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EVALUATION STUDY REPORT ON
**INTEGRATED CHILD
DEVELOPMENT
SERVICES SCHEME**
PEREN DISTRICT
NAGALAND



GOVERNMENT OF NAGALAND
DIRECTORATE OF EVALUATION
NAGALAND- KOHIMA



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FOREWORD

The Integrated Child Development Scheme (ICDS) programme is flag ship programme of the Ministry of Women and Child, Government of India and is implemented by the States and Union Territories. It is a scheme for early childhood care and development encompassing integrated services for development of children below six years, expectant and nursing mothers and adolescent girls. The services include provision of supplementary nutrition, immunization, medical check-ups, recommendation services, pre-school non-formal education and nutrition and health awareness .

The Evaluation Study on ICDS project in Peren district was taken up to assess the process and impact of the implementation of the ICDS in the district. The study was carried out by the District Evaluation Office, Peren covering 103 Anganwadi Centres in 5 ICDS project in 41 villages out of 89 recognised villages and 218 sanctioned Anganwadi Centres. Officials of the Social Welfare Department, 41 Village Chairmen, 70 Anganwadi workers and 350 beneficiaries of the ICDS scheme were interviewed along with other key informants for the study. The reference period for the study was 2009- 2010 to 2013-2014 for which field survey was carried out in 2015.

The study throws light on both the shortcomings as well as the positive impact of the ICDS at the grassroot level. Absence of crucial facilities and infrastructure

in most of the Anganwadi Centres is highlighted. Despite impediments most of Anganwadi Centres were functioning well with visible improvement in the health of children in the age group of 0-6 years.

Increased participation of the community in supporting implementation of the scheme has also been highlighted. Suggestions have also been made for improvement in the delivery of services under the scheme.

This Report has been made possible due to the hard work and diligence of a team of officers led by Shri D.Diswang Zeme, the then District Evaluation Officer, Peren and Smt. Azuibe, Sub-Inspector, DEO Peren who carried out the field work and another team of officers in the Directorate led by Smt Nungsangtula Longkumer, Evaluation Officer along with Smt P. Toshimenla and Smt Sanuo, Inspectors, Shri Neithozelhou, Smt C. Narola Jamir and Shri Senti Jamir Sub Inspectors who tabulated, analysed and edited the Report. Their contribution is gratefully acknowledged.

I hope the Evaluation Study Report will be found useful and utilized by stakeholders.

Place : Kohima
Date: September 2018


(KEVENO ANGAMI)
Ex-Officio Director

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ABBREVIATIONS /ACRONYMS

MIS	Management Information System
NIPCCD	National Institute of Public Co-operation and Child Development
ECCE	Early Childhood Care Education
SNP	Supplementary Nutrition Programme
CDPO	Child Development Project Officer
ICDS	Integrated Child Development Scheme
CGI	Corrugated Galvanised Iron
PSE	Pre- School Education
SAA	Senior Accountant
AWW	Anganwadi Worker
VCC	Village Council Chairman
AWC	Anganwadi Centre
KSY	Kishori Shakti Yojana
VCM	Village Council Member
GB	Gaon Bora

CHAPTER – I

INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS)

The Integrated Child Development Scheme (ICDS) programme is the country's most comprehensive and multi-dimensional programme under the Ministry of Women and Child Development. It is a programme for early childhood care and development encompassing integrated services for development of children below six years, expectant and nursing mothers and adolescent girls living in the most backward rural, urban and other such areas. It is a child centred scheme based on the rational that child care, cognitive and psycho- social development and the child health with medical care and nutritional well being mutually reinforce each other. The ICDS is a major channel for addressing child rights related to survival, protection, participation and development.

THE CONCEPT OF ICDS AT THE NATIONAL LEVEL

Launched on 2nd October, 1975, the Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India symbolising the country's commitment to its children and nursing mothers, a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The ICDS scheme aims at providing an integrated package of services. These services include supplementary nutrition, immunization, medical check-ups, recommendation services, pre-school non-formal education and nutrition and health awareness.



OBJECTIVES OF THE SCHEME

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

FUNDING PATTERN

ICDS is a centrally funded scheme implemented through the states and union territories. Originally, it was a fully funded by the Central Government, except the supplementary nutrition. But in 2005-2006, to ensure provision of supplementary nutrition to all beneficiaries, cost of 50 percent of expenses on supplementary nutrition was also provided by the Central Government. Then in 2009-2010 the funding pattern for the supplementary nutrition in respect of the North-eastern States changed to 90:10, with 90 percent funding by the Central Government. For other States/UTs, the existing sharing pattern between the Central Government and States/UTs in respect of supplementary nutrition is 50:50 and the cost sharing ratio for other components is 90:10 .

ELIGIBILITY

The beneficiaries of ICDS are children in the age group of 0-6 years, pregnant women and lactating mothers. ICDS is no longer only available to below the poverty line beneficiaries, hence states are responsible to register all eligible beneficiaries.

The population norms for setting up Anganwadi centres are as follows:

Box No.1: Population Norms for Setting up Anganwadi Centres

FOR RURAL/URBAN PROJECTS (ANGANWADI CENTRES- AWC)	
400-800	1 AWC
800-1600	2 AWCs
1600-2400	3 AWCs
For Mini AWC	
150-400	1 Mini AWC
FOR TRIBAL/RIVERINE/DESERT, HILLY AND OTHER DIFFICULT AREAS/PROJECTS	
300-800	1 AWC
FOR MINI AWC IN ABOVE AREAS	
150-300	1 Mini AWC
Anganwadi on Demand (AOD)	Where a settlement has at least 40 children under 6 years of age but no AWC

Source: Ministry of Women and Child Development

PROVISION OF CALORIES UNDER ICDS

As per the revised nutrition norms 2009, the calories which a beneficiary should receive under the ICDS are as follows; A child between the ages 6-72 months should receive 500 calories of food with 12-15 grams of protein per day and a severely malnourished child should receive 800 calories of food with 20-25 grams of protein per day. Lastly, pregnant and lactating mothers should receive 600 calories of food with 18-20 grams of protein per day.

ICDS SCHEME IN PEREN DISTRICT

When the nationwide ICDS programme was launched on 2nd October 1975 coinciding with the 106th birth anniversary of Mahatma Gandhi, the Father of the Nation, the ICDS project in Peren sub-division was launched in Jalukie when Peren was still under Kohima district. Peren became a separate district in 2004. After 15 years of the implementation of the ICDS project in Jalukie, two more ICDS projects were added in 1996 and another was added in 2010, making the total number of ICDS projects in Peren district five. Peren has a sanctioned strength of 218 AWCs and 218 AWCs and Helpers.

OBJECTIVE OF THE STUDY

- i. To assess the working of the ICDS project in Peren district.
- ii. To assess the activities of the Anganwadi Centres in the village/towns in the district.
- iii. To assess the impact and delivery of the packages under the ICDS scheme and its impact on people.
- iv. To suggest ways and means for better implementation of the scheme in the district.

COVERAGE

Peren district has 89 villages and 27 un-recognised villages as per 2011 Census. There are five ICDS projects in Peren district. All these ICDS project were selected for the study. And using random sampling method, 41 recognised villages were selected for the study with 8 villages from each ICDS project, selecting the nearest and the furthest village from the ICDS project headquarter. There were 103 Anganwadi Centres in these 41 villages and 5 beneficiaries each was selected from the Anganwadi Centres as respondents for the study. However, out of 515 respondent beneficiaries shortlisted, only 350 beneficiaries could be interviewed.

METHODOLOGY

Random sampling method was used for the study on implementation of ICDS in Peren district. Different types of schedules were prepared and canvassed. Schedule 'A' was used for the implementing Department, Schedule 'B' was used for Village Council Chairman and Schedule 'C' was used for Anganwadi workers and Schedule 'D' for the beneficiaries. Besides the questionnaire based survey, field observation and informal discussion with village elders and other key informants was the method adopted.

REFERENCE PERIOD

Five years was the reference period starting from 2009- 2010 to 2013-2014. The field survey commenced from the month of May, 2015 and ended in the month of June, 2015 covering all the selected samples.

CHAPTER – II

IMPLEMENTATION OF THE ICDS IN PEREN DISTRICT

The Integrated Child Development Scheme programme is implemented by the Social Welfare Department in the Nagaland. The Child Development Project Officer is responsible for implementation of the programmes at the grass root level. There are five (5) ICDS projects in Peren district covering 87 villages/towns.

ABOUT PEREN DISTRICT

Peren became a separate district on 11th February 2004 and occupies the elongated south-western end of Nagaland. It was carved out of Kohima district and is bounded by the states of Manipur in the East and south, Assam in the west, Dimapur district in the North and by Kohima district in the North-East. There are seven administrative circles and four Rural Development blocks. The number of recognised villages is 89 and unrecognised villages is 27 in Peren district .

DEMOGRAPHIC PROFILE

The population of Peren is 95,219 as per the 2011 Census of which 49,714 are male and 45,505 are female. Out of the total population, 81,429 are rural residents and the rest 13,790 are urban residents. The overall sex ratio is 915 female per 1000 male while the child sex ratio(0-6) is 935. The population density of the district stands at 55 per sq km. The literacy rate of Peren stands at 77.9 percent, male literacy at 82.8 percent and female literacy at 72.6 percent.

Box No.2: Manpower in the ICDS Projects in Peren district

SN	Details of Manpower under the ICDS	Jalukie	Peren	Tening	Nsong	Athibung
1	2	3	4	5	6	7
1	Year of Creation of ICDS Project	1975	1997	1997	2010	2010
2	CDPO	1	1	1	1	1
3	SAA	1	1	1	1	1
4	Supervisor	2	3	2	1	1
5	LDA cum Asst.	2	1	1	1	1
6	Typist	--	1	1	--	--
7	Driver	1	1	1	1	1
8	Peon	1	1	1	1	1
9	Chowkidar	1	--	--	--	--
10	Anganwadi Worker	74	44	42	28	30
11	Anganwadi Helper	74	44	42	28	30
	Total	157	97	92	62	66
A	Technical Post	152	93	88	59	63
B	Non Technical Post	5	4	4	3	3

Source: ICDS Project

Box No.3: Details of Anganwadi Centre (AWC) and Anganwadi Workers (AWW) in Peren district

SN	ICDS Project in Peren District	Number of Selected Villages/Towns	No. of AWC in Selected Villages/Towns	No. of AWW in Selected Villages/Towns	No. of Helpers in Selected Villages/Towns
1	Peren	9	22	22	22
2	Jalukie	8	22	22	21
3	Tening	8	23	22	23
4	Nsong	8	23	23	23
5	Athibung	8	13	13	13
	Total	41	103	103	102

Source: Field Investigation

The Evaluation study team covered 41 villages/towns in Peren district and assessed the functioning of 103 Anganwadi Centres under 5 ICDS project. Under the ICDS Project Tening, on account of non filling up of the vacant

post of Anganwadi worker in New Tesen, the helper was carrying out all the responsibilities of the Anganwadi worker. The lone Anganwadi Centre at Jalukiekam had no helpers, therefore and parents took turns in cleaning and in assisting in the kitchen. In all the selected villages, the village council chairmen reported that the Anganwadi workers and helpers were regular in their duties except in Old Peren village.

SELECTION OF BENEFICIARIES AND WORKING OF ANGANWADI CENTRES

The 70 Anganwadi workers of the 41 sample villages who were interviewed reported that selection of beneficiaries for the ICDS scheme was done through house to house survey. Out of 70 Anganwadi Centres, 16 Anganwadi Centres were open on all working days, 34 centres were open thrice a week, 13 centres were open twice a week, 5 centres were open only when food items were available and 2 centres were open once a week.

Box No. 4: Facilities in Eighty One Anganwadi Centres(AWC)

SN	Particulars	Number of Anganwadi Centres.					Total No.
		ICDS Peren	ICDS Jalukie	ICDS Tening	ICDS Nsong	ICDS Athibung	
1	Anganwadi Centres with separate building	-	2	1	3	1	7
2a	AWCs connected with water supply	1	1	2	1	1	6
b	AWCs without water supply	11	19	20	19	6	75
3a	AWCs connected with electricity	1	2	1	-	-	4
b	AWCs without electricity connection	11	18	21	20	7	77
4a	AWCs with PSE classroom	11	19	19	18	11	78
b	AWCs without PSE classroom	1	1	-	1	-	3
5a	AWCs with kitchen	7	12	19	18	8	64
b	AWCs without kitchen	5	7	1	1	3	17
6a	AWCs with toilet	6	4	12	7	2	31
b	AWCs without toilet	6	16	10	13	5	50
7a	AWCs with courtyard	11	18	15	13	10	67
b	AWCs without courtyard	1	1	6	6	-	14

Source: Field Investigation

In the 41 villages and towns covered by the Evaluation team, all the 103 Anganwadi Centres were functioning and availability and non availability of the requisite infrastructure in 81 AWCs was recorded as given in Box No.4. About 93 percent of the sampled AWCs did not have piped water and 95 percent did not have electricity connections in the centres. In the 41 sample villages, 96 percent of the Anganwadi Centres had Pre School Education class rooms, about 79 percent were attached with kitchens, 61 percent did not have toilets and 82 percent of the Anganwadi Centres had open space around the centre.

Under ICDS Jalukie, there was no building for the Anganwadi Centre at Mhaikam and Namdi bazar. Under ICDS Tening there was no separate building for the Anganwadi Centre at New Tesen. Under the ICDS Nsong, 3 village council chairmen reported non receipt of sanction for construction of Anganwadi Centres in their respective villages at Nsong village, Nehen village and Bamsiakilola. Similarly, Ikiesingram village under ICDS Athibung did not receive sanction for construction of building for the Anganwadi Centre.

Box No.5: Food Items Received by Anganwadi Centres in the Sample Villages/Towns

SN	Particulars	Numbers of Angawadi Centres					Total
		ICDS Peren Project	ICDS Jalukie Project	ICDS Tening Project	ICDS Nsong Project	ICDS Athibung Project	
1	Rice (bag)	93	90	125	113	102	523
2	Wai Wai (carton)	30	-	-	-	-	30
3	Biscuit (carton)	532	1141	1578	1358	1160	5769
4	Chow (carton)	1039	633	1028	839	682	4221
5	Balbog Kheer (carton)	2170	3294	3383	2248	2300	13395
6	Balbog Kichery (carton)	1152	1217	1584	1002	1088	6043
7	Cornflake (carton)	556	621	1243	922	844	4185
8	Magi (carton)	6	-	-	-	-	6
9	Top Raman (carton)	6	60	-	150	-	216
10	Surho Rice (carton)	-	-	480	225	370	1075
11	Soya Beans (bag)	-	-	56	-	-	56
12	Paustick (carton)	192	244	633	356	320	1745

Source: Field Investigation

During the reference period, council chairmen in all the 41 sample villages reported receipt of rice in varying quantities. The sample villages under ICDS Peren received 93 rice bags, with Poilwa village receiving the highest quantity of 36 bags and Kendung village the lowest quantity with 3 bags only. Under ICDS Jalukie, 90 rice bags were received. The lowest receipt of rice was recorded in Jalukielo with 3 bags and the highest in Mhaikam village with 30 bags. ICDS Project Tening received 125 bags, with the lowest in Heiningalwa village and the highest in Tepun village. Villages under Nsong project received 113 bags of rice. Nkio village received 3 bags and Lalong village received 30 bags, which were lowest and highest respectively. Villages under Athibung ICDS project received 102 bags of rice with Sailem receiving only 1 bag while New Nganlong received the highest quantity with 37 bags.

Out of the 41 village council chairmen interviewed, only the Peren village council chairman stated that his village Anganwadi Centres received 30 cartons of WaiWai during the reference period. All together 5769 cartons of biscuits, 422 cartons of chow and 6043 cartons of Balbog khichery was received by the 41 sample villages during the reference years. Amongst the food items, quantity of Balbog Kheer received was the highest with 13395 cartons. Cornflakes was also distributed under the ICDS scheme and a total of 4185 cartoons was received in the Anganwadi Centres in the 41 sample villages.

Under ICDS project Peren, 6 Maggi cartons was received by the Anganwadi Centres and in the ICDS project of Peren, Jalukie and Nsong cartons of Top Ramen was received in selected Anganwadi Centres. Under three ICDS project of Tening, Nsong and Athibung, 1075 cartons of Surho rice was received. The village chairman of Tening and Mbanpungwa under Tening ICDS reported receipt of soya beans in their Anganwadi Centres. The sample villages under Peren ICDS project received 192 Paustik cartons, under Jalukie project 244 paustik cartons, under Tening project 633 cartons, under Nsong

project 356 cartons and under Athibung project, 320 paustik cartons . Children in the Anganwadi Centres enjoyed all the food items supplied and served except Balbhog and Balbhog kicheri, the taste of which are new to the palate of the children.

On sufficiency of supplementary food items, 48 Anganwadi Workers(AWWs) out of 70 interviewed affirmed sufficiency of food items in the Anganwadi Centres whereas, 22 AWWs reported shortage. According to 2 Anganwadi workers, food and other items were allotted and distributed by CDPO's office on the basis of the number of beneficiaries whereas 68 Anganwadi workers responded that the food and other items were distributed equally to all the centres.

Box No.6: Details of Crockery (Item Wise) Received by the Anganwadi Centres

SN	Particulars	Items of Crockery received in Anganwadi Centres (in numbers)					
		Peren ICDS Project	Jalukie ICDS Project	Tening ICDS Project	Nsong ICDS Project	Athibung ICDS Project	Total
1	Pots (big & small)	48	38	55	92	25	258
2	Bucket (big & small)	31	23	30	38	26	148
3	Spoons (big & small)	323	127	138	312	141	1041
4	Saucer	381	130	40	221		772
5	Jug	27	5	4	6		42
6	Syntax	1	1				2
7	Mug	11	9	12	26	12	70
8	Steel Cup	116	64			2	182
9	Plate (big & small)	20	139	84	254	59	556
10	Hand towel	6	5	8	15	2	36
11	Water Filter		11	5	20	12	48
12	Bowl			90	98	12	200

Source: Field Investigation

Box No.7: Furniture and Other Materials Received by AWWs

SN	Particulars/Items	Furniture and Other materials received by Anganwadi Centres under the ICDS Project (in numbers)					Total
		Peren ICDS Project	Jalukie ICDS Project	Tening ICDS Project	Nsong ICDS Project	Athibung ICDS Project	
1	Chairs (Big size)	16	22	39	38	6	121
2	Chairs (Small size)	413	272	501	419	164	1769
3	Tables	18	48	23	23	1	113
4	Almirah	22	22	20	24	12	100
5	Wooden Bench	7	11	4	8	-	30
6	Black board	10	22	8	18	7	65
7	White board	16	1	-	14	6	37
8	Weighing scale	-	3	1	11	4	19
9	ABCD blocks	-	3	20	15	-	38
10	Building blocks	-	13	-	18	-	31
11	Rubber ball	-	45	8	26	9	88
12	Charts	-	7	-	3	-	10
13	Counting frames	53	12	15	31	-	111
14	Skipping ropes	50	9	36	52	16	163
15	Colour pencil packet	32	-	-	-	-	32
16	Chalk packet	11	-	12	-	-	23

Source: Field Investigation

Details of furniture and other materials supplied by the State Social Security and Welfare Department and received by the Anganwadi Centres in the 41 villages under the respective ICDS Projects are given in Box No. 7.

REMUNERATION OF ANGANWADI WORKERS

In the 218 Anganwadi Centres in Peren district, each has been sanctioned with 1 (one) Anganwadi and a helper. The honorarium for these Anganwadi workers was based on their educational qualifications. Anganwadi workers who were matriculate were paid Rs.3000/- per month, Anganwadi workers who were under matric were paid Rs.2938/- per month till they complete 5 years of service. And senior Anganwadi workers who were under matric and

who completed 5 years in service as Anganwadi workers were paid Rs.2969/- per month.

During the study reference period, the Anganwadi helpers in Peren district, were being paid an honorarium of Rs.1500/- per month regardless of their educational qualification and length of service.

BENEFICIARIES OF THE SCHEME

The main beneficiaries of the ICDS scheme are children from 0 - 6 years, pregnant and lactating mothers, women between the age of 14 - 44 years, adolescent girls up to the age of 18 years for non formal education and training on health and nutrition.

The village council chairmen of all the 41 villages were aware about the eligibility criteria under ICDS. They stated that the selection of beneficiaries in their respective villages was done through house to house visit by the AWWs.

Box No.8: Beneficiaries in the Selected Villages

SN	Particulars	Numbers of Villages and Angawadi Centres in the Sample Villages.					
		ICDS Peren	ICDS Jalukie	ICDS Tening	ICDS Nsong	ICDS Athibung	Total
1	Villages/Towns Covered	9	8	8	8	8	41
2	Village Council Chairmen Interviewed	9	8	8	8	8	41
3	Villages where Selection of Beneficiaries was through Survey	9	8	8	8	8	41
4	Anganwadi Centres Covered under the Study	22	22	23	23	13	103
5	No. of Children 0-6 Years	991	1231	1041	821	740	4824

6	No. of Expectant and Nursing Mothers	95	136	67	88	47	433
7	No. of Children at Risk	17	57	96	43	16	229
8	No. of Mothers at Risk	32	112	159	91	60	454
9	No. of Adolescent Girls	20	133	22	62	66	303

Source: Field Investigation

There are 4824 children in the age group of 0-6 years in 103 Anganwadi centres in the 41 sample villages and towns in Peren district. The ICDS Peren project has 991 children in 0-6 years, Jalukie project has 1231, Tening project has 1041, Nsong project has 821 and Athibung project has 740 children in the age group of 0-6 years. In these 41 sample villages there were 433 expectant mothers during the time of the field visit. Out of which, ICDS Peren project recorded 95 expectant mothers, Jalukie project recorded 136 expectant mothers, Tening project 67, Nsong project 88 and Athibung project registered 47 expectant mothers.

Presence of children and mothers at risk was also reported in these 41 villages. There were 229 children and 454 mothers registered as at risk in these villages. Three hundred and three (303) adolescent girls were enrolled as adolescent girl beneficiaries in the Anganwadi Centres in the 41 villages.

WORKING HOURS

The working hours maintained by the Anganwadi workers in the 41 villages differed from centre to centre. Twenty one (21) Anganwadi workers responded that they worked for one (1) hour to one and half (1 ½) hours in a day, whereas, 37 AWW indicated that they worked for 2 hours and 12 AWW worked for 3 hours. All the Anganwadi workers were aware of their duties and responsibilities. Most of the Anganwadi Centres were functioning as per the convenience of the Anganwadi workers.

CHAPTER – III

FUNCTIONING OF THE ANGANWADI CENTRES

Pregnancy Record Register, Birth and Death Register, Register of Immunization and Delivery Record Register were maintained by Anganwadi workers. Although all the Anganwadi workers responded that they maintain record, it was observed that only 6 out of 70 Anganwadi workers interviewed maintained records and visiting registers.

The practice of storage of supplied food items differed from village to village. Thirty three (33) villages stored the supplied food items in the Anganwadi Centres, while 2 villages stored in the house of the council chairmen and 6 villages stored the food items in the house of the Anganwadi workers. According to the village council chairmen in 9 villages, Anganwadi Centres served food more than three times in a week, while in 31 villages food was served thrice in a week and in 1 village food was once in a month. A similar question was also posed to the 350 beneficiaries. And according to 70 beneficiaries i.e. 20 percent, beneficiaries were provided either cooked food or snack every day, however 280 beneficiaries informed that they were provided meals only twice in a week.

The insufficiency of food items was reported by 340 beneficiaries and only 10 beneficiaries stated food was sufficient in their Anganwadi Centres. Big villages with less number of Anganwadi Centres faced shortage of food items.

MANAGEMENT OF CHILDHOOD ILLNESS AND RECORDS

Out of 41 sample villages, council chairmen of 36 villages informed that Anganwadi workers assist in management of childhood illness. The council chairmen in all 41 sample villages/towns reported that dissemination of information about social welfare schemes was regularly done. While meeting with mothers was regularly organized by Anganwadi workers in only 10 villages. Availability of clean drinking water in the Anganwadi centers was also reported only in 16 villages whereas implementation of Kishori Shakti Yojana (KSY) was reported in only 1(one) village out of the 41 sample villages.

ACTIVITIES OF ANGANWADI WORKERS AND HELPERS

Villages Council Chairman of 39 sample villages out of 41 informed that the Anganwadi workers conduct community survey in their respective villages from time to time. But 2 village council chairman had no knowledge about such surveys. Chairman of one village informed that cooked meals was served in the AWCs in his village, while village chairmen in most of the villages informed that only snacks and tea was provided to the beneficiaries in the Anganwadi Centres. However, village chairmen of all the villages informed that weights of the children were regularly checked and births and deaths were registered by the Anganwadi workers.

BENEFITS FROM SUPPLEMENTARY NUTRITION PROGRAMME

Parents of children going to the Anganwadi Centers affirmed that provision of supplementary nutrition has positively impacted the health of their children. Visible difference could be seen after they enrolled in the Anganwadi Centres. There was also increased awareness on importance of good hygiene and breast feeding of infant.



MONITORING AND SUPERVISION


Village council chairmen responded that the departmental officials monitored and supervised the Anganwadi Centres to ensure proper functioning of the ICDS programme. However regarding frequency of visit of officials, they reported that the visit of CDPOs and supervisors to the Anganwadi Centres ranged from nil visit to 7 times during the reference period. Some of the village council chairmen affirmed receipt of complaints about AWWs whereas, 37 village council chairmen reported nil receipt of complaint.

CHAPTER – IV

FINDINGS AND SUGGESTIONS

FINDINGS

1. There were big villages in Peren district with large population having only a single Anganwadi Centre. This constraints delivery of services as envisaged under the ICDS and there was shortage of food while enrolment of children was higher.
2. Most of the Anganwadi Centres were in very poor state and yet functioned as office, store and PSE classroom.
3. Only 8 percent of AWCs were functioning in separate buildings
4. Sixty one percent of the AWCs did not have toilets and 93 percent of the AWCs did not have piped water despite the instructions of the Ministry of Drinking Water Supply, Government of India to provide drinking water facilities to the AWCs located in Govt./Community/Public buildings by end of 2010-11
5. Ninety five percent of the Anganwadi Centres did not have electricity connection.
6. Ninety six percent of the Anganwadi Centres had provision for Pre School Education and 79 percent of the AWCs were attached with kitchens.
7. In some Anganwadi Centres, there were no weighing scales, which is necessary to monitor the growth of the children.
8. In some Anganwadi Centres there were no chairs, tables or almirahs or wooden benches and there was shortage of utensils and crockery items.
9. Implementation of Kishori Shakti Yojana (KSY) was reported in only 1(one) village out of the 41 sample villages in Peren district.

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10. The Anganwadi workers were paid an honorarium is Rs.3000/- per month and helpers Rs. 1500/- per month.
 11. Irregular supply of food items in the Anganwadi Centres and the practice of opening the Anganwadi Centres only when the supplementary food items was reported. There was increased attendance of children in AWCs when food items were served in the centre.
 12. Payment of honorarium of the AWWs and Helpers was delayed for months.
 13. There was improvement in enrolment in the AWCs through home visits by the AWWs.
 14. Awareness creation and Information, Education and Communication (IEC) improved in most villages. Most of the village functionaries were aware of the eligibility criteria for the scheme .
 15. There was increased awareness about infant breastfeeding practices and importance of hygiene and immunization amongst the people.
 16. There was increased participation of the local village functionaries and community in supporting the activities and functioning of the AWCs.
 17. Both the villagers and beneficiaries were happy with the introduction and implementation of the ICDS programme. They informed that it supplemented the regular diet of the children with nutrition and improved their health.

SUGGESTIONS

1. Sufficient Anganwadi Centres should be established in all the villages/ towns as per the population criteria stipulated under the ICDS . More than one AWCs should be sanctioned for bigger villages to facilitate reach and enrolment of all the eligible children.
2. Sufficient supplementary nutritional food items should be supplied to all AWC at regular intervals. Bolbhog and khichery food items supplied under the ICDS scheme should be replaced with other locally available nutritious food items which are more palatable to local taste.

3. Enhance transportation cost/allowance for transportation of the supplementary food items to the AWCs given the difficult terrain of the State.
4. All the village Anganwadi Centres should be given weighing scales, sufficient pre-school education materials, black boards, games and sports materials as envisaged under the scheme. Adequate furniture and crockery should be provided to all the Anganwadi Centres.
5. Provide and sanction construction of separate AWC buildings using local man power labour/labour/resources.
6. Quantum and type of materials/food items supplied to Anganwadi Centres must be made known to the public through display boards outside the AWCs.
7. Toilets should be constructed and piped water installed in all AWCs as stipulated under the guidelines of Ministry of Drinking Water Supply, Government of India.
8. Honorarium for Anganwadi workers and helpers should be released on time.
9. The material issue slips issued by CDPO office should reach the village council chairman for record.
10. All the AWCs should have separate kitchens.
11. Cooked food served should be first tasted by the Anganwadi worker or helper before it is served to the beneficiaries at Anganwadi centre.
12. On receipt of a complaint from beneficiary for non-supply of food grains, the concerned Department should enquire the reason and take remedial measures.
13. Convergence with the line departments such as Health and Family Welfare, Education, Rural Development Department, Public Health Department should be ensured for provision of supplementary medicines, health check-up, water and sanitation and other facilities in the AWCs.
14. Increase frequency of visits by officials to check on the methods of delivery of supplementary food in Anganwadi Centres.

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15. In order to motivate the Anganwadi Workers, recognition should be given to Anganwadi exemplary workers.
 16. Arrange study tours for Anganwadi workers to successful AWCs within the State.
 17. Construct storage space/godown in AWCs
 18. The Department should further engage the community, church workers, SHGs or mothers of beneficiaries for preparation of cooked food in the AWCs to ensure ownership of the programme and to bring about quality improvement and accountability in delivery of services at the AWCs.
 19. Information and publicity about the project should be enhanced through audio jingles, documentary films, hoardings and bill boards .
 20. Prepare district nutrition profile of each district.



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