UNVEILING THE VEIL

Maternal Migration and its Impact on ICDS Services in India

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INTRODUCTION

—Pregnant women going to their maternal homes during the final trimester of pregnancy—a practice entrenched in South Asian countries.
—Migration in this critical period has far-reaching implications for the health system.
— To ensure a "continuum of care" for migrant beneficiaries, the Indian government has implemented a few measures. Their success has not been documented.

OBJECTIVE

The study examines the effect of the well known phenomenon of temporary migration for childbirth by pregnant women (PW) on their accessibility to essential Integrated Child Development Services (ICDS), including the effectiveness of recent measures.

METHODOLOGY

— Study involved participant observations in 28 child-care or anganwadi centers(AWC) and 14 interviews of frontline or Anganwadi workers (AWW) in the Nashik district of Maharashtra, India.
— A thematic analysis relying on both inductive and deductive approach was used to analyze qualitative data manually.

24.9%
Neonatal Mortality Rate

18.2%
Infants with Low Birth Weight

41.8%
Children breastfed within one hour of birth

RESULTS

Theme	Observation	Pregnant woman	Anganwadi worker
Lack of awareness	ICDS was universalised in 2005-06. However, it has a demand-based model.	"I didn't know I could access ICDS services from any AWC."	“If a PW comes to me, I try to help her in any way possible, even if she is not my beneficiary.”
Challenges in Accessing ICDS Services	There is no focus or demand on other ICDS services like breastfeeding/nutrition counselling and home visits by both the beneficiary and the AWW. There are gaps between demand and supply due to Logistics issues.	“The AWW here told me that even after getting registered, I won't get the take-home ration.”	"We no longer push for migrating beneficiaries due to the delay between registration and receiving take-home ration. By the time I get the ration for her, she would be leaving.
Administrative-accounting processes	Before migration, there was no standard operating procedure to brief PWs about accessing ICDS services at their maternal homes.	“My AWW did not tell me I would need my Adhaar or Mother and Child Protection cards.”	“Many women don't carry their documents. Our supervisor has told us not to register beneficiaries without proper documentation.”
Technological and Literacy Barriers	AWWs are generally women from vulnerable backgrounds with low educational training and find it difficult to use mobile phones. Exclusion and alienation of beneficiaries.	“I don’t have a phone. My Adhaar card is linked to my husband's phone, and my in-law’s area has network issues.”	“The application supposedly includes a migration module, but I don’t know how to use it. The application is not user-friendly and is in English. Defects in the application add to this”
Incentive and Workload Challenges	Low beneficiary agency despite high control. AWWs had no way to find destination AWC details despite knowing migration locations. The onus is on beneficiaries to locate and access services.	“I've been struggling to find help.“	"Given my current workload, it's just too much work without any incentives. And that too for a temporary beneficiary! Forget about it."
Poor System Capacity	Beneficiaries perceive the ICDS as unreliable or ineffective.	"The Anganwadi here lacked a scale. My AWW kept insisting, so I used a grain measure to weigh my child."	"Growth measurement is mandatory. I enter data over the phone when needed, and if the mother is unavailable, I fill in some details to complete the task."

CONCLUSION

--Post-covid, the shift towards e-governance has expanded opportunities. However, the use of technology cannot be an end; it is a means to an end.

--There is an urgent need for policy reforms and programmatic enhancements in maternal and infant health services to make them truly inclusive and universal to migrant women.