


SUMMER INTERNSHIP PROJECT REPORT

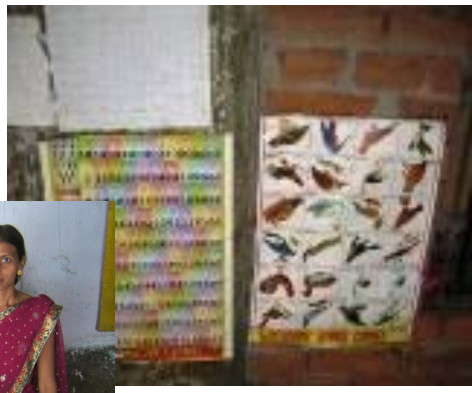
Investing in Child Education

Evaluation of ICDS Pre-school non-formal education in Bihar

(A block level study conducted in Danapur & Patna Sadar Block of Patna district, BIHAR)

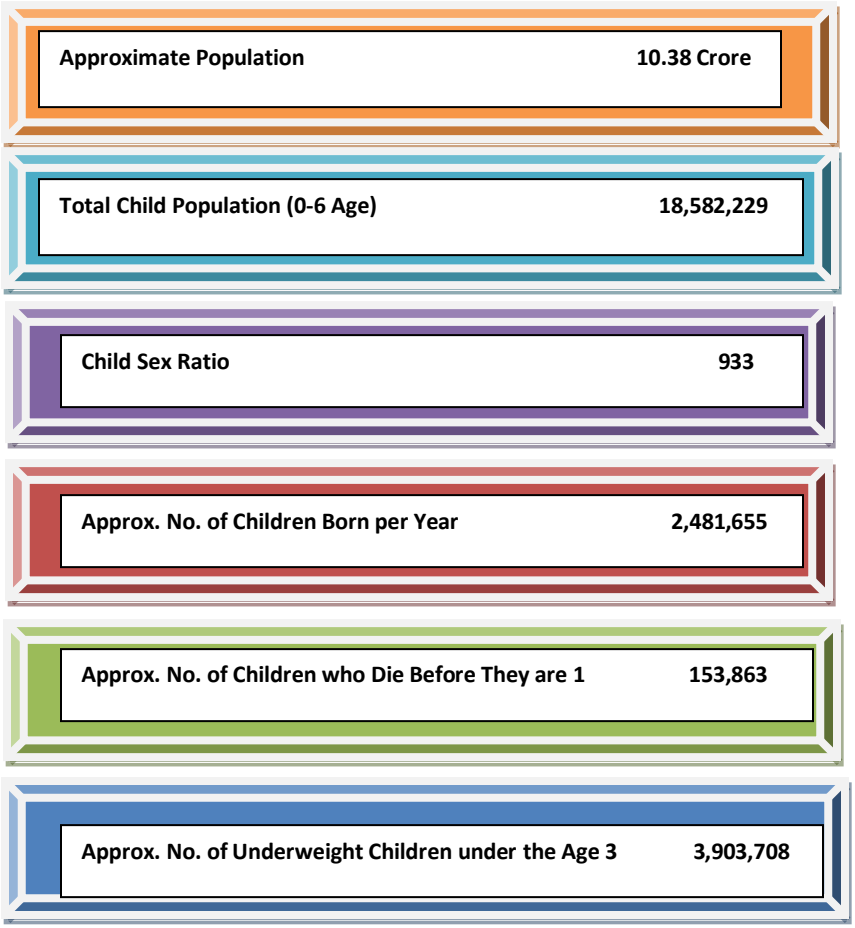
By
Sadia

Summer Intern (May-Jul 2013)


EXECUTIVE SUMMARY

India is home to the largest number of children in the world. Nearly every fifth child in the World lives in India. There are about 16 crore children in the age group of 0-6 years, out of which 11.5 % are from Bihar. Bihar is the 12th largest state in terms of geographical size at 98,940 km and 3rd largest by population. Almost 58% of population are below the age of 25, which is the highest proportion in India and it has been termed as the country's fastest growing state followed by Delhi and Pondicherry for the year 2011–12. Bihar has reported a growth of 13.1% for the year 2011–12 while it was 14.8% for the previous year. However 81.4 % of its population is said to fall under "POOR" category according to a UN survey (2010) measuring health & nutrition, education and standard of living. There has always been a strong need for ensuring proper early childhood development program, that's were Integrated Child Development Services (ICDS) comes in. The demographic of Bihar child population can be understood as:



Source - 2011 census data for Bihar

With strong government commitment and political will, ***Integrated Child Development Services (ICDS)*** program has emerged from small beginnings in 1975 to become India's flagship nutrition program and one of the world's most unique programs. ICDS under the Department of Social Welfare (GOI) has been gradually expanded to 6284 projects. The current number of

running projects in Bihar has grown to 545 of which there are 91677 Sanctioned AWCs spread over in 534 blocks. ICDS is well-conceived and well-placed to address the major causes of child under nutrition in Bihar. However, more attention has been given to increasing coverage than to improving the quality of service delivery and to distributing food rather than changing family-based feeding and caring behaviour.

Today it offers a wide range of health, nutrition and education services to children, women and adolescent girls. However, while the program is intended to target the needs of the poorest and the most undernourished, as well as the age groups that represents a significant "window of opportunity". There is a mismatch between the program's intentions and its actual implementation. This has resulted in limited impact. The program faces substantial operational challenges. Inadequate worker skills, shortage of infrastructure, poor supervision detract from the program's potential impact. Community workers (AWW) are overburdened, because they are expected to provide preschool education to four to six year olds as well as nutrition services to all children under six, with the consequence that most children under 3—the group that suffers most from malnutrition—do not get micronutrient supplements, and most of their parents are not reached with counselling on better feeding and child care practices.

ACKNOWLEDGMENT

I would like to sincerely thank Executive Director of Equity Foundation Mrs. Nina Srivastava for giving her guidance throughout the project. Her constant support and encouragement to help students in achieving their goals is very motivating. I would like to thank Mr. Rahul Kumar my Supervisor on this project for helping and guiding me throughout my Internship.

I would also like to express my gratitude to Anganwadi Workers, Helpers, children and all the community members who gave their valuable time and support during the entire project during my field study.

This internship was a very learning and enriching experience for me to carry out the project. With this internship, I got exposed to the functioning of a government organization for the first time. I got the opportunity to interact with different kinds of people with variety of experiences which definitely enhanced my communication skills. I came to know their lives closely, their needs and aspirations. I am very thankful to all the staff members of Equity Foundation, Bihar and Ms. Anju Bara, in-charge of Internship Committee of Central University Bihar (CUB) for providing me such a wonderful opportunity.

INTRODUCTION

National Context

India is home to the largest population of malnourished and hunger-stricken people and children leading to high infant and maternal mortality. Along with these issues are a deluge of problems ranging from diseases, lack of education, lack of hygiene, illness, etc. To combat this situation, the Government of India in 1975 initiated the Integrated Child Development Service (ICDS) scheme which operates at the state level to address the health issues of small children, all over the country. It is one of the largest child care programmes in the world aiming at child health, hunger, mal nutrition and its related issues. Under the ICDS scheme, one trained person is allotted to a population of 1000, to bridge the gap between the person and organized healthcare, and to focus on the health and educational needs of children aged 0-6 years. This person is the **Anganwadi worker.**

What does *Anganwadi* mean?

The name anganwadi worker is derived from the Indian word – *angan*, which means the court yard (an central area in and around the house where most of the social activities of the household takes place). In rural settings, the *angan* is the open place where people gather to talk, greet the guests, and socialize. Traditional rural households have a small hut or house with a boundary around the house which houses their *charpoys*, cattle, feed, bicycle, etc. Sometimes food is also prepared in the angan. Some members of the household also sleep outside in open air, under the sky, in their *angans*. The angan is also considered as the 'heart of the house' and a sacred place which buzzes with activity at the break of dawn. Given the nature of this versatile nature of this space, the public health worker who works in an angan, and also visits other people's *angans*, helping with their healthcare issues and concerns, is the Anganwadi worker.

The Anganwadi worker and helper are the basic functionaries of the ICDS who run the anganwadi centre and implement the ICDS scheme in coordination with the functionaries of the health, education, rural development and other departments. Their services also include the health and nutrition of pregnant women, nursing mothers, and adolescent girls. Today in India, about 2 million anganwadi workers are reaching out to a population of 70 million women, children and sick people, helping them become and stay healthy. Anganwadi workers are the most important and oft-ignored essential link of Indian healthcare. Anganwadi workers are India's primary tool against the menace of child malnourishment, infant mortality, and lack of child education, community health problems and in curbing preventable diseases. They provide services to villagers, poor families and sick people across the country helping them access healthcare services, immunization, healthy food, hygiene, and provide healthy learning environment for infants, toddlers and children.

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An Integrated Child Development Services

Integrated Child Development Services (ICDS) was launched in 33 Blocks on October 2, 1975, in response to the challenge of meeting the holistic needs of the child. Today, ICDS is one of the world's largest and most unique outreach Programmes for children. It is widely acknowledged that the young child is most vulnerable to malnutrition, morbidity, resultant disability and mortality. The early years are the most crucial period in life, as it is the time when the foundations for cognitive, social, emotional, language, physical/motor development and life-long learning are laid.

Benefits and Eligibility

The Programme aims to benefit children below six years, pregnant and lactating women in the reproductive age group (15-45 years). The package of services delivered by the scheme includes:

- Supplementary nutrition
- Immunisation
- Health check-up services
- Referral services
- Pre-school non-formal education
- Nutrition and health education.

Supplementary nutrition is provided to the children below 6 years and pregnant and lactating women to bridge the caloric gap between the national recommended nutritional guidelines and actual intake by the women and children of disadvantaged communities.

Immunisation of pregnant women and children is done to reduce the maternal and neonatal mortality. The children are immunised against six childhood diseases namely poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles.

Health Check-ups include health care of children less than six years, 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 staff, include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhea, de-worming and distribution of simple medicines etc.

Referral Services are provided 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.

Pre-School and Non formal education for three-to six years old children in the anganwadi is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development.

Nutrition, Health and Education involves use of Behavior Change Communication strategy to build capacity 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.

Status of AWC in Bihar

The Social Welfare Department (SWD), Government of Bihar is responsible for implementing a whole range of programmes and schemes for the social upliftment of the poorest of the poor people in Bihar, especially women and children. ICDS Directorate under SWD is mandated to run ICDS, the largest welfare programme in the state targeted at children up to the age of 6 years, pregnant women and new mothers (and now adolescent girls too).

In Bihar, the ICDS programme today reaches out to more than four million children under six years of age and around one million expectant and nursing mothers. Of these, nearly 2 mi l l ion children (between the ages of three to six) also participate in centre-based preschool education activities. These expectant and nursing mothers and children under the age of 6 are reached through around 91,000 Anganwadi Centers (AWCs). Each AWC has a trained, community based Anganwadi Worker (AWWs) and an equal number of Anganwadi Helpers (AWHs).

Implementation Status

The Programme is being implemented at 80,211 anganwadi centers (AWCs) through 544 Child Development Projects across the state. The AWCs are managed through ICDS programme in Bihar consisting of a hierarchy of 544 projects being run in 38 districts covering all community development blocks (administrative units). In line with the national programme, the key services that the AWCs in Bihar are mandated to deliver are:

- Improving the nutritional and health status of children below the age of six years

- Laying the foundation for the proper psychological, physical and social development of the child
- Reducing the incidence of mortality, morbidity, malnutrition and school dropouts
- Achieving effective coordination of policy and implementation among various departments to promote child development
- Enhancing the capability of the mother to look after the normal health and nutritional needs of the child, through proper health and nutrition education

Anganwadi Centers in Bihar

District	AWCs
Division Name: Purnea	
Araria	2,125
Katihar	2,325
Kishanganj	1,295
Purnea	2,482
Sub Total:	**8227**
Division Name: Patna	
Bhojpur	2,135
Buxar	1,403
Kaimur	1,286
Nalanda	2,319
Patna	3,937
Rohtas	2,309
Sub Total:	**13389**
Division Name: Magadh	
Arwal	587
Aurangabad	2,004
Gaya	3,334
Jehanabad	925
Nawada	1,810
Sub Total:	**8660**
Division Name: Saran	
Gopalganj	2,152
Saran	3,187
Siwan	2,618
Sub Total:	**7957**
Division Name: Tirhut	
East Champaran	3,896
Muzaffarpur	3,701
Sub Total:	**7597**
Division Name: Tirhut	
Sheohar	513
Sitamarhi	2,642
Vaishali	2,672
West Champaran	2,980
Sub Total:	**8807**

Division Name: Darbhanga	
Darbhanga	3,213
Madhubani	3,569
Samastipur	3,438
Sub Total:	**10220**
Division Name: Kosi	
Madhepura	1,524
Saharsa	1,464
Supaul	1,743
Sub Total:	**4731**
Division Name: Bhagalpur	
Banka	1,609
Bhagalpur	2,215
Sub Total:	**3824**
Division Name: Munger	
Begusarai	2,308
Jamui	1,397
Khagaria	1,276
Lakhisarai	802
Munger	1,074
Sheikhpura	526
Sub Total:	**7383**

Total Number of Anganwadi Centers 80995

Objectives

Non-formal education is the activity that should take up most of the time during the course of an Anganwadi day. The nature of this is outlined in ICDS booklets titled "Udaan 1" and "Udaan 2" which are distributed to all the centers. The syllabus includes numbers, alphabet, songs and rhymes. It is expected that the non-formal education that the children receive at the AWC prepares them for school. We shall look into:

- How many children actually attend the AWC and in the designated uniform
- Whether the booklets are present in the centre
- Infrastructure
- Whether teaching is being carried out properly

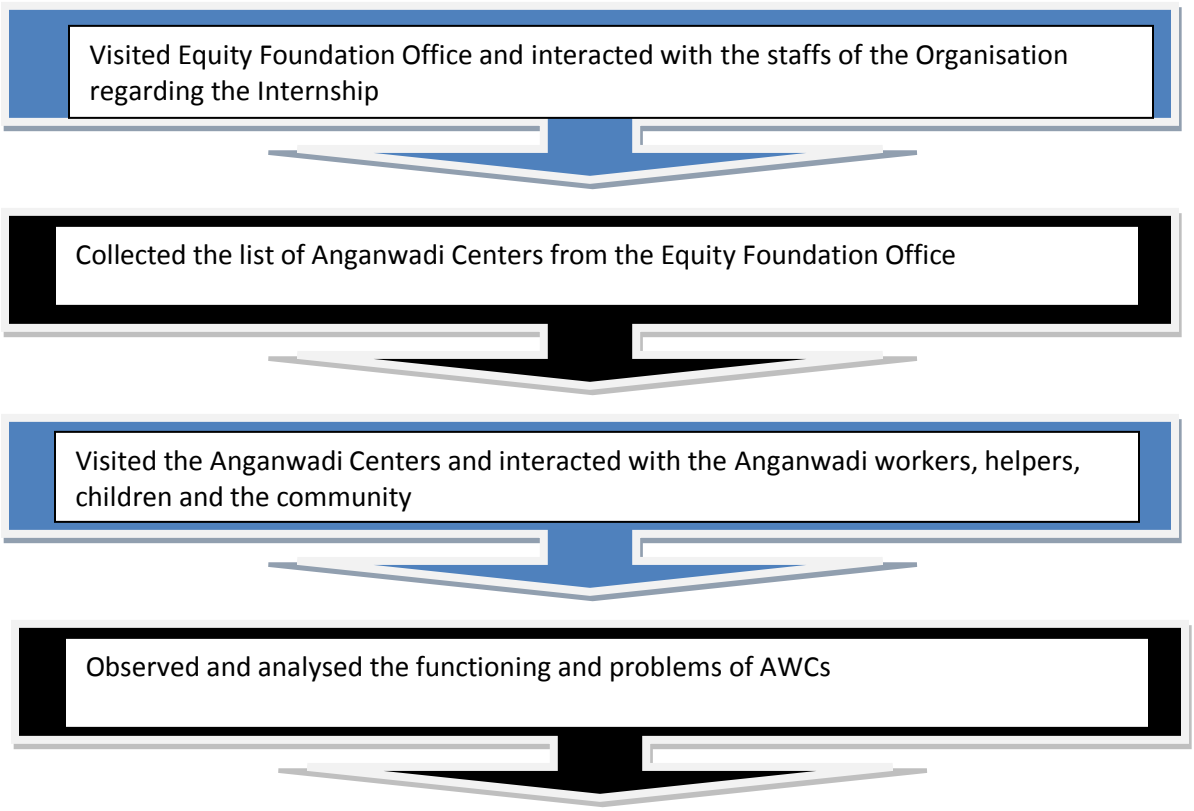
The proposed internship report will set to bring more involvement and trust of the population. The system will tend to become more transparent and its delivery system will have higher reach

Methodology

There are 3,937 sanctioned Anganwadi centers in Patna district. I will mainly focus on 10 AWCs each from 2 projects namely Patna Sadar, and Danapur blocks. Data and relevant information are collected through field visits and by interacting and interviewing the Anganwadi workers and the community. To assess the socio-economic condition of Anganwadi Workers, interview of

Anganwadi Workers and Anganwadi Helpers of the mentioned project has been taken. I also interviewed the community members through open ended questions. I have randomly chosen some Anganwadi Centers from the full sample of AWCs of the mentioned projects for my sample.

Work procedure:



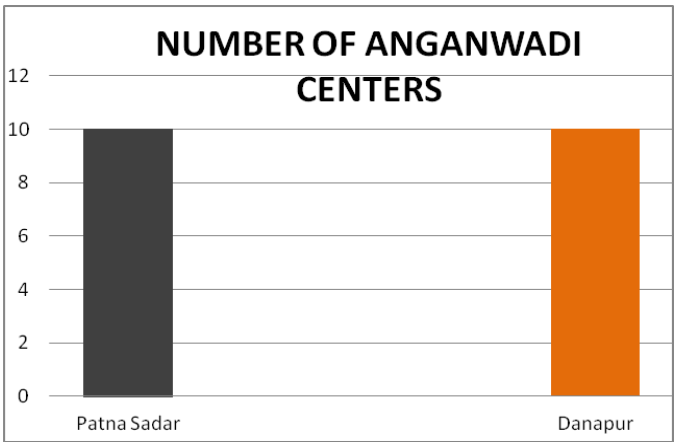
The mode of work was a detailed study and extracting questionnaire for the staff and community members. Their problems with existing services and amalgamation were considered during interviews. The focus was to gain from their experience and to discuss my proposed ideas and model for non-formal education under the ICDS programme. Visiting AWCs and interviewing AWWs and beneficiaries of the allocated area was my priority. Following this, I visited 2 blocks. I also paid attention on working of the AWWs.

Findings

SECTION 1

AANGANWADI CENTRES

Total number of AWCs covered



10 AWC of Patna Sadar and 10 AWC of Danapur were covered under this project.

Q.1 INFRASTRUCTURE

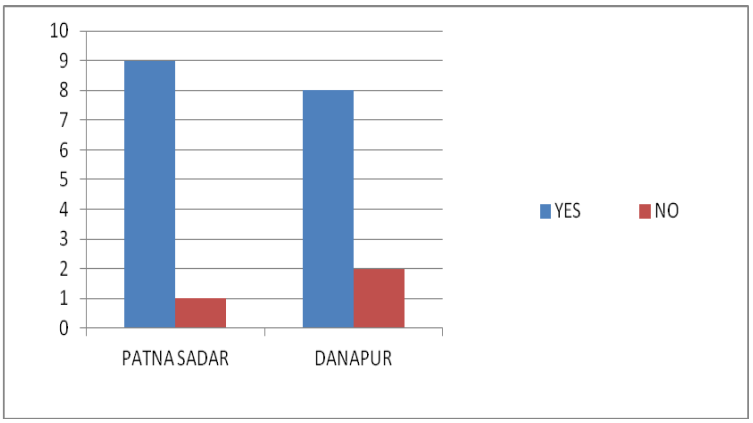
A. Cleanliness

Out of 10 centers in Patna Sadar 4 AWCs were located in slum area. At several places, the entire activity is carried out in highly unhygienic places. The cooking place is also very dirty. It is a very unhealthy practice as the children may fall easy prey to several diseases and fall sick. There was no arrangement for urinals and toilets as well. As compare to Danapur block in which most of the centers were in jhoparpatti, the AWCs in Patna Sadar was found to be cleaner. The class rooms were found to be crouched with unnecessary things and garbage.

B. Maintenance

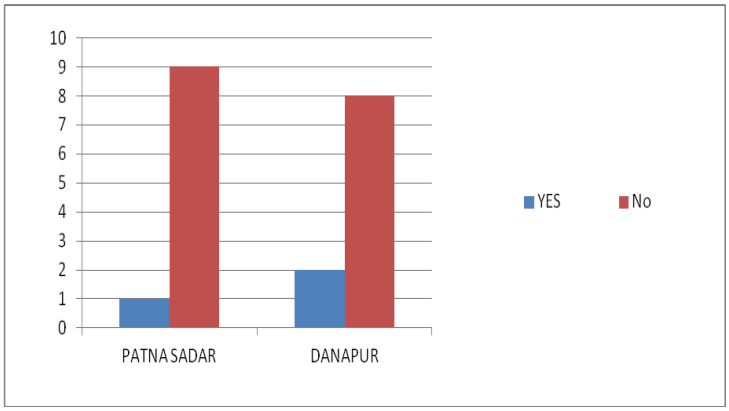
Out of 10 AWC in Patna Sadar 1 AWC was in open area in the basement of an apartment where as 4 AWC were located in slum area. Rest of the AWCs was operating in a single room on rent. Many AWC had toilet without door with a curtain.

C. Study Material

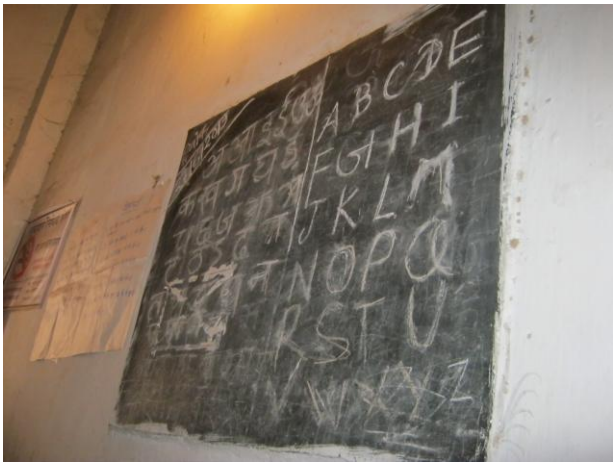


Out of the 10 centers in Patna Sadar 9 centers were having study-material whereas in Danapur only 8 centers had study material.

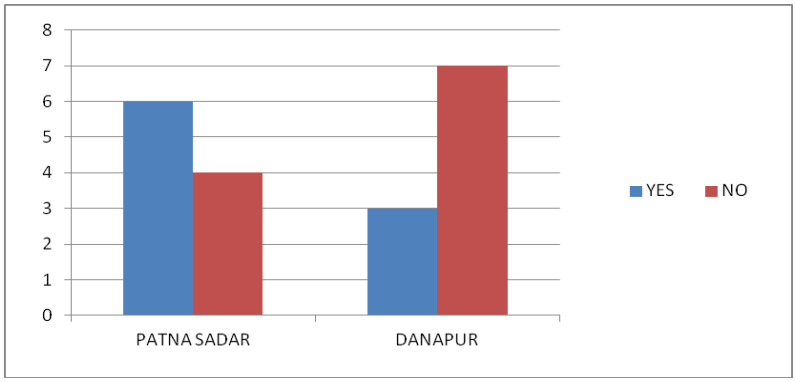
D. Blackboards



Out of 10 AWCs visited in Patna Sadar block only 1 AWC had blackboard whereas, in Danapur block out of 10 AWC only 2 had blackboard.

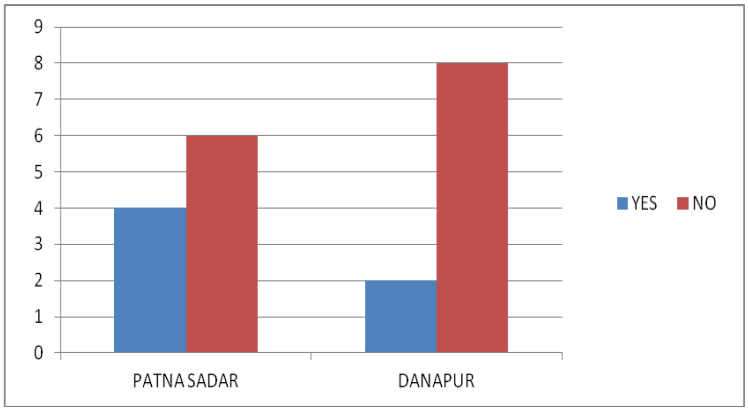


E. Electricity



Out of the 10 centers in Patna Sadar 6 centers had electricity whereas in Danapur only 3 centers had power connection.

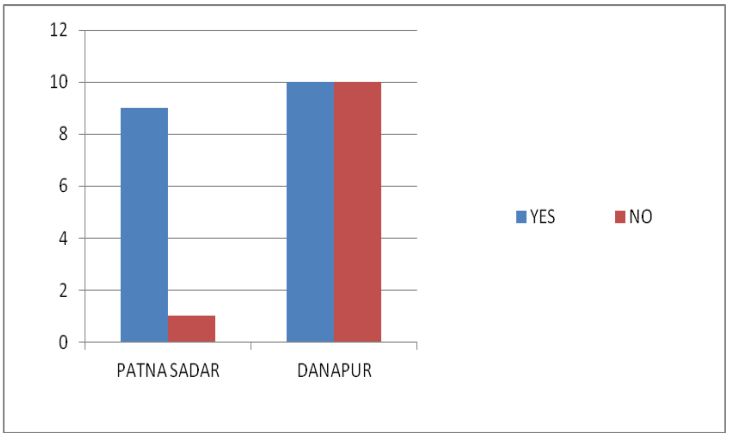
F. Fan



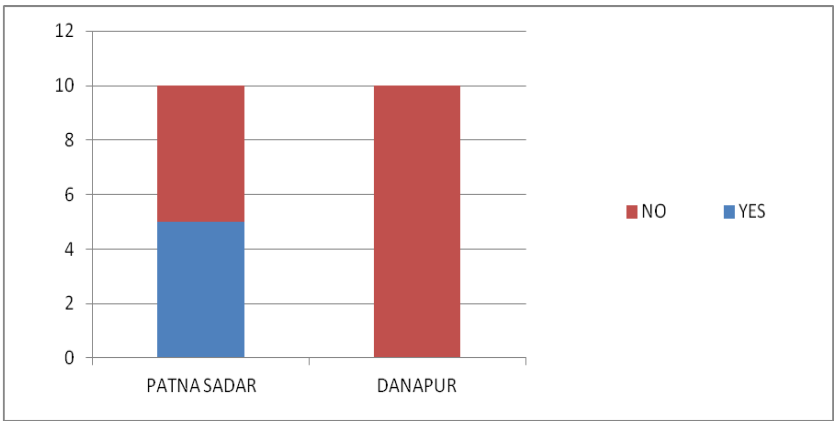
Out of 10 AWC visited in Patna Sadar Block only 4 AWC had fan whereas, in Danapur Block only 2 AWC had fan.

G. Drinking Water

Out of 10 centers in Patna Sadar 9 AWC had drinking water facility, whereas, in Danapur all the 10 centers had drinking facility.

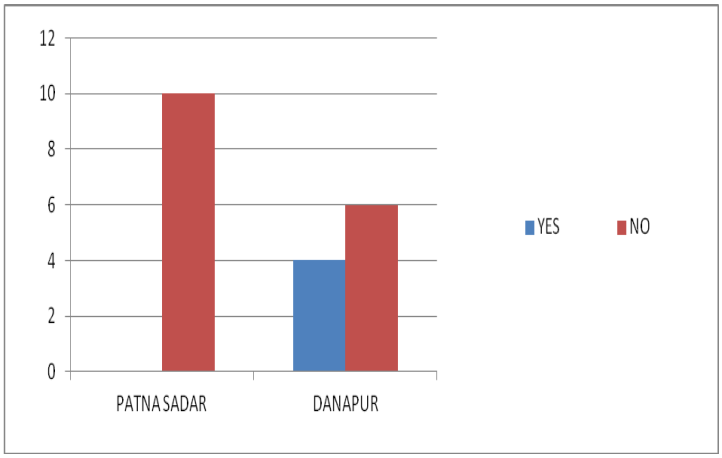


H. Toilet Facility



Out of 10 AWC in Patna Sadar 5 center had toilet whereas in Danapur Block none of the AWCs had toilet facility.

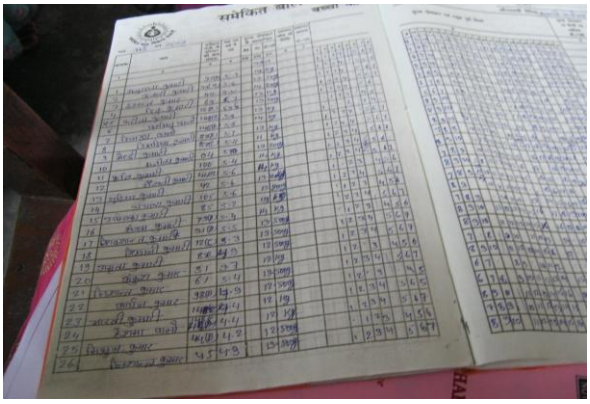
I. Health Card

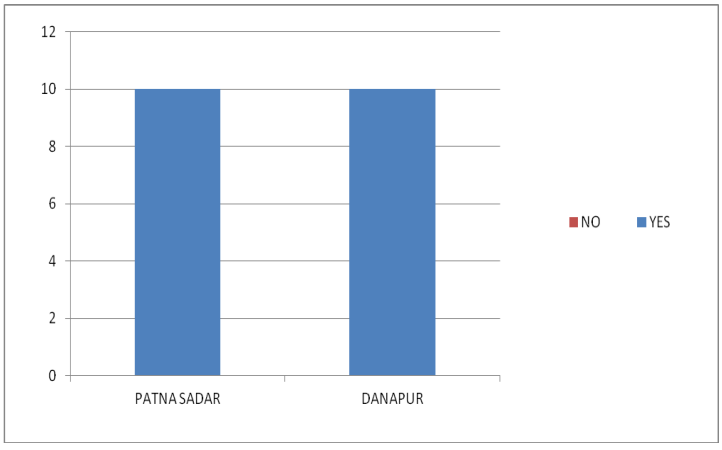


Children at 4 centers in Danapur had health-card whereas in Patna Sadar no children had health card

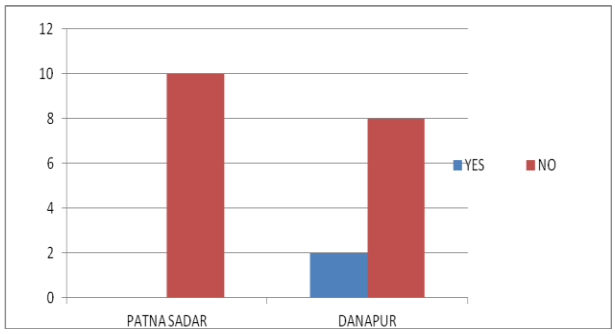
J. Attendance Register

All the 20 centers had attendance register.



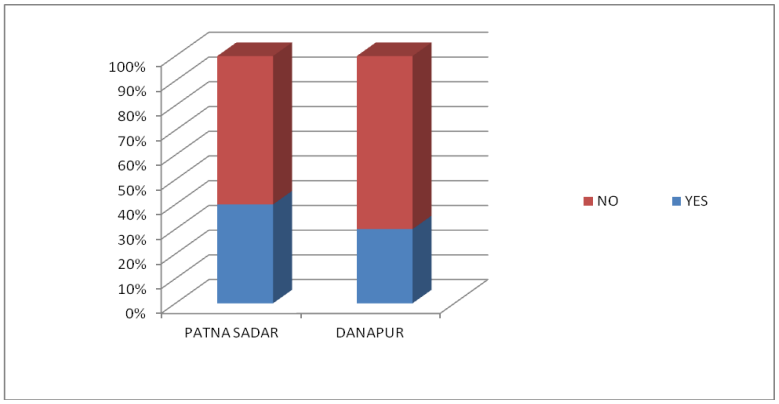


K. Medical Kit



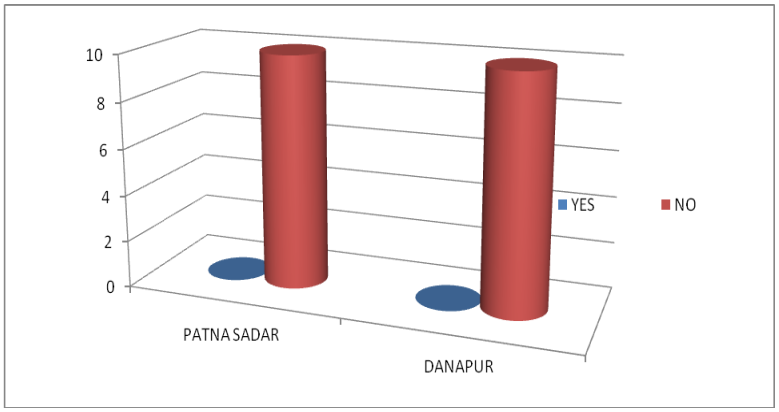
Out of 10 AWC in Patna Sadar none had any medical kit as compare to Danapur Block where 2 AWC had medical kit.

L. Indoor Games



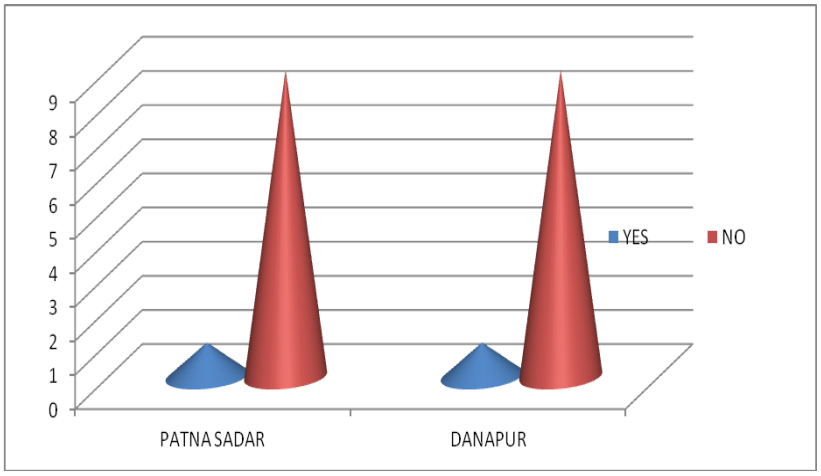
4 AWC in Patna Sadar had facilities of indoor games whereas in Danapur block only 3 centers had indoor game facilities.

M. Separate room for Immunisation



There was no separate room for immunisation in all the 20 AWCs.

N. Health Camp

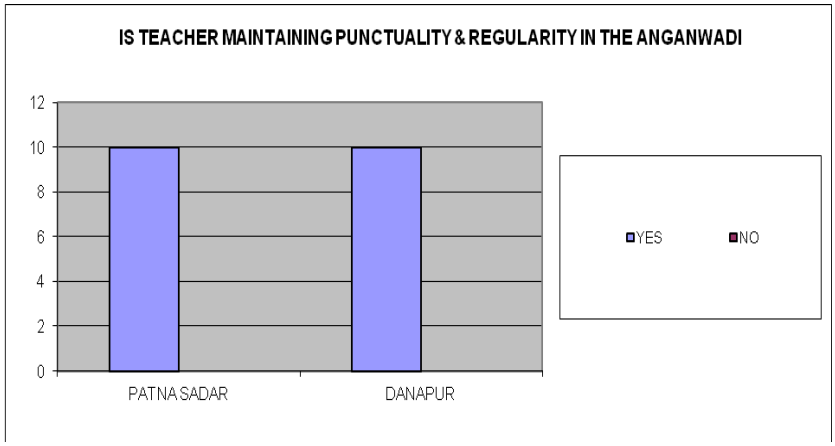


No health camp was organized in18 AWCs in either of the blocks. Health camps were organized in only 1 AWC in both the blocks.

Q. 2. ROLE OF STAKEHOLDERS

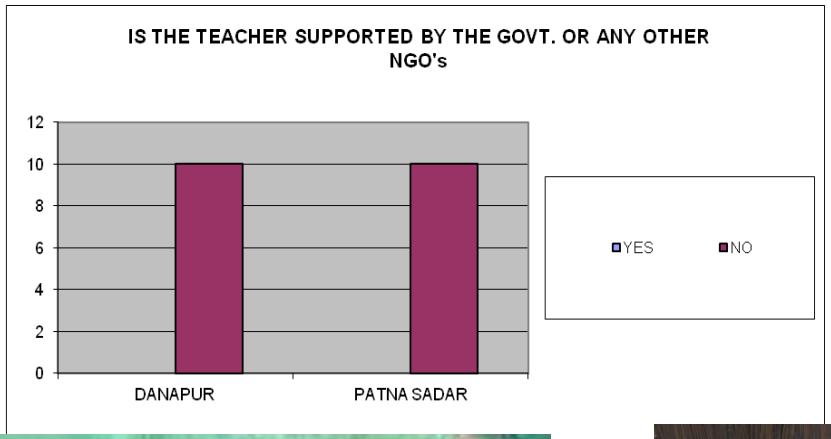
Stake holder visit in a Month					
	4 times in a month	**twice in month**	**once in month**	**once in 2 months**	**No visit**
Patna Sadar					
CDPO	0	2	7	1	
Health Officer			4	2	4
Supervisor			7	3	
Danapur					
CDPO		3	7		
Health Officer	1		4	1	4
Supervisor		6	3	1	

Regularity of Teachers



All the teachers were regular and present at the 20 Anganwadi centers

AWWs supported by the Government or any NGO

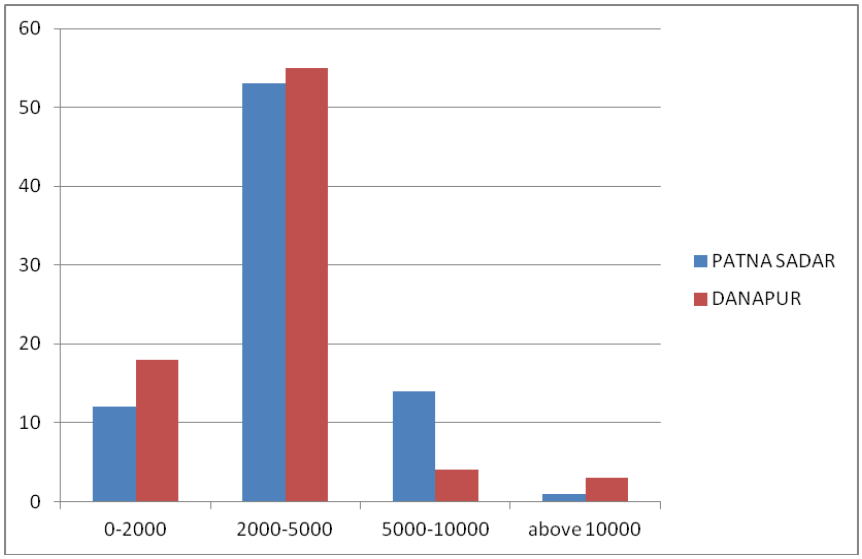


Out of the 20 AWC covered during the study no AWW got any help from either Govt. or NGO.

SECTION 2

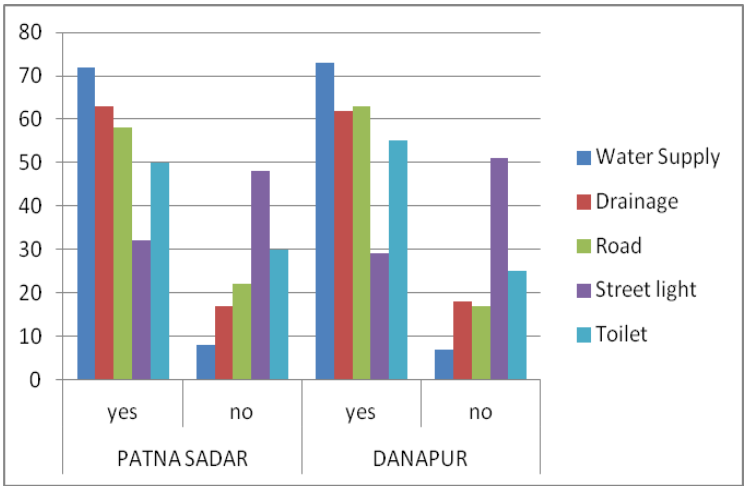
RESPONSE FROM THE COMMUNITY

1. **Average earning of the family**



Out of 80 families visited in both blocks average earning was found to be between Rs. 2000-5000 per month (i.e. above 65% family came in this bracket).

2. **Basic Amenities in the community**



Patna Sadar- 70 percent said that there was water supply in their area

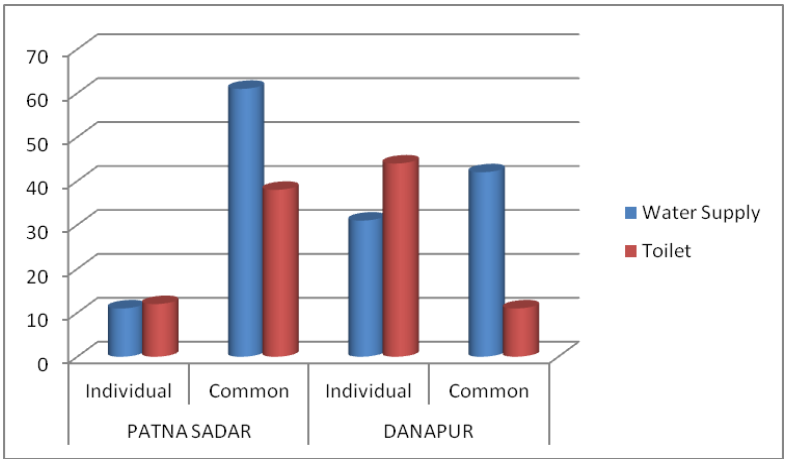
Danapur- More than 70 percent members had water supply

60 percent community members in Patna Sadar and Danapur said that the drainage system was provided in their area, although it was not functioning properly

Patna Sadar- More than 50 percent said that roads were there in the area but not in proper shape

Danapur- More than 60 percent said that roads were there in the area
Patna Sadar- 48 percent said that there was no street light whereas in Danapur 50 percent said that there was no street light
Patna Sadar- Toilet was provided in 50 percent families whereas in Danapur more than 50 percent families had toilets.

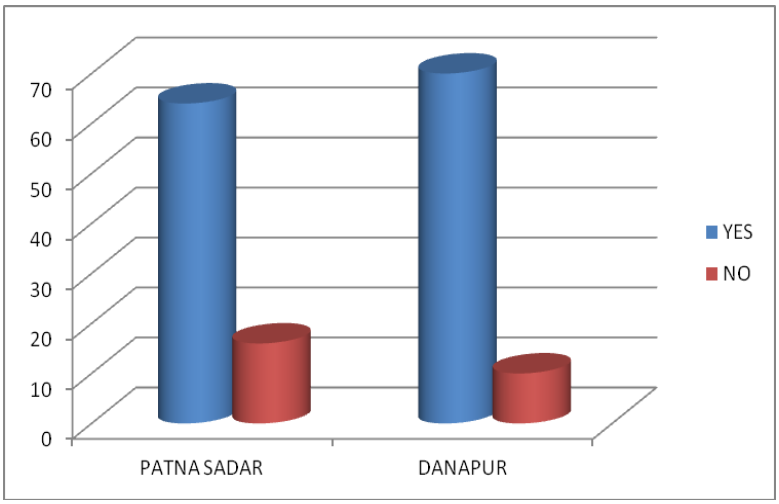
3. Types of Toilet



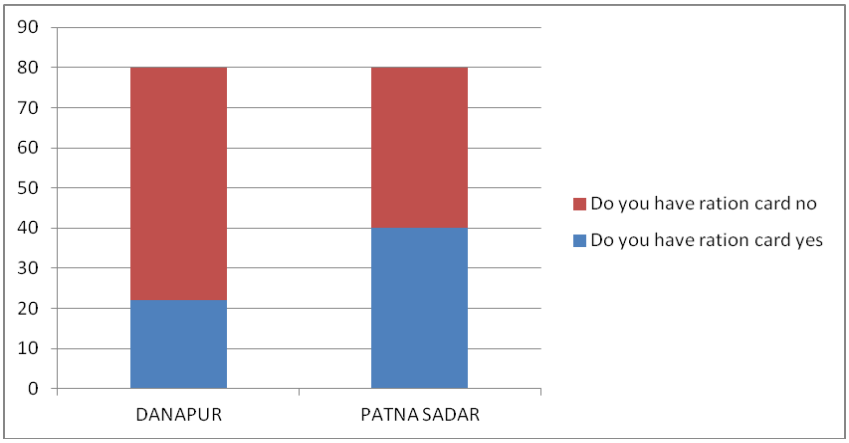
- 60 percent families in Patna Sadar had common water supply. In Danapur 40 percent people used common water source.
- More than 30 percent used common toilet in Patna Sadar and more than 40 percent community had individual toilet.

4. KNOWLEDGE ABOUT AANGANWADI SERVICES

60 percent community members in Patna Sadar said that they were aware about the services provided by the AWC whereas more than 60 percent community members in Danapur were aware of the services.



5. RATION CARD



60 percent in Danapur did not have Ration card whereas in Patna Sadar 40 percent had ration card

Major Observations

Monitoring system has been highly stressed and talked upon but many bottlenecks still exists. There are no provisions to encourage and motivate community workers (AWW). Encouraging the frontend workers to perform more and motivating them not to adopt unethical practices, a Reward and Recognition culture of frontend workers is much needed. The current system doesn't allow AWW to help improve but only to punish.

There is a need to increase the public participation in the AWC, and opportunity to take advantage of this social movement of building a healthy and developed society. The AWC is struggling and fails to achieve its goals due to low community participation and ignorance. The current environment has lots of irregularities and transparency has not been achieved despite many attempts. AWC fails to get the type of recognition, trust it deserves.

Very few centers had utensils for the children to eat the meal in. The children brought their own plates/bowls in the rest.

The centers had received a Play/Study kit for the children containing slates and other such material more than a year ago but all of the centers had exhausted their supplies and now the children brought their own materials.

The centers had received a Medicine kit last year but 20/20 centers reported having exhausted all the supplies.

The minimum required education qualification for the post of Anganwadi Worker is Matriculation. But some of them are recruited based on the certificates whose authenticity can be questioned. Because while talking to few Anganwadi Workers I found that few of them can't maintain a single record book. Anganwadi Worker plays the key role in the execution of these schemes, so it is essential that an Anganwadi Worker posses the required understanding.

Although all Anganwadi workers follow the food routine, but the quality of food is not that good. Then do not put that much effort and care while cooking the food.

Many Anganwadi centres are running in the public places like community centres and temples which cannot be locked. In such centres theft of cooking vessels and posters is a very common incidence.

Almost all Anganwadi Workers are not satisfied with the working conditions like salary and job responsibilities. They are unsatisfied with their work and expressed their desire to change their job with a job that will provide them a better salary. Most of them said that the salary which they receive is too less in comparison to the responsibilities assigned to them.

The main source of income of the family is the salary of Anganwadi Workers which is very low. Only a few families have other sources of income which contributes only a small portion of the total income.

Recommendations

Training the frontend workers about the services and delivery system will help them to understand ICDS better and training them on leadership qualities, motivation will help them enhance their capabilities

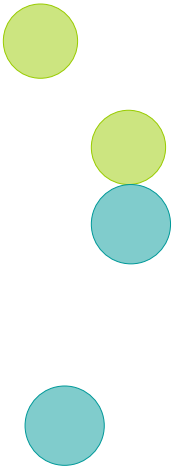
In order to have efficient functioning with uniformly distributed work load, there is a need to recruit adequate staff members at the centres to tackle shortage of staffs.

Install facilities in order to provide clean and safe drinking water for both children and workers helping all of them to have a healthy life.

If possible, some improvement in the pay scale of Anganwadi Workers and Helpers can be made to motivate them which will result in the better functioning of the centres.

The AWCs do not have the resources required- Every centre visited claimed to be overstretched for resources in one way or another. With this in view, the following pressing needs should be addressed:

- Very few AWCs had a toilet or a play area. The AWWs, especially in the urban areas seem to be struggling finding reasonable space within the given budget. The allowance for rent needs to be revised in accordance with rising costs.
- The centres need to be provided with plates/ bowls to serve the daily meal.
- The centres need to be provided with mats.
- The Play/Study kits need to be replenished.
- The Medicine kits need to be replenished and appropriate channels need to be established to be able to do this regularly.



References

As outlined in the methodology, the main source of the information has been primary field research. The supplementary information has been extracted from the following sources:

http://wcd.nic.in/icds.htm

http://www.icdsbih.gov.in/