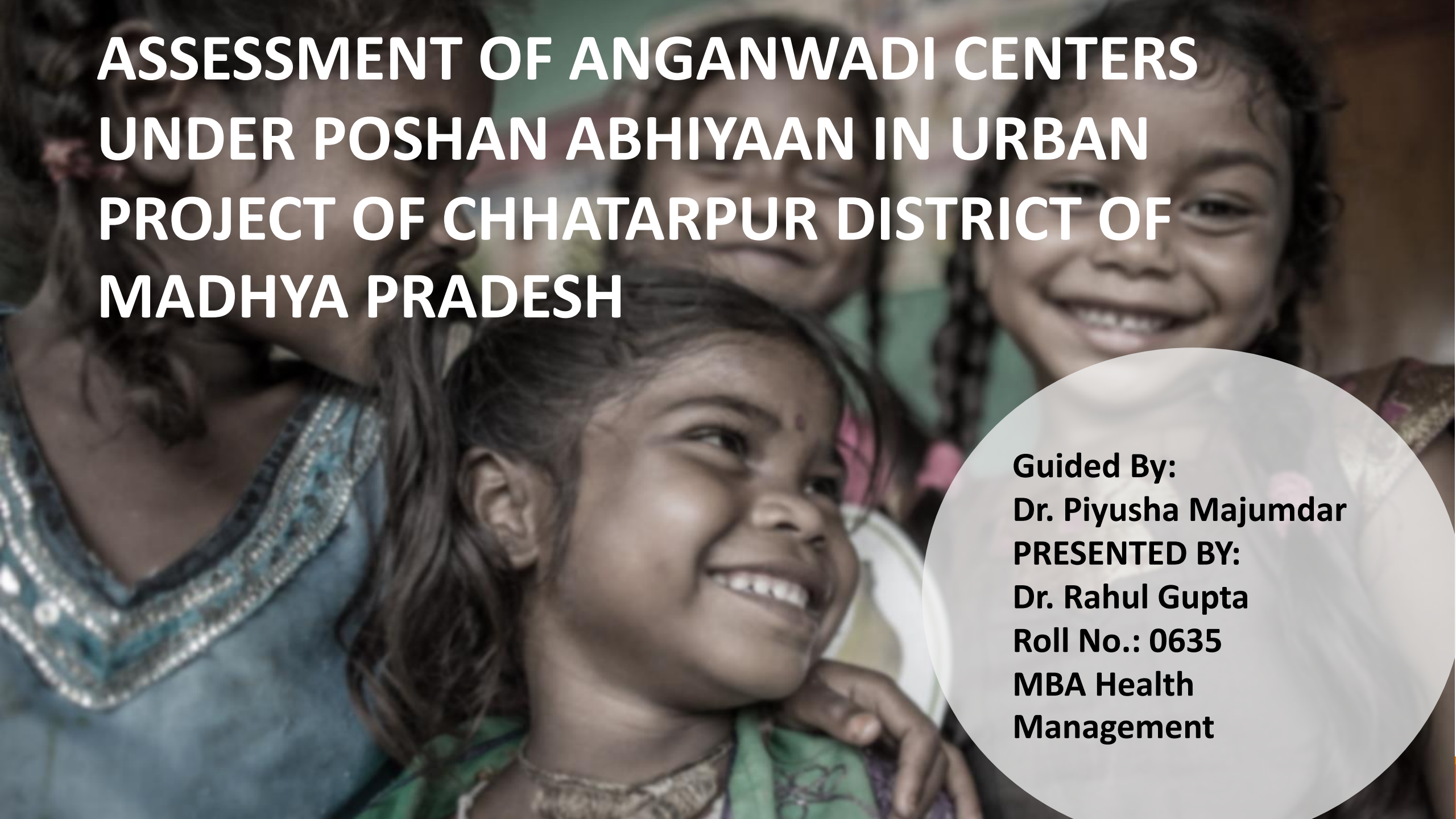


A background image showing a group of young children, likely from an Anganwadi center, smiling and looking upwards. The children are of South Asian descent. One child in the foreground is wearing a green and purple patterned garment. Another child to the left is wearing a blue garment with a decorative border.

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

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- ❖ Introduction
- ❖ Rationale of the study
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- ❖ Objectives
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INTRODUCTION

MALNUTRITION is a physical condition, which is a direct consequence of having an inadequate 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.

**HEALTHY
CHILD**



WASTED CHILD



STUNTED CHILD



INTRODUCTION

POSHAN Abhiyaan

- ❖ It 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 also focuses on adolescent girls, pregnant women and lactating mothers.

The India Nutrition Initiative (TINI)

- ❖ It 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.

Targets

Prevent & reduce Stunting
children (0- 6 years)

Prevent & reduce under-nutrition
children (0-6 years)

Reduce Low Birth Weight

Reduce anemia
young Children(6-59 months)
Women & Adolescent Girls – 15
to 49 years

@ 2%
per
annum

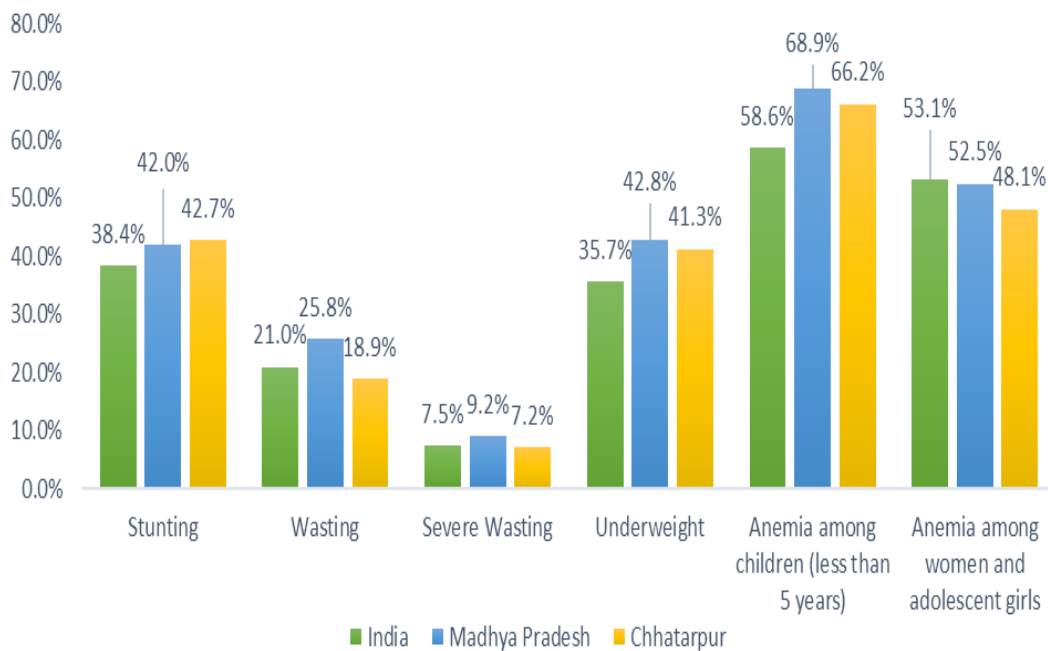
@ 3%
per
annum

bring down stunting of children- 0-6 years from 38.4% to 25% by the year 2022



RATIONALE OF THE STUDY

Prevalance of Malnutrition



- ❖ 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.

RATIONALE

- ❖ 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.
- ❖ Since all the ICDS services are provided 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.
- ❖ 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.



RESEARCH QUESTIONS

- ❖ What is the current status of Aanganwadi Centres of urban Project of Chhatarpur district of Madhya Pradesh?
- ❖ 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 check growth monitoring devices availability at AWCs in the urban Project of Chhatarpur District.
3. To check nutritional status of children's at AWCs in the urban Project of Chhatarpur District.
4. To see availability of essential supplements at AWCs in the urban Project of Chhatarpur District.

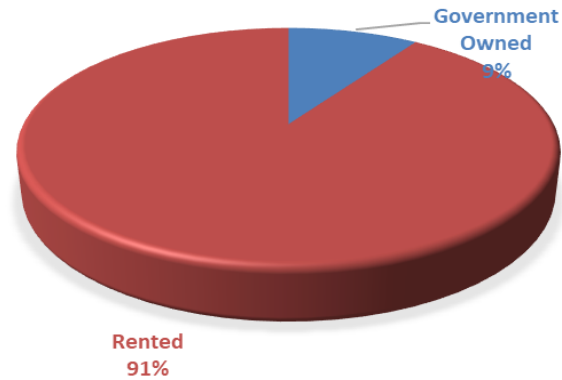
METHODOLOGY

- ❖ **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 checklist from 85 AWCs and review of records and documents.
- ❖ **Sample size:** 85 AWCs

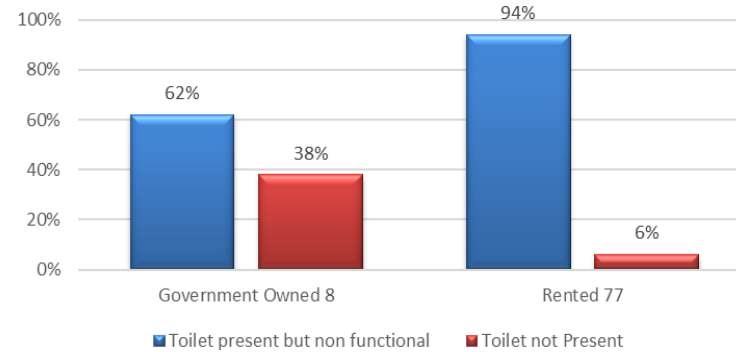
METHODOLOGY

- ❖ **Method of data collection:** Data collection was done by observing and interviewing the available staff (LS, AWW, AWH) of Aanganwadi Centers through 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.

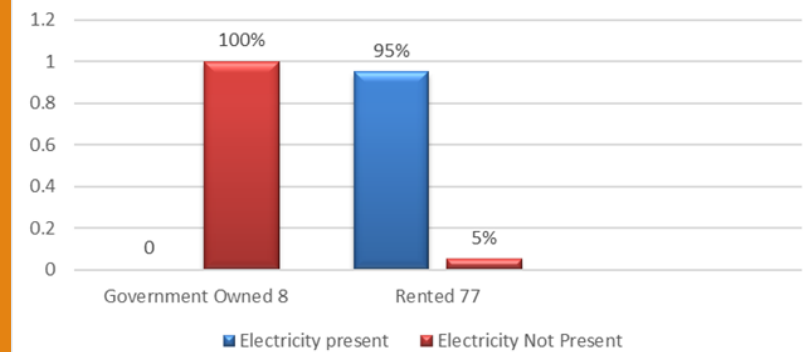
TYPE OF AWC BUILDING (N=85)



Availability of Functional toilets in AWCs (N=85)

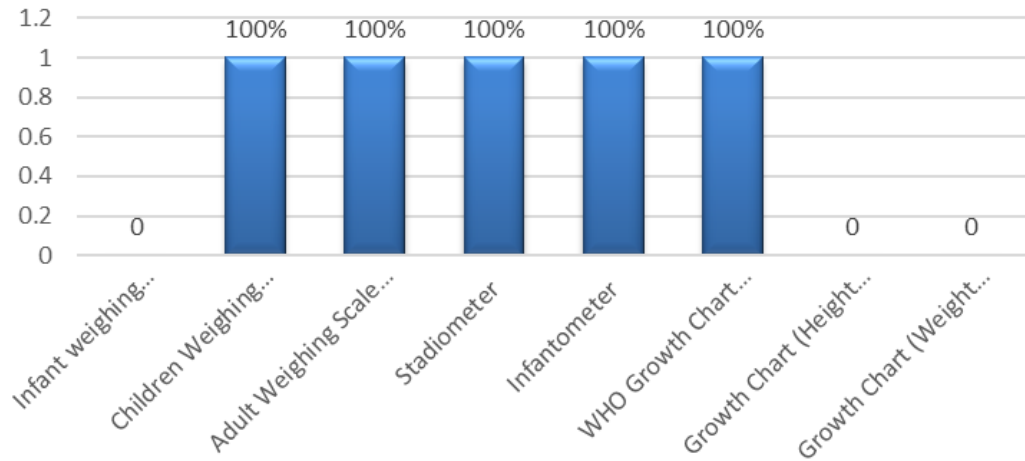


Availability of Electricity Connection in AWC (N=85)

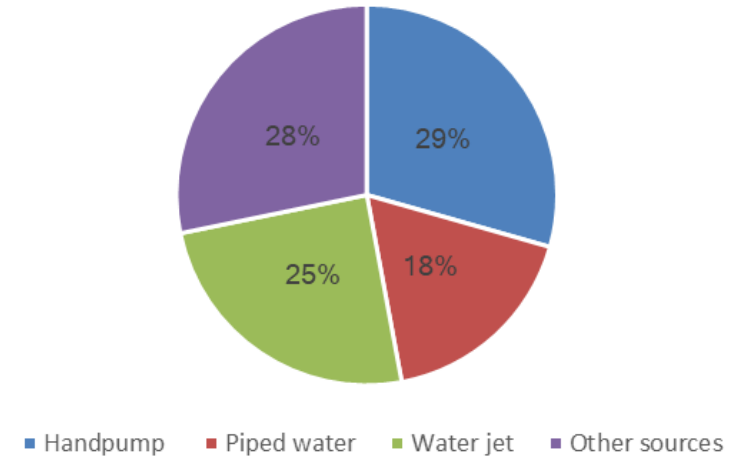


ANALYSIS OF THE STUDY

Availability of Functional Growth Monitoring Devices in AWC (N=85)

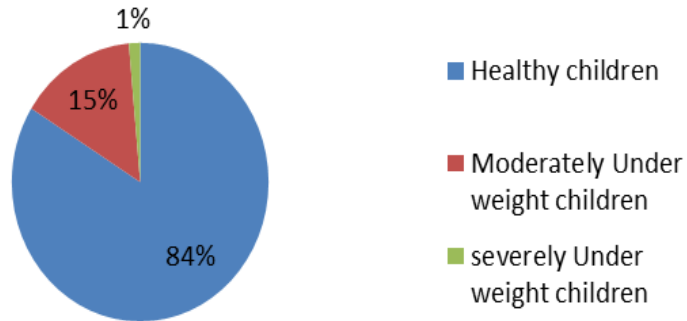


Available Water Sources for AWC N=85

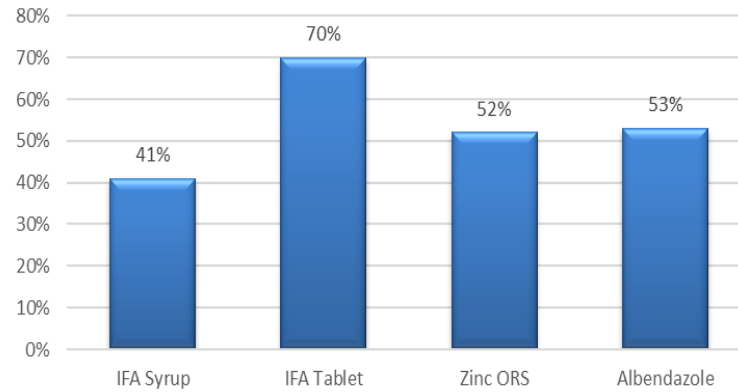


ANALYSIS

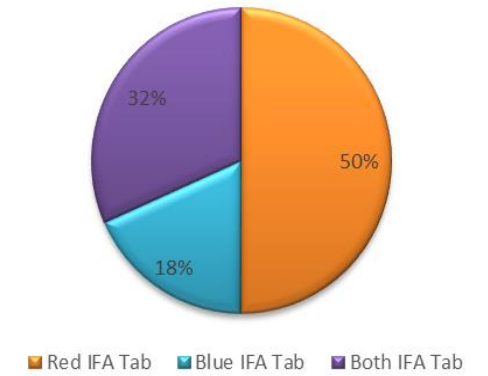
Nutritional Status of Children enrolled in 85 AWCs



Availability of Essential Supplements in AWC (N=85)



Availability of different types of IFA Tablets in AWC (N=60)



ANALYSIS

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 in terms of building types, functional toilets, electricity connection, source of drinking water, WHO Growth-Charts and the availability of essential supplements.

RECOMMENDATIONS

- ❖ 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.

RECOMMENDATIONS

- ❖ 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.
- ❖ 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 WHO growth charts it cannot be identified. Hence, the growth charts should be made available in all the AWCs.

TOOL

[Fina tool.docx](#)







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THANK YOU

