

Assessment of Anganwadi Centers under Poshan Abhiyaan in Urban Project of Chhatarpur District of Madhya Pradesh

By

Rahul Gupta

*Dissertation submitted in partial fulfillment of the requirements of the degree
MBA Hospital and Health Management*

Academic year, 2017-2019



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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Rahul Gupta**, student of MBA Health Management from The IIHMR University, Jaipur has undergone internship training at **TINI (The India Nutrition Initiative) TATA Trusts** from **11th February to 11th May, 2019**.

The Candidate has successfully carried out the study on **Assessment of Anganwadi Centres Under Poshan Abhiyaan in Urban Project of Chhatarpur District of Madhya Pradesh** assigned to him during internship training and his approach to the study has been sincere, scientific and analytical.

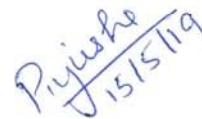
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

A handwritten signature in blue ink, appearing to read 'Ashok'.

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

15 May 19

A handwritten signature in blue ink, appearing to read 'Piyusha' with the date '15/5/19' written below it.

Dr. Piyusha Majumdar
Assistant Professor
The IIHMR University, Jaipur

WOMEN AND CHILD DEVELOPMENT DEPARTMENT

DISTRICT CHHATARPUR (M.P.)



Certificate of completion of Dissertation

The certificate is awarded to

Dr. Rahul Gupta

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

Women and Child Development

and has successfully completed his Project on

**Assessment of Anganwadi Centers under Poshan Abhiyaan in Urban Project
of Chhatarpur District Of Madhya Pradesh,**

Date- 11th February to 11th May, 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 endeavors



**District Programme Officer,
Women and Child Development
District Chhatarpur (M.P.)**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"Assessment of Anganwadi Centers under Poshan Abhiyaan in Urban Project of Chhatarpur District of Madhya Pradesh"** submitted by **Dr. Rahul Gupta**, Enrollment No. **IIHMR//2017-19/ 0635** under the supervision of **Dr. Piyusha Majumdar** for award of MBA in Hospital and Health Management in The IIHMR University carried out during the period from 11th February 2019 to 11th May 2019 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.



Signature

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **“Assessment of Anganwadi Centers under Poshan Abhiyaan in Urban Project of Chhatarpur District of Madhya Pradesh”** submitted by **Dr. Rahul Gupta**, Enrollment No. **IIHMR//2017-19/ 0635** under the supervision of **Dr. Piyusha Majumdar** for award of MBA in Hospital and Health Management in The IIHMR University carried out during the period from 11th February 2019 to 11th May 2019 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.

Signature

ABSTRACT

TITLE: Assessment of Anganwadi Centers under Poshan Abhiyaan in Urban Project of Chhatarpur District of Madhya Pradesh

NAME OF AUTHOR: Dr. Rahul Gupta

BACKGROUND: Undernutrition has always been on back seat when it comes to the political and financial agenda in the last. Malnourished children are more likely to suffer and die from the most important causes of child death such as pneumonia, diarrhea and malaria. Factors affecting nutrition include health infrastructure and lack of access to safe drinking water, sanitation and hygiene. Insufficient nutrition can result in fatal condition: severe acute malnutrition or what is most commonly called severe wasting.

In India there is an inter-generational cycle of under-nutrition, the life cycle approach needs to be adopted and strengthened with continuum of care with a focus on critical periods of nutritional vulnerability.

This study aims to ensure that the Anganwadi Centres in Chhatarpur district of Madhya Pradesh follow the guidelines and strengthen the service delivery of AWCs to reduce the malnutrition. It would further create a ripple effect in improving health and nutrition service coverage in the short term and impact health outcomes if sustained in the long run.

OBJECTIVES:

1. To assess the infrastructure of AWCs in the urban project of Chhatarpur District.
2. To assess growth monitoring devices availability at AWCs in the urban Project of Chhatarpur District.
3. To assess nutritional status of children's at AWCs in the urban Project of Chhatarpur District.
4. To assess availability of essential supplements at AWCs in the urban Project of Chhatarpur District.

MATERIAL AND METHODS:

Study design: cross-sectional, descriptive study

Study area: Urban Project in Chhatarpur District of Madhya Pradesh

Duration of study: 3 months (11th February 2019 to 10th May 2019)

Type of Data Collection: primary data was collected through structure questionnaire/ checklist from 85 AWCs

Sample size: 85 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: It was observed that out of 85 AWCs, only 9.5% of AWCs were running in government owned buildings whereas 90.5% AWCs were established in rented buildings. The structure of all AWCs were pucca. None of the AWC had a functional toilet. None of the AWC in government building had an electricity connection whereas 95% of AWCs in rented buildings had electricity connection. The source of drinking water was present in only 37% of AWCs running in Government building. Growth monitoring devices were available in almost every AWC but WHO Growth charts for plotting stunting and wasting were not available in any of the AWC. Essential supplements were available in approximately 40% of the AWCs.

CONCLUSION: It can be concluded from the study that AWCs are the major platform for delivering the services of POSHAN Abhiyaan and ICDS. Since all the services are provided through AWCs, so the standards of AWCs need to be improved as per the guidelines. According to the data, the AWCs lacked in proper infrastructures and the availability of essential supplements. If the existing AWCs are upgraded, the service delivery will automatically improve thereby reducing the burden of Malnutrition.

(Keywords: AWCs, Malnutrition, growth monitoring, ICDS, Supplementary Nutrition, Essential Supplements)

ACKNOWLEDGEMENT

I feel privileged in expressing my kindest gratitude to **Mr. Mohit Gundas (IAS), District Magistrate, Chhatartpur, MP**, 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.

Bearing in mind the previous, I would like to take this opportunity to express my deepest gratitude and special thanks to my mentor, **Dr. Piyusha Majumdar, Assistant Professor, IIHMR University, Jaipur**, for guiding and keeping me on the correct path throughout the period of internship

I also feel privileged in expressing my thanks to **Mr. Sanjay Kumar Jain (DPO, WCD Chhatarpur)** whose guidance and support was always there for me.

I express my deepest thanks to **Mr. Vikram Singh [Child Development Project Officer, Chhatarpur Urban]** for taking part in useful decision & giving necessary advices and guidance. I choose this moment to acknowledge his contribution gratefully.

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. These include the entire team of **Women and Child Development Department, Chhatarpur, Madhya Pradesh**. 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.

Dr. Rahul Gupta

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ABBREVIATIONS

ANM- Auxiliary Nurse Midwife
ASHA- Accredited Social Health Activist
AWC- Anganwadi Centre
AWW- Anganwadi Worker
AG- Adolescent Girl
BCC- Behaviour Change Communication
BRG- Block Resource Group
CBE- Community Based Events
CDPO- Child Development Project Officer
CPMU- Central Program Management Unit DC District Collector
DM- District Magistrate
DPO- District Programme Officer
DRG- District Resource Group
ECCE- Early Childhood Care and Education
HBNC- Home Based Newborn Care
HBYC- Home Based Care for Young Child
ICDS- Integrated Child Development Services
CAS- Common Application Software
IEC- Information, Education and Communication
IFA- Iron and Folic Acid
ILA- Incremental Learning Approach
IMR- Infant Mortality Rate
IYCF- Infant and Young Child Feeding
JSY- Janani Suraksha Yojana
LM- Lactating Mother
LS Lady- Supervisor
LBW- Low Birth Weight
MDM- Mid Day Meal
MIS- Management Information System
MMR- Maternal Mortality Ratio
MoH&FW- Ministry of Health and Family Welfare
MoW&CD- Ministry of Women and Child Development

NNM- National Nutrition Mission
NNRC- National Nutrition Resource Centre
POSHAN- PM's Overarching Scheme for Holistic Nourishment
PRI- Panchayati Raj Institution
RCH- Reproductive and Child Health
SHG- Self Help Group
SPMU- State Project Monitoring Unit
SN- Supplementary Nutrition
TINI- The India Nutrition Initiative
THR- Take Home Ration
VHSND- Village Health, Sanitation and Nutrition Day
WASH- Water and Sanitation and Hygiene

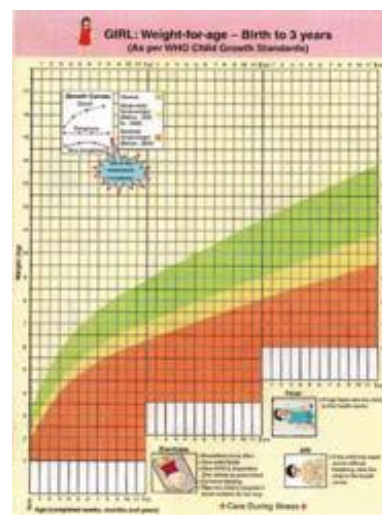
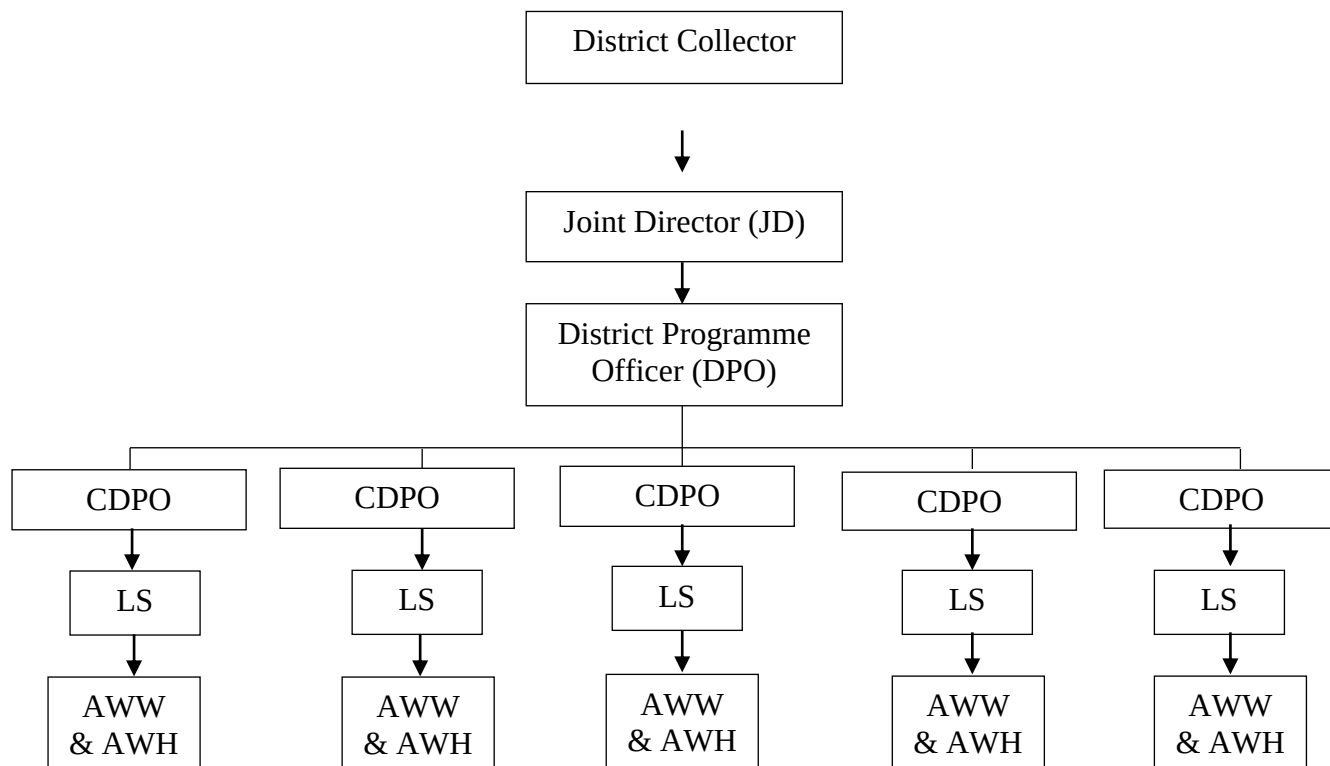
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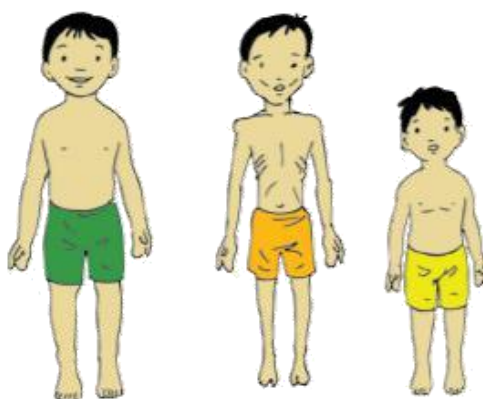
General Information	Statistics
(i) Geological Area	8687.36 square kilometres
(ii) Administrative Division	
Number of Blocks	8
Number of villages	1188
Number of ICDS Project	13
(iii) Total District Population	1,762,857
(iv) Population in Urban Project	1, 56, 214
(v) No. of children 0-59 months	279,317
(vi) No. of Anganwadi Centers	2058
(vii) Sex Ratio	869
(viii) Literacy Rate	53.3

(Source- Census 2011(1))

WOMEN AND CHILD DEVELOPMENT: ORGANOGRAM



INTRODUCTION



Undernutrition has always been on back seat when it comes to the political and financial agenda in the last. Malnourished children are more likely to suffer and die from the most important causes of child death such as pneumonia, diarrhea and malaria. Factors affecting nutrition include health infrastructure and lack of access to safe drinking water, sanitation and hygiene. Insufficient nutrition can result in fatal condition: severe acute malnutrition or what is most commonly called severe wasting(2). Forms of Undernutrition include:

Malnutrition

Stunting

Wasting

Hidden hunger

In India there is an inter-generational cycle of under-nutrition, the life cycle approach needs to be adopted and strengthened with continuum of care with a focus on critical periods of nutritional vulnerability(2).

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.

The India Nutrition Initiative (TINI) is an implementation arm of the Tata Trusts and is envisioned to carry forward the work of the Trusts to address the problem of malnutrition in India by identifying, undertaking and supporting relevant initiatives in the said thematic area. TINI's programs have strong linkages with the Government of India's and respective State Government's ongoing nutrition/health programs(3).

The National Nutrition Mission: NNM's objective is to reduce the level of under-nutrition and other related issues by implementing convergence of many other nutrition related

schemes i.e. Anganwadi Services, Pradhan Mantri Matru Vandana Yojana, Scheme for Adolescent Girls of MWCD; National Health Mission (NHM), MoH&FW; Swachh Bharat Mission, Food & Public Distribution (CAF&PD); Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Drinking Water & Toilets with Ministry of Panchayati Raj and Urban Local Bodies (4).

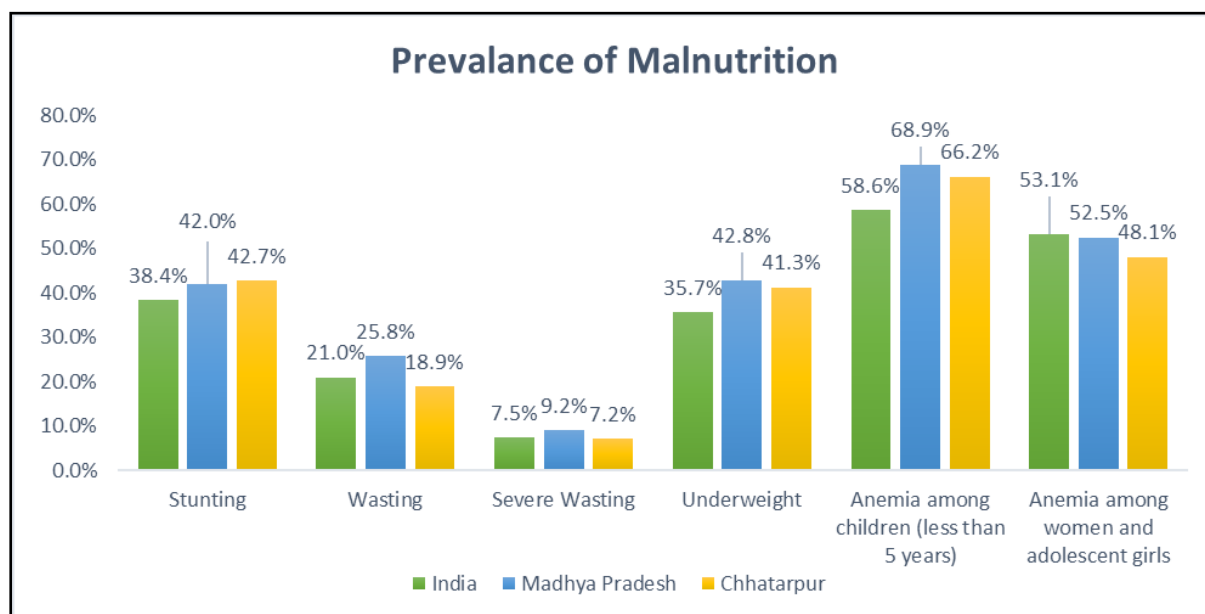
BENEFICIARIES

1. Children 0-6 years of age
2. Pregnant and lactating women
3. Adolescent girls

OBJECTIVES AND TARGETS

S.NO.	OBJECTIVES	TARGETS
1	Prevent and reduce stunting in children 0-6 years	By 2% per annum
2	Prevent and reduce undernutrition (Underweight prevalence) in children 0-6 years	By 2% per annum
3	Reduce the prevalence of anaemia among young children (6-59 months), women, adolescent girls (15-49 years)	By 3% per annum
4	Reduce low birth weight	By 2% per annum

RATIONALE OF THE STUDY



- According to NFHS 4, there is high prevalence of stunting in the Chhatarpur district of Madhya Pradesh i.e. 42.7%
- As per NFHS 4 data, there is a very slight difference in the prevalence of wasting and severe wasting in India, Madhya Pradesh and Chhatarpur
- Around 43% children in Madhya Pradesh and Chhatarpur are underweight
- The prevalence of anemia among under-5 children in Madhya Pradesh and Chhatarpur is nearly 70% which is comparatively higher than in India(5).
- In India there is an inter-generational cycle of under-nutrition, the life cycle approach needs to be adopted and strengthened with continuum of care with a focus on critical periods of nutritional vulnerability.
- The first 1000 days of a child are the most critical, which includes the nine months of pregnancy, six months of exclusive breastfeeding and the period from 6 months to 2 years to ensure focused interventions on addressing under-nutrition.
- Attention is also needed on children in the age group of 3-6 years for their overall development through the platform of the Aanganwadi Centers (AWCs).
- Sustained support to AWCs of the district could create a promising improvement in the quality of services offered in the AWCs and improve the reach of the Anganwadi services(4).

- Many programmes / schemes had been started by government such as Pradhan Mantri Matru Vandana Yojana, Integrated Child Development Scheme, Poshan Ahaar, Mid-day Meal, Atal Bihari Vajpayee Bal Aarogya Yojana, etc. to improve the nutritional status of the children. But there has been minimal improvement in the level of nutrition in the children(6).
- To reduce the level of malnutrition in Chhatarpur district, it is important to map the existing service coverage at the AWCs and develop a plan of action to improve the services.
- This study aims to ensure that the Aanganwadi Centres in Chhatarpur district of Madhya Pradesh follow the guidelines and strengthen the service delivery of AWCs to reduce the malnutrition.
- It would further create a ripple effect in improving health and nutrition service coverage in the short term and impact health outcomes if sustained in the long run.

LITERATURE REVIEW

- ❑ Delivering Sprinkles Plus through the Integrated Child Development Services (ICDS) to Reduce Anemia in Pre-school Children in India

Siddhivinayak Hirve, et al.

This study assessed the effectiveness of multivitamin powder supplementation to reduce anemia among the children aged 6 months to 6 years in India. 17, 124 children in AWCs were given 6 sachets of multivitamin powder flexibly for a period of 4 months through the platform of ICDS. Compliance cards were used to monitor the compliance and mother's recall assessment was done through post intervention survey. Hemoglobin was measured in the samples of 1786 children before and 1782 children after the multivitamin supplementation. It was found that the mean compliance based on mother's recall was 56.4% whereas compliance based on compliance card was 91.7%. A notable decline in the anemia was seen after MNP supplementation. It was concluded that multivitamin powder supplementation if integrated with ICDS proves to be effective means of reducing anemia in children aged from 6 months to 6 years(7).

- ❑ An assessment of facilities and services at Anganwadi centers under the Integrated Child Development Service scheme in Northeast District of Delhi, India.

Akash Malik, et al.

The above-mentioned study assessed the facilities and services being provided in the AWCs by the AWWs under ICDS. The study was carried out in the northeast district of Delhi whereby 41 AWCs were selected and their AWW were interviewed. It was found that the room size was approximately 109 square feet. Weighing machine was available in 70% of AWCs, growth charts for growth monitoring of children were present in 68.3% of AWCs. Only 34.1% AWCs had the essential drug kits. It showed that the AWWs lacked in knowledge regarding norms for calorie and protein for beneficiaries(8).

- ❑ Evaluation of integrated Child Development Services program in Gujarat, India for the years 2012 to 2015

Rajesh K Chudasama et al.

This study evaluated the ICDS program in terms of inputs, processes, outcomes, utilization and issues related to the ICDS program in the state of Gujarat where 130 AWCs were identified from rural and urban areas. The information was collected in terms of infrastructure, characteristics of AWWs, provision, coverage and utilization of ICDS services. There were 14.9 % children underweight, 13.5% children moderately underweight and 1.4 % children were severely malnourished. Only 14.5 % of AWCs were providing preschool education to the children. The study has shown various gaps in infrastructure, trainings, supplementary nutrition for beneficiaries, immunization, health check-ups, referrals, etc.(9).

- ❑ Operational Assessment of ICDS Scheme at Grass Root Level in a Rural Area of Eastern India: Time to Introspect

Jyotiranjana Sahoo et al.

The study carried out in rural area of Odisha with the objective of assessment of operational aspects of ICDS scheme. 36 AWCs were included in the study whereby assessment was done through checklist mainly focusing on 3 domains such as, material, resource and functional aspects of AWCs. It was observed that the most common problems were in the infrastructure and logistic supply which were the main causes of poor implementation of ICDS program(10).

- ❑ A study to assess availability of basic infrastructure of anganwadi centers in a rural area
- Ipsita Debata et al.

This cross sectional study was done to assess the availability of basic infrastructure of AWCs in rural area named Sondekoppa area, Bangalore where 21 AWCs were selected. 81% of AWCs were running in government owned buildings. Only 10% of AWCs had a compound wall and toilets were available only in 57% of AWCs. 61.5% of AWCs had clean room and kitchen in the facility(11).

☐ A study of functioning of anganwadi centers of urban ICDS block of Aurangabad city
Meenal M Thakare et al.

This study was carried out to assess the functioning of AWCs of urban ICDS block on Aurangabad city where 28 AWCs were identified. A cross sectional study was done and the assessment was done through observing the infrastructure, interviewing the AWWs and checking the records. The study revealed that all AWCs were being run in a pucca rented buildings and electricity supply, piped water supply and sanitary toilets are available with 60.71%, 64.28% and 53.57 % of AWCs(12).

RESEARCH QUESTIONS

1. What is the current status of Anganwadi Centres of urban Project of Chhatarpur district of Madhya Pradesh?
2. What gaps are to be fulfilled to strengthen the existing AWCs in the Urban Project of Chhatarpur district of Madhya Pradesh?

OBJECTIVES OF RESEARCH

General Objective

1. To assess the Anganwadi Centres of urban Project in Chhatarpur district of Madhya Pradesh.

Specific Objectives

1. To assess the infrastructure of AWCs in the urban project of Chhatarpur District.
2. To assess growth monitoring devices availability at AWCs in the urban Project of Chhatarpur District.
3. To assess nutritional status of children's at AWCs in the urban Project of Chhatarpur District.

4. To assess availability of essential supplements at AWCs in the urban Project of Chhatarpur District.

LIMITATION OF THE RESEARCH

1. It is an area specific study, so the results of this study cannot be generalised in rural project of the district.

METHODOLOGY

Study design: cross- sectional, descriptive study

Study area: Urban Project in Chhatarpur District of Madhya Pradesh

Duration of study: 3 months (11th February 2019 to 10th May 2019)

Type of Data Collection: primary data was collected through direct observation and checklist from 85 AWCs and review of records and documents.

Sample size: 85 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: the data was compiled and analysed in Microsoft excel.

ANALYSIS OF THE STUDY

General Information About AWC

Human Resource present		
Total no. of AWC	AWW+AWH	AWH
85	81	4

Table1: Availability of Human Resource in AWCs

Interpretation: Table 1 shows the available human resource in the Anganwad Centres. Majority of the AWCs had both anganwadi worker and anganwadi helper working in the anganwadi centre. 4 AWCs had only anganwadi helper working in the AWC.

Infrastructure of AWCs

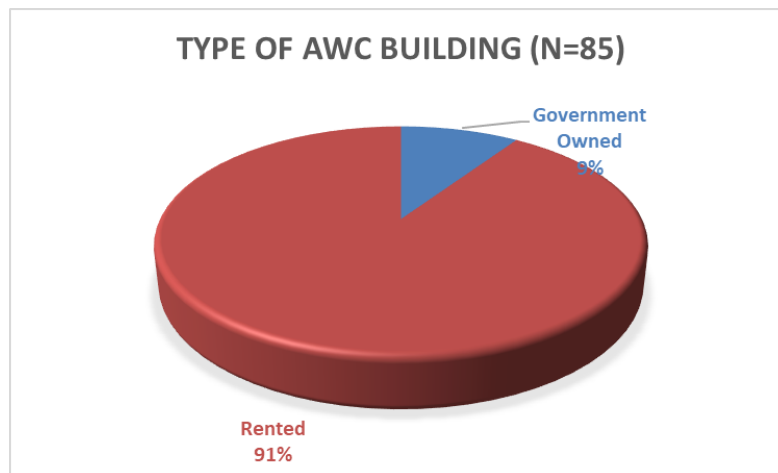


Figure 1: Type of Building of AWC

Interpretation: Figure 1 depicts the type of building of AWC. It shows that out of 85 AWCs, only 8 AWCs were run in a government owned building and rest 77 AWCs were running in a rented building. The structure of all the buildings for AWCs including Government owned and rented were pucca in nature i.e. all the buildings had floor, walls, and ceilings made of concrete.

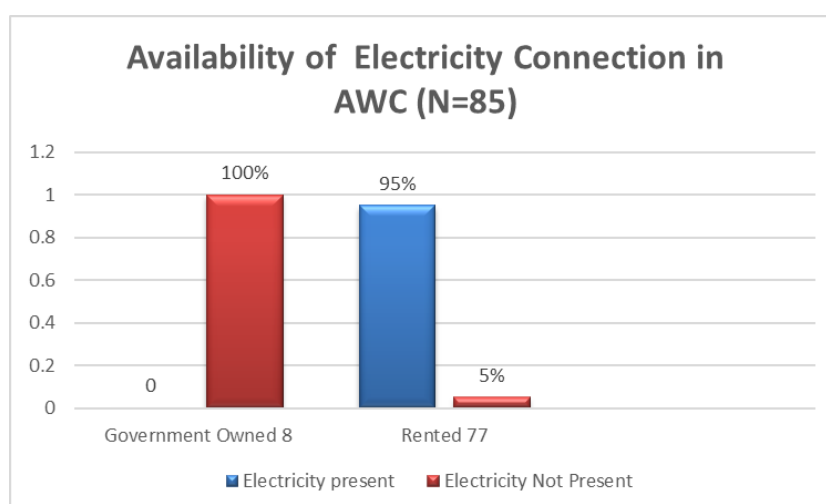


Figure 2: Availability of Electricity Connection in AWCs

Interpretation: Figure 2 shows the availability of electricity connection in the AWCs. It is noted that none of the 8 government owned buildings had electricity connection in the AWCs whereas out of 77 rented building, 73 AWCs had an electricity connection.

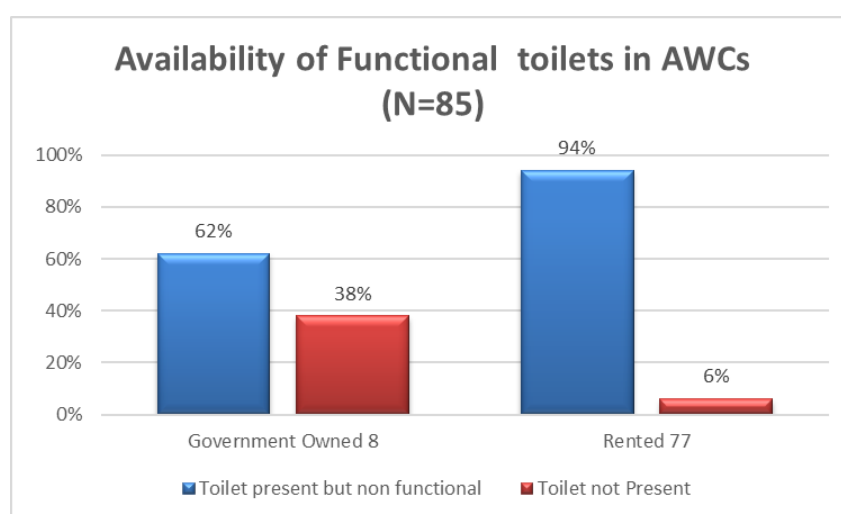


Figure 3: Availability of Functional Toilets in AWCs

Interpretation: Figure 3 depicts the availability of functional toilets in AWCs. It can be seen that 62% of AWCs in government owned buildings had toilet which were non-functional and in 38% of AWCs toilets were not present. Among AWCs in rented buildings, 94% of AWCs had non-functional toilets and 6 % of AWCs did not have toilets at all.

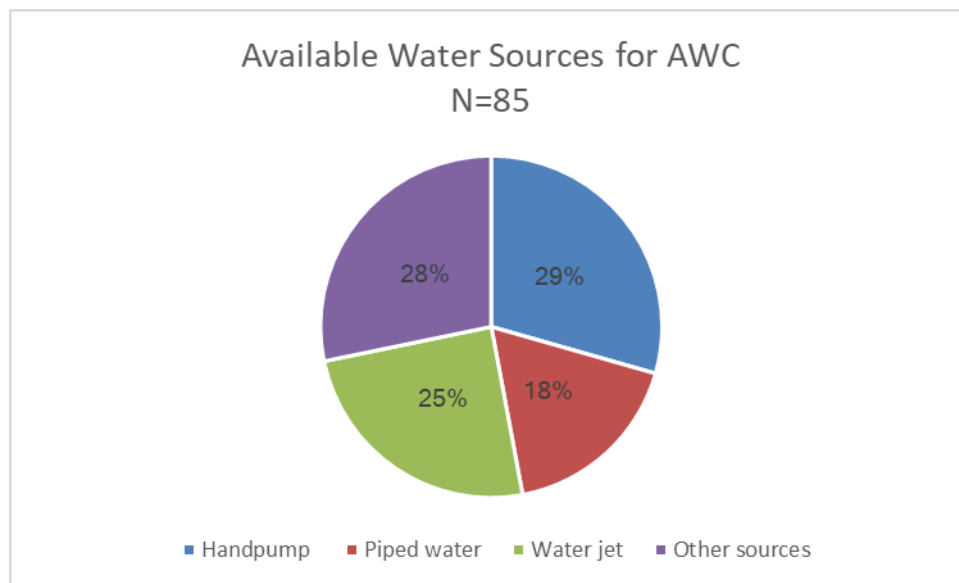


Figure 4: Availability of Water Sources in AWCs

Interpretation: Figure 4 is showing a pie chart depicting the different sources of water present in the AWCs. 29% of AWCs used handpump as the source of water, 18% of AWCs had piped water as the source of water, and 25% AWCs used water jet. 28 % of AWCs did not have any source of water present in the AWCs.

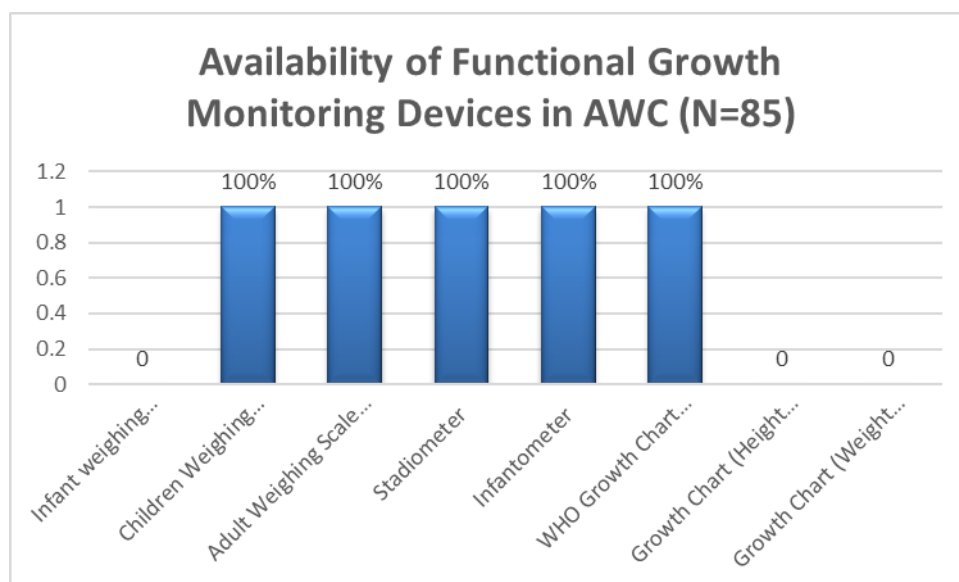


Figure 5: Availability of Growth Monitoring Devices in AWCs

Interpretation: From figure 5 it can be observed that infant weighing machine, WHO growth chart (weight for height) for diagnosing wasting and growth chart (Height for age) used for identifying stunting are not available in any of the AWC



Figure 6: Availability of Essential Supplements in AWCs

Interpretation: Figure 6 depicts the availability of essential supplements in the AWCs. Iron syrup was available in 41% of AWCs, 70% AWCs had IFA Tablets, Zinc ORS was present in 51% of AWCs and albendazole was available in 56% of AWCs. Out of 60 AWCs which had IFA Tablets, Red IFA Tablets for pregnant women was available in 50% of AWCs whereas Blue IFA Tablets for adolescent girls were present in 18% of AWCs. 32% of AWCs had both the types of IFA Tablets.

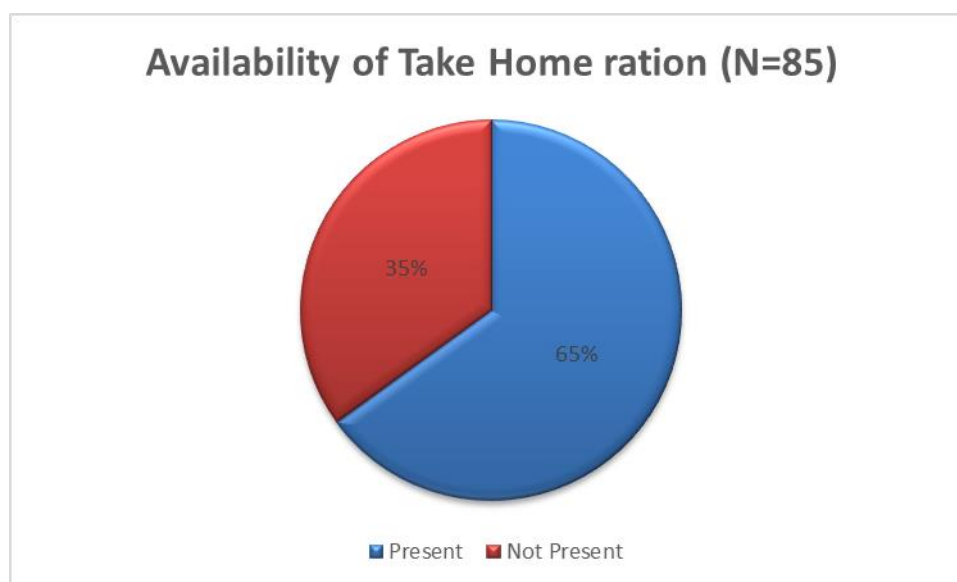


Figure 7: Availability of Take-Home Ration in AWCs

Interpretation: Through Figure 7 it can be clearly seen that Take-Home Ration was available in 65% of AWCs whereas 35% of AWCs did not have take-home ration.

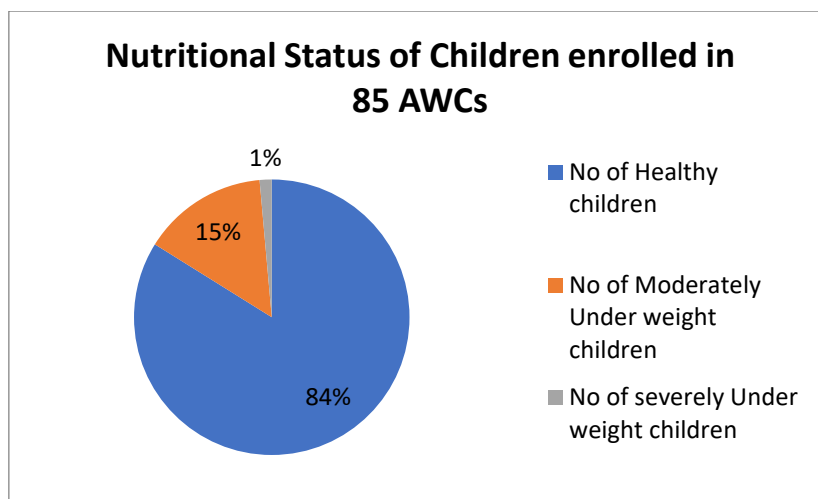


Figure 8: Nutritional Status of all the children enrolled in 85 AWCs

Interpretation: Figure 8 shows the nutritional status of the children enrolled in all the 85 AWCs. It can be noted that 84% of children enrolled in the AWCs were healthy and 15% of children were moderately underweight whereas only 1% children were severely underweight.

DISCUSSION

As it is evident from the data analysis of the study titled assessment of Aanganwadi centres in urban project of the Chhatarpur district of Madhya Pradesh, there were 85 AWCs out of which only 8 AWCs were present in a government owned building whereas 77 AWCs were established in rented building.

None of the AWC in government owned building had an electricity connection whereas 73 AWCs out of 77 AWCs in rented building had electricity connection. This points out that there is a need to establish more of AWCs in the government owned buildings with proper electricity connections.

The AWCs also lacked functional toilets in the government owned buildings. Moreover, the toilets present in AWCs in rented building were also non-functional. Under Swachh Bharat Program, toilet is a basic amenity which should be present and functional in all the facilities.

Only 37% of AWCs in government owned building had a proper source of drinking water. Water is a basic need of human being so there should be proper source of water in every AWC. Ministry of safe drinking water and sanitation should be taken aboard to improve the condition of AWCs.

Under the POSHAN Abhiyaan, it is mandatory to monitor the growth of the children, pregnant women and adolescent girls which is done through various growth monitoring devices. Almost all of the AWCs had majority of the growth monitoring devices but none of the AWCs have WHO growth charts to capture stunting (height for age) and wasting (weight for height). These two are the important components of POSHAN Abhiyaan which needs to be lowered but due to lack of growth charts it cannot be identified. Hence, the growth charts should be made available in all the AWCs.

To manage the cases of malnutrition, anemia and diarrhea, essential supplements such as IFA Syrups and Tablets, Zinc ORS, etc. were not available in most of the AWCs. IFA tablets are essential for anemia management which is one of the major components of POSHAN Abhiyaan that needs to be tackled. Zinc ORS is necessary for diarrhea management which is a major cause of malnutrition. Therefore, these supplements need to be made available in the AWCs.

Take Home Ration is given to all the pregnant women since malnutrition prevails throughout the life cycle, so to eliminate malnutrition, Take Home Ration is a major component of ICDS services as well as POSHAN Abhiyaan. In the study, it was seen that 35% of AWCs did not have Take Home Ration for the pregnant women.

CONCLUSION

It can be concluded from the study that AWCs are the major platform for delivering the services of POSHAN Abhiyaan and ICDS. Since all the services are provided through AWCs, so the standards of AWCs need to be improved as per the guidelines.

According to the data, the AWCs lacked in proper infrastructures and the availability of essential supplements. If the existing AWCs are upgraded, the service delivery will automatically improve thereby reducing the burden of Malnutrition. As a Swasth Bharat Prerak, many innovative actions will be taken to improve the standards of AWCs and make them as a model for other states to improve the conditions of the AWCs across the country.

ANNEXURES

ANNEXURE 1: TOOL USED FOR ASSESSMENT

ASSESSMENT OF AANGANWADI CENTERS UNDER POSHAN ABHIYAAN IN URBAN PROJECT OF CHHATARPUR DISTRICT OF MADHYA PRADESH

Checklist for Aanganwadi Centers

Section A. GENERAL INFORMATION

- a) Name of District:
- b) Name of Project:
- c) Name of Sector:
- d) Code No. of Anganwadi Center:
- e) Ward no.:
- f) Type of AWC: Regular/Mini
- g) Who is presently working in AWC: AWW/AWH/ Both/ None

POPULATION COVERAGE BY AWC

- a) Total Population:
- b) Children population
 - i. 0 to 6 months:
 - ii. 6 months to 3 years:
 - iii. 3 years to 6 years:
- c) No. of children present on the time of visit:
- d) No. of out of school girls:
- e) No. of pregnant women:
- f) No. of lactating women:

Section B. INFRASTRUCTURE

101) Building Type

- 1. Government owned
- 2. Rented
- 3. Community owned
- 4. Other:

102) Structure of Anganwadi Centre (AWC)

- 1. Kutcha
- 2. Pucca
- 3. Ardh pucca

103) Availability of toilets in the AWCs and their functional status

- 1. Yes & functional
- 2. Yes & non-functional
- 3. Not available

104) Availability of electricity connection in the AWCs and their functional status

1. Yes & functional
2. Yes & non-functional
3. Not available

105) What type of drinking water source is available

1. Hand pump
2. Well
3. Piped water
4. jet
5. Other, specify

106) Hand wash facility availability

1. Yes
2. No

Section C. GROWTH MONITORING DEVICES AVAILABILITY

201) Infant weighing scale availability

1. Yes & functional
2. Yes & non-functional
3. Not Available

202) Children's weighing scale availability

1. Yes & functional
2. Yes & non-functional
3. Not Available

203) Adult weighing scale availability

1. Yes & functional
2. Yes & non-functional
3. Not Available

**204) WHO growth charts availability for Weight for Age for underweight
(select all that is available)**

1. Separate charts for male and female children
2. Both male and female charts in one book
3. Growth chart not available

205) Availability of stadiometer

1. Yes & functional
2. Yes & non-functional
3. Not Available

206) Availability of infantometer

1. Yes & functional
2. Yes & non-functional
3. Not Available

- 207) **How is weight for length/height is captured to plot for wasting?**
1. Growth chart
 2. CAS
 3. Not captured (If not captured skip 302 question of section D)
 4. Other:

- 208) **How is height for age captured to plot for stunting**
1. Growth chart
 2. CAS
 3. Not captured (If not captured skip 303 question of section D)
 4. Other:

Section D. NUTRITIONAL STATUS OF CHILDREN AT AWC

- 301) **Weight for age (Underweight)**
1. No. of severely underweight children (Red Zone):
 2. No. of moderately underweight children (Yellow Zone):
 3. No. of healthy children (Green Zone):
- 302) **Weight for length/height (Wasting)**
1. No. of SAM children
 2. No. of MAM children:
 3. No. of healthy children:
- 303) **Length/Height for age (Stunting)**
- No. of stunted children:

Section E. AVAILABILITY OF ESSENTIAL SUPPLEMENTS

- 401) **Availability of IFA syrup**
1. Yes
 2. No
- 402) **Availability of IFA tablet**
1. Yes
 2. No
- 402.1) **If yes, which IFA tablets are available?**
1. Red Tablets
 2. Blue Tablets
 3. Both
 4. Not available
- 403) **Availability of zinc and ORS at the Anganwadi center**
1. Yes
 2. No

404) Availability of Albendazole Tablet at the Anganwadi center

1. Yes
2. No

Section E. SUPPLEMENTARY NUTRITION

501) Availability of hot cooked meal

1. Yes
2. No

502) Availability of take-home ration (THR)

1. Yes
2. No

503) Is THR micronutrient fortified?

1. Yes
2. No

ANNEXURE 2

PHOTOGRAPHS FROM THE FIELD VISITS











REFERENCES

1. Census of India: Search Details [Internet]. [cited 2019 May 8]. Available from: <http://www.censusindia.gov.in/pca/Searchdata.aspx>
2. Undernutrition-basics.pdf.
3. Guidelines for Swasth Bharat Preraks-Final (1).pdf.
4. Administrative_Guidelines_NNM-26022018.pdf.
5. MP_FactSheet.pdf [Internet]. [cited 2019 May 8]. Available from: http://rchiips.org/nfhs/pdf/NFHS4/MP_FactSheet.pdf
6. Home | Women and Child Development Department, Government of Madhya Pradesh [Internet]. [cited 2019 May 8]. Available from: [http://mpwcdmis.gov.in/\(S\(5kt4o5pkowao313chwibpirh\)\)/Home.aspx](http://mpwcdmis.gov.in/(S(5kt4o5pkowao313chwibpirh))/Home.aspx)
7. Hirve S, Martini E, Juvekar SK, Agarwal D, Bavdekar A, Sari M, et al. Delivering Sprinkles Plus through the Integrated Child Development Services (ICDS) to reduce anemia in pre-school children in India. *Indian J Pediatr.* 2013 Dec;80(12):990–5.
8. Malik A, Bhilwar M, Rustagi N, Taneja DK. An assessment of facilities and services at Anganwadi centers under the Integrated Child Development Service scheme in Northeast District of Delhi, India. *Int J Qual Health Care J Int Soc Qual Health Care.* 2015 Jun;27(3):201–6.
9. Chudasama RK, Patel UV, Kadri AM, Mitra A, Thakkar D, Oza J. Evaluation of integrated Child Development Services program in Gujarat, India for the years 2012 to 2015. *Indian J Public Health.* 2016 Jun;60(2):124–30.
10. Sahoo J, Mahajan PB, Paul S, Bhatia V, Patra AK, Hembram DK. Operational Assessment of ICDS Scheme at Grass Root Level in a Rural Area of Eastern India: Time to Introspect. *J Clin Diagn Res JCDR.* 2016 Dec;10(12):LC28-LC32.
11. Debata I, P A, S RT. A study to assess availability of basic infrastructure of anganwadi centers in a rural area. *Int J Community Med Public Health.* 2017 Jan 5;3(8):1992–7.
12. iblt11i3p253.pdf [Internet]. [cited 2019 May 8]. Available from: <http://medind.nic.in/ibl/t11/i3/iblt11i3p253.pdf>