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Analysis of developmental programs for women and children

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ABSTRACT
Women have a long history of being able to alter the world via their strength, determination, and talent. Despite the fact that boys are preferred in India, where the sex ratio has been decreasing for decades. According to the 2011 Census, the sex ratio rose over the previous ten years, rising from 933 girls for every 1,000 males in 2001 to 943 in 2011. However, according to the National Family Health Survey-5, India today has 1,020 females over males (NFHS-5). The awareness raised by the Beti Bachao Beti Padhao scheme is solely responsible for this improvement in the sex ratio. The ICDS programme seeks to enhance women's and children's nutritional status, however a survey found that for kids from low-income families, there is no difference between where ICDS centres are located and where they are not. But when it comes to women, there was an improvement in BMI among pregnant and nursing women after the millet-based programme. The National Rural Health Mission makes institutional adjustments to address the rural health care. Even after five years of implementation in Haryana, the National Rural Health Mission had a negligible influence on healthcare facilities. India has seen a sharp rise in the number of subcenters, primary health centres, and community health centres. In order to offer comprehensive support and help to women who have experienced abuse in both private and public settings under one roof, one-stop centres are being constructed across the nation. In November 2017, the Union Cabinet approved the creation of 150 new One Stop Centers to help the fight against violence against women. Since it began, the Ujjawala scheme has given more than 3.5 crore low-income women free connections to liquefied petroleum gas.

KEYWORDS: Women, children, development, empowerment, schemes

I. INTRODUCTION

Women and children are very important part of our society. A society is woven around women and she has the power to create the whole world. The status of women in earlier times was very high but now women lost their status and dignity and are restrained from basic services, amenities and rights. To promote the holistic development of women and children, the Ministry of Women and Child Development works. The Ministry directs and coordinates the operations of both governmental and non-governmental organisations working in the field of women and child development. It also develops plans, strategies, and programmes and enacts laws. empowered women participating equally and contributing to growth in a world free from discrimination and violence.

The Ministry runs a number of programmes for girls and kids. Welfare and support services, training for job and income production, awareness raising, and gender sensitization are all covered by these programmes. These programmes have an impact on the health, education, rural development, and other fields.

II. Beti Bachao Beti Padhao:

Dhanraj and Sudha (2019) stated that the preference for sons persists despite all awareness campaigns, protests, and educational initiatives.

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Many Indian parents are choosing to keep having children until they have the ideal number of males, according to a 2017–18 economic survey. In comparison to households where a girl is born, families where a man is born are more likely to quit having children. The natural "sex ratio at birth" (SRB), as determined by the World Health Organization, is described as being 1.05. This indicates that there are typically 105 men for every 100 females at birth. People who live in urban regions have greater access to more and better medical services, which puts them in a better position to take advantage of the system.

The Modi government was propelled into action after observing a continually dropping sex ratio in India (2011: 918 girls for 1,000 boys), which led to the announcement of its flagship project, "Beti Bachao, Beti Padhao," on January 22, 2015. By celebrating the birth of a girl child, this organisation attempts to give girl children survival, protection, and education while also combating patriarchal and backwards views. It aims to combat the gender bias that females experience throughout their life. The funding allotted for this forward-thinking, flagship programme was therefore doubled earlier in 2019. But according to the report of the Parliamentary Standing Committee on Human Resource Development, for reasons that are now unknown, actually more than 90% of the funds allotted for the programme from the previous fiscal year remain unutilized. Ineffective policy execution at the local level and a lack of strong political will are also to blame.

Biswas and Sinha (2020) concluded that numerous states have experienced good developments as a result of BBBP implementation. States with historically low sex ratios, like Haryana, saw an improvement. According to Civil Registration System of Haryana, there are now 923 girls in the state for every 1,000 boys in 2019, up from 871 in 2014. This demonstrates that the "Beti Bachao Beti Padhao" initiative is actually a success. It takes time for society and the public's mindset to change, but this programme is unquestionably moving in the right direction in terms of raising public awareness regarding preserving the girl child. Some of the causes of the failure include a lack of policy implementation, the indiscriminate use of funds, and the ineffectiveness of the monitoring procedures. In a significant way, "Beti Bachao Beti Padhao" has been successful in raising public awareness.

III. Integrated Child Development Scheme (ICDS)

Behera and Acharya (2020) found that the primary goal of the ICDS programme, which has been in existence for four decades and was first launched on October 2, 1975, was to provide children under the age of six with the essential integrated health care. This is what is projected if every child uses the ICDS centres for supplemental nutrition. But a continually high percentage of undernourishment in kids under the age of six suggests that the programme might not be as effective as hoped. Education about nutrition is non-existent here. According to ICDS norms, all Anganwadi staff members are meant to visit homes frequently, however this is not taking place. The children's nutritional status may benefit from their regular visits. Additionally, kids forego eating at home for lunch in favour of going to the Anganwadi centres for lunch. The meals provided in an anganwadi should technically be supplemental or extra. The family halves up the take-home ration as well. As a result, there hasn't been any obvious impact on kids' nutritional status.

Analysis of the percentage of underweight children takes into account both those who use the ICDS program's services and those who do not. Additionally, as income has a significant impact on undernourishment, comparisons are made within each category of standard of living. Where ICDS centres are present, 54.1% of the children from low-income families are undernourished, as opposed to 55.6% where ICDS is not there (IIPS, 2007). Between areas served by ICDS centres and those not served by ICDS centres, child undernutrition is not significantly different. Without addressing underlying causes, the ICDS programme has little effect in enhancing children's nutritional status. According to data from the national family health survey, access to supplemental nutrition among children under the age of six dropped during the past ten years, from 53% to 48% (from 2006 to 2016).

Dhruthi and Gokhale (2022) It has been determined how millet-based diets affect pregnant women's and nursing mothers' weight, BMI, and haemoglobin levels. Foods made from millet were chosen because of their excellent nutritional value and ability to enhance haemoglobin and weight. The findings revealed that pregnant women had an average rise in weight (3.64 ± 5.29 kg), haemoglobin (0.5 ± 1.30 g/dL), and BMI (1.58 ± 2.2 kg/m2). Additionally, nursing mothers saw a comparable rise in weight (3.00 ± 6.00 kg), haemoglobin (0.9 ± 1.60 g/dL), and BMI (1.34 ± 2.43 kg/m2). Following the intervention, pregnant

and nursing women's BMIs showed an improvement of 13%. Additionally, a 13.8 percent rise in the proportion of pregnant women who fall into the category of being overweight was noted. These results, however, were at odds with those of another trial, which shown that a millet-based intervention decreased BMI. A paired *t* test revealed a statistically significant relationship between weight ($P < 0.01$), BMI ($P < 0.01$), and nursing women's weight ($P < 0.05$), BMI ($P < 0.01$) at 95 percent confidence intervals. Another study that involved breastfeeding women produced comparable findings ($P < 0.01$) for weight gain. The study's findings of considerable changes in weight and BMI are linked to the high caloric content of millet-based diets.

Due to their high calorie content and necessary ratios of carbohydrates, proteins, and lipids, these millet-based formulations have been shown in another study to improve anthropometric markers. After the intervention, there was a 5% drop in the proportion of pregnant women with haemoglobin levels below 7 g/dL and a 17.8% drop in those with levels between 7 and 9.9 g/dL. These results were consistent with those of prior research demonstrating that millet-based diets help improve recipients' blood haemoglobin levels.

IV. National Rural Health Mission (NRHM)

According to WHO constitution: Health is the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".

Chettri (2016) stated that the growth and development of social, cultural, economic, educational, and environmental aspects are all intertwined in the process of health development. By lowering mortality and morbidity rates as well as the amount of potential man hours for output, better health can increase available man hours. On April 12, 2005, the Hon. Prime Minister Dr. Manmohan Singh implemented NRHM in India. The goal of NRHM is to ensure that everyone has access to equitable, inexpensive, and high-quality health care, especially for the most vulnerable populations. It also aims to reduce maternal and infant mortality, stabilise the population, and achieve gender and demographic parity. NRHM was initially tasked with taking care of the medical requirements of 18 states with poor public health indicators. Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttarkhand, and Uttar Pradesh are the 18 states that make up this group. The largest health project to ever be undertaken in the last 50 years is this one.

Kaveri Gill (2009) in their study concluded that in order to fulfil the needs of rural health care, the National Rural Health Mission is on the correct course. However, implementation issues mean that delivery is far from ideal in terms of physical facilities, medications, and finance. While structural problems that are somewhat complex need to be carefully resolved with a clear long-term investment in the training and education of paramedical and medical staff, issues with human resources and the extent to which this impact the actual availability of services must be carefully addressed.

Saikia and Das (2014) found that after the adoption of NRHM, there has been a noticeable development in the north-eastern region's rural health-care infrastructure. Although the northeastern states are in better position compared to the national level in terms of progress in physical infrastructure. In addition, many states' health centres lack basic amenities including labour rooms, operating rooms, stabilisation units, and care areas for newborn newborns, as well as equipment like X-ray machines, telephone connectivity, and energy and water supplies.

Pritam (2014) found that even after five years of implementation in Haryana, NRHM still has a negligible influence on healthcare facilities. Under the national Rural Health Mission, it has also been noted that there has been some progress in terms of human resources, including doctors, specialists, staff nurses, auxiliary nurse midwives (ANMs), and AYUSH medical personnel, but that there has been no such progress in terms of building new medical institutions or other facilities like beds, laboratories, or residential quarters.

Chettri (2016) also discovered that NRHM has significantly improved the nation's health indices and health care infrastructure, although the growth has been relatively uneven. Between 2005 and 2014, India's population of subcenters, primary health centres, and community health centres grew quickly. After the NRHM was put into place, there was a significant decrease in the country's crude birth, crude death, infant mortality, materiality, and total fertility rates.

Some possible strategies for adoption by the state to improve the health status further have been suggested below:

1. The government and non-government organisations should work together to bring about changes to the Indian rural health system.

2. Not all groups are being reached by the facility. The provision should be extensively extended by the government to tribal and people living in hilly areas.
3. The importance of public-private partnerships should be recognised in order to close the vast gap in the industry.
4. Government should invest more in rural health infrastructure and amenities so that everyone in the villages may access basic healthcare at the lowest cost.
5. The crude death rate and other NRHM health indicators can dramatically lower new born and maternal mortality. Therefore, the government must heavily promote this initiative.

V. One Stop Centres (OSCs)

A centrally sponsored scheme has been developed by the Ministry of Women and Child Development (MWCD) for the establishment of One Stop Centers. Sakhi, as the programme is commonly known, has been in place since April 1, 2015. These Centers are being established all around the nation to offer comprehensive support and help to women who have experienced violence in both private and public settings under one roof.

Singh and Singh (2020) found that OSCs are designed to assist women who have experienced violence in both public and private settings, including the home, community, and workplace. No matter their age, class, caste, level of education, marital status, race, or culture, women experiencing physical, sexual, emotional, psychological, and economic abuse will receive help and remedy. One OSC was intended to be built in each State or Union Territory in the first phase of this Scheme in order to allow access to a comprehensive array of services, including medical, legal, and psychological support. Along with the 36 centres added during the first phase, 150 more centres were added during the second phase in 2016–17. The OSCs will integrate with current helplines like 181 and others (One Stop Centre Scheme 2015). Through helplines, women who have experienced violence and seek redressal services may be referred to OSC.

Joshi (2017) stated that On March 4, 2015, the Ministry approved a plan to establish a "One Stop Center" to assist women who have experienced violence. The programme attempted to make it easier for women who had experienced violence to receive a comprehensive range of services, including medical aid, police help, legal aid/case management, psychosocial counselling, and temporary support services. The establishment of 150 additional One Stop Centers was approved by the Union Cabinet in November 2017 to provide the fight against violence against women a new boost.

VI. Ujjawala

Dabadge, Sreenivas and Josey (2018) concluded that that more than 3.5 crore underprivileged women received free liquefied petroleum gas installations as a result of the national government's flagship programme, which has been in existence. This much-needed programme is a significant step toward lowering indoor air pollution, easing the burden on women, and increasing LPG access.

Domestic LPG sales rose from 1.4 million tonnes (MT) per month on average in 2015–16 to 1.6 MT in 2016–17 and 1.7 MT from April–December 2017. The programme was effective in instilling a feeling of urgency into the switch to contemporary cooking fuels and disbursing connections, but it was less effective in bringing about a long-lasting transformation. According to preliminary data, this is due to problems with the availability and affordability of LPG. The lack of publicly available information regarding the initiative, its development, and its results is a serious problem. Because there is a lack of such data, anecdotal reports are used to evaluate the programme.

According to Joshi (2017) found that the Ministry began "Ujjawala," a comprehensive programme to combat trafficking, on December 4, 2007, and it is primarily being carried out by NGOs. The five elements of the scheme are prevention, rescue, rehabilitation, reintegration, and repatriation of victims of commercial sexual exploitation, as well as any other concerns that may occasionally come up. The main objectives of the scheme are

- To stop the trafficking of women and children for the purpose of commercial sexual exploitation through community engagement, awareness-raising campaigns, and public conversation.
- To make it easier to remove victims from the scene of their exploitation and to secure their custody.
- • To give victims with both short-term and long-term rehabilitation services by meeting their most basic requirements, such as housing, food, clothing, and medical care, including counselling, legal assistance, guidance, and vocational training.
- To facilitate reintegration of the victims into their family and society.
- To facilitate repatriation of cross-border victims to their country of origin.

VII. Conclusion

The government has initiated some really good schemes for Women and Child Welfare. But more than schemes and more than laws, social discussions, debate, promotion and awareness are the areas which need to be addressed to deal with concerned problems. The government has made many schemes for child development and empowerment of women, but women in rural and backward areas know only about two or three such schemes out of all. But these schemes have made considerable achievement according to their objective means these programs are not failure at all, need is to create awareness among people on how to avail these services and organizations to implement the programmes effectively. Therefore, awareness drives by student volunteers need to be encouraged by the government. There is an immense need to promote the outreach of such schemes and media can play the most instrumental role in this. The need of hour is to educate, aware and sensitize the society regarding women and child issues and to inculcate a feeling of togetherness among whole community.

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