Research Article

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Comparative study to assess functions of NGO and Government managed anganwadi centres of Ahmedabad city, Gujarat, India

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ABSTRACT

Background: ICDS scheme is one of the world's largest and unique programs for early childhood development. With a commitment towards public private partnership, ICDS approached identified NGOs to deliver ICDS services and to operationalize the anganwadi centres (AWCs). Objectives of the study were to assess the functioning of NGO and Govt. managed AWCs in terms of infrastructure, supplies and utilization and Identify the operational gap.

Methods: Cross sectional study was carried out in 20 randomly selected AWCs of Ahmedabad city. 50% NGO managed and 50% Govt. managed AWC were observed and anganwadi workers were interviewed. Statistical analysis Data entry and analysis was done in Microsoft Excel and chi square was used as test of significance.

Results: Most of AWCs were running as a part of house on rent. Proper way of display of information was found more among NGO managed AWCs (80%). Malnourished children were found more in Govt. managed AWCs than NGO managed. This difference was statistically significant (p<0.05). Immunization status of children of NGO managed AWCs was better than Govt. managed AWCs and difference in immunization coverage was found statistically significant (<0.05).

Conclusions: Services are better in NGO managed AWCs in comparison to Govt. both in terms of quality and quantity.

Keywords: ICDS, AWCs, NGO

INTRODUCTION

Reducing the prevalence of underweight among children is a key indicator of the progress towards Millennium Development Goal 1 (eradicating extreme poverty and hunger), a MDG on which India is lagging behind and one that impacts heavily on the other MDGs (child mortality, maternal health, education and gender) and on human capital formation.

India has one of the highest rates of under nutrition in the world. The Government of India has committed to achieve the nutrition MDG of reducing underweight rates from 54% to 27% between 1990 to 2015.

Integrated Child Development Services (ICDS) was launched as a Centrally Sponsored Scheme (CSS) in 1975. ICDS scheme is foremost symbol of India's commitment to her children – India's response to the challenge of providing preschool education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other hand. It is one of the successful models of inter-sectoral convergence.

The concept of providing a package of services is based primarily on the consideration that the overall impact would be much larger if the different services are delivered in an integrated manner, as the efficiency of a particular service depends upon the support it receives from the related services.

The ICDS provides an integrated package of early childhood services in the form of supplementary nutrition, immunization, health check up, medical referral services, growth monitoring and non-formal pre-school education. Children less than 6 years of age, adolescent girls, pregnant & lactating females and women of reproductive age group (15-45 years) are beneficiaries of ICDS scheme. At the grass root level, delivery of various services to target groups is given at the Anganwadi Centre (AWC). An AWC is managed by an honorary Anganwadi Worker (AWW) and an honorary Anganwadi Helper (AWH).

With a commitment towards PPP (public private partnership), ICDS approached identified Non Governmental Organizations to deliver ICDS services and to operationalize the AWCs.

Objectives of the study were,

- To assess and compare the functioning of Government and Non government organized anganwadi centers in terms of infrastructure, logistics supplies and its utilization.
- To find out bottlenecks in proper service delivery of anganwadi centers.

METHODS

A cross sectional study was carried out in 20 randomly selected AWCs of Ahmedabad city during October 2014. Out of 20 selected AWCs 10 AWCs were NGO managed and 10 AWCs Govt managed. AWWs of selected AWCs were interviewed by using pre-tested semi structured questionnaire regarding infrastructure, supplementary nutrition, immunization activity, growth monitoring, nonformal pre-school education, ante-natal check up of pregnant women and health education. Data was entered and analysed in Microsoft Excel 2007.

RESULTS

Infrastructure

The location and condition of building directly affects the number of beneficiaries who would be coming to the centers. The infrastructure was assessed by direct observation.

In this study it is found that, NGO AWCs are more having pucca house. No AWCs is running in "kuccha" building. But some buildings have undergone wear and tear over the time and now needs repairing (Table 1).

Most of the AWCs are running as a part of house on rent. Two AWC are running in the school building and one in within NGO building. The separate buildings owned by ICDS/NGOs are not found (Table 2).

Table 1: Physical condition of the anganwadi centres building.

Anganwadi centres		NGO managed Frequency (%) (n=10)	Govt managed Frequency (%) (n=10)
Physical	Pucca	9 (90%)	6 (60%)
condition	Semi pucca	1 (0%)	4 (40%)
Building needs repairing		0 (0%)	4 (40%)

Table 2: Site of anganwadi centres.

Anganwadi centres	NGO managed Frequency (%) (n=10)	Government managed Frequency (%) (n=10)
Within school	1 (10%)	1 (10%)
Part of house (as a rent)	8 (80%)	9 (90%)
Within NGO building	1 (10%)	0 (0%)

Most of the AWCs (80%) were found to be easily accessible to children. Display of information and material provides an identity to the AWC attracts attention and generates awareness. Correct way of display of information and material was found more among NGO managed AWCs (80%) as compared to Government (60%).

AWCs where hot meal is cooked at the centre itself need to have separate space for cooking so as not to hinder the ECE activities. They also need space to store the food material. A small room should be used to store food material as well as cooking. The larger room was being used for ECE activities and also for children to eat the hot meal.

But in this study, it was found that adequate space for cooking, store and ECE activities found more in NGO managed AWCs as compared to Government managed AWCs by 40%%, 20% and 20% respectively (Table 3).

Growth charts were available at all AWCs and mostly all Anganwadi Workers (AWWs) were well trained and accurate in plotting the weight on growth chart. Most of the AWWs (90%) were using spring balance for measurement of weight. Regular health checkup of all enrolled children was being done at only 10 (50%) AWCs.

All enrolled children less than 6 years of age were not fully immunized for their age and immunization cards were not properly filled and maintained at all AWCs. All AWCs were conducting Non Formal Pre School Education (NFPSE) for children aged 3 years – 6 years. Pre-School Education (PSE) materials were available at almost all 16(80%) AWCs. However, significant numbers of AWCs were also using other methods like storytelling, songs, creative activities, games and interaction methods. Most of the AWCs (85%) were maintaining various records and registers properly (Table 4).

Table 3: Availability of space at anganwadi centre.

Adequate space for	NGO managed Frequency (%) (n=10)	Governmentt managed Frequency (%) (n=10)
Cooking	6 (60%)	2 (20%)
Storing SN	4 (40%)	2 (20%)
ECE activities	8 (80%)	3 (30%)

(SN= Supplementary Nutrition and ECE=Early Childhood Education)

Table 4: Service delivery at anganwadi centres other than supplementary nutrition.

Service delivery	NGO managed (n=10)	Govt managed (n=10)
Availability of growth charts at AWC	10	10
Scale used for growth monitoring	10	10
weighing machine	10	7
Regular health check-up of children at AWC	6	4
Adequate availability of PSE material	9	7
Availability of mamta card	9	6
Availability of T.iron, folic acid	7	8
Availability of deworming tablet	6	5
Availability of vit. A	6	4
Availability of ORS	7	7
Availability of T.zinc	5	4
Availability of RTE	8	9
Regularly home visits	7	8
Maintenance of different types of registers	9	8

Most of the AWWs responded that the very first activity once the children come to the AWC was to start with ECE activities with prayer followed by other activities. In the most of NGO managed AWCs (90%)the first activity of the day was ECE, while in Govt managed AWCs it was present in 60% and rest 40% of Govt managed AWCs had distribution of supplementary nutrition was the first activity of the day (Table 5).

Table 5: First activity of the day with beneficiaries.

AWC first activity	NGO managed Frequency (%) (n=10)	Government managed Frequency (%) (n=10)
SN	1 (10%)	4 (40%)
ECE	9 (90%)	6 (60%)

(SN= Supplementary Nutrition and ECE=Early Childhood Education)

Table 6: Relationship between grade of undernutrition in children and type of Anganwadi centres.

Anganwadi	Grade of Nutrition		
centres	Mild and moderate	Severe	Total
NGO managed	62 (28%)	8 (3.72%)	215 (100%)
Govt. managed	88 (48.8%)	27 (15%)	180 (100%)

chi-square =4.11; df = 1; p <0.05.

Supplies

The services given to the beneficiaries depend to a large extent on the supplies available at the AWC. Besides the material for general use, supplies to aid in the ECE activities, cooking and cleaning are required at the AWC. The supply of RTE (ready to eat material) was delayed in most of AWCs. Even the quality of wheat was not good. These both factors are major challenge for providing supplementary nutrition. ECE kits are regularly used at the AWC and gets broken as children play with them, similarly medicines get used or reach the expiry dates and thus these needs to be replenished.

Timely supply of IEC material, kits- ECE and medicine was seen in NGO managed AWCs. Because when ICDS supply is delayed then the required things have been provided by NGO. The new ECE kit was not available in most of the Govt managed AWCs and medicines were found which had crossed the expiry date in some AWCs. The toys available at the some AWCs were broken and many were dumped in the trunks and not being used.

The new ECE kit were found more in the NGO managed AWCs and worn out material was seen in the other AWCs. Regarding the medicine kits, not all medicines were available at all places. The AWW had kept the some commonly used medicines.

Table 6 shows that more number of malnourished children was found in Govt. managed AWCs than NGO managed and this difference was found statistically significant.

Table 7 shows that immunization status of children of NGO managed AWCs was better than Govt. managed

AWCs and this difference in the immunization coverage was found statistically significant.

Table7: Relationship between immunization status of the children and type of Anganwadi centres.

Anganwadi centres	Complete immunization	Partial immunization status	Total
NGO managed	173 (86.98%)	28 (13.02%)	215 (100%)
Govt managed	131 (72.78%)	49 (27.22%)	180 (100%)

Chi-square = 10.4; df = 1; p < 0.05.

Excess workload is the main problem in providing proper service delivery as stated by 19(95%) AWWs. Significant proportion of AWWs also consider low honorarium 13(65%) and excess record maintenance 10(50%) as other important obstacle in proper service delivery. Only 1 (5%) AWWs said that there is no difficulty in AWC. Lack of help from the community is also one of the problem in Govt managed AWCs (Table 8).

Table 8: Problem faced by AWWs in running Anganwadi centres (n=20).

Problem faced by AWWs	NGO managed	Govt managed
Low honorarium	3	10
Excess workload	9	10
Poor infrastructure of AWC	0	5
Excessive record maintenance	2	8
Lack of help from community	0	5
Logistic and supply related	4	8
No problem	1	0

The efforts of NGOs were seen in the level of community participation they received in the AWC activities. Responses of AWWs regarding involvement of community in motivating the beneficiaries to go to the AWCs were reported more in NGO managed AWCs.

Supervision

To bring uniformity across AWCs, ensuring quality and regularity of services, making availability of supplies and clearing doubts and giving guidance, major responsibility lies on CDPO, NGO representative and Lady Supervisor. The supervisory staff is supposed to make regular visits to the AWCs and monitor the activities conducted there. NGO representative's guidance was available more in the NGO managed blocks where they visited frequently while the visits of CDPO and even supervisor was less in Government managed AWCs.

Most of the Supervisor from both types of AWCs basically monitored availability of material, its use and

the quality and quantity of the material. But somehow, the NGO managed blocks were doing well in these aspects than Government managed AWCs. This suggests that the personal motivation, guidance and interest of the AWW is playing an important role in the NGO managed AWCs.

DISCUSSION

Overall the performance of NGO managed AWCs was found to be better in the areas of service delivery in terms of reach, ECE activities and supplementary feeding activities, community involvement. While in terms of register maintenance, especially MCHN activities were found to be better in Non NGO managed AWCs. These study findings are similar as a project conducted by UNICEF with State Institute of Health & Family Welfare, Jaipur.³

The better performance in NGO managed AWCs was due to the regular and timely supply of materials. Quality of food was also good. Community support was also shown in NGO managed AWCs through they provide their own food one or two times in a month.

In a study conducted by Meenal et al, it was found that 75% AWWs complained of inadequate honorarium. ⁴ In this study shows that 65% AWWs were complaining about low honorarium. Problem of excess workload was more in these studies i.e. 50% and 95% in above mentioned study and in this study respectively.

Present study was conducted on a small sample and results of the study can give a glimpse of current situation and encourage in conducting a large study to explore the situation further.

CONCLUSION

Services are better in NGO managed AWCs in comparison to Govt. both in terms of quality and quantity.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

REFERENCES

- Ministry of Women & Child Development. www.wcd.nic.in/icds.htm.
- 2. Park K. Park's Textbook of Preventive and Social Medicine: Social welfare programme; ICDS.
- Assessment of NGO-run ICDS Projects in Rajasthan for UNICEF by State Institute of Health and Family Welfare, Rajasthan www.sihfwrajasthan.com/ studies/report% 20ICDS.pdf
- 4. Thakare MM, Kuril BM, Doibale MK, Goel NK. Anganwadi Workers in urban ICDS block. Journal

of Medical College, Chandigarh. 2011;1(1);15-9. http://gmch.nic.in/journalgmch/Archives/6%20Original%20article Anganwadi%20worker.pdf.

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