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An Assessment of the Integrated Child Development Services Programme of Mukkam Municipality, Kerala

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ABSTRACT

Background: ICDS is recognised as India's one of the most unique community based outreach programme. The responsibilities of anganwadi workers have been redefined considering the many new policies and programs that have evolved. Presently the Anganwadi workers also have to be involved in the pulse polio immunization programme, the house to house survey etc.

Aim: The aim of the study is to assess the functions of ICDS programmes with regards to the service provided in anganwadis of Mukkam municipality.

Objectives: The objectives are to assess the infrastructure of each anganwadis, to identify the total number of registration and attendance of beneficiaries of anganwadis, to assess the services provided by the anganwadis.

Materials and Methods: The type of study is community based descriptive study among anganawadies.The study area is Mukkam municipality of Calicut district. The Study population is all the anganawadies and beneficiaries of mukkam municipality.The Study subjects are beneficiaries of anganawadies. Information will be obtained from each anganawadi centers and records maintained in the anganawadi center on a pre designed and pre tested questionaire after obtaining permission from CDPO and the consents from anganawadi workers and benefeiciaries. Results: Nearly 77.1% of anganwadis were owned buildings while 22.8% were rented. 80% of anganwadis were having continuous water supply. Nearly 90.5% of anganwadis were having adequate ventilation but 51.4% aganwadis had poor lighting facilities.Conclusion: Anganwadi centres in Mukkam are woking to their best but the anganwadi workers require regular training and periodic assessment of infrastructure deficits..

Keywords: DPLD, Sarcoidosis, lymphangitis Carcinomatosis.

INTRODUCTION

The Department of Women and Child Development and Ministry of Human Resources Development of India launched Integrated child development services (ICDS) scheme in 1975. Initially this programme was started on experimental basis in 33 districts which includes 4 urban,19 rural, and 10 tribal areas spread over 22 states and union territory of Delhi. With success it achieved the services were later in 1978 expanded to cover 100 areas. Positive result of the evaluation of progamme made government to accelerate the expansion of ICDS in 1982. [1]

ICDS is recognised as India's one of the most unique community based outreach programme. Package of services under this programme consists of supplymentary nutrition, immuni zatio ,health checkups, referral services,health education for children under 6 years of age,adolescent girls,expectant and nursing mothers and non formal pre- school education for childrens of 3-6 years of age,it is the most crucial period as the foundations for cognitive,social ,emotional,physical, motor and psychological development are laid at this stage. [2,3]

It is now globally acknowledged that investments in human resources development is a pre-requisite for economic development of any nation. UNICEF and World bank have been assisting with essential supplies and with the financial and technical support for the programme. The average cost of ICDS programme is $10-$22 per child a year. The scheme is centrally sponsored with the state governments contributing up to 1 Rs per day per child. The Government of India adopted and implemented World Health Organisation standards for measuring and monitoring the child growth and development for ICDS programme.[4]

ICDS programme are set up in the blocks with each block having anganwadi centers .As many as 13.3 lakh anganwadi and mini-anganwadi centres are operational out of 13.7 lakh sanctioned AWCs and mini - anganwadi centres. Anganwadi literally means courtyard play centre for childrens , which is also the focal point of delivery of services to the beneficiaries .

India is a country suffering from over population ,malnourishment ,poverty and high infant mortality rate. To counter the health and mortality issues there is a great need for medical and health experts. Even if we have those, there outreach into the remote localities is not certain .But through anganwadi centres this process of providing basic health care to remote Indian villages are possible. Therefore by ICDS programme, the country is trying to meet its goal of providing health facilities so that they are affordable and accessible for all population.[5]

An anganwadi worker is in charge of an anganwadi and she is assisted by a helper. Both are usually selected from the same community were the anganwadi belongs .They are trained and supervised by Mukhya Sevika. The ministry of Women and Child Development has laid down guidelines for the responsibilities of anganwadi workers.[6] These include ensuring key maternal and child services ,showing community support and active participation in executing this programme ,to educate community about nutrition and health care especially pregnancy caring ,about breast feeding, and providing supplementary nutrition to the needy, referring to higher centres for better health and nutrition care ,motivating families to adopt family planning and educate parents about child growth and development, counselling teenage girls by organising social awareness programmes and clubs, providing non-formal pre school education for children and they also keep record of all who are benefiting from the programme.

However their responsibilities have been redefined considering the many new policies and programs that have evolved. Presently the Anganwadi workers also have to be involved in the pulse polio immunisation programme the house to house survey etc. Now their responsibilities and functions include survey and disease control programmes that require door to door visits.[7]

The major drawback of our anganwadis in providing services to the beneficiaries is the lack of proper infrastructure, lack of adequate water supply,lack of electricity. Moreover , these anganwadis are not placed in an easily reachable topographical areas, since the main beneficiaries include small kids and pregnant ladies they find it really hard to reach these anganwadis where even two-wheeler transportation is not possible.

In this context, a survey was conducted to find out how efficient an anganwadi centre in delivering services towards its beneficiaries ,its infrastructure and knowledge of anganwadi workers in anganwadis under Mukkam municipality.

Mukkam is a municipality town in the Kozhikode district ,state of kerala ,India .It spreads over an area of 31.28 km. Located about 32 Km east of Calicut district.It has a population of about 40670 people. According to 2011 census and a population density of 1300/Km. As part of ICDS programme 35 anganwadis comes under Mukkam municipality.

Aims and Objectives:

The aim of the study is to assess the functions of ICDS programmes with regards to the service provided in anganwadis of Mukkam municipality. The objectives are to assess the infrastructure of each anganwadis, to identify the total number of registration and attendance of beneficiaries of anganwadis, to assess the services provided by the anganwadis.

Material and Methods:

The type of study is community based descriptive study among anganawadies. The study area is

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Mukkam municipality of Calicut district. The Study population is all the anganawadies and beneficiaries of mukkam municipality.The Study subjects are beneficiaries of anganawadies .

The study period is 21st May till 3rd June 2018. The Sample size is all 35 anganawadies in the area during February –May 2018.Each anganawadi center is visited by the investigator. Information will be obtained from each anganawadi centers and records maintained in the anganawadi center on a pre designed and pre tested questionaire after obtaining permission from CDPO and the consents from anganawadi workers and benefeiciaries. The infra structure of these anganawadi centres will be observed and recorded. The children present in the anganwadi centres at the time of study will be weighed on salters scale and the nutritional status of the children will be assessed through weight for age according to growth monitoring chart used in the ICDS programme. Data analysis included descriptive statistics of frequency distribution, mean and standard deviation applied whenever appropriate to determine statistical significance.

Results:

Table no 1 shows the infrastructure details of anganwadis of Mukkam Muncipality. Nearly 77.1% of anganwadis were owned buildings while 22.8% were rented. 80% of anganwadis were having continuous water supply. Nearly 90.5% of anganwadis were having adequate ventilation but 51.4% aganwadis had poor lighting facilities. Ration supply, growth chart registers and records of registers were 100%. Complete first aid was absent in 74% of anganwadis. Health education material was present in 68.6 % and in these anganwadis the health education material was fully utilised. Referral slips were absent in 91.4% of anganwadis. Kids had playing kits in all anganwadis. Supplementary nutrition and monthly medical check up was given in only 51.4% anganwadis.

Table no 2 shows that minimum and maximum number of beneficiaries in all anganwadis. Some of anganwadis had no beneficiaries like 1 to 3 years and adolescent girls groups. On detailed examination main reason found was that the anganwadis in these areas were located in urban location hence we had no beneficiaries. Table no 3 shows knowledge and practice of anganwadi worker. only 54.3% of anganwadi workers knew standard measures to distribute food. 80% of anganwadi worker didn't have knowledge regarding double diet. 97 % of anganwadi worker knew how to weigh the child properly and 97% of anganwadi worker knew how to measure the growth chart. Table number 4 shows the details of records and meetings at anganwadi centres. Nearly 94% of anganwadis had immunisation records. 62.9% of anganwadis had deworming records.Iron and folate records were absent in nearly 51.4% of records. Organised meeting was done in all anganwadis.Table 5 shows the details of Preschool education at Anganwadi centres. All anganwadis had Preschool time table and was implemented in 97% of anganwadis. Pre-school education material was present in only 48.6% of anganwadis while all the anganwadis taught the preschool curriculum like rhymes, alphabets etc.

Discussion

The ICDS is a centrally sponsored program which has been introduced in Kerala on experimental basis, in Vengra Block, Malppuram district in the year 1975. ICDS provides basic services to the beneficiaries attending Angawadi center. This includes nutrition, immunization, pre-school education and health.

The present study is carried out in 35 Anganwadies centers in Mukkam to evaluate the service provided by AWC in Mukkam. In our study we came to know that about 77 % of AWCs are owned and 23 % were rented. Another study done by Seema et al [6] reported that 28 % of the AWCs had their own building, 41% of the building were rented, while 17% functioned either in the building of other Government departments, and temporarily provided by the people in that area, which was about 15%.

Elsewhere, when we look in to the ICDS in Tamilnadu [7], the condition of the facilities are in pathetic situation without having any basic facilities. Majority of the AWC are not located within the community area and hence mothers are facing difficulties for sending and bringing back there Childers from ICDS centers. Also a study in Gujarat, during April 2012 to March 2013,12 districts of Gujarat revealed that AWC buildings are owned by government of Gujarat and 73.3% of the AWC has Pucca type of building.

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The study illustrates that there is 80% of continued piped water supply and 91.4% of adequate ventilation facilities are equipped in the majority of the anganwadies and also points out that inadequate lighting (51.4%) in the AWCs of Mukkam.

Nutrition:

The supplementary nutrition is being fulfilled by Malveli stores (Government) which acquired 80% Of the requirement, while remaining 20% of the supplies is getting satisfied by ration supplies on regular basis in all AWCs.

As per the information available from the Ministry of women and child development, the states, Union Territories, Andhra Pradesh, Arunachal Pradesh, Bihar, Goa, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Punjab, Rajasthan, Sikkim, Tamilnadu, Tripura, West Bengal, Andaman and Nicobar, Chandigarh, Delhi, Damndiu, Lakshadweep and Pondicherry were provided 21 days of supplementary nutrition programme. Rest states, UT's are providing less than 21 days SNP indicating disruption.Present study reveals,

- Standard measure to distribute food in percentage is 54.3
- The utensils are adequate in all the AWCs
- Study reveals health checkup is regular and iron folate,vitamin A supplementation record is kept in 48.6% and 54.2 % of total AWCs in Mukkam respectively.
- According to Gujarat study April 2012 to March 2013, the study indicates poor health checkup.
- Most of the AWCs in the present study lacked complete first Aid kit.
- From the study it is understood that the AWC have kept well maintained records of immunization status of the children (94.3) and also growth chart register. Meanwhile the study in Ludhiana reveled that most of the AWCs did n't have any records of immunization status of the children, and there register were incomplete or maintained at all. [5,6,8]

Bredenkamp C et al [10] reveals same kind of results as that of Ludhiana and also the percentage of the immunized one is only 10%. In Karnataka, it was found that children's were not getting timely immunization due to the lack of proper coordination from the health department and absence of mission mode in providing the immunization services.[11]

Pre-school education Material:

The study reveals that pre-school education materials is present only in 48.6% of all AWCs in Mukkam, But preschool timetable is present in all the Anganwadies and is implemented in the 97% of the AWCs. The scenario is vice versa in Madhya Pradesh as all the AWCs have enough pre-school education material, but none of them made use of it. AWC teachers have learned training under the ICDS programme the study shows 82.9% of the AWC teachers know how to calculate the calories and protein required for the child. Also 97% of the AWC workers knows how to weigh the child and how to measure the growth chart

AWC worker are required to organize meetings and consoling sections for the women of child bearing age,pregnant women and lactating mothers. Present study revels, all AWCs in Mukkam have successfully organized meeting among these groups on monthly regular basis and the topic discussed are nutrition, health, and immunization. Study done by Prinja S et al [12] revealed that nutrition and health education activity are quite irregular.In our study, poor findings are reported for referral slips (8.6%) and double diet (20%) out of all AWCs in Mukkam.

Summary and Conclusion

The study conducted on assessment of ICDS programme in 35 anganwadi center in Mukkam Muncipality, with aim to assess infrastructure of each anganwadi, total no:of registration and attendance of beneficiaries, services provided, nutritional status. The data was collected with help of prepared questionaires and was analysed. And the results were found as follow, the facilities and infrastructure in many of the AWC were adequate but some of the AWCs also lacked essential facilities like continuous pipeline, lighting .Only one third of the AWCs had medical kits .The coverage of the services and attendance in anganwadi centre was adequate for children ,pregnant women ,lactating mothers and

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adolescent girls . Majority of anganwadi workers had no idea of double diet and therapeutic diet. Refferal slips were absent in majority of the anganwadi .Only a few of the AWW didn't have any idea to assess the weight of child and to plot the growth chart.Many of the AWCs had records for immunisation but lacked records of iron& folate and deworming .Provision of supplementary nutrition to the beneficiaries were adequate .

Moreover, these anganwadis are not placed in easily reachable topographical areas, since the main beneficiaries includes small kids and pregnant women, they find it really hard to reach this anganwadis where in some places even two-tyre transportation is not possible.Periodic assessment of the programme by independent agencies to identify and correct the weak links in the programme ,regular in-service refresher courses for AWWs to develop and reinforce their skills and better coordination between health sectors and ICDS through joint consultation would only require a little effort to improve the functioning of the programme.

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Tables

Table 1 shows the infrastructure of Anganwadis in Mukkam Municipality

Variable name	Categories	Frequency (Out of 35 Anganwadis)	Percentage
Anganwadi	Own	27	77.14
	Rented	8	22.85
Water supply	Continuous piped	28	80.00
	Stored	7	20.00
Ventilation	Adequate	32	91.4
	Inadequate	3	8.6
Lighting	Adequate	17	48.6
	Inadequate	18	51.4
Ration supply	Regular	35	100.0
	Irregular	0	
Records of registers	Present	35	100.0
	Absent	0	
Growth chart register	Present	35	100.0
	Absent	0	
Complete first aid	Present	9	25.7
	Absent	26	74.3
Health education material	Present	24	68.6
	Absent	11	31.4
Referral slip	Present	3	8.6
	Absent	32	91.4
Utilization of health	Present	24	68.6

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education material	Absent	11	31.4
Playing kit for children	Yes	35	100.0
	No	0	
Supplementary nutrition given	Yes	19	51.4
	No	16	48.6
Monthly medical check up	Yes	19	51.4
	No	16	48.6

Table 2 shows the number of beneficiaries in anganwadis.

	Minimum	Maximum	Mean	SD
0 – 1 years	5	28	12.97	8.20
1 – 3 years	0	49	23.94	12.83
3 – 6 years	10	76	31.03	17.14
Pregnant women	1	15	8.31	3.68
Lactating women	1	18	6.57	3.47
Adolescent girl	0	112	37.83	31.82

Table 3 shows the Knowledge and Practice of Anganwadi Worker

Variable name	Categories	Frequency	Percentage
Standard measures to distribute food	Present	19	54.3
	Absent	16	45.7
Utensils	Adequate	35	100.0
	Inadequate	0	
Double diet	Present	7	20
	Absent	28	80
Anganwadi worker	Yes	34	97

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know to weigh the child	No	1	3
Anganwadi worker knows how to measure the growth chart	Yes	34	97
	No	1	3

Table 4 shows records and meetings at Anganwadi Centres

Variable name	Categories	Frequency	Percentage
Immunization status record	Present	33	94.3
	Absent	2	5.7
Deworming records	Present	22	62.9
	Absent	13	37.1
Iron folate record	Present	17	48.6
	Absent	18	51.4
Vitamin supplementation record	Present	19	54.2
	Absent	16	45.8
Organized meeting with pregnant women	Present	35	100.0
	Absent	0	
Frequency of meeting conducted	Monthly	34	97.0
	Once	1	3.0
Topics discussed at meeting	Nutrition Health Immunization	35	100.0

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Table 5 shows the details of Preschool education at Anganwadi centre

Variable name	Categories	Frequency	Percentage
Pre- school time table	Present	35	100.0
	Absent	0	
Pre- school time table implemented	Yes	34	97.0
	No	1	3.0
Pre-school education material	Present	17	48.6
	Absent	18	51.4
Topics taught at Anganwadi Centres	Counting numbers, alphabets, rhymes	35.0	100.0

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