Assessment of AWCs Under Poshan Abhiyaan in 3 Project of Jaisalmer District, Rajasthan

By

Chetan Yadav

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Chetan Yadav** student of MBA Health and Hospital Management from The IIHMR University, Jaipur has undergone internship training at **TATA Trust** from **2nd February 2019 to 2nd May, 2019.**

The Candidate has successfully carried out the study on '**Assessment of AWCs under POSHAN Abhiyan in 3 projects of district Jaisalmer, Rajasthan'** designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

(Col) Dr. Ashok Kaushik
Dean, Academic and Student Affairs
The IIHMR University, Jaipur

17 May 2019

17.5.19

Dr. Mohan Bairwa
Associate Professor, Guide
The IIHMR University, Jaipur

WOMEN AND CHILD DEVELOPMENT DEPARTMENT

DISTRICTJAISALMER, RAJASTHAN

POSHAN Abhiyaan
PM's Overarching Scheme for Holistic Nourishment
सही पोषण - देश रोशन

Certificate of completion of Dissertation

The certificate is awarded to

Chetan Yadav

In recognition of having successfully completed his Internship in the department of

Women and Child Development

and has successfully completed his Project on

Assessment of AWCs under Poshan Abhiyaan in 3 Project of Jaisalmer District ofRajasthan,

Date-2ndFebruary, 2019 to 2ndMay, 2019

Organization – TINI (The India Nutrition Initiative) TATA TRUSTS

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

I wish him all the best for future endeavours

Deputy Director,
Women and Child Development
DistrictJaisalmer, Rajasthan

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"Assessment of AWCs under POSHAN ABHIYAANin 3 projects of Jaisalmer district of Rajasthan ."** and submitted by **Chetan Yadav** Enrollment No**IIHMR/PGDHM/2017-19/ 0553** under the supervision of **Dr. Mohan Bairwa** for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from 2nd February 2018 to 2nd May 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Chetan Yadav

Signature

ACKNOWLEDGEMENT

I feel privileged in expressing my kindest gratitude to **Rajendra Choudhary (Deputy Director, ICDS Jaisalmer)** under whose able guidance and supervision this study was conducted. The keen interest he evinced throughout this period and the graciousness with which he gave his valuable advice was his exclusive acumen.

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I would be failing in my duties if I miss to acknowledge and thank all those co-operating people who formed the subject of this study. This include the entire team of **ICDS Jaisalmer**. They extended their wholehearted co-operation in different phases of my project.

In the end I thank all those fellows and colleagues who have helped me in making this project a success and my apologies to anyone whose name I would have inadvertently forgotten to mention here.

Chetan Yadav

Contents

ABBREVATIONS

D.C- District Collector

D.D- Deputy Director

C.D.P.O- Child Development Programme Officer

L.S- Lady Supervisor

T.I.N.I- The India Nutrition Initiative

S.B.P- Swasth Bharat Prerak

D.C-District Co-ordinator

B.C-Block Co-ordinator

T.H.R- Take Home Ration

A.W.C-Anganwadi Centre

A.W.W- Anganwadi Worker

A.S.H.A- Accredited Social Health Activist

A.N.M- Auxiliary Nurse Midwifery

A.W.H- Anganwadi Helper

L.B.W- Low Birth Weight

M&E- Monitoring and Evaluation

R.I- Routine Immunisation

R.C.H.O- Reproductive Child Health Officer

P.O.S.H.A.N- Prime minster Overarching Scheme Health And Nutrition

W.C.D- Women and Child Department

I.C.D.S- Integrated Child Development Scheme

DISTRICT-JAISALMER

General Information	Statistics
(i) Geological Area	38,401 sq.km
Total no. of Blocks in District	3
Total no. of villages in District	80
(iii) Total Population in District	6,72008
(v) Population Density (per sq. Km.)	17
(vi) Sex Ratio in District	849
(vii) Literacy Rate in District	57.22

(*Source- Census 2011)*

INTRODUCTION

ICDS: The Integrated Child Development Service (ICDS) Scheme accommodating valuable nourishment, inoculation and pre-school instruction to the youngsters is a prominent leader program of the administration. It is one of the world's biggest projects accommodating a coordinated bundle of administrations for the all encompassing improvement of the kid. ICDS is a halfway supported program executed by state governments and association domains.

- To improve the nutritional and health status of children in the age-group 0-6 years;
- To lay the foundation for proper psychological, physical and social development of the child;
- To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education

Anganwadi Center:-Anganwadi is a country tyke care focus in India. They were propelled by the Indian government in 1975 as a component of the Integrated Child Development Services program to battle kid craving and hunger. Anganwadi signifies "yard cover" in Indian dialects."

Anganwadi focus serve the town by giving essential medicinal services in. It is a piece of the Indian general medicinal services framework. Essential human services exercises incorporate directing of family arranging and supply of preventative, nourishment, training and supplementation, just as pre-school exercises. The focuses might be utilized as stations for oral rehydration salts, essential drugs and contraceptives. Starting at 31 January 2013, the same number of as 13.3 lakh (a lakh is 100,000) Anganwadi and small scale Anganwadi focuses (AWCs/smaller than normal AWCs) are operational out of 13.7 lakh endorsed AWCs/little AWCs. These focuses give advantageous nourishment, non-formal pre-school instruction, sustenance and wellbeing training, vaccination, wellbeing registration and referral administrations of which the last three are given in union general wellbeing System.."""

National Nutrition Mission(POSHAN Abhiyan):-

"POSHAN Abhiyaan (National Nutrition Mission) is a leader program of the Ministry of Women and Child Development (MWCD), Government of India, which have combination with different projects i.e., Anganwadi Services, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls (SAG) of MWCD Janani Suraksha Yojana (JSY), National Health Mission (NHM), Swachh-Bharat Mission,

Public Distribution System (PDS), Department Food and Public Distribution, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and Ministry of Drinking Water and Sanitation.

The program through the objectives will endeavor to decrease the dimension of hindering, under-nourishment, frailty and low birth weight babies.

P.O.S.H.A.N focuses to decrease hindering, under-sustenance, iron deficiency (among youthful kids, ladies and juvenile young ladies) and lessen low birth weight by 2%, 2%, 3% and 2% per annum individually. In spite of the fact that the objective to decrease Stunting is in any event 2% p.a., Mission would endeavor to accomplish decrease in Stunting from 38.4% (NFHS-4) to 25% by 2022 (Mission 25 by 2022).(2)

Rationale of the Study:-

Jaisalmer is one of the aspirational district in Rajasthan selected by 'Nitiayog'. In Poshan Abhiyan we have to reduce the stunting, under nutrition , anaemia among children (6-59 months) and in adolescent girls and women (15-49 years) and reduce low birth weight. Our main service provider at ground level is Anganwadi centre. This research is being conducted to know the condition of Anganwadi centre of Jaisalmer if they are fully equipped to the mark.

Table -1: Year wise Target to be achieved

#	Objectives	Baseline (NFHS -4)	Overall Mission Target	Target				
				2018	2019	2020	2021	2022
1.	To lower down the stunting in children (0-6 years)	37.4	By 10% @ 2% point per year	35.4	33.4	31.4	29.4	27.4
2.	To lower down the under-nutrition (underweight prevalence) in children (0-6 years)	37.4	By 10% @ 2% point per year	35.4	33.4	31.4	29.4	27.4
3.	To lower down the anaemia among young children (6-59 months)	42.5	By 15% @ 3% per year	39.5	36.5	33.5	30.5	27.5
4.	To lower down the anaemia among women and adolescent girls (15-49 years)	33.6	By 15% @ 3% point per year	30.6	27.6	24.6	21.6	18.6
5.	Reduce Low Birth Weight	23.2	By 15% @ 3% point per year	20.2	17.2	14.2	11.2	8.2

*State average – RSOC 2013-14, Rajasthan

LITERATURE REVIEW

NO	Author	Title	Year	Key Finding
	Sharma et al.	Community level workers: awareness generation for improving children's health	2015	The investigation results may halfway clarify the poor tyke vaccination in Rajasthan. Activities to expand CLWs' information of tyke vaccination and Vitamin A supplementation; and expanding their cooperation in mindfulness age exercises need genuine thought by the social insurance framework to improve inoculation inclusion. (3)
	Bhandari et al.	Decadal changes in nutritional and immunisation status of ICDS beneficiaries	1993	Anganwadi workers were able to successfully motivate parents to immunize their children. They also indicated a need to improve coordination efforts between ICDS and health workers. In conclusion, ICDS, which operates 2424 projects in 25 states and 7 Union territories, does not improve the nutritional and immunisation status of children. (4)
	Aijaz et al.	Improve implementation of I.C.D.S	1987 Sep 1-15	Mindfulness about wellbeing and sustenance instruction was exceptionally low among the reviewed family units. 8 of the 58 focuses (14%) revealed utilization of new vegetables in the beneficial sustenance program. The mindfulness among the 310 families met with respect to the advantage of the plans was poor, yet 81% who revealed strengthening nourishing to be in activity at the focuses demonstrated that the sustenance supplements helped development among kids. The information on inoculation inclusion for kids uncovered a superior execution than that detailed by the Program Evaluation Organization (1982).(5)
	Kapil et al.	Status of growth	Nov 1996	A record survey demonstrated the loads of just 60% of kids were being recorded routinely. 40% of the

		monitoring activities in selected ICDS projects of Rajasthan		seriously malnourished kids were not being weighed consistently. Moms' cooperation in improving their kid's nourishing status was not requested. These discoveries recommend that the capability of GM exercises in India is being hindered by insufficient information and preparing with respect to AWWs, flawed hardware, and an absence of network support.(6)

RESEARCH QUESTION

1) What gaps are to be fulfilled to strengthen the existing AWCs in the 3 Projects of Jaisalmer districts of Rajasthan?

OBJECTIVES OF RESEARCH

- To understand the services provided by the Anganwadi centre at Jaisalmer district ,Rajasthan.
- To assess the building structure andeducation level of the Anganwadi worker.
- To assess the availability of growth monitoring devices and essential supplements.

.

LIMITATION OF THE RESEARCH

- It is an area specific study, so the results of this study cannot be generalised for the whole state.
- We lack real time monitoring on Anganwadi centres.

METHODOLOGY

Research Design:

Descriptive Cross-sectional study

Study Area: 3 Blocks (Sam,Pokaran & Jaisalmer) of district Jaisalmer, Rajasthan.

Duration of the Study: 3 Months(2 February 2019 to 2 May, 2019)

Data Analysis Procedure:

After the accumulation of information, it was assembled in Microsoft exceed expectations. A large portion of the information, examination was done on Microsoft exceed expectations by Using recurrence table, cross arrangement, method and Figures in Microsoft exceed expectations

Type of Data Collection:

Primary data was collected with the help of Anganwadi check list.

Sample Size:

85 AWC were choose among 751 functional Anganwadi centre total AWC is 851.

ANALYSIS OF THE STUDY

Educational Status of Anganwadi Worker.

Analysis is carried out to know about the educational status of Anganwadi at

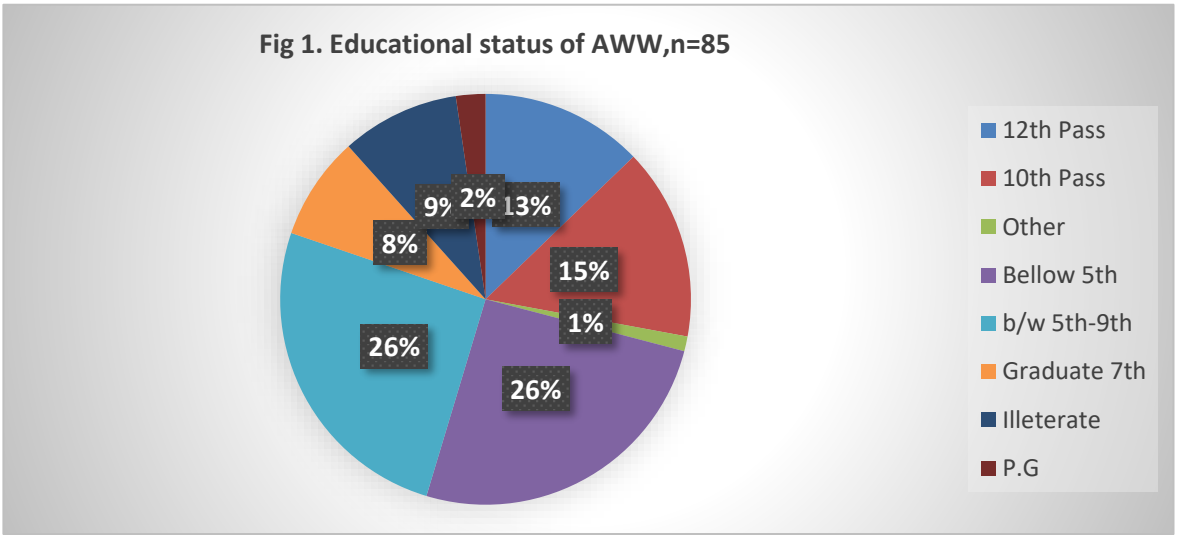

Figure 1

JaisalmerRajasthan -1.

It was observed that nearly 9 percentAnganwadi workersare illiterate and 91 percent are literate and majorly AWW who are qualified in between 5^{th}-9^{th} (26%) standard and below 5^{th} standard (26%) , AWW who are qualified up to 12^{th} are 9% and who are qualified up to 10^{th} are 13% and 2% are post graduates.

Infrastructure of Anganwadi Centre.

This analysis was carried out to know the building status of the Anganwadi Centre, in this we found that 100% centres are build with cement and concrete(pucca).

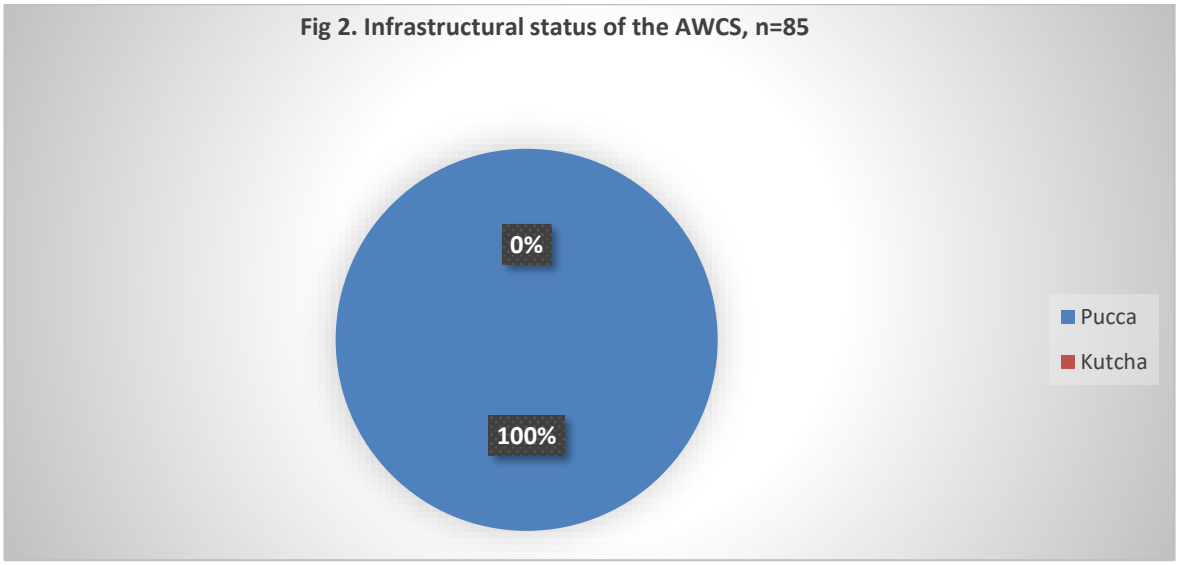

Figure 2

Growth monitoring devices- Infantometer , Stadiometer, MUAC tape & Infant and Adult weighing machine.

Infantometer:-

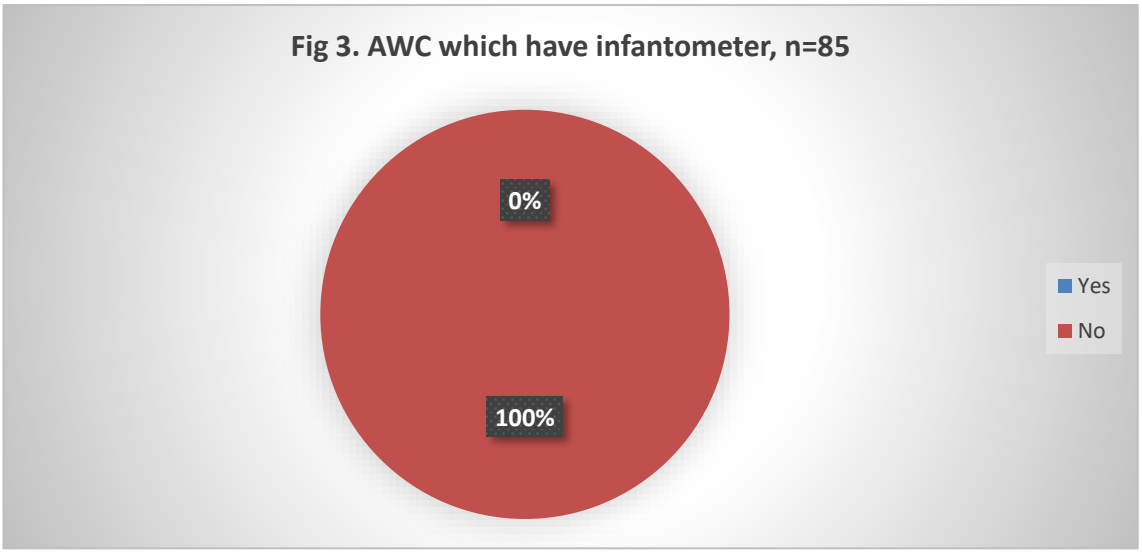

Figure 3

Figure no. 3 shows the result of analysis carried out on growth monitoring device infantometer which is use to measure the height of the infants. Here we found zero infantometer at AWCs.

Stadiometer:-

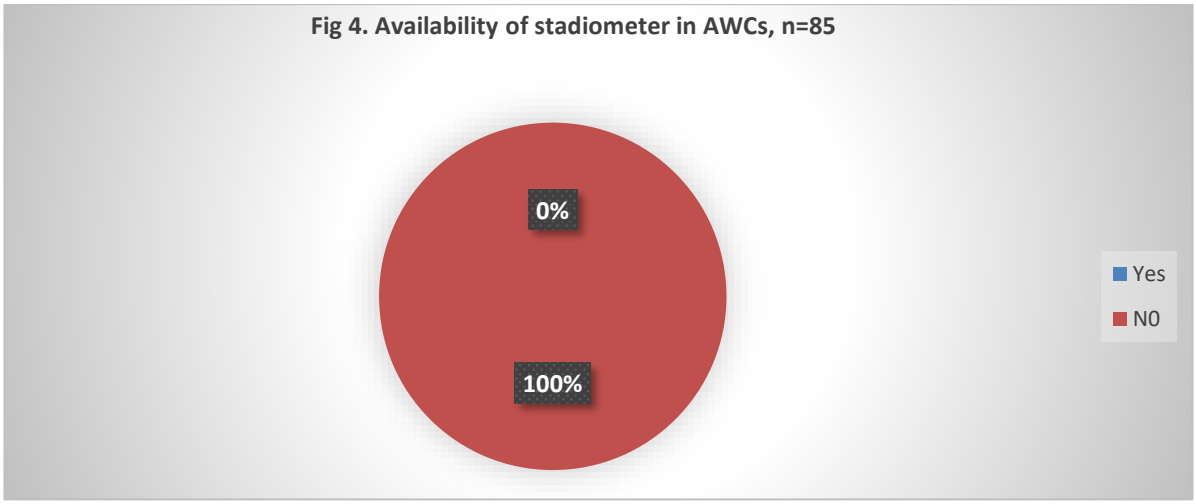

Figure 4

Figure no.4 shows the result of analysis carried out on growth monitoring device stadiometer which is use to measure the height of the children of age group 3-6year. Here we found zero stadiometer at AWCs.

Both infantometer and stadiometer are not available in AWCs of Jaisalmer, Rajasthan so the Anganwadi worker can't record the height of children registered at AWC, hence growth monitoring of the children can not be done properly.

MUAC Tape:-

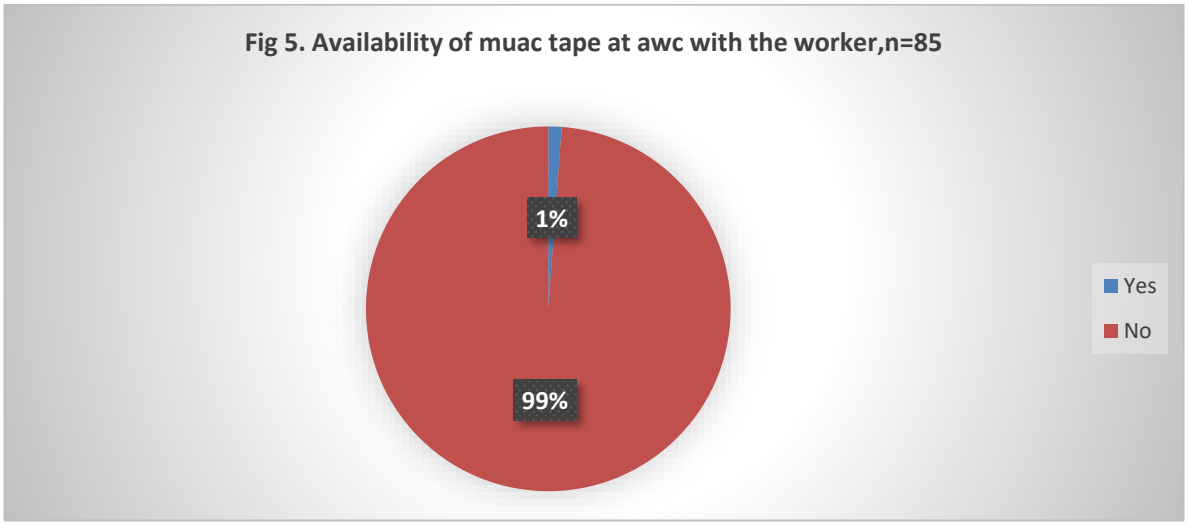

Figure 5

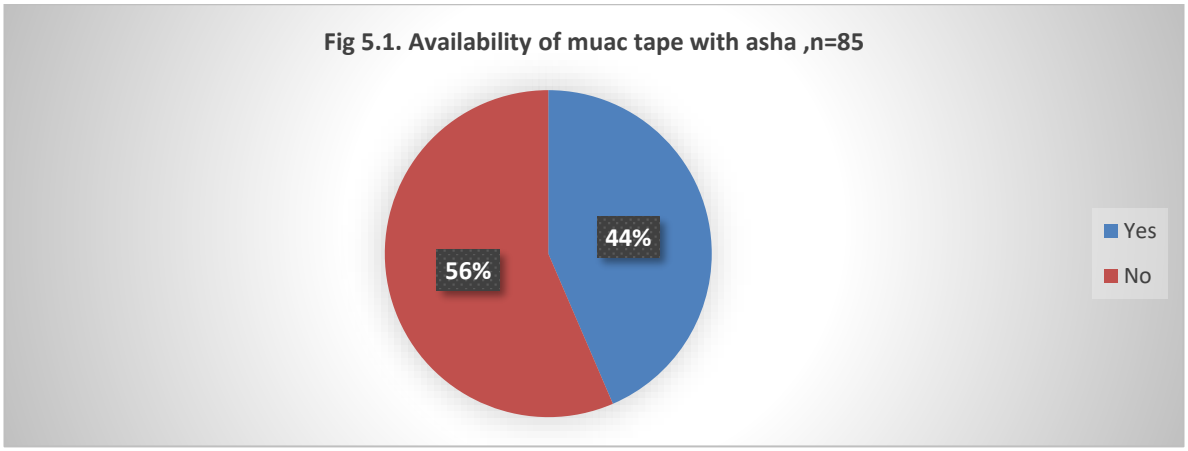

Figure 5.1

Figure no.5 and 5.1 shows the result of analysis carried out on growth monitoring device MUAC tape which is use to measure the nutritional status of the children of age group 0-6year. Here we found only 1% AWW and 44% ASHAs have MUAC tapes.

Infant weighing machine.

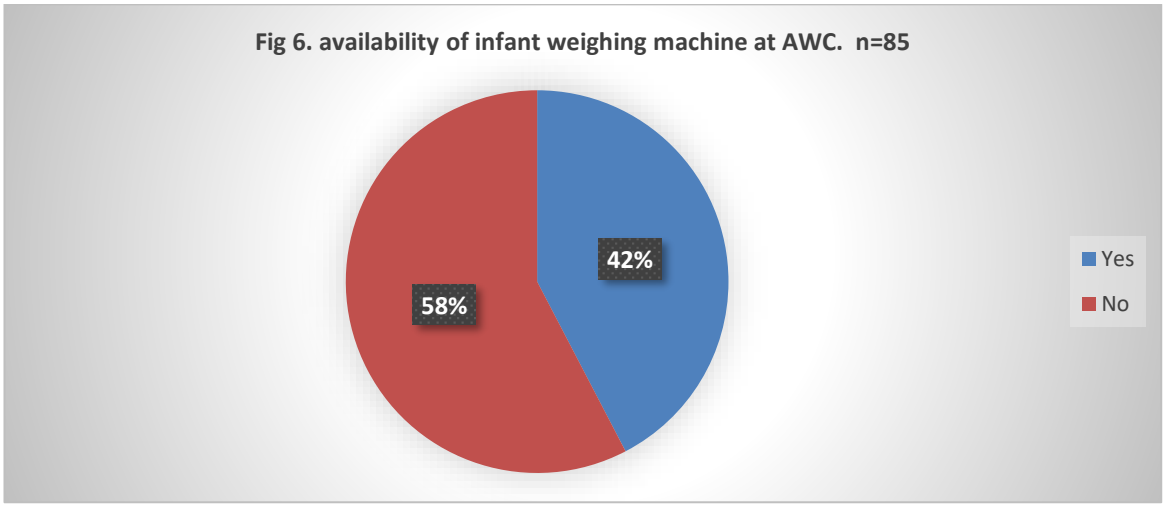

Figure 6

Figure no.6 shows the result of analysis carried out on growth monitoring device infant weighing machine which is use to measure the weight of the children of infants. Here we found only 42% AWCs have infant weighing machine .

Adult weighing machine.

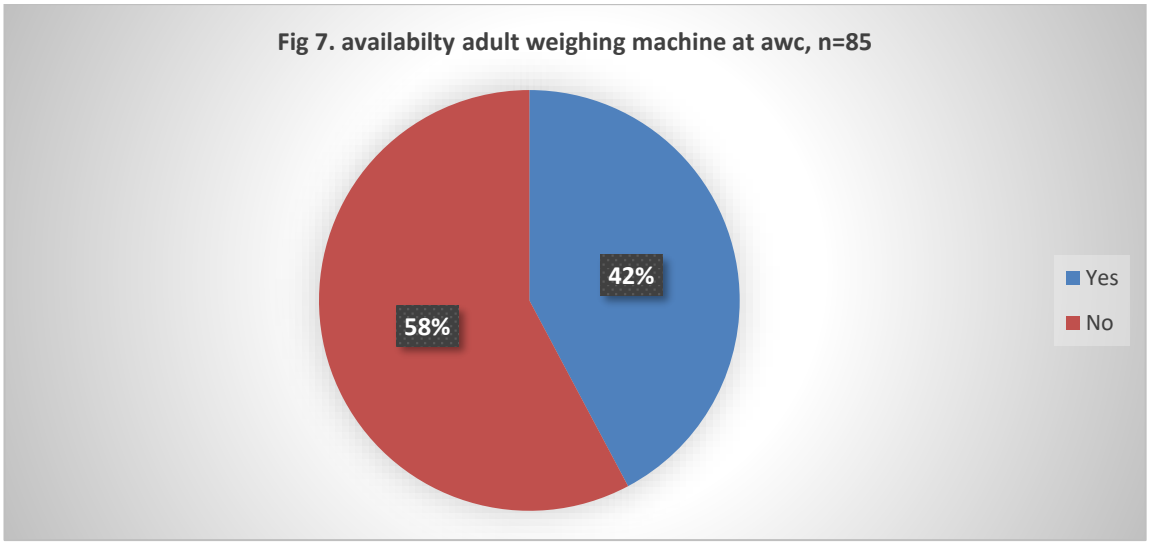

Figure 7

Figure no.7 shows the result of analysis carried out on growth monitoring device adult weighing machine which is use to measure the weight of the children of infants. Here we found only 42% AWCs have adult weighing machine.

Medication &Supplements:- THR, Albendazole, Iron & Folic acid syrup and tablets & calcium tablets.

Take Home Ration: Pregnant Women who consume THR:-

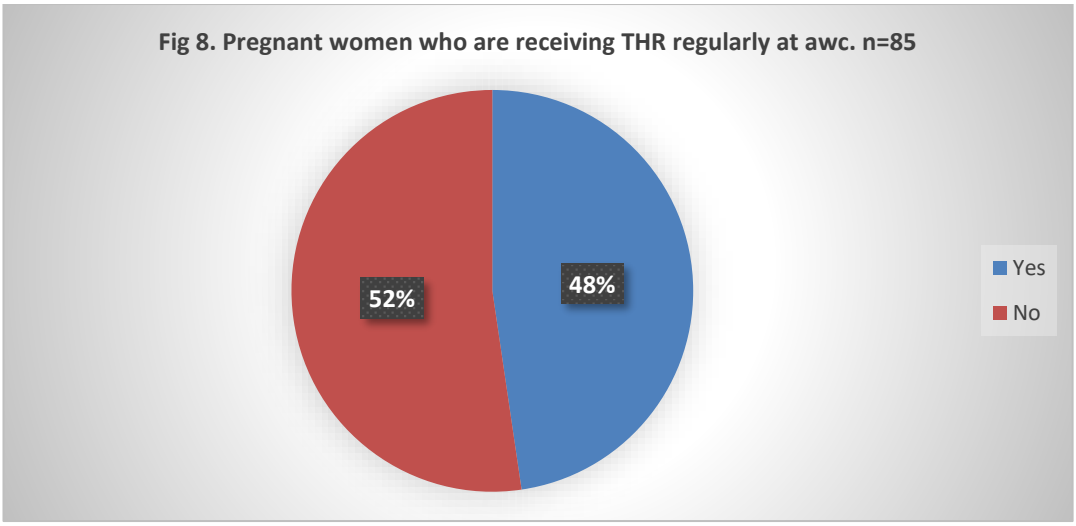

Figure 8

Figure no.8 shows the result of analysis carried out on pregnant women who receiving the THR at AWCs which is use to provide supplementary. Here we found only 48% of women are receiving the THR.

Lactating women who are receiving the THR:-

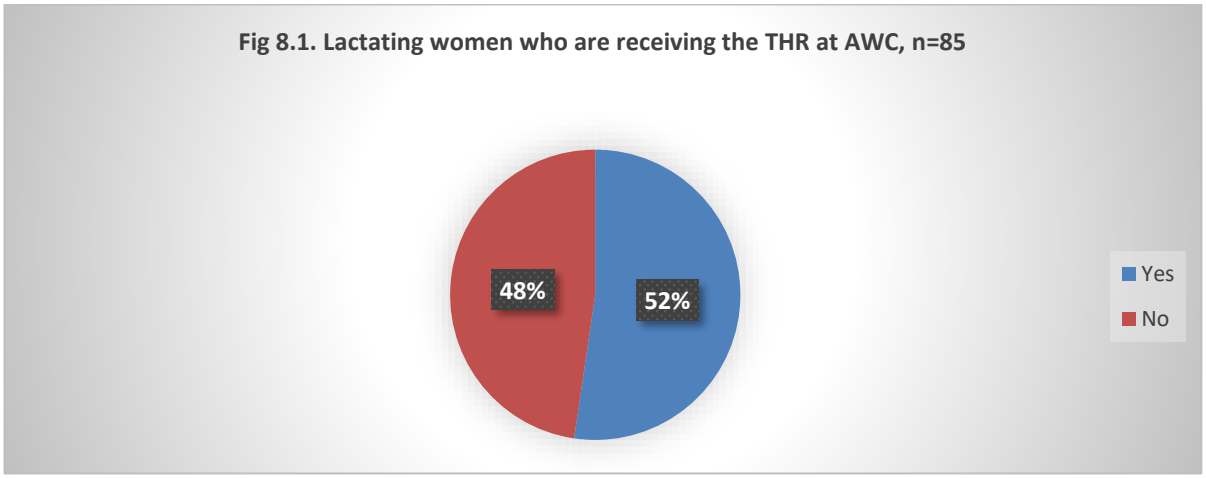

Figure 8.1

Figure no.8.1 shows the result of analysis carried out on lactating women who receiving the THR at AWCs which is use to provide supplementary . Here we found only 52% of lactating women are receiving the THR.

6^{th}-12^{th} month children receiving THR:-

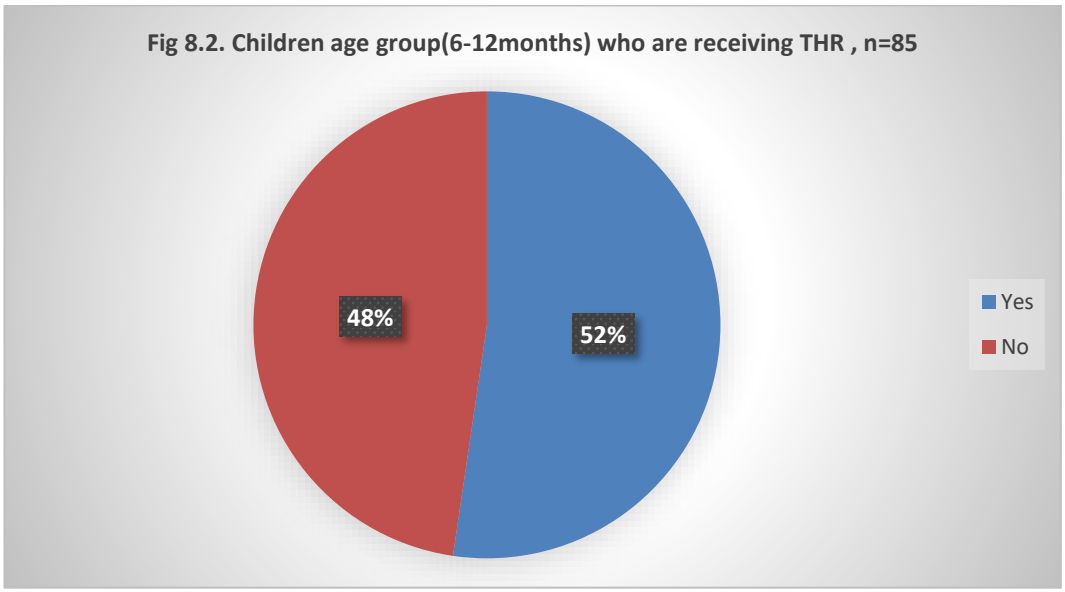

Figure 8.2

Figure no.8.2 shows the result of analysis carried out on children of age group 6-12 months who receiving the THR at AWCs which is use to provide supplementary . Here we found only 52% of children are receiving the THR.

12-24months children receiving THR:-

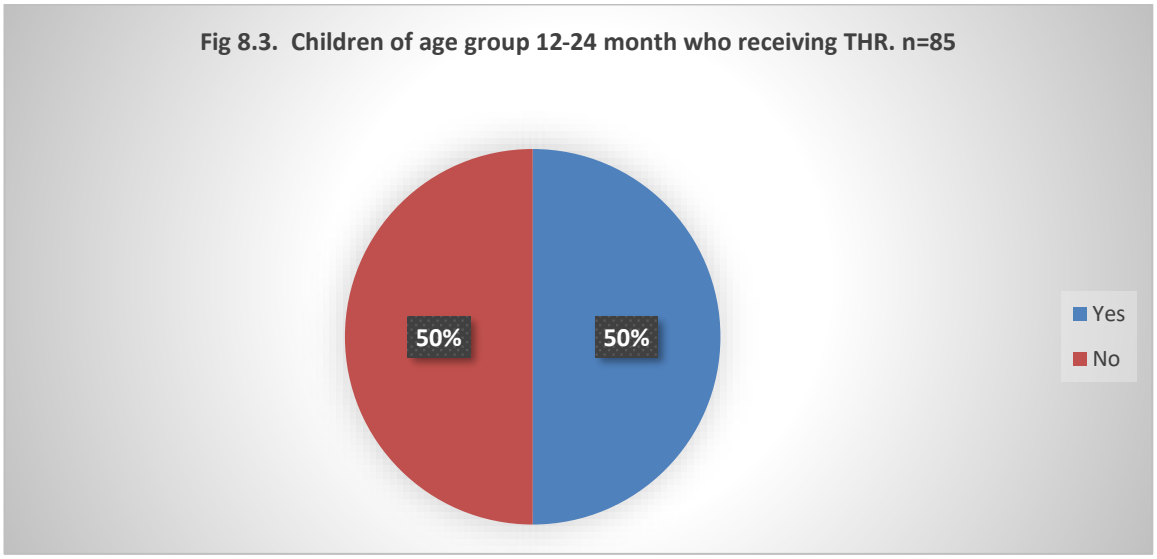

Figure 8.3

Figure no.8.3 shows the result of analysis carried out on children of age group 12-24 months who receiving the THR at AWCs which is use to provide supplementary . Here we found only 50% of children are receiving the THR.

Availability of Iron Folic Acid tablets at AWCs.

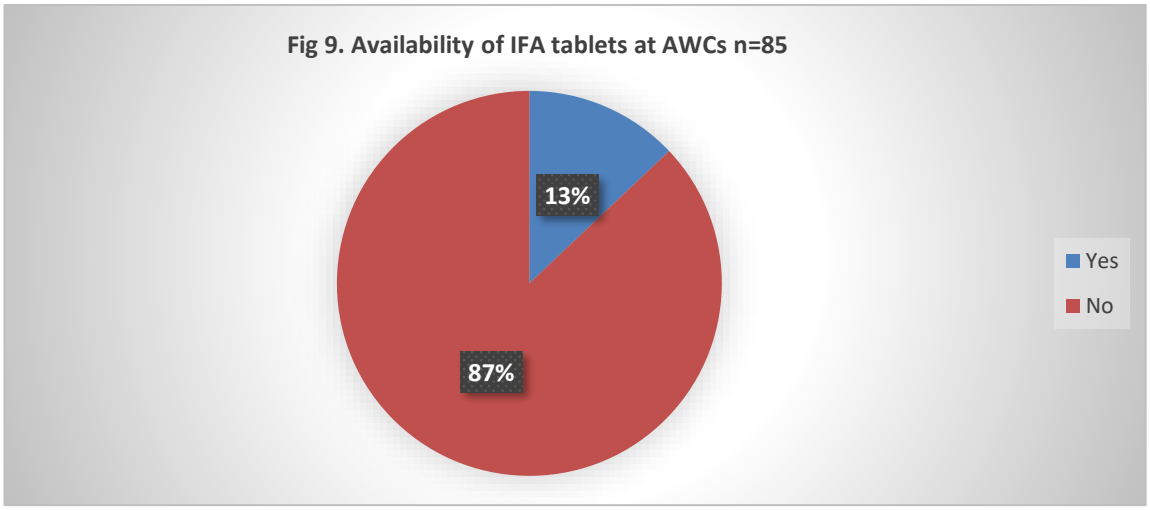

Figure 9

Figure no. 9 shows the result of analysis carried out on availability of Iron Folic Acid tablets at AWCs . Here we found only 13% of AWCs have IFA tablets.

Availability of albendazole syrup and tablets at AWCs.

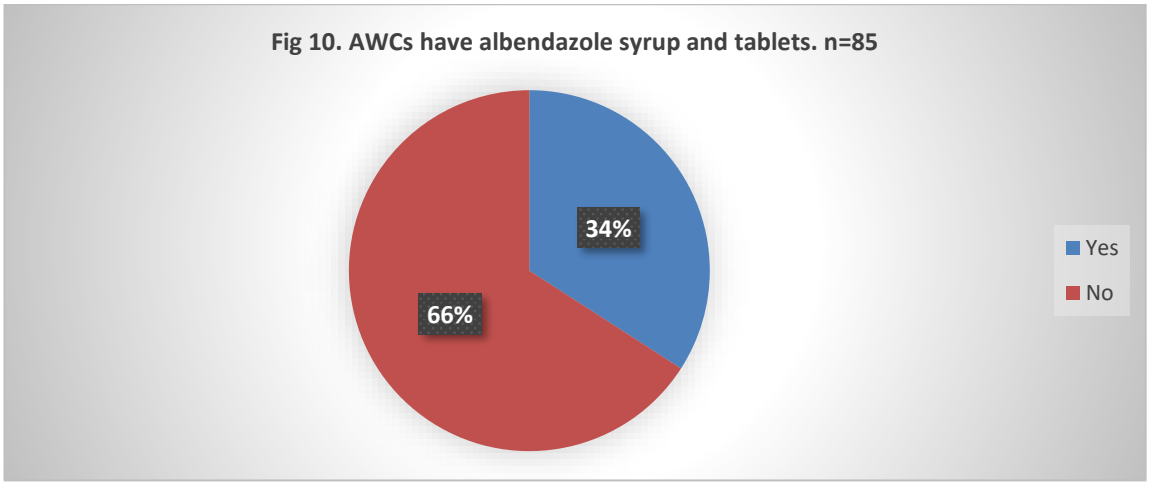

Figure 10

Figure no. 10 shows the result of analysis carried out on availability of albendazole syrups and tablets at AWCs . Here we found only 34% of AWCs have albendazole syrups and tablets.

Routine immunization carried out AWCs:-

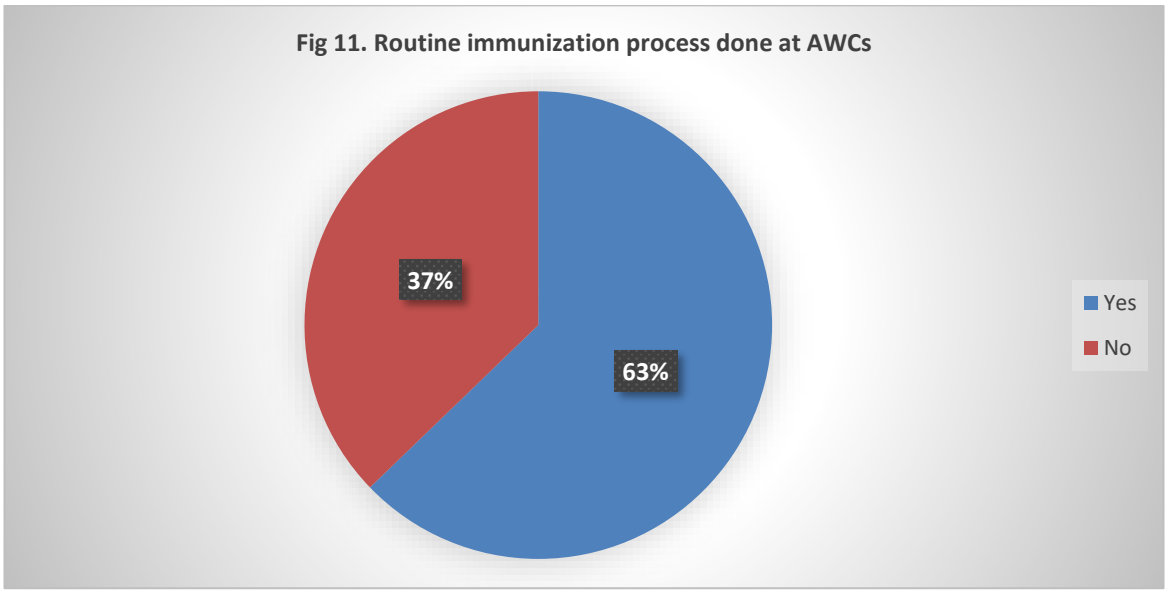

Figure 11

Figure no. 11 shows the result of analysis carried out on routine immunization carried out at AWCs . Here we found routine immunization process is done on only 63% of AWCs.

10. DISCUSSION

As we are facing the malnutrition problem in Jaisalmer District, Rajasthan so here I did assessment of AWCs here and found that there is sufficient human resource and good infrastructure but the main problem is the services provided by the AWCs is not up to the mark as is seen from the data and presented in form of Figures, it is observed that AWCs of district Jaisalmer, Rajasthan have very low no. of growth monitoring devices, 0% of stadiometer and infantometer only 1% of MUAC tapes, 42% of infant and adult weighing machines . Take Home Rations provided to beneficiaries is also low , pregnant women 48%, lactating women and children of age group 6-12 months is only 52% and children of age group 12-24 months is 50%. Iron folic acid syrups and tablets availability at AWCs is only 13%, availabilities of albendazole syrup and tablets is only 34% and routine immunization process carried out at AWCs is 63% which is also a matter of concern.

“The reasons of low performance:”

- Lack of convergence with Medical department and Educational department
- Lack of Skilled Human Resources
- Behaviour of govt. staff towards health and nutrition of children
- Weak Anganwadi services
- Lack of mindfulness in network about youngster corrective wellbeing administrations
- Poor Monitoring and follow-up by forefront laborers"

11.CONCLUSION

This study was about assessment of Anganwadi services in which we have assess the education qualification of AWW, infrastructure of AWC , availability of growth monitoring devices , availability of supplementary nutrition and medication given to respective beneficiaries and routine immunization process carried out at AWCs level . Anganwadi centres of district Jaisalmer, Rajasthan needs improvement in providing their services efficiently .Just arranging and starting projects once isn't the way, to meet the objectives or targets of any program. For this, ordinary observing and, supervision is required, beginning appropriate from the beginning up to the most noteworthy, managerial dimension. At exactly that point will the holes be distinguished in time, and remedial measures, arranged, and fitting move made.

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