Implementation of ICDS: A Study Of Selected Anganwadis In Sangli City In Maharashtra

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Abstract

ICDS (Integrated child development scheme) is one of the best schemes for the improvement of nutritional and health status of children and women in India. It has been implemented in Maharashtra in 1979 in Anganwadis. The present paper focuses the implementation of this scheme in selected Anganwadis in Sangli district in Maharashtra. The observation of this scheme in selected Anganwadi shows that ICDS is very helpful and useful for solving problems of health and nutritional among the children and women. However, the Anganwadi workers are seen less educated. If they are well trained, ICDS will be implemented very effectively to eradicate the problems of health and nutrition among the children and women, both in rural and urban area in Maharashtra.

KEYWORDS: ICDS, Anganwadis, Health and Nutrition, Sangli City, Anganwadi Workers.

Introduction:-

India has high incidence of malnutrition, morbidity and mortality among children as well as pregnant and nursing mothers. In 1972, Planning Commission suggested the implementation of Integrated Child Development Services (ICDS) Scheme in all the States of India to improve the nutritional and health status of children below 6 years of age. Maharashtra was also allotted an ICDS project in 1979 which was started in 24 Anganwadi centers (AWCs). The number of centers gradually increased, and in 1983, 160 centers were operational. The present study was done to evaluate the functioning of these AWCs and its effect on target groups.

Aims and Objectives:-

The study was undertaken to:-

- Assess the achievement of the scheme in terms of improvement in nutritional and health status of children and women.
- Understand the attitude of women towards the scheme;
- Provide suggestions to take remedial steps to remove the Anganwadis on the basis of people's attitude towards it.

Methodology:-

This study was conducted in the Maharashtra state. Information regarding implementation of the ICDS program was collected with the help of a questionnaire from 100women beneficiaries which are from urban areas in Sangli city. They had children who attended Anganwadis and were either expectant or nursing mothers. Information was also obtained through observation, field visits and informal discussions with Anganwadi workers and Supervisors.

We observed the hierarchy nature of ICDS scheme in Maharashtra as follows;

Study area:-

We selected the study area as Sangli city in Maharashtra state. And define our objectives are as follows:-

1. To improve the Nutritional and Health status of children in the age group 0-6years

2. To lay the foundation for proper psychological, physical, and socialdevelopment of the child;

3. To reduce the incidence of Infant Mortality, Morbidity, Malnutrition and School drop outs;

4. To achieve effective co-ordinate policy and its implementation amongstthe various departments to promote child

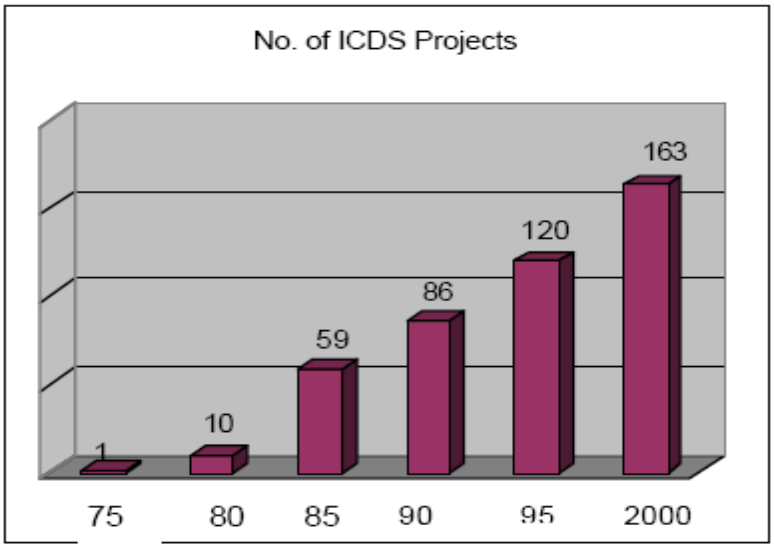
Development and

5. To enhance the capability of the mother to look after the normal health andnutritional needs of the child through

proper nutrition and health education.

The nature of ICDS in Sangli city in Maharashtra:

The govt Maharashtra started ICDS in 1979 since then the growth of Anganwadi in Sangli city has been increasing. The following graphical representation of ICDS in Sangli city from the survey report of the government of Maharashtra clearly shows the rapid growth of Anganwadis in Sangli city.



The graphical representation shows:

1) There was only one Anganwadi in the year 1979 but it increased up to 2000 during the span 21 years.
2) The growth in Anganwadi in the first years just 9-10 but it increased by 7-8 in each year.
3) The worst case of its growth is the effective implementation of ICDS.

The perceptions of different authorities about the functioning of ICDS performance; the different authorities expressed their views and opinion about the function and performance of Anganwadis in Sangli city they are:

- **Perception of CDPOs (Child Development Project Officer) regarding functioning of Anganwadis:** CDPOs, in general, were satisfied with the present functioning of ICDS and the performance of Anganwadi workers. CDPOs felt that Anganwadi workers were not educated enough to grasp everything they were taught at the first instance. So their training should be a continuous process and re-orientation classes should be held regularly. Some CDPOs were satisfied with the in-service training and supervision given by MukhyaSevikas to Anganwadi workers, but others felt that there was considerable scope for improvement to make supervision more effective by overcoming the problems of shortage of staff and lack of transport facilities. Though CDPOs observed good functional linkages between ICDS and health staff, yet, the coordination between ICDS workers and PHC staff in general needs to be strengthened.

- **Mukhya Sevikas' perception of Anganwadi workers' performance:** About 35% MukhyaSevikas felt that Anganwadi workers were not adequately trained in various areas like immunization, health check-up, referrals and NHE. Over 50% MukhyaSevikas had been informed by Anganwadi workers that medicines in their kits had been exhausted. A majority of them had contacted either CDPO or MO/PHC in such cases and over half of them obtained a

positive response. However, some MukhyaSevikas faced problems in procuring medicines because of their non-availability. The visits of the MukhyaSevikas to Anganwadis ranged from once a month to thrice a month. TribalAnganwadis were not visited frequently due to lack of proper roads and transport facilities.

- **Anganwadi workers perception about Functional linkages with the health system:** The major services provided by Anganwadi workers, of which the health functionaries were aware, were supplementary nutrition (62%), immunization (56%) and non-formal preschool education (48%). Very few functionaries had seen Anganwadi workers impart health and nutrition education and perform activities like growth monitoring and health check-up. 90% health workers were aware that medicines were available with Anganwadi workers for treating minor ailments. It was observed that 14% workers had stopped treating children and women. About 78% health workers advised Anganwadi workers and also sought their help in areas related to immunization, family planning, diagnosis and use of medicines, health check-up and referral services.
- **Community perception and participation:** A majority of the mothers (59%) belonged to rural areas and they were in the age group 20-30 years. 14% mothers had received education till primary level and only 3% were matriculates. 40% mothers were housewives and the rest wereworking outside their homes. The annual family income of a majority of mothers (52%) rangedbetween Rs. 1000 to Rs. 5000.
- **Views of Medical Officers:** The Medical Officers were dissatisfied with the present mode of supply and replenishment of medicines and it was felt that coordination was lacking in the supply of Vitamin A solution, iron and folic acid tablets, and chloroquine tablets to Anganwadis. MOs were also not satisfied with the referral system. They felt that the frequent shortage of staff and transport problem resulted in lack of supervision and supply of material and medicines.

Observations:-

1. A few AWCs had not been visited by the health staff, as they were overburdened with their work at PHCs. Health check-up of the children was not regular in some centers, as the staff was frequently transferred from one PHC to the other, leaving the post vacant for a few months
2. Some Medical Officers did not take much interest in the thorough examination of children, as they felt this work was an additional burden.
3. Medical check-up of children below three years of age was not up to the mark. The reason was that it was difficult for Anganwadi workers to collect 80-90 children below three years of age with their mothers at AWCs. The women, especially those who were working, were at times reluctant to come to AWCs at the appointed date and time. All the children below three years of age were not immunized as there was not enough coordination between the health and ICDS staff.
4. In the initial stages of the program, Block Development Officer (BDO) had assisted in the recruitment of Anganwadi workers. Later on there was weak liaison between BDO and CDPO, and the two interacted only at the time of official functions.

5. Findings revealed that ICDS was contributing to the all round development of children. Out of 70 children attending AWCs, 68 were regular in attendance. 93% children had become more active and developed the habit of cleanliness. 91% children had developed a liking for school and became more social in their behavior. 90% children performed routine activities punctually, 80% learnt to respect elders and 84% gained knowledge about colors, environment, etc.
6. Data revealed that 64% expectant mothers were immunized against tetanus; the remaining 36% did not due to ignorance and fear of immunization. 45% women did not get their antenatal cards made as they did not feel the need or importance for the same. Only 17% women got themselves medically checked during the post-natal period.
7. Out of 60% of the beneficiaries who fell ill after the establishment of AWCs, 31% took treatment from private doctors. Reasons given were lack of confidence in the government dispensaries, inadequate facilities and attention given at the health centre, inadequate medicines and drugs, and location of PHC at a great distance from their residence.
8. All the respondents were receiving supplementary food daily. About 71% women were satisfied with it, though 40% suggested that the food given should be prepared at AWCs. Only 10% admitted that they shared their food with their children.
9. Seven out of 70 children had been graded as malnourished and five mothers had been advised to give them special diet. Of these, two were unable to do so due to economic reasons.
10. About 17 women wanted food demonstrations, so that they could improve the diet of their families.
11. It was found that 74% women attended health and nutrition education lectures/demonstrations and gained knowledge.
12. About 98% beneficiaries indicated that they were willing to render help in the functioning of AWCs, 63% were ready to prepare the food, 71% were willing to distribute the food, and 23% were ready to give monetary help. About 78% beneficiaries who opposed monetary contributions gave poverty as the reason.

Suggestions:-

1. There is need for better coordination between the welfare, health and other related departments to fulfill the objectives of the scheme.
2. Attention needs to be paid towards the establishment and proper functioning of city/urban Level Committees.
3. In AWCs, non-formal preschool education for the moral, social, emotional, physical and mental development of children needs more emphasis.
4. More emphasis is should be given to the nutritional status of women beneficiaries during the antenatal and post-natal period.
5. The system of supervision needs to be strengthened for improving the quality of ICDS services.

Conclusion:-

1. Anganwadi workers, the most important functionaries of the program, performed their duties, but not with enthusiasm or motivation. Some

Anganwadi workers took initiative in their work, while others did not, because of the poor service conditions and low educational level.

2. Children in Anganwadis were taught to pray, count, play a few traditional games, sing and recite poems, etc. They were not taught about health, hygiene and environmental sanitation through the play way method.
3. The implementation of the functional literacy component for adult women was not satisfactory. It was observed that the women were hardly interested in learning the 3 R's (reading, writing, arithmetic), though they were interested in household and income generating skills.
4. The Supervisors checked registers, solved problems of Anganwadi workers, guided Anganwadi workers on how to fill up forms, use flash cards and other educational material. They rarely gave lectures or demonstrations on health and nutrition and visited mahilamandals only when major problems arose.
5. Anganwadi workers had very little interaction with local level organizations such as mahilamandals, village panchayats and schools, whereas CDPOs had maintained good liaison with them. Functionaries had been able to involve the community in some way or the other, but the participation was limited.

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