Report on the function of Anganwadi's taking ICDS program into Account.

ACKNOWLEDGEMENT/ MOTIVATION

Jharkhand State food commission is a state's quasi-judicial authoritative regulatory body set up under National Food Security Act to monitor the Food security Act. My survey was to be held around Anganwadi in Ranchi but due to the current protest of Anganwadi workers which led to the stalling of the Anganwadi centres, So I had to improvise my survey mostly by reviewing literature. Although I did the survey of some Anganwadi's in Bishunpur block of Gumla district, I met with some officials who are held accountable to run ICDS programme in both the district of Ranchi and Gumla. And thanks to my mentor Ranjana Kumari who helped me through my internship process along with Haldhar Mahto who helped me cleared my doubts.

I would remain thankful to the Chairman of the commission for providing internship under the commission, which experience will come handy in future aspects.

Challenges

When I came here in Jharkhand for internship I found that Anganwadi workers are on strike for their demand. This was the major challenge for me because I have to work on ICDS program and none of Anganwadi was Open. Second, problem which I faced here is my race many villagers in Bishunpur were thinking that I am an outsider . So, many times they did not want to reveal there secrets specially when I tried to talk with the parents of child who is enrolled in Anganwadi that's why some of my curious questions remain unanswered. I got the motivation from my state ICDS program and it's situation. Anganwadi's are the future of emerging India where it is the primary source of health nutrition and pre-school education, observing the condition of Anganwadi is asked has any official ever for surprise check, but to my surprise any governmental official hasn't ever checked the Anganwadi's. This is the third problem which I faced . Neither any governmental official has taken the initiative nor accountable to the public. So, I did My work based on literature , law and centre' guide line on ICDS and putting very little data of my primary work during internship.

Introduction

Children are the first call on agenda of development – not only because young children are the most vulnerable, but because the foundation for lifelong learning and human development is laid in the crucial early years. It is now globally acknowledged that investment in human resources development is a per-requisite for economic development of any nation. The first six years of a child's life are most crucial as the foundations for cognitive, social, emotional, physical, motor and psychological development are laid at this stage. As per Census of India 2001, there are 157.86 million children below six years of age, and many of them have inadequate access to health care, nutrition, sanitation, child care, early stimulation, etc. In India, Integrated Child development Service (ICDS) is currently the most significant government intervention programme for reducing the maternal and childhood malnutrition. In the broadest perspective the goal of the ICDS programme is to improve the quality of human resources in India by addressing the most vital and vulnerable section of the population- women and children. Based on the Directive Principle, the government of India started the ICDS programme in 1975 with support from UNICEF. ICDS was launched in 33 community Development Blocks. ICDS is India's response to the challenge of breaking a vicious cycle of malnutrition, impaired development, morbidity and mortality in young children. ICDS programme provides a well-integrated package of service through a network of community level Anganwadi centres (AWC).

Inspection

Integrated Child Development Services (ICDS) is a government programme in India which provides food, preschool education, and primary healthcare to children under 6 years of age and their mothers.

These are the services under ICDS

1. Immunization- it is efficient in every Anganwadi centre as claimed by The Anganwadi workers for the nurse mid-wife (NMW) comes every 1st Tuesday in one and on Thursday on the other for immunizing the children's and pregnant.
2. Supplementary nutrition
3. Health check-up
4. Referral services- if there are any children who looked deprived of nutrition is referred to the blocks health centre for supplementary nutrition. As claimed by the workers.

5. Pre-school education- as said by a worker quality of teaching is low and schooling has a notion of uniform, books and bags for children and chair and table to sit on. So, Children in some areas restrain from attending Anganwadi.
6. Nutrition and Health information- the workers although given training doesn't happen to keep records of the age for growth charts as they are not updated about new entitlement to be implemented.

On our field visit to Bishunpur I visited three Anganwadi centres where all three building has different tales to narrate. Firstly, Bhitar sharka Anganwadi kendra where the building structure was in bad shape with no proper sanitation and a single room which doesn't have basic requirements such as drinking water, black board and age for growth charts along with weighing scale. And the building has a single room for all activities and a separate kitchen which doesn't seems hygienic and child friendly as mention in the construction of AWCs order guidelines dated 13th august 2105. The building looks child terrifying rather than child friendly as there were holes one the walls rather than posters all around. And the matts were not clean also the room has all scattered with paper all around. Secondly, Bahar sharka Anganwadi kendra was the model AWC but couldn't have insight of the centre as the Anganwadi centre was closed and couldn't speak to the Anganwadi worker as the Anganwadi workers were protesting in Ranchi the same day. And the third, Hollang Anganwadi Kendra which doesn't even have a concrete structure of its own and the proceedings of the centre take place on a rented house of which the rent was not fixed.
Interview with the two Anganwadi workers has given same insight where they both do not have idea about age for growth chart and the problem they stated were similar like irregular honorarium and the procurement of food like dal Chana and dahlia, where they need to credit it from the local departmental for delay in reimbursement of the vouchers.
Although I have visited the District social welfare officer (DSWO) it wasn't productive she was had a busy schedule for the next 3 day and couldn't spare time for more than 10 minutes the day I visited.

Bhitar sharka Anganwadi Kendra
Established-2001
Worker- Dulari Devi,7321996017
No.of children's enrolled- 18
No. of children's present-9-10 as claimed by worker could cross verify as the centre was closed

Hollang Anganwadi Kendra,Hollang
Nilam Khalkho,8809139723
Bishunpur, panchayat
No. of children enrolled-31
No. of children's present daily-15-20 couldn't verify for the same reason above

Bhitar sarka anganwadi kendra

Under construction hollang Anganwadi from2007

Bahar Sarca model Anganwadi

Rented Hollang Anganwadi

Anganwadi centres are the primary health care centres at the grass root level where people refrain from sending their wards to Anganwadi for nutrition and pre school. Due to the incompetence of the Anganwadi workers in handling the children's and provide quality education for every parents now prefer to send their children to private play school only for education on the other hand Anganwadi provides them with nutrition and education. Hence states that parents prefer education over health and nutrition. So, in order to make Anganwadi centre productive and to meet the expectation of the parents Department Social welfare for women and child development must collaborate with the Department of human resource development to improve the quality of pre-school education.

The director office of Department of Social Welfare of women and Children Development stated only about the nutritional aspects of the programs whereas preschool education is given no priority. Where they have given only insight of

nutritional aspects although the acts mention of non-formal education now its high time the education is given equal priority with other aspects of the objectives.

Let me explain what ICDS actually stand for in Jharkhand

The ICDS program being a vital intervention of the governments at the central and state level and their universal obligation to alleviate malnutrition and to improve the nutritional and educational status of its children. Jharkhand is one of the eight states selected for intensive implementation under the ICDS-IV project. The Government of Jharkhand is dedicated to fulfil the vision set out in the Twelve Five Year Plan (2012-17) which are outlined below:

(1) Establish a mechanism for joint planning, implementation, monitoring, review and remedial action of convergence schemes at all levels

(2) Conduct Accreditation in all the districts of the state and dissemination of learnings

(3) In fulfilment of the constitutional obligation it seeks to provide early childhood care and education to all children up to the age of six years through 'Universalization of ICDS with Quality'

(4) Adopting an inclusive approach to reach the most vulnerable, particularly SC/ST and minorities Raise the level of nutrition of children below six years and pregnant and lactating mothers

(5) Undertake corrections in planning and implementation and promote policies to strengthen management of child development with effective and transparent service delivery

(6) Through decentralized management link integration of nutrition determinants viz. health services, sanitation and hygiene, safe drinking water, gender and social concerns and child care behaviours.

Here are some demands of Anganwadi Sevika's for which they closed the Anganwadi for approx. 15 days and violated the Right to Food which is entitled under Food Security Act, 2013.

Talking to the finance department on the demand for increase in honorarium of the service provider in the negotiations, the assurance was given to make the necessary decisions soon. Simultaneously covering the work of Chief Minister's health insurance scheme, applying the age limit according to the age fixed in the post / cadre, in the selection of women supervisor, to determine the number of visits to the service provider, other employees of the state government To determine an equivalent casual vacation, alternate 15-day summer vacation, Mini Anganwadi center services If honorarium equivalent worker, retirement was assured Manedey pay age to hold farewell to 65 years old, retirement, dress the part to include petticoat, dependent to give priority in the selection of worker assistant compassionate and strike period. Also, it was decided to get consultation with the Law Department for determining the process of hiring the selective service and assistant back.

Every 40 to 65 Anganwadi workers are supervised by one Mukhya Sevika. They provide on-the-job training. In addition to performing the responsibilities with the Anganwadi workers, they have other duties such as keeping track of who are benefiting from the programme from low economic status — specifically those who

Status Report of ICDS Anganwadi Workers and Helpers

Jharkhand	AWW			AWH			AWW/AWH		
	SAN	POS	VAC	SAN	POS	VAC	SAN (2+5)	POS (3+6)	VAC (4+7)
1	2	3	4	5	6	7	8	9	10
Total	38432	37708	724	35879	35092	787	74311	72800	1511

Infrastructure Facilities in Aanganwadi Centres

State- Jharkhand

Jharkhand	No. of Operational AWCs	Number of Aanganwadi Centres (AWCs) running from														No. of AWCs where drinking water is available	No. of AWCs where toilet water is available
		Govt. Building		Rented				Community									
				AWWs/AWHs		Others		Schools		Panchayats		Others		Open Space			
		Kutcha	Pakka	Kutcha	Pakka	Kutcha	Pakka	Kutcha	Pakka	Kutcha	Pakka	Kutcha	Pakka	Kutcha	Pakka		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Total	38432	110	20323	3836	2049	4550	4672	41	1152	14	691	53	841	21	79	19865	8293

belong to the malnourished category; guide the Anganwadi workers in assessing the age and weight of children and how to plot their weights; demonstrate effective methods, for example, in proiding health and nutrition education to mothers; and maintain statistics ofAnganwadi's and the workers to determine what can be improved. The Mukhiya Sevika then reports to the Child development Projects Officer (CDPO).

Data on Anganwadi Staff and infrastructure: source Department of Social welfare for women and Child Development.

Challenges and solutions

Anganwadi's are staffed by officers and their helpers, who are typically women from poor families. The workers do not have permanent jobs with comprehensive

retirement benefits like other government staff. Worker protests (by the All India Anganwadi Workers Federation) and public debates on this topic are ongoing. There are periodic reports of corruption and crimes against women in some Anganwadi centres. There are legal and societal issues when Anganwadi-serviced children fall sick or die.

In a major initiative, the centre is set to digitise the work of Anganwadi's starting with 27 most-backward districts in Uttar Pradesh: Jharkhand, Bihar, Madhya Pradesh, Rajasthan, Orissa and Andhra Pradesh. Anganwadi's will be provided with tablet computers to record data that will be integrated with the health ministry which is involved in carrying out immunisation, health check-ups, and nutrition education under the **ICDS.** But I fear that this would be failure where the AWW lack quality of competency.

"The average space available in the AWCs in our study was 108.97 ± 62.18 square feet, whereas the average number of children of 3–6 years of age enrolled was 37.34 ± 11.08, thus allowing space of approximately 3 square feet per child. The lack of adequate space, lighting and ventilation are known to hasten the spread of communicable diseases. Though no norms have been laid for the average area per child under ICDS, it is much less than the recommended per capita space of 10 square feet for students in schools of Jharkhand [2]. An appraisal of ICDS done in 2006 also reported that ~36% of Anganwadi's in urban areas lacked adequate indoor space. Furthermore, -35% of the AWCs lacked proper lighting and ventilation in our study. These findings are in agreement with the recent study by Thakare *et al*. where nearly 75% of the AWCs lacked a fan, and 36% lacked proper lighting [5]."

Anganwadi's is visited lacked a toilet, and also the study by Thakare*et al*. found that "56% of AWCs lacked a toilet facility". None of the AWCs has the presence of child-friendly toilets and some has No toilets. Lack of proper toilets is one major lagging in AWCs. Storage of drinking water and the method of drawing water are unhygienic in 20% of the AWCs. However, hand pumps and tap water were the main sources of

water in the majority of the AWCs. Anganwadi's I visited mostly had hand pump for drinking water and No Storage for Drinking water. There are only some Anganwadi's in Ranchi which has water line connection and safe Drinking water. To control the spread of water-borne infections, which are one of the leading causes of mortality and morbidity in the children not only the availability of safe drinking water is important but also its hygienic storage.

The effect of the lack of proper infrastructure was reflected by the poor attendance of children of 3–6 years at the AWCs. On asking the Anganwadi Workers the insights given are similar i.e. 'children asked for books, uniform and Bags, if asked why you didn't come to Anganwadi'? So, the Number of children decrease in terms of Pre-school Education. For pre-school activities, there were always fewer children than at the time of supplementary nutrition.

Regarding the services available at the AWCs the Anganwadi I visited did not have weighing scales, growth charts, drug kits and tools for pre-school education, which as per norms every AWC should have. The lack of weighing scales, growth charts and tools for pre-school education suggest that the AWCs are not able to fulfil the basic objectives with which the ICDS scheme was started. On asking about it at the director office the officer said that Everything is distributed as per norms and is functional but the ground world tells different story where forget equipment's the workers in bisunpur doesn't have idea about these tools.

The knowledge about the revised and pre-revised guidelines for the cost and calories allocated for the beneficiaries under ICDS was very poor among the Anganwadi workers. Without the knowledge of these norms, the workers may not be providing adequate services to the beneficiaries. This also suggests that the training activities of the Anganwadi workers have largely remained unsuccessful. When i asked the menu of Anganwadi Centre, khichdi and suzi are provided whereas Soya chunks are also mentioned to be provided but are not provided in Bisunpur.

ICDS scheme has not been adequately monitored and evaluated on a regular basis. Also, the lack of knowledge among AWWs regarding the revised norms further raises

a question of whether any supportive supervision or hand holding is being implemented in the ICDS scheme.

Conclusion

There is deficiency in the provision of services at the AWCs along with inadequate knowledge among Anganwadi workers regarding revised nutrition norms. The fact that the deficiency and inadequacy is not limited to any one project area suggests an urgent need to monitor and evaluate the scheme at all levels through effective supervision at each tier and to take corrective actions accordingly. Anganwadi workers need to be trained regularly and their knowledge updated from time to time followed by timely quality assurance of services. There is also a need to address the problems faced by the workers while delivering their duties. To make this vulnerable section more prominent this potential institution is facing a lot of challenges which includes: -

(1) Fund Allocation-
Anganwadi workers are getting 4,400
whereas, Helper gets only 2,200 which
has no significance in real terms according to present inflation in Indian economy?
They are helpless to be corruption and get additional amount.

(2) Poor Infrastructure; -

To ensure the smooth functioning of ICDS services, it must have its basic infrastructure. It is necessary for AWCs to be reflected as first Village/habitation post for health, nutrition and early learning platform on which two new schemes of SABLA or Rajiv Gandhi Scheme for Adolescent's Girls and IMGSY (Indira Gandhi Matritva Sahyog Yojana) also being implemented. The ICDS Scheme does not provide for construction of AWC buildings except in the North-Eastern states. States have been requested to tap funds for construction of AWCs.

(3) **Poor Human Resource:**

The effective delivery of ICDS services at village level, depend upon the right from CDPOs/ ACPOs to AWHs. In spite of supreme court order to fill the vacant position of front line health workers still the there is huge backlog of vacancies. The Consistent absence of critical staffs at operational projects indicated that the expansion of ICDS to more and more new areas was ineffective. In ICDS the role of Anganwadi workers, Helpers and supervisors are more important.

"Government position in social sector should have an adequate representation of women".

(4) **Lack of Training and New Updates: -**

Achievement of the ICDS programme goals largely depends upon the training and continuous capacity building of ICDS functionaries. (16) The ICDS programme in India had been uses IAP (Indian Academy of Paediatrics) standards for monitoring the growth of children aged under 6 years. All major national surveys carried out in India by the National Nutrition Monitoring Bureau, the National Family Health Survey and the District Level Household Survey has used IAP standards to estimate the prevalence of under nutrition. Furthermore, in clinical settings weight for age is a widely used indicator, and most clinicians use IAP standards. But where ever I visited, I found that Workers and Helpers have not enough knowledge about any standards. Non- formal pre-education may well be considered as the backbone of the ICDS scheme. Non –formal pre-school education is provided at the age of 3-6 years children in a play way method for preparing them for formal/primary schooling. Keeping this in mind ICDS guidelines (July 2000) stipulated State/UT for the procurement of PSE kits and distribution thereof to AWCs on yearly basis. This kit is used as tool for the best suited pedagogy for the growing children. The ministry also provided funds Rs 500 for each kit and the it has been enhanced up Rs 1000 for each kit to distributes in states/UT. But I did not find anything in any Anganwadi. Even growth chart was not available in some Anganwadi.

Community mobilization

ICDS is basically a community-based program and its success depends on active community participation. It is the responsibility of this institution to make aware of their facilities being provided to women and children. IEC (Information education and Communication) plays a strong role in creating awareness among the mass. The State government used to prepare annual implementation plan after assessing communication needs for a particular community/region and accordingly formulate IEC strategy. Having in place an effective national system of information, education and communication on care practices is essential for the effective functioning of ICDS. Different channels of communication must be utilized to ensure that parents, panchayat members, communication leaders, ASHA and others have easy access to the necessary information. The role of AWW is to educate, mobilize and organize the community so that they can participate in the ICDS program actively for the cause of child survival and development.

Recommendations; -

1. The present felt need of communities is that buildings for AWCs should be constructed with toilet facilities, and these centres should be provided with utensils like plates, spoons, soap,
etc.
2. Dry supplementary food should be provided during winter, and yearly supply of food materials should be given in place of half yearly rations.
3. Technical assistance should be provided to project functionaries for taking up income generation
activities (IGA) by SHGs for women.
4. AWWs should take interest in all activities of the project.
5. There is need for repair or replacement of bins and other storing equipment's.
6. Filling up posts of supervisors and CDPOs should be done on a priority basis.
7. Surprise check of Anganwadi Centres as per mentioned in the monitoring cell must take place.
9. Honorarium of Anganwadi staff must be increased to encourage them to work proficiently.

10. Introduction of Day Care facilities so parents going to work can be relaxed and on the other hand increasing the working hours of the Anganwadi. Thus, making them regular employees of the government.

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