ENDLINE STUDY OF EARLY CHILDHOOD CARE AND DEVELOPMENT PROJECT IN CHHATTISGARH

Report

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ABBREVIATIONS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
ASHA	Accredited Social Health Activist
AWC	Anganwadi Center
AWH	Aganwadi Helper
AWW	Anganwadi Worker
BCG	Bacillus Calmette Guerin
BF	Breast Feeding
BP	Blood Pressure
BPL	Below Poverty Line
CHC	Community Health Centre
DK	Don’t know
DLHS-3	District Level Health Survey - 3
DPT	Diphtheria, Pertussis, Tetanus
ECCD	Early Childhood Care and Development
ECCER	Early Childhood Care Education Record
ICDS	Integrated Child Development Services
IFA Tablets	Iron Folic Acid Tablets
JSY	Janani Suraksha Yojana
KAP	Knowledge , Attitude and Practice
KAP	Knowledge , Attitude and Practice
MO	Medical Officer
MPR	Monthly Progress Report
NGO	Non – Government Organization
NIPCCD	National Institute of Public Cooperation and Child Development
OBC	Other Backward Class
PHC	Primary Health Centre
PPI	Panchayat Raj Institution
S	Scheduled Tribe
SC	Scheduled Caste
SD	Standard Deviation
SHG	Self Help Group
SNP	Supplementary Nutrition Programme
TB	Tuberculosis
THR	Take Home Ration
TT	Tetanus Toxoid
VHHD	Village Health and Nutrition Day

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CHAPTER – I
INTRODUCTION

This chapter gives the background of the "Early Childhood Care and Development Project" (ECCD), implemented by CARE in Chhattisgarh. It covers objectives of the Project and the endline survey.

1.1 Background of "Early Childhood Care and Development Project"

CARE has mainly been involved in initiating interventions in the field of health, education and livelihood to improve life opportunities for women and children. Their past interventions have focused on maternal health and strengthening preschool education to improve children's school readiness. Integrated Child Development Scheme (ICDS) is the oldest and largest programme of the Government of India which aims to build holistic development of children ages below six years of age. It mainly focuses on health and nutrition needs and has a component of pre-school education for children aged 3-6 years.

CARE-India fulfilled this need of the ICDS programme in their project "Early Childhood Care and Development Project' (ECCD). This project implemented in Chhattisgarh focuses towards strengthening five domains – Health, Nutrition, Care & Development, Rights & Protection and Economic strengthening and works with 5 levels – Child, Anganwadi Centre, Caregiver,

Community and National. Key Project objectives are:

- To strengthen status of ECCD component of ICDS with a view to ensure health and psycho – social well-being of children less than 6 years of age.
- To promote understanding, skills and capabilities of workers / stakeholders, family and community members to meet the psychological , physical & social development needs of the children below the age of six years during each sub – stage of early childhood years (prenatal , birth to 3 years , 3-6 years), and
- To enhance the skills and competencies of functionaries in effective implementation of ECD component of ICDS.

To set the context, a baseline study was conducted in the period of Dec- March 2012 to understand the status at the ground as well as the development level of children. To achieve above objectives , strategies were put in place to which were at four levels – household, aganwadi centre (AWC), community and system.

1.2 Objectives of the endline survey

The objectives of the endline study are:

- To estimate the levels of age-related health, nutrition and cognitive development indicators of children aged 3-3.5 years and 5-5.5 years. For children in the ages of 5- 5.5 years, it will also estimate the indicators related to school readiness.
- To assess the levels of KAP and understanding of the primary caregivers (mothers) on the holistic needs of the children in both these age groups.
- To assess the levels of KAP and understanding of AWWs , AWHs & ASHAs on age-related needs for holistic development of children in both the age groups
- To determine systemic functioning of the AWCs, and
- To assess levels of understanding of the supervisors of ICDS programme

1.3 Scope of the study

The information collected in the endline survey will assess the impact over the baseline.

Its scope included the following five key information areas:

- Nutritional Status with respect to nutrition and child care and development practices.
- Knowledge and understanding levels on child development & practices among mothers/ caregivers.
- Kind of preschool education provided in ICDS centres.
- Understanding and capacity of AWWs and AWHs in transacting preschool education.
- Level of understanding and involvement of sector supervisors of ICDS and factors that impede or facilitate their involvement.

1.4 The study area

The intervention districts where the project was implemented were Janjgir and Korba while Raigarh was taken as a control district. Further in intervention districts, the Project was implemented in 200 AWCs (100 AWCs in each district) and these AWCs were termed as fully intervention ones. In these AWCs, all AWWs and sector supervisors under ICDS were provided training in the Project. The remaining AWCs in the intervention districts were termed as intermediate intervention AWCs where only sector supervisors were provided training under the Project. In control district of Raigarh, only the blocks of Kharsia and Sarangarh were taken under the study. Lists of fully intervention AWCs in the intervention districts and in the selected blocks of

Kharsia and Sarangarh in the control district were provided by the client. These lists were used as sampling frames to draw a required sample of AWCs under each of these groups.

1.5 Chapterization of the report

The report has the following thirteen chapters:

1. Introduction
2. Methodology and data collection
3. Profile of the surveyed population
4. Knowledge of mothers / caregivers about functioning of AWCs
5. Child health and hygiene.
6. Caregiver's understanding and practice of child development.
7. Caregiver's knowledge about government schemes and entitlements.
8. Physical and cognitive development status of children under 6 years.
9. Knowledge and skills of anganwadi workers and functioning of anganwadi centers.
10. Understanding quality of pre-school education programme at the anganwadi centres.
11. Knowledge and skills of anganwadi helpers and functioning of anganwadi centers.
12. Knowledge and skills of ASHAs and functioning of anganwadi centers
13. Awareness and involvement of supervisor of ICDS on activities of growth and development of children.

Executive summary precedes the main report. It also includes the recommendations.

CHAPTER -II
METHODOLOGY AND DATA COLLECTION

This chapter discusses all aspects of the planning of the study. It includes sampling design, training of the field teams, data collection and quality assurance, data analysis and report writing.

2.1 Study design

The client has suggested a quasi - experimental design wherein a control district (Raigarh) was selected in addition to Project Area. The Project areas are Janjgir and Korba districts termed as intervention districts. In each of the districts, 100 AWCs are full intervention AWCs. The client has also suggested "intermediate intervention" area from the intervention districts where intervention will have indirect impact of the interventions. These will be the AWCs neighboring to the fully intervention ones. Thus, impact of the Project would be measured on three point scale – control, intermediate intervention and full intervention. They formed three strata for the study.

In consonance with the study design envisaged, a stratified two - stage sampling procedure was employed to select AWCs in each stratum of the study at the first stage. The eligible children and their caregivers were selected at the second stage in all the strata for the study.

2.2 Sample size

Based on certain degree of changes in the indicator values during the Project period, the client has estimated a sample size of 465 children and their principal caregivers in each group of children (3-3.5 years and 5-5.5 years). Based on the information on the birth rate in Chhattisgarh, the client has estimated the required sample size of 70 AWCs from each of the strata of blocks – control, intermediate intervention and full intervention to get the desired sample of children in each age group of 3-3.5 years and 5-5.5 years. However, more AWCs may need to be added to achieve the sample size of 465 in each age group in each of the three strata.

2.3 Selection of the target population

2.3.1 Selection of AWCs at the first stage (for each stratum of AWCs)

A list of full intervention AWCs in both the intervention districts (100 in each district) was provided by the client. This list of AWCs was used as the sampling frame to select 72 AWCs (36 in each district) instead of 70 AWCs suggested by the client. A systematic random sampling technique was adopted to select 36 full intervention AWCs in each district, making a total of 72 AWCs in both the intervention districts. For the selection of 72 intermediate intervention AWCS, an AWC neighboring to the selected intervention one in the same block was selected. For the sample of AWCs from the third stratum, control district of Raigarh, the list of AWCs in the two selected blocks of the district was provided by the client. From this list, 36 AWCs were selected in each block by adopting a systematic random sampling procedure (two more than the required number of AWCs in each block). Out of them, 72 AWCs (36 in each block) were finally to be covered under the study. More than 50% of the selected AWCs were those which were covered in the baseline.

All the anganwadi workers, anganwadi helpers and ASHAs posted at the selected AWCs were interviewed through a structured interview schedule to understand their knowledge, practice followed and ability to provide services to pregnant & lactating mothers and stimulating environment to the child including pre – school education. The sampled AWCs were also observed using a specific observation tool (ECCER). The aim was to understand functioning of AWC and quality of pre - school education provided at the centre.

2.3.2 Selection of children aged 3-3.5 years and 5-5.5 years

It was decided to cover all the eligible children aged 3-3.5 years and 5-5.5 years in the catchment area of an AWC who are enrolled and attending AWCs to achieve the required sample of eligible children. Thus, all eligible children aged 3-3.5 years and 5-5.5 years enrolled in an AWC and were attending the AWC were covered under the study. If a woman had children aged 3-.3.5 years and 5-5.5 years, both of her children were covered under the study. If a woman had a twin of the same age, both children were covered under the study.

The children aged 3-3.5 years were administered a screening development and anthropometry test (their weight and height were taken under anthropometry test to assess their nutritional status) while the children aged 5-5.5 years were administered a school readiness test and anthropometry test (their weight and height were taken to assess their nutritional status). Alongwith the target children, their primary caregiver was also selected for interview through a structured interview schedule. This exercise aimed to understand their knowledge, practice followed and ability to provide stimulating environment to the child.

2.3.3 Sector supervisors

Besides the target group of mothers/ caregivers & children and AWWs, AWHs and ASHAs sector supervisors from implementation and control district were interviewed to assess their competency and ability to provide supportive supervision. In all, 21 supervisors were interviewed (9 in intervention AWCs , 8 intermediate and 4 in control AWCs) against a target of 20 supervisors.

2.3.4 Sample coverage

The sample was to be covered and actually covered

Target population	Total intervention districts				Control district	
	Full inter. AWCs		Intermediate Inter. AWCs		Raigarh	
	To be covered	Actually covered	To be covered	Actually covered	To be covered	Actually covered
Anganwadi centres	72	84	72	84	72	88
AWC observations	72	78	72	75	72	74
Anganwadi workers (AWWs)	72	61	72	59	72	61
Anganwadi helpers (AWHs)	72	78	72	71	72	69
ASHAs	72	71	72	95	72	46
Children aged 3-3.5 yeas	465	409	465	432	465	333
Children aged 5-5.5 years	465	265	465	265	465	186
Mothers / caregivers	930	658	930	687	930	519
Supervisors	8	9	8	8	4	4
Community (FGD)	10-15	12	10-15	6	10-15	7
Case studies	In all, 20 case studies were prepared					

2.4 Study tools

The following study tools were used in the endline.

1. Questionnaire for mother / caregiver
2. Indicative tool for measuring agency among caregivers for child under 6 years (ECCD Endline evaluation)
3. Questionnaire for anganwadi worker and observation schedule for AWC
4. Indicative tool for measuring agency among AWWs (ECCD Endline evaluation)
5. Questionnaire for anganwadi helper

6. Questionnaire for ASHA
7. ICMR developmental screening test instrument for children aged 3 – 3.5 years
8. School readiness instrument for children aged 5-5.5 years
9. Questionnaire for mukhya sevika (supervisor) at sector level.

In addition to the above questionnaires , guidelines for conducting FGDs and case studies were prepared by GFK mode and shared with the client. After incorporating their suggestions, they were finalized.

All these study instruments were provided by client. They were translated into Hindi and all study instruments were bilingual (English and Hindi). They were also formatted. Bilingual questionnaires were shared with the client for their inputs. After incorporating all the inputs of the client, they were finalized. They have been given in Annexure -1.

2.5 Recruitment and training of the field teams and their deployment

2.5.1 Recruitment of the field teams

In all, 45 persons (40 investigators and 5 supervisors) were recruited. In addition, there was a field coordinator. The field coordinator was the regular employee of Gfk MODE, while other field staff was taken from a large panel of qualified interviewers which Gfk MODE maintains. They all have rich experience in collecting data and have worked with GfK MODE in one or the other similar project earlier.

2.5.2 Training of the field teams

The training was conducted for 5 days including 2 days for field practices from 20th December to 24th December, 2014. The training was conducted at Alnear Hotel, Raipur. The training was imparted by senior researcher and field manager of GfK MODE. The representatives of CARE, India also participated during the training and provided their valuable inputs.

The trainees were divided in two groups. The group 1 of the trainees comprised of those who would be deployed to interview eligible mothers / caregivers, anganwadi workers, anganwadi helpers , ASHAs and supervisors. The second group of trainees was those who would have an interaction with the eligible children.

Training consisted of classroom training, general lectures, and demonstration and practice interviews as well as field practice and supplementary training for field editors and supervisors. The classroom training included instructions in interviewing techniques and survey field procedures, a detailed review of each item in the questionnaires, mock interviews between participants. Investigators responsible for interaction with children aged 3-3.5 years and 5-5.5 years were given additional specialized training on measuring height and weight of children. This specialized training included classroom training and extensive field practice in anganwadis for 2 days.

On the 3rd day of the training, the trainees were sent to the field practice to complete one or two interviews. During this field practice, trainers went with them and observed how the trainees were putting and asking the questions. They were guided in the field itself by the trainers on the gaps they observed while interviewing the respondents. Their filled –in questionnaires were thoroughly scrutinized by trainers. They were de – briefed on the gaps which the trainers found in their filled – in questionnaires on the last day of the training.

2.5.3 Deployment of the field teams

Out of the 45 field investigators and supervisors, 12 were dropped due to their poor performance during training and field practice assessed by trainers. So, finally 33 field investigators and supervisors were deployed for data collection. In all, 3 teams were formed. Each team consisted of one supervisor and 10 investigators. Out of 6 investigators in each team, 3 were for interviewing the eligible mothers / caregivers and three for interaction with the eligible children. Supervisors conducted interviews with AWWs, AWHs , ASHAs and ICDS supervisors in addition to their normal duties.

In addition, there was a separate team of 2 members for conducting FGDs and case studies.

2.6 Field work

The field work was completed in all the selected AWCs under the study in a period of about 13 weeks starting from 4th January to 22nd March, 2015.

2.7 Monitoring and quality assurance of data

Special efforts were made to continuously monitor field work to assure quality of data. GfK MODE deployed a field coordinator who was in continuous touch with field team members including field supervisors and field executive through phone calls and personal visits to field. The researcher associated with the study was also continuously monitoring the quality of field work. CARE staff from Chhattisgarh and New Delhi provided all support in monitoring field work by making several visits to the field during data collection period and gave many suggestions for improving the quality of data from time to time. The client was periodically provided reports about movement of field teams and the progress of the field survey.

Besides continuous monitoring through phone calls and field visits, the following steps were taken to assure quality of data.

- Supervisors back–checked 15% of all completed questionnaires of all the field investigators in their teams daily.
- Supervisors reviewed and edited all completed questionnaires daily for completeness and consistency.
- Field executive also reviewed 5% of completed questionnaires randomly selected from

total during their monitoring field visits.

- Completed questionnaires were regularly received and reviewed at GfK MODE's Delhi headquarters during the fieldwork period; Gfk MODE office editors reviewed and examined the questionnaires prior to data entry.

2.8 Data processing

GfK MODE prepared the tabulation plans for all the study instruments in the form of dummy tables and shared with the client to get their inputs. It was finalized after having incorporating all the inputs/ suggestions received from the client. This finalized tabulation plan was sent to our Data Processing Unit to develop data entry and table generation programmes. Data processing consisted of office editing, coding, data entry and machine editing, using the integrated system of survey analysis software.

Tables generated by Data Processing Unit were sent to our Research Division for scrutiny. These tables were examined based on their strength in addressing the objectives of the study and on the parameters mentioned below:

Reasonability of the indicator

Logical denominator for calculation of ratio and percentages

Consistency in the levels of various indicators. Classification of the study area as under the broad objective of the study.

All the unexpected levels were looked at in the original questionnaires to correct the information in the tables. After examining all the tables on the above points, modifications/ changes were made in the tabulation plan and sent to Data Processing Unit again for generating tables.

2.9 Reporting writing

A detailed chapterization plan, with sections & sub – sections was prepared and sent to the client. By using this chapterization plan and our own experience, the report was prepared. It had all the relevant chapters including chapters on background of the study and data & methodology. It may be noted that the report gives only a part of the important data; more detailed tables have been given in the Annexure -2 of the report. These detailed tables provide district- differentials and AWC – differentials across the study area.

CHAPTER -III
PROFILE OF THE SURVEYED POPULATION

This chapter presents a profile of the demographic and socio economic characteristics of individual respondents (mothers / caregivers) in terms of their age, education, caste & religion, education of their spouse and age of the youngest child. It also highlights the characteristics of the households of the mothers / caregivers to which they belonged in terms of type of family , house type , main source of drinking water and whether the household has a toilet facility in their house or not and if not , where the household members go for defecation. It also provides information on household members, average household size, migration status of any member in the household for livelihood, number of earning adult members, sources of livelihood and household income. The results have been compared with those of the baseline and differentials if any, have been highlighted in the write up. District wise tables are presented in Annexure – 2.

3.1 Profile of the mothers /caregivers

3.1.1 Age distribution

About two - third of the mothers/ caregivers (67% in intervention and 62% in intermediate AWCs) and 67% in control district were in the age group of 20-29 years. About 33 percent in intervention districts (31% in intervention AWCs and 35% in intermediate AWCs) and 30 percent in control district were in the next age bracket of 30-39 years. Their mean age was around 28 years in all the three categories of AWCs, with 5 as the standard deviation (Table 3.1).

Table 3.1: Age distribution of respondents

(%)

Age in years	**Intervention districts**			**Control district**
	Intervention AWCs	**Intermediate AWCs**	**Total AWCs**	**Control AWCs**
(n=)	**658**	**687**	**1345**	**519**
<20 years	0.6	0.9	0.7	0.4
20-29 years	66.9	61.7	64.2	66.7
30-39 years	30.9	35.1	33	29.7
40-49 years	1.7	2.3	2	3.3
Mean age	27.9	28.4	28.2	28.1
Standard deviation	5.12	5.4	5.27	5.47

3.1.2 Educational attainment

The educational level of the mothers/ caregivers is an important characteristic because educational attainment often affects reproductive behaviour, the health of children and proper hygienic practices. Table 3.2 shows the extent of literacy and level of education they attained. About one - fifth of the mothers / caregivers in intervention districts (with no difference in Janigir and korba) and 25 percent in Raigarh were illiterate.

With respect to educational attainment, slightly less than one – fourth of them in both the intervention and control district had completed primary level of schooling and about the same number of them (23% in intervention and 21% in control district) had passed middle standard. About one – fourth of them in intervention districts (21% in intervention AWCs and 27% in intermediate AWCs) and only 14% in control AWCs had passed at least high school examination. **In the endline, they were slightly better educated than in the baseline**.

Table 3.2: Distribution of respondents by their highest grade of education completed

(%)

Highest grade of education completed	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
Illiterate	19	18.6	18.8	24.9
Below primary (Class 1-4)	13.5	10.8	12.1	15.4
Primary completed (class 5-7)	23.4	21.4	22.4	24.3
Middle completed (class 8-9)	23.3	22.4	22.8	21.4
Matric or high school (class 10-11)	13.7	17.8	15.8	8.1
Higher secondary/sr. secondary (class 12-13)	6.7	7.7	7.2	2.7
Graduate and above	0.5	1.3	0.9	3.3

3.1.3 Caste and religion

Almost all of them (98% in both control and intervention districts) were Hindu. About 16 percent of them in both intervention districts and control district belonged to scheduled caste communities, while 32 percent in intervention districts and 24 percent in control district were from scheduled tribe communities. About 44 percent of them in both intervention districts and control district belonged to other backward classes. About 8% in intervention districts and 17% in control district belonged to some higher castes. **The proportions of mothers / caregivers belonging to higher castes were more in both intervention districts and control district than in the baseline (Table 3.3).**

Table 3.3: Distribution of respondents by their caste and religion

(%)

Caste and religion	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Caste (n=)	**658**	**687**	**1345**	**519**
SC	16.7	15.7	16.2	16.2
ST	32.1	32	32	23.9
OBC	43.9	44.5	44.2	43.4
Others / higher caste	7.3	7.7	7.5	16.6
Religion (n=)	**658**	**687**	**1345**	**519**
Hindu	98.8	97.8	98.3	98.3
Muslim and sikh	1.2	2.2	1.7	1.7

3.1.4 Educational attainment by their spouse

Less than one – tenth of their spouses (7% in intervention districts and 9% in control AWCs) were illiterate. About 27% of them in intervention and 29% in control district had completed middle standard of education and 44 percent in intervention & 31 percent in control district had at least completed high school examination (Table 3.4). **The spouses were better educated in the endline than in the baseline.**

Table 3.4: Distribution of respondents by highest grade completed by their spouse

(%)

Highest grade completed	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
Illiterate	6.8	6.4	6.6	8.5
Below primary (class 1-4)	3.8	6.8	5.4	6.4
Primary completed (class 5-7)	16.9	16.3	16.6	23.1
Middle completed (class 8-9)	29	24.3	26.6	28.5
Matric or high school (class 10-11)	23.9	21.1	22.5	17.7
Higher secondary/sr. secondary (class 12-13)	16	16.7	16.4	6
Graduate and above	3.5	7.3	5.4	7.3
Don't Know	0.2	1	0.6	2.5

3.1.5 Age of youngest child

About one – third of them in intervention districts and 39% in control district had their youngest child ages 36-42 months, followed by those who had their youngest child in ages of 60-66 months (23% in intervention and 16% in control district). The mean age of their youngest child was around 39 months in intervention & intermediate AWCs and 37 months in control AWCs (Table 3.5).

Table 3.5: Distribution of respondents by age of their youngest child

(%)

Age of youngest child	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
<6	1.2	1	1.1	1.2
6-11	5.6	7.4	6.5	7.1
12 -23	8.5	7	7.7	12.1
24-35	6.8	7.9	7.4	6.7
36-42	29	35.8	32.5	39.3
43-48	12.2	9.8	10.9	9.6
49-54	0.8	0.7	0.7	0.8
55-59	-	0.6	0.3	0.2
60-66	23.4	22	22.7	15.6
Not specified	12.5	7.9	10.1	7.3
Mean age	39.8	39.3	39.54	36.48
Standard deviation	18.25	17.73	17.98	17.21

For more district- wise details, Tables 3.1 to 3.5 in Annexure -2 may please be seen.

3.2 Profile of households

3.2.1 Age – sex distribution of household members

Around 28% of households had 3-4 members, while 44% had 5-6 and 28% had more than 6 members. The average household size was about 6 members in both intervention districts and control district, comprising of about 3 members below 18 years and 3 members aged 18 years or more (Table 3.6).

Table 3.6: Distribution of households by no. of family members

(%)

No. of family members	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
3-4	28.6	27.2	27.9	30.1
5-6	43.0	44.5	43.8	42.4
More than 6	28.4	28.2	28.3	27.6
Average household size	**5.97**	**5.93**	**5.95**	**5.89**

3.2.2 Household composition

About 71% of households (70% in intervention and 73% in intermediate AWCs) and 51% in control AWCs belonged to nuclear family and the remaining ones had a joint family system (Table 3.7).

Table 3.7: Distribution of households by type of family

(%)

Type of family	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
Nuclear	70.1	72.6	71.4	51.1
Joint	29.9	27.4	28.6	48.9

3.2.3 Housing characteristics

Type of house

Slightly less than three – fifth of households (59% in intervention, 58 in intermediate AWCs) and 74% in control AWCs had a kachcha house to live in, while about one – third (30% in intervention, 31% in intermediate AWCs) and 10% in control AWCs had a semi – pucca house and about one – tenth (11% each in intervention & intermediate AWCs and 16% in control district were living in a pucca house (Table 3.8).

Table 3.8: Distribution of households by type of house

(%)

Type of house	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
Kachcha	59.4	57.9	58.7	73.8
Semi pucca	29.8	31.3	30.6	10.4
Pucca	10.8	10.8	10.8	15.8

Water and sanitation facilities

The types of water and sanitary facilities are important determinants of the health status of household members, particularly of children. The seriousness of major childhood diseases such as, diarrhoea can be reduced by proper hygienic practices.

Therefore, the survey questionnaire of the mother / caregiver contained questions on sanitary facilities and sources of drinking water. Regarding the source of drinking water , 17 percent of households in intervention districts and 27 percent in control district had piped water, 63 percent in intervention and 40 percent in control district had drinking water from a hand pump and 18% of the households in intervention districts and 33% in control district got water from tube wells. **The proportion of household relying on tube wells for drinking water had increased in the endline compared to the baseline** (Tables 3.9).

Table 3.9: Distribution of households by main source of drinking water

(%)

Main source of drinking water	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
Tap /piped water	15.2	18.3	16.8	26.6
Hand pump	65.3	60.8	63	40.1
Tube well	18.1	17.2	17.6	33.1
Other (rivulet)	1.4	3.6	2.5	0.2

Regarding sanitation facilities, only around one -third of households (32% in intervention AWCs and 39% in intermediate AWCs) and 28 percent in control district had a toilet in their house. Those who did not have any toilet facility, were further asked where their household members go for defecation. Almost all of them reported “open defecation” . **The proportion of household having toilet facility in their house had increased substantially in the endline compared to the baseline, particularly so in the intervention districts** (Table 3.10).

Table 3.10: Distribution of households by toilet facility

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Toilet facilities in the house (n=)	**658**	**687**	**1345**	**519**
Yes	31.8	38.7	35.3	27.6
No	68.2	61.3	64.7	72.4
Place where family members go for defecation (n=)	**449**	**421**	**870**	**376**
Open space	99.8	99.5	99.7	99.5
Shared toilets -community / public toilet	0.2	0.5	0.3	0.5

3.2.4 Migration status for livelihood

All the surveyed mothers / caregivers were asked whether any member of their household was residing at some other place for livelihood It emerges that only in 4-5 percent of households from intervention and none in control district where any household member has migrated to different cities, while rest work locally. They were mostly working as labourers on brick kiln , followed by casual labourers (Table 3.11).

Table 3.11: Distribution of households by migration details of household members for livelihood

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Any family member residing in other state/town for livelihood (n=)	**658**	**687**	**1345**	**519**
Yes	5.3	3.5	4.4	-
No	94.7	96.5	95.6	100
Nature of livelihood (n=)	**35**	**24**	**59**	**0**
Labour	25.7	25	25.4	-
Brick kiln	60	70.8	64.4	-
Other (contractor, private company, ayurvedic pharmacist, cook, police)	14.4	4.2	10.2	-

3.2.5 Means of livelihood

Slightly over 60 percent of households in intervention districts (65% in intervention and 64% in intermediate AWCs) and 65 percent in control AWCs had only one adult member who was engaged for livelihood, while 27% of families in intervention districts and 23 percent in control district had two such members. The mean number of adult members engaged in some profession for livelihood was 1.52 in intervention districts and 1.61 per household in control district (Table 3.12).

Table 3.12: Distribution of households by number of adult earning members and occupation (%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Number of adult family members engaged in a job (n=)	**658**	**687**	**1345**	**519**
1	64.9	63.6	64.2	64.9
2	26.4	27.5	27	22.7
3 or more	8.7	8.9	8.9	12.4
Average	1.53	1.52	1.52	1.61
Main occupation of household (n=)	**658**	**687**	**1345**	**519**
Cultivation on own land	42.9	44.5	43.7	25.8
Cultivation on leased land	7.6	4.7	6.1	0.2
Casual agricultural wage labor(paid on a daily basis in cash or kind)	14.6	19.5	17.1	12.3
Regular agricultural wage labor (paid on a weekly/bi-weekly basis in cash or kind)	8.1	9.8	8.9	20.4
Husbandry of own animals	5	6.3	5.7	9.1
Animal husbandry wage labor	0.8	0.7	0.7	0.4
Casual non-agricultural wage labor(paid on a daily basis in cash or kind)	6.1	8.3	7.2	0.6
Regular non-agricultural wage labor(paid on a weekly/bi-weekly basis in cash or kind)	16.4	18.5	17.5	8.5
Salaried work (paid on monthly basis, only in cash)	27.5	24.3	25.9	9.6
Non-agricultural business	7.1	5.2	6.2	17.3

Regarding main source of livelihood, about 44 percent in intervention districts and 26 percent in control district were engaged in farming on their own land. The other professions cited by mothers / caregivers were service (26%), regular non – agricultural wage labour (18%) and casual agricultural wage labour (17%) in intervention districts and regular agricultural wage labour (20%) and non – agricultural business (17%) in control distrct. The proportions of persons in service were more in korba district (39%) than in Janjgir district (9%).

Overall , there is no difference between intervention and intermediate AWCs with regard to people engaged in service. **In Korba district , substantial increase was noticed in the service category compared to the corresponding figure in the baseline**.

Majority of mothers / caregivers (75% in intervention district and 80% in control district) were not working outside their home for livelihood. Less than 20% were engaged in casual agricultural wage labour (17% in intervention districts and 7% in control district), with no difference between intervention and control AWCs (Table 3.13).

Table 3.13: Distribution of mothers / caregivers by their occupation

(%)

Occupation	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
Not working	74.8	74.5	74.6	79.8
Casual agricultural wage labor (Paid on a daily basis in cash or kind)	15.8	17.5	16.7	6.7
Regular agricultural wage labor (paid on a weekly/bi-weekly basis in cash or kind)	2.4	1.3	1.9	1.7
Husbandry of own animals	1.1	1	1	1.5
Casual non-agricultural wage labor (paid on a daily basis in cash or kind)	0.5	0.1	0.3	-
Regular non-agricultural wage labor (paid on a weekly/bi-weekly basis in cash or kind)	0.9	0.7	0.8	3.5
Salaried work (Paid on monthly basis, only in cash)	2.3	2.9	2.6	0.4
Non-agricultural business	0.3	0.4	0.4	0.8
Others	2	1.5	1.7	5.6

3.2.6 Economic status

The larger number of households (29%) in intervention districts had income of Rs 4001-6000 per month. While in control district, 36% of households had income of Rs. 3001-4000 per month. The average income per household per month was about Rs. 4241 /- in intervention districts and Rs. 4193 - in control AWCs, showing thereby that they are poor families. No difference was observed between intervention and intermediate AWCs. **But slight increase of Rs. 1000-1200 was noticed over the baseline in their monthly average income** (Table 3.14).

Table 3.14: Distribution of households by monthly income from all sources

(%)

Total monthly income of family from all sources	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
Upto Rs 500	0.9	1.7	1.3	-
Rs 501 – Rs 2000	8.5	9.6	9.1	5.6
Rs 2001 – 3000	14.1	16.7	15.5	18.7
Rs 3001 – 4000	23.1	19.8	21.4	36.2
Rs 4001 – 6000	31	27.9	29.4	22.5
Rs 6000 – 9000	8.1	10	9.1	9.1
Rs 9001+	5	4.7	4.8	5.2
Don't know / can't say	9.3	9.5	9.4	2.7
Average	4275	4208	4241	4193

For more district - wise details regarding households, Tables 3.6 to 3.14 in Annexure – 2 may be referred.

CHAPTER -IV
KNOWLEDGE OF MOTHERS / CAREGIVERS ABOUT FUNCTIONING OF AWC

A set of questions were asked from each respondent to assess their knowledge on functioning of AWC. In addition , information on receipt of supplementary nutrition by their reference child from AWC, visit & purpose of visit of AWW/ AW helper to the household, organization of NHDs at AWC, participation in NHDs and knowledge on home visit of AWW or ANM/ASHA. This chapter discusses on all these aspects. Districts wise tables 4.1 to 4.6 are given in Annexure -2.

4.1 Knowledge about services being provided at AWC

All the surveyed mothers/ caregivers were asked what services are provided at AWC. Their spontaneous responses were recorded without prompting. Table 4.1 & Figure 4.1 provide their responses.

Table 4.1: Knowledge about type of services being provided at AWC

(%)

Type of services being provided at AWC*	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	658	687	1345	519
Supplementary nutrition to women and children	95.1	96.9	96.1	98.3
Immunization to children	44.1	44.7	44.4	27.6
Pre-school education to children (3-6 years)	12.5	10	11.2	13.9
Health check-ups	10.2	7.7	8.9	1.5
Referral services	7	4.9	5.9	0.2
Weighing of children	30.1	30.7	30.4	10.4
Nutrition and health education	21.9	20.2	21	0.8
Weighing of pregnant women	20.5	19.2	19.9	3.7
Supply of vit A and IFA tablets	26.3	21.1	23.6	2.7
Other	1.1	0.3	0.7	0.2
* Multiple responses				

Almost all respondents in both intervention and control district reported “supplementary nutrition to women and children”, followed by “immunization of children” (44% in intervention and 28% in control district) as the services being provided at AWC. About one - third of them in intervention and one – tenth in control district pointed out that the children are weighed at AWC.

Fig 4.1: Type of services being provided at AWC (%)

About one – fifth of respondents each in intervention districts, with no difference between intervention and intermediate AWCs reported "weighing of pregnant women" (20%), "nutrition & health education" (21%) and "supply vitamin A & IFA tablets" (24%). In control district very few respondents (less than 4%) stated these services. About one – tenth of respondents in intervention districts and 14% in control district said that pre school education to children aged 3-6 years is provided at AWC. **The respondents had poor knowledge of all the services being provided at AWC except for supplementary nutrition to women and children**.

The FGDs conducted in intervention areas shows that the participants in general had a fair idea about roles and responsibilities of Anganwadi Centres. The women were aware of the activities taking place at AWCs. They listed activities such as meal for the children, ready-to-eat food for the pregnant women, immunization/ vaccination for both the children and pregnant women, basic teaching imparted to children, counselling on nutrition, maintenance of cleanliness and hygiene. AWW has been reported to be conducting monthly meetings with the mothers. Children were also taught different things with the aid of pictures and games. Anganwadi worker advised them to eat vegetables rich in iron. Women were suggested to consume ground nut, milk powder and coconut oil every day and most importantly pregnant women and young children were told to eat Palak (spinach) as it helps to fight malnutrition.

As quoted by one of the respondent of Devarmal Village- ***"Anganwadi door hai, Jaana Zaroor hai..Dal Garam , Bhat Garam..Khao sabkuch naram naram"***

Similar views were received from intermediate areas where participants told that Anganwadi provide care for new born babies as well as ensure that children below 6 are immunized. The participants were not sure about the names of vaccinations but they could tell as how many injections pregnant women/children got at what stage of pregnancy and at after how many days/ months after the birth child respectively.

On the other hand in control areas, community in general believed that the main role of the Anganwadi was to provide food to the children.

4.2 Visit by AWW/ AW helper for collecting children

All the surveyed respondents were asked whether AWW/ AW helper come to their household to collect children and if yes, what was the purpose of their visit. Table 4.2 in provides such information.

Table 4.2: Awareness of visit of AWW/ AW helper for collecting children

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether AWW/AW helper come for collecting children (n=)	**658**	**687**	**1345**	**519**
Yes, AWW only	3.6	3.9	3.8	8.1
Yes, AW helper	68.7	66.8	67.7	83.4

Yes both	3.6	2.5	3	1.3
No	24	26.8	25.4	7.1
Purpose (s) of AWW/AW helper visit to house* (n=)	**500**	**503**	**1003**	**482**
Providing supplementary nutrition	53.8	54.5	54.1	45.9
Pre-school education	67	69	68	91.5
Growth monitoring of child	9	11.7	10.4	1.9
Immunization	41.8	38	39.9	5.8
Sharing about child health	7.8	4.6	6.2	1
Other	-	0.2	0.1	-
* Multiple responses				

The following findings have emerged from the table.

About 75 percent of the respondents in intervention districts (47% in Janjgir and 88% in korba) and 93 percent in control district had reported the visit of AWW and / or AW helper for collecting children to their house, mostly AWW helper comes to their residents to collect children.

Pre-school education, providing supplementary nutrition and immunization were reported as the main purpose for visiting their household to collect children. Here the pre- school education was reported by more number of respondents than under the services being provided at AWC in section 4.1. The reason for it might be that here the respondents were specifically asked about the purpose of collecting children. Under services at AWC in section 4.1, their spontaneous responses were recorded without prompting.

4.3 Home visits by AWW and / or ANM /ASHA

All the surveyed respondents were asked whether AWW and / or ANM /ASHA visited their home in the last month prior to the survey. Table 4.3 provides such information.

Table 4.3: Home visit by AWW and ANM / ASHA in the last one month

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether AWW did home visit last month (n=)	**658**	**687**	**1345**	**519**
Yes	45.7	44.5	45.1	26.6
No	54.3	55.5	54.9	73.4
Whether ANM/ ASHA did home visit last month (n=)	**658**	**687**	**1345**	**519**
Yes, ANM	4.4	3.5	3.9	4.8
Yes, ASHA	27.5	28.4	28	20.6
Yes, both	5.8	3.3	4.5	1.2
None of them	62.3	64.8	63.6	73.4

The following findings have emerged from the table.

Almost 45% of respondents in intervention districts (58% in Janjgir and 35% in korba) , with no differences in intervention and intermediate AWCs, reported the visit of AWW in the last one month to their home. The corresponding figure in control district was only 27%.

Only about 36% of mothers / caregivers in intervention districts (42% in Janjgir and 32% in Korba), with not much differences between intervention & intermediate AWCs reported the visit of ANM and / or ASHA to their home in the last one month. The corresponding figure in control district was only 27%. Majority of these home visits were made by ASHA in both intervention districts and control district.

The qualitative findings from intervention areas showed that as reported by women of Podibahar, the Anganwadi worker visits their home and counsels them about various things like:

- Nutritious diet based on locally available food and recipes to be given to pregnant women and young children
- Breastfeeding/ Infant and Young feeding practices
- Adoption of family planning/ birth control measures
- Registration of Pregnancy, Birth and Death at the Centre

4.4 Knowledge of organization of NHDs at AWC

Table 4.4: Distribution of mothers/caregivers by knowledge of nutrition and health days organized at AWC

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether nutrition and health day organized at AWC (n=)	**658**	**687**	**1345**	**519**
Yes	52.9	41.8	47.2	22.9
Whether participated regularly (n=)	**348**	**287**	**635**	**119**
Yes	25	21.6	23.5	37.8
Type of activities undertaken* (n=)	**87**	**62**	**149**	**45**
Immunization of children	89.7	90.3	89.9	97.8
Growth monitoring of children	19.5	32.3	24.8	2.2
ANC to pregnant mothers	42.5	40.3	41.6	2.2
TT to pregnant mothers	44.8	43.5	44.3	13.3
Distribution of take home ration for children	46	33.9	40.9	28.9
Nutrition and health education to mothers	37.9	37.1	37.6	11.1
Others	3.4	1.6	2.7	2.2
*Multiple responses				

From Table 4.4, the following findings have emerged.

Slightly less than one - half of the respondents (53% in intervention and 42% in intermediate AWCs) and 23 percent in control district had expressed their knowledge of holding NHDs at AWC. About 62% of respondents in Janjgir and 36% in Korba expressed their knowledge about it.

Regarding their participation in NHDs, 24 percent in intervention districts (23% in Janjgir and 24% in Korba district) replied in affirmative. The corresponding figure in control district was 38 percent.

Regarding type of activities undertaking on NHDs, majority of them reported "immunization of children" ranging from 86% in korba to 98% in Raigarh. In Janjgir , 93% reported so, with no differences between intervention and intermediate AWCs.

For more details on awareness of the services at AWC, corresponding Tables 4.1 to 4.4 in Annexure – 2 may be referred.

4.5 Receipt of supplementary nutrition by the reference child

Table 4.5: Receipt of supplementary nutrition by the reference child

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether the youngest child taking supplementary nutrition from AWC (n=)	**658**	**687**	**1345**	**519**
Yes	89.2	89.5	89.4	96.7
Number of days in a month supplementary nutrition/meal are given (n=)	**587**	**615**	**1202**	**502**
< 7 days	99.5	99.7	99.6	98.4
15 – 21 days	-	0.2	0.1	0.6
More than 21 days	0.5	0.2	0.3	1
Average	4.08	4.05	4.07	4.31

About 89% of mothers/ caregivers in intervention districts, with no differences between Janjgir & korba and between intervention and intermediate AWCs reported that their youngest child is getting supplementary nutrition from AWC. The corresponding figure in control district was 97%. On an average, the children are getting supplementary food from anganwadi 4 days in a month i.e. they are getting supplementary food weekly (Table 4.5).

4.6 Visit by any grass root level worker

All the surveyed respondents were asked whether any grass root level worker such as, AWW, ANM and ASHA visited the mother during the reference pregnancy and if yes, they were further enquired who visited, what was their frequency of visits and what all were discussed during their visit. Table 4.6 provides such data.

Table 4.6: Visit of ICDS worker at home during the last pregnancy

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether any health or ICDS worker visited (n=)	**658**	**687**	**1345**	**519**
Yes	53.2	48.8	50.9	42
Who visited (n=)	**350**	**335**	**685**	**218**
AWW	36.9	39.1	38	63.8
ANM	18.3	13.7	16.1	6.4
ASHA	91.1	88.4	89.8	83
Frequency of visit (n=)	**350**	**335**	**685**	**218**
Once in a fortnight	10	14.3	12.1	45
Once in month	69.4	69.6	69.5	46.8
Once in a quarter	3.7	3.9	3.8	3.2
Sometimes	16.9	12.2	14.6	5

Table 4.6: Visit of ICDS worker at home during the last pregnancy (Contd..)

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Topics discussed during visits* (n=)	**350**	**335**	**685**	**218**
Early newborn care	44	46.6	45.3	24.3
Feeding to child	16.9	14.9	15.9	8.3
Exclusive breastfeeding	17.1	16.1	16.6	6
Complementary feeding	40.3	39.7	40	85.3
Immunization of children	35.7	37.9	36.8	41.7
Washing hands	12	11.6	11.8	1.4
Cleanliness of child	62	60.9	61.5	21.1
Playing with child	6	7.2	6.6	0.9
Family planning	10.9	8.1	9.5	2.3
Delivery in hospital	44.3	40.6	42.5	33
Information about Janani Suraksha Yojna	8.3	10.7	9.5	4.6
Taking child to AWC for growth monitoring	3.1	3	3.1	0.5
Participation in health and nutrition days at AWC	2.9	1.5	2.2	0.9
Other	1.4	0.3	0.9	1.4
*Multiple responses				

About 51 percent of the respondents in intervention districts (38% in Janjgir and 61% in korba) and 42 percent in control district reported to have visited by any ICDS worker during their last pregnancy. Slightly higher proportion of respondents reported their visit in intervention AWCs (53%) than in intermediate AWCs (49%).

Almost 90 percent of them in intervention districts (82% in Janjgir and 93% in Korba) and 83 percent in control district were visited by ASHA. Next to it was AWW who visited the mothers during the reference pregnancy (38% in intervention and 64% in control district), while relatively a smaller proportion of mothers (16% in intervention districts and 6% in control district) were visited by ANM. Their visit was mostly monthly or fortnightly.

Mainly the workers discussed cleanliness (62%), early newborn care (45%), institutional delivery (43%) , complementary feeding (40%) and immunization of children (37%) in intervention districts. In control districts, the topics discussed by workers during their visits were: complementary feeding (85%), immunization of children (42%), institutional delivery (33%) and early newborn care (24%).

For more details on utilization of services at AWC, corresponding Tables 4.5 to 4.6 in Annexure – 2 may be seen.

CHAPTER – V
CHILD HEALTH AND HYGIENE

Child health includes immunization status of children against six preventable diseases, breastfeeding & complementary feeding followed by mothers in case of their reference child, bathing practice to the child, morbidity among children & their treatment behavior. The information on all these aspects have been collected in the survey and discussed in this chapter. In addition, this chapter also discussed with the cleanliness & hygienic practices followed by mothers/ caregivers while handling the food. District wise tables 5.1 to 5.8 in Annexure – 2.

5.1 Child health and nutrition

5.1.1 Immunization status of children aged 12-23 months

The vaccination of children against six serious but preventable diseases (tuberculosis, diphtheria, pertusis, tetanus, poliomyelitis and measles) has been a cornerstone of the child care system in India. The mother/ caregiver was asked whether the child had received a vaccination against tuberculosis (BCG); diphtheria, whooping cough (pertusis) and tetanus (DPT); poliomyelitis (polio) and measles. Further, information on the number of doses of the vaccine given to the child was collected.

The 12-23 months age group of children were chosen for analysis because both international and Government of India guidelines specify that children should be fully immunized by the time they complete their first year of life. Children who have received BCG, measles and three doses each of DPT and polio (excluding polio at birth) are considered to be fully vaccinated / immunized. Table 5.1 & Figure 5.1 provide immunization status of children aged 12-23 months.

Table 5.1: Immunization status of children aged 12-23 months

(%)

Type of vaccination received / no. of doses	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Type of vaccination received* (n=)	**56**	**48**	**104**	**63**
BCG (1)	96.4	97.9	97.1	87.3
DPT (3+)	94.6	89.6	92.3	82.5
Polio(3+)	92.9	93.8	93.3	77.8
Measles (1)	91.1	87.5	89.4	82.5
Received full immunization (1BCG+3DPTs+ 3Polio doses+1Measles)	**89.3**	**83.3**	**86.5**	**71.4**
*Multiple responses				

Fig 5.1: Full immunization of children aged 12-23 months (%)

About 87 percent of the children aged 12-23 months were fully vaccinated in intervention districts (86% in Janjgir and 91% in korba). The corresponding figure of fully vaccinated children aged 12-23 months was 71 percent in control district. **As per DLHS – 3 (2007-08), almost 59 percent of children aged 12 – 23 months received full immunization in Chhattisgarh.**

Coverage of each vaccination was much higher than the percentage fully vaccinated. BCG and Measles vaccine had been received by 97 percent and 89 percent of children aged 12-23 months respectively in intervention districts against the corresponding figures of 87 percent and 83 percent respectively in control district. Three doses each of DPT and polio were received by 92 percent and 93 percent of the children in intervention districts. The corresponding figures in control district were 83 percent and 78 percent respectively.

The FGD participants from intervention areas reported that that all families of the community are listed with the Anganwadi centres and then Pregnant Women and children less than 6 are identified and after assessing their nutritional status they are provided supplementary feeding. Pregnant women are immunized against tetanus to reduce maternal and neonatal mortality. Children are immunized for diphtheria, tetanus, tuberculosis and measles. Respondents also informed that their children are treated for diarrhoea, de worming and malnutrition at the centre. A respondent of Urga village reported that every week Health Check-up Camps are organised at the AWC for recording of weight and blood test. Doctor from the PHC visits the centre and during health check-ups and growth monitoring, sick or malnourished children who are in need of prompt medical attention, are referred to the Primary Health Centre / Hospital. The Anganwadi worker also refers malnourished kids and disabled children to the nearest PHC/ Hospital for better care.

5.1.2 Receipt of vitamin A dose by children aged 9 -35 months

First dose of vitamin A is given to a child at the age of 9 months and then it is given at an interval of 6 months till a child gets 6 doses of it. So, the children who had completed 9 months of their age and were below 36 months at the time of survey were chosen for analysis regarding the receipt of vitamin A doses. Table 5.2 provides such data.

Table 5.2: Receipt of vitamin A dose by children aged 9 -35 months

(%)

Vitamin A drops	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**109**	**118**	**227**	**112**
0	1.8	0.8	1.3	8
1	83.5	82.2	82.8	80.4
2	8.3	4.2	6.2	-
3 or more	2.7	0.8	1.7	0.9
Don't know	3.7	11.9	7.9	10.7

More than 90 percent of children aged 9-35 months in intervention (99%) and control district (92%) received at least one dose of vitamin A. More than 80% of children received one dose of vitamin A in intervention districts (83%) and control district (80%) , with no difference between intervention and intermediate AWCs. **As per DLHS – 3 (2007-08), about 68 percent of children aged 9-35 months received at least one dose of vitamin A in Chhattisgarh.**

5.2 Morbidity among children and treatment pattern

As the major causes of death among infants and children in India are acute respiratory infection , diarrhoea and fever, the survey collected information on whether the index child suffered frequently from these diseases and if yes, how many days the child suffered in the past month with these disease, whom they consulted for treatment of the child and what type of food was given to the child during illness. Table 5.3 provides such data.

Table 5.3: Suffering of children from fever, cough and diarrhea, their treatment seeking behavior and type of food given during illness

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether child suffers frequently from fever, cough and diarrhea (n=)	**658**	**687**	**1345**	**519**
Yes, fever only	8.2	6.4	7.3	4
Yes, cough only	7	6.7	6.8	1
Yes, diarrhea only	0.3	1	0.7	0.4
Yes, any two	1.4	1.3	1.3	0.6
Yes, all three	0.2	0.6	0.4	0.2
Total	17.1	16.0	16.5	6.2
No. of days in the last month child had fever (n=)	**61**	**55**	**116**	**25**
1-2	26.3	18.2	22.4	40
3-5	55.8	58.1	56.9	48
6 or more	18	23.6	20.7	12
Average no. of days	4.15	4.36	4.25	3.96

Table 5.3: Suffering of children from fever, cough and diarrhea, their treatment seeking behavior and type of food given during illness (Contd..)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
No. of days in the last month the child had cough (n=)	**52**	**56**	**108**	**8**
1-2	32.7	12.5	22.2	12.5
3-5	46.2	48.2	47.2	50
6 or more	21.2	39.3	30.6	37.5
Average no. of days	3.88	6.07	5.02	4.63
No. of days in the last month the child had diarrhoea (n=)	**6**	**12**	**18**	**3**
1-2	33.3	58.3	50	-
3-5	50	33.3	38.9	66.6
6 or more	16.7	8.3	11.1	33.3
Average no. of days	3.5	2.92	3.11	5.33
Last time when the child was sick, whom consulted for treatment (n=)	**112**	**110**	**222**	**32**
None	17	17.3	17.1	-
Govt. doctor	38.4	30	34.2	31.3
Pvt. doctor	33.9	48.2	41	65.6
Health worker	-	3.6	1.8	-
Home treatment	12.5	8.2	10.4	6.3
Type of food given during illnesses (n=)	**112**	**110**	**222**	**32**
Nothing	4.5	13.6	9	3.1
Semi – solid food	22.3	19.1	20.7	43.8
Solid food	2.7	0.9	1.8	-
Liquid	2.7	0.9	1.8	18.8
Same what was given when not sick	50	54.5	52.3	31.3
Other	20.5	12.7	16.7	3.1

The following findings have emerged from the table.

Only about 17% of mothers / caregivers in intervention districts (1% in Janjgir and 28% in korba) and 6 percent in control district reported that their index child had these problems frequently. On an average, their children had these problems for 3-5 days in the past month prior to the survey.

They mainly consulted the private doctor for treatment of their child, followed by those who approached Govt. doctor. The proportion of the respondents who consulted Govt. doctor was higher in intervention AWCs only, while 48% mothers consulted Pvt. doctor in intermediate AWCs & 66% in control AWCs. About 10 percent in intervention districts and 6 percent in control district) gave home treatment to their child during illness.

Slightly more than one – half of mothers (52%) in intervention districts gave the same food during the illness what they were given when their child was not sick, with no difference between intervention and intermediate AWCs .

The corresponding figure in control district was 31 percent. About one – fifth of mothers in intervention districts and 44% in control district gave semi solid food to their child to eat during illness. Only 2% in intervention districts and 19% in control districts gave some liquid to their child during illness and hardly 2% of mothers in intervention districts gave solid food to their child during illness.

Qualitative data from intervention areas shows that in case of major illness, AWW refers the child to Hospital or PHC sometimes quack. As reported by respondents, anyone of parent can take the decision for treatment of the child. Respondents informed that at the time of delivery, AWW also visits the hospital and registers the birth.

5.3 Breastfeeding and complementary feeding practices

5.3.1 Exclusively breastfeeding among children aged 6-35 months:

Table 5.4: Children aged 6-35 months exclusively breastfed for at least 6 months

(%)

Exclusively breastfed for at least six months	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Exclusively breastfed for at least six months (n=)	**138**	**153**	**291**	**135**
	55.1	45.1	49.8	58.5

About half of the children aged 6-35 months (55% in intervention and 45% intermediate AWCs) and three –fifth in control district were exclusively breastfed for at least six months; with vast difference between Janjgir (57%) and korba (39%) (Table 5.4 , Figure 5.2). **As per DLHS – 3 (2007-08), almost 43 percent of children aged 6-35 months were exclusively breastfed for at least 6 months in Chhattisgarh.**

Fig 5.2: Exclusively breast feeding of children aged 6-35 months for at least 6 months

About one – fourth of children in intervention districts (15% in Janjgir and 30% in Korba district) and one – third in control districts were given something to drink and / or eat during exclusive breastfeeding period. They were mainly given biscuits & kichri to eat and tea/coffee to drink in both intervention districts and control district. About 70% of children were given plain water to drink in intervention districts, with vast variation across the study districts and between intervention and intermediate AWCs.

5.3.2 Complementary feeding

Age of the child when stopped breastfeeding : About 45% of the mothers in intervention districts (24% in Janjgir & 62% in Korba) and 28% in control district reported to have stopped breastfeeding after 2 years, with no difference between intervention AWCs and intermediate AWCs within the district. About one – fourth in intervention districts (45% in Janjgir and 11% in Korba) and 60% in control district are still breastfeeding their baby (Table 5.5).

Table 5.5: Distribution of children ages 6+ months by age when stopped breastfeeding and age when started complementary feeding

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Age of the child in months when stopped breastfeeding (n=)	**568**	**626**	**1194**	**475**
Less than 3 months	4.6	5.9	5.3	5.3
3 – 5 months	0.2	0.5	0.3	1.5
6 -8 months	7	9.9	8.5	2.9
9 – 11 months	0.7	0.2	0.4	-
12-23 months	16	13.4	14.7	2.5
24 or more months	44.5	44.7	44.6	28.2
Still breastfeeding	26.9	25.4	26.1	59.6
Age of the child, when started complementary feeding in addition to breastfeeding (n=)	**568**	**626**	**1194**	**475**
Not yet started	4.6	6.1	5.4	5.9
Less than 6 months	5.8	4.2	4.9	2.1
6 months	25.2	26	25.6	38.9
7 months	50.5	40.9	45.5	30.7
8 months	5.5	8	6.8	7.2
9 months or more	7.9	13.7	11	8.8
Other	0.5	1.1	0.8	6.3

Age of starting complementary feeding : Only less than 5 percent of the respondents in both intervention and control district started complementary feeding before 6 months of age of the child. About 46 percent of the respondents in intervention districts and 31 percent in control district started complementary feeding when the child was 7 months old. About 39 percent in control district started at the age of 6 months of child against a corresponding figure of 26% in intervention districts (Table 5.5).

Regarding type of complementary feeding given to the child yesterday in the last 24 hours were plain water and tea/ coffee to drink. Majority of children (88-89%) were given any bread , roti, chapatti rice , noodles, biscuits, idli or any other food made of grains. The other food items given to the child were any dark green leafy vegetables, any other fruit or vegetables, any porridge or gruel to eat yesterday in the last 24 hours.

5.4 Frequency of bathing the child

Table 5.6: Frequency for giving bath to the child

(%)

Frequency of giving bath to child	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
Daily	95.6	96.1	95.8	98.5
On alternate days	3.8	3.5	3.6	0.6
Other	0.6	0.4	0.5	1

Frequency of bathing the child daily was almost universal in both intervention and control districts.

For more details on child health and nutrition discussed in this chapter above, corresponding Tables 5.1 to 5.6 in Annexure -2 may be referred.

5.5 Cleanliness and hygienic practices

Information on hand washing practices of the respondents before cooking food, serving food to children and eating food was ascertained. Further, they were asked what material they used during hand washing and what safe practices they were following while cooking and keeping the food after preparation. This section discusses on all these aspects.

5.5.1 Hand washing practices by mothers / caregivers during handling food

All the surveyed respondents were asked whether they washed their hands before cooking food and serving food to children. They were also probed whether their children washed hands before taking food and with what item they washed their hands. Table 5.7 provides their responses.

Table 5.7: Hand washing practices during handling food

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Washing hands before cooking food (n=)	**658**	**687**	**1345**	**519**
Always	97.4	97.5	97.5	99.4
Sometimes	1.8	2.2	2	0.4
Occasionally	0.5	0.3	0.4	0.2
Rarely	0.3	-	0.1	-

Table 5.7: Hand washing practices during handling food (Contd..)

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Washing hands before giving food to children (n=)	**658**	**687**	**1345**	**519**
Always	90.3	92.3	91.3	98.7
Sometimes	6.5	6.4	6.5	0.8
Occasionally	3	1.3	2.2	0.4
Never	0.2	-	0.1	0.2
Washing hands by children before taking food (n=)	**658**	**687**	**1345**	**519**
Always	85	87	86	92.3
Sometimes	9.4	9.3	9.4	5.2
Occasionally	4.1	2.2	3.1	2.1
Rarely	1.5	1.3	1.4	0.2
Never	-	0.1	0.1	0.2
Item used in washing hands (n=)	**658**	**687**	**1345**	**519**
Soap	89.2	86.5	87.8	58.4
Ash	2	1.6	1.8	-
Mud/ soil	0.3	0.9	0.6	0.2
Water	-	-	-	6.4
Other	8.5	11.1	9.8	35.1

The following findings have emerged from this table.

About 98 percent of the respondents in intervention districts (96% in Janjgir and 98% in korba) and 99 percent in control district of Raigarh reported washing hands **always** before cooking food.

Regarding washing hands **always** before serving food to children, 91 percent in intervention districts (93% in Janjgir and 90% in korba; with no difference between intervention and intermediate AWCs) reported in affirmative. The proportion of such respondents was higher in control district (99%).

Almost 86% of the respondents in intervention districts (84% in Janjgir and 87% in korba) and 92 percent in control district claimed that their children washed hands always before taking food .

About 88 percent of the respondents in intervention districts (94% in Janjgir and 83% in Korba) and 58 percent in control district reported of washing hands with soap and water. For more details, Table 5.7 in Annexure – 2 may be referred.

5.5.2 Practices in handling food before and after preparation

All the surveyed respondents were asked whether they washed pulses and vegetables thoroughly in clean water before cooking, covered the pot with a lid while cooking and how they kept the food after cooking. Table 5.8 provides such information.

Table 5.8: Hygienic practices of mothers / caregivers in preparation and keeping food

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Washing pulses and vegetables thoroughly in clean water before cooking (n=)	**658**	**687**	**1345**	**519**
Always	99.2	98.3	98.7	99.8
Sometimes	0.8	1.7	1.3	0.2
Covering the pot with a lid while cooking (n=)	**658**	**687**	**1345**	**519**
Always	93.8	92.1	92.9	99.8
Sometimes	5.3	4.5	4.9	0.2
Occasionally	0.9	3.3	2.2	-
Way of keeping food after cooking (n=)	**658**	**687**	**1345**	**519**
Covered with lid	99.4	100	99.7	100
Keep open till it is served	0.6	-	0.3	-

The main findings emerged out from the table are as follow:

Washing pulses and vegetables thoroughly in clean water before cooking was almost universal in both intervention and control districts.

A vast majority of the respondents (93%) in the intervention districts and 99.8% control district reported covering the pot **always** with a lid while cooking food.

Almost all the respondents in intervention districts (99.7%) and 100 percent in control district **always** cover the food with lid after cooking.

For more details, Table 5.8 in Annexure – 2 may be seen.

CHAPTER –VI
CAREGIVER'S UNDERSTANDING AND PRACTICE OF CHILD DEVELOPMENT

This chapter discusses about the caregiver's understanding and practices of development of children aged 3-3.5 years and 5-5.5 years. The broad areas covered in this chapter are: "stimulation environment of children 3-3.5 years for doing activities out side and inside home, care taken by father and activities undertaken to develop different senses in children aged 3-3.5 years for sight, smell, sense, taste and touch; development status of children aged 3-3.5 years with regard to their behavior and development aspects as perceived by caregivers and school going practices of children aged 5-5.5 years. In addition, this chapter discusses about development status of children aged 5-5.5 years with respect to gross motors, vision & fine motors , cognitive , language and social emotional through asking a number of questions under each and awareness of caregivers on age specific needs and rights of children. Districts wise tables 6.1 to 6.14 are given in Annexure -2.

6.1 Stimulation environment for children aged 3 – 3.5 years

6.1.1 Activities outside home

A series of questions were asked on what practices caregivers follow for development of their child aged 3-3.5 years whether they allow their child to play outside home and if yes , how much time they give to their child to play, with whom & where the child plays. They were further questioned whether they take their child outdoor to show things & if yes, what is the frequency of taking the child outdoor. Table 6.1 provides such data.

Table 6.1: Playing activities of their child aged 3 - 3.5 years outside home

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether allow child to play outside the house (n=)	**409**	**432**	**841**	**333**
Yes	94.4	90.5	92.4	98.2
Time given to play outside the house (n=)	**386**	**391**	**777**	**327**
≤ 15 minutes	1.6	4.6	3.1	0.6
16-20 minutes	10.4	11.3	10.8	3.7
21-30 minutes	30.8	31.5	31.1	15.6
More than 30 minutes	53.9	49.4	51.6	75.8
Other	3.4	3.3	3.3	4.3
With whom your child plays* (n=)	**386**	**391**	**777**	**327**
Neighbors' children	80.8	82.6	81.7	91.4
Siblings	64.2	60.6	62.4	76.8
Mother / care giver	7.3	6.4	6.8	0.9
Father	7	5.9	6.4	1.8
Grand parents	11.1	12	11.6	5.5
Friends	24.4	22.3	23.3	33.9
Other	1.6	1.3	1.4	-

Table 6.1: Playing activities of their child aged 3 - 3.5 years outside home (Contd..)

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether the child plays at a specific place (n=)	**409**	**432**	**841**	**333**
Yes	42.8	40.7	41.7	81.7
Specific place where the child plays (n=)	**175**	**176**	**351**	**272**
House	40	34.1	37	11
Angan	33.7	39.8	36.8	47.8
Khol	2.3	0.6	1.4	-
Chouk par	4.6	4.5	4.6	0.7
School playground	3.4	4	3.7	0.4
Street	6.9	5.7	6.3	17.6
Near to shop	-	1.1	0.6	-
Neighbour	5.1	3.4	4.3	4.8
Temple	-	1.7	0.9	1.1
Pond	1.1	1.1	1.1	-
Near to road	-	0.6	0.3	-
Out side	0.6	2.3	1.4	12.5
Anganwadi	0.6	-	0.3	1.8
DK/CS	1.7	1.1	1.4	2.2
Whether child is taken outdoor to show things (n=)	**409**	**432**	**841**	**333**
Yes	64.8	60.9	62.8	67
Frequency of taking the child outdoor to show things (n=)	**265**	**263**	**528**	**223**
Once a month	40.4	36.1	38.3	56.1
Twice a month	37.7	45.6	41.7	42.2
Other	21.9	18.3	20.1	1.8
*Multiple responses				

The findings emerged out from the table are as follows:

More than 90 percent of the respondents (92% in intervention districts and 98% in control district) allow their child to play outside their home (Fig 6.1).

Fig 6.1: Allow child to play outside the house (%)

Majority of them (52% in intervention districts and 76% in control district) gave more than 30 minutes to their child to play outside their house; with vast difference between the intervention districts (70% in Janjgir and 36% in Korba) and slightly more proportion in intervention AWCs (54%) than in intermediate AWCs (49%)

Children mostly play with neighbour's children and siblings in both intervention districts and control district.

Regarding specific place for playing of children, 42% in intervention and 82 percent in control district replied in affirmative. Majority of them (75% in intervention and 59% in control district) reported that the children play in house courtyard.

About 63% of the respondents in intervention districts and 67% in control district take their child outdoor to show things, with vast difference between the intervention districts and between intervention and intermediate AWCs.

Four-fifth of them in intervention districts and 98 percent in control district take their child outdoor to show things either fortnightly or monthly (Fig 6.2).

Fig 6.2: Child is taken outdoor to show things (%)

6.1.2 Activities inside home

All the surveyed respondents were asked whether their child has toys at home and if yes, they were further enquired which types of toys their child has, who cleans the toys , whether the toys were bought or made at home and where the material of the child including toys are kept. Table 6.2 provides such information.

Table 6.2: Playing activities of children aged 3-3.5 years inside home

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether the child has toys at home (n=)	**409**	**432**	**841**	**333**
Yes	76.3	83.1	79.8	69.7
No	23	16.4	19.6	30.3
Not specified	0.7	0.5	0.6	-
Types of toys the child has* (n=)	**312**	**359**	**671**	**232**
Doll	52.2	53.2	52.8	52.6
Car/bus/other motor vehicle	47.4	49.9	48.7	50.9
Bat-ball	42.3	41.5	41.9	44
Ball	43.6	44.8	44.3	43.5
Other	6.4	6.1	6.3	3.9

Who cleans the toys (n=)	**312**	**359**	**671**	**232**
Mother	98.4	98.9	98.7	95.3
Child	3.5	1.4	2.4	4.7
No one	0.3	0.3	0.3	0.9
Other	1.3	1.9	1.6	-
Whether bought the toys or developed at home (n=)	**312**	**359**	**671**	**232**
Bought	98.7	98.9	98.8	100
Developed at home	8	6.4	7.2	-
Other	0.3	-	0.1	-
Whether a story told to the child every day (n=)	**409**	**432**	**841**	**333**
Yes	28.6	28.5	28.5	62.2
No	71.4	71.5	71.5	37.8
*Multiple responses				

From the table, the following findings have emerged.

Four – fifths of the respondents in intervention districts (86% in Janjgir and 74% in korba) and 70 percent in control district reported that their child has toys to play with inside home; with vast differences between intervention AWCs (76%) and intermediate AWCs (83%) (Fig 6.3).

Fig 6.3: Child has toys at home to play with (%)

About 53% each in intervention and control district reported to have doll and about one – half had car/bus / other motor vehicle. Around 42-44% had ball and bat – ball.

Regarding cleaning of the toys, majority of the respondents (99% in intervention districts and 95% in control district) reported that the mother of the child is responsible for it.

A vast majority of them (99% in intervention districts and 100% in control district) reported that the toys possessed by their child were bought.

Around 29% of the respondents (22% in Janjgir & 34% in Korba) and 62 percent in control district reported that they tell a story survey every day to their child. There is no differences between intervention & intermediate AWCs within the district (Fig 6.4).

Fig 6.4: Story is told to the child every day (%)

6.1.3 Interaction with father

All the surveyed respondents were asked whether father of the child takes care of the child and if yes, what kind of help he provides and how much time he spends with the child. Table 6.3 provides such data.

Table 6.3: Interaction of father with the child

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether husband takes care of the child (n=)	**409**	**432**	**841**	**333**
Yes	95.4	96.8	96.1	96.7
Kind of help provided by husband* (n=)	**390**	**418**	**808**	**322**
Giving bath	78.7	74.2	76.4	64.9
Helps in eating	16.2	15.3	15.7	26.4
Takes the child to AWC	0.5	-	0.2	3.4
Helps in learning	0.5	2.9	1.7	1.9
Helps in dressing	3.3	5.3	4.3	2.8
Plays with child	0.5	2.4	1.5	-
Other	0.3	-	0.1	0.6
Time spent by the husband with child in a day (n=)	**390**	**418**	**808**	**322**
≤ 15 minutes	0.8	2.4	1.6	1.9
16-30 minutes	11	12.4	11.8	3.1
31-60 minutes	21.3	18.7	19.9	1.9
61-120 minutes	40.5	35.2	37.7	40.4
More than 2 hours	21.5	24.4	23	52.5
Not specified	4.9	6.9	5.9	0.3
Average	78.35	77.96	78.15	101.46
*Multiple responses				

Main findings are as follows.

About 96 percent of the respondents in intervention districts and 97 percent in control district reported that the father takes care of the child (Fig 6.5).

Fig 6.5: Father takes care of the child (%)

Mostly father provides help in giving bath to the child and in feeding the child. The other kind of helps provided by father are: dressing the child, and playing with the child.

On an average, they spend more than 1½ hours in a day to take care of the child.

6.1.4 Activities undertaken to develop different senses

All the surveyed mothers / caregivers of children aged 3-3.5 years were asked what kind of activities they do to develop child's ability with regard to sight, smell, sense, taste and touch. The following findings have emerged from Table 6.4A in Annexure -2.

Mostly they show different birds, animals, fruits, vegetables, colours and various other things to develop their child's ability for sight. About one – half of respondents in control district, could not specify anything on this issue.

For smell, they mostly ask the child to see various things such as flowers, agarbeti, mud, powder, medicine etc. and ask how the child feels after smelling. About 32% of mothers/ caregivers in intervention districts and 98% in control districts were unable to say anything on the point.

For sense, they mostly ask the child how he/she feels on beating, biting by ant/ mosquito, and touching hot & cold etc. About 40% in intervention districts and 81% in control district could not specify anything on this point.

The respondents reported to provide different things and ask the child to eat to develop his / her taste. For this they give food, fruit, sweet, gur, salt, tea medicine, kheer etc. and ask the child how he/she feels after eating. About one – fifth in intervention districts and 61% in control district were silent on this issue. For touch they mostly stated that the child gets up in the morning after touching, see towards me after touching , feels after touch etc.

For more details on the aspects discussed in section 6.1, Tables 6.1 to 6.3 in Annexure – 2 may be referred.

6.2 Status of development of children aged 3-3.5 years

All the surveyed mothers/ caregivers of children aged 3-3.5 yeas were asked a series of questions related to behavioral and development aspects whether their child had achieved or not.

6.2.1 Behavioral aspects

To assess developmental status of the child on behaviour aspects , five questions were asked from mothers / caregivers whether their child (i) asks to many questions, (ii) is curious to know about body parts, (iii) likes to do things himself / herself, (iv) feels jealous, if a younger baby comes in the family, being afraid of reduction in love and affection he /she was getting and (v) starts recognizing gender differences and correctly says “I am a boy or girl”. Table 6.4 provides their responses.

Table 6.4: Development status of the child aged 3-3.5 years on behavioral aspects

(%)

Behavioral aspects	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**409**	**432**	**841**	**333**
Asks too many questions	94.4	93.8	94.1	97.3
Curious to know about body parts	94.1	90.5	92.3	96.7
Like to do things for themselves	86.8	81.9	84.3	92.2
Feels jealous if a younger baby comes in the family, being afraid of reduction in love and affection he/ she was getting	40.6	32.9	36.6	39.9
Start recognizing gender differences and will correctly say "I am a boy or girl".	93.6	91.2	92.4	97

More than four – fifth of the respondents replied in affirmative for questions (i), (ii), (iii) and (v). About two – fifth of respondents (37% in intervention districts and 40 percent in control district) expressed that their child "feels jealous, if a younger baby comes in the family , being afraid of reduction in love and affection he/she was getting".

6.2.2 Development aspects

To asses development aspects of the child, eleven questions were asked from the respondents whether their child aged 3-3.5 years has achieved a particular aspect or not. Table 6.5 provides their responses.

Table 6.5: Developmental status of the child aged 3-3.5 years on development aspects

(%)

Development aspects	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**409**	**432**	**841**	**333**
Can name a picture	64.3	57.4	60.8	69.7
Name at least one colour	32	25.7	28.8	19.8
Knows his/her name, age and sex	51.6	56.5	54.1	39.9
Able to put on his or her own shirt but will need help with shoes and buttons	46.9	47.9	47.4	54.1
Can jump in place and stand briefly on one foot	77.8	74.3	76	91.9
Can speak three- four words sentences	88.8	91.2	90	96.7
Comprehends the meaning of 'smaller or bigger" and "on or under"	92.9	94.7	93.8	95.8
Can open doors	70.7	71.5	71.1	97.9
Can brush teeth	92.9	93.3	93.1	94.3
Try to eat without support	98	97.7	97.9	96.7
Tells about going to toilet	98	97.9	98	98.2

The main findings are as follows:

More than 70% of the respondents have stated that their child "can jump in place and stand briefly on one foot" ," can speak three- four words sentences", "comprehends the meaning of "smaller or bigger" and "on or under", "can open doors", "can brush teeth" , "tries to eat without support" and "tells about going to toilet". Between 55 & 70 percent have expressed that their child "can name a picture". Between 40 and 50 percent have stated that they "know his/her name, age & sex" and "able to put on his or her own shirt but will need help with shoes and buttons", while about 20-32% expressed that their child "can name at least one colour".

For more details for section 6.2, Tables 6.4 and 6.5 in Annexure – 2 may be seen.

6.3 School going practices of children aged 5-5.5 years

6.3.1 Perception about sending the child to AWC for pre –school education

All the surveyed mothers / caregivers of children aged 5-5.5 years were asked a set of questions to assess their perception regarding sending the child to AWCs for preschool education. Table 6.6 provides their responses.

Table 6.6: Perception of mothers/caregivers for sending the child ages 5-5.5 years to AWC for pre school education

(%)

Particulars	**Intervention districts**			**Control district**
	Intervention AWCs	**Intermediate AWCs**	**Total AWCs**	**Control AWCs**
Whether feel importance for a child of 4+years to go to AWC for preschool (n=)	**265**	**265**	**530**	**186**
Yes	98.1	97.4	97.7	100
No	1.9	2.6	2.3	-
Whether child going to AWC (n=)	**265**	**265**	**530**	**186**
Yes	100	100	100	100
No. of days in last month the child went to AWC (n= yes in 2)	**265**	**265**	**530**	**186**
< 7 days	1.9	3.4	2.6	3.8
7 – 14 days	4.9	6	5.5	3.2
15 – 21 days	66.4	60.8	63.6	68.8
> 21 days	26.8	29.8	28.3	24.2
Average no. of days	19.74	19.38	19.56	19.53

The following main findings have emerged from this table.

Almost all respondents (98-100%) felt it important to send a child aged 4+ years to AWC for pre school education.

All the respondents in intervention districts and control district were sending their child to AWC for pre school education against a figure of about 99 percent of the respondents who perceived it to be important.

On an average, children went to AWC on almost all the working days in the last month (20 days).

Table 6.6 in Annexure – 2 may be referred for more details.

During FGDs, some participants from intervention areas reported that after getting training and counseling from CARE employees, Anganwadi workers have prepared teaching learning materials for better understanding of children. Now Children are asked to match pictures, shapes, and identify colours. Other activities done for children at the centre include – story telling, poem/ songs, and games like Hide and Seek, Chuha billi, railgadi etc. Children have been oriented in respecting elders, obeying parents. Sewika of Devarmal has reflected that now children in her centre greet their parents at home and anyone who comes to visit the centre.

A respondent stated that her 4 year old daughter Sangita has developed a lot in past 1 year at the Anganwadi centre. Now she can introduce herself and communicate with others, sing songs, do exercises and participate in all the activities at the centre.

Another respondent whose daughter was attending Anganwadi from last 2 months says she was very shy initially but now it's difficult to stop her, she always talks and dances.

In intermediate areas, AWCs have also been reported to be deficient in Teaching and Learning Materials (TLM). The respondents informed that children don't get toys and books or are not replaced when they are broken/torn off. Children are taught names of fruit, vegetables, and basic learning's. Some respondents reported that they take their children to AWCs and also bring them back with them after a short stay as children don't like to stay there. There are not many facilities for children at the Centre.

In control areas, the participants are of the view that the focus of Anganwadis is just on distribution of Dalia packets/ mid-day meal. Respondents of Malda Village quoted that children are least interested to go to Anganwadi, because of its unhygienic condition. There are no proper toilets, non-availability of drinking water and poor quality of mid-day meal. Some respondents of Amjhar Village reported that they prefer to send their kids to Shishu Mandir (Private School) than Anganwadi Centre; they don't mind paying the fees because the condition of angwandi centre is inferior.

6.3.2 Perception about sending the child to school

A series of questions were put to the respondents to assess their perception regarding sending the child to school. Table 6.7 provides such information.

Table 6.7: Perception of mothers/caregivers for sending the child ages 5-5.5 years to school

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Whether child going to school (n=)	**265**	**265**	**530**	**186**
Yes	18.9	20.8	19.8	11.3
Whether the child goes to school happily (n=)	50	55	105	21
Yes	94	92.7	93.3	85.7
Reasons for not sending child to school (n=)	**213**	**208**	**421**	**165**
We can not afford to send	30	38.9	34.4	-
No nearby school	8.5	8.7	8.6	0.6
Going to anganwadi	61.5	52.4	57	99.4
Whether the child went to preschool (n=)	**265**	**265**	**530**	**186**
Yes	87.9	82.6	85.3	93
Type of learning in preschool* (n=)	**233**	**219**	**452**	**173**
Reading (counting)	30	32.4	31.2	1.2
Singing	6.9	8.7	7.7	0.6
Name/naming	0.4	0.9	0.7	-
Eating	0.4	-	0.2	-
Poem (kavita)	20.2	16.9	18.6	0.6
Writing	7.3	9.1	8.2	0.6
Hygiene & sanitation	2.1	4.1	3.1	-
Self confident	4.7	7.3	6	-
Prayer	-	0.5	0.2	-
Don't know	59.7	58.9	59.3	98.8
*Multiple responses				

The following findings have emerged:

About 20 percent of the respondents in intervention districts (19% in intervention and 21% in intermediate AWCs) and 11 percent in control district were sending their child to school.

On asking whether their child was going to school happily, 93 percent in intervention and 86 percent in control district replied in affirmative. There was no difference between intervention and intermediate AWCs.

Those respondents, who were not sending their child to school, were asked the reasons for the same. The main reasons cited by them were:

- The child was going to AWC
- Non – affordability of sending the child to school.

About 85 percent of the respondents in intervention districts (91% in Janjgir and 81% in korba) reported that their child was going for pre school education. The proportion of such respondents was 93 percent in control district.

Majority of those whose child was going to pre – school reported that their child was learning counting, poems, singing and writing in their pre – school classes. However, 59% in intervention districts and 99% in control district could not say anything on this issue.

For more details, Table 6.7 in Annexure – 2 may be seen.

6.4 Status of development of children aged 5 – 5.5 years

All the surveyed mothers / caregivers of children aged 5-5.5 years were asked a set of questions, whether their child had started certain activities related to gross motor, fine motor, cognitive, language and social emotional. They have been discussed below under each head.

6.4.1 Gross motor

Gross motor skills are the abilities usually during infancy and early childhood as part of a child's motor development. By the time they reach two years of age, almost all children are able to walk heel-to-toe forward along line on floor without losing balance, walk heel-to-toe backward along line on floor without losing balance, jump on one foot. These skills are built upon, improved and better controlled throughout early childhood and continue in refinement throughout most of the individual's years of development into adulthood. These gross movements come from large muscle groups and whole body movement. This set of questions were asked from mothers / caregivers to assess gross motor skills of their child aged 5-5.5 years. Table 6.8 provides their responses.

Table 6.8: Key milestones achieved by children aged 5-5.5 years under gross motor

(%)

key activities/mile stones under gross motor	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	265	265	530	186
Child walks heel-to-toe forward along line on floor without losing balance	90.6	83.8	87.2	98.4
Child walks heel-to-toe backward along line on floor without losing balance	83.4	75.1	79.2	84.4
Can jump on one feet	96.2	98.9	97.5	95.2

A vast majority of the respondents reported that their child

"Walks heel-to-toe forward along line on floor without losing balance" (87% in intervention and 98% in control district).

"Walks heel-to-toe backward along line on floor without losing balance" (79-84% in both intervention and control district).

"Can jump on one foot" (98% in intervention & 95% in control district).

6.4.2 Fine motor

Fine motor skills are the basis for the preparation of the hand. Fine motor skill development is not only essential for handwriting; it is a necessity for daily living: dressing, eating etc. Fine motor skills are the coordinator of small muscle movements especially the coordination of finger movement with vision. These skills are acquired as children, and humans secure and perfect them throughout life. Products and toys that can develop these motor skills. A series of questions listed in Table 6.9 were asked from mothers / caregivers to assess development of their child's fine motor skills.

Table 6.9: Key milestones achieved by children aged 5-5.5 years under fine motor

(%)

key activities/mile stones under fine motor	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	265	265	530	186
Child copies a square with good corners	46.8	41.9	44.3	59.1
Child prints two or three letters of name	63.4	56.6	60	68.8
Child can colour neatly within in a closed outline	46.4	39.2	42.8	61.3

"Child copies a square with good corners", "child prints two or three letters of name" and "child can colour neatly within a closed outline" were reported by 44 percent, 60 percent and 43 percent of the respondents in intervention districts, with more proportions in intervention AWCs than intermediate AWCs . The proportion of such respondents were quite high in control district. They were 59 percent, 69 percent and 61 percent respectively in control district.

6.4.3 Cognitive

In science, cognition refers to mental processes. These processes include attention, memory, producing and understanding language, solving problems, and making decisions. A series of questions listed in Table 6.10 were asked from mothers / caregivers to assess development of their child's cognitive skills.

Table 6.10: Key milestones achieved by children aged 5-5.5 years under cognitive

(%)

key activities/mile stones under cognitive	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	265	265	530	186
Child can do sorting and classification based on two features (sorts cards with pictures that vary by shape and color into two piles, switching between one dimension and the other as signaled by a border on the cards	74	70.6	72.3	95.7
Child understands big-short, left-right, under-up, inside-outside concepts	93.2	98.1	95.7	79
Child can recognize 1-9 numbers	61.5	65.3	63.4	52.2
Child can arrange objects in sequence and in pattern	55.1	52.1	53.6	90.9
Child show familiarity with local surrounding and environment	65.7	58.1	61.9	96.2

"Child can do sorting and classification based on two features (sorts cards with pictures that vary

by shape and color into two piles, switching between one dimension and the other as signaled by a border on the cards" (72% in intervention and 96% in control district).

"Child understands big-short, left-right, under-up, inside-outside concepts" (96% in intervention and 79% in control district).

"Child can recognize 1-9 numbers" (63% in intervention and 52% in control district).

"Child can arrange objects in sequence and in pattern" (54% in intervention and 91% in control district).

"Child show familiarity with local surrounding and environment" (46% in intervention and 96% in control district).

6.4.4 Language

All the surveyed mothers / caregivers were asked whether their child can narrate an incident or experience clearly and in sequence, can recite a rhyme / poem, ask questions without hesitation and can follow two steps instructions to assess their child's language skills. Table 6.11 provides their responses.

Table 6.11: Key milestones achieved by children aged 5-5.5 years under language

(%)

key activities/mile stones under language	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**265**	**265**	**530**	**186**
Can narrate an incident or experience clearly and in sequence	4.5	3.8	4.2	8.1
Can recite a rhyme/poem	2.3	2.3	2.3	5.4
Ask questions without hesitation	1.5	1.5	1.5	1.1
Can follow two steps instructions	-	0.4	0.2	-

Less than 10% of the respondents reported that their child
"Can narrate an incident or experience clearly and in sequence" (4% in intervention and 8% in control district).

"Can recite a rhyme/poem" (2% in intervention and 5% in control district).

"Ask questions without hesitation" (2% in intervention and 1% in control district).

"Can follow two steps instructions" (0.2% in intervention and none in control district).

6.4.5 Social Emotional

For assessing their child's social emotional skills, mothers/ caregivers were asked a set of questions listed in Table 6.12.

Table 6.12: Key milestones achieved by children aged 5-5.5 years under social emotional

(%)

key activities/mile stones under social emotional	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	265	265	530	186
Child accepts other children's ideas for sharing and playing	81.5	77.7	79.6	94.1
Child offers to help other children who have difficulty with a task	84.2	81.1	82.6	93.5
Child maintain personal hygiene	61.1	51.7	56.4	91.4
Child keeps belongings organized	55.5	46.8	51.1	91.9
Child can concentrate on a task till completion	36.6	29.8	33.2	91.9
Participate actively in small groups	33.6	25.7	29.6	89.8

A vast majority of the respondents reported that their child
"Accepts other children's ideas for sharing and playing" (80% in intervention and 94% in control district).

"Offers to help other children who have difficulty with a task" (83% in intervention and 95% in control district).

"Maintain personal hygiene" (56% in intervention and 91% in control district).

"Keeps belongings organized" (51% in intervention and 91% in control district).

"Can concentrate on a task till completion" (33% in intervention and 92% in control district).

"Participates actively in small groups" (30% in intervention and 90% in control district).

For more details on the aspects discussed in section 6.4 above, Tables 6.8 to 6.12 in Annexure – 2 may be referred.

6.5 Awareness of mothers on age specific needs and rights of children

6.5.1 Awareness about registration of birth of the child

All the surveyed mothers / caregivers of children aged 3-3.5 years and 5-5.5 years were asked whether they knew that registration of birth of the child is necessary even if the child is born at home. Table 6.13 provides such information.

Table 6.13: Distribution of mothers / caregivers by their Knowledge about registration of birth of the child

(%)

Knowing that birth registration of child is necessary even in home delivery	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
Yes	84	82	83	91.7
No	16	18	17	8.3

Almost 83 percent of respondents in intervention districts (91% in Janjgir and 77% in korba) and 92% control district knew that the registration of birth of child is necessary even if the child is born at home. For more details, Table 6.13 in Annexure -2 may be seen.

6.5.2 Knowledge about elements of quality care of a child

On asking what are the elements of quality care of a child, the elements cited by the respondents are given in Table 6.14.

Table 6.14: Knowledge about elements of quality care of a child

(%)

Knowledge about elements of quality care of a child*	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
(n=)	**658**	**687**	**1345**	**519**
Good environment where child can freely play and sleep	40.5	42.8	41.7	13
Guide child to develop age related skills through good parenting	27.8	27.7	27.8	47.5
Monitoring child's growth	24.1	27.2	25.6	42.6
Proper diet to child for growth	38.9	40.1	39.5	47.1
Pre-schooling for children under 5 years and elementary schooling for children 5+ years	46.8	42.1	44.4	4.2
Encourage child for going to school and learning new things	33.8	29.1	31.5	29
Make child remember his/her name, father's name, telephone number/address/name of village for safety of child when go out to city or village fair	17.9	17.8	17.8	0.8
Other	2.4	1.2	1.8	0.4
*Multiple responses				

Good environment where child can freely play and sleep (42% in intervention and 13% in control district).

Guidance to child to develop age related skills through good parenting (28% in intervention districts and 48% in control district).

Monitoring of the child's growth (26% in intervention and 43% in control district).

Proper diet to child for growth (40% in intervention districts and 47% in control district).
Pre- schooling for children under 5 years & elementary schooling for children 5+ years (44% in intervention districts & 4% in control district). Encouraging child for going to school and learning new things (32% in intervention districts and 29% in control district).
For more details , Table 6.14 in Annexure – 2 may be referred.

CHAPTER –VII
CAREGIVER'S KNOWLEDGE ABOUT GOVERNMENT SCHEMES AND ENTITLEMENTS

A number of government schemes have been implemented in the state of Chhattisgarh for the uplift of women. This chapter discusses about what the mothers / caregivers know about these schemes. District-wise Tables 7.1 to 7.8 have been given in Annexure -2 of the report.

7.1 Women awareness camp

Table 7.1 provides information on awareness of mothers/ caregivers about these camps

Table 7.1: Knowledge of mothers/caregivers about women awareness camp

(%)

Particulars	**Intervention districts**			**Control district**
	Intervention AWCs	**Intermediate AWCs**	**Total AWCs**	**Control AWCs**
Knowledge of women awareness camp (n=)	**658**	**687**	**1345**	**519**
Yes	9.6	10.2	9.9	6.4
Activities undertaken in the camp* (n=)	**63**	**70**	**133**	**33**
Imparting knowledge about schools initiated by dept. of women & child development	69.8	65.7	67.7	57.6
Educating about their school, problems, economic development and legal rights	31.7	51.4	42.1	57.6
Participation in the camp (n=)	**63**	**70**	**133**	**33**
Yes	34.9	35.7	35.3	51.5
*Multiple responses				

Form Table 7.1, the following findings have emerged.

Only about one - tenth of the respondents in intervention districts (7% in Janjgir and 12% in Korba district) and 6 percent in control district knew about this scheme. Out of those who knew about the scheme, 68 percent in intervention districts (74% in Janjgir and 64% in Korba district) and 58 percent in control district reported imparting knowledge about schools initiated by department of woman and child development as an activity undertaken in the awareness camp (Fig 7.1).

Fig 7.1: Knowledge of mothers / caregivers about women awareness camp(%)

"Educating women about schools, problems, economic development and legal rights" as an activity undertaken in the camp was reported by 42 percent and 58 percent of the respondents in intervention and control district respectively.

Out of those who were aware of the awareness camp, 35 percent of the respondents in intervention districts (54% in Janjgir and 27% in korba district) and 52 percent in control district participated in such camps.

Knowledge of mothers / caregivers about women awareness camp had reduced to half in the endline over the baseline , but their participation in camps had increased.

7.2 Self help groups

All the surveyed respondents were asked whether they knew any SHG of women functioning in their village. Those who were aware of any SHG of women, were further asked a set of questions to assess what they knew about its functioning. Table 7.2 provides such data.

Table 7.2: Knowledge of mothers/caregivers about self help groups

(%)

Particulars	**Intervention districts**			**Control district**
	Intervention AWCs	**Interm ediate AWCs**	**Total AWCs**	**Control AWCs**
Awareness of functioning of any SHG of women in the village (n=)	**658**	**687**	**1345**	**519**
Yes	21.1	19.7	20.4	19.5
Objective of the SHG* (n=)	**139**	**135**	**274**	**101**
Making women economically and socially developed	83.5	88.9	86.1	49.5
Providing loans to start enterprise	20.9	24.4	22.6	56.4

Table 7.2: Knowledge of mothers/caregivers about self help groups (Contd..)

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
No. of women who are members of such group (n=)	**139**	**135**	**274**	**101**
less than 10	21.6	20	20.8	36.6
10-20	77.7	80	78.8	45.5
20+	0.7	-	0.4	17.8
Age group of members is specified (n=)	**139**	**135**	**274**	**101**
Yes	15.1	17	16.1	25.7
Age group specified (n=)	**21**	**23**	**44**	**26**
Less than 18	47.6	65.2	56.8	3.8
18-20	38.1	21.7	29.5	23
29-40	14.4	4.3	9.1	23
40+	-	-	-	7.7
Not specified	-	8.7	4.5	42.3
Member of any SHG (n=)	**139**	**135**	**274**	**101**
Yes	32.4	39.3	35.8	31.7
No. of years, since member of any SHG (n=)	**45**	**53**	**98**	**32**
1 -5	80	79.3	79.6	84.5
6 or more	20	18.9	19.3	15.7
Not specified	-	1.9	1	-
Activities undertaken by SHG* (n=)	**45**	**53**	**98**	**32**
Promotion of savings among members	48.9	71.7	61.2	9.4
Loan to members for household needs	48.9	54.7	52	56.3
Loan to members for income generation activities	22.2	30.2	26.5	31.3
*Multiple responses				

The following findings have emerged:

About one - fifth of the respondents (23% in Janjgir and 18 percent in Korba district) and 20 percent in control district had expressed their awareness of functioning of any SHG of women in their village (Fig 7.2). Regarding their knowledge about objectives of the SHG, a vast majority of them (79% in Janjgir and 93% in Korba district) and 50% in control district reported "making women economically and socially developed". Another about 23 percent of them in intervention districts (29% in Janjgir and 16% in korba district) and 56 percent in control district cited "providing loans to start enterprise" as its objective.

Fig 7.2: Knowledge of mothers/caregivers about self help groups (%)

Regarding number of woman members of the SHG, 79 percent in intervention districts (68% in Janjgir and 89% in korba district) and 46 percent in control district reported 10-20 members in a group. A vast majority of them (84% in intervention districts and 74% in control district) expressed that there was no age limit for the eligibility to become a member of the SHG. About 36% in intervention districts (29% in Janjgir and 42% in korba district) and 32 percent in control district reported to be a member of any SHG.

Regarding activities to be undertaken by such SHGs, 61 percent of the respondents who where members of the SHG in intervention districts (67% in Janjgir and 58% in Korba district) and 9 percent in control district reported "promotion of saving among members". Other activities cited by them were "loan to members for household needs" (52% in intervention and 56% in control district) and "loan to members for income generation activities" (27% in intervention and 31% in control district).

Though the knowledge of caregivers/ mothers about the functioning any SHG of women in their village had decreased in the endline from the baseline , but their membership in any SHG had increased , particularly in intervention districts.

7.3 Kishori shakti yojana

Table 7.3 provides information on awareness of mothers / caregivers on kishori shakti yojana.

Table 7.3: Knowledge of mothers/caregivers about Kishori Shakti Yojana

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Awareness of kishori shakti yojana (n=)	**658**	**687**	**1345**	**519**
Yes	9.1	12.1	10.6	18.3
Knowledge about the scheme* (n=)	**60**	**83**	**143**	**95**
Selection of three adolescent girls of 11-18 yrs for helping the AWW	46.7	68.7	59.4	41.1
Free nutrition to girls per week	63.3	61.4	62.2	68.4
Accumulation of knowledge about the scheme	13.3	10.8	11.9	2.1
*Multiple responses				

The following findings have emerged from Table 7.3 .

Almost one – tenth of the respondents (6% in Janjgir and 14% in korba district) and 18 percent in control district had heard of the kishori shakti yojana (Fig 7.3). Regarding their knowledge about the scheme, three – fifth of them in intervention (65% in Janjgir and 58% in Korba district) and 41 percent in control district reported that "three adolescent girls of age groups of 11-18 years were selected under the scheme to help the AWW". Other activities undertaken under the scheme cited by them were "free nutrition to girls per week" (62% in intervention districts and 68% in control district) and "accumulation of knowledge about the scheme" (12% in intervention districts and 2% in control district). **The knowledge of mothers/ caregivers about Kishori Shakti Yojana had decreased substantially in the endline from the baseline**.

Fig 7.3: Knowledge of mothers/caregivers about Kishori Shakti Yojana(%)

7.4 Chhattisgarh mahila kosh rin yojana

All the surveyed mothers / caregivers were asked whether they were aware of the Chhattisgarh Mahila Kosh Rin Yojana and if yes, they were further asked about the functions of the scheme and whether they availed any benefit of the scheme. Table 7.4 provides such information.

Table 7.4: Knowledge of mothers/caregivers about Chhattisgarh Mahila Kosh Rin Yojana

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Awareness of Chhattisgarh mahila kosh rin yojna (n=)	**658**	**687**	**1345**	**519**
Yes	8.1	12.2	10.2	8.9
Functions of the scheme (n=)	**53**	**84**	**137**	**46**
Loan to women and self help groups on easy terms	98.1	97.6	97.8	87
Other	1.9	2.4	2.2	13

Maximum amount given to SHGs (n=)	**53**	**84**	**137**	**46**
≤ Rs 10,000	24.5	39.3	33.6	13
Rs 10,001-20,000	22.6	9.5	14.6	6.5
More than 20,000	11.3	7.1	8.8	37
Don't know / can't say	41.5	44	43.1	43.5
Whether taken benefit from this scheme (n=)	**53**	**84**	**137**	**46**
Yes	15.1	28.6	23.4	26.1

Only about 10 percent of the respondents in intervention districts (4% in Janjgir and 15% in Korba district) and 9 percent in control district expressed their awareness of the scheme, showing an increase in their knowledge over the baseline (Fig 7.4).

Fig 7.4: Knowledge of mothers/caregivers about Chhattisgarh Mahila Kosh Rin Yojana (%)

About 98 percent of them in intervention districts (96% in Janjgir and 98% in korba) and 87 percent in control district reported "loan to women and self help groups on easy terms" as the main function of scheme. Regarding the maximum loan given to SHGs, a good number of them did not specify any thing. No concrete conclusion could be drawn, as there was a mix of responses. Only 29 percent of them in Korba district only (20% in intervention and 34% in intermediate AWCs) and 26 percent in control district had availed of any benefit under the scheme.

7.5 Dowry prohibition Act, 1961 and 2004

All the respondents were asked whether they knew about dowry prohibition act and if yes, they were further questioned what they knew about it, Table 7.5 provides their responses.

Table 7.5: Knowledge of mothers/caregivers about Dowry Prohibition Act, 1961 and 2004

(%)

Particulars	**Intervention districts**			**Control district**
	Intervention AWCs	**Intermediate AWCs**	**Total AWCs**	**Control AWCs**
Awareness of dowry prohibition act, 1961 & 2004 (n=)	**658**	**687**	**1345**	**519**
Yes, dowry act 1961	3.8	5.7	4.8	1
Yes, dowry act, 2004	0.6	0.3	0.4	2.3
Yes, both	0.3	0.7	0.5	2.5
Total, who heard	4.7	6.7	5.7	5.8
Knowledge about the act*(n=)	**31**	**46**	**77**	**30**
Any form of abuse causing harm or injury to the physical and / or mental health of the woman or compromising her life and safety	80.6	63	70.1	20
Any harassment for dowry or to meet any other unlawful demand	19.4	37	29.9	63.3
Threat to cause injury or harm	71	82.6	77.9	6.7
Prohibits giving or taking of dowry	19.4	28.3	24.7	23.3
*Multiple responses				

The main findings are as follows:

About 6 of percent of the respondents in intervention districts (1% in Janjgir and 9% in Kobra) and 6 percent in control district expressed their awareness of the act, showing a decrease over the baseline (Fig 7.5) .

Fig 7.5: Knowledge of mothers/caregivers about Dowry Prohibition Act, 1961 and 2004 (%)

About 85% of them in Korba district only (76% in intervention AWCs and 91% in intermediate AWCs) expressed that the act does not permit "any threat to cause injury or harm to woman" and about 70 percent of them in intervention districts (67% in Janjgir and 70% in Korba district) reported that "the dowry act does not permit any form of abuse causing harm or injury to the physical and / or mental health of the woman or comprising her life and safety". In control district of Raigarh, 63% of them reported that the "act prohibits any harassment for dowry or to meet any other unlawful demand". Another 23% said that the act prohibits giving or taking of dowry.

7.6 Domestic violence act , 2005 for women

Table 7.6 provides information on the respondent's knowledge about domestic violence act, 2005 for women.

Table 7.6: Knowledge of mothers/caregivers about Domestic Violence Act, 2005 for Women (%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Awareness of domestic violence act (n=)	**658**	**687**	**1345**	**519**
Yes	29.6	26.6	28.1	45.9
Knowledge about act (n=)	**195**	**183**	**378**	**238**
To prevent violence against women at home	81	87.4	84.1	99.6
Other	19	13.7	16.4	0.4
Knowledge of registering the complaint against violence (n=)	**195**	**183**	**378**	**238**
Yes	60.5	68.3	64.3	95.4
Place of registration of complaint* (n=)	**118**	**125**	**243**	**227**
District office	16.1	16	16	14.5
Police / Magistrate	78.8	78.4	78.6	85.9
Other	5.9	6.4	6.2	-
*Multiple responses				

Regarding awareness of domestic violence act, about 28 percent in intervention districts (12% in Janjgir and 41% in korba district) were aware of it. The proportion of such respondents was higher in control district (46%) (Fig 7.6). Majority all of them (84%) intervention districts and almost all in control district knew that the act "prevents violence against women at home".

Fig 7.6: Knowledge of mothers/caregivers about Domestic Violence Act, 2005 for Women (%)

Regarding knowledge of registration of complaint against violence, 64 percent of them (87% in Janjgir and 59% in korba district) and 95 percent in control district had expressed their knowledge of the places where women can register their complaint. Majority of them (79% in intervention districts and 86% in control districts) reported "police / magistrate" where a woman can register her complaint. District office for registering the complaint was reported by 16 percent of them in intervention districts and 15 percent in control district, with vast variation between intervention districts and between intervention & intermediate at AWCs within the district.

7.7 Swavalamban yojana

All the surveyed respondents were asked whether they knew about the swavalamban yojana and if yes, they were further questioned what they knew about the scheme and whether they availed of any benefit of the scheme. Table 7.7 provides such data.

Table 7.7: Knowledge of mothers/caregivers about Swavalamban Yojana

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
Awareness of swavalamban yojana (n=)	**658**	**687**	**1345**	**519**
Yes	3.8	4.9	4.4	21
Knowledge about the yojana* (n=)	**25**	**34**	**59**	**109**
It is for poor women whose husband has expired or legally divorced or unmarried women in the age group of 35-45 years	44	64.7	55.9	97.2
These women are made self reliant by giving training to earn at least Rs 5000/- per month	44	35.3	39	0.9
These women should be below poverty line of age between 18-50	20	38.2	30.5	0.9
Annual income of family should be less than Rs. 48,000/ and women should be resident of Chhattisgarh	12	8.8	10.2	-
Whether availed benefit of this scheme (n)	**25**	**34**	**59**	**109**
Yes	12	8.8	10.2	-
*Multiple responses				

The main findings emerged out from this table are as follows:

Only 4 percent of the respondents in intervention districts (3% in Janjgir and 6% in korba) and 21 percent in control district knew about the scheme, showing a decrease in their knowledge in intervention districts (Fig 7.7).

Fig 7.7: Knowledge of mothers/caregivers about Swavalamban Yojana (%)

A vast majority of them in both intervention and control district reported that "it is for poor women whose husband has expired or legally divorced or unmarried women in the age group of 35-45 years" (56% in intervention and 97% in control district) and "it is to make women self reliant by giving training to earn at least Rs. 5000-/- per month" (39% in intervention districts) (6% in

Janjgir & 40% in Korba district).

Only 10 percent of them in intervention districts reported to have availed of the benefits of the scheme (13% in Janjgir and 9% in Korba district).

7.8 Saksham yojana

All the respondents under the survey were asked whether they were aware of the saksham yojana and if yes, what they knew about the scheme. Table 7.8 provides such information.

Table 7.8: Knowledge of mothers/caregivers about Saksham Yojana

(%)

Particulars	**Intervention districts**			**Control district**
	Intervention AWCs	**Interme diate AWCs**	**Total AWCs**	**Control AWCs**
Awareness of Saksham yojana (n=)	**658**	**687**	**1345**	**519**
Yes	2.6	4.9	3.8	4.6
Knowledge about the yojana (n)	**17**	**34**	**51**	**24**
It is for poor women whose husband has expired or legally divorced or unmarried in the age group of 35-45 years	76.5	55.9	62.7	62.5

Table 7.8: Knowledge of mothers/caregivers about Saksham Yojana (Contd..)

(%)

Particulars	Intervention districts			Control district
	Intervention AWCs	Intermediate AWCs	Total AWCs	Control AWCs
To make the women independent by giving loan	29.4	67.6	54.9	37.5
A loan of Rs 100,000/- is given to start business at home at 6.5% rate of interest	-	20.6	13.7	4.2
Women should be below poverty line and age should be between 18 to 50 years	17.6	29.4	25.5	4.2
Annual income of family should be less than Rs. 48,000/ and women should be resident of Chhattisgarh	5.9	2.9	3.9	-
*Multiple responses				

The following main findings have emerged from the table.

Only 4 percent of the respondents in intervention districts (3% in Janjgir and 5% and korba) were aware of the scheme. The proportion of such respondents was 5% in control district (Fig 7.8) .

Fig 7.8: Knowledge of mothers/caregivers about Saksham Yojana (%)

About 63% of them in intervention districts (100% in Janjgir and 46% in korba) and 63 percent in control district knew that “the scheme is for poor women whose husband has expired or legally divorced or unmarried in the age group of 35-45 years”. “Making the women independent by giving loan” as an aim of the scheme was reported by 55 percent in intervention districts (13% in Janjgir and 74% in korba) and 38 percent in control district, with vast variation between the intervention and intermediate AWCs.

7.9 Summing up

Mothers/caregivers had very poor knowledge about the various schemes implemented in the state for the upliftment of women. The knowledge of women about various schemes was better in control district than intervention districts. Most of them knew of the aims and objectives of the schemes and only few of them availed any benefits under the schemes. The knowledge of mothers/ caregivers about all the schemes had reduced from the baseline (except for Chhattisgarh Mahila Kosh Rin Yojana). The knowledge of this scheme had increased over the baseline.

CHAPTER – VIII
PHYSICAL AND COGNITIVE DEVELOPMENT STATUS OF CHILDREN UNDER 6 YEARS

This chapter has been divided into two sections. The first section deals with children aged 3-3.5 years. These children were given an ICMR development screening test that included a number of milestones achieved by children aged 3-3.5 years under components of gross motor; vision and fine motor; hearing, language & concept development; self help skills and social skills. Through this test, it was assessed whether the child had achieved these milestones or not or there was delay in development of children. To assess their nutritional status as well, both weight and height measurements were obtained for each child.

The second section of this chapter deals with children aged 5-5.5 years. They were tested for school readiness through administering a school readiness instrument. This instrument had two parts. In the first part, these children were tested for their achievements in pre – mathematical concepts, number concepts and language skills & reading readiness by showing various pictures under each of 10 activities. In the second part, they were assessed on the behavioral aspects by asking a series of questions from their mother / caregiver. In addition, both their weight and height measurements were taken to assess their nutritional status. Both boy and girl children were assessed for both the tests. This chapter presents only the highlights along with the summary tables. For more detailed findings, Tables 8.1 to 8.38 in Annexure – 2 may be referred.

8.1 Children aged 3-3.5 years

8.1.1 Profile of children aged 3-3.5 years

About half of them in intervention districts and control district were male. More than 85 percent of them belonged to SC/ST or OBC (Table 8.1 in Annexure -2).

8.1.2 Milestones achieved by children aged 3-3.5 years

First the child was administered the test and if the child was unable to understand the question or could not perform as asked, then caregiver was asked for these selected questions. About 91 percent of children in intervention districts and 98 percent in control district were administered an ICMR screening test at home (Table 8.1 in Annexure -2).

Gross motor

Gross motor skills are the abilities usually during infancy and early childhood as part of a child's motor development. By the time they reach two years of age, almost all children are able to stand on one foot with help, walk backwards, get up from squatting position without help, carry wooden block on head and walk 5 steps, hop on one foot and touch opposite ear by taking hand over the head. These skills are built upon, improved and better controlled throughout early childhood and continue in refinement throughout most of the individual's years of development into adulthood. These gross movements come from large muscle groups and whole body movement. This set of questions were asked to assess gross motor skills of the child aged 3-3.5 years (Tables 8.2 to 8.4 in Annexure – 2 provide their responses).

More than two – third of the children could “stand on one foot with help”, “walk backwards”, “get up from squatting position with out help” and “touch opposite ear by taking hand over the head”.

About two – fifth in intervention districts and one – half in control district were able “to carry a wooden block on head and walk 5 steps”, while about one – half in both intervention and control district “could hop on one foot”.

Overall achievement of milestones is marginally better among female than male children in both intervention and control district. It is also marginally better among SC and OBC than ST children in intervention & intermediate AWCs, but it is better among SC/ST than OBC children in control AWCs.

Vision & fine motor

Fine motor skills are the basis for the preparation of the hand. Fine motor skill development is not only essential for handwriting; it is a necessity for daily living: dressing, eating etc. Fine motor skills are the coordinator of small muscle movements especially the coordination of finger movement with vision. These skills are acquired as children, and humans secure and perfect them throughout life. A series of questions listed in Table 8.5 in Annexure -2 were asked to assess development of their child’s fine motor skills.

More than 80 percent of the children could be able “to pick up cube/ pebble / marble”, “to attempt imitation of scribble”, “to draw a straight line in imitation” and “to thread one bead with nylon wire” in intervention & intermediate AWCs and control AWCs, whereas “drawing a diamond in imitation” could be completed by 5 percent or less children (Tables 8.5 – 8.7 in Annexure -2).

Hearing, language & concept development

To assess hearing, language & concept development skills of the child, a set of questions such as, name one object, enjoy looking at pictures, point to two body parts, say two words together etc. were asked (see Table 8.8 in Annexure – 2 for more questions). The following finding has emerged from their responses.

More than half of the children achieved all the milestones except “recognizing 3 colours”, “singing two lines of song/folk poem” and “completing a sentence”. These milestones were achieved by less than 40 percent of children (Tables 8.8 – 8.10 in Annexure -2).

Self help skills

After one year of age , the child asserts his / her independence by wanting to do many things for himself / herself . The child also loves to watch and copy what he/she sees other people doing. His / her eagerness to be independent at this age makes it the ideal time for him / her to learn basic self – help skill. To assess the child’s self – help skills achievement , a number of questions like “feed self appropriately, bladder control during day, bladder control during night, clean teeth , wash hands, wash face , dress self without help and visit key places in neighborhood / village. The following finding has emerged from their responses.

Hardly 1 percent of children in intervention districts and less than 5 percent in control district achieved each of the milestones under this component (Tables 8.11 in Annexure -2).

Social skills

In behaviorism, social skill is any skill facilitating interaction and communication with others. Social rules and relations are created, communicated, and changed in verbal and nonverbal ways. The process of learning such skills is called socialization. Social skills can be measured on about how the child treats other people and how he / she reacts to them. It is a matter of dealing with the people around them. To assess the child's social skill achievement four questions (can tell her / his name, can tell her / his gender, plays with other children and understands rules of a game) were asked. The following findings have emerged from their responses (Tables 8.12 – 8.14 in Annexure -2).

Around 90 percent of children in intervention, intermediate and control AWCs "could tell their name", while around 80 percent in intervention district and 73 percent in control district "could tell their gender". "Playing with other children" and "understanding rules of game" were expressed by 2-3 percent of children.

There was no difference by gender and caste of the child in achieving the milestones under this component.

Overall scoring

Table 8.1 and 8.2 provides overall scoring by the child on all milestones discussed above by gender and caste of the child respectively.

Table 8.1: Distribution of children aged 3-3.5 years by quartiles on overall scoring on all milestones and gender

(%)

Quartiles on overall scoring on all milestones	Total Janjgir and korba						Control district (Raigarh)		
	Intervention AWCs			Intermediate AWCs			Control AWCs		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
(n=)	207	202	409	210	222	432	165	168	333
≤ 25%	1.4	1.5	1.5	1.4	0.5	0.9	-	0.6	0.3
25.1 -50%	2.9	4	3.4	4.3	5	4.6	1.2	1.8	1.5
50.1 -75%	49.3	43.6	46.5	47.1	48.6	47.9	50.3	38.7	44.4
> 75%	46.4	51	48.7	47.1	45.9	46.5	48.5	58.9	53.8

Overall more than 90 percent of the children in intervention and control district have scored more than 50 percent of marks out of 44 in achievement of milestones. Children are marginally better in overall scoring in control district (about 54% obtained more than 75% marks out of 44) than in intervention AWCs (49%) and intermediate AWCs (47%), showing no gender differentials (Table 8.1).

Table 8.2: Distribution of children aged 3-3.5 years by quartiles on overall scoring on all milestones and caste

(%)

Quartiles on overall scoring on all milestones	Total Janjgir and korba								Control district (Raigarh)			
	Intervention AWCs				Intermediate AWCs				Control AWCs			
	SC	ST	OBC	Others	SC	ST	OBC	Others	SC	ST	OBC	Others
(n=)	**75**	**121**	**190**	**23**	**61**	**124**	**219**	**28**	**62**	**71**	**151**	**49**
≤ 25%	1.3	1.7	0.5	8.7	-	1.6	0.9	-	-	-	0.7	-
25.1 -50%	-	5	3.7	4.3	6.6	4.8	3.7	7.1	1.6	-	1.3	4.1
50.1 -75%	42.7	47.9	45.8	56.5	45.9	51.6	47.9	35.7	45.2	47.9	39.7	53.1
> 75%	56	45.5	50	30.4	47.5	41.9	47.5	57.1	53.2	52.1	58.3	42.9
Mean scoring	33.1	32.3	32.9	31.24	32.5	31.5	32.5	33.0	33.2	33.3	33.9	32.39
SD	5.2	5.3	5.3	5.39	5.1	5.8	5.2	6.53	4.0	4.4	4.7	4.8

Children belonging to SC and OBC are marginally better in overall scoring than ST and general category in intervention AWCs, whereas children belonging to ST are marginally better than other children in control AWCs (Table 8.2).

8.2 Development Status of children aged 5-5.5 years

8.2.1 Profile of children aged 5-5.5 years

About half of children in intervention AWCs (48%) and intermediate AWCs (49%) and 39 percent in control areas were male. More than 80 percent of them belonged to SC/ST or OBC. (Table 8.15 in Annexure -2).

8.2.2 Status of children on school readiness

The school readiness test was administered to each child aged 5-5.5 years. About 61 percent of the children in intervention districts and 5 percent in control district were given the school readiness test at the AWC (Table 8.16 in Annexure -2).

The school readiness instrument includes three categories of competencies – pre mathematical concept; number concepts and language skills & reading readiness to assess whether the child has acquired skills to engage in school. In school readiness instrument, a number of activities were given to the child to assess specific skills. The details are given below:

Activity no./skills	Question asked	Possible scores
1. Three trees numbering A, B and C with some fruits for assessing their pre – mathematical concepts	1. Which fruit do you see in each of the pictures? 2. In which picture you can see the **least** number of fruit? 3. In which picture you can see the **most** number of fruit?	0. for incorrect answer or unable to answer 1. for 1 correct answer 2. for all the correct answers (maximum)
2. Two pictures numbering A and B with a hut and a child for assessing their pre – mathematical concepts	1.In which picture is the child at the back of the hut?	0. for incorrect answer or unable to answer 1. for correct answer (maximum)
3. Four pictures of banana numbering A,B,C and D for assessing their pre – mathematical concepts	Describe sequence in words Identifies the sequence only by pointing to the pictures	0. for incorrect answer or unable to answer 3. If the child is able to correctly identify the sequence, only by pointing to the pictures. 5. If the child is able to describe sequence in words and correctly (maximum)
4. 6 pictures of fruits and vegetables for assessing their pre – mathematical concepts	1. Point to each picture and ask the child, "what is this?"; "Is it a fruit or vegetable?" 2. Then ask the child to show you/point out all the vegetables and then all the	0. for incorrect answer or unable to identify any fruits / vegetables correctly 4. If the child is able to identify at least 2 fruits and 2 vegetables
	fruits separately.	6. If the child is able to identify all fruits and vegetables (maximum)
5. Instructions for the child to follow for assessing their language skills and reading readiness		0.Unable to follow either of these instructions 2. If child is able to follow a simple instruction 4. If child is able to follow series of instructions. (maximum)
6. Pictures with number written against them for assessing their number concepts	First, ask the child to read each number then ask the child to match each number with the picture showing same number of objects	0. Unable to match 1. Able to match 1 2. Able to match 2 3. Able to match 3 (maximum)
7. Three pictures / objects numbering A, B and C –out of them two begin with the same sound for assessing their language skills and reading readiness	1.Point to each picture and ask the child, "What is this?" Once the child identifies the picture ask what is the beginning sound in pronouncing the name? 2.Then ask which of these two pictures has the same beginning sounds?	0. Unable to identify 1. Each picture , if child is able to identify the beginning sound 3. If child is able to indicate similar pictures correctly. (maximum)

8. Various pictures of circles ,triangles and rectangulars numbering 8 (A) and 8 (B) for assessing their pre – mathematical concepts	A. What is this shape? After circle which is the next shape? After rectangle which is the next shape? B. After circle which is the next shape?	0. Both A. and B unable to complete 1. Able to complete A 4. Able to complete B 5. Able to complete Both (A and B) (maximum)
9. Two pictures numbering A of child studying and B for child eating food for assessing their language skills and reading readiness	1. First ask the child to look at the pictures carefully. 2. Ask what do you see in this picture? (one picture at a time) 3. If the child is unable to respond, describe each picture (in one sentence) and ask the child to identify the one that fits your description.	0.Ubable to describe/ identify 1. If child is able to identify both, one picture is described correctly. 2. If child is able to describe either/both pictures correctly but in incomplete sentences. 3. If child is able to describe one picture correctly in complete sentence. 6. If child is able to describe both pictures correctly in complete sentences. (maximum)
10. Numbers in various sizes of circles for assessing their number concepts	1. Ask the child to first read out each number. 2.Then ask the child to identify the number in the small circle. 3.Then ask the child to point to the number which is greater than the number in the circle.	0. Unable to identify 2. Able to identify (maximum)

Overall scoring on school readiness

A child can score to a maximum of 40 marks if he / she answers correctly for all the questions asked under all the 10 activities on school readiness. Table 8.3 and 8.4 provides information on overall scoring by children on school readiness by gender and caste of the child respectively.

Table 8.3: Distribution of children aged 5-5.5 years by quartiles on overall scoring on school readiness according to gender of the child

(%)

Quartiles on scoring	Total Janjgir and korba						Control district (Raigarh)		
	Intervention AWCs			Intermediate AWCs			Control AWCs		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
(n=)	128	137	265	130	135	265	73	113	186
≤ 25%	2.3	2.9	2.6	3.1	0.7	1.9	11	15	13.4
-25.1-50%	14.1	15.3	14.7	20.8	14.1	17.4	28.8	31.9	30.6
50.1-75%	31.3	31.4	31.3	42.3	45.9	44.2	53.4	37.2	43.5
>75%	52.3	50.4	51.3	33.8	39.3	36.6	6.8	15.9	12.4
Mean scoring	28.8	28.5	28.7	26.3	28.0	27.2	21.3	20.6	20.8
SD	7.9	8.4	8.1	7.7	6.9	7.3	7.7	8.8	8.4

Table 8.4: Distribution of children aged 5-5.5 years by quartiles on overall scoring on school readiness according to caste

(%)

Quartiles on scoring	Total Janjgir and korba								Control district (Raigarh)			
	Intervention AWCs				Intermediate AWCs				Control AWCs			
	SC	ST	OBC	Others	SC	ST	OBC	Others	SC	ST	OBC	Others
(n=)	**41**	**93**	**106**	**25**	**50**	**97**	**93**	**25**	**22**	**53**	**74**	**37**
≤ 25%	2.4	-	4.7	4	-	3.1	2.2	-	18.2	13.2	13.5	10.8
25.1-50 %	12.2	20.4	10.4	16	14	22.7	15.1	12	22.7	39.6	24.3	35.1
50.1-75 %	26.8	32.3	29.2	44	46	46.4	41.9	40	36.4	37.7	50	43.2
>75%	58.5	47.3	55.7	36	40	27.8	40.9	48	22.7	9.4	12.2	10.8
Mean scoring	29.4	27.8	29.7	26.56	28.3	26.1	27.4	27.84	21.1	19.7	21.3	21.43
SD	8.4	7.8	8.4	7.22	7.1	7.3	7.6	6.85	9.0	8.5	8.5	7.95

About 44 percent of children in control district and about 38 percent in intervention districts have scored between 50-75 percent marks out of a total score of 40 in the school readiness instrument, while about 44 percent in intervention and 12 percent in control district have scored more than 75% marks. Thus, overall scoring is better in intervention districts than control districts. Male children and children belonging to SC and OBC are marginally better in overall scoring on school readiness than other children.For scoring under individual milestone by the child, Table 8.17 in Annexure – 2 may be referred.

The school readiness instrument includes three categories of competencies – pre mathematical concepts, number concepts, language skills and reading readiness. All the 10 activities listed out in the instrument have been classified into these three categories and overall score obtained by children have been worked out by their sex and caste. The next sections discuss about them one by one.

Overall scoring on pre – mathematical concepts

Table 8.5 and 8.6 provides overall scoring on pre – mathematical concepts (activity 1,2,3,4 and 8) by gender and caste of the child respectively.

Table 8.5: Distribution of children aged 5-5.5 years by school readiness scores for pre – mathematical concept according to gender of the child

(%)

School readiness scores for pre – mathematical concept	Total Janjgir and korba						Control district (Raigarh)		
	Intervention AWCs			Intermediate AWCs			Control AWCs		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
(n=)	128	137	265	130	135	265	73	113	186
≤ 25%	2.3	2.9	2.6	3.1	0.7	1.9	11	15	13.4
25.1-50%	14.1	15.3	14.7	20.8	14.1	17.4	28.8	31.9	30.6
50.1-75%	31.3	31.4	31.3	42.3	45.9	44.2	53.4	37.2	43.5
>75%	52.3	50.4	51.3	33.8	39.3	36.6	6.8	15.9	12.4
Mean scoring	28.8	28.5	28.7	26.3	28.0	27.2	21.3	20.6	20.8
SD	7.9	8.4	8.1	7.7	6.9	7.3	7.7	8.8	8.4

Fig 8.1: School readiness scores for pre – mathematical concepts (%)

Table 8.6: Distribution of children aged 5-5.5 years by school readiness scores for pre – mathematical concept according to caste

(%)

School readiness scores for pre – mathematical concept	Total Janjgir and korba								Control district (Raigarh)			
	Intervention AWCs				Intermediate AWCs				Control AWCs			
	SC	ST	OBC	Others	SC	ST	OBC	Others	SC	ST	OBC	Others
(n=)	41	93	106	25	50	97	93	25	22	53	74	37
≤ 25%	2.4	7.5	6.6	4	4	5.2	4.3	4	27.3	17	14.9	10.8
25.1-50%	14.6	18.3	11.3	20	12	16.5	21.5	20	31.8	39.6	35.1	40.5
50.1-75%	39	32.3	30.2	52	24	49.5	32.3	48	22.7	35.8	36.5	40.5
>75%	43.9	41.9	51.9	24	60	28.9	41.9	28	18.2	7.5	13.5	8.1
Mean scoring	14.3	13.7	14.4	12.44	15.3	12.8	13.8	13.16	9.8	9.4	10.3	10.41
SD	4.2	4.6	4.7	3.79	4.1	4.0	4.5	3.7	5.6	4.5	4.7	4.36

About 79 percent of children in intervention, 78 percent in intermediate and 47 percent in control AWCs have scored more than 50% between 50-75% marks (out of 19) on pre – mathematical concepts, showing gender differentials. Male children in intervention and control AWCs are better than their counterpart females. But in intermediate AWCs, female children are better than their counterpart male children. Intervention AWCs are marginally better than intermediate but far better than control AWCs (Fig 8.1).

SC children in intervention & intermediate AWCs and OBC children in control AWCs are better than other children.

Overall scoring on number concepts

Table 8.7 and 8.8 provide overall scoring on number concepts (activity 6 and 10) by gender and caste of the child respectively.

Table 8.7: Distribution of children aged 5-5.5 years by school readiness scores for number concept according to gender of the child

(%)

School readiness scores for pre – number concept	Total Janjgir and korba						Control district (Raigarh)		
	Intervention AWCs			Intermediate AWCs			Control AWCs		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
(n=)	**128**	**137**	**265**	**130**	**135**	**265**	**73**	**113**	**186**
≤ 25%	37.5	31.4	34.3	40	36.3	38.1	54.8	58.4	57
25.1-50%	3.9	2.9	3.4	7.7	6.7	7.2	4.1	-	1.6
50.1-75%	25	37.2	31.3	33.1	37	35.1	30.1	24.8	26.9
>75%	33.6	28.5	30.9	19.2	20	19.6	11	16.8	14.5

Mean scoring	2.5	2.6	2.6	2.1	2.3	2.2	1.6	1.6	1.6
SD	2.1	1.9	2.0	1.9	1.9	1.9	1.8	2.0	1.9

Fig 8.2: School readiness scores for number concepts (%)

Table 8.8: Distribution of children aged 5-5.5 years by school readiness scores on number concept according to caste

(%)

School readiness scores on pre – number concept	**Total Janjgir and korba**								**Control district (Raigarh)**			
	Intervention AWCs				**Intermediate AWCs**				**Control AWCs**			
	SC	ST	OBC	Others	SC	ST	OBC	Others	SC	ST	OBC	Others
(n=)	**41**	**93**	**106**	**25**	**50**	**97**	**93**	**25**	**22**	**53**	**74**	**37**
≤ 25%	36.6	36.6	32.1	32	36	46.4	37.6	12	50	58.5	54.1	64.9
25.1-50%	4.9	1.1	1.9	16	12	3.1	5.4	20	-	-	4.1	-
50.1-75%	26.8	43	27.4	12	36	36.1	35.5	28	31.8	28.3	29.7	16.2
>75%	31.7	19.4	38.7	40	16	14.4	21.5	40	18.2	13.2	12.2	18.9
Mean scoring	2.5	2.3	2.8	2.72	2.1	1.9	2.3	3.24	2.0	1.6	1.6	1.46
SD	2.1	1.9	2.1	12.13	1.8	1.9	1.9	1.71	2.0	1.9	1.8	2.05

About 62 of children in intervention AWCs, 55% in intermediate AWCs and 41% in control AWCs have scored more than 50% marks (out of 5) on number concepts. Female children in intervention and intermediate AWCs are placed marginally better than other children, while there is no gender differences in control AWCs (Fig 8.2).

OBC children in intervention , general caste children in intermediate AWCs and SC children control AWCs are better than other children.

Overall scoring on language skills and reading readiness

Table 8.9 and 8.10 provides overall scoring on language skills and reading readiness (activity 5,7 and 9) by gender and caste of the child respectively.

Table 8.9: Distribution of children aged 5-5.5 years by school readiness scores on language skills & reading readiness according to gender of the child

(%)

School readiness scores on language skills & reading readiness	Total Janjgir and korba						Control district (Raigarh)		
	Intervention AWCs			Intermediate AWCs			Control AWCs		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
(n=)	**128**	**137**	**265**	**130**	**135**	**265**	**73**	**113**	**186**
< 25%	3.9	2.2	3	3.8	2.2	3	8.2	15.9	12.9
25.1-50%	11.7	15.3	13.6	20.8	19.3	20	32.9	24.8	28
50.1-75%	25	27	26	33.8	28.9	31.3	34.2	28.3	30.6
>75%	59.4	55.5	57.4	41.5	49.6	45.7	24.7	31	28.5
Mean scoring	12.1	12.1	12.1	11.1	11.6	11.3	9.3	9.2	9.2
SD	3.7	3.6	3.7	3.8	3.4	3.6	3.6	4.1	3.9

Fig 8.3: School readiness scores on language skills & reading readiness (%)

Table 8.10: Distribution of children aged 5-5.5 years by school readiness scores on language skills & reading readiness according to caste

(%)

School readiness scores on language skills & reading readiness	Total Janjgir and korba								Control district (Raigarh)			
	Intervention AWCs				Intermediate AWCs				Control AWCs			
	SC	ST	OBC	Others	SC	ST	OBC	Others	SC	ST	OBC	Others
(n=)	**41**	**93**	**106**	**25**	**50**	**97**	**93**	**25**	**22**	**53**	**74**	**37**
< 25%	7.3	1.1	2.8	4	2	4.1	3.2	-	13.6	13.2	16.2	5.4
25.1-50%	9.8	16.1	12.3	16	26	15.5	20.4	24	27.3	32.1	18.9	40.5
50.1-75%	14.6	29	24.5	41	36	29.9	29	36	27.3	35.8	28.4	29.7

>75%	68.3	53.8	60.4	40	36	50.5	47.3	40	31.8	18.9	36.5	24.3
Mean scoring	12.5	11.8	12.4	11.4	10.9	11.5	11.4	11.4	9.3	8.7	9.4	9.6
SD	4.4	3.4	3.6	3.8	3.6	3.6	3.7	3.6	3.7	3.9	4.3	3.5

Over three - fourth of children have scored more than 50% marks (out of 16) on language skills and reading readiness in intervention AWCs (83%) & intermediate AWCs (77%). The proportion of such children was 59 percent in control AWCs, showing thereby that AWCs in intervention districts are better than control AWCs .There is no gender differentials in scoring on this competency (Fig 8.3).

OBC children in intervention & control AWCs are marginally better than other children, while ST children in intermediate AWCs are better than other children.

8.2.3 Scoring on adaptive behavior of children

According to many studies, when transition from home to early childhood education centre (anganwadi, play school and so on) and then to formal primary school is smooth, children do better in primary school years. Some of the necessary requirements for successful transition are cognitive, linguistic abilities and socio-emotional preparedness which would help later for school adjustment. By 'adjustment' it means ability to interact with peer group freely, ability to stay without the family for a certain period of hours, ability to comprehend language used commonly and follow basic instructions, attend to teachers/peers and so on. In this scale, we have focused on four major domains to measure adaptive behaviour – socialization, communication, emotional control and self-help. A set of 20 questions related to adapted behavior of the child were asked from his/her mother / caregiver.

Scoring on individual adaptive behavior

If the mother / caregiver tells that the child always does, the child has been given score 2 and if the respondent tells that the child does it sometime, then the child has been allotted score 1. In other responses it has been considered score 0. Table 8.29 in Annexure -2 provides such scorings.

More than 50 percent of the respondents replied for scoring 2 by their child for 18 questions out of 20, whereas less than 50 percent of the respondents have given score 2 to their child for 2 questions on addressing elders with respect, emotional adjustment , emotional adjustment – perseverance , socialization — helps others, and communication – coherent narration. It is equally important to note that 50 percent of children are not socially adaptive hence socialization process need to be strengthened to develop such behavior among children.

Overall scoring on adaptive behavior

For working out overall scoring on adaptive behaviour, score 1 had been given, if the respondent says that her / his child always behaves like that i.e. score 1 against score 2 given earlier. Thus, a child can score a maximum of 20 points on adaptive behavior. Table 8.11 and 8.12 provides overall scoring on adaptive behavior by gender and caste of the child respectively.

Table 8.11: Distribution of children aged 5-5.5 years by quartiles on overall scoring on adaptive behavior according to gender of the child

(%)

Quartiles on overall scoring on adaptive behavior	Total Janjgir and korba						Control district (Raigarh)		
	Intervention AWCs			Intermediate AWCs			Control AWCs		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
(n=)	128	137	265	130	135	265	73	113	186
≤25%	2.3	2.2	2.3	3.1	3	3	2.7	8	5.9
26-50%	13.3	11.7	12.5	16.9	10.4	13.6	32.9	23	26.9
51-75%	39.8	43.1	41.5	41.5	51.9	46.8	54.8	55.8	55.4
>75%	44.5	43.1	43.8	38.5	34.8	36.6	9.6	13.3	11.8
Mean scoring	14.4	14.3	14.3	13.7	13.8	13.7	11.3	11.6	11.5
SD	3.6	3.5	3.6	3.5	3.4	3.4	3.0	3.4	3.3

Table 8.12: Distribution of children aged 5-5.5 years by quartiles on overall scoring on adaptive behavior according to caste

(%)

Quartiles on overall scoring on adaptive behavior	Total Janjgir and korba								Control district (Raigarh)			
	Intervention AWCs				Intermediate AWCs				Control AWCs			
	SC	ST	OBC	Others	SC	ST	OBC	Others	SC	ST	OBC	Others
(n=)	**41**	**93**	**106**	**25**	**50**	**97**	**93**	**25**	**22**	**53**	**74**	**37**
≤25%	4.9	3.2	0.9	-	2	3.1	3.2	4	-	5.7	5.4	10.8
26-50%	4.9	20.4	9.4	8.0	8	18.6	12.9	8	18.2	24.5	31.1	27.0
51-75%	31.7	47.3	39.6	44.0	44	49.5	50.5	28	77.3	58.5	50	48.6
>75%	58.5	29	50	48.0	46	28.9	33.3	60	4.5	11.3	13.5	13.5
Mean scoring	14.6	13.1	15.2	14.4	14.7	13.1	13.6	15	11.9	11.7	11.5	11.1
SD	4.1	3.5	3.3	2.6	3.1	3.3	3.4	4.1	2.3	3.3	3.3	3.6

About 84% of the children have scored more than 50% marks (out of 20) on adaptive behavior in intervention districts, with no differences between intervention and intermediate AWCs. The proportion of such children is 67 percent in control district. Thus children in intervention districts are better in overall scoring on adaptive behavior than in control district.

Female children are marginally better in overall scoring on adaptive behavior than other children. Children belonging to general caste category in intervention AWCs and SC children in intermediate AWCs & control AWCs are marginally better than other children.

8.3 Nutritional status of children

The data on weight and height were used to calculate four summary indices of nutritional status of children, which affects children's susceptibility to disease and their chances of survival.

Weight —for – age

Height —for – age

Weight —for -height

Body Mass Index – for age

The three nutritional status indices are expressed in standard deviation units (Z –scores) from the median for the international reference population. Children who fall more than two standard deviations below the reference median are considered to be undernourished, while those who fall more than three standard deviations below the reference median are deemed to be severely undernourished.

Each of the indices provides somewhat different information and nutritional status. The height –for – age index measures linear growth retardation among children. Children who are more than two standard deviations below the median of the reference population in terms of height – for – age are considered to be short for their age or stunted.

The weight – for – height index measures body mass in relation to body length. Children who are more than two standard deviations below the median of the reference population in terms of their weight – for – height are considered to be too thin or wasted.

Weight – for – age is a composite measure which takes into account both chronic and acute under nutrition. Children who are more than two standard deviations below the reference median on this index are considered underweight.

8.3.1 Nutritional status of children aged 3-3.5 years

Table 8.13 & Table 8.14 show the nutritional status of children aged 3-3.5 years by sex and caste respectively.

Table 8.13: Nutritional status of children aged 3-3.5 years by weight —for —age, height –for-age, weight – for – height and body mass index – for - age by gender

(%)

Nutritional status of children	Total Janjgir and korba						Control district (Raigarh)		
	Intervention AWCs			Intermediate AWCs			Control AWCs		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Weight —for – age (n=)	**201**	**186**	**387**	**208**	**215**	**423**	**165**	**162**	**324**
Below-3 SD	18.9	19.9	19.4	21.6	20.5	21	21	22.2	21.6
Below-2 SD*	36.3	41.4	38.8	37.5	43.7	40.7	45.7	42	43.8
Height –for-age(n=)	**201**	**186**	**387**	**208**	**215**	**423**	**165**	**162**	**324**
Below-3 SD	33.7	23.6	28.9	35.7	23.4	29.5	44.7	31.5	38.1
Below-2 SD*	56.8	42.3	49.9	60.4	52.3	56.3	71.4	61.7	66.6
Weight – for – height (n=)	**201**	**186**	**387**	**208**	**215**	**423**	**165**	**162**	**324**
Below-3 SD	8.3	11.2	9.8	13.1	11.8	12.4	10.4	5.5	7.9
Below-2 SD*	19.8	24	21.9	29.8	24.1	26.8	18.4	17	17.7
3 BMI for age									
Below-3 SD	5.9	9	7.4	12.8	10.7	11.7	6.3	5	5.7
Below-2 SD	15.1	22.5	18.7	23	21.5	22.2	16.4	14.5	15.4

*Includes children who are below – 3 SD from the international reference population median

Table 8.14: Nutritional status of children aged 3-3.5 years by weight —for —age , height –for- age, weight – for – height and body mass index- for -age according to caste of the child

(%)

Nutritional status of children	Total Janjgir and korba								Control district (Raigarh)			
	Intervention AWCs				Intermediate AWCs				Control AWCs			
	SC	ST	OBC	Others	SC	ST	OBC	Others	SC	ST	OBC	Others
Weight —for – age (n=)	**68**	**115**	**182**	**22**	**61**	**120**	**214**	**28**	**62**	**67**	**147**	**48**
Below-3 SD	16.2	20.9	20.9	9.1	13.1	21.7	24.8	7.1	19.4	25.4	19	27.1
Below-2 SD	41.2	42.6	39	9.1	31.1	43.3	44.4	21.4	37.1	53.7	40.1	50.0
Height –for-age(n=)	**68**	**115**	**182**	**22**	**61**	**120**	**214**	**28**	**62**	**67**	**147**	**48**
Below-3 SD	23.5	25	33	31.8	26.7	33.1	31.2	7.1	32.3	41.8	35.6	47.9
Below-2 SD	45.6	44.6	54.2	54.5	56.7	59.3	58.1	28.6	64.5	68.7	64.4	72.9
Weight – for – height (n=)	**68**	**115**	**182**	**22**	**61**	**120**	**214**	**28**	**62**	**67**	**147**	**48**
Below-3 SD	6.9	16.9	6.3	8.7	5	16.2	13.5	4.0	3.4	12.9	6.7	10.2

Below-2 SD	23.6	27.1	18.9	13.0	23.3	24.8	30.3	16.0	11.9	20	15.3	28.6
3 BMI for age												
Below-3 SD	7.7	10.2	5.3	9.1	5	14.3	13.2	4.2	3.4	9.1	4.1	8.3
Below-2 SD	20	23.1	16	13.6	16.7	23.2	24.4	12.5	11.9	15.2	14.5	22.9

*Includes children who are below – 3 SD from the international reference population median

About 40 percent of all children are under weight (39% in intervention & 41% in intermediate) and 44% in control AWCs, while 50% of all children in intervention AWCs, 56% in intermediate AWCs and 67% in control AWCs are stunted.

The proportion of children who are severely under nourished is also notable – one out of 5 children in case of weight – for – age (19% in intervention AWCs, 21% in intermediate and 22% in control AWCs). Perhaps the most serious nutritional problem measured (wasting) in also quite evident in the study districts, affecting one in every 8-12 children.

About one child out of 5 in intervention /intermediate AWCs and one out of 6-7 children in control AWCs is below – 2SD from the international reference population median for body mass index – for – age.

Regarding gender and caste differentials, no concrete conclusions can be drawn.

8.3.2 Nutritional status of children aged 5-5.5 years

Table 8.15 and Table 8.16 provide values of three indices on nutritious status of children aged 5-5.5 years by sex and caste of the child respectively.

Table 8.15: Nutritional status of children aged 5-5.5 years by weight —for —age , height – for- age , weight – for – height and body mass index –for –age according to gender of the child

(%)

Nutritional status of children	**Total Janjgir and korba**						**Control district (Raigarh)**		
	Intervention AWCs			**Intermediate AWCs**			**Control AWCs**		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Weight —for –age (n=)	**118**	**130**	**248**	**126**	**131**	**257**	**68**	**108**	**176**
Below-3 SD	33.6	16.9	24.9	33.1	19.1	26	22.1	20.4	21
Below-2 SD*	64.7	56.9	60.6	64.6	58.8	61.6	51.5	64.8	59.7
Height –for-Age (n=)	**118**	**130**	**248**	**126**	**131**	**257**	**68**	**108**	**176**
Below-3 SD	18.6	7.7	12.9	15.9	11.5	13.6	10.3	9.3	9.7
Below-2 SD*	55.9	43.1	49.2	54	39.7	46.7	39.7	37	38.1
Weight – for – height (n=)	**118**	**130**	**248**	**126**	**131**	**257**	**68**	**108**	**176**
Below – 3 SD									

Below – 2 SD *									
3 BMI -for – age(n=)	**128**	**137**	**265**	**130**	**135**	**265**	**73**	**113**	**186**
Below-3 SD	22.2	16.3	19.1	21.3	16.2	18.7	17.9	15	16.1
Below-2 SD	41	37.2	39	38.5	32.3	35.3	32.8	39.3	36.8

*Includes children who are below – 3 SD from the international reference population median

Table 8.16: Nutritional status of children aged 5-5.5 years by weight —for —age , height – for- age, weight – for – height and body mass index – for - age according to caste (%)

Nutritional status of children	Total Janjgir and korba								Control district (Raigarh)			
	Intervention AWCs				Intermediate AWCs				Control AWCs			
	SC	ST	OBC	Others	SC	ST	OBC	Others	SC	ST	OBC	Others
Weight —for – age (n=)	**37**	**87**	**99**	**25**	**48**	**92**	**92**	**25**	**22**	**53**	**74**	**37**
Below-3 SD	13.2	36.8	21.2	16.0	20.8	28	26.1	28.0	15	40	12.5	14.7
Below-2 SD*	36.8	75.9	58.6	52.0	64.6	68.8	54.3	56.0	70	70	48.6	61.8
Height – for- age(n=)	**37**	**87**	**99**	**25**	**48**	**92**	**92**	**25**	**22**	**53**	**74**	**37**
Below-3 SD	5.4	16.1	13.1	12.0	20.8	12	8.7	24.0	10.5	12	6.9	11.4
Below-2 SD*	37.8	58.6	48.5	36.0	47.9	43.5	46.7	56.0	47.4	44	36.1	28.6
Weight – for – height (n=)	**Software is not working for children aged 5 year or more**											
Below – 3 SD												
Below – 2 SD *												
3 BMI - for – age(n=)	**37**	**87**	**99**	**25**	**48**	**92**	**92**	**25**	**22**	**53**	**74**	**37**
Below-3 SD	15.8	24.7	18.4	8.0	12.5	23.6	18.9	12.0	10.5	32	9.7	9.1
Below-2 SD	31.6	49.4	35.7	28.0	37.5	38.2	37.8	12.0	31.6	46	31.9	36.4

*Includes children who are below – 3 SD from the international reference population median

Around 60% of children in intervention districts and in control district are under weight , while less than are stunted (49% in intervention, 47% in intermediate and 38% in control AWCs).

The proportion of children who are severely undernourished is also notable – 25 percent in intervention, 26 percent in intermediate & 20 percent in control AWCs and about one – tenth in case of height – for –age (13% in intervention, 14% in intermediate and 10% in control AWCs).

Slightly less than two – fifth of children are below -2SD from the International references population median for body mass index – for - age.

No concrete conclusion can be made with regard to gender and caste differentials in the nutritional status of children.

CHAPTER –IX
KNOWLEDGE AND SKILLS OF ANGANWADI WORKERS AND FUNCTIONING OF ANGANWADI CENTERS

This chapter discusses awareness of the AWWs on development and growth of children ages 3-3.5 years and 5-5.5 years in the study districts. It starts with information on their profile, working experience and training received to work as AWW. The AWWs were interviewed to collect information on their knowledge of the activities she performs and on functioning of the AWCs; focus was on the information related to the growth and development of children.

9.1 Background characteristics of AWWs

9.1.1 Profile of AWWs

A total of 227 AWWs were interviewed (78 in intervention, 75 in intermediate and 74 in control AWCs). About two – fifth of AWWs in intervention districts (39% in intervention and 40% in intermediate AWCs) and about one – third in control AWCs (31%) were in age group of 30-39 years. Their mean age was around 38 years. Slightly less than three – fourth in intervention districts (72% in intervention and 74% intermediate AWCs) and 69% in control AWCs had completed at least high school education. All AWWs (except 4 in intervention districts and 1 in control district) were Hindu. About 8% of AWWs belonged to general caste and the remaining 92% of AWWs belonged to SC/ST or other backward class. About 89% in intervention districts and 81% in control district were currently married , while 6% in intervention districts and 12% in control district were single i.e never got married (Table 9.1 in Annexure -2).

9.1.2 Working experience

About one – half of AWWs in intervention districts (56% in intervention and 41% in intermediate AWCs) and 37% in control district have been working as an AWW for more than 10 years. On an average, they have been in this position for the last 9 years in intervention districts and 8 years in control district. Only 9% in intervention districts and 3% in control district worked as a sahayika before becoming an AWW. On an average, they worked for 5 years in intervention districts and about 2 years in control district as a sahayika (Table 9.2 in Annexure -2).

9.1.3 Training status

All (except 10 in intervention districts and 5 in control district) reported to have received training to work as AWW. About 44% in intervention districts and 87% in control district reported to have received institutional training with practical & mock sessions, while 86 percent in intervention districts and 41% in control district reported to have received training on supervised practice at AWC and community. Average duration of the training was about 8 days.

Regarding broad topics covered during the training , majority of AWWs reported "nutrition & health" (88% in intervention districts & 68% in control district) and "early childhood care & development" (84% in intervention & 75% in control district), "Background of ICDS" was reported by 69% of AWWs in intervention district and by 7% in control district. "Management of AWC" was reported by 57% in intervention and 81% in control district. "Communication, advocacy and community participation" was least reported.

About 41 percent of them attended any refresher course in intervention and 29% in intermediate AWCs. The proportion of such AWWs in Raigarh was 64 percent. They mainly attended refresher course in "pre – school education", "growth monitoring" and "community growth chart", particularly in intervention districts. In Raigarh they mostly had the joint training with health workers (Table 9.3 in Annexure – 2).

Regarding area of training, different respondents have reported in different forms of area covered during the refresher training. Non – formal learning , immunization and child care were reported as some areas in which fresher training was provided. However 28% in intervention districts and 21% in control district did not remember the areas in which refresher training was imparted.

9.2 Infrastructure at AWCs

Table 9.4 provides information on location of AWCs and population covered.

Table 9.4: Location of AWCs, and population covered

(%)

Particulars	**Intervention AWCs**	**Intermediate AWCs**	**Control AWCs**
(n=)	**78**	**75**	**74**
Location			
Govt. building	93.6	85.3	59.5
Rented building	2.6	6.7	32.4
Building provided by panchayat	1.3	4	2.7
Building shared with school	1.3	-	1.4
Own building	1.3	2.7	4.1
Rent free private building	-	1.3	-
Population covered			
≤300	20.5	20	20.3
3.1-900	46.2	40	68.9
More than 900	30.8	30.7	10.8
Don't know	2.6	9.3	-

Location of AWC: Majority of the AWCs (94% in intervention and 85% in intermediated AWCs) and 60% in control AWCs were functioning in Government building. However , one – third of AWCs in control district were located in a rented building. About 3% in intervention districts and 4% in control district were functioning in the building provided by panchayat or shared with school.

Population covered: Majority of AWCs (46% in intervention, 40% in intermediate and 69% in control AWCs) covered a population between 301-900. About one – third of AWCs in control districts and 11% in control district covered a population of more than 900, while one – fifth of AWCs covered a population of upto 300 .

9.3 AWW's knowledge of maternal health and nutrition

All the surveyed AWWs were asked about their perception on components of good antenatal care, safe delivery and type of services need to be provided during postnatal period. Table 9.5 provides such information.

Table 9.5: Knowledge of AWWs about maternal health & nutrition

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
Components of good antenatal care (n=)	**78**	**75**	**74**
Early registration	50	50.7	73
Antenatal checkup	89.7	88	79.7
TT vaccination	92.3	89.3	83.8
Iron folic supplementation	57.7	52	67.6
Rest and care	61.5	66.7	63.5
Birth preparedness	65.4	72	40.5
Access to & consumption of supplement food/ additional meal	44.9	49.3	17.6
Access to Janani Suaksha Yojana	37.2	38.7	5.4
The access to convergent VHND	25.6	13.3	-
Safe delivery refers to- (n=)	**78**	**75**	**74**
Institutional delivery	92.3	93.3	60.8
Home delivery by trained health personnel	64.1	53.3	41.9
Services need to be provided during postnatal period (n=)	**78**	**75**	**74**
Post natal check up	82.1	82.7	43.2
Counseling for infant and young child feeding	64.1	62.7	54.1
Micronutrients (IFA, Vit A)	78.2	48	89.2

The following findings have emerged from this table.

About 91 percent of AWWs in intervention districts and 84% in control district perceived "TT vaccination as a component of good antenatal care, while about 89% in intervention districts and 80% in control district reported "antenatal checkup up".

Other components of good antenatal care perceived by majority of AWWs were: "early registration of pregnancy" , "iron & folic acid tablets", "rest" and "care during pregnancy" and "birth preparedness" , "Access to & consumption of supplement food / additional meal" and "access to convergent VHND" and "access to JSY" were perceived by least number of AWWs.

About 93% of them in intervention districts and 61% in control district perceived "institution delivery" as safe ,while about three - fifth in intervention district and 42 percent in control AWCs felt that "home delivery conducted by a trained health personnel" as also a safe one.

Regarding post – natal care services, about 82% in intervention / intermediate AWCs and 43% of AWWs in control AWCs reported that a woman should receive post natal checkup. Counseling for infant and young child feeding was reported by 63% of AWWs in intervention districts & 54% in control district. Micronutrients (IFA, vitamin A) was reported by (78% in intervention, 48% in

intermediate and 89% in control AWCs).

Overall, AWWs have good understanding on the components of antenatal care services, such as early registration of pregnancy, antenatal checkups and TT injections, iron folic supplementation and birth preparedness. But they are lacking in their understanding on rest & care, supplementary nutrition from AWC, access to Janani Suaksha Yojana and VHND.

Regarding good natal care services, almost all perceived that a woman should deliver in some health facility. On postnatal care services, they mostly perceived that a woman should get post natal checkups and should be counseled on infant and child feeding practices and intake of micronutrients.

As per FGD findings from intervention areas, the deliveries are mostly taking place in hospitals, very few at home. Now the Anganwadi Centre arranges the ambulance for the pregnant women at the time of delivery. The ambulance also drops back the female and new born after delivery. Earlier there was no provision of dropping the mother back at home but now it has started. People of the village are now aware that at home, attention and care is less while in hospital there are nurses and doctor to take care of the child. Respondents have been informed at AWC that in case of any emergency they can directly call 102 for the ambulance.

In intermediate areas also ambulance takes the pregnant woman to the hospital and drops back at home as well. As stated by a respondent of Baridehi village "*Earlier all the deliveries in the village were at home because PHC is very far, outside the village.*"

Regarding control areas, though community is aware that institutional deliveries are safer as compared to home deliveries but Anganwadi Centres provides no ambulance facility to pregnant women.

9.4 AWW's understanding about hygienic practices

Further, AWWs were asked about what they understand about hygienic practice and what advice they give to mothers about hygienic practices to be followed. Their voluntary responses have been recorded without any prompting (Tables 9.4 in Annexure -2).

"Washing hands with water after toilet" and "washing hands with water before eating "were reported by 90 percent and 80 percent of AWWs in intervention districts. The proportion of such AWWs was lower in the control district of Raigarh.

"Washing hands with soap or ash after toilet" was reported by 65% of AWWs in intervention districts and 78% in control district. Between 50 and 65 percent of AWWs in intervention districts reported "washing hands with water after eating", "washing hands with soap or ash before eating" and "washing hands with soap before cooking. The proportion of such AWWs was lower in the control district of Raigarh. "Washing hands with soap or ash after eating", "washing hands with water after cleaning the child after defecation" and "washing hands with soap or ash after cleaning the child after defecation were reported by less than 40% of AWWs.

Almost 83% of AWWs in intervention districts , with no difference between intervention and intermediate AWCs and 55% in control district reported that they advise mothers to wash their hands before cooking or serving food. Another 80% in intervention districts (86% in intervention AWCs & 75% in intermediate AWCs) and 84% in control district advise mothers to wash their hands before feeding the child. About one – half of AWWs in intervention districts advise mothers to ask their child to wash hand after defecation and to wash their hands after cleaning the child after defecation". The corresponding figures in control district were 51% and 27% respectively. About 38% of AWWs in intervention districts (42% in intervention AWCs & 33% in intermediate AWCs) and 62% in control district advise mothers to make sure that their child cleans the teeth daily.

9.5 Knowledge about child health, development and nutrition

9.5.1 Knowledge about neonatal and infant care

Table 9.6 provides information on AWW's knowledge about neonatal and infant care.

Table 9.6: Knowledge of AWWs about neonatal care

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
Knowledge about neonatal care to be given to children (within 30 days after birth) (n=)	**78**	**75**	**74**
Birth registration	70.5	74.7	86.5
BCG vaccination	87.2	85.3	91.9
Thermal control / practice of kangaroo method	69.2	72	81.1
No bath to child for at least 24hrs after birth	32.1	24	13.5
Exclusive breastfeeding	87.2	84	52.7
Opinion about applying anything on the cord of neonate after birth or thereafter (n=)	**78**	**75**	**74**
Nothing	96.2	94.7	100
Only dry it using cotton	3.8	6.7	-
Apply oil	5.1	5.3	-
Correct knowledge on vaccination doses to be given to an infant			
BCG	98.7	96.0	98.6
Polio	64.1	52.0	28.4
DPT	64.1	56.0	41.9
Measles	94.9	93.3	97.3
Vit A	88.5	89.3	85.1
Booster dose 1	91.0	85.3	90.5
Correct breast feeding practices			
Feeding colostrum immediately after birth	83.3	76	87.8
Start BF within 1 hour of birth	83.3	85.3	91.9
Exclusive BF for 6 months, no water or no other liquid item along with breastfeeding	84.6	74.7	59.5
Continuation of BF for more than one year	60.3	65.3	37.8

Almost 72% of AWWs in intervention districts , with no difference between intervention & intermediate AWCs and 87% in control AWCs reported that the child's birth should be registered. Another 86% of AWWs in intervention districts and 92% in control district expressed that the child should be given BCG vaccination within 30 days after birth.

Majority of AWWs in both intervention and control district reported that thermal control / practice of kangaroo method should be adopted to keep the child warm and "the child should be exclusively breastfed". However , knowledge of AWWs that the "child should not be given bath for at least 24 hours after birth" was very poor (only 28% of AWWs in intervention districts and 14% in control district reported so). Almost 95% of AWWs in intervention districts, with no differences between intervention and intermediate AWCs and 100% in control AWCs were of this opinion that nothing should be applied on the cord.

More than 85% of AWWs had reported voluntary without prompting correct knowledge about the number of doses of BCG, measles , vitamin A and booster dose to be given to an infant. However , about three – fifth of AWWs in intervention districts, with higher proportion in intervention AWCs than intermediate AWCs had correct knowledge of number of doses of polio & DPT are to be given to an infant. The proportion of such AWWs was much lower in control AWCs.

About four – fifth of AWWs in intervention districts (83% in intervention and 76% in intermediate AWCs) and 88% in control AWCs reported correct knowledge voluntary without prompting that a woman should " feed colostrum" immediately after birth , "initiate breastfeeding within one hour of birth" (84% in intervention districts and 92% in control district) and "breastfeed exclusively for 6 months (80% in intervention and 60% in control district). About 63% of AWWs in intervention districts (60% in intervention AWCs and 65% in intermediate AWCs) stated that "a woman should continue breastfeeding for more than a year". The proportion of such AWWs was quite low in control AWCs (38%).

9.5.2 Use of growth monitoring chart by AWWs

Table 9.7 provides information on whether AWWs draw growth monitoring charts for all children and if yes what is the frequency of drawing such charts.

Table 9.7: Use of growth monitoring chart by AWWs

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
Whether draws growth monitoring charts for all children (n=)	**78**	**75**	**74**
Yes	96.2	89.3	98.6
Frequency of drawing monitoring charts for children ages 3 years or less (n=)	**75**	**67**	**73**
Monthly	68	64.2	100
Quarterly	30.7	31.3	-
Six monthly	1.3	1.5	-
Yearly	-	1.5	-
Not specified	-	1.5	-
Frequency of drawing monitoring charts for children above 3 years (n=)	**75**	**67**	**73**
Monthly	58.7	64.2	98.6
Quarterly	38.7	34.3	1.4
Six monthly	2.7	-	-
Not specified	-	1.5	-

About 93% of AWWs in intervention districts , with higher proportion in intervention AWCs (96%) than intermediate AWCs (89%) and 99% in control district of Raigarh reported of drawing growth

monitoring charts of all children enrolled at their AWC. Almost all of them reported of drawing growth monitoring charts either monthly or quarterly for all children <3 years and above 3 years. As per norms , growth chart for children should be updated every month. So, the findings show that AWWs were strictly following the norm in drawing growth charts for children.

9.5.3 AWW's Knowledge on age of infant for introducing complementary feeding

Table 9.8 provides information AWW's Knowledge on age of infant for introducing complementary feeding.

Table 9.8: AWW's Knowledge on age of infant for introducing complementary feeding

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
Correct age of child for introducing complementary feeding (semi-solid food) (n=)	**78**	**75**	**74**
< 6 months	11.5	14.7	-
6 months	43.6	44	91.9
7-8 months	44.9	40	8.1
After 8 months	-	1.3	-
Age at which supplementary nutrition for children should be started (n=)	**78**	**75**	**74**
< 6 months	7.7	4	-
6 months	52.6	57.3	83.8
7-8 months	38.5	37.3	1.4
9-10 months	-	-	10.8
More than 10 months	1.3	1.3	4.1

Regarding correct age of child for introducing complementary feedings, almost all AWWs reported 6 months or 7-8 months.

The largest number of AWWs reported 6 months as the age of the child to start supplementary nutrition, while 38 percent in intervention districts mentioned 7-8 months .

9.5.4 AWW's knowledge on age of the child for giving 1st dose of Vitamin A

Table 9.9 provides information AWW's knowledge on age of the child for giving 1st dose of Vitamin A .

Table 9.9: AWW's knowledge on age of the child for giving 1st dose of Vitamin A

(%)

Age at which first dose of vitamin A should be given to a child	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
< 9 months	9	1.3	4.1
9 months	87.2	96	95.9
1 year	1.3	2.7	-
Not specified	2.6	-	-

About 92 percent of AWWs in intervention districts , with higher proportion in intermediate AWCs (96%) than in intervention AWCs (87%) and 96% in control AWCs correctly reported the age of the child (9 months) when 1st dose of vitamin A should be given to the child. This finding matches with the caregiver's practice of giving vitamin A dose to their child.

9.5.5 Type of advices being given to caretakers of malnourished children

Table 9.10 provides information on type of advices being given to caretakers of malnourished children by AWW.

Table 9.10: Type of advices being given to caretakers of malnourished children

(%)

Advice given to the caretaker	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Malnourished			
Bring child regularly to AWC for taking supplementary nutrition	83.3	81.3	63.5
Advice mother to give milk to child	85.9	85.3	83.8
Refer	-	-	2.7
To keep the child clean	-	2.7	2.7
Take the child to the doctors	-	-	1.4
Others	7.7	1.3	2.7
Severely malnourished			
Refer the child to nutrition rehabilitation centre	73.1	85.3	9.5
Refer the child to pediatrician of nearby hospital	85.9	77.3	95.9
Advice mother to give high protein calorie diet to child	46.2	42.7	9.5
Others	2.6	-	-

On asking what advices AWW should give to a caretaker if the child is malnourished , more than 80 percent advise caretaker to "bring the child regularly to AWC for taking supplementary nutrition" and "to give milk to the child". If the child is severely malnourished they mostly "refer the child to nutrition rehabilitation centre" or " any pediatrician of nearby hospital" .

9.5.6 Knowledge about common illness in children

AWWs were asked what are the signs / symptoms and causes of diarrhoea and respiratory infection. Table 9.5 in Annexure -2 provides such information. The following findings have emerged from this table.

More than 60% of AWWs in intervention districts reported "loose or watery stool" (80%),

"frequently stools" (65%) and "weakness" (loss of weight, not eating or drinking well) (61%) as the symptoms of diarrhea, with higher proportion in intervention AWCs than intermediate AWCs. The proportion of such AWWs were much lower in control AWCs. Other symptoms of diarrhea reported by AWWs were: "vomiting" , "fever", "dehydration" and headache. The proportions of such AWWs were quite low in control AWCs compared to intervention/ intermediate AWCs.

When AWWs were asked about the causes of diarrhoea , they reported "eating stale foods" "drinking dirty water", "eating food touched by files" and "eating unclean / smelly food" etc.

Regarding symptoms of respiratory infection, they mainly cited "cough" and "sneezing" as its symptoms. Other symptoms reported by AWWs were: "wheezing sound", "sore throat", "fever", "difficult breathing", "rapid / fast breathing" , "runny / blocked nose" etc.

9.6 Services/activities undertaken in AWCs

9.6.1 Activities undertaken to implement ICDS in the area

The AWWs were asked three types of questions to assess what activities they had undertaken to implement ICDS scheme in the area. The first question was on what activities they had undertaken for implementation of the ICDS in their own area. In the second question they were asked all the services they provided at AWCs; the response was voluntary, without any probe. In the third question, they were asked about their activities on generating community awareness of their services. The findings on all these aspects have been discussed in this section.

The AWWs were asked whether they had undertaken various activities to implement ICDS programme in the area. They were asked about each activity one by one. Their responses are shown below in Table 9.11.

Table 9.11: Status of different activities undertaken for implementation of ICDS program

(%)

Activities	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Village mapping	73.1	61.3	52.7
Rapport building with community	93.6	93.3	93.2
Conducting community survey	94.9	89.3	93.2
Enlisting Beneficiaries			
a. Children 0-6 years	70.5	72	93.2
b. Children at risk'	67.9	72	90.5
c. Adolescent girls	82.1	86.7	90.5
d. Expectant and nursing mothers	85.9	85.3	94.6
Birth and death registration	75.6	68	86.5

Though most of the AWWs were undertaking most of the desired functions for implementation, but there was variation in their percentages. Most of them (more than 80%) had undertaken work of rapport building with community, conducting community survey, work of enlistment of children 0-6 years, expectant & nursing mothers and adolescent girls. The least reported activity was "village mapping", which is very essential.

When asked about the services they were providing at the AWCs, more than 60% in intervention districts reported "immunization & health checkup of children & mothers" (79%), "growth monitoring" (73%), "preparation / distribution of supplementary nutrition (66%), providing "health & nutrition education" and "non – formal preschool education activities (61%). The proportions of AWWs reporting "preparation / distribution of supplementary nutrition" (85%) and "non – formal pre school education activities (73%) were higher in control AWCs than intervention / intermediate AWCs. For other services , the proportions AWWs were much lower in control AWCs than intervention / intermediate AWCs (Table 9.12).

Table 9.12: Reported services being provided to beneficiaries at AWC

(%)

Services provided to beneficiaries	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Preparation/distribution of supplementary nutrition	62.8	69.3	85.1
Growth monitoring	75.6	69.3	35.1
Immunization & health check- up of children & mothers	79.5	78.7	51.4
Referral services .	59	45.3	27
Detection of disability among children	15.4	18.7	9.5
Providing treatment of minor ailments	33.3	26.7	4.1
Management of childhood illnesses	21.8	20	-
Health and nutrition education	69.2	61.3	56.8
Non-formal preschool education activities	65.4	56	73

The least reported services were: detection of disability among children, providing treatment of minor ailments, management of childhood illnesses (Fig 9.1).

Fig 9.1: Type of services being provided to beneficiaries at AWC (%)

The AWWs were making women aware of their (AWCs) services by visiting households and by counseling the parents/families/communities (Table 9.13).

Table 9.13: Ways to spread awareness in community about different health issues

(%)

Ways to spread awareness in community about health issues	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Counsel parents/ families/communities	82.1	77.3	31.1
Use of traditional and folk media	15.4	30.7	4.1
Organize awareness campaign	46.2	40	12.2
Organize street plays/nukkad nataks	11.5	20	-
House to house visit	92.3	85.3	95.9

Prepare communication and education material	29.5	38.7	-

9.6.2 Functioning of AWWs

The AWWs were asked various aspects to understand functioning of the AWCs. Their answers are reported in Table 9.6 in Annexure -2. Major findings are:

Almost all the AWCs open 5-6 days a week. They work for about 17-18 hours a week—about three hours every day whereas they have to work for 4-5 hours per day. In almost all AWCs (96% in intervention districts and 89% in control district) sahayika is available. Ration is provided to families on weekly basis. They take help of sahayika for bringing (from home) & taking care of children, cooking food, cleaning the premises of AWC and fetching water. In most of the AWCs (84% in intervention districts & 85% in control district), AWWs take the help of beneficiaries (mothers) in cooking food.

Almost all the AWWs reported to be making home visits—mean number of home visits was 16-24 every month; every visit was of about 30-31 minutes. These visits were being used to give awareness of services and counseling on the benefits of the services. Home visits are made to build caregivers' skills and improve household practices related to the child care and development. Almost all AWWs interact with fathers of children during their home visit.

About one – fourth of AWWs in the intervention districts and 41 percent in control district reported to be working with Self Help Groups (SHGs) in the villages. They talk about savings schemes and the services for mothers and children. Very small percent of AWWs (less than 10%) reported to be working with any other group in the villages in intervention district only.

All AWWs in intervention & intermediate AWCs and 78% in control AWCs reported organization of Nutrition and Health Days (NHDs) in their area of work. But more than 90% of them reported holding of such days every month. After seeing the month and year of holding such last NHD, it is clear that NHDs are not held regularly every month though AWWs reported organization of such a day every month.

Most of the AWWs reported activities such as ANC registration, TT vaccination to pregnant women by ANM, distribution of supplementary nutrition to children and pregnant women on NHDs. More details on the NHD can be seen in Table 9.14.

Table 9.14: Information on NHDs being held in AWW's area of work

(%)

Particulars	**Intervention AWCs**	**Intermediate AWCs**	**Control AWCs**
Nutrition and health days (NHD) held at AWC (n=)	**78**	**75**	**74**
Yes	100	100	78.4
Frequency of organizing NHDs at AWC (n=)	**78**	**75**	**58**
Monthly	97.4	92	94.8
Once in 2-3 months	2.6	6.7	5.2
Once in 4-5 months	-	1.3	-
Time (month & year) when the last NHD was held (n=)	**78**	**75**	**58**
Jan-13	-	1.3	-

Feb-14	-	-	1.7
June -14	1.3	1.3	-
Oct – 14	-	1.3	1.7
Nov- 14	1.3	-	-
Dec – 14	20.5	20.0	15.5
Jan-15	24.4	21.3	43.1
Feb- 15	17.9	18.7	34.5
March- 15	10.3	9.3	1.7
Not specified	24.4	26.7	1.7
Activities in NHDs (n=)	**78**	**75**	**58**
ANC registration	78.2	84.0	31.0
ANC checkups by ANM	59.0	52.0	41.4
TT vaccination to pregnant women by ANM	71.8	73.3	86.2
IFA distribution	61.5	57.3	77.6
Distribution of supplementary nutrition to children	59.0	59.3	75.9
Pregnant women	69.2	64.0	58.6
Adolescent girls	39.7	44.0	15.5
Distribution of take home ration for children	55.1	44.0	58.6

9.6.3 Functioning of and activities undertaken during pre-school education as reported by AWWs

The AWWs were asked information related to (i) their understanding of the preschool education, (ii) functioning of the pre-school education, and (iii) activities undertaken in the pre-school sessions. These aspects are reported in this section.

Understanding of pre-school education

Table 9.15: shows the responses on AWW's understanding of the pre-school education

Table 9.15: AWW's understanding of the pre-school education

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
Any plan for pre school activities (n=)	**78**	**75**	**74**
Yes	96.2	96	97.3
Importance of preschool education for children's development (n=)	**78**	**75**	**74**
Help in learning	87.2	81.3	90.5
Prepare children for going to school	80.8	81.3	85.1
Children learn basics	64.1	54.7	36.5
School achievement	73.1	73.3	4.1
Nothing	14.1	12	-
Modal value & mean timings spent by children in AWC in following activities per day (n=)	**78**	**75**	**74**
Class room teaching			
Modal value	16.30	16.30	46.60
Mean	40.0	34.7	62.7
Playing in field			
Modal value	16.30	16.30	16.30
Mean	2.71	28.6	31.1
Playing inside			
Modal value	16.30	16.30	16.30
Mean	26.4	26.3	28.8
Doing creative activities			
Modal value	16.30	16.30	≤15
Mean	24.3	23.9	19.4
Story			
Modal value	16.30	16.30	≤15
Mean	21.7	20.3	16.8
Painting			
Modal value	16.30	16.30	≤ 15
Mean	22.7	22.4	16.4

On asking what importance they perceive of pre school education for children's development, more than 80% of AWWs perceived that it helps children to learn and prepares children for going to school. About 60 percent in intervention district (64% in intervention AWCs & 55% in intermediate AWCs) and 37% in control AWCs perceived that it helps children to learn basics, while 73% in intervention districts and only 4% in control AWCs perceived that it would improve in children's school achievement. On an average, they spend slightly less than 30 minutes each on these activities: on playing in field, playing inside , doing creative activities, telling & hearing stories and painting , but spend more time in class room teaching (about 35-40 minutes in intervention districts and 63 minutes in control district).

Functioning of pre-school education

Table 9.16 gives some aspects of the functioning of the pre-school education

Table 9.16: Functioning of the pre-school education

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
AWCs undertake pre-school education session	100.0	100.0	100.0
No. of days per week pre-school sessions are held (n=)	**78**	**75**	**74**
1	1	1.3	-
6	96.2	88.0	83.8
Not reported	3.8	10.7	16.2
Mean	5.77	5.48	5.03
Timings in hours in pre school education per day (n=)	**78**	**75**	**74**
3	17.9	20.0	68.9
4	2.6	1.3	13.5
5	2.6	1.3	2.7
6	74.4	69.3	10.8
Not specified	2.6	8.0	4.1
Mean hours	5.37	5.3	3.54

All AWWs reported to undertake pre-school education sessions. Almost all of them (96% in intervention, 88% in intermediate and 84% in control AWCs) undertake such sessions on all the six working days in a week and on in average, they are spending 5 hours per day for pre school education in intervention & intermediate AWCs and 3 hours in control AWCs. About 96% of them in intervention / intermediate AWCs and 97% in control AWCs have plan for pre – school activities.

Activities undertaken in preschool education

The respondents were asked about the activities undertaken in the pre-school education. This information was collected on the basis of their spontaneous responses as well as after probing for each activity. These responses on activities are shown in Table 9.17.

Table 9.17: Activities undertaken for preschool education

(%)

Pre-school Activity	Intervention AWCs	Intermediate AWCs	Control AWCs
Whether conduct following activities for preschool children (n=)	**78**	**75**	**74**
language activities	82.1	74.7	100
Learn pre-number concepts and number identification	82.1	80	98.6
Hear stories	93.6	84	100
Tell stories/news	66.7	54.7	71.6
Sing songs/recite poems	89.7	78.7	100
Draw pictures, clay, etc	75.6	69.3	55.4
Play with toys	85.9	73.3	100
Play with blocks	73.1	50.7	33.8
Read picture books	89.7	70.7	91.9
Nature walk	30.8	26.7	47.3
Puppetry	53.8	41.3	2.7

Most of the AWWs reported activities of language, learning numbers, hearing and telling stories, singing songs or reciting poems, drawing picture, playing with toys, and reading picture books. Activities which were reported by less than 50% respondents were ,playing with blocks in control AWCs only , nature walk and puppetry. The situation is much better in control district when compared with the intervention districts for all activities except for drawing pictures , playing with blocks and puppetry.

CHAPTER- X
UNDERSTANDING QUALITY OF PRE-SCHOOL EDUCATION PROGRAMME AT THE ANGANWADI CENTRES

This study collected data on anganwadi centres and their functioning in two ways. In the first approach, the AWWs were interviewed to collect information on their knowledge of the activities she performs and on functioning of the AWCs; focus was on the information related to her activities (programme contents) related to the growth and development of children. The second approach was to observe AWCs, for their physical infrastructure , the programme contents of the pre-school education and AWW disposition. While the information based on the interview of the AWWs has been discussed in chapter IX, this chapter discusses the findings of the observations on the AWCs.

Existence of infrastructure in the AWCs, and Coverage of the pre-school programme content, which was further divided into five sub-sections (i) learning /play aids, programme schedule and class arrangements, (ii) personal care, hygiene and habit formation, (iii) language and reasoning experiences, (iv) creative activities, (v) social development.

While making observations on three components of services at AWCs, the checklist had categorized these components in different sub-components within a broad category of a component. For instance, component of pre-school education was further divided into five sub-components (learning, personal care and hygiene, language and reasoning experience, creative activities and social development activities). Each of these sub-component was further sub-divided into a few activities related to development of the sub-component. While making observations, the field investigator had to categorize the level of the activity into poor situation, intermediate situation and the best situation (all relative terms and have been defined in the checklist). This type of categorization had advantage that these levels could be scored from 0 to 2—score zero for the poorest situation and score two for the best situation. Therefore, we have two indicators for each activity—**percent distribution of the AWCs into three levels** and **mean score of the activity,** computed on the basis of scoring levels of 0,1 or 2. Next sections of this chapter will study each of these components/sub-components and the activities, one by one.

10.1 Physical infrastructure at the AWCs

Eight sub-components of the infrastructure were observed for the study. They were (1) toilet availability and use, (2) availability of water in toilets, (3) hazards around the centre (AWC) or pre-school classes, (4) clean/unclean surroundings near the AWC and pre-school classes, (5) safety level of the building, (6) noise pollution, (7) sitting facility for children and (8) clean classroom & sitting arrangement. Table 10.1 shows percentage distribution of the AWCs and the mean score for each of these eight sub-components.

Table 10.1: Distribution of AWCs on quality of available physical infrastructure and mean score on each sub-component

(%)

Scoring on availability of physical infrastructure	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Toilet availability and use			
Toilet is not available or is not used by any child.	47.4	46.7	81.1
Toilet is available and used by some children but more than half use open spaces.	28.2	24	9.5
Toilet is available and all or more than half of the children use the toilet and not open spaces.	24.4	29.3	9.5
Mean score	0.77	0.826	0.285
Availability of water in toilet			
Toilet has no water available	56.4	58.7	87.8
Toilet has water for washing but not flushing.	24.4	22.7	2.7
Toilet has water for washing and flushing.	19.2	18.7	9.5
Mean score	0.628	0.601	0.217
Harzards around the center or preschool			
There is one or more of these hazards within 10 meters of the building or play area and without a protective barrier.	32.1	26.7	24.3
There is more than one or more of these hazards beyond 10 meters of the building or play area and without a protective barrier.	55.1	57.3	58.1
There are no hazards or there is a protective barrier such as good wall and lockable gate between the children and the hazards.	12.8	16	17.6
Mean score	0.807	0.893	0.933
Clean / unclean surroundings			
'There is one or more of these unclean conditions within 10 meters of the building/ center and without a protective barrier.	16.7	14.7	25.7
There is one or more of these unclean conditions beyond 10 meters of the building or play area and without a protective barrier.	60.3	69.3	58.1
'There are no unclean conditions or there is a protective barrier such as a good wall and lockable gate between the children and this unclean condition.	19.2	16	16.2
Mean score	0.987	1.013	0.905
Safety level of building			
Three or more of the conditions exist.	12.8	8.0	14.9
Two of the conditions exist.	44.9	44	35.1
None or one of the conditions exists.	42.3	48	50
Mean score	1.295	1.400	1.351
Noise pollution			
Most of the time while observing, the sound from outside sources prevents hearing of conversation in the center.	10.2	18.6	12.1
For some of the time the sound from outside prevents hearing of conversation.	51.3	46.7	70.3

Table 10.1: Distribution of AWCs on quality of available physical infrastructure and mean score on each sub-component (Contd..)

(%)

Scoring on availability of physical infrastructure	**Intervention AWCs**	**Intermediate AWCs**	**Control AWCs**
There is no disturbance from outside source which prevents hearing of conversation most of the time.	38.5	34.7	17.6
Mean score	1.283	1.161	1.055
Sitting facility for children			
Children are sitting on a bare floor with no covering.	14.2	14.7	5.4
Children are on a mat but it is torn or unclean or not enough for all.	50	61.3	78.4
Children are sitting on chairs or a clean mat.	35.9	24	16.2
Mean score	1.218	1.093	1.108
Classroom and sitting arrangement			
Classroom is not clean, is littered/no classroom is available	18.0	13.3	8.1
Classroom is clean with unclean sitting arrangement	42.3	53.3	64.9
Classroom is clean with clean sitting arrangement	39.7	33.3	27
Mean score	1.217	1.199	1.189
Overall scoring on physical infrastructure			
0	2.6	1.3	2.7
1-3	2.6	2.7	1.4
4-6	20.5	25.3	43.2
7-9	43.6	38.7	35.1
10-12	23.1	25.3	16.2
13-14	5.1	5.3	1.4
15-16	2.6	1.3	-
Mean scoring	8.27	8.19	7.04
Standard deviation	2.98	2.93	2.53

It may be noted that majority of the AWCs are at the poorest level of the infrastructure on all components except the components of "safety level of building", "noise pollution", "sitting facility of children" "class room & sitting arrangement" where the second poorest levels is the largest. Infrastructure of the intervention/intermediate AWCs seems to be better than the control AWCs. The scores of control AWCs under each component are also shown in the Table. Though the mean score could vary from 0 to 2 but the actual score on most of the items was less than 1—slightly better in intervention / intermediate AWCs than control AWCs. **Regarding level of the infrastructure, the situation seems to be better on all of eight sub – components of the infrastructure in the endline than baseline, particularly in intervention / intermediate AWCs**.

The information regarding infrastructure at AWCs was collected through FGDs. In intervention areas the respondents complained that the infrastructures at AWCs were in a dysfunctional state having no provision for drinking water and toilet. The basic amenities lacked in the centre. In words of a respondent – "*The Anganwadi have toys to play but no space for playing with toys*"

Another respondent of Urga Village quoted that "*there is no proper boundary at the centre; the*

centre is beside the main road. It is very dangerous for kids."

The similar issues were reported by both intermediate and control areas. In in intermediate areas, the biggest issue raised by respondents was *non-functional toilet*. In Mohanpur Baridih, one of the respondent reported that at the time of monsoons the centre is flooded and remain closed.

In control areas also the major issues reported include no toilet and drinking water facilities and unsafe location of the centre. A respondent added that the *Anganwadi Centre in their area lacked sufficient space for outdoor activities and the building was near the main highway which makes the centre structurally unsafe for children.*

10.2 Programme content of pre-school education (3-6 years children)

As stated earlier, the programme content of the pre-school education has been divided into five (children's) development sub-components: (1) learning/play aids, programme schedule and class arrangements, (2) personal care, hygiene and habit formation, (3) language and reasoning experience, (4) creative activities, and (5) social development. Within each component, there are a few activities whose level is being assessed and scored 0 to 2. The analysis of each of these sub-components has been shown in Tables 10.2 to 10.6.

10.2.1 Learning/play aids, programme schedule and class arrangements

This sub-component has been subdivided into three activities--class arrangement, weekly/daily schedule and class display; their results are shown in Table 10.2.

Table 10.2: Distribution of AWCs on levels of quality of learning/play aids infrastructure covering programme schedule and class arrangements and the mean score of each component

(%)

Scoring on learning / play aids , programme schedule and class arrangement	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Class arrangement			
Classroom does not appear to be arranged in any way for conducting activities with children.	10.2	9.4	25.7
Classroom is arranged with materials but not in any evident way for facilitating activities.	43.6	57.3	71.6
Classroom has been arranged with specific activities activity corners or areas for different kinds of activities	46.2	33.3	2.7
Mean score	1.360	1.239	0.770
Weekly / daily schedule			
Teacher does not have nor appears to follow any pre-planned schedule of activities and routine care	11.5	16.0	67.6
Teacher has/displays a planned schedule but is not observed to be using it.	43.6	53.3	13.5
Teacher is conducting the program, to a large extent, according to a planned schedule.	44.9	30.7	18.9
Mean score	1.334	1.147	0.513

Table 10.2: Distribution of AWCs on levels of quality of learning/play aids infrastructure covering programme schedule and class arrangements and the mean score of each component (Contd..)

(%)

Scoring on learning / play aids , programme schedule and class arrangement	Intervention AWCs	Intermediate AWCs	Control AWCs
Class display			
There is no display in the classroom and if there is, it is of materials which is not meant for children or which they cannot understand.	15.4	17.3	22.9
Children can understand the display but it is placed too high on the wall and not easily visible to the children.	33.3	37.3	59.5
Display is interesting for and easily understood by children and is also placed at their eye level so that they can see easily.	51.3	45.3	17.6
Mean score	1.359	1.279	0.947
Display of material produced by child			
There is no display of children' work in the class.	17.9	25.3	81.1
The display of children' work is more than a month old.	48.7	53.3	18.9
The children' work display is changed every month	33.3	21.3	-
Mean score	1.153	0.959	0.189
Overall scoring on learning / play aids , programme schedule and class arrangement			
0	3.8	4	12.2
1-2	10.3	16	45.9
3-4	24.4	25.3	33.8
5-6	26.9	36	8.1
7-8	34.6	18.7	-
Mean scoring	5.24	4.63	2.42
Standard deviation	2.26	2.15	1.55

It may be noted that the largest percent of AWCs on all the activities falls in the levels 0 (poorest) or 1 (intermediate/second poorest), though 33 percent to 46 percent AWCs also fall in the best level (score 2). The level of activities in intervention AWCs are better than in intermediate AWCs and control district. The mean score for the intervention districts is more than 1 but the score in the control district is less than 1, suggesting that condition/situation of the AWCs in the intervention districts on the dimensions under study is better than the control district.

As per the qualitative findings, AWCs located in intermediate areas reported to be deficient in Teaching and Learning Materials (TLM). The respondents informed that children don't get toys and books or are not replaced when they are broken/torn off. Children are taught names of fruit, vegetables, and basic learning's. Some respondents reported that they take their children to AWCs and also bring them back with them after a short stay as children don't like to stay there. There are not many facilities for children at the Centre.

10.2.2 Personal care, hygiene and habit formation

This sub-component has been subdivided into four activities—hand washing practices, regular checking of personal grooming of children, independent toileting and eating independently. Table 10.3 provides key findings for each component.

Table 10.3: Distribution of AWCs by levels of hand washing and hygiene practices and mean score under each component

(%)

Scoring on personal care, hygiene and habit formation	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Hand washing			
Children do not wash hands after toileting or before meals.	5.1	5.3	4.0
Children wash hands for one of these activities.	46.2	50.7	23
Children wash hands both after toileting and before eating food.	48.7	44	73
Mean score	1.436	1.387	1.690
Regular checking of personal grooming of children			
Teacher does not pay any attention to children's grooming (hair combed, nails cut, clothes in order, etc)	11.5	17.3	4.1
Teacher does not pay attention on a routine basis but gives attention to only the worst cases.	39.7	53.3	6.8
Teacher does routine checking of grooming of all children.	48.7	29.3	89.2
Mean score	1.371	1.119	1.852
Independent toileting			
Less than one third of the children above age 3 years can do toileting without assistance.	24.4	17.3	32.4
About half of the children above 3 years can do toileting without assistance.	61.5	72	9.5
More than half of the children above 3 years can do toileting without assistance.	14.1	10.7	58.1
Mean score	0.897	0.934	1.257
Eating independently			
Less than one third of the children above age 3 years can eat most of a meal on their own.	14.1	10.7	8.1
About half of the children above age 3 years are able to feed themselves and complete most of the meal on their own.	25.6	34.7	4.1
More than half of the children above age 3 years able to feed themselves and complete most of the meal on their own	60.3	54.7	87.8
Mean score	1.462	1.441	1.797
Overall scoring on personal care, hygiene and habit formation			
0	2.6	2.7	2.7
1-2	7.7	5.3	1.4
3-4	24.4	32	9.5
5-6	38.5	42.7	24.3
7-8	26.9	17.3	62.2
Mean scoring	5.14	4.88	6.59
Standard deviation	1.87	1.75	1.9

It may be noted that the largest percent of intervention AWCs falls in level 2 (best level) on all the activities under this sub – component (except independent toileting). For this activity , the maximum number of AWCs (62%) obtained score 1 (second level). The largest percent of intermediate AWCs obtains score 1 (second level) on all the activities under this sub – component except eating independently in which the largest number of AWCs score level 2 (the best level). While the largest number of AWCs falls in the level 2 (the best level) on all the activities under the sub – component. Thus, the situation of the control AWCs on all the dimensions under this sub component is better than in intervention / intermediate AWCs.

10.2.3 Language and reasoning experience

This sub-component has been subdivided into ten activities—receptor language; listening opportunities, expressive language—speaking opportunities; classroom environment; activities, materials for developing; activities for reading, writing and number readiness; activities for reading, writing and number; children's participation in outdoor activities for gross motor development, activities for fine motor development and activities for gross motor development. Table 10.4 shows distribution of AWCs by levels of language and reasoning experience on each activity.

Table 10.4: Distribution of AWCs by levels of language and reasoning experience and mean scores

(%)

Scoring on language and reasoning experiences	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Receptor Language- Children			
Less than one third of the children seem to understand the language used by the teacher.	6.4	5.3	5.4
About half of the children seem to understand the language used by the teacher.	39.7	50.7	4.1
More than half of the children seem to understand the language used by the teacher.	53.8	44	90.5
Mean score	1.473	1.387	1.851
Listening opportunities			
Children have no opportunities to listen to language through a planned activity, other than the teacher's instructions.	3.8	6.7	8.1
Children have opportunity to listen to language through at least one planned activity in a day such as storytelling, rhyme or a listening game.	46.2	57.3	70.3
Children have opportunities to listen to more than one planned activity for listening to language in a day such as storytelling, rhyme or a listening game.	50	36	21.6
Mean score	1.462	1.293	1.135
Expressive Language- speaking opportunities			
Children have few or no opportunities to speak in class.	7.7	14.7	5.4

Table 10.4: Distribution of AWCs by levels of language and reasoning experience and mean scores (Contd..)

(%)

Scoring on language and reasoning experiences	Intervention AWCs	Intermediate AWCs	Control AWCs
Children get opportunity to speak but only through using single words/short sentences in answer to teacher's questions.	50	57.3	89.2
Children are encouraged to and have many opportunities in the course of the day to speak on their own and share their queries, ideas and experiences.	42.3	28	5.4
Mean score	1.346	1.133	1.00
Activities and material for language development			
No specific activities are conducted for developing skills of listening and speaking in children, like storytelling, free conversation, language/vocabulary games.	7.7	16	23
Activities are conducted or materials used for development of language skills but these involve only few children in the class.	52.6	48	43.2
Activities and materials are used in ways that involve all children in the class and give them opportunity to listen and speak.	39.7	36	33.8
Mean score	1.317	1.200	1.108
Classroom environment			
Children are not allowed to talk with their peers or with the teacher during class, other than	11.6	12	14.9
Children are allowed to talk but not encouraged to talk with their peers or with the teacher o	53.8	60	77
Children talk freely and comfortably with their peers and teacher but do not disturb the class	34.6	28	8.1
Mean score	1.230	1.160	0.932
Activities for reading, writing and number readiness			
No activities and materials are used with children for helping them develop their cognitive skills like classification	14.1	17.3	60.8
Activities and materials are used but mainly for demonstration or use by a few children and not for all children.	33.3	44	23
Activities and material are used in ways that ensure all children in the class are participating and which gives them	52.6	38.7	16.2
Mean score	1.385	1.214	0.554
Activities for reading, writing and number readiness			
No activities are conducted or materials used for helping children above 4 years develop readiness for reading, writing an	14.1	10.7	50

Table 10.4: Distribution of AWCs by levels of language and reasoning experience and mean scores (Contd..)

(%)

Scoring on language and reasoning experiences	Intervention AWCs	Intermediate AWCs	Control AWCs
Activities are conducted or materials used for helping children above 4 years develop readiness for reading, writing and n	51.3	66.7	31.1
Activities are conducted or materials used for reading, writing and number by involving all children in the class.	34.6	22.7	18.9
Mean score	1.205	1.121	0.689
Activities for reading, writing and number			
Teacher teaches reading, writing and/or number work using formal	19.2	18.6	32.4
Teacher teaches reading, writing and/or number work to all child	73.1	66.7	62.2
Teacher does not teaching reading, writing or number work formal	7.7	14.7	5.4
Mean score	0.885	0.961	0.730
Children's participation in outdoor activities for gross motor development			
Teacher does not conduct any outdoor play activities with children.	21.8	13.3	45.9
Teacher conducts outdoor activities during the day but only half or less than half of the children participate.	33.3	49.3	20.3
Teacher conducts outdoor activities in way that ensure most/all children participate.	44.9	37.3	33.8
Mean score	1.231	1.239	0.879
Activities for fine motor development			
Teacher does not conduct any activities with children for developing for development of fine motor skills e.g. threading, tracing, cutting, blocks, drawing etc.	30.8	33.3	97.3
Teacher conducts at least one or two activities for fine motor development but only half or less than half the children participate.	39.7	34.7	-
Teacher conducts activities for fine motor development in a way that most or all children participate.	29.5	32	2.7
Mean score	0.987	0.987	0.054
Activities for gross motor development			
Teacher does not conduct any activities with children for developing for development of gross motor skills e.g. jumping, running, hopping etc.	19.2	10.7	85.1
Teacher conducts at least one or two activities for gross motor development but only half or less than half the children participate.	34.6	52	4.1

Table 10.4: Distribution of AWCs by levels of language and reasoning experience and mean scores (Contd..)

(%)

Scoring on language and reasoning experiences	Intervention AWCs	Intermediate AWCs	Control AWCs
'Teacher conducts activities for fine motor development in a way that most or all children participate.	46.2	37.3	10.8
Mean score	1.270	1.266	0.257
Overall scoring on language and reasoning experiences			
0	2.6	2.7	2.7
1-3	1.3	1.3	1.4
4-6	1.3	-	16.2
7-9	7.7	13.3	41.9
10-12	21.8	26.7	24.3
13-15	24.4	28	8.1
16-18	23.1	13.3	1.4
19-20	12.8	13.3	2.7
Mean scoring	13.94	12.96	9.19
Standard deviation	4.58	4.44	3.81

It may be noted that mean score is more than 1 on all the activities in intervention AWCs, except for activities for reading, writing & number and activities for fine motor development. For these two activities the mean score is less than 1. The same pattern of scoring has been found in intermediate AWCs. The overall scoring on all the activities in intervention / intermediate AWCs is better than control AWCs. **But in the baseline it was reverse i.e the situation of the control AWCs was better on all the dimensions than the intervention / intermediate AWCs.**

10.2.4 Creative activities

This sub-component has been subdivided into four activities —individual and group recitation and children's participation (in arts and craft activities), opportunity for the children to recitation of rhymes & songs and opportunity for free play their findings are shown in Table 10.5.

Table 10.5: Distribution of AWCs by levels of components of creative activities and mean scores

(%)

Scoring on Creative Activities	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Individual and group recitation			
Children do not get any opportunity for recitation of rhymes	2.6	8	5.4
Children get opportunity to recite/sing in a group/whole class.	39.7	53.3	71.6
Children get opportunity to recite/sing both in a group and individually.	57.7	38.7	23
Mean score	1.551	1.307	1.176

Table 10.5: Distribution of AWCs by levels of components of creative activities and mean scores (Contd..)

(%)

Scoring on Creative Activities	Intervention AWCs	Intermediate AWCs	Control AWCs
Children's Participation			
Teacher does not conduct any arts/ crafts activities throughout the day with children.	14.1	18.7	86.5
Teacher does conduct one or two art/crafts activities during the day but only half or less than half of the children participate.	42.3	45.3	4.1
Teacher does conduct one or two art/crafts activities with children and most or all children participate/get the opportunity.	43.6	34.7	9.5
Mean score	1.295	1.147	0.231
Opportunity for the Children to recite rhymes and songs			
Teacher provides no opportunity to children to sing songs or rhymes	15.4	16	6.8
Teacher provides opportunity to children to receipt rhymes/songs, but monotonously without expressions and actions.	50	57.3	79.7
Teacher provides opportunity to children to recite to rhymes/songs, and guides their expressions and actions alongside.	34.6	26.7	13.5
Mean score	1.192	1.107	1.067
Opportunity for free play			
Teacher does not provide any opportunity to children for any free play activities with materials	3.8	12	6.8
Teacher provides opportunity for free play but without any supervision or interaction.	32.1	41.3	54.1
Teachers provides opportunity for free play with materials to children and also supervises	64.1	46.7	39.2
Mean score	1.603	1.347	1.325
Overall scoring on creative activities			
0	2.6	4	4.1
1-2	1.3	4	4.1
3-4	20.5	30.7	73
5-6	41.0	40.0	9.5
7-8	34.6	21.3	9.5
Mean scoring	5.68	4.91	3.8
Standard deviation	1.81	1.97	1.66

It may be noted that the situation is more or less the same in intervention / intermediate and control AWCs on all the activities under this sub – component which is reflected by the mean score – more than 1 in intervention / intermediate and control AWCs except for "children's participation" in control AWCs. The mean score on this activity in less than 1. Overall , the situation is better in intervention / intermediate AWCs than control AWCs on all the dimensions combined together .

10.2.5 Social development

This sub-component has been subdivided into five activities—teachers' greetings on arrival and departures, children' greetings on arrival and departures, cooperation and sharing (with each other), (timing provided) for free play, and quality of teacher and child interactions; their findings are shown in Table 10.6.

Table 10.6: Distribution of AWCs by levels of different components of Social development and mean score on each activity

(%)

Scoring on Social development	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Teacher's greeting on arrival and departure			
AWW does not greet and/or say goodbye to children at the time of arrival and leaving.	17.9	28.0	37.8
Teacher greets and/or says good bye to some children but not to all at the time of arrival and leaving.	37.2	38.7	8.1
Teacher ensures she greets/says goodbye to every child at the time of arrival and leaving.	44.9	33.3	54.1
Mean score	1.270	1.053	1.163
Children's greeting on arrival and departure			
Less than one third of the children individually greets or say good bye to the teacher at the time of arrival and/or departure.	18.0	26.7	86.5
At least half the number of children individually greets or say good bye to the teacher at the time of arrival and/or departure.	48.7	45.3	4.1
Most /all children individually greet or say good bye to the teacher at the time of arrival and /or departure.	33.3	28	9.5
Mean score	1.153	1.013	0.231
Cooperation and sharing			
Teacher organises activities in such a way that there is no opportunity for children to learn to share or help each other.	19.2	25.3	35.1
Unplanned opportunities do come up for children to share and help each other but teacher does not consciously make use of them.	41	44	51.4
Teacher plans the activities in ways that would encourage sharing and helping and actively promotes it among the children.	39.7	30.7	13.5
Mean score	1.204	1.054	0.784
Free play			
Teacher does not provide any time for free play during the day.	6.4	14.7	4.1
Teacher provides for less than one third of the time for free play.	44.9	40	51.4

Table 10.6: Distribution of AWCs by levels of different components of Social development and mean score on each activity (Contd..)

(%)

Scoring on Social development	Intervention AWCs	Intermediate AWCs	Control AWCs
Teacher provides for at least one third of the time for free play and sets up the classroom with materials to facilitate the play.	48.7	45.3	44.6
Mean score	1.423	1.306	1.406
Quality of teacher child interaction			
Most of the time the teacher is controlling and authoritarian and talks down to the children by giving instructions, scolding or punishing .	3.8	6.7	5.4
Most of the time the teacher is indifferent to the children and does not get involved with them more than is required for teaching.	26.9	29.3	6.8
Most of the time the teacher converses very pleasantly and meaningfully with the children and creates an environment for children to interact freely with her.	69.2	64	87.8
Mean score	1.653	1.573	1.824
Overall scoring on social development			
0	2.6	2.7	4.1
1-2	2.6	6.7	4.1
3-4	6.4	16	21.6
5-6	35.9	34.7	45.9
7-8	29.5	18.7	14.9
9-10	23.1	21.3	9.5
Mean scoring	6.72	6	5.41
Standard deviation	2.22	2.5	2.14

It may be noted that the situation is more or less the same in intervention / intermediate and control AWCs on all the activities under this component except for "most / all children individually greet or say good bye to the teacher at the time of arrival and /or departure" and "cooperation and sharing to help each others". For these two activities; the mean score is less than 1 in control AWCs. Overall, the mean score is better in intervention / intermediate AWCs than control AWCs.

10.3 AWW disposition

This component has been divided into four activities – "encourage self expression", "no bias displayed towards gender", "demonstrate sensitivity and awareness regarding with marginalized children" and "demonstrate sensitivity with awareness regarding children with special needs". The findings have been shown in Table 10.7.

Table 10.7: AWW Disposition

(%)

AWW Disposition	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**75**	**74**
Encourage self expression			
AWW directs children to do/draw exactly as she has draw/made.	12.8	12.0	5.4
AWW allows children to draw/do the activity in whatever way they choose to, without interaction or guidance.	57.7	69.3	4.1
NO opportunity for creative activity observed	29.5	18.7	90.5
Mean score	1.167	1.067	1.851
No bias displayed towards gender			
Nature and the way activities are conducted, quality of worksheets, nature of interactions with children indicates gender bias on more than three occasions.	25.7	22.7	13.5
Nature and the way activities are conducted, quality for worksheets, nature of interactions with children indicates gender bias on one occasion.	15.4	22.7	2.7
No interaction between teacher and children was observed	59	54.7	83.8
Mean score	1.334	1.321	1.703
Demonstrate Sensitivity and awareness regarding with marginalized children			
Nature and the way activities are conducted quality of worksheets	16.7	28	10.8
Nature and the way activities are conducted quality of worksheets	16.7	22.7	1.4
Nature and the way activities are conducted quality of worksheets	66.7	49.3	87.8
Mean score	1.501	1.213	1.770
Demonstrate Sensitivity and awareness regarding children with Special needs			
AWW is indifferent and/unaware about the needs of children with special needs.	16.7	14.7	10.8
AWW showed one instance of sensitivity or awareness regarding the needs of children with special needs.	14.1	17.3	2.7
No child with special needs in the class	69.2	68	86.5
Mean score	1.525	1.533	1.757
Overall scoring on social development			
0	2.6	5.3	4.1
1-2	3.8	4	2.7
3-4	26.9	32	4.1
5-6	28.2	24	9.5
7-8	38.5	34.7	79.7
Mean scoring	5.47	5.13	7.08
Standard deviation	1.91	2.13	2.01

It may be noted that mean score on all the activities is better in control AWCs than in intervention / intermediate AWCs. No clear cut differences have been found in intervention & intermediate AWCs. Overall, score on all the activities combined together under this component is better in control AWCs (7.08) than in intervention (5.47) and intermediate AWCs (5.13).

10.4 Summing up

It seems that the intervention / intermediate AWCs have better infrastructure and better contents of pre-school education programme than control AWCs. No clear cut differences have been found in intervention and intermediate AWCs. Regarding AWW disposition, the situation is better in control AWCs than in intervention / intermediate AWCs.

CHAPTER –XI
KNOWLEDGE AND SKILLS OF ANGANWADI HELPERS AND FUNCTIONING OF ANGANWADI CENTERS

This chapter starts with information on their profile, working experience and training received to work as AWH. The AWHs were interviewed to collect information on their knowledge of the activities they performed on functioning of AWCs.

11.1 Background charactertics of AWHs

11.1.1 Profile of AWHs

A total of 218 AWHs were interviewed (78 in intervention, 71 in intermediate and 69 in control AWCs). Two – fifth of the surveyed AWHs were in age group of 30-39 years in intervention districts , while 29% each in control district were in ages of below 30 years, 30-39 years and 40-49 years. Their mean age was around 38 years. About one – fifth in intervention districts (18% in intervention & 24% in intermediate AWCs) and 30% in control AWCs had completed at least high school education and slightly less than one – third (28% in intervention districts and 30% in control district) had passed middle standard. About one – fifth (20% in intervention districts and 19% in control district) were illiterate and almost all of them were Hindu. The largest proportion of them belonged to OBC (46% in intervention districts & 44% in control district), followed by those who belonged to scheduled caste (26% in intervention districts & 32% in control district). Majority of them were currently married (64% in intervention districts and 78% in control district), while 30% in intervention and 9% in control district were widowed (Table 11.1).

Table 11.1: Distribution of AWHs by their socio – economic profile

(%)

Profile	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	78	71	69
Age in years			
< 30 years	19.2	16.9	29
30-39 years	39.7	36.6	29
40-49 years	23.1	29.6	29
50 and over	15.4	12.7	13
Cannot say	2.6	4.2	-
Mean age in years	38.4	38.8	38.1
Highest grade of education completed			
No education	16.7	23.9	18.8
Less than 5 grades	16.7	12.7	7.2
5- 7 grades	17.9	14.1	13
8-9 grades	30.8	25.4	30.4
10-12 grades	16.7	22.5	24.6
More than 12 grades	1.3	1.4	5.8
Religion			
Hindu	98.7	98.6	98.6
Muslim	1.3	1.4	-
Not specified	-	-	1.4

Table 11.1: Distribution of AWHs by their socio – economic profile (Contd..)

(%)

Profile	Intervention AWCs	Intermediate AWCs	Control AWCs
Caste			
SC	28.2	23.9	31.9
ST	24.4	22.5	17.4
OBC	41	50.7	43.5
General	6.4	2.8	7.2
Marital Status			
Currently married	62.8	66.2	78.3
Widow	29.5	29.6	8.7
Divorcee / Separated	3.8	4.2	5.8
Never married	3.8	-	7.2

11.1.2 Working experience

On an average , they were in the position of an AW helper for the last 7 years in intervention and 6 years in control district (Table 11.2).

Table 11.2: Total work experience in years as AWH

(%)

Total work experience in years as AWH	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	78	71	69
< 1 year	3.8	1.4	7.2
1- <6 years	29.5	38	46.4
6 - 10 years	29.5	21.1	21.7
More than 10 years	37.2	39.4	24.6
Average in yrs	7	6.79	5.67

11.1.3 Training status

More than 80% of them (91% in intervention districts and 81% in control district) reported to have received training to work as an AWH. Most of them received training of one week (53% in intervention & 46% in control district), while 27% in intervention districts and 45% in control district received training of more than one week. Mainly they received training in cooking, management of angawandi and child care. Most of them reported that ICDS supervisors imparted the training.

Only 22% in intervention and 46% in control district reported to have received refresher training. They received the refresher training mostly in cooking, management of anganwadi and child care (Table 11.1 in Annexure -2).

11.2 Equipment / tools available at AWC and their condition

Table 11.2 in Annexure -2 provides information on the availability of growth monitoring items such as, weighing scale, height measuring scale and measuring tape at the AWC and access to a ground for children to play. In addition it provides information on availability of items for children to play and their condition.

Most of the AWCs have weighing scale and height measuring scale in good condition, while measuring tapes were not available in most of the AWCs (Fig 11.1).

Fig 11.1: Availability of growth monitoring items at AWC (%)

Toys, blocks, picture books and books are available in most of the intervention AWCs either in very good or good condition. These items (except books) are also available in most of the intermediate and control AWCs either in very good or good condition. The average number of toys, blocks , picture books and books are more in intervention AWCs than intermediate and control AWCs (Fig 11.2).

Fig 11.2: Availability of growth monitoring items at AWC (%)

Only about two – fifth of AWCs in intervention districts, with no differences between intervention & intermediate AWCs, and 52% of control AWCs have access to any ground for children to play.

11.3 Knowledge about child health, development and nutrition

11.3.1 Knowledge about preventive measures for keeping a newborn healthy and protecting from any illness

Table 11.3 gives information on AWH's knowledge on preventive measures for keeping a newborn healthy.

Table 11.3: Knowledge of AWHs about preventive measures for keeping a new born healthy and protecting from any illness

(%)

Preventive measures for keeping a new born healthy and protecting from any illness	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**71**	**69**
Delay in giving a bath	43.6	42.3	46.4
Applying nothing on the cord	53.8	67.6	34.8
Drying and keeping the baby warm	70.5	62	50.7
Placing the baby in contact with mother's skin for warmth	47.4	39.4	46.4
Initiation of early breast feeding	55.1	56.3	44.9

About two – third of AWHs in intervention districts , with wide variation in intervention AWCs (71%) & intermediate AWCs (62%) and 51% in control AWCs reported "drying and keeping the baby warm" as a preventive measure. Other preventive measures cited by AWHs were: "applying nothing on the cord (60%) and "initiating breastfeeding at the earliest after birth" (56%) in intervention districts. Less than 50% of AWHs cited" delay in giving a bath" and "placing the baby in contact with mother's skin for warmth" The situation is far better in intervention districts than in control district.

11.3.2 AWW's Knowledge on age of an infant for introducing complementary feeding

Table 11.4 provides information AWH's Knowledge on age of an infant for introducing complementary feeding.

Table 11.4: Knowledge on age of an infant for introducing complementary feeding

(%)

Age of an infant	Intervention AWCs	Intermediate AWCs	Control AWCs
Correct age for introducing complementary feeding (n=)	78	71	69
< 6 months	15.4	8.5	4.3
6 months	62.8	63.4	89.9
7-8 months	20.5	26.8	5.8
After 8 months	1.3	1.4	-
Correct age to start giving supplementary nutrition (n=)	78	71	69
'< 6 months	9	4.2	-
'6 months	69.2	69	87
'7-8 months	19.2	25.4	1.4
'9-10 months	-	-	10.1
'More than 10 months	2.6	1.4	1.4

Regarding correct age of child for introducing complementary feedings, 63 percent of AWHs reported 6 months and 24 percent mentioned 7-8 months in intervention districts, while 90% in control district reported 6 months.

The largest number of AWHs reported 6 months as the age of the child to start supplementary nutrition and 22% reported 7-8 months in intervention districts, while 87% in control district reported 6 months .

11.3.3 Type of advices being given to caretakers of malnourished children

Table 11.5 provides information on type of advices being given to caretakers of malnourished children by AWH.

Table 11.5: Type of advices being given to caretakers of malnourished children

(%)

Advice given to the caretaker	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**71**	**69**
Malnourished			
Bring child regularly to AWC for taking supplementary nutrition	76.9	84.5	59.4
Advice mother to give milk to child	79.5	83.1	66.7
Severely malnourished			
Refer the child to nutrition rehabilitation centre	74.4	67.6	18.8
Refer the child to pediatrician of nearby hospital	70.5	73.2	81.2
Advice mother to give high protein calorie diet to child	42.3	43.7	4.3

On asking what advices AWH should give to a caretaker, if the child is malnourished , more than 75 percent advise caretaker to "bring the child regularly to AWC for taking supplementary nutrition" and "to give milk to the child in intervention & intermediate AWCs. The proportions of such respondents are relatively lesser in control AWCs. Advices reported by AWHs were: "referral the child to nutrition rehabilitation center", and "referral to pediatrician of nearby hospital" in case the child is severely malnourished.

11.3.4 Knowledge about common illness in children

Further, AWHs were asked what are the common sicknesses of children, what are the signs / symptoms of diarrhoea and respiratory infection and whether diarrhoea can be prevented. Table 11.3 in Annexure -2 provides such information. The following findings have emerged from this table.

Fever and diarrhoea were reported as the common sicknesses of children by 83 percent and 64 percent of AWHs respectively in intervention districts, while about 62% mentioned respiratory infection. Comparatively more proportion of AWHs in control district reported respiratory infection (84%), while diarrhoea was reported by lesser proportion (42%). Stomachache was also reported as another common illness among children.

Regarding symptoms of diarrhoea , loose or watery stool and frequent stools were cited by 71 percent and 63 percent of AWHs in intervention district. Other symptoms reported by AWHs were: abdomen pain, vomiting, and dehydration. Comparatively lesser proportion of AWHs reported these symptoms in control AWCs.

When AWHs were asked about the causes of diarrhoea , they reported "eating stale foods" (77%) drinking dirty water (75%)" and eating unclean / smelly food (63%) in intervention districts. In control district relatively lesser proportion reported these causes. Most of them (95-100%) said that diarrhoea can be prevented.

Regarding symptoms of respiratory infection, they mainly cited cough and sneezing as its symptoms. Other symptoms reported by AWHs were: breathlessness, fever, difficult breathing, rapid / fast breathing etc.

11.4 Services/activities undertaken at AWCs

11.4.1 Activities undertaken to implement ICDS in the area

The AWHs were asked three types of questions to assess what activities they had undertaken to implement ICDS program in the area. The first question was on what activities they had undertaken for implementation of the ICDS in their own area.. In the second question they were asked all the services they were providing at AWCs; the response was voluntary, without any probe. In the third question, they were asked about their activities on generating community awareness of their services. The findings on all these aspects have been discussed in this section.

The AWHs were asked whether they had undertaken various activities to implement ICDS programme in the area. They were asked about each activity one by one. Their responses are shown below in Table 11.6.

Table 11.6: Status of different activities undertaken for implementation of ICDS program

(%)

Activities	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**71**	**69**
Help AWW in village mapping	64.1	54.9	24.6
Conducting community survey	89.7	84.5	37.7
Bringing children to AWC	82.1	83.1	95.7
Enlisting Beneficiaries			
a. Children 0-6 years	73.1	78.9	34.8
b. Children 'At Risk'	70.5	67.6	34.8
c. Expectant and nursing mothers	76.9	76.1	34.8
d. Adolescent girls	73.1	74.6	33.3
Birth and death registration	66.7	66.2	34.8

Though most of the AWHs were undertaking most of the desired functions for implementation, but there was variation in their percentages. Most of them (more than 75%) had undertaken work of enlistment of children 0-6 years and expectant & nursing mothers in intervention districts. The least reported activity was " helping AWW in village mapping". The work was better in the intervention districts compared to the control district on all aspects except "bringing children to AWC".

When asked about the services they were providing at the AWCs, about 83-99% reported cleaning of AWCs, bringing children to AWC from home and preparing food for children. Other services provided at AWC by more than 50% AWHs were: "arranging raw material to prepare food for children" , "maintaining children's cleanliness & hygiene" , "supporting AWW in weighing children" and fetching water etc. The least reported services were: management of childhood illness and cleaning children after defection. (Table 11.4 in Annexure -2).

The AWHs were making women aware of their (AWCs) services by visiting households and by mobilizing women and children of the community (Table 11.7).

The qualitative data from FGDs conducted in intervention areas shows that registration of the births and deaths are mainly done at the Anganwadi Centre. In case of deliveries at home, Anganwadi worker or Mitanin comes and registers the birth. Birth Registration certificate and Death Certificate is provided from the Councilor's office. As per the participants they write a letter at the time of Child's Birth or Death in the family and submit it at the Anganwadi Centre. Then the Anganwadi further sends the letter to the Councilor's office, from where the certificates are issued.

In intervention areas, registration of the births and deaths is done in the village and Kotwal comes to do it. In case of deliveries at home, kotwal and Mitanin comes and registers the births.

In control areas, the process is same as of intervention areas but here people complained that this whole process is very time consuming and in many cases they have not received the certificates even after 1 year of the registration.

Table 11.7: Ways to spread awareness in community about different health issues

(%)

Ways to spread awareness in community about health issues	**Intervention AWCs**	**Intermediate AWCs**	**Control AWCs**
(n=)	**78**	**71**	**69**
By door to door visit	94.9	90.1	92.8
By mobilizing women and children of the community	47.4	64.8	20.3
Use of traditional and folk media	17.9	15.5	1.4
Organize street plays/nukkad natak	17.9	19.7	-

11.4.2 Functioning of AWCs

The AWHs were asked various aspects to understand functioning of the AWCs. Their answers are reported in Table 11.5 in Annexure -2. Major findings are:

Almost all the AWCs open 6 days a week. They work for about 6 hours a day. On asking whether the women help in cooking and / or distributing food, most of the AWHs (63% in intervention and 93% in control district) replied in negative. Most of the AWHs claimed that they distribute ration on weekly basis (91% in intervention and 99% in control district).

Regarding the availability of ration (atta, sugar and oil) in the stock, most of them said almost nil. About 50 packets of THR in intervention AWCs and 64 in control AWCs were available in the stock at the time of survey per AWC. From this it appears that they are distributing "take home ration" and that too on weekly basis. On an average, they are giving about 1 kg of THR to pregnant & lactating mothers. Similarly, they are given 810 gms of THR to a child in intervention districts and 1 kg in control district at one time. They take help of Sahayika for bringing (from home) and taking care of children.

More than 95% reported organization of Nutrition and Health Days (NHDs) in the AWC. But more than 79% of them reported holding of such days every month. After seeing the month and year of holding such last NHD, it is clear that NHDs are not held regularly every month though AWHs reported organization of such a day every month. More details on the NHD can be seen in Table 11.8.

Regarding their roles on NH Day, they mostly reported "cleaning in and around the centre", "brining children from home to the NHD", "preparing food for the beneficiaries" , "distributing of supplementary nutrition to children" and "supporting in proper weighing of the children. Distribution of THR to pregnant / lactating mothers & children and adolescent girls" are least reported. In means that THR is not distributed on NHD and it is distributed weekly on the working day of AWC only (Table 11.8).

Table 11.8: Information on NHDs being held in AWW's area of work

(%)

Particulars	**Intervention AWCs**	**Intermediate AWCs**	**Control AWCs**
Nutrition and health days (NHD) held (n=)	**78**	**71**	**69**
Yes	100	95.8	72.5
Frequency of organizing NHDs (n=)	78	68	50
Monthly	94.9	79.4	100
Once in 2-3 months	3.8	20.6	-
Once in 4-5 months	1.3	-	-
Time (month & year) when the last NHD was held (n=)	**78**	**68**	**50**
042012	1.3	-	-
012014	-	1.5	-
022014	1.3	-	-
112014	1.3	-	-
122014	17.9	17.6	24
012015	32.1	41.2	34
022015	37.2	29.4	40
032015	6.4	4.4	2
Activities in NHDs (n=)	**78**	**68**	**50**
Cleaning in and around the centre	85.9	83.8	94
Bringing children from home to the centre	84.6	89.7	92
Make arrangement for the NHD	32.1	41.2	34
Preparing food for the beneficiaries	50	69.1	60

Table 11.8: Information on NHDs being held in AWW's area of work (Contd..)

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
Distribution of supplementary nutrition to Children	61.5	60.3	74
Distribution of take home ration to Pregnant/lactating women	26.9	32.4	22
Distribution of ration to adolescent Girls	32.1	35.3	12
Distribution of take home ration for children	32.1	33.8	46
Support in proper weighing of the children	55.1	51.5	22
Support in immunization of women & Children	42.3	57.4	30

11.4.3 Functioning of and activities undertaken during pre-school education as reported by AWHs

The AWHs were asked information related to (i) whether they provide pre - school education to children, (ii) activities undertaken in the pre-school sessions and (iii) whether mothers/ caregivers properly stimulate young children (less than 3 years) in their area. These aspects are reported in this section. Table 11.9 provides their responses.

Table 11.9: AWW's understanding of the pre-school education

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
Whether provide pre – school education to children (n=)	78	71	69
Yes	98.7	95.8	98.6
Type of activities being conducted for pre – school children (n=)	**77**	**68**	**68**
Language activities	68.8	73.5	8.8
Learn pre-number concept and number identification	41.6	42.6	26.5
Tell stories/news	63.6	55.9	95.6
Sing songs/recite poems	68.8	72.1	94.1
Draw pictures/clay etc	31.2	32.4	2.9
Play with toys/play outside with them	42.9	41.2	32.4
Play with books	45.5	44.1	13.2
Read picture books	51.9	52.9	17.6
Nature walks	19.5	17.6	2.9
Puppetry	19.5	22.1	-
Whether mothers / care provides properly stimulate young children (less than 3 years) (n=)	**77**	**68**	**68**
Yes	100	94.1	100

Almost all AWHs are providing pre- school education to children. Most of the AWHs reported activities of language, hearing and telling stories, singing songs or reciting poems, and reading picture books. Activities which were reported by less than 50% respondents were drawing pictures, playing with blocks, nature walk and puppetry. On the whole, the situation is much better in intervention districts when compared with the control district.

When AWHs were asked whether the mothers/ caregivers properly stimulate young children (less than 3 years), almost all of them replied in affirmative.

11.5 Advices given to children about sanitary practices

All AWHs were asked what advices they gave to children about sanitary practices. Table 11.10 provides their responses.

Table 11.10: What advise do you give to children about sanitary practices to be followed

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**78**	**71**	**69**
Washing hands with soap after defecation	55.1	64.8	62.3
Cleaning of teeth daily in the morning	76.9	69	89.9
Washing hands before eating food	76.9	83.1	82.6

Majority of AWHs said that they advise children to “wash hands with soap after defecation”, “clean teeth daily in the morning” and “ wash hands before eating food’. The proportion of reporting these sanitary practices was more in control district than in intervention districts.

CHAPTER –XII
KNOWLEDGE AND SKILLS OF ASHAs AND FUNCTIONING OF ANGANWADI CENTERS

This chapter starts with information on their profile, working experience and training received to work as ASHA. The ASHAs were interviewed to collect information on their knowledge of the activities they performed on functioning of AWCs.

12.1 Background charactertics of ASHAs

12.1.1 Profile of AHSAs

A total of 212 ASHAs were interviewed (71 in intervention , 95 in intermediate and 46 in control AWCs). About 46% each in intervention and intermediate AWCs were in age group of 30-39 years. The proportion of ASHAs in this age group was 39% in control AWCs, while 35% in control AWCs belonged to the next age bracket of 40-49 years. Their mean age was about 37 years in intervention , 33 years in intermediate and 40 years in control AWCs. About one – third in intervention AWCs, 26% in intermediate AWCs and 9% in control AWCs had passed high school examination, while 44% in intervention , 34% in intermediate and 33% in control AWCs had completed eighth standard and 1% in intervention, 4% in intermediate and 11% in control AWCs were illiterate. About all of them were Hindu (except 3% in intermediate AWCs). The largest number of them belonged to OBC (62% in intervention, 38% in intermediate and 50% in control AWCs) . About 35% in intervention & 48% each in intermediate & control AWCs belonged to SC/ ST. About 97% each in intervention and intermediate AWCs and 87% in control AWCs were married, while 13% in control AWCs were widowed (Table 12.1).

Table 12.1 : Distribution of ASHAs by their socio – economic profile

(%)

Particulars	**Intervention AWCs**	**Intermediate AWCs**	**Control AWCs**
Age in years (n=)	**71**	**95**	**46**
< 30 years	23.9	43.2	8.7
30-39 years	46.5	46.3	39.1
40-49 years	22.5	9.5	34.8
50 and over	7	-	17.4
Not specified	-	1.1	-
Average age	36.77	33.49	40.28
Highest grade/ class completed (n=)	**71**	**95**	**46**
No education	1.4	4.2	10.9
Less than 5	5.6	6.3	19.6
5- 7	14.1	18.9	26.1
8-9	43.7	33.7	32.6
10-12	32.4	26.3	8.7
More than 12	2.8	10.5	2.2

Table 12.1 : Distribution of ASHAs by their socio – economic profile (Contd..)

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
Religion (n=)	**71**	**95**	**46**
Hindu	100	96.8	100
Muslim	-	3.2	-
Social category (n=)	**71**	**95**	**46**
SC	31	30.5	23.9
ST	4.2	17.9	23.9
OBC	62	37.9	50
General	2.8	13.7	2.2
Marital Status (n=)	**71**	**95**	**46**
Married	97.2	96.8	87
Widow	1.4	3.2	13
Never married	1.4	-	-

12.1.2 Working experience

On an average , they were in the position of an ASHA for the last 9 years in intervention, 6 years in intermediate and 10 years in control AWCs. Majority of them in intervention AWCs (62%) and intermediate AWCs (74%) were not doing anything before becoming ASHA. The proportion of such ASHAs was 35% in control AWCs. Most of the remaining ones were doing farming or labour work (Table 12.2).

Table 12.2: Distribution of ASHAs by their working experience

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
No. of working experience in year (n=)	**71**	**95**	**46**
≤ 5	25.3	53.7	4.3
6 - 10	25.4	20	34.8
More than 10	49.3	26.3	60.9
Mean	8.62	6.35	10.22
What was doing before becoming an ASHA (n=)	**71**	**95**	**46**
Farming	12.7	8.4	34.8
Nothing, household work only	62	73.7	34.8
Labour	15.5	14.7	26.1
Student	4.2	-	4.3
Others (sarpanch, social work, tailoring, teaching etc.)	5.6	3.3	0

12.1.3 Training status

More than 90% of them (96% in intervention, 94% in intermediate and 96% in control AWCs) reported to have received training to work as an ASHA. Most of them received training of one week (40% in intervention, 43% in intermediate and 36% in control AWCs), while 69% in intervention districts, 37% in intermediate and 23% in control AWCs received training of more than one week. Mainly they received training in antenatal care, various diseases – their symptoms & causes, childcare, immunization and identification of malnourished children.

Only 27% in intervention , 39% in intermediate and 44% in control AWCs reported to have received refresher training. They mostly received refresher training during 2014 or 2015. They received the refresher training mostly in various diseases – their symptoms & causes, antenatal care & immunization, management of anganwadi and child care (Table 12.1 in Annexure -2).

12.2 Knowledge about child health, development and nutrition

12.2.1 Knowledge of ASHAs about correct breastfeeding practices.

All the surveyed ASHAs were asked what are the correct breastfeeding practices, a mother should follow. Table 12.3 provides their responses.

Table 12.3: Knowledge of correct breast feeding practices

(%)

Correct breast feeding practices	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	71	95	46
Feeding colostrums immediately after birth	76.1	24.2	47.8
Start BF within 1 hour of birth	90.1	90.5	91.3
Exclusive BF for 6 months, no water or no other liquid item along with breastfeeding	97.2	58.9	82.6
Continuation of BF for more than one year	83.1	51.6	45.7

More than 75% of ASHAs in intervention AWCs reported that a mother should exclusive breastfeed her baby for the 1st 6 months of life (97%), start breast feeding within one hour of birth (90%), continue breast feeding for more than a year (83%) and feed colostrums immediately after birth (76%).The proportion of such ASHAs was quite low in intermediate and control AWCs for all the breast feeding practices (except starting breast feeding within one hour of birth – the same proportion of ASHAs reported about it in intermediate and control AWCs).

12.2.2 Knowledge about preventive measures for keeping a newborn healthy and protecting from any illness

Table 12.4 gives information on ASHA's knowledge on preventive measures for keeping a newborn healthy.

Table 12.4: Knowledge of preventive measures for keeping a newborn healthy and protecting from any illness

(%)

Preventive measures	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	71	95	46
Delay in giving a bath	45.1	53.7	28.3
Applying nothing on the cord	62	36.8	47.8
Drying and keeping the baby warm	80.3	56.8	50
Placing the baby in contact with mothers skin for warmth	64.8	74.7	58.7
Initiation of early breast feeding	71.8	32.6	54.3

Majority of ASHAs in intervention AWCs reported "nothing should be applied on the cord" (80%) and "delay in giving a bath" (62%), while less than 50% cited "placing the baby in contact with mother's skin for warmth" (49%) and " drying & keeping the baby warm" (48%) as the preventive measures. Majority of ASHAs in intermediate AWCs & control AWCs mentioned all the four preventive measures to keep the newborn healthy and protecting him/her for getting any illness [except drying & keeping the baby warm in control AWCs (49%)].

12.2.3 ASHA's Knowledge on age of an infant for introducing complementary feeding

Table 12.5 provides information ASHA's Knowledge on age of an infant for introducing complementary feeding.

Table 12.5: Knowledge of correct age of child for introducing complementary feeding (semi – solid food)

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	71	95	46
Correct age of the child for starting complementary feeding			
< 6 months	2.8	34.7	4.3
6 months	45.1	53.7	60.9
7-8 months	52.1	7.4	32.6
After 8 months	-	4.3	2.2
Correct age of the child to give supplementary nutrition			
< 6 months	-	22.1	-
6 months	46.5	48.4	52.2
7-8 months	52.1	12.6	37
9-10 months	-	4.2	4.3
More than 10 months	1.4	12.6	6.5

Regarding correct age of child for introducing complementary feedings, 45 percent of ASHAs in intervention AWCs, 54% in intermediate AWCs and 61% in control AWCs reported 6 months. While 52% in intervention , 12% in intermediate and 35% in control AWCs mentioned 7-8 months or more.

The largest number of ASHAs reported 7-8 months as the age of the child to start supplementary nutrition in intervention AWCs, 6 months in intermediate AWCs (48%) and control AWCs (52%) .

12.2.4 Type of advices being given to caretakers of malnourished children

Table 12.6 provides information on type of advices being given to caretakers of malnourished children by ASHA.

Table 12.6: Type of advices to be given to the care taker if the child is found malnourished or severely malnourished

(%)

Type of advices given to caregivers	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	71	95	46
Malnourished			
Bring child regularly to AWC for taking supplementary Nutrition	85.9	76.8	54.3
Advice mother to give milk to child	91.5	58.9	80.4
Severely malnourished			
Refer the child to nutrition rehabilitation centre	90.1	77.9	45.7
Refer the child to pediatrician of nearby hospital	60.6	66.3	63
Advice mother to give high protein calorie diet to child	60.6	44.2	17.4

On asking what advices ASHA should give to a caretaker, if the child is malnourished , more than 54 percent advise caretaker to “bring the child regularly to AWC for taking supplementary nutrition” and “to give milk to the child in intervention , intermediate and control AWCs. The proportions of such respondents are relatively more in intervention AWCs compared to intermediate and control AWCs. Advices reported by ASHA were: “referral the child to nutrition rehabilitation center” and “referral to pediatrician of nearby hospital” in case the child is severely malnourished.

The FGD participants from intervention areas were asked about their perception of weak/ malnourished children to which they said that when the children are weak, they eat less, their eyes become yellow and they feel tired. The respondents reported that weight measurement is done every month at the AWC and accordingly the AWW counsels about the diet. At the Anganwadi centre, the children who are weak physically are given milk, eggs and banana. In case of diarrhoea/dysentery, the AWW give ORS and if it is not available, they resort to home remedy and give mixture of sugar, salt and lemon. Children suffering from diarrhoea are also advised to consume pulse juice and plenty of fluids at home.

12.2.5 Knowledge about common illness in children

Further, ASHAs were asked what are the common sicknesses of children, what are the signs / symptoms of diarrhoea and respiratory infection. Table 12.2 in Annexure -2 provides such

information. The following findings have emerged from this table.

In intervention and control AWCs, respiratory infection, diarrhoea and stomach ache were reported as the common sicknesses of children, while in intermediate AWCs, diarrhoea & stomach ache were cited as the common sicknesses.

Regarding symptoms of diarrhoea, "loose or water stool, frequent stools , weakness , dehydration and blood or mucus in stool were cited as the main symptoms of diarrhoea. Comparatively lesser proportion of ASHAs in intermediate and control AWCs reported these symptoms.

When ASHAs were asked about the causes of diarrhoea , they reported "drinking dirty water" (90%), "eating stale food" (89%), "eating unclean / smelly food" (59%) and "eating food touched by flies" (59%) in intervention AWCs. In control and intermediate AWCs , relatively lesser proportions of ASHAs reported these causes.

Regarding signs / symptoms of respiratory infection , they mainly cited cough and sneezing as its symptoms. Other symptoms reported by ASHAs were: sore throat , runny / blocked nose and breathlessness etc.

12.3 Services/activities undertaken at AWCs

12.3.1 Activities undertaken to implement ICDS in the area

The ASHAs were asked three types of questions to assess what activities they had undertaken to implement ICDS program in the area. The first question was on what activities they had undertaken for implementation of the ICDS in their own area.. In the second question they were asked all the services they were providing at AWCs; the response was voluntary, without any probe. In the third question, they were asked about their activities on generating community awareness of their services. The findings on all these aspects have been discussed in this section.

The ASHAs were asked whether they had undertaken various activities to implement ICDS programme in the area. They were asked about each activity one by one. Their responses are shown below in Table 12.7.

Table 12.7: Status of different activities undertaken for implementation of ICDS program

(%)

Types activities done as an ASHA	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**71**	**95**	**46**
Help AWW in village mapping	64.8	52.6	78.3
Conducting community survey	97.2	70.5	95.7

Table 12.7: Status of different activities undertaken for implementation of ICDS program (Contd..)

(%)

Types activities done as an ASHA	Intervention AWCs	Intermediate AWCs	Control AWCs
Mobilizing families for children's immunization	98.6	81.1	97.8
Ensuring safe & institutional delivery of women	97.2	74.7	93.5
Counseling mothers on exclusive breast feeding & complementary feeding	97.2	61.1	87
Counseling mothers on caring practices of neonates	97.2	76.8	82.6
Provide counseling to mothers on health, hygiene & nutrition	98.6	68.4	95.7
Reduce violence against women	83.1	54.7	56.5
Ensure birth and death registration	97.2	69.5	67.4
Support AWW in enlisting beneficiaries			
a. Children 0-6 years	88.7	41.1	82.6
b. Children 'At Risk'	91.5	32.6	73.9
c. Expectant and nursing mothers	97.2	65.3	80.4
d. Adolescent girls	93	51.6	65.2

Though most of the ASHAs were undertaking most of the desired functions for implementation, but there was variation in their percentages. More than 80% of ASHAs in intervention AWCs reported all the activities mentioned in the questionnaire (except "helping AWW in village mapping" – this activity was undertaken by 65% of ASHAs). Comparatively lesser proportions of ASHAs in control AWCs and intermediate AWCs reported to undertake these activities.

When asked about the services in which they provided support to AWW, between 60-99% reported " mobilizing children for immunization at the AWC" (99%), "imparting counseling on health & hygiene" (68%), "motivating pregnant women for neonate's care" (63%) and "motivating pregnant women for safe institutional delivery" (62%) in intervention AWCs. Other services in which ASHAs provide support to AWW in intervention AWCs were: "weighing children & women" (51%), "breast feeding and complementary feeding (49%) and "counseling on nutrition (45%)". This situation was better in intervention AWCs compared to intermediate & control AWCs (Table 12.8).

Table 12.8: Types of services in which support is provided to AWW

(%)

Types of services	Intervention AWCs	Intermediate AWCs	Control AWCs
(n =)	**71**	**95**	**46**
Mobilizing children for immunization at the AWC	98.6	82.1	93.5
Imparting counseling on health & hygiene	67.6	44.2	45.7
Motivating pregnant women for safe institutional delivery	62	67.4	43.5

Table 12.8: Types of services in which support is provided to AWW (Contd..)

(%)

Types of services	Intervention AWCs	Intermediate AWCs	Control AWCs
Motivating pregnant women for care for neonates	63.4	52.6	41.3
Motivating pregnant/mother for exclusive breast feeding and complementary feeding	49.3	40	50
Counseling on nutrition	45.1	40	34.8
Supporting in enlisting beneficiaries	47.9	12.6	13
Keeping records	31	21.1	34.8
Referral services	38	43.2	41.3
Sharing information on various health schemes of government to the beneficiaries	21.1	36.8	13
Support AWW in weighing of children and women	50.7	57.9	17.4
Support AWW in growth monitoring of children	36.6	45.3	10.9
Helping in organizing monthly meetings	35.2	45.3	6.5
Help in organizing community level meetings	5.6	36.8	2.2

The ASHAs were making community aware of their (AWC's) services by visiting households door to door (Table 12.9).

Table 12.9: Ways to spread awareness in community about different health issues

(%)

Ways to spread awareness in community about health issues	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	71	95	46
By conducting door to door visit	97.2	94.7	100
By using traditional and folk media	28.2	28.4	-
By organizing street plays/nukkad natak	-	30.5	-

12.3.2 Functioning of ASHAs

The ASHAs were asked various aspects to understand functioning of the AWCs. Their answers are reported in Table 12.3 in Annexure -2. Major findings are:

On an average, ASHA visits AWC 6 days in a month in intervention AWCs, 7 days in intermediate AWC and 8 days in a month in control AWCs. On the day of visit to AWC, they spend about 2-3 hours at the AWC. Majority of them (99% in intervention, 93% in intermediate and 98% in control AWCs) reported that they help AWW in her work.

More than 85% reported organization of Nutrition and Health Days (NHDs) in the AWC. Regarding activities conducted in NHD, majority of them reported "immunization of children" (94%). "immunization of pregnant & lactating mothers" (79%) , "weighing & growth monitoring of children" (66%), "weighing of pregnant & lactating mothers" (65%), "counseling on health , hygiene & nutrition" (63%); "distribution of food to beneficiaries" (62%) and "distribution of THR to beneficiaries" (52%). Comparatively lesser proportion of ASHAs reported these activities in intermediate & control AWCs.

Regarding their roles on NH day, they mainly reported "calling beneficiaries" and "assisting in immunization of children".

When asked how many visits per household they make in a month , they reported 5 visits on an average in a month per household in intervention & control AWCs, while in intermediate AWC, they make 15 visits. Regarding purposes for home visits, they mainly make home visits for immunization of children & pregnant women, health checkup, identification of malnourished children etc.

Majority of ASHAs (87% in intervention , 63% in intermediate and 96% in control AWCs) reported organization of interaction with fathers of the children during their home visits. They mostly organize these interactions with the father jointly with AWW (89% in intervention, 82% in intermediate and 91% in control AWCs) (Table 12.10).

Table 12.10: Type of advices to be given to the care taker if the child is found malnourished or severely malnourished

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
Whether organize any interaction with fathers (n=)	**71**	**95**	**46**
Yes	87.3	63.2	95.7
No	12.7	36.8	4.3
Whether organize jointly with AWW (n=)	**62**	**60**	**44**
Yes	88.7	81.7	90.9
No	11.3	18.3	9.1

12.4 Advices to be given to caregivers about sanitary practices; if the child has frequent cough & cold

All ASHAs were asked what advices they gave to caregivers about sanitary practices. Table 12.11 provides their responses.

Table 12.11: Advices to mothers about sanitary practices

(%)

Advices on sanitary practices	Intervention AWCs	Intermediate AWCs	Control AWCs
(n=)	**71**	**95**	**46**
Washing hands with soap after defecation	57.7	51.6	80.4
Cleaning of teeth daily in the morning	36.6	35.8	37
Washing hands before eating food	80.3	44.2	80.4

Majority of ASHAs said that they advise caregivers to "wash hands with soap after defecation", and " wash hands before eating food'. The proportion of ASHAs giving these advices was more in control AWCs and intervention AWCs than intermediate AWCs. However, about 36-37 percent of ASHAs advise caregivers for cleaning of teeth daily in the morning.

12.5 Working pattern of ASHAs with SHGs and other community groups

All the surveyed ASHAs were asked whether they work with SHGs & if yes, in which activities they work with SHGs and whether they work with any other community groups & if yes, in which activities they work with them. Table 12.12 provides their responses.

Table 12.12: Working pattern with SHGs and other community groups

(%)

Particulars	Intervention AWCs	Intermediate AWCs	Control AWCs
With work with SHG (n=)	**71**	**95**	**46**
Yes	36.6	55.8	47.8
Type of activities being done with SHGs (n=)	**26**	**53**	**22**
Prepare midday meal	34.6	64.2	45.5
Help the needy people	7.7	1.9	13.6
Advice on nutritive food	3.8	1.9	9.1
Deposit money	15.4	20.8	18.2
Sanitation & hygiene	11.5	1.9	4.5
Collection of loans	3.8	3.8	-
Advice pregnant women for institutional delivery	3.8	-	-
Help people in agarwati yojna	3.8	-	-
Making papad	3.8	-	-
Whether work with any other community group (n=)	**71**	**95**	**46**
Yes	12.7	13.7	4.3

Only about 37% of ASHAs in intervention AWCs, 56% in intermediate and 48% in control AWCs reported to work with SHGs. Mainly they work together in preparing mid day meal for children. Other activities in which they work with SHGs were: depositing money, sanitation & hygiene and helping the needy people etc. Very few ASHAs (9 in intervention, 13 in intermediate and 2 in control AWCs) reported to work with some other community organization.

CHAPTER –XIII
AWARENESS AND INVOLVEMENT OF SUPERVISOR (OF ICDS) ON ACTIVITIES OF GROWTH AND DEVELOPMENT OF CHILDREN

This chapter discusses awareness and involvement of the supervisors of ICDS programme (Mukhya Sevikas) on development and growth of children aged 3 to 3.5 years and 5 to 5.5 years . It starts with information on their demographic profile, training and their work experience with functioning of the AWCs. This chapter presents only the highlights of the information collected on aspects related to growth and development of children. Findings have been discussed in actual numbers, as the sample of respondents is very small. More detailed tables on other aspects are given in Tables 13.1 to 13.14 in the Annexure-2.

13.1 Profile of Mukhya Sevikas

A total of 21 supervisors were covered (9 in intervention AWCs, 8 in intermediate at AWCs & 4 in control AWCs)**.** Most of the respondents belonged to OBC & all were Hindu, had education of 10 or more years, were working for more than 10 years in this position and were of ages 40 years and above. Three supervisors each in intervention districts & control district worked as AWW before becoming supervisor (For more details, see Table 13.1 and Table 13.2 in Annexure -2).

13.2 Training status

All had received training to work as supervisor of about 8 weeks. Class assignments, lectures , home assignments, us of audiovisual materials and role play were followed during training. CDPO, District Project Officer and representative of National Institute of Public Cooperative and Child Development (NIPCCD) were involved in imparting training.

Regarding topics covered during training, they mainly cited “nutrition & health care of newborns , infants and young children (0-6 years); “nutrition & health care of expectant & nursing mothers; supervision & monitoring of AWC, roles & job responsibilities of a supervisor; ICDS programme; roles & job responsibilities of other ICDS functionaries & health & block functionaries and nutrition & health care of adolescents.

When asked specifically about the training aspects related to development and growth of children. It may be noted that most of the respondents had reported to have received training on all aspects except in “early childhood stimulation” and “preparation / use of low cost pre school education material”.

All supervisors (except 1 in intervention AWCs & 1 in control AWCs) reported to have received refresher course. They mostly attended refresher course in growth monitoring, community growth charts of WHO, pre school education and importance of early stimulation package in child development. For more details of their training, see Table 13.3 in Annexure -2.

13.3 Reported functioning of the AWCs

13.3.1 Activities being done for implementation of ICDS

All supervisors were asked what activities they do for implementation of ICDS programme in their area. Table 13.4 in Annexure -2 provides their responses. Almost all activities listed out in the table (except maintenance of attendance & leave record in AWCs and planning activities of allotted AWCs in intermediate AWCs) are being done in most of the AWCs (more than 50% AWCs). About all activities in assisting CDPO listed out in the table (except sorting problems of AWWs / helpers) are being done in most of the AWCs (more than 50% AWCs).

13.3.2 Type of day to day activities being supervised at AWCs

All the surveyed supervisors were asked what type of day – to – day activities they supervise at AWCs. Table 13.5 in Annexure – 2 provides their responses.

Supervisors claimed to supervise "identification of severely malnourished children" (8), "enrolment of beneficiaries" (7), "quantity of food in stock" (7), "arrangement for proper storage, preparation / distribution of food" (7) and "arrangement of storage of equipment and pre – school education material" (6) in intervention AWCs, while in intermediate AWCs, they supervise "enrolment of beneficiaries" (8), "organization of pre – school education activities" (8), "arrangement of storage of equipment and PSE material" and "identification of severely malnourished children (5). In control AWCs, they only supervise "identification of severely malnourished children (5) and "enrolment of beneficiaries (3).

13.3.3 Type of services being provided to beneficiaries at AWCs

Distribution of supplementary nutrition , growth monitoring of children , identification & treatment referral services, organizing mothers meetings , counseling & interaction with caregivers and organization of pre school education services were cited as the services being provided at AWCs. The more supervisors reported these services in intervention AWCs than in intermediate & control AWCs (Table 13.6 in Annexure -2).

13.3.4 Advice being provided to children below 6 years and pregnant & lactating mothers

Supplementary nutrition to children and pregnant & lactating mothers, their health checkup , referral services, nutrition & child education and pre – school education to children were mainly reported. More or less the same pattern of services was observed in intervention & intermediate AWCs. But in control AWCs, relatively lesser proportion of supervisors reported these services (Table 13.7 in Annexure -2).

13.3.5 No. of AWCs under the jurisdiction of supervisors and availability of growth monitoring items.

In intervention AWCs , 9 supervisors were interviewed and they have 257 AWCs under their jurisdiction , giving an average of 29 AWCs per supervisor. Similarly, 8 supervisors interviewed in intermediate AWCs, have 211 AWCs under their control, showing an average of 26 AWCs per supervisor. In control AWCs , 4 supervisors have 107 AWCs under their control , giving an average of 26 per supervisor.

In intervention AWCs, 74 AWCs out of 257 (i.e 29% of AWCs) have an easy access to any ground for children to play. In intermediate AWCs, this facility was not available in any of the AWCs. In control AWCs, only 15% of AWCs have such facility.

In most of the AWCs, weighing scale was available in 87% of AWCs in intervention , 100% in intermediate and 99% in control AWCs. In 75% of AWCs in intervention , 99% in intermediate and 50% of AWCs in control AWCs, the weighing scale was found in working condition.

Height measuring scale was available in 86% of AWCs in control and 100% in intermediate AWCs. Only 21% of the AWCs has height measuring scale in control AWCs. In most of the AWCs, height measuring scale was in working order in intervention & intermediate AWCs. But none of the AWCs in control AWCs has measuring scale in working condition.

Measuring tape was not available in most of the AWCs. Growth cards were available in 88% in AWCs in intervention , 100% in intermediate and 49% in control AWCs. In all AWCs, they were in working condition (Table 13.8 in Annexure -2).

13.3.6 Action to be taken by AWW, if growth of child is not satisfactory

Majority of supervisors reported that AWW would advise mother to give additional food to the child , advise child appropriately and advise the mother (Table 13.9 in Annexuer-2).

13.3.7 Components of good antenatal care

All the surveyed supervisors were asked what are the components of good ante natal care. All supervisors are well conversant of the components of good ante natal care. They have better knowledge in intervention AWCs than intermediate and control AWCs. (Table 13.10 in Annexure -2).

13.3.8 Knowledge of supervisors about the type of services to be provided during postnatal period.

They were well aware of the services to be provided during post natal period, better knowledgeable in intervention AWCs than in intermediate and control AWCs (Table 13.11 in Annexure -2).

13.3.9 Knowledge of supervisors on neonatal care within 30 days after birth

Supervisors were well aware of the neonatal care within 30 days after birth they should be provided. Here also they are more knowledgeable in intervention AWCs than intermediate and control AWCs (Table 13.12 in Annexure -2).

All reported that nothing should be applied on the cord of neonate after birth or thereafter (except one supervisor in intermediate AWCs) (Tabe 13.12 in Annexure -2).

Overall supervisors have the correct knowledge of doses of various vaccinations such BCG, polio, DPT , measles, vitamin A and booster dose to be give to an infant (Table 3.12 in Annexure -2).

The supervisor were asked "what percent of the beneficiaries are registered in the AWCs". It was reported that more than 85% of the beneficiaries are registered in the intervention AWCs and very less number in intermediate AWCs (Table 3.12 in Anenxue-2).

13.4 Activities in pre-school education

The supervisors were asked what activities are being conducted by AWWs in their pre-school sessions. Their responses were sought on voluntary basis. If voluntary response did not report for a particular activity expected to be conducted, then they were specifically asked about the activity. Their responses (spontaneous + probed) are shown in Table 13.1.

Table 13.1 : Reported activities undertaken by AWWs in the pre-school sessions

(Number)

Activities conducted by AWW in pre-school sessions	Intervention AWCs	Intermediate AWCs	Control AWCs
Number of respondents	9	8	4
Language activities	9	8	4
Learn pre-number concepts and number identification	9	8	4
Hear stories	9	8	4
Tell stories	9	8	4
Sing songs /recite poems	9	8	4
Draw pictures	9	8	4
Play with toys	9	8	4
Play with blocks	9	8	4
Read picture books	9	8	4
Nature walk	9	8	4
Puppetry	9	8	4

It may be noted that, according to them, the required activities are being undertaken in all the AWCs.

In order to probe further in the pre-school education, the supervisors were asked a direct question "What kind of activities/practices are required to stimulate the child at early ages. Majority of them did not report any activity, perhaps suggesting that they do not know about them. This direct questioning and answers may suggest that supervisor were, perhaps, not clear about activities to be carried out in pre-school sessions to stimulate the children.

13.5 Activities in AWCs for developing various attributes of children of different ages

The supervisors were asked what activities AWWs do to develop specific attributes in children in the ages 3 to 3.5 years.

It may be seen that only a few activities undertaken in the AWCs could be reported by the supervisors and that too by a few supervisors. Thus, it may seem that, perhaps, the supervisors do not know much about the activities undertaken at the AWCs to develop certain attributes in children ages 3 to 3.5 years.

Similar questions were asked for children ages 5 to 5.5 years. Those responses are shown in Table 13.13 in Annexure -2. It may be noted that only a small percent of supervisors are able to list the activities undertaken in classes for children ages 5 to 5.5 years.

13.6 Milestones in the development of children

Knowledge of supervisors on children's development and growth was further asked by asking to report the ages when children achieve certain milestone in their growth/ development. Table 13.2 presents their answers (model values of ages).

Table 13.2: Modal values of ages (in months) reported for achieving the milestones (Modal age)

Milestones	Intervention AWCs	Intermediate AWCs	Control AWCs
First smile	2,3	2	3
Roll over on own	4	6	3 , 4
Crawling	8	8	9
Ability to hold a pen or a stick	19	12	-
Ability to say one word	24	15	8,9
Ability to speak sentences	24	18	18

There are slight differences in the reported modal ages, perhaps, reflecting differences in the background of the population living in there. A look at the table 13.14 in Annexure -2 suggests that answers on the ages at milestones are distributed over a vast range though the modal ages reported are shown above. The distribution suggests lack of knowledge of supervisors on the ages at milestones, especially in control AWCs.

13.7 Milestones children achieved by ages 3 to 3.5 years

The supervisors were asked about their awareness of different milestones reached by children ages 3 to 3.5 years by asking about each possible milestone. Their responses are shown in Table 13.3.

Table 13.3: Reported milestones reached by children aged 3 to 3. 5 years

(Number)

Milestones	Intervention AWCs	Intermediate AWCs	Control AWCs
No. of respondents (n=)	**9**	**8**	**4**
Behavioural aspects			
1.Asks too many questions	9	8	4
2. Curious to know about body parts	9	7	4
3.Like to do things for themselves	9	6	4
4. Start recognizing gender differences and will correctly say "I am a boy or girl"	6	7	4
Developmental aspects			
1. Can name a picture	8	5	4
2. Name at least one colour	8	6	4
3.Knows his/her name, age & sex	8	4	3
4. Able to put his/her own shirt but will need help with shoes and buttons	8	6	4
5. Can jump in a place and stand briefly on one foot	6	6	4
6. Can speech three to four words	9	7	4
7. Comprehend the meaning of " smaller" and "bigger" and "on" or "under"	8	3	4
8. Can open door	9	5	4
9. Can brush teeth	8	5	4
10. Tried to eat without support	9	7	4
11. Tells about toilet needs	8	6	4

There are differences in the reporting of supervisors in intervention & intermediate AWCs. The knowledge of supervisor regarding milestones achieved among children ages 3-3.5 years is better in intervention than intermediate AWCs. The situation in control AWCs is much better. Almost all supervisors have knowledge of all the milestones listed in the Table.

13.8 Milestones achieved by children ages 5 to 5.5 years

The supervisors were asked about their awareness of different milestones achieved by children ages 5 to 5.5 years by asking about each possible milestone. Their responses are shown in Table 13.4.

Table 13.4: Reported milestones reached by children ages 5 to 5. 5 years

(Number)

key mile stones	Janjgir	Korba	Control AWCs
(n=)	**9**	**8**	**17**
1. Gross Motor			
Children walks heel-to-toe forward along line on floor without losing balance	9	4	3
Children walks heel-to-toe backward along line on floor without losing balance	8	7	3
Can jump on one feet	9	6	3

Table 13.4: Reported milestones reached by children ages 5 to 5. 5 years (Contd..)

(Number)

key mile stones	Janjgir	Korba	Control AWCs
2. Fine motor			
Children copies a square with good corners	9	5	3
Children prints two or three letters of name	8	7	3
Children can colour neatly within in a closed outline	7	3	2
3. Cognitive			
Children can do sorting and classification based on two features	9	2	4
Children understands big-short, left-right, under-up, inside-outside concepts	9	5	3
Children can recognize 1-9 numbers	8	6	3
Children can arrange objects in sequence and in pattern	8	3	4
Children show familiarity with local surrounding and environment	8	4	4
4. Language			
Can narrate an incident or experience clearly and in sequence	8	6	4
Can recite a rhyme/poem	9	8	4
Ask questions without hesitation	8	5	4
Can follow two steps instructions	8	5	4
5. Social Emotional			
Children accepts other children's ideas for sharing and playing	9	4	4
Children offers to help other children who have difficulty with a task	9	6	3
Children maintain personal hygiene	8	3	4
Children keeps belongings organized	7	7	2
Children can concentrate on a task till completion	6	5	1
Participate actively in small groups	8	6	3

Though most of the respondents reported "yes" to various milestones asked for children ages 5 to 5.5, the awareness was better in supervisors in intervention AWCs than intermediate AWCs. Specific milestones where awareness is lacking can be seen in the above Table.

13.9 Monitoring & Supervision of the AWCs

Several questions were asked as to how the supervisors monitor the work of AWWs. It is mostly done through the monthly reports which are received regularly.

13.10 Assessment of the supervisors' knowledge on various aspects of growth and development of children

The supervisors were given an assessment sheet with some open - ended and some close - ended questions to assess their knowledge on different aspects of growth and development of children. They were expected to answer all those questions either by writing some short points or by marking multiple choice questions. This section presents analysis of their responses.

- When asked about key important needs of children & their caregivers , more than 50% of respondents reported the need of child care for children. For caregivers no need was reported by more then 50% of respondents. Thus , the supervisors lacked knowledge of needs of caregivers and to some extent for children also.
- When asked about the needs of children for their growth and development into happy and healthy children , more than 50% of respondents in intermediate AWCs described the needs of education & learning poems. Playing & child care were reported as the needs of children by more than 50% of respondents in control AWCs. None of the responses reached 50% level in intervention AWCs.
- When supervisors were asked whether there is any relationship of health & nutrition to physical , language and the cognitive development of the child, 3 supervisors out of 9 in intervention AWCs only answered in affirmative but they could not articulate/ describe how good health / nutrition affects development and growth of children.
- The supervisors were asked feature of the child centered pre school education, most of them reported correctly that the child "should be engaged in different kinds of activities", "children should be divided as their age and "child developed materials should be displayed in the AWCs.
- Most of the supervisors could list different areas of child development correctly.
- When supervisors were asked whether they knew about rights of children. Only 2 supervisors out of 9 in intervention AWCs, 4 out of 8 in intermediate AWCs and none in control AWCs replied in affirmative. When further asked to report those rights , only education right in intervention AWCs and immunization , play & education rights in intermediate AWCs were reported by more than 75% of supervisors.
- In addition, the supervisors were asked to answer several questions with multiple choice answers to assess their knowledge on antenatal care, immunization, right breast feeding practices & possible problems in neo natal deaths. We have highlighted their responses related to their knowledge in regard to growth and development of children in the text of the chapter.

CHAPTER -XIV
CASE STUDIES

Case studies mainly provide in depth information about a specific person, group, community or event. In all, 20 case studies are prepared (13 from intervention and 7 from control districts) which are based on genuine information from community/people as success stories or failures. The case studies were selected on the basis of experience narrated by an individual about benefits from Anganwadi Centers and also from those who think that these centers have a fixed approach and are only distributing meals.

Case study 1
State: Chattisgarh, District : Korba , Block: Bhilaibazar (Intervention)
Respondent – Nazma Begam

Nazma is a 27 year old female, mother of two daughters, pregnant with the third child. Both her kids go to the Anganwadi Centre and are learning different things at the centre. Her 3 year old daughter makes clay toys at the centre and brings them home along with her. Nazma informed that her daughter is eager to go to the AWC even on Sundays. The sahika takes good care of children and special care is given to children who suffer from malnutrition. Her daughters get Dalia, milk, eggs, banana and sweets at the centre. AWW also distributes de-worming and simple medicines to the children.

Nazma who herself is 7th month pregnant gets IFA (Iron Folic) tablets from the Centre. She informed that the Anganwadi worker registers all the pregnant women of the area and according to the list she prepares, the food supplements are distributed among expecting mothers. The Anganwadi worker ensures that no mother, infant, pregnant women are in a malnourished state. Growth monitoring and nutrition surveillance is also done for them at the Centre. Nazma informed that she was immunized against tetanus at the Centre. Sahika also organised God Bharai ceremony (Baby Shower) for pregnant females at the centre where their pregnancy is celebrated and coconut is given to each pregnant lady. Sahika teaches them about 5 cleans of safe delivery.

In Nazma words "Anganwadi service is very beneficial as it is easy to go the nearby centre for health check-ups rather than going to distant PHC/Hospital"

Case study 2
State: Chattisgarh , District : Korba , Block: Kartala (Intervention)
Child's Name – Muskan, Respondent – Muskan's mother- Rekha

Muskan, youngest and only daughter of Rekha and Pappu goes to the Anganwadi Centre while her elder brothers Krishna, Chote Babu and Mahi studies in the Government school.

Her mother Rekha, who herself is 8th pass reported that Anganwadi worker takes good care of children at the centre. Every day stories are read out to the children, they are asked to play games through charts and sports material. Her daughter is also given milk and eggs in the breakfast and Dal Rice in Lunch. Glucose is given in summers when the temperature is high. Her mother informed that Muskan and other kids of her age are vaccinated for BCG, DPT, Polio and measles at the centre.

Anganwadi worker also organises quarterly meetings for mothers of less than 6 year old where they are guided on what food is to be prepared for their young ones at home. The Anganwadi worker also refers the malnourished children, pregnant women and nursing mothers to the nearby government hospitals for specialised intervention. Referral slips are provided by Anganwadi centre and people carrying those

slips from Anganwadi are attended on priority at the hospital. The Follow-up action is also initiated by Anganwadi Worker.

Case study 3
State: Chattisgarh, District: Korba, Block: Rampur (Intervention)
Respondent – Sangita

Sangita who herself is uneducated but she regularly visits the Anganwadi Centre for her daughter. She is mother of three, her youngest daughter Ankita, 4 yrs old goes to the Anganwadi School from 9 am to 2 pm. As informed by Sangita, her daughter generally gets Dalia packet, Sabzi/Dal and sweets (Laddu) in Lunch. She recalls that Sahika often visits their home to teach her about child's growth and nutritious diet.

She informed that at the centre Ankita is weigh in every 3 months and a growth card is prepared for her which they have to carry at the time of medical visit. Now she is 6 month pregnant, going to give birth to her fourth child. She gets free iron tablets from the Centre. She is asked to eat one tablet daily till her delivery. Every second month she is asked to visit the Anganwadi for her free checkup by the doctor where her weight is also monitored. In her present pregnancy she is 50 kgs, though at the time of her last delivery she was 45. She informed that this time she is following all the instructions given by the Anganwadi Didi.

Case study 4
State: Chattisgarh , District: Janjgir, Block : Champa (Intervention)
Respondent – Mother, Dhanbai

Dhanbai, Mother of 4 year old Maansi who goes to the Anganwadi centre regularly. Her mother reported that she is good at reciting poems and stories. Her favorite poem is "**Anganwadi door hai, Jaana zaroor hai, dal garam Bhat garam, khao sab naram naram"** Her mother is happy that Maansi is becoming active and energetic day by day. She felt that joyful activities at the centre have raised her daughter's interest in coming to Anganwadi.

She informed that Anganwadi worker in her area takes good care of children at her centre. Anganwadi Didi also makes home visits for educating Dhanbai about child care and post natal care. At the time of her last pregnancy she was advised to take IFA and Vitamin A tablets, which she got free from the Anganwadi Centre. She recalled that she had breastfeed her daughter immediately after birth on advice of AWW.

When asked about vaccinations being given to maansi, her mother was not sure about the names of the vaccinations but was aware that Anganwadi takes proper care of their immunization and a record is maintained at the centre for each child.

Case study 5
State: Chattisgarh , District : Janjgir , Block: Gobra (Intervention)
Respondent – Mother of Uma

Uma, youngest of five, was introvert initially but now she sings "aloo kachalo bhaiya kaha gaye the…" and recites poems like 'Machli Jall ki raani hai', make clay toys. Her mother reported that even today in front of others she never speaks but at home she is very active and participates in everything with great enthusiasm. The record of immunization and vaccination of young children is also maintained by the Anganwadi Centre. She felt that for poor families like hers, the Anganwadi act as a primary tool against menace of child malnourishment and curbing preventable diseases.

Case study 6
State: Chattisgarh, District: Janjgir , Block : Ardhbhar (Intervention)
Respondent – Father of Sanjana and Satruppa

Daughter of Rajmistri - Sanjana (4+ years) and Satruppa (3 years) attend the nearby Anganwadi School. Father of both reported that her daughters get Dalia rice, banana and eggs at the centre. Before, her younger daughter Satruppa was very shy, but in the last two months she has changed a lot. Activities done at the centre has helped her to come out of her shell. Her father says- It's difficult to stop her now, she always talks and dances.

At the centre both the girls enjoy playing different games like andar bahar, Chuha billi, railgadi. Her elder daughter Sanjana likes to participate in the discussion based classes. The topic of discussion is based on themes like- what you did this morning, what means of transport you have seen on the road etc.

At the Anganwadi Centre regular health check-ups, recording of weight, treatment of diarrhoea, de-worming and distribution of simple medicines is also done. For the overall development of the children both physical and mental development are important and Anganwadi is playing a key role in cognitive, physical, language, social and creative development of the children below 6 years.

Case study 7
State: Chattisgarh, District: Janjgir , Block : Sivnee (Intervention)
Respondent – Mother of Aashi, 4 year old

Aashi, 4 year old girl is going to Anganwadi from last 2 years. Her mother informed that Aashi enjoy going to the Anganwadi and relish the activities involving storytelling, songs, games etc. She recites poems like Machli jal ki raani hai, Bandar mama, haathi raja, which she has learnt at the Centre. The Anganwadi Didi also teaches the children through the charts for the identification of things, animals, alphabets and numbers.

At the centre nutritious food is provided to Aashi and other children like her. Her mother informed that she gets rice, dal, and Dalia packet in lunch. In the morning snack, egg or banana is given to the kids. Her mother felt that children's attendance has increased because of quality of meal provided at the centre.

Even her mother was given awareness training on the process of child's growth and what food to be given to Aashi at home. She recalls that Anganwadi centre also organizes camps for testing anaemia of children and mothers. At the time of her pregnancy she was tested at the centre and was given supplements like iron tablets and vitamin A.

Anganwadi provides package of services comprising supplementary nutrition, immunization, health checkups, and preschool education and is impacting a larger audience. For Aashi's mother, Anganwadi has played and is still playing a vital role in improving their lives.

Case study 8
State: Chattisgarh, District: Janjgir , Block: Sivnee (Intervention)
Name of the Child – Hari Om Respondent- Grandmother- Shanti Devi

Hari Om is youngest of four. He is attending Anganwadi from last 2 years. The Centre is just 5 min away from his place. His grandmother Shanti Devi reported that he loves to go to the centre, on week days he goes ahead of time, he is the first child to reach centre in the morning. Once he even wailed in front of the centre on Sunday in hope of opening up.

His grandmother stated that he actively participates in activities like coloring, making clay toys, singing songs. His favorite activity is tearing and pasting paper and also draws motorbikes and mode of transportation. He informs his mother about the meal he gets daily. At the centre, Dal Rice is given daily. Sometimes kids are also given vegetables and murah laddu in the mid-day meal. At the Centre, Hari Om has learnt to wash hands before eating and maintain basic cleanliness and hygiene.

Hari and children like him are also immunized against Tuberculosis, whooping cough, tetanus, measles and polio at the Centre. His grandmother felt that concept of Anganwadi is helping poor and disadvantaged people like them to improve their health and living standard. She is satisfied with what government is doing for them and their kids.

Case study 9
State: Chattisgarh, District: Janjgir, Block: Champa (Intervention)
Respondent- Ram Kumari Rathore

Ram Kumari Rathore, mother of four daughters is happy to see changes in her youngest daughter Sandhya (4 years) who attends the Anganwadi Centre. She admires the positive changes in her behaviour. Her daughter was initially a very shy girl but now recites poems, sing songs and make clay toys. Her mother reported that now Sandhya has started enjoying the activities done at the centre and participates with great enthusiasm. At the centre, every day kids are given Dal and Rice in lunch. On some days milk and eggs are also given in the morning snacks. This is one of the main reasons for sending young kids to the Anganwadi as reported by her mother.

Her mother reported that Sewika herself bring her to the AWC and has started giving special attention to her. When asked about vaccinations being given to sandhya, her mother was not sure about the names of the vaccinations but was aware that Anganwadi takes proper care of their immunization and a register is maintained by them. The record of immunization and vaccination of young children is also maintained by the Anganwadi Centre.

Case study 10
State: Chattisgarh
District: Korba, Block: Rampur (Intervention)
Child's Name- Monika Kanwar Respondent – Monika's Mother- Mira Kanwar

Monika kumari Kanwar, born on 21st September 2011 is the youngest of three daughters of Mira Kanwar and Bhagwan Prasad Kanwar. Monika's name has been registered to the nearby Anganwadi School this year. Her mother recalled that her delivery was at home when Monika was born, but on the same day her birth was registered and recorded by the Anganwadi worker.

During her pregnancy she was given Iron Tablets and was counselled on making nutritious food with local recipes by the Anganwadi worker. AWW also advised her to breastfeed immediately after birth till minimum 6 months, which she did. She quoted that the elders of her family had a myth that child should not be breastfeed for 2-3 days after delivery but she followed to instructions of the Anganwadi Didi. She also started giving some solid food like Dal, Rice to Monika when she turned 6 month old as suggested by AWW.

Now Monika is going to the Anganwadi School from last 5-6 months. At the school she learns to make toys and study poems. In lunch she gets Dalia packet, aloo Sabzi and barbatti. Anganwadi premises are cleaned daily as informed by Mira Kanwar who accompanies Monika daily to the centre. Every child is weigh at the centre and medicines for intestinal parasites/worms are also given to the children. Mira is happy to see how her daughter Monika is growing and plans to send her to proper school when she turns 5 year.

Case study 11
State: Chattisgarh , District: Korba, Block: Urga (Intervention)
Respondent –Mother- Vibha Devi

Vibha Devi, mother of 2 sons and 1 daughter feels that her life has changed for better because of Anganwadi in her village. Both her sons, Vinay and Risabh study at the Anganwadi School where they get mid-day meals every day. She is very happy with the way her sons are growing. The Anganwadi Didi takes lot of care of the children studying at the Anganwadi. She recalled that her younger son Risabh was weak in health but with the support from Anganwadi worker he has gained both weight and height. The mother quoted that her son is weigh every month at the Anganwadi centre, nutritious food and vitamin medicines are also given to him so that he can gain weight easily. She informed that each day Sahika comes to her house to take kids to the Anganwadi School. Her kids never complaint of any scolding or beating by Anganwadi teacher.

Anganwadi Didi also makes home visits for educating Vibha about child care and post natal care. At the time of her last pregnancy she was advised to take IFA and Vitamin A tablets, which she got free from the Anganwadi Centre. Her 6 month old daughter weighted 3 kgs at the time of birth and record of her immunization is kept with Anganwadi worker. Vibha was advised to breastfeed her daughter immediately after birth.

During her pregnancy the AWW also took her to the nearest PHC for blood test and vaccination. In the recent home visit by the AWW, Vibha was advised to feed the daughter with semi solid food as she has turned 6 months old. She gets Dalia from the centre to feed her. Now Vibha has started giving rice, halwa, and dal to her daughter as suggested by AWW. Pulse Polio drives are also run by the Anganwadi Centre. **Vibha feels that Anganwadi provides healthy learning environment for infants, toddlers and children and has a key role to play in her life.**

Case study 12
State: Chattisgarh ,District : Korba , Block: Urga (Intervention)
Respondent –Mother- Sunita Chorasiya

Vinay Prabhat 1.5 yrs. old son of Sunita and Ram Chorasiya is attending the Anganwadi School from the last 3 months. He was enrolled at the age of 1 when he started to walk on his own. Her mother plans to send him to private nursery school when he will turn 3 years.

Vinay is Sunita's first born and is very close to her heart. She recalled that she had conceived twins, one girl and one boy but only son Vinay survived and daughter lost her life because of Sunita's low hemoglobin (less than 7) and negligence by the doctors at the time of delivery. She had gone for the delivery to a private nursing home where 3-4 times her Sonography was done and later her water broke and she lost her daughter because of doctor's delay in operating her. After delivery she has become weaker but now she has started following the diet plan given by the Anganwadi Worker. She has been told to consume ankurit channa (Channa Sprout Salad) daily, which she eats without fail. Because of low iron level in her body she also gets free Iron tablets from the Anganwadi Centre. Her son who goes to the Anganwadi centre gets Dalia packet and Laddu (Sweets) daily. She informed that at the Anganwadi centre he is weigh every month, a record is maintained on the growth card and her son is referred to the PHC quarterly for checkup. Sunita is also a member of SHG group and regularly attends the meetings as and when informed by the Anganwadi Didi.

Case study 13
State: Chattisgarh , District: Janjgir, Block : Ardhbhar (Intervention)
Respondent –Mother of 5 year old- Chikoo

Chikoo, 5 year old boy who goes to the Anganwadi Centre which is <1 km from his home. His parents are daily wage labourers. They go for work after dropping Chikoo at the Centre.

At the Anganwadi, Chikoo learn poems, stories and eats nutritious food. His mother informed that he gets dal rice / Dalia packet in lunch and every Wednesday and Friday he gets egg or banana in the breakfast. Her mother felt that mostly all children in her community attend the Anganwadi and the main reason for attending is quality of meal provided at the centre. Even her mother was given awareness training on the process of child's growth, but due to lack of time she is not able to devote much time on Chikoo's education and health and thus she felt grateful that because of Anganwadi she can leave for work leaving behind all her worries.

She recalls that Anganwadi centre also organizes camps for testing anaemia of children and mothers. At the time of her pregnancy she was tested at the centre and was given supplements like iron tablets and vitamin A. For Chikoo and her mother Anganwadi has played and is still playing a vital role in improving their lives.

Case study 14
State: Chattisgarh , District: Raigarh , Block : Kharsia (Anjoripalli - Control)
Respondent –Mother- Pramila

Yagya and Poorva, first cousins stays in the same house and attend Anganwadi School in the nearby village. As quoted by Pramila, mother of 3 year old girl, Poorva – "the facilities at Anganwadi are really bad". The toilets are unclean and there is no proper place for children to play. She feels that "Nothing is being taught at the Anganwadi and Private schools are much better than Govt. schools"

The quality of food which children gets at the Anganwadi is too bad, her daughter doesn't eat anything because the taste is not good, more over the place where food is cooked is unhygienic. She felt that instead of providing food at the centre, the government should focus on giving better education to the children. She reflected that children attending the Private School are much better in subjects like Maths and English language and on the contrary, the Children studying at the Government school learns nothing. Mostly they are seen outside the class and their teachers are busy chatting among themselves.

As her daughter and nephew are too young to get admission in private school, she sends them to the Anganwadi but as soon as they will be complete 5 years, she has plans to admit both to the private school. She quoted "**Hum bache ke bhavishya ke saath khilwad nahi kar sakte, samay ke saath bache ko chalna hai..humko thodi na chalna hai"** She also gave her views on the recent ruling by the Government that no child will fail till class IX, she feels because of this, children and teachers both lost their interest in studies. Now nobody fears to fail and thus children take their studies and teachers for granted.

Case study 15
State: Chattisgarh , District: Raigarh , Block: Kharsia (Anjoripalli - Control)
Respondent –Mother- Ritika Vyas

Ritika, mother of 3 year old son is upset with the work Anganwadi centre is doing in her village. She informed that Anganwadi worker has never informed her about the vaccinations to be given to her son. She feels that all facilities are in the Anganwadi centre given by the government but Sahika is not doing her work properly. Sahika takes out her personal grudges. She recalled that once her child had a fight with Sahika's daughter in which her daughter got hurt, that day Sahika told everyone in the village that Ritika's son will not be enrolled at the Anganwadi School **"Anganwadi is the facility by the government, not her personal property"** Ritika is also a part of a SHG group but there is no activity in that group. Just once in a while Sahika sends her daughter to get Ritika's signature in the register and she is unaware that what exactly the group does. Ritika informed that whenever there is an official's visit only that day she is asked to show her face otherwise there is no role in the activities of Self Help Group.

Ritika is disappointed with the way Sahika is working in the village. She is upset that her son is denied of admission in the Anganwadi School. **She quoted" Lagta hai Anganwadi inke ghar ka hai, Janta ka nahi hai"** Similar story of **Sagar Patel and Aman Patel, 3 and 4 years old who were denied of admission in the Anganwadi School by the same Sahika.** Mother of Sagar and Aman quoted that proper care was not taken at the Anganwadi and Sahika does nothing for the kids. If someone points out her mistake, she threatens to cut child's name from the Anganwadi School.

Case study 16
State: Chattisgarh , District:Raigarh, Block: Kharsia (Chodha- Control)
Child's Name- Kajal Respondent – Kajal's Aunt

Kajal is the 3 year old niece of Vikas Singh who got her enrolled at the Anganwadi School. There are around 19-20 children in the school of her age. After the school she stays with his wife as her parents are daily wage workers who work outside the village.

Vikas wife (Kajal's aunt) informed that Sahika come in the morning to take her to the centre and after Lunch drops Kajal back home. Most of the times "Bhat with Hari Chatni, Dal or Sabzi" is served to the children at the Anganwadi Centre. Kajal's aunt reported that when there is a collector's visit in her school, she gets better lunch with sweets. Her aunty feels that the centre is not clean, kids play in mud and because of this she has to give her bath after she comes from Anganwadi.

When asked about any medical aid/ counselling given to women or guardians of the children going to the Anganwadi centre, she said "No". She informed that no medicine is given to them or pregnant women of the village but there is a Sarkari Hospital in their village where they themselves visit at the time of emergency.

As per her aunt the positive impact of Anganwadi is -it has reduced her mother's tension, now she can easily go for her work because she knows that Kajal will be busy at the centre for few hours and will also get food there.

Case study 17
State:Chattisgarh , District:Raigarh, Block: Kharsia (Jobi-Control)
Children Name –Sunny and Sonam, Respondent –Mother, Vinita

A year back, Vinita and her husband emigrated from Bihar, Patna in search of livelihood. Both her kids- Sunny (5years) and Sonam (3+) are admitted to the Anganwadi School. The Anganwadi Centre where they go has one Anganwadi worker and one assistant. Vinita feels that the only benefit of Anganwadi is that it is free and now she can go to her work leaving her children at the centre.

She feels that there is lot of scope of improvement ta the centre because it is totally mismanaged and there is no provision of drinking water and toilet. In her words, the children at AWC have no place to play and it is also located at an unsafe place i.e. near to the highway. At present she is having no option but she plans to send them to a better school for their better future.

Case study 18
State: Chattisgarh , District: Raigarh, Block:Bansmuda (Control)
Child's Name- Seetu, Respondent- Savitri Rani

Savitri Rani, Mother of 4 year old Seetu feels that the Anganwadi centre is just for the pregnant women for getting food supplements and vaccinations. In her opinion- It is majorly working for pregnant women; weight of women and children is measured, food supplements are provided to weak women and kids. Nothing much is taught at the Anganwadi centre. For children studying at centre, it is not much beneficial. Even the food which is provided by the Government is not distributed properly among children. There is lot of corruption at Anganwadi Centres.

Case study 19
State: Chattisgarh, District: Raigarh , Block : Kharsia (Gorpar - Control)
Child's Name- Sonakshi, Respondent- Kamal Devi

Sonakshi, 4 yrs old daughter of Kamal Devi do not go regularly to the centre; she runs away within an hour from the centre as reported by her mother. Her mother told that the meal given at the center is of bad quality and taste. Every day her daughter is given dal and Bhat, there is no variety because of which she gets bored and eats nothing at the centre. The learning activities are also lacking and it's difficult for the centre to retain children's interest in attending the Anganwadi. The toilet and drinking water facilities are also absent and because of lack of electricity it's difficult for kids to sit without fan esp. in summers.

Case study 20
State: Chattisgarh, District: Raigarh Block: Kharsia (Kevali - Control)
Child's Name: Rishu, Respondent – Grandmother of the Child- Gauri

Gauri Chauhan, Grandmother of 4 year old Rishu sends her grandson to the nearby Anganwadi Centre. She informed that the Centre was constructed in 2007 but it became functional about 4 years back. Initially the centre was in a bad shape with no functional toilet, no electricity, no drinking water, weak building structure and no playground. Even today there is lot of scope of improvement but atleast now it opens daily and distributes mid-day meals to the children attending the centre. Her grandson gets Dal Rice daily. Gauri feels that now her grandson has atleast a routine, he participates in colouring, singing songs and similar activities but the centre is not running as it should. Anganwadi centres are mainly serving meals and there is no focus on education. So she plans to send her grandchild to the private school when he will turn 5.