Empowering Anganwadi: the Lifeline of Rural India

A National Study Report: Evaluating Integrated Child Development Scheme (ICDS) Services, Infrastructure, and Behavior in Six States of India

Atmashakti TRUST

NCCM NATIONAL CONSORTIUM TO COMBAT MALNUTRITION

GRASSROOTS NARRATIVES HEARING THE UNHEARD

Background

Atmashakti Trust initiated the process of collaborative action since its inception, expanding its partnerships over time. In 2009, the organization began its work in Odisha by forming alliances with existing people's collectives, community-based rrganizations (CBOs), and local activists. This approach allowed them to cover a wide geographic area and build models for scalability and replication. In Odisha alone, Atmashakti Trust collaborates with 23 people's collectives and engages with stakeholders such as sectoral experts, journalists, national and international civil society organizations, and academic institutions. In 2020, the organization expanded its reach through the National Alliance, which includes over 120 organizations, CBOs, and activists from more than ten states in India. The National Alliance is a cohesive network comprising organizations, alliances, and individuals who share a common goal: the socio-economic and political empowerment of tribal and Dalit communities.

The Context

Over its 15-year work in Odisha, Atmashakti has impacted over 1 million tribal and Dalit families across 12235 villages spanning 99 blocks in 17 districts. Post-COVID lockdown, there was a shift from a purely collective approach to combining collective and connective strategies. This new approach integrates local community action with global digital movements to enhance outreach and impact. For over a decade, Atmashakti has worked towards the effective implementation of government schemes to ensure that the intended beneficiaries receive the benefits.

Atmashakti Trust's mission is to extend support to 7 million underprivileged families, constituting 25% of India's rural poor. To achieve this ambitious goal, the organization has expanded its operations from Odisha to 5 states in India, where most tribal and Dalit populations reside. This expansion will involve collaborating with local stakeholders, organizations, and activists in these regions, implementing social media advocacy, and replicating the Activist Intervention strategy to maximize effectiveness.

To lead a National Consortium, Atmashakti will focus on developing and nurturing community leadership - defining its cause, establishing its identity, and engaging stakeholders. The organization will promote activists from within the community as leaders within the consortium, providing them with strategic support from the core team. The consortium partners will share core rights, entitlements, equality, and justice values. The National Consortium's unified theme is combating "Malnutrition," providing a unique identity and a common platform for all stakeholders, partner organizations, and leaders. This approach allows for a collective voice to address state-specific issues and strategies.

National Consortium to Combat Malnutrition (NCCM)

The National Consortium to Combat Malnutrition (NCCM) was formed in 2023, with its Secretariat National Chapter based in Delhi. Initially focused on Odisha and Uttar Pradesh, it has expanded to include chapters in Madhya Pradesh, Jharkhand, Chhattisgarh, and Rajasthan. This network is promoted and supported by activists who serve as philosophers, guides, trainers, and mentors for the people's collectives. The consortium envisions a long-term association with these collectives.

Why Malnutrition

Malnutrition is a complex condition that arises from an imbalance, deficiency, or excess of nutrients in an individual's diet. It includes undernutrition, where the body lacks essential nutrients like vitamins, minerals, and proteins, and overnutrition, which occurs when there is an excess of nutrients, often from consuming too many calories, especially from sugars and fats. Undernutrition can result in stunted growth, weight loss, and a weakened immune system, increasing susceptibility to infections and diseases. On the other hand, overnutrition can lead to overweight or obesity, increasing the risk of chronic conditions such as diabetes, heart disease, and certain cancers. Malnutrition profoundly affects health, affecting physical and cognitive development, immune function, and overall well-being. It is a significant global public health concern that impacts individuals in both developed and developing countries, with particularly severe consequences for children and pregnant women.

The selection of "Malnutrition" as a central theme for the National Consortium is based on the urgent need to address this multifaceted issue. Factors such as poverty, lack of access to nutritious food, inadequate healthcare, and socio-economic disparities contribute to the prevalence of malnutrition. By focusing on malnutrition, the Consortium aims to improve the health and well-being of vulnerable populations, reduce healthcare costs, and promote sustainable development.

Why Anganwadi

Anganwadi centers play a crucial role in providing healthcare, nutrition, and educational services to expectant mothers and children under six in both rural and urban areas. Established by the Indian government, these centers aim to prevent malnutrition, promote early childhood education, and safeguard the health of mothers. In addition to offering services such as immunizations, health exams, and extra nourishment, Anganwadi centers serve as community hubs for various activities.

Anganwadi workers are the backbone of India's social welfare program, tirelessly implementing crucial initiatives at Anganwadi centers to uplift underprivileged communities. Despite numerous challenges, these workers play a vital role in promoting the health and development of mothers and children, making the Anganwadi system indispensable to India's social fabric.

In collaboration with the National Consortium to Combat Malnutrition (NCCM), Atmashakti Trust recently conducted a comprehensive study across six states: Odisha, Uttar Pradesh, Chhattisgarh, Jharkhand, Rajasthan, and Madhya Pradesh. Focusing on services, infrastructure, and behavioral factors within the Integrated Child Development Scheme (ICDS), the study aimed to evaluate its efficacy in combating malnutrition and fostering children's holistic development in these regions.

Methodology

A team of over 250 individuals conducted a survey across six states—Odisha, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Rajasthan, and Jharkhand—collecting data on variables related to Anganwadi Centers' availability, infrastructure, and implementation. The survey, utilizing Google Forms, gathered primary data from randomly selected villages, interpreting and analyzing the information afterward.

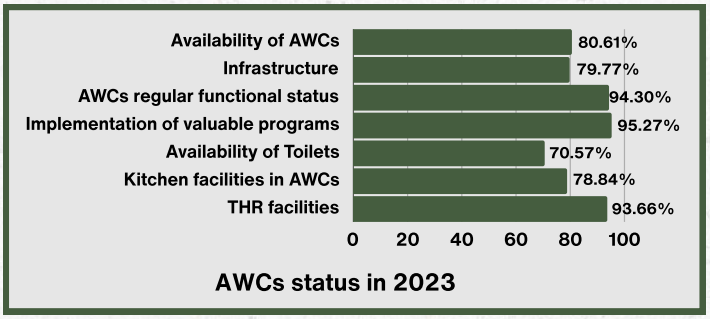
Covering 19 districts and 81 blocks across the six states, the study targeted 10,538 villages, encompassing 15,63,014 households and 73,54,107 people, primarily from the Scheduled Tribe community. The study focused on three main components of the Integrated Child Development Services (ICDS): Services, Infrastructure, and Behavior.
The following are the state-wise key findings of the study.

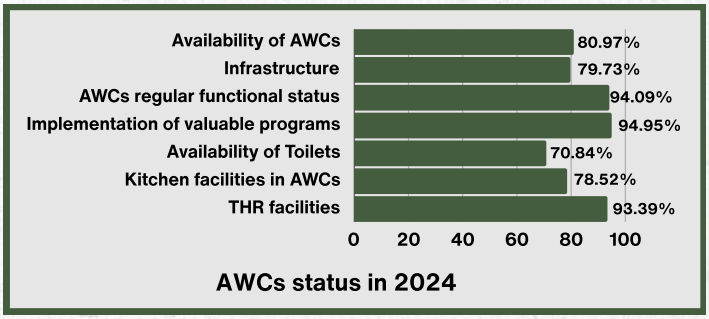
Anganwadi Survey Comparative Analysis Progress and Challenges in Odisha

Introduction

The comparative analysis of Anganwadi Centers (AWCs) in 11 districts of Odisha focused on infrastructure, operational procedures, and program implementation. The study compared data from 2023 to 2024 to assess progress and identify improvement areas. Here are the key findings of the survey.

Availability of Anganwadi Centers : In 2023, 80.61% of locations had Anganwadi centers, increasing slightly to 80.97% in 2024.
Infrastructure: The percentage of AWCs with buildings decreased marginally from 79.77% in 2023 to 79.73% in 2024. The proportion of AWCs with concrete roofs and on-site facilities for safe drinking water showed slight improvements.
Operational Regularity : The regularity of AWCs declined slightly from 94.30% in 2023 to 94.09% in 2024, indicating a need for improved operational efficiency.
Program Implementation : Implementation of the Village Health and Nutrition Day (VHND) program decreased from 95.27% to 94.95%, suggesting challenges in sustaining program activities.
Water Facilities: While the percentage of AWCs with on-site water facilities improved, the proportion of functional water sources decreased slightly.Non-operational water sources slightly increased, indicating potential maintenance issues.
Toilets Facilities : The availability of toilets in AWCs increased slightly from 70.57% to 70.84%.The proportion of AWCs with functional toilets showed improvement.
Kitchen Facilities: The presence of separate kitchen sheds decreased slightly from 78.84% to 78.52%.
Take Home Ration (THR) Distribution : Proper distribution of THR slightly decreased from 93.66% to 93.39%, indicating potential challenges in program delivery.





Status of AWCs in Odisha

Conclusion

The comparative analysis of Anganwadi centers in Odisha shows a slight variation in infrastructure and programs. Still, challenges remain in operational regularity, water facilities, and maintenance of essential amenities, such as toilets and kitchen sheds. Addressing these issues is crucial for effective service delivery. Further efforts are needed to improve and sustain the quality of services provided by AWCs in the state.

Anganwadi Survey Report of Madhya Pradesh

Context

In Madhya Pradesh, the study was conducted by Atmashakti in collaboration with NCCM, Gram Shakti Sangathan (Mandala) and Lok Adhikar Manch (Alirajpur). The study encompassed 315 villages, engaging with 4,14,138 individuals across 76,259 households. Here are the key findings of the survey

Availability of Anganwadi Centers

- In Madhya Pradesh, a total of 973 Anganwadi centers are operational, consisting of 71.70% AWCs and 21.3% mini-AWCs.
- Notably, AWCs are present in 99.00% of villages, with only 01.00% lacking this essential facility. However, 18.30% of villages report AWCs operating in rented or alternative spaces.

Operational Regularity

- 84.30% of AWCs are located within 0.5 to 1 km from the villages, while 15.70% are situated between 1 km to 3 km away.
- Regarding regularity, 70.30% of villages report consistent AWC openings, while 07.50% do not observe Village Health and Nutrition Days (VHND) properly.

ASHA Workers and Ambulance Services

- 06.50% of villages lack ASHA workers and 10.70% face challenges in distributing iron tablets effectively.
- Communication issues prevent 05.50% of villages from accessing ambulance services for institutional delivery, and 15.20% lack ambulances for other health services.

Infrastructure

- 79.00% of AWCs have concrete roofs, while 11.80% and 09.20% have asbestos and thatched roofs, respectively.
- Alarmingly, 22.60% of AWCs lack safe drinking water facilities, and 56.50% of existing drinking water structures are damaged or non-functional.
- 24.20% of AWCs lack toilets, and 64.50% of available toilets are not usable. Additionally, 55.20% lack separate kitchen facilities.

Facilities Available

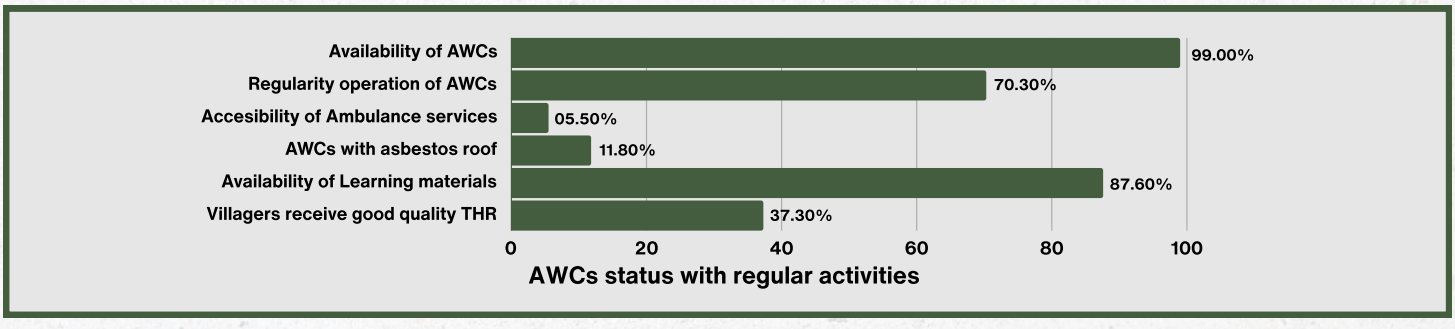
- All Anganwadi Centers (AWCs) have weighing machines. However, only 87.60% have Teaching Learning Materials, 49.20% have separate dishes, and 47.90% have handwash points.

Operational Aspects

- 68.30% of AWCs operate very regularly, with only 01.70% operating never. However, 07.40% of villages do not provide Take Home Ration (THR) to beneficiaries.
- Cooking practices are commendable, with 69.00% of villages receiving regular cooked meals.

THR Quality and Usage

- Only 37.30% of villages receive good quality THR, with 15.80% of women and adolescent girls hesitant to use iron tablets, mainly due to constipation and nausea.
- Institutional Delivery and Awareness: Institutional delivery trends vary, with 24.00% of villages achieving 100% institutional delivery.
- Awareness of government schemes like the Janani Surakshya Yojana and the Mamata Scheme varies across villages.



Conclusion

The report highlights significant achievements in coverage and operations but also notes challenges like infrastructure deficiencies, service irregularities, and awareness gaps about health schemes. Addressing these is crucial for effective Integrated Child Development Services (ICDS) delivery in the state.

Anganwadi Survey Report of Rajasthan

Introduction

In Rajasthan, the study was conducted by Atmashakti in collaboration with NCCM, Aravalli Ekta Manch (Udaipur) and Vagad Vikas Sangathan (Dungarpur). The study encompassed 206 villages, engaging with 2,44,295 individuals across 51,403 households. Here are the key findings of the survey

ICDS Services :

- 87.38% of villages have Anganwadi facilities, while 12.62% lack them.
- Access to services varies, with 139 hamlets requiring children to travel 1 to 3.5 kilometers.
- Centers operate in their own buildings in 86.41% of villages, while some rely on rented spaces or face irregularities.
- Although 92.23% of villages report centers being open at all times, some experience partial or complete irregularities.
- Vaccination and Health Nutrition Day (VHND) operations vary, with discrepancies in frequency and execution.

Infrastructure Status of ICDS Facilities :

- 87.38% of villages have Anganwadi facilities, while 12.62% lack them.
- Roof Material: Only 86.89% of Anganwadi facilities have roofs made of concrete, while 05.83% are constructed with asbestos. Surprisingly, 07.28% of AWCs lack any of these standard roofing materials.

Access to Safe Drinking Water:

- A concerning 36.41% of Anganwadis lack access to safe drinking water.
- Notably, in 33.98% of villages, water is not sourced from tube wells, open wells, or solar tanks.
- Moreover, 11.17% of villages face non-functioning water sources, with 07.77% reporting damaged water supplies within Anganwadi facilities.

Sanitation Facilities:

- 70.87% of Anganwadi centers lack toilets, with 25.24% of those having toilets being non-functional.
- Additionally, a significant 78.64% of AWCs do not possess a separate kitchen.
- It's worth noting that while 99.03% of Anganwadis own weighing machines, ownership percentages for other essential items such as separate dishes (66.50%), hand wash stations (63.59%), and educational materials (77.67%) vary.

Behavioral Patterns in ICDS Implementation:

Cooked Meal Provision

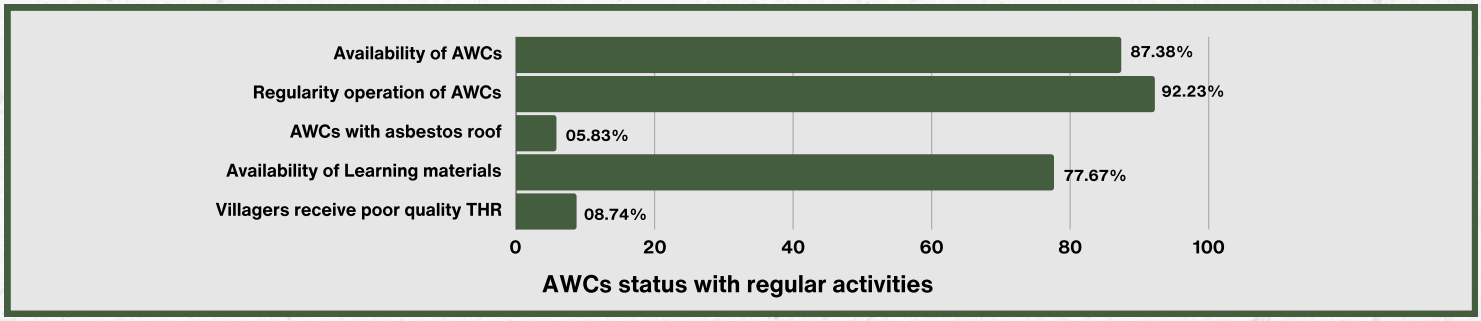
- Currently, only 52.91% of Anganwadi Centers (AWCs) provide cooked meals for children, with 31.55% of villages experiencing inconsistency in meal preparation by Anganwadi personnel.
- Surprisingly, 05.34% of Anganwadis encounter difficulties in providing beneficiaries with their take-home ration (THR), with an additional 05.34% unable to provide THR regularly.
- Notably, 81.07% of villages perceive the quality of THR as average, while 08.74% consider it poor.

Iron Tablet Consumption: A noteworthy 08.25% of women and teenage girls hesitate to take iron tablets, citing reasons such as disliking the product and experiencing constipation. Among them, 14.08% of women and 11.65% of teenage girls attribute their hesitation to these factors.

Institutional Delivery Trend: The study highlights the trend of institutional delivery, revealing that 100.00% is achieved in just 16.02% of villages, above 90.00% in 22.33% of villages, and below 50.00% in 13.11% of villages.

Awareness of Welfare Schemes: Notably, 03.88% of villages lack awareness of the Mamata Scheme, while 04.85% are unaware of the Janani Surakshya Yojana, emphasizing the need for improved dissemination of information regarding these schemes.

Kitchen Gardens: Nearly 96.60% of villages have kitchen gardens, reflecting a positive initiative towards promoting nutritional self-sustainability within communities.



Conclusion

The findings underscore the urgent need for action to ensure equitable access to Integrated Child Development Services (ICDS) across all regions. The identified gaps in infrastructure, particularly the provision of essential amenities such as safe drinking water and sanitation facilities, highlight the critical need for targeted improvements within Anganwadi Centers. Addressing these issues will be crucial in enhancing the effectiveness of ICDS and improving the overall well-being of children and communities.

Anganwadi Survey Report of Chhattisgarh

Introduction

In Chattisgarh, the study was conducted by Atmashakti in collaboration with NCCM, Dalit Adhikar Abhiyan (Janjgir-Champa) and Dalit Adivasi Manch (Baloda Bazaar). The study encompassed a total of 518 villages situated across the districts of Janjgir-Champa and Baloda Bazar, as well as within the blocks of Kansdol, Palari, Pamgadh, and Simga. These villages are home to a population of 1,140,878 individuals residing in 96,975 households. Here are the key findings of the survey:

Infrastructure Status of ICDS Facilities:

- **Building Conditions:** An impressive 97.49% of Anganwadi facilities boast concrete roofs, with only 00.97% relying on asbestos construction.
- **Water Facilities:** It's concerning that 18.34% of Anganwadi centers lack access to clean drinking water. Additionally, in 01.54% of habitats, water is sourced from untreated sources. Furthermore, while 05.98% of villages report damaged water supplies within their Anganwadi facilities, 15.25% face the challenge of defunct water sources altogether.
- **Sanitation Infrastructure:** 20.66% of Anganwadi centers possess non-functional toilets and 10.04% lack any toilets on their premises. Additionally, nearly half of AWCs (49.42%) lack a separate kitchen.
- **Essential Amenities:** On a positive note, the vast majority (98.65%) of Anganwadi centers are equipped with weighing machines. However, ownership of other essential amenities varies, with separate dishes, hand wash stations, and teaching and learning materials owned by 91.31%, 23.55%, and 64.86% of Anganwadi centers, respectively.

Provision of ICDS Services:

- **Availability of Anganwadi Centers:** Remarkably, 99.03% of villages have Anganwadi centers, indicating widespread availability.
- **Operational Infrastructure:** The majority of these centers operate from dedicated buildings, with only 03.67% functioning in rented or alternative premises. Moreover, 95.37% of villages report their AWCs being open at all times. However, 01.74% of villages cite partial irregularities, and 2.90% report complete irregularities in AWC operations.
- **Village Health and Nutrition Days (VHND):** Concerns arise regarding VHND execution, with 02.12% of AWCs conducting them improperly. Sessions are scheduled once a month in 30.89% of villages, twice in 62.93%, thrice in 00.19%, and four times in 05.98% of villages.
- **Iron Pill Distribution:** Challenges persist in the distribution of iron pills by ASHA workers, as 01.16% face difficulties in efficient distribution, and 00.58% of villages lack ASHA workers altogether.
- **Access to Ambulance Services:** Additionally, 10.04% of communities encounter obstacles in accessing ambulance services for institutional delivery and other essential health services, often due to communication and logistical issues.

Behavioral Patterns Insights:

- **Cooking Practices:** A commendable 95.56% of respondents report regularly preparing meals, indicating strong cooking habits within the community.
- **Take-Home Ration (THR):** However, 01.35% of Anganwadi centers encounter difficulties in distributing THR, with an additional 02.51% facing challenges in providing THR regularly. Opinions on the quality of THR differ, with 00.58% of villages perceiving it as poor and 23.75% rating it as average.
- **Iron Tablet Consumption:** Surprisingly, 17.18% of women and teenage girls hesitate to take iron tablets, citing concerns about constipation, which account for 25.68% of these hesitations.
- **Institutional Delivery Trend:** The report highlights the trajectory of institutional delivery, with 100% achievement in 03.67% of villages, above 90.00% in 50.19% of villages, and below 50.00% in 06.76% of villages, indicating varied levels of accessibility to institutional birthing services.
- **Awareness of Welfare Schemes:** Notably, 18.53% of villages lack awareness of the Mamata Scheme, while 81.47% are informed about the Janani Surakshya Yojana.
- **Kitchen Gardens:** Encouragingly, every village that utilizes its own food resources maintains kitchen gardens, reflecting a proactive approach towards promoting self-sustainability and nutritional diversity within communities.

Conclusion

In conclusion, while Anganwadi facilities show strengths in infrastructure like building construction and availability of weighing machines, there are significant deficiencies in access to clean water, sanitation, and essential amenities like separate kitchens. Despite widespread accessibility to Anganwadi Centres, challenges remain in operational consistency and executing health programs. Positive behavioral patterns, such as strong cooking habits and kitchen gardens, reflect community engagement. Addressing these challenges and building on strengths is crucial for effective ICDS service delivery and community well-being, especially for women and children.

Anganwadi Survey Report of Jharkhand

Introduction

In Jharkhand, the study was conducted by Atmashakti in collaboration with NCCM, Apna Adhikar Sangathan (Saraikela Kharsawn) and Jan Adhikar Manch (East Singbhum). In both the districts and the blocks of Kuchai and Patamda, 177 villages were identified for the study, covering 1,62,433 people residing in 41,249 households. Here are the key findings of the survey:

ICDS Services:

- A total of 216 Anganwadi Centers (AWCs) serve 177 villages, with 78 hamlets where children must travel 1 to 5 kilometers to access AWC services.
- 85.88% of villages have Anganwadi facilities, while 14.12% lack them. 24.29% have AWCs within 1 to 2 kilometers, 7.91% within 2 to 3 kilometers, and 4.52% within 3 to 4 kilometers. Surprisingly, in 4.52% of villages, AWCs are over 5 kilometers away.
- Most AWCs operate from dedicated buildings (92.66%), with 7.34% in rented or other spaces. However, there are concerns about operational consistency, as 88.70% of villages report AWCs being open all the time, while 3.39% and 7.91% report partial and total irregularities.
- Issues in executing Village Health and Nutrition Days (VHND) are evident, with 7.91% of AWCs conducting them incorrectly. VHND sessions mostly occur once or twice a month, 51.98% and 45.20%, respectively.
- Challenges persist in distributing iron tablets, with 3.95% of ASHA workers facing efficiency issues and 7.34% of villages lacking any ASHA workers. Additionally, 66.10% of villages have no access to ambulance services for institutional delivery.

ICDS Infrastructure Summary:

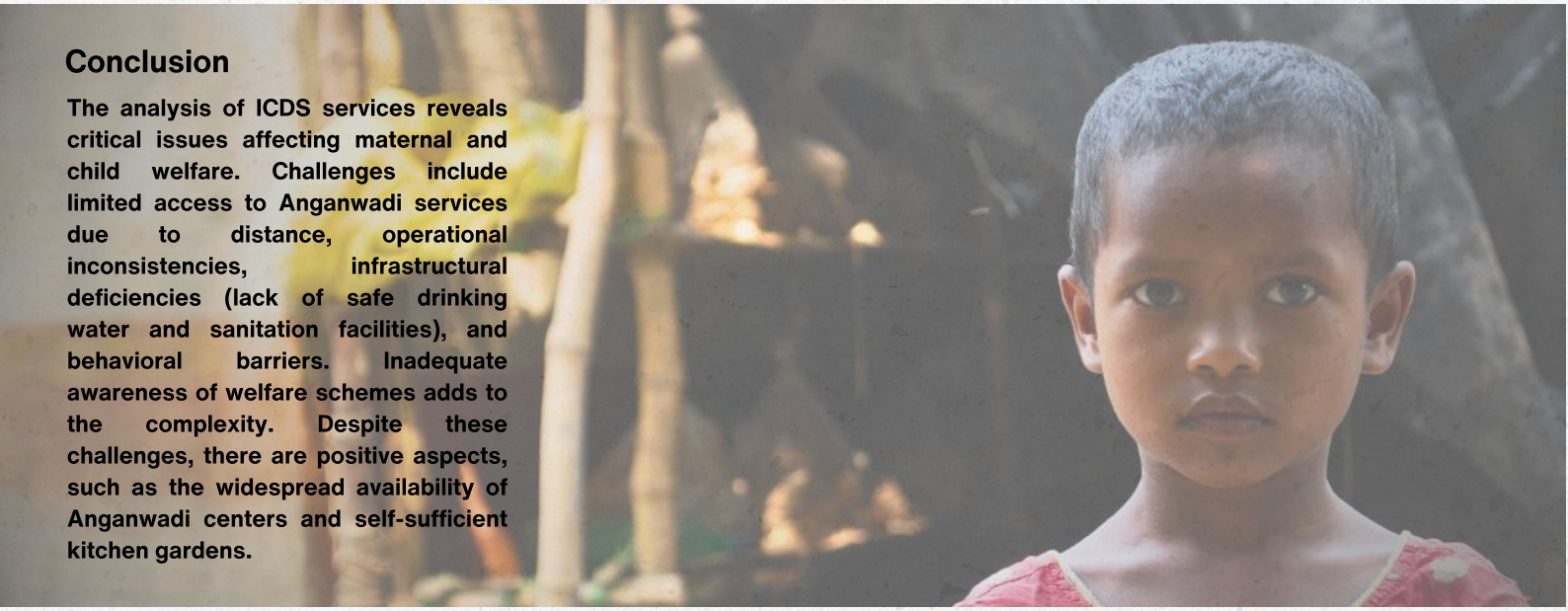
- An analysis of Anganwadi facilities reveals that 85.31% have concrete roofs, with a minority of 01.13% relying on asbestos. Surprisingly, 07.34% of villages accommodate Anganwadi centers in thatched huts, while 6.21% utilize other locations.
- There is a lack of access to safe drinking water, affecting 22.03% of Anganwadis. In some villages (01.69%), open wells serve as the primary water source. Additionally, 15.25% of villages report broken water supplies within their Anganwadi facilities, with 6.21% facing non-functioning water sources altogether.
- Sanitation infrastructure poses another challenge, with 40.68% of villages lacking Anganwadi centers with toilet facilities. Moreover, 35.03% of Anganwadi centers that do have toilets are deemed useless. Similarly, 37.85% lack separate kitchen facilities.
- However, the majority of Anganwadi centers (96.55%) are equipped with weighing machines. Ownership of other essential amenities varies, with separate dishes, hand wash stations, and teaching materials owned by 43.50%, 9.04%, and 85.88% of Anganwadi centers, respectively.

ICDS Behavioral Insights:

- **Cooking Habits:** 91.53% of respondents report satisfactory cooking habits, ensuring cooked meals for children.
- **Take Home Ration (THR):** 6.78% of Anganwadi centers face difficulties in delivering THR. Opinions on THR quality vary, with 56.50% rating it as average and 2.82% considering it poor.
- **Iron Tablet Consumption:** 12.43% of women and teenage girls refrain from taking iron tablets due to concerns like constipation.
- **Institutional Delivery:** Concerning trends show rates exceeding 100% in 38.98% of villages, above 90% in 26.55%, and below 50% in 15.82%.
- **Awareness of Welfare Schemes:** 41.24% of villages are unfamiliar with the Janani Surakshya Yojana, and 38.98% are unaware of the Mamata Scheme.
- **Self-Sustainability:** 93.22% of villages maintain self-sufficient kitchen gardens.

Conclusion

The analysis of ICDS services reveals critical issues affecting maternal and child welfare. Challenges include limited access to Anganwadi services due to distance, operational inconsistencies, infrastructural deficiencies (lack of safe drinking water and sanitation facilities), and behavioral barriers. Inadequate awareness of welfare schemes adds to the complexity. Despite these challenges, there are positive aspects, such as the widespread availability of Anganwadi centers and self-sufficient kitchen gardens.



Anganwadi Survey Report of Uttar Pradesh

Introduction

IIn Uttar Pradesh, the study was conducted by Atmashakti in collaboration with NCCM and Sonbhadra Vikas Sangathan (Sonbhadra).The study was conducted in the 10 blocks of Sonbhadra, representing a total of 1080 villages. These villages include 4,43,074 households with a population of 1,714,426 individuals. Notably, the Other Backward Community constitutes the largest demographic group, comprising 32.15% of the total population. Meanwhile, the Schedule Tribe Community accounts for 31.72% of the studied area, with the Schedule Caste Community contributing 31.30%.

ICDS Services:

- A comprehensive survey covering 1080 villages identified a total of 1121 Anganwadi Centers (AWCs) serving the community. Within these villages, 627 hamlets were identified, with children often needing to travel distances ranging from 1 to 5 kilometers to access Anganwadi services.
- Among the surveyed villages, 68.98% reported the presence of Anganwadi facilities, highlighting widespread availability, while 31.02% lacked this essential service. Notably, 31.39% of villages had an Anganwadi located within 1 to 2 kilometers, with 12.22% between 2 to 3 kilometers and 03.80% between 3 to 4 kilometers. Alarmingly, 1.76% of villages had Anganwadi Centers located over 5 kilometers away from the communities they serve.
- In terms of infrastructure, 53.24% of villages reported Anganwadi Centers operating from their own buildings, while 3.89% operated from rented spaces. Surprisingly, 23.80% of villages reported Anganwadi Centers operating without their own dedicated buildings or rented spaces. Regarding operational consistency, 54.44% of villages reported their centers being open at all times, while 19.81% and 14.54% reported partial and complete irregularities, respectively.
- Concerns were raised regarding the execution of Village Health and Nutrition Days (VHND), with 25.19% of Anganwadi centers performing them incorrectly. VHND sessions were predominantly conducted once (55.65%) or twice (12.41%) a month, with 12.13% and 7.13% of villages conducting them thrice and four times a month, respectively.
- Challenges persist in the distribution of iron pills by ASHA workers, with 16.11% facing efficiency issues, while 15.19% of communities lack any ASHA workers altogether. Additionally, a significant portion of villages (30.28% and 27.31%) face obstacles in accessing overall ambulance services for health services and institutional delivery, respectively, often due to communication and logistical issues.

ICDS Infrastructures:

- Analysis of Anganwadi facilities reveals that only 71.20% have concrete roofs, while 02.13% rely on asbestos. Intriguingly, 25.93% of Anganwadi centers lack structures made of thatched roofs, concrete, or asbestos altogether, highlighting a significant gap in infrastructure provision.
- A concerning finding is the lack of access to safe drinking water, with 39.44% of Anganwadi centers affected. Moreover, in 12.13% of villages, water is sourced from untreated sources, posing health risks to the community. Additionally, 13.80% of villages reported non-functioning water sources, while 11.94% reported damaged water supplies within Anganwadi facilities, exacerbating the water accessibility challenge.
- 50.28% of Anganwadi centers lack toilets. Of those that do have toilets, 30.00% are deemed useless. Moreover, a majority (63.80%) of Anganwadi centers lack a separate kitchen facility, impacting food preparation and hygiene standards.
- While the majority of Anganwadi centers possess weighing machines (70.50%), ownership of other essential amenities varies. Only 37.22% of Anganwadi centers have separate dishes, highlighting potential hygiene concerns. Similarly, 19.91% have handwash stations, posing challenges for maintaining proper hygiene practices. However, there is relatively higher ownership of educational materials, with 66.67% of Anganwadi centers equipped with them, facilitating early childhood education initiatives.

ICDS Behavioral Insights:

- The provision of cooked food for children is available with only 27.87% of AWCs. Furthermore, inconsistency in meal preparation is observed in a significant portion (46.94%) of villages, indicating potential gaps in food distribution practices by Anganwadi personnel.
- 12.13% of Anganwadi centers report difficulties in providing Take-Home Ration (THR), and 17.69% are unable to offer THR regularly. Moreover, perceptions regarding THR quality vary, with 39.07% of villages rating it as average and 4.91% considering it poor.

ICDS Behavioral Analysis:

- Vis-a-vis institutional delivery, disparities in accessibility are found across villages. While institutional delivery rates exceed 90.00% in 30.56% of villages, it is concerning that only 06.11% achieve 100% coverage, and 09.07% fall below 50.00%.
- Notably, awareness levels of welfare schemes such as the Mamata Scheme and Janani Surakshya Yojana are alarmingly low, with 88.33% and 80.65% of villages, respectively, unaware of these initiatives.
- Encouragingly, nearly 99.07% of villages with kitchen gardens demonstrate a proactive approach towards promoting self-sustainability and nutritional diversity within their communities, reflecting a positive trend towards enhancing food security at the grassroots level.

Conclusion

In conclusion, the survey identifies critical areas for improvement in the Integrated Child Development Services (ICDS) program. These include service availability and accessibility, infrastructure deficiencies, operational challenges, behavioral concerns, and maternal healthcare access. Addressing these issues will require collaboration among policymakers, healthcare professionals, and community stakeholders to strengthen infrastructure, enhance service delivery, raise awareness, and empower communities.

Recommendations

The Consultative Collaborative Conclave: Transforming Insights into Actionable Recommendations held in six states – Odisha, Madhya Pradesh, Chhattisgarh, Uttar Pradesh and Jharkhand – from January to March – evidently points to the fact that the Integrated Child Development Services (ICDS) Scheme is an effective programme, and is India's response to the challenge of providing pre-school education on the one hand and liberating childhood from the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

However, there are certain shortcomings that need to be improved to make Anganwadis more effective so that it can yield the desired results. Guided by fundamental concerns that cut across aspects such as key ICDS services as well as major heads of financing, human resources, monitoring and infrastructure, recommendations that emerged from the consultations have also taken into account a few amendments made to the ICDS in the last ten years.

2012: Introduction of the National Food Security Act (NFSA), which expanded the coverage of the Supplementary Nutrition Program (SNP) under ICDS, ensuring the provision of nutritious food to pregnant and lactating women, children under six years of age, and malnourished children.

Recommendations

- Adequate nutrition can only be achieved with adequate budgetary allocations.
- Dietary norms should be revised as per the caloric requirements, specifying minimum acceptable dietary diversity to include diverse food groups such as eggs, fruits, milk, milk products and so on.
- While (on paper), people are encouraged to eat their traditional food, very often these are made inaccessible to them because of economic, political or social reasons. This should not be the case. All barriers to good nutrition – economic, social, political, cultural and religious –should be addressed.
- The Anganwadi workers (AWWs) and helpers (AWHs) should be systematically trained for meals preparation with quality and diversity.
- AWWs and AWHs should be mandated to provide Take Home Ration (THR) to all identified undernourished children as well as pregnant and nursing women by ensuring distribution either at the AWCs or during home visits.
- Additional work and time requirements from AWWs and AWHs should be compensated through honorarium payments.
- Only those beneficiaries who are registered at the AWC are entitled to receive Supplementary Nutrition. At the time of registration, the beneficiary should be informed about their entitlements, periodicity of distribution of THR and time of provision of Hot Cooked Meal (HCM) at the AWC.
- In case of HCM, it should be ensured that it is prepared in proper kitchen sheds having adequate sanitation and safe drinking water so as to maintain hygienic conditions.

2014: Launch of the Integrated Child Development Services - Common Application Software (ICDS-CAS) to digitize beneficiary data, streamline service delivery, and improve monitoring and evaluation of ICDS programs.

Recommendations

- Timely and sustained IT investments for strengthening the ICDS-CAS initiative are critical.
- The universal sharing of ICDS data is necessary to draw attention toward efficacy of ICDS-CAS.

2015: Introduction of the Pradhan Mantri Matru Vandana Yojana (PMMVY) to provide financial assistance to pregnant women for their first living child, aiming to compensate for wage loss and promote better nutrition and health outcomes.

Recommendations

- Extending the maternity benefit under the PMMVY scheme to the second live birth, specifically for women in the unorganised sector who are more vulnerable.
- Revisit the maternity benefit amount offered under the scheme as Rs 5000 for 3 months or 12 weeks is negligible compared to the cost of living.

Recommendations (Contd.)

- Simplifying procedures as the documentation is tedious.
- Increasing budget allocation will result in better application of PMMVY.

2017: Announcement of the Anganwadi Services Training Programme (ASTP) to enhance the skills and capacity of Anganwadi workers and helpers through standardized training modules and curriculum.

Recommendations

- The quality of training of Anganwadi workers needs improvement as it will not only empower the workers but will also help them to build a rapport with the community.
- Anganwadi workers should regularly be trained on supplementary nutrition guidelines, nutrition norms, food safety norms and practices.
- Training should be imparted to Anganwadi workers for promotion of good hygienic practices so that they ensure children wash their hands with soap before and after meals, after using toilets or playing outdoors, etc.
- Training should be in accordance with the curricular/pedagogical framework.
- Training in soft skills, new teaching methods and digital technology.
- Comprehensive periodical and refresher training of AWWs, especially when it comes to usage of tablets for monitoring growth among malnourished children and high-risk pregnant mothers.
- Need based trainings.

2018: Launch of the POSHAN Abhiyaan (National Nutrition Mission) to address malnutrition comprehensively, with a focus on the first 1000 days of life, through convergence and coordinated action across various ministries and departments, including ICDS.

Recommendations

- Better targeting and monitoring should be given central focus.
- The need for better coordination amongst the centre, state, various departments, NGOs and other groups to avoid redundancy and increase efficacy.
- Leverage data and technology as there is tremendous scope for technology-driven innovations to improve the operations of the POSHAN Abhiyaan.
- Data collected by the ICDS-CAS will be critical in strengthening the monitoring and evaluation mechanism to ensure that each child, pregnant or lactating woman and mother is being treated with optimum care.

Other Recommendations On:

Infrastructure

- Anganwadis running from owned/rented buildings should ensure basic facilities such as uninterrupted electricity and water supply.
- Install solar lights to promote sustainability and safety, especially in areas with unreliable electricity access.
- Compulsory land allocation for the construction of Anganwadis as many AWCs are running from pucca buildings and many are running in open air.
- Build/upgrade AWCs as per population norms set by the Ministry of Women and Child Development on a priority basis.
- Repair of drinking water sources, which are defunct, and make safe drinking water available in AWCs so that children are not deprived of safe drinking water while attending classes.
- Immediate construction and/or repair is required of AWCs, either having no toilets or non functional ones.
- Special kitchen facilities on priority basis.
- Repair and paint partially or fully dilapidated AWCs on an urgent basis.

Child-Friendly Environments

- Incorporate provisions for games, toys, and sufficient play areas both indoors and outdoors.
- Well painted beautiful spaces.
- Use of paintings and pictorial depiction of stories, alphabets and numbers on the walls to stimulate curiosity in children.
- Proper seating space and well-lit and well-ventilated rooms.

Monitoring of Anganwadis

- Check on a regular basis for the food quality and other activities.
- The environment of the Anganwadi and its adjoining areas should be kept clean.
- A cleaning and disinfection schedule should be drawn up.
- Toilets must be kept clean and tidy at all times.
- Provision of safe disposal of stool and wastes must be made.
- Evaluation of the performance of Anganwadi workers

Recommendations (Contd.)

Anganwadis as pre-school learning centres

- Anganwadis should double as preschools and disseminate play-way-based learning.
- AWCs should provide a host of learning activities designed to prepare children for school. The focus should be on fostering learning through playful activities.

Community participation in decision-making

- Active community participation and citizen-based committees.
- Effective coordination with other agencies and local organisations and committees.
- Composition of local coordination committees that are intended to be a major mechanism for enabling community control of the scheme should not be tilted in favour of privileged groups.
- The scheme should not be implemented in a rigid and inflexible way, and should adapt to local needs

- **Adopt an Anganwadi**: Enhance public participation and engage Rotary clubs and other charitable organisations to strengthen maternal and child healthcare facilities.

- **Data collection and data management centers:** Anganwadis should act as data collection and data management centres; databases should be maintained; an information brochure should be available at anganwadis.

- **Utilisation of Funds:** Adequate financial allocations and ensuring its full utilisation for the smooth working of AWCs so that the programme covers all the eligible children in the country.

Children with Special Needs

- Anganwadis should look after the needs of special children as the process of educating children with special needs is expensive and unaffordable for many.
- Affordable and accessible care through the Anganwadi network.
- Anganwadis should lead awareness and sensitisation at the grassroots to shift mindsets on children with special needs.

Workload of Anganwadi workers/helpers

- The job of an Anganwadi worker is a skilled job, and the job performed by the Anganwadi helper of looking after the cleanliness and hygiene of the small children is of a semi-skilled nature. To ensure the physical, mental, and social development of the children in the Anganwadi centres, as well as for the health and nutritional education of the women, it is essential to ensure that Anganwadi workers and helpers are not overworked and underpaid.

Staffing Ratio

- To ensure optimal care for children, it is recommended to maintain a ratio of 15 children to one Anganwadi worker and helper combined, prioritizing the well-being and development of the children.

Recruitment of AWWs

- The recruitment criteria of angwanwadi workers should be reviewed.
- Tracking of nursing mother's diet
- When it comes to the intake of proper diet, there is a stark difference between men and women of the same household: women end up eating the last and the least.
- If there's a malnourished child, the mother is given sermons on how she is not breastfeeding her child properly. But nobody thinks about the fact that the mother is unsure about managing two square meals for herself. As women's nutrition continues to be a grey area till today, one needs to track if or not the food consumed by the nursing mother is nutritious enough for her to feed her child properly.
- Also, asmost girls between the ages of 16 and 18 are ready for marriage, their diet needs to be tracked to eliminate malnutrition

Individual Child Development Plans

- AWWs should maintain individual development plans for each child under their care. These plans should
- include assessments of the child's physical, cognitive, and socio-emotional development, as well as personalized goals and activities to support their growth and learning.

Family Interaction Reports: Document interactions with families to understand their needs, concerns, and preferences regarding childcare and development services.

Recommendations (Contd.)

Kitchen Gardens:
Anganwadi workers and helpers should be trained to grow kitchen gardens at their centres as studies have connected pesticide-treated vegetables to an increased risk of cancer. Kitchen Gardens are a simple yet effective solution to address the nutritional needs of children and their mothers, who are equally vulnerable.

Multi-sectoral Approach:
The policies and programmes of various ministries such as the Women & Child Development, Health, the Ministry of Consumer Affairs, Food and Public Distribution, Sanitation & Drinking Water, Rural Development, Livelihoods, Education and Agriculture should see some sort of convergence and alignment for better results of the ICDS scheme.

ABOUT ATMASHAKTI

Founded in 1995, Atmashakti Trust works to coalesce marginalized communities for their socio-economic and political empowerment. Atmashakti work in Odisha, Uttar Pradesh, Chhattisgarh, Jharkhand, Madhya Pradesh, and Rajasthan. Atmashakti currently serves over one million families and plans to reach seven million families to cover 25% of rural poor families in India.

ABOUT NCCM

The National Consortium to Combat Malnutrition (NCCM) was formed in 2023, with its Secretariat National Chapter based in Delhi. Initially focused on Odisha and Uttar Pradesh, it has now expanded to include chapters in Madhya Pradesh, Jharkhand, Chhattisgarh, and Rajasthan. This network is promoted and supported by a group of activists who serve as philosophers, guides, trainers, and mentors for the people's collectives. The consortium envisions a long-term association with these collectives.

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