Internship Training

At

Intergrated Child Development Services, Jamnagar

Women and Child Development Ministry, Gujarat

By

Vineet Chugh

Post Graduation in Health Management

Year 2013 – 2015

International Institute of Health Management Research

Delhi

Internship Training

At

Integrated Child development Services, Jamnagar

A comparative study on performance of AnganwadiCentres in Rural and Urban areas of District Jamnagar, Gujarat

By
VineetChugh
(PG/13/074)

Under the guidance of
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Post Graduation in Health Management

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ICDS Society

District ICDS Society Management Unit
Jamnagar District Panchayat, Jamnagar, Gujarat

The Certificate is awarded to

Vineet Chugh

In recognition of having completed his Internship in

Integrated Child Development Services

And has successfully completed his project on

A Comparative study on Performance of Anganwadi Centres in Rural and Urban areas under Integrated Child Development Scheme (ICDS) of Jamnagar District of Gujarat.

(March, 2015- May, 2015)

He came across a committed, sincere and diligent person who has a

Strong drive and zeal for learning.

We wish him all the best for future endeavours.

Programme Officer
District Panchayat Jamnagar

J.B. Babi
Program Officer
ICDS Society
District Panchayat
Jamnagar

To Whomsoever It May Concern

This is to certify that VineetChugh, student of Post Graduate Diploma in Health Management (PGDHM) from international Institute of Health Management Research, New Delhi has undergone Internship training at Integrated Child Development Services Department, Jamnagar, Gujarat, from March, 2015 to May, 2015.

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.

Dean,
Academics and Student Affairs

IIHMR, New Delhi

Dr. B. S. Singh

IIHMR, New Delhi

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Certificate of Approval

The following dissertation titled **"A comparative study on performance of Anganwadi Centres in Rural and Urban areas of District Jamnagar"** at **"ICDS, Gujarat** 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
S. V. Adhia	
D. S. Singh	

Certificate from Dissertation Advisory Committee

This is to certify that, **Vineet Chugh** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He is submitting this dissertation titled "**A Comparative Study on the Performance of Anganwadi Centres of Rural And Urban areas of Jamnagar District at "ICDS Society, Jamnagar, Gujarat** in partial fulfillment of the requirements for the award of the **Post-Graduate 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.

Dr. B. S. Singh,
Associate Professor,
IIHMR, New Delhi

J. B. Babi
Programme Officer
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District Program Officer,
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"A Comparative study on performance of Anganwadi centres in rural and urban areas of district Jamnagar, Gujarat"** and submitted by **Vineet Chugh** Enrolment No. PG/13/074 under the supervision of **Dr. B. S. Singh** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from March, 2015 to May, 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.

Signature

Date 4/5/15

FEEDBACK FORM

Name of the Student: Vineet Chugh

Dissertation Organization: Integrated Child Development Scheme (ICDS), Jamnagar

Area of Dissertation: A Comparative Study on the Performance of Anganwadi Centres of Rural And Urban areas of Jamnagar District

Attendance: 95%

Objectives achieved: Coordination & Meeting with the CDPO, MS, AWW. All Data Collected tabulated & Analysed

Deliverables: Good and very well defined

Strengths: Has good Communications skills
Sincere, Calm and did all the work Given to him

Suggestions for Improvement: —

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

Programme Officer
Dist. Panchayat Jamnagar

Date: 10/05/2015
Place: Jamnagar

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GLOSSARY

ANM	AUXILIARY NURSE MIDWIFE
ASHA	ACCREDITED SOCIAL HEALTH ACTIVIST
AWC	ANGANWADI CENTRE
AWW	ANGANWADI WORKER
AWH	ANGANWADI HELPER
BCC	BEHAVIOUR CHANGE COMMUNICATION
CDHO	CHIEF DISTRICT HEALTH OFFICER
CDPO	CHILD DEVELOPMENT PROJECT OFFICER
CMTC	CHILD MALNUTRITION TREATMENT CENTRE
DPC	DISTRICT PROGRAMME COORDINATOR
GOI	GOVERNMENT OF INDIA
ICDS	INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)
IEC	INFORMATION EDUCATION AND COMMUNICATION
IFA	IRON AND FOLIC ACID TABLET
IMR	INFANT MORTALITY RATE
IPCCD	INDIAN PUBLIC HEALTH STANDARDS
IYCF	INFANT AND YOUNG CHILD FEEDING
KSY	KISHORI SHAKTI YOJANA
MDG	MILLENNIUM DEVELOPMENT GOALS
MMR	MATERNAL MORTALITY RATE
MUAC	MID-UPPER ARM CIRCUMFERENCE
NCV	NUTRITION COMMUNITY VOLUNTEER
NFHS	NATIONAL FAMILY HEALTH SURVEY
NFPSE	NON FORMAL PRE-SCHOOL EDUCATION
NGO	NON-GOVERNMENTAL ORGANIZATIONS
NIC	NATIONAL INFORMATION CENTRE
NHED	NUTRITION HEALTH AND EDUCATION
NRHM	NATIONAL RURAL HEALTH MISSION
NPAG	NUTRITION PROGRAMME FOR ADOLESCENT GIRLS
NV	NUTRITION VOLUNTEER
PHC	PRIMARY HEALTH CENTRE
PSE	PRE SCHOOL EDUCATION
PRIS	PANCHAYATI RAJ INSTITUTIONS
RDD	REGIONAL DEPUTY DIRECTOR
SEAR	SOUTH EAST ASIAN REGIONS
SPSS	STATISTICAL PACKAGE FOR THE SOCIAL SCIENCES
UNICEF	THE UNITED NATIONS CHILDREN'S FUND
WCD	WOMEN AND CHILD DEVELOPMENT
WHO	WORLD HEALTH ORGANISATION

DISSERTATION REPORT

A COMPARATIVE STUDY ON PERFORMANCE OF ANGANWADI CENTRES IN RURAL AND URBAN AREAS OF DISTRICT JAMNAGAR, GUJARAT

1. Abstract

This study is an attempt to know the performance of AnganwadiCentres in Rural and Urban blocks. It is to find out the difference in the performance of AnganwadiCentres of Integrated Child Development Services Scheme in four blocks of Jamnagar district (Two Rural and two Urban blocks). The cross sectional study was conducted in four blocks at 40 Anganwadicentres 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.

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- Ninety percent of AnganwadiCentres in Rural 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 Urban blocks.
- In case of Rural areas 70 percent of AnganwadiCentres have Salter scale for measuring the weight of children, 20 percent have electronic weighing machine and 10 percent do not have any type of weighing machine. In Urban areas Salter scale is available in 65 percent of anganwadicentres, 10 percent have electronic weighing machine and 25 percent Anganwadicentres donot have any type of weighing machine.
- In Rural area of Jamnagar district nineteen anganwadicentres have less than 15 percent moderately underweight children, one anganwadicentre had MUW children in range 15-30 percent. In Urban area six anganwadicentres had 15-30 percent MUW children, nine AWC had 30-40 percent MUW children and five AWC had more than 45 percent MUW children
- InRural area THR is available in 70 percent AWC as compared to Urban area where it is available in 60 percent AWC. GaramNashta was available everywhere. Trijubhojan was available in 20 percent AWC in Rural area and 40 percent in Urban AWC.
- In Rural region 80 percent AWC had story or poem books as compared to Urban area where these were available only in 30 percent of AnganwadiCentres.

To improve quality of service delivery of ICDS one needs to strengthen the UrbanAnganwadi Centres along with the RuralAnganwadi Centres. This study also attempts to find the difference in the performance of Rural and UrbanAnganwadi Centres, the reasons for the same and ways to improve services.

Key Words: Anganwadi Centre**,** Performance, Rural, Urban,Anganwadi worker

2. 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 Urban areas as compared to non Urban 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

RESEARCH PROBLEM

The Integrated Child Development Service (ICDS) scheme is presently the only majorNational Program in the country which focuses on early childhood nutrition and care, pregnant andlactating 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 childhoodproblems still remains a matter of concern. According to NFHS-3, countrywide though81.1% children under age six years were covered by AnganwadiCentres (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 Urban and rural areas.

In Gujarat every year new initiatives are taken in order to increase the performance of AnganwadiCentres 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 Ruralanganwadicentres and not on the Urban anganwadicentres. 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 Urban and Ruralanganwadicentres.

REVIEW OF LITERATURE

1. A study on performance of AnganwadiCentres 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 AnganwadiCentres 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 Anganwadicentres 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 Urban and Rural areas of Jamnagar district of Gujarat?

RESEARCH OBJECTIVES

General:

To study the functioning of Anganwadi Centers in Urban and Rural areas of Jamnagar district of Gujarat.

Specific Objectives

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

3. METHODOLOGY

Study Design: Cross-sectional descriptive study

Study Unit: 20 AnganwandiCentres of each Urban and Rural Area.

Study Area: Dhrol, Jodiya (Rural),

Urban1, Urban2 (Urban) blocks of Jamnagar District

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

Data Collection Tools: Semi-Structured Interviews with AWWs, Review of the Registers at AnganwadiCentres, 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 Jamnagar District i.e. Dhrol, Jodiya (Rural),Urban1, Urban2 (Urban) These Talukas were chosen based on the percentage of malnourishment and accessibility. The Anganwadicentres assessed were chosen through simple random sampling. Initially out of 11 Talukas, 4 Talukas are chosen and from them 40 AnganwadiCentres were selected.

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

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 $p < 0.05$ wasconsidered statistically significant. (* denotes $p<0.05$)

Background Characteristics

Table1. Background Characteristics of the Anganwadi Workers

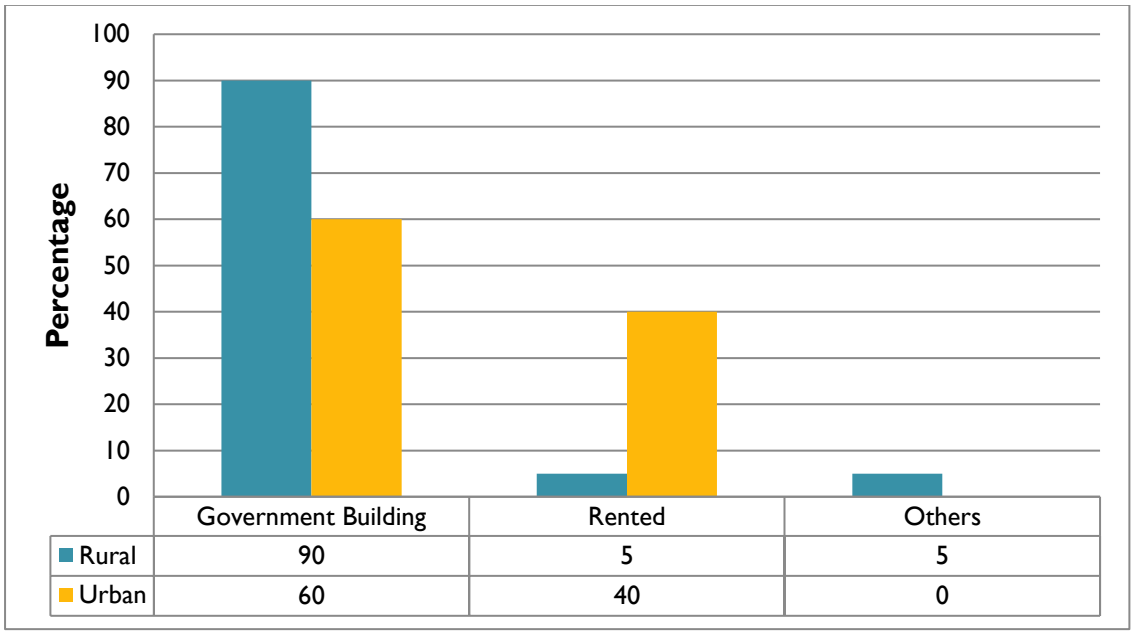
Characteristics	Urban	Rural
	Percentage of respondent (N=20)	**Percentage of respondent (N=20)**
Age of AWW		
18-29	5	0
30-39	35	30
40-49	50	40
50-59	10	30
Educational Qualification of AWW		
Upto 10thStd	25	60
11-12 Std	35	30
Graduate or above	40	10
Years AWW working in same AWC		
Upto 10 years	70	55
11-20 years	20	30
21-30 years	10	15
31-40 years	0	0
AWW attended any training in last one year	100	100

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

4. Results and Findings

Infrastructure of AnganwadiCentres

Fig.1 Percentage of type of Anganwadi Centre's building in Rural and Urban area



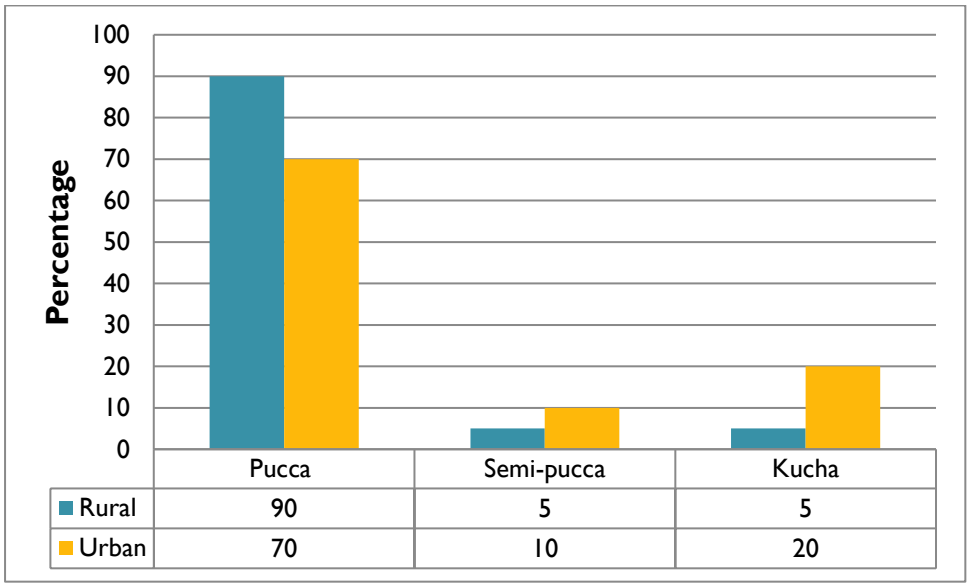
	Government Building	Rented	Others
Rural	90	5	5
Urban	60	40	0

* P<0.05

Ninety percent of AnganwadiCentres in Rural 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 Urban blocks. There is no AWC in Urban area which is donated by others.

On analyzing the data it was found that there is an association between type of anganwadi centres and the region in which the anganwadicentre is present. (p=.022) Rural area has more AWC running in government building as compared to Urban area.

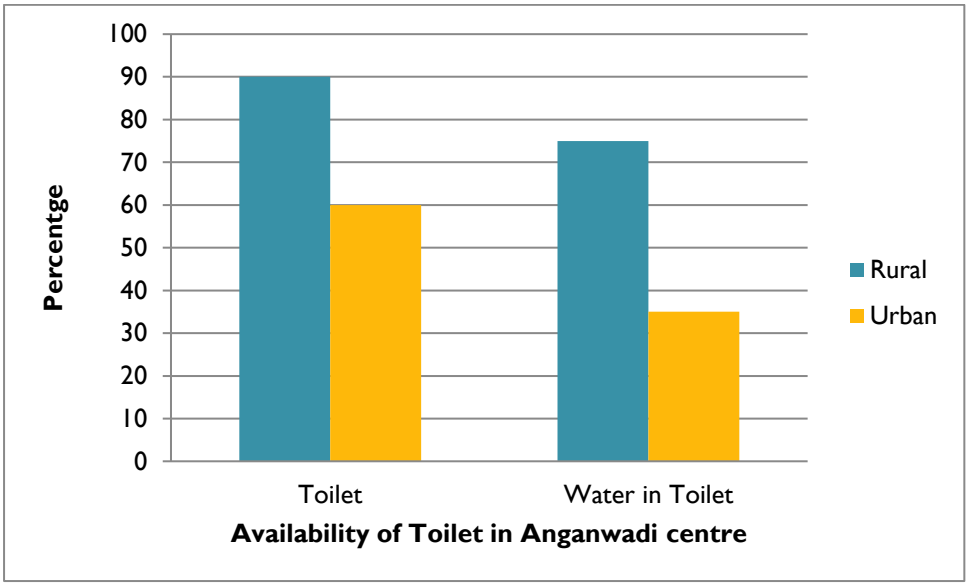
Fig.2 Percentage of Anganwadicentres having different types of construction of building



In Rural 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 Urban area, 70 percent are pucca building, 10 percent are semi-pucca and 20 percent are kucha building. It was found that in both Rural and Urban areas all the government owned buildings were pucca building and semi-pucca or kucha buildings were either rented buildings and those buildings which were donated by others.

The association between the region of Anganwadicentre and the construction of the Anganwadi building was found to be statistically significant (p=0.037). As in Rural area most of the Anganwadicentre's buildings are owned by government so they are constructed in keeping the guidelines in mind. On the other hand wherever government buildings 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 Urban area kucha rooms are more as compared to Rural region which are mostly rented rooms.

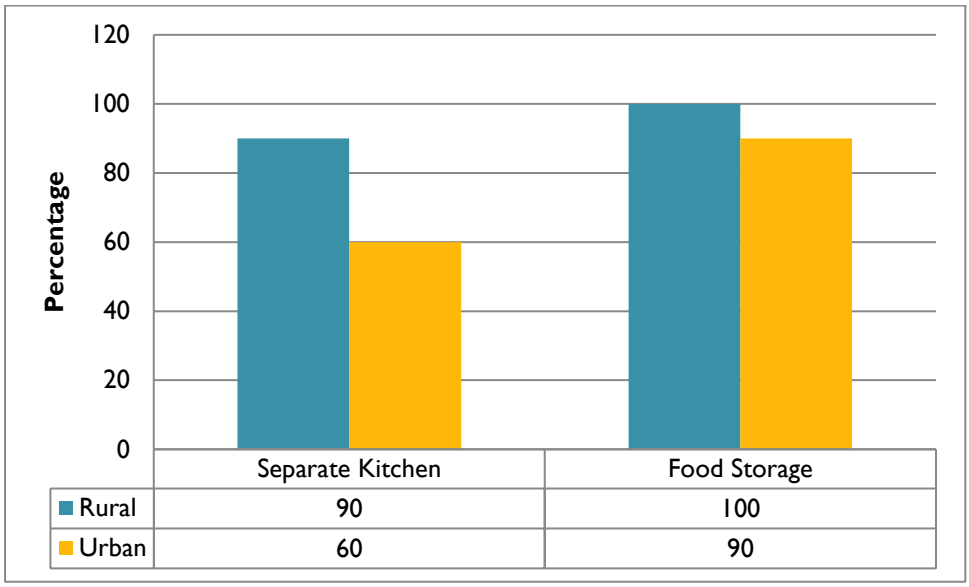
Fig.3 Percentage of Anganwadicentres having toilet and water facility in toilet.



According to the guidelines of infrastructure of AnganwadiCentres each Anganwadicentre whether rented building or owned by government should have toilet facility in it. On visiting the Anganwadicentres of both the areas it was seen that 90 percent of AnganwadiCentres in Rural blocks have toilet facility in it whereas in Urban area 60 percent of AnganwadiCentres have toilets. Every Anganwadicentre with toilet must have water facility in it but it was observed that out of these 90 percent of AWC with toilets, 75 percent of toilets have water facility and in Urban area out of 60 percent of AWC with toilets have water facility in it.

On analyzing the data and applying chi square it was found that there is also an association between type of AWC building and availability of toilet facility as 83.3% of government buildings had toilet and 33.3% of the rented building had this facility. This association is statistically significant. (p=0.005)

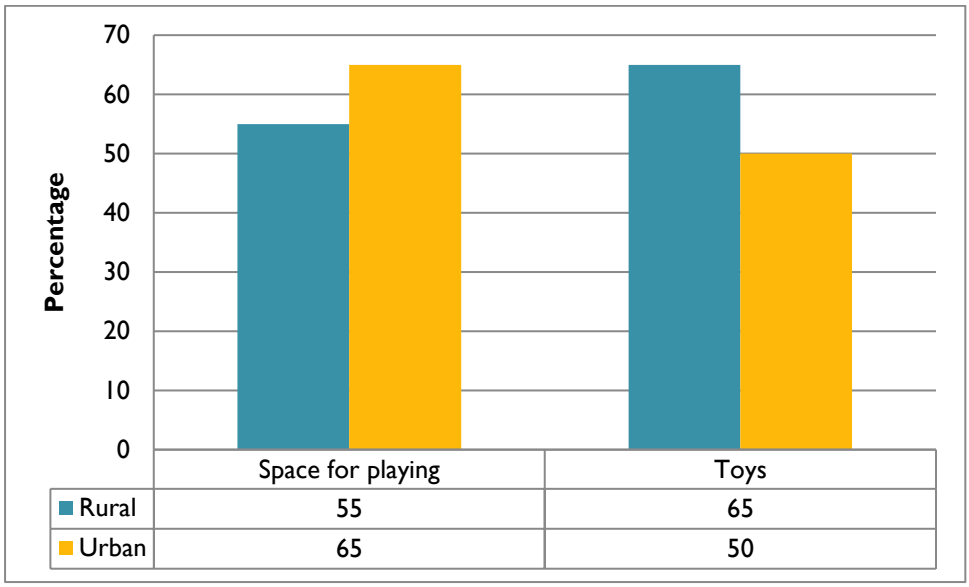
Fig.4 Percentage of Anganwadicentres having separate kitchen and food storage facility.



Ninety percent of the Anganwadicentres in Rural blocks of Jamnagar district have separate kitchen to cook food for the children in the age group of 3 to 6 years but in case of Urban areas only 60 percent have separate kitchen. Separate kitchen is required not to harm children present in the anganwadicentre and the food can be cooked safely.

Food material supplied to the Anganwadicentres 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 Rural areas every Anganwadi Centre has these food storage containers but in case of urban area 90 percent of Anganwadicentres have these containers.

Fig.5 Percentage of Anganwadicentres having space for playing and Toys.

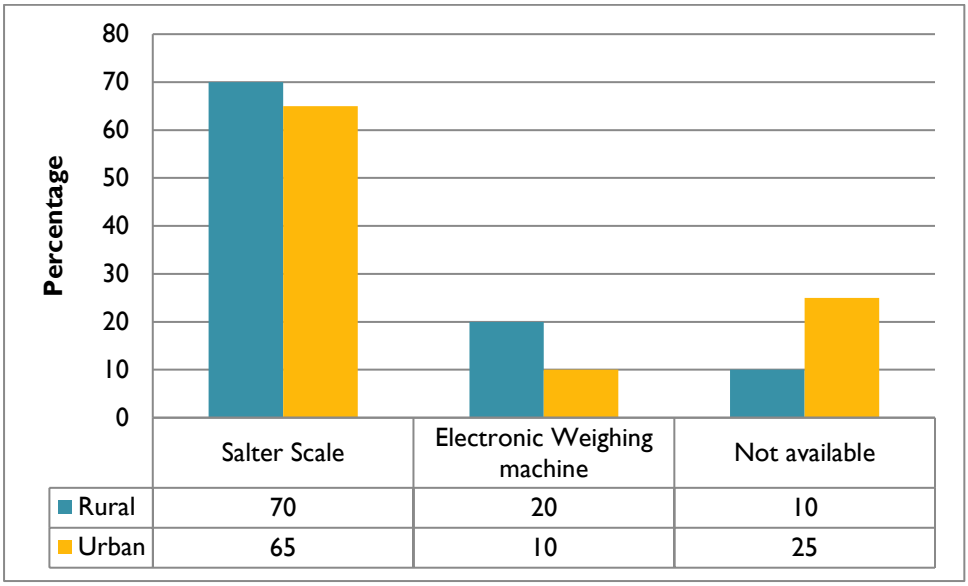


Fifty five percent of the AnganwadiCentres have space for playing for the children coming to Anganwadi Centre in the Rural blocks. This is due to space constrains in the municipal corporation areas. In these areas wherever land was available Municipal Corporation has constructed the Anganwadicentres. 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 Urban areas 65 percent AnganwadiCentres have space for playing for children.

On applying statistical test also it is found that there is no association between the region of anganwadicentre and space for playing (p=0.519). Also no association was found in between region of AWC and availability of toys. (p=0.197)

In 65 percent of AnganwadiCentres in Rural blocks, toys were present for children but in case of Urban blocks only 50 percent of anganwadiCentres had Toys. In most of the AWC toys were given once in a year which was broken by the children.

Fig.6 Percentage of Anganwadicentres having weighing machine.



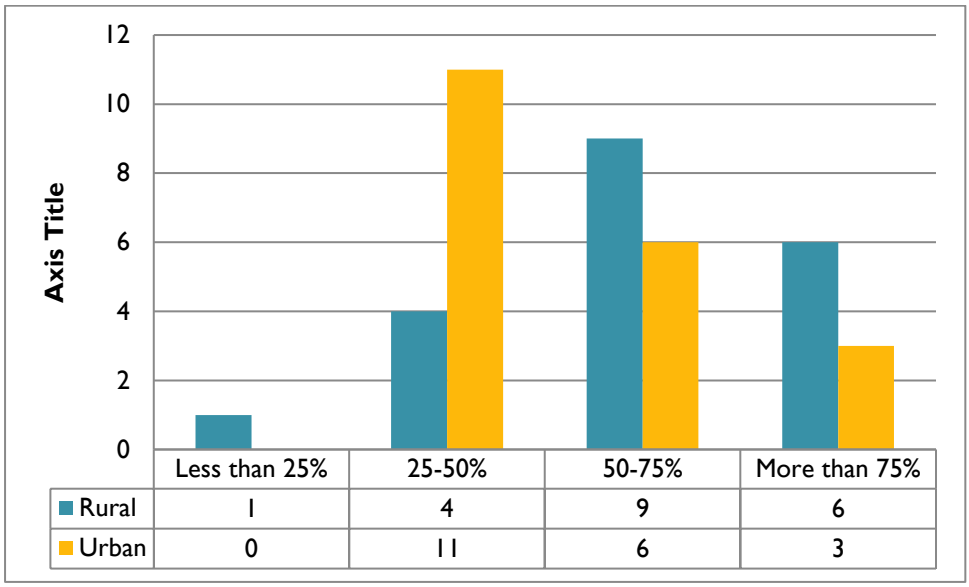
	Salter Scale	Electronic Weighing machine	Not available
Rural	70	20	10
Urban	65	10	25

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 Rural areas 70 percent of AnganwadiCentres have Salter scale for measuring the weight of children, 20 percent have electronic weighing machine and 10 percent do not have any type of weighing machine. In Urban areas Salter scale is available in 65 percent of anganwadicentres, 10 percent have electronic weighing machine and 25 percent Anganwadicentres donot have any type of weighing machine.

The association between the region of AnganwadiCentre and availability of weighing machine was found out to be statistically insignificant. (p=0.736)

Registration of beneficiaries at Anganwadi Centre

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

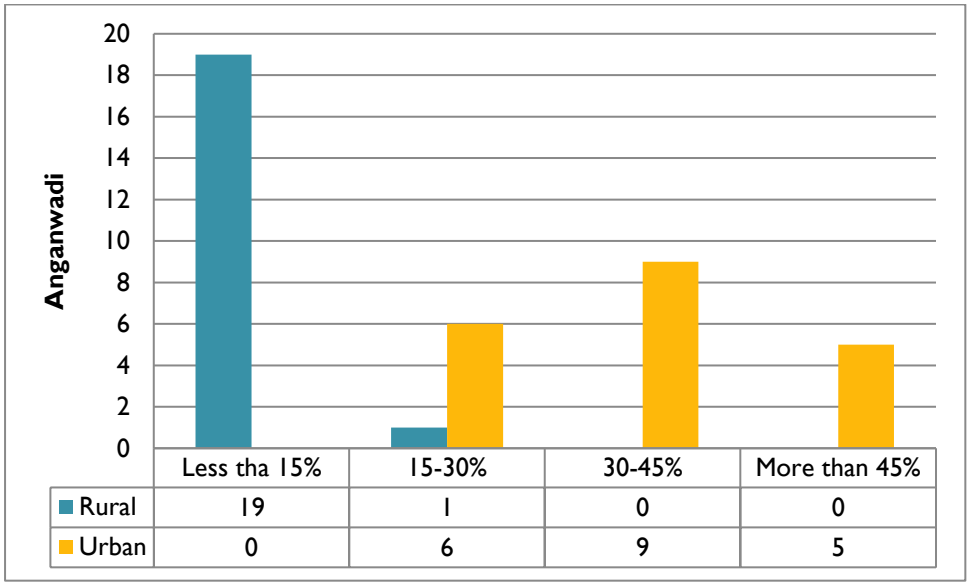


In Rural areas of the district there was one Anganwadi Centre with attendance less than 25 percent, fouranganwadicentreswith attendance in between 25-50 percent, nineAnganwadiCentres with attendance in between 50-75 percent and 6 with more than 80 percentattendence. On the contrary in Urban areas of district 11 AnganwadiCentres were with attendance in range 25- 50 percent, six with attendance in between 50-75 percent and three Anganwadicentres with attendance more than 75 percent.

On analyzing the data it was found that there is no association between region in which AWC is present and attendance of children of age group 3-6 years. (p=0.118)

Malnutrition status of Children in Anganwadicentres

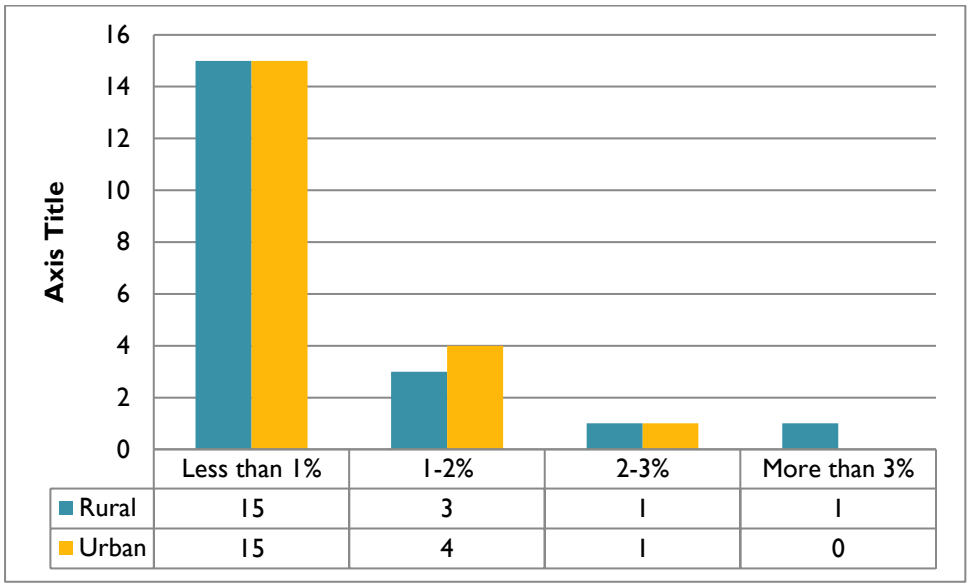
Fig.8 Distribution of Anganwadicentre according to the presence of moderately underweight children



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 Rural area of Jamnagar district nineteen anganwadicentres have less than 15 percent moderately underweight children, one anganwadicentre had MUW children in range 15-30 percent. In Urban area six anganwadicentres had 15-30 percent MUW children, nine AWC had 30-40 percent MUW children and five AWC had more than 45 percent MUW children

There is an association between region of AWC and the number of moderately underweight children. (p=0.000). Another association found was in between educational qualification of the AWW and the number of moderately underweight children (p=0.048). AWW in Urban areas are less educated as compared to the Rural area.

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



	Less than 1%	1-2%	2-3%	More than 3%
Rural	15	3	1	1
Urban	15	4	1	0

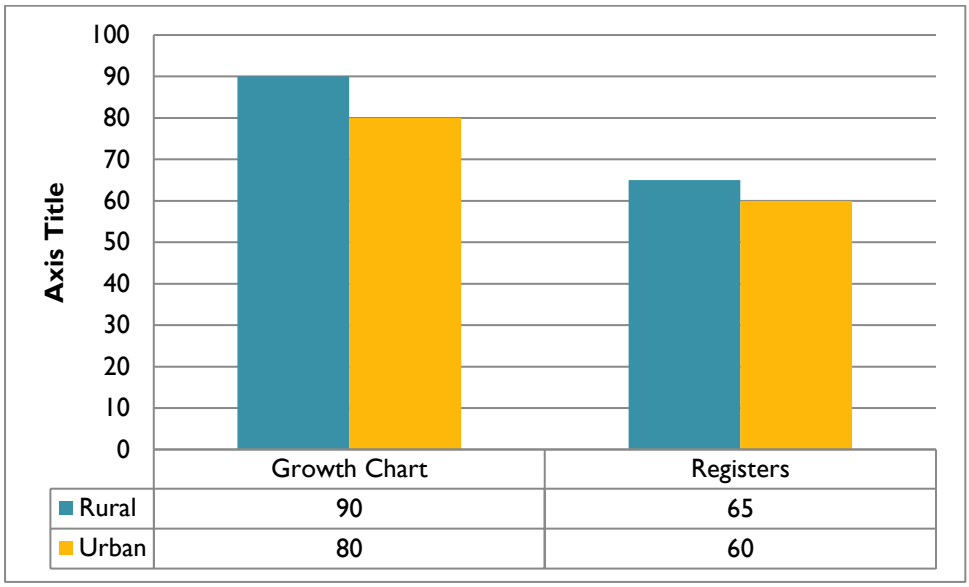
Severely underweight children are those children whose weight for age is below minus three standard deviations from median weight for age of reference population. .In Rural area of Jamnagar district 15anganwadicentres have less than one percent severely underweight children, threeanganwadicentres had 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 UrbanAnganwadiCentres 15anganwadicentres had less than one percent SUW children, four AWC had 1-2 percent SUW children and one AWC had 2-3 percent SUW children

The association in between region of AWC and severely underweight children is not statistically significant. (p=0.788)

In case of severely underweight children both Urban and Rural AWC are approximately at same level.

Registers

Fig.10 Percentage of AnganwadiCentres filling the registers regularly

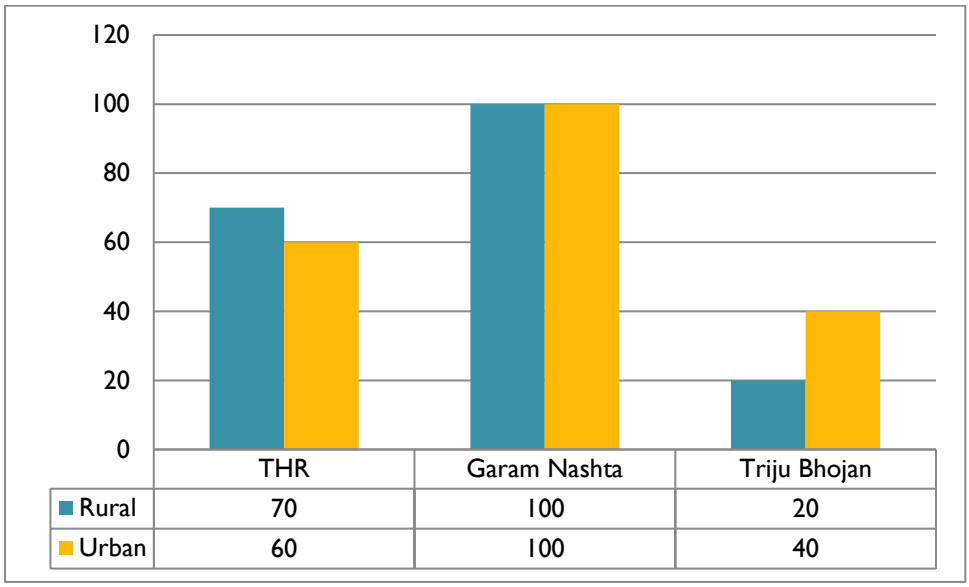


Every Anganwadi Worker has to fill 10-11 registers daily which takes approximately two hours. In order to save the time they do not fill the registers regularly and later on fill them. On checking the registers it was found that in 90 percent anganwadicentres of Rural area growth chart were filled regularly as compared to 80 percent of the UrbanAnganwadiCentres. Other registers were filled regularly in 65 percent AnganwadiCentres of Rural area and 60 percent in Urban area.

There is no association between these variables and Region of AWC.

Supplementary Nutrition Program

Fig.11 Percentage of AnganwadiCentres providing different type of food



	THR	Garam Nashta	Triju Bhojan
Rural	70	100	20
Urban	60	100	40

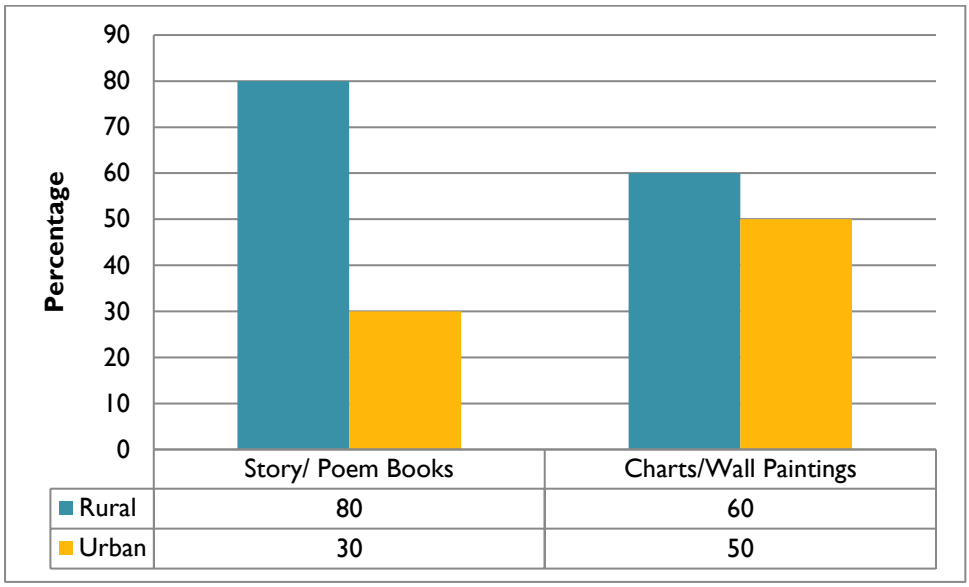
Under supplementary nutrition program food is provided to children in age group 3-6 years two times a day. It consists of Garamnashta by Matrumandal or Sakhimandals. In this 50gm food is provided to every child daily. After this Nirdeshakbhojan is given to children which is 80 gm per child and it is prepared by Anganwadi Helper at Anganwadicentre. Children who are underweight are given additional meal called third meal or trijubhojan which they take along with them. Take Home Ration (THR) 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.

It was seen that in Rural area THR is available in 70 percent AWC as compared to Urban area where it is available in 60 percent AWC. GaramNashta was available everywhere. Trijubhojan was available in 20 percent AWC in Rural area and 40 percent in Urban AWC.

No statistical association was found between these variables and region of AWC.

Preschool Education

Fig.12 Percentage of AnganwadiCentres having Preschool Education Material

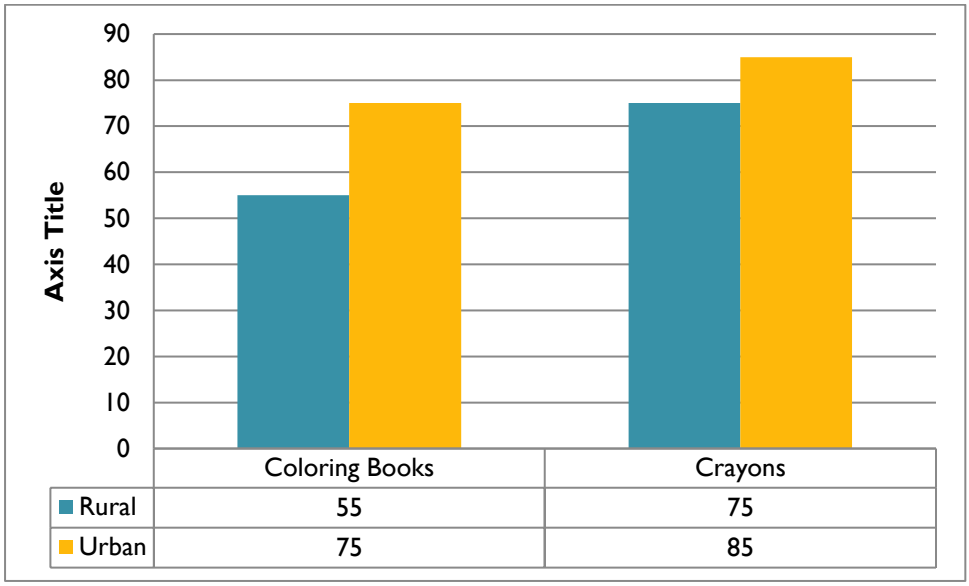


Pre-School education is also one of the important components of ICDS. Children of age group 3 to 6 years who are coming to Anganwadi Centre are given Pre-School education. They are made aware of shapes, alphabets, fruits, vegetables, animals, birds etc. This knowledge is given either by charts or wall painting. It is seen that 60 percent of Anganwadicentres of Rural area have these charts or wall paintings but it was present in 50 percent AWC of Urban area.

In pre-school education children are taught poems and stories. In Rural region 80 percent AWC had story or poem books as compared to Urban area where these were available only in 30 percent of AnganwadiCentres.

Association was found in between the region of AWC and availability of story/ poem books ($p=0.001$). Preschool education kits are not available in most of the AWC in Urban region.

Fig.13 Percentage of AnganwadiCentres having material for coloring



One coloring book is given to every child per year for coloring. These books were available in 55 percent of AnganwadiCentres of Rural blocks and 75 percent of AWC had in Urban blocks.

Crayons were available in 75 percent of AWC in Rural area as compared to Urban area where 85 percent AWC had crayons.

Qualitative findings:

FGDs revealed various facility and service related constrains regarding MCH services inAWCs. Mothers mentioned various reasons for not sending their children in Urbananganwadis which include poor quality of supplementary food, regular absence of AWW in AWC and poor sanitation at Urban AWC premises; whereas AWWs commented their meager salary and lack of supervisory visit by anganwadisupervisors as reasons for poor performance of these anganwadis. AWWs, anganwadihelpers and majority of mothers commented that a structural and quality improvement of these Urban MCH delivery centresmust be attempted to attract more beneficiaries.

On other hand, in Rural areas both mothers and AWWs 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. The AWWs related this performance with their better educational qualification, timely release of required funds, better awareness care-takers, compact localization of beneficiaries and better supervisory visits by concerned authorities.

5. 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 anganwadicentres in both Rural and Urban blocks. It is to find out the performance of Ruralanganwadicentres is better than anganwadicentres present in Urban area of Jamnagar district. The Anganwadi worker plays a key role in the effective functioning of these centers but it has been observed that AWW of Urbanarea are more aged. However in Rural area AWW are not working in the same centre from long period.

This study explains reasons for mismatch between planned design and actualimplementation of ICDS programme and some operational challenges preventing ICDSreaching its potential. Anganwadi workers are formally trained as MCH service providers. Inthe 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 ofunder 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 underweightchildren (45.1% and 41.1% respectively). In the present study, absence of functionalweighing machines in these AWCs should raise doubts about their credibility as far asgrowth monitoring is concerned. Further, absence of a separate toilet, safe area for rawfood storage and inadequate place and toys for children both in Ruraland Urban AWCsshould 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 foodsbeing served and sanitation to be maintained at Urban AWCs. In addition, the need forvigorous supervisory visit was desired to improve functioning of these facilities. The role ofAWW 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 Urban areaswas observed. The possible reason could be due to lack of effective supervision.

Ninety percent of AnganwadiCentres in Ruralblocks 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 Urban 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. An association was found in region of AWC and type of building. It was seen that in order to achieve targets more focus is given to Rural area as less work is required to achieve the targets.

Every Anganwadicentre 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 Urban 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 Urban area 90 percent of AnganwadiCentres 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 Rural areas 70 percent of AnganwadiCentres have Salter scale for measuring the weight of children, 20 percent have electronic weighing machine and 10 percent do not have any type of weighing machine. In Urban areas Salter scale is available in 65 percent of anganwadiCentes, 10 percent have electronic weighing machine and 25 percent Anganwadicentres donot have any type of weighing machine. It was seen that in most of the AWC in Urban area the weighing machines were not working properly. AWW were not able to use electronic weighing machine. They were not able to use them and could not store data in them. Most of the time they 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 Rural areas of the district there were fouranganwadicentreswith attendance of children in between 25-50 percent, nineAnganwadiCentres with attendance in between 50-75 percent and 6 with more than 80 percentattendence. On the contrary in Urban areas of district 11 AnganwadiCentres were with attendance in range 25- 50 percent, six with attendance in between 50-75 percent and three Anganwadicentres 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 Urban area AWH call the children at the time when food is going to be served.In Urban 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 Urban area six anganwadicentres 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 Rural 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 Urban area are not able to counsel the parents.

Sixty percent of AWC had THR available in the centre in Urban areas. This is because of the reason that attendance is less and registers are not properly filled so the AWW sell the THR at the ration shops.

Preschool education is one of the major concerns and 80 percent AWC had story books in Rural 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.

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 Urban areas.

6. Conclusion

There is too little emphasis on Urban blocks, in part due to a poor understanding of what itentails and its potential contribution to program effectiveness. The primary focus of the Program seems to be on the Rural areas. When any target comes, it is given to the Rural blocks and the AWC of these blocks keeps on improving and the condition of the AWC of Urban areas either remains the same or even deteriorates sometimes.

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

Performance ofAWCs and MCH services delivered by anganwadis are inadequate. Henceoperational challenges should be addressed to improve MCH services especially in Urbanareas.

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Annexures

Performance of AnganwadiCentres

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	URBAN							
	RURAL							
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 Anganwadicentre'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

7.	Storage of drinking water	Earthen pot Bucket Other containers	1 2 3
8.	Electricity Facility	Yes No	1 2
9.	Separate kitchen	Yes No	1 2
10.	Gas Connection	Yes No	1 2
11.	Food storage facility	Yes No	1 2
12.	Adequate toys/ playing material	Yes No	1 2
13.	Space for playing	Yes No	1 2
14.	Weighing machine	Yes No	1 2
15.	Water purifier	Yes No	1 2
16.	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			
3	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)	Yes No	1 2
2	Availability of GaramNashta	Yes No	1 2
3	Availability of NirdeshakBhojan	Yes No	1 2
4	Availability of TrijuBhojan	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	Availability of coloring books	Yes No	1 2
3	Availability of crayons	Yes No	1 2
4	Availability of charts e.g. shapes, vegetables, fruits, animals, birds etc	Yes No	1 2