Internship
at
Integrated Child Development Services (ICDS)
Women and Child Department, Gujarat
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Submitted By

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TABLE OF CONTENTS

LIST OF FIGURES

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 (Nutrition) in ICDS Gujarat in the district of Navsari.

Objectives of Internship

(a) To understand the structure and operations of the organization.

(b) To learn various managerial and administrative skills needed to work in a government system.

(c) To identify existing gaps in human resource, service delivery quality, analysis and implementation of ICDS programmes in the District.

2.0 INTEGRATED CHILD DEVELOPMENT SERVICES

"Launched on 2nd October 1975, today, ICDS Scheme represents one of the world's largest and most unique programmes for early childhood development. 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, on the other."

Recognizing that early childhood development constitutes the foundation of human development, ICDS is designed to promote holistic development of children under six years, through the strengthened capacity of caregivers and communities and improved access to basic services, at the community level. ICDS program has a life cycle approach covering under 6 years children, pregnant women, lactating mothers and adolescent girls under the umbrella of service package. ICDS provides the convergent interface / platform between communities and other Government department such as primary healthcare, education, water and sanitation. The scheme is implemented through a network of Anganwadi Centers (AWCs) as per norm of one (1) center per 1000 persons. AWC has one Anganwadi Worker (AWW) and one Anganwadi Helper (AWH).

Women and Child Development Department is the nodal department for implementation of the Integrated Child Development Services (ICDS) scheme.

2.1 Objectives of Integrated Child Development Services (ICDS) Scheme:

The Integrated Child Development Services (ICDS) Scheme was launched with the following objectives:

1. To improve the nutritional and health status of children in the age-group 0-6 years;
2. To lay the foundation for proper psychological, physical and social development of the child;
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
5. To enhance the capability of the mother to look after the health and nutritional needs of the child through proper nutrition and health education.

2.2 Services provided under ICDS:

The above objectives are sought to be achieved through a package of services comprising:

1. **Supplementary Nutrition**
2. **Non-formal Pre-school Education**
3. **Nutrition Health Education**
4. **Immunization**
5. **Referral**
6. **Health Check-ups**

Table 1: Major Routine activities through Anganwadi centers

1	Family Survey
2	Registration of all
3	Weighing
4	Growth Monitoring
5	Growth Promotion
6	Supplementary Nutrition
7	Early Childhood Care and Education
8	Health Check-up
9	Referrals
10	Nutrition Health Education / Counselling
11	Immunization
12	Home visits
13	Micro-nutrient Supplementation

14	IYCF (Infant and Young Child Feeding Practices)
15	IMNCI (Integrated Management of Neonatal and Childhood Illness)
16	Bal Shaktim Kendra under Mission Balam Sukham
17	Mamta Diwas (VHND)
18	Annaprashan Diwas
19	Community - IEC - BCC activities
20	Activities for Adolescent Girls Dev. - SABLA, KSY, Mamta Taruni
21	Activities for Adolescent Pregnant / Lactating Mothers

2.3 ICDS IN GUJARAT:

Integrated Child Development Services (ICDS) scheme was launched in Gujarat in the year 1975 in Chhota Udepur Block of Vadodara District under the State Health Department. In 2003, Government of Gujarat has carved a separate department for women and child development. ICDS is spread in 336 blocks across 26 districts with 50853 AWCs in the state.

Gujarat is one of the rapidly urbanizing State of India with 42.6% urban population including approximately 30% urban poor of total urban population. As per Census2011, the State has 42 tribal taluka in 12 districts and 89,12,623 (14.7%) tribal population. Total state population of 6,03,83,628 includes 3,14,82,282 male and 2,89,01,346 female. Sex ratio of total population is 918, while sex ratio in 0-6yrs age group is 886. Total population of 0-6years children is 74,94,176 which is 12.4% of total population.

2.4 Thrust Areas

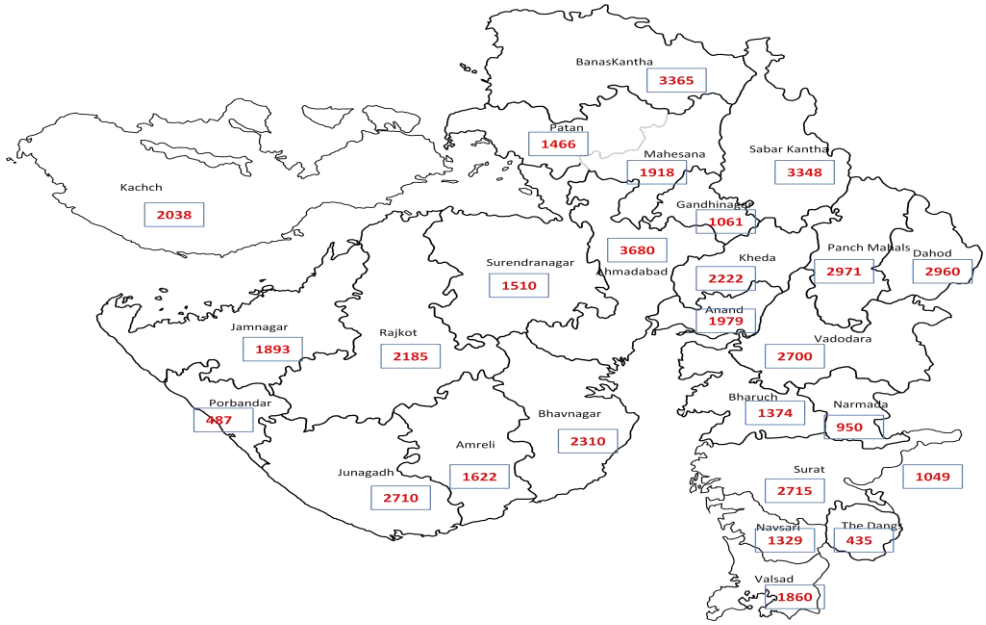
- First 1000 days of opportunity: Most under nutrition sets in the first two years of life. (life cycle approach) and Focus on Adolescent girls is important.
- Strategy for ten critical interventions which can reduce undernutrition.
- Communitisation of ICDS
- Capacity building efforts – Trainings
- A comprehensive IEC / BCC strategy for nutrition and health.
- Focus on Urban areas
- Convergence with various other line departments for improving with nutritional status
- Supplementary Nutritious Food to all the beneficiaries of AWCs
- Construction of AWCs

2.5 Distribution of AWCs

In Gujarat the scheme is implemented through a spatial network of total 52,137 Anganwadi Centres (AWCs). Detailed GIS mapping of AWCs and block and sector wise analysis of population, child population and AWCs as well as undernutrition prevalence rate shall be the base of future expansion of ICDS in the state. State shall undertake need assessment based planning of AWCs in Urban sector starting from Municipal corporations to smaller city in time to come andit shall form a base for future expansion of Urban ICDS .

In the last thirteen years the number of sanctioned Anganwadi centers has increased by 31%, while the percentage of functional AWCs has increased by 40.4 %. (Refer chart no. 1.3) The total sanctioned Anganwadi Centers as on March, 2013 are 52,137, out of which 50,853 are already functional and rest are in process of being operationalized. Also, out of the functional AWCs there are 1585 Mini AWCs and additional 36 mobile AWCs which are operational through the State for maximum coverage of remote areas.

Figure 1: Distribution of AWCs in Gujarat



2.6 BENEFICIARIES OF ICDS

Since inception of ICDS program beneficiaries groups included children below 6 years, pregnant women and lactating mothers of 0-6 months children. From year 2007 onwards, adolescent girls were added in the group of beneficiaries. In year 2012-13, the total number of beneficiaries covered are 62,60,823. The maximum number of beneficiaries is 6 months to 6 years children (4160761, 66.4 %) followed by adolescent girls (12,81,368 , 20.5%) and Pregnant and lactating mothers (818694, 13.1%).

2.7 Mission Balam Sukham (Gujarat State Nutrition Mission)

Gujarat is one of the few states in the country to focus on malnutrition issues in ***Mission mode***. Gujarat State Nutrition Mission named as ***"Mission Balam Sukham"*** Mission is the inter-sectoral convergent approach towards reduction of under-nutrition in the state where ICDS and Health are major partners.

2.7.1 Mission Goals

- Reducing the number of low birth weight babies (weighing less than 2.5 kg) to less than 10 %.
- Reducing the number of children (up to 59 months) who have undernutrition (moderate and severe – low weight for age as per Mamta Card – Mother and Child Protection Card) to less than 33 %.
- Reducing the number of anemic children (6 – 59 months) to less than 50 %.
- Reducing the number of anemic women (15 – 44 years) to less than 40 %.

2.7.2 Mission Objectives

- The purpose of the Nutrition Mission is to establish an umbrella for lead Government Departments, implementing or dealing with delivery of nutrition, health, water and sanitation services, to come together for prevention and reduction of malnutrition in children under five.
- Mission will provide an enabling mechanism for coordinated and integrated efforts by line departments to implement proven interventions to reduce malnutrition.
- Strengthen the existing services of Health and Nutrition by assisting the line departments to design and implement policy and operational reforms to reduce the incidence of malnutrition.

2.7.3 Strategies

1. To strengthen service delivery for pregnant and nursing women and adolescent girls
2. To build the capacities of the service providers of the lead
3. To reduce severe and moderate undernutrition in children below 5 years of age by improving

    a. Infant and Young Child Feeding (IYCF) practices
    b. Improving Micronutrient Nutrition Status

c. Addressing the undernutrition in children through complementary feeding in Anganwadis.
d. Management of Severe under nutrition cases at VCNC, CMTC and NRC.
e. Addressing the nutritional deficiencies of adolescent girls and all pregnant and nursing women

4. To provide a clean and hygienic environment and quality health care services to all sections of the society especially the vulnerable groups.
5. To educate people about nutrition elated issues and healthy food habits through a community based approach

2.7.4 Implementation of Activities:

Three tier management of Malnutrition is planned under Mission Balam Sukham.

1) **Bal Sanjivani Kendra (Nutrition Rehabilitation Center – NRC)** at District Hospital (DH) / Medical college Hospital. Managing referred cases of SAM and SUW

2) **Bal Sewa Kendra (Child Malnutrition Treatment Center – CMTC)** at CHC. Management of SUW, MUW with infection, loss of apetite, oedema

3) **Bal Shaktim Kendra (Village Child Nutrition Center - VCNC)** is the village level center at AWC-.Management of SUW, SAM , MUW with SAM

2.8 ICDS SCHEMES and PROGRAMS

2.8.1 Family survey and Registration

Annual family survey is done by the AWW for her area in the month of January and family health survey information is recorded in the family register. This survey forms a base for registration of children, ANC, PNC mothers and Adolescent girls for the package of Anganwadi center based services. In Gujarat, while conducting the family survey, with an aim to link the Anganwadi center data with the e-Mamta database (being maintained in the Health Dept.). FHW / ASHA forms has been modified to capture the AWC code as well so that the collected by health can be later categorized as per Anganwadi wise. Based on the survey done, Anganwadi worker enrolls the eligible beneficiaries in her Anganwadi center.

2.8.2 Growth Monitoring and Growth Promotion

Monthly growth monitoring of children is done at AWC by AWW. *'Weight for age'* is plotted on the individual new WHO growth chart and recorded in respective Mamta Card as well. Child is classified as Normal (green), MUW (Yellow) or SUW (Red) following plotting the weight on growth chart. This information is used to identify child in need of higher Calorie & protein supplementation due to SUW (Severely Underweight) and accordingly interventions are provided.

2.8.3 Supplementary Nutrition Program

Supplementary feeding and Micronutrients prophylaxis is provided to all children of 6 months to six years, pregnant and lactating mothers and adolescent girls. They are provided with supplementary feeding support for at least 300 days in a year. As mandated by MWCD-GoI guidelines (2009), Government of Gujarat is providing various types of supplementary nutritious food at the anganwadi centers for 3 -6 years children as well as Take Home Ration (THR) to all eligible beneficiaries. These recipes aim to provide the Recommended Dietary Allowances (RDA) gap of the respective category of the beneficiaries and improve their nutritional status.

2.8.4 Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – (SABLA)

The Ministry of Women and Child Development Department, Government of India's has announced the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA) on 30-9-2010. Since then it is being piloted in 9 GoI selected districts of Gujarat which are: *Banaskantha, Dahod, Kutch, Panchmahal, Narmada, Ahmedabad, Jamnagar, Junagadh, Navsari*.

In addition to nutrition support, the adolescent girls belonging to the age group of 11 to 18 year of 9 districts of 134 blocks receive training like home skill, life skills and vocational skills. For provision of vocational trainings in convergence with Labour and Employment Department; through Kaushal Vardhan Kendra (KVK) - 50 no. and Industrial Training Institute (ITI) centers – 50 no., in total 11,911 adolescent girls have been trained in various vocational trades across the 9 districts. .

2.8.5 Kishori Shakti Yojana

In the year 2000, the MWCD, GoI, launched a scheme called Kishori Shakti Yojana (KSY) - a 100 % centrally sponsored scheme, is being implemented using the infrastructure of the ICDS. Currently operational in 17 districts of Gujarat (all non-SABLA districts), 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. In total 4,52,763 adolescent girls have received nutrition support and 3,32,302 have received IFA under KSY (March, 2013).

2.8.6 Mamta Taruni

MAMTA Taruni, a Gujarat State initiative, is a DWCD-RCH convergent service package for out of school adolescent girls 10-19 years. On the day of Mamta Diwas (VHND), services for MAMTA Taruni are provided between 3-5 pm at the respective AWCs. Gujarat initiated a scheme for Adolescent girls – 'Mamta Taruni' from April 2010, before initiation of SABLA. A comprehensive module named "Hum Tum" has been prepared for counseling

and group education programs for adolescent girls. Currently Mamta Taruni is operational in all 26 districts of Gujarat. Out of the 32,93,528 enrolled adolescent girls under Mamta Taruni, in total 24,39,917 numbers of out of school adolescent girls and additionally 7,34,068 school going adolescent girls have received IFA (Iron Folic Acid) tablets.

2.8.7 Infant and Young Child Feeding (IYCF) practices

A correct Infant and Young Child Feeding practice is a key area to improve child survival and promote healthy growth and development. The first two years of a child's life are particularly important, as optimal nutrition during this period will lead to reduced morbidity and mortality, to reduced risk of chronic diseases and to overall better development. In fact, optimal breastfeeding and complementary feeding practices are so critical that they can save the lives of 1.5 million children (under five) every year. WHO and UNICEF recommendations for optimal infant and young child feeding are:

- Early initiation of breastfeeding within one hour of birth;
- Exclusive breastfeeding for the first six months of life; and
- Introduction of nutritionally adequate and safe complementary foods at six months together with continued breastfeeding up to two years and beyond.

For strengthening of advocacy for IYCF practices at the field, Masters trainers trainings, district trainers trainings have been completed and block level trainings are in progress.

In total by March, 2013; a total of 1808 ICDS staff members were trained for IYCF and new WHO growth standards.

2.8.8 Mamta Diwas (Village Health and Nutrition Day) :

Village Health and Nutrition day in Gujarat is named as MAMTA Diwas, which is a convergent activity of Health and ICDS. A joint Government Resolution and action plan was drafted by the two departments. MAMTA Diwas is organized on a **fixed day** (on selected Wednesday for the AWC), **fixed site** (at AWC / SC / PHC/ other Govt. premises), monthly once for approximate 1000 population. MAMTA Diwas team includes ANM, AWW, AWH, ASHA/LW and jointly supervised by health and ICDS supervisors. MAMTA Diwas is a health and nutrition service outreach and beneficiaries are <6 years, children, ante-natal (pregnant) mothers, breastfeeding – lactating mothers. The Mamta diwas services include registration, weighing, and rapid health assessment as per protocol, immunization and micronutrient supplementation, treatment of minor ailments, counseling, referral, supply of need based drugs, medicines and Mamta Card supplies and record maintaining of the services delivered to each beneficiary. Through mobile health units clinics in remote, tribal, and peri-urban areas also Mamta Diwas are organized and services are delivered.

2.8.9 Bal Shaktim Kendra (Village Child Nutrition Center) :

Under ***Mission Balam Sukham*** (Gujarat State Nutrition Mission), Bal Shaktim Kendra is located and operational at AWC as a first level care center for SAM (severely acute

malnourished), SUW (severely underweight) children without complications (infection, loss of appetite, oedema).

2.8.10 Indira Gandhi Matratav Sahyog Yojna (IGMSY)

With reference to letter No. 9-5/2010-IGMSY Dated. 8-11-2010 from Ministry of Women and Child Development of Government of India, Indira Gandhi Matrutav Sahyog Yojna (IGMSY), conditional maternity cash benefit scheme (C.M.B) is being piloted in two districts (Bharuch and Patan) of Gujarat. Under this scheme cash benefit of Rs. 4,000 is paid in 3 installments to Pregnant, Lactating Mothers for improving their health and nutrition. For covering mothers under this scheme AWW and AWH receives incentive of Rs. 200/- and Rs. 100 /- respectively per mother / beneficiary.

2.9 State Office Structure: Organogram

Figure 2: Staff at each level under ICDS Mission.

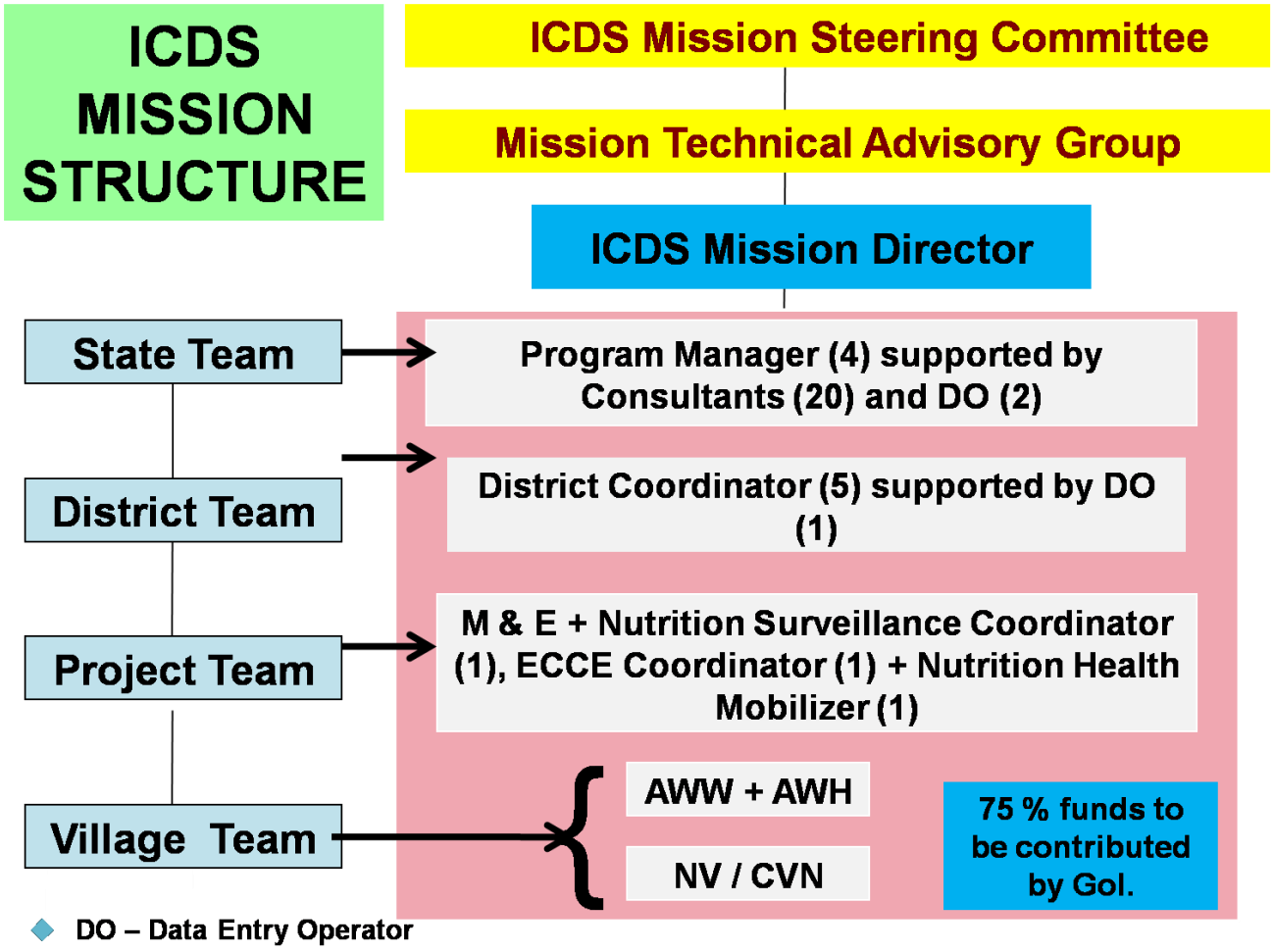
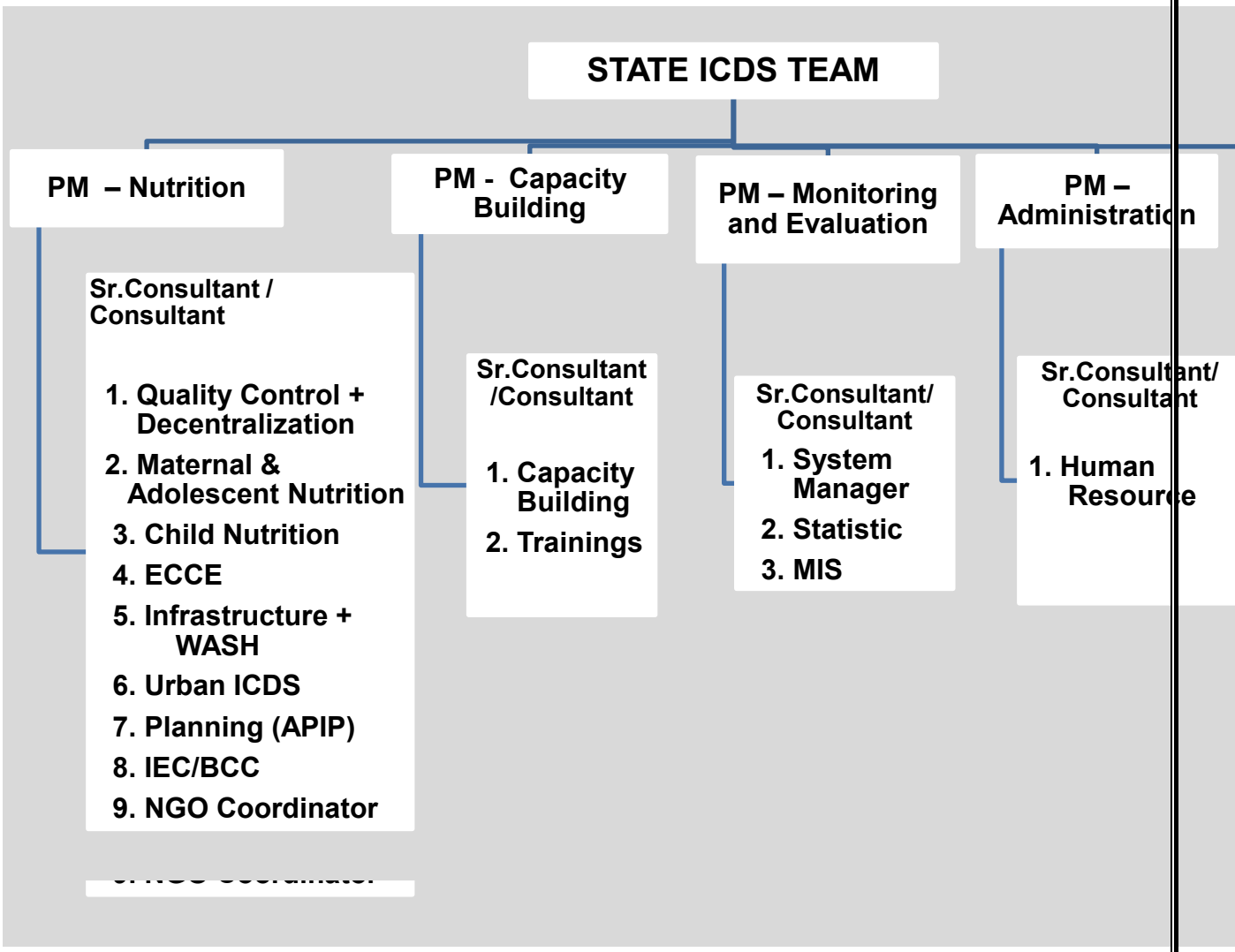
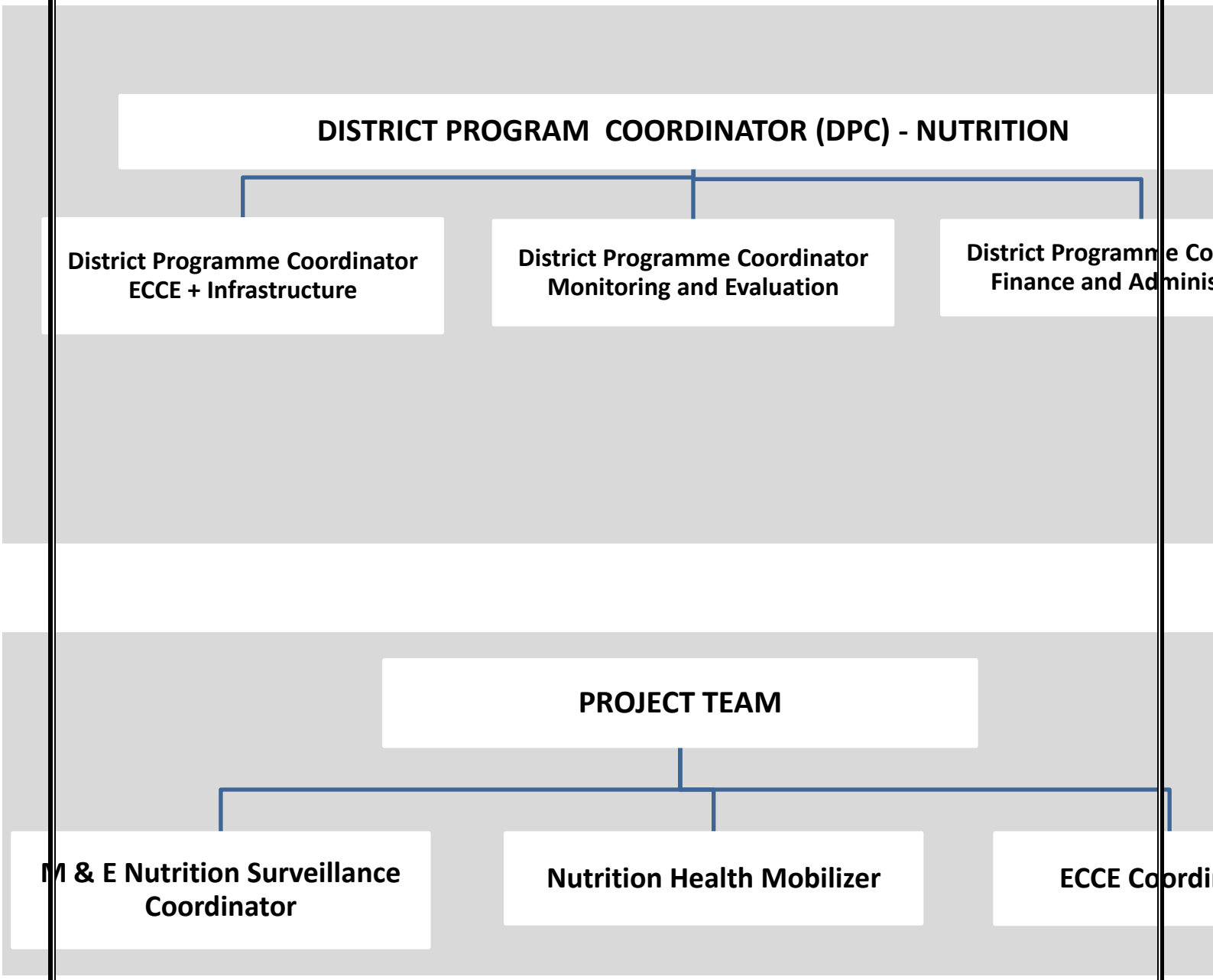


Figure 3:

Organogram of State, District, Project and Block Team under ICDS MISSION




DISTRICT PROGRAM COORDINATOR (DPC) - NUTRITION
District Programme Coordinator ECCE + Infrastructure
District Programme Coordinator Monitoring and Evaluation
District Programme Co Finance and Adminis
PROJECT TEAM
M & E Nutrition Surveillance Coordinator
Nutrition Health Mobilizer
ECCE Coordi

2.10 MONITORING AND EVALUATION

Effective monitoring and evaluation system within ICDS is one of the key components for ensuring efficient delivery of ICDS services upto the beneficiaries. Records and registers maintained at each level of responsibility enable ICDS staff at that level to assess their own performance, identify services areas that need improvement and report on their progress.

The periodical reports serve the purpose of generation of vital statistics at the Block, District, State and the National level. They also become a tool for the review of the implementation of the programme and generation of feedback from each level to the level below it.

2.10.1 Responsibility Centers in ICDS MIS:

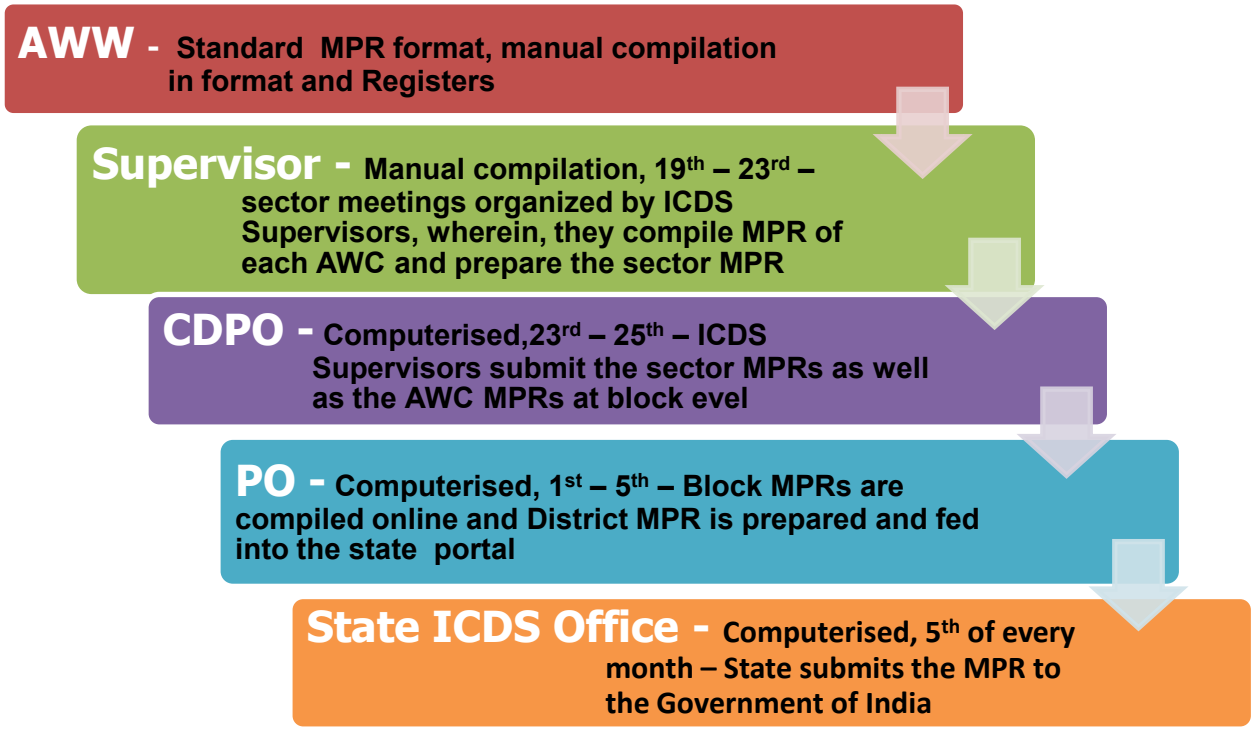
a. **The Anganwadi:** Anganwadi Centre is the focal point of delivery of services under the ICDS Scheme. Therefore, all the data pertaining to the services and the beneficiaries has to be captured at this level. This data capturing is done by the anganwadi worker through maintenance of several registers which are updated periodically. From these registers the anganwadi worker generates information in the form of reports and transmits them to the next higher level. All other levels consolidate this data and process/analyze it and may add some more data pertaining to each level.
b. **The Project/Block Level:** A Project is under the supervision of a Child Development Project Officer (CDPO)/ ACDPO. The CDPO consolidates the reports received from the Anganwadis, adds on some information of the activities/details of the Block and transmits the Block report to the District level. Besides, he/ She is supposed to analyze the reports of the Anganwadis and provide constructive feedback to the Supervisors and the Anganwadi Workers. The financial data is mainly generated at this level.
c. **The District Level:** The role of the District level is similar to the role of the CDPO in so far as the managing information is concerned, except for the fact that the District Programme Officer consolidates the information received from the blocks, analyses it and sends a consolidated report to the State Govt. and a feedback to the CDPOs
d. **The State Level:** The State Project Monitoring Unit has to consolidate and analyses the information received from the Districts, and sends a consolidated report to the Central Project Monitoring Unit (Govt. of India) and a feedback to the Districts.
e. **The National Level:** The Central Project Monitoring Unit is the repository of the entire data pertaining to ICDS. It consolidates the data received from the States/UTs, analyses it and sends a feedback to all the States/UTs. The data is also analysed to generate information for decision making and guidance to the States.

Records and registers to be maintained at the Anganwadi Centers:

1. Anganwadi Survey Register.
2. Supplementary Nutrition and Pre-School Education Register.
3. Immunization Register
4. Services for Pregnant and Lactating Mothers registers
5. Mortality register
6. Daily diary.

2.10.2 Periodical reports to be sent by the Anganwadi Worker: The data gathered in the Registers has to be summarized and periodically sent to the CDPO/ ACDPO incharge of the ICDS Project, through the Supervisor. It is the duty of the Supervisor to ensure that all the Registers are maintained properly and accurately. She should help the Anganwadi worker in maintenance of the Records. The information from the Anganwadi has to be sent to the CDPO/ACDPO once a month (Monthly Progress Report). Besides, an Annual Progress Report (APR) also has to be sent by the Anganwadi Worker.

Figure 4: Existing MIS System is as below



However, it has been recently revised as per the GoI Revised MIS guidelines which encompasses data collection cycle from 1st to 1st of the next month.

3.0 Observations of Field Visits during the Internship

I have visited 100 anganwadis during the period of 4 months and attended 10 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.

4.0 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.