

Assessment of NGO-run ICDS Projects in Rajasthan

for
UNICEF

by



State Institute of Health and Family Welfare, Rajasthan

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Acronyms used in the study

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWH	Anganwadi Helper
AWW	Anganwadi Worker
BCT	Bhoruka Charitable Trust
CDPO	Child Development Project Officer
DWCD	Department of Women and Child Development
ECE	Early Childhood Education
ICDS	Integrated Child Development Services
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
LM	Lactating Mother
LS	Lady Supervisor
MCHN	Maternal and Child Health and Nutrition
MIS	Management Information System
NCAER	National Council of Applied Economic Research
NHEd	Nutrition and Health Education
NIPCCD	National Institute of Public Cooperation and Child Development
PW	Pregnant Woman
REACH	Rural Effective Affordable Comprehensive Healthcare
SEDEM	Society for Economic Development and Environmental Management
SHG	Self Help Group
SN	Supplementary Nutrition
URMUL	Uttari Rajasthan Milk Union Limited
VHSC	Village Health and Sanitation Committee

Executive Summary

The Integrated Child Development Services (ICDS) Scheme was envisaged in 1975 to improve the nutritional and health status of pre-school children, pregnant women and nursing mothers through a package of services including supplementary nutrition, early childhood education, immunization, health check-up, referral services and nutrition and health education. The program provides an integrated approach for converging basic services through community-based Anganwadi workers and helpers.

With a commitment towards PPP, ICDS Rajasthan approached identified NGOs to deliver ICDS services and to operationalize the AWCs (Kolayat by URMUL Seemant Samiti, Rajgarh by Bhoruka Charitable Trust and Kumher by Lupin Human Welfare and Research Foundation).

The study was taken up by State Institute of Health & family Welfare, Jaipur in the month of June with the objectives: quantitative and qualitative assessment of the reach and services; quantitative and qualitative assessment of the functioning of AWC in terms of infrastructure, supplies, utilization and governance; assess the impact on child growth in terms of pre decided parameters; compare the reach and services between control and study blocks and identify the operational gaps in both the groups.

The study was conducted in three districts with two blocks each (one managed by NGO and other by department). Kumher (Bharatpur), Rajgarh (Churu) and Kolayat (Bikaner) were taken as the study block and Sewar (Bharatpur), Sujangarh (Churu) and Dungargarh (Bikaner) as the control blocks.

A total of 125 AWCs were studied (64 from study block and 61 from control block). Structured interviews were collected from the service providers at the AWCs, beneficiaries and district and block officials.

Both the ECE activities and supplementary nutrition services were found better in the study blocks. Apart from these basic services, attendance, record keeping, overall maintenance of AWCs and monitoring by supervisory staff was fairly well in these blocks.

All the AWCs were found open in the NGO run blocks with children available in the centers.

The education level of the AWWs in the study blocks was higher than those in the control blocks directly impacting the understanding of the issues and actions related to the ICDS services specially the ECE activities.

Though trainings are provided in all the blocks additional efforts were made by the NGOs during the sector meetings where sessions are held in specific topics to clear doubts and impart new information.

More AWCs from NGO managed blocks were running in school buildings than the department managed, which seem to have contributed in regular functioning of AWC.

NGO managed AWCs have laid emphasis on displaying information compared to department managed AWCs. Timings of the AWC, the services available and the MCHN day were displayed more in the NGO managed AWCs than in the department managed ones. Pictures on walls were well painted in Rajgarh (74.1%) and Kolayat (70%).

100% of AWH from NGO managed blocks reported that they collected the children and dropped them. This is one of the reasons why children came regularly at the AWCs in these blocks. Most of the children from the NGO managed AWCs came between 08:00 AM – 09:00 AM (50% - Kumher; 66.7% - Rajgarh & 64.7% - Kolayat).

Most of the AWWs responded that the very first activity once the children come to the AWC was to start with ECE activities with prayer (Kumher – 81.2%, Rajgarh – 96.3% and Kolayat – 76.5%). Observations also support that the ECE activities were being conducted in the NGO managed AWCs while most children came by the time hot meal was cooked in the department managed AWCs.

More than 50% AWWs of the NGO managed AWC used the guide regularly and also followed the procedures leading to more regularity in the activities.

Both ECE and medicine kits have been provided on time in Kumher (100%) and Rajgarh block AWCs (96.3% & 81.5%) from NGO managed block.

No specific difference was found between the blocks as far as pregnant and lactating mothers visiting the AWC was concerned. The caretakers of children between 3-6 years of age from NGO managed AWCs responded in affirmation that their children went to AWCs regularly (98.5% - Kumher, 87% - Rajgarh and 96.2% Kolayat).

The hot meal was made by SHGs in the study blocks while the AWW purchased raw material and the AWH cooked hot meal in the control blocks. The quality of hot meal was poor as the amount paid for the pulses was much less than the market rates and so the AWW compromised on the ratio of rice and pulses. Moreover, the amount of food to be given to the beneficiaries was correctly known to the AWWs of the study block than those of control blocks.

The observation shows that the hands were washed before and after taking meal in the NGO managed AWCs (70% in Kumher & Kolayat and 66.7% in Rajgarh) while the percentage is low in other AWCs.

In Kumher and Rajgarh, the SHGs make the RTE and supply it once a week to be distributed to the beneficiaries. Regularity and timely supply of RTE ensures that nutrition is being provided.

The AWWs from Kumher (100%), Rajgarh (96.3%) and Kolayat (94.1%) reported conducting ECE activities. The observation also showed that ECE activities were being conducted in more AWCs of the NGO managed block compared to AWCs of department managed blocks. Around 1-2 hours of ECE activities were reported by more than 50% AWWs from NGO managed AWCs (Kumher, Rajgarh and Kolayat).

More children were able to recall what was taught in the NGO managed AWCs (35.3% in Kumher, 51.9% in Rajgarh and 40% in Kolayat) while the number was low in other AWCs.

Immunization and counseling was reported similarly by both type of blocks.

Growth monitoring through taking weight was being done regularly in the NGO managed blocks and compared to department AWCs the records were being maintained in the growth monitoring charts.

Malnourished children were reported to be referred but no records were found in both blocks. One of the objectives of the study was to study the impact on child growth, but as no records of malnourishment were seen anywhere an assessment could not be made as to whether there was any impact of giving Supplementary Nutrition on child growth. But the fact was that malnourished children were seen in the villages.

The record keeping was fairly well in the NGO managed AWCs as well as department managed AWCs. The records were not uniform across the blocks but within AWCs of same block of NGO managed blocks uniformity was seen. The AWWs of NGO managed blocks were maintaining the records themselves or took help of other service providers than totally depending on others.

The efforts of NGOs were seen in the level of community participation they received in the AWC activities. Responses of AWWs regarding involvement of community in motivating the beneficiaries to go to the AWCs were reported more in NGO blocks (37.5% - Kumher, 40.7% - Rajgarh and 82.4% - Kolayat).

Overall the performance of NGO managed AWCs was found to be better in the areas of service delivery in terms of reach, ECE activities and supplementary feeding activities and in the governance in terms of AWCs maintenance, child attendance, community involvement, record maintenance, continued capacity development, monitoring etc. However, convergence and coordination (especially MCHN activities) were found to be better in Govt. run ICDS.

Based on the findings it is recommended that **AWCs need to be renovated** and painted with better display of information. Subject specific **trainings should be conducted on a regular basis** for the field functionaries.

Vacant positions to be filled at the earliest and **supportive supervision needs to be emphasized**. Strategy should be developed to involve the community in the functioning of the AWCs.

For the proper implementation of the Project the **best practices should be adopted and executed** in all the AWCs

Introduction

The Integrated Child Development Services (ICDS) Scheme was conceived in 1975 and is the single largest scheme with an integrated delivery package aimed at child development and is one of the successful models of inter-sectoral convergence. It is the only major national program that addresses the needs of children under the age of six years; where the dogged determination of system to break the vicious cycle of malnutrition, morbidity, mortality and cognitive skills on one hand and to provide pre-school education on the other, is distinctly visible.

The Scheme aims to improve the nutritional and health status of vulnerable groups including pre-school children, pregnant women and nursing mothers through a package of services including supplementary nutrition, pre-school education, immunization, health check-up, referral services and nutrition and health education. The program provides an integrated approach for converging basic services through community-based Anganwadi workers and helpers.

The main objective of this program is to cater to the needs of the development of children in the age group of 3-6 years. Pre-school education aims at ensuring holistic development of the children and to provide learning environment to children, which is conducive to promotion of social, emotional, cognitive and aesthetic development of the child.

Rajasthan, with a population of 56.5 million (census 2001, projected - 66.75 million-2010), has a total of 48,372 AWCs running under the ICDS as on May 2010 (wcd.rajasthan.gov.in).

Opting to work under PPP mode, ICDS Rajasthan approached identified NGOs to deliver ICDS services and to operationalize the AWCs (Kolayat by URMUL Seemant Samiti, Rajgarh by Bhoruka Charitable Trust and Kumher by Lupin Human Welfare and Research Foundation). These NGOs have been running the scheme in respective areas for more than 15 years (URMUL – 1991; BCT – 1992 and Lupin – 1994).

State Institute of Health & Family Welfare, Jaipur (SIHFW) was approached by UNICEF Rajasthan to carry this study and assess the functioning of the AWCs managed by NGOs and also to make a comparison between the NGO run AWCs and Department run AWC

The study

Scope of the work

1. Conduct survey in three selected districts of Rajasthan – Bharatpur, Bikaner and Churu – to assess the functioning of AWCs managed by NGOs.
2. Develop a questionnaire focusing on the specific elements of AWCs
3. Devise an appropriate sampling plan and field test the draft questionnaire
4. Orient and train data collectors
5. Visit all AWCs, officials, field functionaries and beneficiaries
6. Monitor data collection
7. Analyze the data from survey
8. Document the findings in the final report

Objectives

The study was taken up by State Institute of Health & family Welfare, Jaipur in the month of June with the following objectives.

1. Quantitative and Qualitative assessment of the reach and services.
2. Quantitative and Qualitative assessment of the functioning of AWC in terms of infrastructure, supplies, utilization and governance.
3. Assess the impact on child growth in terms of pre decided parameters.
4. Compare the reach and services between control and study blocks.
5. Identify the operational gaps in both the groups.

Approach

To accomplish these objectives, the following approach was adopted:

Study Design

The study design was made and shared with UNICEF and DWCD after the study was assigned to SIHFW in the month of June 2010.

a. Sample Size:

As the NGOs are running in four districts (Bharatpur, Bikaner, Churu and Hanumangarh) by three NGOs (BCT, URMUL and LUPIN), three of the districts were taken for study (excluding Hanumangarh where the project has started recently).

Besides the block where AWCs were run by the NGOs, blocks adjacent to them and run by the Dept. were selected, matching them in terms of number of functional AWCs. The selected blocks had 1247

AWCs of which 125 were selected for the study sample (10% AWCs of each block), resulting into a sample size of-

Bharatpur

Study block: Kumher (17)

Control block: Sewar (17)

Bikaner

Study block: Kolayat (20)

Control block: Sri Dungargarh (20)

Churu

Study block: Rajgarh (27)

Control block: Sujangarh (24)

b. Study Tools

The data was collected using the following tools

- I. Questionnaire
- II. Observation Check lists

The Questionnaire and check lists focused at-

- Infrastructure/ physical facilities available at AWCs
- Supplies- Quantity, Quality, Storage
- Services provided
- Records- up-keep, completeness, accuracy
- Monitoring and supervision- by CDPO/LS
- Feedback of beneficiaries related to availability of services and utilization
- Opinion of the management representative (Department and NGO)

c. Development of Protocol

The process of framing the protocols was done after getting an understanding about the ICDS and the working of the AWCs from various sources as information available on internet, discussions with DWCD and UNICEF officials. The questionnaires were framed in consultation with UNICEF and ICDS officials, besides inputs from SIHFW staff. The suggestions were incorporated in the final questionnaires and shared before printing.

d. Pre-testing

Piloting of the questionnaire was done in AWCs of Udaipur and Jaipur districts. Keeping in view common understandability of the questions some of the questions was reframed to facilitate common interpretation.

e. Respondents

With the approach as guide to achieve the objectives, 13 protocols were developed under following heads:

Service providers:

Anganwadi Worker

Anganwadi Helper

ASHA

ANM

Functionaries at Supervisory level:

Deputy Director (ICDS)

NGO Representative

CDPO

LS

Beneficiaries:

Pregnant Women

Lactating mothers

Caretakers of children between 6 months to 6 years of age

The matrix of respondents, their number (planned and actual) and tools administered is reflected is as here under

S.no.	Level	Tool	Respondent	Unit/level	Total	Number actually covered
1.	Village - AWC	Questionnaire	AWW	1	125	120
2.			AWH	1	125	116
3.			ASHA	1	125	86
4.			ANM	1	125	101
5.		Checklist		1	125	125
6.	Village - MCHN Day	Questionnaire		1	12	12
7.	Village - Community	Questionnaire	Pregnant women	2	250	248
8.			Lactating mothers	2	250	240
9.			Caretakers of 6 months – 36 months age group children	4	500	499
10.			Caretakers of 37 months – 72 months age group children	4	500	500
11.	Block - Supervisory	Questionnaire	CDPO	1	6	5
12.			LS	4	24	22
13.	District - Management	Questionnaire	NGO representative	1	3	3
14.			Deputy Director	1	3	3

f. Selection and orientation of team

Briefing of the supervisors (SIHFW staff) was done on overview of the study, questionnaires and flow of field study. Investigators were selected on basis of experience in field studies with graduation as the minimum qualification. Orientation was done on July 29, 2010. Official from DWCD was called to brief them about the scheme and AWCs in the field. Each questionnaire to be filled by the investigators was discussed in detail and every query and doubt was addressed. Accordingly, the total staff strength engaged was 36 (Supervisors: 12 & Investigators: 24). Together they contributed 372 man days of field work.

g. Data Collection

Field visit was done from July 30 – August 8, 2010, with two teams working in one block each. Each team comprised of one supervisor (from SIHFW) and two investigators.

h. Software development, data entry and analysis

Simultaneous activity of software development and dummy tables for tabulation was done to facilitate the data entry and data analysis. To avoid any discrepancies the data entry was done by the supervisor of the respective team. Data entry was done from August 10-16, 2010 and tables were generated for analysis using SPSS from August 17-21, 2010.

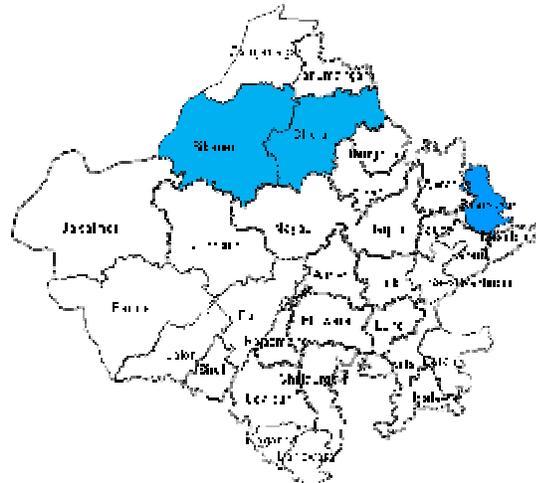
i. Report Writing

Report writing started from August 23, 2010 and the first draft was ready by August 31, 2010.

j. Sharing of Report

The first draft was shared with UNICEF in the first week of September.

Profile of study districts:



Indicators	Bharatpur	Churu	Bikaner
Total Blocks	10	6	8
Number of villages	1258	859	784
Total AWCs	1771	1556	1289
Total population (in lacs – projected for 2010)	25.58	20.49	23.11
Sex ratio	857	948	889
Percent Rural population	80.5	72.9	80.0
Percent Population below 6 yrs of age	15	17	14
Literacy rate	66.5	62.3	62.4
Male literacy (7yrs +)	82.3	74.8	72.5
Female literacy (7yrs +)	48.3	48.4	51.0
ANC Registration % (June 2010)*	23.2	22.7	25.6
Institutional Delivery % (June 2010)*	12.2	12.5	10.3

*NRHM Reports

Results and Discussion

A total of 125 AWCs were visited. Out of these 64 were from NGO managed blocks and 61 from the DWCD managed blocks.

Table 1: Availability of service providers

Districts		NGO managed			Department managed		
Blocks		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
Total AWC		17	27	20	17	24	20
Service Providers	AWW	16	27	17	17	23	20
	AWH	17	24	16	17	23	19
	ASHA	16	22	6	16	13	14
	ANM	14	24	5	17	23	18

The study had visualized the ideal condition that all service providers would be available and would be interviewed. But somehow this was not the case and 120 AWWs could be interviewed in place of 125. The reason being that in Kolayat workers were not appointed in 2 AWCs and helper was running the AWC. Similarly one post of AWW was vacant in Sujangarh and Kumher and these were being run by AWH and ASHA. One of the AWW in Kolayat could not be contacted as she was on leave and out of the village.

The numbers of ASHAs were also less due to post vacant or could not be contacted as they were either not in town or had gone as an escort for delivery.

Total ANMs contacted were 101 instead of 120 as more than one AWC covered in the study came under one ANM. Five (two from Rajgarh and three from Kolayat) of the AWCs shortlisted were mini AWCs, therefore the helpers were not appointed there.

All the AWWs in the NGO blocks reside in the same village while this was not so in the control blocks. The service providers are supposed to reside in the same village so as to provide timely and regular services. If the service providers do not reside in the same village as the AWC we can expect that the regularity of the service is breached.

The education level impacts the level of understanding of the service providers. Grasping new information and bringing it into practice is aided by the educational level. Though most of the AWWs in all blocks covered in the study were educated between VI to X standard yet the educational status was above XI standard in the AWWs of the NGO blocks (Kumher 31.3%, Rajgarh 37% and 41.2% in Kolayat). Similarly ASHAs with higher qualification were available in the NGO blocks. But the experience level of AWW and AWH was higher in the department managed blocks.

There was no specific difference in the salaries amongst the blocks but it was not timely received in the NGO managed blocks. Despite this fact, performance was better in the NGO blocks. The reason behind it may be that the job was on contract basis which was available within the village which motivated the workers to perform well in an effort to retain their job.

Induction and refresher trainings were given in both the study and control blocks but special efforts on part of NGOs was seen in providing subject based sessions to the AWWs during monthly meeting to clarify doubts and update them on various issues.

Infrastructure

The location and condition of building directly affects the number of beneficiaries who would be coming to avail the services. The infrastructure was assessed by direct observation.

Table 2: Physical condition of the AWC building: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWC		17	27	20	17	24	20
Physical condition	Pucca	16 (94.1)	25 (92.6)	15 (75.0)	13 (76.5)	22 (91.7)	20 (100.0)
	Semi pucca	1 (5.9)	2 (7.4)	5 (25.0)	4 (23.5)	2 (8.3)	0 (0.0)
Building needs repairing		5 (29.4)	2 (7.4)	9 (45.0)	6 (35.3)	5 (20.8)	3 (15.0)

The AWC building is “pucca” at most of the NGO and department managed places, except for 25% at Kolayat and 23.5% at Sewar. No AWC is running in “kuccha” building. But these buildings have undergone wear and tear over the time and now needs repairing (45% of AWCs of Kolayat and 35.3% of Sewar). These buildings have been a victim of weather (water logging has damaged the floor) as well as anti-social activities of the people from community itself who have taken away the doors and windows, such instances restricts the parents from sending their children.



Such condition of the AWC becomes a hinderance in conducting regular activities.

Most of the AWCs had a specified design, with one small room and one larger and a veranda. But not all had a boundary wall. A boundary wall opens the way for outdoor activities. These boundary walls were not available in Kolayat (80%) and Dungargarh (75%).

Table 3: Site of AWC: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWC		17	27	20	17	24	20
Site	Within School	5 (29.4)	6 (22.2)	6 (30.0)	5 (29.4)	4 (16.7)	1 (5.0)
	Within Community building	4 (23.5)	6 (22.2)	2 (10.0)	2 (11.8)	10 (41.7)	3 (15.0)
	Separate building	6 (35.3)	15 (55.6)	11 (55.0)	8 (47.1)	8 (33.3)	16 (80.0)
	Part of house	2 (11.8)	0 (0.0)	1 (5.0)	2 (11.8)	2 (8.3)	0 (0.0)

AWCs are running mostly in separate buildings owned by ICDS/NGOs. More AWCs from NGO managed are running in school buildings while it is not so in department managed. AWCs running in community buildings are found more in Sujangarh (41.7%).

These buildings are even taken on rent in Bharatpur blocks (47.1% - Kumher & 41.2% - Sewar). Otherwise the building is owned by Department or NGO and community itself.

Table 4: Availability of space at AWC: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWC		17	27	20	17	24	20
Space for	Cooking	10 (58.8)	12 (44.4)	15 (75.0)	7 (41.2)	19 (79.2)	6 (30.0)
	Storing SN	11 (64.7)	20 (74.1)	8 (40.0)	9 (52.9)	15 (62.5)	10 (50.0)
	ECE activities	6 (35.3)	23 (85.2)	15 (78.9)	6 (35.3)	6 (25.0)	10 (50.0)

Providing Supplementary Nutrition and Early Childhood Education are activities that should be conducted daily at the AWCs.

AWCs where hot meal is cooked at the centre itself need to have separate space for cooking so as not to hinder the ECE activities. They also need space to store the food material.



A small room was being used to store food material as well as cooking. The larger room was being used for ECE activities and also for children to eat the hot meal. The problem was at the AWCs where only one room was available or in absence of proper ventilation, the 'chulha' was placed in the veranda and food was cooked there. This was visible in both the types of blocks.

Only 30% of AWCs in Dungargarh, 44.4% in Rajgarh had the cooking space. At some places the cooking was being done in open space near the AWC.



AWCs where food was made by SHGs, storing was not a problem and sufficient space was available so cleanliness was also maintained here.

Display

Display of information and material provides an identity to the AWC attracts attention and generates awareness.

As far as display of information is concerned, NGO managed AWCs have laid emphasis on displaying information compared to department managed AWCs. Timings of the AWC, the services available and the MCHN day were displayed more in the NGO managed AWCs than in the department managed ones. The AWC boards were available with department managed blocks but were either poorly legible or kept in trunks.

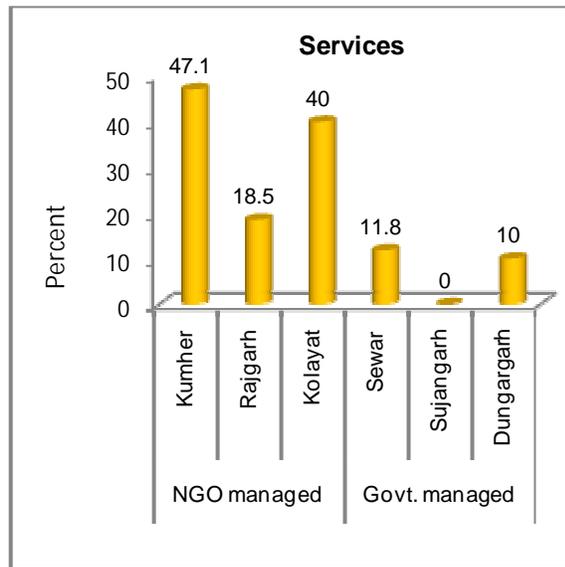
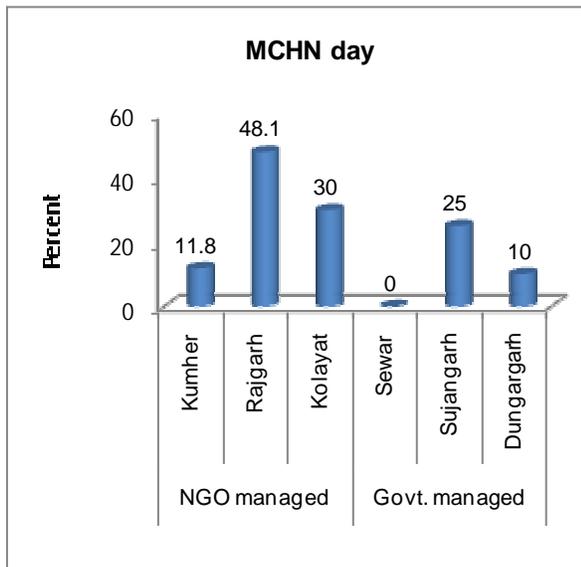
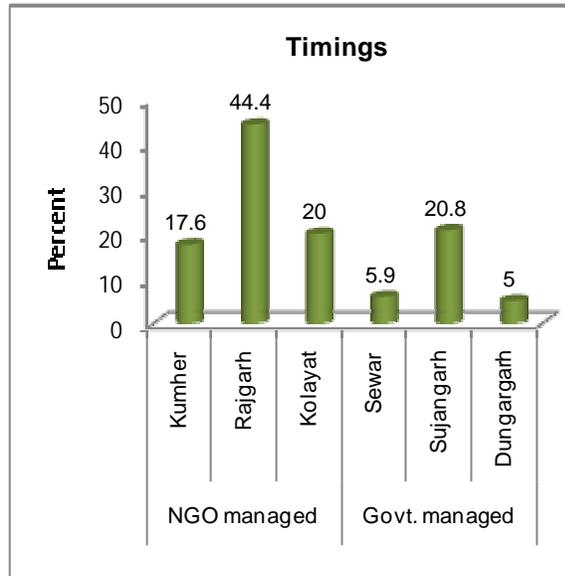
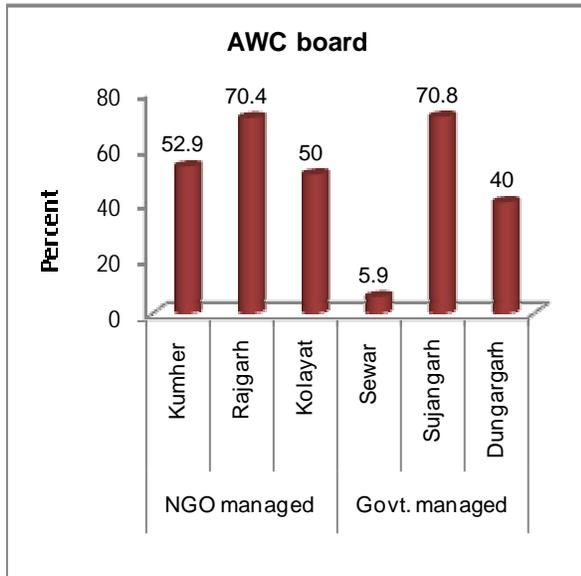


Figure 1 : Display of information: Observation

Table 5: Display of material: Observation

		NGO managed			Department managed		
Blocks		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWC		17	27	20	17	24	20
Material	Pictures/ charts on wall	2 (11.8)	20 (74.1)	14 (70.0)	4 (23.5)	19 (79.2)	9 (45.0)
	IEC material	6 (35.3)	18 (66.7)	14 (70.0)	10 (58.8)	9 (37.5)	11 (55.0)
	Map of area	0 (0.0)	3 (11.1)	2 (10.0)	0 (0.0)	1 (4.2)	2 (10.0)

Pictures grab the attention of children and help in the retention and relating to what is taught.

Pictures on walls were well painted in Rajgarh (74.1%) and Kolayat (70%) while only Sujangarh from the department managed AWCs had these.



Even the IEC material providing information on diet, immunization and like was visible in more of the NGO managed AWCs.

The map of the area covered by AWC was displayed in as high as 11.1% (Rajgarh) while other blocks ranked low.

Functioning

During visits the AWCs were found open in all the NGO managed AWCs while 25 of the 61 department run AWCs were found closed and were opened after the service provider was contacted at their house or even in the fields. The regularity in daily and timely opening of AWCs can be related to the location, AWW and AWH residing in the same village and also that the AWWs are working on contract who are appraised for renewal of contract. The education also plays a role as the AWWs understand their work better.

The service providers, as can be expected, would always say that the AWC opens daily and conducts all its functions. Only one AWH (Dungargarh) admitted that the AWC does not open daily.

Responses from beneficiaries also supports the fact that NGO run AWCs open daily (responses above 90%).

The service providers have been honest enough to admit that the AWC is not cleaned daily. Kumher (18.8%) and Kolayat (5.9%) accepted it.

But somehow cleaning was taken as brooming and the overall tidiness of the AWC was neglected. When the observation for neatness was done, a number of AWCs from both NGO and department managed blocks were found in a mess, where cobwebs were common with lots of insects creeping and material dumped over. The cleanliness actually depends upon the AWW who runs the AWC and also the supervisors who should actually give feedback and suggestions on these aspects also.

One of the duties of AWH is to collect and drop the small children to their homes. 100% of AWH from NGO managed blocks reported that they collected the children and dropped them. This is one of the reasons why children came regularly at the AWCs in these blocks. While 13% of AWH from Sujangarh and 15.8% from Dungargarh reported that they do not do this activity reason being that the children either come themselves or their elders drop and collect the children.

Most of the children from the NGO managed AWCs come between 08:00 AM – 09:00 AM (50% - Kumher; 66.7% - Rajgarh & 64.7% - Kolayat) and those from department managed AWCs come between 09:00 AM – 10:00 AM (58.8% Sewar, 52.2% - Sujangarh & 60% - Dungargarh). 35% of Dungargarh AWW responded that the children come after 10:00 AM. This directly implies that children come to the AWC as the time to serve the hot meal comes nearer.

Children coming on time and regularity in ECE activities seem to be interlinked in the NGO managed blocks.

The AWC service providers need to check cleanliness of the children and develop habits related to cleanliness among children. Both the study and control block AWWs responded affirmatively that the children are checked for cleanliness with only 11.1% from Rajgarh and 15% from Dungargarh responding in negative. AWH also responded positively that she checks the cleanliness except 17.6% of Kumher saying 'No'.

But the observations made shows that children present at both blocks of Bharatpur and those at Bikaner were overall untidy. But children in Rajgarh (77.8%) and Sujangarh (41.7%) were neat and clean. The personal attention given to these details by the service providers seems to be an important factor here and no specific difference can be made between the two types of blocks.

Table 6: First activity of the day with beneficiaries: Responses of AWW

Blocks	NGO managed			Department managed		
	Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW	16	27	17	17	23	20

First activity	SN	3 (18.8)	1 (3.7)	4 (23.5)	1 (5.9)	8 (34.8)	11 (55.0)
	ECE	13 (81.2)	26 (96.3)	13 (76.5)	16 (94.1)	15 (65.2)	9 (45.0)

Most of the AWWs responded that the very first activity once the children come to the AWC was to start with ECE activities with prayer followed by other activities. 34.8% of Sujangarh and 55% of Dungargarh AWWs said that the first activity was giving hot meal to the children as the children came by that time only.

The observations also support that the ECE activities were being conducted in the NGO managed AWCs while most children came by the time hot meal was cooked in the department managed AWCs and those children available would play with the toys, there was no interaction as such between the children and AWW.

Table 7: Use of guide: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Use	Yes	12 (75.0)	16 (59.3)	13 (76.5)	9 (52.9)	11 (47.8)	8 (40.0)
	No	4 (25.0)	11 (40.7)	4 (23.5)	8 (47.1)	12 (52.2)	12 (60.0)

The AWWs are provided with a guide to help them in the functioning of the AWCs. Comparatively, these are not so much used by AWWs from department managed AWCs as those from NGO managed AWCs. The reason may be that most of the AWWs in the department managed AWCs have years of experience to their credit and moreover not in the habit of consulting a guide to run the AWC. While more than 50% AWWs of the NGO managed AWC use the guide. As they use the guide regularly, they also follow the procedures leading to more regularity in the activities.

Supplies

The services given to the beneficiaries depend to a large extent on the supplies available at the AWC. Besides the material for general use, supplies to aid in the ECE activities, cooking and cleaning are required at the AWC. ECE kits are regularly used at the AWC and gets broken as children play with them, similarly medicines get used or reach the expiry dates and thus these needs to be replenished. Kits for ECE activities and first aid are supposed to be replenished once in a year. Timely supply of IEC material, kits- ECE and medicine was seen in study blocks. The new ECE kit was not available at most of the department managed AWCs and medicines were found which had crossed the expiry date. The toys available at the control blocks were broken and many were dumped in the trunks and not being used.

Table 8: Time of replenishment of ECE/ medicine kit: Responses of AWW

		NGO managed			Department managed		
Blocks		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
ECE	0-6m	14 (87.5)	24 (88.9)	8 (47.1)	15 (88.2)	15 (65.2)	2 (10.0)
	6-12m	2 (12.5)	2 (7.4)	1 (5.9)	1 (5.9)	1 (4.3)	5 (25.0)
	Before 12m	0 (0.0)	1 (3.7)	8 (47.1)	1 (5.9)	7 (30.4)	13 (65.0)
Medicine kit	0-6m	14 (87.5)	18 (66.7)	12 (70.6)	16 (94.1)	14 (60.9)	2 (10.0)
	6-12m	2 (12.5)	4 (14.8)	2 (11.8)	1 (5.9)	3 (13.0)	1 (5.0)
	Before 12m	0 (0.0)	5 (18.5)	3 (17.6)	0 (0.0)	6 (26.1)	17 (85.0)

Both ECE and medicine kits have been provided on time in Kumher (100%) and Rajgarh block AWCs (96.3% & 81.5%) from NGO managed block. But it is not that efficient in Kolayat. The supplies in Dungargarh is very poor with ECE material not supplied since a year in 65% AWCs and medicine kit in 85%. The supplies come from the department but when it would reach the AWCs depend on the district and block offices. The NGOs have been prompt in distributing the kits.

Table 9: Availability of material for general use: Observation

		NGO managed			Department managed		
Blocks		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWC		17	27	20	17	24	20
Material	Mats/durries	11 (64.7)	26 (96.3)	18 (90.0)	5 (29.4)	18 (75.0)	10 (50.0)
	Closed shelf/ almira	16 (94.1)	18 (66.7)	14 (70.0)	2 (11.8)	5 (20.8)	1 (5.0)
	Table/chair	15 (88.2)	20 (74.1)	9 (45.0)	15 (88.2)	14 (58.3)	9 (45.0)
	National flag	1 (5.9)	0 (0.0)	4 (20.0)	0 (0.0)	7 (29.2)	6 (30.0)
	JB raksha card	14 (82.4)	26 (96.3)	8 (40.0)	11 (64.7)	18 (75.0)	14 (70.0)
	Tracking bag	12 (70.6)	26 (96.3)	6 (30.0)	11 (64.7)	15 (62.5)	14 (70.0)
	Buckets	15 (88.2)	10 (37.0)	3 (15.0)	1 (5.9)	2 (8.3)	10 (50.0)
	Mugs	9 (52.9)	11 (40.7)	2 (10.0)	2 (11.8)	5 (20.8)	1 (5.0)
	Soaps	13 (76.5)	11 (40.7)	1 (5.0)	2 (11.8)	4 (16.6)	1 (5.0)
	Towels	0 (0.0)	14 (51.9)	4 (20.0)	1 (5.9)	8 (33.3)	1 (5.0)

The supplies related to general use were much better in the NGO managed AWCs. Mats and durries were available with NGO managed AWCs as compared to those managed by department.



'Almirah' to store material and records were also supplied by the NGOs while some department AWCs only had iron trunk box but they were in bad shape. Material kept in the almirah remains safe from rodents and weather.

Except for Kolayat (40% & 30%), the AWWs were keeping the jaccha baccha raksha card and the tracking bags. At other places the AWWs reported that these were kept with either the ANM or the ASHA.

Table 10: Availability of material related to ECE: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWC		17	27	20	17	24	20
Material	Fit in puzzle	17 (100.0)	23 (85.2)	15 (75.0)	5 (29.4)	6 (25.0)	10 (50.0)
	Multi concept box	17 (100.0)	4 (14.8)	7 (35.0)	10 (58.8)	4 (16.7)	15 (75.0)
	Rubber balls	17 (100.0)	25 (92.6)	14 (70.0)	11 (64.7)	8 (33.3)	12 (60.0)
	Counting beads	17 (100.0)	15 (55.6)	8 (40.0)	10 (58.8)	10 (41.7)	8 (40.0)
	Shoe and lace	17 (100.0)	9 (33.3)	19 (95.0)	10 (58.8)	2 (8.3)	0 (0.0)
	Football	17 (100.0)	11 (40.7)	11 (55.0)	2 (11.8)	0 (0.0)	0 (0.0)
	Skipping rope	17 (100.0)	13 (48.1)	10 (50.0)	5 (29.4)	2 (8.3)	9 (45.0)
	Rubber rings	17 (100.0)	12 (44.4)	16 (80.0)	0 (0.0)	0 (0.0)	5 (25.0)
	Frisbees	17 (100.0)	1 (3.7)	0 (0.0)	5 (29.4)	0 (0.0)	3 (15.0)
	Colored ring tower	17 (100.0)	8 (29.6)	19 (95.0)	10 (58.8)	4 (16.6)	17 (85.0)
	Masks	17 (100.0)	1 (3.7)	12 (60.0)	9 (52.9)	1 (4.2)	10 (50.0)
	Slates	17 (100.0)	9 (33.3)	0 (0.0)	0 (0.0)	3 (12.5)	19 (95.0)
	Charts	17 (100.0)	21 (77.8)	16 (80.0)	11 (64.7)	19 (79.2)	15 (75.0)



A wide variety of ECE related material was found at the AWCs. They were a combination of old and new supplies. The new ECE kit were found more in the NGO managed AWCs and worn out material was seen in the other AWCs.

AWCs where the new kit has recently been supplied had all the material with them. Most of the swings were either broken or not being used.

Availability of ECE material the material being used are different things. The AWWs given the ECE material to children and were thus in At most of the department managed AWCs the ECE material was not being used. Only few materials were accessible to the children and most of these were broken. Non-availability or broken toys is one of the reasons behind children not coming to the AWCs.

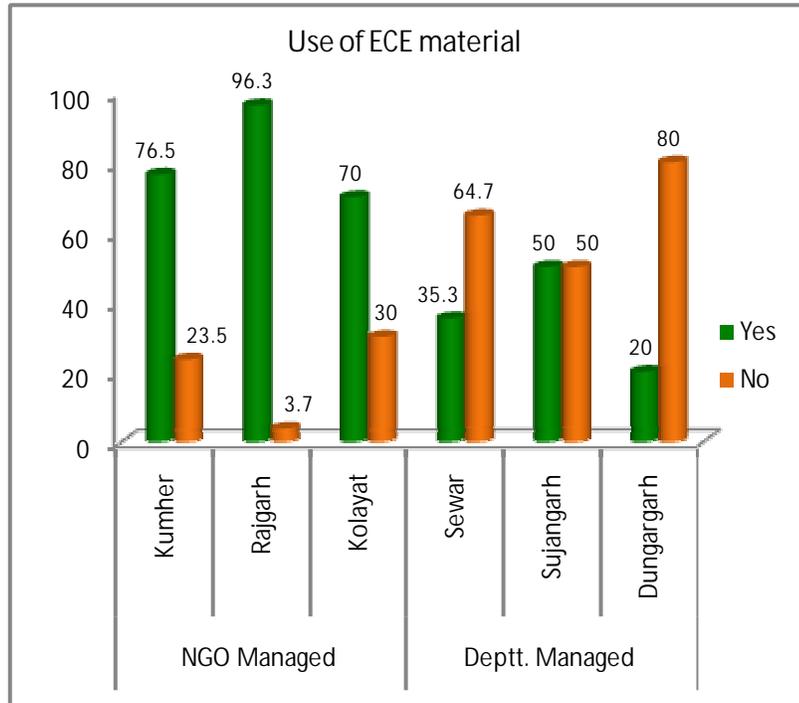


Figure 2: Use of ECE material: Observation

Regarding the medicine kits, not all medicines were available at all places. The AWW had kept the commonly used medicines as the community was aware enough to contact the ANM or hospitals for treatment.

Medicines were available at all the AWCs of Kumher. These were least available in Dungargarh.

First aid material to attend cuts and bruises were readily available in the NGO managed AWCs rather than the other AWCs.

Expiry medicines were seen more in the department managed AWCs. It becomes the duty of ANM to regularly check the expiry of medicines and also the AWW to check before giving it to any person.

The medicines crossing the expiry date need to be destroyed with care.

Plates to eat food and vessels to cook were available at most of the AWCs irrespective of it being NGO managed or department managed. Where it was not available was because either the food was cooked by SHG or cooked in vessel belonging to AWH or AWW. Spoon were either not available or kept in the trunks.

Measuring cups, though not an exact measurement, were available but the AWH had made some utensil as a measure to estimate raw material for cooking.

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Services

The difference between the NGO managed blocks and those managed by department was not very much visible in those services which were provided on MCHN Day. The AWCs from the study block provided better services and covered more beneficiaries in their area as far as ECE and supplementary nutrition are concerned. Regular ECE activities were carried out there and as RTE was made by SHGs, it was regularly supplied (except for Kolayat where department supplied the RTE).

The beneficiaries as pregnant women and lactating mothers are supposed to visit the AWC once a week to collect the Ready to Eat food and also on MCHN day for health check-ups.

Of those contacted a high percentage of pregnant women from both type of blocks visit the AWC but the number of lactating mothers visiting the AWC is comparatively less.

The reasons given by pregnant women for not going to AWCs were that the time was not convenient and some were unaware that they should visit. Of those who visit AWCs, go generally on the MCHN day.

Lactating mothers also shared similar views. One of the reasons of not visiting was non-availability of supplementary nutrition.

Lactating mothers also had another reason being that post delivery women are usually not allowed to go out of the house. Though the lactating mothers contacted had infants from four to six months of age, they rarely accompanied them for vaccination.

The caretakers of children between 6 months to 3 years of age visited more frequently in NGO managed AWCs. Similarly the caretakers of children between 3-6 years of age from NGO managed AWCs responded in affirmation that their children went to AWCs regularly. This number was as low as 56.2% in Dungargarh and 22.4% in Sujangarh. The regularity in ECE activities and supply of supplementary nutrition is the reason behind why they visited more in the NGO managed AWCs.

Table 11: Services given at AWC on MCHN day: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Services	Immunization	16 (100.0)	26 (96.3)	14 (82.4)	17 (100.0)	23 (100.0)	19 (95.0)
	Weight record	14 (87.5)	26 (96.3)	13 (76.5)	15 (88.2)	23 (100.0)	17 (85.0)
	Treatment of diarrhea	8 (50.0)	11 (40.7)	11 (64.7)	11 (64.7)	22 (95.7)	10 (50.0)

Vitamin A	15 (93.8)	18 (66.7)	12 (70.6)	15 (88.2)	20 (87.0)	19 (95.0)
IFA	12 (75.0)	22 (81.5)	9 (52.9)	10 (58.8)	23 (100.0)	17 (85.0)
De worming	11 (68.8)	16 (59.3)	8 (47.1)	11 (64.7)	20 (87.0)	7 (35.0)
Referral of severely malnourished	7 (43.8)	7 (25.9)	8 (47.1)	6 (35.3)	4 (17.4)	4 (20.0)
Zinc ORS	14 (87.5)	17 (63.0)	9 (52.9)	15 (88.2)	9 (39.1)	11 (55.0)

The AWWs reported that the services of immunization, Vitamin A supplement, IFA and recording weight were done on MCHN day. Giving Zinc-ORS and treatment of diarrhea and de-worming was done if the need arises.

Though they have reported referring malnourished children also, but the records do not show any malnourished child. All the services are given in all AWCs, so no comparison can be made as such, as all follow the norms set.

Table 12: Health check-up of pregnant women: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Health check-up	Immunization	16(100.0)	26 (96.3)	15 (88.2)	17(100.0)	23(100.0)	20(100.0)
	Abdominal check up	16(100.0)	16 (59.3)	9 (52.9)	15 (88.2)	21 (91.3)	14 (70.0)
	BP measurement	16 (100.0)	19 (70.4)	9 (52.9)	14 (82.4)	20 (87.0)	12 (60.0)
	Blood test	15(93.8)	13(48.1)	9 (52.9)	13(76.5)	18(78.3)	9 (45.0)
	Urine examination	3 (18.8)	9 (33.3)	9 (52.9)	8 (47.1)	12 (52.2)	5 (25.0)
	Weight	15(93.8)	26(96.3)	13(76.5)	17(100.0)	22(95.7)	14(70.0)
	IFA	16 (100.0)	26 (96.3)	15 (88.2)	17 (100.0)	23 (100.0)	19 (95.0)

Almost all AWWs reported that immunization is done of pregnant women on MCHN day and are given IFA tablets. Pregnant Women from Rajgarh (3.7%) and Kolayat (11.8%) denied being immunized and given IFA tablets. 5% from Dungargarh also supported the views for IFA tablets not being given.

The ANMs were asked what actions they take when the number of beneficiaries is low on the MCHN Day, for which they responded that they ask the ASHA to call them but some (29.9% from Kolayat) asked them to call them on next MCHN day. The health checkups done on MCHN day depends on the activeness of the ANM.

On being asked whether the ANM visited regularly on MCHN day, the AWWs from Kolayat (35.3%) and Rajgarh (7.4%) gave a negative answer.

The ANMs who visited regularly reached well on time and in case if they did not come the AWW first contacted the ANM and if it was repeated they informed their LS who in turn contacted the health officials.

Table 13: Nutrition and Health Education: Responses of AWW

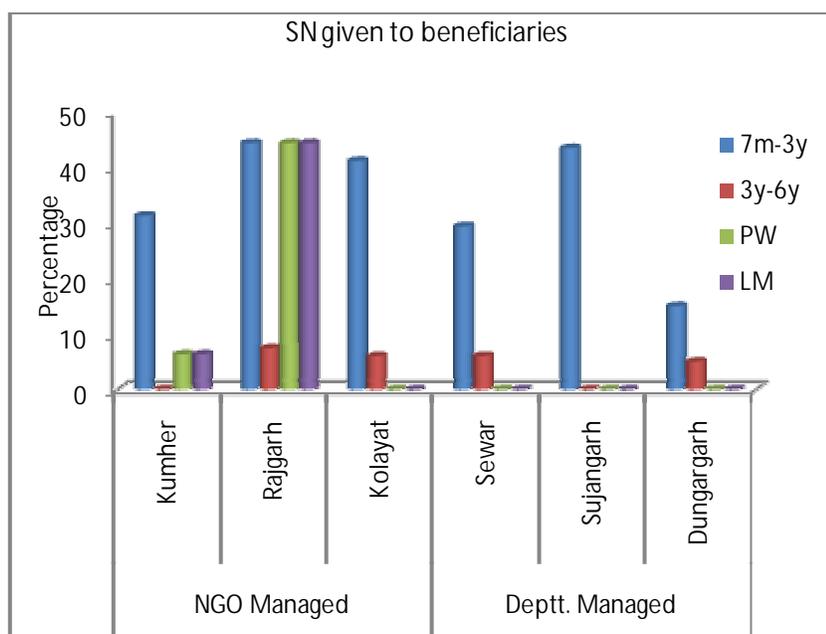
		NGO managed			Department managed		
Blocks		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
NHED areas	Contraception	10 (62.5)	26 (96.3)	14 (82.4)	12 (70.6)	23 (100.0)	17 (85.0)
	Registration	11 (68.8)	26 (96.3)	16 (94.1)	13 (76.5)	22 (95.7)	17 (85.0)
	ANC	15 (93.8)	23 (85.2)	12 (70.6)	17 (100.0)	20 (87.0)	16 (80.0)
	ID	16 (100.0)	23 (85.2)	14 (82.4)	15 (88.2)	23 (100.0)	17 (85.0)
	Colostrum	16 (100.0)	24 (88.9)	11 (64.7)	15 (88.2)	23 (100.0)	17 (85.0)
	Early initiation of BF	16 (100.0)	24 (88.9)	11 (64.7)	15 (88.2)	23 (100.0)	17 (85.0)
	Exclusive BF	14 (87.5)	20 (74.1)	11 (64.7)	13 (76.5)	21 (91.3)	14 (70.0)
	Keeping baby wam	11 (68.8)	18 (66.7)	13 (76.5)	11 (64.7)	19 (82.6)	14 (70.0)
	Growth monitoring	11 (68.8)	25 (92.6)	13 (76.5)	10 (58.8)	14 (60.9)	13 (65.0)
	Diet and rest	14 (87.5)	23 (85.2)	16 (94.1)	17 (100.0)	22 (95.7)	15 (75.0)
	Cleanliness and hygiene	12 (75.0)	22 (81.5)	16 (94.1)	17 (100.0)	21 (91.3)	14 (70.0)
	Treatment of severely undemourished children	5 (31.2)	10 (37.0)	12 (70.6)	10 (58.8)	19 (82.6)	3 (15.0)

Information on growth monitoring is comparatively less shared in the department managed AWCs.

Once again they have reported informing about treatment of malnourished children but actually no such case was found.

More than 80% of pregnant women and 85% of lactating mothers were satisfied with the work of the AWW. They also responded positively on their behavior.

These responses were supported by the Caretakers also. The responses regarding satisfaction with the services and the behaviour of service providers are also affected by the relation they have with them. Usually they give a positive picture regarding it.



Supplementary Nutrition

The department has provided guidelines to the AWCs regarding the amount of Supplementary nutrition to be provided to the beneficiaries according to the daily requirements. Not more than 45% could state the actual amount in grams given daily to them (Children: 7m-3y – 125 gms; 3y-6y – 130 gms; PW-155 gms; LM-155 gms).

More AWWs from NGO blocks could tell the correct amount of Supplementary Nutrition to be given to the different beneficiaries while their counterparts in the department blocks gave food according to rough estimates.

Figure 3: AWWs knowing the correct amount of SN given to beneficiaries

The sessions taken on monthly meetings and regular monitoring must have updated the information of the AWWs in the NGO blocks.

Table 14: Ensure that malnourished children visit AWC regularly for SN: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujargarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Ensure	Yes	5 (31.2)	17 (63.0)	13 (76.5)	6 (35.3)	6 (26.1)	5 (25.0)
	No	2 (12.5)	3 (11.1)	3 (17.6)	1 (5.9)	1 (4.3)	7 (35.0)
No malnourished children		9 (56.2)	7 (25.9)	1 (5.9)	10 (58.8)	16 (69.6)	8 (40.0)

Though responses for ensuring that malnourished children come to the AWC for Supplementary Nutrition were received from all blocks with responses as high as 76.5% from Kolayat and 63% from Rajgarh yet records of malnourished children were not found anywhere.

Table 15: Supplier of material for hot meals: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujargarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Supplier	NGO/ICDS/SHG	13 (81.2)	20 (74.1)	17 (100.0)	2 (11.8)	2 (8.7)	7 (35.0)
	Self purchase	3 (18.8)	7 (25.9)	0 (0.0)	15 (88.2)	21 (91.3)	13 (65.0)

In the NGO managed AWCs the arrangement of hot meal is done by the SHGs. The SHGs purchase material and even cook the hot meal, in such AWCs the AWH does not have to cook. The other

arrangement is that the SHG purchase the material and provide it to AWW and the hot meal is cooked in the AWC by the AWH.

The amount given to the AWW/ SHG to purchase the material and the actual costing has a large difference e.g. Rs. 34/- is given to purchase pulses while the actual cost comes to around Rs. 90/- per kg of pulses. Thus what is found in the khichri is- more of rice and less amount of pulses.

Similarly the number of children getting hot meal is less than what the registers say.

The AWC follows a fixed schedule for menu – ‘Khichdi’ and ‘Daliya’ alternatively, but AWCs were found where the schedule was not followed on the day of visit. The reason was that the food material was not available in sufficient amount for the scheduled meal.

Food was served in the room and maximum children had it there, but children also took the food in the veranda and preferred eating there. Children in Dungargarh (15%) took the food home and did not eat there, thus the nutrition is going to the child alone cannot be guaranteed.

According to 35% AWWs of Dungargarh, children’s hands were not washed before and after they had meal. The observation shows that the hands were washed before and after taking meal in the NGO managed AWCs (70% in Kumher & Kolayat and 66.7% in Rajgarh) while the percentage is low in other AWCs (17.6% - Sewar; 33.3% - Sujangarh and 25% - Dungargarh).

More than 93% of caretakers of children between 3-6 years of age and going to AWC in all blocks said that the children had meal there but somehow 33.3% in Dungargarh and 17.1% in Sujangarh were not aware what the child was given to eat there.

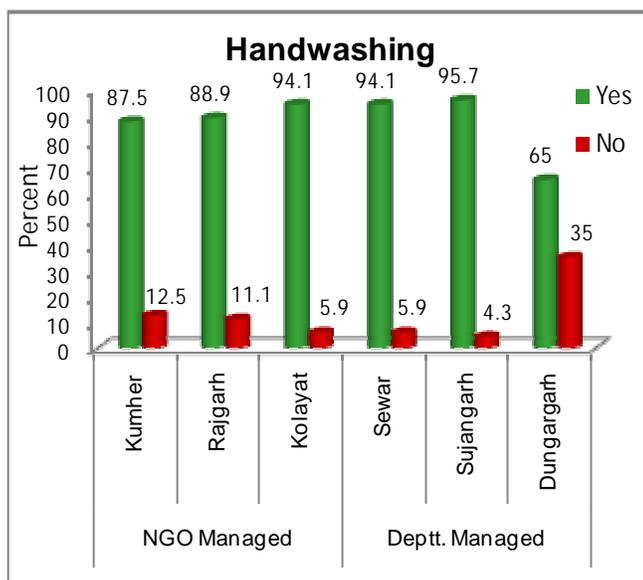


Figure 4: Hand washing before and after meals: Responses of AWW

Table 16: Time of supply of Ready to Eat meals: Responses of AWW

Blocks	NGO managed			Department managed		
	Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW	16	27	17	17	23	20

Time	Once a week	15(93.8)	25(92.6)	1 (5.9)	8 (47.1)	2 (8.7)	0 (0.0)
	Once a month	0 (0.0)	0 (0.0)	15(88.2)	8 (47.0)	6 (26.1)	3 (15.0)
	Once in three months	1 (6.2)	2 (7.4)	1 (5.9)	1 (5.9)	14 (60.9)	6 (30.0)
	After 3 months	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.3)	11 (55.0)

RTE is supplied by department in the department managed AWCS and also in Kolayat. In Kumher and Rajgarh, the SHGs make the RTE and supply it once a week to be distributed to the beneficiaries. Here the supply according to the demand is easier to maintain. The supply in the blocks where RTE is received through department is normally made available between 1-3 months according to the AWWs. In Dungargarh it is made available after 3 months (55%).

The RTE was not sufficient for 21.7% of Sujangarh AWCs and 80% of Dungargarh AWCs. This can be correlated to the time lapse between supplies.

The present situation was that no RTE was available in any of the AWCs of Sewar and Dungargarh.

Regularity and timely supply of RTE ensures that nutrition is being provided.

Table 17: Supplementary nutrition given to child: Caretakers (6m-3y)

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
CT 6m-3y		68	108	78	68	97	80
Child given SN	Yes	51 (75.0)	106 (98.1)	78 (100.0)	37 (54.4)	82 (84.5)	58 (72.5)
	No	17 (25.0)	2 (1.9)	0 (0.0)	31 (45.6)	15 (15.5)	22 (27.5)

Seen comparatively, the caretakers of 6 months – 3 years of children from NGO managed blocks responded that the children were given supplementary nutrition, while 45.6% from Sewar, 15.5% from Sujangarh and 27.5% from Dungargarh said that children were not given RTE. The reason behind this may be that the RTE is made by SHGs in the NGO blocks ensuring regularity.

Question was asked from beneficiaries regarding whether the service provider tells how and when the RTE has to be consumed. PW from Kumher (20%), 19.5% from Sujangarh and 12.1% from Dungargarh reported that it was not told. LM from these blocks also supported the PW views.

100% of LM from Sewar stated its taste as not good for not eating it. LM from other blocks considered it either harmful or its not being clean as the reason.

As the RTE is taken home by the beneficiaries, it is not possible for them to consume it alone and not share it with the family members specially children. More than 50% PWs from all blocks admitted that they share it with others in the family with 93.3% from Kolayat affirming it.

Service providers need to follow up whether the beneficiaries consume the RTE at home or not. AWWs from all the blocks stated that they follow up with the beneficiaries, with most of them doing so during the home visits (more than 80%). But when the record of such a follow up was asked no record was available.

Early Childhood Education

Table 18: Number of children present: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWC		17	27	20	17	24	20
Number	No children	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	6 (25.0)	1 (5.0)
	1-10	3 (17.6)	23 (85.2)	2 (10.0)	6 (35.3)	14 (58.3)	15 (75.0)
	11-20	11 (64.7)	4 (14.8)	8 (40.0)	9 (52.9)	3 (12.5)	4 (20.0)
	21-30	3 (17.6)	0 (0.0)	6 (30.0)	2 (11.8)	1 (4.2)	0 (0.0)
	30 +	0 (0.0)	0 (0.0)	4 (20.0)	0 (0.0)	6 (25.0)	1 (5.0)

Early Childhood education is meant to aid in the physical, cognitive and social development of the children. All the children of 3-6years of age are expected to visit the AWC and take part in the ECE activities. Observation gives a picture of how many children were available in the AWC.

The children were available in 100% of Rajgarh AWCs and 95% of Kolayat AWCs when the team reached the AWCs. Comparatively the availability of children (not taking into account the number of children available) was less in the control blocks – Sewar (17.6%), Sujangarh (54.2%) and Dungargarh (30.0%).

Table 19: ECE activities conducted: Response of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Activities conducted	Yes	16 (100.0)	26 (96.3)	16 (94.1)	17 (100.0)	20 (87.0)	17 (85.0)
	No	0 (0.0)	1 (3.7)	1 (5.9)	0 (0.0)	3 (13.0)	3 (15.0)

All AWWs reported that the ECE is given to 3-6 years of children, though even younger children were present at times.

The observation also showed that ECE activities were being conducted in more AWCs of the NGO managed block compared to AWCs of department managed blocks.

More than 75% AWWs said that ECE activities were conducted daily except for 45% in Sujangarh and 64.7% in Dungargarh.

Table 20: Activities conducted under ECE: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	26	16	17	20	17
Activities	Story telling	15 (93.8)	26 (100.0)	15 (93.8)	14 (82.4)	18 (90.0)	15 (88.2)
	Songs	11 (68.8)	19 (73.1)	14 (87.5)	15 (88.2)	16 (80.0)	4 (23.5)
	Creative activities	11 (68.8)	9 (34.6)	8 (50.0)	8 (47.1)	12 (60.0)	4 (23.5)
	Games	14 (87.5)	23 (88.5)	16 (100.0)	17 (100.0)	17 (85.0)	15 (88.2)
	Interaction	11 (68.8)	13 (50.0)	13 (81.2)	14 (82.4)	17 (85.0)	7 (41.2)

Most of the AWWs stated that they narrated stories and games were played. Songs, creative activities and interaction were also reported though less by Dungargarh AWWs.

Around 1-2 hours of ECE activities were reported by more than 50% AWWs from NGO managed AWCs (Kumher, Rajgarh and Kolayat). Only Sewar (70.6%) from department managed AWCs reported it. Otherwise the time given was less than an hour.



The feedback of caretakers show that the children who go to the AWCs, remain there for more than two hours in the NGO managed AWCs (62.7% - Sewar; 57.4% - Rajgarh and 60% - Kolayat), the respondents from other blocks stated the stay between 1-2 hours.

More children from NGO managed AWCs were seen playing with toys (70.4% - Rajgarh & 65% - Kolayat).

Once again more children were able to recall what was taught in the NGO managed AWCs while the number was low in other AWCs (23.5% Sewar; 20.8% - Sujangarh and 10% Dungargarh).

Similarly the responses on children playing with toys at the AWC and stories being narrated was higher in the NGO managed AWCs.

Children from Rajgarh (73.4%) and Kolayat (82.7%) were reported by the caretakers as reciting poems taught at the AWCs.

The guide was available at many of the NGO managed AWCs (58.8% - Kumher, 77.8% - Rajgarh and 80% Kolayat) while it was not so in others AWCs.

The AWWs were asked to tell a story to the children, a very few told story with expressions and actions. The presence of external team must have certainly affected the performance.

Immunization

Immunization is a service provided on MCHN day at the AWC. Even otherwise, the aware parents and pregnant woman make an effort to go to the sub- center and get the vaccines. The feedback of beneficiaries was taken on whether they were informed about the immunization and also if they had gone to avail the services.

Table 21: Immunization done: Responses of PW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
PW		34	53	39	34	48	40
LM		34	46	38	34	48	40
Immunization	PW	33 (97.1)	53 (100.0)	35 (89.7)	34 (100.0)	45 (93.8)	40 (100.0)
	LM	30 (88.2)	42 (91.3)	28 (73.7)	32 (94.1)	45 (93.8)	38 (95.0)

10.3% of pregnant women from Kolayat did not go for immunization and 26.3% of lactating mothers reported that the child was not taken for vaccination. Caretakers from the same area (88.5% - 6m-3y & 89.7% - 3y-6y) also did not take their child for vaccination.

Vaccination causes fever in the infant which in turn generates resistance among the parents and caretakers to go for the next vaccination dose to the infant. Giving medicine to control fever serves three purpose – one, it prepares the parents that the infant will have fever; second, controls the fever and third, shows the concern of the service provider.

At most of the places lactating mothers (leaving aside 26.7% of Kumher and 17.8% from Sujangarh) reported that medicine to control fever was given to the children after vaccination.

Caretakers also supported that medicine was given, with 79.1% in Kumher as the lowest.

Health check ups

ANC checkups for pregnant women is done at the AWC, but keeping in view the privacy available the practice is that the ANM asks the pregnant women to come to the Sub-Center. The lactating mothers usually do not come to the AWC and thus their check-ups are not done. Their PNC depends upon the ASHA, who makes home visits for this purpose, but this gets limited to counseling and no specific health check-up.

Table 22: Checking malnourishment: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Method of checking	Growth monitoring	16 (100.0)	24 (88.9)	15 (88.2)	15 (88.2)	12 (52.2)	10 (50.0)
	General observation	0 (0.0)	3 (11.1)	2 (11.8)	2 (11.8)	11 (47.8)	10 (50.0)

The growth monitoring charts seem to be appearing complicated to the AWWs and so many do not go in for recording it even if they measure weight. As high as 47.8% from Sujangarh and 50% from Dungargarh do not judge the malnourishment through growth monitoring but analyzes it on basis of general observation, that is, they do not depend on plotting in growth monitoring registers. Growth monitoring is done better in NGO blocks.

The AWW is supposed to take the weight of the children below three years of age every month. AWWs from NGO managed AWCs were more prompt in taking the weight monthly. The confirmation of it was given by the caregivers also.

The children between 3-6 years of age are to be weighed once in three months but the AWWs from Sujangarh and Dungargarh even weigh them weekly and monthly (56.2% Kumher, 52.2% Sujangarh and 30% Dungargarh). One AWW from Sujangarh even takes weight once in 6 months. Weight was taken in three months more in the NGO blocks though instances of taking it monthly was also seen.

Verifying from the caretakers, the AWWs from department managed AWCs do not regularly take weight (Sewar – 48.5%; Sujangarh – 33.7% and Dungargarh – 47.5%). A few are ignorant on whether their child is being weighed or not.

The AWW should tell about the weight to the parents and discuss if the child is underweight and what should be given to him/her. 36.8% of AWWs from Dungargarh were honest to say that they do not tell the parents about it. Sharing was better in NGO blocks.

Caretakers from Dungargarh supported the AWWs responses of not sharing the weight of the child (46.2% & 50%).

Table 23: Immunization and Growth monitoring of children of 6 months of age: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
No. of children		51	76	56	48	58	54
Record of	Immunization	27 (52.9)	67 (88.2)	28 (50.0)	28 (58.3)	23 (39.7)	9 (16.7)
	Growth monitoring	15 (29.4)	62 (81.6)	25 (44.6)	17 (35.4)	6 (10.3)	7 (13.0)

Three names were selected randomly from the attendance register and their status was checked in the immunization and growth monitoring registers. Except for Rajgarh (81.6%) the growth monitoring record in the chart book provided by UNICEF was not very impressive in any of the blocks so were the immunization records. It is quite possible that children below six months of age were not brought regularly to AWC and so their weight was not taken.

Table 24: SN and Growth monitoring of children between 3-6 years of age: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
No. of children		51	76	55	48	55	57
Record of	Supplementary Nutrition	46 (90.2)	72 (94.7)	47 (85.5)	41 (85.4)	28 (50.9)	53 (93.0)
	Growth monitoring	22 (43.1)	57 (75.0)	21 (38.2)	10 (20.8)	9 (16.4)	7 (12.3)

The attendance of children between 3-6 years of age for taking supplementary nutrition was appreciable (leaving aside Sujangarh – 50.9%) but the growth monitoring records in the chart book provided by UNICEF were seen better in NGO managed AWCs. The reason may be the informative sessions the NGOs take on sector meetings. Here the AWWs express the areas where they face problems and the officials arrange for special sessions for them.

The pregnant women reported that mainly they were checked for weight, blood pressure and pelvic examination. Kumher does not support BP measurement and pelvic examination with only 37% and 29.6% responses. Their blood examination to check for anemia is also done. Urine examination is prominent in Rajgarh (73.5%).

Table 25: Knows the reason behind taking weight: Responses of PW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujargarh (Churu)	Dungargarh (Bikaner)
PW		27	49	22	30	44	35
Reason	Don't know	18 (66.7)	11 (22.4)	10 (45.5)	15 (50.0)	28 (63.6)	15 (42.9)
	To know about development	9 (33.3)	38 (77.6)	12 (54.5)	15 (50.0)	16 (36.4)	20 (57.1)

The awareness amongst pregnant women regarding as to why the weight is also high in Rajgarh (77.6%). The reason may be that the service providers are generating awareness amongst the beneficiaries.

Caretakers were also asked that why their children are weighed, comparatively a less number could tell the real reason behind it from the department managed AWCs except for Dungargarh (62.2% - Caretakers of 3-6 years of age).

Referral

Referral is one of the six services provided at the AWC. The service provider, on detection of any case which needs immediate attention for timely intervention, refers it to the higher health centers.

ANMs were asked whether they refer cases to higher centers as PHC, CHC or MTC. Most of the ANMs contacted gave affirmation except for 29.4% from Sewar.

Table 26: Persons referred: Responses of ANM

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujargarh (Churu)	Dungargarh (Bikaner)
ANM		14	24	5	17	23	18
Person referred	PW	8 (66.7)	21 (95.5)	4 (100.0)	12 (100.0)	20 (100.0)	16 (100.0)
	LM	4 (33.3)	16 (72.7)	0 (0.0)	10 (83.3)	7 (35.0)	7 (43.8)
	Sick children	10 (83.3)	20 (90.9)	2 (50.0)	12 (100.0)	20 (100.0)	14 (87.5)
	Severe Malnourished	6 (50.0)	14 (63.6)	2 (50.0)	6 (50.0)	3 (15.0)	7 (43.7)
	Malnourished	4 (33.3)	13 (59.1)	0 (0.0)	6 (50.0)	2 (10.0)	5 (31.2)

Most of them referred pregnant women to PHC or CHC for delivery, with 100% responding from department managed AWCs. Lactating mothers were also reported to have been referred. Severely malnourished and malnourished children had also been referred, but somehow records do not show that any malnourished child was available in the village that had to be referred.

Here we can believe that children from other AWCs which came under the ANM were referred.

Of those PW who faced problem, AWW referred them to the ANM who attended the woman and if necessary referred them further. 100% from Dungargarh who faced problem were referred to ANM by AWW while only 37.5% were referred in Sewar. Of the 5 females who faced problem none was referred in Kolayat.

It may be believed that either the problem was cured by AWW or that the woman went to higher centers herself and did not contact the AWW.

Overall the referral was better in the cases of lactating mothers; the reason may be that complications in them are more identifiable than complications in pregnancy where the elder women prefer that home remedies should be tried first before consulting anybody.

Table 27: ANM attending children: Responses of Caretaker (3-6y)

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujargarh (Churu)	Dungargarh (Bikaner)
CT 3-6y		15	63	41	25	31	11
ANM attended	Yes	9 (60.0)	62 (98.4)	31 (75.6)	25 (100.0)	29 (93.5)	11 (100.0)
	No	6 (40.0)	1 (1.6)	10 (24.4)	0 (0.0)	2 (6.5)	0 (0.0)

Children identified as sick and referred were attended by the ANMs, though reported more in the department managed blocks.

Nutrition and Health Education

Nutrition and Health Education is also one of the important services provided to the beneficiaries at the AWC. It generates awareness among people and is an effective medium to bring changes in the prevalent practices of the community.

Table 28: Counseling/ information area: Responses of PW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujargarh (Churu)	Dungargarh (Bikaner)
PW		34	53	39	34	48	40
Counseling areas	Cleanliness	27 (79.4)	47 (88.7)	24 (61.5)	27 (79.4)	42 (87.5)	31 (77.5)
	Diet	31 (91.2)	51 (96.2)	24 (61.5)	27 (79.4)	41 (85.4)	35 (87.5)
	Immunization	33 (97.1)	52 (98.1)	28 (71.8)	33 (97.1)	43 (89.6)	38 (95.0)
	Safe delivery	24 (70.6)	50 (94.3)	22 (56.4)	32 (94.1)	43 (89.6)	38 (95.0)
	Contraception	15 (44.1)	44 (83.0)	16 (41.0)	24 (70.6)	35 (72.9)	32 (80.0)

Giving colostrum	12 (35.3)	48 (90.6)	20 (51.3)	25 (73.5)	37 (77.1)	26 (65.0)
Initiation of BF	13 (38.2)	44 (83.0)	21 (53.8)	22 (64.7)	34 (70.8)	29 (72.5)
EBF	15 (44.1)	39 (73.6)	22 (56.4)	21 (61.8)	30 (62.5)	30 (75.0)
Keeping baby warm	10 (29.4)	37 (69.8)	22 (56.4)	17 (50.0)	32 (66.7)	27 (67.5)
Growth monitoring	9 (26.5)	44 (83.0)	21 (53.8)	15 (44.1)	28 (58.3)	24 (60.0)

NHEd provided to pregnant women helps to avoid complications and in case they occur helps in early treatment. The information given is not only related to pregnancy but also safe delivery and new born care.

Information was given to the pregnant women on all related areas, but still we can see that the emphasis was mainly on pregnancy related matters.

If given an overview, we find that the coverage of areas is better in department managed AWCs than the NGO managed ones. The observations of MCHN day also support it.

The lactating mothers reported that they were given information on hygiene, diet, contraception, immunization of baby, giving colostrum, initiation of breastfeeding, exclusive breast feeding, keeping baby warm and growth monitoring. No major variation is visible between NGO managed and department managed AWCs.

The information provided to the beneficiaries is fruitful only when it comes into practice. One aspect - place of delivery was studied here.

The pregnant women were asked that where they would prefer to have their delivery conducted. Hospital was the choice of more pregnant women except for Kolayat who preferred home for delivery (53.8%).

Table 29: Place of delivery: Responses of LM

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
No. of AWCs							
LM		34	46	38	34	48	40
Place of delivery	House	1 (2.9)	8 (17.4)	28 (73.7)	8 (23.5)	22 (45.8)	22 (55.0)
	Hospital	33 (97.1)	38 (82.6)	10 (26.3)	26 (76.5)	26 (54.2)	18 (45.0)

More deliveries were conducted at home in the department managed blocks, but the percentage in Kolayat alone (73.7%) from NGO managed blocks is higher than all the blocks under study. Here the distance poses a major hurdle.

Maternal and Child Health Nutrition Day

12 MCHN days were observed but ANM was not available at one AWC in Kolayat so immunization and health check-ups were not done there.

The performance of control block is better for services provided during MCHN day. The reason can be the efforts of ANM. The ANMs have to report further for their targets and achievements in the health department and so they keep on motivating the AWW and the ASHA to bring the beneficiaries for MCHN day.

Table 30: Preparations for MCHN: Responses of ASHA

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
ASHA		2	2	1	2	2	2
Preparations	Listing of beneficiaries	2 (100.0)	1 (50.0)	0 (0.0)	1 (50.0)	2 (100.0)	1 (50.0)
	Information to beneficiaries	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)	2 (100.0)
	Collecting beneficiaries on MCHN Day	2 (100.0)	2 (100.0)	0 (0.0)	2 (100.0)	2 (100.0)	2 (100.0)
	Help ANM in weight record	1 (50.0)	2 (100.0)	0 (0.0)	2 (100.0)	2 (100.0)	2 (100.0)
	Help in god bhara	1 (50.0)	1 (50.0)	0 (0.0)	2 (100.0)	0 (0.0)	0 (0.0)
	Follow up of beneficiaries	1 (50.0)	2 (100.0)	0 (0.0)	2 (100.0)	1 (50.0)	1 (50.0)

ASHA was asked about the preparations she does for the MCHN day. The preparations made by ASHA, as reported by her, were comparatively better in the control blocks. Amongst the Study blocks, preparations were poorly reported in Kolayat.

Table 31: Availability of due list: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		2	2	2	2	2	2
Availability	Yes	2 (100.0)	1 (50.0)	1 (50.0)	1 (50.0)	2 (100.0)	2 (100.0)
	No	0 (0.0)	1 (50.0)	1 (50.0)	1 (50.0)	0 (0.0)	0 (0.0)

The due list to cover immunization has to be prepared and special effort needs to be made to call the beneficiaries. The list was available in all the AWCs studied for MCHN day in Kumher, Sujargarh and Dungargarh while only in 1 each from Sewar, Rajgarh and Kolayat.

The AWW was asked about the timings of the AWC on MCHN day. There was no time restriction in Kumher and Kolayat and whole day was used for MCHN day while Rajgarh followed the normal timings exceeding only to 1 hour. The department managed AWCs followed mixed pattern where 1 AWC had MCHN day for the whole day and 1 followed normal timings.

It was also reported that once the measles vaccine opens they wait for another three hours as it loses its potential after that.

The available ASHAs in all the AWCs responded that they had contacted the beneficiaries and asked them to come on the AWC.

It was verified from the pregnant and lactating women, and they also said that ASHA had come to call them. Only Kolayat beneficiaries did not support it.

Table 32: Health check-ups: Responses of PW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujargarh (Churu)	Dungargarh (Bikaner)
PW		2	2	2	2	2	2
Check ups	Abdominal check up	2 (100.0)	1 (50.0)	1 (50.0)	2 (100.0)	0 (0.0)	1 (50.0)
	BP measurement	0 (0.0)	1 (50.0)	0 (0.0)	2(100.0)	2 (100.0)	1 (50.0)
	Blood test	0 (0.0)	0 (0.0)	1 (50.0)	0 (0.0)	0 (0.0)	1 (50.0)
	Urine examination	0 (0.0)	1 (50.0)	1 (50.0)	0 (0.0)	0 (0.0)	0 (0.0)
	Weight	0 (0.0)	2 (100.0)	2 (100.0)	2 (100.0)	2 (100.0)	2 (100.0)

The beneficiaries were asked about the health check ups done.

The responses show that weight was taken in all AWCs except for Kumher. The AWW of the AWC in Kolayat where ANM had not come took the weight of the pregnant women.



Urine test was not done at any of the AWC under the control block studied for MCHN day.

Blood test to check anemia is seen less overall with only one AWC each in study and control block carrying the test. TT injections were given to the pregnant women in all the AWCs. IFA tablets were also distributed except for 1 AWC in Sujangarh and Dungargarh.

Table 33: Health check-ups of PW: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
Check ups	Immunization	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)	2 (100.0)
	Abdominal check up	2 (100.0)	2 (100.0)	0 (0.0)	2 (100.0)	0 (0.0)	1 (50.0)
	BP measurement	0 (0.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)	1 (50.0)
	Blood test	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (50.0)
	Urine examination	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (50.0)	0 (0.0)
	Weight taking	0 (0.0)	1 (50.0)	1 (50.0)	2 (100.0)	2 (100.0)	2 (100.0)
	IFA tablets	2 (100.0)	2 (100.0)	1 (50.0)	1 (50.0)	1 (50.0)	2 (100.0)

The observation of health check-ups supports the responses to an extent. The health checkups were covered more in the department managed AWCs.

The beneficiary from Rajgarh had reported that urine examination was done while it was not observed; it is quite possible that her examination was done earlier at the SC which she was reporting now.

The lactating mothers who had come on the MCHN day were checked basically for blood pressure (1 each in Rajgarh and Kolayat & Sujangarh) and only at 1 AWC in Rajgarh for abdominal check-up. No examination was done to check for foul smelling vaginal discharge due to lack of privacy at the AWC.

The AWWs from Sewar and Kolayat reported giving de-worming tablets to children while no AWW responded affirmatively in Dungargarh. It was given at 1 each AWC in Kumher, Rajgarh and Sujangarh.

Table 34: Health check-ups of children: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWC		2	2	2	2	2	2
Check up	Immunization	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)	2 (100.0)
	Weight record	0 (0.0)	2 (100.0)	1 (50.0)	2 (100.0)	1 (50.0)	1 (50.0)
	Treatment for diarrhea	0 (0.0)	2 (100.0)	0 (0.0)	1 (50.0)	1 (50.0)	0 (0.0)
	Vitamin A supplement	0 (0.0)	1 (50.0)	0 (0.0)	0 (0.0)	2 (100.0)	1 (50.0)

IFA supplementary syrup	0 (0.0)	2 (100.0)	1 (50.0)	0 (0.0)	2 (100.0)	1 (50.0)
Deworming	0 (0.0)	2 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (50.0)
ZnORS	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (50.0)	0 (0.0)

Immunization of children was being done on all the AWCs (leaving aside 1 AWC of Kolayat), weight was not taken in Sewar supporting the AWW views, Vitamin A supplement was given in Rajgarh, Sujangarh and Dungargarh; IFA syrup was not given to children in Sewar and Kumher; tablet for de-worming was given in Rajgarh and Dungargarh (not observed in Sewar and Kolayat as reported by the AWW). The observation by team suggests that department managed blocks covered health checkups of children better than the NGO managed blocks.

AWW reported that information on various health related issues were given to pregnant women, lactating mothers and caretakers of children. Service providers of Kumher and Dungargarh did not provide this service to caretakers.

NHEd to adolescent girls was also reported but somehow it was not observed that adolescent girls were coming to the AWC and any information was being shared with them.

Table 35: Information provided: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
Respondents		2	2	2	2	2	2
Information on	Contraception	1 (50.0)	1 (50.0)	0 (0.0)	0 (0.0)	2 (100.0)	1 (50.0)
	Registration	0 (0.0)	2 (100.0)	0 (0.0)	0 (0.0)	2 (100.0)	2 (100.0)
	ANC visit	2 (100.0)	2 (100.0)	0 (0.0)	0 (0.0)	2 (100.0)	1 (50.0)
	ID	0 (0.0)	2(100.0)	0 (0.0)	0 (0.0)	2(100.0)	1 (50.0)
	Giving colostrum	0 (0.0)	2 (100.0)	0 (0.0)	0 (0.0)	2 (100.0)	1 (50.0)
	Early breast feeding	0 (0.0)	2 (100.0)	0 (0.0)	0 (0.0)	1 (50.0)	1 (50.0)
	Exclusive breast feeding	0 (0.0)	2 (100.0)	0 (0.0)	0 (0.0)	2 (100.0)	1 (50.0)
	Keeping baby warm	0 (0.0)	2 (100.0)	0 (0.0)	0 (0.0)	1 (50.0)	1 (50.0)
	Growth monitoring	0 (0.0)	2 (100.0)	0 (0.0)	0 (0.0)	1 (50.0)	1 (50.0)
	Diet and rest	2 (100.0)	2 (100.0)	0 (0.0)	2 (100.0)	2 (100.0)	2 (100.0)
	Cleanliness and hygiene	0 (0.0)	2 (100.0)	0 (0.0)	0 (0.0)	1 (50.0)	1 (50.0)
	Treatment of severely malnourished	0 (0.0)	1 (50.0)	0 (0.0)	0 (0.0)	1 (50.0)	0 (0.0)

The beneficiaries were given pieces of information when they were either being vaccinated or checked without describing the reason behind the information. No queries were coming from the beneficiaries. No information was being given in Kolayat while Rajgarh excelled in almost all the issues.



Sewar focused only on diet and rest. Comparatively the performance was better in department managed blocks.

None of the centers celebrated 'Annprashan' but 'God Bharai' was being celebrated on one center of Sewar.

The beneficiaries were asked whether the time and day was suitable to them and most of them replied affirmatively (except in Kolayat). Similar were the views for satisfaction with the services given on MCHN day. The beneficiaries are not aware about the complete services that should be given to them at AWC. They link MCHN only with immunization.

Table 36: Availability of material: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujargarh (Churu)	Dungargarh (Bikaner)
Respondents		2	2	2	2	2	2
Material	Weighing machine baby	1 (50.0)	1 (50.0)	2 (100.0)	2 (100.0)	0 (0.0)	0 (0.0)
	Weighing machine adult	1 (50.0)	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)
	Hemoglobinometer	2 (100.0)	1 (50.0)	0 (0.0)	2 (100.0)	2 (100.0)	1 (50.0)
	Gloves	0 (0.0)	0 (0.0)	0 (0.0)	1 (50.0)	0 (0.0)	0 (0.0)
	BP instrument	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)	1 (50.0)
	Vaccine carrier and ice packs	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)	2 (100.0)
	BCG	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)	2 (100.0)
	DPT	2 (100.0)	2 (100.0)	0 (0.0)	2 (100.0)	2 (100.0)	2 (100.0)
	Measles	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)	2 (100.0)
	Tetanus	2 (100.0)	2 (100.0)	0 (0.0)	2 (100.0)	2 (100.0)	2 (100.0)
	Polio	2 (100.0)	2 (100.0)	0 (0.0)	2 (100.0)	2 (100.0)	2 (100.0)
	IFA tablets	2 (100.0)	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)
	Medicine for malaria	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	0 (0.0)	0 (0.0)
	ORS packets	2 (100.0)	2 (100.0)	1 (50.0)	2 (100.0)	2 (100.0)	2 (100.0)
	Medicine for fever	2 (100.0)	2 (100.0)	2 (100.0)	2 (100.0)	2 (100.0)	1 (50.0)
	Condoms	2 (100.0)	2 (100.0)	1 (50.0)	1 (50.0)	2 (100.0)	2 (100.0)
Contraceptive	2 (100.0)	1 (50.0)	1 (50.0)	1 (50.0)	1 (50.0)	2 (100.0)	

pills						
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Baby weighing machine was not available at Sujangarh and Dungargarh while gloves were only available at one AWC in Sewar. This also indicates that weighing is being done in the NGO blocks.

All the necessary vaccines were available with the ANM along with the vaccine carrier and ice packs.

Home visits

AWWs reported making home visits in all blocks, a high percentage had pregnant women on the top of their preference list. Children not coming for ECE were next on preference for NGO block AWWs while comparatively they were preferred by less number of AWWs of department managed blocks.

ASHAs preference during home visits were visiting pregnant women in both the NGO and department managed AWCs. Some of the ASHAs in NGO managed AWCs preferred visiting families with children below three years of age.

Pregnant women reported that ASHA visited them to give pregnancy related counseling (80% in Rajgarh and 57.15% in Kolayat) and also to inform about MCHN day (97.6% in Rajgarh and 59.4% in Kumher). 58.5% from Rajgarh also reported that she visited to inform about 'God Bharai' function at the AWC.

All lactating mothers who said that ASHA visited them stated that she gave information about new born care (100% in all blocks) and post natal care (100% in Kolayat and Rajgarh and also Dungargarh and Sujangarh).

Records

Records maintenance is an important work of the AWW. The activities carried in the AWC can be analyzed through the records. A number of records are maintained by the AWW, though uniformity was not seen. Some of the records were maintained by ASHA and some by AWW.

Table 37: Record keeping at AWC: Response of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Records	SN	16 (100.0)	27 (100.0)	13 (76.5)	16(94.1)	21 (91.3)	20 (100.0)
	PW Registration	16 (100.0)	27 (100.0)	16 (94.1)	17 (100.0)	23 (100.0)	18 (90.0)
	Immunization	16 (100.0)	26 (96.3)	15 (88.2)	17 (100.0)	22 (95.7)	16 (80.0)
	Birth & death regd.	16 (100.0)	27 (100.0)	16 (94.1)	17 (100.0)	18 (78.3)	17 (85.0)
	Growth monitoring	12 (75.0)	27 (100.0)	15 (88.2)	16 (94.1)	10 (43.5)	12 (60.0)

The AWWs were asked about the records they maintained. The record keeping was fairly well in the NGO managed AWCs as well as department managed AWCs. The record keeping of birth and death registration was reported more by the AWWs from NGO blocks. Similarly, growth monitoring was also reported more here. The AWWs from othe blocks reported that they did not fill the growth monitoring in the book as they did not know how to fill.

The AWCs are provided with a graph register for growth monitoring supplied by UNICEF wherein the AWWs should regularly plot the weight taken of each child on a separate sheet in the register. This aids in giving a clear picture about each child's growth over time. This also helps in identifying children with different grades of malnourishment. But these register were either found empty or being reused to make new entries for new children by erasing the earlier records at some of the AWCs in department managed blocks.

Table 38: Assistance in maintaining records: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Assistance*	AWH	0 (0.0)	4 (14.8)	4 (23.5)	0 (0.0)	4 (17.4)	2 (10.0)
	ASHA	8 (50.0)	18 (66.7)	4 (23.5)	5 (29.4)	6 (26.1)	8 (40.0)
	ANM	0 (0.0)	9(33.3)	1 (5.9)	0 (0.0)	4(17.4)	7(35.0)
	Family members	0 (0.0)	1 (3.7)	2(11.8)	5 (29.4)	8(34.8)	7(35.0)
	LS	1 (6.2)	7(25.9)	8(47.1)	0 (0.0)	6(26.1)	6(30.0)
	Others	0 (0.0)	3(11.1)	5(29.4)	0 (0.0)	3(13.0)	1(5.0)
	No one	7 (43.8)	3(11.1)	3(17.6)	7 (41.2)	9(39.1)	3(15.0)

*Multiple answers

The AWWs in the NGO managed AWCs were well versed with keeping records. ASHA, ANM helped them in updating records. The AWWs in NGO managed blcks were educated and young and were keen to learn more. They were supported by the LS during their visits and doubts were also cleared during the monthly meetings.

Table 39: Registers available: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWC		17	27	20	17	24	20
Attendance	PW	17 (100.0)	27 (100.0)	19 (95.0)	14 (82.3)	22 (91.6)	19 (95.0)
	LM	17 (100.0)	27 (100.0)	19 (95.0)	15 (88.2)	22 (91.6)	19 (95.0)
	6 to 3 yrs	17 (100.0)	26 (96.3)	19 (95.0)	15 (88.2)	20 (83.3)	19 (95.0)
	3 yrs – 6 yrs	17 (100.0)	27 (100.0)	19 (95.0)	17 (100.0)	20 (83.3)	19 (95.0)
SN	RTE	15 (88.2)	26 (96.3)	19 (95.0)	9 (52.9)	16 (66.6)	19 (95.0)
	Hot meal	17 (100.0)	27 (100.0)	19 (95.0)	13 (76.4)	15 (62.5)	19 (95.0)
Immunization	PW	16 (94.1)	27 (100.0)	17 (85.0)	17 (100.0)	15 (62.5)	19 (95.0)
	Children	16 (94.1)	27 (100.0)	17 (85.0)	17 (100.0)	15 (62.5)	19 (95.0)
Registers related to	Registration of pregnancy	17 (100.0)	27 (100.0)	18 (94.7)	17 (100.0)	11 (45.8)	19 (95.0)
	Birth/ death	17 (100.0)	27 (100.0)	18 (90.0)	17 (100.0)	16 (66.6)	18 (90.0)
	Survey	17 (100.0)	27 (100.0)	16 (80.0)	12 (70.6)	18 (75.0)	19 (95.0)
	Self help groups	13 (76.5)	13 (48.1)	12 (60.0)	3 (17.6)	6 (25.0)	15 (75.0)

There was no uniformity found in the registers available even within the same block. Various registers were available. At some places 2-3 records were maintained in one register while at other places they had separate registers for these informations.

The registers mentioned here are on the basis of common registers available at the AWCs.

Some AWCs had printed registers while some had handmade. Similarly, the records for attendance of beneficiaries (PW, LM and children) were maintained separately and at places the attendance and supplementary nutrition distribution were merged.

Records related to children between 3-6 years of age were found on almost all AWCs. Where the percentage is low is due to records not shown by the AWW. The records were also not shown as they were incomplete.

AWCs where RTE is not being given were not maintained and thus not shown. Availability was better in NGO managed AWCs.

Once again the availability of the records was questioned as AWW said it was being maintained by ASHA who in turn said that it was available with the ANM or was kept at home. Sujangarh lagged behind in showing the records.

Moreover, birth records were merged with pregnant registration.

Survey registers were available at Kumher (100%), Rajgarh (100%) and Kolayat (80%).

SHGs at Kumher and Rajgarh prepare the Supplementary nutrition food but the availability of records here were 76.5% and 48.1% respectively.

Table 40: Records updated: Observation

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujargarh (Churu)	Dungargarh (Bikaner)
AWC		17	27	20	17	24	20
Records	SN	17 (100.0)	25 (92.6)	18 (90.0)	17 (100.0)	8 (33.3)	13 (65.0)
	RTE	12 (70.6)	25 (92.6)	17 (85.0)	4 (23.5)	11 (45.8)	13 (65.0)
	PW Registration	15 (88.2)	26 (96.3)	13 (65.0)	16 (94.1)	15 (62.5)	14 (70.0)
	LM Registration	16 (94.1)	23 (85.2)	9 (45.0)	16 (94.1)	15 (62.5)	14 (70.0)
	Child immunization	17 (100.0)	23 (85.2)	6 (30.0)	12 (70.6)	9 (35.5)	15 (75.0)

Records need to be updated regularly. The record updation was better in the NGO managed blocks compared to the department managed blocks. The personal interest, understanding and regular supervision seems to be affecting this factor.

Community participation

Active participation from community ensures regularity and quality services being delivered to the beneficiaries thus bringing alive the idea of ICDS. It was seen more in the NGO managed blocks than the department managed. The SHGs were also active in these blocks. With more participation from community the AWW can have an opportunity to develop awareness and bring into practice habits which would promote good health for mother and child.

Table 41: Motivation from community to send children to AWC: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujargarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Motivation	Yes	6 (37.5)	11 (40.7)	14 (82.4)	1 (5.9)	14 (60.9)	2 (10.0)
	No	10 (62.5)	16 (59.3)	3 (17.6)	16 (94.1)	9 (39.1)	18 (90.0)

AWWs were asked if somebody from community motivates the caretakers to send their children to the AWCs. 82.4% AWWs from Kolayat gave an affirmative answer. Similarly community role can be seen in Kumher (37.5%) and Rajgarh (40.7%).

The high participation in NGO blocks is the result of the efforts of NGO in organizing community meetings and involving the PRI and SHGs. The beneficiaries also supported the responses of both Sewar and Kolayat.

The help was given in cooking in the NGO managed AWCs and in immunization in the other AWCs. Help in counseling was also given.

Table 42: Group's support in AWC activities: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		16	27	17	17	23	20
Support	Yes	14 (87.5)	17 (63.0)	12 (70.6)	7 (41.2)	7 (30.4)	11 (55.0)
	No	2 (12.5)	10 (37.0)	5 (29.4)	10 (58.8)	16 (69.6)	9 (45.0)

Compared to the department managed AWCs the groups as 'Matra Samuh' or SHGs were active in NGO managed AWCs and supported in some activities of the AWC. The major contribution came in preparing RTE and hot meals for the supplementary nutrition.

AWW does get some help from community persons though not on regular basis (64.7% in Kolayat and 47.8% in Sujangarh). Participation was more in the NGO managed AWCs than the department managed ones.

The responses of PW, LM and caretakers supported the views of AWW regarding community help only to some extent. But they agree that the help is provided in the field of cooking and immunization.

Table 43: Community Involvement in different activities: Responses of AWW

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
AWW		3	12	11	2	11	3
Helps in	Cooking	1 (33.3)	7 (58.3)	5 (45.5)	2 (100.0)	1 (9.1)	0 (0.0)
	Immunization	1 (33.3)	5 (41.7)	2 (18.2)	1 (50.0)	7 (63.6)	3 (100.0)
	Material for ECE	0 (0.0)	0 (0.0)	1 (9.1)	1 (50.0)	1 (9.1)	0 (0.0)
	ECE activities	0 (0.0)	0 (0.0)	1 (9.1)	0 (0.0)	1 (9.1)	0 (0.0)
	Counseling	2 (66.7)	2 (16.7)	7 (63.6)	0 (0.0)	4 (36.4)	0 (0.0)

The help was given in cooking in the NGO managed AWCs and in immunization in the other AWCs. Help in counseling was also given.

The responses of PW, LM and caretakers support the views of AWW regarding community help only to some extent. But they agree that the help is provided in the field of cooking and immunization.

Supervision

To bring uniformity across AWCs, ensuring quality and regularity of services, making availability of supplies and clearing doubts and giving guidance, major responsibility lies on CDPO and LS.

The supervisory staff is supposed to make regular visits to the AWCs and monitor the activities conducted there.

CDPO's guidance was available more in the NGO managed blocks where they visited frequently while the visits of CDPO and even LS was less in department managed blocks.

Table 44: Supervisory visit of Lady Supervisor: Responses of ASHA

Blocks		NGO managed			Department managed		
		Kumher (Bharatpur)	Rajgarh (Churu)	Kolayat (Bikaner)	Sewar (Bharatpur)	Sujangarh (Churu)	Dungargarh (Bikaner)
ASHA		13	22	5	16	13	14
Visits	Once in 15 days	1 (7.7)	9 (40.9)	4 (80.0)	6 (37.5)	4 (30.8)	0 (0.0)
	Once in 1 month	9 (69.2)	12 (54.5)	1 (20.0)	9 (56.2)	7 (53.8)	1 (7.1)
	Once in 3 months	1 (7.7)	0 (0.0)	0 (0.0)	1 (6.2)	2 (15.4)	8 (57.1)
	Once in 3-6 months	2 (15.4)	1 (4.5)	0 (0.0)	0 (0.0)	0 (0.0)	5 (35.7)

According to ASHAs of Kumher (69.2%) LS visited the AWC once in a month, while those from Kolayat (80.0%) stated that the visit was once in 15 days.

With only 2 LS (3 have recently joined), ASHA from Dungargarh reported that they come once in 3 months (57.1%) and even between 3-6 months (35.7%). With less LS the number of AWCs coming under one LS increases and the frequency of visit to the same AWC reduces. The suggestions or feedback given for improvement thus cannot be followed up and is visible in low performance.

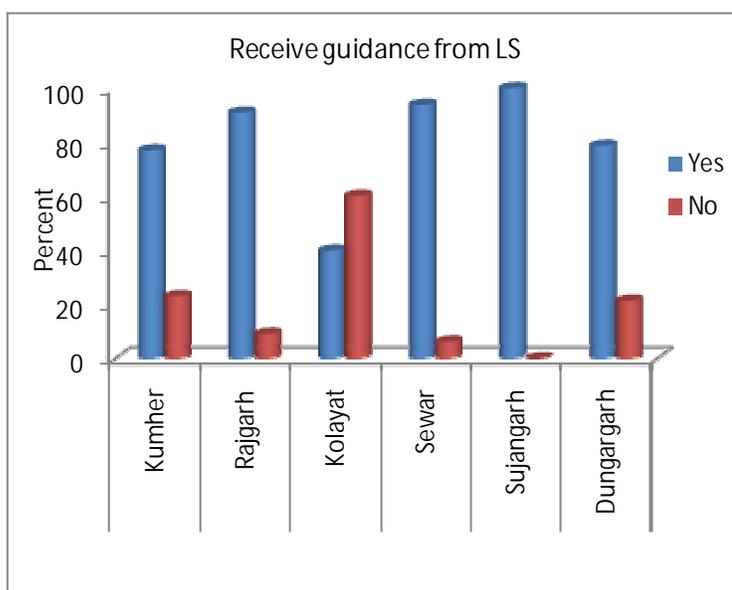


Figure 5: Guidance from Lady Supervisor: Responses of ASHA

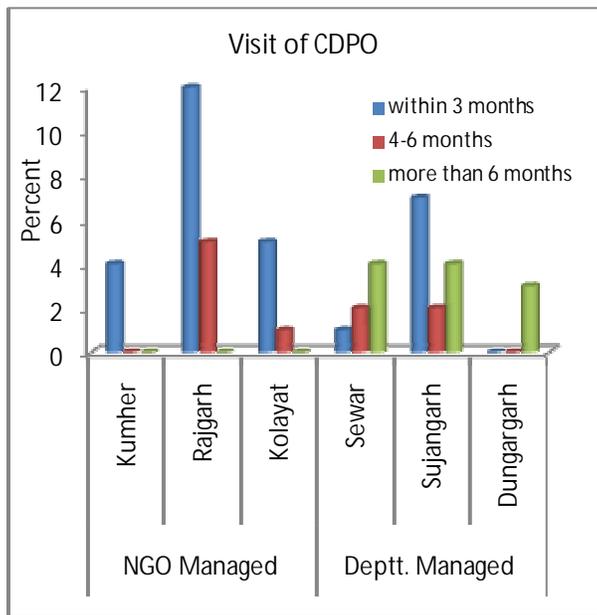


Figure 6: Last visit of CDPO

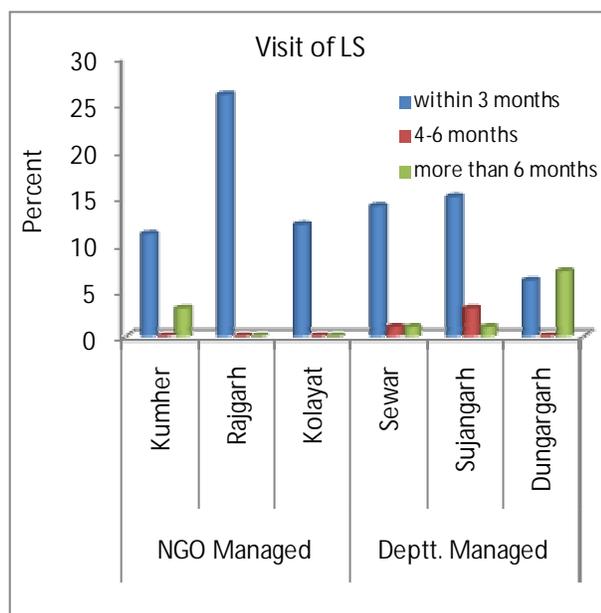


Figure 7: Last visit of LS

Observations were made as to when the CDPO had made his last visit to the AWC. Only at Rajgarh the CDPO had made visits within three months.

Amongst the department managed AWCs the CDPO had not visited since past six months. Even in Sewar the visits made in last three months were few.

Again when the visits of the LS were checked from the register it was found that maximum visits were made in the last three months by the LS of Rajgarh. But in Dungargarh the LS could not visit the same AWC even within six months, the reason being that the number of AWCs coming under them was nearing hundred. Regular supervision helps in motivating the service providers and feedback and other corrective measures can be implemented in a fruitful manner.

Responses of District/Block Officials

Interaction with Lady Supervisor

A total of four Lady Supervisors were to be interviewed from each block thus making it 24 in all. But somehow 22 could be contacted. Only two LS were interviewed in Dungargarh, the reason being that there were in all only 5 LS in the block out of which 3 were newly recruited and had joined in the mid of July.

The LS in the NGO managed blocks were at least graduates while those from department managed were from varied level – matriculation to post graduation. Though NGOs are managing the AWCs since more than 15 years, the position of the staff is on contract basis and attrition is also high here. Except for Kumher (75%) none had an experience of more than 10 years. Compared to department managed blocks most of the positions of LS were full enabling them to frequently visit the AWCs and contribute in better management.

Most of the LS from both types of blocks basically monitored availability of material, its use and the quality and quantity of the material. Monitoring of ECE activities were reported by less number of LS of NGO managed blocks and so were immunization, records, growth monitoring, NHEd. But somehow, the NGO managed blocks were doing well in these aspects than the department managed AWCs. This suggests that the personal motivation and interest of the AWW is playing an important role in the NGO managed blocks.

Interaction with Child Development Project Officer

Six CDPOs had to be interviewed but only five could be contacted as the CDPO of Dungargarh was relieved just a day before the team reached there and charge was not given to another person.

Four of the CDPOs interviewed had a post graduate degree while the Kumher CDPO had a degree in Mechanical Engineering. Except for the CDPO from Rajgarh (5 months) all had an experience of more than five years.

The salary of CDPOs from NGO managed blocks was less than Rs. 20,000/- per month while those from department managed received a monthly salary of more than Rs. 30,000/-.

No specific difference was found in the responses of CDPOs for different blocks.

The CDPOs from NGO blocks managed other projects also but if we look into the supervisory visits, the frequency of visits is better than the control block CDPOs.

During the visits, the CDPO checked the timings being followed at the AWC, the activities as distribution of Supplementary Nutrition, attendance, ECE, records related immunization, birth and death registration. They also checked whether the supplies were being utilized. CDPOs of both types of blocks gave similar responses for them.

Regarding reporting, all CDPOs stated that they received the reports regularly on the sector meeting and that they check them before sending it further except for CDPO from Sewar.

In case of discrepancies are found they check with the LS and ask them to take suggested actions.

All the CDPOs responded that they discuss their observation with the health officials, except for CDPO from Sear, all received cooperation from them. Official visits alongwith health officials were also reported. Discussions on various issues were also done.

The CDPOs of NGO managed blocks discussed issues related to MCHN day, referral cases, Family planning, VHSC, IFA supplement, immunization, malnourishment, absence of ANMs, reporting and coordination. The important issues were resolved immediately and others issues dealt later.

Interaction with NGO Representative

There were three NGOs covered in the study. In the Kumher block of Bharatpur the AWCs were managed by Lupin Human Welfare and Research Foundation; the AWCs in Rajgarh block of Churu were being managed by Bhoruka Charitable Trust and those in the Kolayat block of Bikaner by URMUL Simant Samiti.

To get an overview of the program run by the NGOs, a person who was managing the NGO was contacted and interviewed.

The functional AWCs were less than the sanctioned AWCs. There were 8 LS for 165 functional AWCs in Kolayat (approximately 21 AWCs per LS), 6 LS for 175 AWCs in Kumher (approx. 29 AWCs per LS) and 12 LS for 272 AWCs in Rajgarh block (Approx. 22 AWCs per LS). These AWCs included the mini AWCs also.

The NGOs had taken care that the staff they recruited was qualified and experienced. But due to various reasons as higher salary elsewhere, admissions in some courses people had left the positions. Some were also terminated as they were not qualified as per the requirement.

The NGOs were also updating the information level of the staff through regular trainings on health and management related issues.

To ensure quality services the NGOs took steps as regular monitoring, community meetings wherein the PRI members and SHG were also involved, special camps to attend malnourishment in children and providing free medicines. They also focused on capacity building of the staff. The community meeting thus becomes a medium to increase community participation.

The NGOs distributed the material on the sector meetings itself and thus the material reached the AWCs on time and it was also possible for them to explain about the kit/ material to the AWWs.

Some lacuna were mentioned by the NGOs as lack of transportation budget in the project besides quality of food, mismanagement of bills, no proper grievance redressal system with government.

To improve the reach of services BCT stated that they would be now tracking the beneficiaries through another system developed recently under REACH project (Rural Effective Affordable Comprehensive Health Care Project).

Regular monitoring was done monthly and the program was reviewed quarterly. This aided in looking into the problem areas and bringing about the necessary changes. The performance of the staff was reviewed through the reports of sector meetings, they were appraised through the targets set and achievements made. This is one of the reasons that the service providers were performing well in the NGO blocks. When there was any discrepancy seen the staff was motivated and provided with guidance and when necessary trainings were provided along with exposure visits.

As per the requirement the Program Managers, Project Coordinators, Activity In-charge and other officials of the NGO also visit the AWCs besides the CDPOs and LS in all the NGO managed blocks.

As they work on various projects they had good coordination with not only the health department but also Education, PHED, Rural Development, Animal Husbandry, Local Banks PRIs etc. They got full cooperation from these departments.

The NGOs had streamlined various projects and involved SHGs, banks, VHSC etc. in the development of the rural areas. Thus for them apart from health services and ECE, AWCs were involved in spreading awareness about various issues.

The NGOs face certain problems in running the AWCs In Kolayat distance and lack of education amongst the masses was a problem while infrastructure and budget was the problem in Kumher.

The fund for Supplementary Nutrition should come in advance, and the market rate of the material should be given. They also suggested that as the renewal of the project is done every year the uncertainty persists. If the NGO is doing fairly well, the contract should be extended for five years. Looking into the costs increase in funds was suggested by the NGO.

The suggestions from BCT included increasing the number of staff and increasing their capacity.

Interaction with Deputy Director (DWCD)

The Deputy Directors (DWCD) of the three districts were contacted and interviewed to know their views on various aspects of the program. The DD had a long service experience but on the present place they had been posted for 4-7 months only.

On being asked about the difference found in the functioning of NGO managed and department managed AWCs, the DDs mentioned that sufficient staff was available in the NGOs which conducted regular monitoring visits but as they were contractual staff so the chances of their leaving the job was high.

Various answers were received when they were asked about the steps taken by them to ensure the quality of services. DD of Bharatpur emphasized on monitoring by LS and CDPO through the checklist; ensuring support to solve the problems and updating guidelines and making sure that the circulars are timely served. DD of Churu had mentioned steps as covering the far off places for the services and special campaigns on issues as child marriage and like while DD of Bikaner stressed regular supervision by all the concerned.

The program was reviewed through regular sector meetings, field visits, feedback from community and analysis of the reports and feedbacks. The review was done on regular basis.

With one block being managed by NGO it is essential to review their performance also. The DDs of Churu and Bharatpur stated that the review was done through visits to the AWCs, setting targets and review of MPRs while DD of Bikaner mentioned that there was no specific difference between the functioning and so the review is on the same lines as for the department managed blocks.

In case of problems seen in the performance firstly the directions/ notices are issued and then administrative steps are taken against the person.

The DDs mentioned that special efforts were made by the NGOs like organizing camps and meetings on regular basis to involve people and generate awareness. The problem areas mentioned by DD included lack of coordination within the staff, lack of transport system and waiting for meetings for conveying messages besides lower educational level of AWWs, costly Supplementary Nutrition and lack of supervisory staff.

The suggestions given by the DDs for the program included increasing the supervisory staff and their capacity building, increasing variety in the supplementary nutrition given specially the hot meal, providing more resources for early childhood education and a separate office for the LS so that the reports can be kept there, which would help in ready reference.

Conclusion

The basic purpose of outsourcing the ICDS project to the NGOs was to ensure people centered services to the community and deliver the quality services.

The main objective of this study was to find out the impact on the key areas like mother and child nutrition, mortality and morbidity besides the reach and level of community and their satisfaction with regard to services preferred and finally assess the difference between the department run AWCs and those run by NGOs.

Despite several limitations of the study, like geographical, social variations and lack of secondary data available for comparison, this study is able to show the expected results.

Reach and services to the community is better in NGO blocks in comparison to government blocks both in terms of quality and quantity.

In terms of infrastructure, supplies and utilization some difference was found, especially the RTE was not available in some of the AWCs of the government managed blocks while the NGOs were able to sustain it.

Operational gaps like supply, services, timings of AWC, record keeping has been highlighted.

Information and pictures were well displayed in the NGO managed AWCs which had a good impact on the learning of the children.

Monitoring by the officials was more frequent in the NGO managed blocks which ensured regular functioning of the centres.

Overall it can be said that the performance of NGO managed AWCs was found to be better in the areas of service delivery in terms of reach, ECE activities and supplementary feeding activities and in the governance in terms of AWCs maintenance, child attendance, community involvement, record maintenance, continued capacity development, monitoring etc. However, convergence and coordination (especially MCHN activities) were found to be better in Govt. run ICDS.

For the proper implementation of the Project the best practices should be adopted and executed in all the AWCs.

Recommendations

Infrastructure and display

- The paintings on walls – stories, alphabets, numbers, fruits, vegetables etc. had a good impact on the learning of the children. Therefore it is recommended that the AWCs should be renovated and painted with thematic pictures.

Trainings

- Apart from the scheduled trainings for the staff, continued thematic trainings by NGOs on specific topics during sector meetings has shown good results and so these should be carried out in other blocks also.

- Though the scope of the project was not focused on nutrition but it was observed that there are gaps in maintaining the growth monitoring charts. Therefore, special trainings on measuring weight and plotting them in growth monitoring registers should be given.

Staff

- Vacant positions should be filled to promote good monitoring and supportive supervision.

Monitoring visits

- Regular monitoring visits by supervisory staff are one of the reasons behind the successful running of ICDS in the NGO blocks. Emphasis should be given on supportive supervision and efforts should be made to develop the related skills in the supervisory staff.
- In order to improve the quality further, steps should be taken to ensure timely supply of material.

Community Participation

- Special communication strategy using local and electronic media needs to be developed and implemented.

Though the NGOs are showing good performance but if CDPO involvement is increased and exclusive project staff is ensured to cater the services, it will further help in achieving the objectives.

Annexure

AWCs Covered

Bharatpur		
S.no.	Kumher	Sewar
1	Saunera	Peepla I
2	Senth I	Sunari II
3	Aajau	Kumha I
4	Kurwada	Bachhera
5	Dehra II	Kasuda
6	Kheda Kaarauli	Ikran I
7	Pala II	Kharaira
8	Dandu II	Bahnera
9	Virharu	Chichana
10	Bailara Kalan	Dhaur
11	Pichumar	Malauni
12	Awar	Sahnawali
13	Sitara	Chakundra
14	Ashoknagar	Jatoli Rathwan I
15	Khan	Nagla Parashuram
16	Dhanwada I	Deopura
17	Lakhan II	Nagla Harchand

Bikaner		
S.no.	Kolayat	Dungargarh
1	Dasaudi-B	Kuntasar-B
2	Narayansar	Upni-B
3	Beethnok B	Kalyansar B
4	Khari Chaman-C	Bigga-F
5	Motasar	Likhamisar Ut-B
6	Siyana A	Lakhasar-B
7	Inda Ka Bala	Jakhasar-A
8	Shastri Nagar	Jalabsar-A
9	Diyatara-A	Dulchasar-A
10	Berasar	Sheetal nagar
11	Pabusar Pashchim	Delwan
12	3 BLM	Momasar-C
13	Nandra	Sawantsar-C
14	Gokul	Gusaisar
15	Phulasar Bara	Bapeu-D
16	Shambhu Ka Burj	Dheerdesar Chotiyan-B
17	Chhineri	Reedei-E
18	Thoomali	Barjansar-B
19	Bhadal ki Dhani	Dheerdesar Purohitan
20	Khariyabas	Kitasar

Churu		
S.no.	Rajgarh	Sujargarh
1	Pabasi	Khariyabada
2	Kalri-I	Shobhasar
3	Nava-I	Dhigariya
4	Begu Ka Bass	Baghsara
5	Lutana Sadasukh	Toliyasar
6	Sheelanagar (Mini)	Nohariya
7	Bairasar Buddha	Dhunkar
8	Norangpura I	Dhani Kalere
9	Kalal kotada	Bhojlai
10	Dhani Badi	Chariya
11	Lambor Khedi	Kolasar
12	Neshal Bari	Amarsar
13	Ghanothi Badi-I	Ganoda
14	Nangal Choti-II	Parewada
15	Chandgothi-II	Baghsara
16	Kerli Bass	Bambu

17	Dhabli Dhani (Mini)	Mangalwasi
18	Biran-II	Rajiyasar
19	Rejari	Marothiya
20	Acchapur	Duliya
21	Dadreja-II	Surwas
22	Radva	Sarothiya
23	Khemana	Hemasar
24	Kandhran-I	Asrasar
25	Meethi Redu	
26	Naya Bass	
27	Ghanau	