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Evaluation Study of Integrated Child Development Scheme (ICDS) In District Bandipora of Jammu and Kashmir, India

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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. In 1972, Planning Commission suggested the implementation of Integrated Child Development Services (ICDS) Scheme in all the States of India. Under this scheme, a package of services, consisting of supplementary nutrition, immunization, health check-up, referral services, health education and non–formal pre–school education is provided to children below 6 years of age and pregnant women and nursing mothers in the age group of 15-45 years in an integrated manner. The government of Jammu and Kashmir started ICDS in 1976 since then the growth of Anganwadi in Bandipora District has been increasing. The present paper focuses on the implementation of this scheme in Bandipora district in Jammu and Kashmir.

Keywords: Immunization, supplementary nutrition, implementation.

Introduction

ICDS is the world's largest program for the holistic development of children aged 0-6 years, expectant and lactating mothers and selected adolescent girls. With a view to improving the health and nutritional status of children in the age group of 0-6 years, pregnant women and lactating mothers, the Special Nutrition Program has been included as one of the most important components of the ICDS Program. It also aims at improving awareness of the community as a whole, and bring about behavior change. ICDS has provided significant assistance to as the nation's health and education system for decades. The Ministry of Women and Child Development (MWCD) of India established ICDS in 1975[1]. The roles of ICDS are providing pre-school education and primary healthcare for mothers and children to break "the vicious cycle of malnutrition, morbidity and reduced learning capacity and morality."ICDS has served as a flagship program for India's healthcare system, and has received financial and technical support from UNICEF and the World Bank. (UNICEF 2012). ICDS's multiple levels of service (including central, state, municipal, and village levels) and large target population make it the largest women and children's development program in the world. The ICDS target population includes poor and malnourished people at risk for malnutrition and mortality, including children below six years old, pregnant and lactating mothers, and women in the age group between fifteen and forty-five years of age[2]. The main objectives of the ICDS are i. Reduce the incidence of mortality, morbidity and school dropout. ii. Improve the nutritional and health status of children in the age group of 0-6. iii. Lay the foundation for psychological, physical and social development of the child. iv. Enhance the capability of mothers to look after the normal health and nutritional needs of the child through proper nutrition and health education and, v. Achieve effective coordination of policy and implementation amongst the various departments to promote child development[3].

The nature of ICDS in Bandipora district in Jammu and Kashmir : Bandipora district is one of the 22 districts in Jammu and Kashmir state in northern India. This district was carved out from the erstwhile Baramulla District in 2007. The district is bounded by Kupwara district in the west, Baramulla District in the south and Kargil, Srinagar and Ganderbal districts in the east. This district occupies an area of 398 km². The district has a population of 306511 (2001 census)[4].

Integrated Child Development Services scheme, launched by the Govt. of India on 2nd October, 1975, was also adopted simultaneously in the State of Jammu and Kashmir with specific objective of improving the nutritional and health status of children in the age group of 0-6 years and enhancing the capabilities of mother to look after the normal health and nutritional needs of the child. This scheme is being implemented in all the districts of the State including the district Bandipore.

At present in District Bandipora 4 ICDS blocks are sanctioned with 802 anganwadi centers. The scheme is fully operational in all the sanctioned blocks. The Govt. of India is providing funds for implementation of ICDS scheme while expenditure on supplementary nutrition is being borne by the State Govt.

Table-1
ICDS Beneficiaries in District Bandipora

ICDS projects	Anganwadi Centers	Beneficiaries				
		Children	Adolescent Girls	Pregnant Women	Lactating Mothers	Total
Bandipora	278	6950	2780	556	834	11120
Hajin	266	6650	2660	532	798	10,640
Gurez	105	2625	1050	210	315	4200
Sumbal	153	3825	1530	306	459	6120
Total	802	20050	8020	1604	2406	32080

Objectives: The study was undertaken to: i. To assess the performance of ICDS Scheme on ground, ii. Understand the attitude of women towards the scheme, iii. Investigate the causes leading to decline in the quality of services provided under ICDS, iv. Provide suggestions to take remedial steps to remove the flaws on the basis of people's attitude towards it.

Methodology

This study was conducted in the Bandipora district of Jammu and Kashmir state. Information regarding implementation of the ICDS program was collected with the help of a questionnaire from 60 women beneficiaries. They had children who attended Anganwadi and were either expectant or nursing mothers. 16 AWCs were covered and a total of 60 beneficiaries were sampled, in which 25 lactating mothers, 12 expectant mothers, 12 Adolescent Girls, and 11 others were covered. Information was also obtained through observation, field visits and informal discussions with Project officer Bandipora, CDPO's, Supervisors, Anganwadi workers and Anganwadi helpers.

Observations and Findings: i. Most of the Anganwadi Centers were located within an accessible distance from beneficiary households. A majority of the beneficiary households were within 50 meters of the Anganwadi Centers. But Bandipora being a hilly area about 10% were about 100 to 200 meters away, and the rest were beyond 200 meters. The factor of distance affected attendance at the AWC during winter season. ii. Pre-school education (PSE) component was very weak and needed proper attention for improvement. Anganwadi Workers realized that they need training for improving their skills on Pre-School Education. In four Anganwadi Centers, the Anganwadi Workers were not able to demonstrate any stimulating Pre-School Education activities. Very few children were able to name some colors, sing songs, or perform action songs. iii. 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. iv. The food storage facility was very poor, and storage bins/ other equipments supplied under the project were in bad condition. No adequate utensils were there to serve supplementary food. v. Children in AWs 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. vi. Anganwadi Workers were not able to properly monitor the growth of children. Five Anganwadi workers demonstrated perfect weighing skills in terms of fixing weighing machine setting to zero, keeping the child on the machine, and reading the weight correctly. Nine Anganwadi Workers expressed the need for more information and skill training on growth monitoring. vii. 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. viii. The major objective of ICDS is to develop the capacity of mothers to take care of the health and nutritional needs of their children. This depends on involvement of the community in ICDS program, but it was observed that the community was not well conversant with ICDS services provided at Anganwadi Centers. ix. 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 Anganwadi Centers only when major problems arose. x. Anganwadi Workers had very little interaction with local level organizations such as 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. xi. A few Anganwadi Centers had not been visited by the health staff, as they were overburdened with their work at PHCs. Medical check-up of children below three years of age was not up to the mark. The women, especially those who were working, were at times reluctant to come to Anganwadi Centers 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. xii. Findings revealed that ICDS was contributing to the all round development of children. Out of 400 children attending Anganwadi Centers, 68 were regular in attendance. 59% children had become more active and developed the habit of cleanliness. 72% children had developed a liking for school and became more social in their behavior. 40% children performed routine activities punctually, 30% learnt to respect elders and 40% gained knowledge about colors, environment, etc. xiii. Data revealed that 80% expectant mothers were immunized against tetanus; the remaining 20% did not due to ignorance and fear of immunization. 25% women did not get their antenatal cards made as they did not feel the need or importance for the

same. Only 40% women got themselves medically checked during the post-natal period. xiv. All the children and pregnant women went to health centers for immunization on fixed days. Iron, folic acid and Vitamin A tablets were also provided at health centers. AWWs had knowledge about the immunization schedule. xv. AWWs mentioned that fewer children come to Anganwadi Centers in winter; however elder family members collect supplementary nutrition (SN) for small children. xvi. All the respondents were receiving supplementary food daily. About 71% women were satisfied with it,

Recommendations: i. Regular supply of food items should be ensured by the State Government so that the disruption in distribution of Supplementary Nutrition can be minimized. ii. There is need for better coordination between the welfare, health and other related departments to fulfill the objectives of the scheme. Efforts should be made to improve the health conditions of beneficiaries by deputing one or more full time ANMs in each ICDS project from the Health Department. It would ensure regular health check-ups/ immunization of the registered beneficiaries at AWCs and give a practical shape to the referral services component of the ICDS scheme. iii. There is a need to organize refresher training and workshops from time to time to enable AWWs to become familiar with new approaches in play way method of education. iv. The AWWs should be relocated to the AWCs in their own areas of residence, which will help AWWs to do full justice with their occupational commitments as well as to their inevitable domestic commitments. v. Attention needs to be paid towards the establishment and proper functioning of Village Level Committees. vi. ICDS functionaries should be involved in the planning of the program at all stages. vii. In Anganwadi Centers, non-formal preschool education for the moral, social, emotional, physical and mental development of children needs more emphasis. viii. In-service training should be given to ICDS functionaries from time to time. ix. More emphasis is should be given to the nutritional status of women beneficiaries during the antenatal and post-natal period. x. The system of supervision needs to be strengthened for improving the quality of ICDS services. xi. For effective supervision, there should be a check-list which could be used by the visiting officers. xii. Adequate attention needs to be directed towards proper building and housing of AWCs for their smooth functioning. xiii. Vacancies at the district level must be filled up as early as possible for effective implementation of the program. xiv. Minimum qualifications for Anganwadi Workers should be matriculation. xv. The regular interaction of community representatives with CDPOs/ Supervisors is mandatory to motivate them for effective participation. xvi. Honorarium should be increased both of AWWs and Helpers because entire functions of the scheme are being done by them. xvii. AWWs and helper should make more efforts to achieve targets keeping in view the enrolment of children, expecting women and nursing mothers under various activities of scheme. In this regard special attention is needed in order to achieve 100% coverage.

Conclusion

Various nutrition intervention programs have been introduced, from time to time, in Jammu and Kashmir to prevent or minimize the problem of malnutrition. Although the ICDS program has been successful in improving the nutritional status of children (0-3 years), but the ICDS program has not achieved its objectives in district Bandipora to its desired level. Although the ICDS projects were fully operational in all the CD blocks in District Bandipora but the scheme is not in a position to provide supplementary nutrition to the beneficiaries throughout the year. Further improvements can be made in the functioning of the program. Changes need to be made in the understanding and utilization of the services. It must be recognized that the anganwadi centre is expected to perform multiple functions, each of which is equally important and needs to be carefully thought out. There is a need to first have a vision of what is best for the protection of the rights of mothers, children and adolescents, and of the state's responsibilities in this regard. Based on such a vision one could then estimate the required resources, how these resources can be mobilized and how they should be spent. It is important to set clear goals, so that achievements can be assessed and work given direction. Backed by a clear vision as well as political commitment to the rights of mothers and Children, the ICDS program and the AWW could play a key role towards the development of the country.

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