



Government of Kerala

**Performance of Anganwadis in SC/ST Areas
A Case Study of ICDS Ranny Block
Pathanamthitta**

The Report

**Evaluation Division
Kerala State Planning Board**

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Disclaimer

This study has been prepared by Shri. Nandan B, Research Assistant, District Planning Office, Pathanamthitta. The facts and figures in this report are based on primary data from various AWCs and secondary data collected by the author from CDPO Ranny and some other sources, and do not reflect the views or policies of Kerala State Planning Board.

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Abbreviations

ICDS	Integrated Child Development Scheme
AWC	Anganwadi Centre
AWW	Anganwadi Worker
AWH	Anganwadi Helper
AWWC	Anganwadi Welfare Committee
JS	Jagratha Samithi
PW&LMs	Pregnant Women and Lactating Mothers
IFA	Iron and Folic Acid
PHC	Public Health Centre
CHC	Community Health Centre
ORS	Oral Rehydration Solution
CDPO	Child Development Project Officer
SC	Scheduled Caste
ST	Scheduled Tribe
LSG	Local Self Government
GOI	Government of India
SNP	Supplementary Nutrition Programme
AGs	Adolescent Girls
WBNP	Wheat Based Nutrition Programme
TB	Tuberculosis
ASHA	Accredited Social Health Activist
JPHN	Junior Public Health Nurse
THRS	Take Home Ration Strategy
BCC	Behavior Change Communication
CFNB	Central Food and Nutrition Board
GP	Grama Panchayat

Abstract

This is an attempt to study the performance of anganwadis in SC/ST areas in ICDS Ranny block of Pathanamthitta district. The study explores the efficiency of anganwadi centres in delivering services to the beneficiaries in SC/ST areas of ICDS Ranny block. The study aim to evaluate infrastructure, services, public participation, inter sectoral co-ordination with relevance to the functioning of aganwadis. Ten anganwadis in SC/ST majority areas of ICDS Ranny block were covered under the study. Five anganwadis each having greater number of SC and ST beneficiaries were selected for the study. These AWCs cater to the needs of almost 45 per cent of the population. Services have been provided at free of cost to all sections of the society, but urgent need to improve the quality of infrastructure, sanitation and food. LSGs and Social Justice Department should ensure standard infrastructure such as buildings with adequate space, electricity, water, toilets with water connection, gas connection and necessary electric, electronic equipments to all anganwadi centers.

Chapter 1

Introduction

This chapter deals with Integrated Child Development Scheme (ICDS), its objectives, sub schemes, delivery mechanism and review of literature. Besides this, the objectives, the area and methodology of the study are included.

ICDS is one of the unique programmes for early childhood care and development in India. Under this scheme, a package of services which consist of supplementary nutrition, immunization, health check-up, referral services, health education and non-formal pre-school education are provided to children below 6 years and pregnant women and nursing mothers. This scheme is centrally sponsored programme implemented by Department of Women and Child development, Ministry of Human Resources Development of India. Under the Directorate of Social Justice at State level ICDS projects are set up in the blocks with each block having more than 100 anganwadi centres. The administrative unit of an ICDS project is the Community Development Block in rural areas, the Tribal Development Block in tribal areas and a group of slums in urban area.

The anganwadi, literally a courtyard play centre, is a childcare centre located within the village or the slum area itself. It is the focal point for the delivery of services at the community level, to children below 6 years of age, pregnant women, nursing mothers and adolescent girls.

The aim of this study is to evaluate the performance of anganwadies in SC/ST areas in Ranny ICDS block.

Objective of ICDS

ICDS was launched in 1975 to provide a well-integrated package of services through community level anganwadi centers to children, and women with the following core objectives: -

- Improve the nutritional and health status for children of 0-6 years
- Lay the foundation for proper psychological, physical and social development of children.
- Reduce the incidence of infant mortality rate (infant deaths per 1000 births less than 1 year of age), morbidity (death due to malnutrition), child malnutrition (determined on the basis of height to weight ratio) and school dropouts.
- Achieve effective co-ordination of policy and implementation amongst the various departments to promote child development.
- Enhance the capacity of the mother to look after the normal health and nutritional needs of the child through proper health and nutrition education.

Sub-schemes of ICDS

The ICDS focuses on providing a comprehensive care to the mother and the child through its 6 sub-schemes. The schemes try to address the multi-faceted needs of child development as well as reach out to different beneficiaries. Following are the core focal areas of the sub-schemes.

1) Pre-School Education

Pre-School-Education (PSE) focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups. Beneficiaries

between the age groups of 3 to 6 are to be provided pre-school education, before they enter class one. It is provided at the anganwadi centre, by the anganwadi worker which includes non-formal education through playful activities.

2) Supplementary nutrition

The objective of the sub-scheme is to focus on supplementary feeding and growth monitoring for prevention of vitamin A deficiency and nutritional anemia. It targets children below the age of 6, adolescent girls and PW&LMs. Beneficiaries are to be provided supplementary nutrition (difference between recommended dietary allowance and average dietary intake) for 300 days in an year at the anganwadi centre. Weight for age growth cards are maintained for all children below 6 years. Severely malnourished children are given special supplementary feeding and referred to health sub-centers, PHCs, CHCs etc.

3) Immunization

Under this programme pregnant women and children are immunized to protect them against six preventable diseases viz, poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. Beneficiaries are immunized on specific days in health sub-centers, PHCs, CHCs etc. IFA tablets are also provided to children and pregnant women.

4) Health checkups & referral services

Health care to children and antenatal care of expectant mothers and postnatal care of nursing mothers are ensured. At the anganwadi, children, adolescent girls, pregnant women and nursing mothers are examined at

regular intervals by the doctors and nurses from PHCs/CHCs who diagnose minor ailments and distribute simple medicines. The anganwadi worker has also been oriented to detect disabilities in young children. During health checkups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the medical officer of the PHCs, CHCs etc.

5) Nutrition and health education

BCC strategy for women is adopted so that they can look after their own health, nutrition and development. Focused on women in the age group of 15-45 years, the programme is implemented by anganwadi workers who provides information on knowledge about breast feeding and colostrum feeding), treatment of diarrhea and other illness, preparation of ORS, preparation of nutritious food, importance of education of the child, about cleanliness and hygiene, immunization during pregnancy, institutional delivery etc.

Delivery mechanism of ICDS

At the central level, the Department of Women and Child Development is responsible for budgetary control and implementation of the programme. At the state level, the Social Justice Department is responsible for the implementation of the programme. Within the state the administration of anganwadis is decentralized. At the district level, the District Social Justice Officer and ICDS Programme Officer is responsible for co-ordination and implementation of the scheme. The administrative unit of the ICDS within the district is

called an ICDS project. An ICDS project covers a community development block in a rural area, a tribal development block in a tribal area, and a group of slums in an urban area. At the block level, the CDPO is in overall charge of implementing the programme. Each block has, on an average 100 AWCs. There are ICDS supervisors for the overall supervision of anganwadi centers in each grama panchayath. At the grass root level, the package of health, nutrition and educational services are provided at the anganwadi centers. Now it is the responsibility of the local self-governments to provide the basic amenities for the anganwadi and the conduct of the supplementary nutrition programme. Health Department provides the services of immunization and health check-ups to the beneficiaries. Effective coordination of Social Justice Department, LSGs and Health Department is very essential for the success of ICDS.

Anganwadi workers and anganwadi helpers are leading social workers of the same locality selected by a committee at the project level. At present prescribed qualification of workers are SSLC and prescribed qualification of helpers are that they must be below SSLC. Anganwadi helpers with 10 years permanent service are given promotion to 25% of the number of anganwadi workers, if they acquire SSLC qualification. Duties and responsibilities of anganwadi workers and anganwadi helpers are manifold. This include conducting survey to identify beneficiaries, maintaining good relationship with the society, co-ordinating the activities of different departments for providing services

to the beneficiaries, pre-school education, assistance in health checkups, immunization, house visits, weight monitoring of children, preparation of food, counseling to mothers, adolescent girls, pregnant women and lactating women etc. They are also entrusted with other surveys of Social Justice Department and works related to numerous schemes of Social Justice Department. Helpers are entrusted with the duties of cleanliness of children, food preparation, upkeep of provision items etc. In practice both the workers and helpers together perform the activities and in the absence of one, the other is supposed to do all the duties.

AWWs and AWHs are provided an honorarium which includes central government and state government shares as shown below:

Table: 1.1
Honorarium of AWWs and AWHs (in ₹)

Category	GoI contribution	State contribution	Total
AWW	3000	2600	5600
AWW with five year service	3031	2600	5631
AWW with ten year service	3063	2600	5663
AWH	1500	2600	4100

Source: CDPO Ranny

Anganwady workers are provided with 5 year and 10 year increment of ₹31 and ₹63 respectively, while helpers are not provided any increment.

Kerala government has constituted a welfare fund known as anganwadi workers and helpers welfare fund where in anganwadi workers can contribute ₹30 per month and helpers ₹15 per month. At present the contribution of state government is equal to that of beneficiary contribution. Anganwadi workers are provided a pension of ₹500 and anganwadi helpers are provided a pension of ₹300. Other facilities provided to them are employment opportunity to dependents in case of die-in-harness, regularization of temporary hands who put in more than 2 years continuous of service, maternity leave (two time), miscarriage Leave (one time), causal leave for 20 days, leave up to 3 years on loss of pay seeking employment opportunities abroad, availing loan facilities from welfare fund for education of children, their marriage, for construction of houses and for treatment of children, festival allowance etc are provided to them. Government has made a provision for uniform (₹200 per annum) and a name badge to anganwadi workers and helpers.

In order to motivate the anganwadi workers and to give recognition to their good voluntary work, there is a scheme of award for anganwadi workers both at the national and state level. The award comprises ₹25,000 cash and a citation at central level and ₹5000 cash and a citation at state level.

The important registers maintained at an AWC include survey register, attendance register, PW & LM register, immunisation register, birth and death register, register of medicine, register of stock (perishable and

non-perishable), mothers meeting register, anganwadi welfare committee register, visit book, daily diary, growth chart and register of firewood and vegetables etc.

The details of SNP to be allotted to different categories are given below:

Table: 1.2
SNP allotted to different categories of beneficiaries

Beneficiary category	Calories in food	Proteins in food
6 months-3 years	500 gram	12-15 gram
3-6 years	500 gram	12-15 gram
Malnourished children 6 months-6 years	800 gram	20-25 gram
PW&LM	600 gram	18-20 gram

Source: Hand book of AWWs, SJD, GoK

Under SNP children below the age of 6 years, AG, pregnant women and lactating mothers are provided supplementary nutrition to the 1/3 of their requirement of calorie and proteins.

Details of micro nutrients required by the children below 6 years (6 months - 6 years) are given below:

Table: 1.3

Details of micro nutrients required by the children

Micro minerals	Average daily requirement
Calcium	450 mg
Iron	15 mg
Iodin	100 mg
Zink	10 mg
Vitamin A	400 micro gram
Riboflavin	0.9 mg
Vitamin C	40 mg
Folic acid	35 micro gram
Vitamin B12	0.2-1.0 micro gram

Source: Hand book of AWWs, SJD, GoK

Children below 6 years are to be provided 80 grams of cooked food or non-cooked items to get at least 50% of the above given micro nutrients.

Supplementary food mix consisting of cereals (rice, wheat, rava, ragi etc.) pulses, oil seeds and sugar fortified with micronutrients, specially vitamin A, B complex, iron and zinc will be provided in powdered and dry form, properly packaged in good quality low density poly ethylene pouch of good gauge in 1 kg packets that can be conveniently taken to home, preserved and administered to the child according to the requirement of two three times a day. The ingredients of the food mix

are fixed in consultation with the Central Food and Nutrition Board which set out as in 100 gm, cereals (rice/ wheat/ rava/ ragi etc) 60gm, pulses (green gram, bengal gram etc) 20gm, ground nut 10gm and sugar 10gm. The above food mix contains 370 kg calorie, 13.9gm of protein and also other micronutrients. Now LSGs are empowered to plan and implement their own food items for SNP based on local needs without affecting the nutritive value. The fund for SNP is included in the service sector under plan scheme of LSGs. LSGs are instructed by the government to give first priority to SNP requirements.

Review of literature

The study by Smt. K.P. Asha¹ recommends ‘that improvement in anganwadi centre’s infrastructures and logistic facilities are inevitable components in delivering services to beneficiary. Yet another factor is the educational qualification of anganwadi worker. For the assessment of growth and minor health issues of the children, anganwadi worker must have basic educational qualification. Lastly, community participation and

1.Efficiency of anganwadi aentres– a study in Thiruvananthapuram district, Kerala by K.P.Asha Dept. of Community Medicine, Government Medical College, Thiruvananthapuram, Kerala

co-ordinated work with other departments also help in accomplishing the objectives of ICDS.

A study by Dr. C. Usha Rao and M.C.Sandhyarani² points out that much attention has to be given during recruitment of the anganwadi workers. Minimum educational requirement has to be considered for the post of anganwadi workers for the better delivery of the services to the beneficiaries especially for the children and expectant or pregnant mothers. The department can also increase honorarium for the anganwadi workers at least once in five years in consideration of their service for the department.

The study by NITI Aayog³ revealed that 59 per cent of the sample AWCs have adequate space for accommodating children and the remaining 41 per cent had space problem. Further, only 86.3 per cent of sample AWCs have safe drinking water facilities and 48.2 per cent AWCs maintained good hygiene condition. It was

2. *Role and responsibilities of anganwadi workers, with special reference to Mysore district by M.C. Sandhyarani, Research Scholar and Dr.C.Usha Rao, Associate professor DOS in Social Work, University of Mysore, Manasagangothri, Mysore– 570006*

3. *A quick evaluation study of anganwadis'.Report no.227 under ICDSPEO by NITI Aayog Programme Evaluation Organisation GoI, New Delhi-110001, June 2015*

also found that only 40 per cent of the AWCs are having their own accommodations whereas the remaining 60 per cent are located in the rented accommodations.

Objective of the study

The broad objective of the study is to evaluate the performance of anganwadies in SC/ST areas in ICDS Ranny block. The study explores the efficiency of anganwadi centres in delivering services to the beneficiaries in SC/ST areas in ICDS of Ranny block.

Specific objectives

1. To evaluate the adequacy and quality of infrastructural facilities in anganwadies.
2. To evaluate the efficiency of services to children, pregnant women, adolescent girls etc.
3. To evaluate the public participation in the functioning of anganwadies.
4. To evaluate the inter sectoral co-ordination covering Health Department and LSGs.

Profile of the study area

Pathanamthitta district was formed on the 1st November 1982. According to Population Census 2011, Pathanamthitta district has 2652 sq. kms of land area and a population of 11,97,412 persons. Forest covers more than half of the total area of the district (1396.95 sq.km.). The district consist of three natural divisions viz the lowland, the midland and the highland. The highland stretches through the Western Ghats and descends to midland in the centre, down to the lowland and to the paddy and coconut gardens on the western borders of

Alappuzha district. The district ranks 2nd in the percentage of SC population to the total population of the state (13.74%). The district has 8th rank in the percentage of ST population to the total population of the state (0.78%). It is a district, landlocked with no coastal or backwaters. Aranmula village of the district is famous for its unique metal mirrors made of bell metal. Sabarimala, one of the most famous pilgrim centers in India is situated in the district. The largest christian religious convention in Asia is held at Maramon in the district. There are twelve ICDS blocks in Pathanamthitta district viz, Ranny, R-Perunad, Konny, Konny additional, Pandalam, Pandalam additional, Elanthoor, Mallappally, Parakode, Parakode additional, Pulikeezhu and Koipram.

Ranny block has 1004 sq. kms of land area and a population of 1,64,463 persons. Ranny block has SC population of 15705 persons which includes 10 per cent of SC population of Pathanamthitta district. Ranny block has ST population of 4705 persons which includes 58 per cent of ST population of Pathanamthitta district. Convenient sampling method was used for the study. Ranny ICDS block is the area of the study which covers five grama ganchayats viz; Ranny, R-Angady, R-Pazhavangady, Vechoochira and Naranamoozhy. There are 119 anganwadis in Ranny ICDS block. Out of this five anganwadis having greater number of SC beneficiaries and five anganwadis having greater number of ST beneficiaries are selected for the study. The anganwadis selected in SC areas are 44-Anathadam, 107-Thompikandam, 12-Ottakkallu, 16-Thevarupara and

64-Mothiravayal. The anganwadis selected in ST areas are 101-Kurumbanmoozhy, 114-Adichipuzha, 116-Choollanavayal, 118-Manakkayam and 78-Paruva. The details are given in the following table:

Table: 1.4
AWCs selected for the study

Sl. No.	Name of the GP	AWC No.	SC beneficiaries	ST beneficiaries	General beneficiaries
1	Ranny	12	16	16	20
2	Ranny	16	12	0	12
3	Pazhavangady	44	22	0	25
4	Pazhavangady	64	12	0	21
5	Vechoochira	78	6	9	33
6	Naranammoozy	107	17	3	0
7	Naranammoozy	101	9	30	0
8	Naranammoozy	114	4	29	10
9	Naranammoozy	116	0	21	0
10	Naranammoozy	118	0	17	20

Source: Data provided by CDPO Ranny

Methodology

Primary data required for the study were collected by questionnaire method. Anganwadi workers of ten anganwadi centers were included in the survey. The data were collected using a predesigned, pretested questionnaire and records were verified. The nature and purpose of the study were explained to the anganwadi workers before collecting information from them. The

study was carried out with AWWs consent and co-operation. The basic information about the anganwadi worker was collected in terms of her name, age, education and experience. The field visits were conducted and data were collected during November and December 2015.

The relevant data of anganwadi workers regarding different aspects of services provided at anganwadi center were assessed by interview method. The data collected were verified from records and available logistics at the center. The questionnaire was designed so as to contain questions on every aspect of services provided through the anganwadi centre. It included questions on different aspects of functioning of AWCs like infrastructural facilities including hygiene, preschool education, supplementary nutrition, immunizations, health education & referral services. Some leading questions were also asked to the anganwadi workers regarding availability of electricity, sanitary toilet and water supply through pipes. Problems faced by AWWs in implementation of the scheme were also assessed by feedback.

Secondary data were collected from Social Justice Department, Grama Panchayaths, Health Department, Economic Reviews, reports of Economics and Statistics Department and other relevant publications.

The scope of the study

The study will be helpful in evaluating the performance of anganwadis in SC/ST areas of Ranny ICDS block. The findings of the study will help in improving the performance of anganwadis in SC/ST areas of Ranny ICDS block through better planning and implementation of ICDS activities. The study may also be helpful for further studies in future.

Limitations

The major limitations of the study are:

- Lack of adequate secondary data
- It is a micro level study and covers only ten AWCs of Ranny ICDS Block.
- Time constraint, as the study has to be conducted along with the routine office work.

Chapter organization

Two chapters are organized in the following manner.

- 1) Introduction
- 2) Findings and Suggestions

Chapter 2

Findings and Suggestions

This chapter examined and interpreted the available collected data with the help of tables and graphs. Based on this, findings and suggestions are also summarised.

The following table shows the classification of anganwadi workers:

Table: 2.1
Classification of anganwadi workers according to age, education and training

SL. No.	AWC No.	Age of AWW	Education	Service in years	Permanent/Temporary	Job training obtained	Any other training in 2015 obtained
1	12	45	SSLC	6	P	Yes	Yes
2	16	53	SSLC	17	P	Yes	Yes
3	44	48	SSLC	17	P	Yes	Yes
4	64	40	SSLC	17	P	Yes	No
5	78	52	PDC	17	P	Yes	Yes
6	107	42	SSLC	17	P	Yes	Yes
7	101	56	SSLC	18	P	Yes	Yes
8	114	39	SSLC	17	P	Yes	Yes
9	116	45	SSLC	8	P	Yes	Yes
10	118	49	SSLC	5	P	Yes	No

P-Permanent

Source: Primary data

All the anganwadi workers in this sample fell in the age category of 39-56. The minimum qualification for an anganawadi worker is SSLC pass. All anganawadi workers who have been contacted during the survey

were SSLC passed. Seven anganwadi workers have more than 17 years of service. The other three have less than 8 years of service. All are permanent and they are getting ₹5600 honorarium per month at the time of survey. All the anganwadi workers have got job training. Except two, everyone has got 7 days refresher training during the year.

One anganwadi helper is temporary, recently appointed and has not received any training so far. All others are permanent anganwadi helpers with ₹4100 honorarium. One anganwadi helper qualified SSLC and all others are SSLC failed. All are in the age category of 41-53. Three AWHs have less than 7 years of service and all others have more than 15 years of service. All the permanent anganwadi helpers got job training and only two anganwadi helpers have got refresher training during 2015.

The following table shows the classification of anganwadi workers:

Table: 2.2
Classification of Helpers according to age, education and training

Sl. No.	AWC No.	Age of AWH	Education	Service in years	Permanent/Temporary	Job training obtained	Any other training in 2015 obtained
1	12	47	SSLC failed	18	Permanent	Yes	Yes
2	16	30	SSLC failed	0	Temporary	No	No
3	44	53	SSLC failed	17	Permanent	Yes	No
4	64	50	SSLC failed	17	Permanent	Yes	No
5	78	48	SSLC failed	5	Permanent	Yes	No
6	107	50	SSLC failed	19	Permanent	Yes	No
7	101	49	SSLC failed	5	Permanent	Yes	No
8	114	44	SSLC pass	17	Permanent	Yes	No
9	116	41	SSLC failed	15	Permanent	Yes	Yes
10	118	41	SSLC failed	7	Permanent	Yes	No

Source: Primary data

The following table shows the land availability of anganwadi centers:

Table: 2.3
Distribution of anganwadis according to land availability

Sl. No.	Name of anganwadi	Land (in cents)
1	Ottakallu	2
2	Thevarupara	3
3	Anathadom	12
4	Mothiravayal	3
5	Paruva	10
6	Thompikandam	5
7	Kurumpanmoozhi	3
8	Adichippuzha	0
9	Chollanavayal	5
10	Manakayam	0

Source: Primary data

Four anganwadi centres (40%) have 5 cent or more land area. Two AWCs (20%) have no land at present for the construction of anganwadi centre. Remaining four AWCs (40%) has 3 or less than 3 cents of land available. The data shows non availability of land is a serious problem to the functioning of AWCs. Ideally 5 to 10 cent of land is required for an AWC. The department norm requires 3 cent or more of land for the construction of an AWC. AWWC should take responsibility to find out suitable land for the construction of AWCs.

The details of ownership of building of AWCs are given in the following table:

Table: 2.4**Classification of ownership of anganwadi buildings**

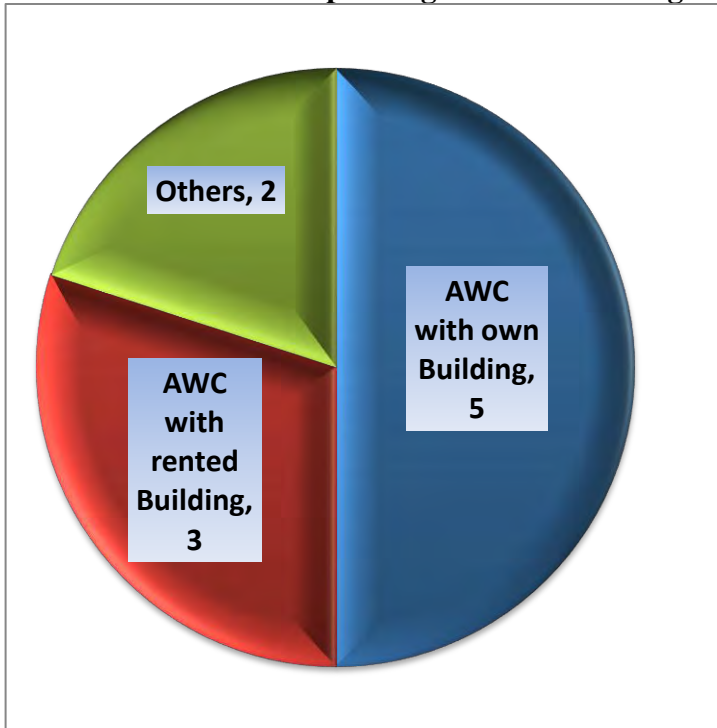
Sl. No.	Ownership of building	Number of AWCs
1	Own	5
2	Rented	3
3	Other	2

Source: Primary data

Five anganwadis (50%) has own building, three anganwadis (30%) are working in rented buildings and the remaining two anganwadis (20%) in buildings provided without rent by Vana Samrakshana Samithi. Four anganwadis functioning in ST majority forest areas without own building. These are forest land and nobody has 'Pattayam' in these areas. As they don't have property documents, it is not easy to construct new buildings in these areas. Relaxations of existing laws are necessary for providing buildings to these AWCs. One anganwadi has 2 cents of land which don't have own building and the other four anganwadis which don't have own buildings are in ST majority areas of Naranamoozhy grama panchayath.

The details of AWCs with own buildings, rented buildings and other category are depicted through the following diagram:

Figure No: 2.1
Classification of ownership of anganawadi buildings



Source: Primary data

The following table shows the classification of anganawadi buildings based on infrastructural facilities:

Table: 2.5
Classification of anganwadi buildings according to specifications

Sl. No.	AWC No.	Plinth area (Sq.Ft)	Kitchen	Varandah	Compound wall	Roof	Floor	Electric connection	Fan
1	12	200	yes	No	No	A	Ce	No	0
2	16	245	yes	No	No	Co	Tile	yes	1
3	44	290	yes	No	yes	Co	Tile	yes	1
4	64	600	yes	No	yes	Co	Ce	No	0
5	78	600	yes	yes	yes	A	Tile	yes	1
6	107	600	yes	yes	yes	Co	Tile	yes	0
7	101	865	yes	yes	No	A	Ce	yes	0
8	114	190	No	No	No	Co	Ce	No	0
9	116	360	yes	No	No	A	Ce	No	0
10	118	320	No	No	No	A	Ce	yes	2

A-Asbestos, Co-Concrete, Ce-Cement

Source: Primary data

Four anganwadis (40%) have more than 600 Sq.ft plinth area. Two AWCs (20%) have more than 300 Sq.ft plinth area and the remaining four AWCs (40%) have less than 300 Sq. ft plinth area, which can be considered to have inadequacy of space. Two anganwadis (20%) don't have kitchen and all others have kitchen. Three anganwadis (30%) have verandah and remaining seven has no verandahs. Four anganwadis (40%) have compound walls and remaining six anganwadis (60%) have no compound walls. One anganwadi has GI sheet

roof (10%), five has asbetos sheet roof (50%) and four has concrete roof (40%). Six anganwadis has cement floor (60%) and remaining four (40%) has tile floor. Six anganwadis (60%) are electrified and four of which has ceiling fans. Remaining four anganwadis (40%) has no electric connection. Inadequacy of infrastructural facilities is evident from the above figures. Inadequacy of space, lack of varandahs, kitchen, compound walls, electrification etc are serious constraints to the functioning of AWCs. LSGs and Social Justice Department should ensure that all AWCs have adequate indoor and outdoor space with other basic requirements.

The following table shows the availability of furniture's in AWCs:

Table: 2.6
Availability of furnitures in the AWC

Sl. No.	AWC No.	Table	Big chair	Small chair	Bench	Almirah	Rack	Steel containers	Stool
1	12	2	11	25	2	1	0	2	0
2	16	2	11	15	0	1	0	2	0
3	44	2	31	25	0	2	1	2	0
4	64	2	8	24	0	1	0	3	0
5	78	2	10	20	3	2	0	2	1
6	107	2	3	20	0	2	0	2	0
7	101	1	6	46	0	1	0	2	0
8	114	1	3	25	1	1	0	2	0
9	116	1	3	30	2	1	0	2	0
10	118	1	3	20	2	1	0	2	0

Source: Primary data

Almost all AWCs have sufficient number of furniture such as tables, big and small chairs, almirahs etc, but only 50 and 10 per cent respectively have benches and racks. All the anganwadis have big and small steel containers to keep provision items. LSGs and Social Justice Department should provide other necessary furniture to all AWCs.

Availability of water and sanitation

All the anganwadi Centres depend on nearby wells and public taps for drinking water. These anganwadi centres does not have own source of water and no AWC has water connection. One anganwadi centre, Thevarupura is located at a place which has severe water scarcity and even in the month of November they are bringing water from 500 meters away. In summer they are buying water. No anganwadi centres has jars or tanks with a capacity of 500 litres or more to keep water. The details are given in the following table:

Table: 2.7
Availability of water and sanitation in AWCs

Sl. No.	Water/Sanitation	Number of AWCs	Percentage of AWCs
1	Having own source of water	0	0
2	Having water connection facility	0	0
3	Having toilets in good condition	6	60
4	Having toilets but not in good condition	2	20
5	Having no toilets	2	20

Source: Primary data

Sixty per cent of the anganwadi centres have toilets in good condition but without tap connection. 20 per cent of the anganwadi centres have toilets, which were not in good condition (One without door and one without roof). Twenty per cent of the anganwadi centres don't have toilets and they make use of toilets of nearby houses. LSGs and Social Justice Department should give top priority to this issue and ensure toilet facilities and water connection to all AWCs. The details of availability of gas connection are given in the following table:

Table: 2.8
Availability of gas connection in AWCs

Sl. No.	Gas/Firewood	Number of AWCs	Percentage of AWCs
1	Having gas connection	6	60
2	Using firewood as fuel	4	40

Source: Primary data

Sixty per cent of the anganwadis use cooking gas as fuel and 40 per cent use firewood as fuel. But three anganwadis who use firewood as fuel don't have smokeless choolahs. Two anganwadis cooks food outside building when there is no rain and cooks inside with kerosene stove and induction cooker when there is rain. All AWCs may be provided cooking gas and smokeless choolahs where ever firewood is used.

Supplementary nutrition programme

Under THRS, 'amritham nutrimix' powder is given to children under the age group 6 months to 3 years. It contains wheat, sugar, soya, ground nut, Bengal

gram etc. One hundred and thirty five grams of ‘amritham nutrimix’ is allowed per day to each child. Similarly ‘angana nurimix’ powder is supplied to pregnant women and lactating mothers and adolescent girls. Each one is provided with 125 grams of ‘angana nurimix’ powder per day. It contains wheat, raw rice, soya, ragi, green gram, black gram etc. Both the ‘amritham nurimix’ and ‘angana nurimix’ powder are manufactured by kudumbasree units and procured and distributed to the beneficiaries by the ICDS officials monthly. The ICDS officials procure one kilogram ‘amritham nutrimix’ powder at a price of ₹56 and one kilogram of ‘angana nutrimix’ powder at a price of ₹59 from the kudumbasree manufacturing units.

Table: 2.9
SNP to pre-school children in AWCs

Sl. No	SNP to pre-school children	Items	Weight in grams	Price in rupees
1	Morning snacks daily at 10 am	Ground nut,	20	1.68
		with Jagery	-	-
2	Noon feeding daily at 1 pm	Rice	50	-
		Green gram	15	2.25
3	General feeding at 3.00 p.m. (Item 1) for 4 days in a week	Broken wheat	60	2.60
		Oil	10	1.40
		Black gram	10	1.50
		vegetables	25	0.50
	General feeding at 3.00 p.m. (Item 2) for 2 days in a week	Bangal gram	60	4.20
		Oil	10	1.40
Meat masala		-	1.25	

Source: Data Provided by CDPO Ranny

Details of supplementary nutrition provided to pre-school children in the study area are shown in the above table:

All the AWCs provide morning snacks, noon feeding and general feeding to the pre-school children as detailed in the above table. One AWC provide milk on alternate days instead of 'kadala muttayi' for morning snacks. All other AWCs provide 'kadala muttayi' daily for morning snacks. All AWCs provide 'kanji' and green gram for noon feeding. All AWCs provide 'uppumavu' for 4 days and Bengal Gram for 2 days for noon feeding in a week. There is not much variety of food items supplied.

Rice is provided under WBNP from the maveli stores and for which expenses are incurred at the state level. ICDS supervisors procure rice and other provision items for all anganwadis in each grama panchayat and distributes to each anganwadis bimonthly or quarterly. Vegetables are procured by anganwadi workers directly.

The details of beneficiaries identified as per survey, enrolled as per SNP register, regularly attending AWCs are shown in the following table:

Table: 2.10
Number of beneficiaries as per registers of AWCs
during 2015

Sl. No.	Name of Anganwadi	Beneficiary	Beneficiaries as per survey register	Beneficiaries enrolled as per SNP register	Beneficiaries regularly attending AWC	Percentage of beneficiaries enrolled	Percentage of beneficiaries regularly attending
1	Ottakallu	0-6M	30	12	12	40	100.00
		3-6 years	24	7	7	29	100.00
		AG	29	10	10	34	100.00
		P & LM	3	3	3	100	100.00
2	Thevarupara	0-6M	19	7	7	37	100.00
		3-6 years	23	13	10	57	76.92
		AG	32	7	5	22	71.43
		P & LM	10	6	6	60	100.00
3	Anathadom	0-6M	23	21	17	91	80.95
		3-6 years	44	17	15	39	88.24
		AG	62	15	15	24	100.00
		P & LM	4	4	4	100	100.00
4	Mothiravayal	0-6M	22	15	15	68	100.00
		3-6 years	30	11	11	37	100.00
		AG	54	8	8	15	100.00
		P & LM	15	15	11	100	73.33
5	Paruva	0-6M	24	20	20	83	100.00
		3-6 years	27	19	19	70	100.00
		AG	34	7	7	21	100.00
		P & LM	10	9	9	90	100.00
6	Thompikandam	0-6M	44	15	15	34	100.00
		3-6 years	36	19	19	53	100.00
		AG	78	11	11	14	100.00
		P & LM	14	9	9	64	100.00

7	Kurump anmoozhi	0-6M	14	14	13	100	92.86
		3-6 years	19	17	13	89	76.47
		AG	18	18	10	100	55.56
		P & LM	10	10	9	100	90.00
8	Adichippuzha	0-6M	25	15	15	60	100.00
		3-6 years	22	8	5	36	62.50
		AG	64	12	12	19	100.00
		P & LM	10	10	10	100	100.00
9	Chollanavayal	0-6M	32	16	8	50	50.00
		3-6 years	18	7	7	39	100.00
		AG	34	7	7	21	100.00
		P & LM	9	9	9	100	100.00
10	Manakaya m	0-6M	17	15	15	88	100.00
		3-6 years	13	5	5	38	100.00
		AG	22	8	8	36	100.00
		P & LM	4	4	4	100	100.00

Source: Primary data

Under 6 months to 3 years category, the lowest percentage of enrolment of beneficiaries is in AWC, Thompikandom with 34 per cent of the total population. The highest percentage of enrolment of beneficiaries is in AWC, Kurumbanmoozhy with 100 per cent of the total population. Under 3 to 6 years category the lowest percentage enrolment of beneficiaries is in AWC, Ottakallu with 29 per cent of the total population. The highest percentage of enrolment of beneficiaries is in AWC, Kurumbanmoozhy with 89 per cent of the total population. Under adolescent girls category the lowest percentage of enrolment of beneficiaries is in AWC, Mothiravayal with 15 per cent of the total population. The highest percentage enrolment of beneficiaries is in

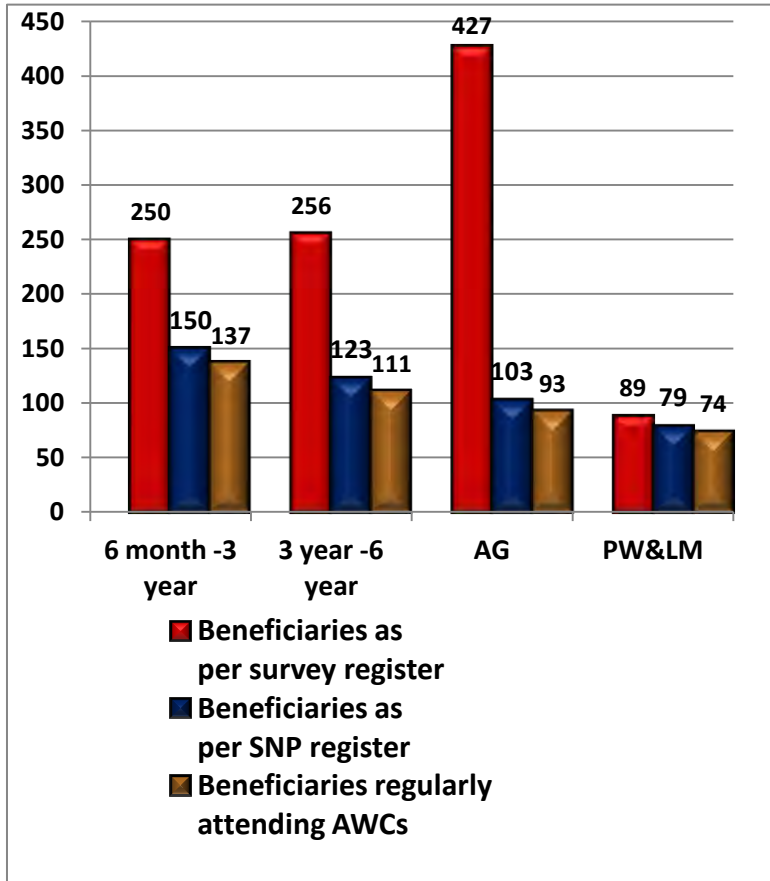
AWC, Kurumbanmoozhy with 100 per cent of the total population.

Under pregnant women and lactating mothers category the lowest percentage enrolment of beneficiaries is in AWC, Thevarupara with 60 per cent of the total population. The highest percentage enrolment of beneficiaries is with 100 per cent of the total population in seven anganwadis.

The details of beneficiaries identified as per survey, beneficiaries enrolled as per SNP register, beneficiaries regularly attending under the category 6 months to 3 years, 3 to 6 years, adolescent girls, pregnant women and lactating mothers are depicted in the following diagram:

Figure No: 2.2

Number of beneficiaries as per registers of AWCs during 2015



Under 6 months to 3 years category, total number of eligible beneficiaries as per survey register is 250. Out of this 150 children are enrolled in the SNP register which constitute 60 per cent of total population. Out of this 150 beneficiaries 137(91%) are regularly taking home ‘amrutham nutrimix’ packets.

Out of the 256 pre-school children identified in this survey, 123 are registered in the SNP register, which constitutes 49 per cent of the total population. Out of this 123 pre-school children 111 (90%) are regularly attending anganwadis.

Out of the 427 adolescent girls identified in the survey, 103 are registered as per SNP register which constitutes 23 per cent of the total population. Out of the 103 registered adolescent girls 93 (90%) are regularly taking home 'angana nutrimix' packets. It is seen that the adolescent girl's population is not satisfactorily covered. One of the reason for low percentage of adolescent girls enrolment as per Social Justice Department officials is that those who are attending school (up to 14 years) are excluded at angawadi because they are provided food at schools. But anganwadi workers claim that they cannot provide supplementary nutrition to all adolescent girls because AWCs are not allowed food as per their requests under AG category.

Out of the 89 pregnant and lactating mothers identified in the survey, 79 are registered at AWCs as per SNP register which constitutes 88 per cent of the total population. Out of the 79 registered pregnant women and lactating mothers 74 (94%) are regularly taking home 'angana nutrimix' packets.

Pre-school education

Thematic approach is the method adopted in pre-school education. Normally children are not taught reading, writing and arithmetic. The focus is mainly on capability development both mental and physical. The

children are given adequate exposure to objects and ideas, to express the ideas comprehended etc. This is achieved by way of stories, conversation, songs etc. Children do learn a little bit of reading, writing and arithmetic at AWCs. All the anganwadis are supplied with theme charts for teaching. One theme chart per month is used. All the anganwadi workers answered they have adequate teaching aids. Three anganwadi workers have replied that they don't have black boards and the remaining seven answered they have black boards. The fact is they are supplied with tiny rolling black sheets instead of black boards. It does not seem to be sufficient to serve the purpose. No AWCs are making use of audio video units for teaching. One anganwadi has seen equipped with a tape recorder. All other anganwadis does not have audio video units, radio, TV, computers etc. Traditional teaching methods and curriculum should be supported with modern techniques and devices. The details are shown in the following table:

Table: 2.11
Distribution of AWCs according to teaching and playing aids

Sl No.	Teaching and playing aids	Number of AWCs	Percentage of AWCs
1	Having black board	8	80
2	Having adequate teaching aids	10	100
3	Having audio video units	1	10
4	Having adequate playing tools	8	80
5	Having outdoor playing elements	3	30

Source: Primary data

Except in two anganwadi workers, all others have adequate playing tools. Two anganwadis answered they don't have sufficient number cycles and similar playing tools. Three anganwadis have outdoor playing equipments which were earlier provided through SSA. The remaining seven anganwadis doesn't have any outdoor playing elements. A small garden and vegetable cultivation may be maintained at anganwadi centres where there adequate space. These anganwadis were not engaged in vegetable cultivation. Only one anganwadi centre was seen with a small and beautiful garden.

The details of children, pregnant women immunized during 2015 are shown in the following table:

Table: 2.12
Distribution of AWCs according to immunized children and pregnant women during 2015

Sl. No.	Anganwadi	Children	Pregnant women
1	Ottakallu	52	2
2	Thevarupara	28	6
3	Anathadom	74	4
4	Mothiravayal	43	11
5	Paruva	48	7
6	Thompikandam	25	8
7	Kurumpanmoozhi	19	4
8	Adichippuzha	93	7
9	Chollanavayal	22	6
10	Manakayam	17	4

Source: Primary data

Immunization is conducted at PHCs/ health sub centres and at anganwadi centres by health activists with the support of AWWs, AWHs and ASHA workers. ASHA workers are more involved in immunization campaigns. ASHA workers are given incentives per child immunized. Immunization register is maintained in all AWCs. Nine to fifty two children and two to eleven pregnant women were immunized under these anganwadi centres in the year 2015. Often there is delay in filling of immunization register. The anganwadi workers claim that delay in filling of immunization register occurs because the data of people who are migrating to other places for employment and other purposes are not readily available.

There was no health checkups conducted in four anganwadi centers in the year 2015 as checkups were

conducted at nearby health sub centers. At the remaining six anganwadi centres one to eleven health checkups were held with an average participation of three to eighty five. Periodic health check-ups should be ensured to all beneficiaries at regular intervals.

The details of health checkups in the year 2015 are shown in the following table:

Table: 2.13

AWCs according to health checkup during 2015

Sl. No.	Anganwadi	No. of health check ups	Average no. of participants	Remarks
1	Ottakallu	11	3	* conducted at nearby sub centres. Data not available
2	Thevarupara	5	11	
3	Anathadom	3	35	
4	Mothiravayal	1	85	
5	Paruva	*	*	
6	Thompikandam	11	25	
7	Kurumpamoozhi	*	*	
8	Adichippuzha	*	*	
9	Chollanavayal	*	*	
10	Manakayam	4	23	

Source: Primary data

There are some reported incidences of TB in ST areas. Medicines are distributing to TB patients through anganwadis in ST areas. The medicines for this purpose are provided by health department. Earlier Social Justice Department was procuring and distributing simple and necessary medicines (medicine kit) to the anganwadis. Medicine kit included medicines for minor ailments like paracetamol tablets, carminative cyrup, vitamin tablets,

ORS packets, iron & folic acid tablets etc. This year there was no supply of medicines and found that no AWCs were keeping medicines. Anganwadis were seen without first aid boxes and without stock of necessary medicines. The details are shown in the following table:

Table: 2.14
Adequacy of medicines and weighing instruments in AWCs

Sl. No.	Medicines/Weighing instruments	Number of AWCs	Percentage of AWCs
1	Having first aid box	0	0
2	Having necessary medicines	0	0
3	Having weighing instrument for adults	5	50
4	Having weighing instrument for children	10	100

Source: Primary data

Five anganwadis (50%) have weighing instrument for adults but the remaining five anganwadis (50%) have no weighing instruments for adults. All anganwadis have weighing instruments for children and growth monitoring is done monthly. Except one or two anganwadis others were maintaining growth charts properly.

As per records five children recorded low birth weight in these anganwadis in the year 2015 which were below 2.5kg. All these children improved their weight and reported to have attained normal weight within two

months. Incidences of low birth weight indicate that there are malnourished pregnant women.

The details of health and nutrition classes in the year 2015 are shown in the following table:

Table: 2.15
AWCs with health and nutrition classes held during 2015

Sl. No.	Anganwadi	No. of health & nutrition classes held	Average no. of participants
1	Ottakallu	8	15
2	Thevarupara	2	23
3	Anathadom	3	37
4	Mothiravayal	2	27
5	Paruva	11	28
6	Thompikandam	4	25
7	Kurumpanmoozhi	4	21
8	Adichippuzha	6	20
9	Chollanavayal	2	22
10	Manakayam	2	20

Source: Primary data

Two to eleven health and nutrition classes were held in these anganwadi centres in the year 2015 with an average participation of 15 to 37. Periodic health and nutrition classes shall be given to all beneficiaries at regular intervals. AWWs should ensure maximum participation in such classes.

The details of monitoring and co-ordination (No. of visits in the year 2015) are shown in the following table:

Table: 2.16
Number of monitoring and co-ordination
visits during 2015

Si. No.	AWC No.	CDPO	ICDS supervisor	GP member	Doctor	JPHN	HI
1	12	1	2	2	10	12	0
2	16	1	2	2	5	14	2
3	44	2	8	0	7	10	16
4	64	1	6	4	0	7	6
5	78	1	4	6	1	8	3
6	107	1	6	6	11	11	11
7	101	1	4	1	0	6	1
8	114	0	4	4	0	6	3
9	116	0	2	3	0	4	1
10	118	0	3	2	0	4	0

Source: Primary data

CDPO had visited only one anganwadi centre twice and in 6 centers one each visit in 2015. Three AWCs reported that CDPO had not visited their centers in 2015. ICDS supervisors have visited 2 to 8 times in these anganwadi centres. Grama panchayat members had visited 1 to 6 times in these anganwadi centres except in one. Doctors had not visited in five anganwadi centres and visited 1 to 11 times in the other five anganwadi centres. JPHN visits ranged from 4 to 14 times in these anganwadi centres. Health inspectors had visited in 8 anganwadi centres and the frequency of visits ranged from 1 to 16. No visit of HIs was reported in two AWCs. Better performance of AWCs can be achieved by effective monitoring, co-ordination of activities of different departments and active public

participation. Supervisory visits by ICDS officials, grama panchayath members were not adequate in some centres. The monitoring and supervisory support may be enhanced.

The number of mothers meetings held in the year 2015 are shown in the following table:

Table: 2.17
Number of mothers meetings in AWCs during 2015

Sl. No.	Anganwadi	No. of meetings	Average no. of participants
1	Ottakallu	8	15
2	Thevarupara	7	15
3	Anathadom	12	33
4	Mothiravayal	11	15
5	Paruva	11	22
6	Thompikandam	6	18
7	Kurumpanmoozhi	*	*
8	Adichippuzha	7	15
9	Chollanavayal	7	22
10	Manakayam	7	22

Source: Primary data

**not available*

Mothers meetings are mandatory to be conducted in every month in all AWCs. Mothers meeting were held 6 to 12 times in these anganwadi centres with an average

participation of 15 to 33 persons. Data was not available in one anganwadi centre. Mothers meetings should be conducted in every month in all AWCs and AWWs should ensure maximum participation in such meetings.

The number of AWWC meetings held in the year 2015 are shown in the following table:

Table: 2.18
Number of AWWC meetings held in 2015

Sl. No.	Anganwadi	No. of meetings held	Average no. of participants
1	Ottakallu	3	8
2	Thevarupara	8	10
3	Anathadom	5	7
4	Mothiravayal	4	12
5	Paruva	9	7
6	Thompikandam	3	10
7	Kurumpanmoozhi	1	9
8	Adichippuzha	0	0
9	Chollanavayal	3	11
10	Manakayam	0	0

Source: Primary data

Anganwadi welfare committee plans and implements all the activities of an anganwadi. Grama panchayat member is the chairperson of the committee. Committee is supposed to co-ordinate help from different sections of the society and departments to the welfare of the anganwadi. The committee plans and implements all major activities and also celebrations on days of national and state level importance are conducted

at the anganwadis. One to eight anganwadi welfare committee meetings were held in the year 2015 in these anganwadi centres with an average of seven to twelve participants. No meeting was held in two anganwadi centres. The anganwadi welfare committees should be strengthened.

Number of JS meetings held in the year 2015 are shown in the following table:

Table: 2.19
Number of JS meetings held in 2015

Sl. No.	Anganwadi	No. of meetings held	Average no. of participants
1	Ottakallu	1	0
2	Thevarupara	1	9
3	Anathadom	0	0
4	Mothiravayal	0	0
5	Paruva	3	10
6	Thompikandam	1	5
7	Kurumpanmoozhi	0	0
8	Adichippuzha	0	0
9	Chollanavayal	0	0
10	Manakayam	0	0

Source: Primary data

Three jagratha samithi meetings were held in one anganwadi centre in the year 2015. Three anganwadi centres conducted one meeting each and the remaining six anganwadi centres (60%) did not have JS meetings in the year 2015. Proper functioning of anganwadi level jagratha samithis should be ensured.

Summary of findings

- Cent per cent of the anganwadi workers are educationally qualified with a pass in SSLC. Ten per cent of the anganwadi helpers passed SSLC.
- Fifty per cent of anganwadis have own building, 30 % anganwadis are working in rented buildings and the remaining 20 % in buildings provided without rent by vana samrakshana samithis.
- Ten per cent anganwadi is functioning without own building but having land. The other 40 % is also functioning in rented buildings since they are situated in forest areas where it is difficult to get pattayam.
- Fifty per cent of anganwadi buildings has more than 300 square feet plinth area.
- Fifty per cent of anganwadis are electrified.
- Ten per cent of anganwadis are functioning in buildings with very low ventilation & air circulation.
- Any anganwadi centre has neither own source of water nor water connection.
- Twenty per cent of anganwadis having no toilets.
- Sixty per cent of anganwadis are using gas stove for cooking.
- Thematic approach is following in all AWCs with sufficient aids for pre-school education.
- No blackboards in 20% AWCs.
- All the AWCs issuing 'amritham nutrimix' powder under THRS to children in the age group 6 months to 3 years.
- All the AWCs issuing 'angana nutrimix' powder to pregnant women and lactating mothers and adolescent girls.

- All the AWCs are giving morning snacks, noon feeding and general feeding to the pre-school children.
- All AWCs are giving kadala muttayi' as morning snacks.
- All AWCs are giving 'kanji' and green gram for noon feeding.
- All AWCs are giving 'uppumavu' for 4 days and bengal gram for 2 days in a week as general feeding at around 3 pm.
- Workers in all AWCs are helping in various immunization programmes conducted by PHCs/Health centres.
- Immunization register is keeping in all AWCs.
- Any of the AWCs are equipped with first aid box.
- All the AWCs were provided with children's weighing machines but 50% were not provided with adult weighing machines.
- Supervisory visits by ICDS officials, grama panchayath members and health department officials were not adequate in some centres.
- Mothers meetings were not regularly conducted in majority of AWCs and only 10 per cent of the AWCs conducted meetings in every month.
- All the AWCs had conducted health and nutrition classes.
- Eighty per cent of the AWCs had conducted anganwadi welfare committee meetings and 40 per cent conducted jagratha samithi meetings.
- Thirty per cent of AWCs are functioning with outdoor playing equipments.

Suggestions

In practice, even though anganwadi helpers and workers are doing almost the same work, there is a big difference in their monthly salary. The minimum qualification of anganwadi workers should be fixed as a pass in Teachers Training Course or nursery training and that of helpers as a pass in SSLC. Since anganwadi workers are directly responsible to provide helps to women and child, they should be provided effective annual training on health & nutrition and psychology of teaching.

All anganwadis should be provided with computers and accessories for keeping and submitting records and documents. A specific software may be developed for updating data in an easy manner.

The anganwadi centers surveyed are facing severe shortage of water and inadequate sanitation. LSGs and Social Justice Department may give priorities to ensure sanitation facilities and continuous water supply connection to all AWCs.

All anganwadis should be provided with audio-visual units like radio, TV, audio-video players and other teaching and playing aids.

Outdoor playing equipments (child friendly elements) such as see saw, slider, swing etc should be provided.

Different types of diet should be provided, for example, kanji & green gram, meals, egg, milk, uppumavu, bengal gram etc.

All AWCs may develop small and beautiful garden. Trees shall be planted to provide shadow to the outdoor playing area.

Vegetable cultivation may be promoted for those AWCs, which having fallow land. Agriculture department and LSGs can promote such ventures.

Supervisory visits by ICDS officials, grama panchayath members and health department officials should be encouraged and monitored by competent authorities.

The anganwady welfare committees shall be strengthened. This would ensure better performance of AWCs with better planning and implementation of activities at the grass root level. AWC should ensure larger public participation.

In majority of AWCs jagratha samithis were not functioning. Proper functioning of anganwadi level jagratha samithis should be ensured.

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Appendix 1
District Planning Office, Pathanamthitta
A Study on the Performance of Anganwadies in
SC/ST Areas in ICDS Ranny block

Questionnaire

1. Name of AWC
2. Name of AW worker
3. Age
4. Education
a) below 10th b) 10th c) 12th d)
Graduate and above
5. Whether permanent or temporary. Yes/No
6. Number of years of service
7. Monthly salary
8. Whether job training received. Yes/No
9. Details of training received during 2015
10. Name of AW helper
11. Age
12. Education
a) below 10th b) 10th c) 12th d) Graduate and above
13. Whether permanent or temporary. Yes/No
14. Number of years of service
15. Monthly salary
16. Whether job training received. Yes/No
17. Details of training received during 2015
18. Whether the AWC has its own land available.

Yes/No

19. Whether AWC has its own building. Yes/No
20. Type of roof
 - a) Concrete
 - b) Thatched
 - c) Others/specify
21. Floor Type
 - a) Tile
 - b) Cement
 - c) Others (specify)
22. Whether AWC has varandha Yes/No
23. Whether AWC is electrified. Yes/No
24. Whether AWC has compound wall Yes/No
25. Plinth area of AWC
26. Whether AWC has sufficient space for cooking, feeding, playground etc
 - a) Yes
 - b) No/ specify
27. Source of drinking water
 - a) Tap
 - b) well
 - c) others
28. Whether AWC has sufficient number of plates, utensils, buckets, mugs etc
 - a) Yes
 - b) No/ Specify
29. Whether AWC has toilet
 - a) Yes with tap connection
 - b) Yes without tap connection
 - c) No
30. Number of furniture available
 - a) Table
 - b) Chair
 - c) Almirah
 - d) Others (specify)

31. Source of fuel for cooking
 - a) Gas
 - b) Fire wood
 - c) Others (specify)
32. Whether you have received hand book of anganwadi workers. Yes/No
33. Number of live registers maintained
34. Number of persons in the beneficiary category as per survey register

Year 6m-3 years, 3 to 6 years, AG PW&LM 2015-16
35. Number of beneficiaries enrolled as per SNP register

Year 6m-3 years, 3 to 6 years, AG PW&LM 2015-16
36. Number of actual beneficiaries regularly taking cooked food/THRS/Angana

Year 6m-3 years, 3 to 6 years, AGPW&LM 2015-16
37. Whether the quality of food stuffs received under SNP is
 - a) Good
 - b) Average
 - c) Poor
38. Actual amount of food items supplied per child/beneficiary. Specify the details.
39. Whether AWC has safe boxes to keep provisional items.
40. Whether the AWC is equipped with adequate teaching aids. Yes/No
41. Whether the AWC is equipped with adequate playing tools Yes/No
42. Whether the AWC is equipped with black board

Yes/No

43. Number of children and pregnant women immunised during the year 2015.
 - a) Children
 - b) Pregnant women
44. Whether the AWC has first aid box. Yes/No
45. Whether the AWC has stock of necessary medicine. Yes/No
46. Whether AWC has medicine box to store the medicines. Yes/No
47. Whether the AWC is equipped with weighing instrument for children. Yes/No
48. Frequency of growth monitoring
 - a) Fortnightly
 - b) Monthly
 - c) Once in three months
49. Whether the AWC is equipped with weighing instrument for adults. Yes/No
50. Number of times doctors visited AWC during 2015
51. Number of times JPHN visited AWC during 2015
52. Number of times health inspectors visited AWC during 2015
53. Number of times Health check-ups conducted at the AWC during 2015
54. Average number of participation
 - a) Children
 - b) AG
 - c) PW & LM
55. Number of cases of malnourishment detected to
 - a) Children
 - b) AG
 - c) PW & LM
56. Number of cases reported to PHCs/CHCs
 - a) Children
 - b) AG
 - c) PW & LM
57. Number of nutrition and health education classes conducted during the year 2015
58. Average number of participation

a) Children b) AG c) PW & LMs d) Mothers

59. Number of mothers meetings conducted during the year 2015
60. Average number of participation
61. Number of times CDPO visited AWC during 2015

62. Number of times ICDS supervisor visited AWC during 2015
63. Number of times grama panchayat ward member visited AWC during 2015
64. Whether the anganwadi welfare committee is functioning. Yes/No
65. Number of meeting conducted during 2015
66. Average number of participants
67. Whether anganwadi level jagratha samithi is functioning. Yes/No
68. Number of meetings conducted during 2015
69. Average Number of participants
70. Notable achievements if any
71. Opinion about trainings received by you, about routine functioning of AWCs, about job satisfaction and honorarium received, about supplementary nutrition programme, about co-operation from LSGs, Health Department, Social Welfare Department and suggestions for improvements (separate sheet shall be attached).

Place:

Signature:

Date:

Name:

Appendix 2- Photos









