



Integrated Child Development Services to Scheduled Castes in Telangana State: An Assessment of Services at Anganwadi Centres

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Introduction

The ICDS (Integrated Child Development Services) is the largest mother and child nutrition and care programme on the globe. The ICDS was launched on October 2, 1975 and it was universalised in 2005. In 2017 the ICDS was renamed as Anganwadi Services Scheme (ASS). The scheme is aimed at improving health, nutrition and education of the target community. The scheme is targeted at children up to the age of 6 years, pregnant and lactating women and mothers of 16–44 years of age. The ASS offers a package of six services: (1) supplementary nutrition; (2) non-formal early education; (3) health and nutrition education; (4) immunisation; (5) health check-ups; and (6) referral services. Besides, the scheme addresses a range of issues – under-nutrition among girls, child marriages and discrimination against girls and women.

India is still grappling with child malnutrition, despite the rapid strides made over the past couple of decades. One-third of the world's stunted children live in India. According to NFHS (2015-16) stunting level in children is 38 percent which means many children are growing up with impaired development. The poorest sections of the population are still left out, especially in states with the high levels of malnutrition (IFPRI, 2019). 50 districts across the country figure at the bottom of the table in international comparison of the child stunting (Ramani, 2019). Major drawbacks of the ICDS include inadequate investment; lack of convergence of institutions; lack of accountability on the part of those managing and implementing the scheme, especially at the level of Anganwadi Centres; and lack of community ownership across the country (Planning Commission, 2011).

In Telangana, though implementation of ICDS has resulted in the improvement of the nutritional status of women and children, the desired goals have not been achieved. The proportion of low birth weight babies, underweight children (<3 years) and pregnant women who are anaemic is still high. As a result, reduction of IMR and MMR continues to be a challenge across the social groups (wdcw.tg.nic.in).

Considerable levels of malnourishment, stunting and wasting are found among the SC and ST children enrolled in AWCs (Anganwadi Centres).

Current Status of ICDS

In Telangana there are 149 ICDS projects consisting of 99 rural, 25 urban and 25 tribal projects. And the total sanctioned number of AWCs in Telangana is 35,700; among these, 31,711 are main centres and 3,989 are mini centres. There are 5,292 AWCs in SC localities which account for 15 percent of the total AWCs in the State. The highest number of AWCs are located in Nalgonda district (2081) followed by Bhadradi Kothagudem (2051), Khammam (1,886) and Mahabubnagar (1,850). The lowest number is in Rajanna Sircilla (587) followed by Wanaparthy (584). On average, 102 AWCs are functioning per one lakh population in the state.

Although there are studies that examine the functioning of AWCs in general, there are hardly any studies focusing exclusively on AWCs functioning in the SC colonies or localities. Hence this study was undertaken to make an assessment of ICDS services provided to SCs at AWC level. The key objectives of the assessment are to:

- Examine the availability of infrastructure or facilities at the AWCs located in predominantly SC localities;
- Assess the availability and accessibility of services to the target group members and their impact on the development of women and children;
- Analyse the role of AWTs (Anganwadi Teachers) in providing the required services to the target group members particularly in reducing malnutrition among children.

Methodology

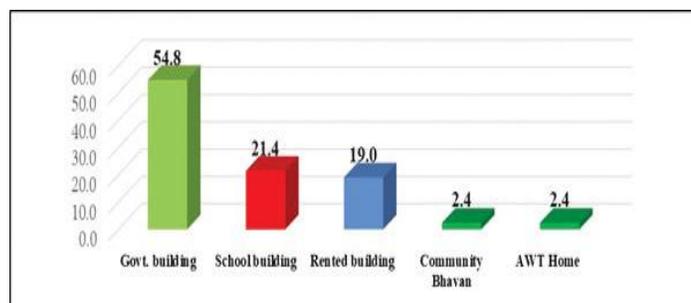
The study was conducted in four districts of Telangana: Suryapet, Kamareddy, Mahabubnagar and Bhadradi Kothagudem giving due weightage to the percentage of SC population to the total population – two districts where the SC population is higher than the state

average and two districts where the SC population is lower than the state average.

AWC is the unit of analysis. AWCs serving predominantly SC populated villages were selected. 42 AWCs located in SC colonies were selected from 4 districts with each sample district representing 9-12 AWCs. A total of 582 beneficiaries were selected from 42 AWCs: 120 pregnant women; 120 lactating mothers; 174 mothers with children between 7 months and 3 years of age; and 168 mothers with children between 3 and 6 years of age; and the average from each centre is 14 beneficiaries.

Study Findings

Infrastructure: As per the Ministry of Women and Child Development guidelines, every AWC requires minimum 600 sft area with four rooms. Each Centre should have well ventilated rooms to accommodate about 40 children. The building should be child friendly with all relevant infrastructure facilities. The study found that only 8 out of 42 AWCs – that is 20 percent - fulfill the above requirement. Similarly more than one AWCs are functioning under one roof. In 5 out of 42 locations, that is 12 percent, multiple AWCs are operating from one building.



The study finds that (see table 1) AWCs with own buildings are largely deficient in the following facilities (% of AWCs with respective facility): electricity (13%), electric fan (8.7%) and toilets (26%). AWCs located in rented buildings are low in space but relatively high on basic amenities such as electricity (67%), electric fan (33%), safe drinking water (67%) and toilets (33%). Except in water availability, rent-free AWCs in general are deficient in other amenities.

Considering all AWCs together, only a fifth of the Centres have toilet and living room facilities. They are also deficient in electricity related facilities. By contrast relatively better facilities are found with regard to furniture (43%), playground (57%), storage facilities (52%), cooking space (64%), cooking with LPG (100%), water for cooking (52%) and drinking water (69%).

Pre-school services: Major challenges encountered by Anganwadi Teachers (AWTs) in providing pre-school education to the SC children across the study districts are: inadequate space for organising class room activities, inadequate space for equipment and indoor games; irregular attendance of the children; lack of individual attention of AWTs to the children (AWTs, on average, are able to spend one to two hours, as they are pre-occupied with other activities); lack of electricity and fans in the classrooms; prevalence of mosquitoes; and entry of stray animals into the premises.

Further, migration of parents to urban locations, parents' preference to admit their children in private English medium schools, and assigning duties to AWTs other than their regular jobs are other concerns impacting pre-school education.

Table 1: Facilities at AWCs by building status (all figures are in percentages)

Type of Building	percent of Building	Living room	Play ground	Electricity	Ele. Fan	Furniture facility	Storage cooking	Space for facility	LPG	Water for cooking	Safe drinking water	Toilets
Own building	54.8	21.7	65.2	13	8.7	47.8	65.2	82.6	100	52.2	56.5	26.1
Rented building	19.0	22.2	33.3	66.7	33.3	33.3	44.4	44.4	100	44.4	66.7	33.3
Rent-free building	26.2	20	60	30	20	40	30	40	100	60	100	0
All(42 Buildings)	100	21.4	57.1	28.6	16.7	42.9	52.4	64.3	100	52.4	69	21.4

Source: Primary data

Nature of Anganwadi buildings: Out of 42 AWCs, more than half (55%) are housed in own buildings, nine AWCs (21%) are housed in Government schools. Eight AWCs (19%) are functioning from rented buildings. One Centre is located in a community hall and the other one is housed in Anganwadi Teacher's residence.

Table 2: Availability of equipment at the sample AWCs (N=42)

	Mats	Chairs & tables	Black board	Charts	Cupboards	Picture books	building blocks	First aid box	Toys
AWCs with the specified facility	36	20	26	38	23	38	41	15	32

(Figures in brackets are percentages rounded)

Supplementary Nutrition Programme (SNP): SNP had a positive impact on the target group: pregnant women, lactating mothers and pre-school children. 89.2 percent of pregnant women reported that AWCs are accessible and the rest stated that AWCs are inaccessible due to the distance as well as threat from stray animals in some locations. 88 percent of pregnant women are availing One Full Meal (OFM); the rest are not availing it due to long distance and low quality of rice.

Nearly a half (42 percent) of AWCs do not receive food supplies on time leading to delays in providing food. In 19 percent of AWCs, the AWTs are playing multiple roles including cooking and serving food due to the absence of a helper; they are unable to focus on their main activities such as taking care of pre-school children.

Table 3: Rating of OFM by women beneficiaries

Rating	Pregnant women		Lactating mothers	
	Beneficiaries	percent	Beneficiaries	percent
Very good	10	8.3	0	0
Good	85	70.8	97	80.8
Average	12	10	9	7.5
No Response	13	10.9	14	11.7
Total	120	100	120	100

Out of 120 pregnant women, 26 reported that they consume more food at home while 23 stated that they eat more at AWCs. 16 percent of pregnant women are of the opinion that poor quality rice is used to prepare food under OFM; another 13 percent stated that they are served spoiled eggs and undercooked dal; another 13 percent reported that they consumed OFM without vegetables and with spoiled eggs. 84 percent of lactating mothers received OFM during their pregnancy; 17 percent of them reported to have gained weight after consuming OFM; 10 percent of them stated that OFM contributed to improved health and it is money saving. 87 percent of lactating mothers reported that AWCs are serving adequate quantity of food. 97 percent of THR (Take Home Ration) beneficiaries reported that they receive *Balamrutham* (weaning food) and eggs regularly and 91 percent of them are happy with the quality of *Balamrutham*.

Health Services: All pregnant women received immunisation across 42 AWCs. Some pre-school children did not receive immunisation at 3 AWCs in Mahabubnagar district in that they were not available during immunisation. Almost all pregnant women underwent ANC check-ups. 60 percent of lactating mothers attended ANC check-ups 4 times; 19 percent mothers attended such check-ups 3 times; 17 percent attended 2 times; and 4 percent of them underwent ANC check-ups only once. 88 percent of lactating mothers underwent one

PNC check-up. 7 percent of lactating mothers had two PNC check-ups. 1 percent of them underwent three such check-ups and 5 percent of them did not undergo any check-up. 404 beneficiaries availed referral service across 42 AWCs during January - October 2018 (out of 3300 beneficiaries).

Key Conclusions

The quality of service delivery varies from service to service and AWC to AWC. However, availability of adequate and quality infrastructure is essential for delivering the services. Nearly half of the AWCs do not have own buildings. So a major concern is the lack of own buildings - with adequate space and facilities. Distance matters – a tenth of AWCs are located far from the target group villages.

As per the Nutritional Health Tracking System (NHTS) data (January-October, 2018) for SUW (Severely Underweight) children, out of 42 AWCs, four Anganwadi Centres recorded high SUW children. While two AWCs have recorded very low percentage (< 1.5 percent) of SUW children. This can be attributed to factors such as: misuse or diversion of food items by AWT, lack of basic facilities at AWCs, consumption of weaning food and eggs by parents and elders, inaccessibility of AWCs, lack of AWT or untrained AWT or support staff, irregular intake by children due to migration, misconceptions about weaning food and irregular monitoring by officials.

Key infrastructure related concerns include – lack of separate rooms or adequate space for kitchen, store room and class room coupled with lack of furniture and other equipment. OFM has enabled the beneficiaries to have access to food and contributed to health improvement and it also enabled them to save money. During the provision of OFM to beneficiaries, AWC functionaries educated expectant mothers to go for institutional deliveries. Major drawbacks related to SNP are: delay in supply of food items, supply of low quantity and poor quality of food (OFM), supply of routine food - rice, dal and vegetables - and allowing beneficiaries to take the food home.

A major challenge in extending health related services to the target group is ensuring concerted and coordinated efforts of field level functionaries of Women Development and Child Welfare and Health Departments. The beneficiary women appreciate the services provided by AWCs and PHCs in general, they suggest that the quality of service, infrastructure and availability of doctors need to be improved. The study found that 17 percent of AWTs have below SSC qualification. Supply of low-grade food-grains, diversion of commodities and irregular and late supply of items such as eggs and milk by suppliers due to delayed payments are among the issues which need policy attention.

Policy Recommendations

1. AWCs need more space/rooms to serve diverse target groups and purposes.
2. AWCs need better facilities regarding – drinking water, sanitation, playground, furniture, electricity, playing equipment and safety of children
3. Piped water from Mission Bhagiratha for every AWC would improve the accessibility to safe drinking water. Availability of water would also improve sanitation.
4. Construction of permanent Anganwadi buildings needs to be viewed as a long-term investment.
5. Funds for construction of AWC buildings in SC localities may be shared by Scheduled Castes Development Department and Women Development and Child Welfare Department.
6. It is desirable to train AWTs in basics of English medium teaching. This would enable pre-school SC children to cope with the challenges at higher levels on par with others.
7. Convergence between WD&CW Department and Swachh Bharat Mission for construction of toilets at AWCs needs to be explored.
8. Awareness building initiatives for the target group about personal hygiene needs to be undertaken.
9. Beneficiaries prefer variety in the food served by including millets and fruits for better nutrition.
10. AWTs with higher education levels need to be recruited.
11. Greater community support and involvement is needed to ensure more effective functioning of AWCs.
12. Monitoring system needs to be strengthened.

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