A functional assessment of rural ICDS projects in particular district

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Abstract

In the present study, most of the AWCs cover the population of more than 1000 and majority of the centres had a pucca building. More than 2/3rd of AWCs do not have electricity supply. Functional sanitary latrine is absent in more than a quarter of AWCs and 40% of the centres do not have safe water supply with in the premises. More than half of the AWCs do not have separate kitchen. Supplementary nutrition is available in all the Anganwadi centers. Non availability of IFA tablets and Vitamin A syrup in many AWCs is a matter of concern. Other logistics like essential medicines, pre-school education kits, growth cards, weighing scale, etc are present in almost all the Anganwadi centers. Activities like weighing, immunization, health check-ups, organization of village health and nutrition days are being done regularly. The majority of the AWWs are in the age group of 30 to 49 years. Almost all of them have completed 10th class and above. More than half of them belong to Lower middle socio-economic class. Maximum number of workers have experience of 10 years or more. All the AWWs in our study have knowledge of 50% and above with a majority scoring 61% to 80%. Best knowledge is seen regarding immunization followed by referral services. Least knowledge is seen regarding supplementary nutrition. Major problems reported were inadequate honorarium, excess work and record maintenance.

Keywords: ICDS, Anganwadi centers, Nutrition, Weighing scale

Introduction

Children in the age group 0-6 years constitute around 158 million of the population of India as per the 2011 census. These Children are the future human resource of the country [1]. The most valuable asset of a nation is its children; therefore, the responsibility to invest in children and their overall wellbeing lies with the nation only [1]. The Constitution of India itself provides a framework for care and protection of women and children. Article 47of the Directive Principles of State Policy States that “The state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the state shall endeavor to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health” [2].

The Integrated Child Development Services scheme (ICDS) launched on 2nd October 1975, on an experimental basis in 33 ICDS blocks, has been gradually expanded to 7072 projects comprising 13, 46, 186 Anganwadi centers (AWCs) operational across 36 States/UTs, covering 1022.33 lakh beneficiaries under Supplementary Nutrition (SN) and 365.44 lakh 3-6 years children under pre-school component by the end of March 2015 [1]. ICDS is India’s response to challenge of breaking a vicious cycle of malnutrition.

Various international agencies such as UNICEF, World Bank, CARE India, USAID and many others have supported ICDS in improving quality services. Many new projects and several initiatives were taken to improve quality, the goal being universalization with quality. Training programs for ICDS functionaries has improved over the years, upgrading their skills at the field level [3].

With this background, the present study is carried out in Siddipet district to assess the knowledge of Anganwadi workers (AWWs) and the operational problems faced by them. An attempt is also made to find out the availability of infrastructure and logistics for AWCs under ICDS and to find out the efficiency of Anganwadi centers in providing service to beneficiaries.
Aims and objectives
1. To study the infrastructure facilities at the Anganwadi centres.
2. To study the socio-demographic profile and to assess the knowledge of the Anganwadi workers.

Materials and methods
The study entitled “a functional assessment of ICDS project in particular area” was undertaken from January 2018 to March 2019 for a period of 15 months.

Research question
What is the impact of the Anganwadi centres on Mother and Child health?

Study design
The present study is a Field based- Cross-Sectional, Observational study undertaken to study the services of Anganwadi centres.

Study area
The present study was carried out in Siddipet rural ICDS project area of Siddipet district, Telanagana. A total of 237 Anganwadi centres were functioning in the project area during the survey period.

Method of selection of Anganwadi centres
A total of 237 Anganwadi centres are functioning in the project area. The Anganwadi centres from all the 9 sectors have been numbered from 1 to 237. Each sector on an average consists of 25 Anganwadi centres. The Anganwadi centres are stratified sector wise and given serial numbers from 1 to 237. From each sector 20% of Anganwadi centres are selected for the study by simple random sampling through Lottery method. A total of 48 Anganwadi centres thus have been included in this study.

Method of selection of Anganwadi workers
To assess the socio-demographic profile and knowledge levels of the Anganwadi workers, all the Anganwadi workers who are working in Siddipet rural ICDS project area have been included in the study.

Method of selection of the beneficiary families (study subjects)
Based on the pilot study findings it was observed that each Anganwadi center is catering to the needs of 150 beneficiary families on an average. The beneficiaries include Antenatal mothers, Lactating mothers, Children below 3 years, Children between 3 – 6 years and Adolescent girls.

Inclusion criteria
All the AWCs, AWWs and the population falling under the Siddipet rural ICDS Project would form part of the study.

Exclusion criteria
Those families residing in the Siddipet rural ICDS Project area who are not willing to participate and families without any beneficiary are excluded from the study. Suppose if there are 2 beneficiaries in the family, enquiry was made regarding the services received but only one beneficiary was included in the study.

Method of data collection
The data was collected using pre–tested semi-structured schedules by interview technique.

Processing and analysis of the data
The data collected was entered and analyzed using Microsoft Excel and EPI info software.

Results
Anganwadi centres – Infrastructure facilities
The study was carried out in Siddipet rural ICDS project. The project area includes 9 sectors spreading in 3 Revenue mandals viz. In total there are 237 functional AWCs in this ICDS Rural project.

<table>
<thead>
<tr>
<th>Revenue Divisions</th>
<th>No of AWCs</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area I</td>
<td>22</td>
<td>45.8</td>
</tr>
<tr>
<td>Area II</td>
<td>14</td>
<td>29.2</td>
</tr>
<tr>
<td>Area III</td>
<td>12</td>
<td>25.0</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Out of the total 237 Anganwadi centres in the project area 48 centres [20.0%] were selected for the study purpose, 45.8% of centres are from Area II 29.2% of centres and 25.0% centres of which from Area III.

- The official timing of AWCs is from 9 AM to 4 PM.
- All the AWCs in the current study were kept open up to 4 pm. The time of opening varied between 8:30 am to 9:30 am.
- At the time of visit by the principal investigator, 37 AWWs (77%) were currently available at the AWCs and in the remaining 11 (23%) centers, the AWWs were absent. Anganwadi Helpers were present in 34(71%) centers at the time of visit.

<table>
<thead>
<tr>
<th>Population served By the awcs</th>
<th>Number</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤400</td>
<td>1</td>
<td>2.1%</td>
</tr>
<tr>
<td>401 – 800</td>
<td>6</td>
<td>12.5%</td>
</tr>
<tr>
<td>801 – 1000</td>
<td>5</td>
<td>10.4%</td>
</tr>
<tr>
<td>1001 – 1500</td>
<td>22</td>
<td>45.8%</td>
</tr>
<tr>
<td>&gt;1500</td>
<td>14</td>
<td>29.2%</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Three fourths of the AWCs are serving a population of more than 1000. Only 14.6% AWCs are serving a population of ≤ 800 (Equal to or less than 800).

Out of total 7440 beneficiaries served by the 48 AWCs in the present study, more than one-thirds were adolescent girls 34.1% followed by < 3 years old children 29.5%, and children between 3-6 years of age 22.6%. Pregnant women and lactating mothers constituted 6.9% and 6.8% respectively.
Table 3: Distribution of Infrastructure facilities at the AWCs (n=48)

<table>
<thead>
<tr>
<th>Infrastructure facilities in AWCs</th>
<th>Number and Present (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own building</td>
<td>28 (58.3%)</td>
</tr>
<tr>
<td>Rental building</td>
<td>20 (41.7%)</td>
</tr>
<tr>
<td>Pucca building</td>
<td>38 (79.2%)</td>
</tr>
<tr>
<td>Electricity supply</td>
<td>14 (29.2%)</td>
</tr>
<tr>
<td>Safe water supply with in the premises of AWCs</td>
<td>29 (60.4%)</td>
</tr>
<tr>
<td>Water storage container</td>
<td>44 (91.7%)</td>
</tr>
<tr>
<td>Functional sanitary latrine</td>
<td>35 (72.9%)</td>
</tr>
<tr>
<td>Separate kitchen</td>
<td>21 (43.7%)</td>
</tr>
<tr>
<td>Sufficient Cooking Utensils</td>
<td>35 (72.9%)</td>
</tr>
</tbody>
</table>

Out of the 48 AWCs studied,

- 58.3% AWCs were having own building and 41.7% were functioning in a rental building.
- Majority 79.2% of the AWCs were having a pucca building.
- Electricity supply was present in only 29.2% AWCs.
- Safe water supply with in the premises was present in 60.4% centers
- Water storage containers were available in 91.7% centres
- Functional sanitary latrine was present in 72.9% centers.
- Separate kitchen was present in only 43.7% centers. Others they cook either in the verandahs or in the setback of AWC
- Sufficient cooking utensils were available in 72.9% centres.

Cleanliness around the AWCs was satisfactory in 81.2% of the AWCs and in the remaining 18.5% centres it was poor.

1. Cleanliness inside the AWCs was satisfactory in all of them except one.
2. About 97.9% Anganwadi centres were using LPG for cooking, whereas in one centre they were using kerosene for cooking food.
3. Beneficiaries in all the 48 centres had no complaint regarding the food served. They all liked the taste of the food served to them.

Table 4: Distribution of AWCs with Space for health check-ups (n=48)

<table>
<thead>
<tr>
<th>Space For Checkups</th>
<th>Number</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available &amp; adequate</td>
<td>47</td>
<td>97.9%</td>
</tr>
<tr>
<td>Not available</td>
<td>1</td>
<td>2.1%</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Space for health check-ups was available and adequate in all the AWCs except one.

Table 5: Distribution of availability of materials at AWCs (n=48)

<table>
<thead>
<tr>
<th>Type of supply</th>
<th>AWCs with adequate supply Number and percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential medicines</td>
<td>45 (93.7%)</td>
</tr>
<tr>
<td>Pre-school education kits</td>
<td>46 (95.8%)</td>
</tr>
<tr>
<td>Reporting formats</td>
<td>39 (81.2%)</td>
</tr>
</tbody>
</table>

Adequate supplies of essential medicines were present in 93.7% centres, pre-school education kits in 95.8% and reporting formats in 81.2% centres.

- Growth cards, nutrition & health education material, NFPSE material was not available in all the AWCs.
- Out of 48 AWCs in the study, IFA tablets and Vitamin A syrup was not available in 58.3% of AWCs.

Table 6: Distribution of AWCs with respect to Functional Measuring tools (n=48)

<table>
<thead>
<tr>
<th>Measuring tool</th>
<th>Available and functional Number and Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult weighing scale</td>
<td>37 (77.1%)</td>
</tr>
<tr>
<td>Salters weighing scale</td>
<td>41 (85.4%)</td>
</tr>
<tr>
<td>Shakirs tape</td>
<td>42 (87.5%)</td>
</tr>
</tbody>
</table>

Measuring tools like adult weighing scale and Salters scale were present and are functional in 77.1% and 85.4% of the AWCs respectively. Shakirs tape was available and functional in 87.5% AWCs.

- Supplementary nutrition was available in all the AWCs, but some of the commodities for food preparation like oil and dal were out of stock in 4 AWCs at the time of visit.
- Except for one centre, all the AWCs were maintaining 15 registers. Regular weighing & immunization are done in all the AWCs studied. Health check-ups are done regularly in all the AWCs except one.

Table 7: Distribution of AWCs with regard to Village health and nutrition days conducted (n=48)

<table>
<thead>
<tr>
<th>Village Health and Nutrition Days</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st of every month</td>
<td>45</td>
<td>93.7%</td>
</tr>
<tr>
<td>2nd Wednesday</td>
<td>2</td>
<td>4.2%</td>
</tr>
<tr>
<td>2nd Saturday</td>
<td>1</td>
<td>2.1%</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Village health and nutrition days were being conducted by all the centres once in every month. Majority 93.7% of the centres were conducting it on 1st day of every month.

- Home visits were carried out regularly in all the 48 AWCs.

Table 8: Distribution of AWCs with respect to Pre-school educational kits (n=48)

<table>
<thead>
<tr>
<th>Pre-School Education Kits</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available</td>
<td>47</td>
<td>97.9%</td>
</tr>
<tr>
<td>Not available</td>
<td>1</td>
<td>2.1%</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Pre-School kits were available in all the AWCs except one.

Socio – demographic profile of Anganwadi Workers
Socio economic status of the AWWs was assessed using modified Pareek’s scale which is applicable in rural areas. According to that scale, 73.1% AWWs belonged to middle class and 25.9% belong to lower class. 0.9% AWWs were below the poverty line while there is no one in the upper class.

Table 14: Distribution of AWWs based on Years of service (n=212)

<table>
<thead>
<tr>
<th>Years of service</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 Years</td>
<td>23</td>
<td>10.8%</td>
</tr>
<tr>
<td>5-10 Years</td>
<td>54</td>
<td>25.5%</td>
</tr>
<tr>
<td>&gt; 10 Years</td>
<td>135</td>
<td>63.7%</td>
</tr>
<tr>
<td>Total</td>
<td>212</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Majority of Anganwadi workers ie; 63.7% were having an experience of more than 10 years.
- Majority of AWWs 93.4% were residents of the village where the AWC is located.
- Most of the AWWs 93.9% have undergone training at least once.
- Most of the AWWs 92% have undergone refresher training
- Most of the AWWs 92% felt that the training was practical oriented.

Discussion

Anganwadi Centre

Timing of AWC: All the 48 AWCs in the present study were opened between 8:30 am to 9:30 am and closed at 4 pm. Sandip B. Patil and Doibale MK in their study titled, ‘Study of Profile, Knowledge and Problems of Anganwadi Workers in ICDS Blocks: A Cross Sectional Study’ observed that the working time of AWCs was from 10am-1pm daily except in summer when the timings were from 9am to 12 noon.

Population covered by AWCs

Population norms for one AWC in plain areas are 400 – 800. [1] In the current study, only 14.6% of AWCs are covering the population upto 800. Three fourths of the AWCs studied are covering a population more than 1000 in the current study.

Pucca building

Out of the 48 AWCs studied, 38 (79.2%) centers were having a pucca building. The Committee on Empowerment of Women (2010-2011) eighth report, stated that 80.13% AWCs are running from pucca buildings. [5] In a cross sectional study titled, ‘Challenges in implementing ICDS scheme-A Study about facilities available in Anganwadi Centres of Greater Visakhapatnam Municipal Corporation, Andhra Pradesh, India’, done by Kanta Helena, Bhimarasetty Devi Madhavi and Pentakota J Srinivas, observed that of the 45 AWCs selected for the study, 71% were functioning in pucca buildings. [4]

Rented building

In this study out of 48 AWCs, 20 (41.7%) were running in rented building. The Committee on Empowerment of Women (2010-2011) in its eighth report said that about 37.47% AWCs/Mini-AWCs are running from rented buildings (pucca & kutcha) [5].
Drinking water
In this study, the safe water supply within the premises was present in 29 (60.4%) centres. The Committee on Empowerment of Women (2010-2011) in its eighth report said that, 51.87% of the AWCs have drinking water facilities. In another study done by The Health of the Urban Poor (HUP) team in urban AWCs of Dehradun, municipal water supply is present in the houses in which AWC are operating, some AWCs also get drinking water through public stand post and hand pumps, a few AWCs do not have water connection.

Functional sanitary latrine
In this study, functional sanitary latrine was present in 35 (72.9%) AWCs.

Essential medicines/ Medicine kits
In the present study, adequate supply of essential medicines were present in 45 (93.7%) centres.

Non-Formal Pre-School Education kits
In the present study NFPSE kits were present in 46 (95.8%) AWCs.

Salters scale
In this study Salter’s scale was present in 41 (85.4%) AWCs. The Committee on Empowerment of Women (2010-2011) in its eighth report observed that only 41.54% AWCs have toilet facilities. Cleanliness inside AWCs: In this study cleanliness inside the AWCs was satisfactory in ALtihe centers except one. Rajni Dhingra and Iesha Sharma observed that all the 60 AWCs studied in Jammu district of J&K state were broomed and mopped regularly. Cleanliness is better inside the AWCs in the current study as is the case with Rajni Dhingra and Iesha Sharma study.

Weight measurement
In the present study, weighing is done regularly in all the AWCs.

Immunization
In the present study immunization was done regularly in all the AWCs.

Health check-ups
In this study health check-ups are done regularly in 47 AWCs (i.e., 97.9%). Dixit S et al., observed that absence of routine health checkup of beneficiaries was the problem encountered under the project areas surveyed. Meenal M Thakare et al., observed that health check-ups are not conducted in any of the 45 AWCs studied in urban ICDS block of Aurangabad city.

Village health and nutrition days
In the present study Village health and nutrition days were being conducted by all the centers once in every month. Report on Assessment of Urban Anganwadi Centres in Uttarakhand in their study stated that health and nutrition days are being observed in rural AWCs, but it is practically non-operational in the urban AWCs.

Anganwadi Worker
Age of the AWWs
More than three-fourths (n=163, 76.9%) of the AWWs, who were made part of the study, were aged between 30 to

Nutrition & Health Education (NHED) kits
In the present study NHED kits are available in all the AWCs. Meenal M Thakare et al., observed that NHED material was present in all the

IFA tablets
In the present study IFA tablets are not available in 28 (58.3%) AWCs.

Vitamin A syrup
Vitamin A syrup is not currently available in 28 (58.3%) AWCs in the current study. Meenal M Thakare et al., observed that vitamin A syrup is not available with any of the 28 AWCs functional in Aurangabad city for the last 7-8 months.

More than three-fourths (n=163, 76.9%) of the AWWs, who were made part of the study, were aged between 30 to
49 years. Thakare Meenal M, et al., observed that of the 28 AWCs studied, 39.28% of AWWs were in the age group of 41-50 years, 25% each in the age group of 31-40 years and more than 50 years in the urban ICDS block of Aurangabad city. [12].

Marital status of the AWWs
In the present study, out of the 212 AWWs, 189 (89.1%) were married, 21 (9.9%) AWWs were widowed and only 1(0.5%) AWW was unmarried (Table no 13). A study done by Nagaraj G.M. et al., observed that all the Anganwadi workers in Kolar district were married [13].

Religion of the AWWs
In the present study majority of the AWWs i.e., 162(76.4%) are Hindus, 42(19.8%) are Christians and only 8(3.8%) were Muslims.
Vidya L Rao and Komala M in a cross-sectional study done on 408 AWWs of Mysore city observed that majority (90.9%) of them belonged to Hindu religion. [14] Majority of the AWWs follow Hinduism, similar to the other study.

Education of the AWWs
In the present study, majority of the AWWs 209 (98.6%) having education qualification of 10th class and above. 58 (27.4%) of AWWs are having Degree Qualification.
Thakare Meenal M, et al., observed that half of the 28 AWWs, in the urban ICDS block of Aurangabad city, were matriculate. [12]

Work Experience of AWWs
In the present study majority i.e. 135(63.7%) AWWs were having an experience of 10 years and more.
Thakare Meenal M et al., observed that 82.14% of the 28 AWWs in urban ICDS block of Aurangabad city, had an experience of more than 10 years [12]. Sandip B. Patil et al., observed that only 11 (22.2%) of the 49 AWWs studied in 2 ICDS blocks of Aurangabad city, had an experience of more than 10 years. [15]

Conclusion
Undoubtedly, whatever success ICDS programme has been able to achieve so far, it has been because of strong community support and cooperation. However, there is still much to be done in this direction to ensure community participation in ICDS programme at the expected level.

Acknowledgement
The author thankful to Dept of Community and Family Medicine for providing all the facilities to carry out this work.

Conflict of Interest
None

References