Community Participation and Awareness about ICDS events in Madhya Pradesh

Apurva Kashyap
MBA- Hospital Administration
Roll no. – 0259
The IIHMR University, Jaipur

Contents

- Introduction: Background
  - ICDS
  - ISSNIIP
- Objectives
- Literature Review
- Methodology
- Discussion
- Conclusion

Introduction : ICDS Scheme

- 2nd October, 1975, the Integrated Child Development Services (ICDS) Scheme was launched as a flagship programme by Government of India for providing early childhood care and development.
- Beneficiary: Children below six years of age, mothers, adolescent girls and simultaneously providing educational services to them in their own village /community
- Objectives:
  - Supplementary nutrition
  - Non-formal pre-school education
  - Immunization
  - Health Check-up
  - Referral services
  - Nutrition and Health Education

Introduction: ISSNIP

- ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP)
- The International Development Association (IDA) is the part of the World Bank that helps the world's poorest countries.
- ISSNP is a Result Based Financing (RBF) project wherein World Bank is supporting the Ministry of Women and Child Development, Government of India, for implementation of the ISSNIP, through financing of US$ 86 million.
- ISSNIP Coverage: Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh (specifically, 162 high malnutrition-burden districts in these states)

ISSNIP Program

- **Phase 1 ISSNIP Program:**
- Component 1: Institutional and Systems Strengthening in ICDS
- Component 2: Community Mobilization and Behaviour Change Communication (BCC)
- Component 3: Piloting Convergent Nutrition Actions
- Component 4: Project Management, Technical Assistance Agency, Monitoring & Evaluation

Phase 1: Component 2

- ISSNIP Component 2 comprises strengthening of:
  - (a) Community mobilisation, and
  - (b) Behaviour change communication (BCC) in project areas
- **CBEs in Madhya Pradesh: ISSNIP Initiative**
  - Godbharai
    - For celebrating the motherhood of an expecting woman
  - Annaprashan
    - Celebrating initiation of complimentary feeding Greh Bhent
  - Greh Bhent
    - Mobilizing the community for home visits of target beneficiaries

Health Statistics: Madhya Pradesh

- Social Statistics Division, Central Statistics Office Ministry of statistics and Program Implementation, GoI 2012 data reveals that Madhya Pradesh has India's highest number of malnourished children –
  - 74.1% of them under 6 suffer from anemia
  - and 60% have to deal with malnutrition
- According to the latest Census figures, the population of children under five years of age in MP is 91,42,292. According to the NFHS 4(national family health survey):
  - 42.8 per cent of the children (39,12,900) are underweight
  - 42 per cent children (38,39,762) are stunted
  - 9.2 per cent of children (8,41,090) are severely malnourished and wasted

Health Statistics: Madhya Pradesh

- A report of SRS released by registrar general of India in July 2016 revels that Infant mortality rate (IMR) in Madhya Pradesh is one of the highest in the country.
- The data showed that IMR in the state stood at 52 against the national IMR of 39.
- Situation in rural areas is worse with IMR going up to 57 against the national IMR of 43 in rural areas
- MMR of the State was 221 per 1,00,000 live births, which was way below the National average of 178 per 1,00,000 live births.
- Madhya Pradesh stands at 27th place out of 28 States in IMR. In MMR, the State was at 13th place out of 18 States.

Significance of Study

- NRHM was expected to help achieve goals set under the Millennium Development Goals (MDG) 2015 of reducing
  - Infant Mortality Rate (IMR) to 27/1,000 live births
  - Maternal Mortality Rate (MMR) to 109/1,00,000 live births.
- ICDS program is aimed to reduce child mortality and it is important to focus on three essential reasons of child mortality:
  - Malnutrition
  - Post neo natal mortality
  - Neonatal mortality
- Literature review signifies that CBEs can reduce IMR and MMR

Literature Review

- Various studies in recent past has revealed that implementation of services under ICDS are not up to satisfactory standards and still more efforts are needed for improving the quality of services for the successful achievement of expected targets (Barman 2001; Forces New Delhi 2007).
- The studies done in past have strongly concluded the need of improvising knowledge and awareness about healthy practices among community members (Kant et al., 2011)
- Universal coverage of breastfeeding and appropriate complementary feeding can prevent up to 13 percent and six percent respectively, of all under-five deaths in high under-five mortality countries (Jones et al, 2003)
- The impact assessment findings have clearly shown that the Incidence of malnutrition is not only a function of poverty and deprivation but factors such as feeding behavior, sanitation and vaccination are also key determinants of malnutrition. Hence in order to reduce malnutrition in a sustained manner a strategic shift is required wherein program shall aspire to focus on the behavior change of the target group (Impact Assessment of ICDS in Madhya Pradesh 2009-2010, Submitted by: Centre for Advanced Research & Development (CARD))

Research Objectives

- To explore the knowledge and participation of community in CBEs
- To check community perception of CBEs as source of health information
- To check community awareness about various topics discussed by AWW/ASHA during home visits
- To assess changes in community behaviour after participation in these events
- To recommend strategies to enhance community participation in CBEs

Methodology

- Setting: Selected districts of Madhya Pradesh
- Duration: 16th February, 2017 till 29 April, 2017
- Sample size: 81 participants 9 each in 9 groups distributed as follows:
  - 3 groups of Pregnant and Lactating Women
  - 2 groups of Mothers in law
  - 2 groups of Husbands of Pregnant and Lactation Women
  - 2 groups of other community members

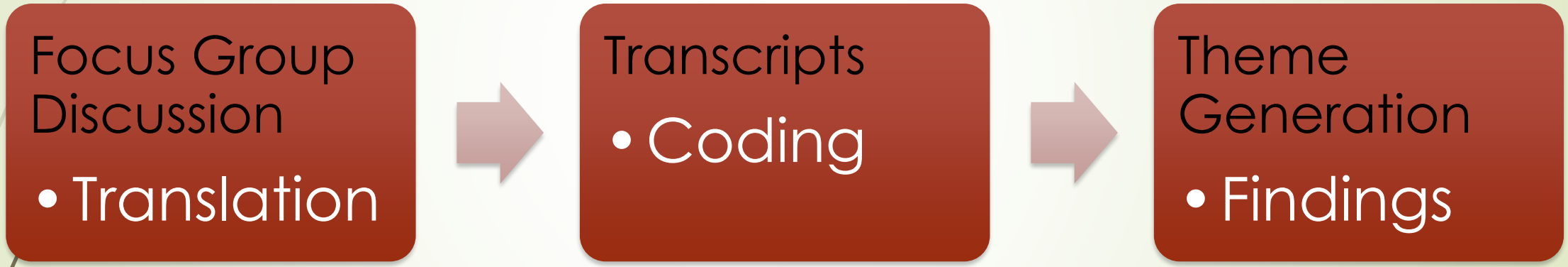
- Sampling technique:
  - Area: Random selection of Districts Blocks and sectors in Excel.
  - Participants: Selected according to availability of composition of desired group.

- Data collection procedure: Recording of the discussion in recorder
- Type of study: Qualitative Exploratory Thematic Analysis
- Data Analysis Procedure: Atlas.ti Software used for code generation followed by thematic analysis
- Data collection Instrument: Guided Checklist
- Methods of data collection: Focused Group Discussion

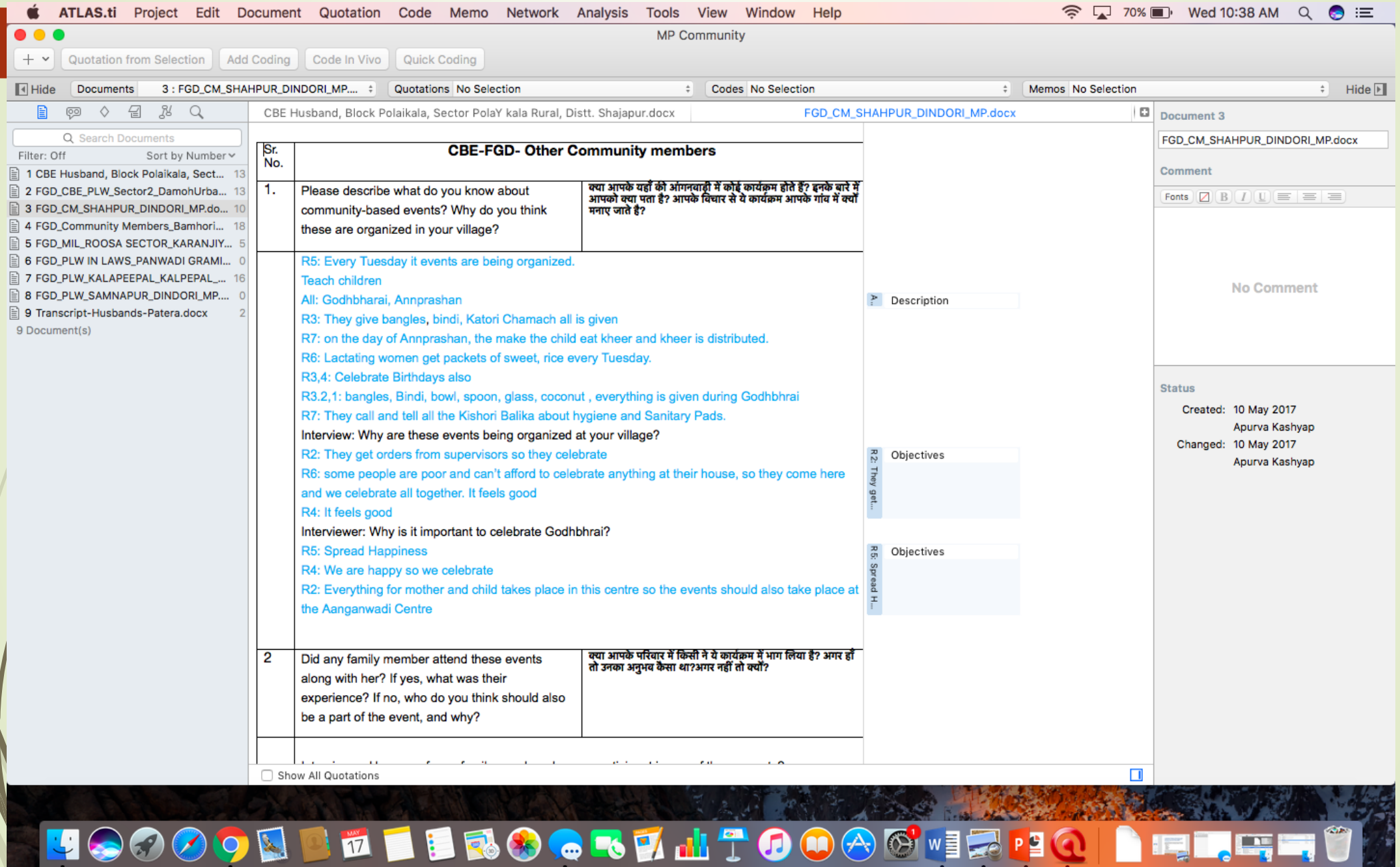
Demographics of participants: Madhya Pradesh

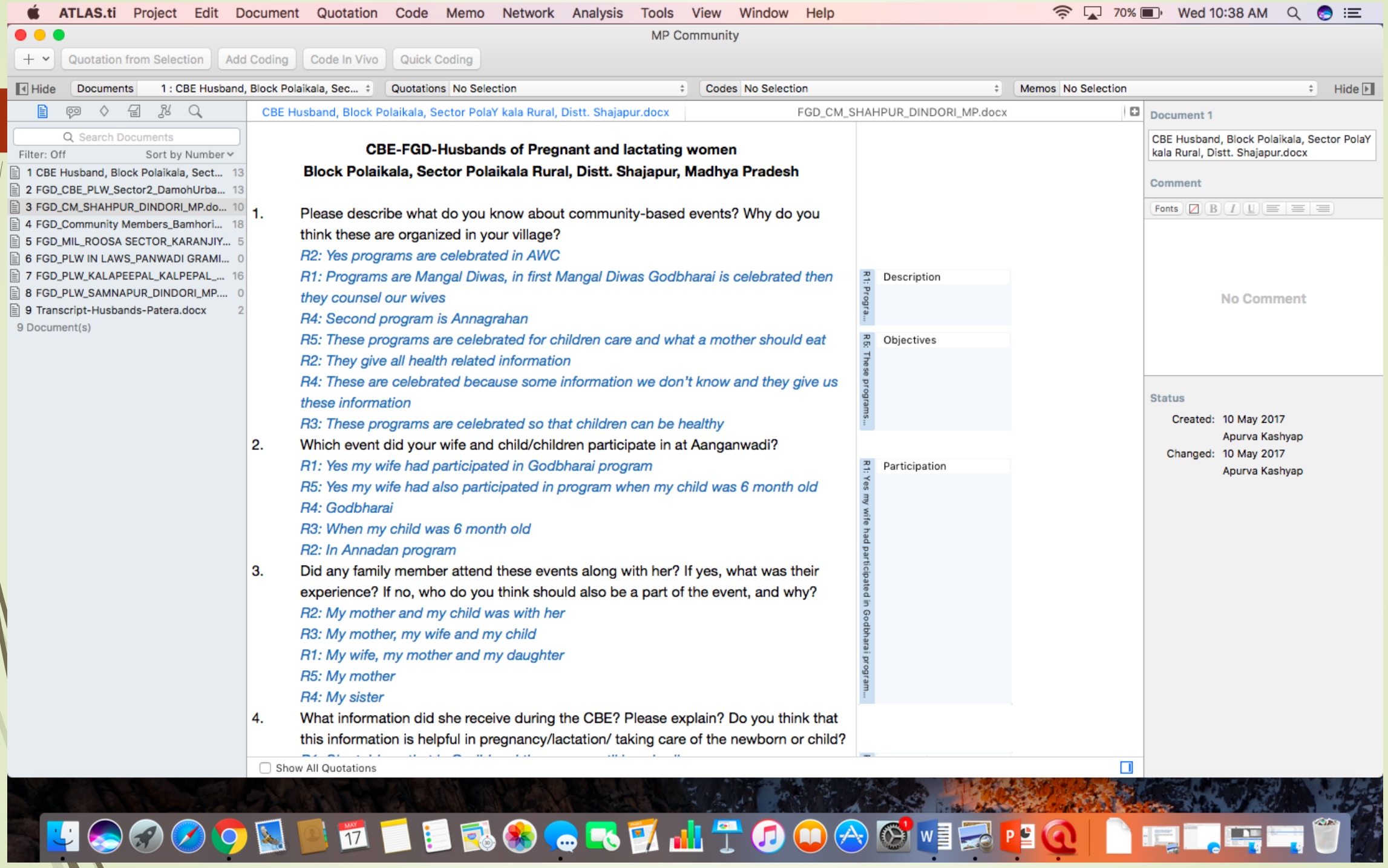
	Damoh			Dhindhori			Shajapur		
Community Group	Urban	Jabera	Patera	Urban	Shahpur	Karanjia	Urban	PolykalaKa	Kalpepal
PLW	●				●				●
MIL		●				●			
Husbands			●				●		
Other Community Members				●				●	

Data Analysis



Screen shots: Atlas.ti




ATLAS.ti Project Edit Document Quotation Code Memo Network Analysis Tools View Window Help
Wed 10:38 AM
MP Community
Quotation from Selection
Add Coding
Code In Vivo
Quick Coding
Hide
Documents 1 : CBE Husband, Block Polaikala, Sec...
Quotations No Selection
Codes No Selection
Memos No Selection
Hide
Search Documents
Filter: Off
Sort by Number
1 CBE Husband, Block Polaikala, Sect... 13
2 FGD_CBE_PLW_Sector2_DamohUrba... 13
3 FGD_CM_SHAHPUR_DINDORI_MP.do... 10
4 FGD_Community Members_Bamhori... 18
5 FGD_MIL_ROOSA SECTOR_KARANJIY... 5
6 FGD_PLW IN LAWS_PANWADI GRAMI... 0
7 FGD_PLW_KALAPEEPAL_KALPEPAL_... 16
8 FGD_PLW_SAMNAPUR_DINDORI_MP.... 0
9 Transcript-Husbands-Patera.docx 2
9 Document(s)
CBE Husband, Block Polaikala, Sector PolaY kala Rural, Distt. Shajapur.docx
FGD_CM_SHAHPUR_DINDORI_MP.docx
CBE-FGD-Husbands of Pregnant and lactating women
Block Polaikala, Sector Polaikala Rural, Distt. Shajapur, Madhya Pradesh
1. Please describe what do you know about community-based events? Why do you think these are organized in your village?
R2: Yes programs are celebrated in AWC
R1: Programs are Mangal Diwas, in first Mangal Diwas Godbharai is celebrated then they counsel our wives
R4: Second program is Annagrahan
R5: These programs are celebrated for children care and what a mother should eat
R2: They give all health related information
R4: These are celebrated because some information we don't know and they give us these information
R3: These programs are celebrated so that children can be healthy
2. Which event did your wife and child/children participate in at Aanganwadi?
R1: Yes my wife had participated in Godbharai program
R5: Yes my wife had also participated in program when my child was 6 month old
R4: Godbharai
R3: When my child was 6 month old
R2: In Annadan program
3. Did any family member attend these events along with her? If yes, what was their experience? If no, who do you think should also be a part of the event, and why?
R2: My mother and my child was with her
R3: My mother, my wife and my child
R1: My wife, my mother and my daughter
R5: My mother
R4: My sister
4. What information did she receive during the CBE? Please explain? Do you think that this information is helpful in pregnancy/lactation/ taking care of the newborn or child?
R1: Progra...
Description
R5: These programs...
Objectives
R1: Yes my wife had participated in Godbharai program...
Participation
Show All Quotations
Document 1
CBE Husband, Block Polaikala, Sector PolaY kala Rural, Distt. Shajapur.docx
Comment
Fonts
No Comment
Status
Created: 10 May 2017
Apurva Kashyap
Changed: 10 May 2017
Apurva Kashyap

Code Generated according to the Transcripts

- Description of the CBEs
- Objectives of CBEs
- Diet changes following attending CBEs
- Participation of community in CBEs
- Experience of community
- Information gained after attending CBEs
- Importance of the information gathered in CBEs
- Suggestions for current frequency of CBEs
- AWW/ASHA Visits to their households
- Suggestions for improving existing CBEs
- Other suggestions

Theme: Involvement and awareness about CBEs

Code included: Description, Objective and Participation

- *"Haan meri biwi ne kuch Godbhari, Annaprashan jaisa btaya h. Bacho ka janam Diwas bhi mnaya jata h Kendra me" (Husbands, Polykala Rural, Shajapur)*

  Translation: Yes, I am informed about certain events like Godbharai, Annaprashan by my wife. Birthdays are also celebrated in AWCs.

- *"Yaha Dadi Nani Sammelan bhi manaya jata h" (Community members, Jabera, Damoh)*

  Translation: Dadi Nani Sammelan is also celebrated here.

- *"Kishori Balikao ke liye ek Kishori Balika Diwas mnaya jata jisme unko periods aor hygiene ka khas khyal rakhne ki samjhayish di jati h" (MIL, Bamhori Mala, Jabera, Damoh)*

  Translation: Young adolescent girls are taught about periods and maintaining hygiene during periods in a special event known as Kishori Diwas.

Theme: Involvement and awareness about CBEs continued

- *"Haan meri biwi ne kuch Godbhari, Annaprashan jaisa btaya h. Bacho ka janam Diwas bhi mnaya jata h Kendra me" (Husbands, Polykala Rural, Shajapur)*

  Translation: Yes, I am informed about certain events like Godbharai, Annaprashan by my wife. Birthdays are also celebrated in AWCs.

- *"Yaha Dadi Nani Sammelan bhi manaya jata h" (Community members, Jabera, Damoh)*

  Translation: Dadi Nani Sammelan is also celebrated here.

Theme: Involvement and awareness about CBEs
Findings

- The study found various objectives as per the perception of community.
- Participants knew about CBEs celebrated: Godbharai, Annaprashan, Dadi Nani Sammelan, Presh Utsav
- Community focussed more on celebration and happiness and could not tell the basic objective of these events which is reduction in malnutrition, MMR and IMR.
- Husbands knew very little about objectives and repeated that it is festival of women and they don't participate much.
- Women spoke openly about periods
- Similar level of participation in rural and urban projects

Theme: Knowledge gained after attending CBEs

Code included: Experience, Information, Information Importance

- *"I like Godbharai because it is not celebrated in my house. It is immense pleasure to have Godbharai here because of the things which are taught here as no one else teaches these things outside" (PLW, Kalapeepal Sector, Kalpepal Block, Shajapur District)*
- *"She told me that in Godbharai they gave us tiki, mehndi (Husband, Block Polaikala, Sector Polay kala Rural, Distt. Shajapur)*
- *"After feeding milk, don't make the child sleep. Baby should be held straight so as the he burps and milk reaches his small intestines" (PLW Sector2, Damoh Urban Damoh)*

Theme: Knowledge gained after attending CBEs continued

- *My daughter in law told me that they are taught in such events about how the delivery is done and how many ways, like with stitches, normal or operation and it should be done in hospital only and not at home (MIL, Panwadi Gramin Sector, Karanjia Block, Dhindhori)*
- *When the child weights less than give him medicines. But if the weight is very less than take him to a hospital. He can also get admitted in hospital from AWC (PLW, Samnapur Block, Dhindhori District)*

Theme: Knowledge gained after attending CBEs
Finding

- It can be assumed from the study that community was well aware about health, nutrition and feeding practices.
- They stated that this was a new information for them and they heard it for the first time at AWC.
- But it was also found that husbands knew very little about feeding practices and nutrition. They could only tell about having green vegetables and immunization
- They considered AWW as an information carrier who keeps them aware about various things beginning from pregnancy, birth of child, breast feeding practices, complimentary feeding and maintenance of hygiene

Theme: Mobilization of community

Code included: AWW/ASHA visits, Frequency suggestion

- *"Yes AWW visits me daily. My daughter is weak"(Community Members Bamhori Mala Sector,Jabera Block ,Damoh District)*
- *"AWC madam visits us on Monday or Saturday. She brings her green coloured book with her. She tells pregnant women bout food and nutrition. She asks us to have fruits, roasted black chickpea, peanuts etc" (Community Members Bamhori Mala Sector,Jabera Block ,Damoh District)*
- *"She gives information to everyone she meets in home. Sometimes she meets my husband at home. She gives information to him. Yes he listens to AWW properly" (CM, Sector 4, Shahpur Block, Dindori District)*
- *We like learning new things here. We also participate in various competitions winning which gives us prize. We learn through those competitions as well. We find a family like feeling away from family here(PLW, Kalapeepal Sector, Kalpepal Block, Shajapur District)*
- *These events should be celebrated more because everytime I am here I learn something new (MIL, Panwadi Gramin Sector, Karanjia Block, Dhindhori)*

Theme: Mobilization of community Finding

- It can be assumed that AWW has been capable of mobilizing the community well enough.
- AWW interacted with male members of the family too. But she did not invite the male members to CBEs.
- AWW goes to households to
- She has been giving *Samjhaish* to the community and also paid more attention to weaker children and pregnant women. She carries some book with her and tries to make community aware by showing them pictures from the book
- Community stated that they want more of these events to happen as CBEs bring them together, make a happy environment, give those ladies a chance to celebrate CBEs where there is no such ritual at there homes

Theme: Behavior Change Communication

Code included: Diet changes

- *"Khichadi", "daal ka paani", started preparing rotis for the baby. Now I take iron tablet regularly which I get from the centre. I stoped having stale food" (CM, Sector 4, Shahpur Block, Dindori District)*
- *"My mother in law used to give us food only after 3-4 days, but I give my daughter in law abundant food immediately so that there is no problem arising regarding health of my daughter in law and the child " (MIL, Mila Roosa Sector,Shahpur Block ,Dhindhori District)*
- *"Earlier our mother in laws didn't let us eat green and leafy vegetables as they said child will become green colour only. But we give all green vegetables to our daughter in laws as per information. " (MIL, Mila Roosa Sector,Shahpur Block ,Dhindhori District)*

Theme: Behavior Change Communication Findings

- The study revealed significant changes in diet made by them
- Mother in laws have now started feeling the importance of healthy food and incorporated the same in their daughter in laws diet.
- There is also significant improvement in how the the child is fed till he attains 6 months of age and subsequent complimentary feeding
- Even husbands stated that Annaprashan was important and children should be given extra food to meet the growth of the child

Theme: Suggestions for improvement

Code included: Suggestions and other suggestions

- *During Rainy season the AWC is full of water(MIL, Mila Roosa Sector, Karanjia Block, Dhindhori)*
- *There are many good things that happen here in AWCs. We are poor women who keep on sitting in their homes. We should be given some training pertaining to stitching, embroidery, cooking etc. If we get trained here in AWC for these things, we will feel really happy (PLW, Kalapeepal Sector, Kalpepal Block, Shajapur District)*
- *We should be new clothes, Bindi, Sari, Sweets etc. Anganwadi get less money just 50 rupees and they can't buy all such things. Also there should be more festivities with more dancing, singing etc (PLW, Sector 2, Damoh Urban, Damoh)*
- *Radha asks to have TV and CD so that she can dance more (Community Members Bamhori Mala Sector,Jabera Block ,Damoh District)*

Theme: Suggestions for improvement Findings

- Main suggestions from majority of the community was less money that AWW got for conducting one event. Women of community demand more of the attractions like Bindi, Teeka, Coconut and other things which is possible only if budget increases
- Another problem faced by community is poor infrastructure
- At some places like Panwadi Gramin at Karanjia Block, the place was insufficient for a gathering od 20-25 people and women had to sit outside
- One another problem was poor buildings where the rain water dripped in rainy season.

Conclusion:

- More male community participation as Indian women still have to follow what the male members of their family say. If they get engaged more n these events, there is a possibility of attaining the set goals of malnutrition, MMR and IMR sooner.
- There is a need to make community aware of malnutrition and IMR to make them understand the importance of CBEs.
- There is a need to strictly check the infrastructure of program buildings. If place is insufficient, then CBEs can be conducted at nearby places like temples, schools etc.
- Encourage AWWs to contextualise messages to local traditions and customs to improve the community's participation.
- Identifying the most vulnerable groups and providing specific interventions with the ICDS for them.

Conclusion Continued:

- Seek the help of religious leaders to improve the participation of communities.
- Along with Bindi, Teeka, some more substantial things for taking care of baby and mother should be given like seasonal fruits, soap for washing hands etc.
- The AWCs should be equipped with TV sets with videos playing on them stating the importance of complimentary feeding, and healthy food. This TV can be used to engage more participants specially young girls who enjoy watching TV and dancing

Limitations of study:

- Specific geography of participants can not be implemented on entire community of Madhya Pradesh
- As participants were called by AWW, it s possible that only those participants dear ones to AWW came for discussion. Those participants would not speak bad about AWW or AWC resulting in data bias
- Specific groups chosen may not be able to provide the complete picture
- Interpretation of data is subjective to the researcher.
- There is a need to explore more of the program to check for the cause of malnutrition, MMR and IMR

Thank You