Assessment of Selected Anganwadi Centres of Allahabad District, Uttar Pradesh

By

Priya Chaturvedi

Dissertation submitted for the partial fulfillment of the MBA Hospital and Health Management

Academic year, 2014-2016

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Internship Training

At

India Health Action Trust, UP-TSU

An Assessment of selected Anganwadi centres of Allahabad district, Uttar Pradesh

By

Priya Chaturvedi

Under the guidance of

Dhirendra Kumar

Professor,The IIHMR University

MBA Hospital and Health Management
2014-2016

The IIHMR University, Jaipur, India

The IIHMR University, Jaipur

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

IIHMR UNIVERSITY

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This is to certify that Priya Chaturvedi, student of MBA Hospital and Health Management (PGDHM) from The IIHMR University, Jaipur has undergone internship training at India Health Action Trust, UP-TSU from Feb 22, 2016 to 9th May, 2016.

The Candidate has successfully carried out the study 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

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The certificate is awarded to

Priya Chaturvedi

In recognition of having successfully completed her

Internship in the department of

Nutrition

and has successfully completed her Project on

An Assessment of selected Anganwadi centres of Allahabad district, Uttar Pradesh

Date-February 22' to May 9' 2016

India Health Action Trust- UPTSU

He/ She comes across as a committed, sincere & diligent person who has a

Strong drive and zeal for learning

We wish him/her all the best for future endeavors

INDIA HEALTH ACTION TRUST UP-TSU

AUTHORISED SIGNATORY

For India Health Action Trust

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This is to certify that the dissertation titled **An Assessment of selected Anganwadi centres of Allahabad district, Uttar Pradesh** and submitted by **Priya Chaturvedi** Enrollment No **0192** ,19th Batch under the supervision of **Dhirendra Kumar Professor, The IIHMR University, Jaipur,** for award of MBA Hospital and Health Management of the university carried out during the period from **Feb 22, 2016** to **May 9, 2016** 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.

Priya Chaturvedi

Signature
Priya Chaturvedi
19th Batch
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2014-2016

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The internship was started with a vision to be able to learn about the practical aspects of healthcare delivery system in a detailed manner. I hereby take this opportunity to express my deep sense of gratitude to all those who have been instrumental in the successful completion of my internship. Any accomplishment requires efforts of various individuals and this work is no exception

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I would also like to specially thank all of my study participants who have been co operative in participating and responding well during the interview.

Finally, and most importantly, I would like to thank God for allowing me to complete my project, my beloved parents for their blessings and my friends for their help and wishes for the successful completion of this internship.

Priya Chaturvedi
0192, 19th Batch
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List of Abbreviations

AAA	ASHA, ANM,AWW
AWC	AnganwadiCentres
ANM	Auxiliary Nurse & Midwifery
AWW	Anganwadi Worker
BF	Breast- feeding
CF	Complimentary Feeding
EBF	Exclusive Breast Feeding
ICDS	Integrated Child Development Services
IYCF	Infant and Young Child Feeding Practices
GM	Growth Monitoring
VHND	Village Health and Nutrition Day

DISSERTATION REPORT

An assessment of selected Anganwadi centres of Allahabad district, Uttar Pradesh

1.1 Abstract

An Assessment of selected Anganwadi centres of Allahabad district, Uttar Pradesh

Author: Priya Chaturvedi

Introduction:

Integrated Child Development Services (ICDS) Scheme, which was introduced on experimental basis on 2nd October 1975, today represents one of the world's largest programmes for early childhood development. ICDS is unique in several respects. It is uniquely Indian. A package of services comprising supplementary nutrition and growth monitoring; immunization; health check-up; health referral services; non-formal pre-school education and health and nutrition education to be provided at all Anganwadi Centres (AWCs). The key functionary of ICDS scheme is the Anganwadi worker, an honorary worker who belongs to the community and caters to a population of ~1000 people each. After more than 35 years of its existence, the ICDS scheme stands as the world's most unique and largest community-based outreach system for women and child development. After the immense success in initial years, the scheme was universalized to the whole country during the 10th 5-year plan by the government of India.

Thus, for the attainment of ICDS scheme goals, the Anganwadi worker at each AWC needs to be equipped with adequate infrastructure, functional equipment, tools and drugs. Furthermore, she should be aware of the norms regarding nutrition and other key services to be provided under the scheme.

Research Question:

What is the existing status of infrastructure and services available at Anganwadi centres?

What is the Knowledge and practices of Anganwadi workers regarding the services being delivered through ICDS?

Objectives:

- To assess the facilities and services available at the AWCs
- To assess the knowledge and practices of Anganwadi workers regarding the services being delivered through ICDS.

Methodology:

- **Study Design:** Descriptive; Cross- Sectional
- **Study Area:** Chaka block of Allahabad District, Uttar Pradesh
- **Study Duration:** 3 months (February 2016 to April 2016)

- **Study Population:** Selected Anganwadi centres and Anganwadi workers
- **Source of Data:** Primary
- **Sampling Method:** Total AWC in Chaka block is 177. Out of 177 AWC, 20% of AWC were taken for operational feasibility which comes out to be 36. These 36 AWC were then selected through simple random sampling.
- **Sample Size:** 36 AWC and AWW
- **Data Collection Technique:** Personal Interview through structured Interview Schedule and Observation
- **Data Collection Tool**: Pre- designed Structured Questionnaire
- **Data Analysis:** MS- Excel

Findings:

As per the findings of the study most of the Anganwadis were housed in primary school buildings.Most of the AWC do not have Electricity supply, and the major source of drinking water is hand pump. Toilets were available in a very few AWC. Only those AWC which have their own government building had a separate kitchen and space to keep food supplies and equipments. A major finding was that MUAC tape was not at all available in any of the AWCs. Out of 36 AWC, only 9 AWCs had properly functioning weighing machines. Take home ration supply was regular in all AWC. Knowledge of AWW was found to be partially correct as most of them had knowledge about IYCF practices and Growth monitoring technique.

Conclusion:

This study showed a lack of facilities at the AWCs and partially correct knowledge of Anganwadi workers. Thus a regular training and supportive supervision of the Anganwadi workers is recommended along with the availability of adequate facilities and infrastructures

1.2 Introduction

Integrated Child Development Services (ICDS) Scheme, today represents one of the world's largest programmes for early childhood development. ICDS is unique in several respects. It is uniquely Indian.

INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME

Children in the age group 0-6 years constitute around 158 million of the population of India (2011 census). These Children are the future human resource of the country. Ministry of Women and Child Development is implementing various schemes for welfare, development and protection of children.

Launched on 2nd October, 1975, the Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers.

Objectives of the Scheme are:

- 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.

Services under ICDS

The ICDS Scheme offers a package of six services, viz.

- Supplementary Nutrition
- Pre-school non-formal education
- Nutrition & health education
- Immunization
- Health check-up and
- Referral services

The last three services are related to health and are provided by Ministry/Department of Health and Family Welfare through NRHM & Health system. The perception of providing a package of services is based primarily on the consideration that the overall impact will be much larger if the different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from the related services.

For better governance in the delivery of the Scheme, convergence is, therefore, one of the key features of the ICDS Scheme. This convergence is in-built in the Scheme which provides a platform in the form of Anganwadi Centres for providing all services under the Scheme.

The delivery of services to the beneficiaries is as follows:

Services	**Target Group**	**Service provided by**
(i) Supplementary Nutrition	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	Anganwadi Worker and Anganwadi Helper [MWCD]
(ii) Immunization*	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	ANM/MO [Health system, MHFW]
(iii) Health Check-up*	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	ANM/MO/AWW [Health system, MHFW]
(iv) Referral Services	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	AWW/ANM/MO [Health system, MHFW]
(v) Pre-School Education	Children 3-6 years	AWW

		[MWCD]
(vi) Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO [Health system, MHFW & MWCD]
* AWW assists ANM in identifying the target group.		

1.3 Review of Literature

A study in urban area of Ludhiana Punjab on assessment of ICDS showed results as : the ICDS Programme in the study area was found to have several short-comings. Not only were the facilities and infrastructure inadequate, but the AWCs also lacked essential equipment like Salter scales and medicine kits, rendering a vital activity like growth monitoring to be completely absent.

A study in Gujarat on evaluation of ICDS programme showed results as: The present study reported availability of concrete type of building in majority of AWCs, and availability of separate child friendly toilet facility and adequate indoor space in more than half of rural AWCs. Only a few AWWs in urban areas received induction training. It has been documented that proper training improves AWWs'performances, and inadequate training of AWWs may be the reason for poor performance AWCs.

Another study on functioning of Anganwadi centres in Aurangabad city showed following results. all AWCs were rented. All had a pucca building. Electricity supply, piped water supply and sanitary toilets are available with 60.71%, 64.28% and 53.57 % of AWCs.. The basic amenities like electricity, sanitation, etc. were available only in a very few of them. Similarly, the provision for safe drinking water existed only in 53.21% Anganwadis.

A study conducted in sundargarh district of Odisha on knowledge of AWW on ICDS services showed results as such that it can be concluded that partly Anganwadi workers were familiar with the various services of ICDS but their importance for the programme was not clear to them. The quality of knowledge was one of the neglected features among Anganwadi workers. Anganwadi workers are the key person who will promote the good practices of services related to ICDS to enhance the health and nutritional status among mothers and children; hence they should be equipped with better knowledge through regular and quality training program.

1.4 Rationale of the Study

The key functionary of ICDS scheme is the Anganwadi worker, an honorary worker who belongs to the community and caters to a population of ~1000 people each. After more than 35 years of its existence, the ICDS scheme stands as the world's most unique and largest community-based outreach system for women and child development. After the immense success in initial years, the scheme was universalized to the whole country during the 10th 5-year plan by the government of India.

Thus, for the attainment of ICDS scheme goals, the Anganwadi worker at each AWC needs to be equipped with adequate infrastructure, functional equipment, tools and drugs. Furthermore, she should be aware of the norms regarding nutrition and other key services to be provided under the scheme.

1.5 Research Questions

- What is the existing status of infrastructure and services available at Anganwadi centres?
- What is the Knowledge and practices of Anganwadi workers regarding the services being delivered through ICDS?

1.6 Objectives

- To assess the facilities and services available at the AWCs
- To assess the knowledge and practices of Anganwadi workers regarding the services being delivered through ICDS.

1.7 Methodology

- **Study Design:** Descriptive; Cross- Sectional
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- **Sample Size:** 36 AWC and AWW

1.8 Data Collection and Analysis

- **Data Collection Technique:** Personal Interview through structured Interview Schedule and observation
- **Data Collection Tool**: Pre- designed Structured Questionnaire
- **Data Analysis:** Quantitave data was analysed in MS- Excel

1.9 Ethical Considerations

Informed consent was taken before starting the interview. If anyone disagreed to become part of the data collection process they were not forced by any means. Prior information was given before visiting any Anganwadi centre. It was ensured that the names of Interviewees will not be taken in the research process and in the final presentation.

1.10 Results

1.10.1 Infrastructure:

Out of 36 Anganwadi centre visited, it was found that 5 were operational in rented building, 27 AWC were functioning in other government buildings such as Panchayats and primary school buildings. Only 4 AWC had their own government building.

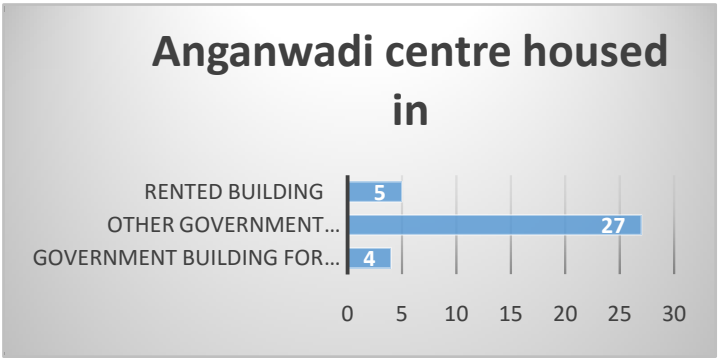

Fig: 1.1 Anganwadi centres housed in

1.10.2 Source of Drinking Water:

Out of 36 AWC visited, it was found that there was no provision of water in 6 AWCs.

Main source of drinking water was tap in 9 AWCs and remaining 27 had hand pump as the major source of drinking water.

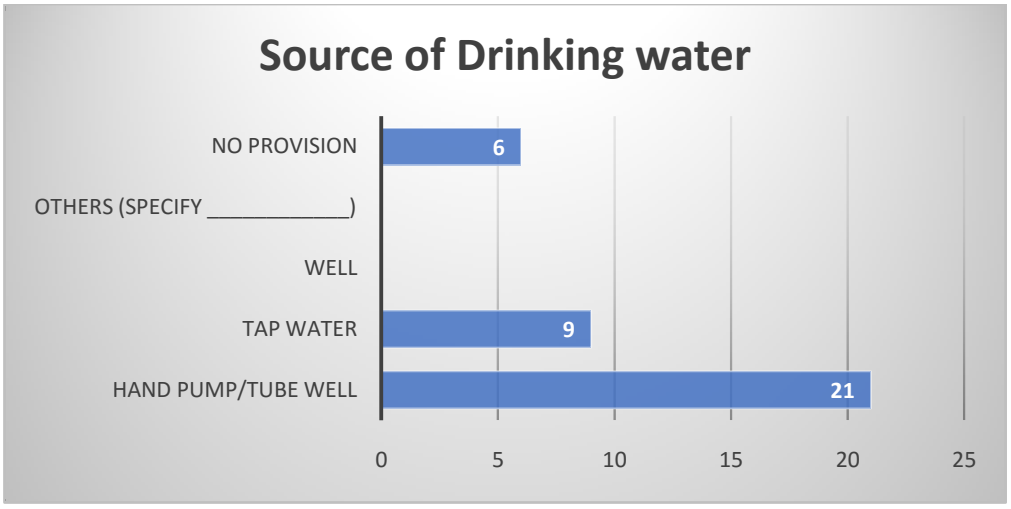

Fig: 1.2 Source of drinking water at AWC

1.10.3 Facilities at AWCs

A major concern was non - availability of major basic facilities at AWC such as Kitchen/ Separate covered space for cooking supplementary food. Electricity supply was hardly available in few AWCs. Toilets were also not available for children.

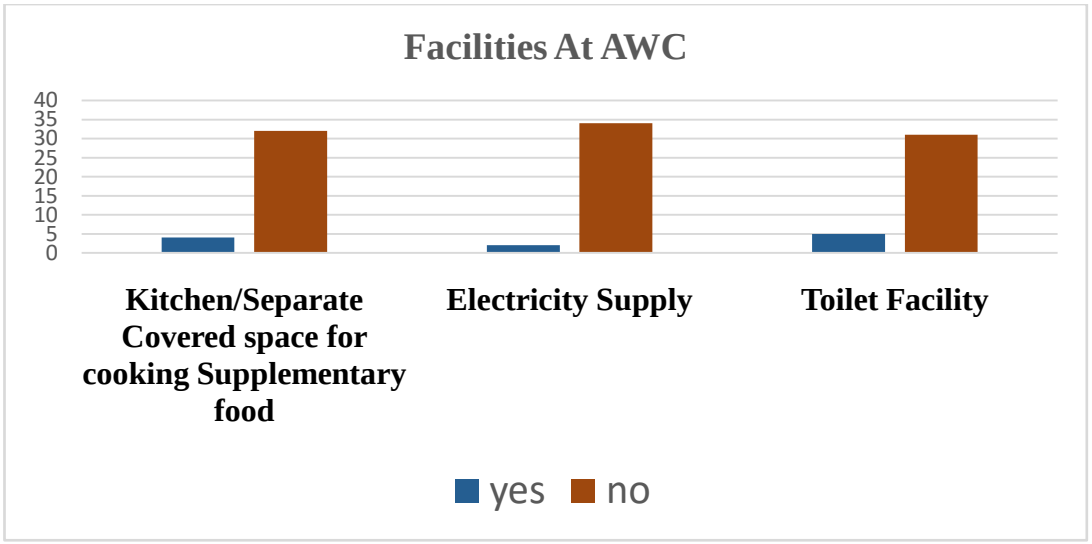

Fig1.3: Facilities at AWCs

1.10.4 Supplies/ Equipments at AWCS

An AWC should have some basic supplies / equpiments for day to day functioning and implementation of ICDS scheme. It was found that growth monitoring chart, immunization register, village survey register and regular supply of THR was available in all the 36 AWCs. But surprisingly, MUAC tape which is very important equipment to identify SAM children was not available in any of the AWC out of 36. Weighing machines were non- functional in 27 AWC out of 36. Drug kits were also not available in 12 AWC

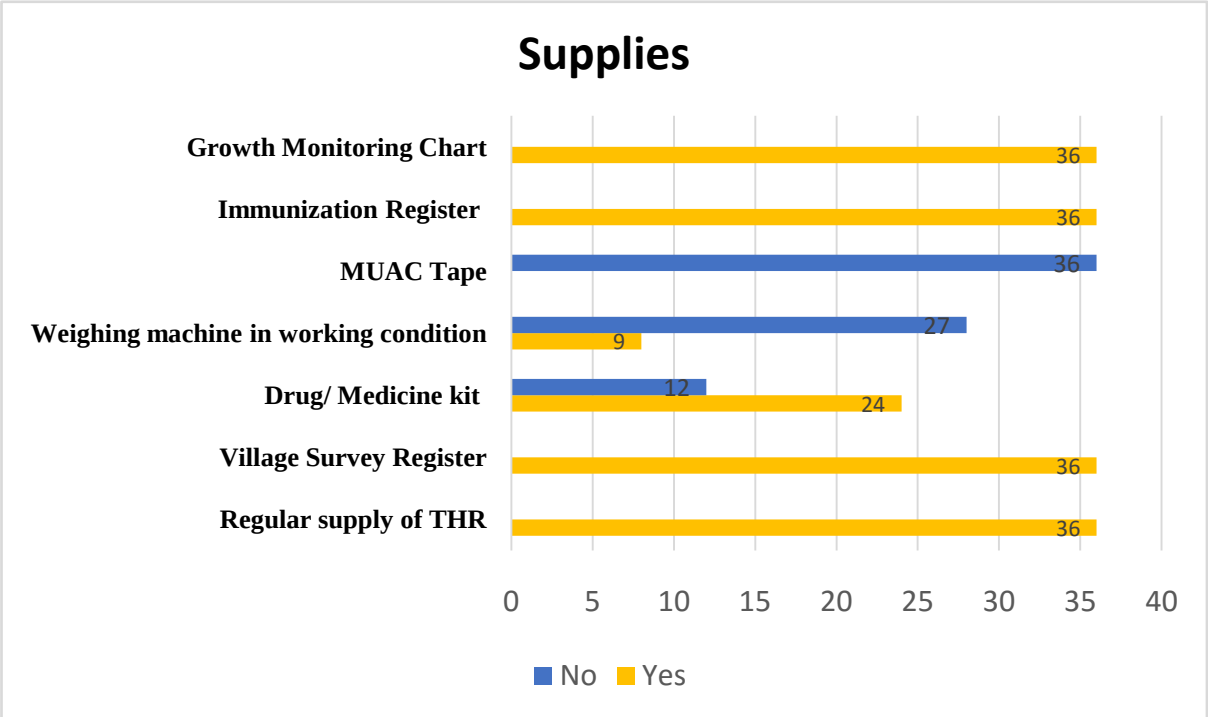

Fig: 1.4 Supplies at AWC

1.10.5 Knowledge of AWW regarding Key IYCF practices

Anganwari Worker (AWW) is a community based frontline honorary worker of the ICDS Programme. She is an agent of social change and capable of mobilizing community support for promotion of Infant and Young Child Feeding (IYCF) practices, thereby helping to curb child malnutrition to a large extent. The AWW is the key functionary who can appropriately guide the mothers regarding appropriate IYCF practices in the best possible way, provided she herself is well equipped with adequate knowledge.

Out of 36 AWWs interviewed regarding key IYCF practices, all 36 could answer correctly about timing of early initiation of breast-feeding and exclusive breastfeeding. But few has partially correct knowledge regarding appropriate and adequate Complimentary feeding from six months of age and also about continued breastfeeding upto the age of 2 years or beyond.

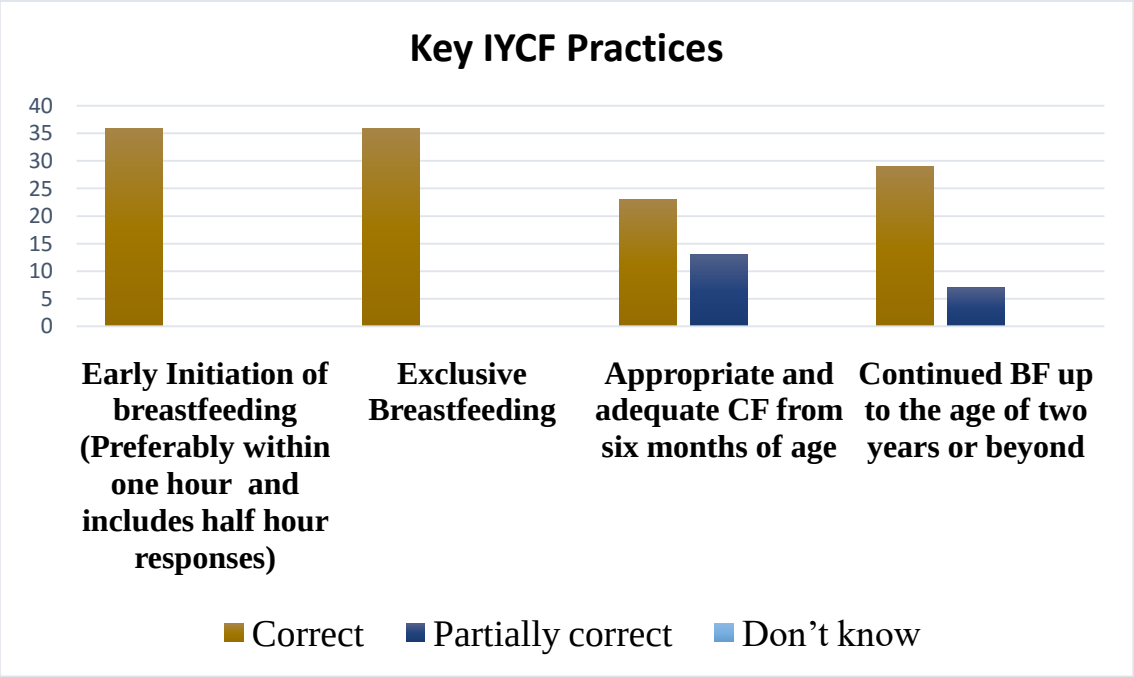

Fig 1.5: Knowledge of AWW regarding Key IYCF practices

1.10.6 Knowledge of AWW about all the 6 services of ICDS

Out of 36 AWWs, 18 AWW had correct knowledge regarding all the 6 services provided by ICDS scheme and 15 had answered partially correctly and 3 AWW were not even aware about the services.

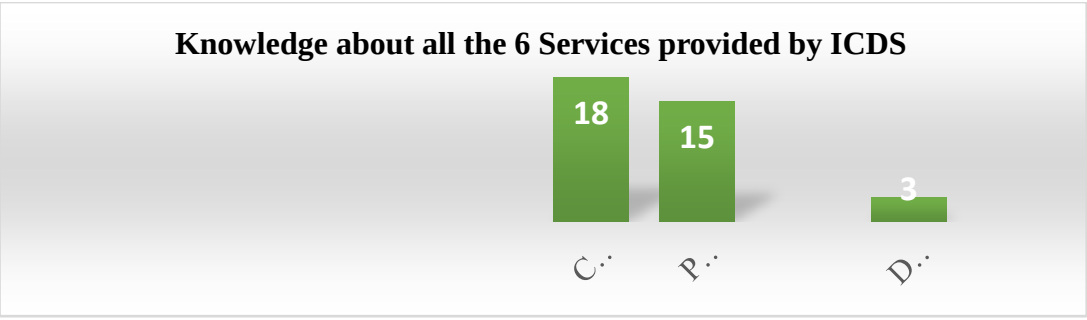

Fig 1.6: Knowledge of AWW about All 6 services of ICDS

1.11 Discussion

As per the findings of the study most of the Anganwadis were housed in primary school buildings.Most of the AWC do not have Electricity supply, and the major source of drinking water is hand pump. Toilets were available in a very few AWC. Only those AWC which have their own government building had a separate kitchen and space to keep food supplies and equipments. A major finding was that MUAC tape was not at all available in any of the AWCs. Out of 36 AWC, only 9 AWCs had properly functioning weighing machines. Take home ration supply was regular in all AWC. Knowledge of AWW was found to be partially correct as most of them had knowledge about IYCF practices and Growth monitoring technique.

The study has conducted a comprehensive assessment of all the services and facilities along with knowledge and practice of the AWWs. Furthermore, the study also brings out the fact that some of the deficiencies have been existing for more than a decade, suggesting that the ICDS scheme has not been adequately monitored and evaluated on a regular basis. Also, the lack of knowledge among AWWs regarding the revised norms further raises a question of whether any supportive supervision or hand holding is being implemented in the ICDS scheme. Adequate attention needs to be directed towards proper building and housing of AWCs for their smooth functioning.

The study observed deficiency in the provision of services at the AWCs along with inadequate knowledge among Anganwadi workers regarding revised nutrition norms. The fact that the deficiency and inadequacy is not limited to any one project area suggests an urgent need to monitor and evaluate the scheme at all levels through effective supervision at each tier and to take corrective actions accordingly. Anganwadi workers need to be trained regularly and their knowledge updated from time to time followed by timely quality assurance of services. There is also a need to address the problems faced by the workers while delivering their duties.

1.12 Conclusion

It can be concluded that partly Anganwadi workers were familiar with the various services of ICDS but their importance for the programme was not clear to them. The quality of knowledge was one of the neglected features among Anganwadi workers.

Anganwadi workers are the key person who will promote the good practices of services related to ICDS to enhance the health and nutritional status among mothers and children; hence they should be equipped with better knowledge through regular and quality training program. This study showed a lack of facilities at the AWCs and partially correct knowledge of Anganwadi workers. Thus a regular training and supportive supervision of the Anganwadi workers is recommended along with the availability of adequate facilities and infrastructures.

1.13 Limitations of the Study

- This study is done in just 1 block of the district Allahabad, and the sample collected is small, and hence cannot be generalized over a large population.
- There was scope for more in-depth and probing of various components making the study more interest
- Time constraints for various activities of the project.
- The sample size is too small to generalize the results.

1.14 References

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2 Annexure

A Study on Assessment of Selected Anganwadi centres of Allahabad District, Uttar Pradesh

IDENTIFICATION

Village: _____

Gram Panchayat: _____

Block: _____

District: _____

Anganwadi centre name/number (if any):
_____

Total Population Covered by AWC_____

Name of respondent (AWW): _____

Age of respondent (AWW): _____

Educational Status (AWW): _____

Years in service (AWW): _____

Investigator's name(s):
_____

Date: _____

INTRODUCTION AND INFORMED CONSENT

My name is Priya Chaturvedi and I am working with Uttar Pradesh Technical Support Unit, Lucknow. I am conducting a study on the knowledge, attitude and practices of Anganwadi Workers. The information provided by you will be exclusively used for academic purpose. The information shared by you will be kept strictly confidential and will not be used for any other purpose than academic.

Participation in this study is voluntary and you may withdraw at any time. However, I would very much appreciate your participation as this is important for my study to have a better understanding of ICDS in general and functioning of Anganwadi centre and Anganwadi workers in particular.

May I begin the interview now?

Signature of interviewer_____

Date _____

Infrastructure

1	Where is the AWC housed?	Government Building for AWC	1	
		Other Government Building	2	
		Rented building	3	
	If Government building for AWC, then when was last maintenance (paint/Repair) done?			
2	Status of the AWC structure	Pucca	1	
		Semi Pucca	2	
		Kutcha	3	
3	Source of safe drinking water at the AWC?	Hand pump/Tube well	1	
		Tap water	2	
		Well	3	
		Others (specify _____)	4	
		No provision	0	
4	Whether the AWC has a kitchen/separate covered space for cooking supplementary food?	Yes	1	
		No	0	
5	Whether the AWC has space for storing food commodities, health supplies and equipment?	Yes	1	
		No	0	
6	Whether the AWC has adequate space for Pre-School Education activities?	Yes	1	
		No	0	
7	Whether the AWC has Electric Supply?	Yes	1	
		No	0	
8	Whether the AWC has any toilet facility for the children?	Yes	1	
		No	0	→Section II

9	If YES, type of toilet	Pit type(Latrine)	1	
		Only urinal	2	
		Flush system	3	
		Others	4	

Supplies

10. Does the AWC has following supplies/ Equipment?				
S. No.	Description	Response	Code	Skip to
	Regular supply of THR	Yes	1	
		No	0	
	Village Survey Register	Yes	1	
		No	0	
	Immunization Register	Yes	1	
		No	0	
	Weighing Machine for pregnant Women	Yes	1	
		No	0	
	Salter's Weighing Machine	Yes	1	
		No	0	
	New Born Weighing Machine	Yes	1	
		No	0	
	Growth Monitoring Chart	Yes	1	
		No	0	
	MUAC Tape	Yes	1	
		No	0	

Knowledge of AWW

Q No.	**Questions And Filters**	**Coding Categories**		**Skip To**
11.	Do you know about all the 6 services of ICDS?	All correct	1	
		Partially Correct	2	
	(i) Supplementary Nutrition (ii) Immunization* (iii) Health Check-up* (iv) Referral Services (v) Pre-School Education (vi) Nutrition & Health Education	Don't know	0	
12	When to start breastfeeding a new-born after delivery?	Less than one hour	1	

		More than one hour	2	
		Don't Know	0	
13	Do you know for how many months an infant should be on exclusive breastfeeding?	6 month	1	
		Less 6 month	2	
		Don't Know	0	
14	Do you know when to start complementary feeding to infant?	6 month	1	
		Less 6 month	2	
		Don't Know	0	
15	How many times a baby aged between 6-12 month needs to be given complementary feeding?			
16	Do you think Growth Monitoring is important for children below 5 years of age?	Yes	1	
		No	0	
17	From when growth monitoring of a child should start?	Yes	1	
		No	0	
18	Do you know how to use growth monitoring register?	Yes	1	
		No	0	
19	Do you regularly fill the growth monitoring chart?	Yes	1	
		No	0	
20	Have you ever seen MUAC tape	Yes	1	
		No	0	
21	Have you been oriented on use of MUAC tape?	Yes	1	
		No	0	

Thank you for your time and valuable contribution.