

**FINAL REPORT**

***On***

**Integrated Child Development Services  
(ICDS)**

***AT***

**ANGUL, GAJAPATI & PURI**

***For***



***P&C DEPARTMENT, GOVT. OF ODISHA  
ODISHA SECRETARIAT***

***By***



***NATIONAL PRODUCTIVITY COUNCIL***

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## TABLE OF CONTENTS

<b>1.0 INTRODUCTION .....</b>	<b>1</b>
1.1 The objectives of ICDS: .....	1
<b>2.0 OBJECTIVES OF THE EVALUATION: .....</b>	<b>2</b>
<b>3.0 SCOPE OF SERVICES:.....</b>	<b>2</b>
3.1 Service Delivery Framework: .....	3
<b>4.0 SERVICES UNDER ICDS: .....</b>	<b>4</b>
4.1 Immunization: .....	4
4.1.1 Observations & Performance Measures:- .....	5
(A) Gumma Block: .....	5
(B) Nimapara Block: .....	6
(C) Chhendipada Block: .....	6
<b>4.2 Supplementary Nutrition Programme (SNP): .....</b>	<b>8</b>
4.2.1 Observations & Performance Measures: .....	11
(A) Gumma Block: .....	11
(B) Nimapara Block: .....	11
(C) Chhendipada Block: .....	12
4.3 Health Check Ups and Referral Services: .....	12
4.3.1 Observations & Performance Measures: .....	14
<b>(A) Gumma Block: .....</b>	<b>14</b>
<b>(B) Nimapara Block: .....</b>	<b>14</b>
<b>(C) Chhendipada Block: .....</b>	<b>14</b>
4.4 Pre-School Education:.....	15
4.4.1 Observations & Performance Measures .....	16
<b>(A) Gumma Block: .....</b>	<b>16</b>
<b>(B) Nimapara Block: .....</b>	<b>17</b>
<b>(C) Chhendipada Block: .....</b>	<b>17</b>
4.5 Nutrition and Health Information:.....	17
4.5.1 Observations & Performance Measures:.....	18
<b>4.6 Coordination with H&amp;FW for Reduction of IMR &amp; MMR: .....</b>	<b>18</b>
(A) Gumma Block: .....	19
(B) Nimapara Block: .....	19
(C) Chhendipada Block: .....	20
<b>5.0 INFRASTRUCTURE &amp; OTHER RESOURCES: .....</b>	<b>20</b>

5.1	Infrastructure of Anganwadi Centres: .....	20
5.1.1	Number of AWCs having own building:.....	20
(A)	<b>Gumma Block:</b> .....	21
(B)	<b>Nimapara Block:</b> .....	21
(C)	Chhendipada Block: .....	21
5.2	Human Resource: .....	24
(A)	Gumma Block: .....	25
(B)	Nimapara Block: .....	26
(C)	Chhendipada Block: .....	26
<b>6.0</b>	<b>BENEFICIARY RESPONSE ANALYSIS: .....</b>	<b>27</b>
6.1	Distribution of IFA Tablets: .....	27
<b>6.2</b>	<b>Awareness about AWC services: .....</b>	<b>27</b>
<b>6.3</b>	<b>Timely supply of THR: .....</b>	<b>28</b>
<b>6.4</b>	<b>Awareness on VHND: .....</b>	<b>29</b>
<b>6.5</b>	<b>Quality of THR provided: .....</b>	<b>30</b>
6.6	Systematic operation of AWC: .....	30
<b>7.0</b>	<b>SWOT .....</b>	<b>32</b>
7.1	Strengths .....	32
7.2	Weaknesses .....	32
7.3	Opportunities .....	33
•	<b>Increasing access to print and electronic media which focus on educating the wider public about ICDS plans and schemes as like health department. ....</b>	<b>33</b>
7.4	Threats.....	33
<b>8.0</b>	<b>CONCLUSION AND POLICY RECOMMENDATIONS: .....</b>	<b>34</b>

## **LIST OF FIGURES**

Figure 1: Success rate of child immunization .....	5
Figure 2: Coverage of THR .....	11
Figure 3: Health zone of Children .....	13
Figure 4: Success Rate of Attendance in AWC .....	15
Figure 5: VHND Programme Status .....	18
Figure 6: Success Rate of MAMATA Scheme .....	19
Figure 7: Number of AWWs with the problem .....	25
Figure 8: Distribution of IFA tablets by AWW .....	27
Figure 9: Awareness about AWC services .....	28
Figure 10: Timely Supply of THR .....	28
Figure 11: Awareness about VHND.....	29
Figure 12: Quality of THR provided .....	30
Figure 13: Regular Operation of AWC. ....	31

## **LIST OF TABLES**

Table 1: Type of Hot Cooked Meal (HCM) .....	8
Table 2: Type of Take Home Ration (THR).....	9

## **1.0 INTRODUCTION**

Integrated Child Development Services (ICDS), Government of India sponsored programme, is India's primary social welfare scheme to tackle malnutrition and health problems in children below 6 years of age and their mothers. The main beneficiaries of the programme were aimed to be the children below 6 years of age, pregnant and lactating mothers, and adolescent girls. The early childhood years of a child's life are crucial for cognitive, social, emotional, physical/motor development and cumulative lifelong learning. To lay the foundation for the healthy development of children, women and adolescent girls, the Integrated Child Development Services Programme was launched on October 2, 1975. The scheme was launched on an experimental basis in 33 ICDS blocks but has been gradually expanded to 6284 projects. ICDS is India's response to the challenge of breaking a vicious cycle of malnutrition, impaired development, morbidity and mortality in young children. It responds to the inter-related needs of children below 6 years, pregnant women, lactating mother and adolescent girls in a comprehensive manner. Moreover as India is a signatory to the Convention on the Rights of a Child (CRC), the ICDS can be said to be the country's response to the needs and rights of children to a healthy life.

### **1.1 The objectives of ICDS:**

- To provide nutritional food to the mothers of young children & also at the time of pregnancy period.
- To improve the nutritional and health status of children below the age of six years
- To create a base for proper mental, physical and social development of children in India.
- To reduce instances of psychological, malnutrition and school drop outs.
- To coordinate activities of policy formulation and implementation among all departments of various ministries involved in the different government programmes and schemes aimed at child development across India.

- To enhance the capability of the mother to look after normal health and nutritional needs of the child through proper nutrition and health education.
- To reduce the incidence of mortality, morbidity and malnutrition and school dropout.

## **2.0 OBJECTIVES OF THE EVALUATION:**

- To assess the impacts of the ICDS on nutritional and health status on children and women.
- To identify challenges faced during the implementation of the schemes.
- To evaluate the coordination between various stakeholders for effective service delivery for IMR & MMR.
- To identify best practices and innovative approaches adopted to enhance the effectiveness of the scheme.

## **3.0 SCOPE OF SERVICES:**

To achieve the above mentioned objectives, the Government of India has formulated a comprehensive package of services under the ICDS. These services are aimed at meeting the inter-dimensional needs of women including pregnant women and lactating mothers, children below 6 years and adolescent girls. The following services are sponsored under ICDS to help to achieve its objectives:

- Immunization
- Supplementary nutrition
- Health check up
- Referral services
- Pre-school non formal education
- Nutrition and Health information
- Coordination with H&FW for reduction of IMR & MMR

The Anganwadi Centre is the focal point for implementation of the schemes. The Anganwadi, literally means a courtyard play centre, located within the village itself.

One Anganwadi Centre caters to a population range between 300 to 800 while a Mini Anganwadi Centre (AWC), the norm is 150 to 300 populations. Hence, the distribution of Anganwadi centres is based on population parameters; thus one village can have two Anganwadi Centres.

The Anganwadi Worker (AWW) is the main functionary of the centre and is supported by an Anganwadi Helper. However, the Anganwadi Worker has to network with the Health Worker (HW) of Health & Family Welfare Dept. for services such as immunization, VHND, Sanitation etc. Although the AWW facilitates the status of immunization of children, yet the actual immunization is administered by the HW.

Thus the success of the immunization programme is attributed to the proper coordination between the Anganwadi Worker and the HW.

### 3.1 Service Delivery Framework:

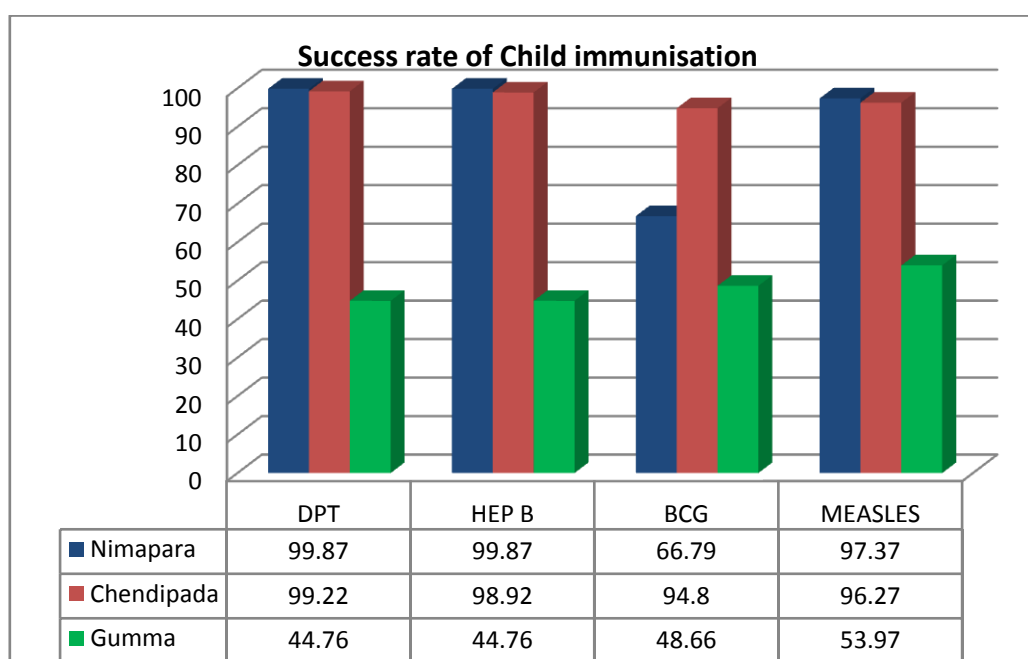
Sl. No.	SERVICES	TARGET GROUP	RESPONSIBLE
1	Immunization	Children below 6 years; Pregnant and Lactating mothers.	ASHA, ANM and AWW
2	Supplementary Nutrition	Children (6 months to 6 years) Pregnant and Lactating mothers Adolescent Girls	Anganwadi Worker and Helper
3	Health Check-up	Children below 6 years; Pregnant and Lactating mothers.	ASHA, ANM and AWW
4	Referral Services		ASHA, ANM and AWW
5	Pre-School Education	Children in the age group of 3-6 years	AWW
6	Nutrition and Health information	Women in age group of 15-45 years	ASHA, ANM and AWW



#### **4.0 SERVICES UNDER ICDS:**

##### **4.1 Immunization:**

Immunization of infants and children protect against six vaccine preventable diseases like poliomyelitis, diphtheria, pertusis, tetanus, tuberculosis and measles. These are major causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus reduces maternal and neonatal mortality. Odisha follows Wednesday as the immunization day of the week for administration of Vaccines. The AWW (Anganwadi worker) assists the ASHA and HW (Health Worker) in her jurisdiction area for immunization. She facilitates the conduct of fixed day immunization sessions, maintains the immunization register and follows up with the mothers and children to ensure full coverage.

**Figure 1: Success rate of child immunization**

Source- W&CD Dept. District data

#### 4.1.1 Observations & Performance Measures:

##### (A) Gumma Block:

- It was observed that improved access to utilization of immunization services is low in the Gumma due to its unique inherent characteristics of working male and female population, overcrowding, poor sanitation and personal hygiene.
- Frequent illnesses of the child, lack of information about the scheduled date of immunization, frequent displacement of the family and lack of knowledge regarding the benefits of immunization were cited as the main factors behind coverage of immunization services.
- Initiatives may be taken to reduce the instances of early and late dropouts and, in turn, improve complete immunization. Community participation, inter co-ordination of departments and local supervision could help in addressing the issues of drop-outs, supply logistics and community mobilization.
- Maternal immunization protects both the mother and foetus from the morbidity of certain infections. It can also provide the infant passive

protection against infections acquired independently after birth. Ideally, immunizations are given prior to conception, but administration during pregnancy is indicated in some situations like TT.

- AWW were facing many problems in running AWCs in tribal areas of Gumma because the villagers were very superstitious and did not co-operate with them. AWW mentioned that they needed to organize many awareness campaigns for them in order to generate awareness regarding immunization.

**(B) Nimapara Block:**

- It was observed that improved access to utilisation of immunization service is high.
- Knowledge regarding the benefits of immunization is cited as the main factor behind coverage of immunization services.
- The study reveals that 92% of the children in Nimapara Block are fully immunised.
- Other beneficiaries prefer to go the private hospitals and Clinic for vaccinations as the family members are aware about the schedule and financially capable.
- In Nimapara Block immunization is systematically planned as per schedule, the information/ schedule is regularly updated to the beneficiaries at a regular interval.
- Cold chain and logistics adequate: no stock outs of vaccines despite stock outs at district level and CHC level in other pharmaceutical components.
- Antigen-wise immunization coverage was highest for Measles (92%) and lowest for Bacillus Calmette-Guérin (BCG) (94%), which indicates low instances of late drop-out.

**(C) Chhendipada Block:**

- It was observed that improved access to and utilization of immunization services is low in the Chhendipada due to its unique inherent

characteristics of working male and female population, overcrowding, poor sanitation and personal hygiene

- Regular quality immunization sessions are planned and held which had lead to tremendous achievement of success rate around 100 % in Chhendipada.
- The smooth coordination between ICDS and health sector in Chhendipada had eliminated the lagging in the process of service delivery.
- Hard to reach areas and areas affected by seasonal variations are targeted with team campaigns or camps.
- Cold chain and logistics adequate: no stock outs of vaccines despite stock outs at district level and CHC level in other pharmaceutical components.
- High social mobilisation; practical IEC materials at AWW and SC; was found. Immunization sites have signboard showing immunization site, timing and immunization schedule, as well as appropriate promotional material for routine immunization.
- ANMs have poor work conditions & support as socially supported AWC (rented) are not available for full time. All sanctioned ANM, LHV and male health worker posts should be filled as soon as possible and salaries of ANMs in particular should be paid on time (with special focus on contractual staff).



#### 4.2 Supplementary Nutrition Programme (SNP):

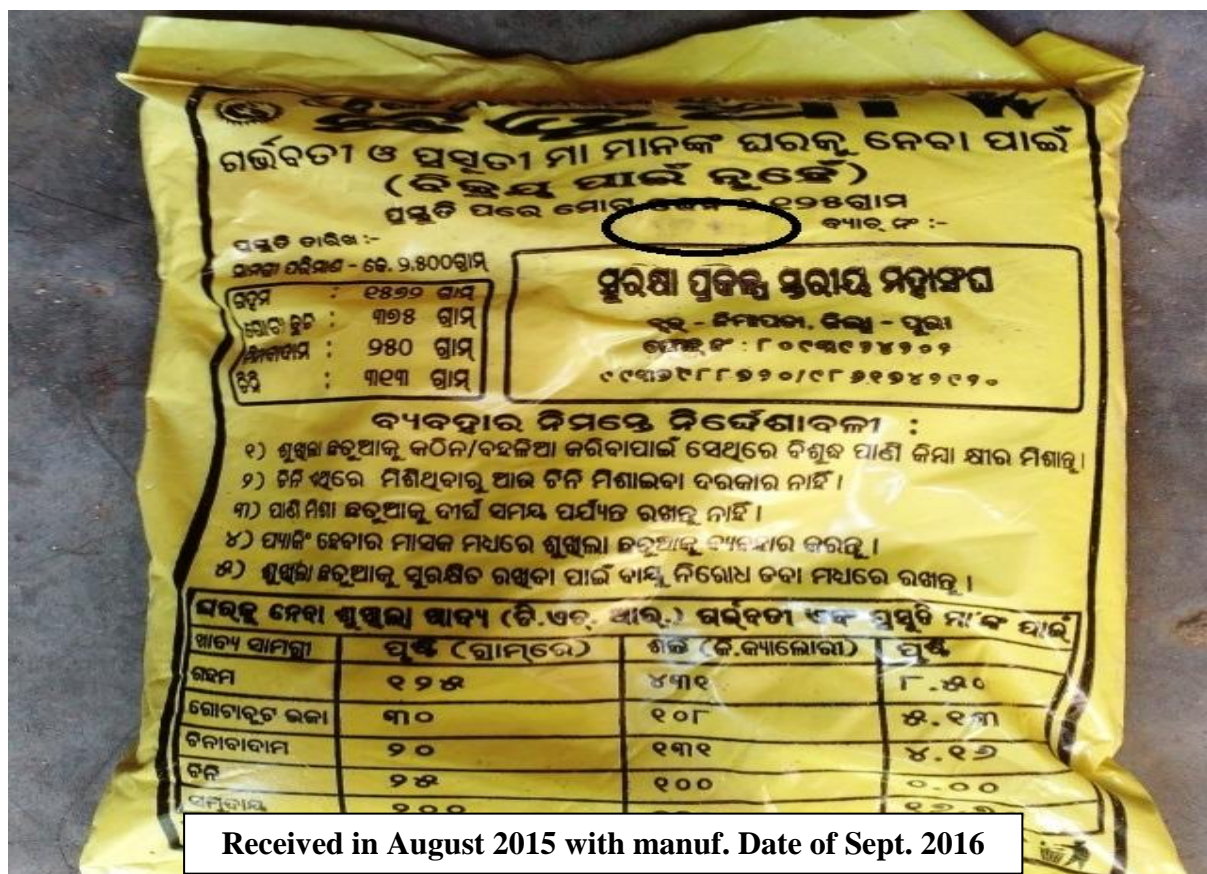
Take Home Ration [THR] is given to pregnant and lactating mothers, children from 6 months to 3 years as they do not attend the AWC on a daily basis. The severely malnourished children of 3-6 years are also given THR in addition to the Hot Cooked Meal which is served during the class room sessions at AWC. The GOI has prescribed the per beneficiary cost of Rs. 7/- for Pregnant and lactating mothers, Rs. 6/- for normal children under 3 years and Rs.9/- for severely malnourished children. Govt. of Odisha is also ensuring the dietary norm to be maintained across the states. Government of Odisha has taken up an in-principle decision to give Ready to Eat [RTE] i.e. wheat-based Chatua in the form of THR to all eligible beneficiaries as it will ensure that it goes to the intended beneficiary and not entered the family kitty.

**Table 1: Type of Hot Cooked Meal (HCM)**

Types of food	3 years to 6 years
Morning Snacks	i) Monday and Thursday – Sprouted Mung ii) Tuesday, Wednesday, Friday & Saturday – Chuda Ladoo
Hot cooked meal	i) Monday and Thursday – Rice, Dalma (Dal & Vegetables) ii) Tuesday – Rice and Soya Chunk curry ii) Wednesday, Friday & Saturday – Rice and egg curry

**Table 2: Type of Take Home Ration (THR)**

6 months to 3 years	6 months to 3 years (severely malnourished)	3 years to 6 years (severely malnourished)	Pregnant & Lactating Women
RTE consisting of Wheat, Bengal Gram, Ground Nuts & Sugar (Locally known as Chatua) one packet (Net 1.700 kg) every 15 days	Chatua one packet (Net 2.550 kg) every 15 days.	Chatua one packet (Net 1.700 kg) every 15 days.	Chatua one packet (Net 2.125 kg) every 15 days.
One boiled egg per week to be consumed under observation at AWC every Wednesday or raw eggs to be shared	Two boiled eggs per week to be consumed under observation at AWC every Wednesday and Saturday or raw eggs to be shared	1 packet Rasi Ladoo (100 gm) every month MS & HCM as per menu	2 nos. boiled eggs per week to be consumed under observation at AWC every Wednesday and Saturday.





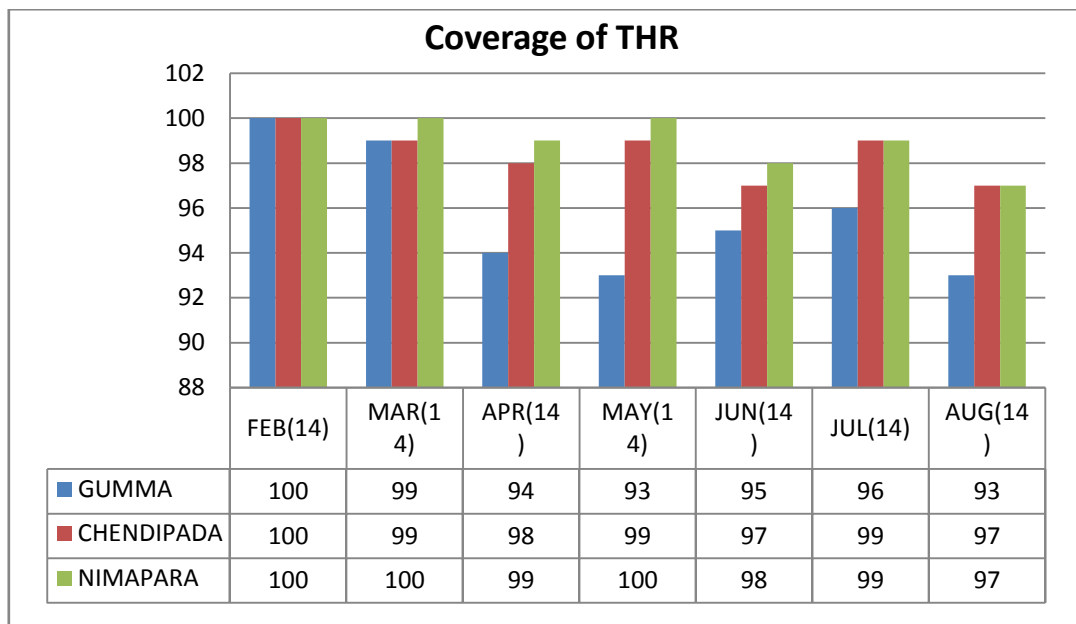
**SNP at Bhanpur, Nimapara**



**SNP at Kanaloi , Chhendipada**

#### 4.2.1 Observations & Performance Measures:

**Figure 2: Coverage of THR**



**Source- W&CD Dept. District data**

**(A) Gumma Block:**

- The trend indicates the decline in distribution of Take Home Ration (THR) from February to August at Gumma block. There is requirement of necessary steps to attain 100 % coverage in providing THR among Pregnant & Lactating Mothers, normal Children (6 to 36 Months) Severely Malnourished Children (6 to 72 Months).
- The reason for the non coverage of 100% of Chatua is attributed due to the delay and the irregularity in the supply of Chatua.

**(B) Nimapara Block:**

- The trend shows continuous distribution of THR from February to August at Nimapara block except in the month June/14 and august/14.
- The reason behind the non-coverage of THR in June/14 and august/14 is due to irregularity in supply and distribution in respective AWC.
- The most important point we found a Chatua packet with manufacturing date of sep-2015 though we have visited the respective AWC before the start of the month.

**(C) Chhendipada Block:**

- Acceptability: One of the major questions asked to all the respondents including the key beneficiaries was the acceptability of present food stuff.
- Majority of the respondents stated that it is highly acceptable. The study clearly states that as high as 95% beneficiaries indicated present food stuff to be more acceptable than the conventional wheat based take home ration (THR) whereas only 5 % opined that there is no change in its acceptability as compared to the wheat based ration.
- Awareness has been created among beneficiaries about SNP but as high as 50% to 75% of incidence of food sharing of beneficiaries among the family is reported during the field study.
- The current practice of food distribution to the beneficiaries (except the 3 to 6 years children category) for 25 days at one go should be discontinued and there should be provision for weekly distribution of the food ration. This will minimize food sharing by the non-beneficiaries at the household level.
- One monthly village meeting be conducted at the village level with all stakeholders such as PRI Members, village opinion leaders, youths, SHG Members and beneficiary household heads which will increase the accountability level of the ICDS personnel

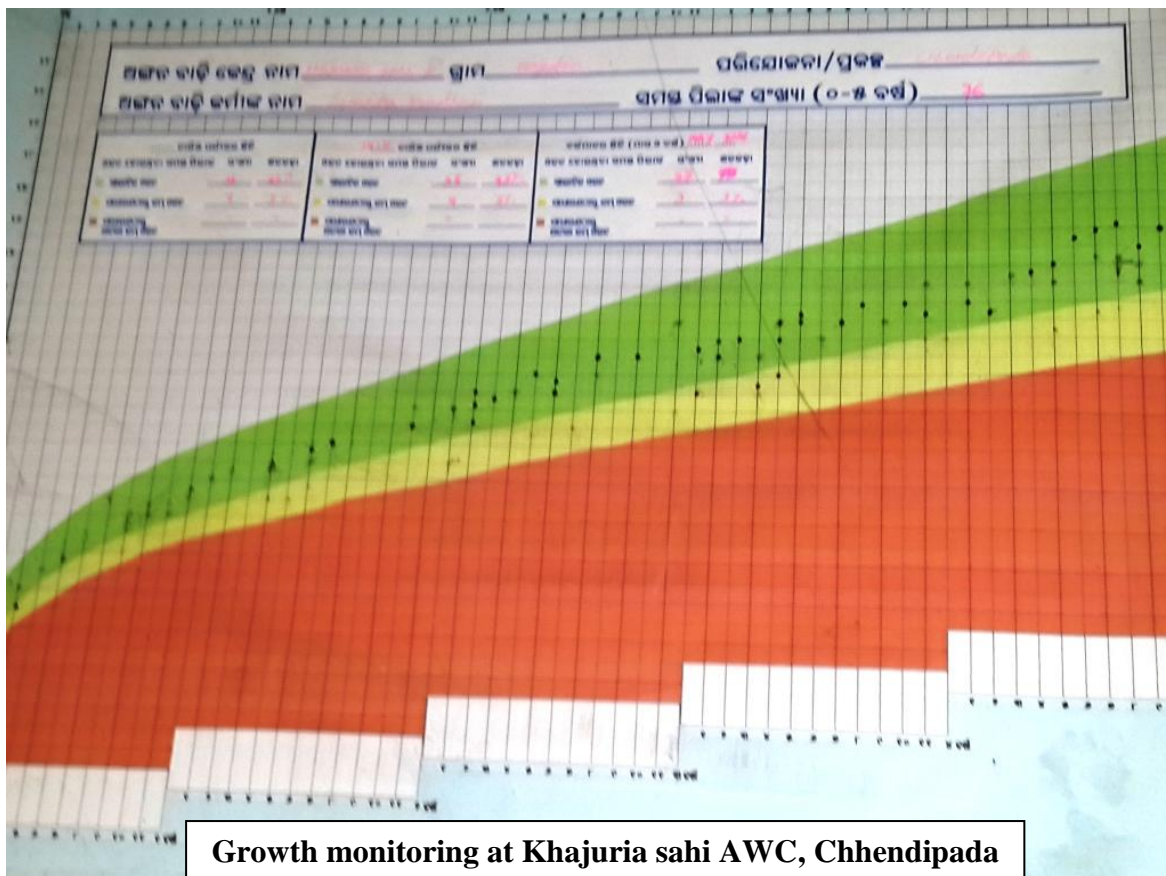
**4.3 Health Check Ups and Referral Services:**

The Health Check Up includes the following:

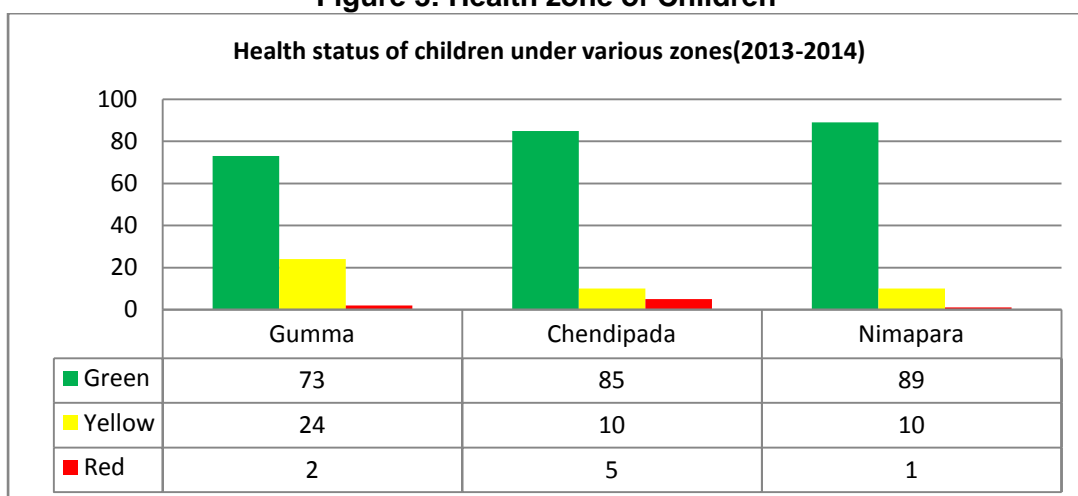
- Health care of children less than six years of age.
- antenatal care of expectant mothers
- postnatal care of nursing mothers

During health check-ups and growth monitoring, sick or malnourished children in need of prompt medical attention are provided referral services through the ICDS. The AWWs have also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers these to the Medical Officers. Children who require medical attention because of malnutrition or sickness are referred to the Primary Health Centre or its Sub-Centre. These

include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc. The effectiveness of this service depends on timely action, co-operation from health functionaries and the willingness of families to avail of these services.



**Figure 3: Health zone of Children**



**Source- W&CD Dept. District data**

#### **4.3.1 Observations & Performance Measures:**

##### **(A) Gumma Block:**

- Due to lack of awareness and lack of supplementary nutrition, the health status of children (below 3 yrs) is average; about 27% of the children are in the category of yellow and red zone.
- Steps should be taken to curb the mal -nutrition among children which is around 2% (red zone) through effective referral and support of nutritional supplements by the health functionaries.
- It's also observed that the due to the poor economic status; the parents discourage the children under red zone/ yellow zone to take them to CHC.

##### **(B) Nimapara Block:**

- In Nimapara Block 89% of the children are in green zone, 10% in yellow and only 1% in red zone which shows an epic involvement of AWW, HW as well as beneficiaries towards the process and schemes.
- It has been observed that the children under yellow zone are undergone continuous check-up and a detailed observation is done by AWW and HW.

##### **(C) Chhendipada Block:**

- The study findings reveal that health check up camps are attended by almost all the people belonging to different Castes and relatively higher economic and educational category families especially pregnant women and children.
- Health education has achieved a great deal of success in considerable increase in the awareness level of the people of the locality towards health aspects. There has been marked change in their attitude towards health and they are accessing to modern health care system than before.
- At the Anganwadi Centres, children, adolescent girls and pregnant and nursing women are examined at regular intervals by the Health functionaries like Lady Health Visitor (LHV) and Auxiliary Nurse Midwife (ANM) who also diagnose minor ailments and distribute simple medicines. They provide a link between the village and the PHC.

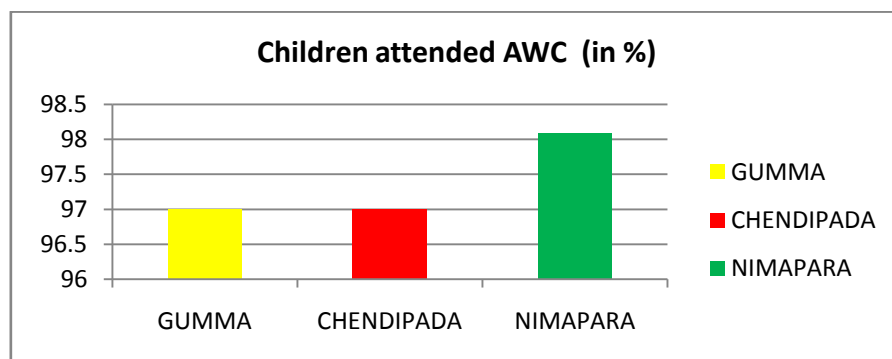
- This resulted in 85% of the children are in the Green Zone with rest 15 % are in the yellow and red zone.



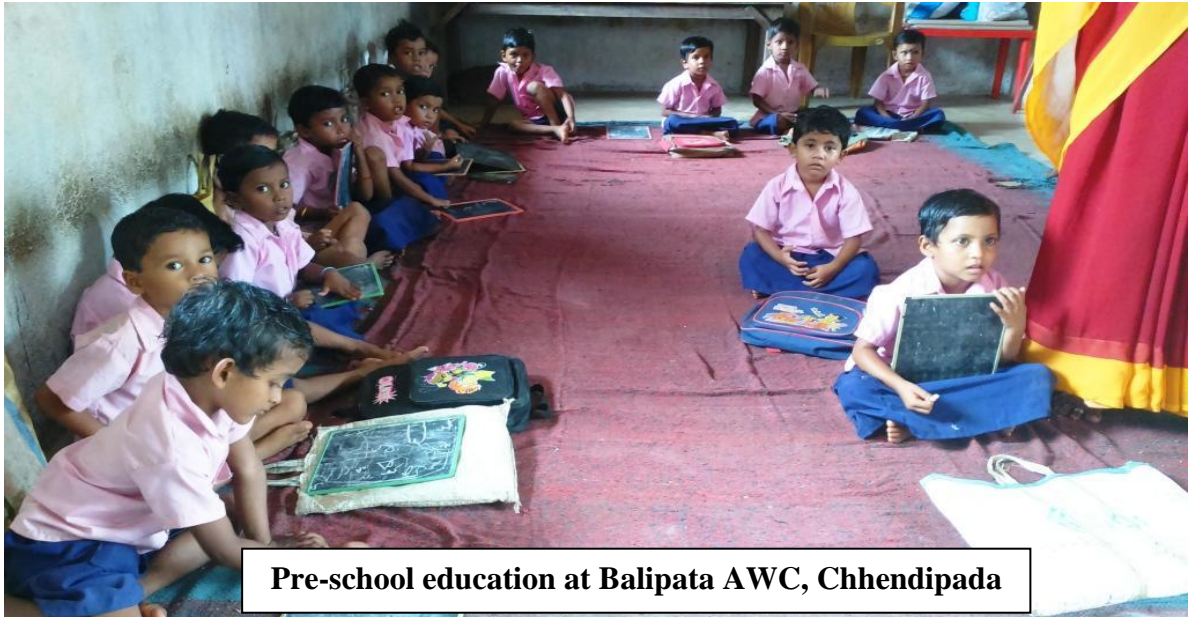
#### 4.4 Pre-School Education:

The Non-formal Pre-school Education (PSE) is a programme for the three-to six years old children in the Anganwadi Centre. It is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development. The early learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalization of primary education, by providing to the child the necessary preparation for primary schooling and offering substitute care to younger siblings, thus freeing the older ones – especially girls – to attend school.

**Figure 4: Success Rate of Attendance in AWC**



**Source- W&CD Dept. District data**



#### 4.4.1 Observations & Performance Measures

##### (A) Gumma Block:

- It was observed that 100% attendance of children is not achieved at AWC's for primary education.
- The same is due to the non-awareness amongst the tribal population and the illiteracy.
- However the attendance is quite improved due to the supply of Hot Cooked Mill in the AWCs.

**(B) Nimapara Block:**

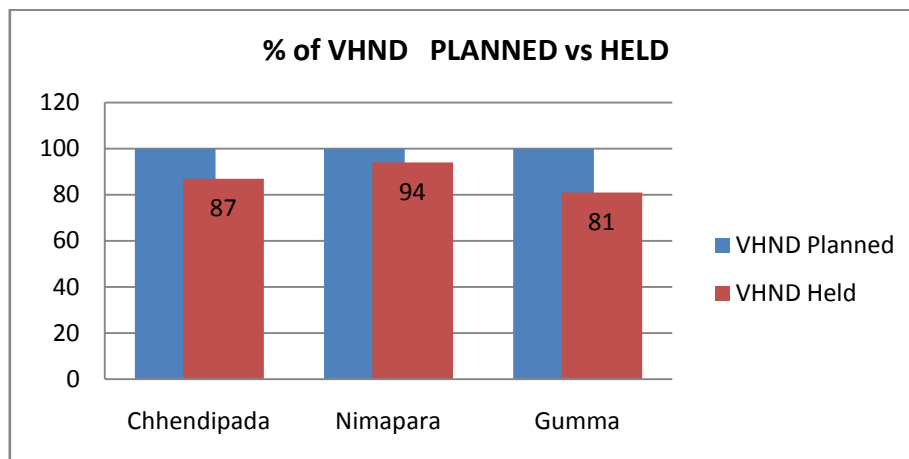
- It was observed that 98 % attendance of children is achieved at AWC's for primary education.
- The rest is due to unavailability of proper infrastructure i.e. AWC building, electricity and water supply. 76% of the totals AWC do not have their own building.
- Some of the AWCs are also attached to nearby centre where the children have to travel to certain distance to reach the centre.

**(C) Chhendipada Block:**

- It was observed that 100% attendance of children is not achieved at AWC's for primary education.
- However the attendance is quite improved due to the Hot Cooked Mill as supplied during the Session.
- Pre-school non-formal education has certainly drawn more number of children to school in the study area and this also has helped in creating an environment for the pre-school children to go to school for formal education afterwards, the study finding has revealed that the children are more interested for the food component in the school.

**4.5 Nutrition and Health Information:**

The objective of the Nutrition, Health and Education component is to enhance the capacity of women between the age group of 15 to 45 years; so that they can look after their own health, nutrition and developmental needs as well as that of their children and families. The sensitization and awareness is done through ASHA and AWW among the women in the villages by household visits and during the VHND days.

**Figure 5: VHND Programme Status**

**Source- W&CD Dept. District data**

#### **4.5.1 Observations & Performance Measures:**

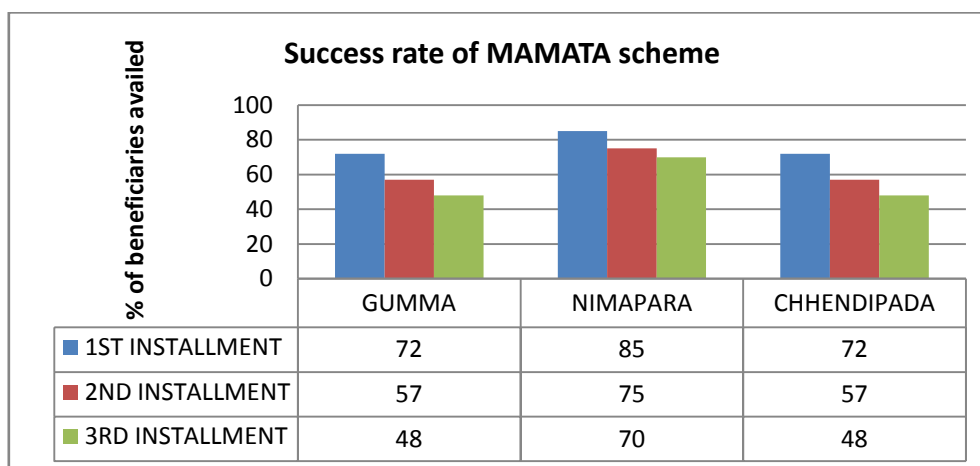
- In Gumma, Nimapara and Chhendipada block VHND Planned Vs Held status is 81, 94 and 87 % respectively.
- The same is due to the poor awareness on the importance of VHND programme.

#### **4.6 Coordination with H&FW for Reduction of IMR & MMR:**

The current IMR and MMR of Gumma block is 32 and 228, Nimapara block is 15 and 218 respectively, Chhendipada block is 21 and 141 (Source: ICDS Data of Gajapati, Puri, Angul). To alleviate the issue of maternal and infant under nutrition, Government of Odisha, has launched a state specific scheme for pregnant women and lactating mothers called MAMATA- a conditional cash transfer maternity benefit scheme. This scheme provides monetary support to the pregnant and lactating women to enable them to seek improved nutrition and promote health seeking behaviour. The goals of the MAMATA scheme are to contribute as a factor in reducing maternal and infant mortality and to improve the health and nutritional status of pregnant and lactating mothers and their infants. The target beneficiaries of the scheme “MAMATA” are the pregnant and lactating women of 19 years of age and above for the first 2 live births, except all Govt. and / Public Sector Undertakings (Central and State) employees and their wives will be covered. This scheme is operational in all ICDS projects of

the State. The first instalment will carry a sum of Rs 1500 which she will get after six months of pregnancy, the second instalment is also of Rs 1500 which she will get after their child becomes three months old and the two other instalments are of Rs 1000 each which she will be given after the child attains six and nine months respectively.

**Figure 6: Success Rate of MAMATA Scheme**



**Source- W&CD Dept. District data**

**(A) Gumma Block:**

- It was observed that there is lagging and discontinuity in providing incentives to mothers in Gumma block and full instalment payment achievement is around 48%.
- The same is due to lack of proper planning at the AWW level and also due to the non submission of timely record by the beneficiary.

**(B) Nimapara Block:**

- It was observed that there is lagging and discontinuity in providing incentives to mothers in Nimapara Block and only 77% of the beneficiaries have received the full instalment.
- The lagging in the coverage of 100% incentive to beneficiary mothers are due to lack of awareness among mothers and ineffective planning and monitoring to open the beneficiary bank accounts for the onward payment of the incentives.



**(C) Chendipada Block:**

- There are issues in delivery of Mamata instalment on time. Beneficiaries complained about the irregularities and some received the 1st instalment after delivery.
- After discussions with stakeholders and beneficiary, it was concluded that the prime reasons are lack of awareness and sensitization, delay in opening bank accounts by branch managers and data entry at the block level is delayed in some cases due to issues in the server/system (Software error at block level/ district level).

**5.0 INFRASTRUCTURE & OTHER RESOURCES:**

**5.1 Infrastructure of Anganwadi Centres:**

**5.1.1 Number of AWCs having own building:**

- ANMs have poor work conditions & support as socially supported AWC (rented) are not available for full time. Currently two schedules have been maintained firstly 7.00 am to 11 am, for those AWCs which depends upon existing school infrastructure and the others from 9.00 am to 2.00 pm which operate at their own buildings.

- It was observed that in the earlier case, the AWCs encounter issues due to constraints in sharing of infrastructure of the school building, like class room, lack of kitchen and storage of foods.etc.
- Most of the AWCs had no toilets and few AWCs have toilets but not in usable condition. A child had to defecate in the open and nearby areas and this creates an unhygienic environment.
- The Anganwadi centres can be an excellent starting point for students to be taught cleanliness, hygiene and basic sanitation. In many cases, children had to sit through the searing heat with temperatures soaring up to 46 degrees Celsius in class rooms that had no electricity and very little ventilation.

**(A) Gumma Block:**

- There are 217 AWC and 123 mini centres under ICDS at Gumma Block.
- 153 nos. (I.e. 73.2%) have completed building out of 209 sanctioned and rest 38.5% (131 no's) do not have own building (i.e. school, rent free private building, provided by community, others.)
- No electricity and toilet facilities are available at AWC.

**(B) Nimapara Block:**

- There are 379 AWCs under ICDS at NIMAPARA block.
- 91 nos. (i.e. 24.01%) have completed building out of 168 sanctioned and rest 76 % (288 no's) do not have own building (i.e. school, rent free private building, provided by community and others).
- It is observed that most of the completed buildings have no electricity, water supply, store room, Kitchen and toilet.

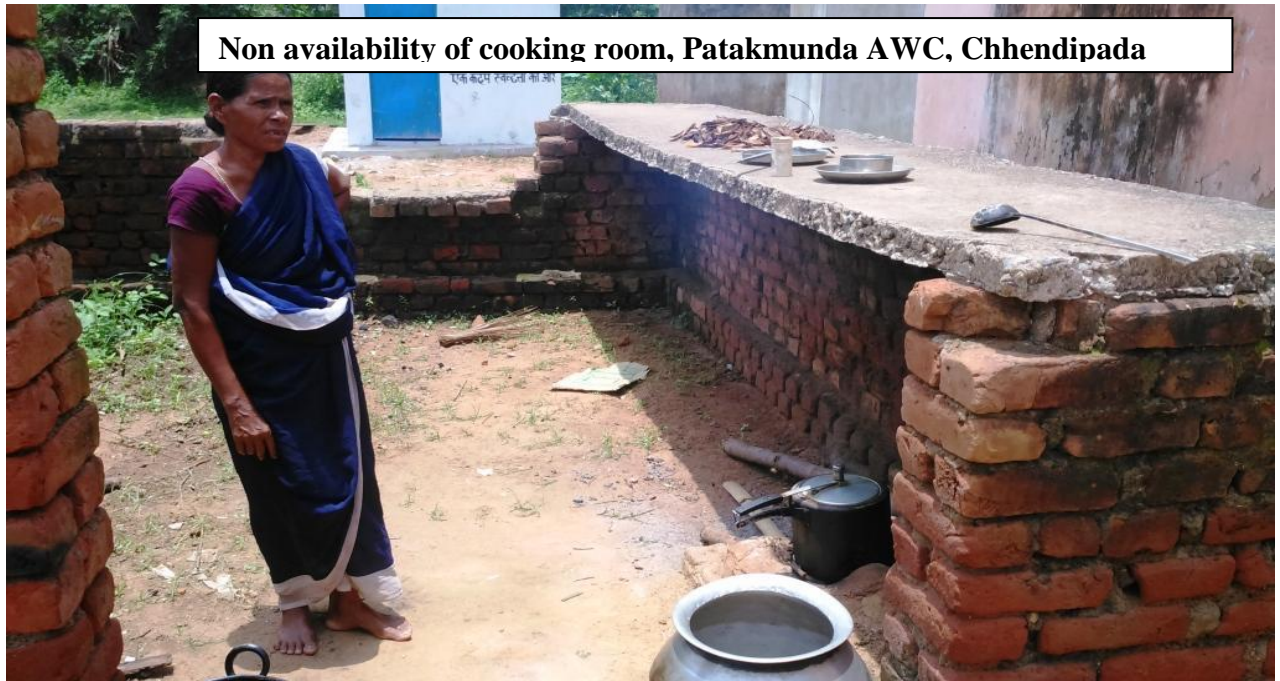
**(C) Chhendipada Block:**

- It is observed that most of the completed buildings have no electricity, water supply and only 28 AWCs have own toilet from which only 10 have good condition.

- As there is no electricity at these centres, small children faces too much trouble during summer seasons as there is no long summer holidays available to them.
- The status of AW building at Chhendipada is given below:

<i>Own building reported by project</i>	<i>SCHOOL BUILDING</i>	<i>Rented House</i>	<i>Community Building</i>	<i>OTHERS</i>	<i>AWC Functioning Without Building</i>	<i>TOTAL</i>
74	83	0	19	4	10	190

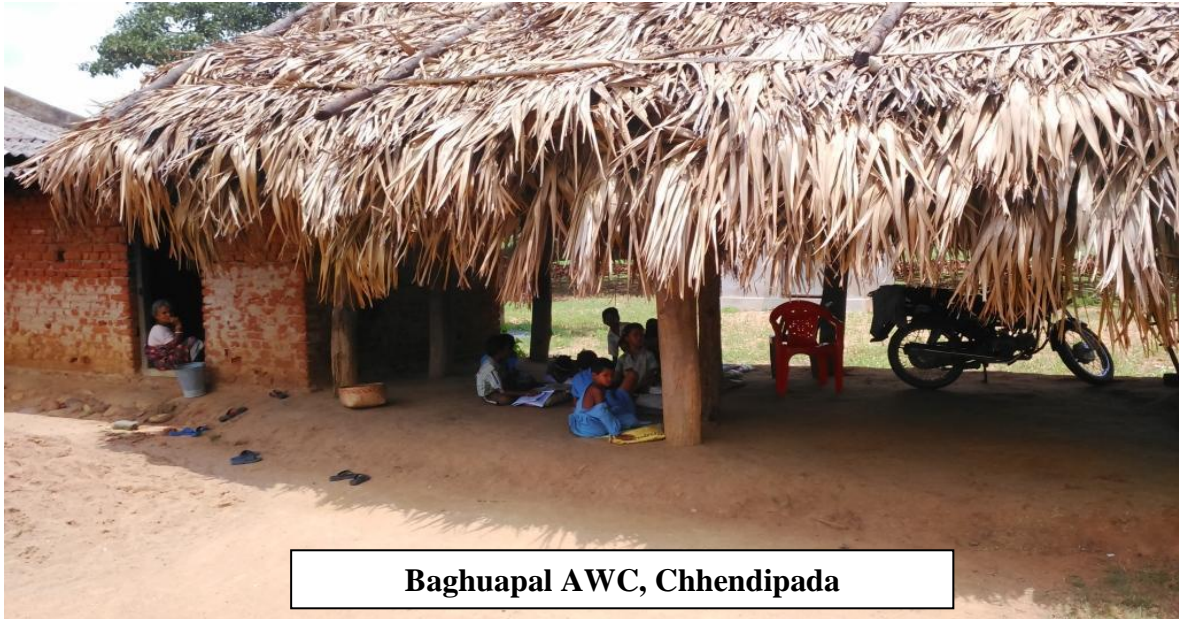
- During the visit to different sectors, there are certain AWCs to which children have to come from far places and sometime have to cross elephant zones, forests and water streams ,i.e, Gopinathpur to Tentuloi AWC(18 children, around 4km), Chakundapaul to Barapada-1 AWC(10 children, around 3 km with forest and river crossing), Sunakuskila to Dubanali (15 children, around 3 km), Kumbharsahi to Hatianali (11 children, around 2 km with Dam crossing) and Balikuda, Chandrapur to Palasgunia (20 children, 4km,including forest).There may be more number of similar cases in the block which can be solved with the implementation of Mini AWCs at these places.



**Non availability of cooking room, Patakunda AWC, Chhendipada**



**Non availability of cooking room, Bamdeipur, Nimapara**



**Baghuapal AWC, Chhendipada**



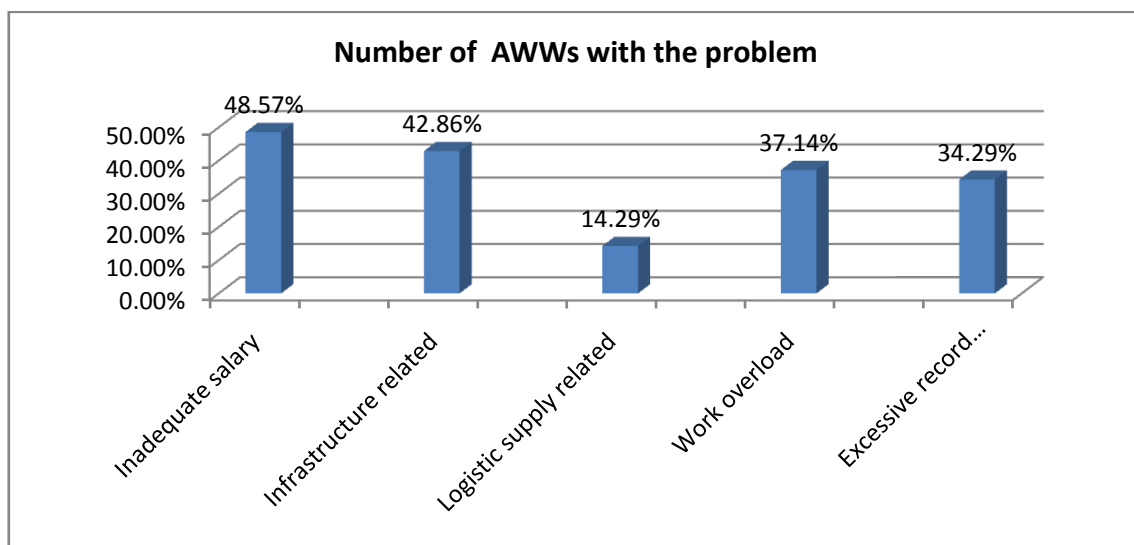
**No provision of room at Vilisan, Nimapara**

## 5.2 Human Resource:

- Each functionary at lower level was overburdened by work at block level not related to ICDS like evaluation data collection etc, which affect his working efficiency. It should be made mandatory for the AWW to stay in that village, where she has been posted (some workers are not staying in their respective working Villages and getting up and down from own their village).

- The Anganwadi are located at varying distances from the CDPO office. Monitoring around 200 centres is no easy task as many of these are located in areas which are not easily accessible and have no tarred roads leading to them. These centres are also devoid of IT systems and surveillance technology. It is therefore impossible for the CDPO officer to monitor the working of the centre everyday and to ensure its regular functioning.
- The problems that ensue from lack of monitoring are rampant across the centres. A round of surprise visits threw up a host of irregularities – absenteeism of the Anganwadi workers and their helpers, high absenteeism of children, etc. A supervisor can barely visit 3 centres a day as the centres are open only for 4 hours (from 8-12 AM) and has to cover the distances between centres.

**Figure 7: Number of AWWs with the problem**



**(Source: Primary data through interview/ FGD)**

**(A) Gumma Block:**

- There is a great necessity to visit AWCs by the CDPO and Anganwadi Supervisor at regular intervals.
- Currently 3 posts of Anganwadi supervisor, 2 AWW and 1 mini AWW are lying vacant in the block. Out of 7 sanctioned Supervisors, 5 have

undergone training under job course and only 3 have gone through refresher course.

**(B) Nimapara Block:**

- Currently 5 posts of Anganwadi supervisors, 14 AWW are lying vacant in the block.
- Out of 379 AWWs 347 AWWs are trained and the rest are untrained..

**(C) Chhendipada Block:**

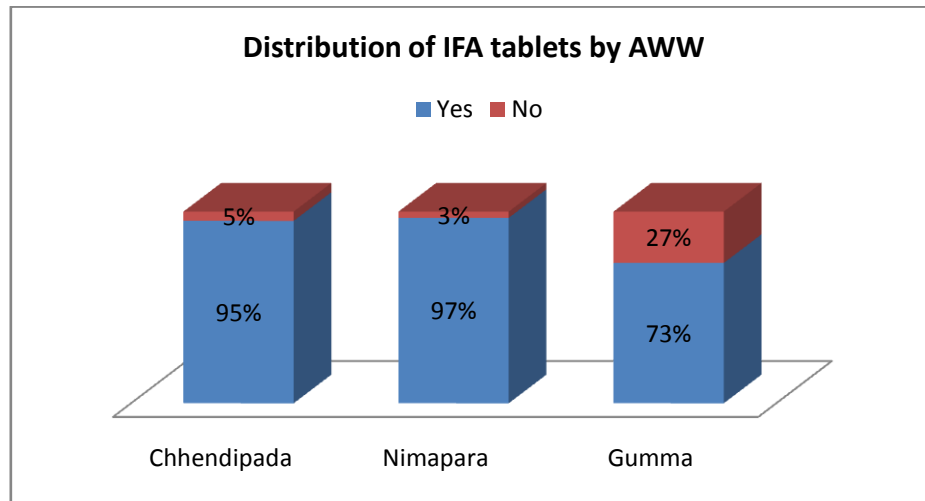
- Currently 2 posts of Anganwadi supervisor, 1 Statistical assistant and 1 AWH are lying vacant in the block.



## 6.0 BENEFICIARY RESPONSE ANALYSIS:

### 6.1 Distribution of IFA Tablets:

**Figure 8: Distribution of IFA tablets by AWW**

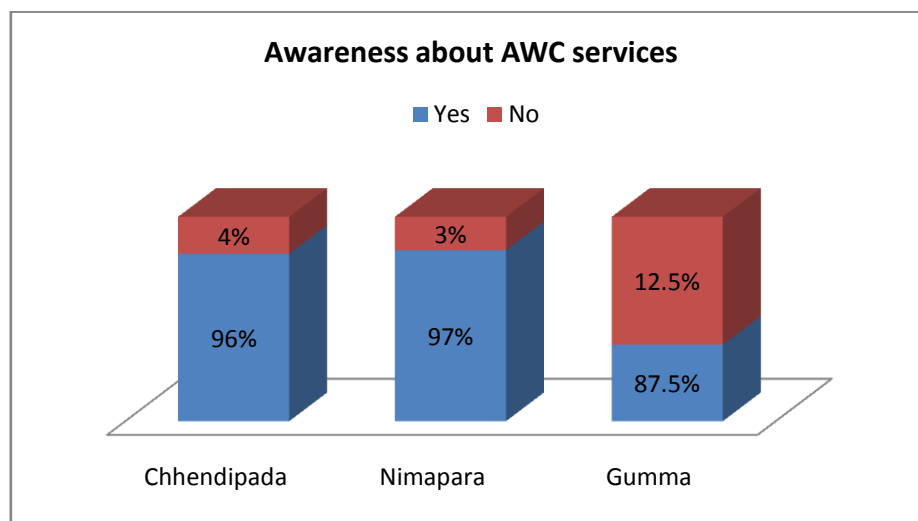


**(Source: Primary data through FGD with the beneficiary)**

- The Anganwadi Workers are supplied with IFA tablets for the distribution to the pregnant mothers and adolescent girls.
- However the beneficiary response reveals a negative response on the distribution of IFA tablets to the beneficiary.
- There is lack of awareness amongst the utility and benefit of the IFA tablets; this in turn creates a lack of interest amongst the demand side i.e. the beneficiary towards the IFA tablets.
- 95%, 97% and 73% beneficiaries of Nimapara, Chhendipada and Gumma have responded the distribution of the IFA tablets and the rest opined the non receipt and/or delay in the receipt of the IFA Tablets.

### 6.2 Awareness about AWC services:

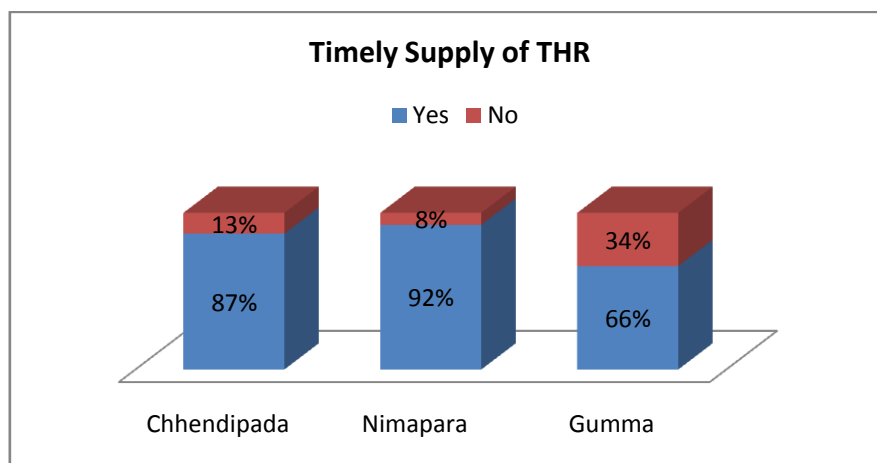
- Although the AWCs are located in the locality of the beneficiary, but initiatives may be made towards the dissemination of all the services provided by the AWCs.

**Figure 9: Awareness about AWC services**

(Source: Primary data through FGD with the beneficiary)

- From the beneficiary response analysis, it's understood that 96 % of beneficiaries in Chhendipada and 97% of the beneficiaries in Nimapara are aware of the services of AWC, whereas the same is poor in Gumma with only 87 % of the beneficiary have responded that they were aware of all the scheme and services of AWC.
- The poor awareness in Gumma block is due to the lower literacy of the residents.

### 6.3 Timely supply of THR:

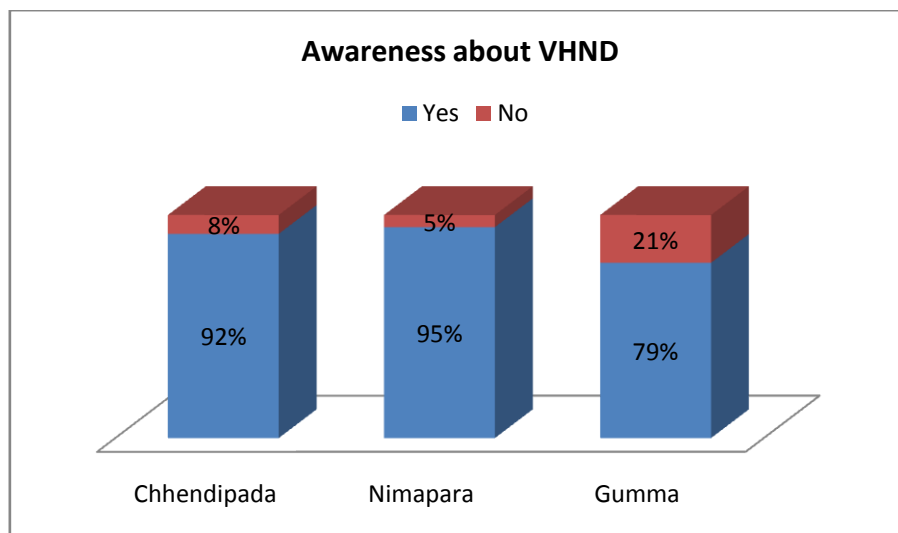
**Figure 10: Timely Supply of THR**

(Source: Primary data through FGD with the beneficiary)

- It's observed that there is delay in the supply of THR as reported by 8%, 13% and 34% beneficiary in Nimapara, Chhendipada and Gumma Block respectively.
- The delay is attributed due to the non timely supply of Chatua by the NGO/ WSHG who were assigned the task for manufacturing and supply.
- The poor monitoring by the block/ district administration also causes the discrepancy in the quality and timely supply and distribution of Chatua to the beneficiary.

#### 6.4 Awareness on VHND:

**Figure 11: Awareness about VHND**



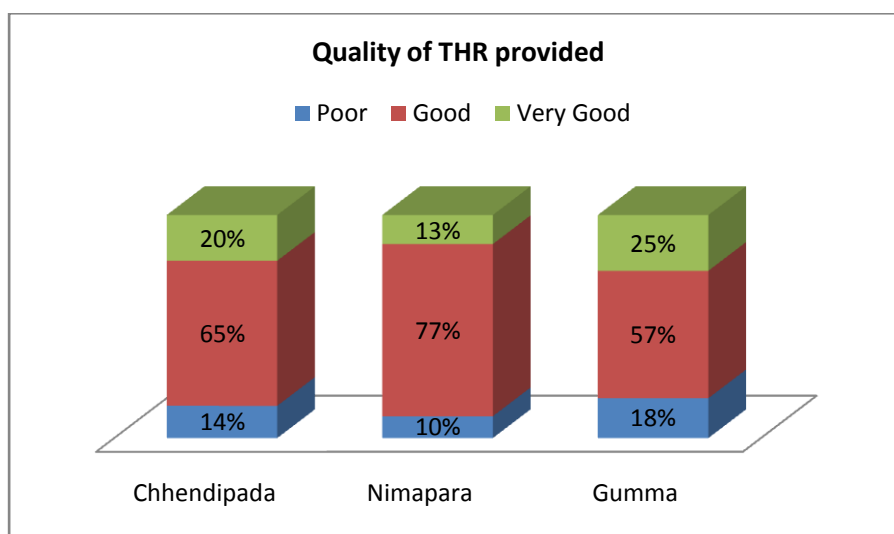
**(Source: Primary data through FGD with the beneficiary)**

- From the above graph it can be concluded that, the beneficiary of Nimapara and Chhendipada are comparatively more aware than the beneficiaries of Gumma block.
- Some beneficiaries are not sensitized about the VHND and may participate as part of requirements of Mamta Scheme and/ or with inspired by the participation of the local community.
- Thus the sensitization drive may strengthen for increased voluntary participation of beneficiary in the VHND with clarity in their objective and intent.

### 6.5 Quality of THR provided:

- The THR includes the supply of egg and Chatua to the beneficiary, which are supplied by empanelled supplier.
- The Chatua are being manufactured by the WSHG/ NGO where there is no uniformity in the quality of the chatua.
- There is also no specific provision for measuring/ monitoring the quality of the supplied chatua before distribution to AWCs/ beneficiaries.
- Thus this poses dissatisfaction amongst the beneficiary, the response of which is analysed in Figure 12 of the report.
- It's also observed that there is irregularity in the manufacturing date of chatua as there is mismatch in the actual date of manufacturing with the printed date of manufacturing. This resulting in the supply of poor quality of chatua to the beneficiary.

**Figure 12: Quality of THR provided**



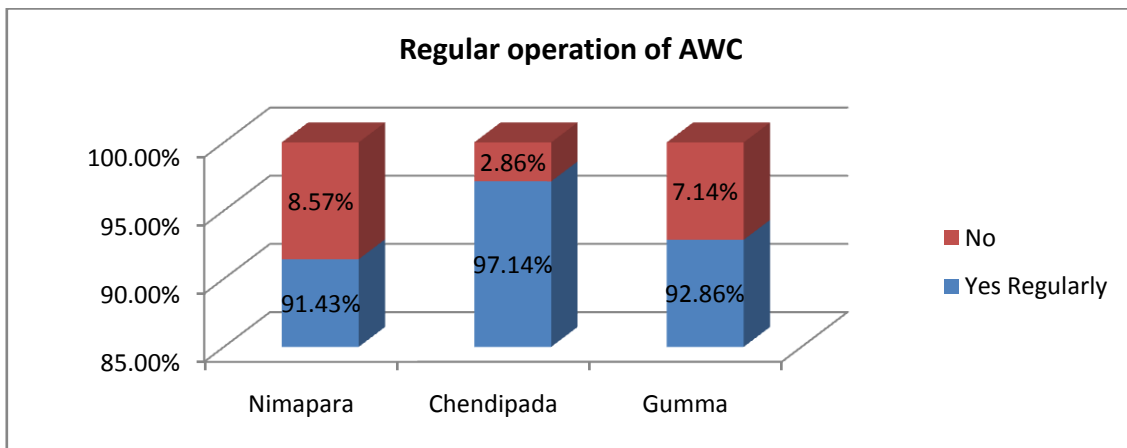
(Source: Primary data through FGD with the beneficiary)

### 6.6 Systematic operation of AWC:

- From the beneficiary response analysis, it's understood that 97 % of beneficiaries in Chhendipada and 91% of the beneficiaries in Nimapara responded the regular operation of AWC for Pre-school education with the presence of AWW, whereas the same is even less in Gumma with only 92%.

- In many cases it was found school activities are not taken effectively.
- Each functionary (AWW) at lower level was overburdened by work at block level not related to ICDS like evaluation, data collection etc, which affect her working efficiency and availability at AWC.

**Figure 13: Regular Operation of AWC**



(Source: Primary data through FGD with the beneficiary)





## **7.0 SWOT:**

### **7.1 Strengths:**

- Adequate institutional framework and administrative machinery exist for implementation of ongoing programmes and schemes.
- At the grassroots level Anganwadi Centres (AWCs) throughout the blocks have been established for implementation of various schemes for children up to 6 years, pregnant & lactating mothers and adolescent girls.
- Expanded financial and skilled human resource base to implement schemes and the introduction of newer schemes.
- Large network of civil society groups to support government agencies in the implementation of schemes for women and children.
- Coordination with other stakeholders for implementation of schemes.

### **7.2 Weaknesses:**

- There is no qualitative and effective supervision and control over AWCs where almost all the schemes pertaining to children up to 6 years and pregnant & lactating mothers are implemented.
- The own building are not available for which dependant on other rented or social club building.

- The institutional framework and administrative infrastructure available for implementation of various welfare schemes meant for women is inadequate and ill-equipped on basis.
- Convergence of many programmes at the grassroots is a very weak links in the implementation of crucial components of ICDS specifically those relating to health, pre-school education and nutrition.
- Unless programmes like ICDS are implemented in a very efficient and fair manner, especially in States which are already lagging behind with respect to important indicators relating to literacy, health, nutrition level, etc, timely outcomes as envisaged in the Strategy Paper may not be achieved.
- Weak accountability, monitoring and evaluation of various schemes being currently implemented for women and children.
- No uniform and universal mapping/ tracking system at the District, State is available.

### **7.3 Opportunities:**

- Clear vision and long-term goals can easily bring about reformative changes.
- With adequate institutional framework including technical support, is fully competent to handle the task of achieving long-term goals fixed in the Strategy Paper.
- Increasing access to print and electronic media which focus on educating the wider public about ICDS plans and schemes as like health department.
- Liberalization of economy leading to opening up of job opportunities for women and their capacity to participate in economic growth.

### **7.4 Threats:**

- Inordinate delay in bringing about policy changes/interventions may hinder the timely implementation of many important programmes.
- Weak as well as inefficient administrative structures at the grassroots level may potentially endanger the effectiveness.
- Widespread poverty and related social vulnerabilities lead to the further subjugation of a large number of women and children.

## 8.0 CONCLUSION AND POLICY RECOMMENDATIONS:

- For successful implementation of women welfare programmes participation of women Stakeholders is essential. Wide spread awareness about the programmes among groups of beneficiaries and other stakeholders including voluntary agencies, etc. would be desirable. Through this study it is found that beneficiaries were not having sufficient knowledge about schemes currently running in their village, they don't know about their rights, facilities provided by these schemes. Because of this gap beneficiaries are unable to take benefit of schemes which are actually planned for their benefit. **(REFER 6.2)**
- Strengthening existing infrastructure and support for robust monitoring and supervision. Strengthening the system to respond to community demand in a more effective and efficient manner. Strengthening infrastructure of the Anganwadi is important. Existing infrastructure of the Anganwadi is a key concern in effective delivery of targeted services by the Anganwadi. Most of the Anganwadi are running from a rented building, only few of the Anganwadi are Pucca, most of centers do not have toilet facilities and are devoid of drinking water facilities. This being key issue, mechanism for developing necessary infrastructure needs to be explored and operational. **(REFER 5.1.1)**
- There is evidence of joint planning and implementation of activities targeting health and nutrition of children and mothers through cross departmental initiatives of health, Panchayat and Rural development, Department of Education. Stakeholder mapping in this regard is requisite so as to identify stakeholders getting impacted and impacting intended outcomes. Process of joint planning can therefore be initiated for converging and allocating resources facilitating convergence. **(REFER 4.0)**
- The transportation facility of foodstuff needs to be strengthened. Steps should be taken to deliver the foodstuff at the point of AWCs or else the

cost to be paid to the AWW taking into account of distance as the indicator. **(REFER 6.3)**

- The current practice of food distribution to the beneficiaries for 25 days (monthly) at one go may be discontinued and there may be provision for weekly distribution of the food ration. This will minimize food sharing by the non-beneficiaries at the household level.
- AWWs and helper should make more efforts to achieve targets keeping in view the enrolment of children, expecting women and nursing mothers under various activities of scheme. In this regard special attention is needed in order to achieve 100% coverage. **(REFER 4.4.1)**
- Monitoring is an essential aspect of any programme. In the ICDS project, presently the monitoring is through monthly reports/ MIS. However, the staffs who visit on a regular basis are lady supervisors. It is important to note that one supervisor is in-charge of about 25 to 35 villages alone. Therefore in terms of monitoring, the supervisor can visit only about 1-2 times in a quarter. The number of Supervisory Staff is inadequate. Hence the vacancies should be filled in for better implementation. **(REFER 5.2)**
- Mamata scheme should be monitored properly, so that the distribution of instalments should be successful and timely amongst the mothers.
- Beneficiary awareness on storage and use of foodstuff needs to be systematically addressed.
- The study team suggested that there should be differentiated food for different types of beneficiaries in consultation with nutritionists.
- While filling in the positions of AWWs in future, the existing rules of picking such workers from the same village where she will have to work may be insisted upon. **(REFER 5.2)**
- One monthly village meeting to be conducted at the village level with all stakeholders such as village opinion leaders, youths, SHG Members and beneficiary household heads which will increase the accountability level of the ICDS personnel and the system will be more transparent.
- Where building does not exist, actions should be taken for construction of an appropriate centre or adequate funds made available for appropriate renting. Where building does exist, actions should be taken for repairing and maintenance of these buildings. **(REFER 4.1.1)**

- Attempt should be made for better packing system. Steps should be taken for periodical food sample quality analysis to ensure the proportion of ingredients. **(REFER 6.5)**
- Pre-school should not be a stopgap arrangement of children to come at the time of food distribution (in many cases found school activities are not Properly undertaken) **(REFER 6.5)**
- Foodstuff should reach in or around third week of the month to avoid delay in THR. It will also help the hired agency to transport in time. As the ICDS month ends on 25th day of the month, the foodstuff should be made available for distribution to AWWs. **(REFER 6.3)**
- Record keeping by AWWs was found to be a problem during the study. It needs to be simpler and less cumbersome. **(REFER 5.2)**
- Interventions should be extended to all the severe underweight children till they become normal weight and should not be stopped when the child becomes moderate underweight. More awareness to mothers on the growth charts and the growth monitoring sessions should be conducted with education about the growth chart and child's position in the growth chart This will demand additional resources and department should plan for that in advance **(REFER 4.3)**
- The top down approach in Planning and Implementation has led to formulation of schemes without assessment of the need of the people. Thus the interests of the people in these programmes have declined. Stakeholders would, therefore, need to be actively involved in the formulation and planning of all schemes. This would facilitate not only better planning but also better monitoring of the programmes
- For effective management of the funds under MAMATA Scheme, the banks may be given specific mandate for opening of the bank account without delay for promotion of the scheme. **(Refer (4.6)**
- The MIS system may be strengthened with resolving the errors for timely updation of the data at the block level. Presently, there is no system exist for quick readdressal of the problem (if any encountered at the block level) **(Refer: 4.6)**