



## Evaluation of ICDS in Five Districts of Gujarat

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### ABSTRACT

**Introduction:** Integrated Child Developmental Services (ICDS) is today the world's largest community based outreach programme for early child development. A major challenge lies in implementation gaps that arises out of inadequate resource investment, inadequate funding, lack of convergence, lack of accountability of those managing and implementing the programme, especially, at the level of Anganwadi centres and supervisory level, lack of community ownership and the general perception about ICDS being a "feeding" programme and not an Early Childhood Development programme.

**Objective:** To evaluate the services offered by ICDS scheme among five districts of Gujarat.

**• Methods and Material:** Cross sectional study was conducted from 2011 to 2012 for monitoring of ICDS activities in Dang, Valsad, Panchmahal, Baroda and Navsari. In each district five Anganwadi were selected randomly and evaluation forms were filled on the basis of National Institute of Public Co-operation and Child Development (NIPCCD) proforma. The following components have been analyzed using Excel sheet:

Physical infrastructure, Supplementary Nutrition, Growth monitoring, Nutritional Status.

**Results:** Nearly half of AWCs have pucca house, separate kitchen and tap water supply. Around 85% of AWW said that food is acceptable by beneficiaries and were satisfied with the quality of food. But still 45% of AWCs had interruption in SN during last 6 months which was mainly due to shortage of food supply.

**Conclusion:**

Even after 38 yr of ICDS implementation there is need to improve the services offered by them. Infrastructure of AWW is not adequate in majority of places. Acceptability of food and services provided under ICDS is satisfactory.

**KEYWORDS :** ICDS, Evaluation, Supplementary Nutrition, Gujarat.

### Background :

Integrated Child Developmental Services (ICDS) is the world's largest community based outreach programme for early child development launched on 2nd October, 1975 with the following objectives.

To improve the nutritional and health status of children in the age-group 0-6 years To lay the foundation for proper psychological, physical and social development of the child To reduce the incidence of mortality, morbidity, malnutrition and school dropout To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and 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. (1)

Today, a major challenge lies in implementation gaps that arises out of inadequate resource investment, inadequate funding, lack of convergence, lack of accountability of those managing and implementing the programme, especially, at the level of Anganwadi centres (AWC) and supervisory level. Lack of community ownership and the general perception about ICDS being a "feeding" programme and not an Early Childhood Development programme add to the challenge. So the current study was carried out with following objective:

### Objective:

- ❖ To evaluate the services offered by ICDS among five districts of Gujarat based on Physical infrastructure, Supplementary Nutrition (SN), Growth monitoring, Nutritional Status, Community Support.

### Methodology:

- **Study Design:** Cross-sectional study.

- **Study period:** 2010 to 2012.

- **Methodology:** Cross sectional study was conducted from 2011 to 2012 for monitoring of ICDS activities in Dang, Valsad, Panchmahal, Baroda and Navsari. In each district, five Anganwadi were selected randomly and evaluation forms were filled on the basis of NIPCCD proforma. (National Institute of Public Co-operation and Child Development.)

- **Data Analysis :** The components have been analyzed using Excel sheet.

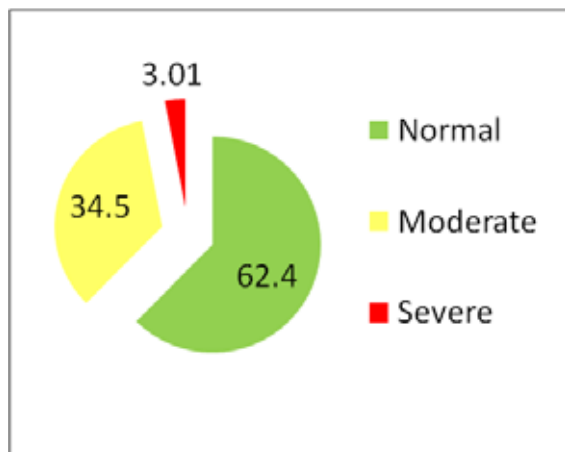
- **Ethical Issues:** Before starting enrolment of the participants, necessary clearances and permissions were obtained from concerned authorities and Institutional Ethics committee for Human research (IECHR).

### Results And Discussion:

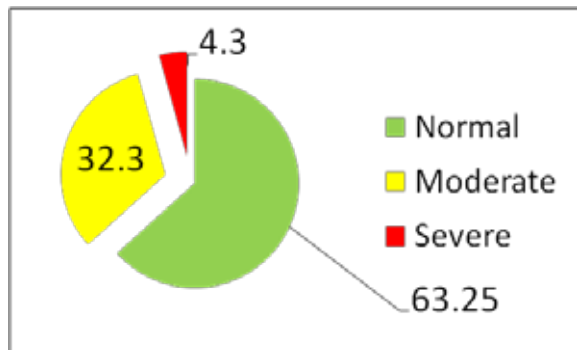
Around 58.3% of AWCs have pucca buildings; 33.3% of AWCs have semi pucca. Around 70.8% of AWCs have own building/ state govt. and 29.2% AWCs building were provided by community free of rent. Around 54.2% of AWCs have kitchen facility available and around 54.2 % AWCs studied have no toilet facility and in 8.3% AWCs this facility was found to be unsatisfactory. 83.3% of AWW said that food is acceptable by beneficiaries. Only 16.7% said that food was partially accepted. 45.8% AWWs said interruption in SN during last 6 months. Out of that 90.90% interruption was due to shortage of supply and 9.09 % was due to lack of fund to buy salts, turmeric, etc ... Around 75% of AWWs plot the weight accurately on the growth chart. Similar findings were also observed in various studies conducted in various regions. (2-7)

**Table no1: Nutritional Grade(according to WHO Growth Standards)**

	Normal	Moderate	Severe	Total
0-3 yr	686	379	33	1098
3-6yr	506	259	35	800
Total	1192	638	68	1898



**Figure No 1: Weight of children Age group of 0-3 yr**



**Figure No2 : Weight of children Age group of 3-6 yr**

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