UNIT 19  A CASE STUDY — ICDS PROGRAMME

Structure

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19.1  INTRODUCTION

Raghu lives in a small village with his wife and three children. Both Raghu and his wife are daily wage workers. While Raghu works at the road construction project just outside the village, Sharda, his wife, works in the fields of the village headman! The youngest of their three children is only three months old. The eldest daughter, who is not seven yet, looks after her younger sister and a four year old brother. One day, when Sharda had gone to wash clothes at the village tap in the evening, she met Uttra Bai. Uttra had been away for three months and only a month back returned home. Sharda wanted to know where had Uttra gone for so many months.

Uttra: "I had gone to Unnai for training."

Sharda: "Training? What training?"

Uttra: "Well, you see, I have been chosen to work as an Anganwadi worker in the ICDS programme and I had to go and learn what I am supposed to do."

Sharda: "But what is an Anganwadi Worker?"

Uttra: "Well, in our village, a small centre for children has been started. This centre is called an Anganwadi, and I will be running this centre."

Sharda: "What will you do at the centre?"

Uttra: "Sharda Behn, how old are your children?"

Sharda: "Well, the youngest is only about 3 months of age, then there is the boy who is 4 years and the eldest daughter will be seven in a few months."

Uttra: "Then why don’t you come to my house in the morning. That is where the centre has been set up. You can see for yourself what kinds of activities we will do there and I will also note the names of your two younger children in the Anganwadi register."
Sharda is curious and so decides to visit the Anganwadi centre the next day. Would you also like to visit the centre with Sharda?

Objectives

After studying this Unit, you should be able to:

- explain the need for a programme for development of women and children
- make a list of the services provided in an Anganwadi centre
- describe the administrative structure of an ICDS project
- prepare a list of the activities that are done by the Anganwadi Worker, the Supervisor and the Child Development Project Officer
- identify the role of different functionaries in an ICDS project
- explain the importance of community participation in a programme like ICDS
- describe how the ICDS programme is linked to other programmes of the Government
- make a list of the problems that affect the implementation of the ICDS programme

19.2 BENEFICIARIES OF ICDS PROGRAMME

The Nest Day............

Sharda visits the Anganwadi centre. A few children have already collected there. They are all young children in the ages 3 and 6 years. Uttra Bai has an attendance register in which their names are written; Krishna, Abdul, Maya, David, etc. Uttra writes down the name of Sharda’s four year old son, Jeevan, on that page. Then she turns to another page of the attendance register and writes down Sharda’s name as well. Sharda looks surprised. Uttra explains:

"You have a three month old baby. You are breast feeding her. So you too become the beneficiary of the Anganwadi. Had the Anganwadi been set up last year when you had conceived, you would have been enrolled in our register as a pregnant mother and your elder daughter, who would have been less than six months last year, could also have come to the centre for the preschool activities".

THE BENEFICIARIES OF AN ANGANWADI INCLUDE:

- CHILDREN 0-6 YEARS, AND
- PREGNANT AND NURSING MOTHERS.

Section 19.6 would tell you more about the beneficiaries of the ICDS programme.

19.3 WHAT IS AN ANGANWADI?

Uttra quickly organizes the children in a small circle, folds her hands and sings a prayer. The children repeat after her. She then looks at the face, nails, hair, eyes and ears of each child to see if they are clean. She calls the Helper and asks her to clean the children who need it. Uttra then tells the children a story, following which the children enact a drama based on that story. Later Sharda uses leaves and flowers to organize a game to help children identify different colours. At the end, she gives them some clay for making toys.

These preschool activities take about two hours. At the end of the day the Helper washes the hands of children and Ultra distributes food to them to eat at the Anganwadi. The children then go home. Ultra Bai also gives some food to Sharda and a few other mothers who have collected there. Ultra Bai’s day however does not end here. She has to complete the following registers:

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- The *supplementary nutrition services register* in which she marks the attendance and calculates the number of children and mothers who received supplementary food that day;
- The *food stock register* where she enters the amount of ration she had taken out to cook; and
- The *daily diary*, which is a record of the different activities she had done with the children and will do after the children have gone home.

After completing these registers, she is now ready to go on her home visits. She was told during her training that as part of her daily tasks, she is expected to visit five homes every day to make contact with the community, create awareness, sort out problems (if any), and encourage participation in the Anganwadi activities. Uttra looks at her records. Tomorrow would be immunization day. She needed to contact the mothers whose children had not been immunized and convince them about the importance of immunization. Since the doctor too was coming with the Lady Health Visitor (LHV), they would also do the health check up of all children and the pregnant mothers at the AW. She would take this opportunity to take the weight of children of her weighing scale for monitoring their growth. She also planned to talk to the doctor for referring sick children to the health centre.

During her earlier home visits, Uttra had talked to the women about helping her in some of the activities of the Anganwadi. She decides to visit the home of the Pradhan on the way back home and find out if his daughter could help in organizing activities for children tomorrow at the time of the doctor’s visit.

![Image](http://smartprep.in)

**AN ANGANWADI IS A PLACE OR A CENTRE WHERE A PACKAGE OR SET OF SIX SERVICES IS PROVIDED TO THE BENEFICIARIES. THESE SERVICES ARE:**

- **NON-FORMAL PRESCHOOL EDUCATION**
- **SUPPLEMENTARY NUTRITION**
- **HEALTH CHECK-UP**
- **REFERRAL SERVICES**
- **IMMUNIZATION**
- **NUTRITION AND HEALTH EDUCATION**

Read the description about Sharda's visit to the Anganwadi centre once again. Can you see Uttra Bai delivering/making sure that the six services mentioned above are being delivered?

Now let us learn some more about the programme.

### 19.4 OBJECTIVES OF ICDS PROGRAMME

In 1974, the Government of India formulated a National Policy for Children. I am sure you recall reading about it in Unit 29 of DECE-I, when we discussed the history of child development services in the country. This Policy helped the Government in planning the largest programme for children below the age of six years. This programme is known as the Integrated Child Development Services, or ICDS, as it is more popularly called.

The programme has five main objectives. Four of these were explained to you earlier in Unit 29, Block 7 of DECE-I. Do you remember what they were? Write them down in the following space.

...
Yes, the four objectives of the ICDS programme that you are familiar with are:

i) To improve the nutritional and health status of children in the age group 0-6 years.

ii) To lay the foundation for proper psychological, physical and social development of the child.

iii) To reduce the incidence of mortality, morbidity, malnutrition and school dropout.

iv) 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.

The fifth objective of ICDS is

- To coordinate (work together) with different Departments for promoting child development.

Based on these objectives, the package of six services are delivered to children and their mothers and other women in the community. As you have read in Unit 29 of DECE-I, different beneficiaries receive different services in the Anganwadi. The exercise given below will help you to once again refresh your memory.

Check Your Progress Exercise 1

1) Match the services in Column B with the target group receiving the services listed in Column A.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Group</td>
<td>Services</td>
</tr>
<tr>
<td>i) Children 0-3 years</td>
<td>a) Nutrition and health education</td>
</tr>
<tr>
<td>ii) Children between 3 and 6 years</td>
<td>b) Supplementary nutrition Immunization Health check-up Referral services Nutrition and health education</td>
</tr>
<tr>
<td>iii) Pregnant and nursing mothers</td>
<td>c) Supplementary nutrition Immunization Health check-up Referral services</td>
</tr>
<tr>
<td>iv) Women between 15 and 45 years</td>
<td>d) Supplementary nutrition Immunization Health check-up Referral services Non-formal preschool education</td>
</tr>
</tbody>
</table>

19.5 FEATURES OF ICDS PROGRAMME'

The ICDS programme has many interesting features. These resulted from the experiences of the Government in running earlier programmes for children, such as the Welfare Extension Projects under which Balwadis had been set-up for children. Do you remember what you read about the earlier efforts in Unit 29 (DECE-I)?
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Let us look at the features that make ICDS different from earlier programmes for children.

- It is integrated i.e., all six services are provided together to each child, so that they can have an impact. For example, the child is given supplementary nutrition to improve health, immunized to prevent diseases, included in the preschool activities for optimum development and school readiness, etc.

- These services are provided to the children at their very door step, as the Anganwadi (AW) is located close to their homes.

- It provides services to the child from the time the child begins to grow in the mother's womb. As soon as a mother is identified as pregnant, she is eligible for registration at the AW to receive supplementary food, immunization, health check-up and referral services.

- It develops the abilities of the mother to look after the health, nutrition and education needs of children from birth onwards. This is done through meetings when the Anganwadi Worker (AWW) talks to the mothers and informs them about appropriate child-rearing practices.

- It is a programme for the community and calls for their participation in delivery of services. The AWW is expected to encourage people to come to the AW, to make use of the services, to help her in delivering the services to other beneficiaries and to take decisions for self-development.

- It takes the help of a local woman called the Anganwadi Worker for providing the services. The Anganwadi Worker is selected from the village itself, so that people are familiar with her and accept her. Being local, she is available to talk to the people and help them at all times. In other words, she acts as the focal point of services delivered at the AW.

19.6 STRUCTURE AND EXPANSION OF THE PROGRAMME

- AN ICDS PROJECT HAS 100 ANGANWADI CENTRES.
- AN ANGANWADI CENTRE IS SET-UP IN A VILLAGE OR GROUP OF VILLAGES WHOSE TOTAL POPULATION IS AROUND 1000.

Given this information, what can you say about the coverage of an ICDS project? Yes, one ICDS project covers about 1 lakh persons, that is, one administrative block. Now, what is a block? India, as you may know, is divided into about 5000 blocks, for the sake of convenience of management. Each block has a population of about 1 lakh.

Fig. 19.1: One ICDS project
Each ICDS project has the following staff:

- One Child Development Project Officer (CDPO) who looks after all the 100 Anganwadi centres
- 4-5 Supervisors who supervise the work of 20-25 Anganwadi centres each, under the CDPO
- 100 Anganwadi Workers; one Worker each for running an Anganwadi centre
- 100 Helpers; one Helper for each Anganwadi centre

How are all the ICDS projects linked together?

A district may have one or several ICDS projects depending on its size and population. The CDPOs from all the projects in a district report to a District Programme Officer. The District Programme Officers of all the districts in the State, in turn, report to the ICDS Cell in the State. This Cell could be located in either the Ministry of Welfare or the Ministry of Health. Sometimes in different States these Ministries may have slightly different names. These ICDS Cells in the State Ministries are linked to the Department of Women and Child Development in the Ministry of Human Resource Development at the Centre.

Look at the chart given in Figure 19.2. It shows the administrative structure of the ICDS programme.

**Expansion of the programme**

In the beginning only 33 ICDS projects were started on an experimental basis. These were in 33 different administrative blocks in the country. When the first experiment with 33 ICDS projects proved successful, the Government decided to expand the programme. According to Department of Women and Child Development, Ministry of Human Resource Development, today the country has more than 3,000 projects, spread across the country. These projects are mainly located in the rural and tribal areas. Projects are also there in the urban slum areas, but these are very few.

ICDS projects are set up in backward and poor regions and cover children who come from:

- landless families
- families whose monthly income is less than Rs. 500
- marginal farmers, i.e., farmers who have very small farms
- scheduled castes and scheduled tribes
From what you learnt in Section 19.2 and what you read just now, can you state who the beneficiaries of the ICDS programme are?

**THE BENEFICIARIES OF THE ICDS PROGRAMME ARE CHILDREN AND WOMEN BELONGING TO BACKWARD/POOR POPULATIONS MAINLY IN THE RURAL AND TRIBAL AREAS AND IN THE URBAN SLUMS.**

### 19.7 STARTING THE PROJECT

The project starts with the selection of a project area, the CDPO and the Supervisors. The project area is selected by the State depending on where people from scheduled castes and backward tribes are concentrated.

#### TASKS OF CDPO AND SUPERVISORS

The CDPO and Supervisors, on selection, are sent for training. After they return from training to their project area, they follow the following steps for starting the project.

- **Contacting village leaders and important persons**
  
  The CDPO and Supervisors make a map of the project area and contact the Sarpanch, panchayat members and other important people in all the villages in the area and fix meetings with them. They explain to them the programme and discuss its benefits, such as:
  
  i) ICDS will prevent deaths of infants and mothers in their villages.
  
  ii) ICDS will ensure that healthier babies are born by providing supplementary food to the mothers and looking after them in their pregnancy.
  
  iii) ICDS will prevent children from becoming ill or disabled by immunizing them against diseases.
  
  iv) ICDS will prevent children from becoming malnourished by giving them additional food and monitoring their growth.
  
  v) ICDS will promote the all round development of children and prepare them for school.

- **Organizing community meetings**
  
  With the help of the leaders, the CDPO and Supervisors arrange for community meetings in all the villages. The purpose is to tell the village people all about ICDS, the services provided and their benefits, and request for their involvement/help in the activities of the Anganwadi.

- **Selection of Anganwadi Workers and Helpers**
  
  During the meetings the village community helps the CDPO to select the Anganwadi Worker and the Helper by suggesting names of some women. The person chosen to be the Worker must be
  
  - from the village, and
  
  - have educational qualifications of Class VIII and above. In places where it is difficult to find educated women, women who are not educated up to the eighth class or even illiterate women may be selected.

  While selecting a worker, it is important to find out if she enjoys working with children, has an aptitude for the duties that she would be required to perform, and has a good relationship with the community.

  The Helper may be a woman from the community who is in need of work, such as a widow or someone whose husband has abandoned her, or an elderly woman.

- **Training of Anganwadi Workers and Helpers**
  
  Anganwadi Workers are sent for training for a period of three months at the Anganwadi Workers Training Centres (AWTCs). The training of Helpers is for 10 working days.
Incidently, after they have worked for two years, the Workers and Helpers undergo a refresher training course. It is of 2 weeks duration for Workers and one week for Helpers.

**TASKS OF AWW**

Now, let us take a look at what an Anganwadi Worker has to do on coming back from training.

- **Selection of Anganwadi centres**
  
  When the Anganwadi Worker returns from training, she must look for a place to run her centre. Can you make a list of all the points which an AWW must keep in mind when doing so?

  Turn back to Unit 31 of DECE-1 and check if you remember all the important points.

  While choosing an Anganwadi centre, the AWW also needs to remember that it must be
  - near the beneficiary households
  - in the centre of the village so that the children can come and go easily
  
  A centre which is very far from the homes of the children will make it difficult for children to walk there every morning.

- **Setting up the Anganwadi centre**

  After having chosen a place for the centre, the Anganwadi Worker must begin to set it up. She displays the different aids she had made during the training programme and puts up charts and posters to make the centre look attractive. She contacts the Supervisor of her circle and the CDPO to obtain the supplies and equipment for the AW. She will be provided with:
  - containers for storing the food rations
  - cooking vessels and utensils for preparing the supplementary foods
  - bowls/plates for serving supplementary nutrition to children
  - weighing scales and growth chart registers
  - durries/durry strips for children to sit on
  - play materials for preschool activities
  - registers for maintaining records
  - bucket, soap, nail cutter etc. for health and hygiene activities
  - a bos to keep the material

- **Conducting a survey**

  While the AWW is looking for and planning how to arrange the space in the AW, she must also begin conducting a survey of the entire village. She must note down information about each family in a separate survey form, and then compile all the information in a survey register.

  Let us follow Tara Devi, another Anganwadi Worker, as she goes around doing the survey.

  There are 85 households in Tara's village. She decides to start her survey work with families she knows. She goes to her neighbour's home and greets the grandmother who is sitting and cutting vegetables.

  **Tara:** "Ram Ram, Tai, How are you?"

  **Grandmother:** "Ram Ram, Tai, I am fine. How about you? What brings you here today?"

  **Tara:** (Sitting down next to the grandmother, begins to help sort the vegetables for cutting) "Tai, I have to make a survey of the village. I must find out what is the total number of people living here, the number of children under six years, children who have been born in the last one year, children who are disabled etc."

  **Grandmother:** "But why? How will that help you?"
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Tara: Well, I have to make a list of all those children who are to be enrolled at the Anganwadi and given the services, and make a note of the condition or status of children and women in our village. After 4 months, when I update this information, I will come to know if any changes have taken place in the status of health of these children and women, that is, if the services have been of any help.

During the survey work, Tara also informed all the villagers about the ICDS programme. She answered their questions and sorted out their queries.

Tara spent 4-5 days in making a summary of her survey forms. She totalled the number of households. She now knew how many people were there in the village, how many were women, how many children. From the survey data Tara found that many babies died soon after birth. She felt concerned. She decided to talk to the Supervisor on her next visit and ask her what could be done. Here is what the Supervisor told her.

Supervisor: "A survey helps us to find out what is the situation of the children, women and people in the village. On the basis of the survey information, we can decide what should be done to improve the situation of the people. In your case, we must make efforts to reduce the infant mortality rate by registering mothers as soon as they become pregnant, ensuring that they receive regular prenatal check-ups by the health workers, and have deliveries conducted by trained birth attendants/health workers or at the health centres. After one year of making these efforts we will check the updated survey figures to see whether the mortality rates have dropped. Thus a survey helps to set targets."

What action Tara planned along with her Supervisor, we will study in the next Section.

In the context of starting a new project, it is important to pay heed to the following:

**It is a good idea to start the Anganwadi centre by inviting the Pradhan for inauguration and all the villagers to come and see the centre.** This way everyone comes to know about the services. The mothers can be told about the timings of the Anganwadi centre.

**When a worker starts the centre, she must take care that the possible changes to suit the needs of the people are made.** For instance, the mothers may not find the AW timings suitable. In villages, most women go away to work in the fields early in the morning and take the children with them when there is no one at home to look after them. In such a case, the Anganwadi Worker can, after discussing it with the Supervisor, change the timings of this centre to start at 7.30 a.m. instead of 9.00 a.m., so that mothers can leave their children at the GW on their way to the fields.

**Check Your Progress Exercise 2**

1) Cross out (x) the incorrect answers.

- A survey helps us to
  - i) establish contact with community
  - ii) tell the community about the ICDS programme
  - iii) identify a place for the Anganwadi
  - iv) find out the situation of children in the community
  - v) plan what supplementary nutrition to give at the Anganwadi
  - vi) identify the beneficiaries for service delivery
  - vii) plan the targets for achievement
  - viii) plan the action to be taken

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19.8, PLANNING BY CDPOs

Do you remember which are the different services that an AWW must deliver at the AW and why? Let us see what planning needs to be done by the CDPO to ensure that the services are delivered effectively. To find out, let us go to the office of Vijaya, who is a CDPO at the ICDS project, Dharampura.

Vijaya was expecting all the AWWs back from training next week. She had called the Supervisors to the office that day to deliberate on a list of tasks that had to be done for starting the delivery of services at the Anganwadis. The list prepared by Vijaya is as follows:
Planning a preschool time table to be used by AWWs with preschool children.

Planning six recipes for supplementary nutrition to ensure that a different item is provided to the children each day of the week.

Fixing the days/dates on which children would be weighed.

Planning the number of homes to be visited every day for nutrition and health education, number of mothers’ meetings to be organized. number of community meetings to be called in the month etc.

Meeting the Medical Officer regarding days on which health check-up and immunization would be done.

Supplying all the equipment to the Anganwadi centres.

Fixing dates of meetings of the Anganwadi Workers with their Supervisors and herself.

Planning for starting Mahila Mandals in the villages.

Planning the records that need to be maintained by the AWWs.

Planning the targets to be achieved and informing the AWWs of the same.

Let us now look at the decisions/action taken with regard to these items in the meeting.

Planning a time table for preschool education

Vijaya and the Supervisors prepared a weekly time table to help the AWWs to organize play activities everyday with the preschool children. While planning the time table, the space and materials available were kept in mind. In the time table, in addition to the activities, aids/materials such as story books, flannel board, paper, clay etc. needed for conducting the activities were also indicated.

Vijaya decided to talk to the AWWs on how she expects the activities to be done, and how the time table needs to be followed. She also decided to make a new time table after every three months.

Can you tell why Vijaya should make a new time table every 3-4 months?

Planning the recipes for supplementary nutrition

Next, Vijaya and the Supervisors planned the six recipes for supplementary nutrition to be provided to the children in the Anganwadi. She recalled that there were three types of rations for supplementary nutrition supplied in the ICDS projects. These include:

i) CARE or WFP rations, that is rations that are supplied by these two donor agencies

ii) Ready-to-eat foods, that are foods that can be distributed to children and don’t need to be cooked

iii) Local food supplies, which include food products that are produced locally.

In her project, like all others in her district, she was receiving CARE food supplies. CARE food included corn soya blend flour, some oil and some jaggery. It was decided that six different recipes that could be prepared out of these rations were roti, puri, pakora, punjiri, dosa salted, dosa with jaggery and vegetable upma. Vijaya suggested that vegetables for upma could be got from the community/mothers of children.

Fixing the dates for weighing children

In the meeting that Vijaya had with the Supervisors, it was decided that all children should be weighed in the first week of the month. The first two days were to be spent in weighing all children who come to the Anganwadi, and on the third day, the AWWs were to carry the weighing scale to the homes of all children under three years who were registered at the AW but could not come to the Anganwadi on the previous two days, to weigh them at their homes. This would ensure regular weighing of the children.
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As per the guidelines, an AWW is expected to undertake five home visits to homes whose children do not come for the preschool activities or who are malnourished or have some health related problems; conduct meetings of mothers for nutrition and health education; form a Mahila Mandal in the village and prepare it to help in the AW activities; and conduct meetings with the entire community.

Vijaya and the Supervisors planned to give some guidelines to the AWWs about the topics of discussions in the meetings, which homes were to be visited initially, how to make a record of these meetings and plan follow up activities.

- Fixing the dates for immunization and health check-up

Vijaya knew that a meeting with the Medical Officer (MO), who is in charge of the Primary Health Centre, was necessary to find out their schedule for immunization and health check-up, so that the work of the ICDS and health functionaries could be coordinated. The AWW would then have to keep herself and the beneficiaries ready on the date fixed for immunization and health check-up in her village. Vijaya decided to contact the Medical Officer at the earliest.

- Supply of equipment to the AWWs

It is the responsibility of the CDPO to supply the equipment to all AWWs for starting the services. The Supervisors had already drawn up the list of supplies to be sent to each centre. Having read Section 19.7, can you name the items in this list?

- Fixing the dates of meetings with Supervisors and AWWs

Vijaya proposed to meet the Supervisors at least twice every month and the AWWs once every month, to discuss with them her observations of her visits to their Anganwadi centres, and to upgrade their skills for better delivery of different services.

Vijaya reminded the Supervisors that a summary of the monthly progress reports submitted by the AWWs, had to be sent to the Programme Officer by the first of every month.

- Formation of Mahila Mandals

A Mahila Mandal is a group of women from the village who are chosen by the other women to plan and do activities for improving the conditions of women in the village. The Mahila Mandal can look into cleanliness of the village, maintain the water pump, receive training for and start an income generation activity, make sure that children come to school, are immunized and so on. Vijaya decided to instruct the Anganwadi Workers on how to form a Mahila Mandal with the help of Supervisors in their respective villages.

- Planning the records to be maintained by the AWWs

There are a few standard registers that an AWW is expected to fill-up. Some of these are to be filled every day, some once a month and some once in three months. Do you recall the daily records Uttra Bai had filled-up? Yes, these were:

- Attendance register for preschool activities
- Register for services to pregnant women and nursing mothers, such as giving them iron and folic acid tablets
- Supplementary nutrition stock register
- Daily diary
- Home visits register
Among the records and registers that the AWW has to fill-up once every week are:

- Immunization register
- Health check-up register

The records and registers that an AWW has to fill-up once every month are:

- Growth chart register
  In this the weights of children are plotted on the growth charts every month.
- Monthly progress report
  This is a report of the population of the village, number of children born, number of infants and mothers who died in the month, number of children who attend the preschool activities, number of children in each of the four grades of malnutrition, number of days supplementary food was served, number of children and mothers referred to the Primary Health Centre, the problems faced, etc.
- Records of the Mahila Mandal/mothers’ meetings
  In these, the worker enters the date of the meeting, names of those who attended, the important decisions taken and the follow-up action planned.

The records and registers that an-AWW has to fill-up once every three or six months are:

- Survey register
  You have read about this in Section 19.7.
- Half yearly progress reports
  These are compilation of the data of the monthly reports for six months. These also include some quality data, that is information on not just numbers but how the services are being delivered.

Apart from these the Anganwadi Worker has to fill-up, as and when needed the following records:

- Referral services register
- Medicines given from the first aid box
- Stock register for all equipment supplied to the Anganwadi

Can you tell what kind of data will be entered in these three registers?

Vijaya thought that perhaps registers which had related information could be combined into one. She decided to make all health related registers into one, so that information on each child would be available at one place.

Vijaya had to make sure that each of the workers was given all these registers. Now that you know all that is to be filled-up in each of these registers, can you state what happens to this information at the State level? We will talk about it in more detail later.

- Planning the targets to be achieved

Finally we come to the most important part of Vijaya’s planning; deciding on the targets to be achieved, based on the objectives of the ICDS programme. These targets have now been fixed more specifically according to the targets planned by the Government of India. They are:

- Bringing down the mortality rates among children
- Bringing down the mortality rates among mothers
- Bringing down the number of severely malnourished children by half
- Bringing down the morbidity (illness) rates among children and mothers
- Improving school enrolments to achieve the target of Education for All
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- Reducing the school drop out rates among children
- Registration of all pregnant women for delivery at the Primary Health Centre or by trained birth attendants (dais)
- Immunization of 90 per cent of children and pregnant mothers
- Growth monitoring of all children regularly

Vijaya's objectives were to be planned according to these national objectives and also in keeping with the situation prevalent in her project area. The survey and the discussions with the community members had shown that children in her area often suffered from diarrhoea, leading to a number of deaths. The children also suffered from worms because of unsafe water. Very few children were fully immunized. Vijaya's target was to tackle these problems in a phased manner. The first plan was to educate mothers about:

i) making water safe for drinking purposes
ii) looking after their children suffering from diarrhoea
iii) getting their children immunized

To do so, she would need to meet the Medical Officer. She would also have to get some hand pumps fitted with the help of the Block Development Officer in villages where there are none and train the Mahila Mandal members to look after them. For educating the mothers, she decided that each worker would organize two meetings in one month. The Supervisors should try and be present in at least one of the meetings at each of the villages. Mothers of children suffering from diarrhoea or whose children are not immunized in particular need to be called to these mothers' meetings. The AWWs worker would also have to focus on getting the villagers to keep their village clean. For this a community meeting may need to be called and the Mahila Mandal involved.

Check Your Progress Exercise 3

1) Read the description of the women and children in the villages of Rampur ICDS project. Make a list of five goals that the CDPO should set for her ICDS project, keeping in mind the national goals listed in the preceding Section.

Rampur village is in a tribal area. To reach Rampur, you have to take a bus from the block headquarters at Garhi. The bus drops you at village Madhopur after two hours of journey. From here you must walk for another 5-6 kilometers to reach Rampur. The children in Rampur are malnourished. Almost 10 children are reported to be in the severe malnutrition category. Of all the children born in the last one year, only two have received the first dose of oral polio vaccine and the DPT vaccination. There is a traditional dai in the village who performs all the deliveries of children. Sometimes the children, and sometimes the mothers also, die during these deliveries. Most women go to collect wood from the jungle or work on the fields. They take their children to the fields with them — even those who are registered at the Anganwadi. None of the girls in the village go to school.

List your goals in the following space:

i) ...........................................................................................................................

ii) ...........................................................................................................................

iii) ..........................................................................................................................

iv) ..........................................................................................................................

v) ..........................................................................................................................

19.9 PLANNING BY SUPERVISORS

After the planning by the CDPO which was done along with the Supervisors, now it is the turn of the Supervisors to do the planning for their circles. The role of the Supervisor is to
monitor the services being delivered by the Anganwadi workers in their circle, find out the weaknesses and provide continuing education to the Anganwadi Workers to deliver the services more effectively. The Supervisor must plan

- her visits to Anganwadis. Each Supervisor is in charge of about 20-25 Anganwadis. This group of Anganwadis is known as a circle. The Supervisor has to make 20-25 visits to the Anganwadis in one month, which means she makes at least one visit to each of the AWs in her circle every month.

- one circle meeting, that is meeting of all AWWs she is expected to supervise. For continuing education and collecting information through the monthly progress reports.

- meetings of mothers. Mahila Mandals and the community on specific topics.

Some of the Anganwadis are directly on the bus routes, that is these villages are along the main road and you can reach them by bus. Some AWs are a little in the interior, while some are very much in the interior. To reach these one normally needs to walk several kilometres of rough terrain. The Supervisors must make sure that they visit all the centres and not just those that are close to the main roads. The Supervisors have to decide which centres they would visit on each day. Their plan may look like this.

<table>
<thead>
<tr>
<th>Name of the Anganwadi</th>
<th>Date of Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Madipur</td>
<td>8.7.95</td>
</tr>
<tr>
<td>2. Bhokra Gaon</td>
<td>9.7.95</td>
</tr>
<tr>
<td>(stay overnight)</td>
<td></td>
</tr>
<tr>
<td>3. Ujjina</td>
<td>10.7.95</td>
</tr>
<tr>
<td>(on return from Bhokra)</td>
<td></td>
</tr>
</tbody>
</table>

Making observations at the Anganwadi

At the Anganwadi, the Supervisor observes the work of the Anganwadi Worker. She monitors her as she conducts the preschool activities; she accompanies her for the home visits that day; she participates in the meeting of the Mahila Mandal in case it has been planned for that day; she observes the Worker weighing the children and talking to the mothers after the child has been weighed. The Supervisor makes note of her observations and checks whether what is being recorded in the daily diary is correct. She compliments the Worker on all the good points she saw and discusses ways by which improvements (when needed) could be brought about. She discusses her observations with the AWW and makes suggestions for improvement.

Giving demonstrations at the Anganwadi

In case the AWW was unable to do something correctly, the Supervisor demonstrates to her how the activity is to be done. For example, when Jamila, a Supervisor, went to visit the AW at Ujjina, she found that the Worker was not narrating the story properly. The Worker had no expression in her voice and she did not involve the children in the activity. So Jamila decided to tell a story to the children, by using gestures and sounds to make it interesting, and show the Worker the appropriate way of telling a story. Can you suggest to Jamila some other ways that can make story telling interesting to children? You have read about these in Unit 25 of DECE-1.

Checking records and registers

During her visit the Supervisor also goes through the records and registers maintained by the Worker. For instance, she checks the stock entries and the amount of rations left over. She looks at the actual food rations that are left and compares them with the stock entries. She goes through the growth monitoring registers and sees if the Workers are plotting the weights regularly and correctly. She checks to see if children have been fully immunized or not. Do you remember that a review of these records and registers is used by the Supervisor to plan the targets she wishes to achieve? To take an example, when Jamila checked the attendance record maintained by the Worker, she found that the number of children coming
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Managing Children's activities for the preschool activities was only about 20, while in the attendance register the names of 40 children had been entered. Even these children did not come every day. Jamila found the reason for this in the Worker's daily diary. The Worker was doing the same activities every day. She was not using any interesting aids or play-way methods, and was focussing on teaching numbers and alphabet. Jamila realized that this Worker needed to know a variety of activities, use the playway approach to make learning fun and also use materials from the environment as play aids. So educating and training the AWW(s) in this respect became one of Jamila's immediate goals.

Organizing continuing education

If the Supervisor finds that a number of Anganwadi Workers are unable to do activities like narrating stories well or plotting the weights on the growth chart, she plans out a circle meeting to take up these topics. In this meeting, she makes the Workers practise the skills after her demonstration, so that they pick them up well.

Meeting the community

The Supervisor checks the home visits diary and then accompanies the Worker for the home visits planned for that day. This gives her a chance to meet the village people and talk to them about the ICDS programme. The informal discussions help her to find out if the services are being delivered properly by the AWW. Does she open the AW on time, does she give the right amount of food to the children, and whether she actually does what she writes in her registers. She makes an assessment of the health or other problems of the people and guides the Anganwadi Worker to select the topic of discussion during the next mothers' meeting/community meeting/Mahila Mandal meeting or for organizing a campaign in the village.

19.10 GETTING SUPPORT OF THE COMMUNITY

The ICDS programme essentially requires the support of the people in the community in order to be effective. Involvement of the community starts from the very beginning when the CDPO and the Supervisors meet the people and tell them about the programme and ask them to select the AWW. The AWW on her return from training also meets the community through:

- community meetings
- mothers' meetings
- Mahila Mandal meetings
- home visits
- informal meetings at the village tap, during religious ceremonies etc.
- when the mothers come to the AW

Involving the community is an important part of the ICDS programme since the people must be responsible for their own development. They must understand that the ICDS services help in the survival and development of children and women. They must not therefore consider ICDS as a Government programme where they are just receivers and do not have to give anything in return. People do not have to participate by giving money; they can be involved in many other ways such as:

- sending their children to the AW on time
- helping the AWW to run the AW on days when immunization, health check-up or growth monitoring is going on
- talking to other women and people in the community
- providing food items such as vegetables, spices etc. to add to the supplementary nutrition being given to the children
- educating mothers and other women about better ways of looking after children,
feeding them properly, getting their immunization done on time, playing with them, etc.

• providing help in collecting play materials and repairing the play equipment available at the Anganwadi.

In Unit 32 of DECE-I, you had studied in considerable detail about involving the family and the community. Can you recapitulate the contents? Can you think of some ways other than the ones listed above, in which the community can participate in the activities of the Anganwadi? In the space given below list at least five more ways.

Check Your Progress Exercise 4

1) Match the information given in **Column B** with the record in which it is entered, given in **Column A**.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Preschool attendance register</td>
<td>a) Weights of children and their growth pattern</td>
</tr>
<tr>
<td>ii) Immunization register</td>
<td>b) Pregnant and lactating women getting supplementary food</td>
</tr>
<tr>
<td>iii) Growth chart register</td>
<td>c) Children 3-4 years attending preschool</td>
</tr>
<tr>
<td>iv) Services for pregnant and lactating mothers</td>
<td>d) Situation of children and women</td>
</tr>
<tr>
<td>v) Survey register</td>
<td>e) Children and mothers immunized and the dose of immunization</td>
</tr>
<tr>
<td>vi) Food stock register</td>
<td>f) Stocks of ration</td>
</tr>
<tr>
<td></td>
<td>g) Population and family details of the people in the community</td>
</tr>
</tbody>
</table>

2) Fill in the blanks:

i) In the **Mahila Mandal** meeting register, the **Anganwadi** Worker records

ii) The daily diary is a record of the Worker's

iii) The food stock register includes details of the

iv) The referral **services** register contains the
The CDPO is responsible for preparing the budget for his/her project and for incurring expenditure out of this budget for delivery of services. The budget that the CDPO plans is according to the guidelines issued by the Department of ICDS in the State. It includes the following items:

- Salaries of staff
  - CDPO
  - Assistant CDPO
  - Supervisors
  These vary from State to State.

- Honorarium to Anganwadi Workers
  The honorarium depends on the AWWs' educational level and the years of work put in.

- Salaries of secretarial and other staff
  - Clerk-typist
  - Driver
  - Peon
  - Statistical Assistant

- Recurring expenditure including expenses that need to be incurred frequently. Some such items of expenditure are listed below:
  - Contingency money for Anganwadi centres, that is money to buy registers, material for preschool activities, etc.
  - Amount to maintain/replace equipment at the AWs.
  - Rent for Anganwadi centres. Most of the AWs are rented. A provision for paying the rent exists which is different in urban, rural and tribal areas and in different States as well.
  - Medicines for the first aid box.
  - Petrol for running the jeep.
  - Contingency amount for purchase of stationery items etc. for the CDPO's office.

- Non-recurring expenditure
  This is for one time purchase, at the start of the project, of items such as:
  - Equipment for the Anganwadi e.g. cooking utensils, plates, containers, etc.
  - Furniture at the block office
  - A refrigerator
  - A jeep for the CDPO

The budget for each project depends on the number of AWWs in that project, the number of AWWs and the Helpers, the requirements for opening new centres etc. The CDPO draws the money according to the budget planned under these heads and is then responsible for ensuring that the money is spent accordingly.

A large proportion of the ICDS budget is for purchase of supplementary nutrition. This expenditure is by and large made at either the State Department or at the District level and not by the CDPO.

Some part of the ICDS project budget is for the health staff and infrastructure, as almost four services of this programme are health based. Can you list which ones these are? Although this money comes out of the ICDS programme, it is not spent by the CDPO but given to the Health Department.
19.13 LINKAGES WITH PROGRAMMES IN OTHER SECTORS

The ICDS programme works together with many other programmes of other Departments of the Government. This intersectoral link makes sure that all the needs of the community, the families, the mothers and the children are looked after. This is known as a comprehensive approach to child development.

LINKAGE WITH THE HEALTH SECTOR

The most important sector that the ICDS is linked to is the health sector. The health services are delivered by the Department of Health.

The field level health functionaries directly associated with the ICDS programme include the

- Medical Officer (MO)
- Lady Health Visitor (LHV)
- Auxiliary Nurse Midwife (ANM)
- Trained Birth Attendant (TBA)

The health services provided in the ICDS programme include immunization, health check-up of children and pregnant women, care during sickness, distribution of ORS packets, family planning etc. These are provided by the health workers with the help of the ICDS staff, who support the health functionaries in arranging for these services at the Anganwadis.

![Health Services Network](image)

<table>
<thead>
<tr>
<th>Primary Health Centre</th>
<th>Linkage with ICDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Officers</td>
<td>CDPO</td>
</tr>
<tr>
<td>Sub-centres</td>
<td></td>
</tr>
<tr>
<td>Lady Health Visitor</td>
<td>Supervisor</td>
</tr>
<tr>
<td>Auxiliary Nurse Midwife</td>
<td>AWW</td>
</tr>
<tr>
<td>Trained Birth Attendant</td>
<td>Helper</td>
</tr>
</tbody>
</table>

Fig. 19.3: Cooperation at various levels between health workers and ICDS staff

The CDPO and the MO go for joint visits in their project area at least once in a month, and conduct joint meetings of the workers so that the workers can plan their health activities jointly.

The Supervisors and the LHVs too plan joint visits to meet the community members, find out their problems and provide services which are needed.

The Anganwadi Worker assists the ANM in immunization and home visits of mothers and children who are sick. The ANM can help the AWW in convincing mothers to get their children weighed or immunized, or in educating them regarding home management of diarrhoea in children.

The Helper interacts with the TBA and goes with her to the homes of the mothers who require care. The AWW too takes the help of the TBA for maintaining the records of the
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The date of birth of the child, taking the weight of the newborn child, filling the growth chart, educating the mother about the advantages of feeding colostrum to the child and similar activities.

The ICDS and the Health Departments also work together to ensure environmental sanitation in the area.

LINKAGES WITH OTHER SECTORS

The other sectors with which the ICDS programme has links are:

- **Rural Development**: Rural development programmes, which are primarily the responsibility of the Department of Rural Development, are managed at the field level by the Block Development Officer (BDO). The BDO is responsible for making available to the CDPO an office for administrative work, helping in locating the Anganwadi centres in the villages, and construction of Anganwadi centres out of funds in the Jawahar Rozgar Yojna when community help for building is unavailable. BDOs also assist in strengthening the Mahila Mandal and involving the other voluntary organizations in the area in the ICDS programme. The BDO gets hand pumps put in the villages for making available safe drinking water to the villagers, near the Anganwadi centres if possible. Building of roads leading to the village and promoting sanitary latrines and smokeless chullahs is also a part of the BDO’s job. Under the DWCRA (Development of Women and Children in the Rural Areas) programme, income generation programmes are to be started for women so that they can earn more money and improve their living conditions. Efforts to coordinate the services provided under programmes for rural development and the ICDS programme are made.

- **Education**: The Education Department helps to provide education for adult women in the ICDS programme through its adult education programmes. The AW centres are also linked with the primary schools so that all children coming out of the AW are admitted into the school. The primary school teacher is also supposed to help the AWW in organizing a variety of activities for children.

![Fig 19.4: An inter-sectoral approach is adopted to render the ICDS programme more effective](http://smartprep.in)

A combination of all services helps to develop the child and the family such that they are able to look after their needs themselves.

**19.14 STRENGTHENING OF ICDS PROGRAMME**

The ICDS programme is now being strengthened with the help of the World Bank. The changes that are being introduced include...
● Involvement of the Adolescent Girls
The adolescent girls had so far been left out and did not receive any service under any programme of the Government. Pregnant and nursing mothers and children under six are looked after by the ICDS programme; the children older than six years are looked after in the education system in the schools. But the adolescent girls who may not be in the school system are often left out. They do not get proper nutrition and so grow up with poor health. Under the ICDS programme now, adolescent girls are registered at the AW centre and given supplementary food and all other health care services. They, in turn, help the AWW to do her activities. And while they help, they learn the appropriate ways of looking after children.

● Women's Integrated Learning for Life (WILL)
Under the WILL scheme, women are provided an opportunity to learn basic reading, writing and number skills, and also made aware about how to look after their health, nutrition and education needs. Those AWs who are educated are given the responsibility of educating these women under the Adult Education Programme of the Government.

● Strengthening the Mahila Mandal for income generation activities
The Mahila Mandal formed in each of the villages are being supported with a small grant of Rs. 1,000 initially to start income generation activities for the women of the village. The CDPO helps the Mahila Mandal in selection of the activity which the women can undertake, training the women to produce better quality material and developing links for selling these products. Mahila Mandals who are able to start off the activity are given more funds to further develop their income generation work.

19.15 ASSESSMENT OF ICDS PROGRAMME
ICDS is a programme that is spread across the nation. You will recall that we told you that there are more than 3,000 projects in the country today.

IMPACT
The ICDS programme has made an impact on the health, nutrition and education status of children. In the ICDS areas there is better immunization coverage, less children suffer from malnutrition and diseases, infant mortality rates are lower and more children are enrolled at schools after going through the Anganwadi experience.

SOME PROBLEM AREAS
In many areas ICDS does not get implemented the way it should and has not achieved the desired results. Let us look at some of the problems in the implementation of the ICDS programme.

● People consider it a Government programme
In spite of the fact that community participation is an important part of the ICDS programme, the people do not seem to think so. Most people think of ICDS as a programme by the Government and do not like to offer any help to the Anganwadi Worker. The reason is that people are not prepared for receiving the services before the projects are started. They are also not involved in any of the decisions taken by the CDPO and others. They, therefore, feel left out. They start treating the Worker as an outsider from their community who is a Government servant and who should do all the work herself. Their participation is totally absent. The Worker on the other hand also thinks that village people interfere in her work and so she avoids seeking their help. The result is that a programme that is for the people does not help very much to bring about permanent changes in the people's ways of thinking and doing things. The programme that is supposed to change people's ways of living, their health and nutrition status and help in the development of the child's mind thus ends up making very little impact.

● Lack of coordination among the different services of different departments involved
Although different departments such as health, rural development and education are
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supposed to work together, sometimes this does not happen. Each department works independently and so the services are unable to have an impact. For example, the health functionaries may not go regularly to do the health check-up or immunization; no joint visits may be undertaken; the BDO may not provide help to the CDPO in obtaining accommodation, arranging for income generation activities etc. This leads to either services not being delivered properly or different departments duplicating the work of each other e.g., both the CDPO and the BDO may be working at promoting different income generation activities.

Low educational level of the Anganwadi Workers

A large number of Anganwadi Workers who come from interior areas are not educated up to the desired level. Since only local women are to be chosen as Anganwadi Workers, sometimes those who are illiterate or semi literate are appointed. These women find it difficult to fill up records and undertake all those activities that require reading and writing abilities. They also find it difficult to follow the training programme and learn all the things they should know about. As a result, they are not able to deliver the services properly.

- Poor motivation of the Anganwadi Worker and other ICDS functionaries

The Worker is not sufficiently motivated to deliver the services properly. Since she is often not supervised regularly by the Supervisor, she does not take sufficient interest in doing her tasks well. Similarly the Supervisors too avoid visiting the AWWs that are difficult to reach and they do not try and improve the skills of their Anganwadi Workers.

The CDPO too, being very busy with the administration of the project, does not spend enough time in supervising the work of the AWWs and maintaining contact with the community.

- Emphasis is on checking of records and registers at the AWWs

The Supervisors and the CDPOs are more concerned with checking of records at the AWWs. They become like inspectors. They do not make an effort to look at these records to look for the gaps and to try and plan the service delivery in such a way that it meets the needs of the people. The reason for paying more attention to the records is because the figures from these records are to be sent to the Department in the State and at the Centre. As a result the quality of the programme suffers.

- Insufficient space at the Anganwadi centres

The Anganwadi centres are too small and do not have sufficient space for 30 children to sit and participate in activities. Besides, not many have good outdoor space for the outdoor activities. Since not enough money is available for renting the AWWs, the worker has to frequently look for a new place to run her centre when the landlord refuses to accept the low rent, specially in towns and cities. Many of the centres are run in the homes of the Workers or their Helpers. In this case, the AW room is often used at night for sleeping purposes. Therefore, the AW material has to be taken out and put away every day. There are centres that run in dark small rooms, in verandahs, and in passages of homes and there are centres that are kutchha structures which cannot protect the children from rain, heat or cold. All this makes organization of activities difficult.

- Insufficient material for doing the activities

There is hardly any material for preschool activities that is provided to the AWWs. Whatever material is supplied is in small quantities, is not durable and breaks easily when used. The AWW therefore prefers to keep these materials locked away and does not give them to the children to play. The small amount of money provided under the contingency budget is spent by the CDPO in purchasing registers or buckets and soaps for maintaining personal hygiene of children and nothing is left over to buy paints, paper etc. with which children can do activities.

Although the programme does have many problems, it has helped to raise the health and nutritional status of children. Fewer children from the Anganwadis are found in
the IIIrd and IVth grades of malnutrition. The death rates in the ICDS areas for both mothers and the children are lower. Children coming from the ICDS Anganwadis take admission into and do better at schools. They also remain at the school for a longer period. To bring about greater changes there has to be more effort put in programmes that raise the income levels of the people and their educational levels. And last but not the least, it is only when more and more motivated people join the ICDS programme that it is likely to make substantial and sustained impact.

19.16 LETUSSUMUP

ICDS is the most comprehensive health, nutrition and education programme for children of our country. The programme has over 3000 projects. The programme provides an integrated package of six services to the beneficiaries. The beneficiaries of the programme are children in the age-group of 0-6 years, pregnant and lactating mothers and women between the ages of 15 and 45 years from low income groups. The services provided are — supplementary nutrition, immunization, health check-ups, referral services, nutrition and health education and non-formal preschool education. These services are provided through a network of staff beginning with the CDPO at the District level, Supervisors at the circle level, and the most important of all, the Anganwadi Worker and the Helper at the village level.

The ICDS programme works in coordination with other programmes of the Government in sectors like Rural Development and Health. The ICDS programme has made an impact on the health, nutrition and educational status of children and women, but in many areas it does not get implemented the way it should be. There still is considerable scope for improvement.

19.17 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1) (i) — (c)
(ii) — (d)
(iii) — (b)
(iv) — (a)

Check Your Progress Exercise 2

1) (iii). (v)

Check Your Progress Exercise 3

1) i) Improving the nutritional status of malnourished children through supplementary nutrition and education of parents, particularly mothers.

ii) Timely immunization of all children.

iii) All deliveries to be conducted by trained health workers. Training the local dai as the first step.

iv) Changing the timings of the Anganwadi to suit the mothers; motivating them to send their children to the Anganwadi.

v) Convincing parents to send their daughters to school.

Check Your Progress Exercise 4

1) i) — c)
ii) — e)
iii) — a)