

CHAPTER: 14

STUDY ON VALIDATION OF DATA REPORTED FOR SERVICE DELIVERY BY ANGANWADI CENTRES IN AMRELI DISTRICT

Shiny Sam Varghese

Student, IIHMR University

Dr. Anoop Khanna

Professor, IIHMR University

DOI: <https://doi.org/10.52458/9788196897475.2023.eb.ch-14>

Ch.Id:- IIHMR/NSP/EB/PHPMBT/2023/Ch-14

INTRODUCTION

High rates of malnutrition and anemia are prevalent in Gujarat. Failing to address malnutrition carries severe implications for the development of children, extending beyond the individual to impact overall labor force productivity and economic growth. It is crucial to address malnutrition in the initial 1000 days, spanning from pregnancy to the first two years of life. Launched on October 2, 1975, the Integrated Child Development Services (ICDS) Scheme is now recognized globally as one of the largest and most distinctive programs for early childhood development. ICDS is a community-based early childcare initiative that comprehensively addresses the health, nutrition, and educational needs of children under 6 years, expectant and nursing mothers, and adolescent girls throughout the life cycle.

Gujarat has made significant progress on the child health indicators but there is still a lot to be done in terms of dealing with SAM/MAM children. Analysing the state of nutrition is just not enough, we should know why these situations continue to prevail and what is the nutritional status of children after having introduced various schemes to improve a child's health both physically and mentally.

A study was conducted to gather feedback on beneficiary satisfaction and service utilization within the Integrated Child Development Services (ICDS) in a rural area. Beneficiaries were categorized into five groups: pregnant women, nursing mothers, mothers of children under 3 years, mothers of children aged 3-6 years, and women in the reproductive age group (15-45 years). The study found high utilization of the ICDS scheme among pregnant women (90.83%), with all children aged 0-3 years receiving Vitamin-A supplementation. Beneficiary satisfaction was reported as high (81.11%) among women aged 15-45 years [1]. Another study aimed to validate the services provided to eligible beneficiaries by the respective Anganwadi centers. Interviews were conducted with 342 beneficiaries, revealing that 50% were not weighed upon request. Eight percent were unaware of the frequency of growth monitoring at their center. Only 63% received preschool education when interviewed. Record-keeping deficiencies

were observed in 50% of Anganwadi centers, and partial immunization was attributed to the uncooperative nature of some Anganwadi Workers [2].

RESEARCH QUESTIONS

1. What was the condition of the services provided to the beneficiaries as reported by Anganwadi workers?

RESEARCH OBJECTIVES

General Objective:

1. To validate the services provided to ICDS beneficiaries reported by the Anganwadi workers.

Specific Objective:

1. To evaluate the usage of services as reported by Anganwadi workers.
2. To pinpoint shortcomings in the execution of the services.
3. To suggest remedial measures to improve implementation of the scheme.

RESEARCH METHODOLOGY

The study utilized a cross-sectional quantitative approach carried out in villages situated in Babra, Lathi, and Amreli. The focus was on ICDS beneficiaries, including mothers, family members of children aged 6 months to 6 years, pregnant women, and lactating mothers. The study variables included IFA supplementation, immunization, supplementary nutrition, weight for height, referral services, and nutrition and health education. Data sources included primary data collected through visits to Anganwadi and personal interviews with beneficiaries, while secondary data was obtained from Anganwadi worker registers. The sample involved three talukas in Amreli District, chosen based on malnutrition percentages and accessibility. Simple random sampling was applied to select beneficiaries, with around 8-9 interviews conducted per village per day. A total of 120 respondents were interviewed, and data analysis

employed statistical methods in SPSS, assessing services reported by Anganwadi workers and identifying gaps in effective implementation, including knowledge of AWWs and the availability of supplementary nutrition.

RESULTS & DISCUSSION

The findings revealed deficiencies in service coverage, with limited counselling on breastfeeding and complementary feeding, irregular celebration of awareness days, inadequate focus on preschool education, and incomplete growth monitoring. Challenges included incorrect categorization of malnourished children, insufficient knowledge about referral services, limited awareness of supplementary nutrition practices, and incomplete distribution of demonstrative feeding. Micronutrient supplementation and immunization coverage were generally satisfactory, but there was a need for improved motivation and execution of services by Anganwadi workers to bridge the gap between expectations and actual implementation.

CONCLUSION

M&E receives insufficient attention, partly because there was a lack of understanding regarding its scope and potential impact on program effectiveness. Program management, at both central and state government levels, appeared to prioritize timely fund allocations to implementing agencies and expenditure recording, paying limited attention to evaluating service delivery quality and program impact. Supervisors and CDPOs played a crucial role in monitoring service delivery. Workers were overwhelmed with numerous registers, and implementing MIS at the block level would significantly alleviate their burden.

REFERENCES

1. *A Validation Study For Services Provided By Anganwadi Centers In Raipur City* by Mini Sharma, G P Soni, Nitin Sharma, 2013.
2. *Evaluation Study of Integrated Child Development Scheme (ICDS) In District Bandipora of Jammu and Kashmir, India*, Aadil Bashir, Unjum Bashir, Zahoor Ahmad Ganie and Afifa Lone, 2014.