Original Research Article

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An assessment of facilities and services at anganwadi centers under the integrated child development service scheme in urban area of Kathua district, Jammu and Kashmir

Anuj Kapoor, Kamna Singh*

Department of Community Medicine, Government Medical College, Kathua, Jammu & Kashmir, India

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*Correspondence: Dr. Kamna Singh,

E-mail: kamnasingh4407@gmail.com

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ABSTRACT

Background: The integrated childhood development services (ICDS) scheme, launched on 2nd November 1975 is India's foremost program imparting comprehensive and cost-effective services for children and maternal health through designated anganwadi centers (AWCs). AWCs deliver services right at the doorsteps of the beneficiaries to ensure their maximum participation.

Methods: This was a cross sectional descriptive study conducted in 37 AWCs of the urban area in Kathua district from March to May 2019. A checklist was used to assess the physical infrastructure of AWC and logistics available.

Results: A total of 37 AWCs were visited. Majority of the AWCs (94.5%) were running in a rented building and had only room. and 86.4% have pucca type of center. Almost half (51.3%) of the anganwadi workers had >10 years of experience. 32.4% of the AWWs received education up to 12th standard. Weighing machines were available in 89.1% of the centers whereas Salter weighing machine was present only in 23 centers.

Conclusions: Present case study unveils deficiencies in infrastructure and logistics at the centers. Emphasis should be given to strengthen the basic infrastructure of AWCs which would further help in delivering quality services to the beneficiaries.

Keywords: Anganwadi centers, Anganwadi workers, ICDS

INTRODUCTION

Integrated child development service scheme (ICDS), launched on 2nd October 1975, represents one of the world's largest and the most unique programs for early childhood development. ICDS provides a package of integrated services which includes supplementary nutrition (SN), immunization, health check-up, referral services and non-formal pre-school education (NFPSE) delivered through designated anganwadi centers (AWCs). The beneficiaries are children up to 6 years, adolescent, girls, pregnant and lactating women, and

women in the age group of 15-44 years. The beneficiaries of ICDS are to a large extent identical with those under the maternal and child health program. The program is executed through dedicated cadre of female workers named anganwadi workers (AWWs), who are chosen from the local community and given 4 months training in health, nutrition and child-care. The performance of the ICDS program is to a great extent dependent on the profile of the key functionary, the anganwadi worker (AWW) her qualification, experience, skill, attitude, training, etc.³ Anganwadi worker is also assisted by a helper who helps in executing routine activities at AWC.

Currently, the ICDS scheme stands with strength of 12.41 lakh AWCs.⁴ AWCs delivers services right at the doorsteps of the beneficiaries to ensure their maximum participation.⁵ Thus, for the attainment of ICDS scheme goals, each anganwadi center needs to be equipped with adequate infrastructure, functional equipment, tools and drugs. This study was conducted to assess the facilities and services available at the AWCs.

METHODS

This was a facility based, observational, descriptive study conducted in cross sectional design in 37 AWC of the urban area in Kathua district from March 2019 to May 2019. Permission for conducting the study was taken from concerned authorities. All the AWCs of the Urban areas were identified and each center was visited on a pre-informed fixed day. A checklist was used to assess the physical infrastructure of AWC (as observed by the researcher) and logistics (as perceived by the AWW) and a pre designed, pre-tested, structured, schedule was used

to elicit the socio demographic profile, years of service, training profile and different activities of AWWs.

The collected data was entered in Microsoft Excel, coding of the variables was done and thereby interpretation and analysis of the collected data was done by using appropriate statistical methods.

RESULTS

A total of 37 AWCs were visited. Majority of the AWCs (94.5%) were running in a rented building and had only room. and 86.4% have pucca type of center. Almost all the centers were running only in one room. Sign boards were displayed in 67.5% of the centers. About 40.5% of the centers had adequate outdoor space. Separate kitchen was present only in 51.3% of the centers. Majority (83.7%) AWCs were receiving water supply from tap. Separate kitchen were present in half (51.3%) of the centers and cleanliness of the centers was satisfactory. Electricity supply was present in all the centers (Table 1).

Table 1: Physical and infrastructure characteristics of the AWCs.

S. no.	Characteristics	Number	%	
1	Building			
	Own building	2	5.4	
	Rented	35	94.5	
2	Status of building			
	Pucca	32	86.4	
	Kutcha	5	13.5	
	Sign board display			
3	Yes	25	67.5	
	No	12	32.4	
	Ventilation			
4	Adequate	30	81	
	Inadequate	7	18.9	
	Lightening			
5	Adequate	29	78.3	
	Inadequate	7	21.6	
	Electricity			
6	Present	37	100	
	Absent	0	0	
	Space constraint			
7	Present	22	59.4	
	Absent	15	40.5	
	Separate kitchen			
8	Yes	19	51.3	
	No	18	48.6	
	Source of water supply			
9	Hand pump	6	16.2	
	Tap water	31	83.7	
	Cleanliness			
10	Good	27	72.9	
	Poor	10	27	
	Toilet facility			
11	Available	33	89.1	
	Not available	4	10.8	

Continued.

S. no.	Characteristics	Number	%
12	Cleanliness of toilet		
	Clean	25	67.5
	Dirty	12	32.4

Table 2: Characteristics of AWWs in different AWCs.

S. no.	Characteristics	Number	%
1	Educational status		
	Below metric	5	13.5
	Matriculation	12	32.4
	Higher	7	18.9
	Graduate	6	16.2
	Postgraduate	7	18.9
2	Work experience (years)		
	<1	2	5.4
	1-5	5	13.5
	5-10	11	29.7
	>10	19	51.3
	Residence		
3	Residing in the same locality	20	54
	Residing in the other locality	17	45.9
	Presence of AWH		
4	Yes	32	86.48
	No	5	13.5
5	Visit of supervisor		
	Yes	35	94.5
	No	2	5.4
6	UHND		
	Attend	36	97.2
	Not attend	1	2.7

Table 3: Logistics available at AWCS.

S. no	Logistics	Number	%
1	Weighing machine		
	Present	33	89.1
	Absent	4	10.8
	Salter weighing machine	23	62.1
	Growth charts		
2	Present	28	75.6
	Absent	9	24.3
	IEC Material		
3	Present	32	86.4
	Absent	5	13.5
	Toys		
4	Present	28	75.6
	Absen	9	24.3
	Books		
5	Present	11	29.7
	Absent	26	70.2
6	Registers		
	Regularly updated	35	94.5
	Not updated regularly	2	5.4
	Medicines		
7	Adequate	2	5.4
	Inadequate	35	94.5

Almost half (51.3%) of the AWWs had >10 years of experience. 32.4% of the AWWs received education up to 12th standard. More than half of the AWWs (54%) were residing in the same locality as that of the center. Anganwadi helpers were present in 32 out of the 37 centers. Almost all the AWWs (97.2%) regularly attends urban health nutrition day (UHND) (Table 2).

Weighing machines were available in 89.1% of the centers whereas Salter weighing machine was present only in 29 centers. Medicines were inadequate in almost all the AWCs. Logistics like chairs, tables, growth charts and toys were adequate in more than 50% of AWCs (Table 3).

DISCUSSION

AWCs under the ICDS were formulated to enhance the health, nutrition and learning opportunities of infants, young children and their mothers, especially targeted for the poor and deprived. This study aimed to assess the adequacy of the infrastructure, facilities, equipment and drugs in the AWCs, largely looking at the basic infrastructure and services that should be available. Space constrain was present in almost half of the total AWCs evaluated. An appraisal of ICDS done in 2006 also reported that 36% of anganwadis in urban areas lacked adequate indoor space.⁶ A study done in Chandauli district of Uttar Pradesh reported that none of the 20 AWCs had adequate indoor or outdoor space. Toilet facilities were present in 89.1% of the centers. However there were no separate toilets for girls and boys. In study by Malik et al 20% of the AWCs lacked a toilet, while the study by Thakare et al found that 56% of AWCs lacked a toilet facility.^{4,8} Half of the AWWs (51.3%) had more than 10 years of working experience. Rathore et al reported that 66.7% AWW had work experience of more than 10 years while 25.9% AWW had experience of 5-10 years.9 In our study, most of the AWWs had received only induction training and only very few of them (29.2%) had received refresher training Proper training of AWWs improves the performance.¹⁰

Thus, more emphasis should be given on orientation training and skill training of AWW in WHO growth standards and mother and child health. Weighing machines were found to be present in 89.1% of the center, whereas working salter weighing machine was available in 62.1% centers. A study conducted in West Bengal reported that in 30% of the AWCs the weighing scales were either out of order or were kept in safe custody and not used. Another study done in Madhya Pradesh reported that only 72% of the studied centers were having Salter weighing machine, only 66% centers were having adult weighing machines and only 58% centers were having growth registers. Pagior limitation of the study was that assessment of knowledge and practices of AWWs at these facilities were not undertaken.

CONCLUSION

This study has conducted a comprehensive assessment of all the services and facilities and it was found that the performance of AWCs and AWWs still needs improvement. Emphasis should be given to strengthen the basic infrastructure of AWCs which would further help in delivering quality services to the beneficiaries. Also there should be regular trainings of the AWWs.

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