

Institutional Capacity Building of ICDS to strengthen nutrition interventions

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Background

The poor functioning of Anganwadi Center has led to poor distribution of Nutrition Supplement food for eligible children and other beneficiaries.

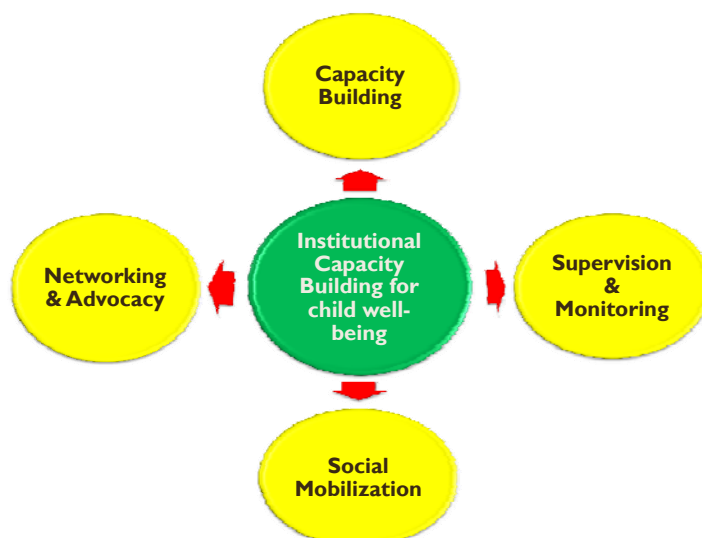
To strengthen the functioning of AWC and to reduce malnutrition in Baran district, World Vision partnered with Integrated Child Development Schemes (ICDS) department. Due to poor review and monitoring system at the cluster and block level, there were bottlenecks in health & nutrition services delivery. The bottlenecks were identified in functioning of Anganwadi Center, distribution of take home ration (THR), availability of Vitamin A supplementation & IFA tablets, home visits by Anganwadi workers (AWW) and data management, growth monitoring.

Referral of SAM children to Malnutrition Treatment Center (MTC) was very poor. The key actors who were involved in the process were ICDS Department, Health and Panchayati Raj Institution (PRI) department. Self Help Groups, Farmer's group, Sub Divisional Magistrate.

A local theatre group was engaged in creating awareness on entitlements and services of ICDS. The handholding support was provided to AWW and ASHA for 1 and half years. The collaboration was initiated by World Vision India.



Figure Title



Intervention

Capacity Building :-

1. Capacity Building of AWW / ASHA on MCHN
2. On record maintaining, developing MPR and complete MIS information
3. Peer learning in a small groups

Supportive Supervision

1. Joint monitoring visit with CDPO and Supervisors
2. Record review and validation of information
3. Physical verification of weight and growth of children

Social Mobilization :-

1. Created awareness on entitlements and services of ICDS.
2. Capacities of farmers club and Self Help Group is enhanced on monitoring functioning of ICDS.
3. Organized street plays on services and benefits.

Networking & Advocacy:-

1. Compilation of MPRs and output information and sharing gaps with ICDS Director.
2. Evidence pertaining to malfunctioning of AWC and performance of AWW were shared with officials.

Role of members

- ICDS (CDPO) organized cluster meeting of with AWW.
- Supervisors to organize cluster meetings and review the MPR and validate information with MIS thoroughly.
- Deputy Director- ICDS to take corrective measure to address performance of AWW
- CDPO & supervisor to engage in joint monitoring with World Vision.
- Self Help Group mobilize the villagers to send children to Anganwadi Centers
- Farmer Groups and Self Help Groups monitored the Anganwadi Centers and its functioning
- SHGs members monitored the food quality and quantity of in the Anganwadi Centers.



Findings

- 80 % of Anganwadi workers started functioning regularly.
- 73% of Anganwadi workers were able to maintain their records properly.
- 80% of Anganwadi centers began to distribute supplement nutrition food.
- 76% Anganwadi workers submitted their MPRs with quality
- Good coordination and synergy was developed between AWWs and ASHA Shahyogini and ANMs at the village level.
- Timely administrative actions were taken by the district officials against staff down the line
- There was a change in attitude of some of Anganwadi workers and supervisors towards their responsibilities.

Lessons Learned/ Conclusion

1. It is important to understand operational challenges of the ICDS system and thereby identify bottlenecks which hinders the effectiveness of ICDS' service delivery.
2. Develop a friendly relationship with government officials to create passion in them to address the cause.
3. Motivation of frontline workers is key to improve the delivery of services at the field level.
4. To make accountable supervisory level staffs to enhance the capacity of grassroots workers and help them to perform.
5. Engage CBOs and other key people from the community in monitoring process.

Acknowledgement

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