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RESEARCH ARTICLE

PROGRESS AND CHALLENGES OF ICDS IN MADURAI DISTRICT OF SELECTED BLOCKS

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ABSTRACT

Integrated Child Development Services (ICDS) is the most comprehensive scheme of the Government of India for early childhood care and development. It aims at enhancing survival and development of children from the vulnerable sections of society, ICDS is a unique programme, it encompasses the main components of human resources development namely, health nutrition and education. The programme today covers over 4.8 million expectant and nursing mothers and over 23 million children under the age of six. Of these children, more than half participate in early learning activities. The purpose of ICDS is to improve the health, nutrition and development of children. The programme offers health, nutrition and hygiene education to mothers, non-formal preschool education to children aged three to six, supplementary feeding for all children and pregnant and nursing mothers, growth monitoring and promotion, and links to primary healthcare services such as immunization and vitamin A supplements. These services are delivered in an integrated manner at the anganwadi, or childcare centre. Each centre is run by an anganwadi worker and one helper, who undergo three months of institutional training and four months of community-based training. The cost of the ICDS programme averages $10-$22 per child a year. Thus, the study to analyze the function of AWW intervention by ICDS and improved the outreach of maternal and child health (MCH).

INTRODUCTION

Integrated Child Development Scheme was started in the year on 2nd October 1975, today; ICDS Scheme represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. Integrated Child Development Services (ICDS) in India is the world's largest integrated early childhood programme, with over 40,000 centers nationwide. Since its inception in 1975, the programme has matured and expanded, despite difficulties in adapting to the vastly different local circumstances found on the Indian subcontinent. UNICEF helped launch the ICDS programme and continues to provide financial and technical assistance along with the World Bank. A review of these research studies indicate that ICDS has had a positive impact on beneficiaries and has the potential of enhancing the child survival rate. Definite improvement has been reported on major indicators of health and nutrition like Infant Mortality Rate (IMR), Nutritional status, Immunization coverage and utilization of health services. The objectives of (ICDS) programme are follows:

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i. To improve the nutritional and health status of children in the age-group 0-6 years;
ii. To lay the foundation for proper psychological, physical and social development of the child;
iii. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
iv. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
v. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

With these specific objectives ICDS programme aims at providing a package of services to the mothers and children. It is a unique programme in which all health and nutrition activities essential for promotion of child health and development are included.

i. Supplementary nutrition,
ii. Immunization,
iii. Health check-up,
iv. Referral services,
v. Pre-school non-formal education and
vi. Nutrition & health education.

The concept of providing a package of services is based primarily on the consideration that the overall impact will be

much larger if the different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from related services.

Services	Target Group	Service Provided by
Supplementary Nutrition	Children below 6 years: Pregnant & Lactating Mother (P&LM)	Anganwadi Worker and Anganwadi Helper
Immunization*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO
Health Check-up*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO/AWW
Referral Services	Children below 6 years: Pregnant & Lactating Mother (P&LM)	AWW/ANM/MO
Pre-School Education	Children 3-6 years	AWW
Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO

*AWW assists ANM in identifying the target group.

Three of the six services namely Immunisation, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare.

1. Nutrition including Supplementary Nutrition: This includes supplementary feeding and growth monitoring; and prophylaxis against vitamin A deficiency and control of nutritional anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They avail of supplementary feeding support for 300 days in a year. 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.

2. 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. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality.

3. Health Check-ups: This includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The various health services provided for children by anganwadi workers and Primary Health Centre (PHC) staff, include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc.

4. Referral Services: During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre. The anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre.

5. Non-formal Pre-School Education (PSE)

The Non-formal Pre-school Education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the anganwadi – a village courtyard. Anganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services. These AWCs have been set up in every village in the country. In pursuance of its commitment to the cause of India's Children, present government has decided to set up an AWC in every human habitation/ settlement. As a result, total number of AWC would go up to almost 1.4 million. This is also the most joyful play-way daily activity, visibly sustained for three hours a day. It brings and keeps young children at the anganwadi centre - an activity that motivates parents and communities. PSE, as envisaged in the ICDS, focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups.

6. Nutrition and Health Education: Nutrition, Health and Education (NHED) is a key element of the work of the anganwadi worker. This forms part of BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women – especially 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.

Objectives

- To study the function of AWW intervention by ICDS
- To examine the awareness of antenatal practices among women.

Area of the Study

Madurai district comprises 13 ICDS blocks. These Blocks become the best part of administration due to the number of villages in the district where rural administration is done by the Block hq. The area chosen for the study were Thirumangalam and Usilampatti taluck comes under Madurai district. The researcher has taken 10 Anganwadi Workers and 25 beneficiaries in each taluck at random sampling method.

Analysis and Interpretation

The important part in a research is the analysis part. The researcher has explained due weightage to various aspects such as ICDS intervention by of AWWs and to examine the awareness of antenatal practices among rural women.

Anganwadi Workers

Anganwadi as a term denotes a place for women and children from a specific category, where services related to nutrition, health and education are provided. Anganwadi worker is the kingpin of the ICDS programme whose success rests to a large extent on her ability and capacity to perform her role and responsibilities effectively. Anganwadi worker is expected to be a local women, is required to perform the following duties;

- Supplementary feeding of 0-6 years of children, pregnant and nursing mothers.
- Assisting health staff in immunization and health check-up.
- Referral services for severely under-nourished, mal-nourished, sick and cases of communicable diseases and children with impairments.
- Maintaining records, registers of the Anganwadi centre.

Training Programme Attended

The data regarding the training programmme attended by AWW revealed that all the AWWs had undergone orientation or job course training and also the in service training which is also called as refresher course.

Table 1. Utility of the Training Programme

Utility	Usilampatti	Thirumangalam	Total	%
Learned more about ICDS services	7	10	17	85
Learned about Immunization	8	9	17	85
Learned about how to mingle with community	9	3	12	60
Learned about how to conduct pre-school	8	6	14	70
Learned about preparation of teaching aids	10	9	19	95
Learned about health and nutrition	8	7	15	75
Learned about maintenance of registers	9	9	18	90
Learned about how to reduce the drop-outs	7	5	12	60
How to maintain AWC according to ICDS objectives	6	8	14	70
Learned about how to conduct meetings	7	3	10	50
Learned about non-formal education	4	5	9	40
Learned about family planning methods	6	11	11	55

Regarding the orientation training, all the respondents attended for 3 months, except 14% of the respondents of Thirumangalam block, who told that they have attended 4 months training programme. When the respondents had been asked about the utility of the training programmes, majority (85%) of the respondents told that they have learned a lot about Immunization and ICDS programmes, 60 % of the respondents told that they learned about how to mingle or how to motivate the parents to send their children for pre-school. But all the respondents told that the meetings were very helpful for them in the day-to-day activities of their work. Table-2 validates the data regarding job responsibilities of the respondents. Though all the activities have been conducted at the Anganwadi, few of by them could not tell some of the responsibilities carried by them. According to the data, majority of the 90% of the respondents felt that conducting pre-school programme and distribution Supplementary Nutrition Food (SNF) and providing immunization to children and pregnant women as their major responsibilities. 55% of the respondents could tell that making home visits as their main responsibilities which is very important to identify pre-school children, pregnant women and lactating mothers. A very negligible percent of respondents even felt that distribution of folic acid tablets, health check-up of children, organizing thrift programme, referral services etc as their responsibilities.

Table 2. Responsibilities of the AWW

Responsibilities	Usilampatti	Thirumangalam	Total	%
Giving Immunization to pregnant and children 0-6 years	10	8	18	90
Conducting pre-school programme	9	11	18	90
Giving health and nutrition education	8	6	14	70
SNF distribution	9	9	18	90
Mahila Mandal formation	2	3	5	25
Referral services	4	2	6	30
Making home visits	8	5	11	55
Conducting survey	-	2	2	10
Motivating women to undergo tubectomy	1	2	3	15
Maintenance of registers	2	1	3	15
Organizing thrift programme	1	3	4	20
Distribution of folic acid tablets	1	1	2	10
Health check-up to children	1	1	2	10

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Antenatal Care

Antenatal care (ANC) refers to pregnancy related health care provided by a doctor or a health worker in a medical facility or at home. The safe motherhood initiative proclaims that all pregnant women must receive basic but professional antenatal care (Harrison,1996). Antenatal care can contribute significantly to the reduction of maternal morbidity and mortality because it also includes advice on the correct diet and the provision of iron and folic acid tablets to pregnant women, besides medical care improved nutritional status coupled with improved antenatalcare can help to reduce the incidence of low birth weight babies and thus reduce prenatal, neonatal and infant mortality.

Table 3. Registers Maintaining by AWWs

Registers	Usilampatti	Thirumangalam	Total	%
Staff attendance register	10	10	20	100
Immunization register	10	10	20	100
Feeding register	10	10	20	100
Survey register	10	10	20	100
Pre-school attendants register	10	10	20	100
Food stock register	10	10	20	100
Visitors register	8	9	17	85
Mothers meeting register	10	10	20	100
Pregnant women and lactating mothers register	10	10	20	100
Growth chart register	10	10	20	100
Home visit register	9	7	16	80
Birth and death register	10	10	20	100
Referral services register	10	10	20	100
Dairy	10	10	20	100
Permanent assets register	10	10	20	100
Mahila mandal register	9	10	19	95
Monthly progress report register	10	10	20	100
Medical stock register	10	10	20	100
3rd &4th grade children register	10	10	20	100
Consumable assets register	10	9	19	95
Survey abstract register	10	10	20	100
0-1 year children register	10	10	20	100
0-6 year children register	10	10	20	100
Out patients register	10	8	18	90
Medicine issues register	10	10	20	100
Family planning register	10	10	20	100
Thrift programme register	10	10	20	100

Table 4. Source of Antenatal Care During Pregnancy

Place	Usilampatti	Thirumangalam	Total	%
Doctor	12	8	20	40
Health professional	7	11	18	37
ANC at Home	4	3	7	14
Not received	2	3	5	9
Total	25	25	50	100

Table- 4 shows that the percentage distribution of antenatal care recived by the respondents during the period of pregnancy. Allopathic doctors provided antenatal care for 40% of birth and other health professionals (such as nurse, midwives, ayurvedic doctors and homoeopathic doctors) provide care for 37% of births. Mothers received antenatal care only at home from a health worker for 14% of births, Those who received antenatal care outside the home whether or not they also receive care at home from a health worker. 9% of births were to mothers who did not receive any antenatal care.

Immunization

Immunization Means production of immunity either by introducing vaccine where body system has to take active part ot develop antibody. A body needs immunization to be free from attack of several diseases in future. Hence the provision of immunization services is the other important in built component of ICDS, safegurding the health of beneficiaries against preventable diseases like Tetanus, Tunerculosis, Poliomyelitis, Diphtheria, Whooping Cough and Measles.

Table 5. Tetanus Toxide Vaccination

Tetanus Toxoid Vaccine	Usilampatti	Thirumangalam	Total	%
One dose	2	3	5	10
Two Dose	21	22	43	86
Not Received	2	-	2	4
Total	25	25	50	100

Neonatal tetanus is caused by infection of the newborn with tetanus organism. Neonatal tetanus is most common when the delivery takes place in an unhygienic environment and nonsterilized instruments are used for cutting the umbilical cord. The distribution of birth by the number of tetanus toxide injuctions given to the mother according to selected background characteristics is shown in Table -5 Eighty six percent (86%)of births were given by mothers who had recived two or more doses of tetanus toxide vaccine,10% were to those who had recived one dose, and 4% were to those who did not receive even a single dose.

Table 6. Iron and Folic Acid Tablets

Iron and Folic Acid Tablets	Usilampatti	Thirumangalam	Total	%
Yes	24	18	42	84
No	1	7	8	16
Total	25	25	50	100

The size of a baby mother preparation for lactation and the iron and folate status of both the mother and the infant depend upon the mother's nutritionl status at the time of conception as well as her diet during pregnancy. Proper maternal care is important for the healthy intrautrine growth of the baby and may affect the baby's birth weight. The mother recived iron and folic acid tablets during each pregnancy resulting in a live birth. This information is presented in Table-6, 84% of birth were given by mothers who had received iron and folic acid tablets remining 16% of the respondents did not receive Iron and Folic Acid tablets.

Table 7. Health Problems during Pregnancy

Health problems	Usilampatti	Thirumangalam	Total	%
Anaemia	7	5	12	25
Swelling legs	3	4	7	3
Fever	1	2	3	6
Cough	2	1	3	6
Stomach pain	-	1	1	2
BP	-	1	1	2
Asthma	-	-	-	1
Body pains	1	1	2	1
Pain during urination	2	2	4	2
Nothing	9	8	17	52
Total	25	25	50	100

According to Table-7 out of the total beneficiaries, who used the health services, nearly half of them 47% have consulted the doctor about their weakness during pregnancy. Relatively a higher percent of beneficiaries 52% told that they didn't any problem, but they consulted the doctor just to know the position of the baby in the womb. Out of 47% of them, 25% of

the respondents were suffering with anaemia, fever, cough, swelling of legs, stomach pain, high blood pressure, asthma, body pains and pain during urination etc, were the health problems for the remaining beneficiaries.

FINDINGS

- Majority of the respondents told that they have learned a lot about Immunization and ICDS programmes, 60 % of the respondents told that they learned about how to mingle or how to motivate the parents to send their children for pre-school.
- 90% of the respondents felt that conducting pre-school programme and distribution Supplementary Nutrition Food (SNF) and providing immunization to children and pregnant women as their major responsibilities
- All the AWWs of each project have to maintain the same registers. According to the instruction given by CDPO, AWWs were maintaining the register.
- Eighty six percent (86%)of births were given by mothers who had recived two or more doses of tetanus toxide vaccine,10% were to those who had recived one dose, and 4% were to those who did not receive even a single dose.
- 25% of the respondents were suffering with anaemia, fever, cough, swelling of legs, stomach pain, high blood pressure, asthma, body pains, pain during urination etc, were the health problems for the remaining beneficiaries.

Conclusion

The root cause of under development and decreased productivity is poor nutritious and health status for any individual. Therefore it is imperative that he ICDS which was initiated with prime purpose of improving the nutritional health status of children and women should be continued. However the feedback indicates that there are several areas in the functioning of ICDS which needs to be strengthened.

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