

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 Uttar Pradesh

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 Atmashakti Trust started work in Odisha, the organization 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 larger 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, Atmashakti Trust started work at National Alliance, where more than 120 organizations, CBOs, and activists from over 10 states of India were onboarded. The National Alliance is a conglomeration of like-minded organizations, alliances, and individuals with a common socio-economic and political empowerment agenda 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 to Madhya Pradesh, Jharkhand, Chhattisgarh, and Rajasthan Chapters. This network of people's institutions is promoted and supported by a network of activists who work as philosophers, guides, trainers, and mentors. It has a vision to establish a long-term association with the collectives.

About the Campaign

The Anganwadi system provides various healthcare, nutrition, and educational services vital for expectant mothers and children under six years of age in rural and urban areas. The Government of India established Anganwadi centers (AWCs) to prevent malnutrition, promote early childhood education, and safeguard mothers' health. They serve as community centers in addition to offering a range of services like immunizations, health checkups, and extra nourishment. These programs are implemented by Anganwadi workers, who enhance underprivileged communities' growth and general well-being. Despite the many challenges, the Anganwadi system remains a major pillar of India's social welfare program.

Atmashakti Trust is a leading organization working for the social, economic, and political empowerment of underprivileged communities of Odisha, Chhattisgarh, Jharkhand, Madhya Pradesh, Uttar Pradesh, and Rajasthan since 2009. The National Consortium to Combat Malnutrition (NCCM) is a platform to address socio-economic and political issues integral to combating malnutrition. The target is to focus on education, livelihoods, health, water and sanitation, social service delivery, and gender equity. Holistic interventions can be designed to create sustainable improvements in nutrition outcomes, fostering healthier and more resilient communities. There are many people's organizations associated with the NCCM in different locations. Sonbhadra Vikash Sangathan in Uttar Pradesh has been working since 2015 on various social, political, and economic issues. This study is a joint initiative of Atmashakti Trust, NCCM, and Sonbhadra Vikash Sangathan in Uttar Pradesh. The study focuses on three different aspects of the Integrated Child Development Scheme (ICDS) and uncovers the ground status as per the following:

1. ICDS services
2. ICDS infrastructure
3. ICDS behavioral

To conduct the study, ten blocks, i.e., Babhani, Chatra, Chopan, Duddhi, Ghorawal, Karma, Kone, Mayorpur, Nagwa, and Robertsganj, were selected for sample collection in the Sonbhadra district. The target 1080 villages comprise 4,43,074 households with a population of 17,144,26. The Other Backward Community has the highest population in the area, with a 32.15% share. The Schedule Tribes comprise 31.72% of the population, whereas the Schedule Castes contribute 31.30%.

Methodology

The study was conducted recently at AWCs of rural Uttar Pradesh, where 18 team members 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

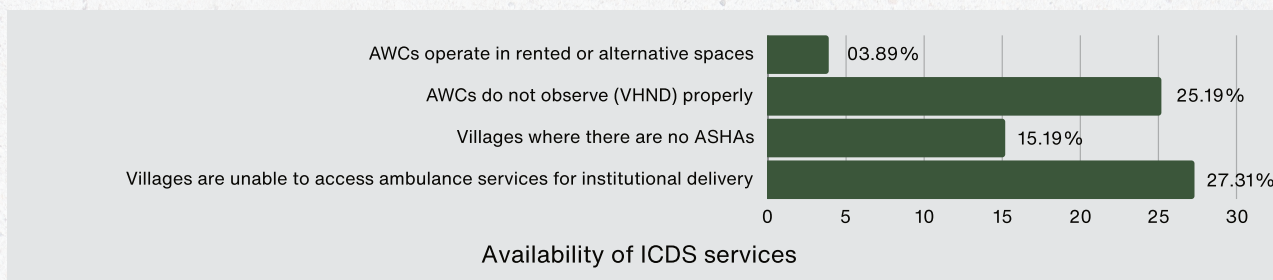
In total, 1121 AWCs are serving 1,080 villages. According to the findings, 627 hamlets have been identified where children travel from 1 to 5 km to access Anganwadi services.

According to the survey data, Anganwadi facilities are present in 68.98% of villages, yet a sizable 31.02% lack this essential facility. 31.39% of villages have an Anganwadi, located between 1 and 2 km, while 12.22% of villages have an AWC located between 2 and 3 km.

In 53.24% of villages, AWCs operate from their own buildings; in 3.89%, AWCs operate out of rented spaces. In 23.80% of villages, AWCs do not run out of their own buildings or rented spaces. Meanwhile, 54.44% of villages claim the AWCs function regularly. However, it is concerning that 19.81% of villages report partial irregularities and 14.54% report complete irregularities in the operation of the centers.

The study also examines the implementation of Village Health and Nutrition Days (VHND), which are critical for promoting maternal and child health. 25.19% of AWCs hold VHND incorrectly, which could impact delivering essential health and nutrition services to vulnerable populations. In 55.65% of villages, VHND is conducted on one day, while 12.41% is conducted on two days in a given month. 12.13% of villages report that VHND is born on three days, and 7.13% report that it is conducted on four days in a given month.

The report highlights challenges related to the presence of Accredited Social Health Activists (ASHA) workers and ambulance services. ASHA workers find it challenging to distribute iron pills efficiently (16.11%), with 15.19% of communities lacking ASHA workers, which impacts maternal and child health. Furthermore, 30.28% of villages cannot get ambulances for health services, and 27.31% of communities cannot avail ambulance services for institutional delivery.



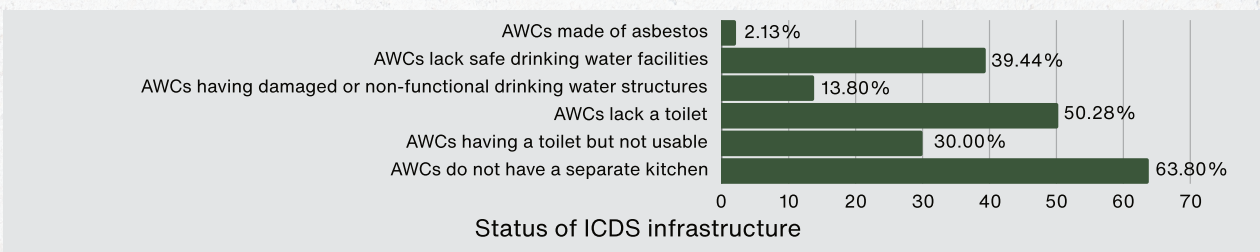
ICDS Infrastructures

Just 71.20% of Anganwadi facilities have concrete roofing, while 2.13% have asbestos roofing. It's concerning that 25.93% of AWCs do not have a thatched, concrete, or asbestos roofing.

About 39.44% of AWCs lack access to safe drinking water. Additionally, 12.13% of villages obtained water from untreated sources, 13.80% reported non-functioning water sources, and 11.94% reported damaged water supplies in their AWCs. This further exacerbates the challenges of access to clean and safe drinking water.

About 50.28% of AWCs lack toilets, and 30% of the available ones need to be functional. Additionally, 63.80% of AWCs do not own a separate kitchen, which could impact the quality of food preparation and hygiene practices.

Despite these challenges, there are some positive findings related to the availability of essential facilities in AWCs. For example, 70.50% of AWCs own weighing machines, which are critical for monitoring the growth and development of children. Additionally, a significant proportion of AWCs have Teaching Learning Materials (66.67%), which are essential for promoting learning among children. However, 37.22% have separate dishes, while only 19.91% have hand wash points.



ICDS Behaviour

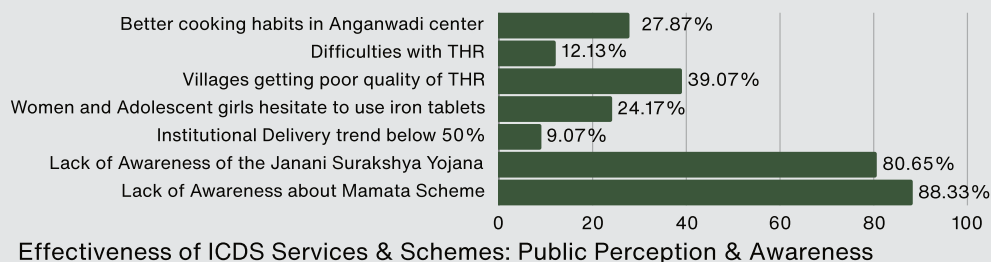
Currently, only 27.87% of AWCs provide cooked food for children, while Anganwadi personnel need more consistency in meal preparation in 46.94% of villages. 12.13% of AWCs reported difficulties delivering beneficiaries with their take-home ration (THR), while 17.69% of AWCs need help with THR regularly. 39.07% of villages say that the quality of THR is average, while 4.91% of villages deem it poor.

24.17% of women and teenage girls hesitate to take iron tablets; 33.70% and 27.31% of these respondents attributed their hesitation to simply not liking the tablets and constipation, respectively.

The trend of institutional delivery is also highlighted in the report, demonstrating that it is 100% in just 6.11% of villages, above 90% in 30.56% of villages, and below 50% in 9.07% of villages.

88.33% of villages are unaware of Mamata. This scheme provides monetary support to pregnant and lactating women to enable them to seek improved nutrition and promote health-seeking behavior. In comparison, 80.65% of villages are unaware of 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.

Nearly 99.07% of villages have kitchen gardens.



Draft Recommendations

The following recommendations are proposed to enhance the functionality and quality of AWCs:

- 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/or repair is 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 1 Anganwadi worker and helper combined, prioritizing the well-being and development of the children.

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 Sangathans.

Contact Us

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