

Assessment of NGO-run ICDS Projects in Rajasthan

for
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by

State Institute of Health and Family Welfare, Rajasthan



Executive Summary

The Integrated Child Development Services (ICDS) Scheme was envisaged in 1975 to improve the nutritional and health status of pre-school children, pregnant women and nursing mothers through a package of services including supplementary nutrition, early childhood education, immunization, health check-up, referral services and nutrition and health education. The program provides an integrated approach for converging basic services through community-based Anganwadi workers and helpers.

With a commitment towards PPP, ICDS Rajasthan approached identified NGOs to deliver ICDS services and to operationalize the AWCs (Kolayat by URMUL Seemant Samiti, Rajgarh by Bhoruka Charitable Trust and Kumher by Lupin Human Welfare and Research Foundation).

The study was taken up by State Institute of Health & family Welfare, Jaipur in the month of June with the objectives: quantitative and qualitative assessment of the reach and services; quantitative and qualitative assessment of the functioning of AWC in terms of infrastructure, supplies, utilization and governance; assess the impact on child growth in terms of pre decided parameters; compare the reach and services between control and study blocks and identify the operational gaps in both the groups.

The study was conducted in three districts with two blocks each (one managed by NGO and other by department). Kumher (Bharatpur), Rajgarh (Churu) and Kolayat (Bikaner) were taken as the study block and Sewar (Bharatpur), Sujangarh (Churu) and Dungargarh (Bikaner) as the control blocks.

A total of 125 AWCs were studied (64 from study block and 61 from control block).

Structured interviews were collected from the service providers at the AWCs, beneficiaries and district and block officials.

Both the ECE activities and supplementary nutrition services were found better in the study blocks. Apart from these basic services, attendance, record keeping, overall maintenance of AWCs and monitoring by supervisory staff was fairly well in these blocks.

All the AWCs were found open in the NGO run blocks with children available in the centers.

The education level of the AWWs in the study blocks was higher than those in the control blocks directly impacting the understanding of the issues and actions related to the ICDS services specially the ECE activities.

Though trainings are provided in all the blocks additional efforts were made by the NGOs during the sector meetings where sessions are held in specific topics to clear doubts and impart new information.

More AWCs from NGO managed blocks were running in school buildings than the department managed, which seem to have contributed in regular functioning of AWC.

NGO managed AWCs have laid emphasis on displaying information compared to department managed AWCs. Timings of the AWC, the services available and the MCHN day were displayed more in the NGO managed AWCs than in the department managed ones. Pictures on walls were well painted in Rajgarh (74.1%) and Kolayat (70%).

100% of AWH from NGO managed blocks reported that they collected the children and dropped them. This is one of the reasons why children came regularly at the AWCs in these blocks. Most of the children from the NGO managed AWCs came between 08:00 AM – 09:00 AM (50% - Kumher; 66.7% - Rajgarh & 64.7% - Kolayat).

Most of the AWWs responded that the very first activity once the children come to the AWC was to start with ECE activities with prayer (Kumher – 81.2%, Rajgarh – 96.3% and Kolayat – 76.5%). Observations also support that the ECE activities were being conducted in the NGO managed AWCs while most children came by the time hot meal was cooked in the department managed AWCs.

More than 50% AWWs of the NGO managed AWC used the guide regularly and also followed the procedures leading to more regularity in the activities.

Both ECE and medicine kits have been provided on time in Kumher (100%) and Rajgarh block AWCs (96.3% & 81.5%) from NGO managed block.

No specific difference was found between the blocks as far as pregnant and lactating mothers visiting the AWC was concerned. The caretakers of children between 3-6 years of age from NGO managed AWCs responded in affirmation that their children went to AWCs regularly (98.5% - Kumher, 87% - Rajgarh and 96.2% Kolayat).

The hot meal was made by SHGs in the study blocks while the AWW purchased raw material and the AWH cooked hot meal in the control blocks. The quality of hot meal was poor as the amount paid for the pulses was much less than the market rates and so the AWW compromised on the ratio of rice and pulses. Moreover, the amount of food to be given to the beneficiaries was correctly known to the AWWs of the study block than those of control blocks.

The observation shows that the hands were washed before and after taking meal in the NGO managed AWCs (70% in Kumher & Kolayat and 66.7% in Rajgarh) while the percentage is low in other AWCs.

In Kumher and Rajgarh, the SHGs make the RTE and supply it once a week to be distributed to the beneficiaries. Regularity and timely supply of RTE ensures that nutrition is being provided.

The AWWs from Kumher (100%), Rajgarh (96.3%) and Kolayat (94.1%) reported conducting ECE activities. The observation also showed that ECE activities were being conducted in more AWCs of the NGO managed block compared to AWCs of department managed blocks. Around 1-2 hours of ECE activities were reported by more than 50% AWWs from NGO managed AWCs (Kumher, Rajgarh and Kolayat).

More children were able to recall what was taught in the NGO managed AWCs (35.3% in Kumher, 51.9% in Rajgarh and 40% in Kolayat) while the number was low in other AWCs.

Immunization and counseling was reported similarly by both type of blocks. Growth monitoring through taking weight was being done regularly in the NGO managed blocks and compared to department AWCs the records were being maintained in the growth monitoring charts.

Malnourished children were reported to be referred but no records were found in both blocks. One of the objectives of the study was to study the impact on child growth, but as no records of malnourishment were seen anywhere an assessment could not be made as to whether there was any impact of giving Supplementary Nutrition on child growth. But the fact was that malnourished children were seen in the villages.

The record keeping was fairly well in the NGO managed AWCs as well as department managed AWCs. The records were not uniform across the blocks but within AWCs of same block of NGO managed blocks uniformity was seen. The AWWs of NGO managed blocks were maintaining the records themselves or took help of other service providers than totally depending on others.

The efforts of NGOs were seen in the level of community participation they received in the AWC activities. Responses of AWWs regarding involvement of community in motivating the beneficiaries to go to the AWCs were reported more in NGO blocks (37.5% - Kumher, 40.7% - Rajgarh and 82.4% - Kolayat).

Overall the performance of NGO managed AWCs was found to be better in the areas of service delivery in terms of reach, ECE activities and supplementary feeding activities and in the governance in terms of AWCs maintenance, child attendance, community involvement, record maintenance, continued capacity development, monitoring etc. However, convergence and coordination (especially MCHN activities) were found to be better in Govt. run ICDS.

Based on the findings it is recommended that **AWCs need to be renovated** and painted with better display of information. Subject specific **trainings should be conducted on a regular basis** for the field functionaries.

Vacant positions to be filled at the earliest and **supportive supervision needs to be emphasized**. Strategy should be developed to involve the community in the functioning of the AWCs.

For the proper implementation of the Project the **best practices should be adopted and executed** in all the AWCs.