A Study on Validation of Data Reported for Service Delivery by Anganwadi Centers in Amreli District

Internship Training
at
Integrated Child Development Services (ICDS) Women & Child Department, Gujarat
(3rd February, 2014 – 10th May, 2014)

By
Shiny Sam Varghese

Under the guidance of
Dr. Anoop Khanna

Post Graduate Diploma in Hospital & Health Management
2012–14

Institute of Health Management Research
Jaipur
2014

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 029, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr.Shiny Sam Varghese**, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone dissertation at **Integrated Child Development Services, Amreli, Gujarat** from **3rd February 2014 to 10th May 2014.**

The candidate has successfully carried out the study designated to him (**A study on validation of data reported for service delivery by Anganwadi centres in Amreli district**) during dissertation and her approach to the study has been sincere, scientific and analytical.

The internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

Dr. Ashok Kaushik
Dean, Academics and Student Affairs
IIHMR, Jaipur

Dr. Anoop Khanna
Asst. Professor
IIHMR, Jaipur

Certificate of Completion of Internship

The Certificate is awarded to

Dr. Shiny Sam Varghese

In recognition of having completed her Internship in

Integrated Child Development Services

And has successfully completed her project on

A Study On Validation Of Data Reported For Service Delivery By AnganwadiCentersIn Amreli District

(3rd February, 2014 - 10th May,2014)

Integrated Child Development Services, Amreli.

She comesacrossas a committed, sincere and diligent person,who has a Strong drive and zeal for learning.

We wish her all the best for future endeavours.

District Program Officer

Dr.ArunKumar Singh

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 029, INDIA
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Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**A study on Validation of data reported for service delivery by Anganwadi centres in Amreli district**", and submitted by **Dr. Shiny Sam Varghese** Enrolment No. **IIHMR/PGDHM/2012-14/17-1375** under the supervision of **Dr. Anoop Khanna** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **3rd February 2014 to 10th May 2014** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

ACKNOWLEDGEMENTS

I take this opportunity to express my deep sense of gratitude to all those who have been instrumental in helping me successfully complete my internship.

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I would also like to thank the beneficiaries from the different villages where the interviews were conducted.

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Dated: Shiny Sam Varghese

Abstract

This study is an attempt to validate the services provided by the Anganwadi centre to its eligible beneficiaries. It is to find out the coverage deficit in service delivery and utilization of these services by the registered beneficiaries of Integrated Child Development services in three blocks of Amreli district. The cross sectional study was conducted in three blocks at 15 Anganwadi centres from 3rd February 2014 to 10th May 2014. Three blocks were selected based on the rate of malnutrition. From each block 5 AWC were chosen. There were 120 beneficiaries who were catergorised into Group I – Pregnant Women, Group II – Lactating women, Group III – Mothers/Guardian of 6 months to 6 years. 3 beneficiaries from each category were randomly selected. Thus from each anganwadi centre roughly around 8 – 9 beneficiaries were selected based on the time and resources available.

Validation was assessed by cross verification of records and interviews with the beneficiaries selected.

- Study revealed that counseling has been done for only11.5 percent against 41.6 percent beneficiaries registered with the AWC which shows that the AWW fails to understand the importance of counseling and giving information on the essential practices. Majority of the counseling was done by the ANM/FHW during VHND sessions
- More than Half of the respondents did not understand the importance of exclusive breastfeeding which could be attributed to no counseling by the AWW.
- Twenty five percent of the mothers/guardians were satisfied with the quality of preschool education.
- Fifty two percent mothers mentioned their children weight was monitored right from birth. Even with regular weighing, growth monitoring is effective only if accompanied by communication for behaviour change that results in improved growth of the malnourished child.
- Twenty seven percent children were found to be malnourished as against 17 percent recorded by the worker.
- A little less than half of the beneficiaries knew of their child‟s nutritional status and only 35 percent of the beneficiaries knew their felt belonged to which category.
- Despite the facilities, twenty seven mothers stated their children received meals twice daily.
- Only 18 percent received Counseling for referral services.
- Immunization services have been received by almost all the beneficiaries.
- As far as pregnant and lactating mothers are concerned, 48 percent were counseled about measures to be taken during pregnancy and post delivery. Sixty eight percent were checked by the medical officers. Only 43 percent reported receiving Sukhdi twice weekly.

To improve quality of service delivery of ICDS one needs to strengthen the monitoring and evaluation aspects as well as achieve coordination between ICDS and health department.

This study also attempts to find the gaps in the implementation of the services, the reasons for the same and ways to improve services. The report would throw some light on the status of conducting Mamta divas regularly, the Anganwadi workers knowledge on the services to be provided and the awareness to be created regarding the services that the beneficiaries could avail.

Key Words: Anganwadi Centre**,** Validation, ICDS Beneficiaries, Anganwadi worker

Table of Contents

List of Figures

List of Tables

GLOSSARY

AWW	ANGANWADI WORKER
MO	MEDICAL OFFICER
ICDS	INTEGRATED CHILD DEVELOPMENT SERVICES
CMTC	CHILD MALNUTRTION TREATMENT CENTRE
NRC	NUTRITION REHABILITATION CENTRE
SAM	SEVERE ACUTE MALNOURISHED
MAM	MODERATE ACUTE MALNOURISHED
MUAC	MID UPPER ARM CIRCUMFERENCE
NHE	NUTRITION AND HEALTH EDUCATION
ANM	AUXILLIARY NURSE MIDWIFE
AWC	ANGANWADI CENTER
FHW	FEMALE HEALTH WORKER
VHND	VILLAGE HEALTH AND NUTRITION DAY
CDPO	CHILD DEVELOPMENT PROJECT OFFICER

INTRODUCTION

Malnutrition and anemia in Gujarat are high. Failing to deal with malnutrition has dire consequences for children development. It goes well beyond the individual affecting total labor force productivity and economic growth. Malnutrition needs to be tackled in the first 1000 days i.e from pregnancy to first 2 years of life are very crucial. . Launched on 2nd October 1975, today, ICDS represents one of the world's largest and most unique programme for early childhood development . The Integrated Child Development Services (ICDS) Scheme is a globally recognized community based early child care programme which addresses health, nutrition and education needs of children less than 6 years, expectant, nursing mothers and adolescent girls across the life cycle in a holistic manner.

The range of services that are provided at ICDS to achieve the above mentioned objectives:

1. Referral services,

2. Immunization.

3. Health checkups.

4. Supplementary nutrition,

5. Nutrition and health education.

6. Non formal preschool education.

Anganwadi worker plays a key role in the implementation of the scheme and she is supposed to carry out the survey and provide services to these beneficiaries efficiently. But there is a discrepancy in the services expected versus what is being delivered.

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Background

Mild and moderate nutrition has been underplayed despite the fact that 74% excess child mortality may also be attributed to moderate under nutrition. It must be recognized that mild and moderate under nutrition among children less than 5 years are extremely common and the health system responds inadequately as it is treated as acceptable.

Gujarat has made significant progress on the child health indicators but there is still a lot to be done in terms of dealing with SAM/MAM children. Analyzing the state of nutrition is just not enough, we should know why these state of affairs continue to prevail and what is the nutritional status of children after having introduced various schemes to improve child‟s health both physically and mentally.

More than half the women population in Gujarat suffer from any form of anemia as per NFHS- 3 Report

Amreli has district has 0.9% severely malnourished children, which is mostly due to, early marriages, early and repeated pregnancies, lower literacy levels, migratory populations, poverty due to unemployment and poor socio-economic condition.

Online monthly progress reports shows impressive coverage of the services in Amreli District.
Nevertheless there were concerns that the services reported to be delivered were not as shown by the Anganwadi worker.
It is essential to undertake systematic validation of data and understand the reasons for differences.
Data Validation serves as a means to develop a verifiable methodology that can be mainstreamed into routine supervision.
The anemia levels among women are also high though measure are being taken to combat malnutrition at all these levels but there is a problem that the neediest beneficiaries are often not reached or not informed and it is difficult to know which elements of the program are most effective.

RESEARCH PROBLEM

Each AWW maintains as many as 10-25 different registers into which information is entered, some of it on a daily basis. Some of it entered is false or there is duplication of data to meet targets.
At the local level, few AWWs are aware of the purpose and utility of data collection and, instead, view their data collection tasks as routine, boring and burdensome. The result is that although the ICDS program is being monitored – in the sense that information is regularly collected on inputs and outputs - the system is not oriented towards using that information to inform action, i.e. it is not used to improve service delivery, beneficiary recruitment or, eventually, modify program design.
Consequently, there is an issue of false reporting to meet the allotted targets or in terms of service delivery, delays and bottlenecks in the replenishment of supplies, the neediest beneficiaries are often not reached and it is difficult to know which elements of the program are most effective.
There is a gross lag in record keeping as well as there is inadequacy of supplementary nutrition to the registered beneficiaries. Growth monitoring is also one of the aspects which has not been given due importance. This aspect needs serious redressal. Preschool education is also one of the components of ICDS and this was a burden for the worker along with the provision of supplementary nutrition to children. Immunization records are also not maintained well as well as referral services also need immediate attention as false reporting and lack of motivation to counsel mothers on their childrens‟ nutritional status is a major concern. The AWW is not aware of what is to be done to treat a malnourished child and hence doesn‟t counsel the beneficaries‟ parents or she is overburdened with the number of registers she has to fill that she tries and avoids the situation. Lack of supervisory activity from the supervisors and the CDPO has been cited as one of the main reasons for ineffective service delivery.

REVIEW OF LITERATURE

A study of utilization of ICDS scheme and beneficiaries – satisfaction in rural area of Gulbarga district by Madhavi H Singh, HK ,Bendigiri ND aims to obtain a feedback regarding beneficiaries-satisfaction and utilization of services by registered beneficiaries of Integrated Child Development Services (ICDS) in Rural area. The beneficiaries were categorized into 5 groups i.e. pregnant women, nursing mothers, mothers of children less than 3 years, mothers of children from 3 – 6 years and women in reproductive age group i.e. 15 – 45 years. Study revealed that utilization of ICDS scheme was high in pregnant women (90.83%). All children between 0- 3 years were getting Vitamin-A supplementation. Beneficiary satisfaction was high (81.11%) among 15-45 years women.

A validation study for services provided by anganwadi centers in Raipur city by Mini Sharma1, G P Soni, Nitin Sharma. The study was conducted to validate the service provided to the eligible beneficiaries by the concerned Aanganwadi centre. 342 beneficiaries were interviewed. .50 % of the beneficiaries were not weighed when asked. 8 % didn"t know that what the frequency of growth monitoring at their centre was. Only 63% received preschool education when interviewed. There was a deficit in record keeping in 50%of Aanganwadi centre. Cause of partial immunization was the uncooperative nature of their AWW.
The authors concluded that there was a gross deficit in the services provided by the Aanganwadi centers under ICDS scheme especially in record keeping when cross checked. This scheme is a social welfare scheme and a deficit like this is unacceptable. A thorough evaluation and supervision at the root level is required.

An evaluation report on ICDS Scheme in 4 districts of Jammu and Kashmir by the *Planning Commission, Government of India* to assess the impact of the scheme. The study included interviews with beneficiaries of the services provided by ICDS as well as detailed interviews with officials from state, district and block. The main findings of the study are Unavailability of staff which has adversely affected the implementation of the scheme, Growth monitoring was not regular, regular monitoring and supervision is required but due staff unavailability one supervisor has to monitor 40 AWC. Lack of coordination between health and ICDS staff was one of the major concerns. Also counselling on nutrition and health were given to a few pregnant and lactating mothers. Register maintenance was very poor.

RESEARCH QUESTIONS

What is the status of service delivery to the beneficiaries reported by Anganwadi workers?

RESEARCH OBJECTIVES

General:

To validate the services provided to ICDS beneficiaries reported by the Anganwadi workers..

Specific:

- ⊡ To assess the utilization of services reported by Anganwadi workers
- ⊡ To identify gaps in the implementation of the services.
- ⊡ To suggest for remedial measures to improve implementation of the scheme

ANALYSIS PLAN

Dependent Variable	Independent Variable
Regular IFA Supplementation	Availability of IFA
Regular Immunization	Availability of vaccines and regular VHND Sessions
Provision of Supplementary nutrition	Availability of SNP
Regular growth monitoring	Knowledge and training of AWW on growth monitoring
Providing Pre school educcaiton	Knowledge and education of AWW
Referral services	Knowledge and training of AWW.
Nutrtition and Health Education	Training of AWW.

METHODOLOGY

Type of study: Cross- sectional which is quantitative

Setting of the study/Study Area : Represents villages in Babra, Lathi and Amreli

Medium of instruction: Gujarathi and Hindi

Variables: IFA Supplementation, Immunization, supplementary nutrition, weight for height, Referral Services Nutrition and health education.

Target Population: ICDS Beneficiaries mothers or family members of children 6months – 6 years, pregnant women and lactating mothers

Sources of data : Primary and secondary.

Primary data : Through visit to Anganwadis and personal interview (schedule) of mothers, pregnant women and lactating mothers.

Secondary data : Register of the Anganwadi worker.

SAMPLING

Study was conducted in 3 talukas of Amreli District i.e. Amreli, Babra and Lathi. These Talukas were chosen based on the percentage of malnourishment and accessibility.The beneficiaries interviewed were chosen through simple random sampling. Considering the time and the resources available, I interviewed around 8 -9 beneficiaries from each village a day who were selected on random basis.

Initially out of 11 talukas, 3 Talukas are chosen and from them. 15 Anganwadi centres were selected. The Anganwadi registers were checked and from each Anganwadi centre around 3 pregnant women, 3 lactating, 3 mothers of the beneficiaries age 6months – 6 years were interviewed.

120 respondents were selected and questioned.

TOOLS AND TECHNIQUES

Tool – A schedule was used to cover the target population. The questionnaire had sections about demographic characteristics. It also had sections about verification of the services reported by the AWW.

Technique – Interviewing the respondents.

DATA COLLECTION AND ANALYSIS

Purpose of the survey and the procedure was explained to the beneficiaries. A Schedule was prepared. 60 respondents who were Pregnant and lactating women and 60 mothers/guardians of the beneficiaries were interviewed by visiting the AWC. The data was analyzed using statistical methods in SPSS.

The overall analysis is divided into:

a) Assessment of services being provided to the beneficaires as reported by AWW.
b) Assessment of gaps in effective implementation of services which include of Knowledge of the AWW, availability of SNP.

Background Characteristics

Table1. Socio demographic characteristics of the beneficiaries and their guardians (6 months – 3 years)

Characteristics	Percentage of respondents (N = 60)
Age group of children (In months)	
0 – 24	31.6
25-48	48.3
49-72	20
Age of beneficiaries‟ mother	
15-19	0
20-29	65
30-39	35
Occupation of beneficiaries mother	
Mining	18.3
Housewife	61.6
Private	11.6
Others	8.3

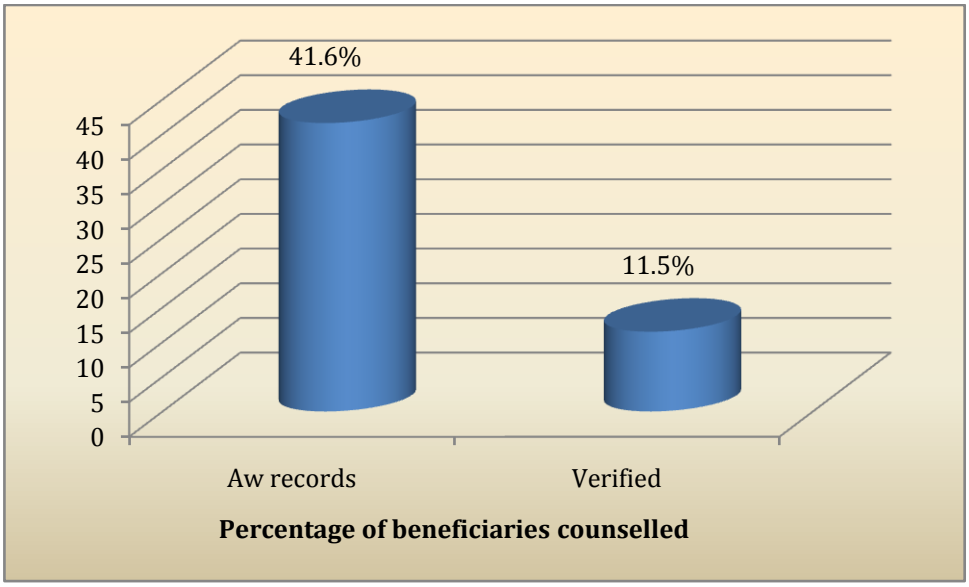
Table2. Socio demographic characteristics of the beneficiaries (Pregnant and Lactating women)

Characteristics	**Percentage of respondents (N = 60)**
Age group of beneficiaries	
17 -21	15
22 -26	60
27-31	11.6
32 -37	13.4
Occupation of beneficiaries	
Agriculture	20
Petty Business	4
Housewife	74
Government Jobs	2
Age at marriage of beneficiaries	
16 -18	75
19 -24	25

Analysis and Results

Children 6months – 6 years

Fig 1. Percent of Beneficiaries mothers/guardian 6m - 3 yrs who have been counseled about breast feeding by Anganwadi worker.



The AWW worker maintains a register of home visits. Every day the AWW is supposed to visit 5 houses preferably of those pregnant, lactating and children age 6 months to 3 years and counsel on the importance of breastfeeding . The AWW is supposed to enter the name of the beneficiary in the register for whom counseling has been done through home visits. When cross checked with the beneficiaries, counseling has been done for only 11.5 percent against the recorded 41.6 percent beneficiaries registered with the AWC.. Counseling also takes place during Bal Divas and Vatsalya Divas but the celebration of these days are irregular. This finding shows that the AWW fails to understand the importance of counseling and giving information on the essential practices. Majority of the counseling was done by the ANM/FHW during VHND sessions. The patients who visited civil hospital for ANC were counseled by the Medical Officers.

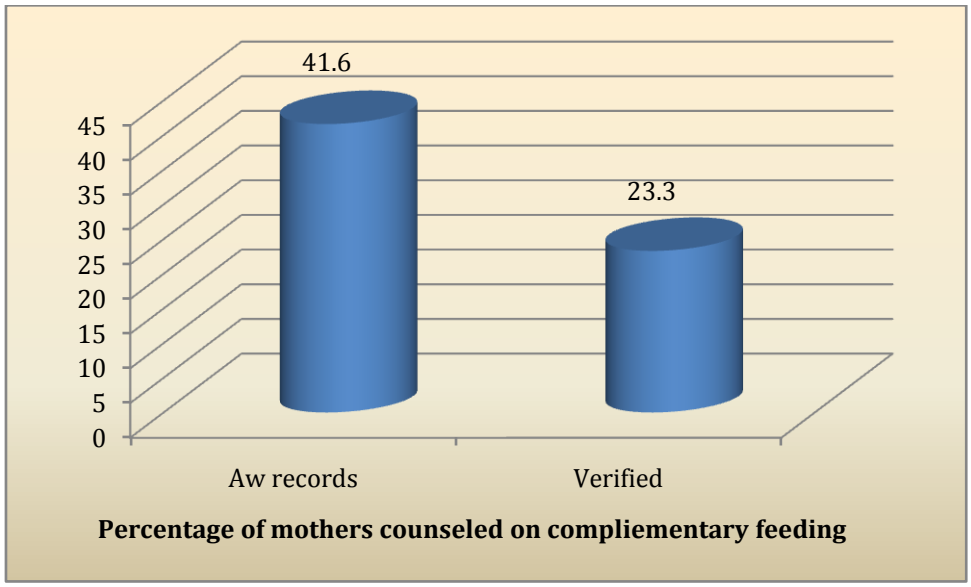
Information was collected on the following:

a) Knowledge of early breast feeding practices: Almost all the beneficiaries possessed knowledge of the importance of early breast feeding but one third of the respondents were not aware of only breastfeeding for 6 months and they started complimentary feeding for children after the 4th or 5th month of birth itself.

b) Knowledge on the frequency of breastfeeding : Two third of the respondents were

aware that minimum 8 – 10 times a child is to be breast fed. Though majority of them were aware many of the mothers left for work leaving their child only to feed them after they return which might have led to a couple of children being malnourished.

Fig 2. Percentage of beneficiaries counseled about complementary feeding

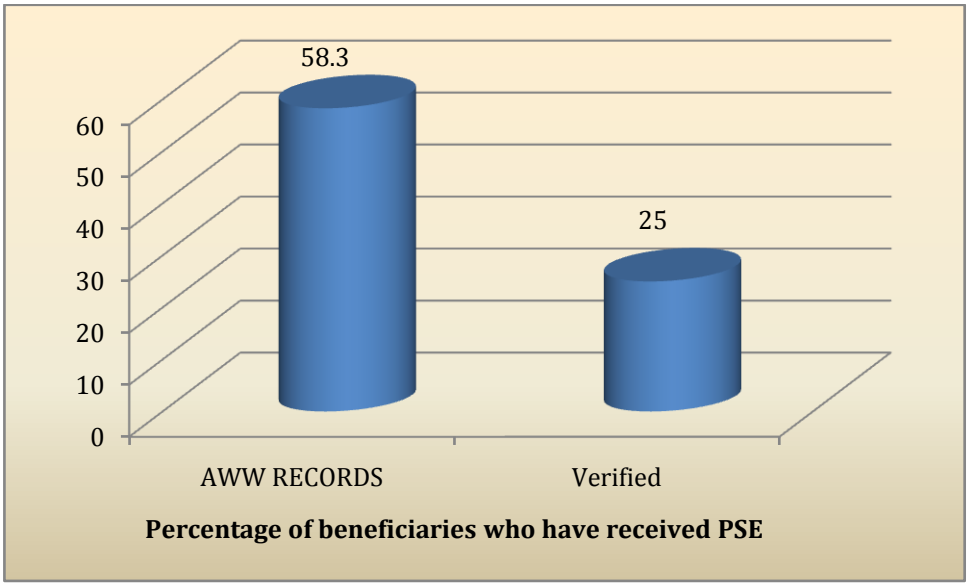


This question was asked to assess whether as per records of AWW whether she has counseled the beneficiaries mothers regarding complementary feeding.

More than Half of the respondents interviewed started complementary feeding for their children before 6 months. It reveals that out of 41.6 percent beneficiaries‟ reported to have received counseling as per AWW records only 23 percent were counseled about the importance of exclusive breastfeeding and compliementary feeding.

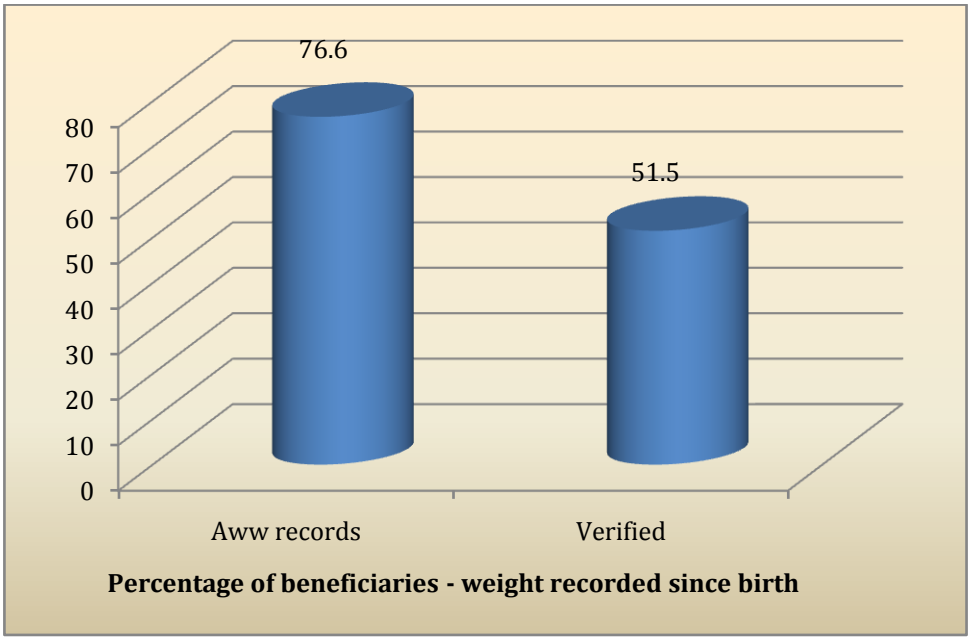
The rest of the beneficiaries who had knowledge of the time to start were either counseled by the ANM or the AWW on VHND mostly. Other than that, there are some special days in a month to counsel on the importance of exclusive breastfeeding and complementary feeding practices.

Fig 3.Percent of children aged 3 – 6 years who have received Pre School Education



As far as non formal preschool education was concerned, it was found only 25 percent of the beneficiaries have received pre school education. Though as reported by the worker 58 percent of the children aged 3 -6 years received preschool education. Most of the parents were satisfied with the quality of preschool education but one third of the parents stated that their children did not receive quality preschool education and it was only nutrition that the workers focused upon.

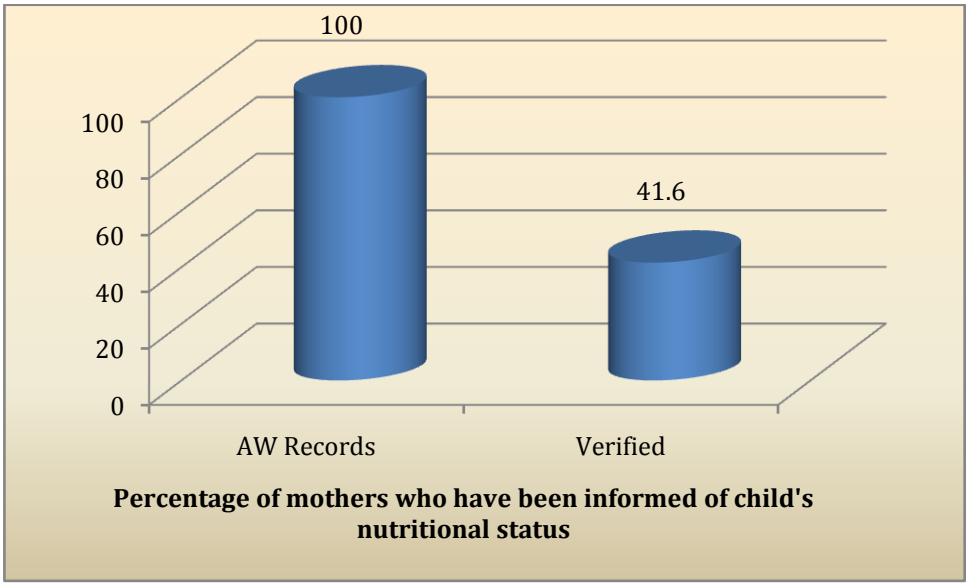
Fig 4. Percentage of beneficiaries – weight monitored right from birth



Slightly Less than half of children „s weight has been monitored since birth has been verified from the beneficiaries as against 77 percent reported by the AWW. Most of the weighing takes place during Mamta Divas. But since some of the AWC located in the urban areas do not have regular VHND sessions, the children residing there could not be monitored for weight. When the AWW was asked the reason for it, she also stated irregular VHND sessions as one of the reasons and non functioning weighing scales at the AWC as the major reason of irregular monitoring. Hence, the AWW could not give a clear picture of the child‟s nutritional status..

Page 11

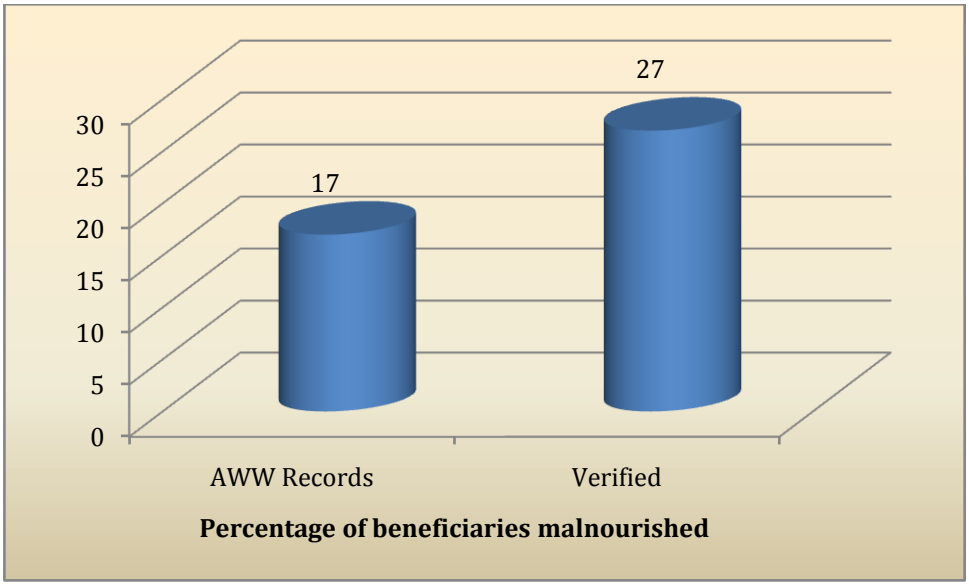
Fig 5. Percentage of mothers/guardians who have been informed of child's nutritional status.



The AWW are supposed to inform the mothers of their child‟s nutritional status. During VHND, Bal divas or Vatsalya Divas the AWW would display the growth chart and show the mothers what their child‟s nutritional status is and what needs to be done in case if the child is malnourished. But it was found that only 41 percent of the mothers‟/guardians knew about their child‟s nutritional status and the rest did not know whether their child belonged to the normal, moderate or severely malnourished category. Their subjective assessment was since they were not informed their child falls in the normal category. There is a discrepancy between the child‟s measured weight and the subjective assessment of the mothers.
Thirty Five percent of the mothers have been informed by the AWW. Medical officer, ASHA and the ANM also contribute in informing about the child‟s nutritional status during VHND or immunization sessions at the hospital.

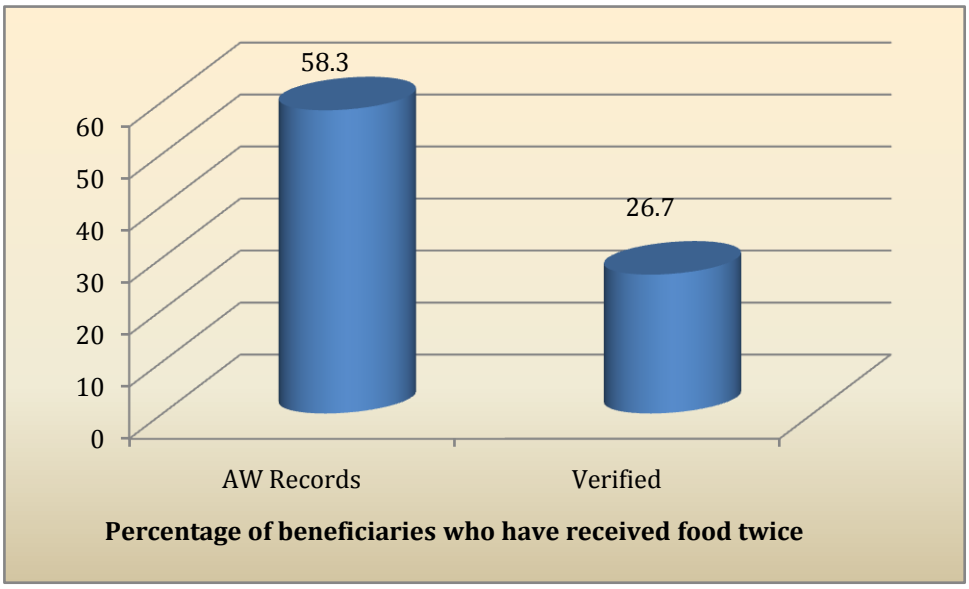
Only 35 percent of the mothers were shown the growth chart and informed of their child‟s nutritional status. The rest were not shown the growth chart and were not counselled on the importance of regular growth monitoring. The workers knew about the red, yellow and green zones but did not know the consequences of the child being in the same zone for more than 2 months and hence did not explain the growth status to the mother.

Fig 6. Percentage of malnourished children



As per the records, the Aww worker reports indicated there are 17 percent malnourished children aged 6m – 6 years. But when verified it was almost 27 percent. It was observed from the field visits that children were marked wrongly on the growth charts. It showed that the worker either did not know the growth chart marking or they did it deliberately to avoid the extra work she would have to do later.

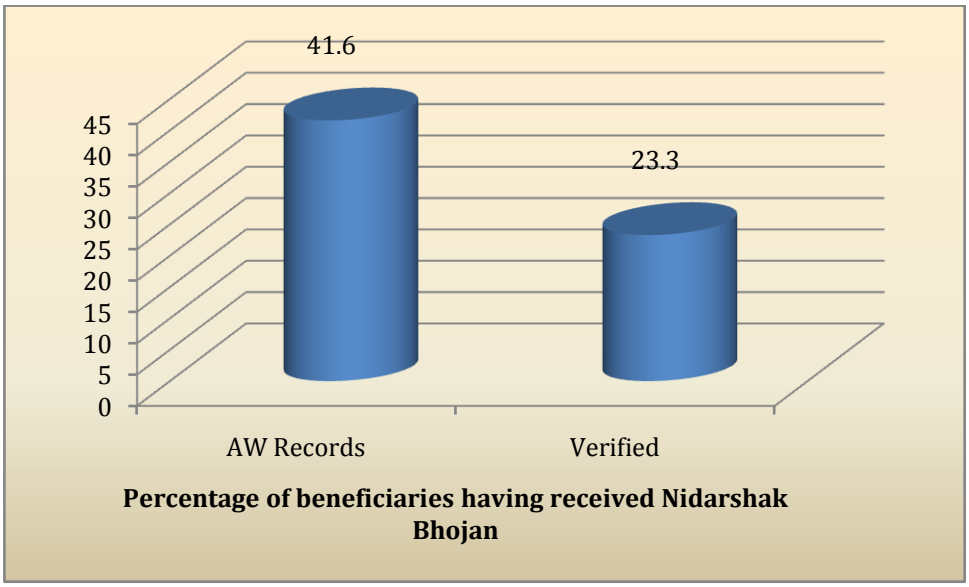
Fig 7. Percentage of children given food twice at AWC



When the beneficiaries were asked regarding the frequency of cooked food being given at the AWC, 27 percent mothers stated that food was being served twice at the AWC as against the record of AWW which reported 58 percent children received food twice. Slightly less than 25 percent said that food was served only once and six percent did not know whether children were being given food twice. Almost all the AWC had a standing kitchen and other facilities available except for water. Matru Mandal meals which is given in the morning and then there is "Anganwadi Bhojan" which is given in the afternoon.During field visits, it was observed that Anganwadi Bhojan was prepared but not Matru Mandal Meals. During surprise visits, it was observed that the worker either did not open the AWC or prepared one time meal and sent the children back home.

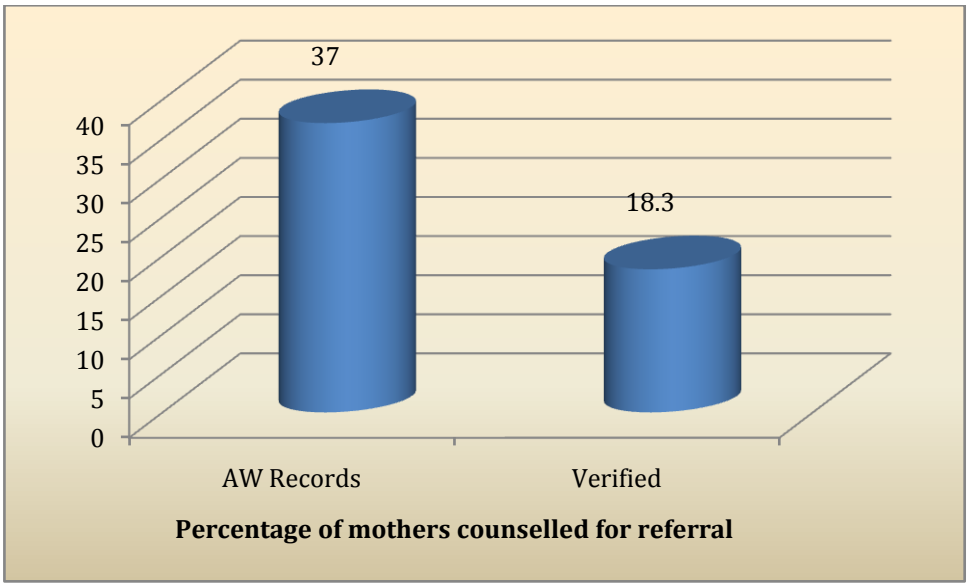
Fruits have to be included in the menu twice weekly. Half of the mothers mentioned that fruits were given twice but 10 percent did not know that its given twice a week and the AWW worker did not mention of it either. Forty percent stated their children did not receive fruits. During visits it was observed that fruits were given but the fruits given were either grapes, chiku but it was not sufficient enough for the children present at the AWC. The worker attributed it to the low budget allocation for fruits from state government.

Fig 8. Percentage of children age 6 months – 3 years who have received Nidarshak Bhojan



Nidarshak Bhojan is demonstrative feeding. A child age 6 months to 3 years should be brought to the AWC and given Raab (6m – 3 yrs) and Sukhdi.(1 – 3 years).Out of the 25 beneficiries age (6 months – 3 yrs) registered at the AWC, only 23 percent received demonstrative feeding. The registers for demonstrative feeding have not been maintained. The rest of the beneficiaries did not receive any food from the AWC.

Fig 9. Percentage of mothers who have been counseled for referral

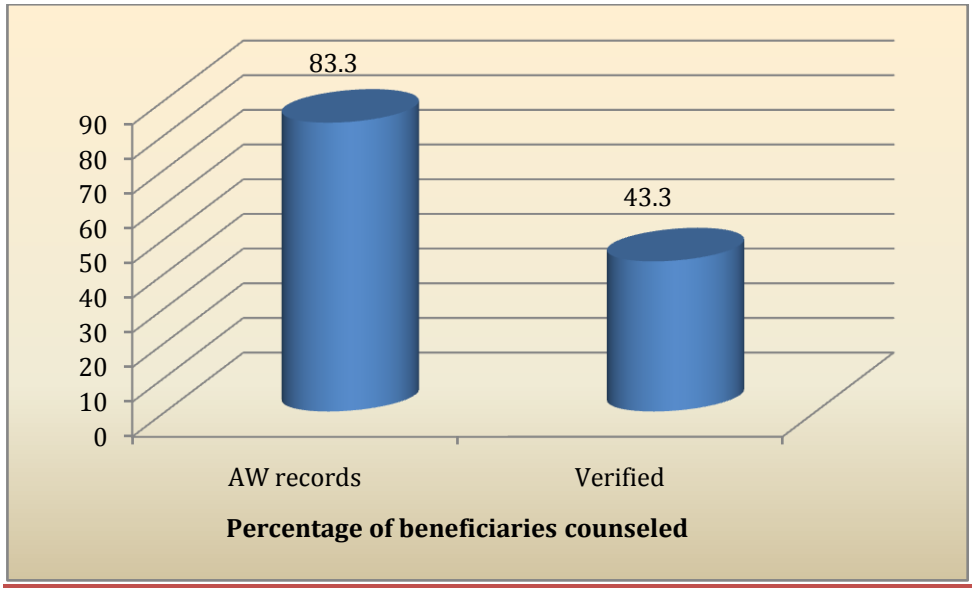


Only 37 percent mothers have been counseled about referral services by the AWW as per the records The major reason for this was lack of knowlwdge of the AWW about the same. On verification 18 percent workers knew about the referral services.i.e. about CMTC/NRC. None of the workers knew of the reimbursement for treatment at these centres. It also came to notice that the supervisors were also not aware of the services available at these centres.

RESULTS :

PREGNANT AND LACTATING WOMEN

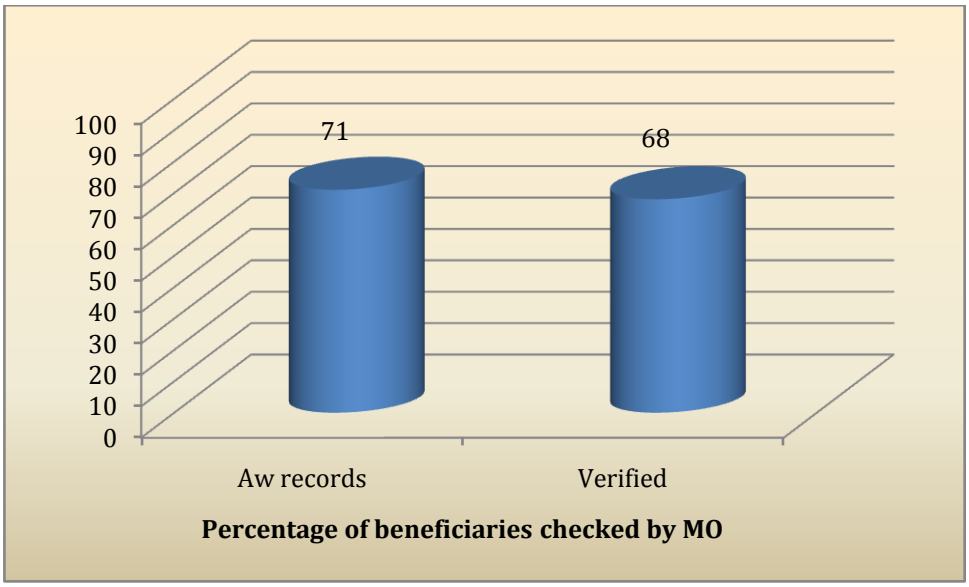
Fig 10. Percentage of beneficiaries counseled by the Anganwadi workers



Forty three percent of the beneficiaries mentioned of having being counseled on measures to be taken during pregnancy and post delivery by AWW. Majority reported being counseled by the ANM during VHND sessions. The Centres where VHND was not regular the beneficiaries visited the district hospital or private practitioners for ANC or PNC. It was mentioned in the AWW register that all of them were counseled.

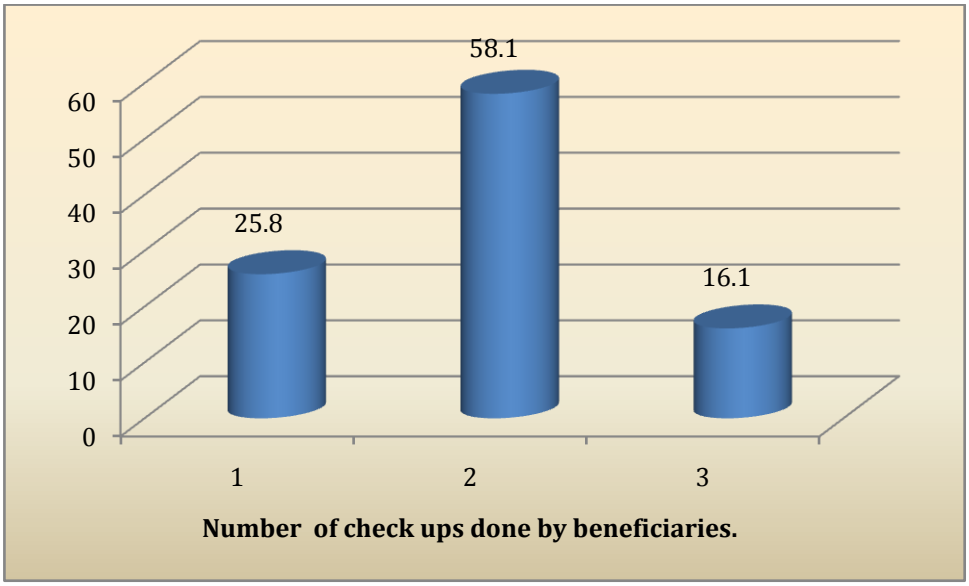
Page 17

Fig 11. Percentage of beneficiaries checked by Medical officer



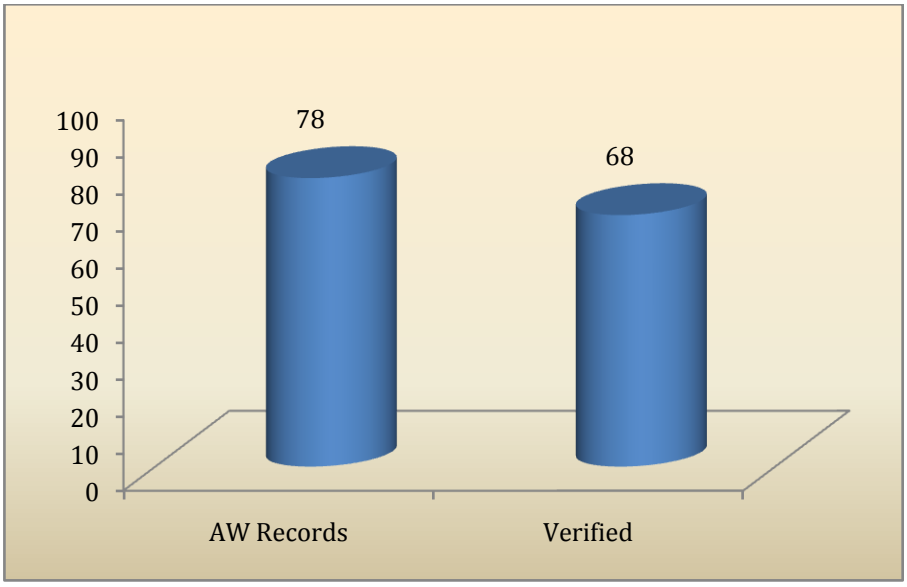
Sixty eight percent of the beneficiaries have been checked by the medical officer. Seventy one percent has been recorded by the AWW.

Fig 11: Percentage of beneficiaries and the number of checkups done during pregnancy.



This question was asked to the lactating mothers. More than half of the beneficiaries were checked twice during VHND sessions or when they visited the district hospital. The anganwadi located in the city had irregular VHND sessions hence they visited either private practitioners or medical officer at the district hospital.

Fig 12: Percentage of beneficiaries who have received IFA Tablets



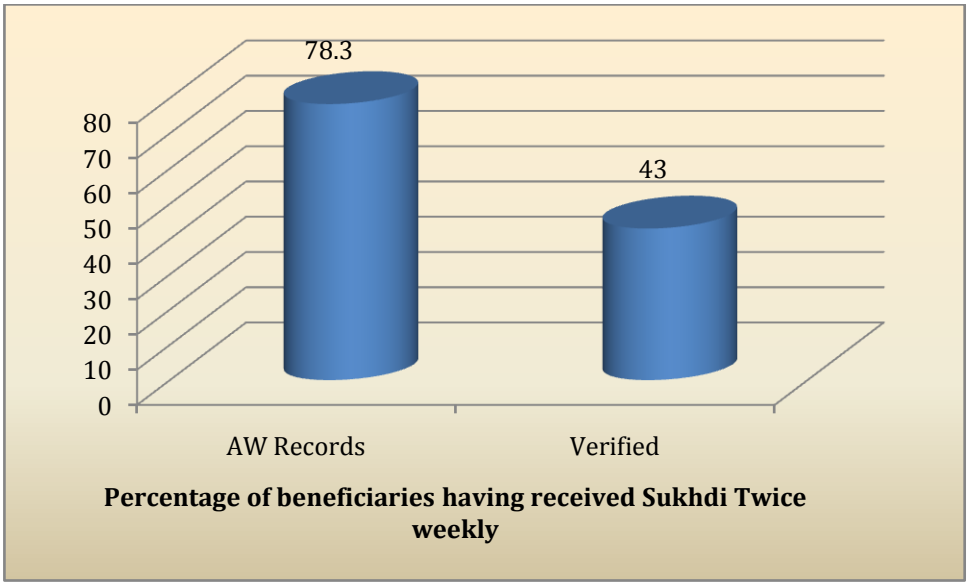
Seventy eight percent of the beneficiaries registered with the AWC received IFA supplementation. The VHND sessions have been regular and hence the beneficiaries have received IFA supplementation.In the urban area Anganwadi, due to irregular VHND sessions the beneficiaries have not received IFA Supplementation.

Immunization

All 30 pregnant women have received either one or two TT dose. All lactating women have received 2 TT doses when they were pregnant.

Supplementary Nutrition

Fig 13. Percentage of beneficiaries who have received Sukhdi twice in a week.



Not all the AWC had the record of Sukhdi given twice weekly to pregnant , lactating and adolescent girls. When validated with the beneficiaries, only 43 percent agreed to having received Sukhdi twice weekly.

Initailly there were premix packets available for the beneficiaries but later food grains were distributed for children, adolescent girls, pregnant and lactating women.

Referral Services

All the 60 pregnant and lactating women were referred to the district hospital or primary health centre for either check ups or other medical problems.

Table 3: Range of services that ICDS Seeks to provide and the actual number of beneficiaries who have received it against reported

Services	**Children 6 mon – 6 years** **(N -60)** **Percentage distribution**	**Pregnant and Lactating women (N = 60)** **Percentage**
Health checkups and treatment		68
Growth Monitoring	Monitored right from birth - 51.5 Monitored monthly - 58	
Immunization	57	60
Supplementary nutrition Micronutrient supplementation	(3 -6 years)Twice – 27 (6M -3Y) – 23.3	IFA – 68 Sukhdi twice weekly - 43
Referral services	18	100
Non formal pre school education	25	

DISCUSSION

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The Integrated Child Development Services (ICDS) Scheme is a globally recognized community based early child care programme which addresses health, nutrition and education needs of children less than 6 years, expectant, nursing mothers and adolescent girls across the life cycle in a holistic manner. It provides a range of services like supplementary nutrition, immunization, health checkups and treatment, nutrition and health education, referral services and preschool education.

The present study is to validate the services provided by the Anganwadi centre to its eligible beneficiaries. It is to find out the coverage deficit in service delivery and utilization of these services by the registered beneficiaries of Integrated Child Development services in three blocks of Amreli district. The Anganwadi worker plays a key role in the effective functioning of these centers but it has been observed that all the registered beneficiaries do not receive the services to be provided.

Counseling has been done for only 11.5 percent and 23 percent of the beneficiaries about breast feeding and complimentary feeding respectively out of the 6o beneficiaries (6 mon – 6 years) registered with the AWC. Counseling also takes place during Bal Divas and Vatsalya Divas but the celebration of these days are irregular. This finding shows that the AWW fails to understand the importance of counseling and giving information on the essential practices. Majority of the counseling was done by the ANM/FHW during VHND sessions. The patients who visited civil hospital for ANC were counseled by the Medical Officers. Only 40.4 percent beneficiaries (Pregnant and lactating women) have received NHE. The reason which came out was irregular VHND, also Matru Mandal meetings which are conducted 15th of every month have also been irregular.

Preschool education is one of the major concerns and 25 percent mothers stated their chidren did not receive pre school education Charts, boards, drawing books, colours and other materials of preschool kit was present at the AWC but barring a few AWC, none of the workers focused on using them to educate children. There was repetition of the songs and poetries taught to the children and they knew only a few songs. It was also an observation that only a few children participated in these activities and the worker could not engage all the children at the centre

Regular growth monitoring is not done at all the AWC. Even with regular weighing, growth monitoring is effective only if accompanied by communication for behavior change that results in improved growth of the malnourished child. Previous studies of ICDS have noted that this does not often occur, perhaps because many AWWs are not fully competent with respect to the interpretation of growth curves or because AWWs fail to effectively communicate the meaning of children‟s growth patterns to mothers.

Only 41 percent mothers were informed of their child‟s nutritional status. Out of which only 35 percent knew which category their child belonged in. It was also observed that children were weighed incorrectly and marked incorrectly on the growth chart. Some of the malnourished children were categorized as normal as per the growth chart. The

23

reason might have been the extra work she would have to do to get the child back to normal.

Only 18 percent mothers have been counseled about referral services by the AWW. The major reason for this was lack of knowlwdge of the AWW about the same. Through field visits it was observed that the workers did not possess knowledge about CMTC/NRC. Though they had referred almost all the pregnant and lactating women to the nearest PHC/District Hospital. Irregular VHND sessions was one of the main reasons of referral to the nearest hospital.

As far as SNP is concerned, only 27 percent mothers knew that their children were given food and twice daily and fruits twice weekly at the Anganwadi center. During visits it was observed that fruits were given but the fruits given were either grapes, chiku but it was not sufficient enough for the children present at the AWC. The worker attributed it to the low budget allocation for fruits from state government. It has also observed that the worker either did not open the AWC or prepared one time meal and sent the children back home.

Only 66 percent received demonstrative feeding. The registers for demonstrative feeding have not been maintained. The rest of the beneficiaries did not receive any food from the AWC. During visits it came to notice that AWW had no knowledge of the demonstrative feeding practices. They had been incomplete information on it. Even the workers who had knowledge of demonstrative feeding stated that beneficiaries would not come to the AWC to take the benefit of the scheme.

Micronutrient supplementation –IFA was distributed amongst 68 percent of the mothers but the rest who did not receive during Mamta sessions visited the district hospital or the nearest PHC for the same. Vit A Supplementation was complete for almost all the beneficiaries from 9 mon – 6 years.

Immunization was complete for all the pregnant women and children.

Sixty eight percent women have been checked by the ANM and 58 percent have completed two checkups during VHND. The rest have been checked either by a private clinician or at the district hospital.

The Anganwadi worker needs motivation that all the services are a part of her responsibilities and she should be able to execute the services effectively. But there is a discrepancy in expected versus the actual.

Conclusion

There is too little emphasis on M&E, in part due to a poor understanding of what it entails and its potential contribution to program effectiveness. The primary focus of the program management (both in central and state governments) seems to be on the timely release of allocations to the implementing agencies and the recording of expenditures, with very little emphasis on assessing the quality of service delivery and impact of the program. It is important for supervisors and CDPO to keep a check on the service delivery.The worker is burdened with a lot of registers and hence introducing MIS at the block level would reduce the burden of the worker to a great extent.

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- An evaluation report on ICDS Scheme in 4 districts of Jammu and Kashmir by the Planning Commission, Government of India, Population Research Centre, Department of Economics ,Univeristy of Kashmir, February 2009.

- Anganwadis for all, Action for Rights of Children under six, A primer, December 2007.

ANNEXURES:

QUESTIONNAIRE

Validation of data reported for service delivery

Interview Schedule

(For Beneficiaries – Pregnant and lactating women)
Location of the interview_____

Informed consent: I would like to thank you for giving your valuable time for this survey. My name is _____. I would like to talk to you about your experience regarding the ICDS scheme run by the department of women and child health. The interview should take about 15 minutes. The responses will be kept strictly confidential. We will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don"t have to talk about anything that you don"t want to and you can end the interview at any time.

Do you have any questions about what I just explained?
_____
_____
_____

Are you willing to participate in the interview?
(Yes/No)_____

Interviewee Signature: _____

SECTION A: DETAILS OF ANGANWADI CENTRE

TYPE OF RESIDENCE	RURAL	
	URBAN	
ANGANWADI CENTRE		
VILLAGE		
SERIAL NO		
DATE OF INTERVIEW		

Q. NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	AWW Records
1.	Name		
2.	How old are you? (Age in completed years)		
3.	Occupation (self)		
4	Age at Marriage		
5.	Number of Children		
6.	Number of Male children		
7.	Number of female children		
8.			

SECTION B: BACKGROUND CHARACTERISTICS

Q. NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		AW Records
1.	Have you enrolled yourself at the Anganwadi Centre	Yes No	1 2	
2.	Have you been counseled regarding measures taken during pregnancy?	Yes No	1 1	
3	Who has done the counseling ?	Anganwadi worker	1	
.		ASHA ANM Medical Officer Relatives	2 3 4 5	
4.	What instructions have been given by the AWW or ASHA worker			

5.	Have you been checked by the Medical Officer (If yes,skip to 7)	Yes No	1 2	
6	If not MO, then who did the check up	ANM FHW Other para med Pri. Clinician	1 2 3 4	
7.	Has blood tests been done	Yes No	1 2	
8	Has weight been checked	Yes No	1 2	
9.	Have you received IFA Tablets	Yes No	1 2	
10.	Have you received TT dose	Yes No	1 2	
11.	Have you received Sukhdi twice weekly	Yes No	1 2	
12.	Do you receive Premix ?	Yes No	1 2	
13	Do / Did you receive Supplementary nutrition during Anc	Yes No	1 2	
14	Did you receive attend the nutrition and health education sessions?	Yes No	1 2	
15.	When are NHE Sessions conducted?	Every 15 days Monthly Irregular	1 2 3	
16	Is Vatsalya Divas conducted	Yes No	1 2	

17.	What have you received during vatsalya divas			
18.	Were you referred to the district hospital/PHC	Yes No	1 2	
19.	Have you breast fed your child	Yes No	1 2	
20	What are the instructions given post pregnancy			
21.	When did you start breastfeeding	In the first hoour After 2 hours After 4 hours	1 2 3	
22	When do you start complementary feeding	Within 6 months After 6 months After 1 year	1 2 33	
23	Have you registered your child at the AWC	Yes No	1 2	

QUESTIONNAIRE

Validation of data reported for service delivery

Interview Schedule

(For Mothers of the beneficiaries age 6 mon -6 years)
Location of the interview_____

Informed consent: I would like to thank you for giving your valuable time for this survey. My name is _____. I would like to talk to you about your experience regarding the ICDS scheme run by the department of women and child health. The interview should take about 15 minutes. The responses will be kept strictly confidential. We will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don‟t have to talk about anything that you don‟t want to and you can end the interview at any time.

Do you have any questions about what I just explained?

_____
_____
_____

Are you willing to participate in the interview?
(Yes/No)_____

Interviewee Signature: _____

SECTION A: DETAILS OF ANGANWADI CENTRE

TYPE OF RESIDENCE	RURAL	
	URBAN	
ANGANWADI CENTRE		
VILLAGE		
SERIAL NO		
DATE OF INTERVIEW		

SECTION B: ANTHROPOMETRIC MEASUREMENTS OF CHILD

NAME OF THE CHILD**:**

_____

AGE (in months) **:**

_____

SEX (M/ F) **:**

_____

S.No.	ANTHROPOMETRIC MEASURES	Actual	Recorded by worker
1.	WEIGHT		
2	MUAC		

SECTION C: BACKGROUND CHARACTERISTICS

	Q. NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**AWC Records**
	1.	How old are you? (Age in completed years)		
	2.	Occupation (self)		
	3.	Number of Children		
.		Number of male child?		
		Number of female child?		

Q. NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**		**AWC Records**
1.	Did you breast feed your child	Yes	1	
	(If no , then skip to 5)	No	2	
2.	Who counseled regarding breast feeding ?	Anganwadi worker	1	
		ASHA	2	
		ANM	3	

		Medical Officer Relatives	4 5	
3.	Have you breast fed your child within one hour after delivery?	Yes No	1 2	
4.	For how long have you been feeding? (In months)			
5.	Have you been informed about complementary feeding?	Yes 1 No 2		
6.	When was complimentary feeding was started? (In Months)	Before 6 months 1 After 6 months 2 Between 6m – 1yr 3 Between 1 -2 yrs 4		
5.	What do you give your child for complimentary feeding?	Baby food Dairy products Daal ka paani Khichadi Mashed potatoes Green leafy vegetables Other vegetables	1 2 3 4 5 6 7	

		Fruits	8	
		Egg	9	
		Meat	10	
6.	Has your child been immunized as per schedule	Yes No	1 2	
6.	Did your child fall sick in the past one year	Yes No	1 2	
7.	Has your child suffered from diarrhoea	Yes No	1 2	
8.	Any other major illness or symptoms	Fever Cold and cough Pneumonia Others Not applicable	1 2 3 4 99	
9	Duration of illness	2-3 days One week One month Recurring Fever Not applicable	1 2 3 4 99	
10	Have you registered your child at the Anganwadi centre	Yes	1	
		No	2	
11	Do you take your child to the anganwadi centre	Yes	1	
		No	2	
12	Is there any preschool education/activities conducted for your child/children?	Yes 1		

		No 2		
13	Do you find the activities useful to the child? If yes, how?	Yes	1	
		No	2	
14.	Was your child‟s growth monitored right from birth?	Yes	1	
		No	2	
15.	(If the child is from 6 months - 3years) has his/her weight and height been monitored every month?	Yes	1	
		No	2	
16.	If the child is from 3 – 6 years has his/her weight been recorded every month ?	Yes	1	
		No	2	
17.	Have you been informed of your child‟s nutrition and growth status	Yes	1	
		No	2	
18.	Who has informed you of the health status of your child	AWW	1	
		ASHA	2	
		ANM	3	
		Medical Officer	4	

		Other staff	5	
19.	Have you seen the growth chart of your child?	Yes	1	
		No	2	
20.	Which category does your child belong to ?	SAM MAM Normal	1 2 3	
21	Does your child receive food twice everyday at the AWC	Yes No	1 2	
22	Does your child receive fruits twice in a week	Yes No	1 2	
23.	Have you been counseled for referral if the child is malnourished	Yes No	1 2	
24.	Does your child receive nidarshak bhojan ?	Yes	1	
		No	2	
25.	Does your child receive premix packets	Yes	1	
		No	2	
26.	Does your child receive third meal (If no , end the questionnaire)	Yes	1	
		No	2	
27.	Has your child been referred to CMTC/NRC	Yes No	1 2	
28.	Were nutrition supplements given	Yes	1	
		No	2	
30.	Was proper medical history of your child taken?	Yes	1	
		No	2	
31.	Were nutrition supplements given	Yes	1	

		No	2	
32.	Is counseling for diet and hygiene done	Yes	1	
		No	2	
33.	Is follow up done for your child every 15 days	Yes	1	
		No	2	