



## A COMPARATIVE STUDY ON CO-ORDINATION AMONG ICDS STAFF IN PUNJAB AND RAJASTHAN STATES OF INDIA

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### **Abstract**

The present study attempted to assess the co-ordination among employees of ICDS scheme in Punjab and Rajasthan state of India. The study shows that a majority 75% of the AWWs in Punjab and 77.50% AWWs in Rajasthan did not undertake twenty home visits in a month as per recommended norms. About 65% of the AWWs in Punjab and 60% AWWs in Rajasthan undertook the home visits to educate the pregnant women and lactating mothers about the health and nutrition needs. The finding also indicated that no CDPO in both states visited at AWCs as per recommended norms which show the irresponsibility of CDPO towards the discharge of their duties. A high majority 90% of AWWs in Punjab and 95% Of the AWWs in Rajasthan reported that the supervisor visited more than two times at the AWWs. A high majority 92.50% of AWWs in Punjab and 90% of the AWWs in Rajasthan reported that the ANM visited more than two times at the AWWs during this time. It was sad to find that all 100% of AWWs in Punjab and 95% Of the AWWs in Rajasthan answered that LHV did not visit more than two times at AWCs from 1<sup>st</sup> January, 2019 to 31<sup>st</sup> December, 2019. It was also surprising to note that no medical officer visited at AWCs in Punjab and Rajasthan state of India as per recommended norms.

**Keywords:** *Integrated Child Development Services (ICDS), Anganwadi Workers (AWW), Child Development Project Officer (CDPO), Auxiliary Nurse Midwife (ANM), Lady Health Visitor (LHV), Medical Officer (MO).*

The Integrated Child Development Services (ICDS) Scheme was launched on 2<sup>nd</sup> October 1975, on the auspicious occasion of the 106<sup>th</sup> birth anniversary of Mahatma Gandhi, the Father of the Nation<sup>i</sup>. The programmed beneficiaries are children below 6 years, pregnant women and lactating mothers for supplementary nutrition, immunization, health checkups, 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. Below Poverty Line (BPL) is not a criterion for registration of beneficiaries under ICDS. The Scheme is universal for all categories of beneficiaries and in coverage. Rattan (1997)<sup>ii</sup> 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. S.L. Goel (2004)<sup>iii</sup> in his book observed that the ICDS scheme aims to improve the nutritional and health status of women through providing a package of services including supplementary nutrition, immunization, health check-ups, referral services and nutrition and health education. Manisha Jain<sup>iv</sup> 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 years 2012-2013 and so on

The focal point for the delivery of ICDS services in an *Anganwad*-a child care center located within the village or slum area itself. An Anganwadi Centre (AWC) usually covers a population of 400 to 800 in



rural and urban areas and 300 to 800 in tribal and hilly areas.<sup>v</sup> 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.<sup>vi</sup>

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, LHV's and ANW's at the project level.

### Objective and Methodology

The scope of present study was to assess the co-ordination between headquarters and field level of the ICDS delivery system in Punjab and Rajasthan States of India. **For this study**, eight districts selected from the Punjab state and again eight districts selected from the Rajasthan state. Further, 05 Anganwadi Centers selected from each selected district for the study from both states. Here one Anganwadi center selected from one village. Therefore, 40 Anganwadi workers selected from Punjab state and again 40 Anganwadi workers selected from Rajasthan state of India. A total of 80 Anganwadi Workers were selected for the study those were running Anganwadi Centers involved for the study. Only those Anganwadi Workers were selected for this study those have been working as Anganwadi Workers for at least five years or more. The **objective** of the study was:

1. To assess the co-ordination among in ICDS staff in Punjab and Rajasthan state of India.

### Findings of the Study

Personal interviews with Anganwadi Workers brought important results and major ones are presented in the tabular form below.

**Table 1: How many home visits have you undertaken in a month?  
 (Anganwadi Workers)**

Attributes	Responses of Total AWWs in Punjab	Responses of Total AWWs in Rajasthan
Twenty	10(25.00)	09(22.50)
Fifteen	17(42.50)	19(47.50)
Ten	13(32.50)	12(30.00)
Any others	-----	-----
Total	40(100)	40(100)

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



Anganwadi workers are responsible for survey of the community and enlisting beneficiary children below six years of age, pregnant women and nursing mothers by way of home visits. Vital statistics particularly of new births and deaths are also being recorded and handicapped exploited and destitute children are listed. Under the present investigations as described in Table 1, it was clearly indicated in Punjab that near one third (32.50%) of AWWs undertaken ten home visits in one month during this time while 25% AWWs used twenty days in a month for home visits for identifying the beneficiaries and the next of the 42.50% of the AWWs undertaken fifteen days for home visits in a month. It was found in Rajasthan that about 30% of AWWs answered that they have undertaken ten home visits in one month. About 22.50% AWWs replied that they utilized twenty days in a month for home visits for enlisting the beneficiaries. Remaining 47.50% of the AWWs reported that they have undertaken fifteen days for home visits in a month.

The findings also indicated that a majority 75% of the AWWs In Punjab and 77.50% AWWs in Rajasthan did not undertake twenty home visits in a month as per recommended norms. It shows a poor performance of AWWs.

**Table 2: What is the purpose of these home visits? (Anganwadi Workers)**

Attributes	Responses of Total AWWs in Punjab	Responses of Total AWWs in Rajasthan
Educate the parents of malnourished and sick children	-----	02(05.00)
Educate pregnant women and lactating mothers	26(65.00)	24(60.00)
To motivate parents of those children who do not attend Anganwadi regularly	14(35.00)	14(35.00)
Any others	-----	-----
Total	40(100)	40(100)

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

As per norms, AWWs are required to pay home visits for educating the pregnant women and nursing mothers. As given in Table 2, it was explored in Punjab that a majority (65%) AWWs undertook the home visits with a purpose to educate the pregnant women and lactating mothers about their health and nutritional needs and remaining 35% of the AWWs undertook the home visits in order to motivate the parents of those children who did not attend Anganwadi centres regularly. The data under present investigation indicated in Rajasthan that a majority 60% AWWs viewed that they took initiative for the home visits with a purpose to educate the pregnant women and lactating mothers about their health and nutritional needs. About 35% of the AWWs reported that they undertook the home visits in order to motivate the parents of those children who did not attend Anganwadi centers regularly. Merely two (05%) of the AWWs answered that they took initiative for the home visits to educate the parents of malnourished and sick children.



**Table 3: Number of Anganwadis visited by CDPO from 1st January, 2019 to 31st December, 2019.  
(Anganwadi Workers)**

Attributes	Responses of Total AWWs in Punjab	Responses of Total AWWs in Rajasthan
Visited not even once	17(42.50)	09(22.50)
Once	08(20.00)	08(20.00)
Twice	10(25.00)	16(40.00)
More than two time	05(12.50)	07(17.50)
Total	40(100)	40(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 3 that near half 42.50% of the AWWs in Punjab reported that CDPOs did not visit even once at AWCs during this period, while about 20% AWWs viewed that CDPOs visited once at AWCs, one forth 25% of the AWWs answered that CDPOs went two time at AWCs and the next of the 12.50% AWWs said that CDPOs went more than two time at AWCs during this time. It is evident from the data in Rajasthan that nine (22.50%) of the AWWs answered that CDPOs did not visit never at AWCs, whereas 20% AWWs reported that CDPOs went once at AWCs, about 40% of the AWWs viewed that CDPOs visited twice at AWCs during this time and the remaining 17.50% AWWs reported that CDPOs visited more than two time at AWCs. The finding also indicated that no CDPO in both states 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 4: Number of Anganwads visited by Supervisor from 1<sup>st</sup> January, 2019 to 31<sup>st</sup> December, 2019. (Anganwadi Workers)**

Attributes	Responses of Total AWWs in Punjab	Responses of Total AWWs in Rajasthan
Visited not even once	-----	
Once	-----	
Twice	04(10.00)	02(05.00)
More than two time	36(90.00)	38(95.00)
Total	40(100)	40(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 4 shows in Punjab that a high majority (90%) of AWWs answered that supervisor visited the AWCs more than two times during this time and the remaining 10% of the AWWs reported that supervisor visited twice in year at the AWCs in 2019. The data also indicated that an extremely high majority (95%) of AWWs revealed that supervisor visited the AWCs during the whole year of 2019, more than two times! 05% of the AWWs replied that supervisor visited twice in year at the AWCs. It was deeply distressing to find that very few supervisors visited the AWCs



in Punjab and Rajasthan as per recommended norms. Despite reasons like lack of interest among the Supervisors, too much work load on them, non-availability of transport etc., and this highly insufficient work performance of Supervisor is deplorable.

**Table 5: Number of Anganwadis visited by ANM from 1st January, 2019 to 31st December, 2019- (Anganwadi Workers)**

Attributes	Responses of Total AWWs in Punjab	Responses of Total AWWs in Rajasthan
Never visited	-----	-----
Once	-----	02(05.00)
Twice	03(07.50)	02(05.00)
More than two times	37(92.50)	36(90.00)
Total	40(100)	40(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 5 provides vivid information about ANMs visited at AWCs. A high majority (92.50%) AWWs of the selected sample in Punjab reported that the ANM visited more than two times at the AWCs from 1<sup>st</sup> January 2019 to 31<sup>st</sup> December 2019. But 07.50% of the AWWs replied that the ANM visited twice at the AWCs during this period. Again, a high majority (90%) of the AWWs under the present study in Rajasthan replied that the ANM visited more than two times at the AWCs during this time, while merely two (05%) of the AWWs answered that the ANM visited two time at the AWCs and the next of the two (05%) of the AWWs reported that the ANM visited one time at the AWCs during this period.

The co-operation from ANMs to the AWWs was good to some extent only.

**Table 6: Number of Anganwadis visited by LHV from 1<sup>st</sup> January 2019 to 31<sup>st</sup> December, 2019. (Anganwadi Workers)**

Attributes	Responses of Total AWWs in Punjab	Responses of Total AWWs in Rajasthan
Never visited	20(50.00)	11(27.50)
Once	09(22.50)	17(42.50)
Twice	11(27.50)	10(25.00)
More than two times	-----	02(05.00)
Total	40(100)	40(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 6 clearly indicates in Punjab that half (50%) of AWWs answered that LHV did not visit any time at AWCs from



1<sup>st</sup> January 2019 to 31<sup>st</sup>December 2019, while nine (22.50%) of the AWW reported that LHV visited once at the AWC during this period and remaining eleven (27.50%) of the AWW replied that LHV visited twice at the AWC during this period. It is clearly indicated in Rajasthan that eleven (27.50%) of AWWs reported that LHV did not come at AWCs during this time. About 42.50% of the AWW viewed that LHV visited one time at the AWCs, whereas one fourth (25%) of the AWW answered that LHV visited two times at the AWC and the next of the two (05%) of the AWWs replied that LHV came more than two times at the AWC during this period'

It was shocking to note that no LHV in Punjab and Rajasthan states of India visited at AWCs as per recommended norms.

**Table 7: Number of Anganwadi visited by MOs from 1st January, 2019 to 31st December, 2019. (Anganwadi Workers)**

Attributes	Responses of Total AWWs in Punjab	Responses of Total AWWs in Rajasthan
Never visited	14(35.00)	12(30.00)
Once	21(52.50)	16(40.00)
Twice	05(12.50)	10(25.00)
More than two times	-----	02(05.00)
Total	40(100)	40(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 7 that near one third (35%) of the AWWs in Punjab answered that MO did not come at AWCs for the health check-ups of beneficiaries, while five (12.50%) reported that MO came two times at AWCs during this period. The next of the more than fifty percentages (52.50%) AWWs replied that MO came once at AWCs during this period. It is found from the data in Rajasthan that about 30% of the AWWs reported that MO did not visit any time at AWCs during this time. One fourth 25% AWWs viewed that MO visited twice at AWCs for the health check-ups of beneficiaries, whereas merely two (05%) of the AWWs said that MO visited more than two times at AWCs and the remaining sixteen (40%) of the AWWs answered that MO visited once at AWCs from 1<sup>st</sup> January to 31<sup>st</sup> December 2019. It was disappointing to find that no MO visited regularly at the AWCs in Punjab and Rajasthan state of India as per recommended norms. It shows that there was inadequate co-operation from MO to the ICDS staff.

### Conclusion

The study on co-ordination among employees of ICDS staff as CDPO, Supervisors and Anganwadi workers and health staff as Medical Officers, LHVs and ANWs in Punjab and Rajasthan shows that a majority 75% of the AWWs In Punjab and 77.50% AWWs in Rajasthan did not undertake twenty home visits in a month as per recommended norms. About 65% of the AWWs in Punjab and 60% AWWs in Rajasthan undertook the home visits to educate the pregnant women and lactating mothers about the health and nutrition needs. The finding also indicated that no CDPO in both states visited at AWCs as per recommended norms which show the irresponsibility of CDPO towards the discharge of their duties. A high majority 90% of AWWs in Punjab and 95% Of the AWWs in Rajasthan reported that the



supervisor visited more than two times at the AWWs. A high majority 92.50% of AWWs in Punjab and 90% of the AWWs in Rajasthan reported that the ANM visited more than two times at the AWWs during this time. It was sad to find that all 100% of AWWs in Punjab and 95% Of the AWWs in Rajasthan answered that LHV did not visit more than two times at AWCs from 1<sup>st</sup> January, 2019 to 31<sup>st</sup> December, 2019. It was also surprising to note that no medical officer visited at AWCs in Punjab and Rajasthan state of India as per recommended norms. The present administrative environment generally encourages organization to develop strong work ethics among employees because it facilitates organization to increases the commitment of employees, enhances employee productivity, encourages employees to accept responsibilities, improve the capability of employees, facilitates to act within the purview of rules and regulations, team work, understanding among different positions of organization properly, attain the basic objectives of organization, fair behavior come out from each employees of organization at work place. But the present study revealed that the co-ordination among employees of ICDS scheme at project level were not satisfactory. The proper implementation of the social welfare scheme was impeded by many constraints such as lack of commitment of employees, lack of team work, lack of perform proper job responsibilities, etc. In view of this the study has recommended that the government should issue necessary instructions to concerned employees of ICDS scheme at project level for increase their job performance in close collaboration and every organization needed a sound system for develop the co-ordination among employees for proper implementation of government schemes especially social welfare scheme such as ICDS.

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