Internship
At
Integrated Child Development Services Department,
Mahesana Women and Child Development Ministry, Gujarat

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INTERNSHIP REPORT

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Introduction

Internship is a part of the second year program, where we have to observe, adapt to the work culture of organization and assigned role and deliver as per the responsibilities of the designated post. It is necessary to participate in various departmental activities so we can orient our self with the way the department works at ground levels which gives us first hand exposure of the real job. Internship is the process, through which we understand process of work and thereafter involve ourselves in decision making.

I am appointed as District Program Coordinator (DPC)- Nutrition and Child Development Officer in Integrated Child Development Services (ICDS) Department of Mahesana, Gujarat. Integrated Child Development Services come under the Women and Child Development Ministry of Government of Gujarat.

The programme commits to the children a holistic approach towards nutrition, health and development which includes not only formulating the policies to deliver the means but also the implementation of the holistic approach to meet the ends.

Objective of Internship

1) To understand the structure of the organization and effectively contribute to the smooth functioning of the organization.
2) To learn various managerial and administrative skills needed to work in a government system
3) To ensure effectively implementation of integrated child development services in the district.
4) To identify existing gaps in human resource, service delivery, quality of services, analysis and implementation of integrated child development services in the district.

Gujarat State Profile

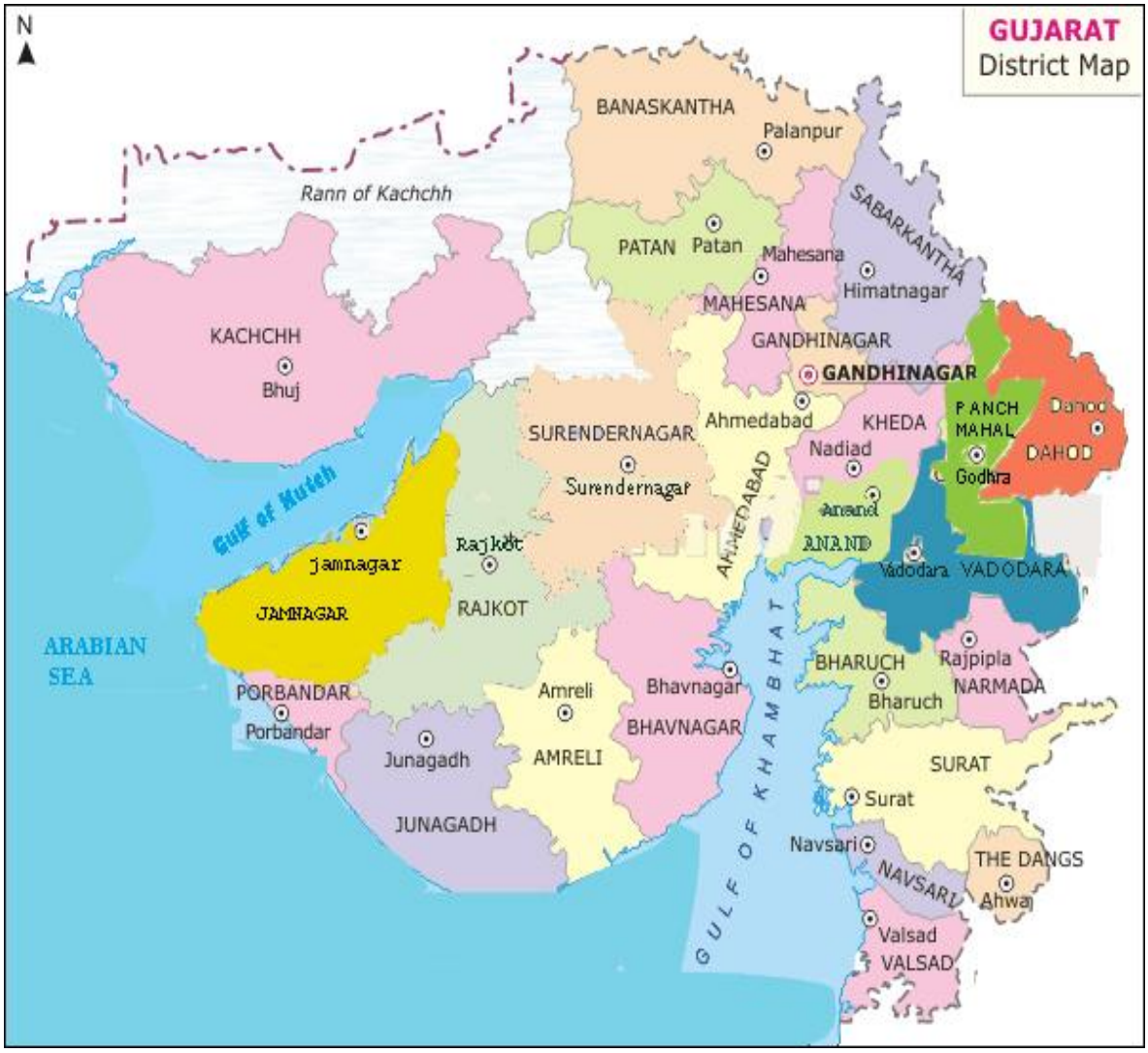
Gujarat state, located in the western part of India, has an area of 196, 022 sq. km, representing about 6.19 percent of the total area of the country. The state has a population of 6.03 crore (2011 Census), which is nearly 5 percent of the total population of the country. About 43% of the State's population resides in urban areas, compared to the India average of 28 percent. The population density of the state is 258 as compared to the national average of 324. About 24 percent (1997-98) of Gujarat's population is estimated to be BPL, while 7 percent and 15 percent (2001) are classified as SC and ST respectively. Socio-economic indicators are, in general somewhat better than the India average: 70 percent and 59 percent of its total and female population respectively are literate, the corresponding figures for India being 65.percent and 54.percent respectively. The state has a relatively large (40% of its population) work force.

The state of Gujarat is characterized by sea-coastal, tribal, desert and geographically hostile terrain having sparse and scattered population at the periphery. Communities living in the remote and disadvantaged areas especially BPL population, tribal and women, are generally

unable to access reliable and cost effective health care services. The state has 26 districts and has a total population of 89, 96,744 accommodate 70 percent of tribal population (Census 2001). Approximately 18% (89, 96,744) of the total population of the state is living in these Tribal districts. The coastline of the state is about 1600 Km. About 4487752 persons live in 36 coastal talukas.

Administratively, the state has been divided into 26 districts, sub-divided into 225 Blocks, having 18618 villages and 242 towns.

I have been appointed in northern district of Mahesana.



Introduction to Integrated Child Development Services (ICDS)

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 in 336 blocks as on December 2012

Objectives

The Integrated Child Development Services (ICDS) Scheme was launched in 1975 with the following 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, and
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

However, over the years ICDS had been plagued with operational and programmatic issues and challenges among which key constraints were of:

a) quality and number of human resources for meeting diverse needs for service provision with improved quality;
b) inadequate focus on under 3s;
c) inadequate convergence of programs / services – weak linkages with public health system; community engagement and participation virtually non-existent often leading to lower demand for services;
d) poor data management, information system (MIS), analysis and reporting;
e) inadequate and inappropriate training;

Thus, to conform to the present environment, Ministry of Women and Child Development, Government of Gujarat; proactively took initiatives to re-structure and re-strengthen the ICDS.

Steps Initiated for Strengthening

- Annual Programme Implementation Plans (APIPs) to have a plan of action for the smooth functioning of the anganwadis.
- ICDS program in Mission Mode

- Adoption of WHO Child Growth Standards and joint Mother & Child Protection Card
- Introduction of the five-tier monitoring system (March 2011) including supervision guidelines (Oct. 2010)
- Draft Guidelines for grading and accreditation of AWCs and awards for service providers and other stakeholder issued
- Revised Management Information System (MIS) completed, Revised MIS Guidelines issued, roll out during current year and spill over next year
- Strengthen the infrastructure at Anganwadi level
- Introduction of skilled human resource for managerial assistance
- Greater involvement of the community and PRI

Various Schemes under ICDS

a) SUPPLEMENTARY NUTRITION PROGRAM

A package of various Nutrition services is being provided through ICDS. ICDS is a beneficiary focused Nutrition programme. With a view to combat malnutrition among children under 6 years, pregnant women, nursing mothers and adolescent girls State Government is implementing the Nutrition Programme. Supplementary Nutrition equivalent 500 calories and 12-15 gram protein is provided to normal children under 6 years and 800 calories and 20-25 gram protein to severely underweight children under 6 years. Pregnant women, nursing mothers and adolescent girls are given SNP food with 600 calories and 18-20 gram protein.

As on 31st December 2012, 50225Anganwadi centres are operational. 1911 new Anganwadi centres have been sanctioned in the year 2012-13 operationalization of the same is under process. Out of 336 sanctioned blocks 80 blocks are tribal, 23 are urban and 233 blocks are rural. In total 47.39Lakhs beneficiaries are covered in supplementary nutrition program and 10 packets to 6 mg to 3 years severely

Schemes under Supplementary Nutrition Programme :

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 Mamta Diwas. Each packet weighs 500gms. The shelf life of these premixes is 4 months. It can be easily prepared by mixing it with hot milk or water. Approximately, 16.29 lakhs children in age of 6 months to 3 years received Balbhog as Take Home Ration and 10 packets to 6 month to 3 years severely under spent children.

2) **Extruded Fortified Blended Premix:** Energy 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. Approximately, 7.31 lakhs pregnant and lactating mothers and 10.65 lakhs adolescent girls received THR in 2012.

3) **Nutri-Candy:** Nutri-Candy enriched with micronutrients and vitamins (Iron-7mg, Vitamin A – 300 IU, Ascorbic Acid- 10mg, Folic Acid -15 mcg) is given to children in the age group of 3 to 6 years in addition to regular food supplement in Anganwadis. Nutri-candy has a weight of 3 grams and is processed by a manufacturing unit and procured and supplied through Gujarat State Civil Supply Corporation.

4) **Breakfast by SHGs :**Hot cooked breakfast is provided through 49,456 Matru Mandals and Sakhi Mandals catering to13.13 lakhs children in the age group of 3-6 years. Matru Mandals and Sakhi Mandals are involved in the Supplementary Nutrition Program to Promote community participation and in maintaining the quality of food. Currently, 17.96 Lakhs beneficiaries (Pregnant Women, lactating mothers and adolescent girls) from 52137Anganwadi centers are being covered through these Mandals. They prepare the supplementary food and provide to the beneficiaries at the Anganwadi centres six days a week at Anganwadi.

5) **Sukhadi (THR):** Approximately 17.96 Lakhs pregnant women, lactating mothers and adolescent girls are provided freshly prepared 'Sukhadi" (desi sweet prepared from Wheat flour, oil and jaggery) through has Take Home Ration through Matru Mandal and Sakhi Mandal.

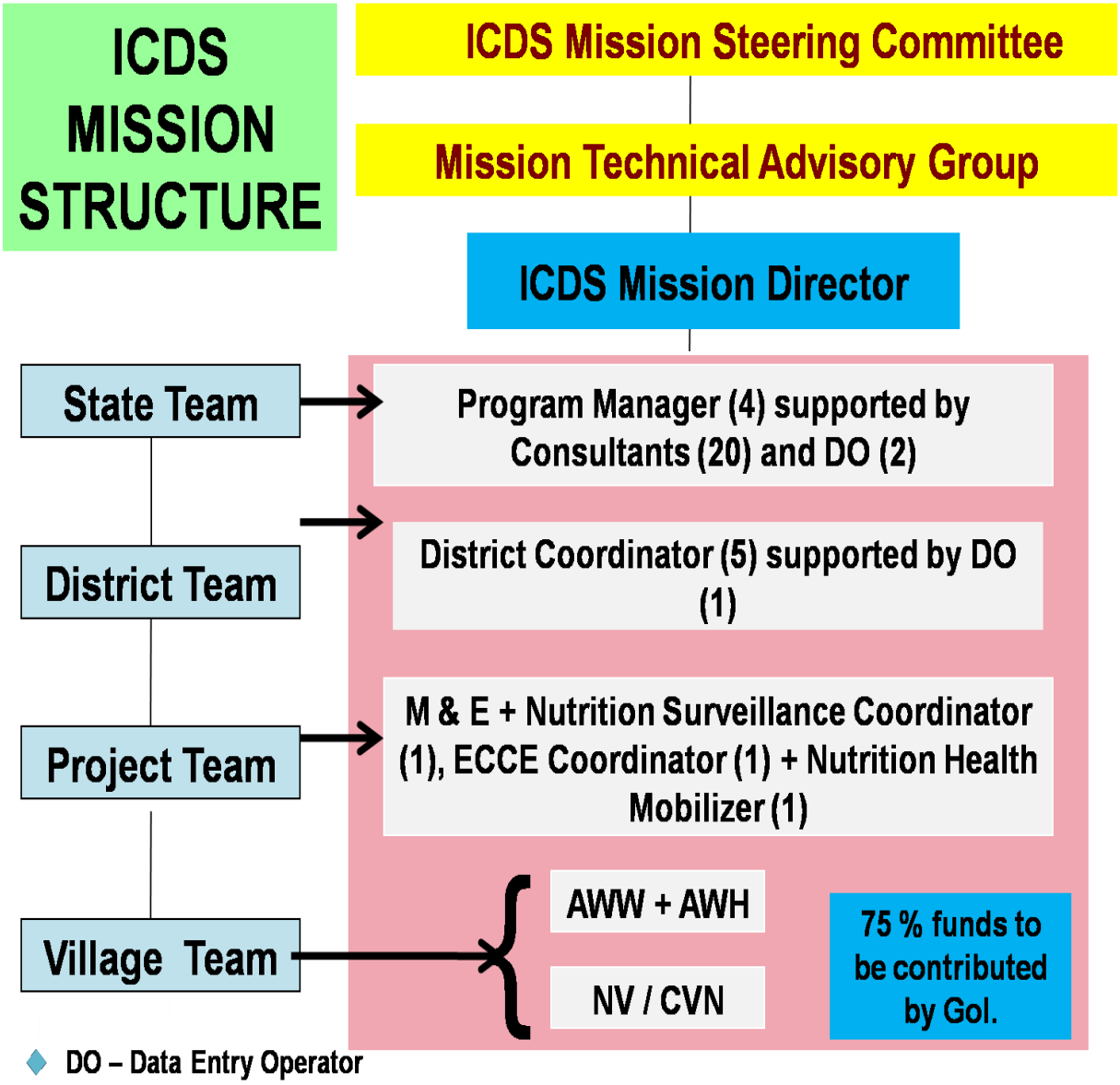
6) **Doodh Sanjeevani Yojana :**The State has also initiated 'Doodh Sanjeevani Yojana' in selected 10 Blocks of 6 Tribal districts, wherein, 100 ml fortified, flavored, double pasteurized milk is provided to children 3-6 years twice a week. During 2010-11, around 1.77 lakhs children were benefited from this scheme from 784 Anganwadi centers while in the year 2011-12, around 44,557 children were benefitted from this scheme from 1519 Anganwadi centers and in the year 2012-13 around 39,731 children were benefited from this scheme from 2681Anganwadi centers. This initiative is being implemented with the help of local Dairies various.

7) **Fruit through Matru Mandal:** Additionally the State Government is also providing fruits (seasonal) to 13.13 Lakh children in the age group of 3-6 years, twice a week (Monday and Thursday) at the Anganwadi centers. A provision of Rs. 10/- per month per child is made under State budget.

b) Kishori Shakti Yozana

In the year 2000, the MWCD, GoI, came up with a scheme called Kishori Shakti Yojana (KSY), which was implemented using the infrastructure of the ICDS. The objectives of this scheme was to improve the nutrition and health status of girls in the age group of 11 to 18 years, to equip them to improve and upgrade their home-based and vocational skills, and to promote their overall development, including awareness about their health, personal hygiene, nutrition and family welfare and management.

Organizational Structure at ICDS



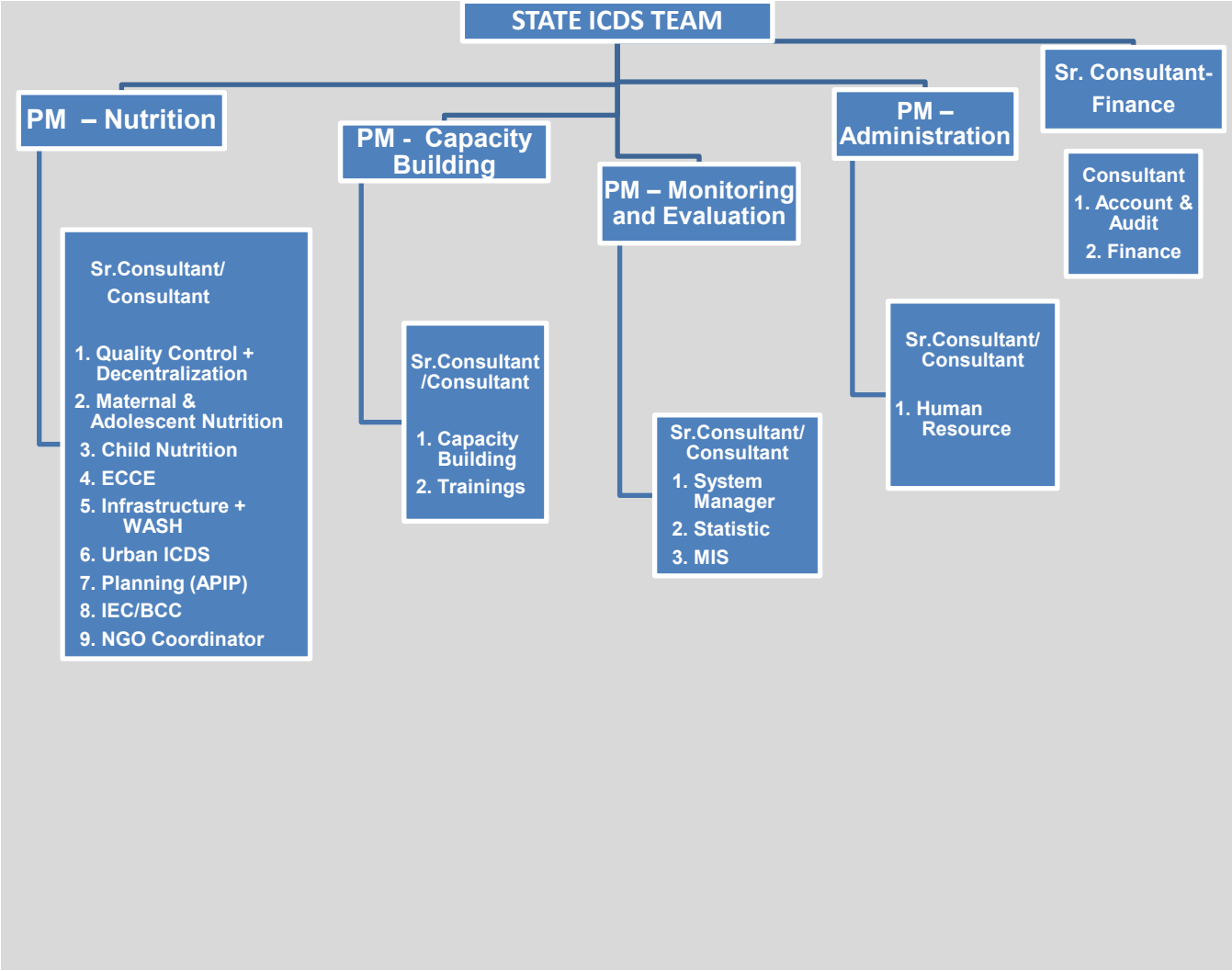
Analysis & Action

The information received in the prescribed formats is compiled, processed and analysed at the Central level on quarterly basis. The progress and shortfalls indicated in the reports on ICDS are reviewed by the Ministry with the State Governments regularly by review meetings/ letters.

2) State Level

Various quantitative inputs captured through CDPO's MPR/ HPR are compiled at the State level for all Projects in the State. No technical staff has been sanctioned for the state for programme monitoring. CDPO's MPR capture information on number of beneficiaries for

supplementary nutrition, pre-school education, field visit to AWCs by ICDS functionaries like Supervisors, CDPO/ ACDPO etc., information on number of meeting on nutrition and health education (NHED) and vacancy position of ICDS functionaries etc.



3) <u>Block Level</u>

At block level, Child Development Project Officer (CDPO) is the in-charge of an ICDS Project. CDPO's MPR and HPR have been prescribed at block level,. These CDPO's MPR/ HPR formats have one-to-one correspondence with AWW's MPR/ HPR. CDPO's MPR consists vacancy position of ICDS functionaries at block and AWC levels. At block level, no technical post of officials have been sanctioned under the scheme for monitoring. However, one post of statistical Assistant./ Assistant is sanctioned at block level to consolidate the MPR/ HPR data.In between CDPO and AWW, there exist a supervisor who is required to supervise 25 AWC on an average.

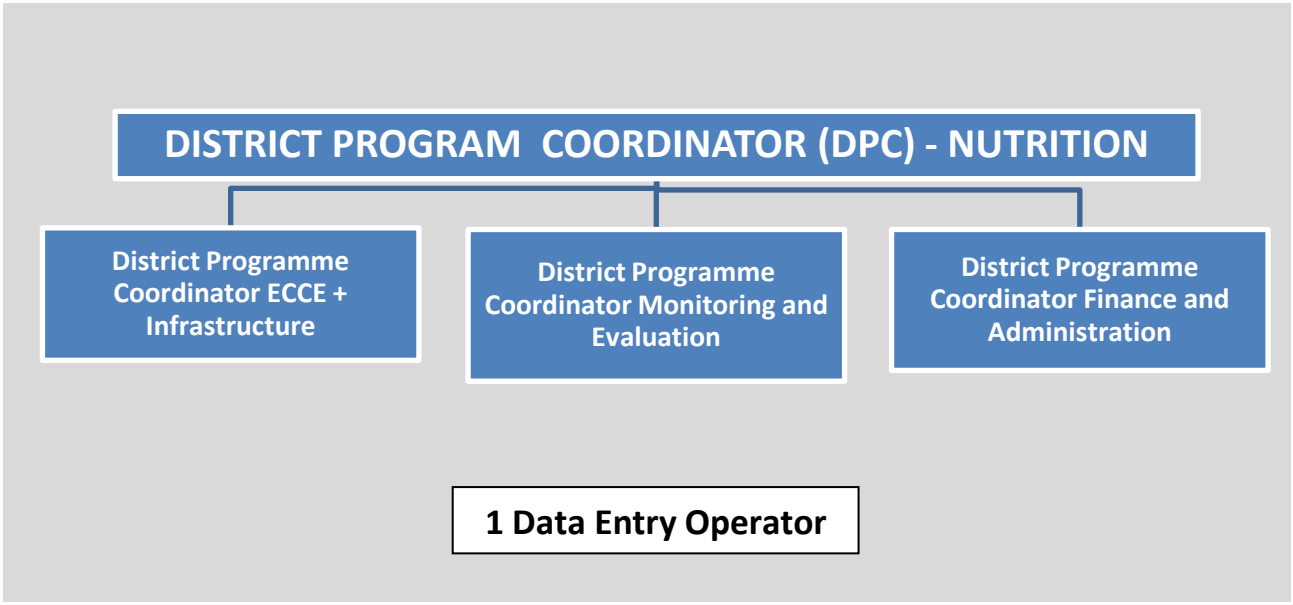
CDPO is required to send the Monthly Progress Report (MPR) by 7th day of the following month to State Government. Similarly, CDPO is required to send Half-yearly Progress Report (HPR) to State by 7th April and 7th October every year.

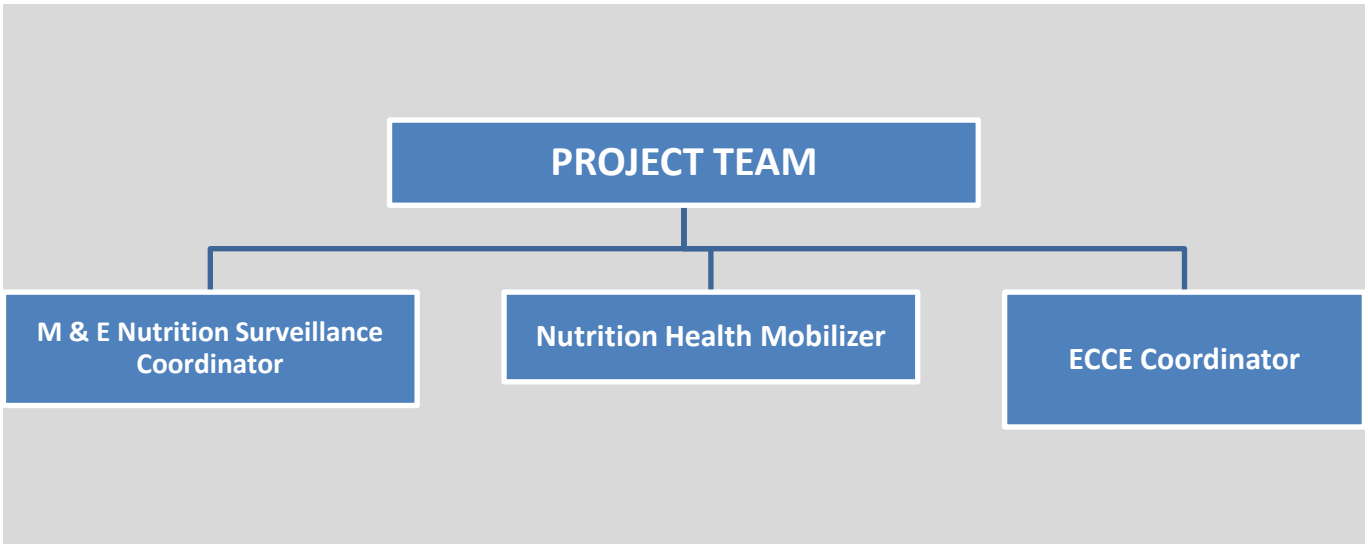
(4) Village Level (Anganwadi Level)

At the grass-root level, delivery of various services to target groups is given at the Anganwadi Centre (AWC). An AWC is managed by an honorary Anganwadi Worker (AWW) and an honorary Anganwadi Helper (AWH).

In the existing Management Information System, records and registers are prescribed at the Anganwadi level i.e. at village level. The Monthly and Half-yearly Progress Reports of Anganwadi Worker have also been prescribed. The monthly progress report of AWW capture information on population details, births and deaths of children, maternal deaths, no. of children attended AWC for supplementary nutrition and pre-school education, nutritional status of children by weight for age, information on nutrition and health education and home visits by AWW. Similarly, AWW's Half yearly Progress Report capture data on literacy standard of AWW, training details of AWW, increase/ decrease in weight of children, details on space for storing ration at AWC, availability of health cards, availability of registers, availability of growth charts etc.

AWW is required to send these Monthly Progress Report (MPR) by 5th day of following month to CDPO' In-charge of an ICDS Project. Similarly, AWW is required to send Half-yearly Progress Report (HPR) to CDPO by 5th April and 5th October every year. *Note : Details of various circulars/ orders on monitoring/ MIS issued from GOI and existing Management Information System (MIS) on ICDS are given at 'Child Development' portion of the web-site of the Ministry viz. www.wcd.nic.in*





Profile of District Mahesana from ICDS point of view

Mahesana district is one of the 26 districts of Gujarat state in western India. Mahesana city is the administrative headquarters of this district. The district has a population of over 18 lakhs and an area of over 4,500 km². There are over 600 villages in this district. It had a population of 1,837,892 of which 22.40% were urban as of 2001.Mahesana district borders with Banaskantha district in the north, Patan and Surendranagar districts in the west, Gandhinagar and Ahmedabad districts in south and Sabarkantha district in the east.

Table 16: Socioeconomic and demographic indicators of the district as per 2011 Census

INDICATORS	STATUS		
POPULATION*	**MALE**	**FEMALE**	**TOTAL**
Total	1170676	1083908	2254566
Urban	295338	268768	564106
Rural	875320	815140	1690460
Tribal	-	-	-
LITERACY FOR:-+ 7			
Total	91.39%	75.32%	83.61%
Urban	93.52%	82.81%	88.37%
Rural	90.65%	72.77%	81.97%
Tribal	-	-	-
SEX RATIO			
Over All			926
0 – 6 Years			842
POPULATION DENSITY			
Overall 2011			462/KM^2
Overall 2001			421/KM^2

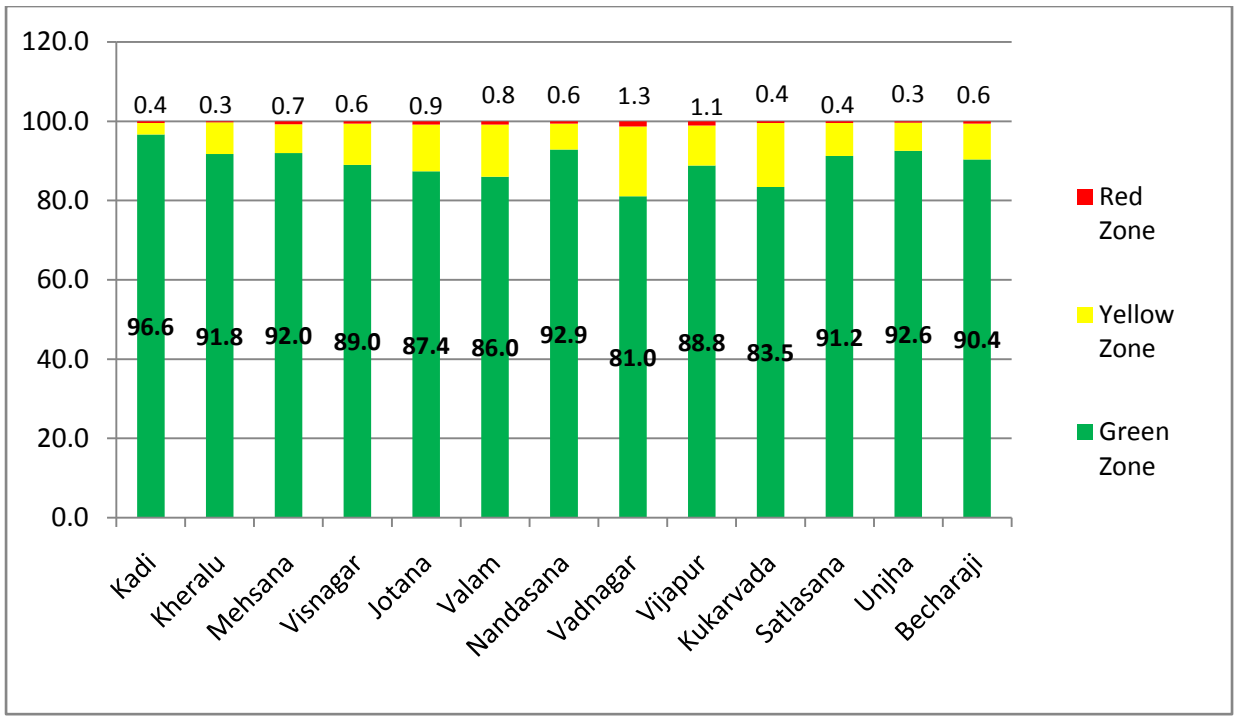
**Source: Gujarat Census, 2011*

Table 17: Physical indicators of ICDS Mahesana, Gujarat as in April, 2014 by the nutritional status of children (0-6 years) and Pregnant and lactating mothers as per the Monthly Progress Report (MPR) of April, 2014

SN	Indicators	Target 2013-14 (A)	Achievement (April) (B)	% achieved (B/A*100)
1.	**Nutritional Status**			
A	Number of children enrolled (0-6 years)	**153617**	**137175**	**89.2**
B	Number of children provided SNP (6 months- 6 years)	**126313**	**113223**	**89.6**
C	Total no. of children weighed (0- 6 years)	**137175**	**128394**	**93.5**
	Normal weighed children (0-6 years)	**128394**	**112888**	**88**
	Moderately Underweight children (0–6 years) – yellow zone	**128394**	**14174**	**11**
	Severely Underweight children (0–6 years) – red zone	**128394**	**1332**	**1**
D	Total no. of children (0–3 years) weighed	**79379**	**78516**	**99**

	Normal weighed children (0 – 3 years)	**78516**	**69854**	**89**
	Moderately Underweight (0 – 3 years)	**78516**	**7900**	**10**
	Severely Underweight (0 – 3 years)	**78516**	**762**	**1**
E	Total no. of children (3–6 years) weighed	**57796**	**49878**	**86**
	Normal weighed children (3-6 years)	**49878**	**43034**	**86.2**
	Moderately Underweight (3-6 years)	**49878**	**6274**	**12.5**
	Severely Underweight (3-6 years)	**49878**	**570**	**1.3**
	Number of Pregnant women enrolled	Target is combined for both Pregnant and Lactating	15156	
	Total no. of Pregnant women weighed	15156	9079	60
	Number of Pregnant women given SNP	15156	14326	94.5
	Number of Pregnant women having anemia (Hb <11 gm/dl)	4257	1683	39.5
	Number of Pregnant women given IFA tablets	8566	3068	35.8
	Total deliveries registered	43200	35610	82
	Live birth reported to total deliveries	35620	35110	98
	No. of new born having < 2.5 kg weight	35110	3675	10.4
	Number of Lactating mother enrolled		**14223**	
	Total no. of Lactating mother weighed	**4057**	**4057**	**100**
	Number of Lactating mother given SNP	**14223**	**13517**	**95**
	Number of Lactating mother given IFA tablets	**4057**	**3238**	**79.8**
	No. of Pregnant & Lactating mother given iodized salt	**4057**	**2253**	**55.5**

Figure 10: Nutritional Status of children of 0-6 years by the blocks of the district as per the monthly progress report (MPR), April- 2014 (n= 129221 i.e. total number of children weighed out of the total enrolled children in the anganwadis)



Observations of Field Visits during the Internship

I visited 70 anganwadis during the period of 4 months and attended 13 block and sector meetings. During the field visits, I observed the following:

1. ICDS has been restructured on the lines of NRHM and started on a mission mode.

2. ICDS, Gujarat has not taken ground realities into account while designing the new structure instead has copied the NRHM guidelines blindly and rather than converging with the Health Department in the new structure, ICDS mission also created a parallel structure with the already existing ICDS cell. These two structures many a times give rise to the conflicts and delay the decision making and also mask the transparent reporting and hinder the management information system. There are no clear distinctions of roles and responsibilities

in the system. The State consultants unaware of the ground situations fail to make effective guidelines.

3. All the pressure has been put on the Anganwadi workers; ranging from the taking care of the supplementary nutrition program to pre-school education to filling the record registers. However the salary paid to them is still minimal at the rate of Rs. 4250 per month. 95 percent AWW are highly de-motivated to do the job because of the high pressure, so many people to supervise (block coordinators, supervisors, ANMs, MOs) and corruption and exploitation by their Supervisors and CDPOS. In some blocks, CDPOs and Supervisors ask for bribes to approve the food bills and other bills of the AWWs as high as Rs.500 per bill.

4. The agony of cultural taboos is still widely prevalent under the umbrella of development in Gujarat. Child marriage is widely practiced in Gujarat. The Thakur community marries their girls at the immature age of 12-13 years. The early marriage combined with widespread preferences for the boys among the population takes a toll on nutrition of girl child and sets a vicious circle of malnutrition. Also, the caste system affects the functioning of the angawadis at large. Thakur, Chaudhary, Rabari, Harijan communities do not stand each others' presence and prevent their children from going to anganwadis if AWW or AWH belong to any other community.

5. There are many of the anganwadis working in the areas with rich Patel settlements. Such anganwadis are adding a burden on the system whereas yielding hardly any benefits to the community. The procedure to shut down such anganwadis or shifting such anganwadis to areas where they are needed is tedious and requires permissions from commissioner's office. Such procedure proves to be a hindrance.

6. In the urban areas, mushrooming of the English medium play-schools equipped with high end facilities for children such as Audio-video aids for education and connivance facilities; affect the enrollment in the anganwadis . There is high pressure from the state government on the figures (high enrollment should be visible in the monthly reporting figures); however government fails to take into account the lack of facilities at the anganwadis.

7. The official working language is Gujarati whereas new formats introduced for monthly reporting are in English. Largely, the people working in ICDS system do not understand english which results into wrong and incomplete reporting at the end of the month.

8. During the 2011-12, Swarnim targets had been given which were unrealistically high. To fulfill the targets, fake enrollments took place. Even the number of malnourished children was faked to show the decrease in malnutrition. Because of this, many malnourished children have been devoid of the supplementary nutrition (Third meal or Triju Bhojan- which is provided to severely malnourished children). This trend has set in deep into the system and thus prevents the program to be effective in real time.

9. To come up with actual figures of malnutrition in the state and prevent mischief by the AWWs, Supervisors and CDPOs, new electronic weighing machines (EWM) have been

introduced in anganwadis. These EWMs have further complicated the weighing. Machine software works in English and hence AWWs do not understand what instructions are being given by the machine. 50 percent of machines are defective or do not have chargers or pen drives. Also these machines require high level of maintenance, which is not possible at the anganwadi centers. The weighing tray in EWMs is made of acrylic and is so light in weight that it bends under the weight of the children and thus yields faulty results.

10. There is hardly any IEC material available for behavior change communication and education of the community. IEC activities are least focused at the district level, block level, and anganwadi level. Anganwadi workers are not aware as to how and where to use IEC funds.

11. There are no clear guidelines on Kishori Shakti Yozana. How to spend the funds and on what activities are not clear.

Assignments/ Responsibilities given during the Internship

1. Prepare the District Action Plan 2014-15 for the ICDS Mahesana with the help of block action plan and the stakeholders of ICDS.

2. Prepare the monthly and quarterly physical and financial reports of the district and to identify the gaps in the monthly progress reports from the blocks to the districts and training of the CDPOs, supervisors on the MPR formats and different checks in the different reporting formats.

3. Analyze the data to give feedback on the Program officer and District Development officer on the key issues.

4. To provide supportive supervision to the office staff and grass-root workers in order to improve their efficiency on the field.

5. Orientation and training of the block coordinators on supportive supervision and monthly progress reports and EWMs so that block coordinators act as trainers for AWWs in the field.

6. Monitoring and Evaluation checklists for block coordinators for their filed visits.

7. Monthly feedback forms for CDPOs, Supervisors on their working during the month.

8. Training of CDPOs, Supervisors, AWWS and Block Coordinators on new revised record registers.

9. Designing of posters for IEC activities to involve the community; focusing on the core issues leading to malnutrition and also awareness about the components of ICDS.

10. Sample evaluation of 10 anganwadis from each block (13 blocks) to check the results of weighing by Salter Scale and Electronic weighing machine.

11. Sample evaluation of 10 anganwadis (5 which have high rate of malnutrition and 5 which have no malnutrition) from each block (13 blocks) to compare with rate of malnutrition in Mahesana as per the monthly progress reports