

A Study on Supplementary Nutrition Ration for Children Under ICDS in Rural Punjab

Gurpreet Kaur

Assistant Professor in Political Science

ARTICLE DETAILS

Article History

Published Online: 15 April 2019

Keywords

ICDS (Integrated Child Development Services), AWW (Anganwadi Worker), AWC (Anganwadi Centre), SN (Supplementary Nutrition)

ABSTRACT

Integrated Child Development Services (ICDS) which has been operating in the all districts of Punjab for decades. The present study based on primary and secondary sources of information was carried out to evaluate the supplementary nutrition ration components of Integrated Child Development Scheme (ICDS) in Mansa district of Punjab by selecting all the ICDS projects in the district. The results revealed that the availability of supplementary nutrition ration for the children at AWCs was not satisfactory. The proper implementation of the scheme was impeded by many constraints such as non-availability of SN ration at the Anganwadi centres, lack of knowledge about the benefits of SN ration, lack of facilities such as water, space, light etc. at AWCs. The government should issue necessary instructions to concerned agencies for regular supply of supplementary nutrition and must also look into the reasons for such disruption in each case and should initiate necessary actions required in the given situation.

1. Introduction

The child not only inherits but also transmits the human culture and civilization, human values and ethos. The child is the greatest human asset and most valuable wealth, which has to be nourished with all love and care and protected from all kinds of evils and exploitation, so the human beings will be happy and the world will prosper (Mamata and Sarada, 2009).ⁱ Early childhood (the first six years) constitutes the most crucial period in life, when the foundations are laid for cognitive, social, emotional, physical development and cumulative life-long learning. Child's survival, growth and development have to be looked at as a holistic approach, as one cannot be achieved without the others. There have to be balanced linkages between education, health and nutrition for proper development of a child. With a view to improve the health and nutritional status of children, the supplementary nutrition programme is one of the most important components of ICDS scheme.

The Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. ICDS was launched on 2nd October 1975, on the auspicious occasion of the 106th birth anniversary of Mahatma Gandhi, the Father of the Nation (Mamata and Sarada, 2009). In the initial stages ICDS was implemented in 33 selected community development blocks all over India. ICDS has expanded considerably in subsequent years and at present there are 7076 sanctioned projects, 7025 operational projects in India and 155 sanctioned and 154 operational projects in Punjab. Services under the scheme are being provided through a net-work of about 1331076 operational *Anganwadi* centers in India as well as 26656 operational *Anganwadi* centers in Punjab (Annual Report 2012-2013).ⁱⁱ The programmed beneficiaries are children below 6 years, pregnant

women and lactating mothers for supplementary nutrition, immunization, health check ups, referral services. Women in the age group of 15-45 years and adolescent girls up to the age 18 years for health and nutrition education and children from three to six years of age are beneficiaries for non-formal pre-school education. All children below 6 years of age, pregnant women and lactating mothers are eligible for availing of services under the ICDS Scheme. BPL is not a criterion for registration of beneficiaries under ICDS. The Scheme is universal for all categories of beneficiaries and in coverage. The focal point for the delivery of ICDS services in an *Anganwadi*-a child care center located within the village or slum area itself. Each *Anganwadi* Centre (AWC) is run by an *Anganwadi* worker (AWW) and a helper and usually covers a population of 400 to 800 in rural and urban areas and 300 to 800 in tribal and hilly areas. Ratta (1997)ⁱⁱⁱ gave details about genesis, growth, components of ICDS and described a package of seven services comprising supplementary nutrition, immunization, health check-ups, and referral services' treatment of illness, Nutrition and health education and non-formal pre-school education which are provided under ICDS.

The number of beneficiaries for Supplementary Nutrition in all over India was 74.68 million children from six months to six years of age and in Punjab, the number of beneficiaries for Supplementary Nutrition was 1.06 million children from six months to six years of age, up to 31 January 2013. The Government of India has recently, revised the cost of supplementary nutrition for different category of beneficiaries. On average, the effort is to provide daily nutritional supplements to the extent of 500 calories and 12-15 gms of protein per child from 6-72 months, and 800 calories and 20-25 gms of protein per severely malnourished child from 6-72 months and 600 calories (Annual Report 2012-2013). A study conducted in Resham Ghar Colony of Jammu city in Jammu and Kashmir State in 2005, reported that the children who attended Anganwadi centres had good health compared to their counterparts (Vaid and Vaid).^{iv} Tondon and Kapil (1991)^v revealed that ICDS have depicted a positive impact on maternal and child health and their development which is reflected by reduction in birth rate, infant mortality rate,

neonatal mortality rate and prevalence of protein energy malnutrition. Paul (1990)^{vi} found that infant mortality and early childhood mortality and morbidity have declined in the Integrated Child Development services (ICDS) areas, incidence of malnutrition has come down, immunization coverage has improved, the benefits of a small family has been recognized and there is decline in birth-rates. Tandon (1989)^{vii} revealed that the ICDS nutrition intervention programmes achieved better coverage of the target population and led to a significant decline in malnutrition among pre-school children in the ICDS population, compared with the non-ICDS groups that received nutrition, health care and education through separate programmes. Dongraet al. (2008)^{viii} found that poor quality of supplementary food, lack of cooperation among villagers, business of women in farm works, irregular and poor health check-up services, poverty, poor child care practices, poor support from authorities etc. are most common reason for limited success of ICDS Scheme. It is very important to investigate the relevance and effectiveness of the world's largest and most unique ICDS programme. So, this field study carried out in the Mansa district of Punjab to evaluate the supplementary nutrition ration component of ICDS on the basis of the following parameters:

- A) Availability of regular supply of Supplementary Nutrition ration for children in Anganwadi centres.
- B) Number of days used by AWWs to distributing supplementary nutrition ration for children in Punjab, 2011.

2. Methodology

In order to achieve the objectives of the present study, total 30 *Anganwadis* were selected on the basis of random sampling from Mansa district of Punjab. Thus, total 30 Anganwadi Workers were selected for studies. The present study is primarily based on primary sources of information. For primary data, responses were elicited from the chosen sample through open and close ended questions in the Schedule followed by personal interviews. Schedule were designed in English and for the convenience of the respondents it was translated in Punjabi which is common language spoken in the Mansa district. Besides this, secondary sources of information like books, articles, and newspaper clippings, articles in research journals, websites and reports were also consulted to collect the factual data concerning the study.

3. Results and Discussion

The study was undertaken to assess the availability of Supplementary Nutrition (SN) for the children in Anganwadi centres. Personal interviews brought important findings. The details of the findings are presented below. All tables are related to responses of *Anganwadi* workers.

Table1: Are you getting Supplementary Nutrition ration for the beneficiary children in time? (Anganwadi Workers)

Attributes	Responses of Total AWWs
Yes, getting in time.	12(40.00)
No, did not get in time	18(60.00)
Total	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

The main objective of providing SN ration to children is to combat the adverse effect of malnutrition in India. But without proper quality and proper supply of SN ration at AWCs, India Government cannot achieve the targets which were set under the world's largest and most unique social welfare scheme. The Table 1 provides the information about the delivery of supplementary nutrition ration for the children at the AWCs. It was found that 40% AWWs are receiving supplementary ration for the children in proper time whereas the remaining 60% of the AWWs reported that they did not get SN ration in time due to various reasons.

Table 2: If AWWs did not receive supplementary nutrition ration in time then what was the main reason? (Anganwadi Workers)

Attributes	Responses of Total AWWs
Food items were not supplied regularly	10(33.33)
Due to transportation problem.	05(16.66)
Food items were spoiled.	03(10.00)
Any other (Getting SN in time)	12(40.00)
Total	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

A question was asked to respondents regarding the various reasons for not getting nutrition ration in time. Table 2 explains that 33.33% respondents answered that food items were not supplied regularly whereas 16.67% respondents said that transportation problem is also a big reason for not getting supplementary nutrition ration in time. 10% women said that sometimes various food items were spoiled before they get them or in short period after receiving ration. Left 40% got the supplementary nutrition on time. It can be seen that a huge %age of respondents (AWWs) did not get nutrition ration in time. It means that all the beneficiary children are unable to get nutrition ration in time which is not good.

Table 3: For how many days from 1st Jan to 31st Dec., 2017, Supplementary Nutrition was distributed? (Anganwadi Workers)

Attributes	Responses of Total AWWs
300 days	08(26.67)
200 days	16(53.33)
150 days	06(20.00)
Any others	-----
Total	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

As per guidelines issued by the Ministry of Women and Child Development, Government of India, SN ration should be given to the children for 300 days in a year. The Table 3 provides vivid information about the number of days used for distribution of SN ration at AWCs by AWWs. It was noted that only 26.66% of the AWWs distributed SN ration for 300 days in

a year, while 53.33% AWWs distributed SN ration for 200 days in a year and remaining 20% AWWs distributed SN ration for 150 days in a year.

It was serious to find that, a high majority (73.33%) of AWWs distributed SN ration less than 300 days in a year, which were lesser than the days they were supposed to distribute supplementary nutrition under the rules.

Table 4: Is the given food acceptable to the children? (Anganwadi Workers)

Attributes	Responses of Total AWWs
No	06(20.00)
Some food items are acceptable	14(46.67)
Yes, all items are acceptable	10(33.33)
Any other	-----
Total	30(100)

Source: Culled from Primary data. Figures in brackets are percentages

A question was asked that all given food items like pulses, cereals, oil, sugar, vegetables etc. were acceptable to the children. As the Table 4 indicates that only 20% AWWs viewed that food items were not acceptable by the beneficiaries while 46.67% AWWs replied that some food items were acceptable to the children.

Rest 33.33% AWWs answered that all given food items were acceptable to the children. Therefore on this count, it can be said that the food items, which were given to the children, were mostly considered as good in condition, tasty and having all nutritional values.

Table 5: An Average how many of the beneficiaries children from 0-1 year of age come at AWCs to receive Supplementary Nutrition ration. (Anganwadi Workers)

Attributes	Responses of Total AWWs
80 to 100%	05(16.67)
50 to 80%	08(26.67)
Below 50%	15(50.00)
0%	02(06.66)
Total	30(100)

Source: Culled from secondary data. Figures in brackets are percentages

The table 5 explains the average of the beneficiaries children from 0-1 year of age who receive the SN ration from 1st Jan., 2017 to 31st Dec., 2017. The table shows that according to only 16.67% AWWs, 80 to 100% beneficiary children came at AWCs to receive SN ration. 26.67% AWWs viewed that 50 to 80% beneficiary children came to receive SN ration and 50% answered that below 50% beneficiary children came at AWCs to receive SN ration. It was note that according to 6.66% AWWs, not even a single child came to receive SN ration during this period under the supplementary nutrition norms issued by Ministry of Women and Child Development, Government of India. Punjab has a substantial surplus in food production, but due to ignorance, lack of coordination, stress on only paper work, lack of community participation etc., it increases a high rate of child malnutrition.

Table 6: An Average how many of the beneficiaries children from 1-3 years of age come at AWCs to receive supplementary nutrition ration. (Anganwadi Workers)

Attributes	Responses of Total AWWs
80 to 100%	06(20.00)
50 to 80%	08(26.67)
Below 50%	16(53.33)
0%	-----
Total	30(100)

Source: Culled from secondary data. Figures in brackets are percentages

The Table .6 reveals that according to 20% AWWs, 80 to 100% beneficiary children of age 1 to 3 year came to AWCs to receive SN ration. According to 26.67% AWWs, 50 to 80% beneficiary children came at AWCs to receive SN ration. Whereas 53.33% AWWs answered that below 50% beneficiary children of age 1 to 3 year came at AWCs to receive SN ration. It is also clear that a huge no. of beneficial children are not receiving supplementary nutrition ration provided by government under ICDS scheme. Malnutrition in India is quite rampant. India Government has launched ICDS program which aims at improving the nutritional status of the children. But it is surprising to note that without 100% coverage of distribution of SN ration to the beneficiaries, how Indian Government can hope to break the inter-generational cycle of malnutrition?

Table 7: An Average how many of the beneficiaries children from 3-6 years of age come at AWCs to receive supplementary nutrition ration. (Anganwadi Workers)

Attributes	Responses of Total AWWs
80 to 100%	03(10.00)
50 to 80%	04(13.33)
Below 50%	17(56.67)
0%	06(20.00)
Total	30(100)

Source: Culled from secondary data Figures in brackets are percentages.

The data presented in the Table 7 explains that only 10% AWWs viewed that 80 to 100% beneficiary children of age 3 to 6 year came at AWCs to receive SN ration while 13.33% AWWs answered that 50 to 80% beneficiary children of this age came at AWCs to receive SN ration. According to 56.67% AWWs, below 50% beneficiary children came at AWCs to receive SN ration. It was very shocking that 20% AWWs said that not even a single beneficiary child of age 3 to 6 year came at AWCs to receive SN ration.

On the basis of collected data, a large number of beneficiary children did not receive SN ration regularly. It seemed that it was due to various reasons e.g. community did not give high priority to Anganwadi ration and ICDS personnel also did not motivate the community about the benefits SN ration etc.

Table 8: If less than 50 percent beneficiaries received Supplementary Nutrition, what is the main reason? (Anganwadi Workers)

Attributes	Responses of Total AWWs
Anganwadi centers were far off.	08(26.67)
Parents do not understand significance of supplementary nutrition	04(13.33)
Parents take away the children to their place of work	09(30.00)
Lack of facilities of water, space, light etc. at AWCs.	09(30.00)
Total	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

The table 8 provide vivid information about the main reason of less than 50% beneficiaries (0-6 years) received supplementary nutrition ration from AWCs. It was found that 26.67% AWWs considered that AWCs are far off from the beneficiaries residence as the main reason, while 13.33% AWWs felt that the parents did not understand the significance of SN ration. 30% of the AWWs viewed that parents took away the children to their place of work that's why they were unable to receive SN ration. The next of the 30% of AWWs blamed the lack of facilities of water, space, light etc. at AWCs for this.

It can be concluded that due to various reasons a large number of beneficiary children below six years of age were unable to receive supplementary nutrition ration from AWCs which is not good.

4. Conclusion

It can be said in the end that in order to overcome the child mortality and morbidity and to upgrade the nutritional status of

children, the government of India has taken many steps like providing health, nutrition and educational services through ICDS. The present study evaluates the nutritional services being provided to children of age 0 to 6 years in AWCs. According to present study about Supply and distribution of supplementary nutrition to the children in Anganwadi centers, it was found that only 40% Anganwadi workers were getting regular SN ration in time during 1st Jan., 2017 to 31st Dec., 2017 in Mansa district of Punjab whereas the remaining 60% of the AWWs reported that they did not get SN ration in time due to various reasons. The findings also indicated the major problem faced by the AWWs related to the quantity of food was less than was due. It was also found that 73.33% of AWWs were not getting SN ration for 300 days in a year as per national norms. It was a very shocking finding. However, it was nice to see that 80% AWWs answered that the food items were acceptable by the beneficiary children due to its good taste, condition and nutritional values. The data of children from zero months to one year of age showed that 56.66% children did not receive regularly SN ration from AWCs. It was sad to find from the data of children from one year to three years of age that 53.33% children did not receive SN ration as per national norms. The data shows that only 76.67% children from three to six years of age did not received SN ration regularly from AWCs. It means that due to various reasons beneficiary children below six years of age were unable to receive SN ration from Anganwadi centres which is very serious. Thus, overall, the supply and distribution of SN ration to children is below expectations. The supplementary nutrition ration received by beneficiary children is insufficient. So without 100% coverage of distribution of SN ration to the beneficiaries, Indian Government can't hope to break the inter-generational cycle of malnutrition.

References

- i Mamata, T. and Sarada, D. 2009. *Child Right*, Discovery Publishing House Private Limited, New Delhi:
- ii *Annual Report 2012-2013*, Ministry of Women and Child Development, Government of India, New Delhi.
- iii Rattan, V. 1997. *Integrated child Development Services Program administration*, S.Chand and company Limited, New Delhi.
- iv Vaid, S and Vaid, N. 2005. *Nutritional Status of ICDS and Non ICDS Children*, *Indian Journal of Social Chang.* 28 (9): 207-212.
- v Tandon B. N., and Kapil U., (1991). *ICDS Scheme: A programme for development of mother and Child health*, *Indian Pediatrics.* 28 (12) :1425-1428.
- vi Paul, D. (1990). *Role of ICDS in Child Development*, in K Mahadaven (ed.), *Policies and Strategies for Child Survival*, B R. Publishing Corporation. New Delhi.
- vii Tandon, B. N. (1989). *Nutritional Interventions through Primary Health Care: Impact of the ICDS Project in India*, *Bulletin of the World Health Organization.* 67 (1):. 77-80.
- viii Dongra, A.R., Deshmukh, P.R. and Garg, B.S. 2008. *Eliminating childhood malnutrition: Discussions with mothers and Anganwadi workers.* *Journal of Health Studies*, 1 (2-3); 48-52.