the cure and care process of the patients. In the background emergence of medical social worker to give his or her contribution in the form of social diagnosis to a disease condition is immensely valued. A society today cannot fulfill its function of providing medical treatment without giving due regards to social needs of its patients. The range of such social needs is very wide and it is by no way easy to distinguish between the relatively simple welfare needs, which can be met without intervention of train social worker to that of deep rooted social problems which requires professional assessment and skillful handling. So we study NGO and non NGO ICDS project.

The package of services relating to health, nutrition and non-formal education to children in the age group 0-6 years, pregnant women and nursing mothers, This package is aimed at improvement in The Integrated Child Development Services (ICDS) Scheme since 1975 for



delivery of an integrated the nutritional and health status of children in this age group, reduction in the incidence of mortality, morbidity, malnutrition and school drop-out rates, and enhancement of the capability of the mother to look after the health and nutritional needs of the child through proper nutrition and health education In short, these objectives which envisage the laying of the foundation for the proper psychological, physical and social development of the child, with appropriate support from the mother, aim at the ultimate goal of human resource development, in its broadest sense .The twin objective of this strategy being comprehensive child development and family welfare, effective coordination in the states, between the departments and agencies that are responsible for the major inputs in the program,

Wherever this convergence of the maternal and child health services and the ICDS programmer have been achieved, the results in terms of our goal, have been heartening, In areas like immunization, prophylaxis against Vitamin A deficiency and anemia and maternity and nutritional services, it has now been established that the achievement in ICDS project areas are considerably higher than those in the non-ICDS

The main focusing on gender planning and mainstreaming, gender budgeting, economic and political empowerment of women, prevention of sexual harassment at work place, prevention of gender related violence such as female feticide, female infanticide, trafficking of women and children, child marriage ,these are the things the women and adolescent girls should know.

Children below six years of age are to be identified and enlisted for supplementary nutrition on the basis of growth monitoring. All children below six years of age need to be weighted and their weight for age has to be recorded in the growth charts. The children below 3 years of age have to be weighed once a month and those falling in the age group of 3-5 years are required to be weighted on quarterly

AWW, as a community health worker at the grass root level, assists the health functionaries in implementing programmers related to Prophylaxis against Vitamin A Deficiency and Nutritional Anemia. She is required to distribute iron and folic acid tablets as per dose prescribed to children and women. Expectant mothers are required to be given iron and folic acid tablets containing 60 mg elemental iron and 0.5 mg of folic acid in a dose of one tablet for 100 days during pregnancy. The responses as received from pregnant women in



the study revealed that three fourth of On an average 74 per cent of pregnant women reported that they were regularly consuming IFA tablets whereas 14 per cent were consuming irregularly and 12 per cent have not consumed at all

. The percentage of children in the age group of 6-36 months and 37-72 months registered AWCs percentage of children (6-36 months) were found to be registered under supplementary nutrition and three fourth of them were found to avail such services. The less number of children registered in the age group of 37-72 months for supplementary nutrition was attributed due to the fact that children might be availing benefits from other sources including mid-day meal scheme being run under Education Department. The fact that under three's cannot make it to AWCs on their own, the percentage of their availing services of supplementary nutrition was found to be less.

Like out of six ICDS services, three health-related services namely Immunization, Health Check-Up and Referral Services are being delivered through public health infrastructure i.e. through sub centers, Primary and Community Health Centers under the Ministry of Health and Family Welfare. It has been the endeavor of the Government of India to ensure that delivery of these health-related services is made through effective convergence with the Reproductive and Child health component of National Rural Health Mission (NRHM) being administered by Union Ministry of Health and Family Welfare. Similarly, under Multi sectoral Development Programmed (MSDP), the Ministry of Minority Affairs is supporting the construction of AWCs in minority-concentrated districts. The Pre-School Education component of ICDS is being continuously strengthened by the financial resource support from Sarva Shiksha Abhiyan (SSA), a programme being run by Department of Primary Education and Literacy, Ministry of Human Resource Development, Government

The significance of this nationally run initiative of ICDS may also be judged on many counts. Like, the universalization of this programme has been identified as the basic strategy to achieve the first goal of universal provision of ECCE under EFA, as envisaged in the Dakar conference held in April 2000 and putting ICDS at point number one in Hon'ble Prime Minister's 15-Point Programme for the Welfare of Minorities. Government of India has currently identified eight flagship programmers in which ICDS figures as one of them. Giving further impetus, it has been again stated in the Social Sector of 11th Five- Year Plan



document published by Planning Commission (2008) that ICDS is and will continue to be the flagship programme of Government of India during 2007-2012

ICDS, therefore, takes a holistic view of the development of the child and attempts to improve his/her both pre- post-natal environment. Accordingly, besides children in the formative years (0-6 years), women between 15-45 years of age are also covered by the programme, as these are child bearing years in the life of a women and her nutritional and health status has a bearing on the development of the child. Further, in order to better address the concern for women and for girl child, interventions have also been designed for adolescent girls seeking to break the intergenerational cycle of nutritional disadvantage. The adolescent girls therefore have also been brought under the ambit of ICDS services

The children are our precious resources. The development of any nation on social index and economic prosperity largely depends on the physical, mental and social wellbeing of this supreme asset as enumerated in National Policy on Children, 1974. The policy further lies down that the State shall provide adequate services to children both before and after birth and through the period of growth so as to ensure their survival and development. The policy resolution had also enjoined on the State that it shall progressively increase the scope of its minimum basic services (like comprehensive health inputs, supplementary nutrition services for preventing deficiencies in children, expectant and nursing mothers, nutrition education of mothers and non-formal education to pre-school children services) so that within a reasonable time, all children in the country enjoy optimum conditions for their optimal

Having examined the performance of NGOs run ICDS Projects/AWCs located across the country on different input, process, output and outcomes variables of ICDS, an attempt has been made in this study to compare with performance of the Government run ICDS Projects.

The study was conducted on all voluntary organizations involved in implementation of ICDS Projects across the country. These voluntary organizations were mainly located in the state of Rajasthan () and West Bengal (). A total of five AWCs were randomly selected from each of these voluntary organizations running ICDS Projects/AWCs In order to ensure the fair representation of AWCs which were selected for in depth study, precautions were taken not to choose more than two AWCs from same supervisory circle of ICDS Project. The regular ICDS projects were also studied on the same basis.



DATA ANALYSIS

The formats of the data were prepared in such a way that the data could be used in variety of ways for subsequent analysis. The State wise data base was created on MS excel sheet with an intention to optimally utilize the valuable empirical information for other purposes result. After collecting, tabulating, interpreting the data and summarizing the results, an attempt has been made in the present some broad conclusions and recommendations. It is hoped that the recommendations of the study, if implemented, would make the implementation of ICDS with involvement of voluntary organizations more.

The comparison has been made on Infrastructure, Delivery of Services (Supplementary Nutrition, Pre School Education and Health Services) Community Involvement and Monitoring Visits.

INFRASTRUCTURE

Table 1 and Table 2 shows the comparative status of NGOs and Government run ICDS projects on four input variables of availability of toilets, indoor space, weighing scales and medicine kits. One of the interesting trend evident from Table 1 is that while on the one hand all NGO run ICDS Projects/AWCs located across all eight study states were found better compared to the government run ICDS projects in availability of toilets, on the other, all such projects were found lagging behind on another variable of availability of indoor space. Similarly, while on the one hand all NGO run ICDS Projects/AWCs located across study states (except MP) were found better compared to the government run ICDS projects in availability of weighing scales , on the other, all such projects were found lagging behind (except Rajasthan) on variable of availability of medicine kit.

Table 1. Availability of Toilets and Indoor Space

State	Availability of Toilets			Indoor Space		
	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects
Rajasthan	29	33	+ 4	68	67	-1
West Bengal	29	69	+ 40	47	39	-8
Total						



Table 2. Availability of Weighing Scales and Medicine Kit

State	Availability of Weighing Scales			Availability of Medicine Kit		
	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects
Rajasthan	58	73	+15	86	100	+14
West Bengal	79	96	+17	80	86	+6
Total						

DELIVERY OF SERVICES

Supplementary Nutrition

Table 3 presents the coverage of nursing and pregnant women and of children (0-6 years) as percentage of those registered in AWC for availing the services. It is clear from table that the performance of NGO run ICDS Projects/AWCs was found much better as compared to Government run ICDS Projects. The overall difference in effective coverage of 49 per cent in case of women ICDS beneficiaries and 37 per cent in case of children (0-6 years) is testimony of this fact. The average number of days for which supplementary nutrition was being distributed in NGO run ICDS Projects was also found to be much higher (23 days in a month) than Government run ICDS Projects (15 days in a month).

In Table 4 again such difference in favor of NGOs run Projects was found in all such projects located across two study states.

Table 3. Effective Coverage under Supplementary Nutrition

State	Effective Coverage as % of those registered (Nursing and Pregnant Women)			Effective Coverage as % of those registered (Children)		
	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects
Rajasthan	13.4	97.1	+ 83.7	33.4	86.6	+ 53
West Bengal	77.5	79.8	+ 2.3	65.8	78.1	+ 12
Total						



Table 4. Average Number of Days for Distribution of Supplementary Nutrition

State	Average no of days per month		
	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects
Rajasthan	9	24	+ 15
West Bengal	20	24	+ 4
Total			

Pre School Education

So far as the availability of preschool education material (Toys, Counting Frames, PSE Kit, Story Books and AWW made material) was concerned, the same was found to be better in NGO run ICDS Projects located across all two study states...

Table 5. Availability of PSE Material (figures in %)

State	Availability of Teaching Learning Material*		
	Government run Projects	NGOs run Projects	% Difference of NGO over Govt run Projects
Rajasthan	48	53	+ 5
West Bengal	25	67	+ 42
Total			

*includes Toys, Counting Frames, PSE Kit, Story Books and AWW Made Material

Referrals, Nutrition and Health Education and Health Check Up

While the organization of referral services and health checkup were found better in NGO run ICDS Projects, the organization of NHED service was reported better in Government run ICDS Projects. Difference in organization of all these ICDS services might be attributed due to the fact that most of the NGO running ICDS Projects across country have their own hospitals serving as a referral hospital. Further, the medical staff working in these hospitals frequently visits the AWC and conducts the health checkups of ICDS beneficiaries. The same advantageous situation was not found in Government run ICDS Projects as they are mainly dependent on Government hospitals (Table 6 and Table 7).

Table 6. Status of Referrals, Nutrition and Health Education

State	Providing referral services			Providing NHED services		
	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects	Government run Projects	NGOs run Projects	%Difference of NGO over Govt run Projects
Rajasthan	34	40	+ 6	96	82	-14
West Bengal	14	84	+ 70	96	96	0
Total						



Table 7. Health Check Up

State	Health Check Up		
	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects
Rajasthan	36	67	+31
West Bengal	55	66	+11
Total			

Kishori Shakti Yojana

KSY scheme is being implemented across all ICDS Projects in the country. Compared to Government run ICDS Projects in implementation of various activities under KSY, NGO run ICDS projects were not found as much involved.

Table 8. KSY is better in NGO run west Bengal as compared to Rajasthan.

State	KSY		
	Government run Projects	NGOs run Projects	% Difference of NGO over Govt run Projects
Rajasthan	48	27	-21
West Bengal	7	17	+10
Total			

Contribution of Community

In view of the fact that NGOs operates at the local level and ICDS functionaries working in these projects are having close relations with community than their counterparts working in Government run projects, it was presumed that community contribution would be much better in NGOs run ICDS Projects. (Table 9)

Table 9. Community Contribution

State	Community Contribution		
	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects
Rajasthan	44	62	+18
West Bengal	53	96	+43
Total			

Monitoring of AWCs

The functionaries working in NGOs are generally believed to be more committed and devoted compared to their counterparts working in Government set up. The monitoring visits by the CDPO and the Supervisor were found definitely better in NGOs run ICDS



Projects compared to Government run ICDS Projects. While none of the CDPO working across all two study states in Government run ICDS Projects reported of visiting AWC during the last one month,. Similarly, Supervisors working across all two study states in Government run ICDS Projects reported of visiting only one AWC during the last one month, the figure was found as much higher in all NGOs run ICDS all two study states (Table 10).

Table 10. Monitoring of Anganwadi Centers

State	CDPO			Supervisor		
	Government run Projects	NGOs run Projects	% Difference of NGO over Govt run Projects	Government run Projects	NGOs run Projects	% Difference of NGO over Govt run Projects
Rajasthan	-	14	+14	1	17	+16
West Bengal	-	15	+15	1	25	+24
Total	-	13	+13	1	19	+18

AWWs Involvement in other Assignments

AWWs, besides providing services under ICDS are being given a lot of other responsibilities. Although, the AWWs serving in NGOs run AWCs were found to be engaged more in such activities compared to their counterparts serving in Government run AWCs , however, the number of hours engaged per day for such activities were found to be much higher for AWWs of Government sector compared to other AWWs working in non-government run AWCs (Table 11). During the time of data collection, it was observed that NGOs besides engaging the AWWs in ICDS work also engage them from time to time in other activities which do not pertain to ICDS work.

Table 11. Additional Tasks Performed by AWWs

State	No of Days in last fiscal year			Number of hours per day		
	Government run Projects	NGO run Projects	Difference of NGO over Govt run Projects	Government run Projects	NGOs run Projects	Difference of NGO over Govt run Projects
Rajasthan	7	13	+6	7	3	-4
West Bengal	13	21	+8	6	1	-5
Total			+40	6	2	-4



It is also evident from Table 11 that the number of days devoted to additional tasks performed by the AWWs in the NGO run ICDS projects varied from 13 (Rajasthan) to 7(west Bengal) days during the last fiscal year

These indicators from the NGO and the Government ICDS project was collected in the excel formats such as Availability of Toilets and Indoor Space, Availability of Weighing Scales and Medicine Kit, Effective Coverage under Supplementary Nutrition, Average Number of Days for Distribution of Supplementary Nutrition, Referrals, Nutrition and Health Education and Health Check Up, Kishori Shakti Yojana, Community Contribution, Pre School Education, Availability of PSE Material, CDPO Monitoring of Anganwadi Centers, Additional Tasks Performed by AWWs.

What we find that the NGO run ICDS projects in Rajasthan were doing better than the government one. There are only three NGO run projects in Rajasthan, from the study we could say that more of the ICDS projects in remote areas should be given to NGO so that it can run better.

In case of West Bengal the NGO run projects are doing better than government ICDS project.

We should see that more of ICDS projects in west Bengal and in Rajasthan should be given to NGO so that the situation of ICDS can be changed in West Bengal.

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