CHAPTER 7

CONCLUSIONS AND SUGGESTIONS

7.1 Introduction

This chapter, being the final chapter of this research report, brings together the conceptual, theoretical and analytical stands in the preceding chapters and presents the conclusions of this investigation together with the suggestions emanating therefrom.

7.2 Anganwadi Functionaries

Under this investigation, 100 Anganwadi functionaries in Sangli city were interviewed with the objective of critically examining their role in delivering the integrated child Development services of (1) Supplementary Nutrition; (2) Immunization; (3) Health check-up; (4) Health Referral; (5) Non-formal preschool education; and (6) Nutrition and health education; to the service beneficiaries through the Anganwadis in Sangli city.

Also the hypothesis Anganwadi functionaries in Sangli city efficiently deliver the Integrated Child Development Services to the beneficiaries had been taken up for testing. The relevant empirical data has been presented, analysed and interpreted earlier in chapter 5 and 6. The conclusions emerging from this exercise are being presented here below.

7.2.1 Profiles of Anganwadi Functionaries

1. An Anganwadi functionaries in Family setting

On analysing the personal information data collected from the Anganwadi functionaries, it is concluded that the representative Anganwadi functionaries in Sangli city is 25-45 years old married women with attendant family responsibilities. She is educated up to 10-12th standard and also has completed a tailoring course as craft-training. She has Anganwadi work experience of 10-15 years. With these basic attributes, it is clear that she has woven her family and social life around here work life.

She belongs to a nuclear family comprising five members, sustaining itself of on an employment and/or self-employment monthly income of between Rs. 1300 and 3500, including that of her,
which is just above the poverty line. Also depending on the family size, there could be between one and more than four earning members in her family. Being an earning member, she gets respectful/cordial treatment from other family members.

2. An Anganwadi functionaries in workplace setting

The representative Anganwadi in workplace setting this investigation resides within a distance of up to 5 Km. of her workplace, which she walks to and fro every day, her Anganwadi is housed either in RCC-cement roofed or brick wall tin roofed building; she is generally satisfied with the space, lighting and ventilation, access to and amenities in the Anganwadi; she generally receives cooperation from her colleagues, Anganwadi neighbours, government of officials and the community leaders in her work; she is mostly satisfied with work place atmosphere but not with her honorarium; she receives cordial/respectful treatment from her superiors and Anganwadi visitors like beneficiary children’s parents, beneficiary women, government officials and the community leaders; at the end of her workday. She has feelings of work satisfaction and of commitment towards her work.

7.2.2 Recruitment, Training, Work Grievances and Unionization among Anganwadi Functionaries

Nearly half the Anganwadi Functionaries are driven to seek Anganwadi work because of her family’s economic necessity, while about one-third seek it because of their liking for social service. They come to know about this employment opportunity through formal interview. functionaries are given induction training and job instructions. About half of them feel that the training/instructions are inadequate for carrying out their assigned work.

Anganwadi functionaries are strongly unionized. About half of then join the union voluntarily and nearby one-fourth join after being subjected to a workplace injustice. By and large, they participate in union actions and activities but it is difficult to call them committed union activist. Their major job-related grievances are withheld honoraria and work overload for which they seek redresses from their immediate superiors and follow up for its expeditious redresses, quite often with their union’s help.

7.2.3 Personal Family and Work-related Problems of Anganwadi Functionaries
For a large number of the Anganwadi functionaries, physical fatigue consequent to their work is the major personal/family problem and inability to participate in social functions due to physical fatigue and lack of this is the major work-related problem on the functionaries in the ICDS activities, but only about 60% community leaders do so.

7.2.4 Work of Anganwadi Functionaries

Overwhelming majority (92%) functionaries maintain Anganwadi records and registers up-to-date. However, due to the reasons like work overload, unawareness of the procedure, beneficiary need taking precedence over the formality of reporting, etc.; about one-third Anganwadi functionaries do not comply with the regular and prompt submission of the reports only about one-fourth of functionaries submit suggestions for improving the working of the Anganwadi which are generally accepted and implemented by superiors. About one-third of functionaries however expressed absence of guidance from their superiors for improving the personal work performance. About two-thirds functionaries expressed special liking for working with 0-6 age group children while the rest liked to work with all categories of beneficiaries. Interestingly, despite all their personal, familiar, social and work-related problems and grievances, about two-third of the Anganwadi functionaries flatly rejected the action of leaving the Anganwadi work for another job on same remuneration and for some working hours the reasons could be several but the primary among them is these ladies’ commitment to the work they have chosen. It is only incidental for them that this work rewards them with only a part of their livelihood.

7.2.5 ICDS Delivery through Anganwadis

During the ICDS survey, about two-thirds of the functionaries had perceived the community need of the six service of (1) Supplementary Nutrition, (2) Immunization, (3) Health check-up, (4) Health Referral Services, (5) Pre-school Non formal Education, as acute, the remaining one-third perceived the need as substantial. Almost all the functionaries duly conduct the activities incidental to the community needs survey, such as updating birth and death register, identifying ‘at risk children’ and ‘at risk expectant/nursing mothers’ as well as visiting homes for bringing children to the Anganwadi. Six services are being delivered as an integrated ICDS package through the Anganwadis. Anganwadi functionaries themselves reported on the delivery of these service and the allied activities. The findings in this behalf are presented below:
About the non-formal/preschool education to 0-6 years, the functionaries reported that in about 90% Anganwadis, children’s attendance is regular and enthusiastic.

About the supplementary nutrients, the functionaries reported that only about two-third beneficiaries are satisfied with it.

About the ICDS activities related to Expectant/Nursing mothers, the functionaries reported that in 90% Anganwadis, expectant/nursing mothers regularly attend the Anganwadi, in 98% Anganwadis, nutrition advice is rendered to the expectant/nursing mothers, while in 95% Anganwadis and immunization advice is rendered to the expectant/nursing mothers. In about 80% Anganwadis, immunization camps for the entire community are held regularly. In 73% Anganwadis community meetings for creating healthcare awareness are arranged regularly to which the community’s response is quite enthusiastic. In 86% Anganwadis, people in the community regularly visit the Anganwadi seeking information/guidance about healthcare matters. In 74% Anganwadis, parents’ meetings for creating healthcare awareness are arranged regularly but the parent’s response to such meetings is enthusiastic only in 61% Anganwadis. In 87% Anganwadis, parents of the beneficiary children regularly visit the Anganwadi for information/guidance about child healthcare matters. It may thus be concluded that the functionaries are actively engaged in promoting healthcare awareness in the community.

About the health check-up activities, the functionaries reported that in 76% Anganwadis, health check-up camps for children, expectant/nursing mothers and 15-44 years age group women are arranged regularly; in 63% Anganwadis, beneficiaries’ response to such meetings is quite enthusiastic. It may thus be concluded that the functionaries are actively engaged in implementing the health check-up programs focused on the Anganwadi beneficiaries.

About the health referrals from the Anganwadi, the functionaries reported that from 85% Anganwadis, ailing beneficiaries are regularly referred to municipal/general hospitals for diagnosis/treatment of the ailment. In 79% Anganwadis, referred cases are followed up, either by visiting the patient in the hospital (if admitted) or at home to ensure that the prescribed medicines are taken regularly. In 77% Anganwadis, cured cases are followed up with advice on necessary prevent relapse. The reasons given for non-follow up in the remaining one-fourth Anganwadis is
work overload and limited working hours. It may thus be concluded that health-referral service is rendered proactively by the functionaries to the beneficiary community.

About the family planning awareness activist in the Anganwadi, the functionaries reported that in 75% Anganwadis, community meetings for creating family planning awareness are arranged regularly; that the community around 62% Anganwadis responds to such meetings quite enthusiastically; that in 86% Anganwadis, people regularly visit the Anganwadi seeking information/guidance about family planning matters. It may thus be concluded that the Anganwadi functionaries are actively involved in the population control and family planning work, as a part of their job.

About the counselling activities in the Anganwadi, functionaries reported that in 94% Anganwadis, nursing mothers and parents are counselled about child health and development; in 77% Anganwadis, parents are counselled about their children’s preschool education and persuaded to send the children to the Anganwadi; in 92% Anganwadis, expectant mothers are counselled about pre-natural care for uncomplicated delivery and a healthy child; in 80% Anganwadis, eligible couples (particularly wives) are counselled about adopting family planning methods. It may thus be concluded that Anganwadi functionaries extend substantial counselling assistance to beneficiaries and the larger community around regarding child health and development, children’s preschool education, pre-natural care and family planning.

About the organizing activities in the Anganwadi, the functionaries reported that in 58% Anganwadis, Mahila Mandals for the community women have been organized and the Mahila Mandal members actively participate in the service activities in the Anganwadi; only in 39% Anganwadis, Bal Melas are organized for children. The reasons for non-organizing of Bal Melas in the remaining 61% Anganwadis were given as work overload, lack of necessary props, non-enthusiasm of children’s parents and the community. On the other hand, in 54% Anganwadis, exhibitions of handicraft articles produced by children are arranged. The remaining 46% Anganwadis did not have good enough collection to organize such exhibitions. In 87% Anganwadis, sports, songs, mimicry etc. competitions are arranged for children as a recreational activity as well as to bring out the artistic talents of the children. It may thus be concluded that the Anganwadi functionaries throughout the year are substantially involved in several organizing activities focused on the beneficiary children and women.
In view of the above conclusions, the hypothesis that Anganwadi functionaries in Sangli city efficiently deliver the Integrated Child Development Services to the beneficiaries stands accepted.

7.3 Anganwadi Beneficiaries

As another part of this investigation, 100 Anganwadi beneficiaries (25 each of nursing mothers, expectant mothers, child guardians and 15-44 age group women) in Sangli city were interviewed with the objective of ascertaining the service quality of: (1) Supplementary Nutrition; (2) Immunization; (3) Health check-up; (4) Health Referral; (5) Non-formal pre-school Education; (6) Nutrition and Health Education; as perceived by them and to gauge their satisfaction levels with respect to these services.

Also the following two major hypotheses were taken up for testing:

1) Anganwadi beneficiaries (nursing mothers, expectant mothers, child guardians and 15-44 age women) generally carry a ‘good’ opinion about Anganwadi functionaries.

2) Anganwadi beneficiaries are generally satisfied with the Integrated Child Development Services available through the Anganwadi.

For the purpose of precise testing, this broad hypothesis has been divided into six sub-hypotheses as:

2-a: Anganwadi beneficiaries are generally satisfied with the service of Supplementary Nutrition;

2-b: Anganwadi beneficiaries are generally satisfied with the service of Immunization;

2-c: Anganwadi beneficiaries are generally satisfied with the service of Health Check-up;

2-d: Anganwadi beneficiaries are generally satisfied with the service of Health Referral;

2-e: Anganwadi beneficiaries are generally satisfied with the service of Preschool Non-formal Education;

2-f: Anganwadi beneficiaries are generally satisfied with the service of Health and Nutrition Education;

The relevant empirical data has been resented analysed and interpreted earlier in chapter 6. The conclusions emerging from this exercise are being presented below.

7.3.1 Profile of Anganwadi Beneficiaries
1) Nursing Mother:

The representative Anganwadi beneficiary nursing mother in Sangli city is a Marathi speaking, secondary school educated, advanced or scheduled caste Hindu woman in her ‘twenties’, married to self-employed husband. Her 5-10 member’s family with two preschool age children maintains itself on the husband’s monthly income of about Rs. 1200 for more than five years. Now she and her children have been taking the benefits of particularly, the supplementary nutrition and occasionally the health check-up provide in the Anganwadi situate about half-a-kilometre away from home.

2) Expectant Mother:

The representative Anganwadi beneficiaries expectant mother in Sangli city is a speaking Marathi, secondary school educated, advanced caste Hindu woman in her ‘twenties’, married to an employed husband. Her 5-10 member’s family with two preschool age children maintains itself on the husband’s monthly earning of Rs. 1500 for more than five years. Now she and her children have been taking the benefit of particularly the supplementary nutrition, provided in the Anganwadi situate about half-a-kilometre away from her home.

3) Preschool Age (0-6 years) Children’s Guardians

For the purpose of this investigation, 0-6 years beneficiary children are represented by their mother guardians. The representative Anganwadi beneficiary 0-6 year old child’s mother in Sangli city is a Marathi speaking, secondary school educated, advanced or scheduled caste Hindu woman in her late ‘twenties/early thirties’. The child’s employed or self-employed father maintains family of five on his monthly earning of Rs. 900-1500. The child has 1-2 sibling/s who accompany him/her to the Anganwadi about half a kilometre away to avail of supplementary nutrition and non-formal preschool education.

4) 15-44 Age group Women

The representative Anganwadi beneficiary 15-44 age group woman in Sangli city is a Marathi speaking, secondary school educated, advanced caste Hindu woman in her late ‘twenties or early thirties’, married to an employed or self-employed husband. Her five
members’ family with at least one preschool age child maintains itself on the husband’s monthly earning Rs. 900 for more than five years. Now she has been the beneficiary of particularly the supplement nutrition and occasionally health check-up provided in the Anganwadi situate about half-a-kilometre away from her home.

7.3.2 Opinion Survey among Beneficiaries about Anganwadi facilities/Amenities

The opinion Survey conducts about the four Anganwadis’ facilities/amenities of (1) Access Roads, (2) Furniture, toys, sitting mats, utensils, first aid kids etc. (3) Light and ventilation. Nursing mother and child guardians, as a group, hold only a ‘fair’ opinion about the facilities while 15-44 age group women hold a ‘good’ opinion about the very same facilities. Collectively, the four groups of beneficiaries rank these Anganwadis’ facilities/amenities being only ‘fair’.

7.3.2 Opinion Survey among beneficiaries about the work-related personality aspects of functionaries

The opinions survey conducted about the ten workplace-related personality aspects of Anganwadi functionaries namely, (1) Working Efficiency, (2) Punctuality and Timeliness, (3) Reassuring behaviour, (4) Helping nature, (5) Treatment given to beneficiaries (6) Cordiality toward beneficiaries, (7) Report with community, (8) Interpersonal relational among functionaries and superiors, (9) Earnestness about beneficiaries welfare, (10) Drive and Initiative; revealed that expectant mothers perceive the overall personality of Anganwadi functionaries as ‘fair’ while the nursing mother, child’s guardians and 15-44 age-group women rank it as ‘good’. Collectively, the four groups of beneficiaries rank the workplace-related personality of the functionaries as ‘good’.

Thus, the hypothesis Anganwadi beneficiaries (nursing mother, expectant mothers, child’s guardians and 15-44 age women) generally carry a ‘good’ opinion about the Anganwadi functionaries stands accepted, it also points to the possibility of improving the Anganwadi functionaries work-related personality aspects imparted to them in that behalf.
7.3.4 Satisfaction Survey among beneficiaries about Integrated Child Development Services.

‘Satisfaction’ is a transaction-specific construct. There are different types of beneficiaries for different service and it was attempted to gauge their satisfaction levels about a specific service they had received in the Anganwadi.

1) Supplementary Nutrition

The service of Supplementary Nutrition is available to three types of beneficiaries nursing mother, expectant mother and 0-6 year children. In the case of children, the satisfaction levels of their guardians were recorded. The beneficiaries’ satisfaction levels with the five service delivery aspects of (1) Adequacy of fair, (2) Variety of fair, (3) Quality of fair, (4) Punctuating of service and (5) Visible effects, revealed that nursing mothers were only fairly satisfied with the service, while the remaining two groups, that is expectant mothers and child guardians were poorly satisfied with it. Collectively, the three target groups of service recipients were only poorly satisfied with the service. It may thus be concluded that there are serious deficiencies in the delivery of the service of Supplementary Nutrition.

Thus, in view of the collective ‘poor’ satisfaction of the Anganwadi beneficiaries on the five services delivery aspects the sub-hypothesis (2-a) Anganwadi beneficiaries are generally satisfied with the service of Supplementary Nutrition, stands rejected, the unmet gap between the services need and the service fulfilment is of about 40% points which may be bridged only by considerably strengthening the service delivery set up.

2) Immunization

The service of immunization is available all the four types of beneficiary that is nursing mother, expectant mothers or children and the needy 15-44 age women.

In the case of children, the opinion of their guardians were recorded the beneficiaries satisfaction level with the five service delivery aspects of (1) Counselling about immunization, (2) Regular arranging of (3) Immunization monitoring, (4) Prompt medical attention in case of reaction, (5) Follow with up with unimmunized
children/women. 15-44 age-group women were reasonable satisfied with the service, while the remaining three beneficiary categories of nursing mothers, child guardians and expectant mothers were only fairly satisfied with it. Collectively, the four categories of service beneficiaries were only fairly satisfied with the service. It may be concluded that there are certain deficiencies in the delivery of the service of immunization through Anganwadis. Thus, in view of the ‘fair’ collective satisfaction of the Anganwadi beneficiaries with the five service delivery aspects, the sub-hypothesis (2-b) “Anganwadi beneficiaries are generally satisfied with the service of Immunization” stands partly accepted. The unmet gap between the services needs the fulfilment is of about 33% points, which may be bridged only by improving the service delivery set up.

3) Health Check-up

The service of Health Check-up is available to all the four types of beneficiaries- nursing mothers, expectant mothers, 0-6 years children and 15-44 age women. In the case of children, the opinions of their guardians were recorded. The beneficiaries ‘satisfaction’ levels with the five service delivery aspects of 1) Monitoring of beneficiaries health, 2) Prompt detection of disabilities and aliment in children and expectant mothers, 3) First aid to injuries and medication for minor aliment, 4) Advice to about the children’s growth and healthcare needs, 5) Advice to expectant/nursing mothers their individual health care need, revealed that 15-44 age group women and nursing mothers were responsible satisfied with the service, while expectant mothers and child guardians were only fairly satisfied with it. Collectively, the four categories of beneficiaries were only fairly satisfied with the service. It may thus be concluded that there are certain deficiencies in the delivery of the service of health care check-up through Anganwadis. Thus, in view of the ‘fair’ collective satisfaction of the Anganwadi beneficiaries on the five service delivery aspects, the sub-hypothesis “Anganwadi beneficiaries are generally satisfied with the service of Health Check-up” stands partly accepted the unmet gap between the service need and the service fulfilment is of about 33% pints, which may be bridged only by improving the service delivery set up.
4) The service of Health Referral, that is, referring the high risk children and mothers is available to three types of beneficiaries: 0-6 year age group children, nursing and expectant mothers. In the case of children, the opinions of their guardians were recorded. The beneficiaries’ satisfaction levels with the five service delivery aspects of (1) Preventive Counselling against Congenital/incipient disabilities of children, (2) Prompt referral of at-risk children/mothers to municipal/general hospital, (3) Ensuring that the patient completes the recommended course of treatment, (4) Advise and moral support during the course of treatment, (5) Resourcefulness in handing clinical emergencies, revealed that only the nursing mothers were fairly satisfied with the service, while the child guardians and expectant mothers were poorly satisfied with it. Collectively, the three beneficiary categories were poorly satisfied with the service. It may thus be concluded that there are serious deficiencies in the delivery of the service of health referral through Anganwadis.

Thus, in view of the ‘poor’ collective satisfaction of the Anganwadi beneficiaries on the five service delivery aspects, the sub-hypothesis (2-d) “Anganwadi beneficiaries are generally satisfied with the service of Health referral” stands rejected. The unmet gap between the service need and service fulfilment is of about 40% points, which may be bridged only by strengthening the service delivery set up.

5) Non-formal Pre-school Education

The service of non-formal preschool education is available to 3-6 years age group children. Accordingly, the satisfaction levels of child guardians about it have been recorded on the five service delivery aspects of (1) Counselling of Guardians for sending preschool children to Anganwadi, (2) Toys/learning aids for children use, (3) Rapport between the children and functionaries, (4) Enthusiasm in organizing various activities for children’s development, (5) Improvement in child’s behaviour of home after his/her Anganwadi attendance, revealed that the child guardians are poorly satisfied with the service. I may thus be concluded that there are serious deficiencies in the delivery of the service of preschool non-formal education.
Thus, in view of the ‘poor’ collective satisfaction of child guardians on the five service delivery aspects, the sub-hypothesis (2-e) “Anganwadi beneficiaries are generally satisfied with the service of preschool Non-formal Education stands rejected. The unmet gap between this service need and the fulfilment is of about 40% points, which may be bridged by strengthening the service delivery set up.

6) Health and Nutrition Education

The service of Health and Nutrition Education is available to all the four types of beneficiaries – nursing mothers, expectant mothers, 15-44 age group women and 0-6 age group children. The beneficiaries satisfaction levels with the five service delivery aspects of (1) Functionaries’ knowledge ability in personal and community health matters, (2) Initiative in arranging parents/community meetings on child-health and nutrition matters, (3) Initiative in arranging parent/community meetings on population education, (4) Counselling of beneficiary women in family planning, ante-and /post-natal care, reproductive health matters, (5) Response of the community to Anganwadi-organized activities of health/nutrition education, revealed that 15-44 age group women were only fairly satisfied with the service, while the remaining three categories of expectant mothers, nursing mothers and child guardians were poorly satisfied with it. Collectively, all the four categories of beneficiaries were only fairly satisfied with service. It may thus be concluded that there are certain deficiencies in the delivery of the service of health and nutrition education through Anganwadis.

Thus, in view of the ‘poor’ collective satisfaction of beneficiaries on the five service delivery aspects, the sub-hypothesis (2-1) “Anganwadis beneficiaries are generally satisfied with the service of Health and Nutrition Education” stands partly accepted. The unmet gap between the service need and the fulfilment is of about 38 % points, which may be bridged by strengthening the service delivery set up.

7) Combined satisfaction level for all the six services of (1) Supplementary Nutrition, (2) Immunization, (3) Health Check-up, (4) Health Referral, (5) Non-formal pre-school Education, (6) Nutrition and Health Education, shows that the service beneficiaries are only fairly satisfied with these services.
Viewed from the other side, the service beneficiaries perceive a sizable gap of 38% points in their expectations of receiving perfectly satisfactory service and in view of the ‘fair’ collective satisfaction of the beneficiaries, the hypothesis (2) “Anganwadi beneficiaries are generally satisfied with the services available through the Anganwadi stands partly accepted. The unmet gap between the service need and the service fulfilment is of about 38% points, which may be bridged only by strengthening the ICDS delivery set up at the Anganwadis.

7.4 Suggestions
As a concluding exercise of this report, a set of suggestions commensurate with the conclusions presented above is being submitted here below.

7.4.1 Anganwadi as a workplace
Anganwadis are the nodal points for the delivery of organized Integrated Child Development Services to the economically disadvantaged urban and rural population. Anganwadis handle such individually and collectively sensitive areas like primary clinical care for mother and child. Young children spend quite some time there for receiving nutritional food and attending non-formal preschool classes. Immunization and health check-up procedures are also arranged in the premises as well as certain basic medicines and inoculations are stored in the same place. It is thus imperative that Anganwadi premises are clean, spacious airy and confident-inspiring.

7.4.2 Anganwadi Functionaries
The very nature of the duties that an Anganwadi functionaries is expected to perform and the different record she has to maintain is rather complex and would need a woman of at least average intelligence. It has emerged under this investigation that the representative Anganwadi functionarie belongs to the working age-group of 25-45 year, educated between 10-12 standards and has Anganwadi work experience of 10-15 years, indicating an average or above-average intelligence. Moreover, she belongs to a lower income family and in spite of her family responsibilities, has accepted Anganwadi work to supplement her husband’s monthly income of merely Rs. 1300-3500. However, for
honorarium purpose, she is treated less than unskilled functionaires and for all her efforts in running her Anganwadi, is paid a platy some of around Rs. 1300/- per month.

Quite clearly, the honorarium these functionaries receive in return for their daily grind is utterly insufficient for maintaining even themselves. They are therefore, justifiably dissatisfied with it their dissatisfaction has repercussions on their overall work performance.

It is therefore suggested that the future Anganwadi functionaries be at least 12th standard passed and should have completed the ‘Balwadi’ training course.

It is further suggested that both the present and the future functionaries be paid honorarium of minimum Rs. 3500 per month. The recruitment of basis minimum education and the matching honoraria will certainly attract young women to Anganwadi work as a career.

7.4.3 Anganwadi Functionaries in workplace setting

1) Training
Under this investigations, majority of the Anganwadi functionaries have expressed the inadequacy of their training to cope with the actually work situation. It is suggested that the training content of the functionaries be periodically evaluated and updated. Training Effectiveness Survey conducted at regular intervals among these functionaries would help in identifying areas needing major thrust, areas where trainees lack comprehension and areas where ground realities are different from the classroom explanation.

Also with enhanced basic minimum educational qualification of 12th standard passed suggested for Anganwadi functionaries.

It is also suggested that the induction training content of the functionaries include the basic of child psychology and child development. Since, Anganwadi functionaries operated in highly human interactive work environment, it is also suggested that the
training content also include refining of human relation, communication and leadership skills.
It would also be advisable to introduce refresher training courses at regular intervals for functionaries to keep their knowledge up-to-date.

2) Workplace problems of Anganwadi functionaries

About the work-related grievance of functionaries, it should be clearly understood by all the concerned that these functionaries are committed frontline people in a welfare delivery set up. Their perturbance over work-related grievance adversely affects their work performance. Hence, these grievances should be settled expeditiously.

Although the ICDS scheme comprises of delivering just six services, the incidental groundwork and the follow-up actions are quite substantial. In fact, reading through the duties of Anganwadi functionaries, it is difficult to imagine that underpaid, overworked, physically fatigued and socially-alienated young women would adequately fulfil her assigned duties. Hence, it is the responsibility of the entire ICDS set up to help the Anganwadis’ functionaries to service a difficult job. To that extent, the specific suggestions are

A) Maintenance of records and updating of ICDS Survey data be entrusted to the duly qualified Anganwadi functionaries.

B) Community Organization is an important aspect in ICDS delivery. In view of the excessive intramural workload and the Anganwadi functionaries, their unawareness of the fine subtleties of community organization, the promotional work like organization immunization and health check-up camps, Mahila Mandals, health care and family planning meetings etc. be entrusted to trained community organizers from Health Care and Child Welfare Departments.

C) Counselling and liaison with the parent welfare organization on behalf of the service beneficiaries are refined social work practices and the Anganwadis functionaries may not be equipped with requisite skills to effectively discharge the roles of a counsellor and liaison agent. The work, therefore, be assigned to trained
departmental or external counsellors.

7.4.4 ICDS Delivery Set-up at the Anganwadis

The specific suggestions pertaining to the ICDS delivery set up at the Anganwadis are presented below.

1) Anganwadi Facility and Amenities
   The interviewed beneficiaries hold only a fair about the Anganwadis facilities and the amenities. Obviously, these facilities and amenities need to be improved forth with to that extent. It is suggested that the Anganwadi room should measure at least 15x15 ft. and be adequately appointed with windows, proper flooring, kitchen sink, cupboards, secure walls and roof and connected to drainage. The place should be accessible by good road. These basic facilities and amenities in the Anganwadis would give a sense of pride to the functionaries working there and awaken an urge of involvement in its working in the community around.
   Particularly lamentable is the state of furniture, toys and sitting mats for children utensils for storing and distributing nutritional food, first aid kids and medicine storage, which may be improved to some extent by actively seeking donations in kind from social organizations like youth-club, charitable trusts, influential persons and community leaders in the area.

2) Work related Personality of Anganwadi Functionaries
   Although the interviewed beneficiaries hold a good opinion about the work related personality of the Anganwadis functionaries still there is room for improvement. Further development of all the ten work related personality aspects of the Anganwadi functionaries explored under this investigations lies in the adoption of comprehensive human resources development (HRD) policies – beginning with scientific recruitment and selection continuing with training and selection continuing with training and development assistance and ending with provision for total welfare of functionaries. Ironically, the scheme that vows to assure the development of society future productive assets is woefully negligent towards the development and welfare of its
own personal. In fact, of due and proper attention to the personal aspect of ICDS administration can no longer be neglected because ad-hoc personal policies adopted so far have already created organizer malaises that now and then become manifest through lower performance levels and heightened labour agitations. The ICDS administration has a very long way to go in this direction. To that extent, it is suggested that the ICDS scheme’s personal administration be entrusted to qualified, experienced, social work graduate professionals.

7.4.5 Integrated Child Development Services

The ICDS scheme comprises the delivery of six services aimed at ensuring mother and child welfare among the economically disadvantaged people. These six services are 1) Supplementary Nutrition, 2) Immunization, 3) Health Check-up, 4) Health Referral, 5) Non-formal preschool education for 0-6 years children, 6) Nutrition and Health education for 15-55 age group women. The representative profiles of the beneficiaries of each of these services in Sangli city have also been presented above.

1) Supplementary Nutrition

The beneficiaries of supplementary nutrition services, on the whole, are poorly satisfied with it. While they are reasonable satisfied about the punctuality, adequacy and visible effects of the food being served, they nurse particular grouses about its verity and the quality. In fact, the deficiencies in these last two aspects largely influence their overall satisfaction with the service. In the study area, the food is centrally cooked by an outside contractor and the distributed throughout the city.

It invariably calls down during transit and losses its fresh taste and flavour. Hence, it is suggested that innovations through different taster, flavours and colours be introduced in the verity of the food and its quality be checked and supervised daily by the Child Development Project Officer (CDPO) or the Mukhya Sevika (MS) for proper cooking, nutritional value etc. There should also
be an adequate arrangement at each Anganwadi to reheat the delivered food before its distribution.

2) Immunization
The beneficiaries, on the whole are fairly satisfied. Immunization service still all the five service aspects, namely, counselling follow up, immunization camps, immunization monitoring and prompt medical care in case of reaction may be strengthened further to improve the service delivery.

It is suggested that since counselling and follow-up are specialized social (work) services skills. These may be entrusted to professional counsellor as already suggested above organization of immunization camps and immunization monitoring of children and N and Ex Mg are the intramural responsibilities of the Anganwadi functionaries which may be closely supervisors prompt medical care in case of reaction is another specialist function which may be entrusted to the panelled doctors, as suggested below.

3) Health Check-up
The beneficiaries, as a whole, are fairly satisfied with the health check-up service still all the five services aspects, namely, health-monitoring prompt detection of incipient disabilities, first aid for small injuries and medication for minor ailments, child and mother health advice, may be strengthened further to improve the service delivery.

Accordingly it is suggested that a segment in the Anganwadi training content should hone and fine-tune their skills in this behalf. The Anganwadi also should have immediate access to the panelled doctors for seeking guidance whenever necessary for properly guiding the beneficiaries.

4) Health Referral
The Health Referral is a much maligned service and beneficiaries on the whole are poorly satisfied with it. Hence all the five services aspects, namely, counselling, prompt referral, follow-up, moral support and need to be strengthened thoroughly to improve service delivery.

Non-availability of specialist doctors at the needed hour is a particularly severe impediment in the delivery of health referral service through Anganwadis. Hence, it is suggested that a panel of such honorary doctors be prepared and their names, addressed and telephone numbers be prominently displayed in the Anganwadis. So that in an emergency, the Anganwadi F and the patient’s family may access them directly at all hours.

5) Non-formal Preschool Education

The non-formal preschool education services is targeted on 0-6 years age group children in the study area, however, these children’s parent/guardians are only poorly satisfied with it. The five services aspects namely enthusiasm in organizing children’s activities. Child’s improperly behaviour at home after attending the Anganwadi, parents/guardians counselling be sending children to Anganwadi, rapport between functionaries and the children and toys and learning aids in the Anganwadi for children’s use, all recorded poor and very poor satisfaction levels. Obviously, the five service aspects need to extensively strengthen for improving the service delivery.

Children, by instinct, abhor school, in case of Anganwadi. They are at least goaded by the nutritional food provided there. But food alone cannot sustain their enthusiasm they need toys and learning aids and a rapport with their teacher to hold them there. Moreover, their guardians have to be counselled for sending their words to the Anganwadi.

As already suggested, toys sitting mats and learning aids for children may be sought in donation from social organization, charitable trusts, influential persons and community leaders in the area.

Enthusiasm and interpersonal rapport are not infushite qualities – these have to be present in the individual originally. But their continued sustenance in work setting
is directly related with the remunerations. It has already emerged that the Anganwadi functionaries. Mostly are driven to seek this particular work sheer out of economic necessity. Under economic pressure, they manage to do other things by rote. But their enthusiasm and rapport with children can be sustained and possibly enhanced only if they are paid decently first.

6) Health and Nutrition Education

Health and Nutrition education of ex-masc. and 15-44 age group women relay is a service supporting the other fine service. The beneficiaries were found to be only ‘fairly’ satisfied with it. The five services aspects namely knowledge ability of functionaries initiative in organizing child health, nutrition and population education meeting, counselling and community response, all recorded fair satisfaction levels, meaning that functionaries person-to-person communication effort in this behalf is falling short of the beneficiaries expectation.

It is suggested that appropriate and creatively designed charts, diagram and pictures be prominently displayed in the Anganwadi to subtly convey the health and nutrition education massages to beneficiaries. The functionaries may also be prompted to regularly seek community leaders participation in the health and nutrition education activities planned in the Anganwadi.

7.5 Concluding Remarks

On the whole, out of the total six services, the beneficiaries are not at all generally satisfied with a single service. They are only fairly satisfied with the services of 1) Immunization, 2) Health check-up and 3) Health and Nutrition Education, in that order but they are poorly satisfied with the services of 4) Supplementary nutrition, 5) Health Referral and 6) Preschool Non-formal Education as a group. There is the measurable gap between their expectations and the service quality. They recline is of about 38% points, inversely indicating that more than one-third of the beneficiaries, for one or the other reason, are dissatisfied with the delivery of these services.
For fifteen years now, ICDS scheme has relied on consultative and honorary functionaries to achieve its welfare objectives from professional sociological perspective. The scheme suffers from the dichotomy of pursuing residual social welfare goals within the framework of institutional social welfare administration with the passage of time the scheme itself has become an institution and ripe for being entrusted to professionals, to change it into a disciplined, finely-orchestrated and result-oriented mother-and-child welfare effort integrated with other human resource development endeavours of the state.