Chapter - 7

Policy Recommendations

The study points to the need for improving the different components of the ICDS programme. The major changes needed for improving the ICDS programme are ascertained below:

1. **Improving operational facilities**

   (i) It is clear from the findings that there is a need to upgrade the physical infrastructural facilities of AWs. A separate storage space for ration would prevent wastage of ration and other material through spoilage. There is also considerable spoilage of food stuff when stored in poor quality buildings. Semi-permanent structures need to be progressively replaced by permanent and *pucca* buildings. Taps and hand-pumps should be installed within the premises of AWs wherever possible. Since this will help the small children to use them more effectively than when they are kept away from the premises. It is deplorable that sanitary or toilet facilities were not available in over 36 per cent of the sample AWs. It is understood that the Department of Women and Child Development, Government of India had issued guidelines to the State Governments in 1986 that these facilities be improved in all AWs. (No.16-9/85 CW dated 16th April, 1986). This has not been complied with up to this time. Therefore categorical instructions may be given to the state governments to provide these facilities in Anganwadis, and also to the appropriate authorities to create these facilities and for correcting these draw backs.
2. **Improved community participation**

(i) The study shows that the community’s contribution towards developing the operational facilities for the scheme is negligible; community participation revealed itself as a very weak link in the implementation of ICDS in the present study. This is not a desirable trend. We have to make strong efforts to mobilise community support, which will be freely available if a strong policy for this is adopted.

(ii) The low participation of the community in the programme had much to do with the low awareness of the community about ICDS programmes. The complaint of the community leaders that they were never consulted at the initial stage of programme implementation unfolded an important clue to the reasons for the lack of community participation and involvement. It is imperative to involve community representatives even during the preparatory phase of initiating the project. This generates a feeling of belonging to the programme and could serve as an effective strategy to augment participation of local agencies and individuals. Effective strategies for augmenting community participation need to be evolved. AWWs apparently do not have the requisite skills for promoting participation. Hence the CDPOs and supervisors should take appropriate initiatives in this regard.

3. **Proper selection of sites for Anganwadis**

The study revealed that wherever AWs were located in areas predominantly inhabited by upper class and upper caste population, it restricted and hindered the utilisation of the services of the AWs by the lower castes and poor beneficiaries. Categorical instructions may be issued to the concerned agencies to consider this aspect while selecting site for AWs at the time of
project initiation. Appropriate policies should be evolved to correct these shortcomings.

4. **Improving Staff strength and quality of training**

   (i) Poor staff strength and poor quality staff training have, impeded the efficiency of ICDS programme. This is a basic handicap which needs to be corrected. There is evidence of a backlog in staff training and it is hoped this would be cleared by the drive initiated by the Department of Women and Child Development to further streamline training of ICDS functionaries. However, a substantial backlog for refresher training of functionaries at all levels is a matter of concern. It is imperative for functionaries to receive refresher training periodically for upgrading their skills.

   (ii) It is also felt that it needs to be experimented with some new innovative methods for imparting refresher training. The possibility of involving academic and technical institutions in strengthening continuing education through peripatetic training in the field needs to be explored. The feedback on involvement of medical colleges in training health functionaries of ICDS shows that their involvement would add to the efficacy of the programme. Hence methods of promoting such interactions needs to be explored.

   (iii) Besides, the training activity followed by the Central Technical Committee-ICDS, on-the-job training is also imparted by the supervisors and Child Development Project Officers (CDPO). Many workers have commented that on-the-job supervision and training is disproportionately tilted towards register-maintenance instead of quality assessment, support and education. The implementing authority may
give special attention to the above aspect and the specific emphasis to quality improvement.

5. **Upgrading eligibility criteria**

   It is suggested that eligibility criteria for recruitment of AWWs may be raised to matriculation with suitable incentives and promotion avenues for integrating them into the ICDS infrastructure as it facilitates improving the efficiency of the scheme.

6. **Increasing public awareness**

   It should be mandatory for the project officers to organise frequent training workshops at the project level. A resource centre at CDPO’s office will be very useful for ensuring public awareness and co-operation for the effective implementation of the scheme. Hence it is suggested that a resource centre be started.

7. **Decreasing work load of the supervisors**

   Supervisors in the study were found to have more than 35 AWs under their charge. It is too large a number to provide guidance and support to the functionaries at the grassroots level in a participatory way during their visits to AWs. The double or additional charge given to the supervisors is detrimental to the supportive role she/he is expected to perform. There is an immediate need to create a post of substitute supervisor in every project to manage this problem and also augment the efficiency of supervision.

8. **Nexus with State Health Department**

   ICDS programme is expected to be implemented in close collaboration and support with the State Health Departments of the area. However, the study reveals that the co-ordination with health departments in this regard is not very strong. Therefore it is recommended that ways and means to be adopted to
strengthen co-ordination with State Health Departments of the area for improving the efficiency of the scheme.

9. **Improved health care facilities in non-ICDS areas**

   The implementation of the health component of ICDS viz., supplementary nutrition, Vitamin “A”, immunisation, health check up, referral services, treatment for minor illness and non-formal health and nutrition education to women could be contrasted with inferior services received by the target population in non-ICDS areas. Therefore, it is recommended that health service programme in ICDS areas be extended to non-ICDS areas as well.

10. **Free supplementary food distribution scheme for infants in ICDS areas not attending pre-schools**

    The supplementary food distribution scheme under ICDS for infants has a positive impact on improving the nutritional status of children in the ICDS areas. However it is seen that a large number of children in the area who are not attending pre-school are not receiving supplementary food. Therefore it is recommended that efforts should be made to further improve the coverage of under-threes for receiving supplementary food by exhaustive door-to-door surveys, encouraging consumption of food at the Anganwadi and enhancing mothers’ awareness about appropriate weaning practices and supplementary foods.

11. **Use of folk media for improving training**

    The Nutrition and Health Education (NHE) programme of ICDS could be made more effective among rural women through the use of folk media. Therefore it is recommended that utilisation of folk media to be included in the training curriculum of functionaries to strengthen their skills in imparting NHE effectively.
12. **Streamlining the methods for food distribution in ICDS areas**

When distribution of supplementary nutrition is interrupted, besides causing irritation, it has other implications, such as, poor attendance, low enrolment, and reversal of children to the earlier stage of malnutrition and mistrust in AWWs. Functionaries at all levels reported that irregular supply of food, equipment, material and medicine kits is a major problem in implementation of ICDS. They are also of the view that the system needs definite improvement. Hence it is recommended that the efficiency of the administrative machinery for distribution of foods needs to be improved. The State Government should take appropriate measures to streamline supplies for smoother implementation of the programme.

13. **Extension of Pre-school Facilities**

The effect of pre-school education in enhancing the intellectual ability of children is clear from the study. Hence efforts should be taken to extend pre-school facilities to all children in the pre-school age group.

14. **Involving voluntary organisations for community participation**

It is recommended that leading voluntary organisations in the area should be given adequate participation in the scheme during all stages of its implementation.

15. **Recommendations for further research**

The study showed that there is scope for research in the number of areas related to the main theme of the study, which will help to give more meaning to the findings of the study. A list of such problems for further research is presented below:

(i) The present research — a critical analysis of the problems and prospects of ICDS scheme on women and children in Kottayam District- may be
extended to other ICDS projects in the District and other areas of the State.

(ii) A comparative study of the personality development and social development of children exposed to ICDS programme with those of non-ICDS children.

(iii) Developing norms and evaluation criteria for assessing ICDS projects.

(iv) A study of the development of the entire spectrum of cognitive development (including language development, logical development, numerical development, perceptual development, manipulative skills etc.) of children exposed to pre-primary education.