

Evaluation of Anganwadi Centers (AWCs) in Batala block of Gurdaspur district, Punjab

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Abstract

The Integrated Child Development Services (ICDS) has generated considerable interest among social scientists, planners and administrators and fairly a large number of studies have been conducted to evaluate and assess the impact of this programme. However, though the implementation of ICDS programme is largely dependent on Anganwadi Centers (AWCs) and they are the kingpin of the programme. However, studies on AWCs, in particular their contribution to ICDS is rare. Against this background the present study makes an attempt to examine the role of AWCs in ICDS project of Punjab. Analysis in the study has been carried out both at the macro and micro levels. The macro level analysis covers the state as a whole and based on secondary data. The micro level analysis is based on an empirical exercise confined to the AWCs of ICDS project in Punjab with reference to Batala Block of Gurdaspur district. As there are 120 Anganwadi centers in this block, 11 centers were selected by using simple random sampling method and interview method used to collect the required information from the supervisors of AWCs. The study found that though an elaborate arrangement has been made for the implementation of the ICDS Programme, the AWCs shouldered the major responsibility for the delivery of services. However, the whole programme appears to be insensitive and indifferent to the practical problems faced by AWCs at the grassroots level. Problems like inadequate infrastructure and resources, interference of local elites, non-cooperation of local community and associated complex bureaucratic procedures at various levels put the AWCs at a disadvantage position to carry out the assigned responsibilities. Finally, the study concludes by providing few policy suggestions to come over the obstacles faced by the AWCs.

Keywords: anganwadi, infrastructure, evaluation, child care, nutrition

Introduction

The ICDS has generated considerable interest among social scientists, planners and administrators and fairly a large number of studies have been conducted to evaluate and assess the impact of this programme (Kandpal 2006; Patil and Doibale 2013; Singh *et al.* 2013; Chudasama *et al.* 2015, Meena *et al.* 2017) [6, 11, 12, 3, 13]. However, though the implementation of ICDS programme is largely dependent on AWCs and they are the kingpin of the programme, studies on AWCs, in particular their contribution to ICDS is rare. Against this background the present study makes an attempt to examine the role of AWCs in ICDS project of Punjab. The ICDS provides a packages of services to the children in the age group of 0-6 years, to the expectant and nursing mothers and to women between 15-45 years of age from the disadvantaged segment of the society through an elaborate administrative arrangement and organizational set up where the AWC act as the nerve centre of all programmes. The focal point for the delivery of the package of services under ICDS scheme is an Anganwadi centre. Anganwadi Centres are the kingpin of the ICDS programme whose success rests to a large extent on her ability and capacity to perform her role and responsibilities effectively.

Anganwadi Centers

Anganwadi is a government sponsored child-care and mother care center in India. It caters to children in the 0-6 age group. They were started by the Indian government in 1975 as part of

the Integrated Child Development Services (ICDS) program to combat child hunger and malnutrition. The Anganwadi system is mainly managed by the Anganwadi worker. She is a health worker chosen from the community and given four months training in health, nutrition and child-care. They provide outreach services to poor families in need of immunization, healthy food, clean water, clean toilets and a learning environment for infants, toddlers and pre-schoolers. They also provide similar services for expectant and nursing mothers (Manichander 2016) [7].

Review of Literature

Many of them conducted studies at macro level (Gupta *et al.* 2013; Kumar and Garg 2008 [4, 15]; Sundararaman 2006) blames the operational and ineffective education system for the partial and poor coverage of the programme. Some of the studies at micro level conducted by Kharkongor (2012) [14] in Meghalaya, Chudasama *et al.* (2015) [3] in Gurjarat and Helena *et al.* (2014) [5] in Visakhapatnam provided only piecemeal information and have made only passing references to AWCs while analysing the performance of the programme. They have not provided ample evidence on contribution of AWCs and their problems and their impact on ICDS programme. Further research studies shows that Anganwadi's working is urban and semi-urban centers were functioning better when compare to the AWCs functioning in the rural areas (Asha, 2014) [1]. Against this background the present study makes an attempt to examine the role of AWCs in ICDS

project in rural Punjab.

Methodology

Analysis in the study has been carried out both at the macro and micro levels. The macro level analysis covers the state as a whole and is based on secondary data. The micro level analysis is based on an empirical exercise confined to the AWCs of ICDS project in Punjab with reference to Batala Block of Gurudaspur district. As there are 120 Anganwadi centres in this block, 11 centers were selected by using simple random sampling method due to less time availability for data collection. In order to evaluate the functioning of anganwadi centres interview schedule and observation were used for collection of required information. The initial step of the present study was to find out the number of Anganwadi centers in Batala block, district Gurudaspur. The functioning of Anganwadi centers were identified through an inter-related criterion through information of community development project offices. General information of Anganwadi centres was made available by using the Information schedule.

Results and Discussion

From the macro analysis it was found that there are totally 146 ICDS (140 Rural and 6 Urban) blocks have been covered under the scheme in Punjab. The scheme is being implemented through 14,730 Anganwadi Centres at the village level. ICDS Scheme has been expanded and 6 more ICDS projects and additional 2691 Anganwadi Centres have been sanctioned in the State. In all, 8,26,552 children up to 6 years, and 2,33,056 mothers were getting the benefits of the programme.

It is evident from the micro level data that the AWCs in Batala block did not have the minimum furniture and many of them were not adequately equipped to carry out the required health related tests and programmes. About one third of the AWCs function in locally sponsored buildings, panchayat or other government buildings. Moreover, only three AWCs buildings had cement/concrete roofs and rest of them were tiled or asbestos sheet. However, most of the buildings had cement floor. It is disheartening to note that only three AWCs were with electricity connection and two are with playgrounds, tap water facility and toilet facility. Majority of the AWCs were without weighing machine for adults and children. Further the study found that four AWCs did not have a blackboard. It is also reported that on an average each AWCs did not possess even one chair, table or bench.

Pre-school education is imparted to the children by the all AWCs regularly. On an average the pre-school is conducted for 20 days in a month. They taught the children how to sing songs and recite poems as well as rhymes. Conducted activities like identification of objects, finding the missing objects, etc. While majority of the AWWs reported involvement of children in indoor activities, three-fourth of them also engaged children in free conversation to speak freely and apply their mind in order to organise small activities.

Although the AWWs were supposed to work in their AWCs, the nature of their duties and responsibilities necessitates them to run from pillar to post and meet a different of people to

fulfill the job requirements. They are required to visit block offices, PHCs, etc. and meet Community Development Project Officers (CDPOs), supervisors, local sarpanch and other village/community leaders, school teachers, health workers, etc. on regular basis either to report their activities or to appraise them of their problems and difficulties.

It is found that the contribution of a majority of the AWCs was better in terms of over all assessment. Supplementary nutrition programme was appreciated by beneficiaries and they rated the services rendered by most of the AWCs as outstanding. Similarly a vast majority of the AWCs were rated highly in terms of their contribution in establishing rapport with public, immunization. However, in cases of referral services, growth monitoring the contribution of a large number of AWWs were found to be average. Though a significant number of AWCs were rated as below average in providing pre-school education it was largely due to constraints like lack of teaching aid, sitting room, necessary infrastructure, etc.

However, AWWs were exposed to a variety of complex problems not only at their work place but also in their families, communities and society at large. It was observed that the poor infrastructure in the AWCs, lack of community support, interference of local elites, etc. affected the delivery of supplementary nutrition services for which the AWWs were mainly held answerable. Whenever there was shortage of food supply to the centre by the block office, it was the poor AWCs who had to face the public anger in the village. In most of the cases the villagers target the worker and suspect her of selling the food stuff in the market. In addition the AWCs witnessed enormous difficulties while bringing the food materials from block office. The poor AWCs had to spend for transportation as well as for cleaning and processing the food materials. A large number of AWCs did not have proper utensils and infrastructure for cooking and serving. In many cases the villagers asked the AWCs to hand over the food stuff to local leaders who utilized it for other purposes. Wherever the AWWs did not concede to their demands, they created problems in functioning of the AWC.

Summary and conclusion

Though an elaborate arrangement has been made for the implementation of the ICDS Programme, the AWCs shouldered the major responsibility for the delivery of services. However, the whole programme appears to be insensitive and indifferent to the practical problems faced by AWCs at the grassroots level. Problems like inadequate infrastructure and resources, interference of local elites, non-cooperation of local community, associated complex bureaucratic procedures at various levels, etc. put the AWCs at a disadvantage position to carryout the assigned responsibilities. Along with these problems the inhospitable domestic environment in the family, community made their life more miserable. As a result, their level of job satisfaction remained low. Though the AWWs worked to the best of their abilities against all these odds and obstacles, their contribution was hardly recognized. They continued to be paid negligible honorarium unlike other workers of ICDS project at higher levels.

Suggestions

1. The AWWs spent a major part of their working time in ICDS related work. Most of them spent more than 30 man days per month to achieve the target set by ICDS programme. In view of this, the honorarium paid to them was much less by any standard compared to their overall contribution. In order to increase their efficiency and to make them feel that they are an integrated part of the project like other officials of the ICDS, the enhancement of their remuneration should be considered on a priority basis.
2. It was found that most of the AWCs did not have minimum infrastructure and required equipments. It not only affects the efficiency of the AWWs but also results in improper delivery of services. As a consequence despite an elaborate arrangement and huge investment the ICDS fails to achieve the desired goals. Hence, AWCs should be provided independent buildings with all basic amenities, furniture and equipments.
3. Though the duties and responsibilities of AWWs appear to be simple and easy, much of their work requires technical skill and knowledge on matters relating to pre-school education, nutrition, growth monitoring, health check-up, etc. As most of the AWWs had a low level of educational attainment and limited exposure to health and nutrition education, it would be more effective and rewarding to provide them proper training and education on a regular basis.
4. The AWWs were assigned with a wide range of duties and responsibilities not only relating to ICDS but also to a variety of other programmes. The workload prescribed by ICDS itself becomes difficult for them even after working on a full-time basis. In order to improve the performances of AWWs, it is essential to confine them only to ICDS work and the responsibilities relating to other programmes should be assigned to grassroots level workers working for other programmes. Moreover, making provision for appointment of two AWWs in each AWC could be taken up for consideration which in all likelihood would strengthen the delivery system at the grassroots level.

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