
ISSUES AND CHALLENGES OF ICDS CENTRE IN CONFLICT STATE RETROSPECTIVE ANALYSIS FROM MANIPUR

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ABSTRACT

The expectation of the people as well as the aim of the ICDS scheme might have certain difficulties to act accordingly that in various states it is reported that the state of functioning is in the sorry state. In the case of Manipur too, since its inception the state of activities in the centres have not been up to the desired expectation that does not claim the responsibility should be fixed to the Anganwadi Centre or government. It is known to all that various central schemes cannot be implemented in a proper way in the sense that numerous issues are still alive. As such, this paper attempted to study issues and challenges of ICDS in Manipur.

Keywords: ICDS, Anganwadi, Mother, Nutrition, Supplementary food

INTRODUCTION

Already 43 years passed since its inception but desired target is still questionable except its expansion of Centre. How far the Centre provide supplementary food and health care system to the beneficiaries is still alarming. The objective to provide basic needs of the children below 6 years of age and lactating mother as well as adolescent girl seems to be activated only in the official papers. In practical, it is very doubtful that many needed persons are behind the scheme that implies varied malpractices from the official as well as field staff are seen as per reported by local newspapers.ⁱ As such, proposed researcher would like to study on this area in particular to the health care benefit and nutrition because it is questionable by seeing the present trend of ICDS activation whether it is for the welfare of the people or otherwise.

STATEMENT OF THE PROBLEM

Numerous difficulties have been witnessing that even the unknown armed personals picked up the high ranking officials. Besides, various malpractices are also appeared that seems to failure of just good objectives of ICDS. The experience we have in the state where most of the

Anganwadi Centres are very free in the sense that they have no much interest on the prescribed norms that they used to manage it for the time being. It is not the responsibility of the Centres exclusively. With this view, there is a gap between the Anganwadi Workers and the beneficiaries. On the other the state of Anganwadi is at large depend on the cultural habitation of the locality where the centre situated, that the activities of the centre in the urban areas seems to fail while in the remote and rural area the it is quite success. In the rural area, the people of the locality recognized the responsibility of the Anganwadi workers and Helpers, but in the vis versa, urban people have taken the responsibility of the Anganwadi in a very light way, as a result of this success rate is very low in the urban.

On the other the government cannot provide the necessary infrastructure and equipments to the Centre. For instance, distribution of the supplementary nutrition, even this is not done in a satisfactory manner. The coverage is low, the distribution of food is irregular and quality is poor. While it is estimated that there are about 315529 (as per record of WCD- 31-12-2009) children (boys & girls) under six years of age in Manipur, the number of children covered by the SNP programme in Manipur might be just 38 % so many children are outside the coverage.ⁱⁱ

No doubt, the Supreme Court order dated 7th October 2004 which was later reaffirmed in the order dated 22nd April 2009 the state government is to ensure provision of hot cooked meals in all AWC centers in a phased manner latest by 31st March 2009. Currently, 9654 as per record found on 31-12-2009ⁱⁱⁱ ICDS projects are operational in the state of Manipur. Mention may be made that the report of the Government of Manipur that stated in the Governor's address given on the floor of the Manipur Legislative Assembly on Jan. 13, 2010 stated "Under ICDS Scheme, 42 ICDS projects, 9418 Anganwadi Centre, and 234 Mini Anganwadi Cetres are operational in the state providing supplementary nutrition to lactating mothers and 0-6 years children".^{iv} The total no of sanctioned AWC centers are 11510. As per the GO of Social welfare department, government of Manipur had drawn out a plan to implement the order of decentralized food model (hot cooked meal) in a phased manner and also being started. So far the coverage of hot cooked meal is restricted only in some Centre.

OBJECTIVES

The main objectives of the studies are:

- a) to understand the issues and challenges of ICDS in Manipur;
- b) to analyse the role of stockholders for better implementation of this scheme;
- c) to find out the inter and intra conflict and health care in the friendly approach under this scheme of ICDS;

HYPOTHESIS

Different obstacles disturbed smooth implementation of ICDS in Manipur. If it is implemented properly the issue of malnutrition and supplementary food for lactating mother and children may not be appeared. But the present implementation of the ICDS is in the sorry state.

METHODOLOGY

All the districts of the state Hill and Valley makes the universe of the study and the population size were about 250 ICDS Centre from both hill and valley. Certain numbers of samples are collected from identified districts, 3 from hill districts and 3 from valley districts. Interview with the respondents and other concerned members were carried out. Some selected cases were also identified from different Centres, beneficiaries, and family status and studied in the context of nutrition and health perspective. Some particular months were devoted on the participant observation by staying there in the contiguous areas and districts. Amongst them, Ukhrul, Chandel, Senapati, Districts in the hill and Imphal East, Imphal West and Bishnupur Districts in the valley. All the available and relevant secondary sources of information both published and unpublished were collected and analyzed. In this connection the health policy of the government were reviewed. Interview also conducted from key information (KIs) during the field work. The list of KIs includes women affected and concerned officials, women social workers, NGOs from each district in order to get information about the status, health problems in the region.

Cooked meals and ready to eat

Of the 33 centers visited only 5 were providing hot cooked meals for more than 15 days in a month (15 to 20 days in a month). 3 centers were providing meals only for 10 days a month, while 6 centers were reported to be providing hot cooked meals for less than 10 days in a month. More than half the Centre visited (19 Centre) were not providing any hot cooked meals at all. More over the hot meal was also not up to the desire quality with a view of healthy nutrient.^v

It will have significance to understand the reasons behind this, of which the probable reasons might have certain differences from the rest of other states in the sense that the situation we have in the armed conflict. Some of the main reasons may be highlighted.

The existing system of fund for the hot cooked meals in the Anganwadi Centre is not systematic. From time to time it is implemented through direct and indirect method. In some area the needed amount is sanctioned to the self help groups of the locality that constituted by at least ten Anganwadi Centre. On the other it is also distributed through Supervisors. The distribution system is also very irregular. Besides, in some urban areas most of the beneficiaries ignored to

get the facilities or nutrients from the Centre that they have less confidence on the quality of the products. The Anganwadi worker is not very enthusiastic to take on this responsibility as there is a gap.^{vi}

Negligible role of mothers committee

As per the new guidelines the mothers who has great role in the success of nutrition is still to give awareness contextually. There should be mother committee from the location of Anganwadi Centre. There must be mutual understanding between workers and mother committee to share the responsibility. As such mothers of the locality have no intension to send Anganwadi Centre by seeing the modus operandi of the Centre.^{vii} On the other there is inadequate infrastructure in the Centre in terms of cooking materials. The guidelines also cited to handover to the local committee but such practices are seemingly handled by pocketed few. Though mothers' committees have been appointed to monitor the provision of hot cooked meals, in reality their role has been reduced to merely putting their signatures for withdrawal of money. There have been no attempts to actually involve them in the programme or to properly orient them on their role.

Inter and intra-Conflict

Since the inception of (SHG) Self Help Groups for the purpose of hot cooked meal there are lots of controversies regarding the monetary management as well as work allocation. Management of the cooking are also manage in the equal proportionate and cooked in a particular centre and distributed to all the accompanied Centre. All the financial matters and transaction are done through two or three members and allegation leveled each other. Perhaps it might major factor for the failure of such groups in the present context and replaced it by the conventional method.^{viii} The actuality of hot cooked meal is certainly ineffective when the system changed to direct handling by Supervisor to the Anganwadi workers. Nevertheless, there is also intra conflict in the sense that in most of the Anganwadi Centre there is a big gap between the workers and helpers. Various factors may influence the situation but one of the important factors might be the available materials and goods. It is known to all that various items supply from the government like nutrients, edible oil, dal, rice, milk-powder, and other medicinal facilities etc. have even lost where the eligible beneficiaries are very few in number.^{ix} The situation compelled to use in another way they prefer.

Complicacy and malpractices

The Supreme Court order of 7th October 2004 bans the use of contractors in provision of supplementary nutrition to ICDS. Village communities, Mahila Mandals and Self-help groups

should be given the preference for preparing the food to be served in ICDS. Although the Supreme Court has banned the use of private contractors in the procurement and distribution of SNP under ICDS, discussions with Anganwadi workers, supervisors, CDPOs and NGOs working in the area revealed that contractors continue to be involved. They are involved in procuring raw materials for hot cooked meals.

Various news reported in the local dailies confirmed that there are lots of confusion in the construction. Mention may be made on the basis of new report Dec. 13, 2009 in the Sangai Express that a sum of Rs 5 lakhs had been taken as advance in connection with construction of 10 Anganwadi buildings in different parts of Patsoi Assembly Constituency under Imphal West district; no buildings have been ever constructed. Under the Social Welfare Department, a total of 1554 new Anganwadi Centres are to be constructed in different parts of the State. Of these 25 new Anganwadi buildings to be constructed in Patsoi Assembly Constituency, the advance amount for construction of 10 buildings at the rate of Rs 50,000 each had been granted in June-July 2009 along with the work order in favour of two agencies proposed by local MLA. It is supposed to complete the construction of the buildings within 3 months of sanctioning the fund. However, till date (Dec., 2009) no sign of any construction work could be seen. Further the news reported that when the Sangai Express went around inspecting the sites where the new Anganwadi buildings are supposed to come up, it was confirmed that indeed there has been no sign of any new building or construction work.^x Most of the Anganwadi Centre in these places are also being operated in private residences and out- houses.

Interacting with The Sangai Express, Anganwadi workers and helpers working in these Centre asserted that they have not been informed anything about the construction of new Anganwadi buildings by the local MLA. However, around one year back, signatures were collected on *blank papers* maintaining that it was for construction of Anganwadi buildings and group photographs clicked along with the workers and helpers at the supposed sites where the Anganwadi Centre are to be constructed. After this, nothing had been intimated, the Anganwadi workers and helpers said, while questioning what action the authorities concerned is going to be taken up against the work agencies who have not constructed the Anganwadi buildings in spite of having taken the advance amount. During the course of the investigation, it has also come to light that there are also some issues which are yet to be resolved like the inability of the workers to decide where the proposed Anganwadi buildings should be constructed and the difference of opinion between the Government and the work agency on the model of the building to be constructed.^{xi} Under the ICDS scheme it is mandatory that every Anganwadi Center should have a well maintained separate toilet for girls and boys. During this study it was seen that not a single AWC had a separate toilet for girls and boys.

Mention may be made that RTE food used to be supplied from the 2007-08 fiscal has been replaced through provision/ supply of food and cooking materials and the personals/staff engage with the formation of (SHG) self help groups at the local level, however sanction procedure was initiated in the March 2008 for purchase of 7642 vessels along with recommended shape and size in the rate quotation of Rs. 1179. Meanwhile 19 Sanction Orders were reportedly handled by the Social Welfare Department cashier in between March 27 and 28, 2008 for purchase of 7642 vessels^{xii}. Another clear instance of mismanagement of money was noticed by all in compare to the rate quoted by the government under a specific shape and size that can be available at the market in the range of 500-600 only. It is also revealed that at least Rs. 15-20 was usually deducted by the Department officials as 'stamp charge' from the workers and helpers when their honourarium is paid for every month.^{xiii} There was also strong suspicion fraudulent withdrawal of Rs 89 Lakh as the amount have been withdrawn by submission of bill voucher without checking and maintaining proper record with regard to the items bought.^{xiv} On the other Anganwadi Centre have not been able to get full quota of rice, that usually five bags of 50 kg., used to be supply for each Centre but it is reported that about 24 kg., to even one bag has deducted from each Centre when distributed in the name some higher authority.^{xv} In case of demands from extra constitutional bodies, instances of deducting Rs. 1000 by officials from the allocated fund meant for feeding the kids in the Anganwadi Centre to meet the demands are very often. Whether the quality of the rice is questionable or not, none of the Centre have complain the matter it is still open secret all these years as they have been threaten or cautioned against speaking out.^{xvi}

Inefficiency of supplied materials

The utensils for the cooking are also supply by the contractors. It is worth to mention that news reports analysed the quality of the utensil that was far from the expectation. In such situation none of the Centre do not interest on the nutrition of supplementary nutrition programme. On the other there is also controversy on the fund allocation of utensil that the central guidelines have no clarity on the specific matter of utensil for that purpose which is a big loophole. Different manifestations of financial misused that large number of cooking utensils purchased by the department for supplied to Anganwadi Centre were found in excess of the existing Centre and the expenditure made on the cost of utensils were so notably in-proportionate.^{xvii} It came to light that cooking vessels purchased under the official sanction for use in each of the Anganwadi Centre exceeded by over 3000^{xviii}.

Ready to Eat (RTE): Issues and challenges

Where decentralized food model is implementing in some selected areas for supplying weaning food (WF) to children of 6 months to 6 years at 80 gm per child and ready to eat rich energy food (RTE) to pregnant and nursing mothers and adolescent girls at 160 gm per day.^{xix} One of the big obstacles is that most of the mothers have somewhat negligence to collect the RTE, for their children supplementary nutrition is suppose to be collected by the mothers. Further, the supplementary nutrition for children under three years of age and pregnant and lactating mothers are given in the form of 'take home rations' once or twice a fortnight. It was seen that this component of the programme is not very effective and children under three are mostly out of the ICDS programme in the state.

Significantly even the Supreme Court had decreed special attention for proper implementation of the scheme quality of rice supply by the concern department was sometime very unfortunate in the sense that adulterate food was supplied. Bed *smell*, *stone* and *charcoals* were also found in the rice bag that usually distributed five bags of 50 kg., to every Centre see the following picture. On the other hand Anganwadi Centre have not been able to get full quota of the allocated rice as there are lots of intervention from different quarters.^{xx}

SUGGESTION

If the anganwadi workers and helper join in hand to take up the following suggestive and optimistic view to the specific area of health and nutrition, the existing ICDS scheme will have more sense.

1. To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-Centre/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel.
2. To carry out a quick survey of all the families, especially mothers and children in those families in their respective area of work once in a year.
3. To organise supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.
4. To provide health and nutrition education and counseling on breastfeeding/ Infant & young feeding practices to mothers. Anganwadi Workers, being close to the local community, can motivate married women to adopt family planning/birth control measures.
5. To make home visits for educating parents to enable mothers to plan an effective role in the child's growth and development with special emphasis on new born child.

6. To guide Accredited Social Health Activists (ASHA) engaged under National Rural Health Mission in the delivery of health care services and maintenance of records under the ICDS Scheme.
7. To assist in implementation of Kishori Shakti Yojana (KSY) and motivate and educate the adolescent girls and their parents and community in general by organizing social awareness programmes/ campaigns etc.
8. AWW would also assist in implementation of Nutrition Programme for Adolescent Girls (NPAG) as per the guidelines of the Scheme and maintain such record as prescribed under the NPAG.
9. To identify the disability among children during her home visits and refer the case immediately to the nearest PHC or District Disability Rehabilitation Centre.
10. To support in organizing Pulse Polio Immunization (PPI) drives.

CONCLUSION

ICDS is a very important intervention to ensure the health, nutrition and development of children under six in the state. Considering the centers as a place where their children to motivate and to adopt a habitual cultural of learning or school going habit. It is also cleared that most of the Anganwadi Centre are in a state of function-less in the sense that children turn up to the centre are very poor but at the time of health care day like pulse polio immunization the centre has been taken great role. On the other, some Centre being opened once in a while, food not being distributed regularly and the programme of hot cooked meals not even being initiated in most places. But, in the case of reaching out to children below three is one of the major limitations in the implementation of ICDS in the state. As this is the most important age group for any intervention against malnutrition. Providing services to these children involves home visits and meetings by the anganwadi worker for nutrition and health counselling, regular growth monitoring and proper distribution of good quality supplementary nutrition is a big question. None of this is happening properly in any of the Anganwadis that investigator visited. Further, the absence of weighing machines and growth charts makes it impossible for even well-intentioned Anganwadi workers to do their job well. The system of monitoring and supervision is also very poor. For instance, it is seen that allocations of supplementary nutrition to the Anganwadi Centre are not made on the basis of the records maintained by the Anganwadi workers but in fact is done in quite an arbitrary manner. The supervisors and CDPOs are still need to accentuate. From the findings of this study it is clear that clear that health and well being of children is not really a priority for politicians or for the administration. There is a complete somewhat lack of enthusiasm or effort by the administration to innovate to make the programme more effective.

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