



## Panchayat Participation in Integrated Child Development Services Programme in District Budgam of Kashmir, India

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### Abstract

*It is an unquestionable fact that decentralization is a key to strong democracy and positive socio-economic change of Indian society. 73<sup>rd</sup> constitutional amendment was an attempt to good governance which could give political freedom to various underprivileged section of the society like schedule caste, schedule tribes and more particularly women. Moreover Panchayati Raj institutions have always proved means of good governance. At the grass root level Panchayat members can contribute in the effective functioning of the ICDS programme. In this context this paper aims at to know the extent of participation / awareness of ICDS services among Panchayat leaders and to analyze their participation in the ICDS Programme. Sample of the study comprised of Sarpanch/ Panch and president of Mahila Mandal. Sample constituted of 12 respondents which were selected by systematic random sampling technique. Data was collected through administration of interview schedule and observation.*

**Keywords:** Decentralization, Participation, Panchayati Raj, Governance.

### Introduction

The concept of Panchayati Raj is an indigenous concept in our country. Its origin can be traced back to ancient ages when villages were little republics governed by these Panchayats<sup>1</sup>. Democratic decentralization in terms of Panchayat Raj institutions was a post Independent phenomenon. There has been a legacy and tradition of village Panchayats since time immemorial in India. These bodies could survive even during drastic change and upheavals that took place in the country. It was Lord Ripen who took the initiative in establishing self government in India. The involvement of the people in their development through grassroots democratic institutions like Panchayat Raj institutions (PRIs) was completed in the five year plan itself. But instead of establishing Panchayats, community development and necessary programmes were launched which could not bring about people's participation. Participation is an elastic concept. Various definitions have been put forward based on different ideologies but the real spirit of participation lies in involving the peripheral layers of the development circles of the weakest, poorest of the poor<sup>2</sup>. Good governance is the foundation which fosters people's participation and empowerment of the poor. It has been defined as the norms, traditions and institutions through which a country exercises authority for common good<sup>3</sup>.

The integrated child development Services programme (ICDS) is a country wise programme which aims at total development of the child and seeks to deliver all basic essential services viz., health, nutrition and education to children below six years of age, mothers adolescent girls and provide services simultaneously to them in their own village /community<sup>4</sup>. ICDS

is basically a community based programme and its success depends on active Panchayat participation. The most significant feature of ICDS is to improve the capabilities of the parents to take care of the child and thus involve the community by encouraging self help in improving the quality of life and wellbeing of the child and family. ICDS has been envisaged and conceptualized as a community based programme. It calls for community participation in its process of implementation by utilizing local resources. ICDS lays great emphasis for bringing about social change in the community and its objectives are not confined to delivery of services only. This is reflected in heightened awareness, change in attitude, beliefs and practices. The choice of having anganwadi workers (AWWs) at the grassroots level as a voluntary worker and not a paid functionary makes it a scheme of the people. The assumption is that the Anganwadi worker, being a local woman, would be much more effective in delivery of services due to familiarity with the community. This would facilitate acceptance of the programme and the participation in it.

Despite the built-in element of community participation, ICDS in over one and a half decade of its operation has not been able to involve the community to the desired level. Most of the studies have indicated that the beneficiaries have less awareness about the scheme, its components and possible benefits they can derive from it<sup>5</sup>. The participation of the community has been observed to be marginal or low. Only a few isolated individuals come forward to contribute in the programme. The total involvement of the community, its voluntary organizations and other local groups has not taken place as envisaged in most of cases. Though the project staff has received training in soliciting community participation, yet Supervisors and child

development project officers (CDPOs), by and large, were unable to provide the desired support and guidance in involving the community<sup>5</sup>. Their skills in mobilizing the community have been found to be inadequate.

Community participation in ICDS programme is important for the smooth functioning of the programme, it increases its utilization, accounts for success and failure, reduce government intervention and create sense of ownership as well as sensitivity of the programme. A lot of work has been carried on the participation of Panchayat in ICDS and it has been found that community leaders were not aware of ICDS services and did not spare time and work outside the household for long hours<sup>6</sup>. The study conducted by Nayer et al revealed that 53.3% provided free accommodation for AWC and 42.6% assisted in implementing health activities and contributed in terms of raw food for supplementary nutrition and fuel for cooking<sup>7</sup>. Insignificant evidences concerning the issue are available with respect to the Kashmir division. Through this study an attempt has been made to know the awareness of ICDS services among Panchayat /community leaders and to evaluate the participation made by Panchayat in the ICDS programme.

**Community Participation in Health Care:** In Alford's terms (1975), community individuals and groups represent "repressed structural interests." Government political support for these groups is intended to enhance their role in relation to more dominant structural interests in health care decision making.

In the past, the government's efforts to promote community participation in various health programmes have been limited. Community participation in its glorified form often has been reduced to performing cheap and free labour<sup>8</sup>. One of the ways adopted by the government has been seeking the help of Panchayats in acquiring village land so that a sub centre or PHC can be built there. The selection and appointment of voluntary health- workers/guides at the village level was also done with participation of Panchayat.

The specific mechanism currently advocated for increasing public accountability by many provincial governments is to decentralize decision making to local boards, with enhanced community representation in order to better reflect local preferences. This strategy incorporates two assumptions, i. The priorities determined centrally by the provincial government cannot adequately reflect local community preferences and ii. The decentralizing resource allocation decisions to be resolved within the context of regional funding envelopes, as suggested by several provinces, will facilitate cost control and buffer provincial governments from lengthy and potentially acrimonious budget negotiations with individual stakeholders.

However, many key issues remain unresolved. For example, what kinds of tasks should place individual participation in, how should they be represented, and to whom should they be accountable? The Saskatchewan government has begun to

tackle these issues by appointing interim health district boards, which are being asked to recommend permanent structures and board selection methods for their district<sup>9</sup>.

**Objectives:** i. To find out the awareness level/participation of Panchayat regarding ICDS programme. ii. To study the decision making, support and problems faced by Panchayat in implementation of ICDS programme.

**Methodology**

Sample for the present study consisted of Sarpanches / Panches. Four Sarpanches /Panches from three blocks of district Budgam were selected for the study. The total sample comprised of 12 Respondents. Systematic random sampling technique was used to select the sample and interview schedule and observation were used to collect the data. Data collected through the administration of tools were subjected to both qualitative and quantitative analysis.

**Results and Discussion**

The present study was conducted with the aim to study the Panchayat participation of ICDS programme in District Budgam. The information was elicited as per the objectives of the study.

**Table-1**  
**Awareness of Respondents regarding ICDS Services**

| Services                       | Number of Respondent n =12 | Percentage (%) |
|--------------------------------|----------------------------|----------------|
| Supplementary Nutrition        | 6                          | 50%            |
| Non-formal Preschool education | 3                          | 25%            |
| Nutrition and Health Education | 00                         | 0%             |
| Immunization                   | 3                          | 25%            |

It is evident from the above table that 50% of the respondents were aware about the Nutrition facility of ICDS programme, 25% of respondents had awareness of non-formal Preschool education and rest 25 percent are aware about the immunization service of ICDS. None of the respondent showed knowledge regarding nutrition and health education component and this was attributed to the lack of awareness of community towards services of ICDS scheme and also the weak rapport of authorities with community people.

It was found from the above table that 66.67% percent of respondents showed irregularity towards participation in Anganwadi centers and forwarded different reasons for it and rest 33.33% are regularly participating in ICDS programme. 37.5% of the respondents said that due to the engagement of their own work they hardly get time to visit ICDS centers. 25%

of the respondents highlighted that the ICDS workers do not put any efforts to intimate the community people regarding any kind of assistance they required from them, 12.5% of the respondents said that this work is the less priority work area for them.

**Table-2**  
**Frequency of Participation of Sarpanches/Panches**

| Participation            | Number of Respondents n=12 | Percentage % age |
|--------------------------|----------------------------|------------------|
| Regular                  | 4                          | 33.33%           |
| Irregular                | 8                          | 66.67%           |
| Reasons for Irregularity |                            |                  |
| Lack of time             | 3                          | 37.5%            |
| Work overload            | 2                          | 25%              |
| Not being informed       | 2                          | 25%              |
| Less priority work area  | 1                          | 12.5%            |

**Table-3**  
**Nature of Support provided by Sarpanches/panches towards Anganwadi center**

| Dimension                              | No of Respondent n=12 | Percentage |
|--|-----------------------|------------|
| Monitoring of activities               | 5                     | 41.67%     |
| Ensuring participation of target group | 4                     | 33.33%     |
| Ensuring availability of AWW/AWH       | 3                     | 25%        |

The information from the above table reveals that 41.67% of the respondents said that they support Anganwadi centers by monitoring their daily activities which includes their nature of preschool education provided to children, quality of nutrition., and also come forward to support and provide assistance in context to provide basic facilities at Anganwadi so that the perception of community get changed as they usually consider it as Pulses centre (Dal centre). While as 33.33% of the respondents said that they visit ICDS centre's to ensure the participation of target groups, 25% reason out that they usually visit ICDS center in order to check the regularity of ICDS workers so that the services are provided on time to the beneficiaries.

**Table-4**  
**Role of Panches/ Sarpanches in decision making**

| Decision Making      | Number of respondents n=12 | Percentage |
|----------------------|----------------------------|------------|
| Yes                  | 7                          | 58.33%     |
| No                   | 5                          | 41.67%     |
| If no reasons        |                            |            |
| Lack of confidence   | 2                          | 40%        |
| Unaware about agenda | 2                          | 40%        |
| Other reasons        | 1                          | 20%        |

58.33% of the respondents were involved in the decision making while as the remaining 41.67% of the respondents said that they did not take part in decision making due to various reasons viz lack of confidence (40%), unaware about agenda (40%), 20% of the respondents said that there are other reasons which are responsible for not taking part in decision making.

**Table-5**  
**Political experience of Sarpanches/ Panches**

| Elections                              | Number n=12 | Percentage |
|--|-------------|------------|
| First time                             | 6           | 50%        |
| Was in politics                        | 3           | 25%        |
| Has affiliation with political parties | 3           | 25%        |

The information from the table 5 reveals that majority i.e., 50% of the respondents have contested election for the first time and have no political experience before, 25% of the respondents were in political line and rest 25% of the respondents have some affiliation with different political parties.

**Table-6**  
**Support provided by Government/Non Government organizations to Panchayats in the implementation of ICDS**

| Variables                  | Number of respondents n=12 | Percentage |
|----------------------------|----------------------------|------------|
| Yes                        | 7                          | 58.33%     |
| No                         | 5                          | 41.67%     |
| If no problems faced       |                            |            |
| Corruption                 | 3                          | 60%        |
| Harsh language             | 1                          | 20%        |
| Never dealt with officials | 00                         | 0%         |
| Any other reason           | 1                          | 20%        |

From table 6 it is inferred that 58.33% of the respondents get support from various government/non-governmental officials, 41.67% of the sarpanches/panches said that they did not get support from officials and due to which they face various problems like corruption (60%), harsh language (20%), never dealt with officials (0%), any other reason (20%) .

## Conclusion

Panchayat is a basic unit of local self government. We are practicing three tier Panchayat Raj institutions. The democratic practices ensure representative participation of the people in decision making at micro level, where the voters not only elect their representative but also participate in the conception, formulation, implementation of socio economic development schemes for the village development. However, Panchayat has not yet become an operational entity in the most of the state. To provide dynamism to Panchayat and improve its vibrancy and efficacy, appropriate measure to build its capacity will have to be adopted. There is need to spell out powers and functions defining

its role as a planner, decision maker and auditor. Panchayat can efficiently serve rural people only if the Gramsabha become vibrating solution and its all members take active participation in its meeting. But community participation in health care decision making can also be seen, not solely as an end in itself, but alternatively, or in addition, as a means to achieving other policy goals. In this case, community participation should be evaluated according to whether it helps to achieve these goals, and the framework's utility is more as a heuristic tool to help select the appropriate role perspective and level of participation for maximizing goal attainment. This suggests that the merits of community participation in health care decision-making structures should not simply be assumed; rather, the extent to which stated goals are achieved is an empirical question requiring further research. More specifically, at a time when it is recognized that greater amounts of health care do not necessarily lead to greater health<sup>10,11</sup>, it is increasingly argued that health care structures and interventions ought to be evaluated within the context of their overall contribution to improving health status. In that case, lay participation in health care decision making should be evaluated, at least in part, on the basis of how well this participatory process of decision making leads to decisions that improve health status. To date, as noted above, little empirical information exists on this issue. But it is conceivable that lay participation in and of itself may not move us further toward this end<sup>12,13</sup>.

It is concluded that majority of the Panchayat leaders are not fully aware of ICDS services. More awareness of all the services need to be generated among local leaders. Majority of the Panchayat leaders do not participate in meetings whereas lack of time, work overload, not being informed, less priority work area were the various factors of their nominal participation. Other reasons apart from these which had been observed throughout study was that all the Panchayat leaders interviewed have been allotted 30 areas minimum for their work, due to which they are not able to do justice to their work. Further majority of the Sarpanches/Panches have contested election for the first time and have no experience of such. Respondents further said that they face various problems while discharging their duties like corruption, harsh language from people/ officials etc.

**Way forward:** To provide dynamism to Panchayat and improve their vibrancy and efficacy, appropriate measure to build its capacity will have to be adopted. Some of the recommendations that can be adopted to improve their functioning are as under: i. Involvement of academicians, NGO, CBO's, social workers and retired person for organizing awareness camps for the contributing to the overall development. ii. Women should also be encouraged to participate in the activities of ICDS, Mahila Mandals can play a role in the proper implementation of ICDS programme. iii. There should be increased emphasis on ensuring the participation of lower caste and class in the meetings of Panchayats at the all levels, as they feel inferiority complex to participate in the activities of ICDS. This will increase their self

confidence and will help them to participate fully in the activities of ICDS. iv. Panchayat must be processed on the base of government guidelines, so that it ends political favoritism and nepotism. v. ICDS functionaries should approach panchayat representatives for any help. vi. Panchayat representatives should be consulted at the initial stages of project planning for decisions regarding selection of site, identification of AWWs and helpers, etc.(but it has been observed that most of the Anganwadi centre's are at Homes of Panchayat leaders). vii. The services of ICDS should be completely supply to meet the requirements of the community.

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