

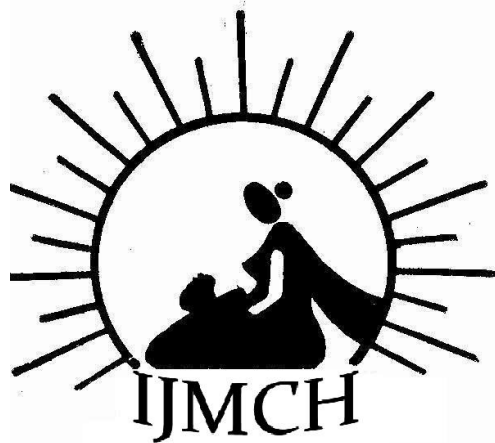
Challenges in implementing ICDS scheme-A Study about facilities available in Anganwadi Centres of Greater Visakhapatnam Municipal Corporation, Andhra Pradesh, India

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Integrated child development services scheme is the most comprehensive scheme of the Government of India for early childhood care and development.

## Challenges in implementing ICDS scheme-A Study about facilities available in Anganwadi Centres of Greater Visakhapatnam Municipal Corporation, Andhra Pradesh, India

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### ABSTRACT

**Background:** Integrated child development services scheme is the most comprehensive scheme of the Government of India for early childhood care and development. It aims at enhancing survival and development of children from the vulnerable sections of the society. Several gaps still exist in the services provided under ICDS partly due to indifference in providing the required amenities to deliver the services **Objectives.** 1. To assess the existing infrastructure at the anganwadicentres 2. to know the problems faced by AWWs in providing the services.

### Methods:

**Study design:** A community based descriptive cross sectional study.

**Study setting and sampling technique:** Fifteen anganwadicentres were chosen through simple random sampling using the simple random numbers table from each of the three ICDS projects in the Greater Visakhapatnam Municipal Corporation Area. A total of 45 anganwadicentres were included in the study. Prior permission was obtained from the Project Director of Women and Child development, Visakhapatnam for conducting the study. A pre-tested and validated semi structured questionnaires was administered to the anganwadi workers and information gathered about her qualification, training status and problems faced in carrying out her duties. Details of infrastructure, maintenance of registers were also noted.

**Study variables:** Infrastructure of AWCs, registers, training status of AWWs.

**Results:** Seventy one percent of the AWCs were in pucca buildings and 35.6% were rented. Basic facilities like toilets, water supply and separate kitchen were present in 28.9%, 20% and 48.9% respectively in the anganwadi centres. Mean age of the AWWs was 38±7 years. . 40% of the anganwadi workers reside outside the locality of the AWC area. Around 78% of the anganwadi worker were working in this programme for more than 5 years. 80% of the anganwadi workers had refresher training in the last one year. Immunization and growth monitoring registers were up-to-date in about 75% of the AWCs. Common problems faced by the anganwadi workers were work overload and no replacement for money spent on rent and for conducting meetings.

**Keywords:** *Anganwadi workers, ICDS, maintenance of registers, infrastructure.*

## BACKGROUND

The Integrated Child Development Services (ICDS) scheme was formally launched on October 2, 1975 to address some of the underlying causes of persistent undernutrition. It is implemented through a network of anganwadi centers at the community level which is usually located within a village or a slum. All the ICDS services in the Anganwadi centre are rendered by Anganwadi worker selected from the local community. Though the programme has been implemented since three decades, mismatches exist between program's intentions and its actual implementation. The program also faces operational challenges like inadequate worker skills, shortage of equipment, poor supervision and weak monitoring and evaluation. Visakhapatnam is a city located on the East Coast of India, in the state of Andhra Pradesh. The city administration is run by the Greater Visakhapatnam Municipal Corporation. The population of Visakhapatnam is 16.23 lakhs and children below 6 years form 10.01% of its population. This study was taken up to assess the existing infrastructure at the anganwadi centres and identify some of the problems faced by anganwadi workers in delivery of services.

## METHODOLOGY

**Study design:** A community based descriptive cross sectional study was conducted during November 2010 to October 2012. **Sampling frame:** Sampling frame is all the anganwadicentres in the three ICDS projects of Greater Visakhapatnam Municipal Corporation. **Sample size and Sampling technique:** Fifteen anganwadicentres were chosen through simple random sampling using the simple random numbers table from each project. A total of 45 anganwadicentres were included in the study. **Study tools:** A pre-tested and validated semi structured questionnaires. **Study variables:** Infrastructure of AWCs, registers maintenance, training status of AWW etc.

**Procedure for data collection:** Prior permission was obtained from the Project Director of Women and Child development, Visakhapatnam for conducting the study. The selected anganwadicentres in each Project were visited and the anganwadi worker was interviewed and information gathered about her qualification, training status and problems faced in carrying out her duties. Details of infrastructure, maintenance of registers were noted. Preschool education kit was said to be adequate when minimum of two of the following preschool education materials i.e., toys, charts, counting frames and learning aids were present in the AWC. Furniture in the AWC was said to be adequate when minimum of two of the following i.e., almirah, table, chair for AWW and chairs for the children were present in the AWC. Vessels were said to be adequate when minimum of vessels for cooking, serving food to children and storing water were present in the AWC. Medical kit was said to be adequate when the basic drugs like first aid kit, paracetamol syrup and tablets, gentamicin eye drops, benzyl benzoate, albendazole and ORS packets were present in the AWC.

**Data analysis:** Data was analyzed using Microsoft excel and expressed as percentages and proportions. Tests of significance (Chi square test) were used where ever necessary. A probability value of <0.05 was taken as statistically significant.

**RESULTS:**

Out of a total of forty five anganwadi centres visited, 71% of the AWCs were in pucca buildings and 28.9% of them were in semi pucca buildings Toilets and drinking water supply were present in very few of the AWCs. Only 20% had outdoor space for playing activities. Separate kitchen was present in 48.9% of the AWCs.

86.7% of Anganwadi centres had salters weighing scales; only 24.5% had adult weighing machines and a meager 6.7% had infant weighing machines. Most (> 90%) of the available machines were in working conditions. Our study results show that medical kit was available in only 26.7% of the AWCs.

Figure-1: Basic facilities at the AWC

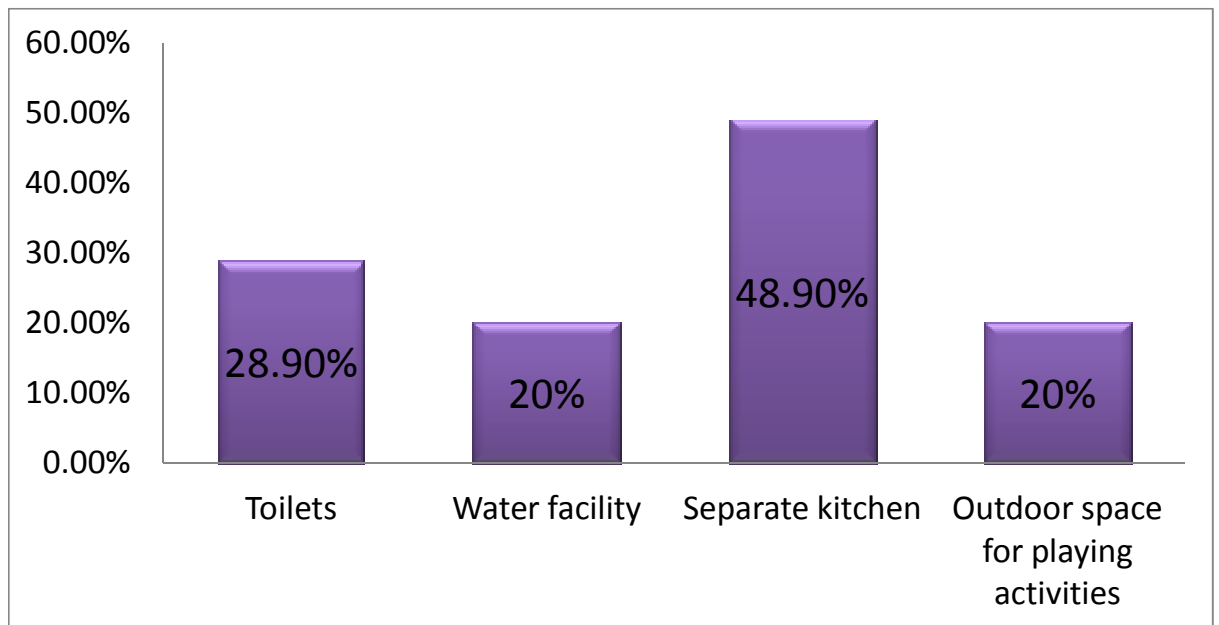


Table-1: Availability and Updation of available registers in the AWC.

School attendance register	42 (93.3)	42 (100)
Feeding register	35 (77.7)	34 (97.1)
Immunization register	41 (91.1)	31 (75.6)
Growth monitoring register	31 (68.8)	23 (74.1)
Antenatal/Post natal	42 (93.3)	34 (80.9)
Stock register	34 (75.5)	31 (91.1)
Health check-up register	17 (37.7)	12 (70.5)
Medicine stock register	12 (26.6)	7 (58.3)
Expenditure register	12 (26.6)	9 (75)

Expenditure, medicine stock and health checkup registers were present in 26.6%, 26.6% and 37.7% of the AWCs respectively. Growth monitoring register was present in 68.8% of the AWC's. School attendance registers were available in 93.3% of the AWCs and all were up-to-date. Immunization and growth monitoring registers were updated for the last month in about 75% of the AWCs. In our study the mean age of the anganwadi workers was 38±7 years and 84.4% of the anganwadi workers were in the age group of 30-50 years. About 53.3% of the anganwadi workers had secondary level of education and 40% of the anganwadi workers were graduates or post graduates. Forty percent of the anganwadi workers reside outside the locality of the anganwadi centre.

About 77.8% of the AWW were working in the programme for more than 5 years. All the AWWs had received induction training, job course training and refresher training. 80% of the AWWs had refresher training in the last one year

Only 55.5% of the AWC had supervisor visits in the last one month. In our study, 80% of the anganwadi workers had problems in carrying out their duties. Common problems faced by the AWWs were spoiling of THR (take home ration) because of lack of pucca buildings, no replacement of money spent for rent, for conducting meetings and, work overload.

The AWCs in semi pucca buildings faced problems in preserving take home ration and maintenance of preschool kit during rainy season. 35.6% of the AWC buildings were rented. The AWWs in these centres frequently faced problems with the owners of the building, inadequate space for preschool education, only Rs.750 was given by the project office towards rent and anything more than that was paid from their pocket.

## DISCUSSION

A study in Indore and Ujjain divisions of Madhya Pradesh (2010) stated that out of 45 AWCs, 2 AWCs were functioning from kacha buildings.<sup>(1)</sup> Devender B. Gupta and Anil Gumber, in their study (2001) found that 40% were functioning in 'pucca' (permanent) buildings.<sup>(2)</sup> A study in Jammu & Kashmir (2009) stated that 28% of the AWC buildings were kacha, 45% were semi pucca and 28% were in pucca buildings.<sup>(3)</sup> Studies done in Indore and Ujjain divisions of Madhya Pradesh (2010), Haryana (2004) and Delhi (2007) stated that most of the Anganwadi centres were functioning from rented buildings.<sup>(1,4,5)</sup>

A study in Jammu & Kashmir (2009) stated that only 18% of the AWC's had separate space for cooking, 38% had separate space for storage and 55% had separate space for outdoor playing activities. Toilet facility was present in 43% of the AWC's.<sup>(3)</sup> Similar results were observed in Delhi (2007) where 57% centres had toilets and 58% centres had access to clean drinking water. Sometimes the neighbours provided drinking water to the centres.<sup>(5)</sup>

Similar results were seen in a report on Baseline Survey for World Bank Assisted ICDS – III Project in Rajasthan (2000) where Salter weighing machines were available in 92% old AWCs, but only 88% of the weighing machines were in working condition.<sup>(6)</sup> A report on Kishori Shakti Yojana (KSY) in Uttar Pradesh and Rajasthan (2008) observed 53.4% AWCs had medicine kit which is higher than that of our study.<sup>(7)</sup> However our study results are similar to the observations quoted by Dinesh Paul in his study on evaluation of medicine kit provided to Anganwadi Centres (2003) 50% of the AWCs were without a medicine kit. Very few of them procure eye or eardrops, chlorine tablets, Vitamin and mineral tablets from ANMs.<sup>(8)</sup>

Our study results were similar to the observations of Devender B. Gupta and Anil Gumber (2001) where one out of two AWWs was found to be educated at least up to matriculate level across the country.<sup>(2)</sup> A study in Jammu & Kashmir (2009) stated that 30% of the AWWs had secondary level of education and 60% were matriculates.<sup>(3)</sup> Graduate Anganwadi workers can be more effective in the delivery of services like NFE, growth monitoring, NHE and maintenance of registers. However graduate Anganwadi workers may also feel inferior in performing their job activities.

Studies from Bihar (2004) and Himachal Pradesh (2005) found that Anganwadi workers residing within the Anganwadi Centre village was 100% and 91.44% respectively. However both these studies were done in rural areas whereas our study setting is an urban setting.<sup>(9,10)</sup>

Our study results were consistent with a studies done in Haryana (2004) and Jammu and Kashmir (2009).<sup>(4,3)</sup> Having refresher training periodically may be a source of reinforcement for Anganwadi worker to do home visits and should be done more frequently.

With regard to maintenance of registers, our study results were similar to studies done in Haryana (2004), Uttar Pradesh and Rajasthan (2008) where attendance registers, immunization registers and supplementary food registers were well maintained.<sup>(5,6)</sup> Results from study done in Assam and Meghalaya (2006) and also a study done by Devender B. Gupta and Anil Gumber noted that records related to nutritional status i.e., growth monitoring register, health checkup register, and referral register received less attention.<sup>(11,2)</sup>

T. Sampath (2008) and N.C.Dash et al (2006) found the same reasons for dissatisfaction among the job functions of the AWWs i.e., heavy work load and poor monetary benefits.<sup>(12,13)</sup> A study on Evaluation of ICDS in Delhi (2007) also mentioned that 96% AWWs

mentioned that they did not receive payment on time. AWWs even had to purchase registers, earthen pots and water containers with their own money.<sup>[6]</sup>

## CONCLUSIONS

Our study identified that facilities in Anganwadi centres of Greater Visakhapatnam municipal Corporation need to be strengthened in terms of infrastructure and supplies. Poor supervision may have contributed to incomplete record maintenance. The study also identified certain problems faced by Anganwadi workers such as excess work load, out of pocket expenditure, poor working conditions. Addressing these issues is necessary for better deliverance of the services under ICDS

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