INTRODUCTION

The children of a country are its valuable assets. A nation’s efforts towards enhancing women and children’s health, nutrition and education and also its commitment to resolve problems to implementation of related policies is relevant in measuring its development. It is human instinct to protect and care for children. No nation on this globe can ignore the responsibility to ensure the proper growth and development of children, as the future of the country lies with them.

Integrated Child Development Services (ICDS), also called Anganwadi Program is a Universal program in India providing a scheme which converts existing benefits into legal entitlements. “The program ensures that every hamlet should have a functional Anganwadi, and coverage of ICDS should be extended to all children under six and all eligible women. The term Anganwadi developed from the idea that a good early child care and development centre could be run with low cost, local materials even when located in an angan or courtyard. The Anganwadi centre is operated by an Anganwadi worker (AWW), assisted by an Anganwadi helper (AWH) or sahayika” (Right to food India Org., 2009).

This Program caters to the needs of the first six years of life of children which is the most vulnerable period of human life.”This is also the most rapid period of human development. From an infant to a chattering child, running around, playing with children and developing a readiness to enter school - this is the journey a child covers in just six years. Science has established that the foundations of health, language, capacity to learn, self-confidence and personality of a human being are laid in the first six years of life. For instance, 80% of brain growth takes place in these six years. Every child has a fundamental right to nutrition, health and education - the essentials that are needed to grow and develop fully” (Right to food India Org., 2009).
Providing Integrated Child Development Services of good quality to all children is the first step towards making these rights a reality. Supreme Court orders (2009) have made this a legal obligation. The statistics of 11th Five Year Plan regarding child development in India was estimated that one out of every three malnourished children in the World lives in India. “Out of 1000 babies, about 60 die before the age of one year. Almost one third of Indian babies have low birth-weight. Barely one half of all children complete eight years of schooling” (Right to food India Org., 2009).

The vision of Ministry of Women & Child Development is "Ensuring overall survival, development and protection of women and children of the country to enable them to lead productive and wholesome lives as citizens." ICDS is one such scheme that is working to realize the dream of ensuring productive and wholesome life of women and children. The focal point for the delivery of ICDS services is an Anganwadi which is run by an AWW and a helper appointed from the locality.

1.1 SERVICES PROVIDED BY ICDS

In many states, Panchayats have also been actively involved in the implementation and monitoring of ICDS since the 73rd Amendment Act that was passed in 1992. To achieve the objectives, the ICDS aims at providing a package of services, consisting of Non-formal Pre-school Education, Supplementary Nutrition Service and other health services that include Immunization, Health Checks-ups, Referral Services and Nutrition & Health Education.

1.1.1 Non-formal Education: Pre-school Education (PSE)

“The early childhood care and pre-school education component of ICDS scheme is considered the backbone of the ICDS program” (Umesh, 2002). Non-formal Pre-school education is provided to 3-6 years children in play way
methods for preparing them for formal/primary schooling. “The main objective of pre-school education component is to stimulate and satisfy the curiosity of the children, rather than follow any rigid learning curriculum” (socialwelfaremanipur.nic.in, 2009). “The early childhood pre-school program aims at providing a learning environment for promotion of social, emotional, cognitive, physical and aesthetic development of the child” (wcd.nic.in, 2003).

Craft, academics and physical activities are organized at AWC for children. “Children are taught dance, songs and games. Toys are indigenous and imaginatively produced from inexpensive, locally available materials” (socialwelfaremanipur.nic.in, 2009).

It is known that early childhood is a period of rapid physical and mental development. Keeping this in mind several education program have been initiated e.g. Rajiv Gandhi Crèche, Balwadies and Day Care Centres by NGOs along with the program of early childhood education run by ICDS. The ICDS program is a major program which reaches out to the children of 0-6 years and it is an integrated program that aims to support women and children specially those who came from socio economically backward society.

The preschool education in ICDS is a child Centred program for children between 3-6 years who attended Anganwadi for about three hour every day. They adopt a play way method of educating and use toy and equipments which are indigenous in nature. The aim is all round development by motivating play, exploration and experimentation.

The activities in preschool are designed by AWWs. The working of AW and the activities designed by AWWs promote the national goal of universal primary education. Basic concepts like colour texture, shape are taught. If the preschool program of ICDS is to be successful it is important that the AWs be well equipped with learning and play material. When the child leaves the preschool at AWs he should be ready for regular school activities of formal
schooling. Thus AWWs aim to develop motor skills, language skills, social skills and academic skills through a number of individual group play and academic activities.

1.1.2 Supplementary Nutrition Services

“The program launched on 2nd October 1975 and today, Integrated Child Development Services (ICDS) scheme represents one of the world’s largest and most unique programs for early childhood development” (motherchildnutrition.org, 2009). “ICDS is the response to the challenge of providing pre-school education as well as breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality” (planningcommission.nic.in, 2013).

Integrated Child Development Services program continues to be the world’s most unique program, which is being operated since more than three decades of its existence.

“The ICDS scheme serves as an excellent platform for several development initiatives in India. It serves the extreme underprivileged communities of backward and remote areas of the country. It delivers services right at the doorsteps of the beneficiaries to ensure their maximum participation” (Umesh, 2002). “The ICDS program is the world’s largest outreach program targeting infants and children below six years of age, expectant and nursing mothers, ICDS has generated interest worldwide amongst academicians, planners, policy makers, administrators and those responsible for implementation” (orissagov.nic.in, 2013).

“By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities” (swd.kerala.gov.in, 2012).
Supplementary Nutrition Program (SNP) provides supplementary food to children between 6 months and 6 years of age, adolescent girls and pregnant and lactating mothers.

“By providing supplementary feeding, the scheme attempts to bridge the protein-energy gap between the recommended dietary allowance (RDA) and average dietary intake (ADI) of children, pregnant and lactating women” (rediff.com'2012). Every beneficiary under supplementary nutrition (SN) is to be provided supplementary nutrition for 300 days a year. The AWC provides different type of supplementary nutrition in form of hot cooked food (HCF), ready to eat food (RTE), and take home ration (THR) to the beneficiaries.

1.1.3 Other Health Services

“A range of other health services are provided through the Anganwadi that include health checkups of children under six years, ante-natal care of expectant mothers, post-natal care of nursing mothers, management of under nutrition, and treatment of minor ailments” (righttofoodindia.org, 2008). At the Anganwadi, children, adolescent girls, pregnant women and nursing mothers are examined at regular intervals by the Lady Health Visitors (LHV) and Auxiliary Nurses (AN) who also diagnose minor ailments and distribute simple medicines along with Folic acid, Iron and contraceptives. They provide a link between the village and the Primary Health Care sub-centre.

Activities like growth monitoring and control of nutritional anemia are also included in Anganwadi health services. It is mandatory that children under three should be weighed once a month, to keep a check on their health and nutrition status. Elder children need to be weighed once every six months. During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre (PHC) or its sub-centre.
1.1.3.1 Immunization

“Immunization of pregnant women and infants protects children from six vaccine preventable diseases - Poliomyelitis, Diphtheria, Pertussis, Tetanus, Tuberculosis and Measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition” (swd.kerala.gov.in, 2012). The objectives of ICDS are directly related to the Millennium Development Goal of reducing of morality by two thirds from 1995 to 2015. “Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality. PHC and its subordinate health infrastructure carry out immunization of infants and expectant mothers as per the national immunization schedule” (orissagov.nic.in, 2013). The Anganwadi Worker assists the health functionaries in coverage of the target population for immunization. Every Wednesday is the immunization day in a week at all Anganwadi Centres.

1.1.3.2 Prophylaxis program

“National prophylaxis program for prevention of blindness caused by Vitamin-A deficiency and control of nutritional anemia among mothers and children are two direct nutrition interventions integrated in ICDS. The usage of iodized salt is also promoted” (Umesh, 2002).

1.1.3.3 Health check-up

Multi-Purpose Health Workers (Female) and, Lady Health Visitors Health Supervisors (Female) pay regular visits to the Anganwadi Centres, where ante-natal care of expecting mothers, postnatal care of nursing mothers and health needs of the children up to 6 years of age are attended to. Medical Officers of the area also carry out health check up of children and mothers periodically."Growth monitoring and nutrition surveillance are two important activities that are in operation at the Anganwadi Level in ICDS.
Both are important for assessing the impact of health and nutrition related services” (wcd.nic.in,2003).

“Children below the age of 3 years are weighed once a month and children 3-6 years of age are weighed quarterly. Weight for age growth Cards are maintained for all children below six years. This helps to detect both growth faltering and also in assessing nutritional status”(swd.kerala.gov.in,2012).

1.1.3.4 Referral services

During health check-ups and growth monitoring, sick or malnourished children, as well as pregnant and lactating mothers in need of prompt medical attention are provided referral services through ICDS.

1.1.3.5 Treatment of minor illnesses

Multipurpose Health Workers (Female)/ Health Supervisors (Female) also diagnose minor ailments and distribute simple medicines in Anganwadi Centres. Each Anganwadi Worker has a small medicine kit with basic medicines for common ailments like fever, cold, cough, diarrhea, worms, skin and eye infections that she dispenses as and when required.

1.1.4 Generating Awareness among Mothers

“The success of the ICDS program depends on two persons, the mothers, who have a pivotal role in children’s health and well-being, and AWWs who are key personnel of the program to convey important messages to the target group” (nipccd.nic.in,2014). The nutrition advice given by AWWs is more readily accepted by the mothers because they share the same socio-culture environment. Imparting nutritional knowledge as stated earlier is a health improvement service given by AWW to women of their area. An Anganwadi worker has to provide information to beneficiary mothers regarding reproductive health, balanced diet, prenatal care and post-natal check-up, breast feeding, neo-natal care and family planning { Sampath (2008) Joshi
Group discussions are often organized to impart education regarding health, breast feeding and immunization at AWCs. AWWs also provide information to beneficiary mothers regarding health camp, doctor’s visit and immunization day by visiting the beneficiaries at home as well as at AWCs.

1.1.4.1 Nutrition and health education

“Nutrition and Health Education is a key element of capacity building of women in the age group of 15-45 years so that, they can look after their own health, nutrition and development needs as well as that of their children and families” (keralawomen.gov.in,2012). “NHE comprises basic health, nutrition and development information related to child care and development, infant feeding practices, utilization of health services, family planning and environmental sanitation” (planningcommission.nic.in,2013). Generally Anganwadi Workers in assistance with ANM and sometimes independently impart education regarding importance of immunization, growth monitoring and organize activities for special days/ weeks like National Nutrition Week and Breast Feeding Week.

1.1.4.2 Knowledge regarding breast feeding

According to the reports of Breast feeding Promotion Network of India (BPNI) 2002, infants aged 0-5 months, who are not breastfed, have seven fold increased risk of death from diarrhea as compared with infants who are exclusively breastfed. At the same age, non exclusive breast feeding results in more than two fold increased risk of dying from diarrhea. Infants aged 6-11 months, who are not breast fed also, have an increased risk of such deaths. Thus the importance of the breast feeding for child survival and health cannot be overlooked.

Breastfeeding has been an important tool for child survival for which an ICDS centre contributes immensely. AWWs thus, play an important role in spreading knowledge to mothers about nutrition including breastfeeding and
weaning. Women are educated on best practices of breastfeeding. Nutrition and Health Education (NHE) is a key element of the work of the Anganwadi worker. This forms part of Behavior Change Communication (BCC) strategy.

“Group discussions on nutrition and health are organized at the Anganwadi for mothers and pregnant women. All women between 15 and 45 years of age are invited and special care is taken to ensure attendance of pregnant and nursing mothers and mothers of children who suffer from repeated illness of malnutrition” (socialwelfaremanipur.nic.in, 2009). This activity at Anganwadi empowers beneficiaries to look after their own health, nutrition and development needs as well as that of their children and families.

1.2 EXISTING STATUS OF ANGANWADI

An Anganwadi is a vital entity and channel for providing ICDS services. The important objective of ICDS Scheme is to ensure that all Women and Children, who are entitled to different services, are registered and these services are provided to them in time.

The coverage of beneficiaries, service delivery system, maintenance of records and registers and follow up action must be maintained in an Anganwadi centre. All the prescribed registers/records should be kept at the Anganwadi centre. The records help in assessing the service coverage of Anganwadi, identification of gaps in program implementation and improve need of quality of services to women and children.

Having adequate infrastructure equips an Anganwadi for better delivery of services. Therefore it must have adequate space for the children and basic facilities should be available like kitchen, toilet, and drinking water, space for outdoor activities and place for health check-ups of children. The space available outside the Anganwadi Centre should be safe for organizing activities for young children. Although Integrated Child Development Services (ICDS) scheme represents one of the world’s largest and most unique
programs for early childhood development yet basic infrastructure like building, room space, drinking water and teaching aids is a major problem for Anganwadis. In fact many Anganwadis are located in the home of the Anganwadi worker or helper. Shortage of basic equipment such as kitchen equipments, toilet articles, weighing scales, toys and charts is not uncommon, this is also evident from the report of Focus On Children Under Six (FOCUS) survey (2006) where it was found that about one fourth of the sample Anganwadis did not have any educational kits, 80% did not have any toilet facilities for children.

According to the data reported on website of Ministry of Women and Child Development, Government of India, total number of sanctioned Anganwadis are 13.7 lakh (October 2012). As on 22nd Oct 2012, services under the scheme are being provided to about 916.58 lakh beneficiaries, comprising of about 736.11 lakh children and about 180.47 lakh pregnant and lactating mothers across the country. Women and children (0-6 years) constitute roughly 55.5% of the Indian population as per 2011 censes, while women(including female child up to 6 years) constitute 48.6% of total population. The development of women and children is of paramount importance and sets the pace for overall development.

The training of AWWs is also one of the most crucial components to empowering the AWWs for effective inter-sectorial service delivery. Government of India has formulated a comprehensive training strategy. Training is a continuous program and is implemented through 35 States/UTs and National Institute of Public Cooperation and Child Development (NIPCCD) and its four regional Centres. All the AWWs must receive general training in training Centres. For this the Government of India has sanctioned many Anganwadi training centre (AWTCs) across the country to provide maximum accessibility to grass root level workers and meet the requirements of the local population. AWWs have to undergo the training
regarding monitoring the growth of children. They must be trained to take
acquire perfect weighing skills in terms of fixing weighing machine setting to
zero, keeping the child on the machine, and reading the weight correctly.
Training regarding pre-school, Pre-natal and post-natal care and AIDS
awareness is imparted to AWWs.

According to **SEEDS report (2005)** Evaluation of ICDS in Himachal Pradesh
“there is need for better training of AWWs”. **National Council of Applied
Economic Research (NCAER) 1998-1999** and **Three Decades of ICDS – An
Appraisal by NIPCCD in 2006** says “though about 84 per cent of the
functionaries reported to have received training, the training was largely pre-
service training and in-service training remained largely neglected. Many
AWWs expressed the need for more information and skill training on
different areas”.

**1.3 NEED OF THE STUDY**

“Government of India launched ICDS on 2nd October 1975 with a complete
understanding that investing in children is a decision a nation makes for
improving the quality of life of its future citizens, and embarking on a path of
planned development. Keeping this in view, the ICDS has expanded over the
years, and now is one of the world’s largest programs working for the holistic
development of young children and mothers. It is instrumental in enabling
mothers to care for their young children, by providing services and
appropriate information, support and guidance. The services provided under
ICDS aim to have a positive impact on the health and nutritional status of
children and women”(nipccd.nic.in,2014).

According to **Sinha (2006)**”the ICDS program is one of the most important
public programs in India, reaching out to the most neglected sections of the
population. However, its coverage needs to be expanded to include every
child, pregnant and nursing mothers, and adolescent girls. Its functions need
to be separated, with a specialized person to provide preschool education and another worker to take charge of health and nutrition aspects. Coordination between the health and education departments is required for maximum efficiency. Also, it is important to set clear goals, so that achievements can be assessed and work given direction”. There have been ample researches shows the present status of distribution of supplementary nutrition (FORCES 2007, Gadkar, 2006, NIPCCD, 2005), Preschool Education (Pandey 2008, Agarwal et al. 2005, Mitra 2004), Awareness Generation among women by Aanganwadi workers (AMS Consulting 2007) and assessment of the effect of organization of health camps. The results of these researches show that the quality and quantity of services is not uniform throughout the country. Several researches have pointed out the strengths of the program execution [Vinnarsion (2007), Citizen Initiative for the Right of Children under Six (CIRCUS) 2006] yet, it would be incorrect to assume that after so many years of implementation of the program, it is running in perfect state.

“The country spends enormous amount of money for running the ICDS program which is evident from the exorbitant expenditure figures. The expenditure of ICDS was Rs. 1190.21 crores during 17 years i.e. 1975-76 to 1991-92. The expenditure during the five year of the 8th Plan period was Rs. 2271.28 crores representing 191% increase in during just 5 year period as compared to 17 years period”(righttofoodindia.org,2012). The number of beneficiaries under the ICDS scheme has also significantly increased over the period mentioned above. As against 1.66 crores beneficiaries till March 1992, there were became 2.77 crores beneficiaries in June 1999.”The cabinet also cleared the proposal of the Women & Child Development (WCD) ministry to convert the Integrated Child Development Services (ICDS) into mission mode and approved Rs. 1,23,580 crore for the scheme during the 12th Plan (2012-17) period. In the 11th plan (2007-12) period, Rs. 44,400 crore was allocated for the scheme”(issue.emedinews.in,2012).
“The Prime Minister announced government's decision to revamp one of the country's oldest child nutrition programs that had failed to address India's abysmal maternal and child health track record, the cabinet on 24th Sep 2012 approved a nearly three-fold increase in the ICDS scheme’s budget”.

Hindustan Times, 24th Sep 2012 in New Delhi.

According to Lokshin et al. (2006), “levels of child malnutrition in India have fallen only slowly during the 1990s, despite significant economic growth and considerable expenditure on the ICDS program, of which the major component is supplementary feeding for malnourished children.” Further, this study found that nearly half of India's population which suffers from high levels of child malnutrition has the lowest program coverage and the lowest budgetary allocation from the central government. In term of outcomes, the result found little evidence of program impact on child nutrition status in villages with ICDS Centres.

One woman dies every eight minutes as a result of the complications arising due to pregnancy such as sepsis, hemorrhage or obstructed labour. These deaths can be avoided, if timely medical interventions at prenatal, perinatal and postnatal stages are not only available but also obtained. The possible reasons for high mortality and morbidity are the inadequacy of health services and ignorance regarding the need of obtaining medical care by pregnant or lactating women. ICDS has an important role to fill in this gap of knowledge and non-availing attitude of women. Several corrective measures have been taken from time to time like Health and Nutrition care for lactating and pregnant women, ANC and PNC for women. An assessment in the presently study of the frequency of such services and the coverage of beneficiaries can give important information regarding actual benefits to the vulnerable groups.

There has been some improvement in the quality of health care over the years but in a country as large and as diverse like India wide inter-state, male-
female and rural-urban disparities in outcomes are expected. The present study is a step towards finding out the difference in the health services in the rural and urban area. Also, identification of the difference in health status and awareness among beneficiary and non-beneficiary groups can help to understand the quality of services that are being used in lieu of ICDS services.

ICDS report (2006) stated that “81 percent of children under 6 years of age live in areas covered by an AWC but only 33 percent of children under 6 years receive any kind of service from an Anganwadi centre. It was reported that almost three fourth of children under 6 years (74 percent) did not receive any supplementary food in the last 12 months. Only a minority of children in areas with an Anganwadi centre received other services including immunization (20 percent), growth monitoring (18 percent), health check-ups (16 percent) and Pre School or early childhood education (23 percent). Moreover, only 21 percent of women served by an AWC received supplementary food from an AWC during their last pregnancy. Only 12 percent received health check-ups, 17 percent of breast feeding women received supplementary food.” The wide gap between the target group and actual beneficiaries reflects the status of program implementation. Although, the study gives a nationwide picture of program implementation where as the present study aims to identify the existing status of the services provided by ICDS to assess any improvement after a gap of six year in Agra district.

A research done by Midstream Marketing and Research Pvt. Ltd (2005) on Performance Appraisal of ICDS and Non-ICDS Districts with reference to Holistic Development of Child and Mothers recommended that “proper equipment including a complete medical kit should be made available in all AWCs, Supplementary nutrition should be provided to all needy beneficiaries. AWWs suggested that items such as milk, green vegetables and fruits should also be included in the list of food items to be supplied to AWCs. Educational and recreational items and space for interaction of
children in the age group 3-6 years should be increased from the present level. Antenatal check-ups of mothers should be better and more regular. Mothers must be made more aware of nutritional aspects and problems of malnutrition during pregnancy in order to avoid complications during pregnancy or at the time of child birth.” The present study is a step to review the current status in light of the recommendations, with special reference to rural and slum AWCs of Agra district.

Knowledge of breastfeeding is vital and essential for mothers for taking optimal care of their children. It can be provided to mothers by AWWs and is an important link for reducing infant mortality rate (IMR). The present study will throw light on the difference in the knowledge regarding breastfeeding among beneficiary and non beneficiary women from rural and slum area. This information will throw light on the role of ICDS centre in the knowledge acquired by women of different groups and locales.

In the past decade various measures have been introduced to improve the acceptance of ICDS program. Yet even today, a number of women/children are non-beneficiaries of this scheme. If service is being given in free, there should be many takers of the services. However this can happen only if the usefulness is recognized by them. A study of the difference between the beneficiaries and non-beneficiaries with respect to the Nutritional Knowledge and Breast Feeding Knowledge of mothers, utilization of Maternal Services by Mothers and utilization of Immunization Services by Children and Mothers can throw light on the actual benefits obtained. If a result shows that beneficiaries have an upper hand it may help in motivating non beneficiaries to participate in the program and benefit from the Government initiatives.

The investigator has not come across any work done on this vital aspect in Agra district. Thus it is important to study the ICDS Centers in Agra district with respect to their infrastructure quality and quantity of services. It will not be out of place to point out that determination of difference in beneficiaries
and non beneficiaries with regard to the services and the effect of the services obtained can throw light on the working of the major welfare scheme of the Centre in Agra.

The investigator therefore, decided to work on this area which has a very high social implication and usefulness for human life. It will not be wrong to state that the outcomes of the result can promote optimum utilization of the services provided by this scheme.

1.4 STATEMENT OF THE PROBLEM

“A Study of Integrated Child Development Services Scheme Beneficiaries and Non-Beneficiaries living in Rural and Slum Areas of Agra District”

1.5 OPERATIONAL DEFINITIONS

1.5.1 Integrated Child Development Services (ICDS)

This is a national scheme launched in 1975 which provides an integrated package for mothers and children. This scheme aims to improve the nutritional and health status of vulnerable groups i.e. infants, pre-school child, pregnant and lactating mothers through a package of services.

1.5.2 Beneficiary

The selected woman or child, who receives services/benefits from the ICDS scheme through Aaganwadi Centres (AWCs).

1.5.3 Non-Beneficiary

The selected woman or child, who does not receive any service/benefit from the ICDS scheme through Aaganwadi Centres (AWCs).

1.5.4 Slum Area
A slum is an urban informal overcrowded, residential settlement near a city or town characterized by substandard housing, sanitation and infrastructure.

1.5.5 Rural Area

A rural area is generally located in a village. It is generally thinly populated in comparison to slum dwelling and is often surrounded by natural environment.

1.6 OBJECTIVES OF THE STUDY

1. To study the demographic profile of the sample
2. To study the general profile of Anganwadis.
3. To study the Anganwadi services for women.
4. To study the Anganwadi services for children.
5. To study the health services availed by non beneficiary women and children.
6. To study the maternal services availed by beneficiary and non-beneficiary women.
7. To study the nutritional knowledge of women.
8. To study the breast feeding knowledge of women.
9. To organize one day training camp for AWWs to enhance their knowledge and skills.

1.7 DELIMITATION OF THE STUDY

The present study has been carried out in Agra District. The findings of the result cannot be generalized in other districts of the state.

The present study has been conducted on only 40 Anganwadis and their 300 beneficiaries. Non-beneficiaries of only the same locality were also a part of the sample.
Introduction

The present study has studied only the services provided by Anganwadis. The findings of the result do not describe impact of AW services on beneficiaries.

The study is delimited to health services secured by non beneficiary women for their children and has not attempted to assess the difference in PSE of children of beneficiary and non beneficiary women.

Data was obtained regarding duration of breast feeding. Duration of exclusive breast feeding has not been studied.