

A study of utilization of Integrated Child Development Services(ICDS) scheme and beneficiaries-satisfaction in rural area of Gulbarga district

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Abstract

The study was aimed to obtain a feed-back regarding beneficiaries-satisfaction and utilization of services by registered beneficiaries of Integrated Child Development Services (ICDS) in Rural area. The cross-sectional study was conducted in 15 Anganwadi Centers (AWCs) from 15-01-2009 to 16-04-2009. There were 3958 beneficiaries. They were categorised into five groups. Group I - Pregnant Women, Group II - Lactating Women, Group III - Women in Reproductive age-group i.e. 15-45 years, Group IV- Mothers/ Guradians of 0-3 years children, Group V - Mothers / Guardian of 3-6 years. Five beneficiaries from each group were randomly selected. Thus from each anganwadi centre 25 beneficiaries were selected. Total 375 beneficiaries from 15 AWCs constituted the study population. Beneficiary satisfaction and utilization of services were assessed by interview, verification of records, logistic supply and infrastructure. Study revealed that utilization of ICDS scheme was high in pregnant women (90.83%). All children between 0-3 years were getting Vitamin-A supplementation. Beneficiary satisfaction was high (81.11%) among 15-45 years women. All AWCs were of "pucca" type, but electricity supply was available only in 20 % AWCs. Sanitary toilet were present in 46.66 % AWCs and 93.33% AWCs were in receipt of receiving logistic supply on a regular has is regularly. To improve quality of ICDS scheme one needs to strengthen the 'Information, Education and Communication' (IEC) activities.

Key words : Anganwadi Centre, Anganwadi Worker, ICDS, Beneficiary.

Introduction

Top on the agenda of Human Resource Development is the health and welfare of children, not because they are the most vulnerable but because the foundation of basic learning and human development is laid in these crucial years of life. It is now globally acknowledged that for economic development of any country, investment in the health and welfare of children is the supreme asset for human resource development.

Any program on early childhood care and education can succeed only when mothers are also brought within its ambit because it is the mother who nurtures the child right from the time of conception. In India 66% of the total population comprises of mother and children who are also the major consumers of

health services hence they are the "priority," "special risk" and "vulnerable group." and therefore specific programmes for enhancing maternal and child health have been in place since the early fifties in India.^[1,2,3]

"The lives of children and women are the true indicators of the strength of communities and nations."^[4] Having realized this, specific programmes have been conceptualized and implemented since early fifties in India. Each five year plan had something for the child. They were predominantly unidirectional and failed to show expected result; these were gradually replaced by broad, multisectoral and developmental programmes with inter-sectoral coordination resulting in Integrated Child Development Services (ICDS) Scheme which was launched on 2nd October 1975 in 33 community development blocks. Today ICDS scheme represents one of the largest programme, a symbol of India's commitment to its children, providing he pre-school education on one hand and breaking vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other hand. The welfare of pregnant mothers, nursing mothers and children less than 6 years has acquired a prime place

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in the programs.^[5] With this background a study was carried out on different aspects of functioning of Anganwadi centers (AWCs) under the jurisdiction of Rural Community Health Center Hebbal, Gulbarga district in a comprehensive and coordinated fashion to assess the response of beneficiaries and obtain their feedback. Thus the present study was undertaken to assess utilization of health services, available infrastructure and logistic supply at AWCs and to know the beneficiaries satisfaction of health services.

Aim

To study the different aspects of functioning of AWCs of rural field practice area of RCHTC Hebbal.

Objectives

1. To assess utilization of health services at AWCs.
2. To assess available infrastructure and logistics at AWCs.
3. To ascertain the satisfaction of beneficiaries of health services.

Material and Methods

The endeavour of the present study was to assess utilization of ICDS services in a rural area and to assess beneficiary satisfaction. There are 11 villages under Community Health Training Center, Hebbal rural area of Gulbarga district. These 11 villages have 15 AWCs and all 15 AWCs were included in the study. The study was conducted in 15 AWCs from 15/01/09 to 16/04/09. Prior to the start of the study a baseline data of Anganwadi centers and registered families was collected from Community Health Training Center. The functioning of AWCs was assessed by interviewing Anganwadi workers and verification of records reports and the availability of infrastructure and logistics available at the center. Information was collected with regards to coverage of services, adequacy and frequency of different services, infrastructure available, logistic supply and available records and its comparison with expected percent coverage of beneficiaries as per guideline of ICDS programme. The second part of the study was related to assessing beneficiary's satisfaction of the services they received in terms of utilization of services and their perception and views about the ICDS program. From each AWC, beneficiaries were categorized in 5

groups: Group I - Pregnant women, Group II : Lactating women, Group III : Women between 15-45 years (reproductive age group), Group IV : Guardians or mother of 0-3 years children, Group V : Guardians or mother of 3-6 years children. There were 3958 registered beneficiaries from 15 AWCs; of these, 104 were pregnant women, 141 were nursing mothers, 2239 belonged to reproductive age group (15 to 45 years) and 1474 were children in the age group: 0 to 6 years. Total of 375 (9.47%) registered beneficiaries from 5 categories of 15 Anganwadi centers were included in the study. From each of the categories 5 beneficiaries were selected randomly from the list available with the Anganwadi worker using a lottery system; for assessing their satisfaction of the ICDS program. Thus 25 beneficiaries were selected from each Anganwadi center for the study. Total 375 (9.45%) beneficiaries were interviewed in detail by home visit to assess satisfaction of services provided by an Anganwadi worker. The questionnaire was suitably modified and translated into local language. Assessment of beneficiary satisfaction about the services they received through AWCs in terms of information regarding utilization of Anganwadi center services and their perception and view about ICDS program by interview method was recorded. All the beneficiaries were asked about the location and distance of Anganwadi centers from their home, frequency of visits of an Anganwadi worker and her services i.e. non-formal pre-school education, supplementary nutrition, health check-up, immunization and distribution of Iron and Folic acid tablet etc. A scoring system was developed for grading their assessment of beneficiary satisfaction and about the services they received through AWCs. One mark was allotted for a positive response and no marks for a negative response. The total of all positive responses were labeled as beneficiary satisfaction score. The score grade was used in assessing beneficiary satisfaction with 60% as an arbitrary level. Those AWCs with beneficiary satisfaction scores greater than 60% were put in the category of satisfactory response and those with score less than 60% were put in the category of unsatisfactory response. Unsatisfactory responses were further subdivided: less than 40% as very poor, 40-50% as poor and 50-60% moderately unsatisfactory. Appropriate and suitable proforma was prepared and used for the study. The data was entered on pre-tested proforma, tabulated and analyzed.

Results

A total 15 AWCs and its beneficiaries comprising of 104 pregnant women, 141 nursing mothers, 2239 beneficiaries belonging to reproductive age group (15 to 45) years and 1474 children in the age group 0 to 6 years were included in the study. Table 1 shows that 94 (90.83%) of expectant mothers were undergoing health checkup and 98 (94.23%) pregnant women were receiving supplementary nutrition, whereas only 88 (80.7%) mothers were receiving Iron and Folic acid tablets. Non-formal preschool education was being imparted to 620 (91.58%) of children. All children beneficiaries were receiving vitamin-A dose, whereas only 934 (70.33%) children were receiving supplementary nutrition. Anganwadi workers were not conducting programmes to organize women in forming "Women Groups" / "Mahila Mandal". Health education was being imparted to only 974 (43.5%) women. The coverage of supplementary nutrition was adequate in all eligible beneficiaries. More than 50% beneficiaries were being delivered, health-checkup services. the AWCs were of the pucca type but without fans and 80% were without electricity. Among the AWCs 11(73.33%) belong to the government, whereas 4(26.66%) AWCs are functioning from private buildings hired on rent. Adequate outdoor

space was available in 11(73.33%) AWCs where as only 7(46.66%) AWCs had sanitary toilet facility. All AWCs were in receipt of regular supply of supplementary nutrition except one, adequacy of supply was 13(86.6%). Iron and Folic acid tablets along with vitamin-A syrup was supplied regularly to 11(86.6%) AWCs. Logistic supply of nutrition and health education material was adequate in only 5(33.3%) AWCs. Preschool education material and medicines were adequately supplied to 8(53.33%) AWCs. Table 3 shows that level of satisfaction with regard to ICDS was highest 61(81.11%) among women between 15-45 years as compared to 67(44.92%) among guardians of 0-6 year children; 27(36.13%) among pregnant women and only 21(28.74%) among lactating mothers. Table 4 shows that 5 AWCs had beneficiary satisfaction score between >50-60%, 6 AWCs had beneficiary satisfaction score between >40-50% and 4 AWCs had beneficiary satisfaction score less than 40%. It was observed that these 4 AWCs were located close to community health centers and private hospitals hence people preferred availing services from community health center and private hospitals. From the above it is clear that the location of AWCs away from Community Health Center improves the beneficiary

Table 1: Assessment of Coverage of Services at AWCs

Services	Beneficiaries	Total No.	No. of Beneficiaries Getting services			
			Yes		No	
			No.	%	No.	%
Health check up	Children 0-6 years	1474	750	50.88	724	49.11
	Nursing mothers	141	101	71.63	40	28.36
	Pregnant mothers	104	94	90.83	10	9.61
	Care of newborn	146	94	64.83	52	35.62
NFPSE	Children 3-6 years	677	620	91.58	57	8.42
Supplementary nutrition	6 months to 6 years	1338	934	70.33	404	30.42
	Nursing mothers	141	133	94.30	08	5.60
	Pregnant women	104	98	94.23	06	05.76
Nutrition and health education	Women 15 to 45 years	2239	974	43.50	1265	56.49
Iron and Folic acid tablets	Pregnant women	104	88	80.70	21	19.3
Vitamin A solution	Young children	797	797	100	00	00.00
Organizing women group/ Mahila Mandal	Women 15 to 45 years	2239	00	00.00	2239	100

Table 2: Availability of infrastructure and logistic supply at AWCs

Type of facility	Availability			
	Yes		No	
	No	%	No	%
1. Infrastructure				
Fan	0	00.00	15	100
Piped water supply	05	33.33	10	66.66
Sanitary toilet	07	46.66	08	53.33
Adequate indoor space	08	53.33	07	46.66
Adequate outdoor space	11	73.33	04	26.66
Electricity	03	20.00	12	80.00
Pucca building	15	100	00	00.00
Government building	11	73.33	04	26.66
2. Logistic supply				
Regular supply of supplementary nutrition	14	93.30	1	6.60
Adequate supply of supplementary nutrition	13	86.60	2	13.30
Registers for record keeping	11	73.30	4	26.60
Weighing scale working	15	100	0	00.00
Adequate growth cards	12	80.00	3	20.00
Nutrition and health education	5	33.30	10	66.60
Preschool education material	8	53.30	7	46.60
Supply of adequate medicines	8	53.30	7	46.60
Iron and Folic acid tablets	13	86.60	2	13.30
Vitamin A syrup	13	86.60	2	13.30

Table 3: Satisfaction score of beneficiaries

Type of beneficiaries	Total Number of Beneficiaries (n=3958)	Total No of Beneficiaries interviewed (n=375)	No. of Positive response	
			No	%
Women - 15 - 45 yrs	2239	75	61	81.11
Guardian of 0-3 yrs	797	75	33	44.14
Guardian of 3-6 yrs	677	75	34	45.66
Pregnant mothers	104	75	27	36.13
Lactating mothers	141	75	21	28.74

satisfaction score as the people are compelled to utilize services from AWCs because of its proximity to their residence. The image of AWCs was poor as revealed by non-satisfaction of beneficiaries due to :

- 1) Inadequate Non-formal Preschool Education (NFPSE)
- 2) Lack of health education activity on newborn care and supportive services and
- 3) Lack of adequate supply of food.

Table 4: Distribution of AWCs According to Beneficiaries Satisfaction Score

Beneficiaries satisfaction Response	Beneficiaries satisfaction score %	No of AWC (n=15)	
		No.	%
Very poor	<40	4	26.6
Poor	>40 -50	6	40.1
Moderate	>50-60	5	33.3

Discussion

In pursuance of the national policy for children, Government of India launched a scheme called ICDS Scheme on 2nd October 1975 to provide a package of basic health services in an integrated manner to vulnerable group at the grass-root level through non-medical personnel. The study was conducted in rural community of Gulbarga district in 15 AWCs under Community Health Center at Hebbal. The study finding highlights that services provided at AWCs were being delivered at frequencies as mentioned in ICDS program. All AWCs are of pucca type with poor electric supply and poor sanitary facility. All the

AWCs had beneficiary satisfaction level of < 60%. Highest beneficiary satisfaction of AWCs services was present in age groups 15 to 45 years as compared to other beneficiary group. Services provided by AWCs was graded as good for pregnant women.

An evaluation report on ICDS project^[6] (1976-78) showed that 46% children, 70% pregnant mothers and 63% lactating mothers were yet to be covered under supplementary nutrition programme. The coverage of children within the age group of 0-1 year by the supplementary nutrition was not taken care of and there long it was extremely unsatisfactory. A study done by Ehtisham et al^[7] in Uttar Pradesh found that only 24.3% of children received supplementary nutrition through ICDS and only 34.52% had received non-formal pre-school education. An evaluation report on ICDS Project (1976-78)^[6] observed that 76% of eligible children obtained preschool education, 19% women availed health education and most of AWCs were housed in rented buildings. A report published by NIPCCD^[8] in March 2003 observed maximum number i.e. 71.2% of AWCs were housed in pucca buildings, 21.1% in Katcha and 7.5% in Thatched huts. Study done by Yegammai C et al^[9] in Hyderabad shows majority of women beneficiaries did not go in person to receive the food. To improve the quality of ICDS following points are to be taken care of 1) Organize women to form Mahila Mandal, 2) Anganwadi workers should provide health education with emphasis on nutrition. For this educational materials should be provided in adequate quantities and 3) AWCs should provide nutrition and newborn care. Regular training camps should be organized for the Anganwadi workers to increase their knowledge regarding different aspects of services provided, especially growth monitoring and supplementary nutrition. Regular electricity supply should be made available to AWCs and improvement of infrastructure to be carried with good sanitary facilities. The usage of advanced technology to minimize workload with respect to record maintenance and increase in honorarium of Anganwadi workers are also recommended.

Conclusion and Recommendation

The study findings highlights services provided at Anganwadi centers were being delivered at frequencies mentioned in ICDS program. No AWC needs improvement in environmental sanitation, electricity supply and proper food supply facilities. Efforts should be made to improve registration for

NFPSE and strengthen the IEC activities through organized women groups.

Limitation

All AWCs(15) from rural field practice area of RCHTC were selected for present study to assess their functioning, while in comparison to this 9.47% beneficiaries have been interviewed to assess their satisfaction about services provided through the AWCs considering the feasibility of the investigation. Stet the result of present study cannot be generalised.

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