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An evaluative Study of ICDS in Kashmir

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The scheme of Integrated Child Development Service is the foremost symbol of India's commitment to her children. India's response to the challenge of providing pre – school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and morbidity, on the other. Despite of the fact that huge allocations have been made by the Central Government for ICDS in Jammu and Kashmir, the development in basic infrastructure and improvements in amenities/facilities has been inadequate, especially in rural areas of the state. Hence, it becomes imperative at this stage to know as to what extent these schemes have been in a position to achieve the stated objectives and what are the challenges for efficient implementation of the programme? This study is a modest attempt in this direction to undertake a firsthand study of efficacy of the programme in rural areas of Kashmir valley. 100 ICDS centers in remote rural settings from four districts of the valley viz. Budgam, Anantnag, Ganderbal and Baramulla have been studied on case to case basis to draw the relevant inferences. These remote rural settings were chosen purposively to gain an understanding of the problems faced by the children who live on margins.

Need and Relevance of the study: Government of India is implementing a number of Centrally Sponsored Schemes (CSS) in the areas of rural development, urban development, health and family welfare, education, agriculture, women and child development, sanitation, housing, safe drinking water, irrigation, transport, border area development, social welfare throughout the Country, including Jammu and Kashmir. The main objectives of all these schemes are to generate employment, reduce poverty & economic inequality and improve the quality of life. Besides, some of these schemes aim at creation of basic infrastructure and assets essential for economic development in rural areas. Despite of the fact that huge allocations have been made by the Central Government through Centrally Sponsored Programme of ICDS in Jammu and Kashmir, the development in basic infrastructure and improvements in amenities/facilities has been inadequate, especially in rural areas of the state. Hence, it becomes imperative at this stage to know as to what extent this scheme is in position to achieve the stated objectives. Such an exercise will help to identify the problems/short comings in implementation of this service. It will also help the policy makers and implementing agencies to introduce the necessary interventions to enhance the efficiency of the programme and to ensure better utilization of the resources.

Methodology and objectives: The present study has been carried out in line with the qualitative research strategy. 100 ICDS centers in remote rural settings from four districts of the valley viz. Budgam, Anantnag, Ganderbal and Baramulla have been studied on case to case basis during the time period of January 2012 to January 2013 to draw the relevant inferences. These centers were selected by simple random sampling and the samples were equally drawn from all the districts i.e. 25 centers from each district. These remote rural settings were chosen purposively for the study so as to gain an understanding of the problems faced by the children who live on margins. Interview schedule based on various qualitative questions and also including few questions related to quantitative information was used as the main research tool for the data collection. Besides, some inferences were also supplemented by informal interviews and non participant observation. An objective analysis has been generated from the study which provided the basis for arriving at firm conclusions based on the following objectives detailed hereunder:

- To analyse the availability of infrastructure related to various services of the ICDS scheme in the Anganwadi centers.
- To identity the issues, problems in terms of infrastructure, functioning, and community response regarding these Anganwadi centers.
- To evaluate the functioning of Anganwadi centers and also the challenges of community response towards these centers.
- To recommend suggestions for the proper functioning of these centers.

Introduction: For a child, family is the primary social institution where one seeks love and affection; care and protection; and the fulfilment of his basic physical, emotional and psychological needs. The transition from joint family system to nuclear family, the rising cost of daily necessities and various other economic and social compulsions are compelling reasons to take gainful employment, (part-time or full-time), to supplement the family income. A large number of families, both in rural and urban areas of the country, live below the poverty line. Some sections of the society, viz. i) urban slum dwellers, ii) marginal farmers and agricultural landless labourers, iii) tribal's and iv) scheduled caste people are distinctly underprivileged. In spite of significant progress in the economic sphere, these sections of society are not in a position to provide due care and security needed for normal growth of their children even today. Therefore, they require additional support through outside interventions to enable the family to fulfil its obligations towards

proper health care, nutrition, education and social well-being of their children. Governmental concern for the promotion of services for the growth and development of pre-school children is evident from the constitution of National Children's Board and also from the Resolution of National Policy for Children, 1974. In pursuance of the National Policy for Children, which laid emphasis on the integrated delivery of early childhood services and services for expectant and nursing women, the scheme of *Integrated Child Development Services (ICDS)* was evolved to make a coordinated effort for an integrated programme to deliver a package of such services. The blueprint for the scheme was drawn by the Ministry of Social Welfare, Government of India, in 1975. The Scheme was launched throughout the country in the same year on experimental basis in almost all states including Jammu and Kashmir in 1975 with the establishment of a project at Kangan in Srinagar district (Now Ganderbal). The scheme called for coordinated and collective effort by different Ministries, Departments and Voluntary Organizations.

The programme approaches a holistic child health comprising health, nutrition, and education components for pregnant women, lactating mothers, and children less than six years of age. The programme is implemented through a network of community-level "A*nganwadi Centers"*. The range of services targeted at young children and their mothers are growth monitoring, immunization, health check-ups and supplementary feeding, as well as nutrition and health education to improve the childcare and feeding practices that mothers adopt. Pre-school education is provided to children between three and six years of age.

Despite of the fact that huge allocations have been made by the Central Government through Centrally Sponsored Programme of ICDS in Jammu and Kashmir, the development in basic infrastructure and improvements in amenities/facilities has been inadequate, especially in rural areas of the state. Same is the case with community response to the programme, these integrated service centers have been just reduced to supplementary nutrition "*Daal centers*". Hence, it becomes imperative at this stage to know as to what extent these schemes have been in a position to achieve the stated objectives. 100 ICDS centers were visited by the researchers and following field observations were made:

Housing and space of the Anganwadi centers: According to ICDS guidelines, the space for the AWCs is to be donated by the community at a central location, preferably near a primary school. The AWCs should provide sufficient space for indoor and outdoor activities and also separate space for kitchen, dining and storage. However, in all the AWCs studied, it was noted that the space is provided by the Anganwadi helpers. It was rather one of the criteria that whosoever provides space would be considered for the work of Anganwadi helper. Consequently, both the quality of space and the locational aspects of the AWCs were compromised. Usually, it was seen that AWHs devote those room to the AWCs which were in poor condition. Regarding the status of the building for running of AWC, it was observed that in the sample surveyed of 100 centers 46 AWC (46 percent) of the AWCs were housed in *pucca* buildings while 39 AWC (39 percent) of the AWCs were housed in semi-pucca houses and another 15 AWC (15 percent) were in *katcha* houses which constitute a perpetual apprehension of danger to the life of the children. As observed most of the AWCs (77 per cent) are housed in the AWHs house while only 16 per-cent AWCs have their own government building and 07 per cent are rented. Majority of the AWWs complained that they do not have sufficient space for conducting different activities, storage of ration etc. It is worth mentioning that all those centers which are located in government buildings are having all the necessary provisions of tape water, solid latrine and adequate space.

Kitchen is an integral part of the AWCs. However, 84 percent AWCs covered under the study had no separate space for cooking purpose as cooking for AWCs was done in the AWHs personal kitchen. Other issues such as separate storage space, dinning and sufficient space for indoor and outdoor activities were also compromised. This was established by the fact that only 29 percent of the AWCs had separate space for storage, 55 per-cents had separate outdoor space for recreation and 53 percent had some sort of space for indoor activity.

Due to lack of separate storage facilities in about 29 percent of the AWCs covered under the study reveals that many a times storage of various items such as utensils and records, in addition to the personal belongings of the AWH occupies the main room pushing beneficiaries to a corner. Most areas in the study witness low temperature during the winter. Delivery of services requires the beneficiaries to sit in the Centre for up-to 4 hours a day. It was found that 88 percent of the AWCs had no arrangement for heating. Consequently, the children got exposed to sever cold and viral infections like fever, cold etc.

Supervision: Growth monitoring and promotion largely remains a neglected area. Regular weighing and keeping records, focus on malnourished children, improving the skills of mothers on child care and any concept of community based nutritional surveillance are areas of serious concern as only 51 percent of the AWWs have prepared community growth chart at the time of survey and those who have not prepared it reported that either they do not know how to prepare it or do not have relevant material for the same.

Enrolment of the beneficiaries: Most of the beneficiaries enrolled in these centers are from the locality. However, there is a gap between the actual enrolled and the nutrition provided to the persons of the community. As informed by Anganwadi workers during the course of study: that the beneficiaries include children of age 0 -6 years, adolescent girls, pregnant and nursing mothers. On an average, the number of beneficiaries enrolled in these centers range from 35 to 45. This is good as per the norms of the scheme. But,

the nutrition in many of these centers is not distributed to those actually enrolled. Besides, other persons of the community are also given the supplementary nutrition. This unauthorized practice is observed in almost all the places. Both the Anganwadi worker (AWW) and community are responsible for this practice. The deserving people do not get benefited as they are not given the Supplementary nutrition properly and on times. This is especially case with the children of age group of 3-6 years. They are required to be provided food in two servings after some interval within the centers. But most of the beneficiaries come around 12 pm to 1 pm and carry Supplementary Nutrition to their homes. This practice has become common pattern in all these centers, Due to this pattern; other services of the ICDS scheme get severely affected. It has also been observed that Anganwadi workers have squeezed the scope of the scheme just to the "*Daal Center*" and thus the people are not able to get benefitted from the other services.

So far as the quality or the type of food being provided to the children is concerned, the centers are having a Menu, depicting the schedule for preparing a particular food item on a particular day. But no such practice is found anywhere. While asking Anganwadi workers about the caloric value of the food items and quantity of calories to be given to the beneficiaries of different age group, they are not well versed about it. This indicates their lack of knowledge about the service of the scheme. The most valid reason behind this is the lack of orientation of the Anganwadi workers about the scheme. Which itself is the outcome of the poor training mechanism on the behalf of concerned department. It has been observed in some (urban) areas of Anantnag, Ganderbal and Baramulla that no children are available to be admitted to the centre as there are many other Institutions like crèches, preparatory schools etc, catering to the purpose. Also for many there is social stigma in sending their kids to the Anganwadi centers as for them it amounts to feeding on charity. Hence in many Anganwadi centers they have prepared fake list of beneficiary kids (possibly those kids may be admitted in some private or govt. Institution). Even though many of the sincere Anganwadi workers deliver the meals to the homes of these kids, but that is not consumed by the actual beneficiary and does not serve the ultimate objective of the scheme.

Immunization: Immunization of pregnant women and infants protects children from various diseases. And is an important service, in which the Anganwadi worker has to play its role. As, this service is mainly to be provided by the ASHA/ANM/MO. But, mobilizing the community and preparing them for immunization is the role of Anganwadi worker, as she is having detailed information about the community and she has to act as a change agent in the community. While analyzing this service delivering in these centers it was found that there is lack of coordination between the Anganwadi worker and the ASHA/ANM/MO. The mal-delivering of this service from these centers is evident from the community's response about their awareness about the need of immunization. It was also found by checking the immunization cards of the infants; that these cards depicted the irregularities, negligence from the mothers in terms of immunization of themselves and also of their children, especially in the areas of Budgam, Anantnag and Baramulla. As immunization prevents from the diseases that are major causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality. Mobilizing the community for the same is the vital responsibility of Anganwadi workers and without this the success of the scheme is unattainable. However, it has been found that overall the position was satisfactory. This may be due to the fact that overall utilization of immunization services in the State are better compared to some other states in the country. Though 97 percent of the beneficiary children were immunized but full immunization rate is far from satisfactory. Only 88 percent of the children had received all the doses of immunization. Measles coverage was particularly found to be low than other vaccines and this could be because of the fact that many of the children have not attained the age of 9+ months.

Supply of medicine supplementary nutrition etc.: Supplementary Nutrition includes supplementary feeding, growth monitoring and promotion, nutrition and health education, and prophylaxis against vitamin A deficiency and control of nutritional anaemia. The observations on these services are given below:

The primary objective of the ICDS is to provide supplementary nutrition to the beneficiary children. Supplementary nutrition means identifying and fulfilling the deficiencies of calories, proteins, minerals and vitamins in the existing diets, avoiding cut-backs in the family diet, and taking other measures for nutritional rehabilitation. As per the guidelines, the state government is supposed to provide funds for supplementary nutrition. However, it was observed that there was a single ration for different target groups such as children, pregnant women and nursing mothers, which was not in accordance with the ICDS guidelines. Similarly, there should ideally be provisions of double ration for malnourished children, but it was observed that there was no such practice as no child received double diet, despite of the fact that few AWWs mentioned that certain children were suffering from malnutrition. The AWWs mentioned that they get supplies, which last for 3-4 months only. Once the supplies exhaust, the children stop coming to the AWCs and AWCs get virtually closed.

During the survey most of the mothers mentioned that supplementary nutrition was not provided to their children regularly. They however, mentioned that whenever supply of nutrition items were available at the AWCs, their children get supplementary nutrition. But the problem was that AWCs did not get enough nutrition to last for about 300 days as per norms. Many of the Mothers mentioned that on average AWCs provided supplementary nutrition for only 100 days a year. The AWWs also mentioned that due to inadequate supplies they were not in a position to provide supplementary nutrition for recommended 210 days. All the AWCs had a uniform weekly schedule for providing supplementary nutrition to the beneficiaries. The AWWs mentioned that they followed this schedule strictly when nutritional items were available.

All the AWWs also mentioned that it is not only the inadequate nutrition that affects the provision of nutrition but inadequacy of other material resource such as utensils, functional stoves and cooking fuel also contribute to it. The AWWs mentioned that sometimes they were unable to prepare supplementary nutrition, either because the stove was not in working order or the fuel was not available. The supplementary nutrition was not distributed in the utensils of the AWCs, as in most of the centers we observed the meals being served

in private utensils of the beneficiaries. Supplementary nutrition was not generally consumed at the AWCs. As according to norms only, the physically challenged and sick children are allowed to take home supplementary nutrition but in actual practice 91% of the beneficiaries take meals to home. Mothers were also asked to mention whether they were satisfied with the various nutritional items provided at the AWCs. It was a general perception among mothers that children did not like Nutri Pulao. Further, Halwa was not appreciated during winters for reason of potential throat infection. Therefore, it was required that the supplementary nutrition provided should have sensitivity to local taste and seasons

Quality of nutritional items: There is a State Level Committee which is responsible for the procurement of the supplies. Quality of supplies is also monitored by this committee. Mothers of the children were asked to mention whether they were satisfied with the quality of food supplements received by their children. Almost all the respondents (96 percent) were satisfied with the quality of supplementary nutrition received by their children from the AWCs.

AWWs mentioned that the supplies of different items were irregular and it is generally supplied in bulk for which there was an insufficient storage facility both at project and AWC level especially in tribal areas of Ringzabal, Kharian, and chill in district Budgam. Since most of the AWCs were not having adequate storage facility, it affected the quality of the items when these were used after a certain period. For example *Suji* and rice used to get infested with insects in the absence of proper and adequate storage facility. It was also found that Fifty-eight percent AWCs receive the supply of supplementary nutrition yearly while 37 percent receive it half-yearly. Seven percent AWWs reported that they receive the supply when they need it. Two percent AWCs have ready to eat food available at the AWC while all others give cooked food to the beneficiaries. Most of the AWCs provide different varieties of Supplementary Nutrition (Khichadi, Channa, Halwa, Nuetriplawa,dalia, etc.) to the beneficiaries on different days as per their own schedule.

Health Education: Nutrition and Health Education (NHED) is a key element of the work of the Anganwadi worker. This forms part of BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their own health, nutrition and development needs as well as that of their children and families. This education is to be provided to the Adolescent girls also. But, in actual practice health education is not provided in any of the centers studied. ICDS workers held the inadequate community response responsible for the same, whereas community held ICDS workers', lack of attitude and interest responsible for it. As a result the masses remain unaware of the health needs and facilities available from the government Institutions.

Health checkups: This includes health care of children less than six years of age, antenatal care of the expectant mothers and postnatal care of nursing mothers. The various health services provided for children by Anganwadi workers and Primary health Centre staff includes regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, distribution of free medicine etc. While analyzing this service delivering by these centers, it was found that in most of the centers, no health check up has been conducted for a year or so. ASHA has now been given some responsibilities to share. In spite of this, community is not fully benefited by these schemes and it becomes quite clear when conditions of health and hygiene of mothers and their children, in remote rural areas or in poverty stricken family is seen. Even the weight of the new born children is not measured properly and regularly and not to talk of keeping records. There is also the provision for first aid at respective ICDS centers in the scheme. But during the study no ICDS centre reported about the availability of first aid box, and when ICDS workers were asked about it, they didn't know about the provision of the same.

Referral Services: During health check-ups and growth monitoring sick or malnourished children, in need of prompt medical attention, are to be referred to the Primary Health Centre or its sub-centre. The Anganwadi worker is also obliged to detect disabilities in young children. She has to enlist all such cases in a special register and refer them to the medical officer of the Primary Health Centre/ Sub-centre. But during the interview Anganwadi workers reported that now it is certainly responsibility of the ASHA/ANM concerned. They are not sure whether they have a dominant role about counselling for Antenatal and Post natal care to pregnant woman or not. ASHA report that a lady has to visit ICDS centre during the entire period of pre and post delivery. So, in case of any emergency it is primarily the responsibility of ICDS worker to call for referral transport and claim the amount of same from untied fund of NRHM. It was also observed during the study that in remote areas in district Budgam like; villages of Ringzabal, Konzabal, Kharian, Brass, Sutharan etc. which are without any road connectivity wherein there should be necessarily the provision of immunization and first aid at respective centers there was unavailability of the same.

The Non-formal Pre-school Education (PSE): this component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the Anganwadi – a village courtyard. The village courtyard is the main platform for delivering of most of the services of the programme. This is primarily used for the most joyful play-way daily activity, visibly to be sustained for three hours a day according to norms. It brings and keeps young children active at the Anganwadi centre – and consequently this activity motivates parents and communities for availing the scheme.

The AWWs are supposed to provide pre schooling to the children preferably in the courtyard. Every studied centre is provided pre-school teaching learning material for educating the children of age group 3-6 years. Teaching learning material includes books, slates, abscissa slates, pictorial charts, and alphabetic building blocks and also different kinds of toys etc. This service is meant to introduce

the kids to formal education system in later stage of life. In most of the centers studied, this service is totally defunct ,and even if in some rare cases pre-school education is provided but there is irregularity in the delivery of same. None of these centers were having a time table for performing different activities within these centers. According to Anganwadi workers, the non- delivering of this service in the Anganwadi centers is due to poor attendance of beneficiaries and also poor response of the community. According to them, community people just send their children for taking the supplementary nutrition from the centers. While analyzing the miss management in delivering of the said service, the community blamed the Anganwadi worker, for their irregular attendance and their lack of commitment for the same. Community also claims that ICDS workers are not providing the masses information about the actual role, which the ICDS scheme is supposed to perform. Most of the community people treat these centers as just "Daal Centers", as mentioned above, which are supposed to serve nutritious food to kids.

It has been observed that wherever this practice is commenced, it is undertaken only for the period when the nutrition is available in the Centre. AWW mentioned that no sooner the supplementary nutrition gets exhausted in the AWC, parents stop sending their children to AWCs. Surprisingly when mothers of the beneficiary children were asked about the range of services available at the AWCs, supplementary nutrition and pre schooling were reported by the respondents to be the two main services available at the AWCs. Majority of the parents mentioned that the main reason for sending their children to AWCs is supplementary nutrition and preschool education. Parents however are willing to send their children to AWCs for pre schooling even if the nutrition is not available in the Centre, but the problem is that AWWs prefer to close the Centre in case the nutrition is not available in the Centre.

Conclusion: The above discussion leads us to conclude, that ICDS scheme is not being implemented in letter and spirit as mentioned in the guidelines of the scheme. This is quite evident by the fact, that the scheme, which has an integrated approach in its implementation for the proper mental, physical and psychological development of the children, has been reduced just to Daal Center. While analyzing this particular service of the scheme, the situation there too is not satisfactory. Various factors are responsible for the mal functioning of these centers and few have been mentioned above. In fact, the present study cannot be called macro study, as it has been carried out on a small sample of ICDS centers, but its significance for analyzing the situation of the ICDS centers throughout the valley cannot be ignored. As most of the ICDS centers in the Kashmir valley are functioning in the same mode. We are of the view, that this study, in spite of being carried out at a micro level, can be quite helpful in conducting a research at a macro level. The addressing of issues and problems prevailing in these centers in terms of their functioning is just a beginning. It needs a comprehensive strategy involving various stakeholders including government agencies, NGOs and community for eradicating these problems at a state level. Besides huge allocation of funds for infrastructural development, government need to sensitize the common masses about importance, significance and services of the programme, so a common man will not treat it just Daal centre. Equal focus need to be provided on the delivery of other services too, so as to get the desired results as laid down in the guidelines of the programme.