Assessing the Factors Influencing Enrollment of Beneficiaries in Integrated Child Development Services (ICDS)

Internship Training
at
ICDS Gujarat

By
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Under the guidance of
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr Tonmoy Dutta, 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, Junagadh, Gujarat from 3rd February 2014, to 30th April 2014

The Candidate has successfully carried out the study designated to him(Factors influencing the enrollment of beneficiaries in ICDS – Children 0-6 Yrs.) during dissertation and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. Ashok Kaushik
Dean, Academics and Student Affairs
IHMR, Jaipur`

Dr. P. R. Sodani
Professor & Dean (Training)
IHMR, Jaipur

The Certificate is awarded to

Dr. Tonmoy Dutta

In recognition of having successfully completed his Internship at

ICDS Gujarat

and has successfully completed his Project on

Assessing the factors influencing Enrollment of beneficiaries in Integrated Child Development Services (ICDS)

He comes across as a Committed, Sincere & Diligent person who has a strong drive & zeal for learning

We wish her all the best for future endeavours

Jasumatiben Chavda
District Program officer
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Date: 19/May/2014

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled 'Factors influencing the enrolment of beneficiaries in ICDS (Children 0-6 yrs)' in Junagadh district, Gujarat' and submitted by Dr. Tonmoy Dutta. Enrolment No. IIHMR/PGDHM/2012-14/17-1394. Under the supervision of Dr. Prahlad R. Sodani for award of Postgraduate Diploma in Health and Hospital Management of the Institute carried out during the period from 3rd February 2014 to 30th April 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.

Tonmoy Dutta

Signature

Acknowledgement

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Tonmoy Dutta

(PGDHM-17)

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Abbreviation

AG's	Adolescent Girls
AWC	Anganwadi Centres
ANM	Auxiliary Nurse & Midwifery
ANC	Ante-Natal Check-up
CDPO	Children Development Project Officer
DWCD	Department of Women and Child Development
ECE	Early Childhood Education
EBF	Exclusive Breast Feeding
ICDS	Integrated Child Development Services
IEC	Information, Education & Communication
IFA	Iron & folic acid
GM	Growth Monitoring
MCH	Maternal and Child Health
NFHS	National Family Health Survey
NM	Nursing Mothers
PHC	Primary Health Centre
PNC	Post- Natal Care
PSE	Pre-School Education
SES	Socio-economic Status
SF	Supplementary Food
UIP	Universal Immunization Programme
WHO	World Health Organization

Dissertation Report

Assessing the factors influencing enrollment of beneficiaries in Integrated Child Development Services (ICDS) in Junagadh district.

Executive Summary

This study evaluated the factors influencing non-enrollment of children in ICDS AWCs run by ICDS Gujarat in Junagadh District. 24 AWCs situated in Veraval 2 and Sutrapada were covered. Total 100 non-enrolled children aged 0 to 6 years residing in ICDS area were selected for the study and information was gathered from their mothers.

The present study has observed that there are socio-cultural, behavioural barriers like taboos, female-literacy, literacy of the decision maker of the decision maker of the family, occupation of the woman, socio-economic status, and type of the family and gender of the child are affecting the utilization of ICDS services.

Majority of the respondents children (74%) belong to the age group 3-5 year, and 24% belong to the 1-3 Year age group. 69% of the respondents children have 1-3 siblings and 31% have 4-6 siblings. 96% of the children have less than 4 Birth order and 4% have birth order more than 4. Household occupation of majority of respondents were labour work (67%) and 27% respondents had occupation of farming. Type of the household of the majority of respondents were Pucca house (73%) and 25% respondents reside in semikuccha house. The present study revealed that majority (57%) of mothers were Muslim and 57% mothers belong to Veraval 2. Among them, 64.9% belonged to Joint family and 9.1% belong to nuclear family.

The present study revealed that majority of the respondents (79%) were aware about the supplementary nutrition provided at the Anganwadi centre and 37% respondents were aware about the Immunization services of the Anganwadi. On the other hand, Awareness about the Preschool Education & Early childhood Education is low of 5% among the respondents.

About 55% of children below 6 years were Non enrolled at the Anganwadi centre due to poor physical infrastructure and 54% non enrollment was due to increased distance to the Anganwadi centre. 30% non enrollment was due to overlapping of Anganwadi timing with primary school, as 29% of the respondents felt that teaching in English medium private school would enhance more their child knowledge compare to Anganwadi Preschool and Early Childhood Education.

Besides that the basic & majority of the qualification of Anganwadi worker of the Junagadh district were not more than 9^{th} Class passed as majority of them are widowed. So, the quality of Preschool education & Early Childhood Education at the Anganwadi Centre is low compare to English Medium Primary school.

Last but not the least, that the Anganwadi Preschool Education is provided free of cost at the Anganwadi centre and free service is not valued much compared to paid service. So, Diversion towards the English medium primary school was also among the reason for non enrollment at Anganwadi Centre of ICDS.

Adequate funds should be allotted to improve the physical infrastructure of AWCs and provide them with basic facilities. Training for the staff should emphasize the value of their work, impart skills to mobilize community support, and also sensitize them about the Right to Participation of children in AWCs. Government should emphasize and strongly enforce the convergence of services to children through different departments. The focus of ICDS should shift to providing quality PSE as the main task, with nutrition and health services playing roles similar to the Mid Day Meals Scheme in schools.

Introduction

Children are our most precious resources and are the citizens of tomorrow, so nurturing our children is an investment. Hence, we should ensure a brilliant future for our children. ICDS in India is worlds unique and largest integrated early childhood program with over 12.4 lakhs centers nationwide. It was launched on 2nd October 1975, on the 106th birth anniversary of Mahatma Gandhi 'The Father of our Nation'. ICDS is the symbol of India's commitment to her children. It provides an opportunity for the holistic development of children from vulnerable backgrounds.

The average Indian child has a poor start to life i.e. infant & under 5 morality rates of Indian children are 49% and 65% respectively and are higher than the developing country average. One in four new born is under weight. Only one in three is exclusively breast fed. One in two children less than five years of age suffers from moderate or severe malnutrition. One in three children does not get a full course of immunization. 44% of India's people live on less than Rs50 per day. Less than 30% have access to adequate sanitation facilities. The major factor is the countries high Maternal Morality Ratio of 540 deaths per one lakhs lives birth. The ICDS programme covers over 4.8 million expectant and nursing mothers and over 23 million children under six age.

Globally, more than 10 million children, of under five years of age, are living in poor countries and every minute 20 children die mostly from preventable causes. India alone accounts for almost 5,000 deaths of under-five years children (U5) every day. In 1975, the Integrated Child Development Scheme (ICDS) was launched in the country to provide integrated health and nutrition services focusing upon the holistic development of children at the village level.

India's neonatal morality, which accounts for almost 50 per cent of the U5 deaths, is one of the highest in the world. India launched the Universal Immunization Programme (UIP) in 1985. Yet full immunization in India had reached only 43.5 per cent of children by 2005-06, as per the NFHS 3.

Immunization is one of the most cost-effective interventions for preventing a series of major childhood illness, particularly in environments where children are undernourished and may die from vaccine-preventable diseases. Immunization has been one of the priority programmes since independence in 1947. To achieve the goal of protecting the target population and reduce the incidence of diseases, it is necessary to generate demand and also to make potent and effective vaccine and immunization services available and accessible.

As there is an important role of the mothers in child development, Pregnant and nursing/lactating mothers were also included in the ICDS coverage. ICDS offers a package of services which includes health check-ups, supplementary nutrition, pre-school education, etc.

The decline in child malnutrition has been very slow over the last 15 years from 51.1 per cent in 1992-93 (NFHSI) to 45.9 per cent in 2005-06 (NFHS-III).

This slow decline is in spite of ICDS Scheme which has been functional since 1975 and rapid economic growth post-1990.The ICDS services have been expanded tremendously over its 30 years of operation to cover almost all development blocks in India and offers a wide range of health, nutrition and education services to children, women and adolescent girls. However, while the program is intended to target the needs of the poorest and the most undernourished, as well as the age groups that represent a significant "window of opportunity" for nutrition investments (i.e. Children under three, pregnant and lactating women), there is a mismatch between the program's intentions and its actual implementation.

The Department of Women and Child Development's (DWCD) emphasis on a "life-cycle approach" means that malnutrition is fought through interventions targeted at unmarried adolescent girls, pregnant women, mothers and children aged 0 to 6 years.

Although ICDS coverage is fairly high; Women with one or more children born in the 6 years before the survey when asked about benefits received from an AWC for their young children and benefits they themselves received during pregnancy and while breastfeeding, it was observed that only 28% of children under age 6 years received any service from an AWC in the last year. The services received by these children are also not satisfactory. Children receiving any service consisted of 33% Only 26% and 23% beneficiaries received the services of supplementary feeding and preschool education respectively.

- The coverage of health component of the services like immunization, health check up and referral is dismal only 20%, 18% and 16% respectively.
- The coverage of the other beneficiaries' viz. Pregnant and lactating women is further lower. As much as 78% of pregnant mother and 83% of the lactating mother did not receive any services from the AWC.

Of those who received some services only 21% of the pregnant women and 17% of the lactating women received supplementary food and Health check up was received by 12% & 9% respectively. Nutrition education was received by 11% of Pregnant and lactating mothers who received any services (NFHS3).

The 2011 Global Hunger Index (GHI) Report ranked India 15th, amongst leading countries with hunger situation. It also places India amongst the three countries where the GHI between 1996 and 2011 went up from 22.9 to 23.7, while 78 out of the 81 developing countries studied, including Pakistan, Nepal, Bangladesh, Veitnam, Kenya, Nigeria, Myanmar, Uganda, Zimbabwe and Malawi, succeeded in improving hunger condition.

"Malnutrition kills 5 million children every year..... One child every 6 seconds.

While breastfeeding is nearly universal in India, less than half of children (46%) are fed only breast milk for the first 6 months. Exclusive breastfeeding is slightly higher among the non-educated mothers and in rural areas. Work conditions and access to breast milk substitutes may impact the feeding pattern among urban and better educated mothers.

Only 23.4% of children are breastfed within one hour of birth and the prevalence is significantly lower among the non-educated mothers and in rural areas. However, there has been an overall improvement from 9.5% in 1992-93 to 16% in 1998-99.

Around 32 million children in India in the 0-6 year age group do not have access to basic education and healthcare services, says a report called "Status of Children in India 2008.

About 164 million children in India are in the 0-6 year age group, of whom about 60 million are in the age group of 3-6 years. "Over six million of these children are slum dwellers, where basic services seldom reach," the report says.

"34 million children in the 3-6 year age group are covered by pre-schooling initiatives either under ICDS or private initiatives, excluding about 26 million children from any intervention. Uncovered and unreached children are found in both rural and urban areas." The high incidence of premature births, low birth weight and neonatal and infant morality can be attributed to poor nutritional conditions of the mothers.

The majority of women still do not get proper nutrition and health care during their pregnancy. In some areas, 60-75 per cent of pregnant women receive no antenatal care at all. More than 85 per cent of women in rural areas and 95 per cent in the remote areas give birth at home. Only 42 per cent of women in the country have access to safe delivery facilities.

In India, ICDS Universalized with 12.95 Lakhs Anganwadi, benefitting 959.22 Lakhs Children Benefits around 47 Lakhs Adolescent Girls, around 53,000 Pregnant and Lactating Women Benefitted by IGMSY ICPS Covers 1 Lakhs Children in 23 States and 438 Districts.

India is one of the fastest growing countries in terms of population and economics, and having a population of 1,139.96 million (2009) and growing at 10-14% annually (from 2001-2007). India's Gross Domestic Product growth was 9.0% from 2007 to 2008; since Independence in 1947, its economic status has been classified as a low-income country with majority of the population at or below the poverty line.

National Sample Survey Organization (NSSO) 66th Round and the Annual Reports of National Nutrition Monitoring Bureau (NNMB) both show a decline in the consumption of calories over the past 2 decades. NSSO data shows that the average daily intake of calories dropped by 133 kcal (6.2%) from 2153 kcal to 2020 kcal in rural areas and by 125 kcal (6%) from 2071 to 1946 kcal in urban areas between 1993-94 to 2009-10 and NNMB data shows that between 1991-1992 and 2005-2006 the average daily intake of calories declined from 139kcal/day to 1834kcal/day (a fall of 305kcal/day or 14% of the 1991-1992 total)

Today child malnutrition is prevalent in 7 percent of children under the age of 5 in China and 28 percent in sub-Saharan African compared to a prevalence of 43 percent in India. Experts also claimed that children are not at all being benefited by the Integrated Child Development Services (ICDS) scheme when it is supposed to provide one-third of their total nutritional requirement. "ICDS gives a dry soya and wheat mixture which the children cannot eat. The children need to be given tender, tasty and fresh food. It is alarming that every second child in India is starving," said Dr Veena Shatrugna, former deputy director, NIN.

ICDS has been instrumental in improving the health of mothers and children under age 6 by providing health and nutrition education, health services, supplementary food, and pre-school education. The ICDS national development program is one of the largest in the world. It reaches more than 34 million children aged 0-6 Years and 7 million pregnant and lactating mothers.

Three in four children in India are anemic and one in three are stunted, found the National Family Health Survey-III, the largest ever health survey done simultaneously in 29 states. During 2005 and 2006, With 21 Percent stunted children, Kerala has the best child nutrition Indices. The worst is Uttar Pradesh, where 46 percent children are underdeveloped, both physically and mentally, because they do not get quality food to eat. These statistics are shocking but not new. All three National Family Health Surveys between 1992 and 2006 have consistently shown that the nutritional status of children in India is abysmal.

The program has, over the years, undergone transformation in content, scope and coverage of target groups, and now aims at universalization. By 2009-10, more than 7000 projects and 1.4 million Anganwadi centers have been approved by the government, of which 6719 projects and 1.37 million AWCs were operational by December 2010. The number of beneficiaries- both children and women- nearly doubled between 2003-04 and 2008-09 (Child beneficiaries increased from 377 million to 725 million).

Food Security Bill and the ICDS scheme would reap the benefits to its intended users provided there is proper implementation of those schemes from top to bottom. It has been more than 35 years since this unique

programme of early childhood development, ICDS, was launched by the government, still, India would probably top the list of all the web searches for ‘malnutrition in developing countries’. It is about time to tackle this problem before joining the league of developed nations.

The decline in India’s poverty rates compares well against the more lauded performance of china. Over the period 1981-2005, China’s poverty rates declined from 40 percent to 29 percent, while India’s rates declined from 60 percent to 42 percent (both represent about a 30 percent proportionate decline). India needs a national nutrition strategy. Successful implementation needs civil society to play its part, helping shape and deliver the strategy and promoting greater transparency and accountability in the flight against under nutrition.

There is urgent need to reform and strengthen the delivery of ICDS. Despite the considerable expansion and additional investments made after 2005 (and following the supreme court orders for ensuring ICDS universalization with quality), progress has been slow and uneven. At the first meeting of the Prime Minister’s National Council on India’s Nutrition Challenges held in November 2010, the Prime Minister noted that “the levels of under-nutrition continue to remain unacceptably high and the rates of reduction in under nutrition over time disappointingly low; this is simply unacceptable. The focus of ICDS on children under 3, pregnant and breastfeeding mothers is relatively weak and there is therefore a need to take a hard look at the ICDS to improve the programme.

Review of Literature

The National Family Health Survey (NFHS-3) 2005-06 revealed that ICDS utilization (NFHS-3) has only 28% of children under age 6 yrs received any service from an Anganwadi centre, 33% children got services from an Anganwadi centre and 26% - Supplementary food: pre-school education 23%: 20% - immunization coverage: 18% - Growth Monitoring: 16% - Health Checkups. Woman's who used ICDS Pregnant woman with no services has 78%, Supplementary food with 21%, Health Check up with 12%, Health/Nutrition education with 11%. Nursing woman with No services has 83%, Supplementary food has 17%, Health Check up has 9%, Health/Nutrition Education has 8%.[1]

A study on the Integrated Child Development Services (ICDS) project chiri, Haryana in 1995: revealed 62% of the women were currently utilizing in the ICDS programme. 23.7% had never used ICDS services. The most frequented services were supplementary nutrition (97.3%), tetanus toxoid prophylaxis (89.3%), and iron and folic acid prophylaxis (87.1%). 62.8% of the women participating in the supplementary nutrition program took the food home to share with family members. The major reasons for never using ICDS services were: could not spare time (53.5%) and working outside the household for long hours (50%) . 15% were never approached by an Anganwadi worker and were therefore not aware of ICDS services or the workers did not have an encouraging attitude. Other possible contributing factors to under- or non-utilization were high illiteracy (61%) and unawareness of ICDS services among heads of households (94.9%).[2]

A study revealed Mother's reaction in terms of their awareness, perception, attitude and acceptance of the ICDS services Rohtak, Haryana in 1985. Children Aged 3-6 Years: 63.5% was from age group of 25-35 years and 79% were illiterate, distribution of supplementary food was considered useful by all the respondents. Majority of mothers immunized their children 94%, Health check up of children was 87.5%, only 12.5% opinioned that check up should be done to supervise growth. 91% of the mothers knew that weight was recorded regularly. Antenatal Services: 24.5% felt the necessity of regular check up was to know the place of delivery, while other 90% wanted to know the well being of the baby.[3]

A study on "Nutritional status of ICDS and Non-ICDS children" Jammu City, Jammu & Kashmir in 2005 revealed that: Median age of mothers was 27 years in both the groups, educational status in Group I was primary schooling were as Group II was illiterate: type of family in Group I was nuclear and in Group 2 was joint family. Group I: 93% had enrolled their children in age group of 1-3 years to AWC, all the mothers knew about the supplementary food provided in the AWC, 73% mothers knew the nutritional status of their children by the AWW, all AWW did regular growth monitoring for the children, 87% mothers told that their children

received supplementary food from the AWC. 67% of mothers had positive attitude regarding AWC and observed some changes in their children after enrolling in AWC.[4]

The study done on “Eliminating Childhood Malnutrition Discussions with Mothers and Anganwadi workers” in 2008 was a Triangulated Formative Research, Anji, Wardha district, Maharashtra. Revealed that: first reason was poor co-operation from the villagers and the parents, irregular and poor heath check up activities. The second reason followed that mothers failed to follow medical and dietary advice as they remained busy in their seasonal agricultural works. The third and fourth reasons were poverty and poor sanitation. The major mothers issue was related to poor quality of supplementary food.[5]

A cross sectional study on the “Evaluation of Integrated Child Development Services (ICDS)” in 2005, at 4 blocks in Haryana. The results of the study was : 64.4% were children of 3-6 years, 35.6% were pregnant & lactating women, there were no adolescent beneficiaries from the sampled districts. 8.1% members of household received health education, 4.76% availed referral services, and 83% of the families received supplementary nutrition (SN), 77% told that the SN was good, in Gurgoan beneficiaries told that quality of the SF was poor. Maximum awareness on immunization was found in Fatehbad and Gurgaon. The delivery of the benefiaries was 933.63% attended by the ANM or trained dai 36.8% told that AWW provides medicines during pregnancy.[6]

The study revealed the functioning of Anganwadi Centres under ICDS scheme in 2001. Jorhat district in Assam. Formal sessions on Nutrition & Health Education (NHE) were conducted in 26.67% of AWC, 6.67% of the AWC conducted it every 6 months, 13.33% of AWC’s conducted NHE for every year. 77.33% expressed dissatisfaction for the irregularity of the NHE programs. 65.33% told that teaching was not satisfactory in the AWC. 100% of beneficiaries were aware of the health services provided by the AWC, 60% were satisfied with the services. 60% of the AWW told that health check up was carried out for children and the women at least once in 3 months. 26.67% beneficiaries were aware of the referral services and 17.33% were satisfied with the services. All the children were weighed in the AWC, but only 46.67% were interpreted on the growth trends. All the beneficiaries were aware of the SF provide by the AWW, but none of them were satisfied with the poor quality, irregular supply of the SF, insufficient quantity of the food. 100% beneficiaries were aware of the PSE component, but only 26.67% were satisfied with the PSE imparted from the AWW.[7]

A “Community based Monitoring system” in 2007, Dehradun, Uttarkand. The results showed that: Respondents were satisfied with the distribution of the supplementary nutrition. The community was hardly aware of the fact

that enrolment of the name of the pregnant women was done to the AWW, to get supplementary food. Almost 33% of villages, pregnant women did not register their name to the AWW. Beneficiaries were reportedly getting IFA tablets but consumption pattern of IFA was seen to be a major bottleneck. There was no awareness regarding T.T vaccination in adolescent girls in one village of Chamba block. In 40% of villages, Colostrums were not being fed. Only 50% of the children were exclusively breastfed for 6 months.[8]

The study by the "Welfare services for women and children" in chittoor district in 2003, revealed that 50% of the beneficiaries were housewives and illiterate. All were satisfied with the immunization services. 34.4% expressed dissatisfaction towards health check up and referral cervices. 100% children got immunization.[9]

A study on "Evaluation of ICDS – Himachal Pradesh" in Himachal Pradesh in four districts: Kinnaur, Kullu, Solan and Una in 2005. Children (6 months – 3 Years) constituted for 35.53%, Children 3-6 years constituted for 30.92%, children below 6 months were 8.33%, lactating mothers and pregnant females were 25%. 68% of the beneficiaries mentioned that the quality of the supplementary food was good, 31% told it was satisfactory.32% beneficiaries were advised for health check up and nutrition, all pregnant women were provided with IFA tablets. 40% of the respondents said that health check up was organized monthly once. Solan was the best served district for the health check up.[10]

To assess Pre-School Education (PSE): 147 rural, 144 tribal and 164 urban children were observed (455 children). PSE activities were found to be better in tribal areas, the rote memory in counting was found to be : 47.62%, 41.67% and 49.39% for rural, tribal and urban sample. For counting up to five objects, tribal children performed better (54.94%), followed by urban (55.60%) and rural sample (55.10%).[11]

It was found that 40% respondents were not availing any kind of child care services (formal institutional services) and they were simply staying at home. Nearly half of the respondents (47.3%) believed that the purpose of existence of the AWC was to look after the children. Majority of the respondents were of the opinion that supplementary nutrition was provided in the AWC for the growth (47.3%) and nutritional development (32.7%) of children. Respondents were quite aware of the provision of supplementary nutrition, but not aware of the special care given to malnourished children under the supplementary nutrition programme (SNP).On an average 40% of the respondents mentioned that they were not fully aware that ECE contributes to the child's holistic development.[12]

In Kazhakuttom ICDS project 78% of the children were in normal category in terms of current weight status, which varied from 56% in the case of Grade C AWCs to 93% for Grade D. Comparing the weights of children at the time of enrolment and current weights, Grade D AWCs had shown remarkable improvement. The Grade A AWCs showed no change in terms of percentage of children in normal, Grade 1 and Grade 2, when comparing the current weight and weight of children at the time of enrolment to Anganwadi pre-schools. In terms of weight at enrolment and current weight, Grade D had shown the best nutritional status and progress. It was found that Grade A AWC of Amboori panchayat, which is a tribal area, had 96.7% enrollment of children from Below Poverty Line (BPL) families. This was completely a BPL area and was also highly inaccessible because of which there were no private schools.[13]

A study revealed the factors influencing the non-enrollment of children in the ICDS Anganwadi centres at Chennai in 2007. The study interpreted the results: the purpose of the AWC was known by the 47.3% mothers, 32.7% knew regarding the supplementary nutrition given at AWC, but were unaware regarding special care given to malnourished children. 40% were not aware regarding the Early Childhood Education (E.C.E), 17.3% enrolled their children to the AWC after the approach of the AWW or the helper. Only 11.3% felt that ICDS offered good quality services to the beneficiaries. 50.7% of the mothers mentioned that the AWW in their habitation was not friendly. 100% mothers told that PSE should be given in their mother tongue which is good for the child but overwhelming majority 91.3% told that teaching in English would be better for the child future. 25.3% mothers did not send their children to the AWC was the reason of the AWW's attitude.[14]

The study "Impact, Assessment and Evaluation of ICDS programme in Bhubaneswar, Orissa" in 2006. Revealed that supplementary nutrition was considered adequate by 96% mothers of the beneficiaries. 92% of the mothers mentioned that the quality of the food was good. Over 26.32% received complete immunization of children (9-12 Months), about 73% of the children had received health services from AWW. 99% mothers of beneficiaries were sending their children for preschool education. Among them females were 53% and males were 47%, it was found that out of 10 lactating mothers 8 did not receive any IFA tablets from AWW. 93% of the pregnant women had received at least 1 ANC, but 22% pregnant women received supplementary food. And 90% pregnant women received IFA tablet from the AWW. Place of delivery was home that is in 58% and 39% in the hospital. Type of birth Attendant: Traditional Birth Attendant: Traditional Birth Attendant (T.B.A)-22%, ANM-7%, PHC-34%. 88% said that there was no Balika Mandal Yojana in their village. About 92% of the AWW did growth monitoring correctly. 12% of the mothers told that there was irregular supply of the food and 12% told that even medicines given at AWC was irregular.[15]

Rationale for the Study

When eligible beneficiaries are not enrolled under ICDS, they are deprived of services which are their due right. Several evaluation studies have been done earlier to study the functioning, placement, impact and effectiveness of the ICDS programme, but there have been few or no studies which analysed the factors for non-enrolment of beneficiaries in the ICDS Anganwadi centres. This study was conducted to evaluate the factors influencing enrolment process of beneficiaries in AWCs functioning under the Junagadh district of Gujarat.

Research Question

What are the factors influencing enrollment of beneficiaries (Children from 0-6 Years of age) at the Anganwadi center?

Objective

The study aimed to:
1. Assess the profile of non-enrolled children, drop-outs and their families.
2. Assess the knowledge and awareness level among the community about the ICDS programme.
3. Assess the various factors that influence the non-enrollment of children.
4. Recommend strategies for better enrollment in ICDS.

Methodology

Area of Study:

The study was conducted in Junagadh district of Gujarat for four months (February to May). Two Blocks were selected based on the criteria of low performing in Enrollment based on the physical reporting from the District. The data was collected by visiting 24 Anganwadi centres of Veraval 2 and Sutrapada blocks of Junagadh and their homes of Beneficiaries. The beneficiaries included mothers of the children (0-6 Years).

Primary data was collected from the field through self administered questionnaires and in depth interviews. The questionnaire included questions regarding the Community awareness about the services provided by ICDS. The questionnaire also focused on understanding the factors that lead to the Non Enrollment of Children (0-6 Years) at the Anganwadi Centre.

Type of Study:

Descriptive cross sectional study was carried out as the primary goal of the study was to assess the knowledge and awareness level among the community about the ICDS programme and the various factors that influence the non-enrollment of children (0-6 Years).

Sampling Procedure:

Random sampling of non enrolled Children in the 2 blocks of the Junagadh district will be conducted for the study. The sample for the present study comprises of 100 non enrolled children aged 0 years to 6 years residing in ICDS area were selected for the study and information was gathered from their mothers belonging to 2 blocks of the Junagadh district in Gujarat.

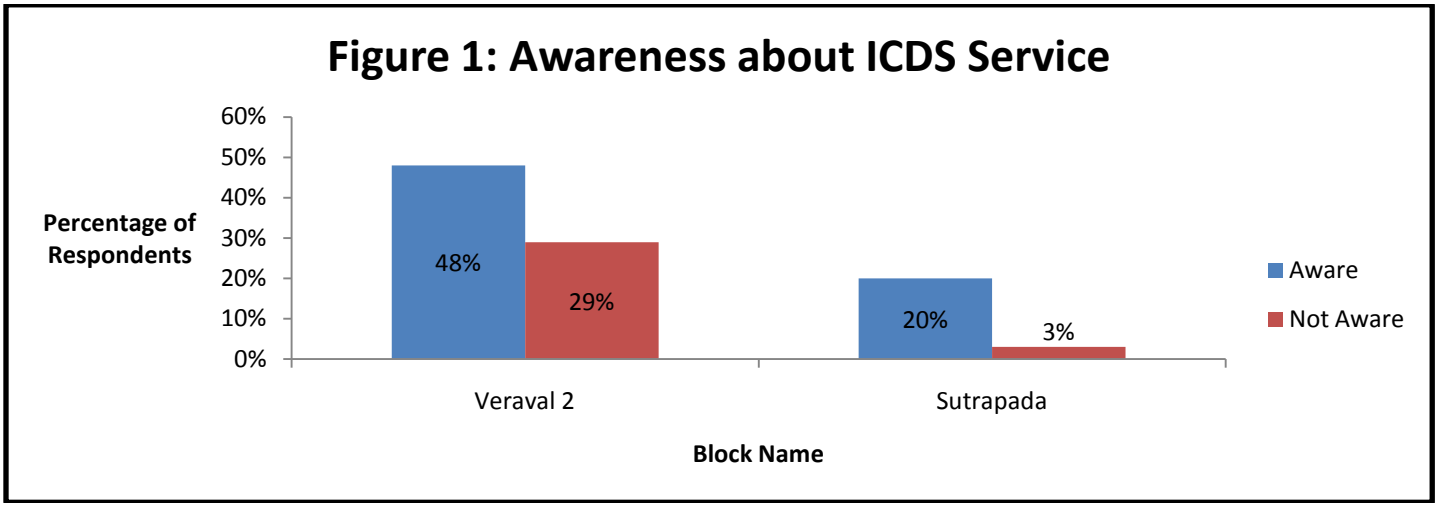
All the non enrolled children belonging to the 2 blocks of Junagadh District (Veraval 2 & Sutrapada) were purposively selected from MPR of the Junagadh district due to their high non enrollment rates. 100 non enrolled children were then selected by lottery method. Then these 100 non enrolled children were then interviewed 20 children per week for 5 weeks. The questionnaire comprises of 3 sections, 1st section was related to the demographic profile and socio economic indicators. 2nd section was related to the awareness about the ICDS among the religion and 3rd section comprises of the factors influencing non enrollment of ICDS beneficiaries. These questionnaire was explained to the beneficiaries in Guajarati and the data was then collected. Then these data were analyzed in SPSS. The Questionnaires has been attached in annexure.

Results and Discussion

In this section of the report, we compile some of the results from the analyzed data and discuss about the same. These results showed that demographic and socio economic indicators of the non enrolled children, services available at the ICDS, awareness about the ICDS services among the religion, behavior of the Anganwadi worker and the factors influencing Non enrollment of ICDS beneficiaries (Children 0-6 Years).

Table No 1: Demographic & Socio-Economic Indicators				
		Veraval 2	Sutrapada	Total
Age	<1 Year	0%	0%	0%
	1 Year - 3 Year	22%	2%	24%
	3 Year - 5 Year	53%	21%	74%
Class Passed	No school	62%	14%	76%
	LKG	4%	6%	10%
	KG	6%	3%	9%
	HKG	3%	0%	3%
	1st STD	1%	0%	1%
	Tuition	1%	0%	1%
Religion	Hindu	20%	23%	43%
	Muslim	57%	0%	57%
Number of Siblings	1-3 Siblings	52%	17%	69%
	4-6 Siblings	25%	6%	31%
Birth Order	<=4	75%	21%	96%
	>4	2%	2%	4%
Household Occupation	Farmer	10%	17%	27%
	Labour Work	64%	3%	67%
	Others	3%	3%	6%
Family Types	Joint	64%	15%	79%
	Nuclear	13%	8%	21%
Family Size	<=4 Members	8%	5%	13%
	>4 Members	69%	18%	87%
Type of Household	Kuccha	2%	0%	2%
	Semikuccha	18%	7%	25%
	Pucca	57%	16%	73%

According to Table No 1, 74% of the respondents belong to 3-5 Year age group. 57% of the respondents belong to the muslim religion and mostly from the veraval 2 block. Majority of the children (69%) have 1-3 siblings. 96% of the children have the birth order of more than 4. 67% of the respondents have the household occupation of Labor work. Almost 79% have the joint family and 73% have the pucca household



According to Figure 1, Majority of the respondents are aware about the ICDS service with 48% & 20% in veraval 2 & sutrapada block and 29% & 3% respondents told that they are not aware about the ICDS services in respective block.

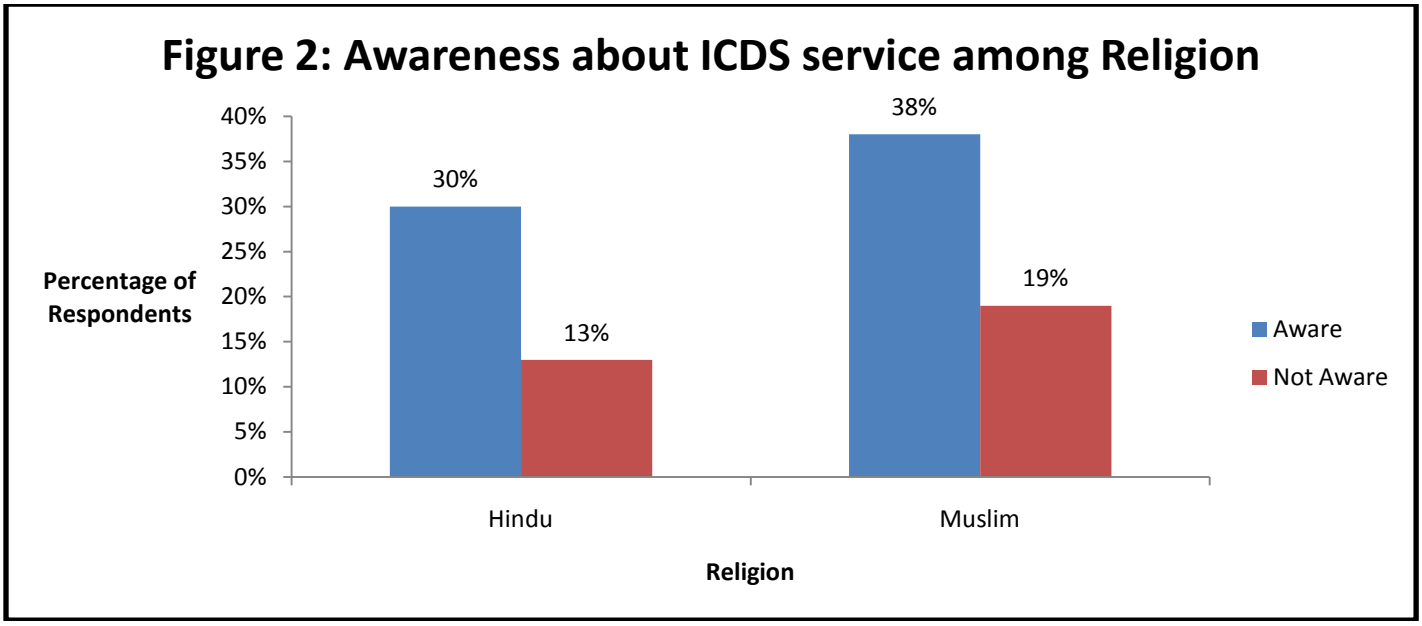
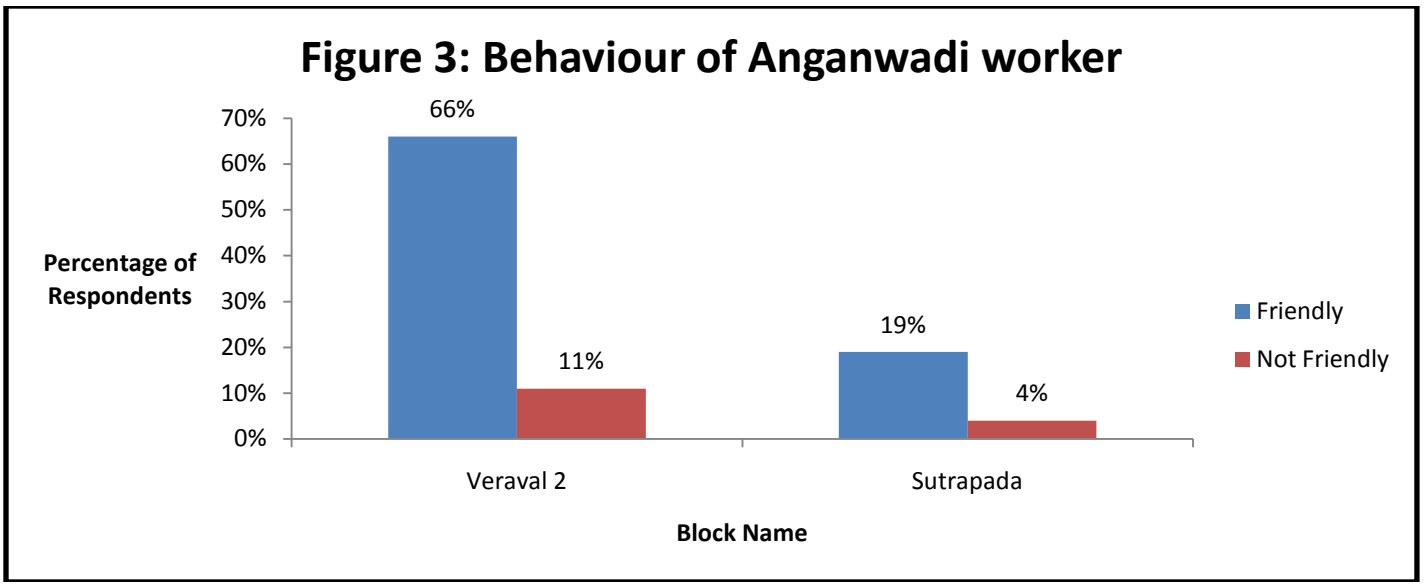


Figure 2 shows that Most of the mothers of children 0-6 years belonged to Hindu and Muslim with 30% & 38% respectively aware about the ICDS service.



According to Figure 3, Among 100 respondents, most of them (66% & 19% in Veraval 2 & Sutrapada) told that the behavior of the AWW was friendly with them, 11% & 4% in Veraval 2 & Sutrapada told it was unfriendly.

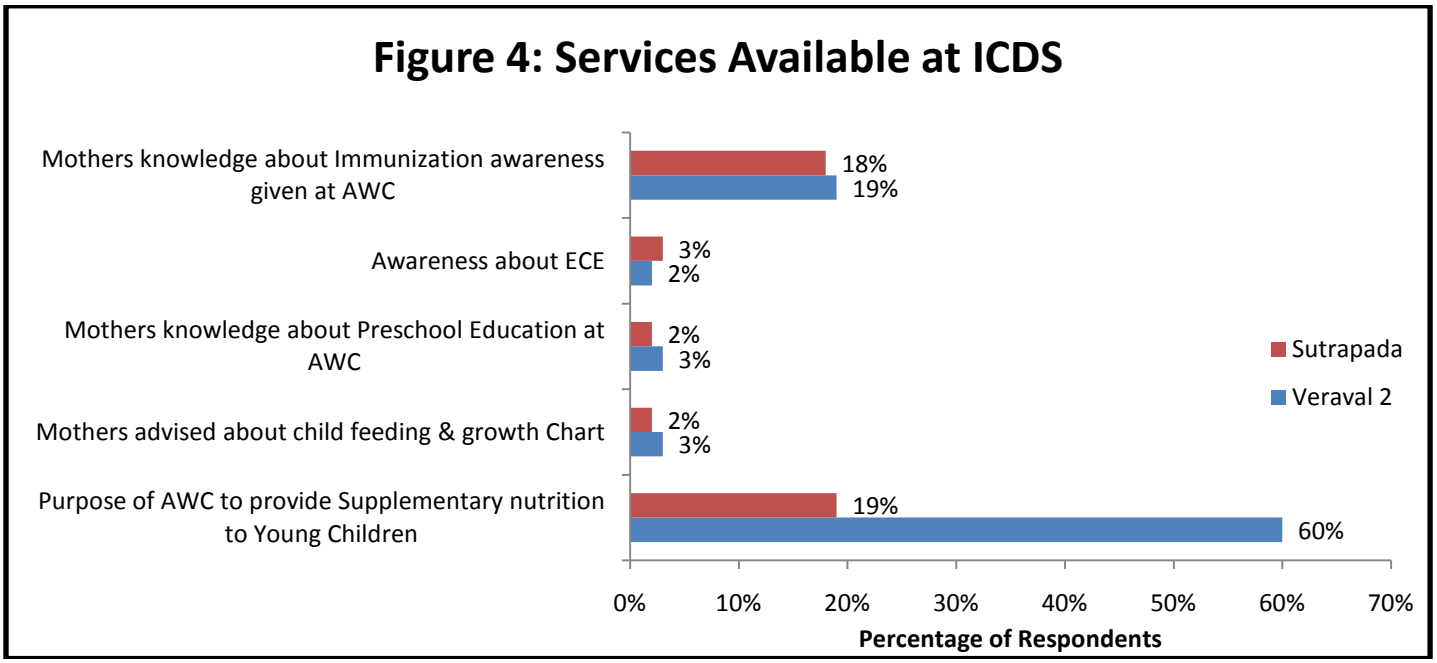


Figure 4 shows that Most of the mothers were aware regarding supplementary nutrition/food provided at AWC at Veraval 2 & Sutrapada block with 60% & 19%. But awareness about the Preschool Education, ECE and Child feeding & growth chart was low about 2-3% in veraval 2 & Sutrapada block. Out of 100 mothers, 19% & 18% of them knew regarding advice on immunization given by the AWW.

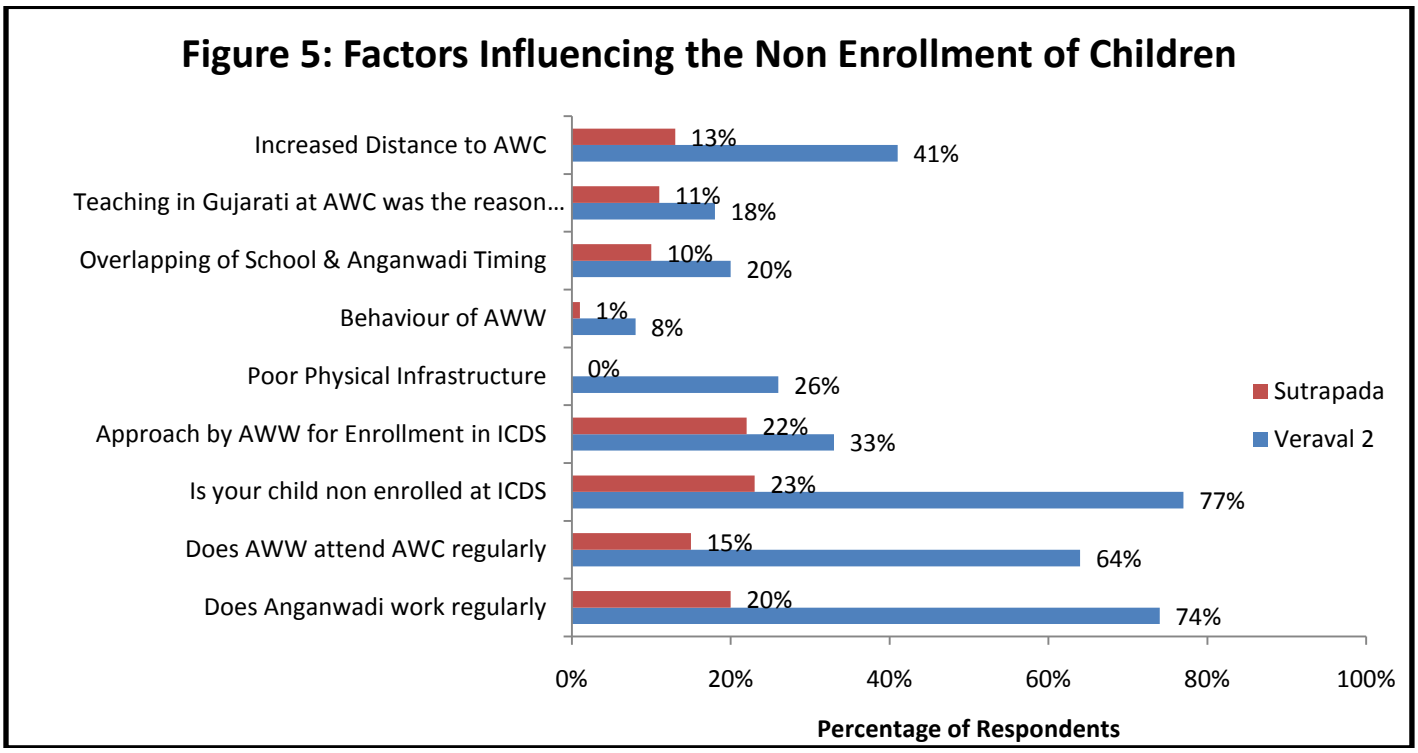


Figure 5 Shows that, Among 100 respondents, 74% & 20% in veraval 2 & sutrapada told that the Anganwadi work regularly in respective blocks. 64% & 15% respondents said that the Anganwadi worker attend Anganwadi centre regularly in respective block. Almost all the respondents were non enrolled in respective blocks. 33% & 22% respondents said that they were approached by Anganwadi worker for enrollment in ICDS in respective blocks of veraval 2 & sutrapada block. Poor physical infrastructure was the major reason for non enrollment in Veraval 2 block with 26%. 85% respondents in veraval 2 and 1% in sutrapada said that the behavior of Anganwadi worker was the reason for non enrollment at Anganwadi centre. 20% & 10% respondents in veraval 2 & sutrapada said that the overlapping of school & Anganwadi timing was responsible for non enrollment. Teaching in Gujarati was the reason for children (0-6 Years) non enrollment in veraval 2 & sutrapada block with 18% & 11% respectively. Increased distance to Anganwadi centre was responsible for non enrollment with 41% & 13% in veraval 2 & sutrapada block.

Association between Demographic Variable, Services available at ICDS & Factors influencing Non enrollment in ICDS.

1. Association between Religion and Enrollment of children in Anganwadi centre.

Religion						
Non Enrollment in AWC	Hindu		Muslim		Total	
	Number	%	Number	%	Number	%
Veraval 2	20	26%	57	74%	77	100%
Sutrapada	23	23%	0	0%	23	100%
Total	43		57		100	

Out of 100 non enrolled children of 0-6 Years, 20 & 23 were Hindu in Veraval 2 & Sutrapada block and 57 were Muslim in Veraval 2 block.

2. Association between Household occupation and Supplementary food.

Household occupation								
Supplementary Food	Farmer		Labour Work		Others		Total	
	Number	%	Number	%	Number	%	Number	%
Veraval 2	4	5.20%	15	19.50%	2	2.60%	21	27.30%
Sutrapada	16	70%	3	13%	3	13%	22	95.70%
Total	20		18		5		43	

Out of 43 respondents, 20 were farmer, 18 were laborer and 5 had other service work like driver, teacher and TV repairing were aware about supplementary food.

3. Association between Family Type and Enrollment of children.

Family Type						
Non Enrollment in AWC	Joint		Nuclear		Total	
	Number	%	Number	%	Number	%
Veraval 2	64	83.10%	13	16.90%	77	100%
Sutrapada	15	65.20%	8	34.80%	23	100%
Total	79		21		100	

Out of 100 non enrolled children, 79 respondents family were Joint family and 21 respondent family were nuclear family.

4. Association between Family Type and Supplementary food.

Family Type						
Supplementary food	Joint		Nuclear		Total	
	Number	%	Number	%	Number	%
Veraval 2	16	20.80%	5	6.50%	21	27.30%
Sutrapada	14	60.90%	8	34.80%	22	95.70%
Total	30		13		43	

Out of 43 respondent family, 30 were Joint family and 13 were nuclear family in Veraval 2 and Sutrapada block, aware about the supplementary food.

5. Association between the Household Occupation and Immunization status.

Household occupation								
Immunization	Farmer		Labour Work		Others		Total	
	Number	%	Number	%	Number	%	Number	%
Veraval 2	7	9.10%	9	11.70%	3	13.00%	19	24.70%
Sutrapada	15	65.20%	0	0%	3	13%	18	78.30%
Total	22		9		6		37	

Out of 37 respondents, 22 farmer family, 9 Labourer & 6 other service were aware about immunization service available at ICDS.

6. Association between Preschool Education and Household occupation

Household occupation								
Pre School Education	Farmer		Labour Work		Others		Total	
	Number	%	Number	%	Number	%	Number	%
Veraval 2	1	1.30%	0	0.00%	2	8.60%	3	3.90%
Sutrapada	0	0.00%	0	0%	2	8.60%	2	8.70%
Total	1		0		4		5	

Out of 5 respondents, 1 farmer and 4 respondents from other services were aware about the pre school education services at Anganwadi centre.

Conclusion

Although ICDS services in India have been created, strengthened and expanded over the years, their output in terms of function and utilization particularly in rural areas is still limited.

The present study has observed that there are socio-cultural, behavioral barriers like taboos, female-literacy, literacy of the decision maker of the decision maker of the family, occupation of the woman, socio-economic status, and type of the family and gender of the child are affecting the utilization of ICDS services.

About 55% of children below 6 years were Non enrolled at the Anganwadi centre due to poor physical infrastructure and 54% non enrollment was due to increased distance to the Anganwadi centre. 30% non enrollment was due to overlapping of Anganwadi timing with primary school, as 29% of the respondents felt that teaching in English medium private school would enhance more their child knowledge compare to Anganwadi Preschool and Early Childhood Education.

Besides that the basic & majority of the qualification of Anganwadi worker of the Junagadh district were not more than 9^{th} Class passed as majority of them are widowed. So, the quality of Preschool education & Early Childhood Education at the Anganwadi Centre is low compare to English Medium Primary school.

Last but not the least, that the Anganwadi Preschool Education is provided free of cost at the Anganwadi centre and free service is not valued much compared to paid service. So, Diversion towards the English medium primary school was also among the reason for non enrollment at Anganwadi Centre of ICDS.

Adequate funds should be allotted to improve the physical infrastructure of AWCs and provide them with basic facilities. Training for the staff should emphasize the value of their work, impart skills to mobilize community support, and also sensitize them about the Right to Participation of children in AWCs. Government should emphasize and strongly enforce the convergence of services to children through different departments. The focus of ICDS should shift to providing quality PSE as the main task, with nutrition and health services playing roles similar to the Mid Day Meals Scheme in schools.

So, in conclusion a comprehensive approach to improve the utilization of ICDS services in the study area is needed.

Recommendations

Based on the findings of the present study, the following recommendations are being suggested for the improvement of health of children below 6 years, pregnant women, nursing mothers and adolescent-girls by utilizing available ICDS services in that area.

- Information, Education & Communication (I.E.C) activities needs to be strengthened keeping in mind regarding the socio-cultural context in order to bring behavioral change among the rural communities towards ICDS services provided by the Government. This should be supported with the availability of the services like: improved quality of the supplementary food, rhyme-books for children below 6 years and health educations materials for the beneficiaries.
- To create awareness in the community regarding the services available at the AWC and utilization of services by the beneficiaries.
- There is a need to involve both parents by devising special IEC program for them to drag attention of their vital role in parenting. As there is a need for creating awareness regarding the importance of husband wife communication which plays a significant role in utilization of ICDS services for the beneficiaries.
- Health staff and AWW should motivate the beneficiaries to register their name in the AWC.

Thus, integrated approaches are needed to improve health of women and children.

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Annexure

Assessing the factors influencing enrollment of beneficiaries in Integrated Child Development Services

Interview Schedule
(For Community)

Informed Consent: We would like to thank you for taking the time to meet us. We would like to talk to you about your knowledge regarding ICDS services. The interview should take about 20 minutes. The responses will be kept confidential. This means that the interview responses will be shared only with the research team and 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.

Instruction for filling the Questionnaire

1. Please fill in the following questionnaire on the basis of your knowledge.
2. The Questionnaire contains different type of questions viz.:
   (a) Some questions require specific information.
   (b) Some questions are of Yes/No category, where only one option can be selected
      - Yes
      - No
3. Extra space provided for answering subjective questions.

Do you have any questions about what I just explained?

Are you willing to participate in the interview?

Interviewee Signature

	Coding Characteristics	Codes
District		
Block		
Name of Anganwadi Centre		
Location of Anganwadi Centre	1.Center of Village 2.Periphery of Village 3.Distant tola/Hamlet	
Anganwadi run by	1 State Government 2 Panchayat 3 NGO 4 Others (Mention Name)	
Date of Establishment of Anganwadi Centre	☐☐ ☐☐ ☐☐☐☐	

Total Population		
Total Families		
Children Population (0-6 Years)		
Household Number		
Date of Interview	☐☐ ☐☐ ☐☐☐☐	

Section A: Demographic & Socio-economic Indicators			
Q. NO.	**QUESTIONS**	**Coding Characteristics**	**Codes**
A1	Name of the Beneficiaries		
A2	Age		
A3	Class Passed		
A4	Caste		
A5	Religion		
A6	Number of siblings		
A7	Birth Order		
A8	Household occupation		
A9	Family Type	1 Joint 2 Nuclear	
A10	Family Size	1 <=4 members 2 >=4 members	
A11	Type of Household	1 Kuccha 2 Semikuccha 3 Pucca	

Section B: Knowledge and awareness level among the community about the ICDS programme			
Q. NO.	**QUESTIONS**	**CODING CATEGORIES**	**Codes**
B1	Whether you were aware about the ICDS services?	1Yes 2 No	
B2	Whether ICDS services are beneficial?	1Yes 2 No	
B3	Do you know the purpose of AWC was to provide Supplementary nutrition to young children?	1Yes 2 No	
B4	How is the Quality & Quantity of the supplementary food provided at the Anganwadi Centre?	1Acceptable 2 Not Acceptable	
B5	Do you know that the Growth Monitoring & Health Check up services are available at AWC?	1Yes 2 No	
B6	Do you know that the Pre School Education is given at the Anganwadi Centre?	1Yes 2 No	
B7	Whether mothers are aware about ECE contributed to the child holistic development?	1Yes 2 No	

B8	Do you know that advice on Immunization is given at Anganwadi Centre?	1Yes 2 No	

Section C: Factor influencing the Non-Enrollment of Children (0-6 Years)			
Q. NO.	**QUESTIONS**	**CODING CATEGORIES**	**Codes**
C1	Does the Anganwadi works regularly?	1Yes 2 No	
C2	Does Anganwadi Worker (AWW) attend Anganwadi Centre (AWC) regularly?	1Yes 2 No	
C3	Does the Anganwadi helper is regular in her duties?	1Yes 2 No	
C4	Is your Child enrolled at AWC?	1Yes 2 No	
C5	Do you send your child to AWC regularly?	1Yes 2 No	If Yes, then end the Interview.
C6	Whether you were approached by Anganwadi worker for enrollment at AWC?	1Yes 2 No	
C7	Whether poor physical infrastructure was the reason for non-enrollment in AWC?	1Yes 2 No	
C8	Behavior of AWW?	1 Friendly 2 Not Friendly	
C9	Whether teaching in Gujarati was the reason for their child's non-enrollment?	1Yes 2 No	
C10	Whether teaching in English was also mandatory for child future in AWC?	1Yes 2 No	
C11	Do you feel proud in sending your children to English medium preschool?	1Yes 2 No	
C12	Whether AWC was far away that's the reason for not sending their child to AWC?	1Yes 2 No	

Name of the investigators:

Signature of investigators:

Thank You