CHAPTER-5

THE STATUS AND PERFORMANCE OF ICDS: AN EXPLORATORY ANALYSIS

HEALTH CHECK-UPS

According to the mandate of the ICDS, the health check-ups should include health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The health services provided for children by AWWs and PHC/SC staffs should include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc. At the AWCs, children, adolescent girls, pregnant women and nursing mothers should be examined at regular intervals by the Auxiliary Nurse Midwife (ANM). They should also diagnose minor ailments and distribute necessary medicines among them. They should act as a link between the villages and the PHC/SC. Maternal and child health facilities should be geared towards providing adequate medical care during pregnancy, at the time of childbirth and also post-partum care. These services should also aim at promoting safe motherhood, healthy child development – reducing maternal and infant mortality. Immunization of pregnant women and infant protects children from six vaccine preventable diseases viz., Poliomyelitis, diphtheria, pertuses, tetanus, tuberculosis and measles.

The primary role of AWW is to survey and identify women and children for these services and gather the identified people during the visits of the ANMs for health check ups. AWWs are also expected to coordinate with the ANMs and of the PHCs and SCs. It was, however, observed that ANMs, were not located in the vicinity of the AWCs and they did not visit the AWCs. Even if they visited, these visits were irregular. This was substantiated by the fact that health check ups were not conducted by the ANMs/LHVs in any of the AWCs under study. In fact, ANMs had not visited 68 percent of the AWCs for health check ups during the last three months. Similarly, Medical Officers (MOs) had not paid any visit to 85 percent of the AWCs The situation was more alarming in Gorubathan while none of these health officials had visited 80 percent of the AWCs. Thus, the health check-up were not a regular feature of the AWCs primarily because of poor coordination between the ICDS functionaries and the Health Department.

AWWs are also supposed to visit the households for health education and motivate them to utilize maternal and child health services. It was found that AWWs had visited only about three fourth (72 percent) of the households during the last three months with little variation among the districts. It was mentioned by the respondents that

AWWs generally visit them either at the time of special health campaigns like Pulse Polio Campaign, Family Health Awareness campaign or when to conduct household surveys.

An important objective of thethis study was to provide information on the usage of safe motherhood services and the role played by the AWWs in facilitating these services to women. It was found that only 68 percent of the women had utilized Antenatal care services during their last pregnancy. AWWs are supposed to motivate and register pregnant women for ANC services. It was found that majority of the women (32 percent) were motivated by the AWWs to avail ANC services at the time of last pregnancy, 19 percent were advised by ANM and 11 percent were advised by the family members to register for ANC services. Further 6 percent were not advised by anybody to utilize the ANC services but availed the facility on their own effort. AWWs had played an important role in motivating pregnant women to utilize ANC services.

The effectiveness of antenatal check-ups in ensuring safe motherhood depend on both the tests and measurements done and the advice given during the check-ups. During the survey information on

this important aspect of antenatal care was collected by asking mothers (who availed ANC services) if they had received each of several components of antenatal check-ups during their last pregnancy. Sixty seven percent of the women who availed ANC services had received tetanus toxoid injections during last pregnancy and blood pressure of women during pregnancy was checked in case of 66 percent of women. Similarly, iron folic tablets were supplied to 71 percent and weight was monitored in case of 53 percent of pregnant women.

AWWs are also supposed to impart pregnancy care information to women during pregnancy. Only 43 percent of women during their last pregnancy were advised by the AWWs to take special care during pregnancy. Mothers were advised to take more rest and avoid stress-full work. Surprisingly very few women were advised by the AWWs to deliver their babies in a health facility.

Post partum care is an important component of post natal services and AWWs are supposed to visit the women at home and advise them to seek post partum care.

But more than 50 percent of the women were not visited by any one for post partum services. It was found that only 28 percent of women were visited by the AWWs after the delivery, enquired about their health conditions and also advised them to visit a health facility to seek post partum care. ANM had also visited 19 percent of the interviewed women for post partum services Thus, it was observed that AWWs had played some role in motivating women to visit a health facility for post partum care.

Immunization National prophylaxis programme for prevention of blindness caused by deficiency of vitamin A, and control of nutritional anemia among mothers and children are two direct nutrition interventions integrated in ICDS. For dietary promotion the food rich in vitamin A, iron, folic acid and vitamin C should be an important part of nutrition and health education. At nine months of age, 100,000 IU of vitamin A solution should be administered to infants along with immunization against measles. Children in the age group of 1-5 years should receive 200,000 IU of vitamin A solution every six months, with priority given to children under three years of age. Tablets of iron and folic acid should be administered to expectant mothers for prophylaxis and treatment and to anemic children. The usage of only

iodized salt should be promoted, especially in the food supplement provided towards preventing iodine deficiency disorders.

Immunization of pregnant women against tetanus reduces maternal and neonatal mortality. The PHC and its subordinate health infrastructure have to carry out immunization of infants and expectant mothers as per the national immunization schedule. Children are also to be given booster doses of various vaccinations. The AWWs are required to assist the health functionaries in the coverage of the target population for immunization. They are also required to help in the organization of fixed day immunization sessions, maintain immunization records of ICDS beneficiaries and resort to follow up action to ensure full coverage. In order to enhance the reach of these services, particularly to the disadvantaged groups and ensure their better utilization, AWWs have to mobilize support from the community. AWWs are also required to survey families in the community to identify pregnant and nursing mothers, adolescent girls and children below six years of age from the low income families and deprived sections of the society to ensure early registration of pregnant women leading to better utilization of key health services, as well as better care and counseling for improved maternal nutrition. It also

promotes a healthy prenatal and postnatal environment of the young child, to reduce the incidence of low birth weight thereby promoting child survival and development. During the survey, it was found that AWCs did not provide immunisation to the children. On the contrary the AWW advise the parents of the children to get their children immunised from the nearest health centers. In some of the AWC, the local ANM/Health worker also visited the AWCs for immunization.

Information regarding the immunization of children was collected both from the AWC records as well as from the beneficiary households. The immunization records maintained by the AWCs showed that almost all the children registered with the AWCs have received all the recommended doses of vaccination. On the contrary, the information collected from the beneficiary households revealed that 89 percent of the children had received BCG, 91 percent had received all the three doses of DPT and Polio Measles vaccine was received by 74 percent of the children. Except for 3 children, all other children were administered polio drops under pulse polio campaign. Hepatitis-B vaccine was not received by 90 percent of the children.

It was, therefore, observed that although immunization was taking place to a great extent, but there was still scope for more work that needs to be done to ensure

REFERRAL SERVICES

As per guidelines of the ICDS programme, AWWs are required to identify sick and malnourished children and refer them to appropriate Health Care Centre. Besides, children and women in need of prompt medical attention are to be provided referral services through ICDS. Therefore, the AWWs are also required to detect disabilities in young children and pregnant & lactating women. They are supposed to enlist all such cases in a special register and refer them to the appropriate Health Centre. The effectiveness of these services depends on timely action, cooperation from health functionaries and willingness of families to avail such services.

AWWs mentioned that they did not refer the children to a nearby facility but advise the parents of the children to visit a health facility in case they detected any problem among the enrolled children. The AWWs also mentioned that they also lack sufficient skills in detecting disabilities among women and children. Other reasons for this situation were non-availability of referral forms and inefficient supervision.

MEDICAL KIT

As per the provision of the ICDS guidelines, each and every AWC should have a medical kit containing essential drugs and first aid items. But, it was found that the medical kits were generally provided once a year and the quantity of drugs and other items supplied to the AWCs was insufficient and lasted for one or two months only. Therefore, the AWCs had to function without the basic medicines and medical kits for most part of the year. All the mothers also mentioned that they had never received any medicines or first aid from the AWCs.

SUPPLEMENTARY NUTRITION

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

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. As per norms under guidelines each AWC is required to cover 102 beneficiaries comprising of 80 children, 20 lactating and pregnant women and 2 adolescent girls. Each beneficiary should receive 300 calories, 8 to 10 gms of proteins for 300 days in a year.

The guidelines of the ICDS programme envisage that, all families of the community should be surveyed to identify low income families, deprived children below the age of six, pregnant and nursing mothers and adolescent girls. These identified groups should be provided supplementary feeding support for 300 days in a year. By providing supplementary feeding, the AWCs attempt to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities. This pattern of feeding aims only at supplementing and not substituting for family food. It also provides an opportunity for the AWWs to have interaction with pregnant women, mothers of children, infants and young children to promote improved behavioral actions for the care of pregnant women and young children. The type of food varies, but usually it should consist of a hot meal cooked at the AWCs, containing a varied combination of pulses, cereals, oil and sugar/ iodized salt. There should be some flexibility in the selection of food items to respond to local needs.

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 in the district 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. The respondents were asked to report whether their children had received any SN from the AWCs in the last month. Since most of the AWCs had recently received supplies therefore, supplies were available in all the selected Centres. But only 81 percent children had received SN from the AWCs in the last month.

All the mothers mentioned that SN was not provided to their children regularly. They however, mentioned that whenever supply of nutrition items were available at the AWCs, their children get SN. But the problem was that AWCs did not get enough nutrition to last for about 300 days. Mothers mentioned that on average AWCs provided SN for 100 days a year. The AWWs also mentioned that due to

inadequate supplies they were not in a position to provide SN for recommended 210 days. All the AWCs had a uniform weekly schedule for providing SN 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 SN, either because the stove was not in working order or the fuel was not available. The supplementary nutrition was distributed in the utensils of the AWCs. SN was generally consumed at the AWCs. Only, the physically challenged and sick children were allowed to take home SN. Mothers were also asked to mention whether they were satisfied with the various nutritional items provided at the AWCs. Therefore, it was required that the SN provided should have sensitivity to local taste and seasons.

QUALITY OF NUTRITIONAL ITEMS

As mentioned earlier the procurement of supplies is centralized. 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 (98 percent) were satisfied with the quality of SN received by their children from the AWCs.

AWWs mentioned that the supplies of different items were irregular and it generally supplied in bulk for which there was an insufficient storage facility both at project and AWC level. 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 dal and rice used to get infested with insects in the absence of proper and adequate storage facility.

IMPACT OF SUPPLIES ON THE FUNCTIONING OF THE AWCS

All the AWWs were asked to mention the impact of the inadequate and irregular supplies on the functioning of the AWCs (Table 5.22). It was mentioned by only 15 percent of the AWW that, there was no effect on the functioning of AWC due to the irregular supply of the SN, while 45 percent reported that due to the irregular supply of SN AWCs remained closed. Forty percent mentioned that AWCs experienced drop in the attendance of children. Non-availability of the fuel also disturbed the functioning of the AWCs. Eighteen percent of the AWWs mentioned that they faced criticism from the public and another 10 percent reported that there was sharp drop in attendance due to the non availability of fuel. However, 50 percent of the AWWs mentioned that there was no effect due to the shortage of the fuel. Thus, non availability of nutritional supplies and fuel badly affected the functioning of the AWCs.

GROWTH MONITORING AND PROMOTION

Growth monitoring and nutrition status surveillance were two important activities which were required to be undertaken under ICDS. Both are important for assessing the impact of health and nutrition related services and enabling communities to improve the same. As per guidelines, the children below the age of three years should be weighed once in a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards should be maintained for all children below six years. This helps to detect both growth faltering and also in assessing nutritional status. Through discussion and counseling, growth monitoring should increase the participation and capability of mothers in understanding and improving childcare and feeding practices for promoting child growth and development. It should help families understand better linkage between dietary intakes, health care, safe drinking water and environmental sanitation and child growth. Identified severely malnourished children (those placed in grade TII and IB) should be given special supplementary feeding which may be therapeutic in nature or just double ration and are also referred to Health Centers. Further, the concept of community based nutrition surveillance should also be introduced in ICDS. A community chart for

nutritional status monitoring should be maintained at each AWC. This chart should reflect the nutritional status of all children registered with the AWC at any given point of time. This should help the community in understanding the nutritional status of its children, reasons for malnutrition and what should be done to improve the same. This helps to mobilize community support in promoting and enabling better childcare practice, contributing to local resources and improving service delivery and utilization.

The AWWs mentioned that they weighed the children at least once a month but this was not substantiated from the responses of the mothers of the beneficiaries. It was mentioned by one fourth of the women that they did not know whether the growth of their children were monitored or not and another 37 percent clearly mentioned that their children were not weighed. Growth monitoring was comparatively better in Kalimpong-1 than in other districts. AWWs were supposed to prepare the growth monitoring charts of the children. In fact all the AWWs mentioned that they were preparing the growth charts but 88 percent of mothers in the state expressed that AWWs had never shown or discussed these growth monitoring charts with the parents of the children, which indicated that the AWWs did not

regularly prepare growth charts of the children. The AWWs were also supposed to identify severely malnourished children and maintain separate registers for malnourished children. But it could not be verified from the AWCs whether such activity was undertaken by the AWWs. However, the AWWs mentioned that only single diet was provided to each beneficiary irrespective of the nutritional status, therefore, identification of severely malnourished children or pregnant/lactating women was of no use.

NUTRITION AND HEALTH EDUCATION

The Nutrition and Health Education (NHE) component of the ICDS scheme aims at effective communication of certain basic health and nutrition messages with the objective to enhance the mother's awareness of the child's needs and her capacity to look after these within the family environment. Nutrition and health education is required to be given to all women in the age group of 15-44 years and other members of the family. This has the long term goal of capacity building of women so that they can look after their own as well as that of their children and families health, nutrition and development needs. NHE is comprised of basic health, nutrition and development information related to childcare and development, infant-feeding practices, utilization of health services, management of childhood diseases, family planning and environmental sanitation. Community education is to be imparted through counseling sessions, home visits and demonstrations. AWWs are supposed to use fixed day immunization sessions, child protection days, growth monitoring days, small group meetings of mothers, community and home visits, village contact drives and women's group meetings, local festivals/gatherings for nutrition, health and developmental education. All efforts are to be

made to reach out to women, including pregnant women and nursing mothers, to promote improved behavioral actions for care of pregnant women, young children and adolescent girls at household and community levels and to improve service utilization. Sustained support and guidance has to be provided during the entire span of pregnancy and early childhood to mothers/ families of young children, building upon local knowledge, attitude and practice. This helps in promoting early childhood care for survival, growth, development and protection of the child as well as of the mother.

All the AWWs mentioned that they regularly visit the households to impart health and nutrition education to women and also arrange their monthly meetings, but the information collected from the respondents revealed that all the women were not provided NHE by AWWs. It was found that NHE was restricted to the women in the close vicinity of the AWCs. AWWs had just visited 45 percent of the households during the last three months to impart health education Mothers meetings were also not a regular feature of the AWCs. Only 25 percent of the women mentioned that mothers meeting were held regularly. The situation on this account was somewhat better in Kurseong than in other projects. Not only the meetings were irregular

but even if these were organized; women also did not attend these meetings regularly. Of the women who mentioned that women's meetings were held in their AWCs, only 30 percent had attended these meetings regularly and remaining 70 percent of the women had occasionally attended these meetings. Those who had attended these meetings were further asked to mention the topics discussed in the last mothers meeting and multiple responses were recorded. The information collected revealed that main topics discussed in the last meeting were activities of the child at AWC (73 percent), promoting growth of child (43 percent), supplementary nutrition (31 percent), management of diarrhoea (24 percent) and child's disabilities (12 percent). Discussions on growth promotion of children and their better nutrition was a neglected area in almost all the districts. Thus, the health education component of the ICDS services was found to be very weak.

Since, diarrhoea is the main cause of infant mortality, hence, AWWs were supposed to impart knowledge to the mothers about the management of diarrhoea among children. All the women were asked to report whether they had heard of a product called Oral Rehydration Salts (ORS). Only 43 percent mothers of the selected children had

heard about ORS. Fifty four percent of women in Darjeeling-pulbazar and 42 percent of women in Kalimpong-2 projects had heard of this product. Women had heard about ORS from a variety of sources. Majority of the women had heard about ORS either from a health worker or from electronic media (49 percent and 45 percent respectively). AWWs were also mentioned as a source of knowledge by 27 percent of the women.

Thus, AWWs have played some role in disseminating information about ORS. The AWWs were also mentioned as a source of knowledge about ORS by more than one-third of women in Darjeeling. Women were also asked to report the type of treatment used by them for the management of the last episode of diarrhoea among children. Sixty three percent of the women had consulted health personnel who prescribed some medicines. Another one-third of women had also given ORS and 12 percent had used home made salt/sugar solution or other home made fluids for the treatment of the sickness.. It was also found that women generally preferred a health facility than AWCs for the treatment/management of diarrhoea of children. This is established by the fact that only 32 percent of the women had consulted an AWW for the treatment of diarrhoea. Women

also had a lot of misconceptions regarding the feeding practices to be followed when their children were sick with diarrhoea. Thirty nine percent of the women opined that breastfeeding should be decreased during the diarrhoea and 13 percent said it should be stopped and 41 percent mentioned that its frequency should not be changed. Similarly, 42 percent mentioned that semi solid /solid foods should be decreased to the child when he/she had diarrhoea and 23 percent believed that amount and frequency of semi solid foods should not be changed in case a child has diarrhoea. A substantial proportion also reported that breastfeeding, bottle feeding and semi solid foods should be totally stopped during diarrhoea. Thus, it was noticed that even some of the mothers who were in contact with the AWWs did not have full information regarding the management of the diarrhoea. Misconceptions about feeding practices during diarrhoea were common in all the projects.

The AWWs are also supposed to educate women about breast feeding and other related issues to breast feeding etc. like colostrums feeding, correct posture during breast feeding, nipple hygiene, frequency of breast feeding etc. Only 32 percent of women were guided by the AWWs regarding the breastfeeding practices to be

followed. Of these women 61 percent had informed by AWWs about colostrums feeding, 70 percent about exclusive breast feeding up-to 4 months, 61 percent regarding correct postures during breast feeding, 66 percent nipple hygiene and 61 percent regarding frequency of breast feeding (Table 5.25). Thus, it appears that majority of the women who were in contact with the AWWs, had the information regarding breast feeding and other issues related to it.

PRE-SCHOOL EDUCATION (PSE)

Early childhood care and Pre-school education (ECCPSE) is very crucial component of the package of services envisaged under ICDS as it seeks to lay the foundation for proper physical, psychological, cognitive and social development of the child. Non-formal education is to be imparted to children in the age group 3 to 5+ at the AWCs. PSE should also be the most joyful daily activity, visibly sustained for three hours a day. The Early Childhood Care and Pre-school Education programme, conducted through the medium of play, should aim at providing a learning environment for promotion of social, emotional, cognitive, physical and aesthetic development of the child. The early learning component of the ICDS should involve significant inputs for providing a sound foundation for cumulative lifelong learning and development.

Children of the age of 3-5 years are required to be imparted non formal pre-school education in AWCs. Emphasis is not on imparting formal learning, but for developing desirable attitudes, values and behaviour patterns of children. There should be no rigidity about the curriculum or learning procedure and the young child should be

encouraged and stimulated to grow at his/her own pace. For organising play and creative activities, emphasis should be on the increasing use of inexpensive locally produced materials and toys. Children should also be encouraged to make and develop their own play material. Attempts need also be made to link the AWCs with the elementary schools so that children move from the AWC to the school with the necessary emotional and mental preparation.

Though the available records at the AWCs indicated that they impart PSE to all the enrolled children through out the year, but on the basis of qualitative data collected and personal observations of the interviewers, it was observed that the PSE was imparted only when the SN was available in the AWCs. The parents mentioned that they send their children to AWCs, but the problem was that once the SN gets exhausted, the AWCs also stop imparting PSE to the children. Besides, few mothers mentioned that a number of private nursery schools have mushroomed in the villages during the recent years and parents prefer private schools over AWCs for giving better education to their children.

Notwithstanding the fact that PSE was irregular, but it had a positive impact on the mental development of the children. Sixty six percent of the women reported that their children were able to read simple words. Again 59 percent of the children could count numbers, one-third could write alphabets/word and distinguish colours and 45 percent could distinguish objects. Besides, two-third of the children used to describe the activities of AWC at home. The observations of the study team on this component of the ICDS suggest that PSE was not being delivered in most of the AWCs regularly. AWWs gave multiple reasons for irregular PSE. Some of reasons mentioned by the AWWs were: insufficient provision of teaching aids; poor accommodation without matting; lack conceptual understanding of play-way methods; poor coordination between the AWCs and the local primary schools; etc.

PERCEPTION OF BENEFICIARY HOUSEHOLDS ON FUNCTIONING OF AWCS

All the mothers were asked whether they felt satisfied with the overall working of the AWCs. It was found that 49 percent of the beneficiaries were not satisfied with the working of the AWCs . Though satisfaction level was highest in Mirik but even in this project too, 56 percent were not satisfied with the overall working of AWCs. Beneficiaries generally perceived AWCs as "Khicuri (hotch potch) centre" and had not a good image about these Centers.

Information was also collected on the views of respondents regarding the perceptions of the services rendered by the AWWs. The data reveals that about 90 percent of the households were satisfied with the timing of the AWCs and with the behaviour of the AWWs. Similarly, 91 percent of the women expressed that the information provided by the AWWs was very useful. In Mirik, however, 24 percent of the women expressed that information provided by the AWWs was not at all useful. Local participation in running the AWCs was,

however, found to be non-existent. This was substantiated by the fact that 84 percent of the women mentioned not to have participated in the functioning of the AWCs. In Gorubathan project not a single women had participated in the functioning of the AWCs. The main reasons for non participation in the activities of the AWCs were that AWWs did not solicit the cooperation of the parents of the children in managing the activities of the AWCs. They did not encourage participation of the parents in the functioning of the AWCs.

The respondents gave a number of suggestions to improve the services of the AWCs. Almost all the respondents desired that AWCs should either be closed down or the services of the AWCs should improve. They suggested that AWCs should open regularly for the whole day. More emphasis should be given to pre-school education and health education. Besides, government should construct independent buildings most preferably adjacent to schools. Sixty nine percent of the respondents suggested that AWCs should provide SN regularly and 27 percent opined that ready to eat food should be provided. Some beneficiaries also suggested that the AWCs should be handed-over to Panchayats and community should be involved in monitoring the activities of the AWCs.