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CHILD HEALTH SECURITY THROUGH ICDS IN RURAL PUNJAB (INDIA)

Dr Sarbjit Singh Kular
Dr Sarbjit Singh, Assistant Professor in Public Administration, Guru Gobind Singh College, Sanghera(Barnala)India.

Abstract
Integrated Child Development Services (ICDS) which has been operating in the all districts of Punjab for decades. The present study based on primary and secondary sources of information was carried out to evaluate the supplementary nutrition ration components of Integrated Child Development Scheme (ICDS) in Barnala district of Punjab by selecting all the ICDS projects in the district. The results revealed that the availability of supplementary nutrition ration for the children at Anganwadi Centres (AWCs) was not satisfactory. The proper implementation of the scheme was impeded by many constraints such as non-availability of Supplementary Nutrition (SN) ration at the Anganwadi centres, lack of knowledge about the benefits of SN ration, lack of facilities such as water, space, light etc. at AWCs. The government should issue necessary instructions to concerned agencies for regular supply of supplementary nutrition and must also look into the reasons for such disruption in each case and should initiate necessary actions required in the given situation.

Key Words: ICDS, AWW, AWC, SN, PSED.

INTRODUCTION

The child not only inherits but also transmits the human culture and civilization, human values and ethos. The child is the greatest human asset and most valuable wealth, which has to be nourished with all love and care and protected from all kinds of evils and exploitation, so the human beings will be happy and the world will prosper (Mamata and Sarada, 2009). Early childhood (the first six years) constitutes the most crucial period in life, when the foundations are laid for cognitive, social, emotional, physical development and cumulative life-long learning. Child's survival, growth and development have to be looked at as a holistic approach, as one cannot be achieved without the others. There have to be balanced linkages between education, health and nutrition for proper development of a child. With a view to improve the health and nutritional status of children, the supplementary nutrition programme is one of the most important components of ICDS scheme.

The Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. ICDS was launched on 2nd October 1975, on the auspicious occasion of the 106th birth anniversary of Mahatma Gandhi, the Father of the Nation (Mamata and Sarada, 2009). In the initial stages ICDS was implemented in 33 selected community development blocks all over India. ICDS has expanded considerably in subsequent years and at present there are 7076 sanctioned projects, 7025 operational projects in India and 155 sanctioned and 154 operational projects in Punjab. Services under the scheme are being provided through a net-work of about 1331076 operational *Anganwadi* centers in India as well as 26656 operational *Anganwadi* centers in Punjab (Annual Report 2012-2013).The programmed beneficiaries are children below 6 years, pregnant women and lactating mothers for supplementary nutrition, immunization, health check ups, referral services. Women in the age group of 15-45 years and adolescent girls up to the age 18 years for health and nutrition education and children from three to six years of age are beneficiaries for non-formal pre-school education. All children below 6 years of age, pregnant women and lactating mothers are eligible for availing of services under the ICDS Scheme. BPL is not a criterion for registration of beneficiaries under ICDS. The Scheme is universal for all categories of beneficiaries and in coverage. The focal point for the delivery of ICDS services in an *Anganwadi*-a child care center located within the village or slum area itself. Each *Anganwadi* Centre (AWC) is run by an *Anganwadi* worker (AWW) and a helper and usually covers a population of 400 to 800 in rural and urban areas and 300 to 800 in tribal and hilly areas. Rattan (1997) gave details about genesis, growth, components of ICDS and described a package of seven services comprising supplementary nutrition, immunization, health check-ups, and referral services' treatment of illness, Nutrition and health education and non-formal pre-school education (PSED) which are provided under ICDS.

The number of beneficiares for Supplementary Nutrition in all over India was 74.68 million children from six months to six years of age and in Punjab, the number of beneficiares for Supplementary Nutrition was 1.06 million children from six months to six years of age, up to 31 January 2013.The Government of India has recently, revised the cost of supplementary nutrition for different category of beneficiaries. On average, the effort is to provide daily nutritional supplements to the extent of 500 calories and 12-15 gms of protein per child from 6-72 months, and 800 calories and 20-25 gms of protein per severely

malnourished child from 6-72 months and 600 calories (Annual Report 2012-2013).A study conducted in Resham Ghar Colony of Jammu city in Jammu and Kashmir State in 2005, reported that the children who attended Anganwadi centres had good health compared to their counterparts (Vaid and Vaid). Tondon and Kapil (1991) revealed that ICDS have depicted a positive impact on maternal and child health and their development which is reflected by reduction in birth rate, infant mortality rate, neonatal mortality rate and prevalence of protein energy malnutrition. Paul (1990) found that infant mortality and early childhood mortality and morbidity have declined in the Integrated Child Development services (ICDS) areas, incidence of malnutrition has come down, immunization coverage has improved, the benefits of a small family has been recognized and there is decline in birth-rates. Tandon (1989) revealed that the ICDS nutrition intervention programmes achieved better coverage of the target population and led to a significant decline in malnutrition among pre-school children in the ICDS population, compared with the non-ICDS groups that received nutrition, health care and education through separate programmes. Dongra *et al*. (2008) found that poor quality of supplementary food, lack of cooperation among villagers, business of women in farm works, irregular and poor health check-up services, poverty, poor child care practices, poor support from authorities etc. are most common reason for limited success of ICDS Scheme. It is very important to investigate the relevance and effectiveness of the world`s largest and most unique ICDS programme. So, this field study carried out in the Barnala district of Punjab to evaluate the supplementary nutrition ration component of ICDS on the basis of the following parameters:

a. Availability of regular supply of Supplementary Nutrition ration for children in Anganwadi centres.
b. Number of days used by AWWs to distributing supplementary nutrition ration for children in Punjab, 2011.
c. Percentage of the enrolled children from three years to six years of age coming to receive supplementary nutrition.

METHODOLOGY

In order to achieve the objectives of the present study, all three ICDS projects of Barnala district of Punjab, namely Barnala ICDS project, Sehna ICDS project and Mehal Kalan ICDS project were selected for the study. Further 10 *Anganwadis* from Barnala ICDS project, 10 *Anganwadis* from Sehna ICDS project and10 *Anganwadis* from Mehal Kalan ICDS project were selected on the basis of random sampling. Total 30 Anganwadi Workers were selected for studies. The study was conducted during August to December 2012. The present study is primarily based on primary sources of information. For primary data, responses were elicited from the chosen sample through open and close ended questions in the Schedule followed by personal interviews. Schedule were designed in English and for the convenience of the respondents it were translated in Punjabi which is common language spoken in the Barnala district. Besides this, secondary sources of information like books, articles, and newspaper clippings, articles in research journals, websites and reports were also consulted to collect the factual data concerning the study.

RESULTS AND DISCUSSION

The study was undertaken to assess the availability of Supplementary Nutrition (SN) for the children in Anganwadi centres. Personal interviews brought important findings. The details of the findings are presented below. All tables are related to responses of *Anganwadi* workers.

Table 1: Pattern of supply of Supplementary Nutrition ration at AWCs of sample ICDS projects.
(***Anganwadi Workers)***

Attributes	Responses			Responses of Total AWWs
	Barnala ICDS Project	Sehna ICDS Project	Mehal Kalan ICDS Project	
Yes getting in time.	06(60)	04(40)	05(50)	15(50.00)
No, food items not supplied.	04(40)	06(60)	05(50)	15(50.00)
No, due to transportation problem.	-------	--------	---------	----------
No, food items were spoiled.	-------	-------	-------	----------
Total	10	10	10	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

Replying to the question about are you getting Supplementary Nutrition ration in time? If no, what was the main reason? A perusal of the data of Table 1 indicates that half AWWs answered that they got SN ration in time whereas the remaining 50% of the AWWs reported that they did not get SN ration in time because food items were not supplied properly from the Government.The main objective of providing SN ration to children is to combat the adverse effect of malnutrition in India. But without proper supply of SN ration at AWCs, India Government cannot achieve the targets which were set under the world`s largest and most unique social welfare scheme.

Table 2 : Pattern of distribution of Supplementary Nutrition ration to children at AWCs of sample ICDS projects. (*Anganwadi Workers)*

Attributes	Responses			Responses of Total AWWs
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
300 days	04(40)	01(10)	02(20)	07(23.33)
250 days	06(60)	03(30)	06(60)	15(50.00)
200 days	----	06(60)	02(20)	08(26.66)
Any others	----	----	----	----------
Total	10	10	10	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

As per guidelines issued by the Ministry of Women and Child Development, Government of India, SN ration should be given to the children, pregnant women and nursing mothers for 300 days in a year. The Table 2 provides vivid information about the number of days used for distribution of SN ration at AWCs by AWWs. It was noted that only 23.33% of the AWWs distributed SN ration for 300 days in a year, while half (50%) AWWs distributed SN ration for 250 days in a year and 26.66% AWWs distributed SN ration for 200 days in a year.

It was serious to find that, a high majority (76.66%) of AWWs distributed SN ration less than 300 days in a year, which were lesser than the days they were supposed to distribute supplementary nutrition under the rules.

Table 3: Pattern of supplementary Nutrition ration supplied to beneficiaries children from three to six years of age, in Punjab 2011. *(Anganwadi Workers)*

	Total No .of Eligible	Total No. of enrolled	Attended activities zero days	Received 1-14 days	Received 15-24 days	Received 25 days and above
Children from 3 to 6 years of age in Barnala ICDS Project	378	170	16	15	18	121
Children from 3 to 6 years of age in Sehna ICDS Project	384	163	47	8	7	101
Children from 3 to 6 years of age in MehalKalan ICDS Project	341	168	19	5	3	141
Total	1103	501(45.4)	82(07.43)	28(02.53)	28(02.53)	363(32.91)

Source: Culled from secondary data Figures in brackets are percentages.

In the case of children from 3 to 6 years of age, the Table 5 explains that there were total average 1103 of eligible children for SN ration at AWCs. It was shocking to find that only 501 (45.42%) children enrolled in the register of AWWs, 82 (07.43%) children did not come at AWCs for receiving SN ration in the whole year. The number of children who received SN ration for 1 to 14 days was 28 (02.53%). Again equal number of children received SN ration for 15-24 days in a month from AWCs. The number of children who received SN ration for 25 days and above in a month was 363 (32.91%).

It can be concluded that more than half (54.58%) children did not enroll in the register of AWWs and a majority 67.09% children did not receive SN ration regularly. It seemed that it was due to various reasons e.g. community did not give high priority to Anganwadi ration and ICDS personnel also did not motivate the community about the benefits SN ration.

Table 4: Responses of AWWs about the reasons for less than 50 percent beneficiariesreceived Supplementary Nutrition ration from AWCs in Punjab 2011. *(Anganwadi Workers)*

Attributes	Responses			Responses of Total AWWs
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
Anganwadicentres were far off	02(20)	03(30)	03(30)	08(26.66)
Parents do not understand significance of pre-school education	02(20)	01(10)	01(10)	04(13.33)
Parents take away the children to their place of work	03(30)	03(30)	03(30)	09(30.00)
Lack of facilities of water, space, light etc. at AWCs	03(30)	03(30)	03(30)	09(30.00)
Total	10	10	10	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

Replying to the question about the main reason of less than 50% beneficiaries receiving SN ration from AWCs, as Table 6 describes, it was found that 26.66% AWWs considered that AWCs were far off from the beneficiaries residence as the main reason, while 13.33% AWWs felt that the parents did not understand the significance of SN ration. 30% of the AWWs viewed that parents took away the children to their place of work so they were unable to receive SN ration. The next of the 30% of AWWs blamed the lack of facilities of water, space, light etc. at AWCs as the main reason.

It can be concluded that due to various reasons beneficiary children below six years of age were unable to receive supplementary nutrition ration from AWCs which is not good.

CONCLUSIONS

It can be said at the end that in order to overcome the child mortality and morbidity and to upgrade the nutritional status of children, the government of India is providing health, nutrition and educational services by launching a multifaceted program ICDS. It can be seen about the availability of supplementary nutrition ration for the children at AWCs that the emerging scene is not very good. It was found that only half Anganwadi workers were getting regular SN ration in time during 2011 in Barnala district of Punjab. Combining the entire three ICDS project, it was found that a high majority (76.66%) of AWWs did not distribute SN ration 300 days in a year as per national norms. The picture of all three ICDS projects in Barnala district of Punjab shows that only 32.91% children from three to six years of age received SN ration regularly from AWCs. It means that due to various reasons beneficiary children below six years of age were unable to receive SN ration from Anganwadi centres which is very serious. Thus, overall, the availability of SN ration to children is below expectation and insufficient.Based on the present experiences, the following are some of the steps that need to be taken for improve the children`s health through ICDS:

- It is recommended that efforts should be made to further improve the coverage of children for receiving supplementary food by exhaustive door to door surveys, encouraging consumption of food at the Anganwadi and enhancing mother’s awareness about appropriate supplementary foods.
- Irregular supply of supplementary nutrition ration at AWCs did not only affect the health of children, but also adversely affects community's image of AWCs. In this context, apart from issuing necessary instructions to concerned agencies for regular supply of supplementary nutrition, Government must also look into the reasons for such disruption in each case and initiate necessary actions required in the given situation.
- In addition, mothers and Anganwadi workers need to be given skill training in preparing local recipes. It is also suggested that at least two mothers should necessarily help Anganwadi workers and helpers, in rotation, in cooking and serving supplementary nutrition ration.

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