Internship Training at

Integrated Child Development Scheme

Gujarat

સંકલિત બાળ વિકાસ સેવા યોજના
મહિલા અને બાળ વિકાસ વિભાગ
ગુજરાત સરકાર

Submitted By

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Jaipur

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Supervision Process of Anganwadi Centres in a Block Wadhvan of District Surendranagar in Gujarat : A Study

Submitted by – Sankshipta Kanwar

Guided by – Prof. Nutan P Jain

Post-graduate Diploma in Health Management

2012-2014

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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr.Sankshipta Kanwar** Student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone internship training at **District ICDS Cell**, **Surendranagar** from February 7th 2014 to May 7th 2014.

The Candidate has successfully carried out the study designated to her during internship training and his approach to the study has been sincere, scientific and analytical.

I wish all success in all her future endeavours

Dean, Academics and Student Affairs **Professor Nutan.P.Jain**

IIHMR, Jaipur **IIHMR, Jaipur**

I.C.D.S. Society

(District ICDS Cell -Surendranagar)
Zilla Panchayat, Surendranagar,Gujarat.

This certificate is awarded to

Dr. Sankshipta Kanwar

In recognition of having successfully completed her Internship in

District ICDS Cell, Surendranagar

and her project on

" Supervision process of Anganwadi Centres in a Block Wadhvan of District Surendranagar in Gujarat : A Study "
Date - May 19th 2014

Organization

ICDS, Gujarat

She came across as a committed, sincere and diligent person who has a

Strong drive and zeal for learning.

We wish her all the best for future endeavours.

Mrs.Charuben.N.Pancholi
Program officer (ICDS)

Responsible Officer,
I.C.D.S. (Cell) D. Panchayat
Surendranagar.

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Acknowledgement

I take this opportunity to thank the ICDS organization for allowing me to do my dissertation.

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My sincere thanks to all the concerned ICDS staff at various levels in wadhvan block, viz, the Child Development Project Officer (CDPO), the lady supervisor and the Anganwadi workers for their active participation and involvement in the interviews which made the fieldwork a valuable learning experience.

I like to thank Proff. Barun Kanjilal, IIHMR,Jaipur who always encouraged me in every difficult situation.

I would also like to thank my parents, sister and friends for giving me inspiration and never ending support.

-Sankshipta

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Abbreviations

ICDS	Integrated child development services
RCH	Reproductive Child Health
BMI	Body Mass Index
CMTC	Child Malnutrition Treatment Center
NRC	
NHED	Nutrition, Health and Education
BCC	Behaviour Change Communication
MPR	Monthly progress report
HPR	Half yearly progress report
CDPO	Child development program officer
AWC	Anganwadi centre
AWW	Anganwadi worker

PART-A
Internship Report

1.0 Introduction:

Internship is a part of the second year program, where we have to observe and learn the work culture of organization. Also it will be necessary to participate in various department/activities so we could orient our self with different departments that gives us first hand exposure.

Internship is the process, through which we can understand process of work and thereafter be able to involve in decision making.
I am appointed as District Program Coordinator Project in ICDS cell at District Surendranagar, Gujarat.

2.0 Objective of Internship:

The objectives of the study are :

a) To understand the work pattern of ICDS Gujarat and its organizational structure.

b) The next objective of internship is to learn various managerial and administrative skills needed to work in a government system and to effectively implement ICDS programmes in the anganwadi centre to ensure the overall benefit of the community.

3.0 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 43Percent 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 (40Percent 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 12 districts having population of 89, 96,744 accommodate 70 percent of tribal population (Census 2001). Approximately 18Percent (89, 96,744) of the total population of the state is living in these Tribal districts. The coastline of the state is about 1600 Kms. About 4487752 persons live in 36 coastal talukas.

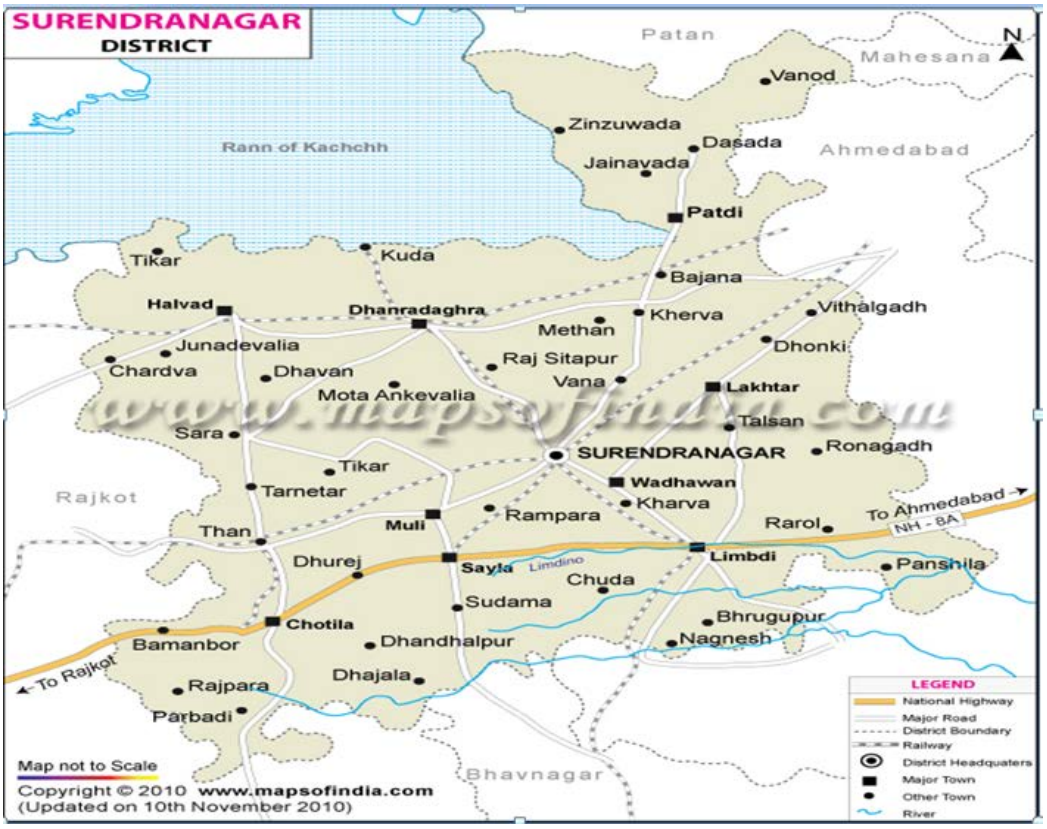
Administratively, the state has been divided into 26 districts, sub-divided into 225 Blocks, having 18618 villages and 242 towns. The word **Anganwadi** means "courtyard shelter" in Hindi. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. A typical *Anganwadi centre* also provides basic health care in Indian villages. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counselling and supply, nutrition education and supplementation, as well as pre-school activities. The centres may also be used as depots for oral rehydration salts, basic medicines and contraceptives. As many as 13.3 lakh Anganwadi and mini-Anganwadi Centres (AWCs/ mini-AWCs) are operational out of 13.7 lakh sanctioned AWCs/ mini-AWCs, as on 31.01.2013. These centres provide supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-up and referral services of which later three services are provided in convergence with public health systems.

4.0 District Surendranagar profile

Surendranagar is an administrative district in the state of Gujarat in India. It is also known as *Zalawad*, as the city of Surendranagar was ruled by Zala Rajputs. Surendranagar City (incorporating Wadhwan City) is known as *the city of Hi-Tech Bungalows*. There are twelve blocks in the district and ICDS scheme is implemented in 12 ghataks mentioned below :

I. Wadhvan
II. Dhargandhra
III. Dasada
IV. Sayla
V. Lakhtar
VI. Limbadi
VII. Chotila
VIII. Muli
IX. Halvad
X. Chuda

Fig 1: District map of Surendranagar showing its Blocks



5.0 ICDS: An Organisational profile

ICDS services are provided a vast network of ICDS centres, it is known as **"Anganwadi".** The word Anganwadi is developed from the Hindi word "Angan" which refers to the courtyard of a house. In rural areas an Angan is where people get together to discuss, meet, and socialize. The Angan is also used occasionally to cook food or for household members to sleep in the open air. This part of the house is seen as the 'heart of the house'. A network of "Anganwadi Centre (AWC)" literally it is a courtyard play centre, provides integrated services comprising supplementary nutrition, immunization, health check-up, referral services, pre-school education and health and nutrition education. It is a childcare centre located within the village or the slum area itself. It is the central point for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls.

Under the ICDS scheme, one trained person is selected to focus on the health and educational needs of children age 0-6 years. This person is the **Anganwadi worker (AWW).** The Anganwadi worker is the most important functionary of the ICDS scheme.

The Anganwadi worker is a community based front line voluntary worker of the ICDS programme. This service will help the children to get into the right from the pre-school age. The Integrated Child Development Service (ICDS) scheme is utilized to help the family especially mothers to ensure effective health and nutrition care, early recognition and timely treatment of ailments.

In spite of the ongoing direct nutrition interventions like ICDS, India still contributes to about 21% of the global burden of child deaths before their fifth birthday (UNICEF 2007). They also found little evidence of programme impact on child nutrition in villages with ICDS centre. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality.

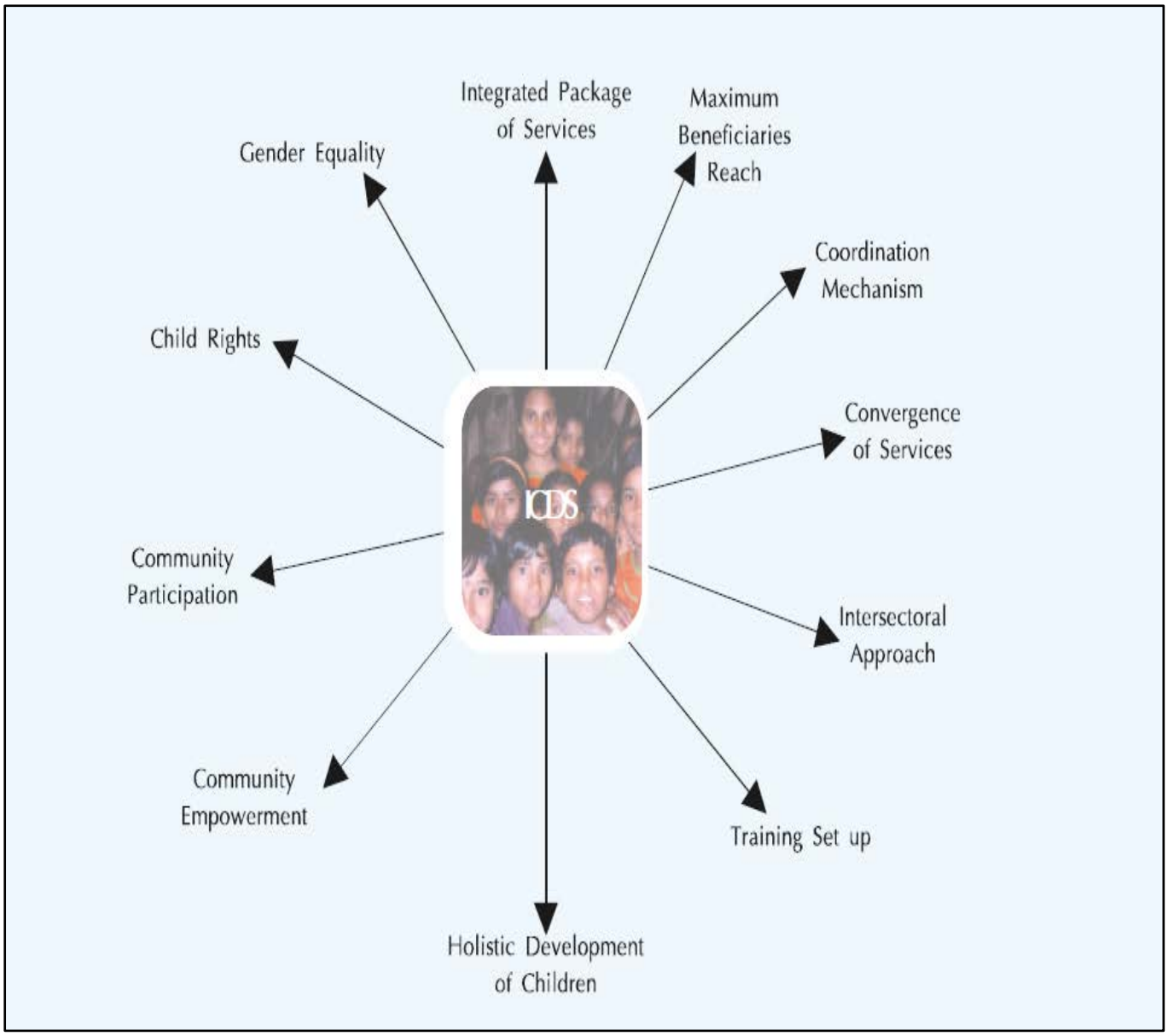
World Bank has also highlighted certain key shortcomings of the programme including inability to target the girl child improvements, participation of wealthier children more than the poorer children and lowest level of funding for the poorest and the most undernourished states of India (World Bank, 2011).

5.1 The main objectives of the Integrated Child Development Services (ICDS):

The basic purpose of the ICDS scheme is to meet the health, nutritional and educational needs of the poor and vulnerable infants, pre-school-aged children, and women in their child-bearing years. Its specific objectives are:

- To develop the nutritional and health status of children in the age-group 0-6 years.
- To put the groundwork for proper psychological, physical and social development of the child.
- To reduce the prevalence of mortality, morbidity, malnutrition and school dropout.
- To achieve effective co-ordination of policy and functioning along with the various departments to promote child development.
- To improve the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Fig1 : Showing special features of ICDS Scheme

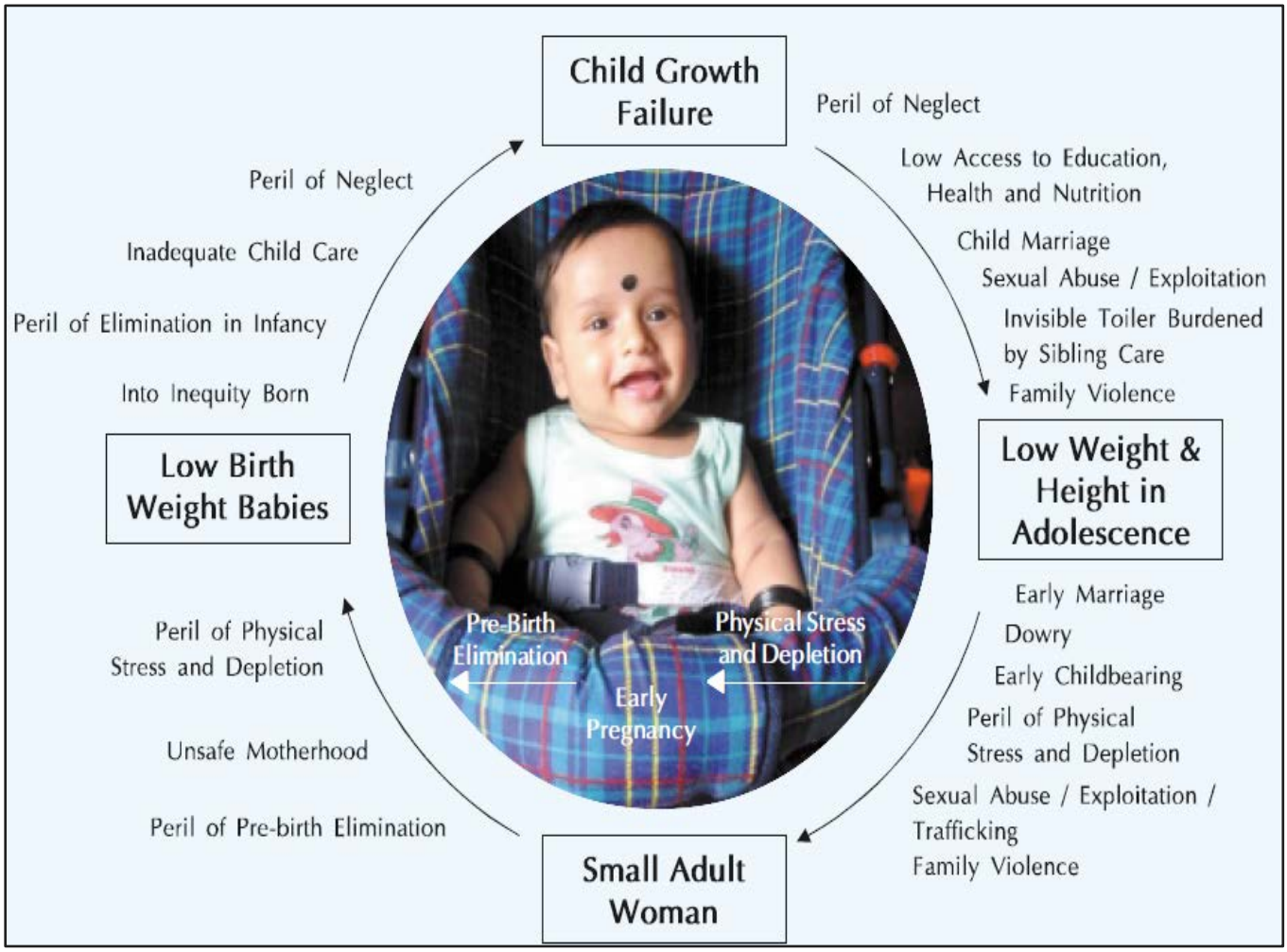


5.2 Services provided by Anganwadi Centres

The above objectives are necessary to be achieved through a package of services. Delivery of services under ICDS scheme is managed in an integrated way through Anganwadi centres, its workers and helpers. The services of Immunization, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health and Family and Welfare UNICEF has provided necessary equipment for the ICDS scheme since 1975. World Bank has also assisted with the financial and technical support for the programme. The cost of ICDS programme averages $10–$22 per child a year. The scheme is centrally sponsored with the state governments contributing up to 1.00 (US$ 0.02) per day per child. Furthermore, the

(GOI 2008) adopted the World Health Organization (WHO) standards for measuring and monitoring the child growth and development, both for the ICDS and the National Rural Health Mission (NHRM). These standards were developed by WHOM through an intensive study of six developing countries since 1997. They are known as New WHO Child Growth Standard and measure of physical growth, nutritional status and motor development of children from birth to 5 years age.

Fig 2 : Intergenerational Cycle of Malnutrition

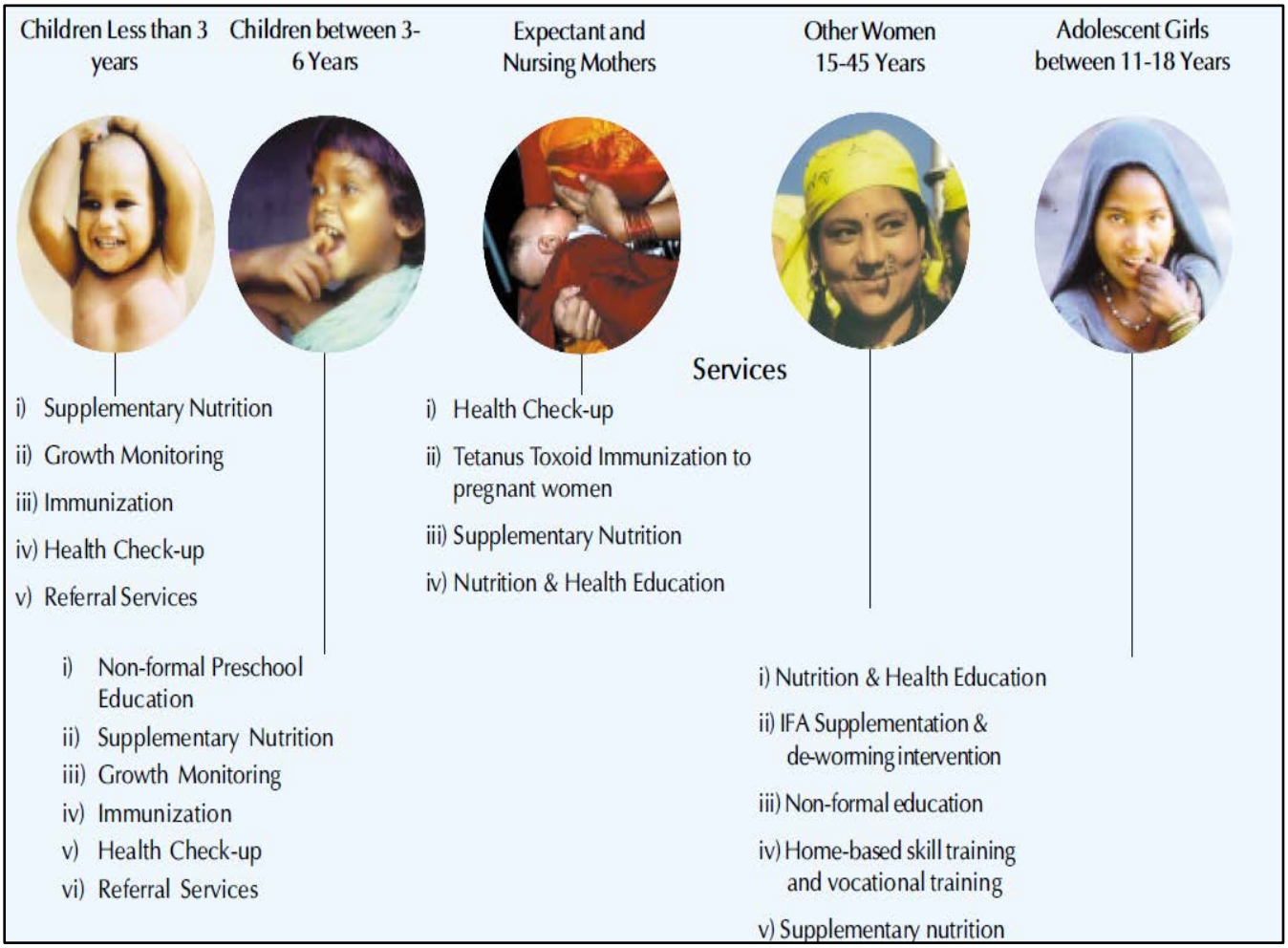


- ✓ ICDS intervenes across the life cycle as early as possible to fulfil the needs and rights of the girl child
- ✓ ICDS through its package of services creates an environment to reduce gender discrimination at all stages

There are six dimensions or services of ICDS scheme which are provided by AWCs.

1. Supplementary Nutrition
2. Immunization
3. Health check-up
4. Referral services
5. Non-formal Preschool education
6. Nutrition and health education

Fig 3: showing ICDS Beneficiaries and Services



5.3 Key Features of ICDS in Mission Mode

The mission mode is launched with following key features:

- *Programmatic Management and Institutional reforms*
- *Anganwadi as "Vibrant ECD centre" through revised packages of services*
    - *Greater focus on under three years children*
    - *Strengthening early childhood education*
    - *Care and counselling of mothers and family*
- *More than 2 lakh Anganwadi to be constructed*
- *More than 2700 new technical human resources*
- *More than 4.5 lakhs additional Anganwadi workers/nutrition counsellors/link workers*
- *Improved Supplementary nutrition*
- *70,000 Anganwadi cum crèches*
- *Intensive monitoring, training and capacity building*
- *Greater convergence and linkages with other sectors health, education PRIs and Rural Development*
- *Flexibility to states and flexibility in programme implementation*

5.4 Indicators of Achievement under ICDS Mission

The ICDS mission launched have following indicators:

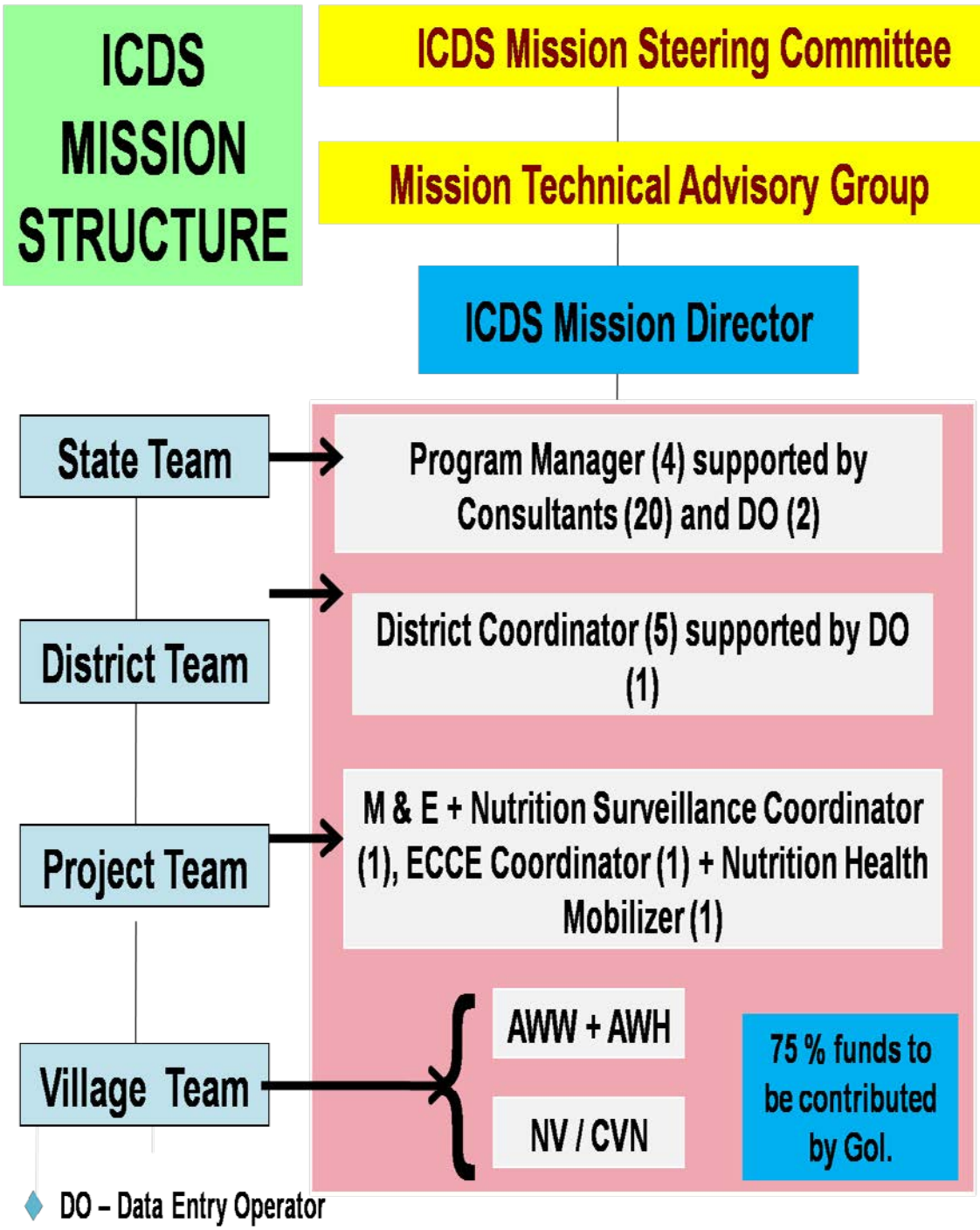
- Reduction in underweight prevalence
- Improved IYCF
- Contribute to reduction in anaemia, IMR and MMR in collaboration with health
- Reduction in incidence of low birth weight babies
- Improved early learning outcome

5.5 ICDS- an Organogram

The ICDS Mission is constituted to provide leadership, policy support and guidance to the states, with an empowered structure called the **National Mission Steering Group (NMSG**) . The National Mission Directorate of ICDS is headed by a Mission Director - a Joint Secretary level officer of the Government of India, who is responsible for handling day-to-day administration of the ICDS Mission. Besides, a National ICDS Mission Resource Centre would be set up that would serve as an apex body for technical assistance, dissemination and for functioning as a Centre of

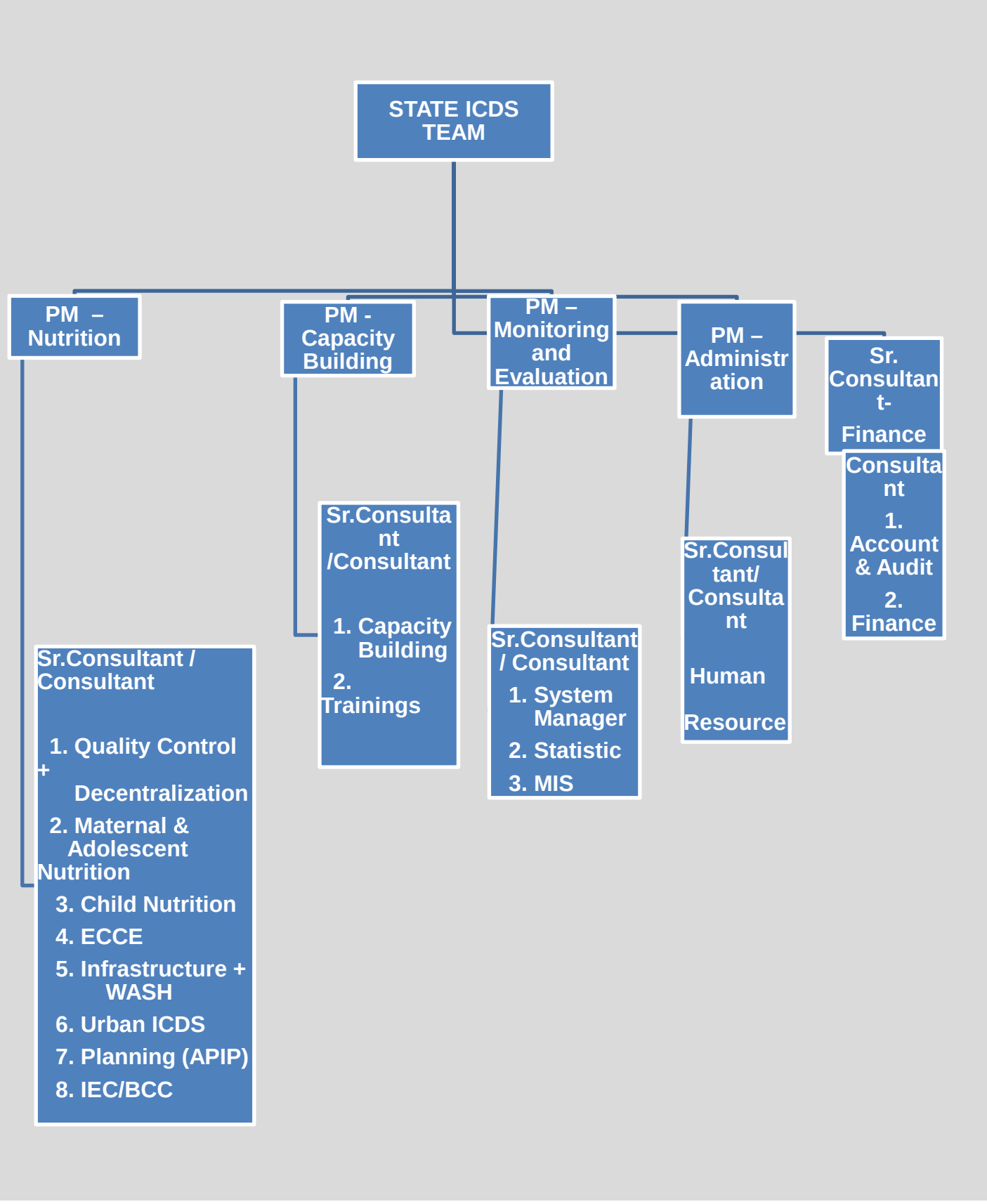
Excellence for facilitating the National and State ICDS Mission Directorates in all issues concerning implementation, supervision and monitoring of ICDS Scheme. In State the Chief Secretary as Chairperson and the Secretary of the WCD Department of the State as Vice Chairperson are there which provide leadership to State ICDS Mission. The State ICDS Mission w provides additional resources to the State to enable them meet the diverse nutrition and child development needs of young children. The functions under the State ICDS Mission would be carried out through the State Child Development Society that will be headed by a State Mission Director at the rank of a Special Secretary/Additional Secretary (an IAS Officer of JAG/Selection Grade/ higher).Every district would have a District ICDS Mission headed by the chairperson of its Zila Parishad and the District Magistrate / Collector of the concerned district would be the co-chairperson. In districts, where the District Magistrate / Collector is the Chairperson, the Zila Parishad Chairperson will be the Co-Chairperson and the District Programme Officer ICDS as the District Mission Director. The Mission provides additional staff at district level too. There will be District Program Coordinator for monitoring and supervision of mission. At the Block / Project level, each Block would have a Block ICDS Mission Committee headed by the SDM or the Chairperson of the concerned Panchayat Samiti. The Block Development Officer (BDO) of the concerned Block would act as the co-chairperson and CDPO as the convenor of this Committee. There will be additional staff of monitoring and evaluation officer, nutrition health mobilizer and ECCE coordinator at every block. In ICDS Mission, the Anaganwadi platform would be strengthened as the first village/habitation post for health, nutrition and early learning, with provision of additional financial resources for infrastructure and facilities, anchoring ASHAs and converging multi sectoral interventions for young children, adolescent girls and women.

Fig 5 : showing organization structure at national, state, district , block and village level



The State team comprise of State Program Officers of monitoring and evaluation, nutrition, capacity building and administration. Under them, all the consultants for focused areas are there.

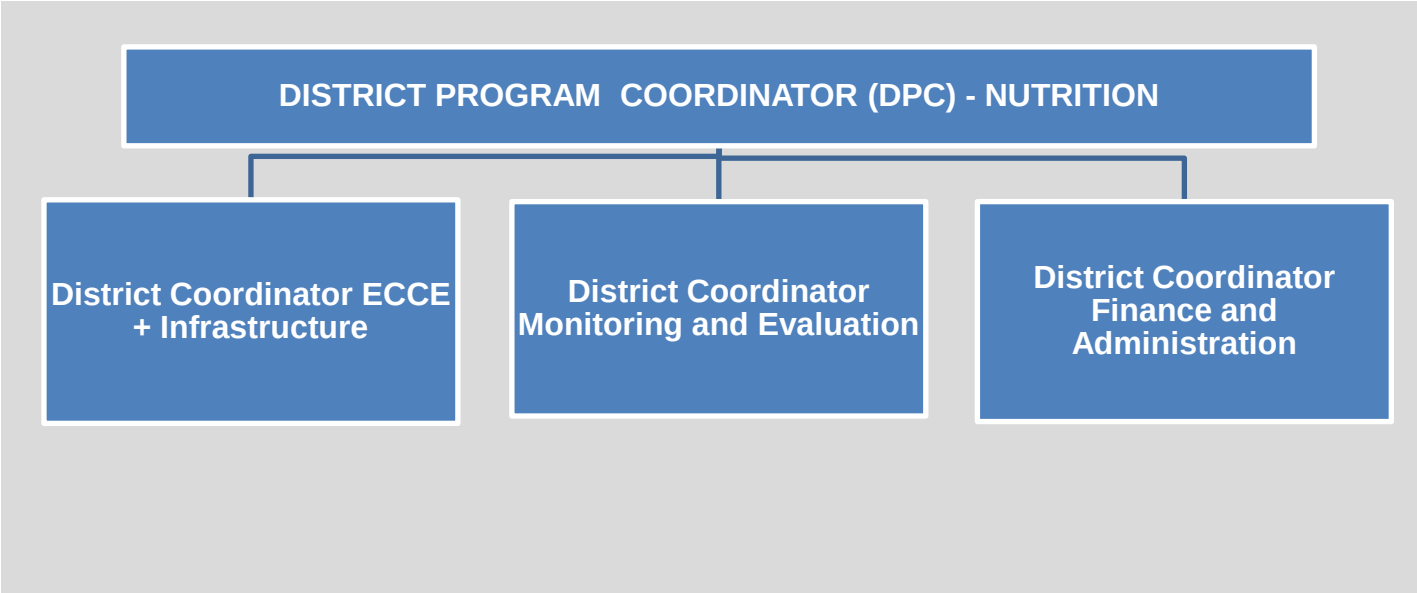
Fig 6 : showing state team of ICDS



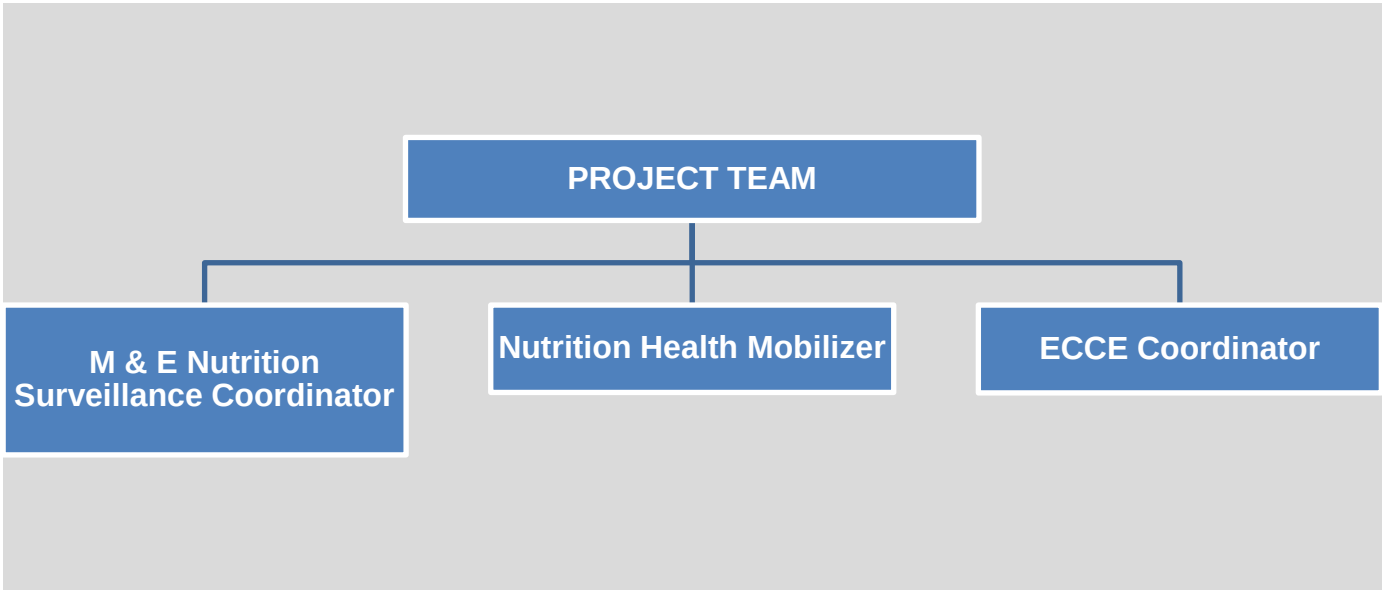
The district team comprises of District Program Coordinator which have to coordinates all programs an than there are district coordinator for specific scheme like

- Nutrition and ECCE.
- Monitoring and evaluation.
- Finance.

Fig. 7 : showing District team of ICDS mission



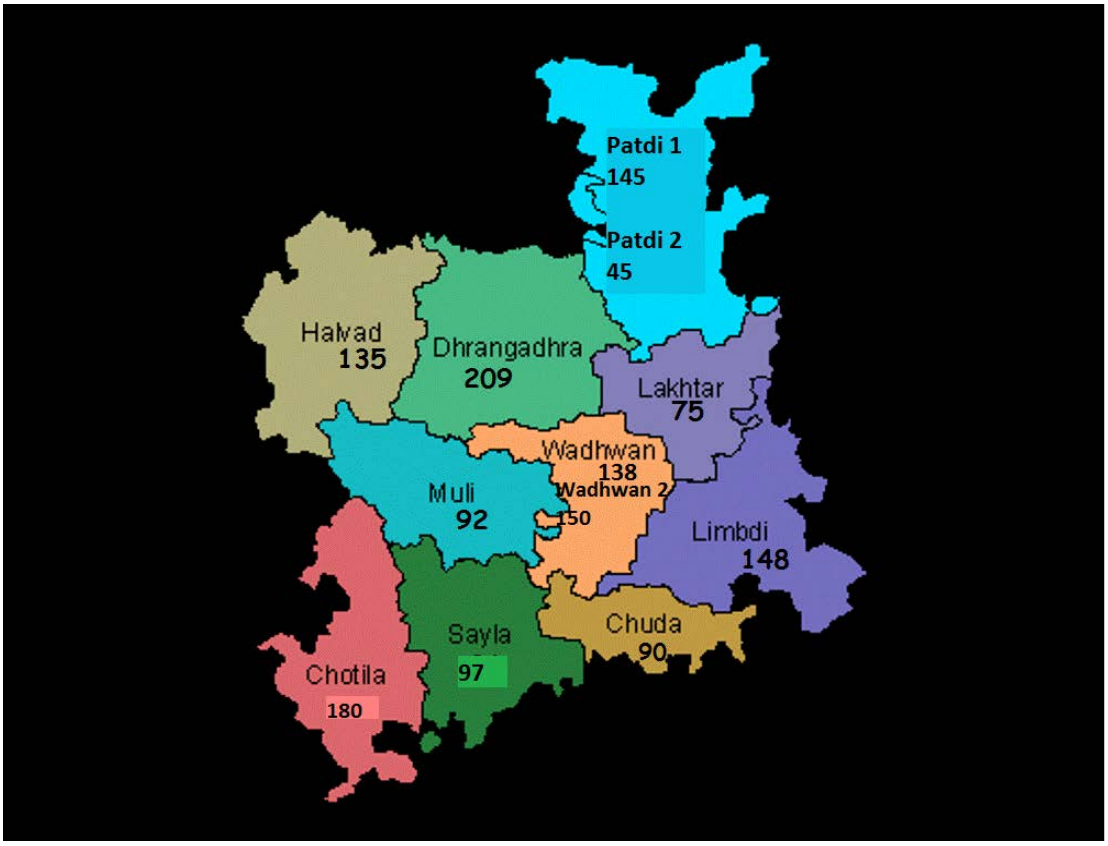
The block level consists of additional staff besides regular staff. The block coordinators in project team will have roles and responsibilities related to monitoring and evaluation surveillance coordinator, Nutrition Health Mobilizer and ECCE coordinator.



5.6 ICDS in Surendranagar

In Surendranagar, ICDS is implemented in 12 ghataks and currently 1505 AWCs are working of 1510 Sanctioned AWCs. The District ICDS team have office in Zilla Panchayat.

Fig 8 : Map showing sanctioned AWCs of respective blocks in district Surendranagar



6.0 Job Responsibilities

- To provide managerial support to district and peripheral level programme support and grass root functionaries.
- To provide technical support at field level during field visits.
- Coordinate and liaise with other consultant at State / District level, various department of the state government, Ministry of Women and Child Development , Government of India, other nodal/ collaborating agencies set up in the field of training etc.

7.0 Observations of the field visit

- During visits to Anganwadi Centre, out of 51 AWC visited so far only 25 AWCs are having their own building and others have rented rooms or govt. buildings. 5 of them needed minor repair and maintenance.
- All the 51 AWW have no knowledge of utilisation of flexi funds and contingency fund which are provided to AWC for hygiene kit of children, emergency requirement of AWC, utensils etc and thee funds are spent according to supervisor.
- In 45 AWC, numbers of utensils available according to beneficiaries are not there. Children bring their own utensils in AWC.
- The scheduled meeting of Adolescent girls are not organised by any of visited AWW, only one AWW out of 51 have displayed BMI indicator for malnourished adolescent girls. THR is distributed regularly and according to guidelines in all 51 AWC's
- Mamta divas sessions are held in 46 AWC, 5 AWC's don't conduct it because of less FHW in Health department.ANC is taken up in the afternoon by FHW and all the needed instruments and medicines are provided by Health department. Only Immunization is done and no proper health check up are there for children in 51 AWC's.
- Growth charts are not filled properly in at least 20 AWC's and still they provide grading of children in MPR.
- 18 AWC's are visited during Mamta session and only one AWW took counselling session.
- 51 AWC's have ECCE kits present in AWC's but utilisation of them according to time table are seen in only 8 AWC's.
- One AWW (only one block) complained of not receiving the incentives of MAMTA DIVAS on time or not received from few years which are Rs. 50 each for AWW and AWH. On further investigation, it is revealed that 41 AWC's are there in those particular blocks which have not received incentives.
- In 30 Awc's it was seen with the help of visit book that Lady Supervisors (Mukhya Sevika) are not visiting t the field frequently.
- NRC at district level is visited and is well maintained and spacious. Nutrition assistant have full knowledge about guidelines and all the activities to be done at centre. She has trained her cook and helper for weight measure, recipes and all activities for children and their mother. At a time, ten children can be admitted for rehabilitation services but only spaces for 8 beds are there. No 24 hr stay is there in centre.
- CMTC, Dhargandhra has got place in abandoned CHC. So, they have more space than NRC. Well maintained and hygiene is there. No 24 hr stay is there in centre.

- One VCNC was visited and AWC was around 8x10 feet and there was no space for children to sit as whole AWC was filled with anganwadi ration, THR ration and special mixtures for VCNC children. Children were sitting in courtyard. AWW was sincere and have prepared food according to menu as observed in checking sample kept for officers.

8.0 Key learning during internship

- The schemes running under ICDS Mission for reducing malnourishment.
- The functioning of AWCs and supervision process at three levels: village, block and district.
- The THR plant is established in one of the block with the help of self help groups, it helped me to understand PPP model.
- The review meetings are attended with key resource persons from different developmental partners specially health department like CDHO, ADHO and RCHO (DPMU,NRHM).

9.0 Specific Projects

a) Organising Committee member of Mata Yashoda Award at district level.
b) Implemented Hand Washing and maintaining Hygiene of Children at AWC before and after Meal.
c) Ensured timely salary and clearance of other bills of AWW.
d) All the administrative work of THR plant running in the district and alternate day visit to THR plant for random checking of their roasting cycle, premixes prepared and register. One research on acceptance level of premixes among beneficiaries is ongoing project.
e) Conducting workshop of FHS and ICDS supervisors for giving them guidance about Mamta divas in AWC and implementation of new schemes.