



Empowering Anganwadi: the Lifeline of Rural India

A draft study report to assess availability of basic infrastructure of
Anganwadi centers (AWCs) in rural areas of Chhattisgarh

Atmashakti
TRUST



GRASSROOTS
NARRATIVES
HEARING THE UNHEARD

Background

Atmashakti Trust initiated the process of collaborative action at the very onset of its work; the nature and scope of collaborations have only expanded over time. In 2009, when we started work in Odisha, we built alliances with existing people's collectives, Community-Based Organizations (CBOs), and activists of the area to cover a large base geographically. The collaborative strategy helps to have a more significant impact and build models for scale and ease in replication. Within Odisha, Atmashakti Trust works with 23 people's collectives and various stakeholders like journalists, national and international civil society organizations, and academic institutions. In 2020, we started our work at National Alliance, where we boarded over 120 organizations, CBOs, and activists from over ten states of India.

The National Alliance is a conglomeration of like-minded organizations, alliances, and individuals with a Common agenda of socio-economic and political empowerment of tribal and Dalit communities.

The National Consortium to Combat Malnutrition (NCCM) was set up in 2023, with the consortium's secretariat, the National Chapter in Delhi, primarily working in Odisha and Uttar Pradesh. NCCM has expanded its reach to Madhya Pradesh, Jharkhand, Chhattisgarh, and Rajasthan. This network of people's institutions is promoted and supported by activists who work as philosophers, guides, trainers, and mentors. NCCM has a vision of long-term association with the collectives to alleviate malnutrition.

About the Campaign

Anganwadi centers provide crucial healthcare, nutrition, and education services for expectant mothers and children under six in rural and urban areas. Established by the Indian government, they prevent malnutrition, promote early childhood education, and ensure maternal health. These centers offer immunizations, health exams, and nourishment, serving as essential community hubs. Despite challenges, Anganwadi workers significantly contribute to the well-being of underprivileged communities, making the system integral to India's social welfare program.

Atmashakti Trust has been operating since 2009 across several states, and the National Consortium to Combat Malnutrition (NCCM) is an organization focused on empowering underprivileged communities. They prioritize socio-economic issues like gender equity, water, sanitation, health, livelihoods, and education to address malnutrition effectively. Collaborating with grassroots movements like the Dalit Adivasi Manch and Dalit AdhikarAbhiyan, they work on social, political, and economic fronts in Chhattisgarh.

The study by these organizations focuses on three critical aspects of the Integrated Child Development Scheme (ICDS): services, infrastructure, and behavioral factors. It covers 518 villages in the Janjgir-Champa and Baloda Bazar districts, along with Kansdol, Palari, Pamgadh, and Simga blocks. This involves 96,975 households with a total population of 1,140,878. Demographically, 58.01% belong to the Other Backward Community, with 30.06% is from the Schedule Caste Community, and 11.47% is from the Schedule Tribe Community.

Methodology

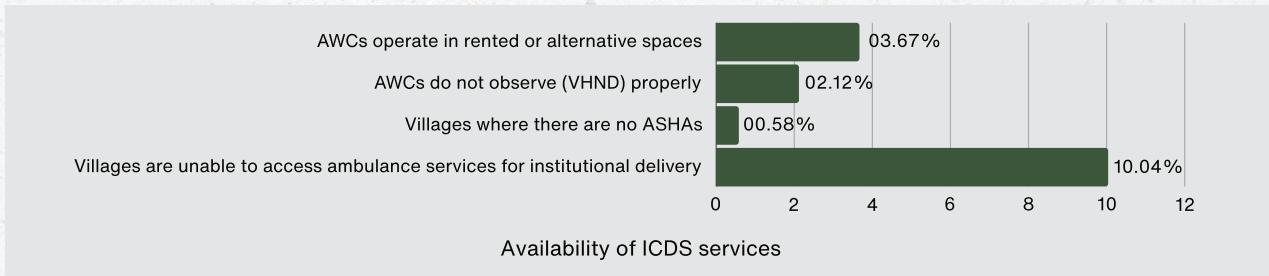
The study was conducted recently at Anganwadi Centres of Rural Chhattisgarh, where a team of 10 people collected information on variables related to these centers' availability, infrastructure, and implementation. The survey collected primary data from these villages and subsequently harvested it into Google Forms for collation, interpretation, and analysis. The sampling was done randomly among the villagers available for interviews through our self-administered questionnaire.

Key Findings

ICDS Services

There are 1108 Anganwadi Centres (AWCs) serving 518 villages. The study found 53 hamlets where children have to travel 1-5 kilometers to access Anganwadi services.

According to the study, 99.03% of villages have Anganwadi centers, with only 0.97% lacking this amenity. The majority are easily accessible, with 03.67% operating in other premises. While 95.37% operate consistently, 02.12% conduct VHND improperly. ASHA workers face challenges in distributing iron pills efficiently, with 01.16% struggling and 00.58% of villages needing more ASHA workers. Additionally, 10.04% of communities find accessing ambulance services challenging.

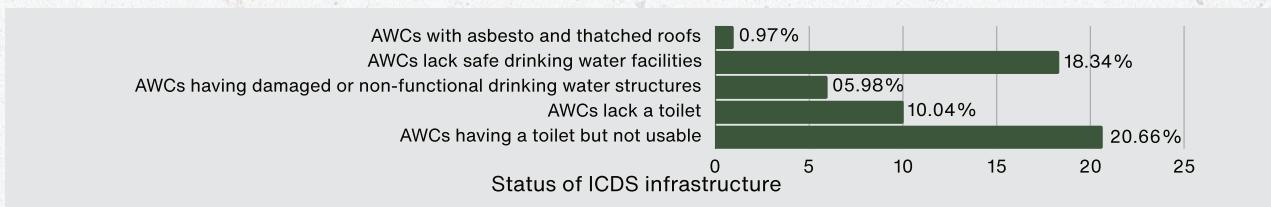


ICDS Infrastructures

In terms of building conditions, 97.49% of Anganwadi facilities boast concrete roofs, while 0.97% are constructed with asbestos.

Unbelievably, 18.34% of Anganwadi need access to clean drinking water. In 01.54% of habitats, people gather water from untreated sources. While 05.98% of villages reported damaged water supplies in their Anganwadi facilities, 15.25% reported defunct water sources.

According to the research, 20.66% of the Anganwadi centers with toilets are useless, and 10.04% need to be on their premises. Moreover, 49.42% of AWCs still need a separate kitchen. 98.65% of Anganwadi have weighing machines; different dishes, hand wash stations, and teaching and learning materials are owned by 91.31%, 23.55%, and 64.86% of Anganwadi, respectively.

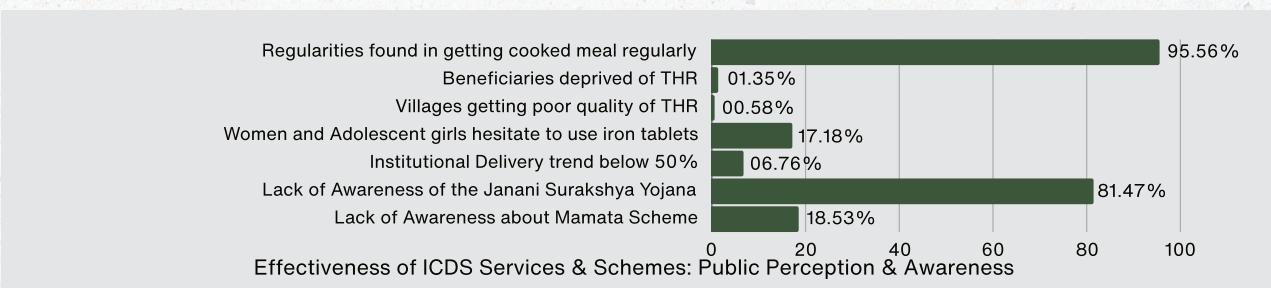


ICDS Behaviour

The study highlights excellent cooking habits, with 95.56% of respondents regularly preparing meals. However, 01.35% of Anganwadis struggle to distribute take-home ration (THR), and 02.51% struggle to do so consistently. Interestingly, 00.58% of villages perceive THR quality as poor, while 23.75% consider it average.

Surprisingly, 17.18% of women and teenage girls hesitate to take iron tablets due to constipation, constituting 25.68% of these hesitations. Institutional delivery is 100% in 03.67% of villages, over 90% in 50.19%, and below 50% in 06.76% of villages.

Furthermore, 18.53% of villages need more awareness of the Mamta scheme that provides financial incentives to mothers who deliver a girl child. In comparison, 81.47% are familiar with the Janani Surakshya Yojana, a safe motherhood intervention under the National Rural Health Mission (NRHM) implemented to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. Additionally, each village maintains kitchen gardens for self-sustenance. Additionally, each town maintains kitchen gardens for self-sustenance.



Draft Recommendations

- Build/Upgrade Anganwadi centers as per population norms set by the Ministry of Women and Child Development immediately.
- Repair drinking water sources, which the report reveals are defunct, and make availability of safe drinking water facilities where there is no source of drinking water in AWCs so that children do not get deprived of safe drinking water while attending classes.
- Similarly, immediate construction and repair are required for AWCs, either having no toilets or defunct ones.
- The government should build special kitchen facilities in AWCs on a priority basis.
- Repair and paint partially or fully dilapidated AWCs immediately.
- To ensure optimal care for children, it is recommended to maintain a ratio of 15 children to Anganwadi worker and helper combined, prioritizing the well-being and development of the children.
- Ensure additional subsidized nutritional food provision for children, adolescent girls, and pregnant and lactating mothers.

About Us

Atmashakti is a right-based catalyst organization that coalesces marginalized communities for socio-economic and political empowerment. Its work is spread across Odisha, Uttar Pradesh, Chhattisgarh, Jharkhand, Madhya Pradesh, and Rajasthan, covering over 12000 villages/hamlets from underprivileged communities. Atmashakti currently serves over one million families and plans to reach 7 million in these states, covering 10% of poor rural families in India.

To learn more about us, please visit www.atmashaktitrust.com

About NCCM

National Consortium to Combat Malnutrition formed in 2023, the consortium's Secretariat National Chapter in Delhi, primarily working in Odisha State and Uttar Pradesh, now reaches Madhya Pradesh, Jharkhand, Chhattisgarh & Rajasthan Chapters. The work started in 1995 with a broad mandate to support a mix of development initiatives in rural areas and urban slums. This network of people's institutions is promoted and supported by activists who work as philosophers, guides, trainers, and mentors for the people's institutions. It has a vision of a long-term association with the Sangathan.

Contact Us

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