Internship
at
I.C.D.S. Society (Department of Women and Child Development, Gujarat)

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2013-2015

Institute of Health Management Research,
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2015

Internship Report

Introduction: Integrated Child Development Services (ICDS) Scheme was launched on 2nd October 1975, in Chhotaudepur Block and the Scheme represents one of the world's largest and most unique flagship programs for Early Childhood Development. Gujarat is ICDS program symbolizes The State's commitment to its children towards holistic approach for child health, nutrition and development. Currently the Scheme in operational in 336 Blocks in Gujarat. The Scheme has now been universalized to 52137 Anganwadi centres (AWCs) in 336 blocks.

ICDS Amreli Project is running with 1622 sanctioned Anganwadi centres.

VISION: Universalization of the integrated Child Development Service (ICDS), steps taken to improve it qualitatively

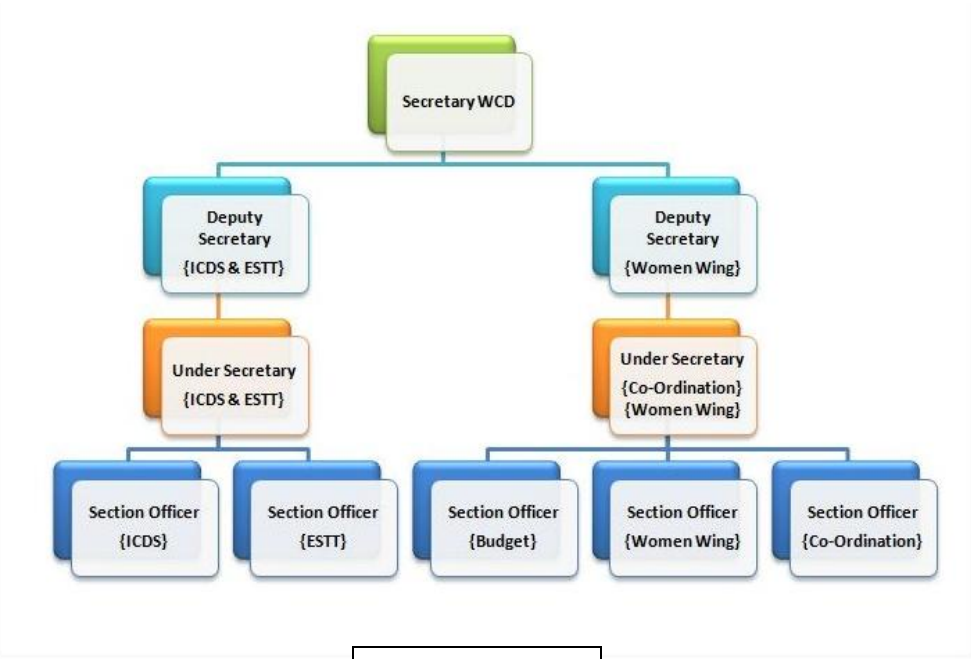
OBJECTIVES:

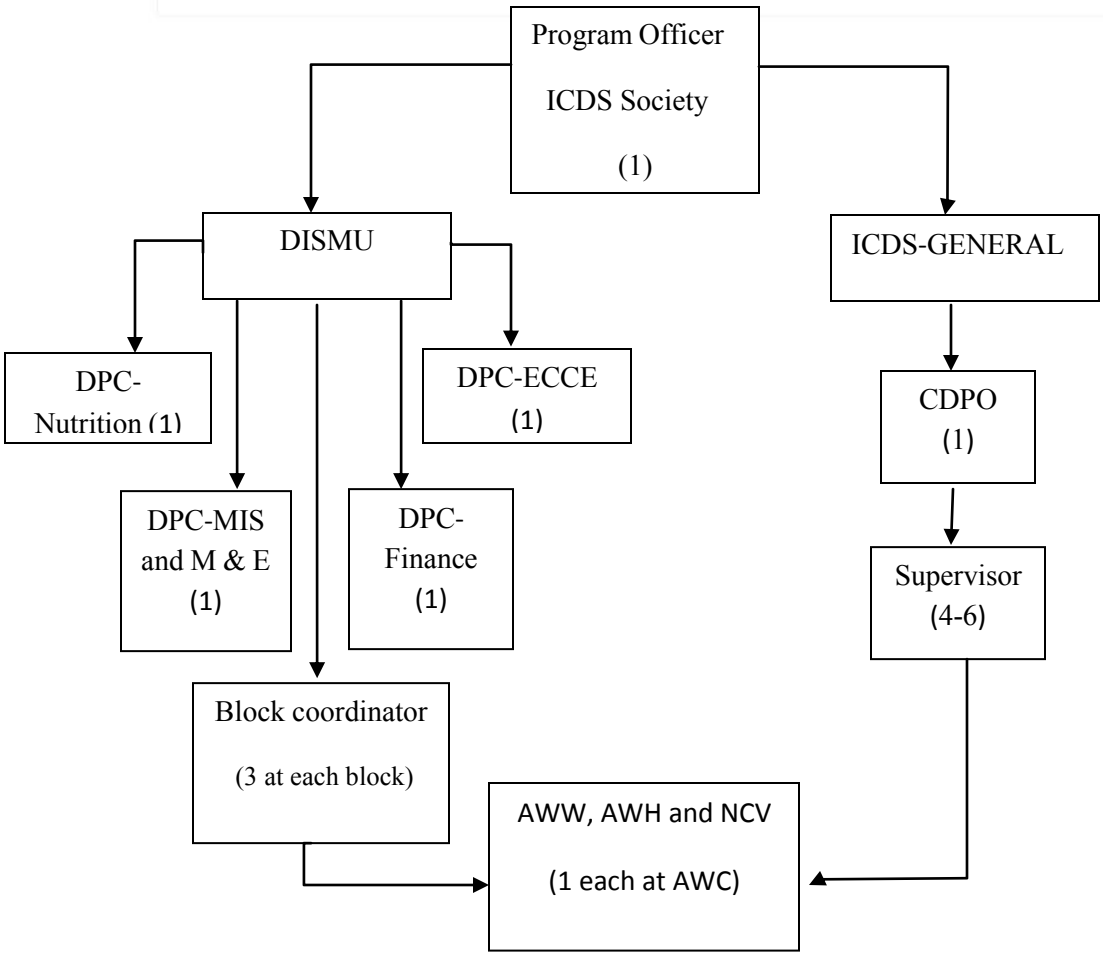
i. To improve the nutritional and health status of children in the age-group 0-6 years.
ii. To lay the foundation for proper psychological, physical and social development of the child.
iii. To reduce the incidence of mortality, malnutrition and school dropout.
iv. To achieve effective co –ordination of policy and implementation amongst the various departments to promote child development
v. To enhance the capability of the mother to look after the normal health and nutritional need of the child through proper nutrition and health education

Organizational profile: ICDS, Amreli is one of 31 projects in Gujarat. Under this, 13 projects are being run in each Block/*ghatak*. Department has basic functioning unit i.e. Anganwadi centre/ Bal Mandir.

There are currently 1622 sanctioned AWCs out of which 1618 are presently functional. Each AWC is being managed by a worker and a helper. At block level, project is headed by Child Development Project Officer (CDPO), assisted by supervisors, block coordinators and clerical staff.

ORGANOGRAM:


Secretary WCD
Deputy Secretary {ICDS & ESTT}
Deputy Secretary {Women Wing}
Under Secretary {ICDS & ESTT}
Under Secretary {Co-Ordination} {Women Wing}
Section Officer {ICDS}
Section Officer {ESTT}
Section Officer {Budget}
Section Officer {Women Wing}
Section Officer {Co-Ordination}


Program Officer
ICDS Society
(1)
DISMU
ICDS-GENERAL
DPC-Nutrition (1)
DPC-ECCE (1)
CDPO (1)
DPC-MIS and M & E (1)
DPC-Finance (1)
Supervisor (4-6)
Block coordinator
(3 at each block)
AWW, AWH and NCV
(1 each at AWC)

ICDS general has been running since the inception of ICDS. District ICDS Society Management Unit (DISMU) has been established as a parallel system to provide managerial and technical inputs to ICDS.

Services provided:

1. **Supplementary nutrition:**

1.1 Balbhog : Energy Dense Micronutrient Fortified Extruded Blended Food (Balbhog) is provided as Take Home Ration (THR) to children 6 months to 3 years (7 packets per month, i.e. 3.5kg) and underweight children 3-6 years (4 packets per month i.e. 2kg) on MamtaDiwas. Each packet weighs 500 gms. The shelf life of these premixes is 4 months. It can be easily prepared by mixing it with hot milk or water.

1.2 Extruded Fortified Blended Premix: Dense Micronutrient Fortified Extruded Blended Take Home Ration (THR) like Sukhdi (1 packet of 1 kg per month), Sheera (3 packets of 500 gm each) and Upma (2 packets of 500 gm each) are provided to pregnant women, nursing mothers and adolescent girls.

1.3 Demonstrative Feeding: Demonstrative feeding is given to children of 6months to 3years at AWCs through their parent/guardians in morning timing 9:30am to 10:30am. Younger children 6months to 1 year are given ‘Raab’ (in semi liquid form) and older children 1-3 years are given ‘Sukhadi’ which is prepared by mixing jaggery to THR-Balbhog.

1.4 Breakfast by SHGs: Hot cooked breakfast is provided through MatruMandals and SakhiMandals,catering children in the age group of 3-6 years.MatruMandals and SakhiMandals are involved in the Supplementary Nutrition Program topromote

community participation and in maintaining the quality of food. They prepare the supplementary food and provide to the beneficiaries at the Anganwadi centres six days a week at Anganwadi.

1.5 Hot Cooked after noon Meal: 80 gram of freshly prepared hot cooked meal within limit of Rs 3 / day / beneficiary is prepared by AWW and AWHs and provided to 3 – 6 years children at the AWCs. In order to fortified meal with protein, tuver dal, chana dal, soya flakes is incorporated in cyclic menu of AWCs. The daily menu of the same has been detailed in Menu schedule of the AWCs.

1.6 Third Meal: Third Meal' as 'Carry Away Meal' in form of laddu is given to moderate and severely underweight children among 3-6 years (yellow and red zone according to WHO Growth chart) in order to increase Calorie and Protein as SNP for weight gain among those children within the cost of Rs 3.00 per day per beneficiary. Third Meal is prepared and provided through Gram Panchayat by selected Matru-Mandal / Self Help Group.

1.7 Fruit through MatruMandal: Children in the age group of 3-6 years, are given seasonal fruit twice a week (Monday and Thursday) at the Anganwadi centres.

2 Immunization: Routine immunization activities are carried out on days like *Mamta Diwas.*

3 Health check-up: Health check up is done by RBSK teams. Also special drives are run in convergence with the department of health and family welfare to identify SAM children with medical conditions and 4 Ds i.e. Disease, Deficiency, Birth Defects and Disability.

4 Referral services: There is a 3-tire referral system for addressing the curative aspect of SAM/SUW children.

4.1 The Village Child Nutrition Center **as** "Bal Shaktim Kendra" at Anganwadi centers for malnourished children without any medical needs. Under this program malnourished children without any medical needs are enrolled in the VCNC center for 30 working days were they are provided 5 times supervised diet + 2 times home diets in addition to micronutrient supplementation and medicines.

4.2 The Child Malnutrition Treatment Center **as** "Bal Sewa Kendra" at PHC/CHC/ Sub District level for malnourished children needing some medical care. Under this program malnourished children with some medical needs are enrolled residentially in the CHC/ Sub District level hospital for 21 working days were they are provided 6-8 times supervised diet + micronutrient supplementation and medicines. During this period mother's of malnourished children are also provided wage loss compensation for the period they stay in the facility

4.3 **N**utrition Rehabilitation Center **as** "Bal Sanjeevani Kendra" at District Hospital/ Medical College for malnourished children with significant medical care. Under this program malnourished children with significant medical needs are enrolled residentially in the District level hospital or Medical College for 21-25 working days were they are provided 6-8 times supervised diet + micronutrient supplementation and medicines. During this period mother's of malnourished children are also provided wage loss compensation for the period they stay in the facility.

5 Pre-school non-formal education: This involves pre-school activities like learning with play way techniques, coloring activities etc.

6 **Nutrition & health education:** Nutrition and health education activities are being carried out at all levels. Important days like Mamta Diwas, Poshan Jagruti Saptah, Vaatsalya Diwas, Bal Diwas are utilized for the same. Also monthly meetings of Matru mandals and home-visits by all ICDS personals serve the same purpose.

Number of ICDS beneficiaries in the year 2014-15:

Sr. No.	Beneficiaries	2014-15
1	6 months -3 years	81330
2	3-6 yrs	72911
3	Pregnant & Lactating Women	35335
4	Adolescents Girls	45081
	Total Beneficiaries	234657

Table 1. Beneficiaries of ICDS(year 2014-15)

Departments visited: Various departments were visited during the dissertation period. These include Zilla Panchayat to attend meetings with the District Development Officer, ICDS Project offices at various blocks, NHM office (During meetings with RCHO and program assiatant-Nutrition), Social security department and Sarv Shiksha Abhiyaan department (meeting with Social security officer for liaisoning for collection of list of children with special needs)

Problems and issues: Main problems encountered during dissertation period were-

i. Administrative issues:
    a. Comprehensive filing system makes every work delayed.
    b. ICDS –general and DISMU were being treated as separate departments and led to hampering of activities and internal conflicts.
    c. Records were missing.

d. Lack of political will in certain areas lead to inadequate service provision.

ii. Implementation issues:

a. Since other staff is old and experienced, there was lot of resistance towards acceptance of fresh appointees.

b. Casteism is a major socio-cultural issue which leads to non-acceptance of services from beneficiaries' side.

iii. Language barrier:

a. Since Gujarati was a new language, conversation with beneficiaries was challenging.

Observations/Learnings:

i. Hierarchical and bureaucratic government system

ii. Filing system

iii. Monitoring and supervision at AWC

iv. Preparing District Action Plan

v. Planning of trainings

vi. Coordination within the department

vii. Inter-sectoral coordination

viii. Reporting system (MPR and Gatishil Gujarat)

ix. Organizing Governing body meetings and other meetings and taking minutes of the meeting

x. Human Resource Management-Renewal of contracts through performance appraisal

xi. Grant distribution in blocks

xii. Preparing IEC

xiii. Working according to prevailing conditions (socio-cultural and economic)

xiv. Tendering procedures

xv. Accounting system (preparing UTC, Salary, billing)