Impact Assessment of ICDS in Madhya Pradesh

The study was undertaken at the instance of Poverty Monitoring and Policy Support Unit (PMPSU), a registered society within State Planning Commission, Department of Planning, Economics and Statistics, Government of Madhya Pradesh (GoMP). The objectives of the study are:

- Ascertain the perception of various stakeholders to understand the existing status of all six components of ICDS viz supplementary nutrition, non-formal pre school education, immunization, health check–up, referral services and nutrition and health education.
- Assess component and scheme wise impact of ICDS in M.P.
- Ascertain the contribution of ICDS in reducing IMR and MMR.
- Study schemes such as Shaktiman, Bal Sanjeevani Abhiyan etc. in selected pockets and draw learnings for proper implementation of ICDS Project.
- Identify constraints and suggest ways to improve the implementation of ICDS.

The expected outcome of the study was to:

- Bring out the efficiency of delivery mechanism, reach and coverage of the programme.
- Help identify constraints and bottlenecks.
- Situation analysis of areas of extreme malnutrition in the State.
- Suggest models for dissemination.

Multistage sampling technique was used for selection of ICDS project areas. Ten urban and 35 rural / tribal project areas were selected using population proportionate to size of population (PPS) method. The proposed sample covered about 12 percent of the projects from universe of total of 367 projects of which 313 are rural / tribal and 54 are urban.

At the last stage of stratification the respondents were selected through household enumeration exercise identifying the household having following category.

- Pregnant women
- Lactating women
- Mother of child aged more than six months to 3 years.
- Mother of child between 3 to 6 years.
- Adolescent girls aged between 10 to 19 years.

Findings from the present study show a significant decrease of around seven percentage point in malnutrition among children from NFHS – III estimates [61.8 percent] to 54.1 percent in 12 to 13 months age group. Children’s nutritional status in Madhya Pradesh has also improved since NFHS – III differentially across 36 to 47 month aged children and children aged 48 to 59 months.

- Comparison by NFHS – III estimates for 15 to 19 age category inferred that anemic status of adolescent girls over last three years has remained constant highlighting the need for strategic focus to reduce anemia. About 60 percent of pregnant women and nearly 65 percent of lactating women are anemic.
- Findings on awareness of different schemes among the beneficiary groups show that only 42 percent pregnant women were aware of Mangal Diwas Yojna, especially God Bharai Diwas. About
70 percent of the pregnant women were aware about Poorak Poshan Ahar being distributed through Angan Wadi Centre [A.W.C.]. Celebration of Mangal Diwas and Poorak Poshan Ahar Yojana has enhanced women's Participation in Anganwadi.

- More than 80 percent women had planned to go for institutional delivery. Majority of lactating women and mothers of children 6 months to 3 years delivered their last child at PHC /Govt. Hospital.
- More than 80 percent children within the age group of 6 month to 3 years were found to have received vaccine of BCG, polio and DPT.
- More than 60 percent children between 3 to 6 years of age were found to be going to centre for pre– school education [PSE]. Apart from education, other services provided to the children included food and health check–up.
- The study affirms close coordination between ICDS and health department particularly at the level of PHC. The village Health Education day [VHED] is organized by liaising with health personnel as well as with the involvement of Panchayat and community.
- The impact assessment findings have clearly shown that the incidence of malnutrition is not only a function of poverty but factors such as feeding behaviour, sanitation and vaccinations are also the determinants of malnutrition.
- The findings of the study also indicated that food provided by ICDS alone is not sufficient to impact upon malnutrition. Special focus should be to change the household level feeding behaviour. The objective should be to establish Aganwadi centre as “medium of nutrition counseling and outreach” rather than just being the food distribution centre.
- In order to position Aganwadi as counseling agent, it is imperative to revise the training curriculum and to include specific sessions on counseling and interpersonal communication to position them more effectively as a change agent.

(The Study was undertaken by CARD and Sambodhi)