Development of Women and Children in Rural Areas (DWCRA) (1982)

The need for introducing specific programmes for the development of poor women was felt. Many progarammes were launched for them. One such programme formulated and launched since September 1982 in DWCRA. It aims at motivating and assisting women to engage themselves in a productive activity for earning a substantial income as well as to improve the quality of their own and children's life. Thus, though the economic activity is the priority, the social betterment of the women and their children is also aimed at. It is partly supported by UNICEF and is jointly financed by Union and State Governments. It operates in conjunction with IRDP and TRYSEM. The main features of this programme are:

(i) Women of identified poor families are organised into groups of 15-20 each for taking up income generating activities suited to their skills and aptitude.

(ii) Group members are given training usually under TRYSEM.

(iii) One time grant of Rs.15, 000 is provided for each group as revolving fund for purchase of raw materials, marketing, child care etc. This amount is shared equally by Union and State Government and UNICEF.

(iv) Each group selects one of its members as group organiser who is to help women in the selection of economic activities suited to their skills and aptitude, procurement of raw materials etc.

(v) Besides engaging in economic activity, each group is expected to be recipient of benefits of other development and welfare programmes.

(vi) Multi-purpose centre are being set up to serve as the central place for the working of women groups.

The list of income-generating activities undertaken under the scheme are: tailoring, embroidery, ready-made garments, pickle making, papad making, bakery, candle making, soap making, chalk making, envelop making, match box making, knitting, weaving, basket making, agarbathi making, poultry, dairy, piggery, goat rearing, bee keeping, mushroom production, fruit and vegetables processing, etc.

Integrated Child Development Services (ICDS) Scheme

Launched on 2_{nd} October 1975, today, ICDS Scheme represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing preschool education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

Objectives: The Integrated Child Development Services (ICDS) Scheme was launched in 1975 with the following objectives:

i. to improve the nutritional and health status of children in the age-group 0-6 years;

ii. to lay the foundation for proper psychological, physical and social development of the child;

iii. to reduce the incidence of mortality, morbidity, malnutrition and school dropout;

iv. to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and

v. 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.

Services: The above objectives are sought to be achieved through a package of services comprising:

i. supplementary nutrition,
ii. immunization,
iii. health check-up,
iv. referral services,
v. pre-school non-formal education and
vi. nutrition & health education.

Services Target Group Service Provided by

| Services | Target Group | Service Provided by |
|---|--|--|
| Supplementary Nutrition | Children below 6 years: Pregnant & Lactating Mother (P&LM) | Anganwadi Worker and Anganwadi Helper |
| Immunization* Children below 6 years: | Pregnant & Lactating Mother (P&LM) | ANM/MO |
| Health Check-up* Children below 6 years: | Pregnant & Lactating Mother (P&LM) | ANM/MO/AWW |
| Referral Services Children below 6 years: | Pregnant & Lactating Mother (P&LM) | AWW/ANM/MO |
| Pre-School Education | Children 3-6 years | AWW |
| Nutrition & Health Education | Women (15-45 years) | AWW/ANM/MO |

Three of the six services namely Immunisation, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare.

Nutrition including Supplementary Nutrition

This includes supplementary feeding and growth monitoring; and prophylaxis against vitamin A deficiency and control of nutritional anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They avail of supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities. Growth Monitoring and nutrition surveillance are two important activities that are undertaken. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps to detect growth faltering and helps in assessing

nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to medical services.

Immunization

Immunization of pregnant women and infants protects children from six vaccine preventable diseases-poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality.

Health Check-ups

This includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The various health services provided for children by anganwadi workers and Primary Health Centre (PHC) staffs include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc.

Referral Services

During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre. The anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre.

Non-formal Pre-School Education (PSE)

The Non-formal Pre-school Education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the anganwadi – a village courtyard. Anganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services. These AWCs have been set up in every village in the country. Its programme for the three-to six years old children in the anganwadi is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development.

Nutrition and Health Education

Nutrition, Health and Education (NHED) is a key element of the work of the anganwadi worker. This forms part of BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their own health, nutrition and development needs as well as that of their children and families.

Funding Pattern

ICDS is a Centrally-sponsored Scheme implemented through the State Governments/UT Administrations. Prior to 2005-06, 100% financial assistance for inputs other than supplementary nutrition, which the States were to provide out of their own resources, was being provided by the Government of India. Since many States were not providing adequately for supplementary nutrition in view of resource constraints, it was decided in 2005-06 to 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. However, for all other components of ICDS, the ratio has been modified to 90:10(100% Central Assistance earlier).

Type of Supplementary Nutrition

Children in the age group 0 – 6 months

For Children in this age group, States/ UTs may ensure continuation of current guidelines of early initiation (within one hour of birth) and exclusive breast-feeding for children for the first 6 months of life. **Children in the age group**

6 months to 3 years

For children in this age group, the existing pattern of Take Home Ration (THR) under the ICDS Scheme will continue. However, in addition to the current mixed practice of giving either dry or raw ration (wheat and rice) which is often consumed by the entire family and not the child alone, THR should be given in the form that is palatable to the child instead of the entire family.

Children in the age group 3 to 6 years

For the children in this age group, State/ UTs have been requested to make arrangements to serve Hot Cooked Meal in AWCs and mini-AWCs under the ICDS Scheme. Since the child of this age group is not capable of consuming a meal of 500 calories in one sitting, the States/ UTs are advised to consider serving more than one meal to the children who come to AWCs.

Registration of beneficiaries

Since BPL is no longer a criteria under ICDS, States have to ensure registration of all eligible beneficiaries.

The ICDS Team

The ICDS team comprises the Anganwadi Workers, Anganwadi Helpers, Supervisors, Child Development Project Officers (CDPOs) and District Programme Officers (DPOs). Anganwadi Worker, a lady selected from the local community, is a community based frontline honorary worker of the ICDS Programme. She is also an agent of social change, mobilizing community support for better care of young children, girls and women. Besides, the medical officers, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) form a team with the ICDS functionaries to achieve convergence of different services.

Role & responsibilities of AWW, ANM and ASHA

Role and responsibilities of AWW, ANM & ASHA have been clearly delineated and circulated to States/UTs under the joint signature of Secretary, MWCD and Secretary, MHFW, vide D.O. No. R. 14011/9/2005-NRHM –I (pt) dated 20 January 2006.

Types of Training Courses

Three types of regular training are imparted to AWWs, AWHs, Supervisors, CDPOs/ACDPOs and Instructors of AWTCs and MLTCs, viz.:

- Induction Training (on initial engagement/appointment) mainly to AWWs
- Job/Orientation Training (once during service period)
- Refresher Training (in-service, once in every two years)

Also, specific need based training programmes are organized under the 'Other Training' component, whereby the States/UTs are given flexibility to identify state specific problems that need specialized issue based training and take up such training activities.

Training Infrastructure

There is a countrywide infrastructure for the training of ICDS functionaries, viz.

- Anganwadi Workers Training Centres (AWTCs) for the training of Anganwadi Workers and Helpers.
- Middle Level Training Centres (MLTCs) for the training of Supervisors and Trainers of AWTCs;
- National Institute of Public Cooperation and Child Development (NIPCCD) and its Regional Centres for training of CDPOs/ACDPOs and Trainers of MLTCs. NIPCCD also conducts several skill development training programmes.

Monitoring & Supervision of Training Programme: A separate ICDS Training Unit within the Ministry of Women and Child Development headed by a Director/Dy. Secretary level officer is responsible for overall monitoring, supervision and evaluation of the training programme. The following measures are undertaken for monitoring and supervision:

- Physical and financial progress are captured through Quarterly Progress Reports (QPRs) in a standardized format, that are submitted by the States/UTs to GoI at the end of every quarter
- A detailed analysis of the QPRs is carried out by the ICDS Training Unit and based on the same, quarterly review meetings are organized with the States at the central level
- Monthly/quarterly review meeting with the Training Centres at the state level
- Necessary feedback and guidelines are issued to the States after each of the review meetings;
- Field visits to AWTCs/MLTCs by Nodal Officer or the District Programme Officers (DPOs)/CDPOs; and also by the officials from the Ministry of WCD and NIPCCD.
- Annual meeting of State Training Task Force (STTF) for the approval of STRAP and review of past performance and chalking out future actions.

Existing Monitoring System under ICDS Scheme:

Central Level

Ministry of Women and Child Development (MWCD) has the overall responsibility of monitoring the ICDS scheme. There exists a Central Level ICDS Monitoring Unit in the Ministry which is responsible for collection and analysis of the periodic work reports received from the States in the prescribed formats. States have been asked to send the State level consolidated reports by 17th day of the following month. The existing status of monitoring of these six services is as under:

(i) Supplementary Nutrition: No. of Beneficiaries (Children 6 months to 6 years and pregnant & lactating mothers) for supplementary nutrition

(ii) Pre-School Education: No. of Beneficiaries (Children 3-6 years) attending pre-school education

(iii) Immunization, Health Check-up and Referral services: Ministry of Health and Family Welfare is responsible for monitoring on health indicators relating to immunization, health check-up and referrals services under the Scheme.

International Partners

Government of India partners with the following international agencies to supplement interventions under the ICDS:

i. United Nations International Children' Emergency Fund (UNICEF)

ii. Cooperative for Assistance and Relief Everywhere (CARE)

iii. World Food Programme (WFP)

Rashtriya Mahila Kosh (RMK)

The National Credit Fund for Women or the Rashtriya Mahila Kosh (RMK) was set up in March 1993 as an independent registered society by the Department of Women & Child Development in Government of India's Ministry of Human Resource Development with an initial corpus of Rs. 310,000,000 - not to replace the banking sector but to fill the gap between what the banking sector offers and what the poor need.

Its main objectives are:

• To provide or promote the provision of micro-credit to poor women for income generation activities or for asset creation.

• To adopt a quasi-informal delivery system, which is client friendly, uses simple and minimal procedures, disburses quickly and repeatedly, has flexibility of approach, links thrift and savings with credit and has low transaction costs both for the borrower and for the lender.

• To demonstrate and replicate participatory approaches in the organisation of women's groups for thrift and savings and effective utilisation of credit.

• To use the group concept and the provision of credit as an instrument of women's empowerment, socio-economic change and development.

• To cooperate with and secure the cooperation of the Government of India, State Governments, Union Territory administrations, credit institutions, industrial and commercial organisations, NGOs and others in promoting the objectives of the Kosh.

• To disseminate information and experience among all these above agencies in the Government and non-government sectors in the area of microfinance for poor women.

• To receive grants, donations, loans, etc., for the furtherance of the aims and objectives of the Kosh.

The office of the Kosh is situated in New Delhi. The Kosh does not have any branch offices. The Executive Director is the chief executive officer of the Kosh. The Executive Director functions under the overall supervision, direction and control of the Governing Board. The Governing Board comprises 16 members consisting of senior officers of the Government of India and State Governments, specialists and representatives of NGOs active in the field of microfinance for women. The Governing Board is chaired by the Minister in charge of the Department of Women & Child Development in the Government of India. The General Body of the Kosh consists of all members of the Board, institutional members and individual members.

The Kosh has three main roles

Wholesaling Role - It acts as a wholesaling apex organisation for channelising funds from government and donors to retailing intermediate microfinance organisations (IMOs).

Market Development Role - It develops the supply side of the micro finance market by offering institution building support to new and existing-but-inexperienced IMOs by structures of incentives, transfers of technology, training of staff and other non-financial services.

Advocacy Role - whereby RMK acts as an advocate or agent for influencing development and micro-finance policy and creating a more enabling policy and legal environment for spread of micro-finance activities in India. Being a creation and a representative of the government, RMK has a particular advantage in this area.

Reasons for Focus on Poor Women

• Among the poor, the poor *women* are the most disadvantaged - they are characterized by lack of education and access to resources, both of which are required to help them work their way out of poverty and for upward economic and social mobility

• The problem is more acute for women in countries like India, despite the fact that women's labour makes a critical contribution to the economy - this is due to low social status and lack of access to key resources

• Evidence shows that groups of women are better customers than men - they are better managers of resources - benefits of loans are spread wider among the household if loans are routed through women - mixed groups are often inappropriate in Indian society - record of all-male groups is worse than that of all-women groups, everywhere -

Mahila Samridhi Yojana (MSY)

For empowerment of minorities, maximum emphasis is required to be given on empowerment of women because they are the weakest link among the minorities. The most effective strategy to reach the women and strengthening them should include:-

- capacity building through increasing income generating skills/activities
- encouraging them to form SHGs and provide them micro credit support
- setting up of production based activity suitable to women. Based on the above framework, NMDFC introduced the Scheme of Mahila Samridhi Yojana which links micro-credit to the women after training. During the training, the group is formed into a Self Help Group.

Scope of the Scheme

A group of 20 women of minority communities at any location are given training in any production/service activity, most suitable for them. During the training, the group is formed into a Self Help Group practicing thrift & credit. After the training, the group is provided credit, jointly or individually, for pursuing the activity of training.

Implementing Agencies

The scheme will be implemented through the SCAs of NMDFC as well as NGOs.

Eligibility criteria for the beneficiaries

• Women candidates belonging to minority communities with preference to widows and

destitutes.

- Preference to women already having some knowledge of the trade.
- Age 16-30 years
- Fulfill income criterion of below double the poverty line.

Duration of the training

Need based subject to maximum of 6 months duration.

No.of candidates in a group for training

A group of 15-20 women to be given training at one location. The group will be transformed into Self Help Group (SHG) during the training.

Training fee: Subject to a maximum of Rs.400 per months per candidate.

Training material cost: subject to a maximum of rs.100 per candidate per month.

Stipend: Rs.250/- per month per candidate to be deposited in the bank account of the beneficiary.

Micro-credit: need based subject to a maximum of rs.25, 000 after completion of the training.

Estimated cost per group of 20 number of beneficiaries

i) On training - Rs.90, 000/ii) On Micro-credit – Need based, subject to maximum of Rs.25, 000/- per beneficiary.

Pattern of financing

i) On Training
NMDFC (Grant) - 85% to SCAs 100%toNGOs - SCA & Training Institute - 15%
ii) On Micro-Credit
NMDFC (Loan) - 90%
SCA/NGO of beneficiary - 10%

Rate of interest

i) From SCAs/NGOs to NMDFC 1 %ii) From beneficiaries to SCAs/NGOs 4 %

Period of repayment

i) Beneficiaries are required to repay the loan to the SCA/NGO over a period of 3 years after a moratorium of three months from the date of disbursement of the loan in monthly instalments.

ii) SCA/NGO will repay the loan to NMDFC over a period of four years after the utilization of funds, in quarterly instalments.

Eligibility criteria for training agency

i) Must be running similar training at least for three years.

ii) Should have sufficient space for seating and working of 20 women.

iii) Should have necessary training equipment and tools sufficient for 20 trainees. iv) Should have trained and experienced instructors.

Implementation details

i) SCAs/NGOs may identify locations having potential for engaging women in any production/service activity for their income generation.

ii) SCA/NGO will also identify a competent training agency having necessary manpower equipment and competence.

iii) At each location, group of 20 women fulfilling the eligibility criteria will be identified by the SCA/NGO.

iv) SCAs/NGOs may form a proposal on the lines of Mahila Samridhi Yojana and send the same to NMDFC for approval. v) Once the approval is accorded by NMDFC, SCAs/NGOs will ensure proper conduct of training and keep NMDFC informed.

vi) The SCA would intimate NMDFC the list of beneficiaries indicating their name, address, age and qualification, the details of training agency and the date of starting the programme. NMDFC will release 50% of the grant on account of training on receipt of this information.

vii) During the initial stage of training, the SCA/NGO will arrange to give education to the members of the group in the concept of forming and working of Self Help Groups, the strengths of self help groups, operation of thrift and credit activity, running production activities jointly or individually, working together in solving common problems, helping each other in solving individual problems, maintenance of accounts, repayment of loan etc. For this purpose, services of outside expert can also be availed if required. The objective is that the group of women selected for training should start functioning as Self Help Group (SHG) in production and marketing of their products.

viii) After three months, the SCA/NGO would approach for drawal of remaining training grant along with the progress report of the training conducted by them.

ix) Stipend of the trainees may initially be deposited in the bank account of the SHG. Its subsequent use may be decided by the SHG itself.

x) SCA/NGO would complete documentation of papers relating to micro-credit to each woman during the period of training.

xi) After completion of the training, SCA/NGO would provide need based micro credit to each woman. Fixed assets should preferably be given to the beneficiaries in kind instead of cash.

xii) After a moratorium of three months, SCA/NGO will collect repayment every month from each woman towards repayment of loan, over a period of 36 months. The repayment to NMDFC will be on usual terms and conditions and repayment period as mentioned earlier. NMDFC sends the dues statement every quarter for making repayments.

Post training follow ups

i) The SCA/NGO as well as the training agency should extend all assistance to the trained candidates in developing backward forward linkages. They should particularly ensure participation of these candidates in marketing events. It would be convenient to do so if the

candidates are formed into a Self Help Group and it is with this objective so much emphasis has been given on promotion of Self Help Group in this scheme.

ii) The SCA/NGO as well as the training agency would maintain record of self employment or wage employment of the trained candidates. The assistance provided to them from time to time should be documented for the purpose of reference and reporting.

Training of Rural Youth for Self-Employment (TRYSEM-1979)

With a view to provide technical skills to rural youth to equip them to take up selfemployment in the fields of agriculture and allied activities, industries, services and trade the scheme TRYSEM was launched by GOI in August 15, 1979. It now operates as a component of IRDP. Its' main features are:

- to provide need-based technical skills to rural youth aged 18-35 years who belong to the category of the poor, to enable them to take up self-employment and to some extent even wage employment.
- (ii) Training is provided at the regular training institutions like polytechines or under selected master craftsman.
- (iii) Atleast 30 per cent of the trainees should belong to SCs/STs and atleast 33 per cent should be women.
- (iv) Marketing facilities for the products made by beneficiaries are improved.
- (v) The trainees are given stipend and tool kits during the period of training and are eligible after training for assistance under IRDP to start a viable economic activity suited to the learned skills.
- (vi) Rapport is being established by DRDA and employment exchanges for exploring employment opportunities for the trained youth.