COMPARATIVE STUDY ON PERFORMANCE OF ANGANWADI CENTERS IN NON-TRIBAL AND TRIBAL AREAS OF DISTRICT SABARKANTA, GUJARAT

Dissertation
At
ICDS, Gujarat (Integrated Child Development Services, Sabarkantha)

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

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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr.Manisha Bhatia** student of **MBA Hospital and Health Management** from IIHMR University, Jaipur has undergone internship training at **ICDS, Gujarat** from March 12th , 2015 to May 12th 2015.

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.

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The Certificate is awarded to

Dr. Manisha Bhatia

In recognition of having completed her Internship in

Integrated Child Development Services

And has successfully completed her project on

A Comparative Study on Performance of Anganwadi Centres in Tribal and Non-Tribal Areas of Sabarkantha District of Gujarat.

(12th March, 2015- 12th May, 2015)

She came across a committed, sincere and diligent person who has a Strong drive and zeal for learning.

We wish her all the best for future endeavours.

Dr. Jayant Kanoria
Program Officer
Sabarkantha

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "*A comparative study on performance of anganwadi centres of tribal and non-tribal areas of Sabarkantha district of Gujarat*" and submitted by **Dr.Manisha Bhatia**, Enrollment No. 1462 under the supervision of **Dr.Tanjul Saxena** for award of MBA Hospital and Health Management of the university carried out during the period from March 12th,2015 to May 12th, 2015 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.

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Dr. Manisha Bhatia

Abstract

A Comparative Study on the Performance of Anganwadi Centres of Non-Tribal and Tribal area of Sabarkantha district of Gujarat

Introduction

The Integrated Child Development Service (ICDS) scheme is presently the only major National Program in the country which focuses on early childhood nutrition and care, pregnant and lactating women through Anganwadi Workers (AWW). However, effectiveness of ICDS Scheme in delivering desired services has been questioned repeatedly. Even after 40 years of implementation, the success of ICDS program in tackling maternal and childhood problems still remains a matter of concern.

Research Question: What is the performance of Anganwadi Centres in Non-Tribal and Tribal blocks?

Methodology: The cross sectional study was conducted in four blocks at 40 Anganwadi centres from 12th March 2015 to 12th May 2015. Four blocks were selected based on the percentage of malnutrition. From each block 10 AWC were chosen. Information on AWWs' background characteristics, infrastructure and MCH services being delivered at AWCs were observed and recorded. Quality of MCH services being delivered was also assessed.

Results

- Ninety percent of Anganwadi Centres in non-tribal blocks are owned by government, five percent are rented building five percent are owned by others i.e. donated by others and 60, 40 percent of AWC building are owned by government and rented building respectively in tribal blocks.
- In Non-Tribal area of Sabarkantha district nineteen Anganwadi Centres have less than 15 percent moderately underweight children, one Anganwadi Centre had MUW children in range 15-30 percent. In Tribal area six Anganwadi Centres had 15-30 percent MUW children, nine AWC had 30-40 percent MUW children and five AWC had more than 45 percent MUW children
- In pre-school education children are taught poems and stories. In non-tribal region 18 AWC (80 percent) had story or poem books as compared to tribal area where these were available in 12 AWC (60 percent). In non-tribal out 18 AWC, 14 were utilizing it and in

tribal area out of 12 AWC, 5 were utilizing it.

Conclusion: Performance of AWCs and MCH services delivered by non-tribal Anganwadis are inadequate. Hence operational challenges should be addressed to improve MCH services especially in tribal areas.

Key Words: Anganwadi Centre**,** Performance, Non-Tribal, Tribal

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GLOSSARY

AWW	ANGANWADI WORKER

AWC	ANGANWADI CENTRE
MO	MEDICAL OFFICER
ICDS	INTEGRATED CHILD DEVELOPMENT SERVICES
SAM	SEVERE ACUTE MALNOURISHED
MAM	MODERATE ACUTE MALNOURISHED
MUAC	MID UPPER ARM CIRCUMFERENCE
SUW	SEVERELY UNDERWEIGHT
MUW	MODERATELY UNDERWEIGHT
AWH	ANGANWADI HELPER
THR	TAKE HOME RATION
CDPO	CHILD DEVELOPMENT PROJECT OFFICER

INTRODUCTION

Malnutrition and anemia in Gujarat are high. Failing to deal with malnutrition has dire consequences for children development. It goes well beyond the individual affecting total labor force productivity and economic growth. Malnutrition needs to be tackled in the first 1000 days i.e. from pregnancy to first 2 years of life are very crucial. Launched on 2nd October 1975, today, ICDS represents one of the world's largest and most unique program for early childhood development. The Integrated Child Development Services (ICDS) Scheme is a globally recognized community based early child care program which addresses health, nutrition and

education needs of children less than 6 years, expectant, nursing mothers and adolescent girls across the life cycle in a holistic manner.

The range of services that are provided at ICDS to achieve the above mentioned objectives:

1. Referral services.

2. Immunization.

3. Health checkups.

4. Supplementary nutrition.

5. Nutrition and health education.

6. Pre-school education.

Anganwadi worker plays a key role in the implementation of the scheme and she is supposed to carry out the survey and provide services to these beneficiaries efficiently. But there is a discrepancy in the services in tribal areas as compared to non tribal areas.

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BACKGROUND

Mild and moderate nutrition has been underplayed despite the fact that 74% excess child mortality may also be attributed to moderate under nutrition. It must be recognized that mild and moderate under nutrition among children less than 5 years are extremely common and the health system responds inadequately as it is treated as acceptable.

Gujarat has made significant progress on the child health indicators but there is still a lot to be done in terms of dealing with SAM/MAM children. Analyzing the state of nutrition is just not enough, we should know why these state of affairs continue to prevail and what the nutritional status of children is after having introduced various schemes to improve child's health both physically and mentally.

More than half the women population in Gujarat suffers from any form of anemia as per NFHS-3 Report. Sabarkantha district has 9.99 percent moderately underweight children, 0.38 percent severely underweight children.

RESEARCH PROBLEM

The Integrated Child Development Service (ICDS) scheme is presently the only major National Program in the country which focuses on early childhood nutrition and care, pregnant and lactating women through Anganwadi Workers (AWW). However, effectiveness of ICDS Scheme in delivering desired services has been questioned repeatedly. Even after 40 years of implementation, the success of ICDS program in tackling maternal and childhood problems still remains a matter of concern. According to NFHS-3, countrywide though 81.1% children under age six years were covered by Anganwadi Centres (AWC), children who received any service from an AWC were only 28.4%. The need for revitalization of ICDS has already been recommended towards better maternal and child health (MCH) especially in tribal and rural areas.

In Gujarat every year new initiatives are taken in order to increase the performance of Anganwadi Centres and to provide good services to beneficiaries. Every year new facility is provided to the beneficiaries of the AWCs. Till date majority of ICDS scheme oriented research attempted at evaluating its impact towards reduction in malnutrition or child morbidity. However, the status of these AWCs and the service constraints these facilities face are least discussed. Main focus is given to the non-tribal anganwadi centres and not on the tribal anganwadi centres. So the present study is planned to assess the performance regarding services being delivered as well as availability of infrastructure facilities and their utilization at tribal and non-tribal anganwadi centres.

REVIEW OF LITERATURE

1. A study on performance of Anganwadi Centres in rural and urban areas was done in coastal South India. It was found that 27.27% urban and 36.36% rural AWCs had functional Salter's scale. Safe food storage area was observed in 63.64% urban and 36.35% rural AWCs. Adequate playing material and space was observed in 36.36% urban and 18.18% rural AWCs. One-third and half of the registered children were attending respective urban and rural AWCs. Only 45.46% rural AWCs were maintaining growth charts regularly.
2. A study of functioning of Anganwadi Centres of urban ICDS blocks of Aurangabad city. AWCs are providing NFPSE (40%), nutrition and health education (100%), supplementary nutrition, immunization camps (60.71%). Health checkups are not conducted. More than 50% have required infrastructure, 55% of AWWs have maintained

records properly; iron tablets and vitamin A syrup are not available with any AWC from last 7-8 months. As per the findings of the study, 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.

3. Evaluation of Anganwadi centres performance under Integrated Child Development Services (ICDS) program in Gujarat State, India during year 2012-13. Majority (66.7%) AWC buildings were owned by state and 73.3% AWCs having pucca type of building. Almost two-third (65%) AWWs had >10 years of experience. Induction training was given to only 1 AWW (7.1%) in an urban area. Poor findings were reported for regular health checkups (30%), immunization (10.0%), referral slips availability (18.3%), and referral of sick children (8.3%). Significant number of 6 months to 3 years age group and 3 to 6 years in rural areas received services from Anganwadi. Similarly, significant number of pregnant mothers, lactating mothers and adolescent girls in rural areas compared to urban areas received Anganwadi services. Nutrition and health education day was observed in 81.7% AWCs.

RESEARCH QUESTIONS

What is the performance of anganwadi centers and quality of Maternal and Child Health services in tribal and non-tribal areas of Sabarkantha district of Gujarat?

RESEARCH OBJECTIVES

General:

To study the functioning of Anganwadi Centers in tribal and non-tribal areas of Sabarkantha district of Gujarat.

Specific Objectives

1. To know the Socio-demographic characteristics of Anganwadi workers.
2. To assess the infrastructure of Anganwadi Centres.
3. To identify the gaps regarding performance of Anganwadi Centres.
4. To know the quality of Maternal and Child services.

METHODOLOGY

Study Type: Quantitative and Qualitative study

Study Design: Cross-sectional descriptive study

Study Unit: 20 Anganwandi Centres of each Tribal and Non-Tribal Area.

Study Area: Himmatnagar, Prantij (Non-Tribal),

Khedbrahma, Vijaynagar (Tribal) blocks of Sabarkantha District

Study Duration: Two months (12th March 2015-10th May 2015)

Data Collection Tools: Semi-Structured Interviews with AWWs, Review of the Registers at Anganwadi Centres, Checklist for infrastructure, Registration of beneficiaries, pre-school education, Focal Group Discussion with mothers of children in age group 6 months to 3 years.

Medium of instruction: Gujarati and Hindi.

SAMPLING

Study was conducted in 4 talukas of Sabarkantha District i.e. Himmatnagar, Prantij, Khedbrahma and Vijaynagar. These Talukas were chosen based on the percentage of malnourishment and accessibility. The Anganwadi centres assessed were chosen through simple random sampling. Initially out of 11 Talukas, 4 Talukas are chosen and from them 40 Anganwadi Centres were selected.

The quality of maternal and child health services being delivered at AWCs was also assessed qualitatively. For this purpose, 4 focus group discussions (FGDs, 2 in Non-Tribal and 2 in Tribal areas) were conducted. Each FGD involved 7-10 mothers of under six year old children who were available, willing to participate and talk freely. The FGDs were conducted as per Society for Participatory Research in Asia guidelines.

DATA COLLECTION AND ANALYSIS

Purpose of survey was explained to AWW before interview. Data was collected using the checklist also. The quantitative data were analyzed using Microsoft Office Excel 2007 and

SPSS. To compare data sets chi-square test was used and $p < 0.05$ was considered statistically significant. (* denotes $p<0.05$)

Background Characteristics

Table1. Background Characteristics of the Anganwadi Workers

S.No	Characteristics	Non-Tribal	Tribal
		Percentage of respondent (N=20)	**Percentage of respondent (N=20)**
1	**Age of AWW**		
	18-29	5	0
	30-39	35	30
	40-49	50	40
	50-59	10	30
2	**Educational Qualification of AWW**		
	Upto 10^{th} Std	25	60
	11-12 Std	35	30
	Graduate or above	40	10
3	**Years AWW working in same AWC**		
	Upto 10 years	70	55
	11-20 years	20	30
	21-30 years	10	15
	31-40 years	0	0
4	**AWW attended any training in last one**		

	year	100	100

Fifty percent of the AWW from non-tribal blocks are in age group 40-49 years as compared to 40 percent in tribal blocks. Thirty percent AWW from tribal areas have their age in age group 50-59 years whereas in non-tribal areas this age have only 10 percent of AWW. In non-tribal AWC 40 percent AWW are graduate or post graduate but in tribal AWC only 10 percent of AWW are graduate or above, here 60 percent AWW have studied upto tenth standard. Seventy percent of AWW in non-tribal blocks have 10 years of working in same AWC as compared to tribal blocks who have 55 percent of AWW. Every AWW have attended any type of training in last one year irrespective of tribal or non-tribal regions.

Results

Infrastructure of Anganwadi Centres

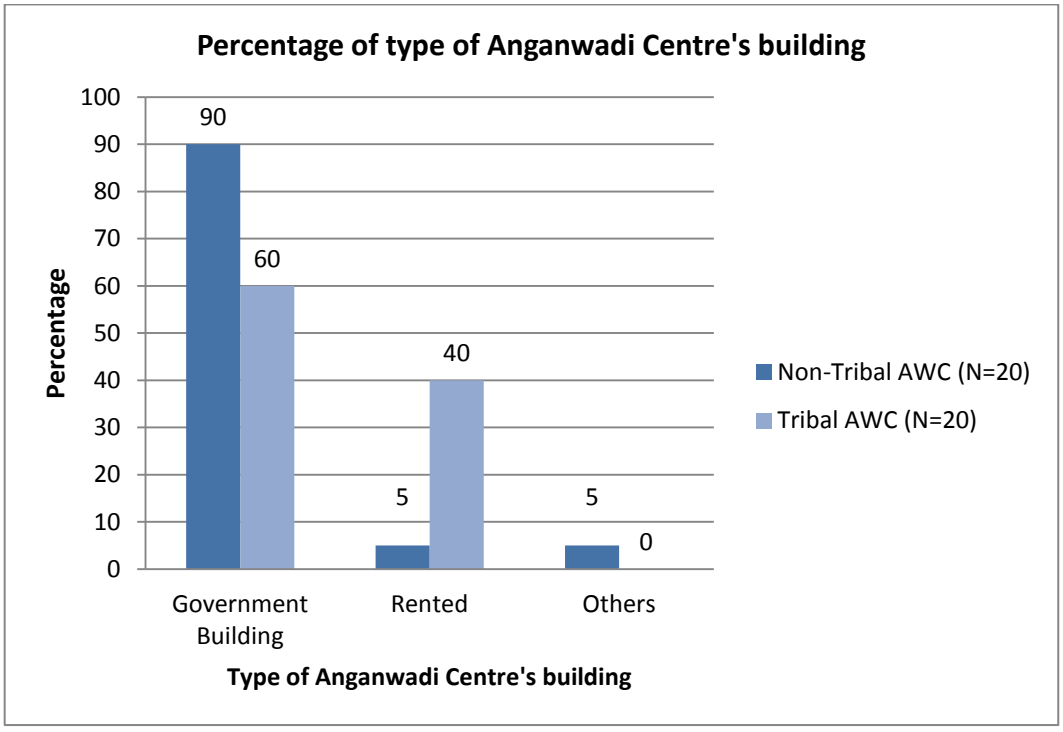


Fig.**1 Percentage of type of Anganwadi Centre's building in Non-Tribal and Tribal area**

Ninety percent of Anganwadi Centres in non-tribal blocks are owned by government, five percent are rented building five percent are owned by others i.e. donated by others and 60 and 40 percent of AWC building are owned by government and rented building respectively in tribal blocks. There is no AWC in tribal area which is donated by others.

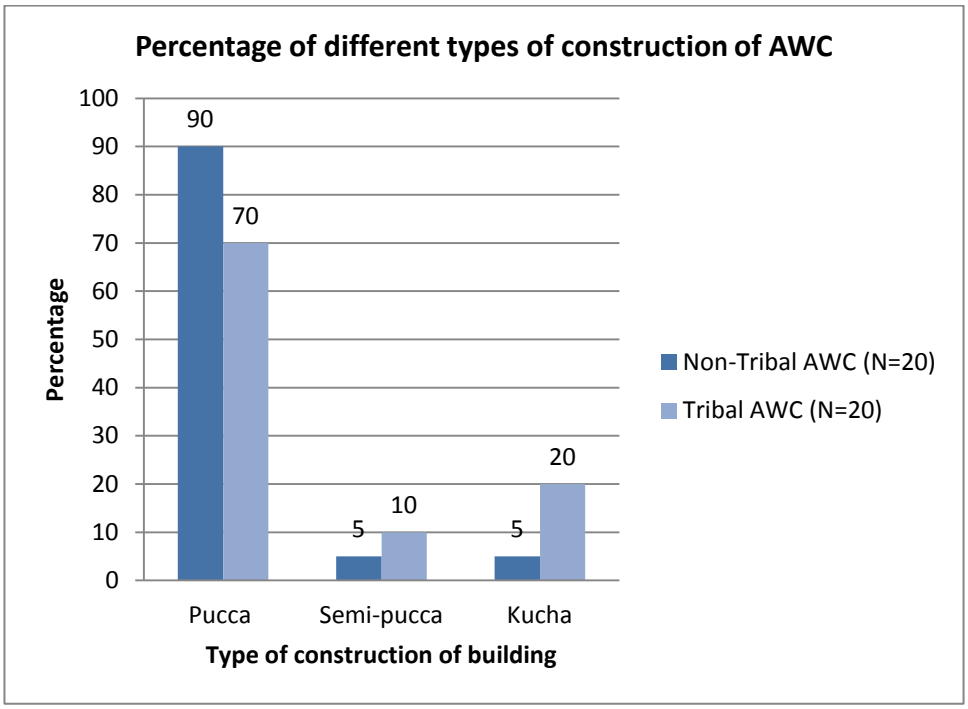


Fig.2 Percentage of Anganwadi centres having different types of construction of building

In Non-Tribal area of district 90 percent of the Anganwadi Centre's building are pucca building, five percent are semi-pucca and five percent are kucha building. In tribal area, 70 percent are pucca building, 10 percent are semi-pucca and 20 percent are kucha building. It was found that in both Non-Tribal and

Tribal areas all the government owned buildings were pucca building and semi-pucca or kucha buildings were either rented buildings or those buildings which were donated by others.

In non-tribal area most of the Anganwadi centre's buildings are owned by government so they are constructed in keeping the guidelines in mind. On the other hand wherever government building are not available, if room on rent is available then AWC is opened there. A specific amount is given for rent under which small, semi-pucca or kucha rooms can only be taken. In tribal area kucha rooms are more as compared to non-tribal region which are mostly rented rooms.

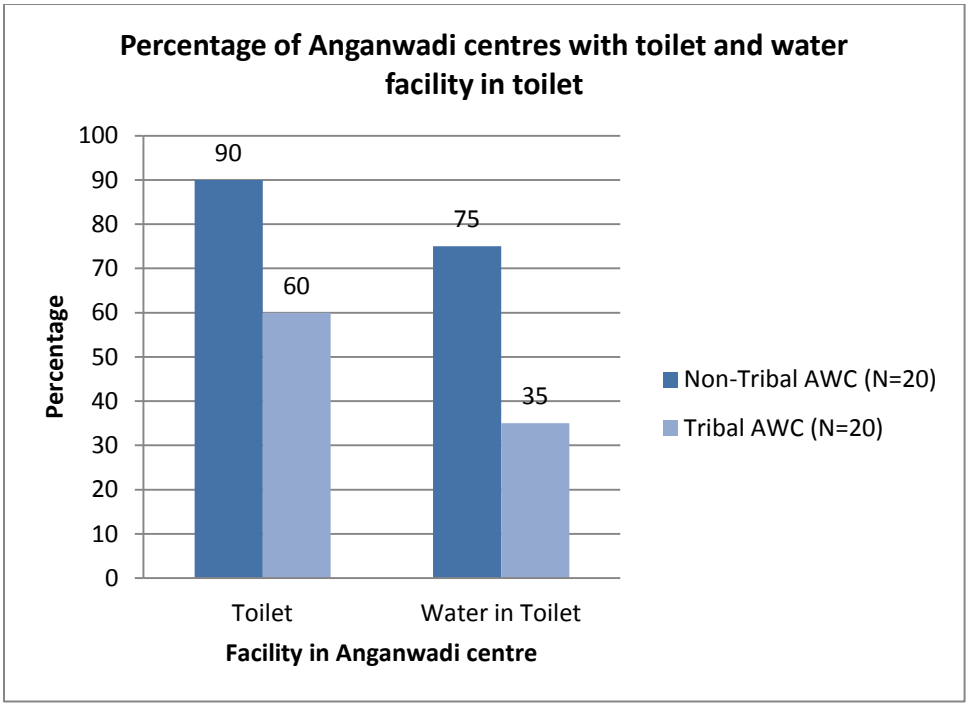


Fig.3 Percentage of Anganwadi centres having toilet and water facility in toilet.

According to the guidelines of infrastructure of Anganwadi Centres each Anganwadi centre whether rented building or owned by government should have toilet facility in it. On visiting the Anganwadi centres of both the areas it was seen that 90 percent of Anganwadi Centres in non-tribal blocks have toilet facility in it whereas in tribal area 60 percent of Anganwadi Centres have toilets. Every Anganwadi centre with toilet must have water facility in it but it was observed that 75 percent of toilets have water facility and in tribal area 35 percent have water facility in it.

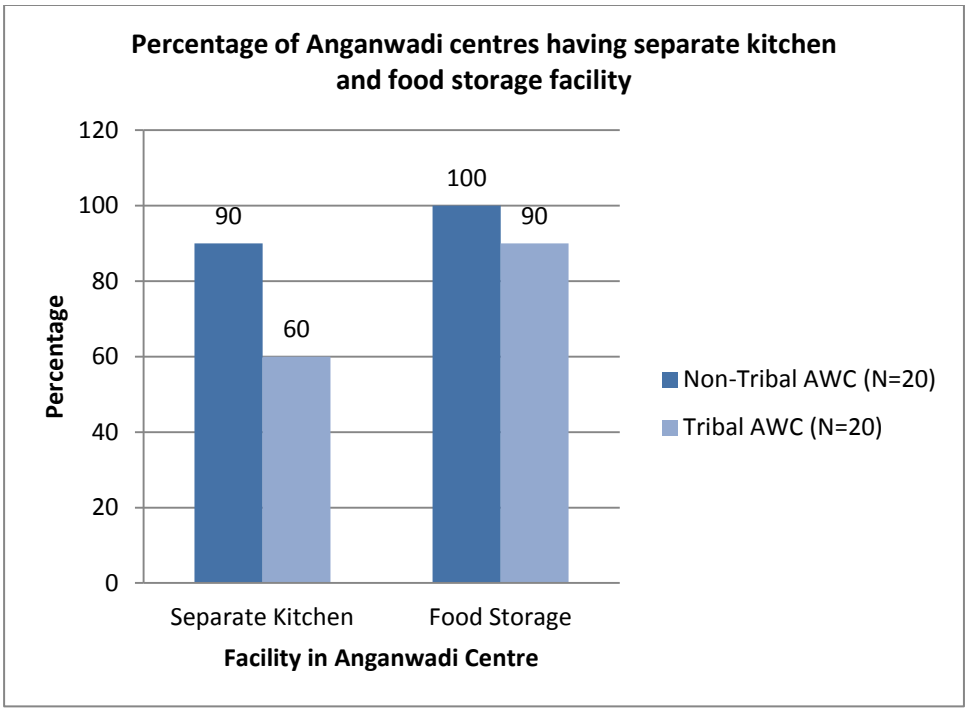
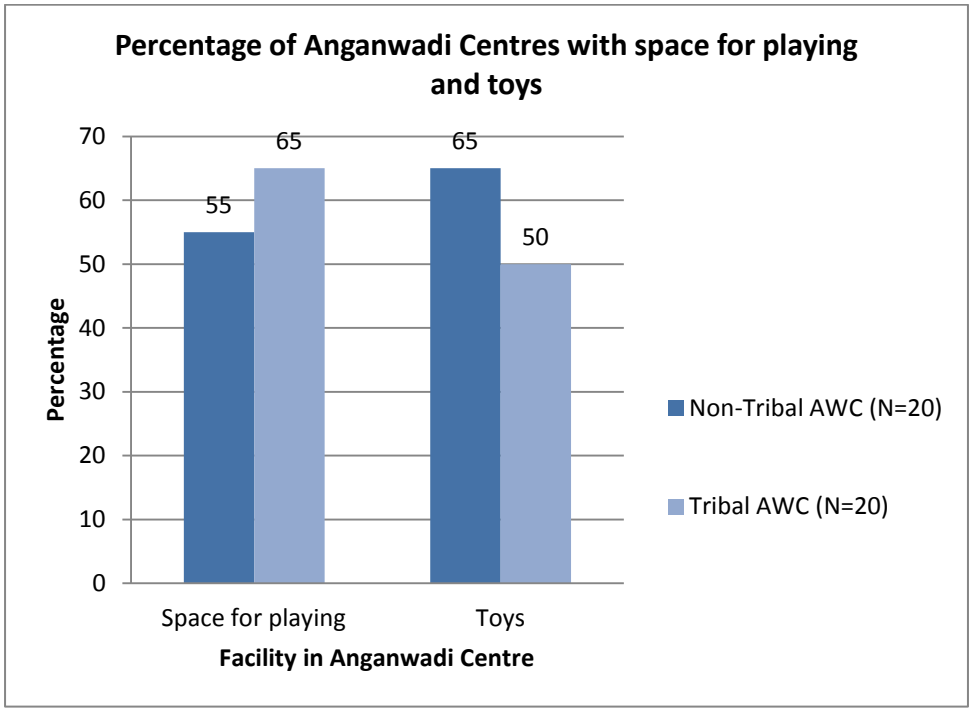


Fig.4 Percentage of Anganwadi centres having separate kitchen and food storage facility.

Ninety percent of the Anganwadi centres in Non-Tribal blocks of Sabarkantha district have separate kitchen to cook food for the children in the age group of 3 to 6 years but in case of tribal areas only 60 percent have separate kitchen. Separate kitchen is required not to harm children present in the anganwadi centre and the food can be cooked safely.

Food material supplied to the Anganwadi centres need to be kept safely in the Anganwadi Centre. If kept open then it can be contaminated by rats, insects etc and can diseases to the children having food in the anganwadi Centre. In order to avoid this condition and to protect the raw food material, premix packets from contamination government provided every Anganwadi Centre with stainless steels containers of different sizes in which food material can be kept safely. In Non-Tribal areas every Anganwadi Centre has these food storage containers but in case of Tribal area 90 percent of Anganwadi centres have these containers



.**Fig.5 Percentage of Anganwadi centres having space for playing and Toys.**

Fifty five percent of the Anganwadi Centres have space for playing for the children coming to Anganwadi Centre in the Non-Tribal blocks. This is due to space constrains in the municipal corporation areas. In these areas wherever land was available Municipal Corporation has constructed the Anganwadi centres. These are the places near roads, in conjusted areas where limited land was present with the municipal corporation so these areas have no space for playing for children. In case of Tribal areas 65 percent Anganwadi Centres have space for playing for children.

In 65 percent of Anganwadi Centres in Non-Tribal blocks, toys were present for children but in case of Tribal blocks only 50 percent of anganwadi Centres had Toys. In most of the AWC toys were given once in a year which were broken by the children.

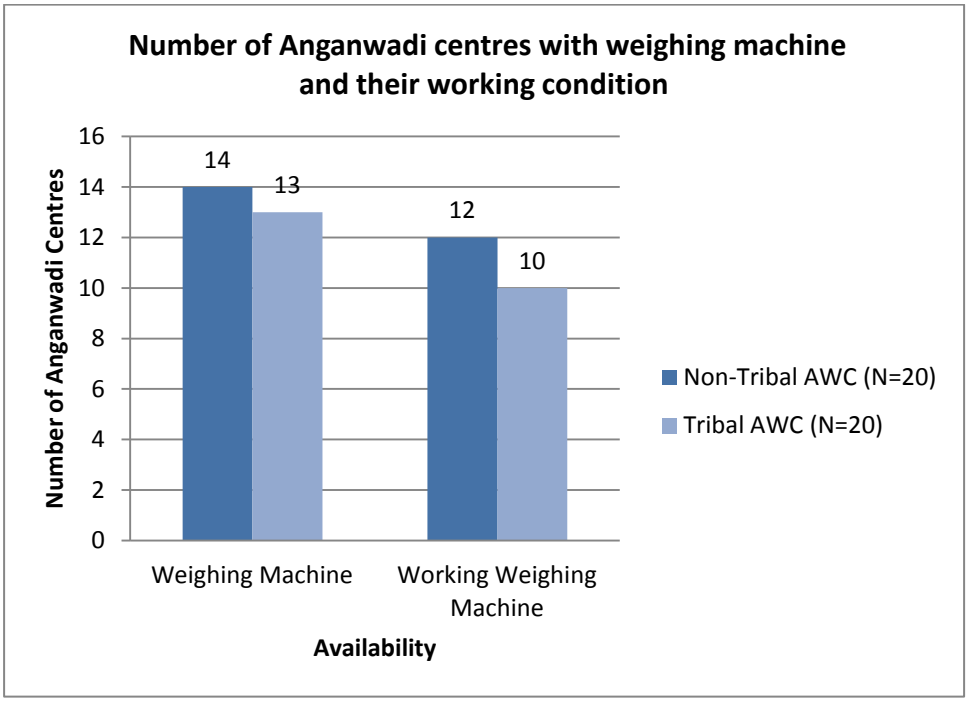


Fig.6 Number of Anganwadi centres with weighing machine and their working condition

Weighing Machine is most important requirement in the Anganwadi Centre as it is required to find the weight of the children, to plot the growth chart, to find whether the child is normal, moderately underweight or severely underweight. All these require weighing machine as weight of child is recorded by weighing machine and the growth chart is plotted and with growth chart it is decided that the child is in which condition. In case of Non-tribal areas 14 Anganwadi Centres have weighing machine out of which 12 are in working condition. In Tribal areas weighing machine is available in 13 anganwadi centres and 10 are in working condition.

Registration of beneficiaries at Anganwadi Centre

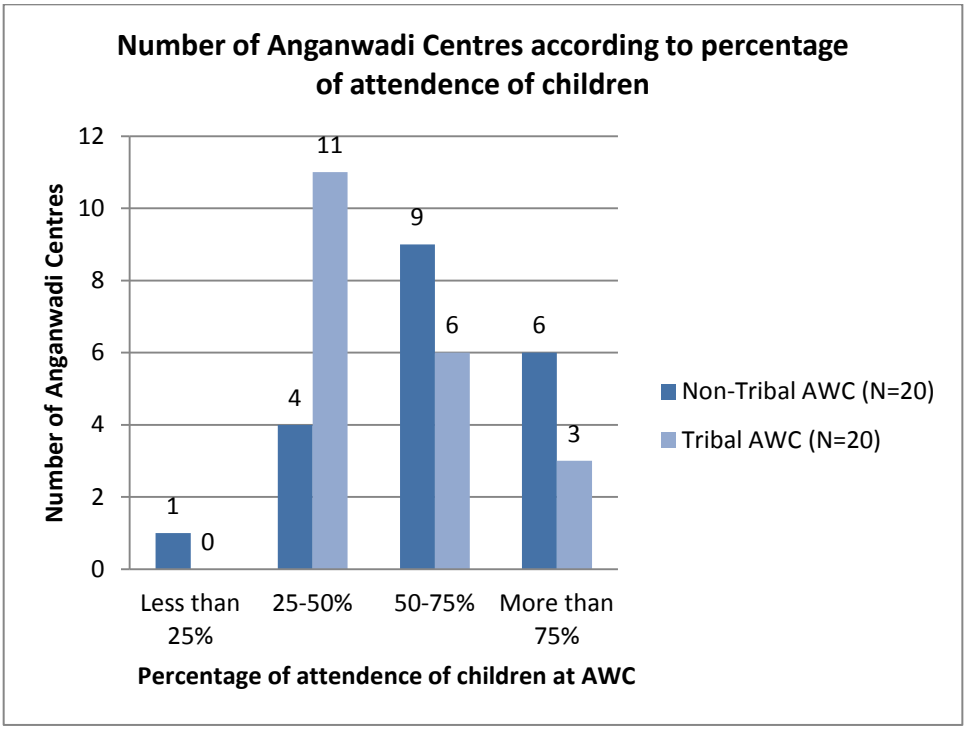


Fig.7 Attendance of children of age group3-6 years at Anganwadi centre

In Non-Tribal areas of the district there was one Anganwadi Centre with attendance less than 25 percent, four anganwadi centres with attendance in between 25-50 percent, nine Anganwadi Centres with attendance in between 50-75 percent and 6 with more than 80 percent attendence. On the contrary in Tribal areas of district 11 Anganwadi Centres were with attendance in range 25- 50 percent, six with attendance in between 50-75 percent and three Anganwadi centres with attendance more than 75 percent.

Malnutrition status of Children in Anganwadi centres

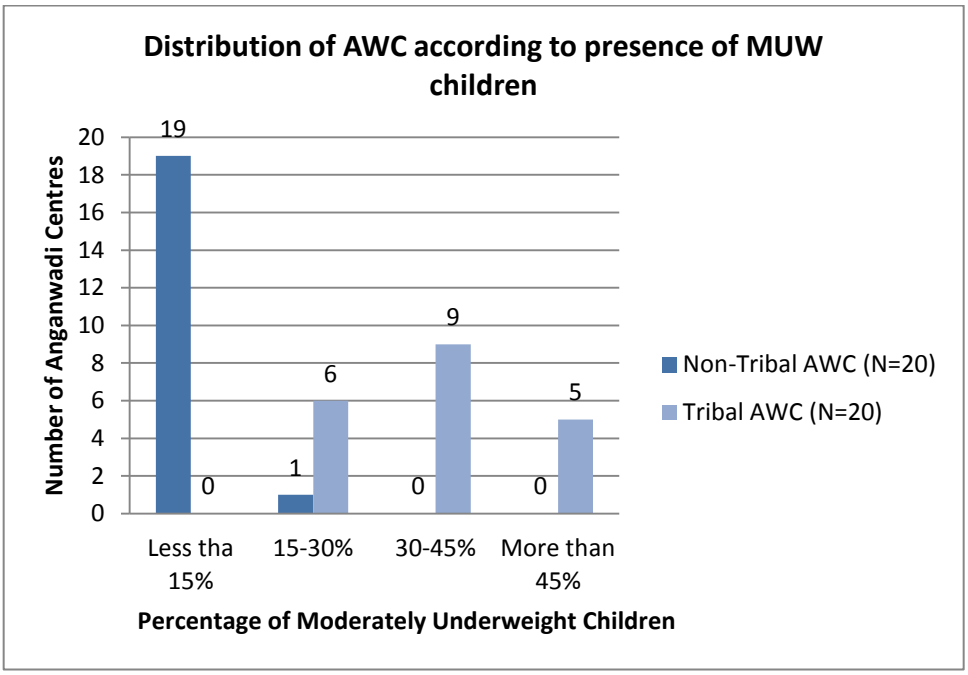


Fig.8 Distribution of Anganwadi centre according to the presence of moderately underweight children

Moderately Underweight children are those children whose weight for age is below minus two standard deviations from median weight for age of reference population. In Non-Tribal area of Sabarkantha district nineteen anganwadi centres have less than 15 percent moderately underweight children, one anganwadi centre had MUW children in range 15-30 percent. In Tribal area six anganwadi centres had 15-30 percent MUW children, nine AWC had 30-40

percent MUW children and five AWC had more than 45 percent MUW children

An association found was in between educational qualification of the AWW and the number of moderately underweight children (p=0.048). AWW in tribal areas are less educated as compared to the non-tribal area.

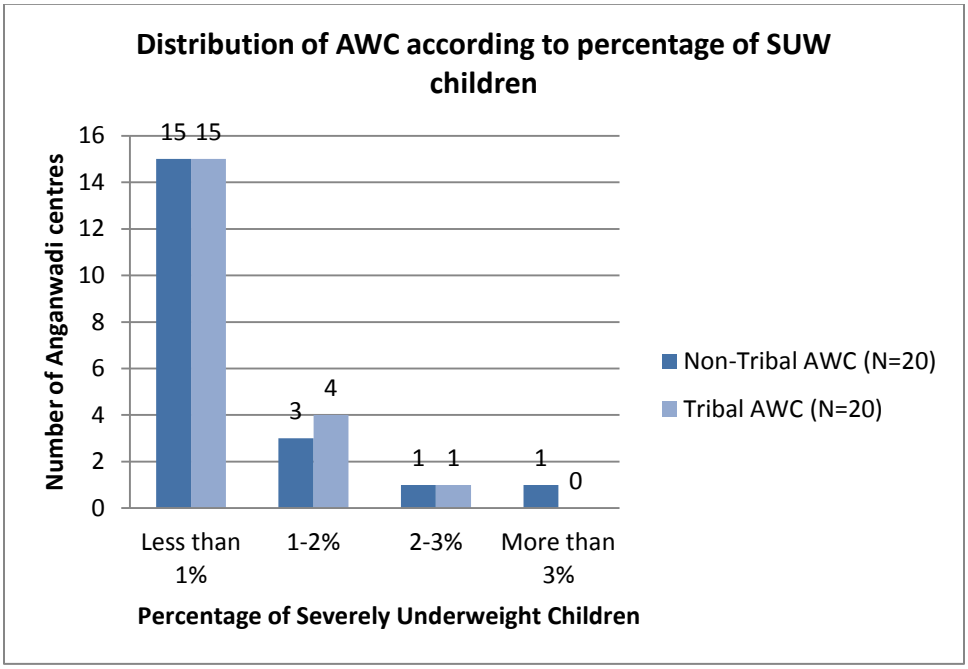


Fig.9 Distribution of Anganwadi Centre according to the number of severely underweight children

Severely underweight children are those children whose weight for age is below minus three standard deviations from median weight for age of reference population. . In Non-Tribal area of Sabarkantha district 15 anganwadi centres have less than one percent severely underweight

children, three anganwadi centres had SUW children in range 1-2 percent. One AWC had SUW children in range 2-3 percent and one AWC has more than 3 percent SUW children. In Tribal Anganwadi Centres 15 anganwadi centres had less than one percent SUW children, four AWC had 1-2 percent SUW children and one AWC had 2-3 percent SUW children

In case of severely underweight children both tribal and non-tribal AWC are approximately at same level.

No association was found in between educational qualification of the AWW and the number of severely underweight children (p=0.337).

Registers

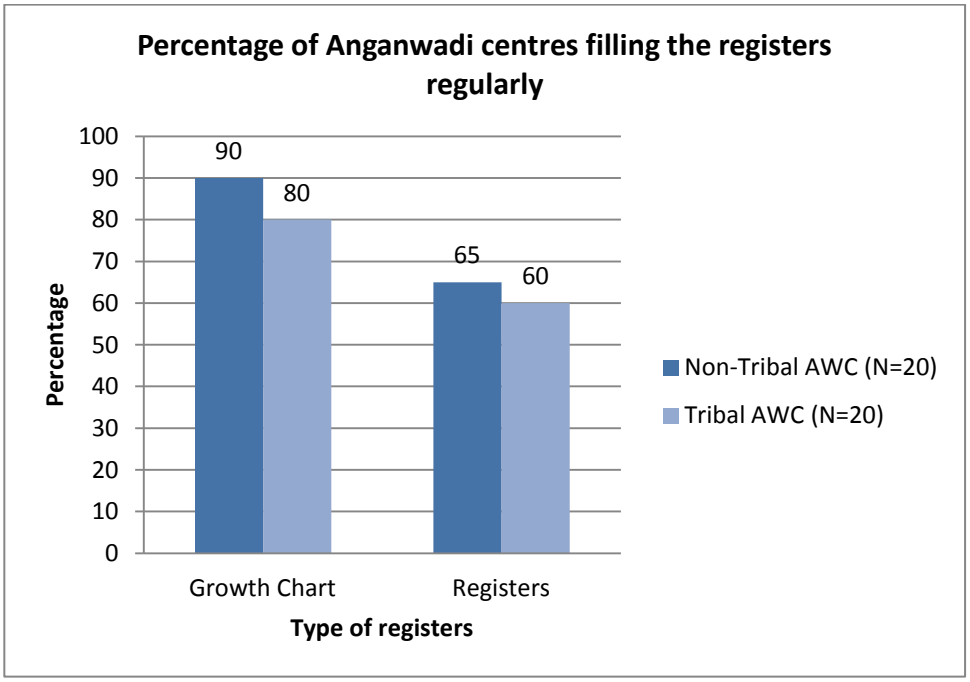


Fig.10 Percentage of Anganwadi Centres filling the registers regularly

Every Anganwadi Worker has to fill 10-11 registers daily which takes approximately two hours. In order to save the time they do not fill the registers regularly and later on fill them. On

checking the registers it was found that in 90 percent anganwadi centres of Non-tribal area growth chart were filled regularly as compared to 80 percent of the Tribal Anganwadi Centres. Other registers were filled regularly in 65 percent Anganwadi Centres of non-tribal area and 60 percent in tribal area.

The association between experience of AWW and regularly filling the registers was found to be non significant. (p=0.0992)

Supplementary Nutrition Program

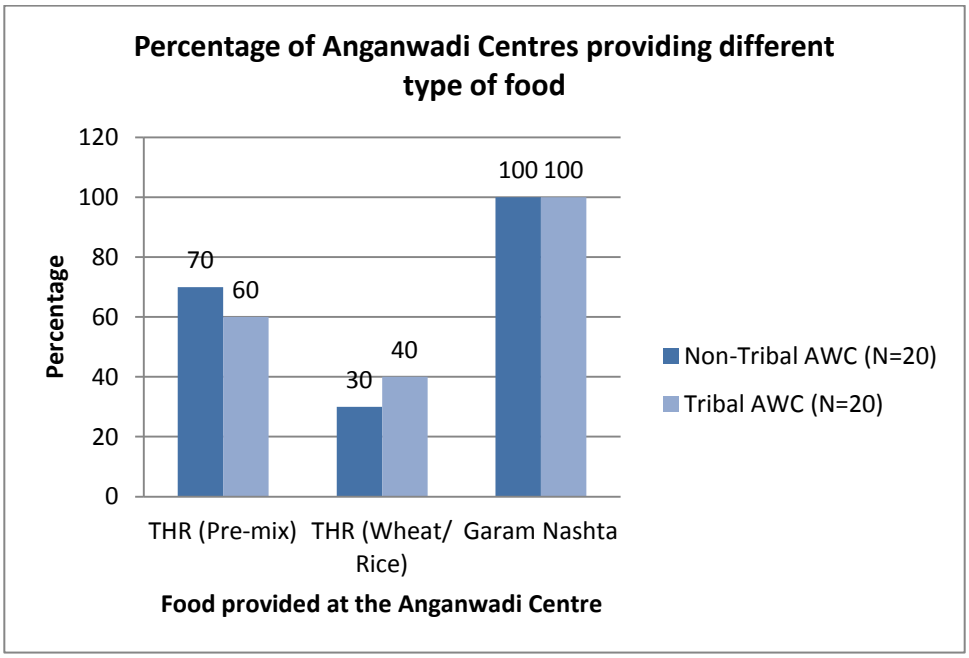


Fig.11 Percentage of Anganwadi Centres providing different type of food

Under supplementary nutrition program food is provided to children in age group 3-6 years two

times a day. It consists of Garam nashta by Matru mandal or Sakhi mandals. In this 50gm food is provided to every child daily. After this Nirdeshak bhojan is given to children which is 80 gm per child and it is prepared by Anganwadi Helper at Anganwadi centre. Children who are underweight are given additional meal called third meal or triju bhojan which they take along with them. Take Home Ration (Pre-mix) is also given to children called balbhog. Seven packets of balbhog are given to children in age group 6 months to 3 years and 10 packets are given to underweight children of this age group. Four packets are given to underweight children of age group of 3-6 years. THR is also given to pregnant women, lactating mothers and adolescent girls in the form of sukhdi, sheera and upma. In case if Premix is not available Wheat/ Rice is available.

It was seen that in non-tribal area THR (Pre-mix) is available in 70 percent AWC as compared to tribal area where it is available in 60 percent AWC. THR (Wheat/ Rice) was available in 30 percent AWC in Non-tribal area and 40 percent in tribal AWC. Garam Nashta was available everywhere.

Preschool Education

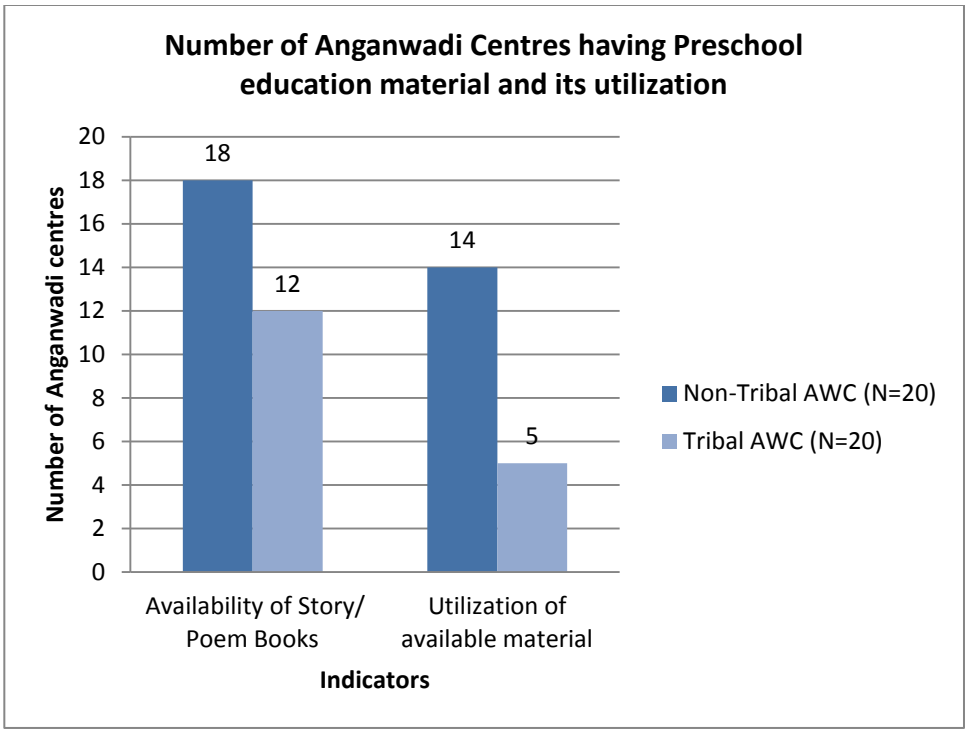


Fig.12 Number of Anganwadi Centres having Preschool Education Material

In pre-school education children are taught poems and stories. In non-tribal region 18 AWC (80 percent) had story or poem books as compared to tribal area where these were available in 12 AWC (60 percent). In non-tribal out 18 AWC, 14 were utilizing it and in tribal area out of 12 AWC, 5 were utilizing it.

Association was found in between the education qualification of AWW and utilization of story/ poem books (p=0.001).

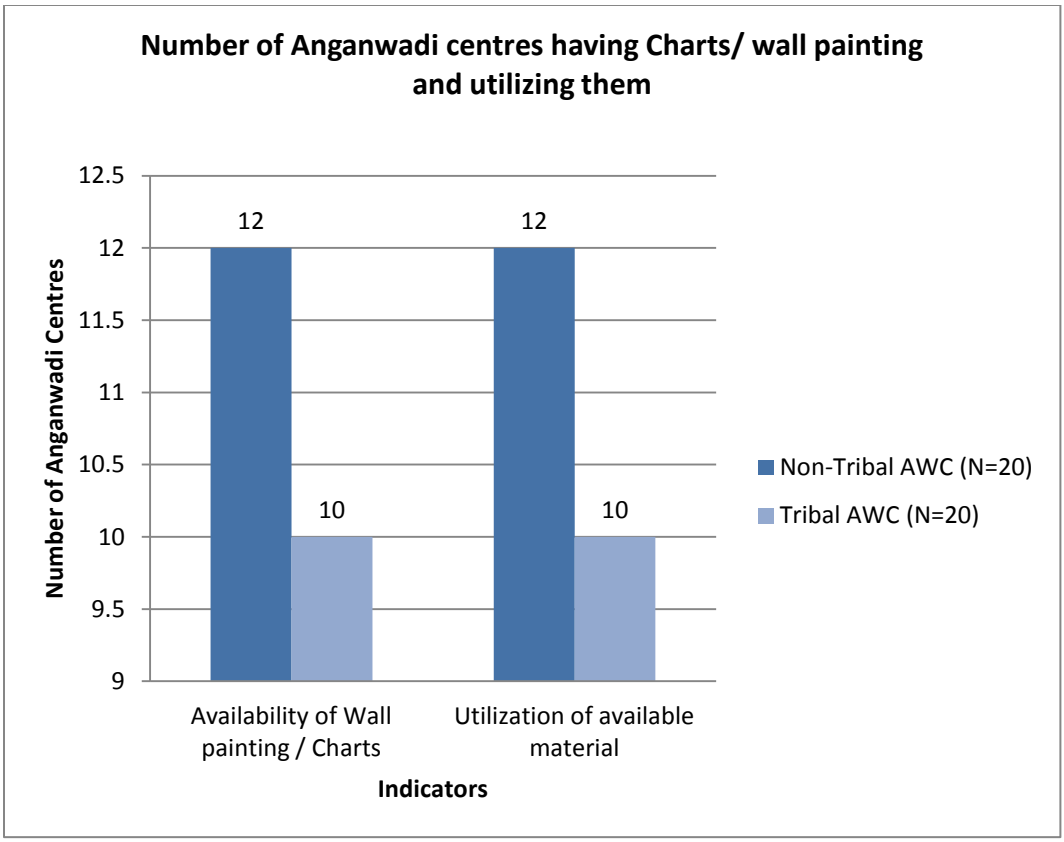


Fig.13 Number of Anganwadi Centres having charts or wall painting and utilizing them

Pre-School non formal education is also one of the important components of ICDS. Children of age group 3 to 6 years who are coming to Anganwadi Centre are given Pre-School education. They are made aware of shapes, alphabets, fruits, vegetables, animals, birds etc. This knowledge is given either by charts or wall painting.

Wall paintings/ Charts were available in 12 Anganwadi Centres of Non-Tribal blocks and 10 AWC of Tribal blocks. Their utilization was 100 percent in both the regions

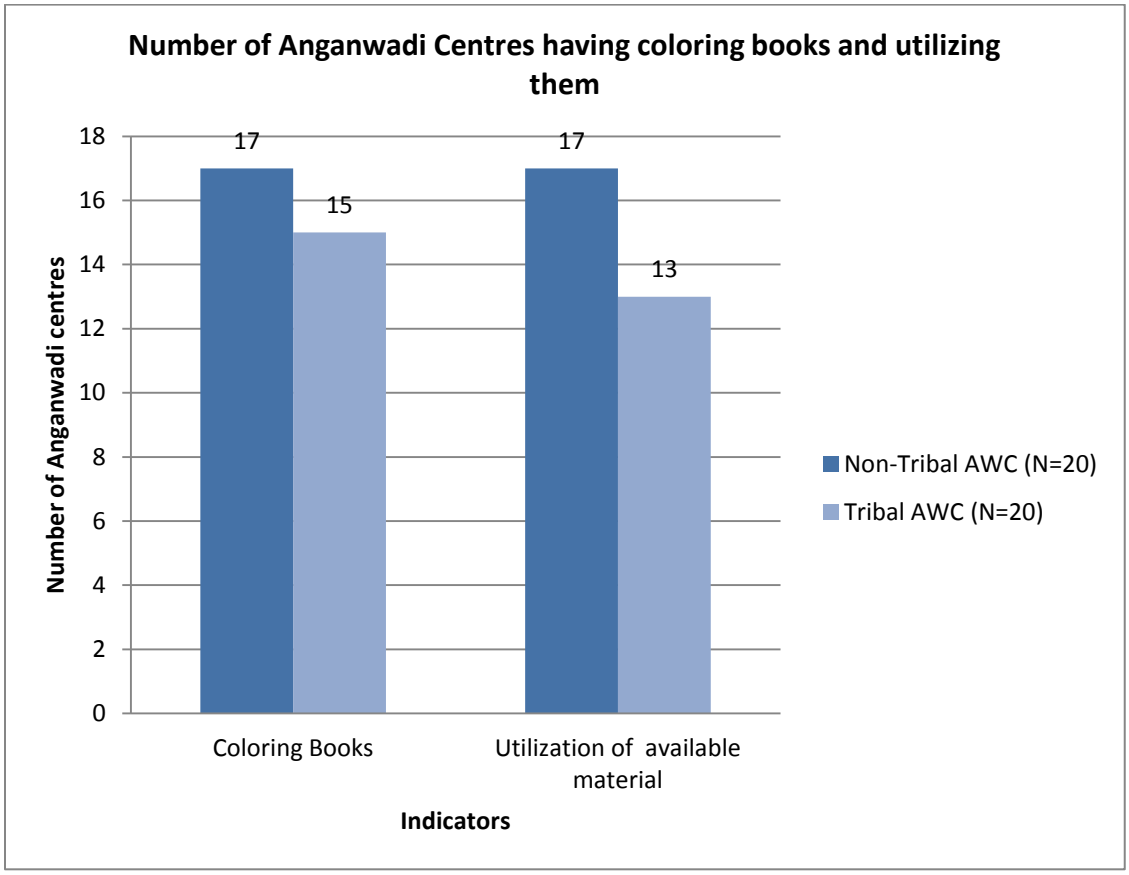


Fig.14 Number of Anganwadi Centres having coloring books and utilizing them

In non-tribal region 17 AWC had coloring books as compared to tribal area where these were available in 15 Anganwadi Centres. In non-tribal AWC those who were having these books were utilizing them and in tribal 13 AWC were utilizing.

An association was found between experience of AWW and utilization of coloring books (p=0.003)

Qualitative findings:

FGDs revealed various facility and service related constrains regarding MCH services in AWCs. Mothers mentioned various reasons for not sending their children in tribal anganwadis which include poor preparation of food at AWC, regular absence of AWW in AWC and poor sanitation at tribal AWC premises. They mentioned that after the AWC is closed they have to come back from fields to take them and then have to go back again. They gave this reason for not sending their children to AWC. Another reason given was that AWH does not come to take children from home. So they have to come to AWC to drop their children. Majority of mothers commented that a structural and quality improvement of these tribal AWC must be attempted to attract more beneficiaries. They mentioned that on mamta diwas they have to go to nearby AWC for Check-up. On other hand, in non-tribal areas mothers were concerned over lack of space and toys in AWCs. However, mothers praised the quality of food and quality of child care in these centres. Some mothers also mentioned about the locality in which new AWC were constructed. They said the locality is not good so they donot want to send their children. They also praised the services provided on mamta diwas.

DISCUSSION

The Integrated Child Development Services (ICDS) Scheme is a globally recognized community based early child care program which addresses health, nutrition and education needs of children less than 6 years, expectant, nursing mothers and adolescent girls across the life cycle in a holistic manner. It provides a range of services like supplementary nutrition, immunization, health checkups and treatment, nutrition and health education, referral services and preschool education

The present study is to see the performance of anganwadi centres in both non-tribal and tribal blocks. It is to find out the performance of non-tribal anganwadi centres is better than anganwadi centres present in tribal area of Sabarkantha district. The Anganwadi worker plays a key role in the effective functioning of these centers but it has been observed that AWW of tribal area are more aged. However in non-tribal area AWW are not working in the same centre from long period.

This study explains reasons for mismatch between planned design and actual implementation of ICDS programme and some operational challenges preventing ICDS reaching its potential. Anganwadi workers are formally trained as MCH service providers. In the present study, despite the fact that AWWs were educated and working in their respective AWCs for long duration the performance of these centres were not satisfactory. The Reproductive and Child health (RCH) program emphasized upon growth monitoring of under five children to curb malnutrition. However, NFHS-II (1998-1999) and NFHS-III (2005-2006) survey in Gujarat reported small decline in the prevalence of underweight children (45.1% and 41.1% respectively). In the present

study, absence of functional weighing machines in these AWCs should raise doubts about their credibility as far as growth monitoring is concerned. Further, absence of a separate toilet, safe area for raw food storage and inadequate place and toys for children both in non-tribal and tribal AWCs should also be addressed.

It has been debated that AWWs are overburdened with many other tasks, important ones being family planning and record keeping, whilst not overlooking MCH services. Similarly, the numbers of pregnant and lactating mothers registered under these AWCs were also seemingly manageable, defying the fact that AWWs are entirely overburdened.

Qualitative information revealed the need for quality improvement both in terms of foods being served and sanitation to be maintained at tribal AWCs. In addition, the need for vigorous supervisory visit was desired to improve functioning of these facilities. The role of AWW supervisor in improving the quality of services at AWCs has already been documented. In present study also, frequent absence of AWW from AWC particularly in tribal areas was observed. The possible reason could be due to lack of effective supervision.

Ninety percent of Anganwadi Centres in non-tribal blocks are owned by government, five percent are rented and 60 percent AWC building are owned by government and 40 percent are in rented building in tribal blocks. Rented buildings are very small in size and are not in good condition. Other facilities like water connection, electricity connection are also not available in these AWC.

Every Anganwadi centre with toilet must have water facility in it but it was seen that out of 90 percent of AWC with toilets, 75 percent of toilets have water facility and in tribal area out of 60 percent of AWC with toilets have water facility in it. It was observed in many AWC though

water connection was present but still Anganwadi workers have not kept water in toilets. Cleanliness of toilets was not maintained due to lack of water.

In tribal area 90 percent of Anganwadi Centres had food storage facility but those which had this facility were also keeping the open packets outside the containers. It was observed that most of the AWW were not sensitized about the safety of food.

In case of Non-tribal areas 14 Anganwadi Centres have weighing machine out of which 12 are in working condition. In Tribal areas weighing machine is available in 13 anganwadi centres and 10 are in working condition. It was seen that in some of the AWC the weighing machines were not working properly. Due to unavailability of working weighing machine the AWW write the weight of the child just by looking at the child. This leads to the under reporting of underweight children/ over reporting of underweight children.

In Non-Tribal areas of the district there were four anganwadi centres with attendance of children in between 25-50 percent, nine Anganwadi Centres with attendance in between 50-75 percent and 6 with more than 80 percent attendence. On the contrary in Tribal areas of district 11 Anganwadi Centres were with attendance in range 25- 50 percent, six with attendance in between 50-75 percent and three Anganwadi centres with attendance more than 75 percent. AWW gave the reason behind low attendance was the marriage season where parents take their children along with them. It was also observed that most of the children come to AWC at the time when food is provided and after having the food they return. AWW also do not worry about keeping them at AWC. It was observed that in most of the AWC in non tribal area AWH call the children at the time when food is going to be served. In tribal area the reason was given that parents take their children to the fields along with them. AWW are not able to make parents agree to keep their children at the AWC.

In Tribal area six anganwadi centres had 15-30 percent MUW children, nine AWC had 30-40 percent MUW children and five AWC had more than 45 percent MUW children. Here MUW children are more as compared to the non-tribal area because most of the children registered do not come to the Anganwadi Centre as their parents take their children along with them. They stay with their parents in the fields whole day and have staple diet to eat. An association was found in between number of MUW children and educational qualification of AWW. It states that AWW in tribal area are not able to counsel the parents.

In non-tribal area THR (Pre-mix) is available in 70 percent AWC as compared to tribal area where it is available in 60 percent AWC. THR (Wheat/ Rice) was available in 30 percent AWC in Non-tribal area and 40 percent in tribal AWC. Garam Nashta was available everywhere.

Preschool education is one of the major concerns and 80 percent AWC in Non-Tribal area and 60 percent in Tribal area had story books in non-tribal area but barring a few AWC, none of the workers focused on using them to educate children. There was repetition of the songs and poetries taught to the children and they knew only a few songs. It was also an observation that only a few children participated in these activities and the worker could not engage all the children at the centre. An association was found between experience of AWW and utilization of wall painting/ charts

The Anganwadi worker needs motivation that all the services are a part of her responsibilities and she should be able to execute the services effectively specially in tribal areas.

Conclusion

From the study we can conclude that availability of infrastructure is less in tribal AWC as compared to non-tribal AWC. There is too little emphasis on Tribal blocks, in part due to a poor understanding of what it entails and its potential contribution to program effectiveness. The primary focus of the program seems to be on the non-tribal areas. When any target comes, it is given to the non-tribal blocks and the AWC of these blocks keeps on improving and the condition of the AWC of tribal areas either remains the same or even deteriorates sometimes.

Performance of AWCs and MCH services delivered by anganwadis are inadequate. Hence operational challenges should be addressed to improve MCH services especially in tribal areas.

Suggestions

It is important for supervisors and CDPO to keep a check on the service delivery. The supervisors of the tribal areas should do more field work and counsel more people so that they can understand the importance of services provided AWC for their children.

AWW should be made aware regarding the importance of utilization of preschool education material.

Weighing machines should be regularly checked by supervisors.

Infrastructure should be made available to tribal AWC.

AWC with issues in locality should be made adopted AWC and given to Police staff.

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Annexures

Performance of Anganwadi Centres

Interview Schedule

(For Anganwadi Workers)

Location of the interview_____

Informed consent: I would like to thank you for giving your valuable time for this survey. My name is _____. I would like to talk to you about your experience regarding the ICDS scheme run by the department of women and child health. The interview should take about 5 minutes. The responses will be kept strictly confidential. We will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any time.

Do you have any questions about what I just explained?

_____

_____

_____

Are you willing to participate in the interview?
(Yes/No)_____

Interviewee Signature: _____

SECTION A: DETAILS OF ANGANWADI CENTRE

NAME OF GHATAK	TRIBAL	
	NON-TRIBAL	

ANGANWADI CENTRE								
VILLAGE								
POPULATION COVERED BY AWC								
SERIAL NO								
DATE OF INTERVIEW								

CHECKLIST

SECTION B: BACKGROUND CHARACTERISTICS

Q. NO.	QUESTIONS	CODING CATEGORIES	
1.	How old are you? (Age in completed years)		
2.	What is your educational qualification?	Upto 10 std 11-12 std Graduate or above	1 2 3
3.	From how many years you have been working in this AWC? (In completed years)		
4.	Have you received any training in last one year?	Yes No	1 2

SECTION C: CHECKLIST FOR INFRASTUCTURE OF ANGANWADI CENTRE

S.No.	INDICATORS	CODING CATEGORIES

1.	Type of Anganwadi centre's building	Govt. Building Rented By Panchayat Others	1 2 3 4
2.	Construction of AWC	Pucca Semi-Pucca Kacha	1 2 3
3.	Availability of toilet	Yes No	1 2
4.	Water facility in toilet	Yes No	1 2
5.	Hand washing of children with soap	Yes No	1 2
6.	Availability of drinking water	Yes No	1 2
7.	Source of drinking water	Handpump Well Tap Others	1 2 3 4
8.	Storage of drinking water	Earthen pot Bucket Other containers	1 2 3
9.	Electricity Facility	Yes No	1 2
10.	Separate kitchen	Yes No	1 2
11.	Gas Connection	Yes No	1 2
12.	Food storage facility	Yes No	1 2
13.	Adequate toys/ playing material	Yes No	1 2
14.	Space for playing	Yes No	1 2
15.	Weighing machine	Yes No	1 2
16.	Working condition of Weighing machine	Working Not working	1 2
17.	Water purifier	Yes No	1 2
18.	Fire extinguisher	Yes No	1 2

SECTION D: CHECKLIST FOR BENEFICIARIES OF ANGANWADI CENTRE

S.No.	Beneficiaries	Number of beneficiaries according to survey	Number of beneficiaries registered at AWC	Number of beneficiaries on the day of visit
1	Pregnant Women			
2	Lactating Mothers			
	Children in age group 6 months to 3 yrs			
4	Children in age group 3 yrs to 6 yrs			
5	Adolescent girls			

S.No.	Grading of Children	Number of children
1	Green zone	
2	Yellow Zone	
3	Red Zone	

SECTION E: CHECKLIST FOR REGISTERS OF ANGANWADI CENTRE

S.No.	Name of the register	Coding	Availability of register	Regular filling the register
1	Attendence of beneficiary	Yes-1 No-2	1 2	1 2
2	Survey	Yes-1 No-2	1 2	1 2
3	Supplementary Food Stock	Yes-1 No-2	1 2	1 2
4	Supplementary Food Distribution	Yes-1 No-2	1 2	1 2
5	Home Visits	Yes-1 No-2	1 2	1 2
6	Weight record of Children	Yes-1 No-2	1 2	1 2
7	Pregnancy and delivery	Yes-1 No-2	1 2	1 2
8	Immunization	Yes-1 No-2	1 2	1 2

9	Growth chart	Yes-1 No-2	1 2	1 2
10	Pre-school education	Yes-1 No-2	1 2	1 2

SECTION F: CHECKLIST FOR AVAILABILITY OF SUPPLEMENTARY NUTRITION

S.No.	INDICATOR	CODING CATEGORIES	
1	Availability of Take home Ration (THR)- Premix	Yes No	1 2
2	Availability of Garam Nashta	Yes No	1 2
3	Availability of THR (Wheat/ Rice)	Yes No	1 2

SECTION G: CHECKLIST FOR PRESCHOOL ACTIVITIES

S.No.	INDICATOR	CODING CATEGORIES	
1	Availability of poem/ story books	Yes No	1 2
2	Utilization of poem/ story books	Yes No	1 2
2	Availability of coloring books	Yes No	1 2
3	Utilization of coloring books	Yes No	1 2
4	Availability of charts / Wall painting.	Yes No	1 2
5	Utilization of charts/ Wall painting	Yes No	1 2