

ORIGINAL ARTICLE

An Assessment of Facilities Available at Anganwadi Centres in Urban Area of Garhwal Region, Uttarakhand

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ABSTRACT

Introduction: Anganwadi centres (AWCs) under Integrated Childhood Development Services (ICDS) scheme are the foremost symbol of the country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other.

Material and Methods: 29 AWCs of urban areas were visited to assess their infrastructure and facilities provided by them to the beneficiaries. Data was collected by interviewing Anganwadi workers (AWWs) in a pre-tested, semi structured proforma and results were expressed as frequency and percentage.

Results: AWCs were running through rented, inadequate accommodation facility. There were no separate kitchen and storage facilities. AWWs have not received refresher training. Nearly half of the AWCs don't have medicine kit.

Conclusion: There is need for improved infrastructure and facilities in AWCs along with regular supervision on services provided to the beneficiaries.

Key words: Integrated Childhood Development Services (ICDS), Anganwadi Centre (AWC), Anganwadi Worker (AWW)

INTRODUCTION

Integrated Child Development Services (ICDS) programme continues to be the world's most unique early childhood development programme, which is being satisfactorily operated since three decades of its existence. The programme provides package of services, comprising supplementary nutrition, immunisation, health check-up, referral services to children below six years of age and expectant and nursing mothers. Non-formal pre-school education is imparted to children of the age group 3-6 years and health and nutrition education to women in the age group 15-45 years.¹

In Uttarakhand state, a total of 105 ICDS projects are operational at present, out of which 100 are in rural/tribal areas and 5 are in urban areas. Under these ICDS projects, total numbers of Anganwadi Centres (AWCs) operational as on 31st March 2019 are 20067. All the AWCs have been assigned 11 digit unique codes for sending Anganwadi Monthly Progress Report (AW-MPR) through Rapid Reporting System (RRS), which is sad to say, has not been followed strictly, as the reporting has been decreased from 18032 AWCs to 13972 AWCs in the past one year. ²The objective of the present study was to as-

sess the facilities available at Anganwadi centres in urban area of Srinagar Garhwal, Uttarakhand.

MATERIALS AND METHODS

Cross sectional study was conducted across 29 Anganwadi centres (AWCs) located in the urban area of Srinagar Garhwal under Khirsu block of district Pauri Garhwal. The functioning of AWC was assessed by interviewing Anganwadi workers (AWWs) using pretested semi structured proforma. It was also assessed by means of records, reports, the infrastructure, and logistics available at the centre. Workers were enquired about regular & adequate supply of different logistics in previous one year. Data collected was entered into Microsoft excel and results in the form of frequency and percentage was expressed.

RESULTS

Total numbers of AWCs established in urban areas are 29. Total population covered under these AWCs as per the survey done in April 2019 by AWWs is 18960, where 9578(50.5%) are males and 9382(49.5%) were females.

Majority 13 (44.8%) of the AWWs were educated up to post-graduation and 26 (89.7%) of AWWs have more than 5 years of experience working in an AWC. All the AWCs has Anganwadi helper (AWH) except one, most of the AWH has educational qualification of 12th standard and work experience of more than 5 years. Majority 11 (37.9%) of the AWCs were covering population in the range of 600-700. Table 1

All the AWCs were running in a rented one room accommodation with no separate kitchen facility. 22 (75.9%) has adequate ventilation and 26 (89.7%) has adequate day light while artificial light was present in 23 (79.3%). Drinking water with candle filter was present in 23 (79.3%) AWCs. Toilet facility was present at all 29 (100%) AWCs. Sitting arrangement was available in 21 (72.4%) AWCs, where children were sitting on mats lay on the floor. None of the AWCs have table and chair for the children. 25 (86.4%) AWCs have both Salter and bathroom scale (adult). Non formal preschool education (NFPSE) tools were present in all the 29 (100%) AWCs.

Table 1: Baseline characteristics of workers at Anganwadi centers (N=29)

Variables	Frequency (%)
Number of Anganwadi worker (AWW)	29 (100)
Educational qualification of AWW	
8 th	1 (3.4)
10 th	3 (10.3)
12 th	5 (17.2)
Graduate	7 (24.1)
Post Graduate	13 (44.8)
Work experience (in years)	
<1	1 (3.4)
01-05	2 (6.9)
06-10	26 (89.7)
Trainings since selected as AWW	
1	29 (100)
No of Anganwadi Helper (AWH)	28 (96.5)
Educational qualification of AWH	
8 th	5 (17.9)
10 th	5 (17.9)
12 th	7 (25)
Graduate	6 (21.4)
Post Graduate	5 (17.9)
Work experience (in years)	
<1	0 (0)
01-05	3 (10.7)
06-10	25 (89.3)
Population covered by each AWC	
<400	1 (3.4)
400-500	4 (13.8)
500-600	5 (17.3)
600-700	11 (37.9)
700-800	4 (13.8)
> 800	4 (13.8)

Table 2: Infrastructure and facilities available at Anganwadi centers (N=29)

Variables	Frequency (%)
AWC 's building	
Govt. Owned	0 (0)
Rented	29 (100)
No. of rooms each AWC	
1	29 (100)
2	0 (0)
Separate kitchen	
Present	0 (0)
Absent	29 (100)
Ventilation	
Adequate	22 (75.9)
Inadequate	7 (24.1)
Day light	
Adequate	26 (89.7)
Inadequate	3 (10.3)
Artificial light facility	
Present	23 (79.3)
Absent	6 (20.7)
Drinking water facility with candle filter	
Present	23 (79.3)
Absent	6 (20.7)
Toilet facility	
Present	29 (100)
Absent	0 (0)
Cleanliness in & around the AWC	
Unhygienic	1 (3.5)
Satisfactory	10 (34.5)
Good	18 (62)
Sitting arrangement for children	
Available	8 (27.6)
Not available	21 (72.4)
Weighing machine	
Salter scale only	4 (13.8)
Both bathroom (adult) and Salter scale	25 (86.2)
Tools for Preschool education (PSE) kit	
Present	29 (100)
Absent	0 (0)
Medicine kit	
Available	15 (51.7)
Not available	14 (48.3)
Growth chart	
Present	27 (93.1)
Absent	2 (6.9)

Table 3: Beneficiaries in Anganwadi (n=2445)

Category of beneficiaries	Beneficiaries (%)
No. of ANC registered	117 (4.8)
No. of Lactating mothers registered	141 (5.8)
No. of adolescent girls surveyed	676 (27.6)
No. of 6months - 3years surveyed	904 (37.0)
No. of 3years - 6 years surveyed	607 (24.8)

Medicine kits were available in 15 (51.3%) AWCs while Growth charts were present in 27 (93.1%) (Table 2).

Total number of beneficiaries in 29 AWCs was 2445 including pregnant females, lactating mothers, chil-

dren from 6 months – 6years, adolescent girls. Records of reproductive age group (15-45years) females other than pregnant females and lactating mothers were not available. Adolescent girls were not enrolled in any of these AWCs.

Out of the 607 children in 3-6years age group only 205 (33.8%) were enrolled in AWCs and out of these 205 only 72 (35.1%) were present on the day of visits. (Table 3)

It was observed that none of the children in 3-6years age group were registered/enrolled in 3 (10.3%) of the AWCs while on the day the investigators visits AWCs no children was present in 8 (27.6%) of the AWCs. Maximum number of children found in AWC was 8. Many children of this age group are sent to private school having pre-nursery and kinder garden facilities.

The immunization service was provided only in 4 AWCs situated in the urban slum. Most of the beneficiaries received the immunization service through Maternal and Children Welfare Centre which is located at the nearby Government Hospital and where people can easily reach. Poshandivas is celebrated on the 5th of every month at every AWC when Take Home Ration (THR) was distributed to the beneficiaries and weights of the children are recorded.

DISCUSSION

In the present study, 44.8% of AWWs were post-graduate and have work experience of 6-10 years. In study conducted by Dixit S et al,³ Saha M et al⁴ and Sembiah S et al⁵ observed majority of the AWWs were educated up to higher secondary while Chudasama RK et al⁶ reported that majority of AWWs were matric passed.

In this study, most 26 (89.7%) of the AWWs had an experience of 6-10 years of running an AWC. In the research conducted by Dixit S et al,³ Saha M et al⁴ and Chudasama RK et al,⁶ 40% of AWWs for 1-5 years, 76.7% for >20 years and 65% for > 10 years respectively were working at AWCs.

In the present study, all the AWWs were given training following their appointments, thereafter no training has been provided to them. Dixit S et al,³ Sembiah S et al⁵ and Chudasama RK et al⁶ reported in their studies that induction training was received by 100%, 23% and 31.7% of AWWs respectively while on Job training was received by 80%, 96.7% and 86.7% of AWWs as reported by Dixit S et al,³ Saha M et al⁴ and Chudasama RK et al⁶ respectively in their studies. The refresher training was received by 62%, 93.3%, 21.8% and 63.3% as reported by Dixit S et al,³ Saha M et al,⁴ Sembiah S et al⁵ and Chudasama RK et al⁶ respectively.

In the present study, 100% of the AWCs were running from rented one room accommodation. There was no separate kitchen and storage facility available in any of these AWCs. In other studies also, researchers reported that AWCs were running in rented building, ranging from 4.8% to 100%.⁴⁻¹⁰ and separate kitchen was available in 60% and 68.3% of the AWCs respectively as reported by Saha M et al⁴ and Chudasama RK et al.⁶

In our study, ventilation and daylight was adequate in 75.9% and 89.7% of the AWCs. Sembiah S et al,⁵ Malik A et al¹¹ reported in their studies presence of 65.2% and 65.9% of adequate ventilation while 60.9% and 14.6% of day light, respectively.

In this study, the artificial light facility was present in 79.3%. It was present in 60% to 91.3% of AWCs as reported by various other researchers.^{4,5,10,11}

In the present study drinking water facility with candle filter was present in 79.3%. According to the evaluation report submitted by NITI Aayog⁹ and Malik A et al¹¹ 83.6% and 78% AWCs respectively had drinking water facility.

In our study, the toilet facility was present in 100% of the AWCs while it was observed to be present in 53.5% to 80.5% of AWCs as reported by other researchers.^{4,5,10,11,12}

In this study, sitting arrangement was available in 72.4% AWCs while Malik A et al¹¹ reported that it was present in 90.24% of AWCs in their study.

In this study, good hygienic condition was found in 62% of AWCs. According to the NITI Aayog report,⁹ hygienic condition was seen in 48.2% of AWCs.

Both adult and Salter type weighing scale were available and functioning in 86.2% of AWCs in our study. According to Saha M et al,⁴ 100% and 70% AWCs have salter and adult type weighing scale respectively and Gill KPK et al⁸ observed availability of weighing machine for adults and children in 38.2% AWCs, while Datta SS et al¹² reports availability of Salter and bathroom scale in 27.27% and 81.86% AWCs located in urban areas respectively.

In present study, medicine kit was available at 51.7% AWCs while Saha M et al⁴ and NITI Aayog report,⁹ 90% and 77.5% AWCs respectively have medicine kit.

CONCLUSION

The assessment of infrastructure and facilities revealed AWCs are not build according to norms. There is need for regular supervision to gather facts about the reason behind decreased number of beneficiaries attending AWCs.

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