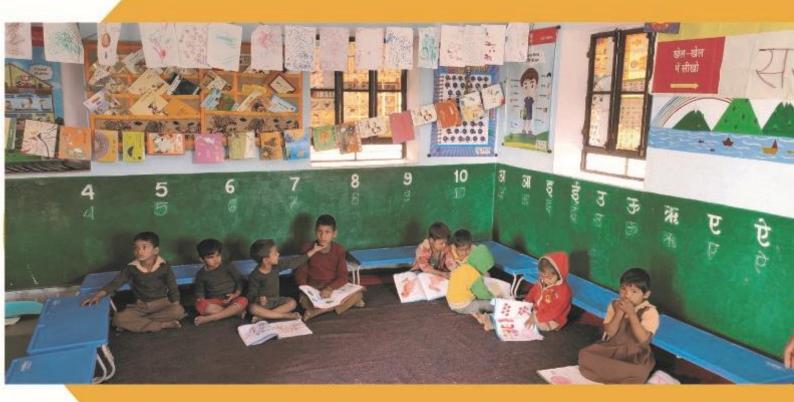


Anganwadi Diagnostic Study A Report



December 2022

CULP-Centre for Unfolding Learning Potentials

Anganwadi Diagnostic Study

A Report

Introduction

An Anganwadi is a type of rural child care centre in India. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. A typical Anganwadi centre provides basic health care in a village. It is a part of the Indian public health care system. Basic health care activities include contraceptive counselling and supply, nutrition education and supplementation, as well as pre-school activities.

Nutritional levels during the early stages of life directly impact the overall health and growth of children to support the important milestones of life. This programme also educates mothers about the importance of nutrition and health, enabling them to provide better care for their children.

Anganwadi workers become the main source of access to the Government's scheme for rural people. With their help, mothers or parents become aware of the key health services and benefits.

The scheme is universal covering all the districts of the country. There are total 14 lakh Anganwadi Workers (AWCs) sanctioned across the country out of which 13.63 lakh AWCs are operational. In Rajasthan there are 60000 Anganwadi Centres providing healthcare and early childhood education.

Study objective

The present study is aimed to evaluate various aspects of ICDS scheme in Rajasthan such as the infrastructure of AWCs, baseline characteristics of AWWs, provision and coverage of services to the beneficiaries.

Methodology

A total of 113 AWCs from a rural area of the two districts were surveyed. AWWs were interviewed, and records were reviewed. Information was collected using a predesigned and pretested questionnaire prepared using google forms. The forms consisted of following eights sections to have an overall picture of an Anganwadi Centre

- 1. Information of Investigator including month-day-year of the survey
- 2. District, block, village and name of Anganwadi Worker
- 3. Information on Anganwadi Workers
- 4. Venue/place, basic structure and equipment
- 5. Equipment list with availability & working condition
- 6. Enrolment and attendance including trainings received by AWWs
- 7. What assistance required to them
- 8. Investigator's observations.

The survey was done during the month of November 2022 by CULP field workers in two districts viz. Dausa and Tonk of Rajasthan.

Data Analysis

1. Block-wise information of AWCs surveyed

The survey was conducted in 109 revenue villages of 47 Gram Panchayats of 4 blocks of Dausa and Tonk districts where CULP operates (Table 1.1). These AWCs has 2835 children aged 3-6 enrolled.

Table 1.1. Block-wise Information of AWCs covered in the Survey of Two Districts							
District Name	Block Name	No. of GPs	No. of Revenue Villages	No. of AWCs	Children Enrolled (3-6 Years)		
Dausa	Dausa	11	22	22	553		
	Mahwa	10	21	21	534		
	Lalsot	7	14	14	342		
Tonk	Niwai	19	52	52	1406		
Total		47	109	<mark>109</mark>	2835		

2. About Anganwadi Workers

When we see the average age of the Anganwadi Worker we observe that 12% of AWWs belongs to the age category of 19-30 years, 22% are between 31-40 years, 35% are between 41-50 years and a large number (31%) belongs to the age group of 51-60 years. It means that the middle aged group women and older women are responsible for the implementation of the ICDS program and running the AWCs. The percentage of younger women are very less in comparison to other age categories.

As far as the educational qualification of surveyed AWWs is concerned, we find that 45% workers have completed their secondary education, 29% have 11/12 class certificate whereas having graduate and post graduate degrees are only 12% and 9% respectively. We could find only 1% worker having certificate course in pre-primary education, which means that most of the AWWs are not equipped to tackle pre-primary education aspect of the centres. (Table 2.1)

	Table 2.1. Age / Educational Qualification with No. of AWCs						
Age Category	No. of AWWs	%age	Educational Qualification Category	No. of AWWs	%age		
19-30 Years	14	12	Class 10	51	45		
31-40 Years	25	22	Class 11/12	33	29		
41-50 Years	39	35	Graduate	14	12		
51-60 Years	35	31	Post Graduate	10	9		
Total	113	100	Certificate Course in Pre- Primary Education	1	1		
			Others	4	4		

The total experience of working as AWWs in all and at present centre was sought. It has been found that 28% AWWs have total experience of 26 to 35 years working as AWWs, whereas 18% had the experience of 16 to 20 years and 22% had 11-15 years of total experience of running the AWC. So it seems that a large percentage of workers have adequate years of experience of running the centres.

As per the duration of working at the present centre is concerned, 32% AWWs are working at the same centre for 26 to 35 years, whereas 19% are working from 11 to 15 years and 17% are working from 16 to 20 years. Only 2% have been working at the present centre for less than one year (Table 2.2).

Table 2.2. Total Years of Working as AWW under the ICDS Program						
Tenure of working as an AWW (in Years)	No. of AWWs (T=113)	%age	Working with the Present Centre	No. of AWWs (T=113)	%age	
Less than 1 year	4	4	Less than 1 year	2	2	
1-5 Years	10	9	1-5 Years	12	11	
6-10 Years	9	8	6-10 Years	9	8	
11-15 Years	25	22	11-15 Years	22	19	
16-20 Years	20	18	16-20 Years	19	17	
21-25 Years	13	11	21-25 Years	13	11	
26-35 Years	32	28	26-35 Years	36	32	
Above 36 Years	0	0	Above 36 Years	0	0	
Total	113	100		113	100	

3. The Anganwadi location

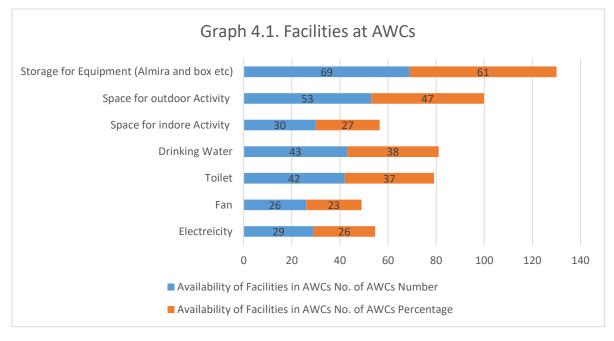
The distance of the centre The location of surveyed Anganwadis reveal that the 48% AWCs are within 500 meters from the central location of the village, 23% are situated between 500 meters to 1 km. Similarly 23% had a distance from 1 to 2 km and only 6% were situated more than 2 kms. It means that almost 29% Anganwadi Centres are located from 1 to 2 kms and more which may be difficult to reach on a regular basis (Table 3.1).

Table 3.1. Avg. Distance of AWCs from the Households					
Avg. Distance from the Households	No. of AWCs Number %age				
Less than 500 Meters	54	48			
500 Meters to 1 K.M.	26	23			
1-2 K.M.	26	23			
More than 2 K.M.	7	6			
Total	113	100			

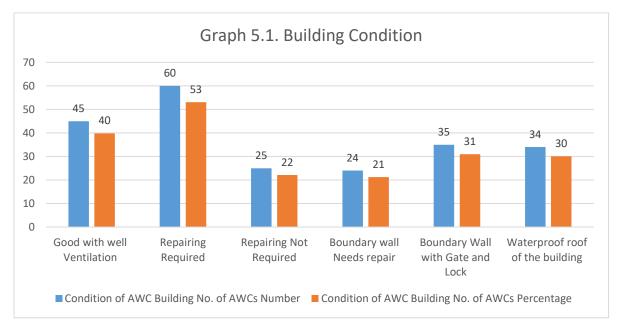
The 30% AWCs are situated in their own buildings, 16% in community provided or private buildings without any rent, 15% in Gram Panchayat building and 3% in Anganwadi Workers'/helper's house. It is encouraging to see that 31% centres are located in government school campus (Table 3.2).

Table 3.2. Location of AWC (Building)					
Type of Building	No. of AWCs				
	Number	%age			
Own Building	34	30			
Private Building on rent	6	5			
Community/Private Building without Rent	18	16			
Gram Panchayat Building	17	15			
School Campus	35	31			
AWW/Helpers House	3	3			
Total	113	100			

4. Facilities Available at AWCs



The facilities available at 113 surveyed Anganwadis reveal that only 26% have electricity connection and 23% have fans, it means despite having electricity connection 3% centres do not have fans in the rooms. Only 37% have toilets and 38% have drinking water facility shows that a large number of Anganwadi Centres lack basic facilities like toilets and drinking water. When we see the space for the indoor and outdoor activity facilities we see that only 27% have indoor and 47% outdoor activity space in Anganwadi Centres. Only 61% have storage facilities in their centres.



5. Physical Condition of Anganwadi Centres

The survey team examined the building condition of Anganwadi Centres and found that only 40% centres have good and well ventilated buildings, whereas 53% centres require urgent repairing work. 21% centres need their boundary wall repaired and 31% need boundary wall with gate and lock. The roof of 30% centres leaks during the rains which need urgent waterproofing.

6. Availability of Essential Equipment and facilities

6.1 Height / Length Measuring Machine (Child)

Table 6.1. height/length Measuring Machines					
Status	No. of AWCs				
	Number	%age			
Good Condition	64	57			
Mentioned in record but physically not available	1	1			
Ordinary Condition	28	25			
Bad Condition	11	10			
Not Available	9	8			
Total	113	100			

The height / Length measuring machine is found in good condition in 57% centres but in 8% centres it was unavailable. It was found in bad condition in 10% centres and in ordinary condition in 25% centres. It seems that in 18% centres this essential equipment is either not available or in bad shape.

6.2. Height / Length Measuring Machine (infant)

Table 6.2. Height/length Measuring Machines (Infant)					
Status	No. of AWCs				
	Number	%age			
Good Condition	81	72			
Mentioned in record but physically not available	1	1			
Ordinary Condition	20	18			
Bad Condition	9	8			
Not Available	2	2			
Total	113	100			

The height / Length measuring machine for infants is found in good condition in 72% centres but in 2% centres it was unavailable. It was found in bad condition in 8% centres and in ordinary condition in 18% centres. It seems that in 10% centres this essential equipment is either not available or in bad shape.

6.3. Weighing Machines

Table 6.3. Weighing Machines					
Status	No. of AWCs				
	Number	%age			
Good Condition	75	66			
Mentioned in record but physically not available	1	1			
Ordinary Condition	23	20			
Bad Condition	9	8			
Not Available	5	4			
Total	113	100			

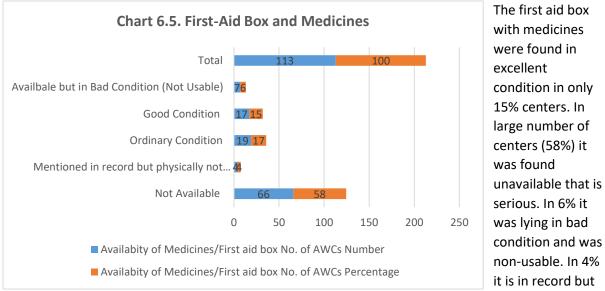
The Weighing Machine is found in good condition in 66% centres but in 4% centres it was unavailable. It was found in bad condition in 8% centres and in ordinary condition in 20% centres. It seems that in 12% centres this essential equipment is either not available or in bad shape.

6.4. Weighing Machines for Infants

Table 6.4. Weighing Machines for Infants					
Status	No. of AWCs				
	Number	%age			
Good Condition	77	68			
Mentioned in record but physically not available	0	0			
Ordinary Condition	23	20			
Bad Condition	10	9			
Not Available	3	3			
Total	113	100			

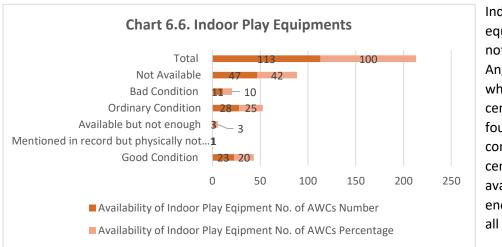
The Weighing Machine for infants is found in good condition in 68% centres but in 3% centres it was unavailable. It was found in bad condition in 9% centres and in ordinary condition in 20% centres. It seems that in 12% centres this essential equipment is either not available or in bad shape.

6.5. First-Aid Box and Medicines



Availabity of Medicines/First aid box No. of AWCs Percentage it is in record but physically not available. In 17% centers it was in ordinary condition and some of their items were usable.

6.6. Indoor Play Equipments



Indoor play equipments were not available in 42% Anganwadi Centers whereas in 20% centers it was found in good condition. In 3% centers though available but not enough to cater to all the children available. In 10% Anganwadi centers it was found in bad shape, they were broken or not in playable condition.

6.7. Drinking Water Storage

Table 6.7. Drinking Water Storage					
Status	No. of AWCs				
	Number	%age			
Good Condition	36	32			
Mentioned in record but	1	1			
physically not available					
Ordinary Condition	28	25			
Bad Condition	11	10			
Not Available	37	33			
Total	113	100			

The kitchen utensils were found available in good condition in 35% centers, in bad condition in 7%, not available in 21% centers. In 21% centers they were in working condition but not in good condition.

As far as the availability of drinking water storage facility is concerned only 32% centers had this facility but in 33% centers it was unavailable whereas in 10% centers it was found in bad condition. 25% Anganwadi Centers had this facility in ordinary condition.

6.8. Kitchen Utensils

Table 6.8. Kitchen Utensils				
Status	No. of AWCs			
	Number	%age		
Good Condition	40	35		
In record but not available	1	1		
Ordinary Condition	24	21		
Available but not enough	16	14		
Bad Condition	8	7		
Not Available	24	21		
Total	113	100		

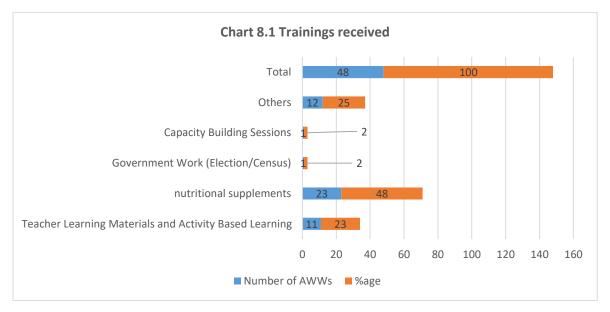
7. Total Enrolment

Table 7.1. Children and Adolescent Girls Enrolled with AWCs						
No. of Children /		No. of AWCs				
Adolescent girls Enrolled	0-3 Years 3-6 Years		Years	Adolescent Girls		
	Number	%age	Number	%age	Number	%age
Less than 10	11	10	11	10	55	49
11-20	14	12	45	40	22	19
21-30	20	18	28	25	13	12
31-50	25	22	21	19	9	8
50+	43	38	8	7	14	12
Total	113	100	113	100	113	100

The enrolment of children from 0-6 years and Adolescent girls at the surveyed 113 Anganwadi Centers shows that 50 + children between 0-3 years of age were enrolled in 38% Anganwadi Centers, 31-50 children in 22% Centers and in only 10% centers less than 10 children were enrolled. If we see the enrolment of 3-6 years of children we find that in 40% centres 11 to 20 children were enrolled whereas 50+ children were enrolled in only 7% Anganwadis. The number of adolescent girls enrolled in the center reveals that almost half of the centres (49%) have enrolment of less than 10 girls whereas 11-20 girls have been enrolled in 19% centres. Only 12% centres have enrolled 50+ girls in their centres. It reflects the poor response of adolescent girls towards taking advantage of schemes through Anganwadi Centres.

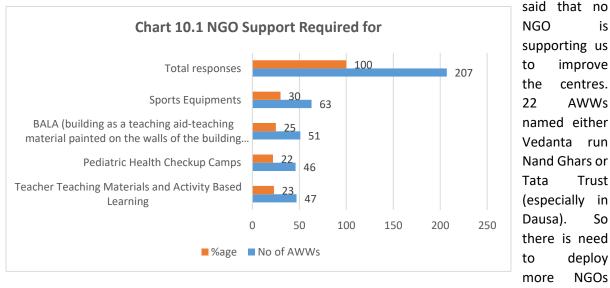
8. Trainings and Capacity Building

The question was asked whether they have received any training for specific purpose or to enhance capacity building or for the last 6 months, out of 113 responses 65 AWWs (58%) said that they did not receive any training during the past 6 months. 48 AWWs(42%) agreed that they have received some sort of training in past 6 months. Those who received the trainings mentioned about the type of training as



The 48 AWWs who received some sort of trainings further clarified that out of them 48% received training on Supplementary Nutrition and 23% received training on Teacher Learning Materials and activity based learning for Early Childhood Education in past 6 months. A large number (25%) AWWs received trainings other than the specified trainings. This shows the status of capacity building trainings organized for the AWWs in the state.

10. NGO Support



AWWs were asked whether there is any NGO baring CULP to support Anganwadi Centers, 91 AWWs

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for supporting Anganwadi Centres especially in the Early Childhood Education Vertical. When asked if CULP decides to support the AWCs, what kind of support do they expect from them? There were four options to choose from. 30% AWWs need support in providing sports eqipments, 25% for converting the centre in to BALA building, 22% expect regular pediatric health check-up camps to be organized for the children in their vicinity and 23% AWWs need support in providing Teaching Learning Material and Activity based Learning for the ECE in their centres.

Apart from investigating on these issues, investigators also observed the regularity of the AWW by observing the time of opening and the closure, presence of AWW, cleanliness of the campus and the level of enthusiasm about their work. At the time of visit 97% centres were opened on time and 99% AWWs were present at the centre. 94% centres were found neat and clean. During the conversation with the investigators, 42% AWWs were found enthusiastic about their role and work but 58% were not found much enthusiastic to their work, they were just doing their duties.

Major Findings

- Middle aged group women and older women are responsible for the implementation of the ICDS program and running the AWCs. The percentage of younger women are very less in comparison to other age categories.
- As far as the educational qualification of surveyed AWWs is concerned, we find that 45% workers have completed their secondary education, 29% have 11/12 class certificate. The study could find only 1% worker having certificate course in pre-primary education, which means that most of the AWWs are not equipped to tackle pre-primary education aspect of the centres.
- Only 48% AWCs are within 500 meters from the central location of the village.
- The 30% AWCs are situated in their own buildings.
- The facilities available at 113 surveyed Anganwadis reveal that only 26% have electricity connection and 23% have fans, it means despite having electricity connection 3% centres do not have fans in the rooms. Only 37% have toilets and 38% have drinking water facility shows that a large number of Anganwadi Centres lack basic facilities like toilets and drinking water.
- Only 40% centres have good and well ventilated buildings, whereas 53% centres require urgent repairing work.
- The height / Length measuring machine is found in good condition only in 57% centres. The Weighing Machine for infants is found in good condition in 68% centres but in 3% centres it was unavailable.
- The first aid box with medicines were found in excellent condition in only 15% centers. In large number of centers (58%) it was found unavailable that is serious.
- Indoor play equipments were not available in 42% Anganwadi Centers.
- Only 32% centers had drinking water storage facility.
- 58% AWWs said that they did not receive any capacity building training during the past 6 months.

Suggestions

- More emphasis should be given on the capacity building of Anganwadi workers especially on the ECE aspects. According to the Kasturirangan committee's report, it is nearly impossible to fix the curve of education as an individual advances in age unless the imparting of education is done methodically starting from the toddler level. Anganwadi centres (AWCs) are the ideal location for this, however suffering from a variety of ailments necessitates immediate attention.
- Best practises should be registered and must be replicated.
- Anganwadi centres must be adequately stocked with medicines and contraception.

- Under government initiatives to make better use of technology, AWWs have been given smartphones and their supervisors have been given tablets. Smart apps (Apps) must be created for a variety of objectives, including tracking the provision of take-home rations and supplemental nutrition services.
- Before being inducted into the facilities, Anganwadi workers (AWWs) must get enough trainings. Aside from that, ongoing training and sensitization programmes for staff to adapt to new changes should be included.
- Sanitation and drinking water facilities, as well as power supply, must be improved
- The need of the hour is for a method that blends an efficient supplementary nutrition programme with pedagogical processes that make learning exciting.