Internship Training

At

India Health Action Trust

Study/Project Title

Assessment of the services of Anganwadi Centers (AWC) in a rural block of Mirzapur UP

By

Name: Dr. Phaneendra Jaiswal Mani

Enroll No. PG/14/44

Under the guidance of

Dr. A. K. Khokhar

Post Graduate Diploma in Hospital and Health Management 2014-16

2014-16

International Institute of Health Management Research New Delhi

Zonal Office of India Health Action Trust, Allahabad

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No./ IHAT/ALD/2016/May-07 Allahabad, Date: 18th May'2016

Completion of Dissertation from India Health Action Trust

The certificate is awarded to

Name Dr. Phaneendra Mani Jaiswal

In recognition of having successfully completed

his Internship in the department of

Nutrition

has successfully completed his Project on

Assessment of the services at Aagan Wadi Centers (AWC) in a rural block of Mirzapur, Uttar Pradesh

Date: 04 February to 16 May 2016

Organisation: India health Action Trust (Uttar Pradesh Technical Support Unit)

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

a strong drive & zeal for learning

We wish him all the best for future endeavors.

For India Health Action Trust

Authorised Signatory

AUTHORISED SIGNATORY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Phaneendra Mani Jaiswal student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at India Health Action Trust from February to April The Candidate has successfully carried out the study designated 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.

Dr. A.K. Agarwal
Dean, Academics and Student Affairs
IIHMR, New Delhi

Name of the mentor: Dr. A.K. Khokhar
Director,
IIHMR, New Delhi

Certificate Of Approval

The following dissertation titled **"Assessment of the services at Aagan Wadi Centers (AWC) in a rural block of Mirzapur UP"** at **"India Health Action Trust'** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
~~DR. BRIJENDER SINGH DHILLON~~	19/5/16
Dr A.K. KHOKHAR	
DR. PANKAJ TALREJA	

Certificate from Dissertation Advisory Committee

This is to certify that **Dr.Phaneendra Mani Jaiswal,** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He/ She is submitting this dissertation titled **"Assessment of the services at Aagan Wadi Centers (AWC) in a rural block of Mirzapur UP"** at "India health Action trust" in partial fulfillment of the requirements for the award of the **PostGraduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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Institute Mentor Name: Dr. A. K. Khokhar
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INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation **Assessment of the services at Aagan Wadi Centers (AWC) in a rural block of Mirzapur UP** and submitted by Dr. Phaneendra Mani Jaiswal, Enrollment No. PG14/44 under the supervision of Dr. A. K. Khokhar (Director IIHMR, New Delhi)vfor award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from February to April 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 

FEEDBACK FORM

Name of the Student: Phanendra Mani Tripathi.

Dissertation Organisation: IHAT, Mirzapur.

Area of Dissertation: Nutrition

Attendance: Regular

Objectives achieved:

Conducted a survey named "Assessment of AWC in terms of THR & Wt. monitoring in Mirzapur. UP.

Deliverables:

Submitted a thesis report on the above topic.

Strengths:

Bright individual & Analytical mindset.
Good team work

Suggestions for Improvement:

Signature of the Officer-in-Charge/
Organisation Mentor (Dissertation)

Date: 14.05.16
Place: Allahabad. UP.

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Introduction

India has a large country with population of 1.21 billion in 2010 census and current estimated population is 1.31 billion in 2016. In India, the Integrated Child Development Services (ICDS) Scheme represents one of the most unique programs for early childhood development by network of “Anganwadi Center” (AWC), which provides integrated services comprising supplementary nutrition, immunization, health checkup, referral services, preschool education, and health and nutrition education.

The Integrated Child Development Services (ICDS) Scheme represents one of the most unique programs for early childhood development. ICDS is applied to aid mothers to ensure useful health and nutrition care, prior detection, and timely treatment of disorders. The scheme aims at development of children in the age group 0–6 years, adolescent girls, and pregnant and lactating mothers. A network of “Anganwadi Center” (AWC) provides integrated services comprising supplementary nutrition, immunization, health checkup, referral services, preschool education, and health and nutrition education. The Anganwadi worker (AWW) in ICDS program assumes a pivotal role in AWC owing to her close and continuous contact with the community. By virtue of her position in the community, the AWW presents more chances to interact and educate the mothers. Growth monitoring and supplementary nutrition are directly associated with the obstruction and control of undernourishment in children.This study seeks to assess the services of AWCs regarding growth monitoring activities and Take Home Ration.

OBJECTIVE OF THE STUDY

To assess the infrastructure of AWCs.

To assess the services of AWCs in terms of ‘Take Home Ration’.

To assess the availability of logistics at AWCs in terms of growth monitoring.

RESEARCH METHODOLOGY

- Study Type- cross sectional study.
- Study Area- The study is conducted at City block(Gramin) of Mirzapur district (Uttar Pradesh) with a sample size of 30 AWC.
- Study Period- 3 month.
- Study Respondents-The respondents for the following were front line workers (ANM, ASHA and AWW) at the various VHND site.
- Sample Method- The method followed for the study is simple random sampling. From every PHC area, 5 AWC were selected and Simple random sampling method was applied for selecting the AWC.
- Sample Size- A sample size of 30 was taken.
- Data Collection Technique- Face to face interview and direct observation.
- Data Collection Tool- Structured questionnaire
- Data Analysis- The data analysis was done in MS Excel
- Ethical Consideration- Data confidentiality will be maintained throughout the study. The will be shared for the dissertation purpose only.

Rational

In India 20 per cent of children less than 5 years of age suffer from wasting due to acute under nutrition. More than 1/3 of the world's children who are wasted live in India. 40% of Indian children under 5 years are underweight and 48 per cent (i.e. 61 million children) are stunted due to chronic under nutrition.

India accounts for more than 3 out of every 10 stunted children in the world. Under nutrition is substantially higher in rural than in urban areas. Short birth intervals are associated with higher levels of under nutrition. The percentage of children who are severely underweight is almost five times higher among children whose mothers have no education than among children whose mothers have 12 or more years of schooling. Under nutrition is more common for children of mothers who are undernourished themselves (i.e. body mass index below 18.5) than for children whose mothers are not undernourished. Children from scheduled tribes have the poorest nutritional status on almost every measure and the high prevalence of wasting in this group (28 per cent) is of particular concern. India has the highest number of low birth weight babies per year at an estimated 7.4 million. Only 25 per cent of newborns were put to the breast within one hour of birth. Less than half of children (46 per cent) under six months of age are exclusively breastfed. Only 20 per cent children age 6-23 months are fed appropriately according to all three recommended practices for infant and young child feeding. 70 per cent children age 6- 59 months are anaemic. Children of mothers who are severely anaemic are seven times as likely to be severely anaemic as children of mothers who are not anaemic. Only half (51 per cent) of households use adequately iodized salt. Only one third (33 per cent) Indian children receive any service from an Anganwadi centre, less than 25per cent receive supplementary foods through ICDS; and only 18 per cent have their weights measured in an AWC. (Source NFHS 3, 2005-2006).

Area wise Up is a 5th largest country of the word, has a 21 million population according to census 2011, health indicators are also poor in up, and every second child is malnourished and

every 3rd women is anemic. There are 13.42 lakh operational Anganwadis (AWCs) in India as on 31.12.2014. These anganwadis include 187997 (Uttar Pradesh).

Nutritional status

India(NFHS-3)

Child Feeding Practices and Nutritional Status of Children

Children under 3 year's breastfed within one hour of birth (%) 23.4

Children age 0-5 months exclusively breastfed (%) 46.3

Children age 6-9 months receiving solid or semi-solid food and breast milk (%) 55.8

Children under 3 years who are stunted (%) 44.9

Children under 3 years who are wasted (%) 22.9

Children under 3 years who are underweight (%) 40.4

Nutritional Status of Ever-Married Adults (age 15-49)

Women whose Body Mass Index is below normal (%) 33.0

Men whose Body Mass Index is below normal (%) 28.1

Women who are overweight or obese (%) 14.8

Men who are overweight or obese (%) 12.1

Anaemia among Children and Adults

Children age 6-35 months who are anaemic (%) 78.9

Ever-married women age 15-49 who are anaemic (%) 56

Pregnant women age 15-49 who are anaemic (%) 57.9

Ever-married men age 15-49 who are anaemic (%) 24.3

Uttar Pradesh (NFSH-3)

Child Feeding Practices and Nutritional Status of Children

Children under 3 year's breastfed within one hour of birth (%) 7.2

Children age 0-5 months exclusively breastfed (%) 51.3

Children age6-9 months receiving solid or semi-solid food and breast milk (%) 45.5

Children under 3 years who are stunted (%) 52.4

Children under 3 years who are wasted (%) 19.5

Children under 3 years who are underweight (%) 41

Nutritional Status of Ever-Married Adults (age 15-49)

Women whose Body Mass Index is below normal (%) 34.

Men whose Body Mass Index is below normal (%) 32.7

Women who are overweight or obese (%) 11.1

Men who are overweight or obese (%) 9.9

Anaemia among Children and Adults

Children age 6-35 months who are anaemic (%) 85.0

Ever-married women age 15-49 who are anaemic (%) 50.9

Pregnant women age 15-49 who are anaemic (%) 51.6

Ever-married men age 15-49 who are anaemic (%) 24.7

NEED OF STUDY

In the Mirzapur Nutrition indicators are poor as, literacy status is also poor as per NFHS data and people are not aware about ICDS services and benefits and there is the study on health topics but I did not found more study on ICDS department specially from service delivery side there is a high chance to make change in indicator.

Mirzapur (Table:-1)

INDICATER	MIRZAPUR	UP
POPULATION	24.9	
BLOCK	12	820
URBAN POPULATION	13.9	22.3
NO OF VILLAGE	1766	107452
TAHSHIL	4	305
ANGANWADI CENTERS	2668	187997

INDICATER	MIRZAPUR	UP
CRUDE BIRTH RATE	22.3	24.8
MMR	218	258
IMR	80	68
NMR	57	49
U-5 MR	105	90
TFR	2.6	3.3
SEX RATIO	903	912

Analysis

To assess the infrastructure of AWCs.

Type of Building(Table:-2)

	Frequency	Percent
Kuchcha	6	20.0
Pucca	20	66.7
Semi Pucca	4	13.3
Total	30	100.0

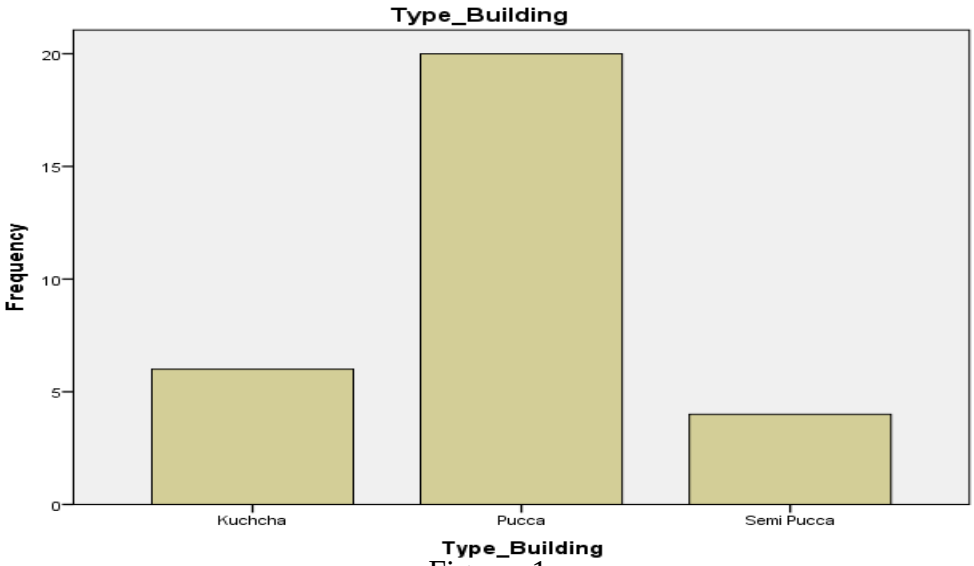

Figure:-1

As per the given table only 66.7% of AWC have Pakka building remaining 20% have Kachcha and 13.3% semi pakka.

Ownership Of Building(Table:-3)

	Frequency	Percent
Constructed by Government	1	3.3
Helper's House	4	13.3
Own House	6	20.0
Rented building	3	10.0
School building	16	53.3
Total	30	100.0

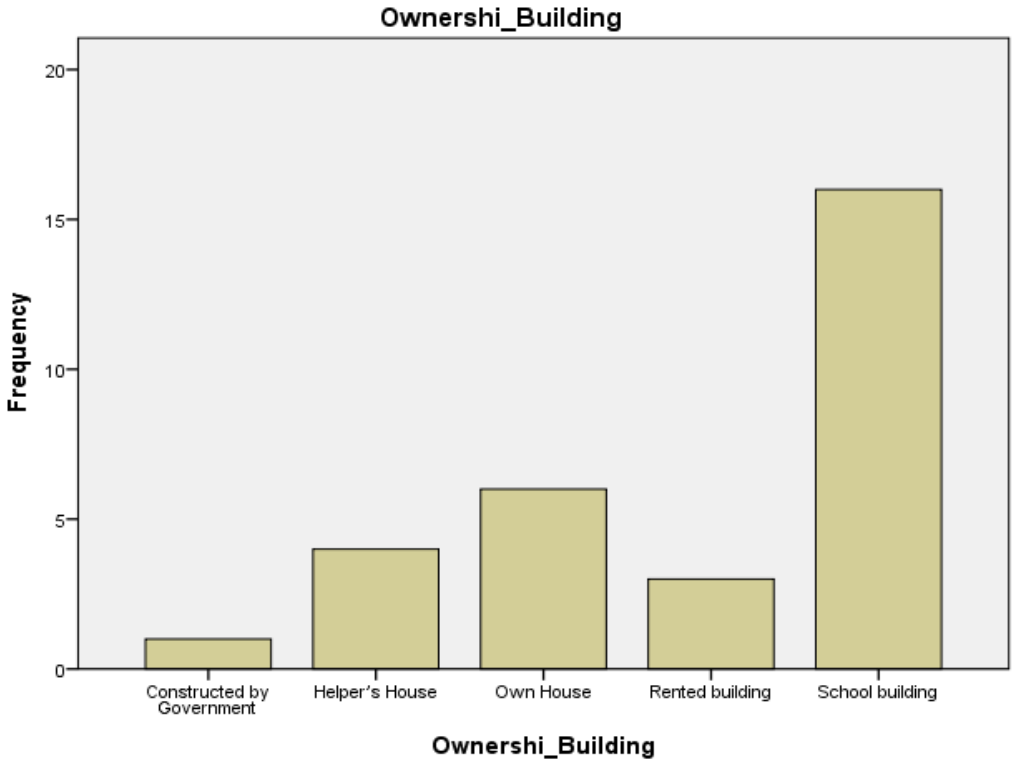

Figure:-2

Most of the AWCs are running in the Schools Building (53.3%) and about 10% is in rented building. There is only 3.3% building that is constructed by GOI. 13.3% and 20% are running in helpers house and AWW own house, respectively.

Signboard displayed(Table:-4)

	Frequency	Percent
Yes	13	43.3
No	17	56.7
Total	30	100.0

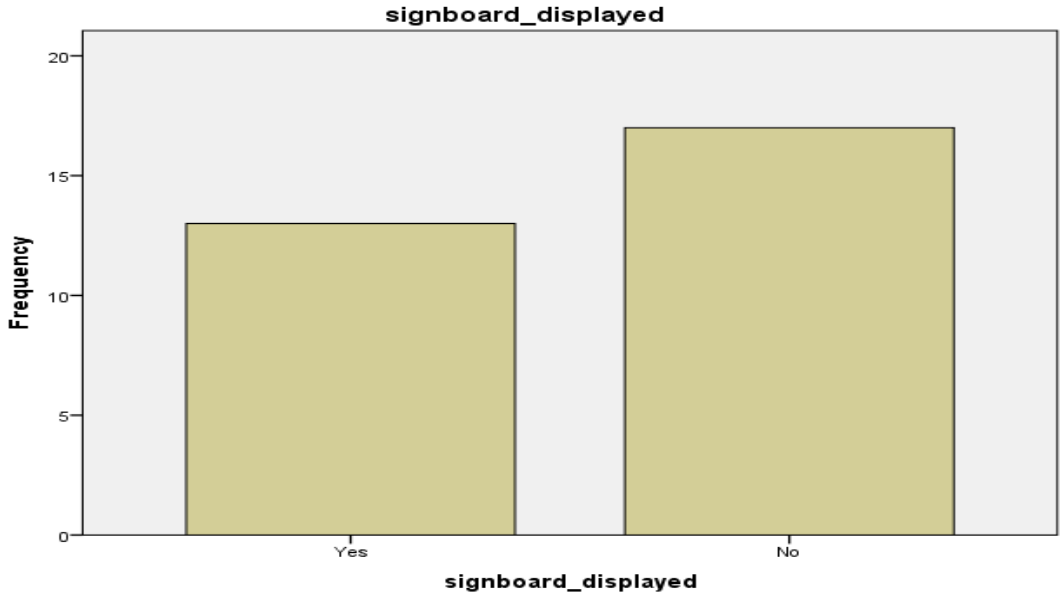

Figure:-3

Out of 30 AWC only 43.3% have sign boards and 56.7% have no sign-boards in front of their building.

Sign Board Visible from road(Table:-5)

		Frequency	Percent
Valid		17	56.7
	No	6	20.0
	Yes	7	23.3
	Total	30	100.0

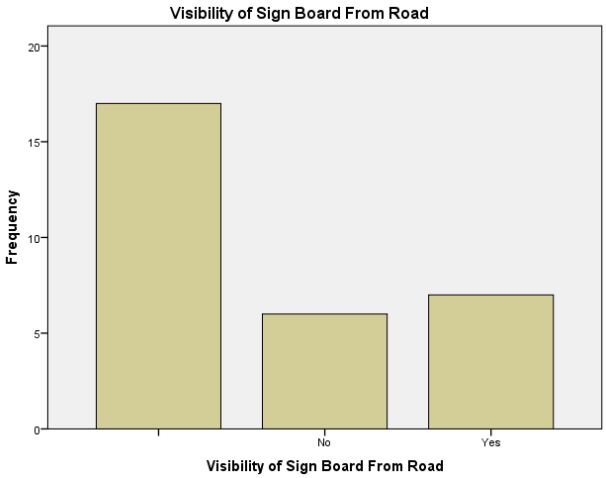

Figure:-4

Only 23.3% sign board are visible from road side. Rest of 20% signs at AWCs are not visible from road.

Condition of Sign Board(Table:-6)

	Frequency	Percent
	17	56.7
Good	8	26.7
Poor	1	3.3
Satisfactory	4	13.3
Total	30	100.0

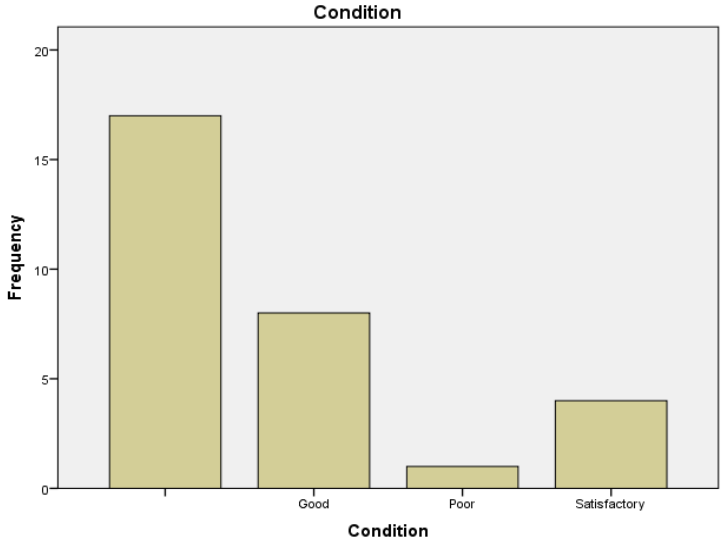

Figure:-5

Only 26.7% of the AWCs have good condition of sign board and 13.3 % are satisfactory remaining3.3 % are in poor condition.

Distance of AWCs from Village(Table:-7)

	Frequency	Percent
Nearby village area	10	33.3
Within village	20	66.7
Total	30	100.0

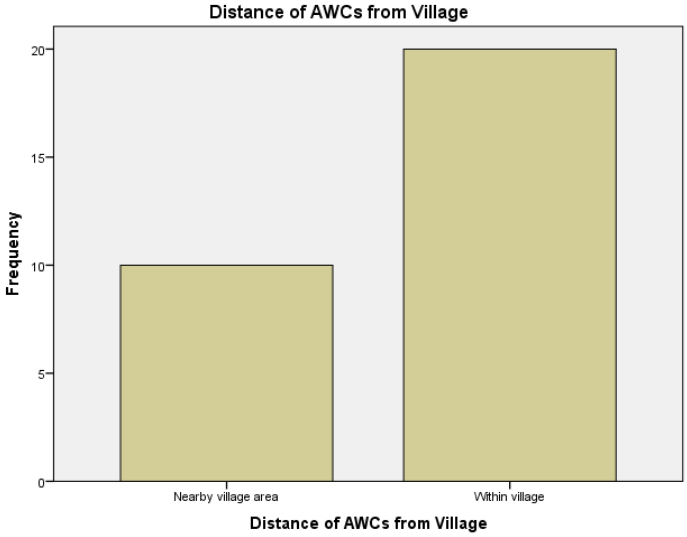

Figure:-6

Out of 30 AWC 66.6 % of AWCs centers are within the village and 30% are near to village.

Result: As per the analysis of data, even though, most of the AWCs in blocks have pakka buildings, they are mostly running in the school building, very few of the AWCs have their own building i.e Government constructed buildings. Only half of the AWCs are there where Sign boards are present and within them only half of the AWCs have sign boards that are visible from

road side, AWC are within the village and few are a little bit away from the village, which may be the cause of less participation of population with the AWCs.

Recommendation: Overall the infrastructure seems to be OK for AWCs , however there are certain aspects where further improvement can be done. More buildings should be constructed by government, dedicated purely to AWCs. Apart from that the visibility of the AWCs should also be increased , so that the beneficiaries could come to know the existence of AWCs in their neighborhood. Accessibility to the AWCs can also be further improved by opening AWCs within the boundary of villages, so that people can easily commute to such centers.

To assess the services of AWCs in terms of 'Take Home Ration'.

Quality of THR (Table-8)

		Frequency	Percent
Valid	No	5	16.7
	Yes	25	83.3
	Total	30	100.0

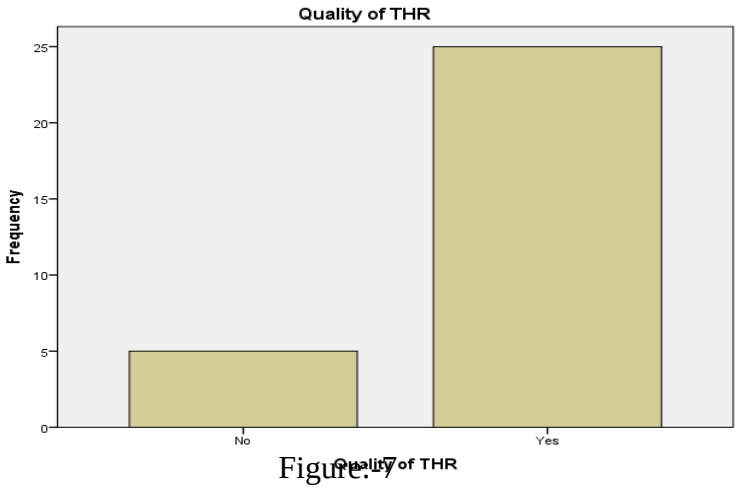

Figure: 7

Quality of take home ration is good at 83.3% of the AWCs but 16.7% of AWCs are not receiving good quality take home ration as per the experience of angan wadi workers.

Acceptability of beneficiaries(Table-9)

		Frequency	Percent
Valid	No	8	26.7
	Yes	22	73.3
	Total	30	100.0

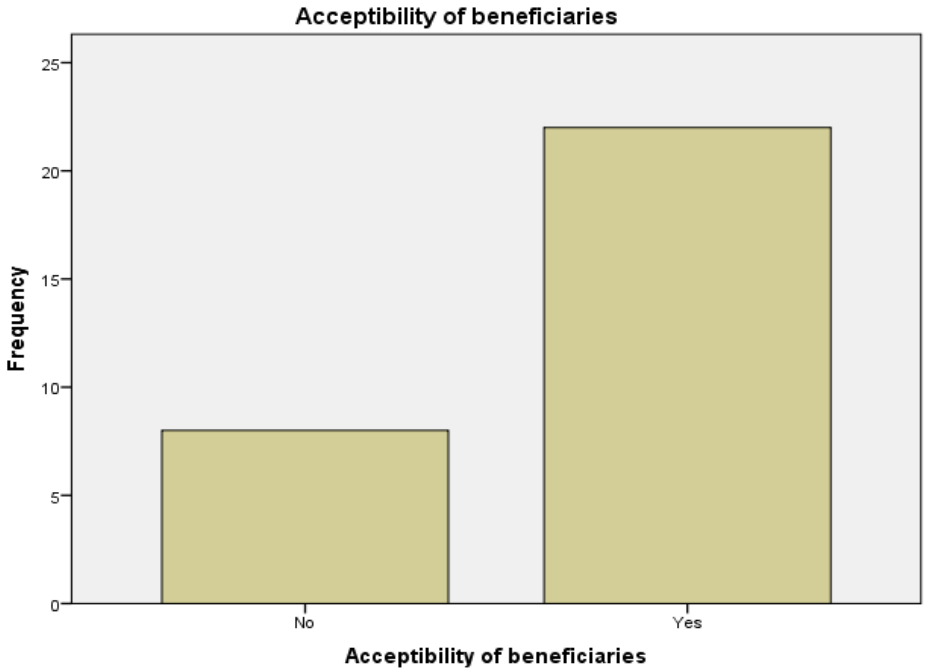

Figure:-8

73.2% of the Angan wadi workers were of the opinion that there is acceptability of take home ration by the beneficiaries, only 26.7 % of the Anganwadi workers were of the opinion that the home ration provided by AWCs are not acceptable by beneficiaries.

Interruption in Supply of THR (Table-10)

		Frequency	Percent
Valid		1	3.3
	No	17	56.7
	Yes	12	40.0
	Total	30	100.0

Figure:-9

40% of the respondents said that there is disruption in the supply of THR whereas 56.7% of them said that the supply is regular.

If yes (Table-11)

	Frequency	Percent
	19	63.3
Shortage of Supply	8	26.7
Transport Problem	3	10.0
Total	30	100.0

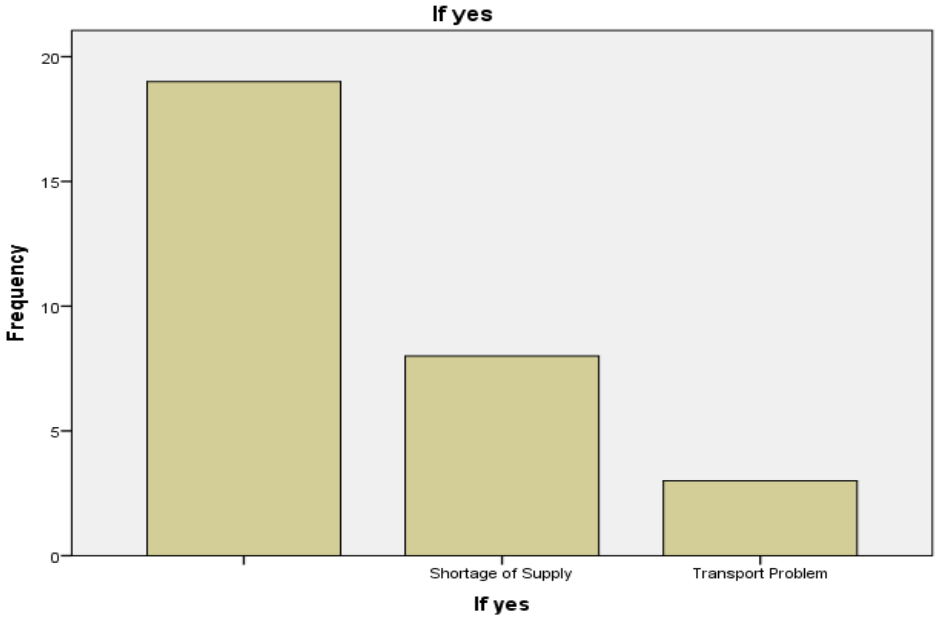

Figure:-10

The above table shows the reasons for the interruption of supply of THR. The main reason sighted was the shortage of supply (73.2%) and transport problem (10%)

Result:

Take home ration provided to the beneficiaries was found to be of the good quality according to AWWs, however it was also found that the some of the beneficiaries are not accepting the THR provided by the AWCs. It was found that there is severe interruption in the supply of THR. The demands put by the beneficiaries is not being met by the AWCs. There seems to be the shortage of supply, there could be varied reasons for this, one of them might be of transportation facility.

Recommendation:

To improve the services of THR , the beneficiaries should be encouraged to get THR from the AWCS, but before that the channel of distribution should be strengthened. The timely delivery of the Ration should be insured by making adequate transportation facility.

To assess the availability of logistics at AWCs in terms of growth monitoring.

Availability of Growth Chart in AWC (Table-12)

	Frequency	Percent
	2	6.7
No	13	43.3
Yes	15	50.0
Total	30	100.0

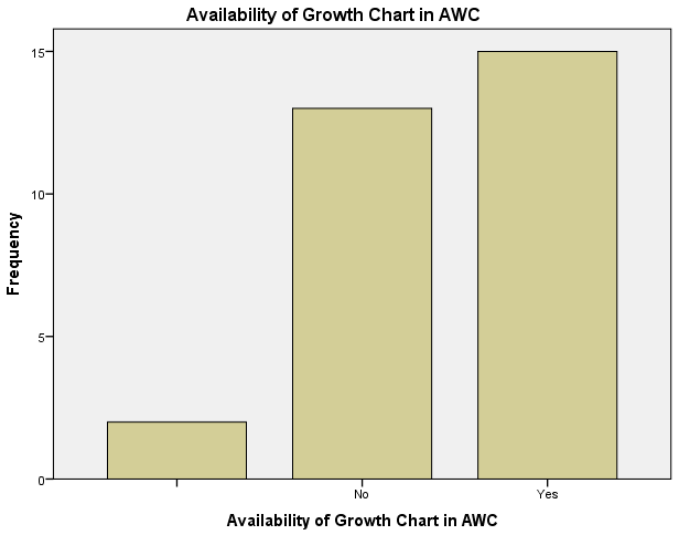

Figure:-11

Availability of WHO Growth Chart was therein 50% of the AWCs. 43.3% of the AWCs didn't have Growth Chart, 6.7 % of the angan wadi workers were not aware about growth chart.

Availability of Weighting Machine (Table-13)

		Frequency	Percent
Valid	No	6	20.0
	Yes	24	80.0
	Total	30	100.0

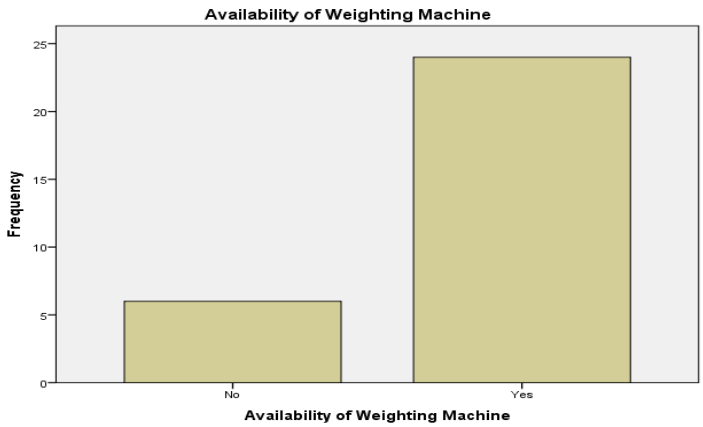

Figure:-12

Out of 30 AWCs, 80% had weighing machine Available, 20% of AWCc did not have weighing machine which is compulsory in AWCs.

Type of machine available in AWC (Table-14)

	Frequency	Percent
	5	16.7
Salter Scale/ Spring Balance	3	10.0
Weighing Machine (Electronic)	18	60.0
Weighing Pan	4	13.3
Total	30	100.0

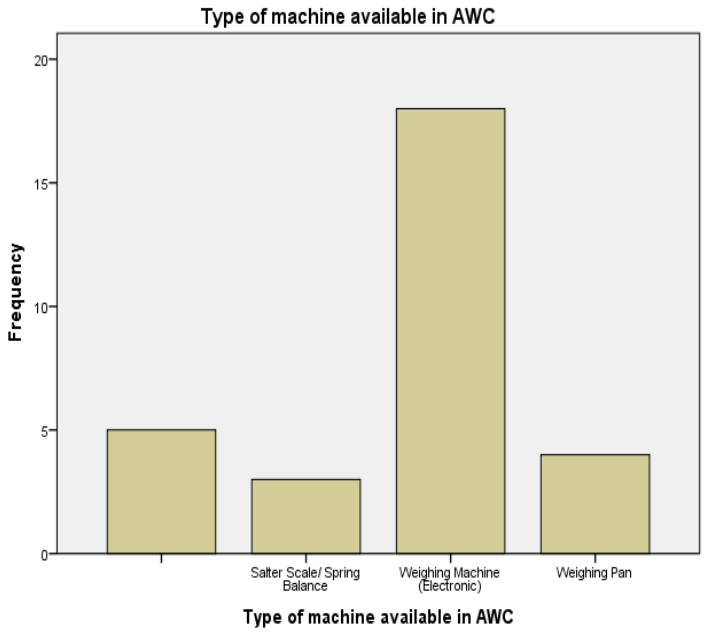

Figure:-13

There are various type of wight machine but Electronic machines are present at 60% of AWCs, 13.3 % had weight pan and only 10% had spring machine available.

If weighting machine is not available in AWC (Table-15)

	Frequency	Percent
	25	83.3
ANM brings along	1	3.3
Borrowing from another AWCs	4	13.3
Total	30	100.0

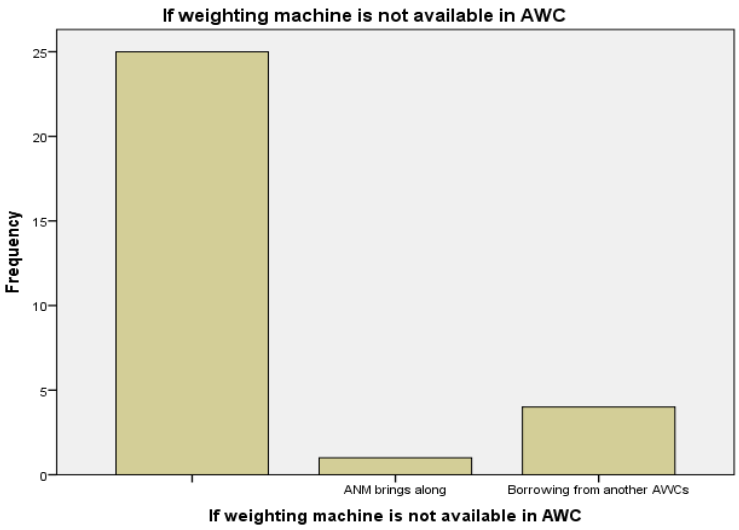

Figure:-14

If the weighting machine is not available in AWC, AWW arrange machine by borrowing from Other AWCs (13.3%) and borrowing from ANM is 3.3%.

Availability of of MUAC tape at AWC (Table-16)

		Frequency	Percent
Valid		2	6.7
	No	18	60.0
	Yes	10	33.3
	Total	30	100.0

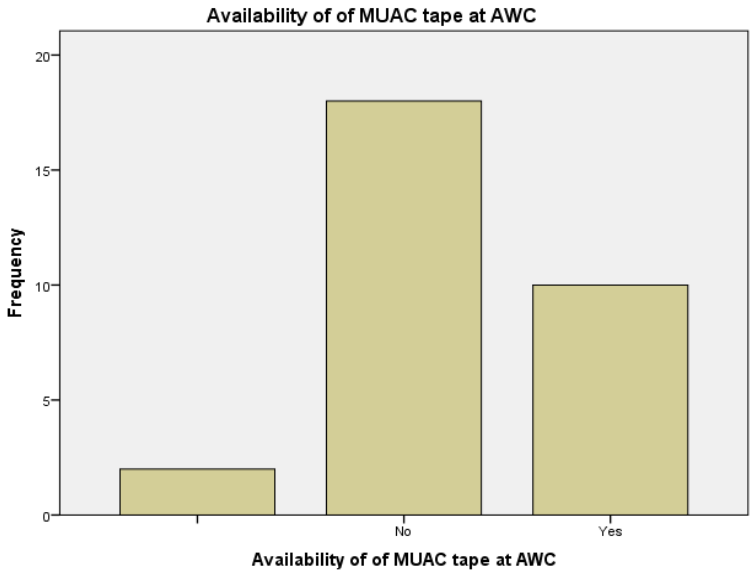

Figure:-15

Availability of MUAC tape is very less in AWCs Only 33.3% had MUAC tape, 66.7% did not have MUAC tape, 6.7% AWW were not aware of MUAC tape.

Results: The data analysis shows that the basic instruments for weight measurement is available at most of the AWCs and even if they are not available there is proper arrangement for getting a weighing machine in case there is a need. There seems to be a shortage of growth chart and MUAC tape at the AWC centers. These are important for the monitoring of growth and nutrition states especially in case of children.

Recommendation: All these basic instruments are not costly and it must be provided to each and every AWCs, if it has to improve the services of AWCs.

Conclusion

There is very few things can be improve for good service delivery at AWC like infrastructure, accessibility of THR at AWC for be improving beneficiary nutritional status and weight monitoring which could refer the children for the proper management there health, this could improve their beneficiary satisfaction and they will be interested to come AWC for getting the services.