

# FUNCTIONING OF INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS) PROJECT AND ITS UNIVERSALIZATION IN DELHI



## **PROJECT DIRECTORS**

**PROF. RAJESH SINGH**

**PROF. AASHA KAPUR MEHTA**

**PROF. BHARATI SHARMA**



## **PART-I**

Prof. Rajesh Singh



**INDIAN INSTITUTE OF PUBLIC ADMINISTRATION  
INDRAPRASTHA ESTATE, RING ROAD  
NEW DELHI - 110 002**

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## ACKNOWLEDGEMENTS

*Integrated child development services (ICDS) scheme provides an integrated approach for covering all the basic-services of improved child care, Learning and Health and Nutrition aimed at Younger-children, expectant and Lactating Mothers, other women and adolescent girls.*

*Supreme Court on December 13, 2006 directed Delhi Government to increase the number of Anganwadis (AWCs) to cover all needy population with specific emphasis on SC/ST Slums Habitations, Resettlement Colonies and J.J.Clusters.*

*Social Welfare Department of Delhi Government attempted to cover all SC/ST, Muslims hamlets/habitations in the second phase of the expansion of universalisation of ICDS. The present project was undertaken as an effort to contribute to this noble initiative.*

*We express our sincere gratitude to Dr. P.L.Sanjeev Reddy, former Director IIPA for negotiating this project and gave us the opportunity to work on it.*

*We are thankful to Shri Narayanswami, Former Chief Secretary; Delhi government for entrusting the task to IIPA*

*We are grateful to Shri B.S.Baswan, Director IIPA, for his continuous support and encouragement.*

*We also express our thanks to Mrs. Jayshree Raghuraman, Secretary Social Welfare for suggestions, support and advice, Shri R.N. Mangla, Joint Director and Shri Shamim Akhtar, Deputy Director for providing other essential support to conduct the project.*

*We are also thankful to all the Chief Project Development Officers CDPO's, Supervisors, Anganwadi Workers and Anganwadi Helpers for providing us all necessary data for studying efficiency of AWCs.*

*Our thanks are also to all Municipal Councilors, Directorate of Census operations and Election Commission, Delhi for providing raw data regarding population, delimitation of wards and population.*

*We are thankful to Sanjay Pratap Singh and Shri Sourabh Ghosh for initial work in preparing the questionnaire.*

*We also express our thanks to Shri Sanjay Pratap Singh, Shri Akthar Ali for their support in field work for data collection and Smt. Nitu Sabharwal for providing all secretarial assistance in typing the part A of the project report.*

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# FUNCTIONING OF INTEGRATED CHILD DEVELOPMENT SCHEMES (ICDS) PROJECT AND ITS UNIVERSALIZATION IN DELHI

## 1. The Context:

Childhood is a precious stage in the life course and any sort of deprivation in this period can have long-term adverse impacts on the well being of children. Deprived children lack access to human development opportunities and face serious constraints in their development. A multitude of social, economic, political and environmental factors have life time consequences for children. Micro- nutrient deficiencies in diet, anemia during infancy, compounded by material under nutrition, lead to poor brain development. Low birth weight (LBW) among new born babies, has serious adverse implications for future generations, including stunting and reduced intellectual development. It affects nearly one out of every three children born in South Asia. Fortification of balanced diets, new semi-processed foods involving an appropriate blend of rice and micronutrients, rich millets as well as genetic improvements could all form part of an integrated strategy to combat major nutritional problems. (Swaminathan 2004; Mehta and Shepherd, 2004).<sup>(1)</sup>

## 2. The Integrated Child Development Services Project:

The Integrated Child Development Services (ICDS) scheme is the largest programme for promotion of maternal and child health and nutrition not only in India, but in the whole world. The first ICDS project in India was launched on 2<sup>nd</sup> October 1975 in Vengara, Kerala. The scheme has expanded from 33 experimental projects in 1975-76 to 173 ICDS Projects with 1,07,274 Anganwadi Centers and 25,961 mini Anganwadi centers. The government is committed to expanding the scheme during the current five year plan. The primary responsibility for the implementation of the programme lies with the Ministry of Women and Child Development at the Center. The nodal department at the States may be Social Welfare, Rural Development, Tribal Welfare or Health. The programme services are coordinated at the village, block, district, State and Central government levels. The special thrust on holistic

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<sup>(1)</sup> M. S. Swaminathan: Technological Change and Food Production: Implications for Vulnerable Sections, CPRC-IIPA Working Paper 20, Indian Institute of Public Administration, September, 2004.

Aasha Kapur Mehta and Andrew Shepherd, Chronic Poverty in India: Overview of Key Emerging Issues, CPRC-IIPA Working Paper 24, Indian Institute of Public Administration, September, 2004

development of children began soon after launching of the planned process under “National Policies for Children” in 1974. The programme provides an integrated approach for covering all the basic services for improved child care, early stimulation and learning, health and nutrition, water and environmental sanitation aimed at younger children, expectant and lactating mothers, other women and adolescent girls in the community. The ICDS programme is implemented by the Government of India to improve the nutrition and health status of under privileged sections of the population through direct intervention. The programme provides supplementary nutrition to 27.6 million beneficiaries. The recent review of the scheme by Government of India suggested the need for modifications in the health and nutrition component of ICDS scheme to improve the programme implementation and strategy.

### **3. Supreme Court Directions:**

*On December 13, 2006, the Supreme Court directed the Government to operationalise a minimum of 1.4 million Anganwari Centers (AWC's) required for the Universalisation<sup>(2)</sup> of the ICDS by December 2008. The Court order stressed that Rural Communities and Slum dwellers should be entitled to an Anganwadi on demand not later than 3 months from the date of demand in cases where a settlement has atleast 40 children under six. The data suggests that 35 percent of population in India has food insecurity and 42 percent of children are malnourished. The ICDS can make a huge difference. With this intention the “Supreme Court” had directed governments to “Universalize” the ICDS. The progress has however been very slow.*

The gap between the availability and demand for ICDS centers is more acute among the rapidly growing urban poor. Based on the 2004-05 NSS data, 80.79 million people in urban areas are estimated to be in poverty, and estimated to be double in the next 15 years. The prevalence of malnutrition among the poor is enormous. In 2005, there were 360 urban ICDS Projects for about 80.79 million urban poor.

The reported data suggests that the budgetary allocation for ICDS showed a three fold increase vis-a-vis 2004-2005. However there have been delays in the utilization of the allocated budget owing to procedural delays at all levels and delays in operationalising the sanctioned projects. In 2004-2005 the Government sanctioned the opening of 1.88 lakhs new

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<sup>(2)</sup> Universalisation means that every child as well as every pregnant woman, nursing mother and adolescent girl should be within easy reach of an Anganwadi and receive the full range of ICDS services.

AWC's and another 1.07 lakhs in August 2006. However the operationalisation of new AWC's had been very slow. The available data indicates, till, now only 10.5 lakhs centers have been sanctioned (including 1.8 and 1.07 Lakhs new AWC's) which still leaves a deficit of 3.5 Lakhs centers. The Focus On Children Under Six (FOCUS), an independent assessment of the programme by the "Right to Food Campaign", highlighted the rampant corruption and fudging of records while implementing the scheme.

Experience has demonstrated that the involvement of local NGO's can be helpful. They can link the community with other community development programmes. Employment as Anganwadi Workers (AWW's) and Anganwadi Helpers (AWH's) could also be provided to Slum dwellers. The need is to focus our attention on the delivery of the Public Health Systems and basic services to the millions of under privileged slum dwellers so that they too can benefit from and contribute to the overall growth of the nation.

#### **4. ICDS Projects, Delhi:**

The ICDS Jama Masjid was the first milestone project for the State of Delhi. 34 more projects were sanctioned for the State with 4,418 AWC's. The Department of Social welfare NCT of Delhi has also involved a few NGO's for running of 418 AWCs in two ICDS Projects.

- The Supreme Court of India has directed the Delhi Government, to increase the number of AWC's to cover all the slums habitations, Resettlements colonies, J.J.Clusters with specific emphasis on SC/ST and Muslims population in the State of Delhi. According to Slum and J.J.Report there are about 1,100 J.J.Clusters containing about 6 lakhs households and approximately 30 lakhs population. The national common minimum programme (NCMP) of the government also envisaged that attempts would be made to universalize the ICDS scheme to provide functional Anganwadi Centers (AWC) in every settlement and ensure full coverage of all children.
- Responding to the directions of honorable Supreme Court, the Social Welfare Department, NCT of Delhi has attempted to cover all the SC/ST hamlets/habitations and the Slum areas in the second phase of the expansion under universalization of ICDS. 16 additional projects with 1,678 AWCs and 5 district cells one each in the Central, East,

North West and South districts were approved by GOI.<sup>(3)</sup> These new projects were also made operational from September 2007. In all 50 Projects exist today, as shown in Table 1.

**Table-1**

S.No.	Name of the Project	No. of AWC's	District
1.	Shakarpur	100	East
2.	Geeta Colony	116	
3.	Trilok Puri	134	
4.	Kondli	126	
5.	Shahadara	147	North East
6.	Nand Nagari	130	
7.	SeemaPuri	131	
8.	Karawal Nagar	104	
9.	Sonia Vihar	113	
10.	Sri Ram Colony	113	
11.	Shiv Vihar	113	
12.	Wazirabad	113	
13.	Bagh Karekhan	113	District North
14.	Nimri	110	
15.	Wazirpur	130	
16.	Anand Vihar	124	District Central
17.	Nabi Karim	129	
18.	Jama Masjid	123	
19.	Inder Puri	157	
20.	Mangol Puri	144	North West I
21.	Sultan Puri	127	
22.	Kanzhawla	90+25 (NGO run)	
23.	Nangloi	95	
24.	Rohini	94 (84 operational)	
25.	Meer Vihar	100 (96 Operational)	
26.	Tikri Khurd Puthkala	105	
27.	Nazafagarh	188	District South West
28.	Tilak Pur Vihar	160	West
29.	Shakurpur	129	
30.	Hastal	95	
31.	Alipur	136	North West-II
32.	Narela	120	
33.	Jahangir Puri	191	
34.	Shahabad	130	
35.	Bhalaswa	115	
36.	Budh Pur	90	
37.	Holambi Kala	100	
38.	Okhla	125	
39.	Mehrauli	136	

<sup>(3)</sup> The background material given by Department of Social Welfare NCT of Delhi

S.No.	Name of the Project	No. of AWC's	District
40.	Sangam Vihar	195	South
41.	KhanPur	115	
42.	Nizamuddin	102	
43.	Govind Puri	110	
44.	Hamdard Nagar	161	
45.	BadarPur	116	
46.	Mandanpur Khadar	60	
47.	Bhatti Mines	100	
48.	Molar Bond	110	
49.	Kusum Pur Pahari	100	
50.	Sangam Vihar II	100	

*Note: The list includes both old and new projects*

**Table 1- Showing number of ICDS Projects with AWC's in 50 ICDS Projects in nine districts of Delhi**

**AWC's Under Old Projects: 4418**

**AWC's Under New Projects: 1678**

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**5096**  
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#### **4.1. Objectives of ICDS**

1. Improve the nutritional and health status of children below the age of six years
2. Reduce the incidence of mortality, morbidity and school dropouts.
3. Lay the Foundation for the proper psychological, physical and social development of the child.
4. Achieve effective coordinated policy and its implementation among the various departments to promote child development.
5. Enhance the capability of the mother to look after the normal health and nutritional needs of child, through proper health and nutritional education.

#### **4.2. Services under ICDS Scheme**

- The above aims and objectives of ICDS is achieved through the package of six services through the focal Anganwadi Centre:-

##### **1. Supplementary Nutrition Programme (SNP)**

- SNP is for the children below six years of age, nursing mothers and expectant mothers from low-income families.

- It aims at providing supplementary nutritional intake by about 300-500 calories and 10-20 grams of protein for children below 6 years of age and pregnant and nursing mothers.
- It is given 300 days in a year.

The present norms of providing SNP to children and mothers in ICDS Projects<sup>(4)</sup> are shown in Table 2.

**Table - 2**

Recipients	Revised Rates	Level of Nutritional supplements
(i) Children (6 months to 72 Months)	Rs. 2/- per child per day	300 Calories and about 10 gms. of protein.
(ii) Severely Malnourished children (6 months-72 Months)	Rs. 2.70/- per child per day	600 Calories and about 20 gms. of protein.
(iii) Pregnant women and Nursing Mothers/Addl. Girls (as per KSY)	Rs. 2.30/- per beneficiary per day	500 Calories and about 20 gms. of protein.

**Table- 2 Showing SNP Norms**

- In view of the direction of the honorable Supreme Court the Social Welfare Department has involved NPOs as facilitators in the distribution of cooked food to the beneficiaries. 8 NPOs were entrusted with this task in all the ICDS Projects.

## **2. Non formal Pre-school Education**

- Children in the age group of 3-6 years are imparted non formal preschool education for developing desired values, attitudes, and behavioural patterns among children, to lay foundation for their overall development: physical, social, and psychological. Attempts are made to establish linkage between AWCs with the elementary school so that children may move from AWCs to school with the necessary emotional and mental preparation with the aim to reduce school dropouts.

## **3. Nutritional and Health Education**

- Nutritional and health education is offered to all women in the age group of 15-45 years with specific emphasis on expectant and nursing mothers.
- The women are educated on nutrition and health aspects through home visits by AWWs and Mahila Mandals.

<sup>(4)</sup> *ibid*

- Specialized Courses, Campaigns, Cooking demonstrations are organized in project areas in collaboration with the Food and Nutritional Board, State unit.

#### **4. Immunization**

All children less than six years of age get immunized against Diphtheria, Tetanus, Polio, Typhoid, Tuberculosis, Measles, Mums, Rubella, Vitamin 'A' and Hepatitis. Immunization of expectant mothers against Tetanus and Intensified Pulse Polio Programme is also covered through AWC's in the Project area.

#### **5. Health Check Up**

Health check Up includes both Antenatal and Postnatal Care.

##### **a. Antenatal care of expectant mothers:**

The expectant mothers are physically examined at least four times during their pregnancy and given iron and folic acid tablets. These services are provided by the nearby Primary Health Centers, Municipal Dispensaries and Hospitals with the support of AWC's.

##### **b. Post natal care of nursing mothers**

Home visits by AWW's are made to popularize the breast feeding and to check on the general health and well-being of nursing mothers and infants.

Care of newborn babies and care of all children below six years of age includes recording of weight of children at periodical intervals to keep a close watch on their health and nutritional status through general health check up every 3 to 6 months to detect any onset of diseases among children and distribution of essential drugs for prevention of vitamin deficiencies and anemia.

#### **6. Referral Services**

For acute malnutrition and for other serious diseases, the beneficiaries are referred to PHCs Hospitals and Community Health Services etc. and also follow up of referred cases by AWW's..

**1. Other Activities of ICDS:** Apart from these six services ICDS field functionaries are also participating in Pulse Polio Programme, Aids and Leprosy awareness campaign, Stree-Shakti Programme launched by the Chief Minister of Delhi and Birth and Registration Survey etc. from time to time etc.

## **5. Role of Indian Institute of Public Administration (IIPA)**

In view of the directions of honorable Supreme Court regarding "Universalisation" of ICDS in Delhi, the Department of Social Welfare, NCT of Delhi requested Indian Institute of Public Administration (IIPA) to critically evaluate the functioning of existing AWCs throughout the State of Delhi and assess the need for setting up additional AWCs especially in areas dominated by vulnerable groups such as in SC/ST/Muslim hamlets, habitations and Resettlement colonies.

### **5.1. Objectives and Tasks**

- a. To critically evaluate the functioning of the existing AWCs and to suggest corrective measures to enhance their performance.
- b. Identify areas and vulnerable groups in the NCT of Delhi, not presently covered by ICDS with special emphasis on SC/ST/Muslim hamlets, habitations and Resettlement colonies.
- c. Determine the number of additional AWCs needed with a view to universalize the Scheme.

## **6. Methodology**

### **6. 1. Functioning of AWC's:**

The survey research method was used to study the functioning of the AWCs. The study utilized both primary and secondary data. Primary data was collected through visits to Aanganwadi Centres in each district of Delhi, personalized interviews with Chief Project Development Officer (CDPO's), Supervisors, in-charge of AWC's, Aanganwadi Workers (AWW's), Aaganwadi Helpers (AWH's) and beneficiaries and through administration of a questionnaire especially designed for the purpose of the study through Pilot Survey (See Annexure-1).

#### **Sample:**

- For studying the functioning of AWC's the sample comprised of 3 to 5 percent of the total universe of AWC's drawn separately for each of the old ICDS Projects. The sample did not include AWC's from the new Projects, which became operational in September 2007 as it was too early to evaluate their functioning.
- It was assumed on the basis of experience that each district/Zone would have unique demographic features. Therefore samples were drawn separately for each district.

## **6.2. Assessment of Need of Additional AWC's to Universalize the scheme**

- Both Primary and Secondary data were used to assess the need for additional AWC's. The 2001 Census was used as a support for information regarding locality wise total population especially in Slums/J.J.Clusters.
- However, a large number of new unauthorized colonies, Slums/J.J.Clusters have come up and grown since 2001 and data on these was not available in the Census. Hence Projective techniques to assess the population and need of additional AWC's were not used.
- In the absence of up-to-date Census data, data was requested from the Municipal Councilors of different Municipal Wards through letters, phone calls and in most cases through personalized interviews. In some cases, information was also requested from other knowledgeable individuals residing in the ward.
- Delhi has a large floating population and any population estimate becomes obsolete after sometime. Therefore, it was also difficult for the councilors to provide accurate information regarding the number of households and population of SC/Muslims and others. We had no other option, excepting to rely upon approximate primary information. See Annexure -III.

## **7. Data Analysis**

The Municipal Wardwise data analysis was conducted.

The total population, population of SC's/Muslims and others were calculated from the data obtained from the Municipal Councilors/Census. This data was analyzed in the light of existing AWC's in each area and additional AWC's required were calculated.

### **7.1. Criteria for suggesting the need for AWC's**

The personalized interviews with CDPO's Supervisors, AWW's, AWH's and also beneficiaries indicated that by and large, the SC and Muslims population falling in the lower income group (LIG) were not utilizing the services of the AWCs. Likewise higher Caste poor population had registered themselves in AWC's. It was therefore felt appropriate to

assess the need of additional AWC's as per the economic status of the population in an area/colony/cluster in the Municipal Ward.

**7.2.** Around 14.7% of Delhi's population or 22.93 lakhs people are estimated to be in poverty in Delhi based on Planning Commission data for 2004-05. Some of them are in extreme poverty and are unable to get even two square meals a day. Large numbers of people seek refuge in Delhi from many parts of the country. Much of this distress migration caused by lack of jobs and low growth in rural areas in different parts of India. The slums too have distinctive characteristics – some are mixed caste, others comprise minorities, still others are gujjar dominated or kumhars or madrasi camps or adivasi camps. But common to all is the lack of clean water, suffocating air, quality, noise, lack of space, stench and filth.

The poverty line for Delhi is Rs 612.91 per capita per month in urban and Rs 410.38 per capita per month in rural areas of Delhi. Those unable to earn even this level of income are designated to be BPL. However, even those just above the poverty line are extremely vulnerable and in danger of falling into poverty.

**The population falling Below the Poverty Line (BPL) and “Just at the Poverty Line” JAPL, or Just above the Poverty Line but below the LIG level was treated as especially vulnerable and in need of AWC's irrespective of caste.**

**7.3. The data was subjected to three different levels of analysis.**

- 1. First Level data Analysis:** At the first level of data analysis an attempt was made to assess the need for additional AWC's in an area or withdrawal of AWC's if operational in the colony/Slum/J.J.Clusters indicated in the Municipal Ward as per the economic status of the population in that colony and also the population covered by the AWC's.

This analysis enabled us to identify the areas inadequately covered by ICDS, Uncovered by ICDS and the additional number of AWC's required in that Municipal Ward.

- 2. Second Level Data Analysis:** The areas inadequately covered by AWC's and uncovered by the AWC's from all the Municipal Wards were aggregated to arrive at the consolidated number of additional AWC's required in all the wards.

**3. Third Level Data Analysis:** In the third level of data analysis the Kachhi Slums and J.J.Clusters were aggregated Wardwise to arrive at Additional AWC's required to cover all the J.J.Clusters in the Municipal Wards.

## **8. Conclusion**

Efficiency of the AWCs was assessed on the basis of data received.

The vulnerable groups/Population in need of AWCs with specific emphasis on SC/ST hamlets, habitations, slum and J.J.Clusters were identified and additional number of AWCs were suggested for universalization in Delhi..

## **9. Recommendations**

The corrective measures were suggested to enhance the functioning of the AWCs.

## **10. Division of Work of the Project**

Project work was divided into three parts handled by three faculty members of IIPA. Prof. Rajesh Singh, Prof. Aasha Kapur Mehta and Prof. Bharati Sharma. Prof. Rajesh Singh coordinated the work of the project.

Each part dealt with Effective functioning of Anganwadis (AWCs) and Assessment of additional Anganwadis (AWCs) in three districts of Delhi separately.

Part I	East, North East and North West-I Districts	Prof. Rajesh Singh
Part 2	North, South West and South Districts	Prof. Aasha Kapur Mehta
Part 3	Central, West and North West-II Districts	Prof. Bharati Sharma

**The project work would be submitted in three different reports.**

# **PART-I**

## **FUNCTIONING OF AWCs**

**AND**

## **ASSESSMENT OF ADDITIONAL AWCs**

**IN**

## **DISTRICTS**

***1.EAST***

***2.NORTH EAST***

***3.NORTH WEST-I***

**PROJECT DIRECTOR  
*PROF. RAJESH SINGH***

# **PART-I**

## **SECTION -A**

### **Efficiency of “Functioning of AWC’s in East, North East and North West-I districts of Delhi**

# **FUNCTIONING OF ANGANWADIS (AWC'S) IN EAST, NORTH EAST AND NORTH WEST-I DISTRICTS**

## **1. INTROUDUCTION:**

East, North East and North West-I districts of government of NCT of Delhi demonstrate large number of similar population features, such as: (1) Density of Population, because of large number of Resettlement Colonies, kachhi Slums, J.J.Clusters/Camps and also large number of unauthorized colonies; (2) Almost similar Caste profile-Scheduled Caste and Muslim dominated population and also large number of villages scattered throughout the districts. The same was also observed while conducting the pilot survey of AWCs about the character of AWCs in terms of type of accommodation of AWCs, Caste Profile, Education and Occupational Profile of population covered by AWCs. Having found common features in all the three districts, it was thought appropriate to combine the data received through personalized interviews of AWWs, AWHs, beneficiaries, supervisors, CDPO's and from filled in questionnaires for the purpose of studying the efficacy of functioning of the AWC's.

## **2. SAMPLE:**

For studying the functioning of the AWCs, the sample comprised of 3 to 5% of the total number of AWCs (1318) from the old ICDS Projects in East, North East and North West-I districts. The random sampling was used to select the AWCs for study. However, this technique could not be used for J.J. Clusters, as there were not many J.J.Clusters covered by ICDS projects in all the three areas. Therefore the AWC's from J.J.Clusters were especially selected wherever possible.

The total sample included 74 AWC's from the total 1318 amounting to approximately 5 percent as shown in Table -3. For more details about the AWCs, see annexure-II.

**Table-3**

S.No.	District	ICDS Project	No. of AWC's	Total AWC's in Project
1.	East	Shakarpur	6	100
2.	East	Trilokpuri	6	134
3.	East	Geeta Colony	6	116
4.	North East	Shahadara	8	147
5.	North East	Nand Nagari	9	130
6.	North East	Seema Puri	8	131
7.	North East	Karawal Nagar	6	104
8.	North West-I	Nangloi	5	95
9.	North West-I	Mangolpuri	8	144
10.	North West-I	Sultanpuri	6	127
11.	North West-I	Kanzhawla	6	90
	<b>TOTAL</b>		<b>74</b>	<b>1318</b>

**Table 3- Showing total AWCs covered in the study**

**Table -4**

S.No.	Type of Colony	No. of AWC'S
1.	Resettlement Colonies	24
2.	Private Colonies	32
3.	Villages	13
4.	J.J.Clusters	5
	<b>TOTAL</b>	<b>74</b>

**Table 4-Showing the type of colony and number of AWC's covered in each type of colony.**

### **3. DATA COLLECTION**

Data was collected through Personalized interviews with CDPO's, Supervisors, Beneficiaries and also through the questionnaire especially designed for the purpose through the Pilot Study, see annexure-I. The consultant visited the AWCs, personally and collected the data from the AWWs, AWHs and beneficiaries through the questionnaire.

## **4. DATA ANALYSIS**

The data from Personalized interviews with AWWs, AWHs and beneficiaries and the filled in questionnaires were analyzed and the data reported was as follows:

### **4.1. Public Awareness and Acceptance of AWC's:**

- a. AWC's were quite popular among the population covered or not covered by the AWC's. Many times the children and the women of the area helped us to reach the AWC's.
- b. SNP was found instrumental in making the AWC's more popular than any other scheme covered by ICDS Project and has actually enhanced its acceptability among the public.
- c. People from the areas uncovered by the ICDS project, expressed their interest for opening the AWC's in their areas and were also inquisitive to find out as to why the AWC's had not been opened in their areas.

### ***Summary***

*The AWCs were popular and were accepted by the public as a useful initiative of government for physical, social and psychological development of children in the age group 0-6.*

### **4.2. AWC Details:**

For further details of 74 AWCs, See annexure-II.

### **4.3. Total Number of Anganwadi Staff- Organization Structure (Q. 3)**

The AWC was a functional unit with three role players. The activities of AWCs were conducted by AWW, the focal role person with the help of AWH. Both worked as a team which was supervised by the supervisor and CDPO, incharge of the ICDS Project in that district.

### ■ Role of AWW

- a. The AWW was a nodal person in running all the six major activities of ICDS Project:  
(1) Supplementary Nutrition Programme (SNP); (2) Nonformal Pre-School Education;  
(3) Nutrition and Health Education; (4) Immunization; (5) Health Checkup; and (6)  
Referral services discussed earlier.
- b. Distributed SNP to beneficiaries with the help of AWH.
- c. Monitored nutritional and Health status of children by regularly taking the weight of  
children on weight cards four times in a year.
- d. Acted as teacher in the nonformal preschool education programme and Nutrition and  
health education activities performed through home visits and Mahila Mandals.
- e. Enabled to carryout immunization for all children less than six years of age for different  
diseases and also the intensified Pulse Polio Programme every month.
- f. Visited the areas to examine the general health of nursing mothers and general care of  
infants and referred serious cases to nearby hospitals.

### ■ Role of AWH

AWH acted as an enabler and provided support to AWW for conducting the various activities of the AWC.

### *Summary*

*The AWCs activities were carried out by AWW, AWH and was supervised by the supervisor incharge of AWC and Child Development Project Officer (CDPO) incharge of the ICDS Project. The AWW acted as a nodal officer.*

#### 4.4. Educational Qualification of AWW & AWH (Q. 4)

The minimum qualification prescribed for becoming an AWW was reported as 10<sup>th</sup> Class. However no essential qualification was prescribed for AWH. (as shown in table-5).

- a. The education of 92% of AWWs ranged between 10<sup>th</sup> -12<sup>th</sup> class and 9% were found as graduates in all the ICDS projects.
- b. 78% of the AWHs were either literate or had qualification less than 8<sup>th</sup> class and the education of 23% AWH fell in the range of 8<sup>th</sup> –10<sup>th</sup> Class.
- c. AWHs of North West-I ICDS Projects were better educated than East, North East ICDS Projects.

#### - Is the Staff from Local area (Q. 38)

70% of AWWs and AWHs were from the local area.

*Table-5*

S.No.	ICDS Project	No. of AWCs	Range of Education 10-12 <sup>th</sup> Class	BA	Illiterate < 8 <sup>th</sup> Class	> 8 <sup>th</sup> – 10 <sup>th</sup> Class
1. 2. 3.	<u>EAST</u> Shakarpur Trilokpuri Geeta Colony	18	18	-	17	1
4. 5. 6. 7.	<u>NORTH EAST</u> Sahadara Seema Puri Nand Nagari Karawal Nagar	31	28	3	27	4
8. 9. 10. 11.	<u>NORTH WEST-1</u> Nangloi Mangolpuri Sultanpuri Kanjhawla	25	22	4	14	12
		74	68 (92%)	7 (9%)	58 (78%)	17 (23%)

*Table 5- Showing the Educational Qualifications of AWWs and AWHs in all ICDS Projects*

## Summary

*The minimum qualification prescribed for AWW was 10<sup>th</sup> Class. By and Large the AWWs met the minimum standards of qualifications. On the whole the AWWs and AWHs were better educated in North West-I ICDS than in East and North East ICDS Projects. 70% of the AWHs belonged to the local area.*

### 4.5. Salary Structure (Q. 5 & 6)

- a. Salary of the AWW and AWH was reported as Rs. 1500 p.m. and Rs. 700/- p.m. which was much less, what is given to an illiterate laborer.
- b. AWWs & AWHs were highly dissatisfied with the poor salaries and that too were not paid to them regularly as shown in Table-6 .AWWs and AWHs belonged to poor families and for some, it was a only source of livelihood. The delayed payment of salaries had enhanced their problems and had resulted into a poor motivation and morale among the AWC Staff.

*Table-6*

S.No.	ICDS	Salaries not given
1.	<b><u>EAST</u></b> Shakarpur	Since August 2007
2.	Trilokpuri	
3.	Geeta Colony	
4.	<b><u>NORTH EAST</u></b> Sahadara	Since August 2007
5.	Seema Puri	
6.	Nand Nagari	
7.	Karawal Nagar	
8.	<b><u>NORTH WEST-1</u></b> Nangloi	Since May 2007 Since September-2007
9.	Mangolpuri	
10.	Sultanpuri	
11.	Kanjhawla	

*Table 6 - Showing payment schedule of salaries of AWCs staff*

## ***Summary***

***The AWWs were highly poorly paid employees with the poor motivation and morale. The non-payment of salaries in time had further contributed to their miseries.***

### **4.6. Timing of AWC (Q.7)**

- a. The formal functional timing of AWC's was reported as, from 9:00 A.M. to 2:00 P.M.

### **4.7. Adherence to Functional Timings (Q. 8)**

The opening time of the AWC's were not at all adhered in all the three ICDS Projects.

- a. The data suggested that more than 90% AWC's effectively begin their activities from 10:30 A.M. It seemed that it was mutually agreed norm in-between supervisors, AWW's and also between CDPO's, in-charge of the ICDS project. This was clearly reflected by the method of marking attendance of AWW's by the supervisors in the morning.
- b. "The AWW's of all AWC's operational in a particular area reach at a selected place termed as "**attendance Point**" to mark their attendance in between 9:30 A.M. to 10:00 A.M. in presence of supervisors and then proceed to their AWC's. Marking attendance in between 9:30-10:00 A.M. do not permit them to begin their AWC's activities before 10:30 A.M., as most of the AWW's had to walk atleast 15-20 minutes to reach their AWC's."
- c. It was reported by the AWW's and also supervisor that AWH's reach AWCs at 9:00 A.M. and open the AWC's in time. The surprise checks were conducted by the consultant in 15 AWC's in-between 9:00 A.M. to 10:00 A.M. to validate the above information in Sahadara, Shakarpur and Trilokpuri ICDS Projects. All AWC's were found closed and opened only after 10:30 A.M.
- d. It was observed that more than 30 percent of the AWC's were operating from the houses of the AWHs. Only these AWC's were starting their activities between 9:30 A.M. to 10:00 A.M.

- e. It was also observed that the AWWs and AWH's were also not available after 11:30 A.M. The effective time, for which the AWC's were really operational was from 10:30 A.M. to 11:30 A.M. It seemed that entire activity of a center revolved around distribution of SNP to the beneficiaries till 11:30 A.M. or some time till 12:00 P.M.
- f. The attendance of the AWW's was also marked at 2:15 P.M. at the same "attendance point" after completing the activities of the AWC's.

### ***Summary***

***The formal opening time of AWC- 9:00 A.M. was not strictly adhered by AWCs. The activities of AWC effectively began from 10:30 A.M. in most of AWCs.***

### **■ Infrastructure of AWCs**

#### **4.8. Accommodation (Q.9)**

- a. 70 AWC's were operating from the rented accommodation. The two AWCs, one in 'Basti Vikas Kendra' in ICDS Trilokpuri and one in a spacious accommodation in Sultanpuri ICDS were operating from government accommodation. The two AWCs initially operating from the government accommodation, the spacious one in Mangolpuri ICDS were found running in adjacent temple in an open area without basic amenities because of poor maintenance of accommodation by the government. As shown in Table -7.
- b. The room rent ranged between Rs. 500-750/- p.m. in all ICDS Project.

#### **4.9. Payment of Room rent (Q.10)**

- a. The reported data revealed that the room rent was also not paid to the house owners in time as shown in Table -7.
- b. Non-payment of rent in time had consistently created problems between AWC's Staff and the house owners in large number of AWCs. By and Large house owner were quite cooperative but some had locked the rooms forcing the children to sit in open space in front of the room as shown in the photograph.



Table-7

S. No.	ICDS Project	Rented Accommodation	Govt. Accommodation	Chaupal in Village	Rent in Rs.	Payment of Rent
	<b>EAST</b>					
1.	Shakarpur	6			500-750/-	Rent given till Sep. 2007
2.	Trilokpuri	5	1 Basti Vikas Kendra		750/-	Rent not given for 2007
3.	Geeta Colony	6			500-750/-	Rent given till Sept. 2007
	<b>NORTH EAST</b>					
4.	Shahadara	8			500/-	Rent given till Sept. 2007
5.	Seema Puri	8			500/-	-do-
6.	Nand Nagari	9			500/-	-do-
7.	Karawal Nagar	6			500/-	-do-
	<b>NORTH WEST-1</b>					
8.	Nangloi	5			750/-	Rent given till Sept. 2007
9.	Mangolpuri	6	2 Initially Govt. Accommodation but running in temple in open		500/-	-do-
10.	Sultanpuri	5	1 Govt. Accommodation		500/-	Rent given till January 2007
11.	Kanjhawla	6		1	750/-	Rent given till Sept. 2007

Table 7- Showing rented accommodation and payment of rent in AWCs

#### 4.10. Number of Rooms in AWC (Q.11)

By and Large AWC's operating in Resettlement colonies, J.J.Clusters and also in some private colonies did not have adequate space to run the AWCs. However few AWCs in private colonies and especially in the villages in all the three districts had spacious accommodation, attached verandas and open spaces which were utilized for activities of AWC's . 13 AWC's had attached verandas with the rooms as shown in table No. 8.

*Table-8*

S. No.	ICDS Project	Small Rooms	Veranda	Spacious Room	Room + Veranda	Govt. Accommodation
	<b>EAST</b>					
1.	Shakarpur	4	1	1		
2.	Trilokpuri	4			1	1 Basti Vikas Kendra
3.	Geeta Colony	4		2		
	<b>NORTH EAST</b>					
4.	Shahadara	7			1	
5.	Seema Puri	3	4	1		
6.	Nand Nagari	6		2	1	
7.	Karawal Nagar	5		1		
	<b>NORTH WEST-1</b>					
8.	Nangloi	3		1	1	
9.	Mangolpuri	2			4	2 Initially Govt. Accommodation but running in temple in open
10.	Sultanpuri	4		1		1 govt. accommodation
11.	Kanjhawla				5	1 Running in big chaupal in villages

*Table8- Showing type of accommodation of AWCs in all ICDS Projects*

Different kinds of accommodation were observed for running the AWC's.

**a. Accommodation in J.J.Clusters and Kachha Slums**

AWC's had very small rooms 8X'8', where 50 percent of the room space was occupied, packed with the household luggage of the juggi owner leaving not more the 4X'4' for sitting of children and hence the children were made to sit in the open space in front of the room for conducting preschool education activities. It was reported that it becomes difficult to perform the activities in extreme summer leading to large number of drop outs. As shown in photographs 1 & 2 .

**b. Accommodation in Resettlement Colonies**

Large number AWCs were running in small rooms 9X'8' and also in covered veranda especially in Trilokpuri ICDS where more than 15 percent of the space was utilized by house owner as shown in photograph 3-6.

**c. Accommodation in Private Colonies**

Four types of accommodation were observed in private colonies

- a. AWC's operating from the covered veranda inside the house.
- b. AWC's operating from small rooms 8X'8' approximately.
- c. AWCs running in spacious rooms.
- d. AWC's running in small rooms but had attached veranda or courtyard which was used by the AWC's for children activities. As shown in Photographs 7-10.

**d. Accommodation in Villages**

AWC's operating in villages had spacious rooms and also had either attached Verandas or Courtyard for children activities. As shown in photograph 11.

## ACCOMMODATION IN J.J.CLUSTER

*Photograph - 1*

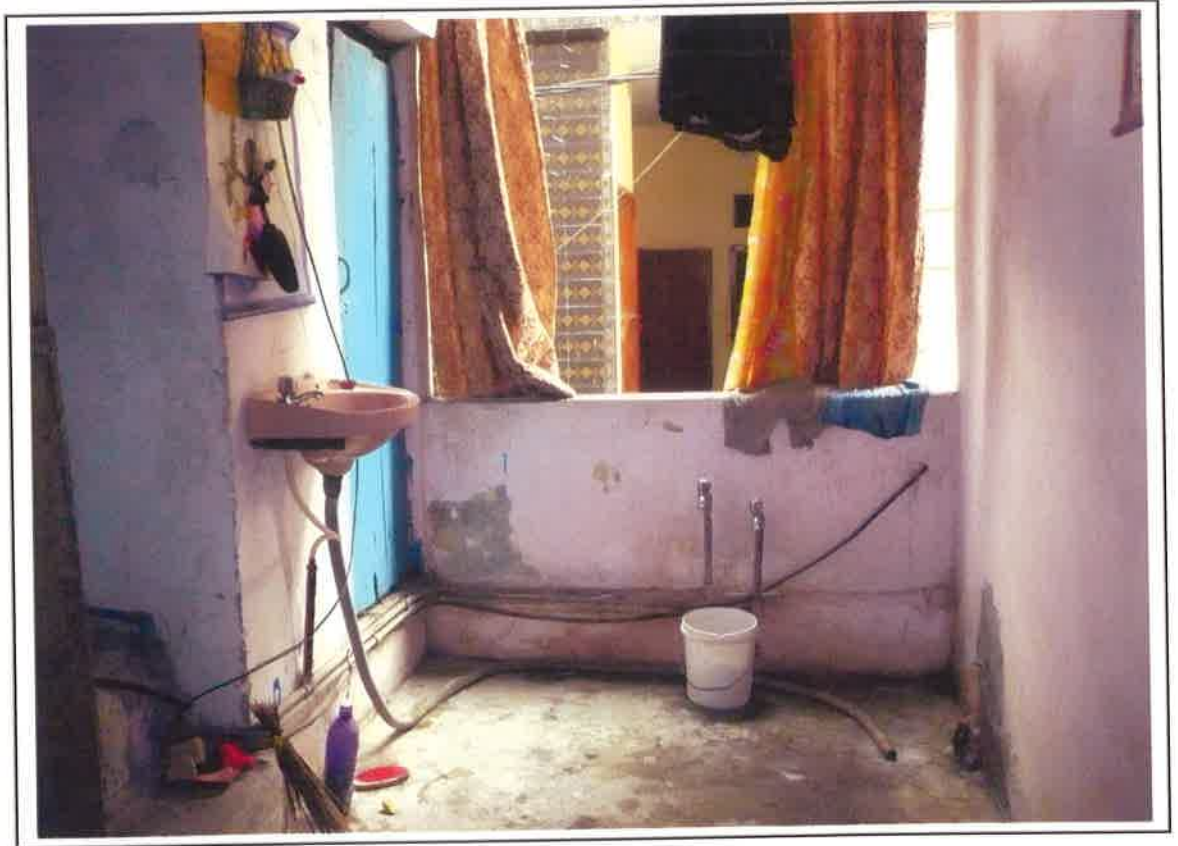


*Photograph -2*



## ACCOMMODATION IN RESETTLEMENT COLONY

*Photograph -3 (Covered Veranda)*



*Photograph -4 (Small Room)*



*Photograph -5 (Room space utilized by houseowner)*



*Photograph -6(Room space utilized by houseowner)*



## ACCOMMODATION IN PRIVATE COLONY

*Photograph-7(Veranda inside the house)*



*Photograph -8 (Small Room)*



**Photograph –9(Spacious Room)**



**Photograph –10 (Spacious Room)**



## ACCOMMODATION IN VILLAGES

*Photograph -11*



**e. AWC's in Government Accommodation**

- a. 2 AWC's were operating from the government accommodation in Mangolpuri area. It was shocking to see the condition of the houses. The accommodation was spacious with extremely poor maintenance. The plasters from the roof had peeled off with no electricity and water in the AWC. The condition of the second AWC was further worse. Total cement structure had come down with broken front door and peeled off plasters from the top, with the result that the AWC's could not operate from those two houses and were running in open in the adjoining temple with absolutely no basic amenities. As shown in Photograph 12-15.
- b. The third AWC's was operating in small room with a veranda in Sultanpuri ICDS. It was reported that the maintenance of this AWC was taken care of by the AWC's staff and supervisors with their own contributions. As shown in Photograph 15.
- c. The one AWC was operating in a 'Basti Vikas Kendra' in very small room 8X'8' in Trilokpuri ICDS.

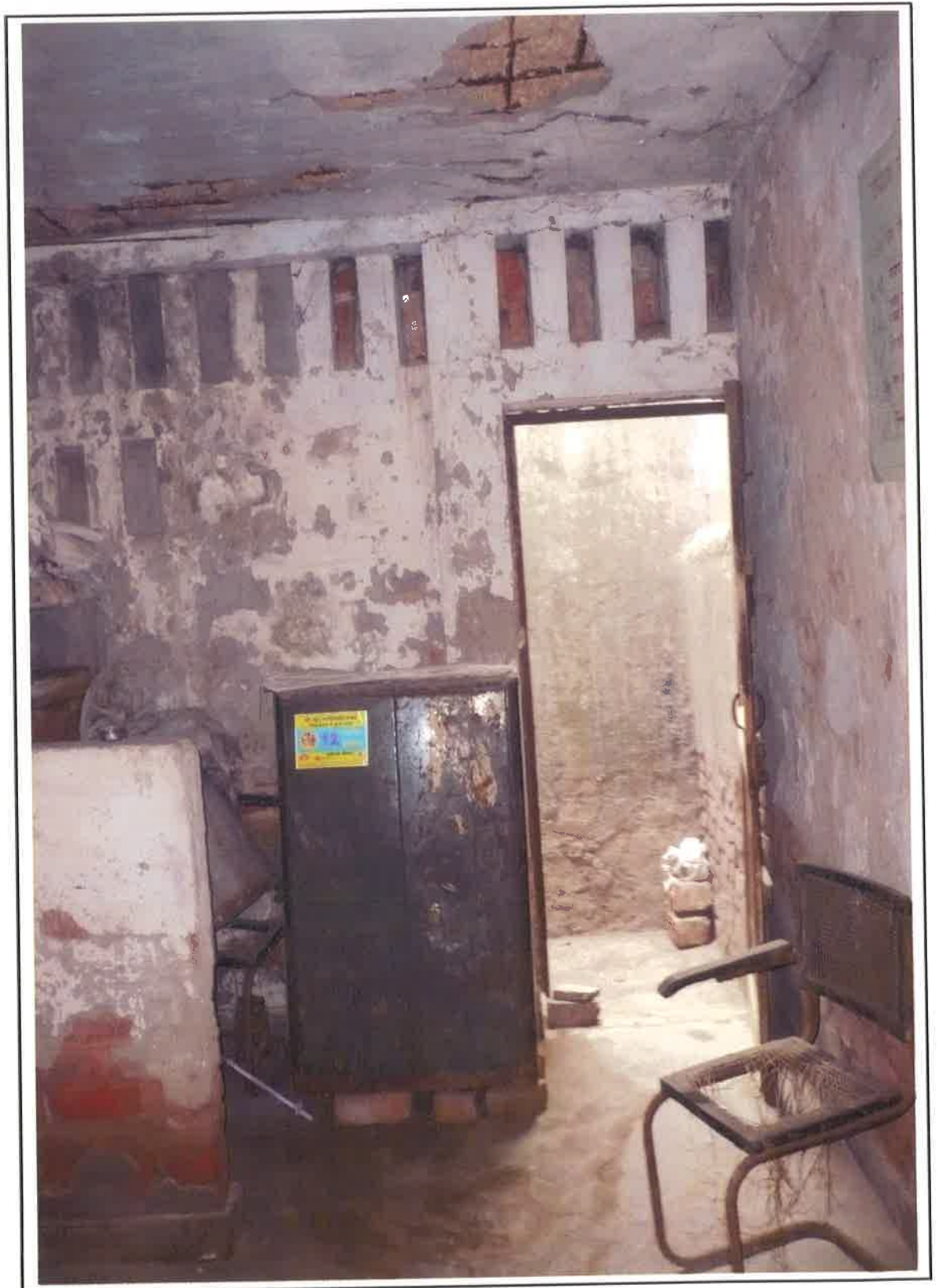
***Summary***

***70 AWCs were operating from the rented accommodation which ranged between Rs. 500/- in J.J.Cluster to 750/- in Resettlement, Private and in villages in all ICDS Projects.***

***The room rent was not paid to the house owner regularly which led to conflict between AWCs Staff and the house owner resulting in locking the rooms in many cases. AWCs running in J.J.Cluster, Resettlement colonies and also in some private colonies did not have adequate accommodation to run the activities of AWCs effectively. All AWCs running in villages and also in some private Localities had spacious accommodation. Government accommodation were not at all maintained by the government.***

**GOVERNMENT ACCOMMODATION**

***Photograph -12(Unmaintained AWC)***



*Photograph-13(Unmaintained AWC)*

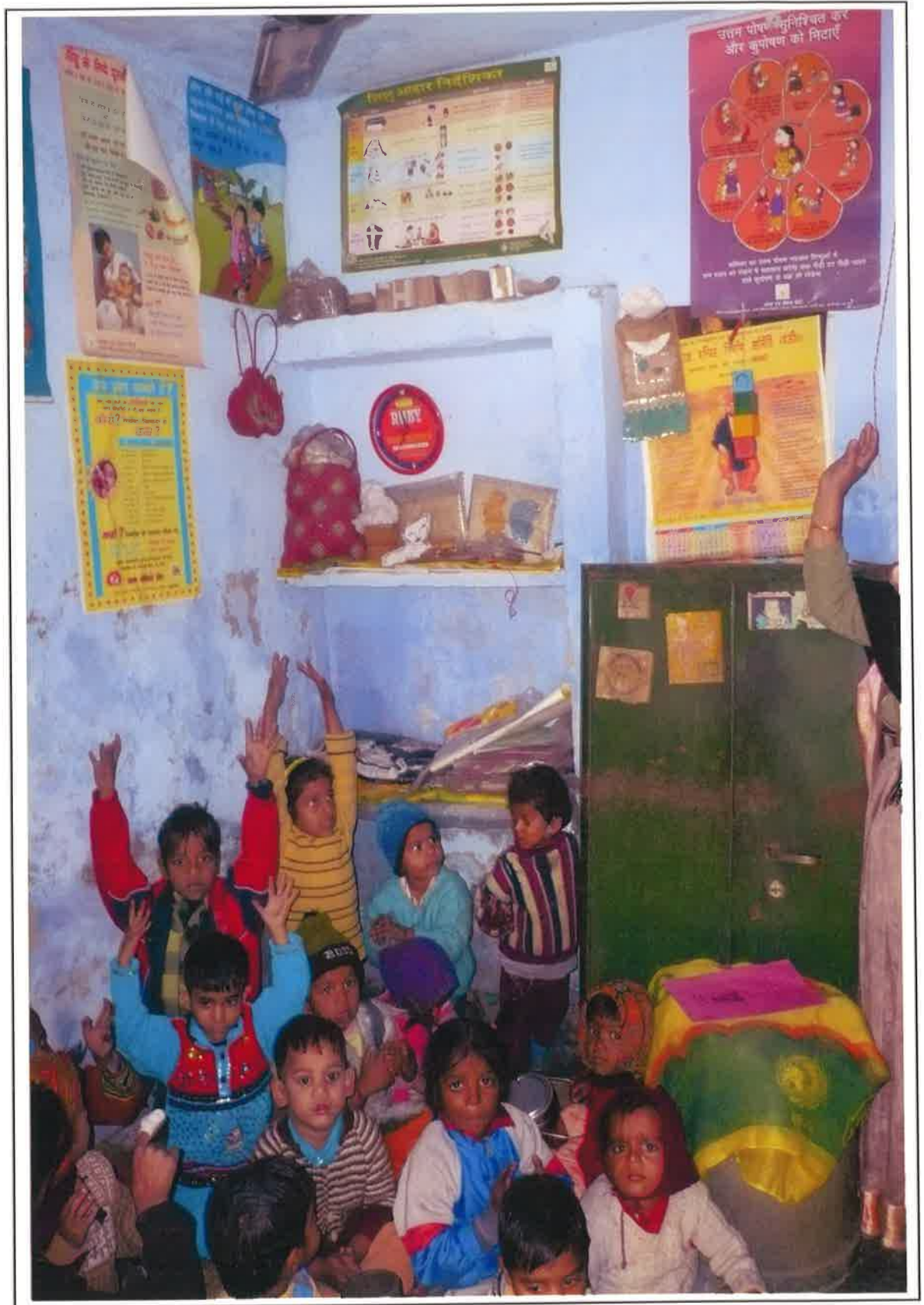


*Photograph -14 (Unmaintained AWC)*



## ACCOMMODATION IN GOVERNMENT

*Photograph –15(Maintained by AWC Staff)*



#### **4.11. Basic amenities and other functional requirements (Q. 12)**

##### **■ Basic Amenities:**

- a. AWCs running in J.J.Clusters, Resettlement colonies and also in some private Colonies had poor ventilation. AWCs in villages and also in some private colonies were either running in veranda or spacious rooms or in chaupal or temple had ventilation in the accommodation.
- b. All AWCs did not have adequate sanitation facilities, lack of safe sources of drinking water. Children were made to drink either the municipal tap water or water from the handpumps especially in villages. Water filters were not provided to the AWCs in all ICDS Projects.
- c. All AWCs were provided with electricity connection. However, it was reported that many house owners did not permit them to use electricity for a long time. This problem was consistently being created because of non payment of room rents for a long time.

##### **■ Basic Functional Requirements:**

All AWCs lack in basic functional requirements essential for conducting various ICDS services effectively.

##### **d. Daries /Mats**

All AWCs excepting those which were functioning as attendance points did not have Daries/Mats for sitting of children who visit AWCs for preschool informal education. AWWs had either brought the bedsheets or chattayees from their homes or had stitched the tats together for sitting purpose. The children were made to sit on those tats, with the results that large number of parents did not permit their children to go to AWCs resulting in large number of dropouts especially in winter. As shown in Photograph 16-19.

It was reported that AWCs were provided with Daries in the beginning of the project 15 to 20 years back, since than there was no replacement.

**DARIES/MATS IN AWC**

***Photograph-16***



***Photograph -17 (Attendance Point)***



*Photograph - 18*



*Photograph- 19*



**e. Furniture**

The basic furniture such as chairs for AWW and AWH were not provided. Two main inhouse activities of AWCs such as preschool education of children and distribution of SNP were performed in between 10:00 A.M. to 12:00 P.M. Expecting an AWW and AWH to stand from 10:00 a.m. to 12:00 P.M. was too inhuman act. This some time made AWW to leave AWCs, early if the children did not reach center in time especially in extreme summer and winter. Standing alone in an AWC without the children was reported as painful.

All AWCs were provided with almirah and two drums at the beginning of the project to keep records and dry SNP which had not been replaced since than. All these got rusted and had become the playground for rats and other small insects, especially where the AWCs were running in ground floor accommodation. It had made difficult for the AWWs to maintain their records in a proper manner.

**g. Utensils:**

All AWCs did not have essential utensils such as: glasses, big spoon for distributing SNP, Water filter, Jug or any covered bucket for storing tap water for drinking purpose. AWWs were either borrowing the essential utensils from house owner, if they happened to be cooperative or had brought them from their homes. It was painful to note the pathetic situation being created by the government by not providing the essential things for running the AWCs services effectively.

**h. Stationary:**

The records registers, the pen/pencil were not provided to AWWs for very long time. They had to purchase their own registers/pen etc. for writing and maintaining the AWCs records.

#### **i. Preschool Education Kit/Teaching aids:**

Teaching aids such as Vocabulary Charts, Numeric Charts, Children Games/toys and Production Kits were provided in the beginning of the project 15-20 years back. Henceforth they had not been replaced by government. However in Nangloi ICDS Project the educational kit was provided by an NGO six months ago, as shown in the Photographs.20to23.

More than 75% of the AWWs had either prepared their own charts or had purchased from market. In one AWCs in Nangloi Project, it was found that AWW had prepared the toys for children. 25% of the AWCs either did not have or had torned charts displayed on the walls of the AWCs. Some how the AWWs in all AWCs were found managing their show with the old games kit/production kits or without.

More than 70% of the AWCs either did not have weighing machine or it was not functional. They were borrowing the weighing machines from the nearby health center/dispensary. 30% of the AWCs had weighing machine for taking the weight of the children.

#### **Summary**

*All AWCs running in J.J.Clusters, Resettlement Colonies and in Private colonies lack in basic amenities such as poor ventilation adequate sanitation facilities and safe source of drinking water. However villages had little better basic amenities.*

*All AWCs were not provided by government with basic functional requirements such as Daries for sitting of children for preschool education, teaching aids, chairs, utensils, bucket, water filter, glasses, stationary for writing of AWCs records and some almirah for keeping the records. Almirah and two drums which were provided in the beginning had got rusted creating problem for the AWWs to keep the records safely.*

*It was painful to note that all the basic requirements essential for conducting the activities of the AWCs were arranged by the AWC Staff with no help from the government.*

# TEACHING AIDS

Photograph 20



Photograph 21 (Teaching Aids prepared by the AWW)



**Photograph -22(Toys prepared by AWW)**



**Photograph -23(Charts prepared by AWW)**



#### 4.12. Total Population covered by AWCs (Q. 13)

The questionnaire data suggested the following:

- a. All AWCs were covering more than the desired population except in 3 AWCs in Shakarpur Project, all in J.J.Clusters and one in a village in Kanjhawla ICDS Project as shown in table No 9.
- b. Average population covered by AWC in all ICDS projects was 1142.
- c. There was a wide population range 920-1852 among the total sample.

*Table-9*

S.No.	ICDS Project	No. of AWCs	Range of Population	Average Population
	<b><u>EAST</u></b>			
1.	Shakarpur	6	825-1180	985
2.	Trilokpuri	6	1000-1701	1183
3.	Geeta Colony	6	1000-1139	1212
	<b><u>NORTH EAST</u></b>			
4.	Sahadara	8	1010-1300	1124
5.	Secma Puri	8	1000-1150	1045
6.	Nand Nagari	9	1000-1390	1107
7.	Karawal Nagar	6	1089-1389	1197
	<b><u>NORTH WEST-1</u></b>			
8.	Nangloi	5	1081-1852	1456
9.	Mangolpuri	8	990-1548	1345
10.	Sultanpuri	6	1080-1465	1207
11.	Kanjhawla	6	977-1200	1083
	<b>TOTAL</b>	<b>74</b>	<b>825-1852</b>	<b>1142</b>

*Table9 -Showing Range and Average population in 11 ICDS projects from East, North East and North West-I district.*

- d. Largest number of population was covered by Nangloi, Mangolpuri and Sultanpuri ICDS in North West-I ranging between 1465-1862 and 1701 in one AWC in Trilokpuri ICDS. It could be easily inferred that AWCs in Resettlement colonies were covering large population because of density of population in that area.
- e. The data was divided into four types of localities such as: Resettlement colonies, Private Colonies, Villages and J.J.Clusters. The average population covered by villages and resettlement colonies was 1235 and 1223 respectively as shown in table-10. It was

reported that it was difficult for AWW to deny the population to register in AWC especially when the village has only one AWC. Likewise density of the population in resettlement colonies also did not permit the AWW to refuse people to AWCs benefits.

- f. The less population covered by AWCs in the J.J.Clusters in Shakarpur ICDS could be attributed to the size of J.J.Clusters, being small (behind Express Building, ITO). Less population covered by AWC in J.J.Cluster in Anna Nagar could be because of 3 more AWCs operating in that J.J.Cluster.

*Table-10*

S.No.	Type of Area	Range of Population	No. of AWCs	Average Poulation
1.	Resettlement Colonies	1000-1701	24	1223
2.	Private Colonies	1000-1390	31	1033
3.	Villages	977-1852	13	1235
4.	J.J.Clusters	825-1180	6	999
	<b>TOTAL</b>		<b>74</b>	

*Table10 - Showing range of Population and average population in Resettlement, Private Colonies, Villages and J.J.Clusters*

- g. More than the desired population covered by the AWCs especially in resettlement colonies reported as the greatest impediment in the performance of the AWCs because of inadequate space and other inadequate infrastructure facilities discussed earlier.

### **Summary**

*70 AWCs were covering more than the desired population largest by Mangolpuri, Sultanpuri and Nangloi ICDS Projects. More than desired population covered by the AWCs emerged as a performance impediment of the AWCs beyond the control of AWC staff.*

#### **4.13. Services offered under ICDS by AWCs (Q. 14 & 15)**

The data from all the AWCs suggested that all the six services: (1) SNP; (2) Nonformal Preschool Education; (3) Nutrition and health Education; (4) Immunization (5) Health Checkup; (6) Referral Services were offered to beneficiaries in all ICDS projects.

#### **4.15. Services reaching to right beneficiaries (Q. 15)**

The AWWs and AWHs were asked to rate, to what extent the services are reaching to right beneficiaries on a five point scale. It was reported by all, that all services were reaching to the right beneficiaries.

#### ***Summary***

***All the six ICDS Services, SNP, Nonformal Preschool Education; Nutrition and Health Education, Immunization, Health Check-Up and Referral Services were reaching to the right beneficiaries through AWCs.***

#### **4.14. Pregnant and Lactating Mothers visiting AWCs (Q. 16)**

The data suggested the following:

- a. The number of Lactating mothers visiting the AWCs was little higher than the pregnant women, in all ICDS Projects as shown in table-11.
- b. The number of pregnant women ranged between 7-11 and Lactating Mothers between 9-12 in all the ICDS Projects. There was no appreciable deference observed in the number of pregnant and Lactating mothers in all ICDS projects.
- c. More number of Pregnant and Lactating Women were visiting AWCs in East and North East Districts: Shakarpur, Geeta Colony and Karawal Nagar ICDS Projects than the AWCs in North West-I district.

It was surprising to note that inspite of having high density of population, in resettlement colonies, not many Pregnant and Lactating mothers, were visiting the AWCs.

This clearly reflected that AWWs were not making much efforts especially in Mangolpuri, Sultanpuri and Seemapuri ICDS Projects to motivate the community to avail AWC Services in their respective areas. Though the population covered by the AWCs in North West-I was more than the desired population ranging between 1200 to 1852.

Though there were definite difference observed in the behaviours of Pregnant and Lactating mothers between East, North East and North West-I ICDS Project but the data was not conclusive enough to suggest that required efforts were made by AWWs and AWHs to motivate the Pregnant and Lactating Mothers to register themselves in AWCs in all the ICDS Projects.

**Table- 11**

S. No.	ICDS	AWC's	Pregnant Women	Lactating Mothers	Average No. of Pregnant Women	Average No. of Lactating Mothers
	<b>EAST</b>					
1.	Shakarpur	6	58	63	10	11
2.	Trilokpuri	6	40	61	7	10
3.	Geeta Colony	6	64	70	11	12
	<b>NORTH EAST</b>					
4.	Shahadara	8	68	88	9	11
5.	Seema Puri	8	59	75	7	9
6.	Nand Nagari	9	66	95	7	10
7.	Karawal Nagar	6	61	68	10	11
	<b>NORTH WEST-1</b>					
8.	Nangloi	5	40	62	8	12
9.	Mangolpuri	8	60	70	8	9
10.	Sultanpuri	6	33	56	6	9
11.	Kanjhawala	6	33	73	6	12

**Table-11: Showing total and average number of Pregnant and Lactating Women visiting the AWCs**

### **Summary**

**The number of Lactating Mothers visiting the AWCs were higher (range 9-12) than Pregnant Women (ranged 7-11) in all ICDS Projects. It seemed that not enough efforts were made by AWWs and AWHs to motivate the community to avail the ICDS Services.**

## ■ Special Nutrition Programme- First ICDS Service

### 4.15. Special Nutrition Programme (SNP) (Q.17)

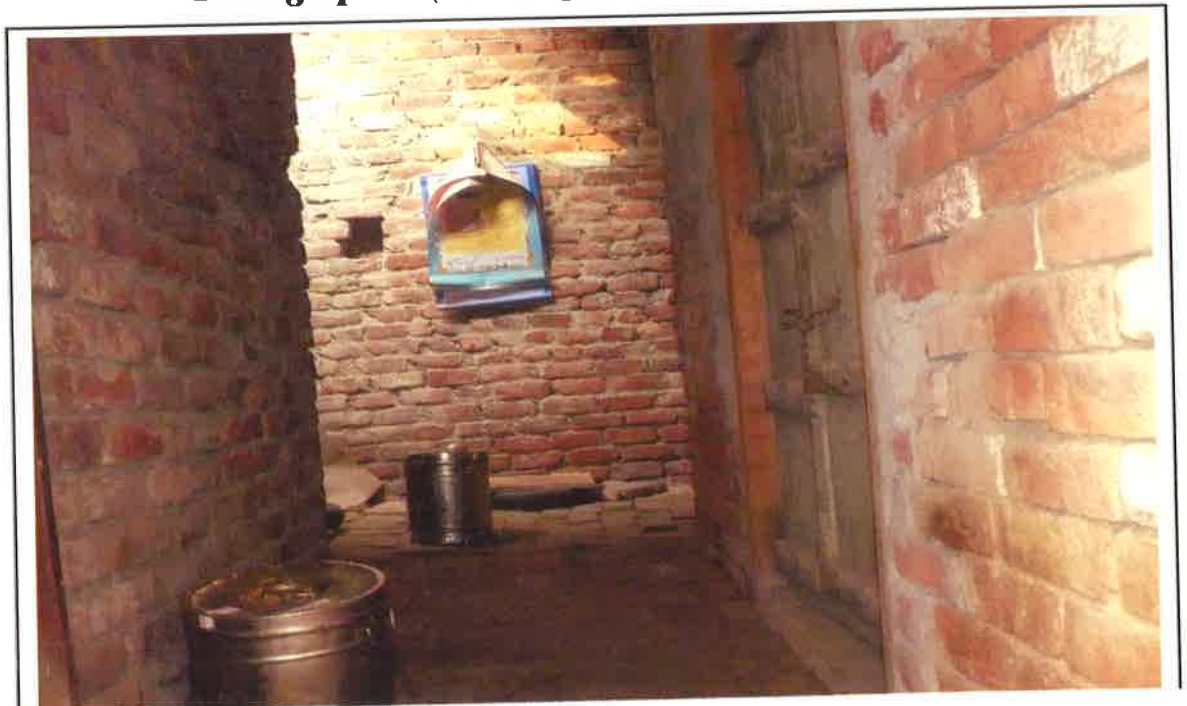
- a. Under the special Nutritional programme two types of food were distributed: (1) Cooked food such as Namkeen Dalia, Meetha Dalia, Khichari, Pulao to children in the age group of 1 year to 6 years, Pregnant Women, Lactating Women and two kishories ; (2) weaning food (Dry food) for children from 7 months to 1 year of age.
- b. It was surprising to note that distribution of weaning food to children in age group of 7 months to 1 year was only reported by one AWC in Nangloi, two AWCs in Kanzhawla ICDS Projects and that was also stopped after November 2007. It was not reported in other ICDS Projects. However it was reported by CDPO that it was being distributed to the children in Shakarpur ICDS Project.
- c. There were more number of children registered as SNP beneficiaries in the age range of 7 months to 3 years than 3 years to 6 years in all ICDS Projects as shown in table- 12.
- d. There were more number of Lactating Mothers as SNP beneficiaries than the Pregnant Woman in all ICDS Projects.
- e. The average number of SNP beneficiaries ranged between 102 to 117 little less than target number of 120 in each AWC.
- f. Distribution of food to all SNP beneficiaries in AWCs were done in between IIAM to 12 P.M.
- g. The AWCs covering large population had more than 120 SNP beneficiaries. This had continuously created problem in distributing of SNP especially in those areas where 'Indicare' (NPO) was supplying irregularly and also inadequate quantity of food discussed later.

**SPECIAL NUTRITION PROGRAMME**

***Photograph -24( SNP Distributed by the AWH to beneficiaries)***



***Photograph 25(Showing SNP storage Drums)***



#### 4.16. NPO Supplying the food (Q. 18)

- a. Three NPO's : Rao Raghuveer Singh, SttriShakti and Indicare supplied the cooked food in all ICDS Projects.
- b. Services of NPO's, Rao Raghuveer Singh and SttriShakti were reported satisfactory by most of the AWWs in various centers in all ICDS Projects. The supply of food was by and large regular and in time. The quantity and quality of food was also found to be satisfactory. The consultant also tasted the food at each center and found it as okay in taste. However it lacked in vegetables. To what extent it was covering the vitamin deficiencies of beneficiaries it was doubtful to say.

*Table -12*

S. No.	ICDS	No. of AWCs	7 Months -3 years	3-6 Years & 2Kishories	Pregnant	Nursing Mothers	Average SNP beneficiaries
	<b>EAST</b>						
1.	Shakarpur	6	299	206+12	58	63	106
2.	Trilokpuri	6	308	201+12	40	61	104
3.	Geeta Colony	6	295	225+12	64	70	111
	<b>NORTH EAST</b>						
4.	Shahadara	8	460	271+16	68	88	113
5.	Seema Puri	8	441	331+16	59	75	115
6.	Nand Nagari	9	501	346+18	66	95	114
7.	Karawal Nagar	6	373	189+12	61	68	117
	<b>NORTH WEST-1</b>						
8.	Nangloi	5	290	181+10	40	62	117
9.	Mangolpuri	8	443	240+16	60	70	104
10.	Sultanpuri	6	361	151+12	33	56	102
11.	Kanjhawala	6	269	243+12	33	73	105

*Table 12- Showing number of SNP beneficiaries in all ICDS Projects*

- c. However numerous complaints were received about the third NPO the "Indicare". Supply of the food was reported as highly irregular, not reaching to many AWCs which were remotely located or were located in a densely populated area. Irregular supply of SNP created problems for AWW and AWH to retain children in AWC for a long time. The consultant saw one AWW distributing toffees to children when SNP did not reach in time. The quantity of the food supplied to AWCs were highly inadequate sometimes 11 to 12 KG instead of 20-21 KG per AWC for 100-120 beneficiaries.

- d. The quality of the food supplied by Indicare was also rated as poor.
- e. The quality of the cooked food supplied by the NPO, Rao Raghuvver Singh and SttriShakti was definitely much better than the cooked food supplied by Indicare.

**4.17. Is the food eaten at AWC or taken home? (Q. 19)**

- a. The distribution of SNP was done in-between 11:00 A.M to 12:00 P.M.
- b. The food was mostly taken home for small children in between the age of 7 months to 3 years and for Pregnant and Lactating Women by their elder children. However the children between 3 to 6 years, who were part of the non-formal preschool education services were sometimes seen by consultant eating the food in the AWCs.
- c. The timing of distribution of SNP from 11:00 A.M. -12:00 P.M. also did not permit the children to eat the food in the AWCs as the normal preschool education activities get over by 11:00 A.M. to 11:15 A.M.
- d. The poor infrastructure facilities such as lack of adequate accommodation, Daries for sitting of children also were found as inhibiting factors not permitting the children and also AWC staff to spend more time in the AWC.

**4.18. Satisfaction with the food (Q. 20 & 47)**

Mixed opinions were expressed by the beneficiaries with regard to the satisfaction with the cooked food.

20% Beneficiaries from the old ICDS projects in all the three districts preferred Dry supplementary nutrition as given earlier in the projects more than the cooked food. They had complained regarding hygiene and taste of food. However 80% of the beneficiaries were nearly satisfied with the SNP.

#### 4.19. Nutritional Status of Children visiting AWCs (Q. 21 & 22)

The weight of the children of 7 months to 3 years of age was taken and recorded periodically after every 3 months on weight record to ascertain their nutritional status. As shown in the weight Record Card.

The data about classification of Nutrition Status suggested the following.

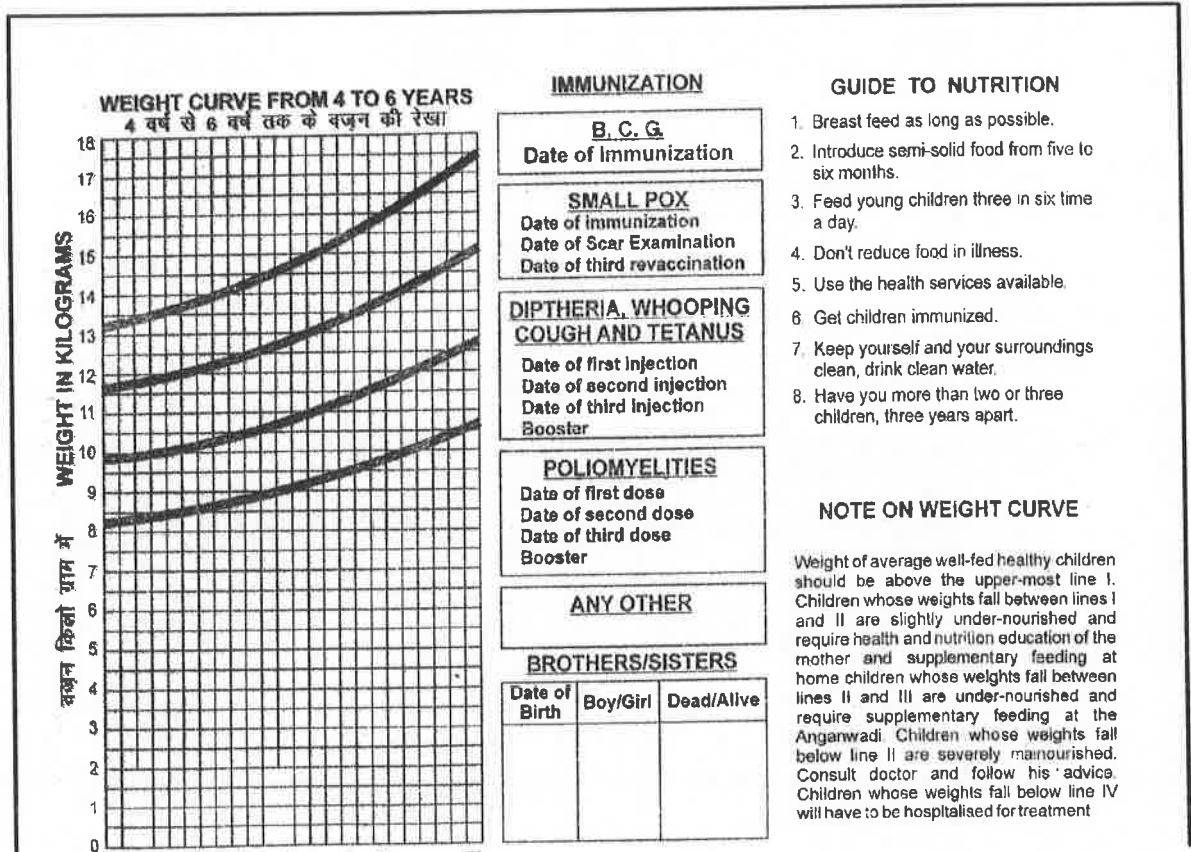
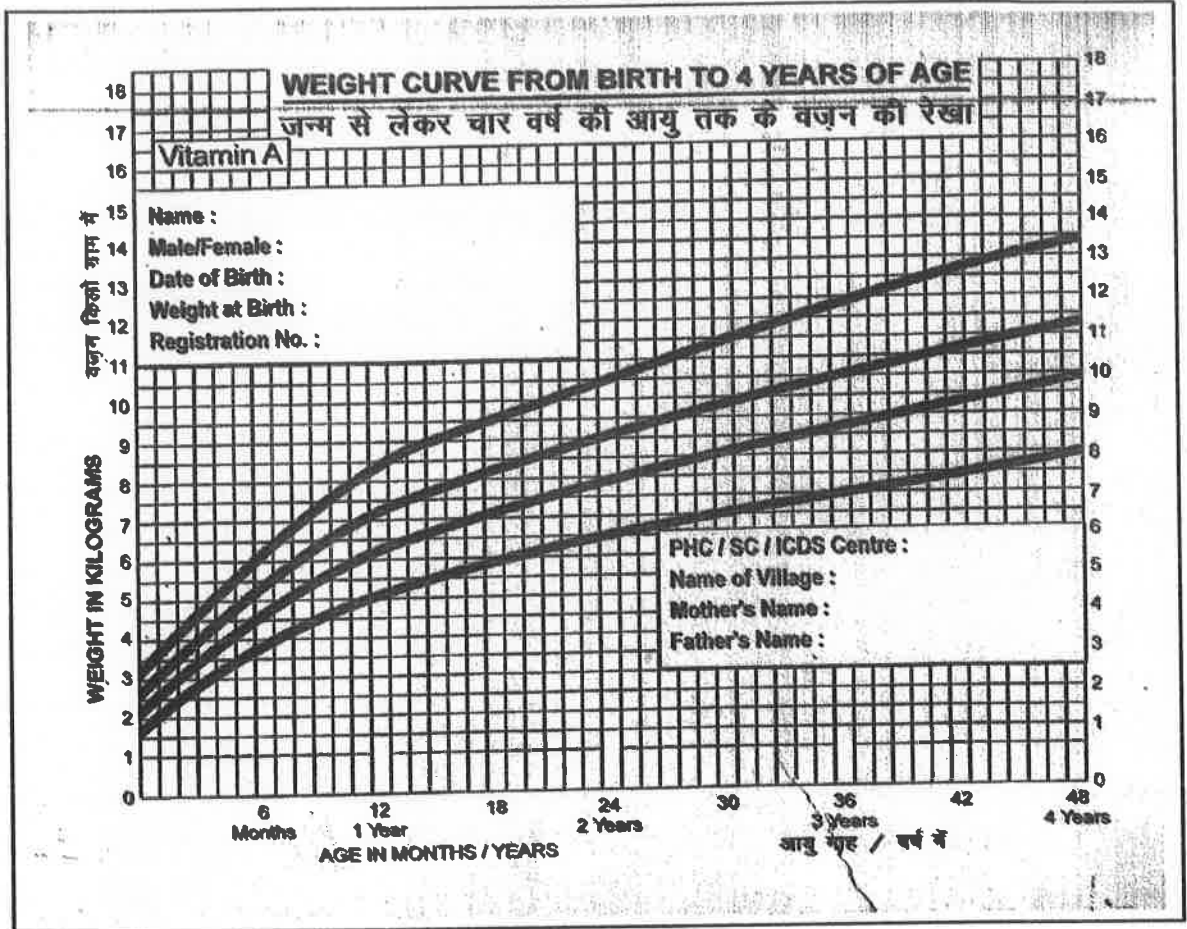
- The children from ICDS Shakarpur, Trilokpuri, Geeta Colony, Karawal Nagar and Mangolpuri had more number of children falling under normal nutritional status than the other ICDS as shown in Table-13.
- The number of children gradually decreased in grade I and Grade II Categories. No children were reported in the Grade III Category in all ICDS projects.
- Though the number of children falling under normal category of Nutritional Status were definitely low in North West-I ICDS Projects but it was not conclusive enough to attribute to poor services provided by Indicare (NPO)

*Table -13*

S.No.	ICDS Project	Total	Normal	Grade-I	Grade-II	Grade-III
	<b>EAST</b>					
1.	Shakarpur	509	400	100	9	-
2.	Trilokpuri	450	400	50	-	-
3.	Geeta Colony	520	410	95	15	-
	<b>NORTH EAST</b>					
4.	Shahadara	567	273	201	93	-
5.	Seema Puri	635	279	196	160	-
6.	Nand Nagari	556	267	190	99	-
7.	Karawal Nagar	460	460	-	-	-
	<b>NORTH WEST-1</b>					
8.	Nangloi	512	181	80	20	-
9.	Mangolpuri	600	500	152	118	-
10.	Sultanpuri	512	181	231	512	-
11.	Kanjhawala	270	110	100	-	-

*Table 13- Showing nutritional status of children in all ICDS Projects*

# WEIGHT CARD



### **-Improvement in Health Status (Q. 22)**

The data from Question on improvement in health status suggested that the nutritional status of the children had definitely improved after providing the SNP to the beneficiaries. All the AWWs rated '4' category 'nearly improved' on the question. This clearly demonstrated that SNP had contributed to the enhancement of nutritional status of children.

### ***Summary***

*SNP was the most popular service offered under ICDS services and reached the right beneficiaries. Average number of beneficiaries ranged between 102-117 little less than the target number of 120 in each AWC. Beneficiaries included 7 months to 6 years of children pregnant women, Lactating Women and two Kishories.*

*Two kinds of SNP was distributed weaning food to the children 7 months to 1 year and cooked food as Dalia, Khichari, Pulao etc. to children 1 year to 6 years, pregnant Women, Lactating Women and two adolescent girls. Distribution of weaning food was stopped after November, 2007.*

*Three NPO's Rao Raghuvver Singh, Sttri Shakti in East and North East and Indicare in North West-I supplied the cooked food.*

*Services of NPO's Rao Raghuvver Singh and Sttri Shakti were adjudged as satisfactory where as the services, quality and quantity of food supplied by Indicare was poor.*

*Distribution of SNP was done in between 11:00 A.M. to 12:00 P.M. The food was taken home for small children 7 months to 3 years, pregnant Women and Lactating Mothers. Children between the age group of 3 to 6 years was some times seen eating the food after preschool activities.*

*By and Large beneficiaries were satisfied with the food. 20% preferred the dry SNP as given earlier in the projects more than the cooked food.*

*The weight of the children of 7 months to 3 years of age were regularly taken once in three months and was recorded on the weight card to ascertain their nutritional status.*

*More number of children had normal nutritional status in East, North East ICDS Projects than in North West-I ICDS Projects and the number gradually decreased in grade -I & II categories with no children following in grade-III category. SNP contributed to improvement of nutritional status among children.*

#### ■ Non Formal Preschool Education- 2<sup>nd</sup> ICDS Service

##### 4.20. Non Formal Pre School Education programme (Q.23, 24)

- a. Children between the age group of 3 to 6 years were imparted preschool education to develop desirable attitudes, values and behavioural patterns with specific emphasis to lay foundation for the easy entry to school and overall development of children.
- b. The AWWs were found using variety of methods to meet the above objective. The following activities were used.
  1. Recitation of prayers/Poems/Stories to inculcate desirable attitudes and values among children.
  2. Counting
  3. Vocabulary learning
  4. Identification of colours through charts
  5. Identification of various objects such as: fruits, vegetables, various shapes, forms etc. through charts, toys and various children games.
  6. Developing general awareness about environment through any other method chosen by the AWW.

**NON FORMAL PRESCHOOL EDUCATION ACTIVITIES**

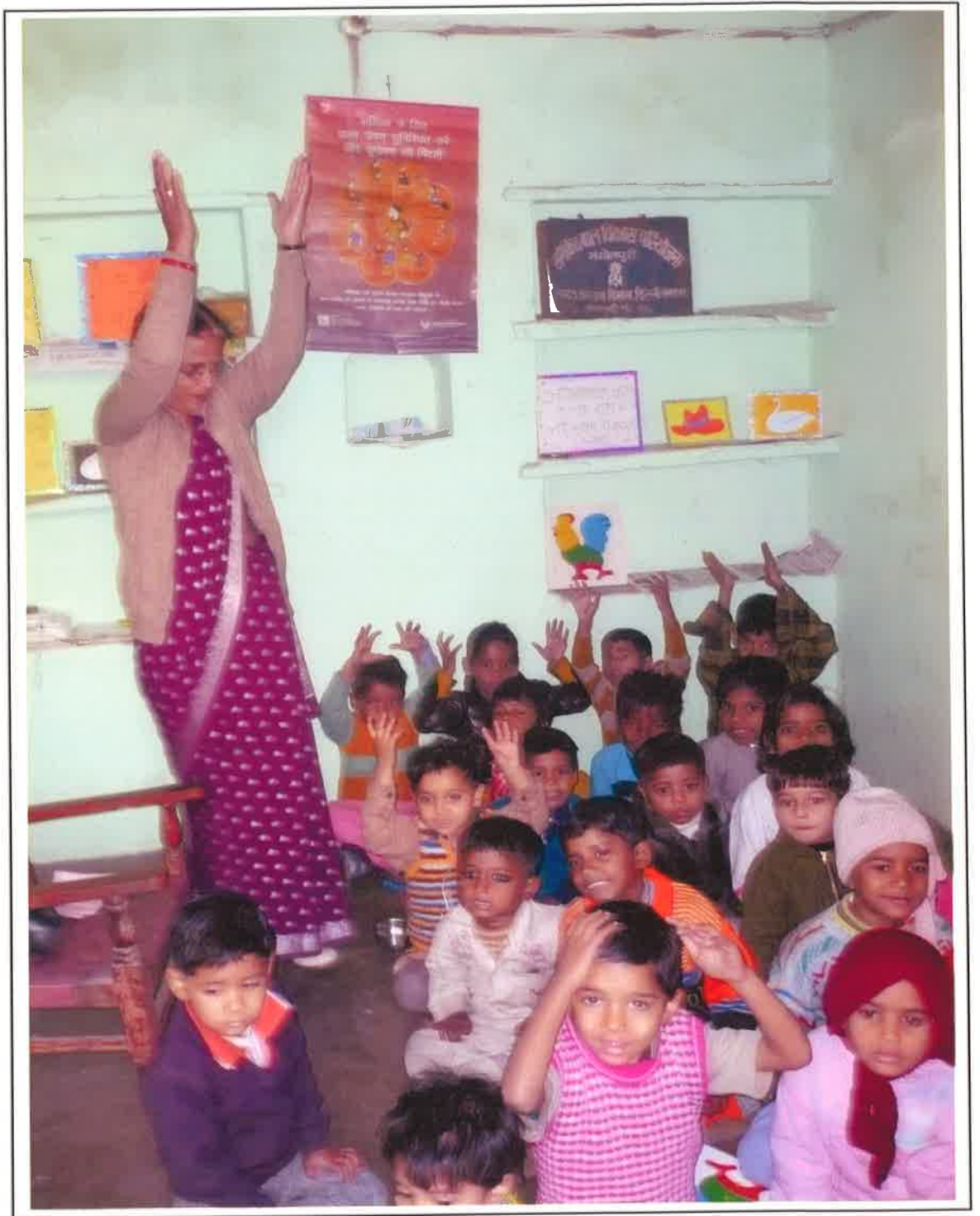
*Photograph -26*



*Photograph -27*



*Photograph -28*



- c. The AWCs were visited personally by the consultant. It was found that the AWWs were performing these activities as shown in the photographs,26 to28..
- d. There was no specific instructions and syllabus provided to the AWWs, for teaching children with the result each had chosen her own poems, her own method of imparting the education.
- e. More than 70% of AWCs had displayed different types of charts, some very beautifully in the room for providing education. However 30% of the AWCs either did not have charts or had torned charts .
- f. 60% of the AWCs did not have any games kit or toys. It was reported that these were given in the beginning and not replaced there after. As mentioned earlier. AWWs said, that **"We are poor and therefore can not purchase these games kit and charts. This had made our task difficult. In the absence of these, it becomes extremely difficult for us to retain children in the AWCs sometimes"**.
- g. Inspite of Inadequate accommodation the AWWs some how managed to perform by conducting the activities in open. They had to manage without charts and teaching aids.
- h. Some AWWs had purchased toys or had made toys on their own .
- i. The data about the preschool beneficiaries revealed that the average number of the beneficiaries ranged between 29-41 in all the ICDS projects as shown in table-14.
- j. The AWCs from Mangolpuri and Sultanpuri had less number of preschool beneficiaries then the other ICDS projects. No appreciable difference existed between the number of children in various types of colonies-J.J.Clusters, Resettlement, private and villages. However a upward trend was seen in AWCs in resettlement colonies because of high density of population in resettlement colonies and having a single AWC which is expected to cover all the population in a village.

#### 4.21. Discrimination in girl children attending the AWC (

The data suggested that no appreciable difference existed between the girls visiting the AWC for non formal preschool education as shown in

*Table-14*

S.No.	ICDS Project	Number of Pre School beneficiaries		Total Beneficiaries	Average
		3 -6 years (boys)	3-6 years (girls)		
	<b>EAST</b>				
1.	Shakarpur	100	106	206	31
2.	Trilokpuri	99	102	201	34
3.	Geeta Colony	115	110	225	38
	<b>NORTH EAST</b>				
4.	Shahadara	138	136	274	34
5.	Seema Puri	170	161	331	41
6.	Nand Nagari	187	159	346	38
7.	Karawal Nagar	88	101	189	32
	<b>NORTH WEST-1</b>				
8.	Nangloi	97	84	181	36
9.	Mangolpuri	131	108	239	30
10.	Sultanpuri	94	77	171	29
11.	Kanjhawala	127	116	243	41

*Table 14- Showing preschool beneficiaries all ICDS projects*

#### **Summary**

*Non formal preschool education activities were conducted by AWWs with the help of AWHs in all the ICDS Projects with the help of teaching aids such as charts, toys and games kit of children arranged by the AWWs. No appreciable difference existed in number of boys and girls attended the preschool activities.*

*It was a matter of delight to see the AWWs performing their preschool activities without any support from the government.*

## ■ Nutrition and Health Education – 3<sup>rd</sup> ICDS Service

### 4.22. Nutrition and Health Education (Q. 26)

Nutrition and Health Education was provided to all women in the age group of 15-45, years priority given to Pregnant Women and Lactating Mothers.

- a. The data suggested that AWWs were visiting the community after distribution of SNP in-between 12:00 –12:30 P.M. 3 to 4 houses were visited in the area every day to educate the women on health and nutritional aspects and also for immunization discussed later.
- b. The beneficiaries were educated about nutrition and health aspects to enhance the capability of the mother to look after her own nutritional needs and also of the children.
- c. Mahila Mandals were organized once in a month by the AWWs in the AWCs. Both AWW and AWH act as a team in imparting the nutrition and health education.
- d. Cooking demonstrations, organized courses and campaigns were not used as a method of imparting health education in all ICDS Projects.
- e. The topics of imparting nutrition and health education were given by the supervisor, incharge of the center.

The following topics were reported:

1. Upri Khurak
2. Children diseases in each season
3. Pulse Polio
4. Immunization Awareness
5. Weight requirements for children at different age
6. Dengue
7. Popularization of Brest feeding etc.

## ***Summary***

*Nutrition and Health education was provided to all women in the age group of 15-45 years through house visit every day and Mahila Mandals once in a month by AWWs.*

### **■ Health Checkup – 4<sup>th</sup> ICDS Service**

#### **4.23. Health Check UP (Q. 27-30)**

The AWWs played a pivotal role in providing Health Checkup services to expectant mothers, post natal care of nursing mothers, new born babies and care for all children under six years of age. It was reported that every day half an hour to forty five minutes were spend by them to visit the houses in the community to monitor the general health especially of expectant and nursing mothers and infants and also to educate on nutritional and health aspects as mentioned earlier.

- a. The lady health visitor with her team also visited the area every month to examine the general health and well being of the expectant and nursing mothers and weight checkup of children of 7 months to 3 years of age on periodical intervals.
- b. The nutritional status of children were also monitored and records were maintained by the AWWs. 70% of the AWCs either did not have weighing machines or were found out of order and hence they were facing lot of problems in maintaining the records. But some how they were managing the show by borrowing the weighing machines from the nearby health center or hospital.
- c. The nutritional health status were recorded on a weight card which were found properly maintained by the AWWs as shown in the weight card earlier..

#### **4.24. Health Check UP Camps (Q.28)**

- a. Not desired number of health checkup camps were organized by the AWCs in all ICDS project areas, as shown in Table-15.

**Table-15**

S.No.	ICDS Project	No. of Camps Organized	Types of Camps	Organised by
1.	Trilokpuri	1	Health Checkup 13 <sup>th</sup> August, 2007	MCH Hospital
2.	Shakarpur	1	Health Checkup Camp 2007	Aasha Health Center
3.	Geeta Colony	Nil	-	-
4.	Sahadara	1	Health Checkup December 2006	Nav Jagriti NGO
5.	Seema Puri	2	2 Eye camps in 2007	Saraf Hospital
6.	Nand Nagari	4	2 Eye camps 19 <sup>th</sup> Nov. & August 2007.  1 Health Camp in February 2006  1 Mukti Camp organized	Saraf Hospital Streeshakt, NGO  Manav Vyavhar Avam, Sambundh Sansthan
7.	Nangloi	Nil	-	

**Table 15- Showing health checkup camp organized**

- b. One health checkup camp was organized in Trilokpuri, Shakarpur, Shahadara and Nangloi ICDS Projects in 2006 and 2007 by different NGO's such as Aasha Health Center and Nav Jagriti as shown in Table-15 .
- c. Saraf Hospital also organized two Eye camps in Seema Puri ICDS project.
- d. A Mukti Camp was organized by Manav Vyavahar Avam, Sambundh Sansthan in 2006.
- e. Pulse Polio Camps were regularly organized nearly 8 in number by hospitals/ center through the AWCs in all ICDS projects.

### **Summary**

**Health Checkup services were provided by AWWs and AWHs to expectant mothers, postnatal care of nursing mothers, newborn babies and care of all children below six years of age through daily home visits after 12 A.M. to 12:30 P.M. with the support of lady health visitor and her team every month. The Nutritional and Health Status of children**

*was monitored every 3 months and records were maintained by AWW on Health Status Cards.*

*Health checkup camps were not organized regularly in all ICDS Projects. Only 5 health checkup camps and 4 eye Camps were organized in 2006 -2007 in East and North East Projects only.*

## ■ Immunization - 5<sup>th</sup> ICDS Service

### 4.25. Immunization (Q. 31-34)

Immunization of all children less than six years of age against Diphtheria, Pertusis, Tetanus, Polio, Typhoid, Tuberculosis, Measles, Mums, Rubella, Vitamin 'A', Hepatitis and immunization of expectant mothers against tetanus was done through the AWCs.

- a. AWWs regularly visited the community and informed them about the dates of immunization.
- b. Immunization was done by the nearby MCH Center/Dispensaries/Hospitals attached to AWCs. Lady health visitors with her team visited the AWCs once in a month for immunization and health checkup.

Only in two AWCs it was reported that essential drugs were given for prevention of vitamin deficiency and anemia to woman and children.

The data suggested that National Immunization days were decided by directorate of health services NCT of Delhi on 1<sup>st</sup> Sunday of a month followed by house to house immunization drive. The exact number of such immunization camps were not reported however it was told that they were frequently being organized. Pulse Polio Camps were regularly organized through AWCs nearly eight in a year in all ICDS Projects. No leprosy/Aids Camp were organized during the year. No definite reasons were reported for not organizing these camp.

## ***Summary***

*Immunization services were provided to the children less than six years of age against Diphtheria, Pertusis, Tetanus, Polio, Typhoid, Tuberculosis, Measles, Mums, Rubella, Vitamin 'A' and Hepatitis and immunization of expectant mothers against tetanus was done through the AWCs by attached hospitals/Dispensaries staff through monthly area visits. However essential drugs given earlier were not given for prevention of vitamin deficiency and anemia to women and children in all ICDS Project.*

## **■ Referral Services - 6<sup>th</sup> ICDS Service**

### **4.26 Referral Services (Q. 35, 36, 50 & 51 )**

Risk cases of malnutrition and other diseases were all referred to nearby Hospitals, dispensaries in the ICDS area. However Mobile medical vans were not reported as visiting the AWCs.

The beneficiaries were satisfied with the referral services provided through AWC. However they could not tell about no of cases referred.

## ***Summary***

*Satisfactory Referral services were provided by the AWCs in all ICDS Projects.*

### **4.27. Survey (Q. 37)**

The data suggested that AWWs/AWHs conducted the household survey for updating the population data after every six month in all ICDS Projects.

## ***Summary***

*The survey of the community was conducted regularly every six months to update the population data.*

**4.28. Visit of CDPO's and supervisor in AWCs (Q. 39 & 40)**

- a. The supervisor were visiting the AWCs more often than the CPDO's in all ICDS Projects.
- b. Each supervisor had 20-30 AWCs under her charge. It was reported that it was impossible to visit more than two to three AWCs in a day. Therefore, the frequency of visiting one AWC was not more than two times in month.

**4.29. Maintenance of Records (Q. 41)**

By and Large the records and registers were properly maintained by AWWs in all ICDS Projects.

**4.30. Reported Number of deaths (Q. 42)**

No deaths of children between 0-6 years were reported in 95% of the AWCs. Only five death were reported in 5 AWCs.

**4.31. Satisfaction with AWC functioning (Q. 44 & 45)**

Beneficiaries were asked to rate the satisfaction of AWCs functioning on a five point scale. 90% of the beneficiaries rated on 4 nearly satisfied. However 10% of the beneficiaries were moderately satisfied because of the distribution of the cooked food.

***Summary***

***The Supervisors and CDPOs regularly visited AWCs .***

***The AWCs records were properly maintained by the AWWs inspite of stationary not provided by the government.***

***By and Large Beneficiaries were nearly satisfied with the services provided by AWCs in all ICDS Projects.***

### 3. CONCLUSION

- Integrated Child development Services (ICDS), a noble largest programme for promotion of maternal and child health and nutrition was launched on 2<sup>nd</sup> October 1975 in Kerala, since than it had expanded from 33 projects to 173 ICDS Projects with 107274 Anganwadi Centers in all over India including 50 projects in NCT of Delhi with 5096 AWCs including both new and the old projects.
- The programme provides an integrated approach to cover all the basic services for improved child care stimulation and learning, health and nutrition, water and environmental sanitation aimed at younger children, expectant and lactating mothers, other women and adolescent girls in the community. The programme covers 27.6 million beneficiaries with supplementary nutrition to enhance nutritional status.
- The Supreme Court directed the Government on December 13, 2006 to operationalise a minimum of 1.4 million AWCs required for the universalisation of ICDS by December 2008 to cover all slum habitations, Resettlement colonies, JJ clusters with specific emphasis on SC/ST and Muslims population in the State. As per direction of Supreme Court the social welfare department NCT of Delhi had put in earnest efforts to cover all the SC/ST hamlets, habitations and slum areas in the second phase of the expansion under universalisation of ICDS.
- The aim to improve the nutritional and health status to reduce mortality, malnutrition, school dropouts and overall psychological physical and social development of children in the age group 0-6 years was achieved through the package of six services: (1) Supplementary nutrition programme; (2) Non-formal preschool education; (3) Nutrition and health education; (4) Health checkup; (5) Immunization and (6) Referral services through the focal Anganwadi centers.
- In view of directions of Supreme Court the department of social Welfare NCT of Delhi entrusted the task to IIPA to critically evaluate the functioning of AWCs and also for assessing the need for opening the additional AWCs to cover needy population with specific emphasis on SC/ST, Muslims population to enable the department in universalisation of ICDS in Delhi.

- The efficiency of an organization is adjudged on the basis of inputs and output ratio. Inputs in terms of the essential infrastructure and basic requirements for performing the task, material, machines money and man and performance standards Data received from the AWWs, AWHs, Supervisors, CDPOs and beneficiaries and also observed after visiting the AWCs raised a fundamental question. Is it appropriate to name the task as an evaluation of functioning of AWCs or it would be more appropriate to call it as a evaluation of commitment of government to this noble initiative.
  
- It made our task extremely difficult. However an attempt was made to critically evaluate the functioning of AWCs. To what extent we did justice to this work, we ourselves were not very sure.
  
- 74 AWCs were studied from East, North East and North West-I ICDS projects. The data was collected through personalized interviews, and through a questionnaire specifically designed for the purpose.
  
- AWC was identified as a composite, committed, self managed unit by three key actors, AWW, AWH and Supervisor without much needed, desired support from the government. Both AWW and AWH demonstrated which could be easily called as a live example of a team effort supervised by supervisor which most of the time provided emotional support in the absence of timely rewards as salary, which every one has a right to expect after delivering performance, or resolving conflicts which arose between AWC staff and house owners for non payment of rent for a long time to house owners. She spent most of her time in either commuting for visiting the different AWCs and attendance point for marking attendance both morning and in the afternoon in both normal and extreme weather conditions and then returning back to head quarters of the project without adequate monetary help from the government. Visiting the remote villages in public transport with skeleton frequency during a day was the greatest impediment in the performance of the AWC. Working under extremely difficult conditions was further made difficult by the government by not providing salaries in time to AWWs, AWHs and room rent to house owners resulting into poor motivation and morale.

- AWWs and AWHs were extremely poorly paid employees, Rs. 1500 and Rs. 700 per month. It would be more appropriate to call it as an honorarium rather than a salary.
- The formal functional timing of AWCs was 9:00 A.M. to 2:00 P.M. However the formal opening time 9:00 A.M. was not at all adhered by the team, which also had the support of the Supervisor, CDPO, incharge of the ICDS Project.
- Among the 74 AWCs, 70 AWCs were operating from the rented accommodation which ranged between Rs. 500-750/- per month in all ICDS projects. AWCs running in J.J.Clusters, Resettlement Colonies and also in Private Colonies did not have adequate accommodation. It would be inappropriate to expect an adequate accommodation in J.J.Clusters, Resettlement Colonies where the house owner did not have sufficient accommodation for themselves. Since the AWCs had to cater to this population, it became imperative to have a rented accommodation in the area with the result that the rented accommodation had to be used both as a center in between 9:00 A.M.-2:00 P.M. and also by the house owner and thus in most of the AWCs, half of the room space was occupied by the Luggage of the house owners. However All AWCs running in villages and also in some private colonies had spacious accommodation.
- 2 AWCs operating through government accommodation in Mangolpuri area. One can expect a spacious, adequate accommodation if it is provided by the government. It was painful to see that a very spacious accommodation could not be utilized for running AWCs because of extremely poor maintenance, peeled off plasters from the roof, broken doors, broken cement structure, resulting children sitting in open in the adjoining temple with no basic amenities.
- We were delighted to see the third AWC running in a small room and a veranda which was maintained by the AWC staff and supervisor with their own contributions. This clearly demonstrated their commitment to their work which was also observed in many other AWCs and also the unconcerned, apathetic attitude adopted by the government to this noble initiative.
- AWCs running in J.J.Clusters, Resettlement colonies and in Private Colonies lacked in basic amenities such as poor ventilation, adequate sanitation facilities and safe sources of drinking water. However villages had little better facilities.

- All the basic requirements such as Chair, Daries for sitting of children for preschool education, charts, teaching aids, utensils such as bucket, glasses, stationary for writing AWCs records and almirah for keeping the records, were initially provided 15 years back were not continuously sustained by the government. All the essential requirements to run the activities of AWCs were managed by the AWWs and AWHs as mentioned earlier and also shown through the photographs.
- Expecting any AWW to carryout her task effectively without essentials was not an easy task. But most of the AWWs managed to perform their tasks without the basic essential requirements, managing on their own or with the help of house owners who were also committed to the noble cause.
- All the six ICDS services: SNP; Non-formal preschool education; Nutritional and health education; Immunization and Referral services reached to the right beneficiaries.
- SNP was the most popular accepted service offered under ICDS package of services.
- Average number of beneficiaries ranged between 102-117, little less than the target number of 120 in each AWC. Beneficiaries included 7 months to 6 years of age of children, Pregnant Mothers, Lactating Mothers and two kishories. SNP was distributed in between 11:00 A.M. to 12:00 P.M. Two kinds of SNP was distributed, Weaning food for the children from 7 months to 1 year and cooked food such as Dalia, (Metha and Salty) Khichri and Pulao to children. Distribution of weaning food was stopped after Nov. 2007. The three NPO's Rao Raghuveer Singh; Sttri Shakti in East and North East and indicare in North West -I. supplied the Cooked food. Services of Rao Raghuveer Singh and Sttrishakti were found satisfactory, where as the services, quality and quantity of food supplied by indicare was rated as extremely poor. Irregular untimely supply of cooked food by Indicare created problems for AWWs in bringing the children for preschool education and retaining the children in the AWC for a long time. The AWWs adopted their own techniques for sustaining their preschool activities by retaining the children by distributing the toffees as an incentive to children to visit the AWCs. This demonstrated the height of commitment of some AWWs to their jobs.

- The food was normally taken home by the children and mothers, but preschool children were sometimes seen eating the food in AWCs by Consultant.
- SNP contributed for improvement in the nutrition status among children. More number of children had normal nutritional status in East and North East than in the North West-I projects.
- Non formal preschool education activities were conducted by AWWs with the help of teaching aids, such as charts made by the AWWs, toys and other teaching aids arranged by the AWWs in all ICDS Projects. We were delighted to see the AWWs performing their preschool activities without any support from the government.
- Nutrition and Health Education was provided to all women in the age group of 15-45 years through house visit between 12:00 P.M to 1:00 P.M. daily and Mahila Mandals once in a month on topics such as :Uprikhurak; Children Diseases in each season; Pulse Polio, Immunization Awareness; Weight Requirements for children at different age, Dengu and Popularization of Breast Feeding.
- However, essential drugs given earlier were not given for prevention of Vitamin deficiency and anemia to children in all ICDS Project.
- Health Checkup services were found as a weak service in comparison to other five services provided by the AWCs. The service was provided by the AWWs and AWHs to expectant mothers, post natal care of nursing mothers, newborn babies and care of all children below 6 years of age through daily home visits after 12:00 P.M. to 1:00 P.M. and with the support of lady health visitor and her team every month. Nutritional and Health Status of children was monitored every three months and records were maintained by AWW on Health Status Cards.
- It was the Health Checkup Camps which made this service little less popular than other services. Health Checkup camp were not organized regularly in all ICDS area. Only 5 Health Checkup Camps and 4 Eye Camps were organized in 2007 in East and North East Projects only. However Pulse Polio Camps were regularly organized, eight in one year in all ICDS Projects. Inadequate space in AWCs, less number of community centers in the area, and transport, density of population requiring large number of camps to cover all,

did not permit the Hospitals staff/ PHCS and also NGO's to organize adequate number of health checkup camps and hence AWWs had to refer all beneficiaries for health check up to near by Hospital.

- Immunization services were proved to the children less than six year of age against Diphtheria, Tetanus, Polio, Typhoid, Tuberculosis, Measles, Mums, Rubella, Vitamin 'A' and Hepatitis and Tetanus to expectant mothers through AWCs by attached Hospitals/Dispensaries Staff once in a month with the follow up by AWWs.
- Satisfactory Referral Services was also provided. Risk cases of malnutrition and other deceases were all referred to near by Hospitals and Dispensaries, in the ICDS area.
- Apart from Six ICDS Services, household survey were conducted twice in a year by AWC staff in all ICDS Projects. Regular visits to AWCs were conducted by Supervisor and CDPO's.
- Inspite of lack of stationary being provided by the government, the records register were properly maintained by the AWWs.
- By and Large beneficiaries were nearly satisfied with the services provided by the AWCs in all ICDS Projects.

**To Conclude:**

- All AWCs satisfactorily achieved the objectives of ICDS with out much support from the government. We are happy to place on records that most of the AWCs staff performed their task with full dedication and commitment in all the ICDS Projects.

#### 4. RECOMMENDATIONS

There is no doubt that the performance of the AWCs can easily be rated as 'Above average' in the existing circumstances. Desired interventions at the government level can greatly enhance the performance as well as motivation and morale of the Anganwadis Staff.

The following interventions are suggested to enhance the performance of the Anganwadis Centers.

1. Timely and regular payment of salaries to enhance motivation and morale of the staff.
2. Timely and regular payment of room rent to the house owners to elicit better cooperation from the community.
3. AWCs staff is highly poorly paid employees. A minimum wage norm needs to be adopted by the government.
4. Adherence to the opening time, 9:00 A.M. of the AWCs needs to be monitored by the higher level.
5. Hiring rooms in nearby Schools, Community Centers or in nearby Dispensaries/Primary Health Centers/ Hospitals specially in Resettlement Colonies and in J.J.Clusters can provide adequate accommodation for running of AWCs.
6. The problem of providing adequate accommodation can also be handled by increasing the room rent as per standards of the area specially in private colonies.
7. Some temporary structures can also be created in J.J.Clusters in the vicinity of Temples, Gurudwaras and also in Masjids in Muslim areas for running in AWCs. Still some AWCs are running in Temples and Gurudwara.
8. Services provided by NPOs for distribution of SNP needs to be monitored by the higher level.
9. The essential requirements such as: Chair for sitting of AWC Staff; Daries; Utensils such as Bucket, Glasses etc.; Teaching aids-Charts, Children Games; Weighing Machines, Stationary and some Almirah to keep AWCs records needs to be regularly provided to the AWCs.
10. A syllabus needs to be provided for pre-school education to maintain uniformity in the teaching inputs provided at all the AWCs.
11. Necessary efforts are required at the government level to establish liaison with health department of NCT of Delhi to organize more health check-up camps in the ICDS area.

These interventions at the government level can greatly enhance the performance of AWCs in all ICDS Project

## 5. ANNEXURE-1

### QUESTIONNAIRE

1. Public Awareness and 'Acceptance' of ICDS.

2. Aanganwari Details

District \_\_\_\_\_ Number of AWC \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

3. Total no of Aanganwari Staff

Supervisor	AWW	AWH	Any volunteer from Community

4. What is the Educational Qualification of the AWW and AWH

AWW \_\_\_\_\_ AWH \_\_\_\_\_

5. Salary

AWW Rs. \_\_\_\_\_ AWH Rs. \_\_\_\_\_

6. Are the Salary paid regularly? Yes/No

If no then tell us why?

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7. Timing of AWC \_\_\_\_\_

8. To what extent the timing are adhered to

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Always

If answer is 1-3 then tell us why?

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9. Accommodation

Rented	Rent in Rs.	Owned by Government	Owned by NGO/others

10. Is the room rent paid regularly to the house owner? Yes/No  
 if no then tell us why?

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11. No of Rooms:

1	Store	Attached Veranda

■ **Basic Amenities and other requirements**

12. Does the AWC has:

- (a) Ventilation in rooms
- (b) Adequate sanitation facilities
- (c) Safe source of drinking water
- (d) Electricity connection

(e) Other infrastructure-Give details

- i) Chair
- ii) Almirah
- iii) Utensils
- iv) Water Filter
- v) Darries/Carpets
- vi) Teaching Aids
- vii) Weighing Machine
- viii) Stationary/Registers

13. Total Population covered by AWC

Total Population	SC	Minorities	General

14. Services offered under ICDS by AWCS

- a. S.N.P.
- b. Non formal pre school Education
- c. Nutrition and health Education
- d. Immunization
- e. Health Checkup
- f. Referral Services
- g. Any other

if any service is not provided than tell us the reasons:

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15. To what extent these services are reaching to right beneficiaries (Please tick ✓)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Always

If the answer ranges from 1-3 state the reasons \_\_\_\_\_

16. Number of Pregnant and Nursing mothers visiting the Anganwadi

Pregnant \_\_\_\_\_ Nursing \_\_\_\_\_

■ **Special Nutrition Programme**

17. Number of Special Nutrition Beneficiaries (SNP)

7 months- 3 years	3-6 years	Pregnant Women	Nursing Mothers

18. Name of NPO supplying SNP food

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19. Is the food eaten at AWC or taken home?

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20. To what extent the children and the mothers are satisfied with the food

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Not at all Satisfied Fully Satisfied

21. Classification of Nutritional Status

Normal	Grade I	Grade II	Grade III

22. To what extent the health status is being improved?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Not at all Fully improved

■ **Non Formal Pre School Education Programme**

23. Number of Pre School Education beneficiaries

Boys	Girls

24. How do you educate children

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25. To what extent there is discrimination in girl children attending the AWC

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Not at all Fully satisfied

■ **Nutrition and Health Education**

26. How do you educate women/Children beneficiaries about health and nutritional aspects.

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■ **Health Checkup**

27. To what extent the health indicators are monitored?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Not at all Always

28. Number of health check up camps organized during the year. \_\_\_\_\_

29. State the problems faced in organizing the camp

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30. How they are monitored?

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■ **Immunization**

31. How the immunization is done through AWCs

\_\_\_\_\_

\_\_\_\_\_

- No of Immunization Camps organized during the year. \_\_\_\_\_

32. Problems faced in organizing the Camp

\_\_\_\_\_

\_\_\_\_\_

33. Number of AIDS and Leprosy awareness camps organised during the year?

\_\_\_\_\_

34. Problems faced in organizing the Camp.

\_\_\_\_\_

\_\_\_\_\_

■ **Referral Services**

35. To what extent the people are referred to the attached hospitals.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Always

36. To what extent the Mobile Medical van visits the AWC?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Always

■ **Survey**

37. Any survey conducted for SCs/STs and Homeless. Yes  No

38. Is the staff from the local area?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Always

39. How often the Child Development Project Officer visit the Anganwadi centre?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Always

40. How often the Supervisor visit the Anganwadi Centre?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Always

41. To What extent the records and the registers are properly maintained.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Always

42. Reported no of deaths

Live Birth	0-1 year	1-6 years

43. Any Suggestion to make ICDS more people friendly \_\_\_\_\_

**For Beneficiaries**

**44. To what extent you are satisfied with the AW functioning?**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Not at all Fully satisfied

**45. If answer is from 1-3 State the reasons** \_\_\_\_\_  
\_\_\_\_\_

**46. How often the Mahila Mandals were organized.**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Not at all Very often

**47. To what extent AWW's are visiting the area for providing information for health checkup camps/immunization.**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Not at all Always

**48. To what extent you are satisfied with SNP.**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Not at all Fully satisfied

**49. If the answer is 1-3 then tell us why**

\_\_\_\_\_  
\_\_\_\_\_

**50. To what extent the patients are referred to the attached Hospital.**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Not at all Fully satisfied

**51. Number of Cases referred** \_\_\_\_\_

**6. ANNEXURE-II**  
**ANGANWADI DETAILS-SAMPLE COVERED IN THE STUDY**

S.No.	Address of AWC's	AWC's No.
<b>1.</b>	<b>East District –ICDS Shakarpur</b>	
1.	Anna Nagar J.J.Cluster, I.T.O.	14
2.	89, Balmiki Basti, I.T.O.	89
3.	90, Balmiki Basti, I.T.O.	90
4.	64/2, Shakarpur Village Khas	75
5.	B-48, Joshi Colony	1
6.	Shashi Garden, Jawahar Mohalla	41
<b>2.</b>	<b>East District-ICDS Trilok Puri</b>	
1.	Block No.18/193, Kalyanpuri	50
2.	Block No.36/147, Himatpuri	121
3.	Block No.14/404, Trilokpuri	78
4.	Block No.18/236, Trilokpuri	95
5.	Block No.18/256, Trilokpuri	86
6.	R 72, East Vinod Nagar	23
<b>3.</b>	<b>East District –ICDS Geeta Colony</b>	
1.	Govind Park Near Jagat Puri	44
2.	Dharampura	59
3.	786/5 B Rama Block, Vishvas Nagar	76
4.	286, Gondili Village	20
5.	1/1809, Kailash Nagar	60
6.	2815/12, Kailash Nagar	55
<b>1.</b>	<b>North East District –ICDS Sahadara</b>	
1.	295, Gali No.10, Zaffrabad	81
2.	1092, Gali No.10, Zaffrabad	103
3.	4/2252, Gali No.3, Bihari Colony	34
4.	774/1, Rehaman Building	40
5.	X-59, Gali No.2, Braham-Puri	104
6.	Chauhan Bangar	89
7.	B-1, Gazipur Village	5

8.	F-2, 456, Sunder Nagari	100
<b>2. North East District –ICDS Seemapuri</b>		
1.	Welcome Colony, Seelam pur	60
2.	W I, Welcome Seelam Pur	
3.	C.P.I.New Seelam Pur	84
4.	B1/7, Welcome, Seelam Pur III	64
5.	5278, Gol Baithak, Old Seelam Pur	2
6.	4090, Gali No.17, Shantimohalla, Old Seelam Puri	28
7.	D/140, New Seema Puri	116
8.	J-353-57, Old Seema Puri	128
<b>3. North East District –ICDS Nand Nagari</b>		
1.	E 1, Nand Nagari	90
2.	G.D.A.Flats, Nand Nagari	193
3.	9/52, Old Seelam Pur	13
4.	F 2-456, Sunder Nagari	100
5.	D-10, Gali No.8, Jyoti Colony (Attached with Babar Pur, Durga Puri)	49
6.	Babar Pur, Shri Ram Gali, Sudama Puri	57
7.	Madoli Extension	115
8.	Kaushik Puri, Shanti Mohalla	24
9.	Saboli Village	121
<b>4. North East District –ICDS Karawal Nagar</b>		
1.	A-31/53, Bhatia Gali, Mauzpur	120
2.	Lalita, Khajuri Khas, Karawal Nagar, Delhi	75
3.	Gali No.4, Subhash Mohalla, North Ghonda	44
4.	F-81, Gali No.7, Subhash Mohalla	58
5.	D-123, Gokul Puri	22
6.	U-75, Arvind Nagar, Tilak Gali Ghonda	116
<b>1. North West-I District –ICDS Nangaloi</b>		
1.	Swaran Park	45
2.	Titar Pur Kotla Village	33
3.	A-843, J.J.Colony, Nangaloi No.2	80
4.	HMB J.J.Cluster	
5.	R-917, Jondh Puri	14
<b>2. North West –I District –ICDS Mangol Puri</b>		
1.	J-508, Mangol Puri	70

2.	Y-254, Mangol Puri	86
3.	J-47, Mangol Puri	73
4.	J-1057, Mangol Puri	73
5.	F-1221, Mangol Puri	15
6.	K-229, Mangol Puri	88
7.	Vijay Vihar	139
<b>3.</b>	<b>North West-I District – ICDS Sultan Puri</b>	
1.	H- 388-89, Sultan Puri	80
2.	F 1-215-216, Sultan Puri	69
3.	103, Raj Park	120
4.	115 AB Extension, Sultanpuri	123
5.	E-76, Krishan Vihar, Rathi Dharamshala	
6.	C 1/38, Krishan Vihar	
<b>4.</b>	<b>North West-I District –ICDS Khanjhawla</b>	
1.	Village Ghevra (Balmiki Area 500/6 SC)	79
2.	Village Nizam Pur	86
3.	Jaunti Village	25
4.	House No.1029, Darya Pur	6
5.	Mohamad Pur, Mazri Village	65
6.	Karala Village	59