

“Performance evaluation of Anganwadi Workers of Jaipur Zone, Rajasthan.”

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ABSTRACT

Background: - Integrated Child Development Service (ICDS) is India's response to the challenge of meeting the holistic needs children below six years of age, adolescent girls expectant and nursing mothers through the network of Anganwadis. **Objectives:** - To assess the performance of Anganwadi Workers of Jaipur Zone (Rajasthan) India.

Materials and methods: -8 AWCs were selected from each of the 5 zones of Jaipur. So, total 40 AWCs were included in the present survey. Performance of each of the AWW from identified AWCs was assessed as per the 'Form no. (1)' of ICDS. Performance of various districts and various activities were analysed with chi-square/ANOVA/Post-Hoc wherever applied

Results: - Average mean time opening of AWCs of Jaipur zone was 18.8 minutes less than the ideal duration of 240 minutes per day. Maximum gap in registration (93.52%) was observed in adolescent registration. Supplementary nutrition distribution was 84.94%. 23.33% children of 3-6 years of age group attended PSE more than 20 days. 65% 12-24 years children were fully immunized.. Referrals were received by surveyed ANMs from 30% of AWWs.

Conclusion: - Although HNE and distribution of supplementary nutrition was observed excellent but Services for adolescent girls were not at all proper.

Keywords: Anganwadis, AWW, AWC, ICDS, PSE, HNE

I. INTRODUCTION

Integrated Child Development Service (ICDS) is India's response to the challenge of meeting the holistic needs of the child, launched Initially in 33 blocks (5th Five year plan), on October 2, 1975. Government of India with partnership of the international agencies like UNICEF, CARE and WFP provides a package of services to children below six years of age, adolescent girls, expectant and nursing mothers through the network of Anganwadis.¹¹

The package of services provided by Anganwadis are Supplementary nutrition (SNP), Non-formal pre-school education (PSE), Immunisation, Health check-up, Referral services and Nutrition and Health Education (NHE)

Out of these six, three services viz. immunisation, health check-up and referral, are designed to be delivered through the primary health care infrastructure. While providing SNP, PSE and NHE are the primary tasks of the Anganwadi Centre, the responsibility of coordination with the health functionaries for provision of other services rests with the Anganwadi worker (AWW).

II. MATERIALS AND METHODS

This descriptive qualitative study of was done at Anganwadi Centres of Jaipur Zone. The present study was carried out in Jaipur Zone. Jaipur zone consist of five prime districts of Rajasthan namely Jaipur, Dausa, Alwar, Jhunjhunu and Sikar.

Selection of Anganwadi Centres and Anganwadi Workers:

Inclusion Criteria for AWC's:- Must be functioning for more than one year.

- Jaipur Zone has five districts v.i.z. Jaipur, Dausa, Alwar, Jhunjhunu and Sikar
- Total 8 AWCs was selected from each district.
- So, total 40 AWCs was selected from Jaipur Zone.

Selection of Anganwadi Workers: 40 AWW, one from each selected anganwadi Centre

Related data were collected in ‘**Form No. 1: Functioning of AWC/AWW Schedule: Respondent AWW**’.

Data thus collected were compiled, analyzed with SPSS version 20.

To find out significance of difference in proportion chi-square test and to find out significance of difference in means ANOVA/ Post-hoc test were used. For Significance p value equal to or less than 0.05 was considered significant.

III. RESULTS

Average mean time opening of AWCs of Jaipur zone was 221.2 minutes per day which was 18.8 minutes less than the ideal duration set by ICDS for AWCs i.e. 4 hours (240 minutes) per day. Maximum time was spent on preparation and distribution of SN (83.4 mins) followed by PSE (50.8 mins); remaining time was spent in other activities like updating records, cleaning utensils etc. Variation in distribution of time as per activity at centre was highly significant (<0.001)

Registration of beneficiaries was deficit with the gap of 64.67% which was mainly due to gap in adolescent registration which was 93.52% (<0.001) **Supplementary nutrition distribution** was more than 80% in every type of registered beneficiary. **Non-formal pre-school education** was assessed by mothers of 3-6 year children in this study where it was observed that only 23.33% children of this group attended PSE more than 20 days. **Health and nutritional education** was reported to be given to each of registered beneficiary in the present study

Immunization status was assessed by survey of 12-24 months children in the area in this study. Consensus regarding immunization was made either by immunization card or by interviewing mother. It was found in this study that only 65% were fully immunized (atleast one dose of BCG, 3 doses of OPV, 3 doses of DPT and one dose of measles vaccine) and 28.33% were partially immunized. 6.67% were unimmunized. TT pregnant woman was given in 43.33% of surveyed women.

Health checkups were reported to be conducted in very few i.e. 14.17 % of children and 25% of surveyed women. Weight was taken in 61.67% of children and 31.5% of surveyed women. IFA was distributed to 58.33% of children and 52.18% of surveyed women. **Referral services** were reported to be received from 30% of AWWs by surveyed ANMs.

Reasons for performance gap of AWWs: All surveyed AWWs were complaining of irregular supply of medicine, contingency, Honorius, TA/DA, and slow carrier progression as reason for service gap in ICDS.

IV. DISCUSSION

Regarding timing of AWCs remain open per day with distribution of time for various activities; it was found in the present study that average mean time AWCs of jaipur zone remain open was 221.1 minutes which was only 18.8 minutes earlier than by norms of ICDS.

Average mean time spent on various activities were well resonance with study of Population Research Centre Department of Economics University of Kashmir Srinagar (2009)¹⁵ i.e. on preparation, serving food and feeding of the children was 44.4 v/s 87 minutes, PSE 50.8 v/s 53 minutes etc.

Gap in registration ranges was 64.67% which was well comparable to Gupta, B; et al, found that nearly 66% of the eligible children and 75% of the eligible women were registered at AWCs.⁵ Likewise “Forum for Creche Child Care Services (FORCES),” found that 62% of the eligible beneficiaries in the age group of 0-6 years were registered in AWCs, While 64% pregnant and lactating mothers were registered. Even a study named as “Socio-Economic and Educational Development Society (SEEDS),” conducted a study in 4 districts of Himachal Pradesh in, 2005. It was found that AWWs mentioned 55% women (15-45 years) registered with AWCs.¹¹

Supplementary nutrition was distributed to 84.94% of registered beneficiaries. These findings are well supported by N.C. Dash (2006)⁹ also found in his study 96% mothers of children received SN from AWCs. Whereas Forum for Creche Child Care Service (2005)⁸ found that 62% of eligible children (0-6 yrs) and 64% pregnant and lactating mothers beneficiaries have received SN at AWCs. Only 23.33% PSE beneficiaries above 20 days in contrast to that NIPCCD (2006)⁶ found that 75% registered beneficiaries for PSE attended the AWCs.

Health and nutritional Education was given to each of registered beneficiaries during the HNE session conducted by AWWs. Well comparable finding were of NIPCCD (2004)¹ and Sen.(2004)² they found that almost all AWWs conducted HNE session.

The present study revealed that 65% of surveyed 12-24 months were fully immunized where as 28.33% were partially immunized and 6.67% were not immunized at all. Whereas Mehra, et al, (1990) who surveyed. 210 children in rural and 212 children in urban area aged 12 to 23 months, observed that children immunized with DPT 3/OPV3 & BCG were while those immunized with DPT3/OPV3 & BCG and Measles was only 30.0% and 37.3% in the two zones. Non immunized in rural area were 8% and in urban area were 2.3%.¹³

Further in the present study it was found that 43.33% mothers received tetanus toxoid. Which is significantly higher than Bhansali (1988)¹² where 26.2% mothers received tetanus toxoid. The other study were Burman (2001),⁷ NIPCCD (2006)⁶ and N,C, Dash (2006)⁹ they found that 54.25%, 76.2% and 27.67% mothers received complete doses of tetanus toxoid.

This study revealed that 25% of surveyed mothers (pregnant & lactating) received health check up these observations are supported by the NIPCCD (2006)⁶ study where it 18.68% was observed to go through health checkups. Another comparable studies are Bhomik (2001),⁴ NIPCCD(2004)¹ and SEEDS Haryana (2005)¹⁴ where it was found 13.16%, 43.33% and 15% of mothers received health check-up respectively. The present study revealed that 100% AWWs besides complaining of less honorarium & TA/DA and slow carrier progression in their working condition, they faced problem about irregular supply of medicine, contingency. The observations of present study are well supported by the other study conducted by SEEDS, Haryana¹⁴ & Himachal Pradesh⁶ (2005), Boban (2006)² and FORCES (2007)⁵ where same problem faced by AWWs in their working condition.

V. CONCLUSION

Average mean time opening of AWCs of Jaipur zone was little less than the ideal duration Maximum gap in registration was observed in adolescent registration. Although HNE and distribution of supplementary nutrition was observed excellent but Services for adolescent girls were very poor. Other services like PSE, Immunization, Health Checkups etc were also quite deficit.

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The list of Aganwadis: Aganwadis were selected are as follows:-

S.No.	District	CHC	PHC	AWC
1	Jaipur			Gulabi Nagar No. 2, Sushilpura (Sodala), Jaipur
2		Jamwa Ramgarh		Jamwa Ramgarh AWC No. 5
3			Naila	Naila AWC No. 1
4				Raniawas nearest AWC
5				Papad AWC No. 2 farthest AWC
6			Kharkada	Kharkada AWC No. 1
7				Sarjoli 1 st nearest
8				Booj AWC No. 1 st Farthest
9	Alwar			Alwar AWC No. 6
10		Bansoor		Bansoor Lalawali
11			Gunta	Gunta AWC No. 2
12				Shahpur AWC No. 1 nearest
13				Bhabedi AWC No. 2 farthest
14			Harsora	Harsora AWC No. 3 rd
15				Dheerpur AWC No. 2 nearest
16				Mugalpur farthest AWC
17	Dausa			Dausa AWC No. 3
18		Sikandara		Sikandra AWC No. 1
19			Bhandarej	Bhandarej AWC No. 18
20				Bhadana AWC No. 1 nearest
21				Jirota AWC No. 1 farthest
22		Garh		Garh AWC No. 2
23				Ranoli AWC No. 3 nearest
24				Mochingpura AWC No. 1 Farthest
25	Siker			Sikar AWC No. 2
26		Piprali		Piprali AWC No. 3
27			Kolida	Kolida Patwar Bhawan, AWC No. 1 st
28				Swarooppura nearest AWC
29				Beri AWC No. 1 farthest AWC
30			Tarpura	Tarpura Comm. Rest House AWC No. 4
31				Govt.Pri.Sch.Ramchandrawali Jori, nearest
32				Ghorana AWC No. 1 st farthest AWC
33	Jhunjhunu			Jhunjhunu ward No. 30 (37) AWC
34		Malsisar		Malsisar AWC No. 7
35			Kant	Kant AWC
36				Anandpura Nearest AWC
37				Bhutiawas Farthest AWC
38		Ladusar		Ladusar AWC No. 1
39				Dhanuri AWC No. 1 st nearest AWC
40				Jaitpura farthest AWC

Table no. I Average Mean Time spend on various activities by surveyed AWWs of Jaipur Jone

S. No.	Activities Mean Time (mts) →	Jaipur (mts)	Alwer (mts)	Dausa (mts)	Siker (mts)	Jhunjhunu (mts)	Average Mean Time (mts)
1	Preparation of SN	36	47	40	50	42	43
2	Serving and feeding supplementary nutrition	72	45	35	25	30	41.4
3	Cleaning Utensils	16	29	26	15	22	21.6
4	Pre-school education	24	50	60	80	40	50.8
5	Updating records	25	47	45	30	36	36.6
6	Other activities	26	30	28	25	30	27.8
7	Total Time Spend	199	248	234	225	200	221.2
8	*Gap from Norms (Colum no. 7 -240)	-41	8	-6	-15	-40	-18.8

* Average Time remain open 240 minutes as per norms
ANOVA=11.77 P <0.001 LS=HS

Table no. II Performance Gap in Registration of Beneficiaries at surveyed AWCs of Jaipur Jone

S. No.	Beneficiaries	*Target to Register N (%)	Beneficiaries Registered N (%)	Gap N (%)
1	0 to 3 Years	3600 (100)	1272 (35.33)	2328 (64.67)
2	3 to 6 years	3200 (100)	893 (27.91)	2307 (72.09)
3	Pregnant Women	880 (100)	426 (48.41)	454 (51.59)
4	Lactating Women	720 (100)	383 (53.19)	337 (46.81)
5	Adolescent Girls	4400 (100)	285 (6.48)	4115 (93.52)
6	Total N (%)	12800 (100)	3259 (35.33)	9541 (64.67)

*Targets for 0 to 3 years of children population calculated assuming as 9% of total population.

*Targets for 3 to 6 years of children population calculated assuming as 8% of total population

*Targets for lactating mothers calculated assuming as 1.8% of total population

*Targets are calculated assuming pregnant women as 2.2 % of total population.

*Targets are calculated assuming adolescent girls as 11% of total population

Chi-square = 1566.462 with 4 degrees of freedom; P <0.001 LS=HS

Table no. III Performance Gap in Supplementary Nutrition given at surveyed AWCs of Jaipur Jone

S. No.	Services	Beneficiaries Registered N (%)	SN Given N (%)	Gap N (%)
1	SN 0 to 3 yrs	1272 (100)	1032 (81.13)	240 (18.87)
2	SN 3 to 6 yrs	893 (100)	783 (87.68)	110 (12.32)
3	SN Pregnant Female	426 (100)	368 (86.38)	58 (13.62)
4	SN Lactating Women	383 (100)	343 (89.56)	40 (10.44)
5	Total	2974 (100)	2526 (84.94)	448 (15.06)

Chi-square = 26.737 with 3 degrees of freedom; P <0.001 LS=HS

Table no. IV Performance Gap in Services of surveyed AWCs: Respondent Mother

S. No.	Services	Beneficiaries Assessed N (%)	Services Given N (%)	Gap N (%)
1	Immunization (12-24 mths)	120 (100)	78 (65)	*42 (35)
2	PSE (>20 days)	120 (100)	28 (23.33)	92 (76.67)
3	HNE	120 (100)	120 (100)	0(0)
4	Health Checkups	120 (100)	17 (14.17)	113 (85.83)

*complete immunization (one BCG, 3 OPV, 3 DPT and one Measles
Referrals were only 3 out of that one was pregnant women and two infants

Table no. V Reasons Perceived by surveyed AWWs for Performance Gap in ICDS Services

S. No.	©Reasons	Jaipur N (%)	Alwar N (%)	Dausa N (%)	Sikar N (%)	Jhunjhunu N (%)	Total N (%)
1	Irregular supply of medicine	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40(100)
2	Irregular supply of contingency	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40(100)
3	Lack of proper building	3 (37.5)	2 (25)	0	2 (25)	1(12.5)	8 (20)
4	Building rent	2 (25)	2 (25)	0	0	0	4 (10)
5	Lack of motivation among supervisors	0	3 (37.5)	0	2 (25)	5(62.5)	10 (25)
6	Need assistance	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40(100)
7	Villagers did not give much importance	6 (75)	4 (50)	7(82.5)	3 (37.5)	4 (50)	24 (60)
8	Conducting health check-up	3 (37.5)	6 (75)	7(82.5)	5(62.5)	7 (82.5)	28 (70)
9	*Total Assessed N (%)	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40(100)

*multiple response ©Supply was regular at each AWC and AWWs were living at their HQ



