



EVALUATION OF CO-ORDINATION BETWEEN ICDS STAFF AND HEALTH STAFF OF ICDS SCHEME: A CASE STUDY OF BARNALA DISTRICT OF PUNJAB

Dr. Sarbjit Singh Kular

Assistant Professor in Public Administration, Guru Gobind Singh College, Sanghera (Barnala).

Abstract

Integrated Child Development Services (ICDS) has been operating in the parts of Punjab for decades. Present study was conducted to assess the co-ordination among the Anganwadi workers, Supervisors, Child Development Project Officers (CDPOs) and Health staff at grass root level in Barnala district of Punjab. For this purpose, all three ICDS projects operating in Barnala district namely Barnala, Sehna, Mehal Kalan were selected. Further 10 Anganwadis each from Barnala, Sehna and Mehal Kalan ICDS project were selected randomly. In order to reach out the ultimate sampling units, 30 Anganwadi Workers (AWWs) were selected by selecting one worker each from sample Anganwadi. The study showed that a high majority 83.33% of the AWWs reported that CDPO did not visit Anganwadi Centers (AWCs) even once which show the irresponsibility of CDPO towards the discharge of their duties. An extremely high majority (90%) of AWWs revealed that Supervisor visited the AWCs during the whole year of 2011. A majority (76.66%) AWWs reported that the Auxiliary Nurse Midwife (ANM) visited more than two times at the AWWs. It was sad to find that a 96.66% of AWWs answered that Lady Health Visitor (LHV) did not visit any time at AWCs from 1st January, 2011 to 31st December, 2011. It was also surprising to note that a high majority (86.66%) of the AWWs answered that medical officer did not visit at AWCs during this period.

Key Words: ICDS, AWW, AWC, ANM, CDPO, LHV.

Introduction

The Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children, pregnant women and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. ICDS was launched on 2nd October 1975, on the auspicious occasion of the 106th birth anniversary of Mahatma Gandhi, the Father of the Nation.ⁱ In the initial stages ICDS was implemented in 33 selected community development blocks all over India. ICDS has expanded considerably in subsequent years and at present there are 7076 sanctioned projects, 7025 operational projects in India and 155 sanctioned and 154 operational projects in Punjab. Services under the scheme are being provided through a net-work of about 1331076 operational *Anganwadi* centers in India as well as 26656 operational *Anganwadi* centers in Punjab.ⁱⁱ The programmed beneficiaries are children below 6 years, pregnant women and lactating mothers for supplementary nutrition, immunization, health check ups, referral services. Women in the age group of 15-45 years and adolescent girls up to the age 18 years for health and nutrition education and children from three to six years of age are beneficiaries for non-formal pre-school education. All children below 6 years of age, pregnant women and lactating mothers are eligible for availing of services under the ICDS Scheme. BPL is not a criterion for registration of beneficiaries under ICDS. The Scheme is universal for all categories of beneficiaries and in coverage.ⁱⁱⁱ The focal point for the delivery of ICDS services in an *Anganwadi*^{iv}-a child care center located within the village or slum area itself. Each *Anganwadi* Centre (AWC) is run by an *Anganwadi* worker (AWW) and a helper and usually covers a population of 400 to 800 in rural and urban areas and 300 to 800 in tribal and hilly areas. Vijay Ratta^v is his book (1997) gave details about genesis, growth, components of ICDS and described a package of seven services comprising supplementary nutrition, immunization, health check-ups, and referral services' treatment of illness, Nutrition and health education and non-formal pre-school education which are provided under ICDS. Regarding it, S.L. Goel^{vi} observed that the ICDS scheme aims to improve the nutritional and health status of pre-school children, pregnant women and nursing mothers through providing a package of services including supplementary nutrition, pre-school education, immunization, health checkups, referral services and nutrition and health education. Manisha Jain^{vii} rightly pointed out that the objectives of the ICDS mission would be to institutionalize essential services and strengthen structure at all level. There is a plan to roll out strengthened and restructured ICDS in three years beginning with 200 high burden districts in the first year 2012-13 and so on.

The main focus of ICDS is to break the inter-generational cycle of malnutrition. In practice, this focus translates into Supplementary Nutrition programme, distribution of IFA tablets, vitamin supplements for infants and children, growth monitoring of children from birth to age six, distribution of supplements to adolescent girls as well as dissemination of information, dissemination of knowledge about basic healthcare and hygiene to women especially pregnant women and nursing mothers, regular health check-up of women and children, immunization, and referral services and pre-schooling for 3-6 year old children.^{viii}



Three of the ICDS programme components like health check-up, immunization, and referral services are provided by Health department from its Sub-centres. Each Sub-centre has a designated First Referral Unit (known as FRUs) where an ANM is supposed to refer problematic cases before a medical case becomes an emergency case. In order to prevent a simple case becoming a medical emergency case, an ANM is supposed to conduct regular health check-up, ensure that the health of vulnerable women and children are regularly monitored, and timely action is taken at sub-centre level itself. Other three components of ICDS programme like pre-school education, nutrition and health education and supplementary nutrition ration are provided by Ministry of Women and Child Development through its Anganwadi centres.

The ICDS scheme is expected to be implemented with effective co-ordination among ICDS staff as CDPO, Supervisors and Anganwadi workers and health staff as Medical Officers, LHVs and ANWs at the project (Block) level. The CDPO acts as the coordinator of the ICDS team at the project level. Keeping in view the relevance and effectiveness of the world's largest and most unique ICDS programme, present study was conducted to assess the co-ordination among Anganwadi workers, Supervisors, CDPOs and Health staff at Project level in Barnala district of Punjab.

Methodology

In order to achieve the stipulated objectives of the present study, all three ICDS projects; namely Sehna ICDS project and Mehal Kalan ICDS project were selected from Barnala district of Punjab. The ICDS projects so selected were Barnala, Sehna, Mehal Kalan. Further 10 *Anganwadis* each from ICDS project were selected randomly. In order to reach out the ultimate sampling units, 30 Anganwadi Workers (AWWs) were selected by selecting one worker each from sample Anganwadi. For collection of primary data, responses were elicited from the chosen sample through open and close ended questions in the schedule through personal interview method. Schedule were designed in English and for the convenience of the respondents it were translated in Punjabi which is common language spoken in the Barnala district. Besides this, secondary sources of information like books, articles, and newspaper clippings, articles in research journals, websites and reports were also consulted to collect the factual data concerning the study. The study was conducted during August to December 2012. The data from the total sample of 30 Anganwadi workers was edited. The data collected was analyzed manually and tabulated.

Findings of the Study

Personal interviews with Anganwadi workers brought important results and major ones are presented in the tabular form below. Table numbers 1 to 5 are based on the responses of Anganwadi workers.

Table 1: Number of Anganwadis Visited by CDPO from 1st January, 2011 to 31st December, 2011 (Anganwadi Workers)

Attributes	Responses			Responses of Total AWWs
	Barnala ICDS Project	Sehna ICDS Project	Mehal Kalan ICDS Project	
Visited not even once	10(100)	10(100)	05(50)	25(83.33)
Once	---	---	03(30)	03(10.00)
Twice	---	---	---	---
More than two time	---	---	02(20)	02(06.66)
Total	10	10	10	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

The CDPO undertakes field visits periodically. Their tour programme is normally chalked out in consultation with Primary Health Centre doctors. She is expected to tour for at least 18 days in a month outside her headquarter. It was shocking to see from Table 1 that a high majority (83.33%) of the AWWs reported that CDPO did not visit even once at AWCs during this period. About 10% AWWs said that CDPO visited once at AWCs. Merely two (6.66%) of the AWWs replied that CDPO visited more than two times at the AWCs.

The finding also indicated that no CDPO visited at AWCs as per recommended norms which show the irresponsibility of CDPO towards the discharge of their duties. It is a sad reflection on the work and seriousness of CDPO.



Table 2: Number of Anganwadis Visited by Supervisor from 1st January, 2011 to 31st December, 2011 (Anganwadi Workers)

Attributes	Responses			Responses of Total AWWs
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
Visited not even once	----	----	----	-----
Once	----	----	----	-----
Twice	-----	03(30)	-----	03(10.00)
More than two time	10(100)	07(70)	10(100)	27(90.00)
Total	10	10	10	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

The Ministry of Women and Child Development, Government of India recommended that supervisor must visit each AWC every month. She is expected to tour for 20 days in month outside her headquarters. A perusal of the data of Table 2 shows an extremely high majority (90%) of AWWs revealed that supervisor visited the AWCs during the whole year of 2011 only more than two times! 10% of the AWWs replied that supervisor visited twice in year at the AWCs.

It was deeply distressing to find that no supervisor visited the AWCs as per recommended norms. Despite reasons like lack of interest among the Supervisors, too much work load on them, non-availability of transport etc., this highly insufficient work performance of Supervisor is deplorable.

Table 3: Number of Anganwadis Visited by ANM from 1st January, 2011 to 31st December, 2011 (Anganwadi Workers)

Attributes	Responses			Responses of Total AWWs
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
Never visited	----	07(70)	----	07(23.33)
Once	----	----	----	-----
Twice	-----	----	----	-----
More than two times	10(100)	03(30)	10(100)	23(76.66)
Total	10	10	10	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

ANM is supposed to be co-coordinating her activities with AWWs and also giving assistance and guidance to AWWs of her areas in proper identification and enlistment of beneficiaries for supplementary nutrition feeding programme under ICDS. Table 3 provides vivid information about ANMs visited at AWCs. A high majority (76.66%) AWWs of the selected sample reported that the ANM visited more than two times at the AWCs from 1st January, 2011 to 31st December, 2011. But 23.33% of the AWWs replied that the ANM did not visit the AWCs during this period. The co-operation from ANMs to the AWWs was good to some extent only.

Table 4: Number of Anganwadis Visited by LHV from 1st January, 2011 to 31st December, 2011 (Anganwadi Workers)

Attributes	Responses			Responses of Total AWWs
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
Never visited	10(100)	09(90)	10(100)	29(96.66)
Once	----	01(10)	----	01(03.33)
Twice	-----	----	----	-----
More than two times	-----	----	----	-----
Total	10	10	10	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.



As per the norms of the government of India, LHV should be carrying out joint field visits with Supervisors and making home visits in the areas of different ANMs and AWWs. Table 4 clearly indicates that a high majority (96.66%) of AWWs answered that LHV did not visit any time at AWCs from 1st January, 2011 to 31st December, 2011. Merely one (3.33%) of the AWW reported that LHV visited once at the AWC during this period.

It was shocking to note that no LHV visited at AWCs as per recommended norms.

Table 5: Number of Anganwadi Visited by MO from 1st January, 2011 to 31st December, 2011 (Anganwadi Workers)

Attributes	Responses			Responses of Total AWWs
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
Never visited	10(100)	10(100)	06(60)	26(86.66)
Once	----	----	02(20)	02(06.66)
Twice	----	----	02(20)	02(06.66)
More than two times	----	----	----	-----
Total	10	10	10	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

The Medical Officer (MO) in consultation with the CDPO, prepares a monthly plan of supervisory visits by ANMs centres to AWCs on fixed days. He also helps in enumeration of pregnant and nursing mothers and children under six years of age and assess their health and nutrition status. It is evident from the Table 5 that a high majority (86.66%) of the AWWs answered that MO did not visit any time at AWCs. Some (6.66%) reported that MO visited once at AWCs during this period. The next of the 6.66% AWWs replied that MO visited twice at AWCs during this period.

It was disappointing to find that no MO visited regularly at the AWCs as per recommended norms. It shows that there was inadequate co-operation from MO to the ICDS staff.

Conclusion

Summing Up the study on co-ordination among the Anganwadi workers, Supervisors, CDPOs and Health staff at grass root level shows that a high majority 83.33% of the AWWs reported that CDPO did not visit AWCs even once no which show the irresponsibility of CDPO towards the discharge of their duties. An extremely high majority (90%) of AWWs revealed that supervisor visited the AWCs during the whole year of 2011. A majority (76.66%) AWWs reported that the ANM visited more than two times at the AWWs. It was sad to find that a 96.66% of AWWs answered that LHV did not visit any time at AWCs from 1st January, 2011 to 31st December, 2011. It was also surprising to note that a high majority (86.66%) of the AWWs answered that medical officer did not visit at AWCs during this period.

The children of today are the future of tomorrow. "There is growing evidence from the fields of neuroscience, social science and psychology that the first five years play a significant role in children's learning. Recent findings reveal that the environment plays an important role in children's development Therefore, it is very important to effective co-ordination among CDPO, Supervisors and Anganwadi workers and health staff for proper implementation of ICDS programme. Based on the present experiences, there is a need to further improve the coordination between the ICDS and the health staff. The CDPOs and the MOs of PHC should conduct joint visits to the Anganwadi areas to increase the performance of the programme. AWWs and ANMs and ASHA should work in close collaboration. Ways and means need to be worked out to make them join hands for taking care of the health needs of women and children.

References

1. T.Mamata and D.Sarada, Child Right, Discovery Publishing House Pvt. Ltd., New Delhi, 2009, p. 6
2. Annual Report 2012-2013, Ministry of Women and Child Development, Government of India, New elhi, p. 223.
3. Ibid
4. Anganwadi in Gujarati language from which it was taken means "Courtyard Garden", (Angan mean Courtyard and wadimean garden). The expression Anganwardi was first used officially in the report of Mina Swaminathan committee on pre-school education in 1972, appointed by the then Ministry of Education a Social Welfare.
5. Vijay Rattan, Integrated child Development Services Program administration, S.Chand and company Ltd, New Delhi,1997.
6. S L. Goel, Health Care System and Management, Deep & Deep Publication Pvt.Ltd., New Delhi, 2004.
7. Manisha Jain, Strengthening and Restructuring of ICDS Scheme, Yojana, Vol.57, No.1, January, 2013, pp. 64-65.
8. Shrivastava, Arun, Quick Review of Working of ICDS in Rajasthan, Society for Economic Development and Environmental Management, New Delhi, 2005, p. 76.