

Quality ICDS Services through Improved Services in Anganwadi Centres

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Abstract

The State Program ICDS Scheme aims at promoting and achieving reforms at the point of delivery by improving public service delivery. The basic objectives are to foster excellence in governance and pursuit of administrative reforms through improvements in capacity and processes ensuring effective and equitable delivery of basic services to the poor. The initiatives aim at promoting citizen-centric governance with emphasis on effective public service delivery systems, building capacities of the different stakeholders to ensure optimal use of systems and resources thereby impacting the poverty reduction effort in the long run. The study was intended to evaluate the facilities and services being provided at the Anganwadi Centres (AWCs) by the Anganwadi workers with regard to the standards laid down by Integrated Child development Service (ICDS) scheme, with special emphasis on the children of 0–6 years of age. The ideal Anganwadi Centre should function as an effective and efficient service delivery unit; as a resource centre and as a learning site. However, the AWC is seen mostly as a feeding centre, with some added tasks like holding the monthly immunization sessions. There are innumerable complaints about the centre – not opening on time; not opening regularly; food being of poor quality or not being given regularly or both; centre open only during mealtimes; THR not being supplied at all or being supplied irregularly; weighing being done irregularly or not at all, records not updated and maintained regularly- to list a few. The study was done of AWCs across Madhya Pradesh state by random sampling and visits intended at checking the facilities present at the AWCs and knowledge of Anganwadi workers regarding the services to be provided and revised supplementary nutrition norms laid down by ICDS.

Keywords: ICDS, Anganwadi Centre, Anganwadi Worker, Nutrition

Introduction

A package of health, nutrition and educational services are provided at the Anganwadi Centre (AWC) located in the village or urban slum area the program serves. Anganwadi literally means “courtyard.” AWC is the focal point for ICDS service delivery that normally operates daily for four hours except Sundays and holidays. The Anganwadi worker (AWW), a woman, is the key functionary of ICDS at the grassroots level. The ICDS Program implemented by the Department of Women and Child Development of the state of Madhya Pradesh was first launched in 1975-76 in Baidhan, a rural block of Singrauli and Tokpal, a tribal block of Jagadapur. The program was gradually expanded to

cover the entire state. Currently, the ICDS scheme covers all the rural blocks and urban areas in the state. There are 453 ICDS projects in the state. Of these, 281 are rural, 99 are tribal and 73 are urban projects (Annual Report, 2009-2010; Women and Child Development Department, GoMP). In the 453 Projects, 80,160 AWCs and 12070 Mini AWCs have been sanctioned. In the year 2012-13, 1231 Anganwadicentres are sanctioned by GOI.

The objectives of the ICDS are multifold:

- to improve the nutritional and health status of pre-school children in the age-group of 0-6 years;
- to lay the foundation of proper psychological development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school drop-out;
- to achieve effective coordination of policy and implementation amongst the various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The above objectives are sought to be achieved by providing a package of six services comprising of (i) supplementary nutrition (ii) immunization, (iii) health check-up, (iv) referral services, (v) pre-school non-formal education and (vi) nutrition and health education.

Status of Human Resources in ICDS in Madhya Pradesh

In the present ICDS program, all the state level positions in the existing structure are filled; there are a number of vacancies at the district level and below. Numerous vacancies in some of the critical positions like that of the supervisors and CDPOs in some of the districts are affecting program implementation. More serious than the overall vacancy level is the skew in distribution of available staff within the districts and blocks. As the district AIPs (ICDS Annual Program

Implementation Plan (AIP) 2013-14 Madhya Pradesh) indicate, often very few supervisor positions are filled in the remotest and hard to reach blocks, especially the tribal and hilly regions and these blocks usually have high health and nutrition needs.

Significant Area of Operations

The Department of Women & Child Development of the state is aimed at

- Implementation of the ICDS for improving the health, nutrition and development of children under the age of six years. Under ICDS a package of 6 services given to all 0-6 years age children, pregnant and lactating mothers in rural as well as urban area. It provides health and nutrition education to mothers, non-formal pre-school education to children aged 3 to 6, supplementary feeding for all children and pregnant and nursing mothers, in coordination with health department it facilitates the immunization, health checkup and referral services through village based AWCs. Adolescent and women empowerment- Its range of interventions to include components focused on adolescent girls' nutrition, health, awareness, and skills development, as well as income generation schemes for women. The scheme covers rural and tribal areas and slum population in urban areas.
- To implement schemes like RGSEAG (SABALA), Kishori Shakti Yojana, IGMSY, Ladli Laxmi Yojana, Project Shaktimaan, Usha Kiran Yojana, Swayam Siddha, SwadharYojana, Tejaswini Rural Employment Program, Training centers for rehabilitation of vulnerable women, Legal help to vulnerable women, etc.

The ultimate aim of these different services and schemes are –

- Prevent and reduce young child under-nutrition, Infant mortality and child mortality.
- Enhance early development and learning outcomes in all children 0-6 years of age, to reduce the school drop-outs; and
- Improve care and nutrition of girls and women and reduce anemia prevalence in young children, girls and women and to reduce maternal mortality
- To ensure physical, psychological, skill development for economic foundation and social development of the adolescents and women so that their empowerment is ensured.

All the above directly affects the quality of poor family and community in state as follows

1. All these services contribute at decreasing the financial burden of the poor families.
2. The above initiatives provide support to the poor families of the state in mainstreaming them to the fullest extent possible with the govt. services.
3. These services lead to reduction in malnutrition and ensure the quality human resource for the state.

Problem Areas

The current status of gaps in service delivery mainly in ICDS program in terms of some key indicators like supplementary nutrition coverage, PSE coverage, immunization coverage, IYCF practices etc. are as follows-

1. Though the orders of the Supreme Court states that the universalization of the ICDS and providing all the 7 services to all its beneficiaries is mandatory, the latest report from DWCD shows that still 60 per cent children and more than 73 per cent eligible women beneficiaries are out of the focus (**Madhya Pradesh Development Report, Planning Commission of India, 2011**). According to the government statistics, no adolescent girls in the age group 11-17 years were covered under the nutrition program although they are one of the eligible beneficiaries under universalization of ICDS.
2. Frequency of Delivery of SN to child beneficiaries- Supplementary Nutrition is required to be delivered to child beneficiaries for 300 days in a year. The proportion of days SN was actually available (**Evaluation Report on ICDS by Planning Commission of India, 2011**) is shown below in three categories:

Good performers (More than 80%)	Medium performers (64-80%)	Low performers (Less than 64%)
Haryana Assam Karnataka Maharashtra Tamil Nadu West Bengal Orissa Kerala	Andhra Pradesh Chhattisgarh Gujarat Himachal Pradesh Punjab	Bihar Madhya Pradesh Rajasthan Uttar Pradesh Uttarakhand

3. The state govt. has taken a lot of initiatives to increase immunization coverage. Immunization of children with the basic vaccinations and the provision of regular health check-ups are other important components of the ICDS program. The NIN survey in the state indicates a very high level of Full Immunization Coverage (FIC) in the state at 84%. But there are some districts that are very poor performing with as low as 30-50% FIC. This indicates need for targeted improvement in health service delivery in priority areas of the state.

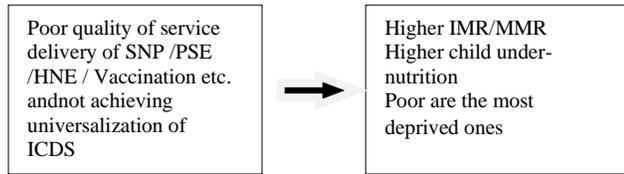
(ICDS Annual Program Implementation Plan (APIP) 2013-14 Madhya Pradesh)

4. Under-nutrition continues to be a major health problem in the state. According to the report of NFHS-3 (2005-06), the prevalence of underweight (<Median – 2SD of WHO child growth standards) among under five year children in the state of Madhya Pradesh was 60% (which is highest in country), stunting was 50% and wasting was 35%, while according to NNMB surveys carried out during the same period (2005-06), the prevalence of underweight and wasting was lower (46% and 24% respectively) and that of stunting was more (59%).
5. Complete enrolment of children in Pre-school Education (PSE) program is one of the challenges being faced in several AWCs in the state because the AWCs are merely considered as a place of distribution of Supplementary Nutrition by the community. The coverage data reported as of January 2013 in ICDS Annual Program Implementation Plan (APIP) 2013-14 Madhya Pradesh, shows that proportion of pre - school coverage for children from 3 years to 6 years was reported 80.00 % in the year 2009 and was reported 84.87 % in 2010. In 2011, 80.21 % children and in 2012, 82.11 % children were benefitted from PSE program. Focus is on 100% enrolment of children in PSE program.

Services from AWC (NFHS 3)	Madhya Pradesh	Percent which are left out in State	India
Percentage of children age 0 – 71 months who have received ICDS services	49.8	51.2% children left out from ICDS services	32.9
Received food supplements	36.4	63.6% left out from food supplements	26.3
Fully vaccinated	40	60% from full vaccination	44
IYCF practices of children age 6 – 23 months (HNE)	18.1	81.9% children are not practicing IYCF	20.7
PSE Coverage (ICDS Annual Program Implementation Plan (APIP) 2013-14)	82.11	17.89% from PSE	

6. The percentage of children who are fully vaccinated has Madhya Pradesh at 40 percent (NFHS 3) which stands out as having a much lower percentage of children fully vaccinated than the national average of 44 percent. The state’s adherence to appropriate IYCF practices varies in comparison to other states and stands at 18 percent in comparison to the national average of 21 percent. This clearly shows that the one of the critical

service of ICDS i.e. Health Nutrition Education delivery is serious concern. The PSE coverage is 82.11%, which shows 17.89% children are left out. **It is important to note that the poor – vulnerable community are the main left out group.**



7. Though the IMR in the State has shown a continuous decline in recent years it continues to be higher than the national level, standing at 67 (AHS). Similarly the Under Five mortality also continues to be high at 89 percent (NFHS III recorded the U5 mortality rate in MP as 94). **Recent AHS data on district-wise IMR indicates that some of the districts in the state still continue to have IMR above 70 and a couple of them reach up to 90.** This indicates an urgent need to prioritize and target with different interventions in different districts. While decentralized planning and resource allocation has been introduced in health programs and is being tried in ICDS, the impact is yet to be seen.

Hence as detailed above, the low indicators shows that the service delivery of SNP, PSE, immunization and Health Nutrition Education components need great improvement. The gap in these ICDS services leads to higher rate of IMR and malnutrition in the state. **Again the poorcommunities are the major sufferers.**

Areas of Improvement

It is clear from above detail the service deliveries of following services are needed to be improved:

1. Supplementary nutrition
2. Pre-school Education
3. Health Nutrition education- to reduce the malnutrition
4. Immunization
5. 100% coverage of all eligible girls under Ladli Laxmi Yojana, RGSEAG, IGMSY and in other schemes

We need a program which will improve the following:

- ❖ Upgrading ICDS Institutional managements at district, block and village level;
- ❖ Decentralized planning and management to allow districts to formulate context specificquality deliverables to all eligible beneficiaries and community;

- ❖ System level strengthening of basic competences, technical facilities and service delivery in Anganwadi Centres;
- ❖ To improve the community based organization and community participation in implementation and monitoring of the ICDS services, to make it more transparent and accessible;
- ❖ To ensure accountability
- ❖ Promoting convergence of inter related services viz. RCH-II/NRHM, Sarva Siksha Abhiyan (SSA), safe drinking water and sanitation etc. especially to improve the health nutrition education and immunization services
- ❖ Empowering ICDS functionaries viz. district, project, sector and Anganwadi centre level functionaries;
- ❖ Strengthening capacity building and analytical skills of ICDS functionaries;
- ❖ Promoting involvement of PRI members and facilitating community participation;
- ❖ Strengthening Monitoring & Evaluation with emphasis on community based monitoring.
- ❖ Reward & recognition process to boost motivational levels of proactive workers
- ❖ A strong Management Information System (MIS) in place where the monitoring system will be more responsive to context specific needs and problems

The core objectives of the state program are:

1. To improve the capacity of the ICDS system for accountability, responsiveness, transparency and promptness to achieve 100% quality delivery of SNP, PSE, HNE and immunization at state, district, project, sector and village level with special focus on poor families
2. To ensure the involvement of the Panchayati Raj Institutions (revitalizing the social welfare and WCD standing committee) in implementation and monitoring to ensure the quality delivery of the ICDS services.
3. To establish the processes which will increase the quality of ICDS system and community client contact so that the community demands creates the pressure on the system viz. establishment of District level Public Grievances Cell.

Conclusion

It is important to note that usually the left out from these services are the poor community. There is need to bring efficiency in delivery of quality services and ensure mechanisms for social accountability. Through this program, emphasis will be placed on effectiveness of implementation and meaningful convergence of services. Focus will be laid on cross sectoral, horizontal and vertical integration. Capacities will be built up and sustained for more

meaningful services. The project aims to develop mechanisms to involve all the stakeholders while planning, implementing and monitoring the programs that are in place.

The program will promote quality service delivery measures, promote institutional strengthening and build up the capacities of the service providers at all level, as well as the local organizations as well as Panchayat Raj institutions. It will aim at good governance to improve transparency at system public interfaces and as well as to minimize the public grievances in the direct beneficiaries and the community at large.

At the community level, active engagement of community leaders and local organization and Panchayati Raj Institutions is required to act as a catalyst to promote public service delivery efficiency.

At the system level accountability needs to be fixed for providing proper services to the community. Transparency needs to be ensured while implementing all schemes run by the government.

The program methodology focuses on responsive technical and operational assistance and capacity building support to have an impact on the intended beneficiaries on bridging the gaps in service delivery.

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