



INDIAN INSTITUTE OF DALIT STUDIES

Devoted to Studies on Social Exclusion, Marginalised Groups and Inclusive Policies

# Role of Social Protection in Food Security for Socially Excluded Groups in India

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WORKING PAPER SERIES

Volume IX Number 03, 2015



# **Role of Social Protection in Food Security for Socially Excluded Groups in India**

**Evidence from the Rajiv Gandhi Scheme for the  
Empowerment of Adolescent Girls (RGSEAG) – SABLA**

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**Working Paper Series  
Indian Institute of Dalit Studies  
New Delhi  
2015**



## **Foreword**

Indian Institute of Dalit Studies (IIDS) has been amongst the first research organizations in India to focus exclusively on development concerns of the marginalized groups and socially excluded communities. Over the last six years, IIDS has carried out several studies on different aspects of social exclusion and discrimination of the historically marginalized social groups such as the Scheduled Caste, Scheduled Tribes and Religious Minorities in India and other parts of the sub-continent. The Working Paper Series disseminates empirical findings of the ongoing research and conceptual development on issues pertaining to the forms and nature of social exclusion and discrimination. Some of our papers also critically examine inclusive policies for the marginalized social groups.

The working paper “Role of Social Protection in Food Security for Socially Excluded Groups in India: Evidence from the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG) – SABLA” draws insights on how far the social protection schemes on food security bring benefits for the socially marginalised communities specially Dalit. On 1<sup>st</sup> April 2011, the Government of India launched SABLA programme for the adolescent girls. This scheme offers additional nutrition, free health check-up, vocational training and life school education for adolescent girls (11 to 18 years of age group), especially the out of school ones. The study focuses on to what extent the social protection helps in effectively alleviating food insecurities among the groups of the poorest and socially excluded, promote social cohesion and effectively use this evidence to influence national social protection policy and programming in India. The methodology includes both quantitative and qualitative methods to assess the effectiveness of existing social protection intervention in reducing the food insecurity, identify the gaps of social protection coverage and examine the opportunities for influencing positive change in social protection policy and implementation. The findings show that the programme SABLA has had a positive impact on reducing hunger and

improving health status for the beneficiaries. Across all social groups, AGs have reported an increase in the number of meals per day. A higher proportion of AGs from the marginalized social groups as compared to AGs from the 'other' social group reported an increase in the number of meals after introduction of SABLA. However, the findings also show that a proportion of beneficiaries – specifically Adolescent Girls from marginalised social groups – experience discrimination in accessing food packets and using life skill education and health services provided by SABLA.

This paper was completed at the Indian Institute of Dalit Studies as a background paper for a wider research project supported by the Global Development Network that assessed the effectiveness and relevance of social protection and food security in promoting social inclusion in South Asia. The research was undertaken in collaboration with partner researcher from two countries India and Pakistan examining India's Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG) or SABLA and Pakistan's Benazir Income Support Program (BISP). We hope our Working Papers will be helpful to academics, students, activists, civil society organisations and policymaking bodies.

**Sanghmitra S. Acharya**

Director

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## **An Insight into Recent Literature:**

The South Asian experience with respect to the changes in poverty and hunger is positive. It is forecasted that extreme poverty and hunger will be halved by 2015 (Hunger Task Force, 2003, pp 33). It is also recognized that the poverty rates are higher than the average for the socially excluded groups. Besides, some groups have remained more malnourished than others: there are high disparities in the nutritional levels across gender, social and religious groups. In addition to the sustained economic growth, targeted assistance is also required to address the group specific causes of food insecurity. Despite significant economic progress in the past decade, India is a home to about 25% of the world's hungry poor. According to the government data, around 43% of children below the age of 5 years are malnourished and more than half of all pregnant women between the ages of 15 to 49 years suffer from diseases like anaemia. Poverty in India has some unique features such as regional, social and gender concentration. UP, Bihar, Madhya Pradesh and Jharkhand account for more than 27% of the total population. More than 41% of the poor in 2005 (Himanshu. K., 2007) and more than three-quarters of the poor live in rural areas, and most of them depend on agricultural activities. Poverty also has a social dimension. The Nobel Laureate Amartya Sen (Drèze and Sen; 2002) has pointed out that “approximately half of the Indian children are undernourished. More than half of the adult Indian women suffer under anaemia. Anaemic pregnant women then run the risk of giving birth to malnourished babies” (Drèze and Sen; 2002, p336). Therefore, gender discrimination is a crucial cause of food insecurity. More than 60% of chronically hungry people are women and girls. Women play a crucial role in food security. They are the keepers of traditional knowledge, preservers of biodiversity and producers of various types of staple foods like rice, maize, and so on. In South-East Asia, Sub-Saharan Africa, Latin America



and Egypt, womenfolk constitute a significant proportion of agricultural labour force. Thus, for ending global food insecurity, there is an urgent need of women empowerment through education, financial support, health and infrastructure development (Karl, Marilee, 2009). Amitabha Mukherjee (2009) has addressed eight types of food insecurities which women and girl children experience in India. These are: (A) Mortality-based food insecurity leading to high maternal mortality, low life expectancy of women and high infant mortality among girls; (B) Natality-based food insecurity or food insecurity faced by a girl after her birth due to high son preference. Infant girls are often killed by poisoning or by feeding less. (C) Basic facility-based food insecurity, which can be defined as unequal access to education, health facilities and household resources; (D) Special facility-based food insecurity: girls are often discouraged to take high-paying jobs or professional courses. (E) Profession-based food insecurity: women labour force is often found in informal jobs where exploitation is high; (F) Ownership-based food insecurity: women hardly enjoy inheritance right, especially on agricultural land; (G) Seasonality-based food insecurity: during lean agricultural season women suffer badly because men folk often migrate from the villages and women have to sustain their children. The author has called for a gendered based Green Revolution that will include traditional knowledge, intensive agricultural technique based on environmental sustainability and universalization of social protection.

In India, the government has already launched various food security programmes. Some of them are directly focused on gendered discrimination. The government has introduced many schemes focused on the empowerment of women and girls. In the year 2000, the centre launched *Kishori Shakti Yojana* (KSY) which was implemented by using the infrastructure of the Integrated *Child Development Services Scheme* (ICDS). The objective of this scheme was to improve the nutrition and health status of girls in the age-group of 11 to 18 years, to equip them to improve and upgrade their home-based and vocational skills and to promote their overall development. KSY included awareness about their health, personal hygiene, nutrition and family welfare and management. Thereafter, the *Nutrition Programme for Adolescent Girls* (NPAG) was initiated as a pilot project in the year 2002–03 in 51 identified districts across the country to address the problem of under nutrition among AGs. Under this programme, every month 6 kg of free food grain was given to under-nourished Adolescent Girls. Though both of these schemes have improved the lives of adolescents to an extent, but have not

shown the desired impact. Moreover, the extent of financial assistance and coverage under them has been limited, and both the schemes had similar interventions and catered to more or less similar target groups. (<http://www.wcd.nic.in/KSY/ksyintro.htm>).

Since 1980s, quite a few policies influencing the lives of Adolescents have been introduced, but there is no separate or exclusive policy focused on the Adolescent Girls (AG). The national policy for the Empowerment of Women<sup>1</sup> (2001) first time recognised that adolescents are an underserved and vulnerable population group with special sexual and reproductive health needs. The National Health Policy<sup>2</sup> (2002) also emphasised the nutritional needs of Adolescent Girls (AG). In the Ninth Five Year Plan, Adolescent Girls got special emphasis. Various maternal and child care programmes like *Balika Samridhhi Yojana*<sup>3</sup> (1997), which provides scholarship for girls' education, Mother and Child Tracking System<sup>4</sup>(2009), under which mother and new-born were entitled to get full treatment and immunisation, *Indira Gandhi Matritva Sahyog Yojana* (2010), ensured food safety to pregnant and nursing mothers by cash incentives, Priyadarshini (2011) and *Rashtriya Mahila Kosh* (1993) for economically empowering women and girls. Apart from women-specific welfare schemes, there are Mid-Day Meal Scheme and Public Distribution System (PDS) that ensure food safety to all Indian citizens.

In India, the components of adolescent health are being looked after by various departments under several ministries, and not by a single authority. For example, the Ministry of Health and Family Welfare focuses on the health services, the Adolescent Education Policy Programme (AEP) and sex education comes under the Department of Education in the Ministry of Human Resource Development and so on. Every department has its own concern and no one sees adolescent as a single vulnerable group especially the girls who face early marriages and school drop outs due to various social norms.

A study conducted in Karnataka among the SC, ST and OBC communities reveals that girls were aware that their parents care less for them as compared to their brothers. They face discrimination in access to food and health-care

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1 <http://www.wcd.nic.in/empwomen.htm>

2 [http://www.nrhmassam.in/pdf/guideline/national\\_health\\_policy\\_2002.pdf](http://www.nrhmassam.in/pdf/guideline/national_health_policy_2002.pdf)

3 <http://wcd.nic.in/BSY.htm>

4 <http://www.indiasanitationportal.org/17413>

system and as a result of hunger, they faint in school and feel fatigue caused by household chores, which affect their concentration in class and academic performance (*Leach, Sitaram; 2007*). Another study in Karnataka reveals that only 17% parents in rural areas support that girls should be allowed to study as long as they wish (*Azim Premji Foundation, 2009*). Government action can only put these hindrances aside. Policies should be more coordinated among different departments and ministries, especially the need to identify a lead agency which has the mandate and the power to coordinate.

Apart from the government initiatives, NGOs can also play a vital role. In Uttar Pradesh, *NGO SAHAJ* has started an initiative named *TARANG* which facilitates personal transformation like resisting child marriage, encouraging girls' education and development of leadership among AGs by making them active citizens through *SABLA* sessions. The NGO workers have spread awareness and interest about this scheme among the AGs and their parents. They help AWW for conducting regular meetings and election of Kishori Samoocha. *CINI (Child in Need, India)* and *Ford Foundation's* initiatives in six districts of West Bengal also shows positive result. With the help of these NGOs, regular meetings are held and trainings are provided on various useful skills. The *Ford Foundation* has also set a common vision for 2020 that there will be no child marriage in 2020 and every girl will go to school without drop outs and Adolescent Boys will also be engaged with the project (*CINI, Ford Donor and ISST Evaluation; 2014*).

### **What is SABLA?**

*SABALA* is unique in many ways. The scheme aims at covering Adolescent Girls in the age group of 11 to 18 years under all ICDS projects in selected 200 districts across India on a pilot-basis keeping in view the needs of different ages. It includes both in-school and out-of-school girls. The scheme not only provides 'Take Home Ration' (THR) or *Hot Cooked Meal*(HCM), but also provides help in personality development, life-skill training, vocational training and monitors other needs of an Adolescence Girl.

In the 11<sup>th</sup> Five year Plan, three-dimensional strategies for women empowerment have been developed. These are social empowerment, economic empowerment and gender justice. Under these three strategies, the central government has launched *Integrated Child Development Services* (ICDS) scheme. Using the infrastructure of this scheme, the Ministry of Women and Child Development came up with another scheme named

*Kishori Shakti Yojana* (KSY) in 2000. The main aim of this Yojana was to promote nutritional and health status of girls and equip them with home-based vocational skills. Target group for this scheme was adolescent girls of the age of 11 to 18 years. Thereafter, *Nutrition Programme for Adolescent Girls* (NPAG) was launched in 2002–03 in 51 selected districts. Under this scheme, 6 kg free food grains were given to undernourished adolescent girls. These two schemes did not show the desired impact, so another comprehensive scheme named Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls–*SABALA* has been launched in 2010 replacing KSY and NPAG in 200 districts. This scheme is also using the infrastructure of ICDS scheme through *anganwadi* centres.

Objectives of this scheme are to:

- I. Enable the AGs for self-development and empowerment
- II. Improve their nutrition and health status
- III. Promote awareness on health, hygiene, nutrition, adolescent reproductive and sexual health, family and childcare
- IV. To upgrade their home-based skills and tie up with National Skill Development Programme for vocational skills
- V. Bring back out-of-school girls to the fold of mainstream formal and non-formal education
- VI. Provide information and guidance about existing public services such as PHC (Primary Health Centre), CHC (Community Health Centre), post offices, banks, and police stations.

Target group for this scheme are Adolescent Girls aged between 11 to 18 years further grouped into a) 11–15 years and b) 15–18 years. Out-of-school girls are supposed to meet Anganwadi centres according to the frequencies of meeting decided by the states or UTs. In-school girls should meet at least twice in a month. During vacation, in-school and out of school girls should meet and interact with each other and the school going girls will motivate out-of-school girls to go back to school. Under this scheme, each Adolescent Girl (AG) will be provided *Supplementary Nutrition* (SN) containing 600 calories, 18–20 grams of protein, and micro-nutrients per day for 300 days in

a year. Supplementary Nutrition will be provided in the form of *Take Home Ration* (THR). If *Hot Cooked Meal* (HCM) is provided to them, strict quality standards have to be put in place. Apart from distributing ration, IFA (*Iron Folic Acid*) tablets are also being distributed in *Kishori Diwas*. There will be general health check-up for all Adolescent Girls at least once in three months in *Kishori Diwas* (a special day has been selected once in three months for providing free medical check-ups and other facilities). *Kishori Samooh* is a group of 15 to 25 Adolescent Girls (AG) formed at *anganwadi* centres. *Sakhi* and *Saheli* should be elected from the girls for rotation basis. Through this programme, the overall development of girls' personality is taken into account.

### **Focus of the study:**

The focus of the research study is to generate evidence on the extent to which social protection helps in effectively alleviating food insecurities among the groups of the poorest and socially excluded, promote social cohesion and use this evidence effectively to influence national social protection policy and programming in India.

### **Research questions:**

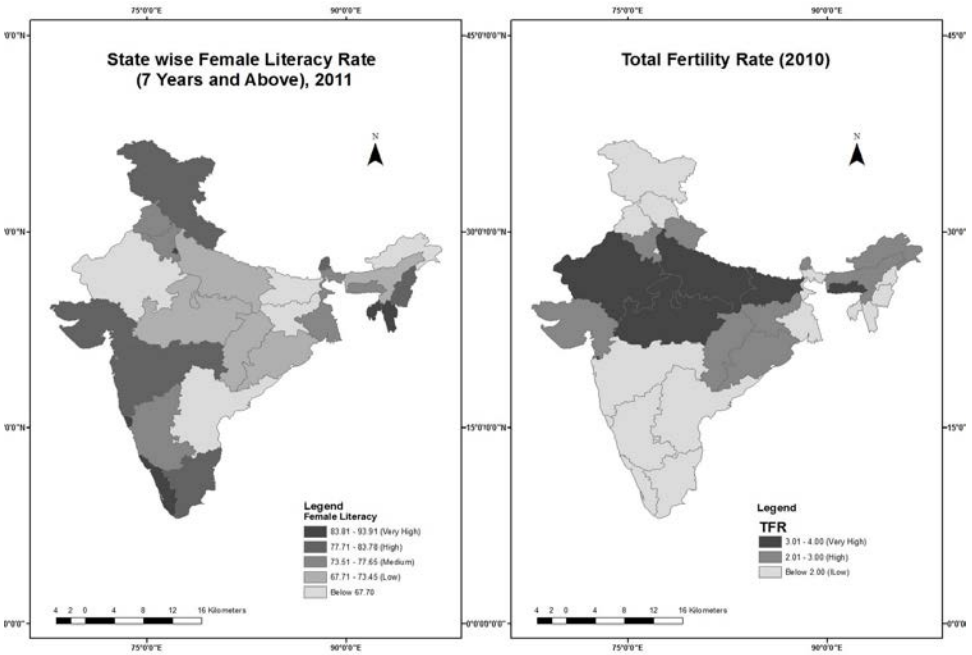
The study was guided by three key research questions to understand how SABLA has achieved its direct objectives (e.g. reducing hunger, ensuring three or more meals per day and women empowerment through life skill education and vocational training) as well as the indirect effects of SABLA on other factors like social cohesion:

- RQ1.** Do the social protection interventions reduce socially excluded beneficiaries' and households' food insecurity?
- RQ2.** Do the social protection interventions lead to empowerment of Adolescent Girls from the socially excluded groups by addressing their food security?
- RQ3.** Does the social protection intervention support social inclusion and social cohesion?

**Madhya Pradesh’s Socio-Demographic Condition:**

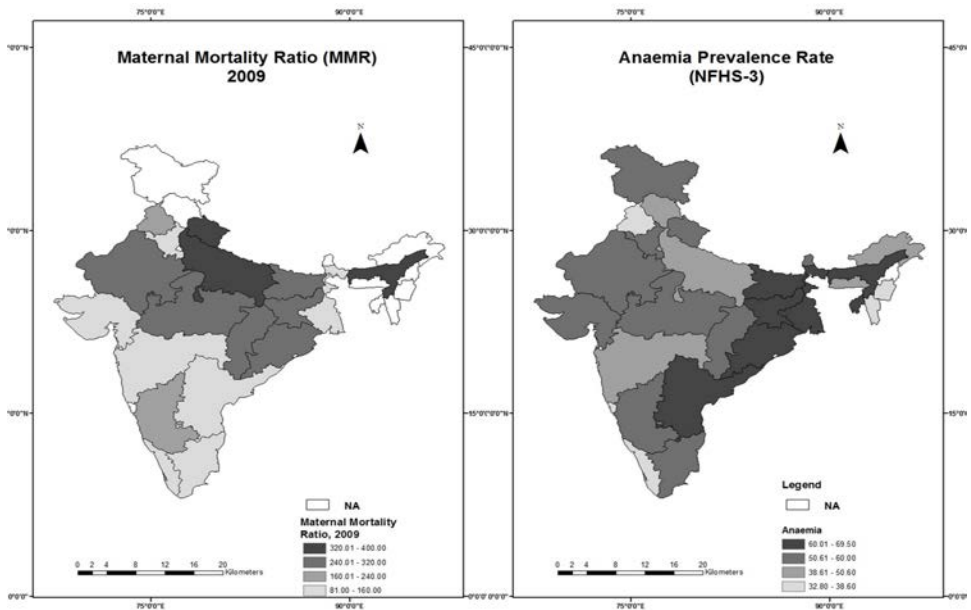
The study area has been selected on the basis of the following criteria: 1) State has been selected on the basis of its rank in the India State Hunger Index (2008), 2) State with the presence of districts identified by the centre for the implementation of SABLA, 3) State has been selected on the basis of maximum number of years completed by the social protection programme. 3) Concentration of socially excluded population in the state which is more than the national average. Apart from that, Madhya Pradesh has recorded high Total Fertility Rate, low Female Literacy Rate, high MMR, IMR and moderate Anaemia Prevalence Rate.

**Map. 1: Female Literacy Rate and Total Fertility Rate**



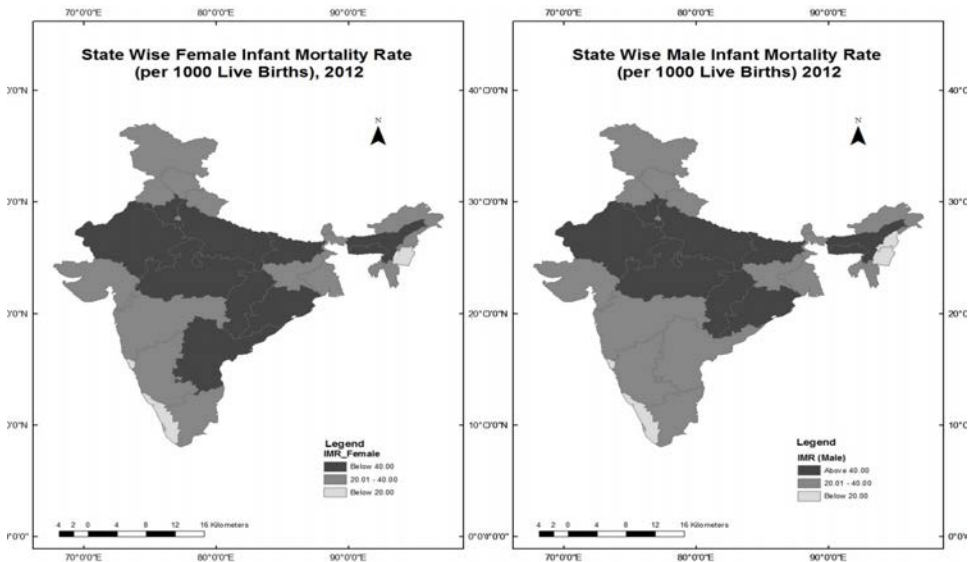
Source: Census 2011 and SRS-2011; Oct., 2012; data taken from Data book for Planning Commission; 22 December 2014 (pp173 and 175)

**Map. 2: Maternal Mortality Ratio and Anaemia Prevalence Rate**



Source: Sample Registration System, September 2007-09; Office of the Registrar General of India and NFHS-3, IIPS, Macro International (Page 313, Colum-5 'Any Anaemia')

**Map. 3: Sex-wise Infant Mortality Rates**



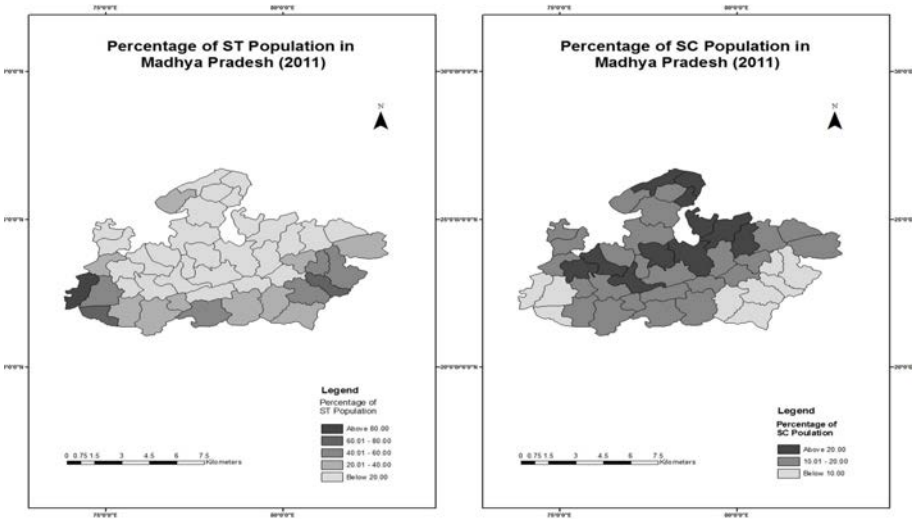
Sample Registration System, September 2013; Office of the Registrar General of India



Madhya Pradesh records low female literacy rate, high fertility and high Infant Mortality rate for both male and female children. Prevalence of anaemia and maternal mortality ratio is moderately high. Based on the above criteria, Madhya Pradesh was selected as the study area. Madhya Pradesh ranks the last in the India State Hunger Index (ISHI) 2008 and occupies 82<sup>nd</sup> rank in Global Hunger Index (2008). In this state, 31.65 percent population lives Below Poverty Line (BPL) (2011-12)<sup>5</sup> and more than 20 percent of the state population is Scheduled Tribe and more than 15 percent is Scheduled Caste in 2011. In this state, Jabalpur is a beneficiary district where SABLA scheme is going on for three years and its adjacent district Narsimhapur is a non-beneficiary district. Therefore, these two districts of Madhya Pradesh have been selected for field survey.

**District-Level analysis:** Madhya Pradesh has very high concentration of tribal (21.1%) and Dalit population (15.6%). Southern part of the state is tribal dominated. Umaria (46%), Dhar (56%), Barwani (69%), Jhabua and Alirajpur (above 80%) are predominantly tribal districts. Northern districts record high concentration of SC population. Districts like Tikamgarh, Bhind, Morena, Datia, Chhatarpur, Panna, Sagar, Ujjain, Shajapur, Vidisha, Sehore and Ashoknagar record above 20 percent of their total population in SC category.

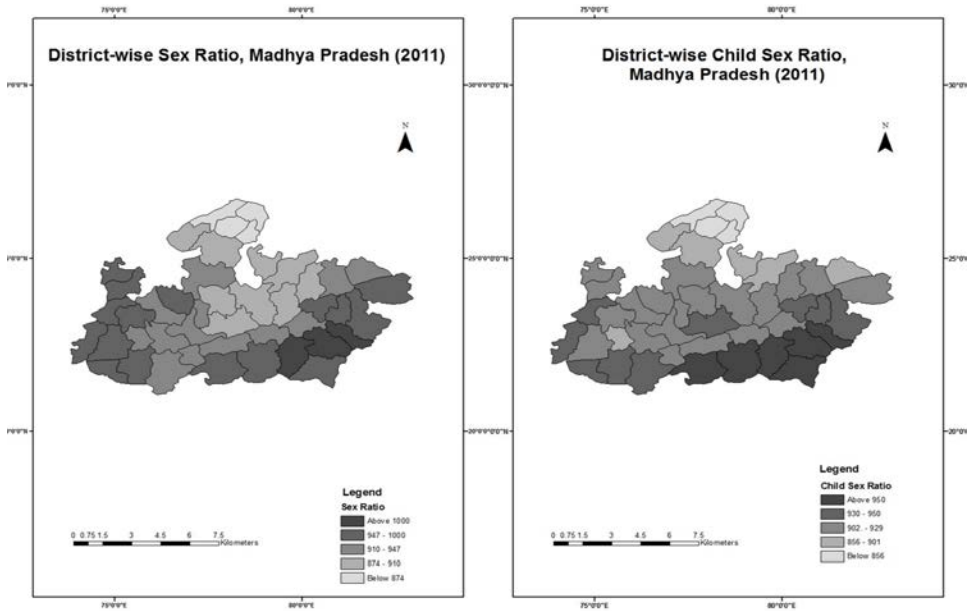
**Map. 4: Mapping of SC/ST concentration in districts of Madhya Pradesh**



5 Press Note on Poverty Estimates, 2011-12; Government of India Planning Commission, July 2013 (table 2, page 6) by using Tendulkar Methodology



**Map. 5: Sex Ratio and Child Sex Ratio in Madhya Pradesh**



Source: Primary Census Abstract, Madhya Pradesh Census of India, 2011

Madhya Pradesh has better sex ratio in favour of women. Southern and eastern districts have high sex ratio and child sex-ratio as compared to the northern part. Districts adjoining to Uttar Pradesh have lower sex ratio. Tribal dominated districts like Dindori, Mandla, Balaghat and Alirajpur have above 1000 sex ratio.

**Selection of Study Areas:** In this study, two districts, Jabalpur and Narasimhapur have been selected for field survey. Jabalpur has 14 percent SC and Narasimhapur has 17 percent SC. Here, ST population is also below 15 percent. In these two districts, SC/ST population is less as compared to the other districts. As this study intends to focus on food security and social marginalisation of SC/ST communities in areas where they are not numerically strong, these two districts have been found ideal for field survey. Moreover, Jabalpur is an economically advanced district and here SABLA was going on for two years.

**Jabalpur** District has 6,160 kms areas with a population of 2,460,714 (2011 census)<sup>6</sup>. Jabalpur is situated at 23°10'N latitude, 79°57'E longitude to 23.17°N latitude, 79.95°E longitude. According to the 2011 census, Jabalpur District has a population of 2,460,714 which gives it a ranking of 180th in India (out of a total of 640). The district has a population density of 472 inhabitants per square kilometre (1,220 /sq. mi). Its population growth rate over the decade 2001-2011 was 14.39%. Jabalpur has a sex ratio of 925 females for every 1000 males, and a literacy rate of 82.47%. In 2011, Children under 0-6 formed 12.04 % of Jabalpur District compared to 14.26 % in 2001. There was a net change of -2.22 % in this compared to the previous census of India. Jabalpur records lower sex ratio than Narsimhapur; it is 908 in 2011. Child sex ratio has recorded a steady decline. It was 951 in 1991 and it became 931 in 2001. Now it is 916 in 2011.

**Narsimhapur** district is situated in the central part of Madhya Pradesh. As per the 2001 Indian census, Narsimhapur had a population of 46,120. Males constituted 52% of the population and females 48%. Narsimhapur has had an average literacy rate of 77% which is higher than the national average of 59.5%. Male literacy is 82%, and female literacy is 72% (2011). In Narsimhapur, 12% of the population is under 6 years of age. Narsimhapur records a very low sex ratio (909) in 2011 and child sex ratio is even lower (900). Child sex ratio in Narsimhapur has recorded a steady decline in the last three decades. It was 924 in 1991 and it became 917 in 2001 and now it is 900 in 2011 (Census 2001 and 2011).

### **Sample Size:**

Field survey was conducted during July to September, 2013. Total sample size was 318 Adolescent Girls (AG); 213 from Jabalpur or Treated/ Beneficiary District and 105 from Narsimhapur which is a Controlled or Non- Beneficiary district.

### **Methodology:**

This study has used 'difference in difference method' to assess the effects of SABLA on food security of Adolescent Girls. Difference in difference method is a statistical technique used in econometrics and qualitative sociology

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6 "District Census 2011".Census2011.co.in. 2011.Retrieved 2011-09-30.

which creates an experimental research design by using observational study method. The method estimates the effects of certain policy interventions and policy changes that do not affect everybody at the same time and in the same way. In this method, outcomes are observed for two groups over two time periods. One group is exposed to a treatment in the second period but not in the first period. The second group is not exposed to the treatment at either period. Therefore, it compares the impact of outcomes between two groups 1) control group and 2) treatment group. It measures the difference in difference between the treatment and control group overtime. In order to rigorously evaluate the impact of a programme (or treatment) such as the SABLE, we need to compare a group of households or associations which benefits from the program (the treatment group) with a group of households or associations which did not benefit from the programme (the control group). And we need to observe both of these groups before and after the time of the start of the programme which means that we need both a baseline survey and at least one follow up survey including both groups. Moreover, we need to ensure that the treatment and the control group do not have different characteristics which would influence the way in which the treatment would affect them.

In the absence of Baseline and Follow-up survey, we can use recall data that asks the respondents to provide information from before the time when the project was started. Recall data has severe limitation as human brain has limited capacity and cannot recall everything exactly. Therefore, recall data has to be used with great caution. To anchor people's memories, recall data are best collected for the dates when important events occurred such as commencement of a programme or major political event. This time line is called Reference period, and 2011 is the reference period here.

The mean difference between the "after" and "before" values of the outcome indicators for each of the treatment and comparison groups is calculated followed by the difference between these two mean differences. The second difference (that is, the difference in difference) is the estimate of the impact of the program (A special case of double differences is "reflexive comparison" that only compares the treatment group before and after the intervention)<sup>7</sup>.  
(World Bank Estimation Method)

7 <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/>

In this study, treatment group is Jabalpur district where SABLA was introduced in 2011 and Narsimhapur is another district of Madhya Pradesh where the scheme was not introduced. Therefore, Narsimhapur is the control group. Reference year is 2011 when SABLA was introduced. A survey was conducted to capture the picture of food security before and after the introduction of SABLA.

Using this methodology, we have attempted to measure the difference in difference between Jabalpur (treatment group) and Narsimhapur (control group) in terms of access to food by the AGs over time since 2011.

### **Background Characteristics of the AGs:**

This section provides a brief overview of the demographic and socio-economic characteristics of the sample. Respondents are chosen from both marginalised and non-marginalised communities. Almost all the respondents are from wage labourer families, and very few families own agricultural lands and possess either BPL or AAY cards. Larger shares of the respondents are from Scheduled Caste (SC) communities. Description of the sample includes three types of variables: 1. Demographic variables which deal with respondents' age, family type, family size and sibling composition; 2. Social variables like caste; 3. Economic variables like households' average monthly income, monthly expenditure on food and non-food items, occupation of parents, BPL status of the households and house type. The sample shows significant variation in terms of socio-economic condition across beneficiary and non-beneficiary districts as well as various social groups.

### **Demographic Characteristics:**

- a. Age Group:** It has been found that more than 85% respondents are above 15 years and only 14 % respondents are below 15 years. In Jabalpur and Narsimhapur, more than 80% respondents are above 15 years.
- b. Family Type and Size:** Nuclear families are predominant in both the districts (more than 80%), and very few joint and extended families are found. Average family size is 4 to 8 persons (more than 60% households), and small families or less than 4 person households are more in Narsimhapur. In Jabalpur, a significant number of households have more than 8 members.

- c. Sibling Composition:** Most of the surveyed respondents have reported that they have at least one brother. Nearly 57% respondents have one brother and more than 30% have more than one brother. On the other hand, nearly 40% respondents do not have sisters. In Narsimhapur, 46% respondents do not have sisters.

### Social Profile

- d. Caste:** In this study, 140 SC households (44% of the total surveyed households), 81 ST, 97 upper castes households have been surveyed. Out of the total 318 households, 96 and 44 SC households have been selected from Jabalpur and Narsimhapur. In Jabalpur, 56 ST, 61 upper caste households have been studied. In Narsimhapur district, 25 ST, 44 SC and 36 upper caste households have been selected for the field survey.

### Economic profile:

- e. Occupation of Parents:** Out of the 318 respondents, 35.80 percent and 33.6 percent respondents are from farm and non-farm wage labourer families. Only 8.5 percent are regular salaried and 12.6 percent are self-employed in agriculture. Both in Jabalpur and Narsimhapur, more than 35 percent respondents reported that their parents are farm and non-farm wage labourers. Most of the SC and ST household heads earn their livelihood as wage labourers in farm and non-farm sectors. 43.8 percent SC household heads work as non-farm wage labourers while only 21.3 percent higher caste household heads are found in this occupation. More than 51 percent ST household heads are farm wage labourers and only 24.6 percent higher castes are found in this category. Among the higher caste households, 29.5 percent are self-employed in agriculture. The observed chi-square value is 34.070, and it is 1% significant. Thus, the relationship between social group and occupation is statistically significant (1%). SC and ST household heads are mainly wage labourers from farm and non-farm sectors
- f. Landholding** More than 72 percent of the surveyed households do not have any agricultural land. In Jabalpur, the figure is 70.4 percent and in Narsimhapur, it is 76.2 percent. Nearly 19 percent households have marginal land holdings, 5 percent have small and only 3 percent have more than 5 acres of land holdings. In Jabalpur, 21.1 percent households

have marginal landholdings and in Narsimhapur, only 14.3 percent have that. Though most of the households depend on agriculture for their livelihood, more than 70 percent do not have any land holding. Land holding size indicates the economic status of rural India. 76 % SC households do not own any land compared to 52.5 % of higher castes. Only 2 % and 2% SC households have small-holdings (2.5 to 5acres) and big holdings (above 5 acres), but 13% and 6.6% higher caste households have small and big holdings. More than 80 % ST households do not have lands compared to 52.5 % higher caste ones. The observed chi-square value is 20.261, and it is statistically significant by 1 %. It indicates that most of the SC and ST households have no land holdings.

**g Monthly Income:** More than 67 percent households earn less than Rs. 5000 per month. In Narsimhapur, 68.6 percent and in Jabalpur, 66.2 percent households earn less than Rs. 5000 per month. More than 26 percent households have monthly income between Rs. 5000–10,000 (in Jabalpur 27.7% and in Narsimhapur 23.8 %). Only 5.7 percent households earn Rs.10, 000 to 15, 000 per month and very few have monthly income above Rs. 15,000 per month. Average monthly income of the SC households is lower than the other social groups. It has been found that only 81.4 percent SC households earn less than Rs. 5,000 per month and only 17.9 percent earn between Rs. 5000 to 10,000 per month. Only 49.2 percent higher caste households earn less than Rs. 5,000 per month as compared to 81.3 percent. It shows 32.1 percent gap between the higher caste and SC households. It is interesting to note that 58.9 percent ST households are found in the lowest income bracket.

Observed chi-square value is 24.012 and it is 1 % significant. Caste and monthly income have a statistically significant relationship. SC households are more likely to have less than Rs.5000 monthly income (1% significant)

**h. BPL status:** More than 57 percent households have BPL card and 17 percent have AAY card. In Jabalpur, 61.5 percent and 13.1 percent households have BPL and AAY cards while in Narsimhapur, 49.5 percent households have BPL cards and 24.8 percent have AAY cards.

More than 60 % of ST and SC households (60.50 % ST and 66.4% SC) have BPL cards and 23.5 % ST and 10.7 % SC households have AAY cards

while 52.9 % and 17.6 % higher caste households have BPL and AAY cards. The observed chi-square value is 22.657 and it is statistically significant by 1 % level. It indicates that SC households are more likely to have BPL cards.

**Effects of Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG)/ SABLA**

Our study reveals that there is an increase in the number of girls eating three or more than three meals per day in *Jabalpur* over the three years of time. Earlier 89.67% girls were eating three meals and now a higher proportion of girls (91.55%) are eating three meals per day, so there is an increase of 1.88%. On the other hand, *Narsimhapur* (non-beneficiary district) shows no remarkable change. Earlier 81.9% respondents were eating three or more meals and now also, the same number of girls are eating it. Therefore, the number of meals for girls has increased in *Jabalpur* or beneficiary district (Table 1).

Pearson chi-square test shows that before 2011, (before the introduction of SABLA) AGs from Jabalpur were more likely to get three meals per day than Narsimhapur (at 15% level of significance). After 2011, AGs from Jabalpur are more likely to get three meals per day compared to those who live in Narsimhapur and now it is 5% significant. Though AGs from Jabalpur were more likely to get three meals per day than the AGs from Narsimhapur before the introduction of SABLA, their number has increased after 2011 and now more number of AGs from Jabalpur are getting three meals per day than the AGs from Narsimhapur.

**Table 1: Changes in the Number of Meals for AGs**

| <b>Girls eating Three or more Meals Per Day</b> | <b>Before 2011</b>                            | <b>2011 onwards</b>                        |
|---|---|--|
| Jabalpur (beneficiary)                          | 191 (89.67)                                   | 195 (91.55)                                |
| Narsimhapur (non-beneficiary)                   | 86 (81.90)                                    | 86 (81.90)                                 |
|   | Chi-square:4.469; Asymp. Sig. (2-sided): .107 | Chi-square: 9.258 Asymp.Sig.(2-sided):.026 |

(Figures in parentheses are in per cent)

(Data source: Field Survey conducted during July to September in 2013 for the research project in India)

In Jabalpur, earlier 87.32% boys were getting three meals per day and now 88.26 % are getting it. There is a slight increase in the number.

Currently, the gap between girls and boys having three meals is very high in *Narsimhapur*, the non-beneficiary district (earlier 85.71% boys were getting three meals and now it has been increased to 88.57 %). In Jabalpur, however, a higher number of girls are having three meals than their brothers (91.5% girls against 88.26%). This fact indicates an overall positive impact of SABLA on girls’ food security (Table 1& 2). Pearson’s Chi-Square test shows that before and after the introduction of SABLA, the number of boys having three meals per day did not show any change and the relationship is not statistically significant.

During field survey, all AGs unanimously acknowledged and felt that the food given to them was necessary and it addressed their hunger. It reduced their hunger as they were eating two meals before SABLA and now they were eating three meals (breakfast, lunch and dinner). They consumed the THR during breakfast before going to school. AGs liked the wheat-soya barfi mix packets.

**Table.2: Changes in the Number of Meals for Boys**

| <b>Boys eating Three or more Meals Per Day</b> | <b>Before 2011</b>                             | <b>2011 onwards</b>                             |
|--|--|---|
| Jabalpur (beneficiary)                         | 186 (87.32)                                    | 188 (88.26)                                     |
| Narsimhapur (non-beneficiary)                  | 90 (85.71)                                     | 93 (88.57)                                      |
|  | Chi-square:5.508<br>Asymp. Sig. (2-sided):.357 | Chi-square: 5.121<br>Asymp. Sig. (2-sided):.163 |

(Figures in parentheses are in per cents) (Data source: Field Survey conducted during July to September in 2013 for the research project in India)

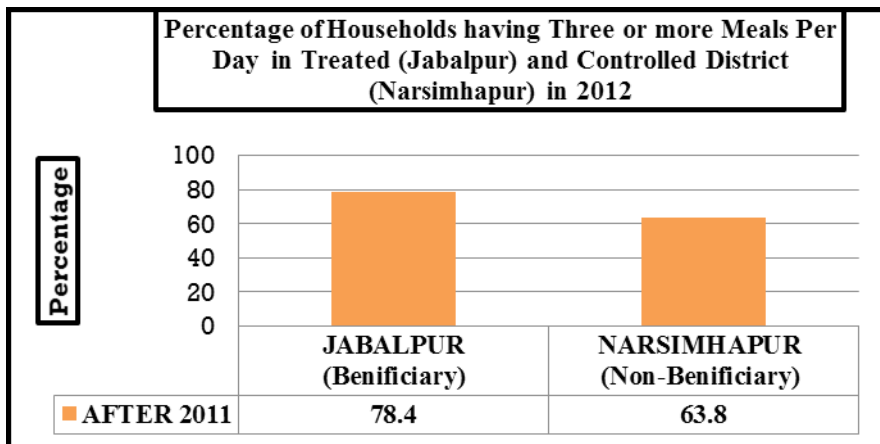
**Changes in Household Level Food Intake before and after SABLA:**

Though SABLA mainly aims to ensure food security to AGs, at the same time it indirectly addresses the food security for rest of the households by providing food packets for their girls. The following tables show that after the introduction of SABLA, there has been an improvement in the food security of the household as the number of meals per households increased in the beneficiary district. Here the number of households having three meals per



day increased from 70.9% (3 years ago) to 78.4% in 2011 (7.5% increase). On the other hand, Narsimhapur records no change in the percentage of households having three meals per day. In 2013, respondents of Jabalpur are more likely to have three meals per day than that of Narsimhapur or non-beneficiary district (observed chi-square value is 7.883 and it is 1% level of significant) (Garph1).

**Graph 1 Households having three or More Meals per Day**



(Data source: Field Survey conducted during July to September in 2013 for the research project in India)

### **Implementation Related Issues:**

In spite of the positive outcome on food security, our data reveals that all eligible girls in our sample are not receiving the benefits of SABLA. Therefore, in this section, we have examined the issues in the implementation of SABLA in terms of enrolment related difficulties, regularity in supply of food packets, quantity and quality of food. Experiences of accessing SABLA also vary across social groups. Thus, this section discusses the implementation related issues in the following sub heads:

#### **Enrolment**

#### **Regularity of food supply**

#### **Quantity of food**

#### **Quality of food**

**Enrolment:** Our research found that more than 80% girls from all social groups were accessing SABLA while close to 20% were not enrolled despite

being eligible. Our research found that those Adolescent Girls who were eligible but not enrolled (despite their entitlement) faced difficulties in enrolling for SABLA due to the lack of information, overcrowding due to limited period of enrolment and reluctant behaviour of Anganwadi Workers (AWW). Two non-beneficiaries explained their experiences:

Laxmi from Bilkharba village expressed that the ‘Service provider does not come to every house especially our house. Due to caste status we are not being informed.’ Her village is more than 10 kms away from the main village where the anganwadi centre is located.

(FGD 5, Bilkharba village, Jabalpur, Madhya Pradesh, 2013; SC Non-Beneficiary Adolescent Girl)

Triveni also complained that service provider calls Ranu, from her she knows. But the provider never calls her even if she stands next to Ranu. She never gets any information. Even if she complains, it yields no result. (FGD 5, Bilkharba village, Jabalpur, Madya Pradesh, 2013; ST Non-Beneficiary Adolescent Girl)

This research also highlights a relationship between socio-economic issues like average monthly household income, landholding status, social identity (SC, ST) and enrolment in SABLA. In spite of having full eligibility, Adolescent Girls from lower income bracket, landless families and SC and ST communities are more likely to remain excluded from the benefit of this scheme.

Average Monthly Income and Enrolment in SABLA: Adolescent Girls from the lowest income bracket (less than 5000/ month) are more likely to remain completely excluded from the benefit of SABLA. Out of the 25 girls who are not enrolled for this scheme, 22 girls have family income below Rs.5000/ month (table 3).

**Table 3: Enrolment in SABLA by Income Group**

| Monthly income | YES         | NO         |
|----------------|-------------|------------|
| Below 5,000    | 119 (63.30) | 22 (88.00) |
| 5000-10,000    | 57 (30.30)  | 2 (8.00)   |
| 10.001-15,000  | 11 (5.90)   | 0.00       |
| Above 15,000   | 1 (0.50)    | 1 (4.00)   |

Chi-square value: 10.292, Asymp. Sig. (2-sided): 0.016; 5% significant

(Figures in parentheses are in per cent)

(Data source: Field Survey conducted during July to September in 2013 for the research project in India)

**Landholding and Access to SABLA:** Possession of agricultural land is an important economic status in rural India and it has been found that those who are not enrolled in SABLA food security scheme in spite of having eligibility, 80 percent of them are from landless families.

**Table 4: Enrolment in SABALA by Land Holding Size**

| Land holding size <sup>1</sup>     | YES          | NO          |
|------------------------------------|--------------|-------------|
| No land                            | 130 (69.10)  | 20 (80.00)  |
| Below 2.5 acres (marginal holding) | 41 (21.80)   | 4 (16.00)   |
| 2.5- 5 acres (small holding)       | 11 (5.90)    |             |
| Above 5 acres (big holdings)       | 6 (3.20)     | 1 (4.00)    |
| Total                              | 188 (100.00) | 25 (100.00) |

Chi-square value: 2.228 Asymp. Sig. (2-sided):0.526  
(Figures in parentheses are in per cent)

(Data source: Field Survey conducted during July to September in 2013 for the research project in India)

Those who are not getting SABLA, 80 % (20 out of 25 girls) of them do not have land holdings. Those who are accessing SABLA, among them 69 % have no land holding, 21.8 % have marginal and 5.9 % have small holdings. (Table 4)

**Social Group Belonging** It was found that the number of AGs who were not enrolled despite being eligible was higher from the SC and ST social group (SCs -16%, STs – 13%) as compared to OBCs and others – 5% (Table 5). Therefore, social group identity also seems to play a role in accessing SABLA.

**Table 5: Enrolment in SABLA by Social Group**

| Caste       | YES         | NO         |
|-------------|-------------|------------|
| SC          | 81 (84.40)  | 15 (15.60) |
| ST          | 49 (87.50)  | 7 (12.50)  |
| OBC+ OTHERS | 58 (95.10)  | 3 (4.90)   |
| Total       | 188 (88.30) | 25 (11.70) |

Chi-square value: 4.170 Asymp. Sig. (2-sided):0.124, 15% significant  
(Figures in parentheses are in per cent)

(Data source: Field Survey conducted during July to September in 2013 for the research project in India)

The relationship between caste status and access to SABLA is significant at 15 % level; the observed chi-square value is 4.170.

Principal Component Analysis and Regression Analysis can further illustrate issues of the low enrolment of Adolescent Girls from socio-economically marginalized households. According to the PCA result, the first Principal Components which determine lower enrolment rate in SABLA are belongingness to socially marginalized groups, low monthly income, landlessness, job insecurity of parents (Adolescent Girls from wage labourer families have lower enrolment) and larger family size (more than 8 member). (Annex2)

Regression analysis also reveals that the scheme SABLA is more likely to be accessed by ST girls rather than other social group girls (statistically significant at 1% level). Second income group girls (Rs.5000 to 10,000/month) are more likely to access the scheme than the other income group girls (statistically significant at 1% level); (Annex 3)

**Summary of Enrolment related difficulties:** Though SABLA scheme has brought a positive impact and increased number of meals among beneficiaries, it does not have universal coverage in Jabalpur. A number of eligible candidates are not getting benefits due to various reasons like lack of information, time constraints and so on. Most of these AGs are from landless, poor households with monthly income less than Rs.5000 and belong to SC community. SC girls hardly get information because service providers do not visit their hamlets. However, AGs from tribal communities do not face this problem and SABLA has remarkably increased the number of meals among STs.

**Regularity of Supply:** According to the norm, enrolled beneficiaries should receive two packets of Khichdi (mixture of rice and lentils) and Halwa or Soya Barfi (sweet) every week. Our survey found that the frequency of getting THR is not uniform across villages. Out of the 218 respondents, only 39.9 % received it weekly, 15% get it twice in a month and 37.6 % get it once in a month while 13.6 % (29 girls) reported that they did not receive the 'Take Home Ration' at all. Therefore, a significant proportion (60%) of the respondents reported that they did not receive it regularly and few of them shared their experiences:

“Kusum from Gadarpiparia village reported that Every Tuesday, beneficiaries have to collect their packets from Anganwadi centre and if they miss out, they do not get it later. Sometime they are not informed and sometime service providers refuse them by saying that supply has not come”. (FGD of SC Beneficiary, FGD no: 5, Block: Shahpura VIII, Gram panchayat: Gadarpiparia, Jabalpur, Madhya Pradesh, 2013)

“Janaki from Natwara village expressed, Everyone gets 2 packets of khichdi and 2 packets of halwa and we take it. If there is any extra, then they call us or send us those packets.” (FGD of upper caste beneficiary, FGD No: 3, Block-Shahpura, Natwara, Jabalpur, Madhya Pradesh, 2013).

“One village Lakhanwara depicts regularity in maintenance of SABLA register. A well maintained register kept in Lakhanwara village’s AWC contains accurate demographic (name, parents name, age, caste, school going status and level of education) information about the beneficiaries’ benefiting from the scheme. This information was very helpful as one could identify the beneficiaries easily and visit their house personally for any further information. The other AWC in Pipariya did not have a separate SABLA register, as the AWW said that she did not have time to update information into the new SABLA register and was working with the register for anemia programme” (Field Observation and key informant interview no 1, Lakhanwara village, Jabalpur, Madhya Pradesh, 2013).

**Table 6: Regularity in Accessing Food Component of SABALA  
(for those who are enrolled)**

|                        | ST          | SC          | OBC+ Others | Total        |
|------------------------|-------------|-------------|-------------|--------------|
| <b>Do you get THR?</b> |             |             |             |              |
| Yes                    | 49 (87.50)  | 80 (83.33)  | 55 (90.20)  | 183 (85.90)  |
| No                     | 7 (12.50)   | 16 (16.70)  | 6 (9.80)    | 29 (13.60)   |
| Total                  | 56 (100.00) | 96 (100.00) | 61 (100.00) | 213 (100.00) |

Chi-square value: 2.858, Asymp. Sig. (2-sided):0.582

(Figures in parentheses are in per cent) (Data source: Field Survey conducted during July to September in 2013 for the research project in India)

**Table 7: Frequency of Receiving Take Home Ration in a Month**

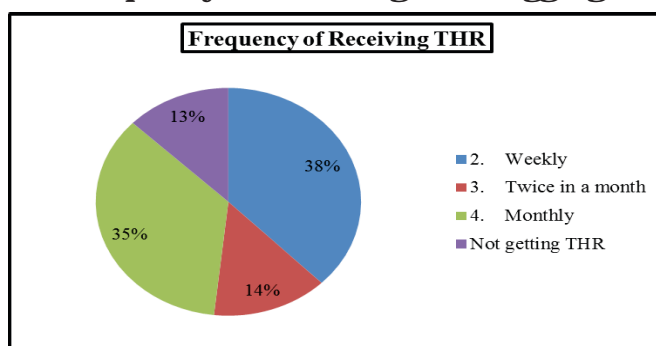
| Frequency of receiving THR in a month | ST          | SC          | OBC+ Others | Total        |
|---------------------------------------|-------------|-------------|-------------|--------------|
| Weekly                                | 19 (33.90)  | 46 (47.90)  | 20 (32.80)  | 85 (39.90)   |
| Twice in a month                      | 10 (17.90)  | 8 (8.30)    | 14 (23.00)  | 32 (15.00)   |
| Monthly                               | 24 (42.90)  | 33 (34.40)  | 23 (37.70)  | 80 (37.60)   |
| Not getting THR                       | 7 (12.50)   | 16 (16.70)  | 6 (9.80)    | 29 (13.60)   |
| Total                                 | 56 (100.00) | 96 (100.00) | 61 (100.00) | 213 (100.00) |

Chi-square value: 10.073 Asymp. Sig. (2-sided): 0.122

(Figures in parentheses are in per cent)

(Data source: Field Survey conducted by IIDS Team during July to September in 2013)

**Graph 2: Frequency of Receiving THR (Aggregate Level)**



(Data source: Field Survey conducted by IIDS Team during July to September in 2013)

There is a caste-wise variation in the frequency of receiving the food packets. The survey found that a higher proportion of SC(16.7%) respondents did not receive the food packets as compared to 9.8% higher caste girls. The gap between higher castes and SC is 7% although it is not statistically significant.

Frequency of receiving THR is also not the same across caste groups. A lower proportion of SC girls only (47.9%) received THR every week while this percentage is the highest among the other social groups. It is 32.8% for higher castes and 33.9% for STs.

Qualitative data reveals that food packets do not come regularly from the FGDs. It was revealed that, “when there is regular supply from the Kundum Block Office, AWW and helpers call the girls and food packets are distributed weekly (every Tuesday)”. From the same FGDs, it was also revealed that, “the

AWWs also explained to the girls how to cook the mix and the importance of this nutrition supplement for them. The AWWs gave information on personal hygiene, cooking of the SNP and information on menstrual hygiene”. (FGD of Aanganwadi Workers: 2 KundumVillage, Jabalpur, Madhya Pradesh, 2013)

**Quantity:** Our research also found that the food packets provided to the beneficiaries do not contain sufficient food for the week. More than 50 percent respondents have reported that food contents are inadequate for them and hardly last for few days. (Table 8)

**Table 8: Sufficiency of Take Home Ration for a Month**

| Is the THR sufficient for you? |            |            |                    |              |
|--------------------------------|------------|------------|--------------------|--------------|
|                                | <b>ST</b>  | <b>SC</b>  | <b>OBC+ Others</b> | <b>Total</b> |
| Yes                            | 35 (62.50) | 42 (43.80) | 33 (54.10)         | 94 (44.10)   |
| No                             | 18 (32.10) | 49 (51.00) | 27 (44.30)         | 110 (51.60)  |

Chi-square value: 6.725 Asymp. Sig. (2-sided): 0.151

(Figures in parentheses are in per cent)

(Data source: Field Survey conducted by IIDS Team during July to September in 2013)

**Consumption Pattern:** The survey probed further on the reason of the quantity of food being inadequate, and the respondents reported that they share it with other family member especially younger siblings and found the food content inadequate. More than 66% respondents consume the THR with their families and only 9.9% consume alone. Therefore, the amount of THR is not sufficient for most of the respondents.

One beneficiary has reported her experience:

“Rinki, from Bilkharba village of Jabalpur reported that the content of these packets only last for three times, her younger brothers and sisters also eat it. They prepare it like tiffin and eat the khichdi and halwa”. (FGD 5, Bilkharba village, Jabalpur, Madya Pradesh, 2013; SC Beneficiary Adolescent Girl)

The amount of THR is not sufficient for all girls across social groups. A higher proportion of SC girls (51%) reported that the amount is not sufficient as compared to 44.3% higher caste girls and 32% of the ST girls.

**Table 9: Consumption of Take Home Ration (THR)**

What do you do with THR

|                              | ST         | SC         | OBC+ Others | Total       |
|------------------------------|------------|------------|-------------|-------------|
| Consume with family          | 33 (58.90) | 68 (70.80) | 41 (71.20)  | 142 (66.70) |
| Consume alone                | 6 (10.70)  | 5 (5.20)   | 10 (13.50)  | 21 (9.90)   |
| Don't consume, sale or waste | 5 (8.90)   | 5 (5.20)   | 4 (3.80)    | 14 (6.60)   |

(Figures in parentheses are in per cent)

(Data source: Field Survey conducted by IIDS Team during July to September in 2013)

**Quality:** Food quality is another important factor that affects the full implementation of SABLA food security scheme. In this study, a considerable number of beneficiaries have complained regarding the food quality of SABLA. The analysis reveals that generally, the respondents like the soya barfi more than khichdi. More than 50 % respondents do not like the taste of khichdi while 70.9% respondents like soya barfi. Therefore, soyabarfi is tastier than the khichdi. Those who do not like kitchdi, among them 95 % say that khichdi contains excessive oil and foul smell and those who do not like the soya barfi, among them 74% think that it has a bitter taste and excessive oil. Those who do not like soyabarfi, it is due to the bitter taste and excessive oil.

Two beneficiaries have narrated their experiences below:

Janaki from Natwara village explained, she feels vomiting after having the khichdi because it contains oil, turmeric and masala. “The combination of this mixture leaves a bitter taste and I cannot eat. I often feed it to the cattle. Sabla khichdi and Halwa are not tasty. How can we eat? If they give tasty khichdi, I like to take it. If they keep rice, pulses and spices separately, it will not taste horrible.” (FGD of upper caste beneficiary, FGD No: 3, Block-Shahpura, Natwara, Jabalpur, Madhya Pradesh, 2013).

“Jyoti Jharia from Gadarpiparia village complained about the quality of food. She thinks that the Khichdi tastes horrible, foul smell come from it. She does not like to eat it. She brings Take Home Ration and eats alone but only three or two times it lasts. She hardly eats it and most of the time she feeds her cattle or gives it to beggars”. (FGD of a Beneficiary, FGD no: 5, Block: Shahpura VIII, Gram panchayat: Gadarpiparia, Jabalpur, Madhya Pradesh, 2013)

During the FGD many beneficiaries have suggested alternative food like magi, puri-sabji, sewai and normal rice and pulses instead of Kichdi and Halwa.



Higher percentages of beneficiaries from marginalized communities have reported about bad quality of foods compared to other social groups.

**Table 10: Quality of Kichdi**

|  | <b>ST</b>                    | <b>SC</b>   | <b>OBC+ Others</b> | <b>Aggregate level</b> |
|--|------------------------------|-------------|--------------------|------------------------|
| Do you like the taste of kichdi?                 |                              |             |                    |                        |
| Yes  | 18 (32.10)                   | 30 (31.30)  | 36 (59.00)         | 84 (39.40)             |
| No   | 34 (60.70)                   | 52 (54.20)  | 21 (34.40)         | 107 (50.20)            |
| Not tasted                                       | 4 (7.10)                     | 14 (14.60)  | 4 (6.60)           | 22 (10.30)             |
| Total  | 56(100.00)                   | 96(100.00)  | 61 (100.00)        | 213 (100.00)           |
| Chi-square value: 15.944                         | Asymp. Sig. (2-sided): 0.003 |             |                    |                        |
| If not, why                                      | <b>ST</b>                    | <b>SC</b>   | <b>OBC+ Others</b> | <b>Aggregate level</b> |
| 1.Excessive oil and foul smell                   | 28 (93.33)                   | 52 (100)    | 20 (86.96)         | 102 (95.33)            |
| 2.Insects are found                              | 1 (3.33)                     | 0.00        | 0.00               | 1(0.93)                |
| 3.Stone chips are found                          | 1 (3.33)                     | 0.00        | 1 (4.35)           | 2 (1.87)               |
| 4.Don't eat, make papad                          | 0.00                         | 0.00        | 2 (8.70)           | 2 (1.87)               |
| Total (no)<br><i>(no responses filtered out)</i> | 30 (100.00)                  | 52 (100.00) | 23 (100.00)        | 107 (100.00)           |

Chi-square value: 16.541 Asymp. Sig. (2-sided):0.035

(Figures in parentheses are in per cent)

(Data source: Field Survey conducted by IIDS Team during July to September in 2013)

**Table 11: Quality of Soya Barfi**

| Do you like Soyabarfi?                     | <b>ST</b>                    | <b>SC</b>   | <b>OBC+ Others</b> | <b>Aggregate level</b> |
|--|------------------------------|-------------|--------------------|------------------------|
| Yes  | 42 (75.00)                   | 65 (67.70)  | 44 (72.10)         | 151 (70.90)            |
| No   | 13 (23.20)                   | 25 (26.04)  | 16 (26.20)         | 54 (25.35)             |
| Not tasted                                 | 1 (1.80)                     | 6 (6.30)    | 1 (1.60)           | 8 (3.76)               |
| Chi-square value: 5.741                    | Asymp. Sig. (2-sided): 0.453 |             |                    |                        |
| If no why?                                 |                              |             |                    |                        |
| don't like taste, bitter and excessive oil | 7 (63.64)                    | 19 (76.00)  | 14 (77.78)         | 40 (74.07)             |
| insects are found                          | 2 (18.18)                    | 4 (16.00)   | 2 (11.11)          | 8 (14.81)              |
| not sweet                                  | 2 (18.18)                    | 2 (8.00)    | 2 (11.11)          | 6 (11.11)              |
| Total (no)                                 | 11 (100.00)                  | 25 (100.00) | 18 (100.00)        | 54 (100.00)            |

(Figures in parentheses are in per cent)

(Data source: Field Survey conducted by IIDS Team during July to September in 2013)

**Summary:** As discussed above, SABLA has had a positive impact on reducing food insecurity among AGs. However, we do also find that some beneficiaries – in particular Adolescent Girls from marginalized social groups – continue to face problems in accessing SABLA. In terms of enrolment issue, AGs from lowest income group families (monthly income below Rs. 5000), landless households, and AGs from SC/ST communities are more likely to get excluded from the enrolment of SABLA. The main reason was the lack of information about the registration process. Apart from difficulties in enrolment, other implementation related issues are: inadequate supply of Take Home Ration (THR) and bad quality of food. More than 50 percent beneficiaries found the THR is inadequate for one week because they mainly eat THR along with their younger siblings. It is noteworthy to mention that beneficiaries from all social groups have complained about bad food quality. More than 50 percent beneficiaries do not like khichdi, but more than 70 percent like Soya barfi. Higher percentages of beneficiaries from marginalized communities have reported about bad quality of foods compared to the other social groups.

Our qualitative data reveals that most of the respondents who have enrolled for SABLA scheme receive THR or food packets on every Tuesday but if they miss it out once, they do not get it later. Bad food quality especially excessive oil and foul smell of Khichdi discourages many beneficiaries from availing this scheme.

The descriptive statistics and qualitative data show that beneficiaries from marginalized households perceived more problems in enrolment, regular availing in THR and having good quality food provided by SABLA scheme than the upper caste beneficiaries.

### **Access to Non-Food Components and beneficiaries experiences**

SABLA scheme also aims to provide life skill education, vocational training and free health check up to its beneficiaries along with food packets. Descriptive statistics and qualitative data show that in reality, very few beneficiaries have received vocational training or life skill education. First of all, very few anganwadi centres arrange for the training sessions and if they ever arrange any training sessions, anganwadi workers hardly inform all beneficiaries. Only those who have good rapport with service providers get information. Formation of Kishori Samooha (group of 25 to 30 girls) and election of Sakhi

and Saheli (group leaders) were not operational in every village. This is an important feature of the scheme that aims to build up leadership qualities among AGs through mobilizing girls into groups and electing leaders from the group at periodic intervals. Further, access to health cards that record AGs progress on height and weight (Kishori Cards) was limited (only 20% of the AGs possessing these cards). Very few beneficiaries get free health check up by using these cards.

The survey additionally reported that due to AGs engagement in the household chores, the timing of the sessions were not convenient and hindered their attendance at the session. A higher proportion of SC girls responded that they cannot attend due to household chores while the upper caste respondents expressed that they cannot attend SABLA as they were in school when the session was being held in the Anganwadi centres. Additionally, some AGs also reported that their parents were reluctant towards the SABLA sessions which discuss about menstruation cycle and other hygiene problems. This also restricted their participation in the sessions. This problem is specific among the upper caste girls where more than 33 percent parents do not like the content of the SABLA training sessions. However, many AGs reported that they found the SABLA sessions useful and that they were not shy in attending the ARSH sessions on reproductive health.

### **Social Group Specific Difficulties in Accessing SABLA**

Apart from general difficulties like time constraints and reluctant attitude of parents towards the SABLA sessions which are experienced by girls from all social groups, beneficiaries from marginalised communities also face discriminatory behaviours from service providers. While many AGs reported that the behavior of the service-provider at the Anganwadi was non-discriminatory (47%), some also reported behavior related issues from the AWW (53%). (A consolidated table on various reported difficulties is in the annexure 4). A higher proportion of SCs and STs reported difficulties in accessing SABALA such as; sometime beneficiaries from marginalised communities are not allowed to enter the Anganwadi centre, not allowed to consume water from the same pot and service providers behave rudely or do not pay sufficient time for listening to their problems. We have analysed each problem reported separately in this section and these problems have been listed below in the following table.

**Table 12: Social Group specific Difficulties**

| <b>Are you allowed to enter AWC</b>                                      | <b>ST</b>  | <b>SC</b>  | <b>OBC + Others</b> | <b>Aggregate level</b> |
|--|------------|------------|---------------------|------------------------|
| No   | 8 (14.30)  | 14 (14.60) | 1 (1.90)            | 23 (10.80)             |
| Yes  | 44 (78.60) | 70 (72.90) | 50 (81.97)          | 164 (77.00)            |
| Not applicable   | 4 (7.10)   | 12 (12.50) | 10 (19.20)          | 26 (12.20)             |
| Pearson chi-square: 11.920 Asymp. Sig. (2-sided): 0.064, 10% significant |            |            |                     |                        |
| Do you sit in AWC by Caste?  |            |            |                     |                        |
| Yes  | 10 (17.90) | 21 (21.90) | 8 (13.11)           | 39 (18.30)             |
| No   | 43 (76.80) | 67 (69.80) | 50 (81.97)          | 160 (75.10)            |
| Are you allowed to consume water from common pot?                        |            |            |                     |                        |
| No   | 15 (26.80) | 40 (41.70) | 17 (27.87)          | 72 (33.80)             |
| Yes  | 35 (62.50) | 51 (53.10) | 38 (62.30)          | 124 (58.20)            |

(Figures in parentheses are in per cent)

(Data source: Field Survey conducted during July to September in 2013 for the research project in India)

A higher proportion of AGs from SCs (14.6%) and STs (14.3%) social group reported that they were not allowed to enter AWC as compared to 2% from the upper caste group. Those who enter Anganwadi centres reported segregating seating according to social group background. Close to 22% of SC girls reported that they sit according to their caste. 22.2% of upper castes reported this while 18% ST and very few other caste respondents have reported that they sit according to their caste. The experience shared in the group discussion also provides further insights into this finding

“Anganwadi worker is OBC; she does not like us and keeps us outside. Sometime, she sends packets to our home.” (SC Beneficiary FGD, FGD No: 5; Village Kunawara; Block: Shahpura VIII, Jabalpur, Madhya Pradesh, 2013)

“Whenever high ranking officers or inspectors come, anganwadi workers do not discriminate in front of them, they allow us to sit with other girls and behave very nicely; but whenever those officers left, they ask us to sit separately from the upper caste girls. If we try to complain, they scold us. They do not give any opportunity to complain against them.’ She also said, ‘All the anganwadi workers belong to upper caste, they practises untouchability and discriminate us. They keep the register on the floor and

then we can sign. They try to avoid our touch. Not only that whenever they distribute food packets they throw it towards us from a distance as they are feeding doggies”.(SC Beneficiary FGD, FGD No: 5; Village Gadarpriapria; Block: Shahpura VIII, Jabalpur, Madhya Pradesh, 2013)

Further, more than 41% of SC girls reported that they were not allowed to drink water from common pots. 27.87% ST girls also face this problem.

While many AGs reported that the behaviour of the service-provider was polite, some also complained impolite and discriminatory behaviour from the Anganwadi workers. All caste group respondents have complained, but most of the complaints have been expressed from the SC respondents. 20.8% SC girls have complained that AWW do not behave properly. 66.7% told that AWW do not spend enough time and 76% have complained that they do not listen to them. More than 8%SC girls have complained that AWW humiliate them due to caste identity and behave rudely. Those who are from Ahirwar, Chamar, Jatav, Chadar, Kol and Muslim communities have mainly reported about the rude behaviour. On the other hand, only one or two upper caste respondents have also reported about rude behaviour, but none of them faced humiliation due to caste identity.

**Table 13: Specific Discriminatory Behaviour**

| <b>Behaviour of Anganwadi Worker</b> | <b>ST</b>  | <b>SC</b>  | <b>OBC + Others</b> |
|--------------------------------------|------------|------------|---------------------|
| Not behave properly                  | 6 (10.70)  | 20 (20.80) | 7 (11.48)           |
| Behave rudely                        | 8 (14.30)  | 8 (8.30)   | 5 (8.20)            |
| Not given sufficient time ***        | 25 (44.60) | 64 (66.70) | 21 (34.43)          |
| Humiliate due to caste identity      | 8 (14.30)  | 8 (8.30)   | 5 (8.20)            |
| Call by caste name**                 | 7 (12.50)  | 1 (1.00)   | 6 (9.80)            |
| Not listening problem***1            | 31 (55.40) | 73 (76.00) | 30 (49.18)          |

\*\*\*Pearson chi-square: 25.672 Asymp. Sig. (2-sided): significant: .000 (1% significant)

\*\*Pearson chi-square: 15.037 Asymp. Sig. (2-sided): significant: 0.02 (5% significant)

\*\*\*1Pearson chi-square: 24.068 Asymp. Sig. (2-sided): 0.001 significant: (1% significant)

(Figures in parentheses are in per cent)

(Data source: Field Survey conducted during July to September in 2013 for the research project in India)

There is a strong relationship between caste and certain behaviours. SC

respondents are more likely not to be allowed inside the AWC, and it is statistically significant by 10%. Behaviour of anganwadi workers also vary according to the caste of the respondents. SC respondents are more likely to complain that anganwadi workers do not listen to them or give adequate time for listening to their problem (statistically significant by 1% level (table 13).

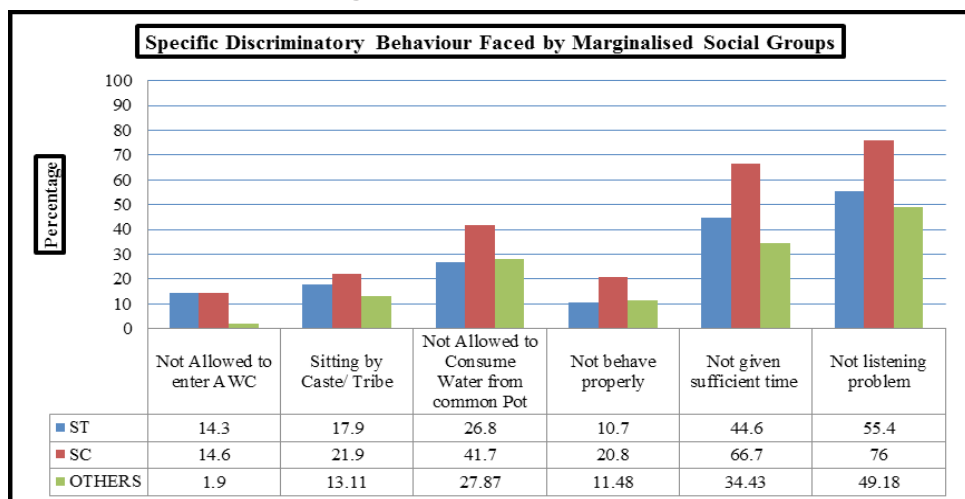
**Examples of Discriminatory behaviour:** Focus group discussion reveals many such stories of caste discrimination. In Gadarpiparia village of Jabalpur, the experience of five girls on caste discrimination has been recorded in detail. Three out of the five have the experience of caste discrimination and all are from SC community.

‘In Anganwadi, upper caste people and rich people enjoy dominance and their works are done very easily. So it will be better not to discuss about it.’ One SC beneficiary further stated that, ‘small children are being provided with plates and glasses for having their meals in anganwadi and after that the workers wash those plates. But children of our caste bring their own utensils and they have to wash it there only. That is why we have to wait for some time, near about half an hour. They pay special attention to the children of other castes, but remain indifferent to us. Whatever facilities anganwadi provides the upper caste people get it first.’ (SC Beneficiary FGD, FGD No: 5; Village Gadarpiparia; Block: Shahpura VIII, Jabalpur, Madhya Pradesh, 2013)

‘Anganwadi workers throw us the food packets from a distance. Some time they do not distribute foods at all. Each Tuesday we get khichdi packets, but if we do not go early, it exhausts quickly. Sometime, the workers say that packets are no more left. That is why I do not like to visit anganwadi.’ She also told ‘Most of the time, they do not ask the upper caste girls to take the packets along with us. They call them separately. So, we have no idea how many packets they get.’ (SC Beneficiary FGD, FGD No: 5; Village Gadarpiparia; Block: Shahpura VIII, Jabalpur, Madhya Pradesh, 2013)

‘If we ever get packets from anganwadi, the workers just kept them on the floor or throw them towards us; they ask us to take those packets. She has never provided information on any important matter. Even if we ask anything, she does not reply properly. She discriminate us, does not like to visit our poor households. If she ever comes to our locality, she will remain outside the houses and will not seat. She prefers to write in standing position instead of entering and seating in our rooms.’ (FGD NO: 7; SC Beneficiary FGD; Block- Shahpura, village: Ghunsor Jabalpur, Madhya Pradesh, 2013)

**Graph 3: Specific Discriminatory Behaviour Faced by Marginalised Social Groups**



From the above discussion, the descriptive statistics and qualitative data depict that AGs cannot attend the sessions of SABLA due to two sets of difficulties; general as well as social group specific causes. Time constraint is one of the most important issues due to their engagements in the household chores. A higher proportion of SC girls responded that they cannot attend due to household chores while the upper caste respondents answered that they cannot attend SABLA due to study. Further, nearly 30 percent of the AGs reported that their parents believed that it is unethical to attend SABLA sessions, which discuss about menstruation cycle and other hygiene problems. This problem is specific among the upper caste girls where more than 33 percent parents do not like SABLA training sessions. Close to 48% respondents reported that they found the SABLA sessions useful and that they were not shy in attending the ARSH sessions on reproductive health.

Socially marginalised communities like SC beneficiaries face certain discriminatory behaviour in anganwadi centres which further discourages them to access this scheme. Though most of the respondents from all social groups have reported that they are allowed to enter the anganwadi centre, consume water from the same pot and can sit with other girls, some proportion of respondents from SC community has reported that they cannot enter the centre, some of them cannot consume water from the common pot and have to sit according to their caste. SC beneficiaries also reported that

they faced impolite behaviour mainly in the form of rude behaviour and not paying sufficient time for their problems. Sometime, SC beneficiaries are called by caste name and face humiliation due to caste identity.

### **Administrative help in accessing SABLA:**

With respect to the perception of the local government that whether any of the Panchayat member helped in getting access to SABALA, close to 95% reported in negative. The qualitative data also reveals similar trends, showing that the respondents face difficulties in interacting with the local government, and perceive inequalities in the provision of services by the Panchayat:

“We have no idea about Sakhi and Saheli and we do not know how they are supposed to be elected. We have no information. We cannot complain at the Panchayat, neither we nor our guardians have enough time to inquire about it. Our parents remain very busy with their works. Moreover, no one will hear us in Panchayat, sometime they fight with us if our people say anything. That is why we do not like to involve ourselves in these issues, let’s accept it as it is. Our caste people are very poor and no one will listen to the poor people.” District-Jabalpur, Block-Shahpur, Gram Panchayat- Natwara, Village -Natwara

“The Sarpanch of Lakhanwara was from ST background and the adolescent girls said that they do not receive any kind of help or support from the Panchayat. One of the important components of the scheme is to ensure that the AGs have confidence and knowledge about existing public services and how to access them. Awareness talks and visits should be arranged in collaboration with PRI (Panchayati Raj Institutions) members and government offices including the Collectorate, NGOs, police personnel, bank officials, Postal Department officials, health functionaries, etc. AGs can either be taken for exposure visits to these places, or personnel from these institutions may address AGs at the AWC. The component of access and knowledge of utilisation of public services is not being implemented under the programme. Thus, the AGs are neither taken to the panchayat to understand the functioning of panchayats and role of panchayats in spreading awareness about the SABLA programme nor do PRI members or other officials visit the AWC to give awareness talks or visits. The Panchayat also does not help in improving the infrastructural facilities of the AWC”

### **Policy implications**

We make two sets of suggestions- one, aimed at all AGs, regardless of social groups and two specifically for AGs from the discriminated groups. Measures to improve the food security of all the AGs include;



- 1. Increasing the quantity of food:** Most of the respondents have reported that the food is not adequate for them and cannot last for a week as they have to share with their siblings. The quantity of food should be increased and awareness should be created among the parents about nutritional value of the food.
- 2. Improvement of Food Quality:** Most of the respondents reported that they did not like Khichdi due to the excessive oils and foul smell. Most of them have suggested providing plain rice and pulses. Therefore, rice and pulses could be provided separately with a strict monitoring of food quality and fair distribution. On special occasions, new types of food like Maggi or sweets should be distributed as some of the respondents suggested in the survey.
- 3. Timely distribution of food packets:** A high proportion of AGs reported that the food was not provided as per the norms, that is every Tuesday of the week. Monitoring of the timely distribution of food packet is necessary.
- 4. Effective implementation of the SABLA sessions on Life Skill Education, Vocational training, health education, service delivery and skill enhancement:** Most of the AGs reported that they found the SABLA sessions on enhancement of life skills useful. Hence, it is important to monitor its effective implementation as majority of the AGs reported that the training sessions are not being organised.
- 5. Adjusting time of SABLA Session:** Adjusting the timing of the sessions according to the convenience of AGs is essential for empowering girls. Many AGs reported working in household chores and overlapping with school timing as the reasons of timings of SABLA sessions being inconvenient to attend. SABLA sessions are generally held in the afternoon. AGs suggested that the sessions should be held in the evening or at the weekend when girls need not attend schools. Those who cannot attend SABALA due to household chores or sibling cares may find evening timing suitable because their parents come back from work. Adolescent girls who go to schools after Class VIII and do not get Mid-Day Meals cannot attend SABALA due to school timing. Hence, an evening time maybe more suitable.

- 6. Reaching the Unreached:** Information regarding SABALA and its importance should be spread through schools, Panchayat offices, health workers and media like TV, radio, newspapers etc.
- 7. Enhancing Training Components:** Free vocational training, self-defence skills or martial arts, spoken English, computer training should be provided along with free distribution of sanitary pads.
- 8. Inter-group dialogues and creation of mixed peer groups:** The study found mono-cultural groupings of AGs which does not promote social cohesion and can result in discrimination and mistreatment on the basis of group differences. Steps such as inter-group dialogues and formation of mixed peer group will ensure inter-cultural mixings, learning and understanding, communication and help to promote the objective of social cohesion.

AGs from the discriminated groups also require specific measures to overcome obstacles that impede their access to health, food and other services. Some suggested measures are:

1. Training of Anganwadi Workers (AWW) must emphasise the adverse effects of caste –based discrimination on food insecurity and reproductive health. BMI measurement reveals that most of the SC and ST girls are underweight. If they were not given adequate attention, it would affect their health in future.
2. Ensuring that the girls from SCs and STs find representation *as Sakhis and Sahelis* in the *Kishori Samooha's*.
3. Conducting national level public awareness campaign against discriminatory practices and integrating relevant messages in the school curricula.

**Conclusion:** Therefore, the answers to the research questions can be obtained from these research findings. The first question is whether the social protection intervention has reduced food insecurity of the socially excluded group or not. The answer is yes. Beneficiary district Jabalpur has shown an impressive result: the number of meals for adolescent girls has increased and now more number of respondents are getting three meals per day. The result is most visible among the ST respondents. Some SC girls have

experienced weight gain and many of them are getting breakfast due to these food packets. At the same time, a considerable number of SC girls remained left out due to the lack of information. Upper caste girls also received benefit of this scheme, but most of them do not like the taste of the food. There are many complaints regarding the food quality of SABALA from all caste groups and respondents prefer to get simple rice and pulses instead of semi-processed foods. Some of the respondents preferred to have noodles. Though most of the respondents are receiving the food packets, majority of them are not getting any benefit from its non-food components like free health check-up and life skill education.

Girls from socially marginalised communities are further marginalized and hardly get information about health camps on Kishori Diwas. Their Kishori Cards or Health Cards are very rarely filled. Though some upper caste girls are getting some vocational courses, SC girls have been mostly left out. The scheme has little impact on the empowerment of adolescent girls for the long term except for providing them food packets. Though this scheme has provided a good platform of enhancing social cohesion and promoting social inclusion, the friendship groups are still being formed on the basis of group identity. Therefore, for enhancing social cohesion, inter-cultural mixings, learning and understanding, and communication will help to promote the objective of SABLA.

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(Footnotes)

- 1 Land holding Size has been classified by NAABARD Definition (2008) of small and marginal landholdings; same definition has been used in Agricultural Debt Waiver and Debt Relief Scheme, 2008

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