

Original Research Article

Client Perspective Regarding ICDS Services in the Urban ICDS Block, Aurangabad City, India

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ABSTRACT

Background: Feedback from beneficiaries is a vital component while assessing the functioning of any health programme. Being the main functional unit of scheme the profile of AWW may play important role in the quality of service provision and hence the satisfaction of beneficiaries. **Objectives:** To know the perception and satisfaction of beneficiaries regarding health services provided through Integrated Childhood Development Services Scheme (ICDS) and to correlate the response of beneficiaries with some aspects of profile of AWWs.

Design: Cross sectional study.

Setting: Urban ICDS Block, Aurangabad. Participants: Anganwadi centers were selected by stratified sampling technique. From each Anganwadi centers (AWC), 5% beneficiaries were selected randomly from the list available with the Anganwadi workers (AWW) using lottery system and were interviewed. Their satisfaction about different services provided through AWCs was assessed. Data was analyzed In terms of percentages, Chi Square test.

Main outcome measure: Beneficiary satisfaction score (BSS).

Results and conclusions: Amongst the different beneficiary groups lactating mothers have the best satisfactory score (87.10%) while Women between 15-45 years seem to be least satisfied (54.16%). Most of (75%) AWWs get a good satisfactory response (60-80%) from their beneficiaries. 26% of beneficiaries are not satisfied with the quality of food provided. 73.08% of eligible beneficiaries are availing immunization services from immunization camps hold at AWCs. The BSS is not related to the educational status or experience of AWWs ($p>0.05$).

Keywords: Anganwadi centers, Anganwadi workers, ICDS Block, beneficiaries' satisfaction score.

INTRODUCTION

In pursuance to the national policy for children, the Government of India launched the Integrated Child Development Services (ICDS) Scheme, today represents one of the world's largest programs for early childhood development, targeting infants and children below six years of age, expectant and nursing mothers, there has been research in depth and several studies have

analyzed its various facets. From all these studies it is evident that over the years the coverage of ICDS has steadily increased. According to a recent report, the programme is operational in almost every block, and the country currently has more than 700,000 Anganwadis. ^[1] However, NFHS-3 shows that utilization of ICDS services is quite limited, particularly in urban areas. ^[2]

Other studies found that the impact of ICDS was immense in maintaining the health of mothers and children, and raising their level of awareness. [3] But on the other hand, Malnutrition has decreased only marginally from 47% in 1998-99 to 46% in 2005-06. [4] Supplementary nutrition was reaching only 34.4% of pregnant women; it was irregular, of poor quality and inadequate in amount. [5]

We performed this study in Urban ICDS Block of Aurangabad city, Maharashtra with view to know the response of those who are actually supposed to be benefitted with the services. Their perceptions and satisfaction are of paramount importance as far as the success of program is considered. Also an attempt is made to correlate the satisfaction of beneficiaries with some aspects of profile of the key functionary i.e. the AWW.

MATERIALS AND METHODS

The present study was carried out at the urban Integrated Childhood Development Services Scheme (ICDS) block of Aurangabad city from June 2006 to June 2007. It is a cross sectional type of study. Urban ICDS projects of Aurangabad started on 1st August 1982. It consists of 139 Anganwadi centers (AWCs). Out of these, 111 are old AWCs, while 28 are new started in the month of January 2006. For the operational aspect of the project, the city is geographically divided into four sectors i.e. sectors A, B, C & D. The Anganwadi centers have been numbered from 1 to 139. Each sector on an average consists of 34 Anganwadi centers. **Sample:** AWCs were selected by stratified sampling technique. From each sector i.e. sector A, B, C and D, 20% AWCs each were enrolled into study. From each sector 7 AWCs were selected by using lottery system. 28 AWCs formed the first strata for sampling. Some aspects of profile of AWW like her experience in years as an AWW and her educational qualification

were enquired. Each AWC has on an average 370 beneficiaries of ICDS scheme. [6] The 5% of them i.e. 18 beneficiaries from each AWC (3 pregnant women, 2 lactating mothers, 5 guardians of each i.e. under 3 years children and between 3-6 years and 3 women between 15-45 years) had been interviewed. They were selected randomly from the list available with the AWW using lottery system. Appropriate proformas were devised for interviews. The available reports, records, guidelines and other documents formed additional source of information.

Beneficiaries' satisfaction about the services they received through the AWCs, in terms of utilization of services, their perception and views about the ICDS programme was assessed through interviews by the investigator through home visits. From all AWCs a total of 504 beneficiaries were interviewed. Out of which 84 were women between 15-45 years of age, 280 were guardians of under 6 years children, 84 were pregnant and 56 were lactating women. Interviews were conducted on basis of a preformed, pretested close ended questionnaire.

A scoring system was developed for grading their satisfaction. They were asked about the frequency of home visits by the AWW, whether they are receiving or utilizing all services meant for them like immunization services, supplementary nutrition, nutrition and health education, iron and folic acid and vitamin A supplementation, NFPSE etc. and whether they are satisfied with the services or not. One mark allotted for positive response & no mark for the negative. The total of all positive responses were labeled as "beneficiaries' satisfaction score (BSS)". Those AWCs with BSS from all different types of beneficiaries category was less than 60% were put in the category of poor satisfactory response. AWCs with score of 60-80% in satisfactory response and above 80% were put in the category of excellent

satisfactory response. The data was analyzed using standard statistical software Epi Info.

RESULTS

In this study it was found that 82.14% AWWs had experience of more than 10 years in this scheme and only 2 (7.14%) had less than 5 yrs experience. Educational qualification was matriculation in more than 50% of them and none had a lesser educational

qualification as per the guidelines for recruitment as an AWW in urban areas. The satisfaction of beneficiaries of each category was measured in terms of percentages. Percent satisfaction of each beneficiary group is studied it was found that, lactating mothers have the best satisfactory score (86.66%) followed by pregnant women (82%), while women between 15-45 years seem to be least satisfied (54.14%) as depicted in Table no.1.

Table no. 1: Details of satisfaction score of beneficiaries

Type of beneficiary	Total no. of beneficiaries interviewed	No. of questions asked to each	Total no. of questions asked	No. of affirmative responses	Percent satisfaction
Women 15-45 yrs age	84	6	504	273	54.16
0-3 yr children	140	11	1540	1098	71.29
3-6 yr children	140	11	1540	1108	71.94
Pregnant ladies	84	10	840	693	82.5
Lactating mothers	56	9	504	439	87.10
Total	504	47	4928	3611	73.27

Table no. 2: details of responses from different categories of beneficiaries

Type of service/question asked	No. of positive responses (%)				
	Pregnant women (n=84)	Lactating (n=56)	Women between 15-45 years (n=84)	Guardians of below 3 years children (n=140)	Guardians of 3- 6 years children (n=140)
AWC location known	79 (94.05)	51 (91.07)	69 (82.14)	128 (91.43)	122 (87.14)
Come to know about the location from AWW	75 (89.29)	46 (82.14)	38 (45.24)	122 (87.14)	95 (67.86)
Satisfied with the location of Anganwadi	78 (92.86)	50 (89.29)	46 (54.76)	109 (77.86)	96 (68.57)
Frequency of visit of AWW	68 (80.95)	49 (87.50)	36 (42.86)	106 (75.71)	92 (65.71)
Satisfied with services provided through AWC	72 (85.71)	48 (85.71)	36 (42.86)	94 (67.14)	85 (60.71)
Get nutritional & health education	65 (77.38)	46 (82.14)	48 (57.14)	92 (65.71)	86 (61.43)
Supplementary nutrition for your children	59 (70.24)	46 (82.14)	-	109 (77.86)	111 (79.29)
going for NFPSE at AWC	-	-	-	-	99 (70.71)
why not sending for NFPSE	-	-	-	-	41 (29.29)
Satisfied with the quantity of food	79 (94.05)	52 (92.86)	-	100 (71.43)	83 (59.29)
Satisfied with the quality of food	55 (65.48)	51 (91.07)	-	98 (70)	107 (76.43)
Utilization of immunization services	63 (75)	-	-	112 (80)	91 (65)
Get vit.A. syrup from AWC	-	-	-	28 (20)	-
Total	693 (82.5)	439 (87.10)	273 (54.16)	1098 (71.29)	1108 (71.94)

When the satisfaction of different categories of beneficiaries regarding different services provided was studied, it was found that 26% of beneficiaries were not satisfied with the quality of food provided under supplementary nutrition though most of them were receiving it regularly. According to them the food menu was repeated through-out the year,

providing only three varieties and that too of a poor quality. Their children bring food home but do not consume and it goes to waste many times. Iron supplements and vitamin A syrup were not provided to any of the eligible beneficiary since last 7-8 months as there was no supply. Growth monitoring was done as per guidelines of scheme. But growth charts were

maintained properly only by 8 (28.57%) of the AWWs. Health check up camps was not conducted. Health education is being provided to under 6 children, women between 15-45 yrs age, pregnant women and lactating mothers regularly. 70.71% parents are satisfied with the Non Formal Preschool Education (NFPSE) provided at AWCs. It was observed that overall the beneficiaries are satisfied with the location of AWCs (89.09%) and the attitude of the service providers. They are availing related services and are satisfied to a great extent (Table no. 2).

As per national level evaluation findings, Ready to Eat (RTE) food was provided in all types of projects, maximum being in Anganwadis of urban projects (45.8%). It was heartening to note that 46 per cent of AWCs (rural-47.6%, tribal-38.2% and urban-50.8%) had no interruptions at all in terms of supply of nutritional ingredients. Major complaints regarding supplementary nutrition from beneficiaries was found in 8.4% of urban projects. Acceptability of food was 76.7% in urban projects. The education and experience of AWWs had no relation with the BSS as shown in Table no. 3 & 4.

Table no. 3: AWWs' BSS related to their experience

Experience in years	Total no. of AWWs with this experience	No. and % of AWWs With BSS >60%
< 5yrs	2 (7.14)	2 (100)
5-10 yrs	3 (10.71)	3 (100)
> 10 yrs	23 (82.14)	21 (91.30)

$X^2 = 0.02$ D.F. = 2 $p = 0.99$

Table no. 4: AWWs' BSS related to their education

Education	Total no. of AWWs with this experience	No. and % of AWWs With BSS >60%
SSC	15 (53.57)	15 (100)
Intermediate	4 (14.28)	4 (100)
Graduate	8 (28.57)	6 (75)
Post-graduate	1 (3.57)	1 (100)

$X^2 = 0.21$ D.F. = 3 $p = 0.92$

DISCUSSION

The Integrated Child Development Services (ICDS) scheme is the largest program for promotion of maternal and child health and nutrition not only in India but in the whole world. Problem of non-acceptability was found in 8.3%

Anganwadis in urban projects. [7] Most of other studies also reveal satisfactory response from beneficiaries. Sumati Vaid et al (2005) [8] observed that 67% mothers had very positive attitude towards ICDS Centers and all the mothers observed some changes in the children after enrolled in the ICDS centers.

Samridhi Arora et al (2006) [9] observed from their study that all the parents were aware about the Anganwadi and also about the services provided under ICDS scheme in the Anganwadi. A total of 97% parents were found satisfied with the non formal pre-school education imparted to children, but few parents weren't satisfied as they felt that in Anganwadi, more emphasis is laid on nutrition as compared to education. In our study, out of 28 AWCs studied, 2 (7.14%) had a poor BSS score (<60%), 23 (82.14%) had good BSS score (60-80%), while 3 (10.71%) AWCs had excellent BSS score. Gupta et al (1979) [10] found that most of the beneficiaries (98%) were satisfied with location of Anganwadi and utilized its services. Ehtiham Ahmad et al (2005) [11] interviewed mothers, 75.71% were not satisfactory about services provided, 24.29% were having satisfactory response.

Overall from our study it was observed that beneficiaries by and large are satisfied with services provided through AWCs at Urban ICDS Block, Aurangabad city, Maharashtra. But still to improve the implementation of this programme and to make it more efficient as well as more acceptable by people, it is suggested that the agencies responsible for supply of supplementary nutrition need to be given clear instructions so that variety and improved quality of items are served. Also concerted efforts are required to be initiated jointly by ICDS and health functionaries to have close coordination between them at all levels so that proper planning takes place to organize health check-ups. Non availability of iron and vitamin A supplements is a matter of

concern and all efforts should be done to make it available in sufficient quantity.

CONCLUSION

In urban ICDS Block of Aurangabad, Maharashtra, there is no interruption in supplementary nutrition, 26% beneficiaries are not satisfied with quality of food, and health checks up camps are not conducted.

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