

***Gram Uday: Strengthening Community-led
Development in Mewat***

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Research Monitoring & Evaluation
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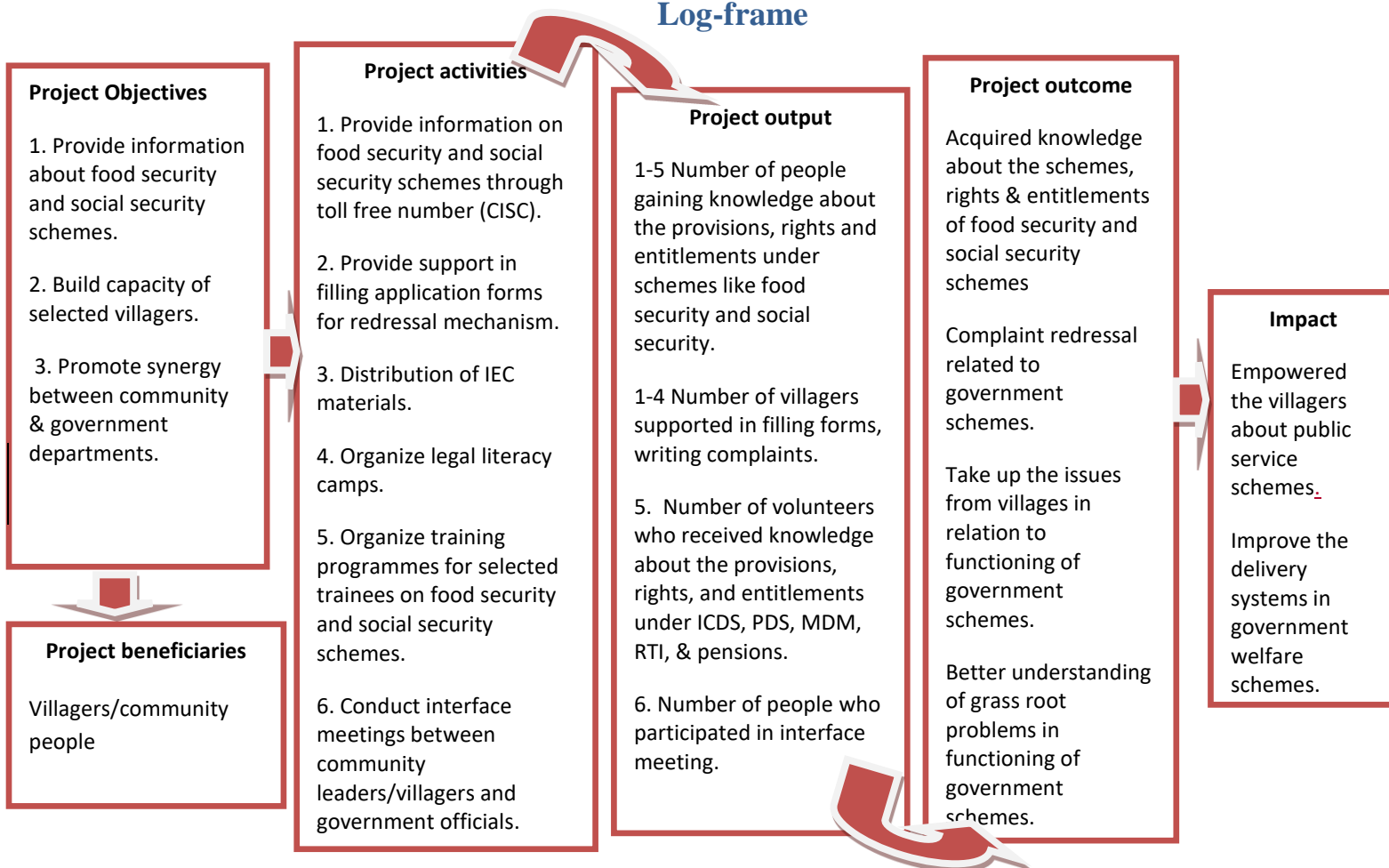


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1. About the Project

Greater citizen engagement is critical in improving decision-making and development outcomes. It is essential for better monitoring, which further leads to accountability and transparency of government institutions and functionaries. Sehgal Foundation, in collaboration with Sapien India, has proposed a project aimed at empowering citizens through Village Leadership Schools (VLS)¹, a community-based, structured training program, and through the Citizen Information and Support Center (CISC)², which uses information technology tools to bridge the information gap among villagers. The goal of the present baseline study is to examine the existing knowledge of selected community leaders of VLS³ and villagers about the various provisions of government welfare programmes namely, Integrated Child Development Services (ICDS), Mid Day Meal (MDM), Targetted Public Distribution Services (TPDS), and pensions, and their implementation status.

Log-frame



¹ VLS are selected community leaders in the village, who are brought to one platform and are provided training on schemes of food security programmes and social security programme. In every village, 25 to 30 community leaders are selected and trained and as a result they work toward bringing a change in village-level implementation of these government programs- National Food Security Act, Targetted Public Distribution System, Integrated Child Development Services, Mid Day Meal, Right to Education, social security measures including pensions, and grievance redressal mechanisms.

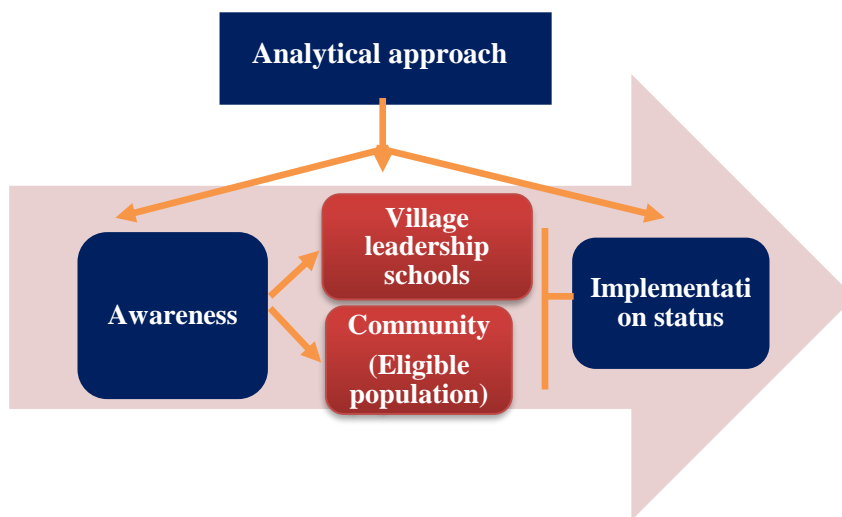
² CISC will provide a technical platform using mobile technology for the people to call on a toll free number, avail information about government programs and services, and support people in accessing these programs.

³ Henceforth referred to as "community leaders"

2. Methodology

Both qualitative and quantitative methods have been employed for baseline data collection. The methods include tools such as structured, coded interview schedule and Focused Group Discussions (FGDs). Personal observations were also employed to examine the functioning of the selected government programmes.

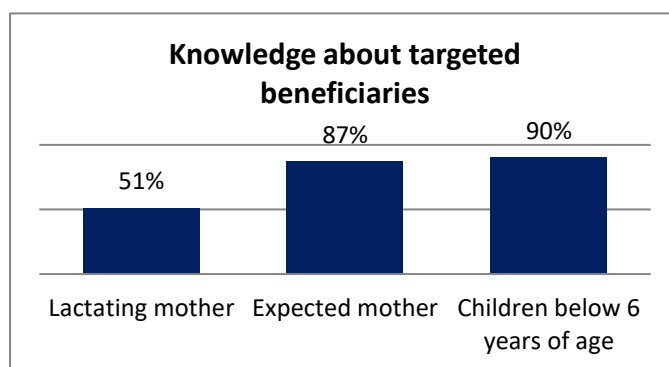
In all, forty percent of villages from each block have been selected by using random purposive sampling method. Twenty villages including twelve from Nuh block and eight from Tauru block have been studied. Fifteen households receiving benefits under each programme (ICDS, MDM & TPDS) have been interviewed. At the same time, 50% of the community leaders from each village (317 community leaders of VLS) have been interviewed⁴.



3. Integrated Child Development Services (ICDS)

3.1 Awareness level of Community Leaders of VLS:

The findings of the study reveal that 73% of the selected community leaders were aware about the existence of ICDS. The programme runs through the Aanganwadi Center (AWC) in the village and targets three groups of beneficiaries⁵. Ninety percent of the community leaders are aware that one of the beneficiary groups is children



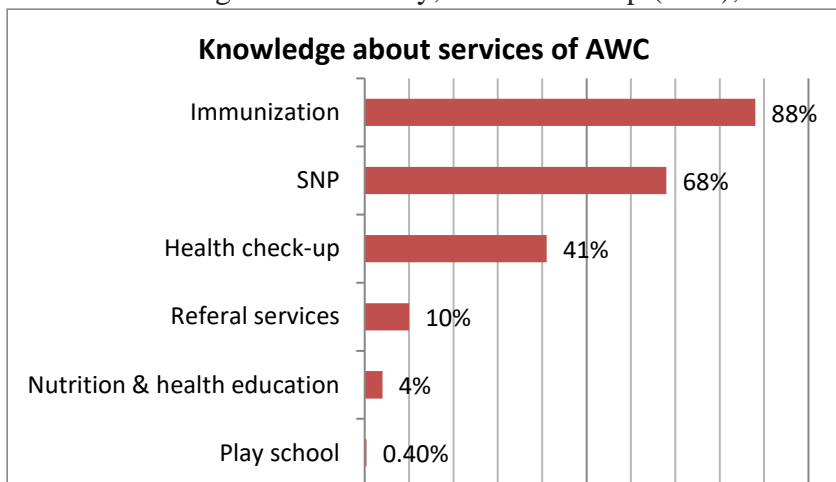
below six years of age and 87% community leaders are aware that expectant mothers are the second beneficiary

⁴ The total sample size is 864. In Jhamuwas, the sample size for MDM was only 9 because rests of the children belonging to the age group six to fourteen go to private school.

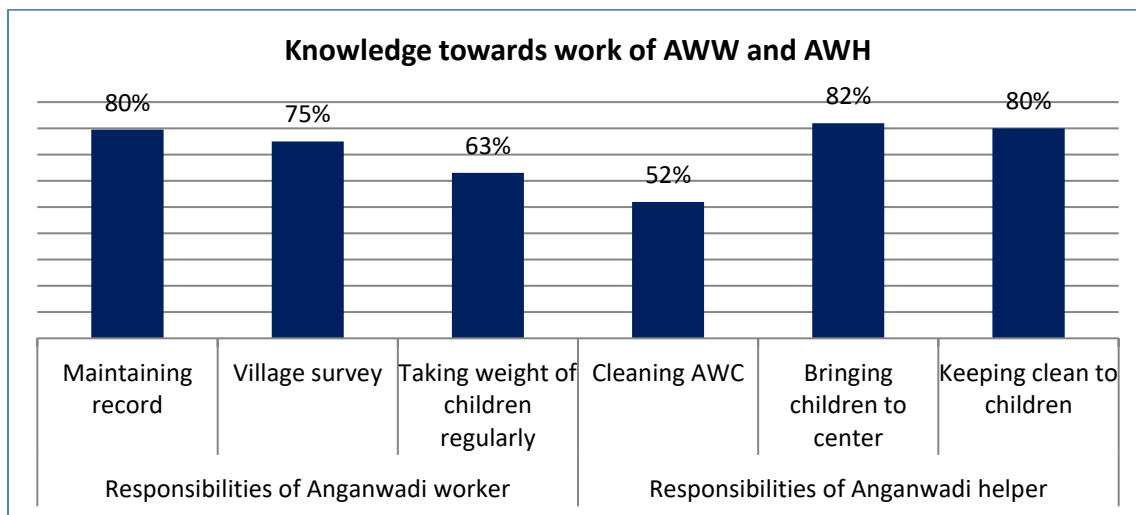
⁵ The AWCs provides services like immunization, referral services, supplementary nutrition, non-formal or play school education, and nutrition and health education. The program targets to three category of beneficiaries - children below six years, pregnant women, and lactating mothers.

group under ICDS. However, almost half of them are aware that lactating mothers are also beneficiaries of ICDS. In total, 46% of respondents knew about all three categories of beneficiaries under ICDS.

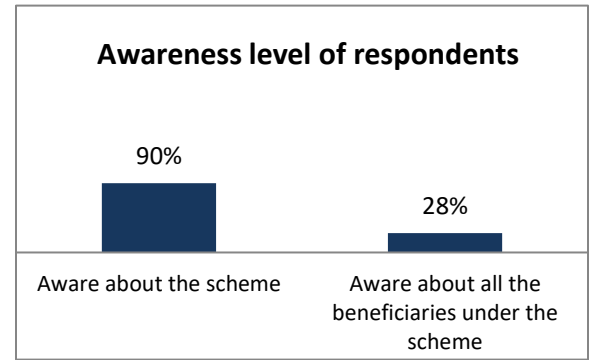
Of the six types of services provided by AWCs, majority of community leaders are aware about Immunization (88%) and Supplementary Nutrition Programme (68%). However, the community leaders had negligible level of awareness about the provision of four additional services through ICDS namely; health checkup (41%), referral services (10%), play school (0.4%), and nutrition and health education (4%). All these services are provided free of cost and 94% of the Community leaders are aware of this information. The provision for one Anganwadi worker (AWW) and one Anganwadi helper (AWH) in each center has been recognized by 83% of the community leaders. More than 80% of the community



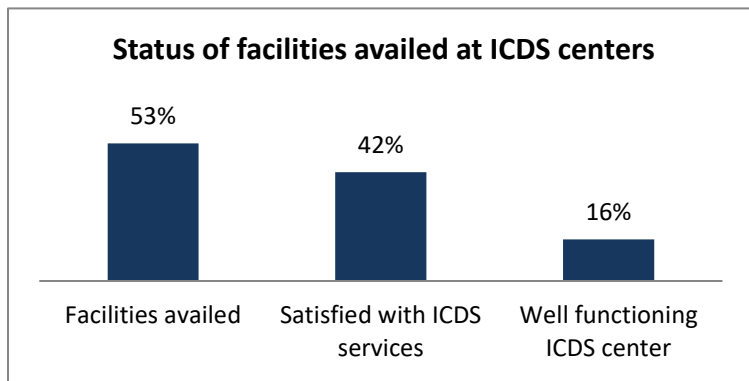
leaders are aware that maintaining records of ICDS work and conducting village surveys are two important responsibilities of AWW. Sixty-six percent community leaders knew there should be periodic recording of the weight of children. At the same time, more than 80% of community leaders are aware that the AWH is responsible for bringing children from the community to AWC and taking care of children.



3.2 Awareness level of community: Findings reveal that 90% of the respondents are aware of the ICDS⁶. However, it was observed that rural inhabitants are not familiar with the name of the scheme, but understand the importance of ICDS center (*Aaganwadi Kendra*) in their villages. Among those aware of ICDS, only 28% respondents knew about all three types of beneficiaries under the scheme (children below six years of age, pregnant women, and lactating mothers).



3.3 Implementation status: Less than two-fifth (16%) of the respondents mentioned that the ICDS centers are functioning well. This means that the centers provide all facilities in accordance with the mandate which includes



health-related information, health checkups, and nutrition supplements for young children, pregnant ladies and lactating mothers. Seventy-four percent of the respondents reported that the provision of nutrition supplements for children is being implemented well. Around 16% of the respondents were not aware of the status of provisions at the ICDS centers because either their children do not

go to the center or they have never enquired about the status. Children of only 53% of the beneficiary households visit the ICDS center to avail its services. The reasons for not going to the center are - distance between the center and the homes of children of that age group, lack of incentive to go to the center since nothing is being provided, nobody calls the children to the center, etc. Only 10% respondents reported 'regular' functioning⁷ of the ICDS center in their village.

As far as immunization is concerned, 10% of the respondents have not had any of their infants immunized. They believe that the vaccinations have side effects such as fever or suppuration at the injection site that causes pain and inconvenience. A few of these respondents mentioned that their infants do not need immunization. Evidently, these households have limited knowledge on the importance of immunization. Nevertheless, about three-fourth of the respondents have inoculated all of their infants. These include households that have immunized their

⁶ The awareness level of villagers in terms of existence of the scheme for all programmes (ICDS, MDM, PDS) is comparatively higher than the community leaders because the study covered eligible beneficiaries under the scheme.

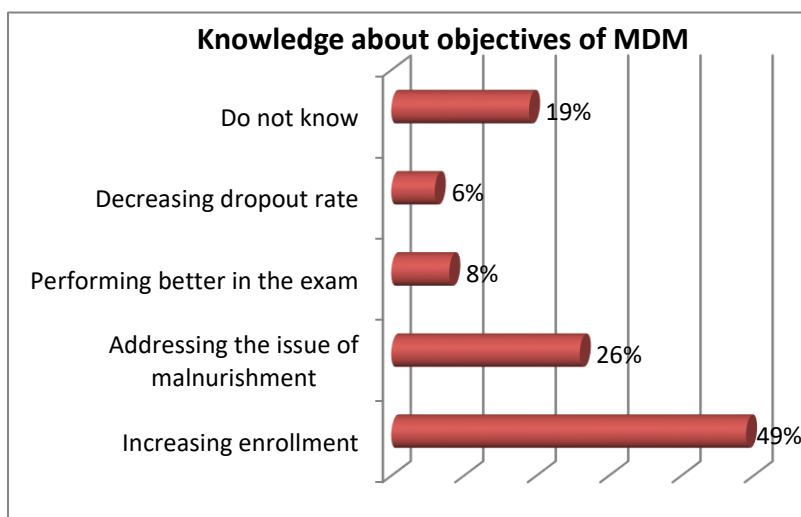
⁷ This includes opening of the center regularly, non-discriminatory attitude of the Aaganwadi worker, preparation of nutrition supplement and maintaining cleanliness of the center premises is practiced on a 'regular' basis.

children at least once. Furthermore, 42% of the beneficiary households are satisfied with the service delivery at the ICDS centers. Only two households had complained against improper functioning of ICDS centers; one of them filed a complaint at a formal meeting with the *Sarpanch* (head of local government at village level) and the other sought support from the staff of S M Sehgal Foundation. It is difficult to improve the situation because nearly three-fourth of the respondents are still not aware of the available grievance redressal mechanisms.

In addition to the responses of the beneficiary households, field enumerators also noted personal observations about the physical structures, facilities, and services provided at the ICDS centers in each study village. It was found that 20% of the centers do not have proper infrastructure and are being operated at the residence of the AWW or at a common place like the *panchayat ghar*. On an average, the centers are open for four hours in the morning every day. Twenty percent of AWCs have a fully equipped kitchen and in the rest of the centers, meals are cooked in the open. Sixty percent of the centers serve different meals every day (as prescribed), and 40% of the centers are serving either the same meal every day or serve no food at all. Two-third of the centers have sanitation facilities and four-fifth of the centers have a provision for drinking water. In some villages, the AWW fetches water from her residence to the center, as there is no water source available at the ICDS center.

4. Mid-Day- Meal (MDM)

4.1 Awareness of community leaders of VLS: The awareness level about the existence of MDM programme among the selected community leaders is 66%. However, there is low awareness about the broad objectives of the MDM programme; 49% of community leaders knew that the programme helps in increasing enrollment, 26% of them knew that the programme addresses the issue of malnourishment, and 6% knew that the programme works towards decreasing dropout rates. Among all the community leaders, 19% were aware about the existence of the programme but did not know the objectives. As per the government norm, children belonging to the age group of six to fourteen years are eligible for free meals under MDM; 77% of the community leaders are aware of this targeted age group. The guidelines also mention that the cooked food should be served for at least 200 working days in a year in every

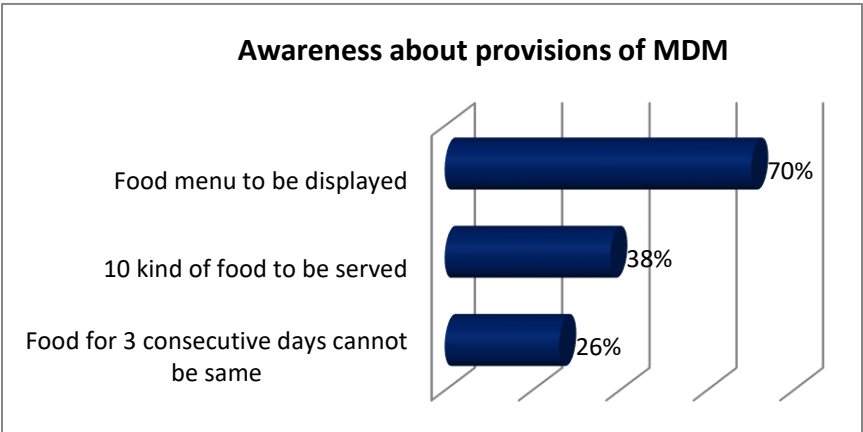


government school and government-aided school and 48% of the selected community leaders were found to have knowledge about it. Before serving food to the students, the headmaster should test the food to ensure quality and a considerable percentage (72%) of selected community leaders knew about this norm. Displaying the food menu

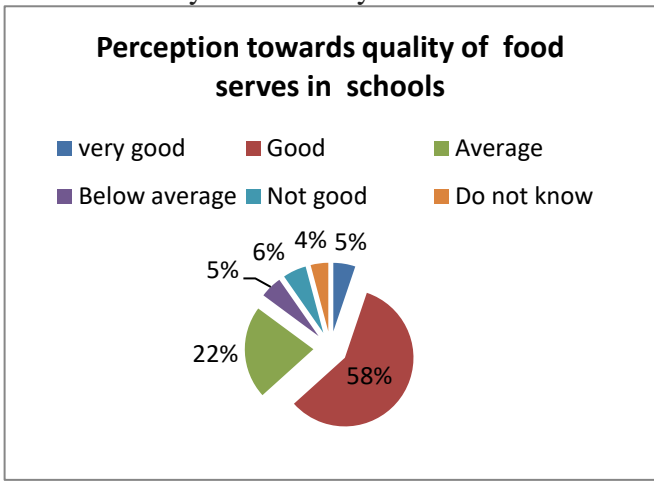
for public knowledge is mandatory in all schools, but only 45% of community leaders were aware about this. Out of the ten defined food items, six items should be served in the school and only 17% of community leaders knew about this.

4.2 Awareness among the community: The findings reveal that the awareness level of villagers about the existence of MDM was 99%. Of them, 70% knew that the food menu should be displayed in the school, 38% know that the centers should serve ten different kinds of cooked food under the MDM, and 26% know that food cannot be the same for three consecutive days.

4.3 Implementation status: the findings reveal that in both blocks meals were served in almost all schools as 99% of the parents responded positively. When it came to regularity in serving food, 75% of parents said that food is served regularly in the schools of their children. In terms of quality of food, 58% said that the quality is “good” and only 5% have ranked the quality as “very good”, whereas 22% ranked the quality as “average”.



whereas 22% ranked the quality as “average”. In terms of displaying food menu in the school, 30% of parents said that the menu was displayed in the schools. Furthermore, many parents said that they do not visit the schools and therefore they are not very sure whether the menu has been displayed or not. Prevailing discrimination in



food disbursement has been raised by 30% of parents. The discrimination is in the form of distribution of low quantity of food and unpleasant behavior of concerned authority towards a section of people etc⁸. However, a sizeable percentage (78%) of parents said that they were satisfied with the MDM services in the schools. Of those who were not satisfied with the services of MDM, reasons are listed as - irregular distribution, poor quality of food, and unpleasant behavior of the concerned

authority, etc. Only 8% said that they had complained about the problems under MDM. The mode of filing

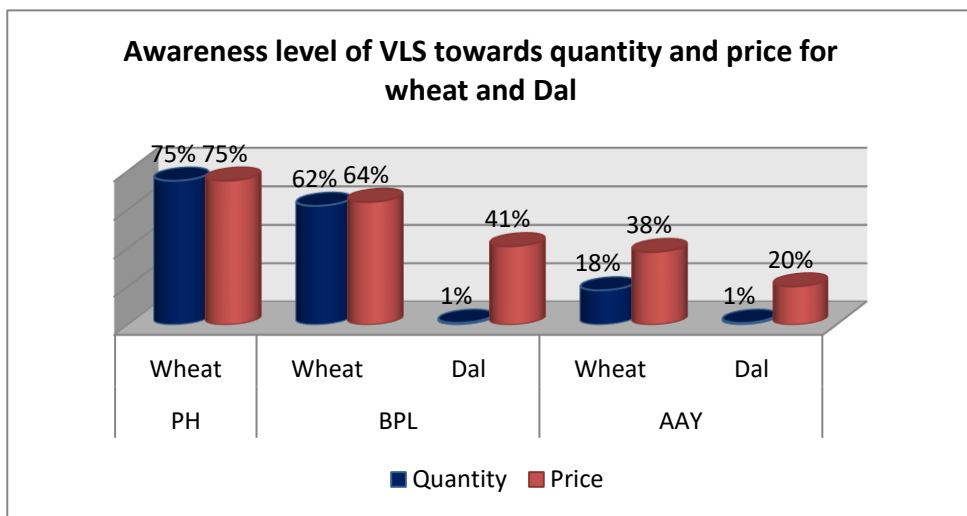
⁸ Discrimination does not refer to the form of caste discrimination. It is in the form of distribution of low quantity of food and unpleasant behavior of the staff. However, highest cases of discrimination reported by OBC community (84%). These cases are noted from the villages Babupur, Buraka, Kutubgarh, Raipuri and Pachagaon.

complaints was mostly informal and through verbal communication - they said that they met the concerned authority in the school and shared the problems. On an average, parents had complained two times. Because of filing the complaint, around 50% of the respondents who complained found improvement in services.

An observation was carried out for two working days while the MDM was being served in the school (included assessment of physical infrastructure, services, and functionality of MDM). In all, fourteen schools were observed. It was found that food was served on both the days in seven schools; food was served for only one day in six schools, and in one school food was not served on both days. Food menu was displayed in 57% of schools. Seventy-eight percent of schools had kitchens and out of them 45% of the kitchens were in good condition. However, as per the observations, six kitchens were in poor condition and required immediate renovation. Seventy-one percent of schools had sufficient utensils for cooking and 71% of schools had enough utensils for serving food.

5. Targeted Public distribution system (TPDS)⁹

5.1. Awareness level among community leaders of VLS: Targeted Public Distribution System envisages identifying the poorest households and giving them a fixed entitlement of food grains at a specially subsidized price. The scheme targets three economic groups namely, Priority Household (PH), Below Poverty Line (BPL), and *Antodaya Anna Yojana* (AAY). Around 79% of the community leaders were aware about this particular scheme. Among them, 96% knew about PH, 97% knew about BPL, and 90% knew about

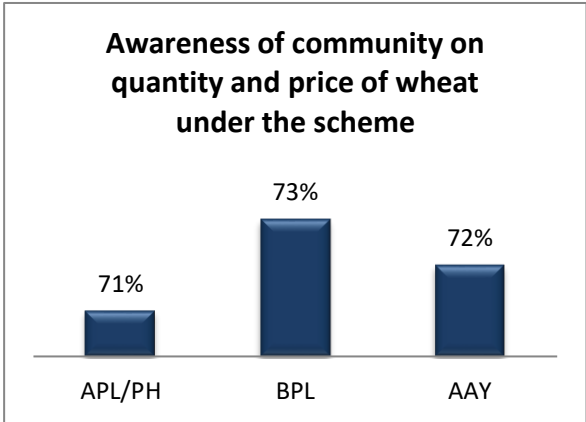


AAY. Government of India follows certain criteria for identification of beneficiaries under BPL and AAY categories. The knowledge among the community leaders about the criteria was found to be as follows: (a) for households possessing two or less than two acres of land (31%), (b) landless households (29%) (b) daily wage

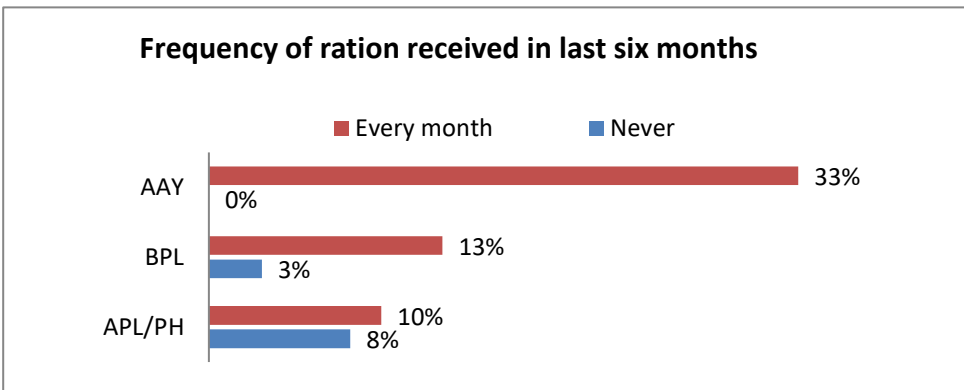
⁹ As per the recent notification dated 1st April 2017, the beneficiaries of Below Poverty Line (BPL) and *Antodaya Anna Yojana* will be given wheat and dal only on a subsidized amount. Priority Households are entitled for wheat only with an entitlement of 5 kg per head. BPL families are entitled for 5kg wheat per head and 2.5 kg dal for every month. Antodaya household are entitled to get 35 kg of wheat and 2.5 kg dal every month. The price of wheat has been fixed for all the category as RS 2/- for 1 kg of wheat and dal RS 20/- per kg.

agricultural laborers (40%), (c) homeless people (55%), (d) physically handicapped (27%), (e) women-headed or widow-headed household (34%). At the same time, 15% of the respondents said that they did not know the eligibility criteria for the above three groups. The community leaders' knowledge about eligible amount of ration and its prices under PH was better than their knowledge about quantity and price under BPL and AAY group.

5.2. Awareness level of community: The findings of the study reveal that more than 96% of the respondent households are aware of the TPDS. However, it has been observed that households lack detailed information about all the provisions under the scheme. The entitlements under the scheme include wheat, kerosene oil, and sugar available for different ration card holders (allotted based on their purchasing power) at subsidized prices. Responses on awareness about provision of wheat under the scheme point out that more than 70% of the respondents are aware of the provisions set by the government for their income category. Cumulatively, only 9% of the respondents were aware of the price and quantity of wheat entitlement under the scheme for all categories of households.



5.3. Implementation status: In terms of the ground reality, only 13% of respondents have been able to avail benefits regularly in the last six months¹⁰. On the other hand, five percent respondents have not received any entitlement even once in the last six months. Wheat distribution from the past six months shows that receipt of entitlements under AAY is slightly better than that of BPL and PH. Almost 35% of the respondents have difficulties in getting access to the scheme. On further deliberation, respondents listed problems related to irregularity in distribution of entitlements, unpleasant behavior of the distributors, and inconvenience due to long distance travel to access entitlements. A few respondents mentioned instances of rough behavior by the distributors that led to minor quarrels.

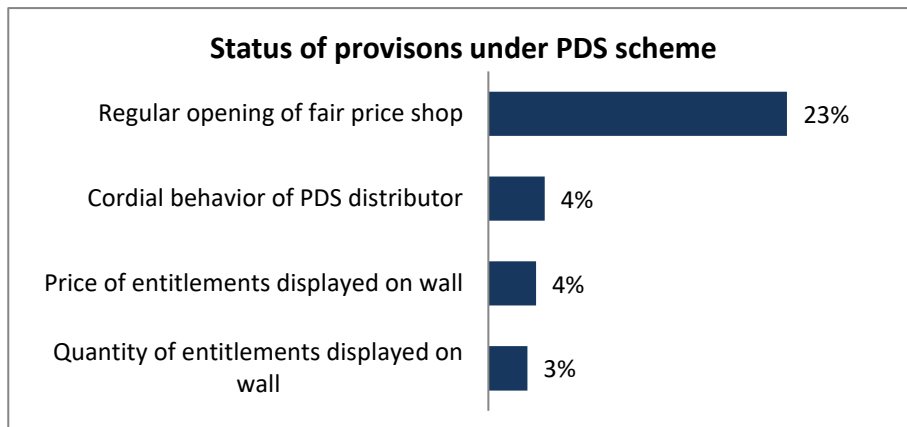


In most of the villages, the depot holders operate Fair Price Shops and they either distribute the ration

from their homes or at the community hall (*Chowpal*) in the village. Therefore, the arrangement of the shop is purely temporary in nature. Furthermore, there is no fixed date/day for ration distribution. The depot holders ask

¹⁰ Received ration 6 times in six months.

the *chowkidar* to announce the date for distribution. Therefore, when asked about the regular distribution of ration, only 23% of respondents could respond positively.

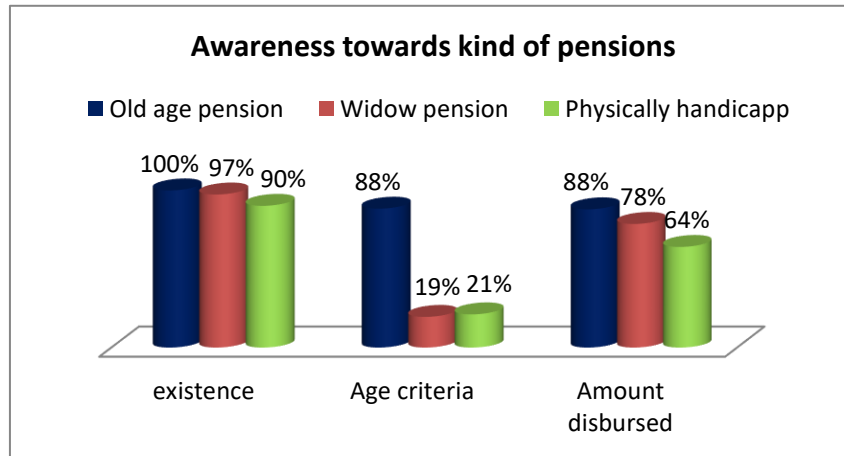


More than half of the respondents are not satisfied with TPDS delivery system, but their limited knowledge has restricted them from taking action or utilizing the available grievance redressal mechanisms. Only 3% of the respondents have filed complaints against improper delivery of the scheme in their villages. However, none of these complaints were formal in nature and were limited to verbal communication to different officials. The reasons for not complaining are primarily no problems to report (34%); low bargaining power due to poverty (45%); limited knowledge on grievance redressal mechanisms (27%); and maintaining village harmony and peace (11%).

6. Pension Scheme

6.1. Awareness level of VLS: Providing pensions to BPL families is an important social security scheme of the government and 87% of the community leaders are aware about it. Out of the three pension schemes, namely widow, physically handicapped, and old age, the awareness level among community leaders is higher about old age pensions in comparison with the other schemes, but the knowledge about age criteria and the amount disbursed under the scheme for three targeted groups was very low. None of the respondents knew the annual income criteria for accessing the old age pension¹¹.

¹¹ The annual household income should not be more than 2 lac as per the guideline



6.2 Awareness level of community: The finding reveals that villagers are aware about the existence of all the three type of pensions¹². However, their knowledge about age criteria for accessing the scheme is higher for old age pension (100 %) than physically handicapped (1/4th), followed by widow pension (2/5th). Among rest of the villagers, respondents said that no age criteria is being followed for the distribution of widow and physical handicap pensions.

At present, the pension amount is transferred to the bank accounts of the eligible beneficiaries. Out of twenty villages, villagers from fifteen villages are getting the amount regularly every month¹³. Only in three villages, villagers said that they had complained against the inconvenience and the mode of complaint was informal in nature. The villagers shared that there was no resolution of complaints filed by them.

Widow pension: a case of negligence

In the village Jhamuwas, the team met Sonbati, wife of late Eli Chand, who said that she has been repeatedly applying for pension after the death of her husband, but every time her application was rejected without citing a reason for rejection. She complained to local *Sarpanch*. The *Sarpanch* said that the documents submitted by her were not complete. However, she said that she had submitted the application with all the necessary documents. She believes that her application has been rejected intentionally and that the *Sarpanch* was trying to deceive her. She does not know about grievance redressal mechanism such as RTI and Chief Minister’s window where she could have filed her complaint. The constituted Village Leadership School at the village level and Citizen Information and Support Center at the block level would be of great help to villagers who are facing problems in accessing their rights and entitlements.

¹² The awareness level of villagers in terms of existence of the scheme is comparatively higher than the community leaders because the study covered eligible beneficiaries under the scheme

¹³ Irregular amount disbursement received from the village’s i.e. Terakpur, Babupur, Manuwas, Sonkh and Buraka and all these villages are in the block Nuh

Conclusion

Both qualitative and quantitative findings of the study established that although most of the respondents are aware about the broad aspects of the provisions under the selected schemes, there is a lack of in-depth knowledge about the same.. In terms of overall functioning of the programme at the village level, there is scope for improvement. Findings from the study highlight issues such as irregular distribution of food, low food quality, lack of transparency in displaying food menu, the error of inclusion, and lack of resolution of complaints, which require immediate action for further improvement.

