A STUDY ON ASSESSMENT OF ANGANWADI CENTERS IN SUPAUL DISTRICT OF BIHAR

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MALNUTRITION AND ITS TYPES

- **MALNUTRITION** is a physical condition, which is a direct consequence of having an inadequate or excessive amount of nutrients in one's body. Malnutrition refers to both overweight /obesity and undernutrition.
- **UNDERNUTRITION** stems from the inadequate quantity and/or quality of food being consumed, and/or repeated infection or disease resulting in improper absorption of vital nutrients. It manifests itself through wasting, stunting, and micronutrient deficiencies.
- **WASTING** is a condition where a child's weight is too low for his/her height, and his/her body wastes away. It is associated with a high risk of mortality in young children.
- **STUNTING** is a condition where a child's height is too low for his/her age because of long-term nutritional deprivation. It is associated with long-term developmental and health risks.

MALNUTRITION AND ITS TYPES

- **HIDDEN HUNGER** or micronutrient deficiencies is the direct outcome of inadequate intake of vital vitamins and minerals, which results in sub-optimal immune function while undermining growth and development.
- **ANEMIA** is a condition that develops when your blood lacks enough healthy red blood cells or hemoglobin. Hemoglobin is a main part of red blood cells and binds oxygen. If you have too few or abnormal red blood cells, or your hemoglobin is abnormal or low, the cells in your body will not get enough oxygen.

NATIONAL NUTRITION MISSION

- **POSHAN Abhiyaan** was launched by Prime Minister Sri. Narender Modi in Jhunjhunu district of Rajasthan in March 2018 .
- It is a targeted approach and convergence, which strives to lower down the level of stunting, under-nutrition, anemia and low birth weight in children.
- It is a holistic programme for addressing malnutrition whereby it focuses on adolescent girls, pregnant women and lactating mothers.
- NNM will coordinate and monitor all the nutrition related schemes working in Bihar and improve the nutritional status of Bihar.

COMPONENTS OF NNM

- Convergence of the departments working towards improving nutrition status
- Behavior Change through Jan Andolan among the people
- Promotion of use Technology (ICDS-CAS) for increasing the efficiency of the schemes
- Capacity building of the front-line workers utilizing Incremental Learning Approach.
- Incentives for promoting good work and motivating others to do the same
- Innovations will be promoted. Effective Success stories from all the districts will be collected and then replicated in all other districts.

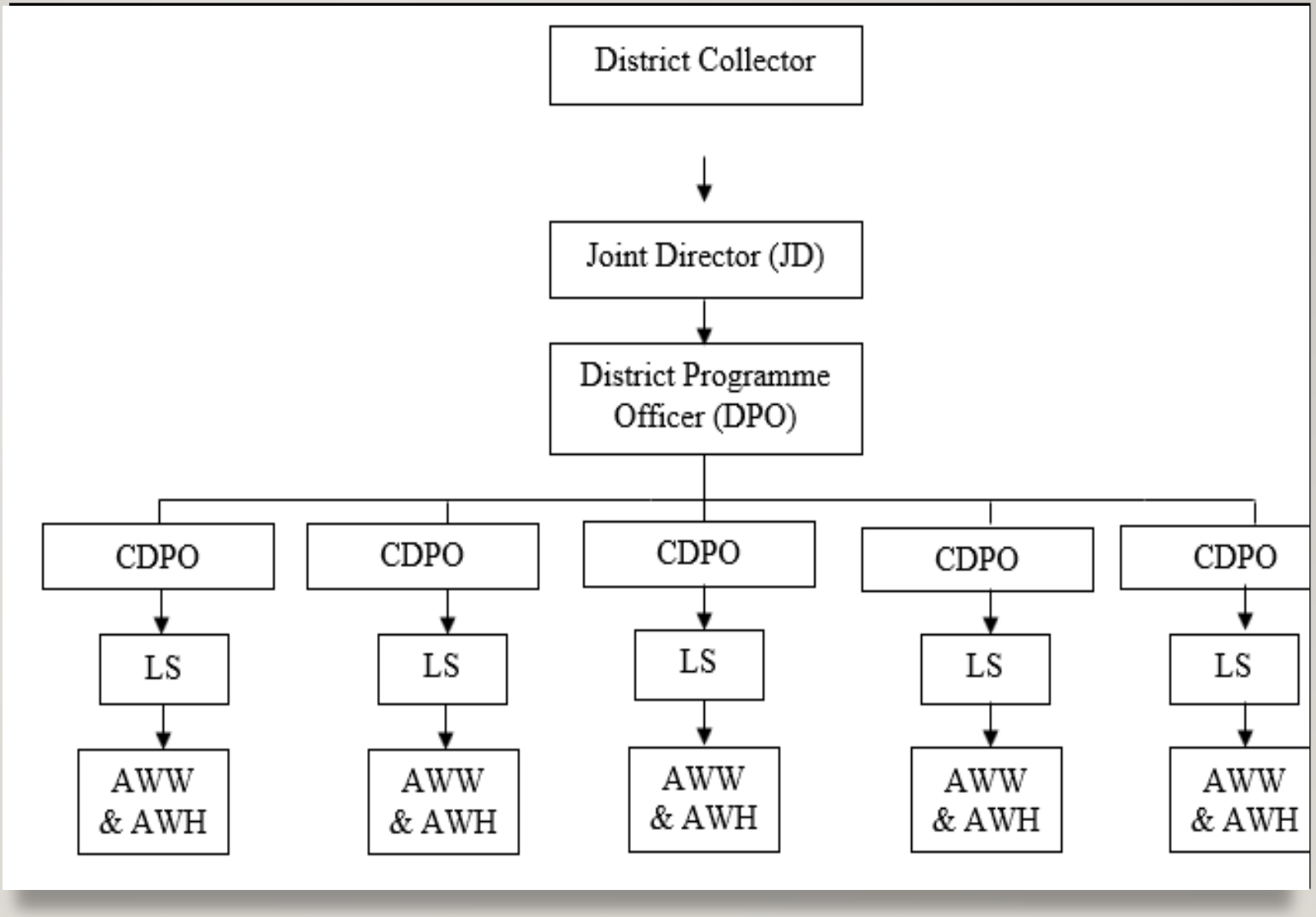
ICDS-PLATFORM FOR NNM

- ICDS Stands for **Integrated Child Development Service** scheme
- Beneficiaries of ICDS include Children in the age group of 0-6 years, pregnant and lactating women. Adolescent girls from 11 to 18 years of age were added later
- It is responsible for providing for supplementary nutrition, immunization and pre-school education to the children
- It is the largest programs providing for an integrated package of services for the holistic development of the children.
- Services of ICDS are provided through Anganwadi centres which are like child care centre.
- Each Anganwadi centre is run by Sevika and to help her there is a Sahayika present too
- These centers are crucial for improvement of nutrition status of children and women.

SERVICES OFFERED AT ICDS

1. Supplementary Nutrition
2. Pre-school non-formal education
3. Nutrition & health education
4. Immunization
5. Health check-up and
6. Referral services

ORGANOGRAM OF ICDS



NEED FOR STUDY

SUPAUL DEMOGRAPHICS

Data source: Census 2011

DISTRICT NUTRITION PROFILE

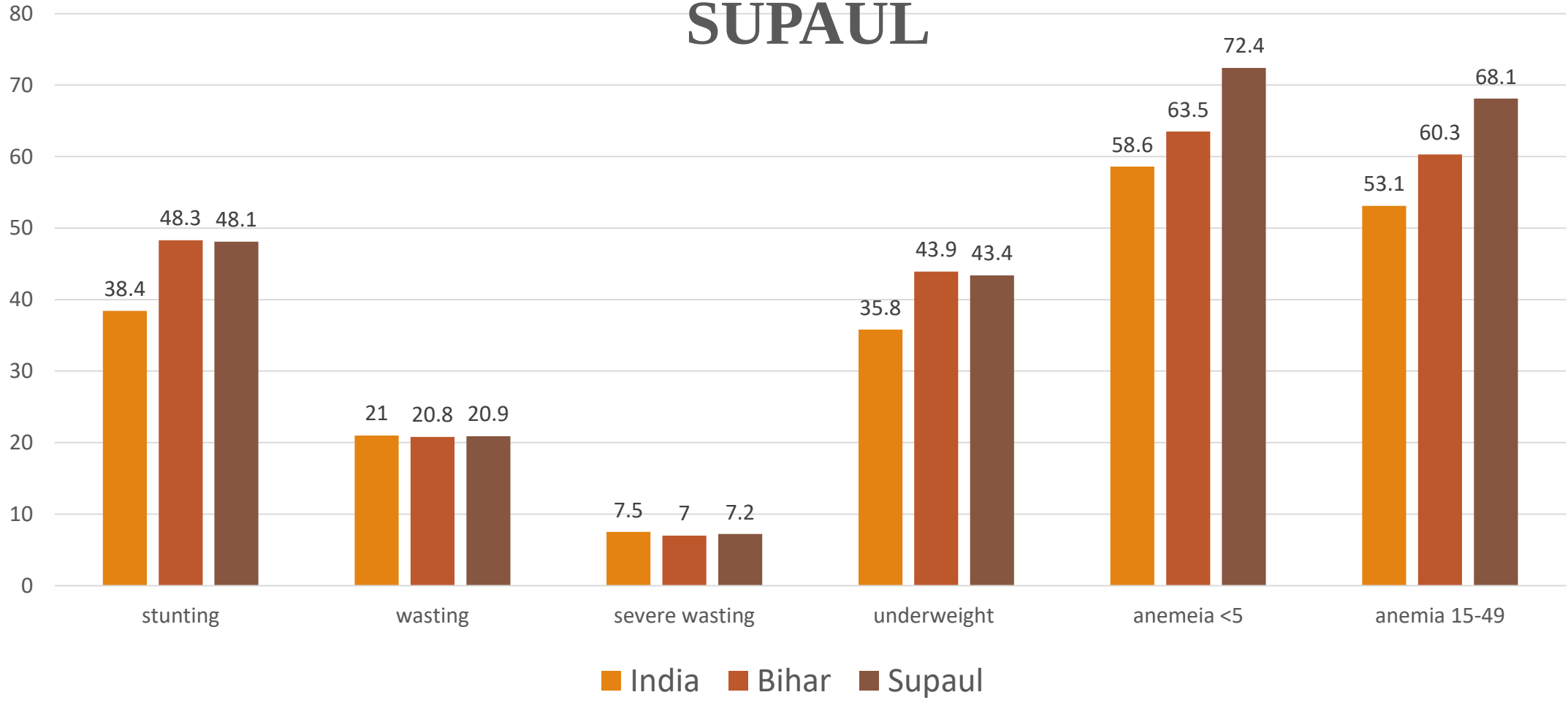
Supaul | Bihar

DISTRICT DEMOGRAPHIC PROFILE[1]

Total Population 22,00,000

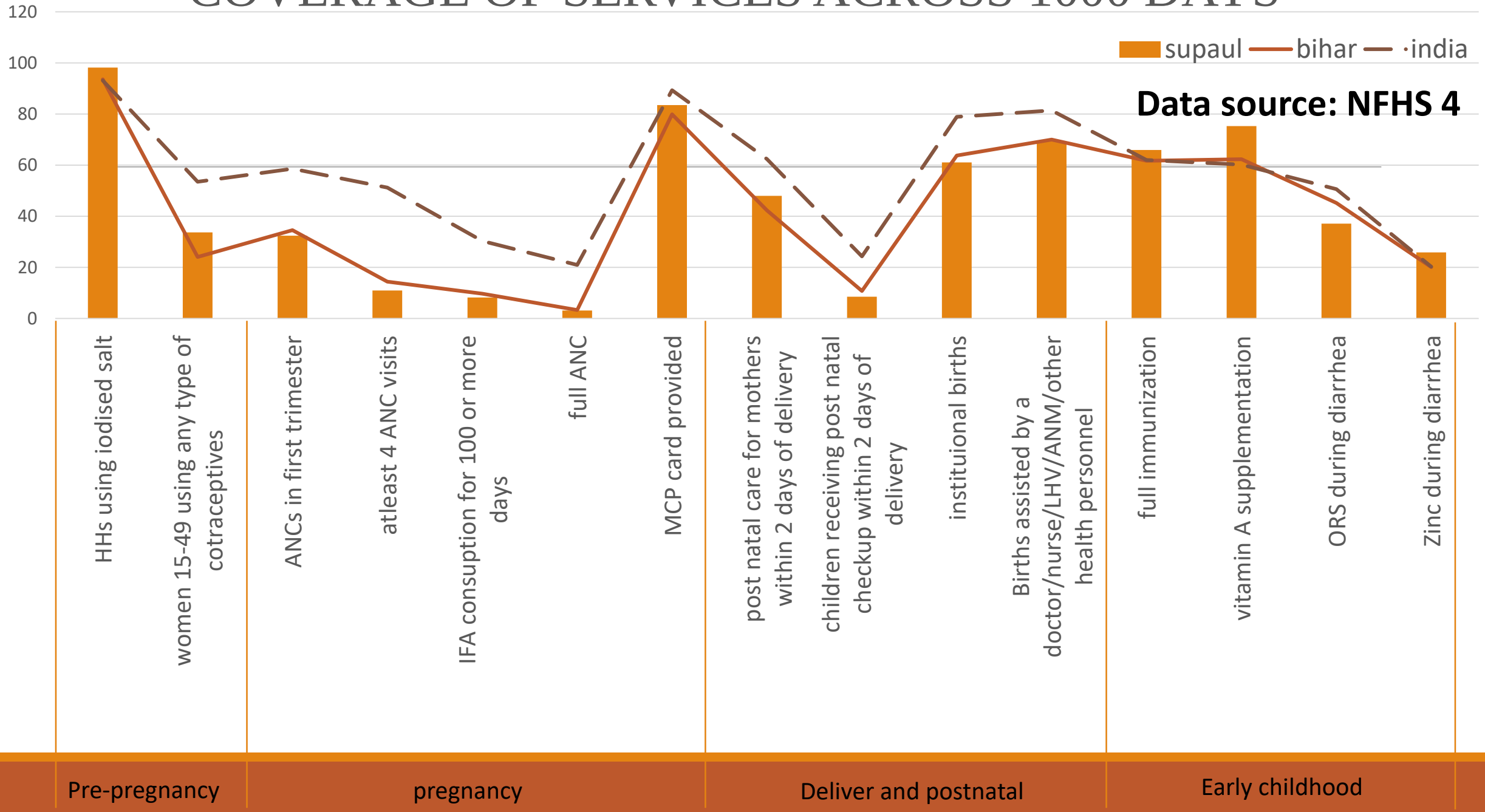
Supaul ranks 581 amongst 599 districts in India[2]

PREVALENCE OF MALNUTRITION IN SUPAUL



Data source: NFHS 4

COVERAGE OF SERVICES ACROSS 1000 DAYS



RESEARCH QUESTIONS

- What is the current status of Aanganwadi Centres of Supaul District in Bihar?
- What gaps are to be fulfilled to strengthen the existing AWCs in the Supaul district of Bihar?

OBJECTIVES OF RESEARCH

- **General Objective-**To assess the Asnganwadi Centres of Supaul District in Bihar.
- **Specific Objectives**
  - To assess the status of MIS registers in AWCs of the Supaul District in Bihar.
  - To assess status growth monitoring at AWCs in the Supaul District in Bihar.
  - To assess home visit status of AWW at AWCs in the Supaul District in Bihar.
  - To assess status of monitoring by lady supervisors at AWCs in Supaul District in Bihar.
  - To assess practices of handwashing and use of water filter at AWC.

METHODOLOGY

- **Study design**: cross-sectional, descriptive study
- **Study area**: Supaul District in Bihar
- **Duration of study**: 3 months (11th February to 10th May)
- **Type of Data Collection**: primary data was collected through structured questionnaire/ checklist from 50 AWCs
- **Sampling technique:** convenience sampling(distance under the radius of 2Km of block office)
- **Sample size**: 50 AWCs
- **Target Population**: Lady Supervisor, Aanganwadi worker, Aanganwadi helper.
- **Method of data collection**: Data collection was done by observing and interviewing the available staff (LS, AWW, AWH) of Aanganwadi Centers through structure questionnaire/checklist.
- **Data analysis plan:** After the collection of data, it was compiled in Microsoft excel. Most of the data analysis was done in Microsoft excel by using frequency table, cross tabulation, and figures.

RESULTS

INDICATORS	Yes(%)	No(%)
Regularly updated MIS registers	24	76
Growth Monitoring	12	88
home visit	4	96
LS visit	54	46
Hand Washing	46	54
Water Filters Availabilities	28	72

AWC REGISTERS PRESENT AT CENTER

- Reg-1 Family Details
- Reg-2 Supplementary Food Stock
- Reg-3 Supplementary Food Distribution
- Reg-4 Preschool Education
- Reg-5 Pregnancy & Delivery
- Reg-6 Immunization & VHND

Reg-7 Vitamin-A Bi-annual Rounds

Reg-8 Home Visits Planner

Reg-9 Referrals

Reg-10 Summaries (Monthly and Annual)

Reg-11 Weight Records for Children

CROSS TABULATION BETWEEN LS VISIT AND MIS REGISTER COMPLETION

		LS VISIT	
		YES	NO
MIS registers	YES	47.8%(11)	14.8%(4)
	NO	52.2%(12)	85.2%(23)
total		100%	100%

- 48% of centers where LS inspection happens MIS registers are updated regularly
- 52 % of centers where visits are happening, sevikas are not maintaining the registers
- So it is observed that LS does not have much impact on MIS registers

CROSS TABULATION OF HOME VISIT AND LS VISIT

		LS VISIT	
		YES	NO
Home visit(%	YES	13% (3)	0% (0)
	NO	87% (20)	100% (27)
total		100%	100%

- Nearly 13% of centers are were LS visits are happening, home visit are regualar
- 87% AWC are where LS visit are happening still no home visit.
- 100% AWC are those where neither LS are visiting nor home visits are happening
- So it is observed that LS visit is not having significant effect on home visits done by AWW

GROWTH MONITORING

- Growth monitoring is crucial for identification of malnourished children at the Aanganwadi centers
- Every Aanganwadi must contain four growth monitoring devices such as infantometer, stadiometer, infant weighing scale and adult weighing scale
- Standard WHO growth charts are used to determine the proper growth of child and based on it decisions are made regarding the status of child growth
- 14th of every month is celebrated ECCE day on which growth monitoring of every child is done and recorded in the register

CROSS TABULATION BETWEEN LS VISIT AND GROWTH MONITORING

		LS VISIT(%)	
		YES	NO
Growth monitoring(%)	YES	26% (6)	7% (2)
	NO	74% (17)	93% (25)
total		100%	100%

- 26% centers where LS are inspecting growth monitoring is regular
- 74% centers where LS are inspecting still growth monitoring is not happening
- 93% centers where Ls are not visting growth monitoring is not happening
- So it is clear from table that LS visit is not having any significance effect on Growth monitoring

CROSS TABULATION BETWEEN LS VISIT AND HAND WASHING

		LS VISIT(%)	
		YES	NO
Hand washing (%)	YES	52% (12)	44% (12)
	NO	48% (11)	56% (15)
total		100%	100%

- 52% of AWC where LS are visiting hand washing is practiced
- 48% of AWC where LS is visiting but still hand washing is not practiced
- LS visit have some significance in the handwashing practices at centre

GAPS OBSERVED IN THE DISTRICT

- Only 24% of Sevikas are updating MIS registers regularly
- Growth monitoring is happening only in 12% of AWC
- Only 4% of Sevikas are doing home visit
- Only 46% of AWC were inspected by Lady supervisors in last month
- Handwashing was observed only in 46% of Anganwadi centers
- Only 28% of AWC had water filter available
- Lady supervisors inspection of the have little effect on the performance of the center

THANK YOU