

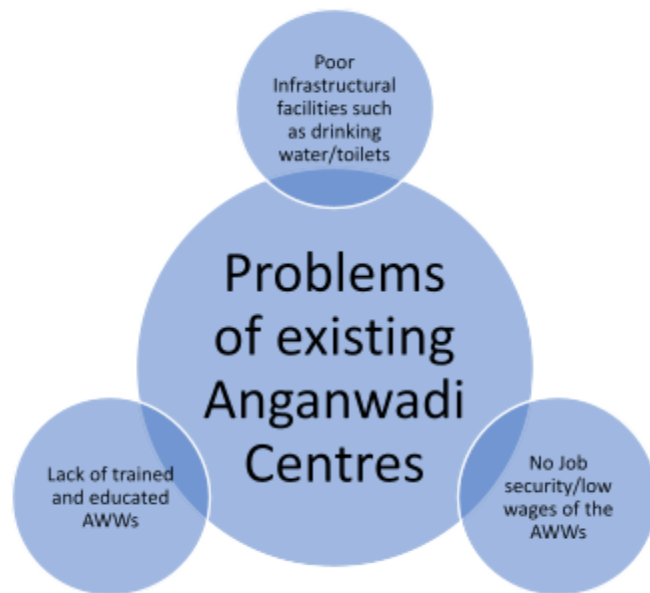
Smart Anganwadi Centres

Context

The ICDS programme (Integrated Child Development Services) caters to the nutrition, health, and pre-education needs of children till six years of age along with the health and nutrition of women and adolescent girls is also one of such schemes. However, reports have shown that there is a significant gap between the scheme and its actual implementation and utilization of these services.

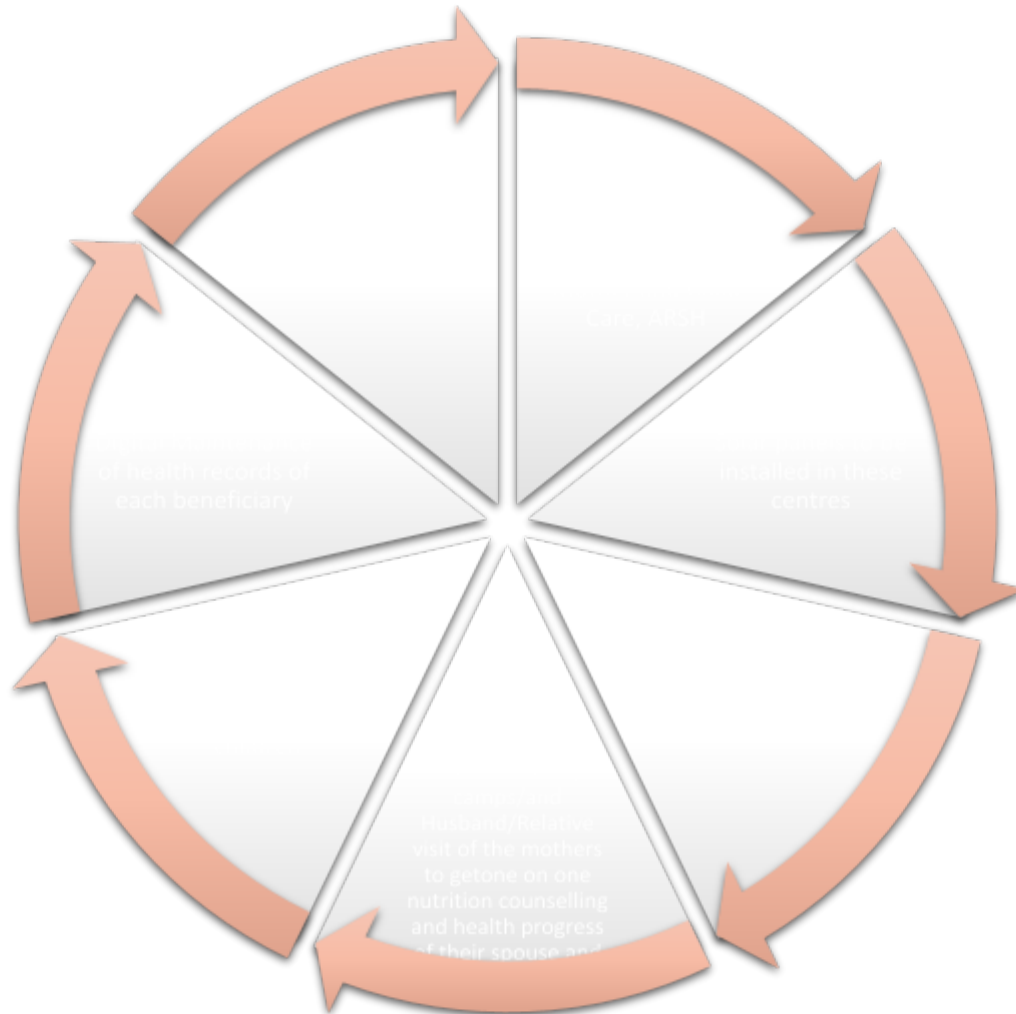
The Problem Statement

Anganwadi centres are a government sponsored child – care and mother care development program in India at the village and rural level. These centres provide basic health care facilities in Indian Villages and is a part of the Indian public health care system. Common problems these anganwadi centres face are lack of Education and Training among the Anganwadi workers since most of them are not well literate and are often under skilled. Another problem is also lack of career prospects since there are no job perks and during the pandemic, the ASHAs and AWW across states protested as they did not receive months salaries during the lockdown. On the other hand, in terms of infrastructural problems, most of these centres don't have proper drinking water or toilets. Due to these reasons people often find it difficult to leave their children at these centre's care where basic facilities are lacking.



The Solution

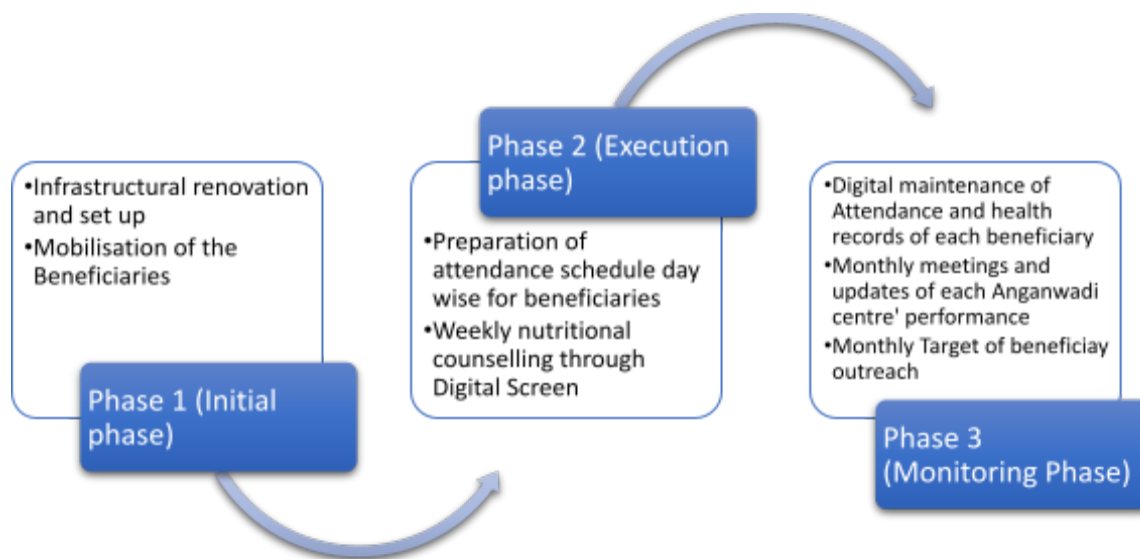
In order to mitigate the challenges mentioned above for these centres, we propose a solution which will involve digitisation and overall upgrading of the services of these anganwadi centres. These centres will also include usage of TV/Screens to explain the nutritional messages to the beneficiaries, and digital maintenance of beneficiary records and additional services as stated below -



The solution to these problems is upgrading the existing Anganwadi centres with Manpower, infrastructural setup with more addition of new and basic amenities. The details of the new additions will also include –

- ✓ Anganwadi Supervisors (1 in each centre) to help and assist the Anganwadi Worker in all the villages assigned
- ✓ Upgraded Meals with curated nutritional recipes for the Children in these centres
- ✓ Weekly Nutritional Counselling through the usage of Digital Screen/TV
- ✓ Half yearly Health Check-up Camps for the enrolled beneficiaries, Children and adolescent girls and free distribution of sanitary napkins
- ✓ A Meeting to be held quarterly with either the spouse or a close relative where the Anganwadi worker will discuss the progress of the mother and the child's nutritional health
- ✓ Soft skill and refresher training of the Anganwadi worker and the supervisors

Implementation Plan



Input/Activity	Outcome	Impact
Infrastructural set up and renovation/Addition of new and basic amenities in the centres	Access to better sanitation and hygiene and adoption of such practices	Improved cognitive abilities and a better learning environment, Strengthening of existing health systems
Digital maintenance of records of each beneficiary's nutritional health/ Preparation of a weekly visit schedule for beneficiaries	Better ability to reach high need beneficiaries in a timely manner through proper tracking and of general beneficiary monitoring	Reduction in maternal, child mortality,
Nutritional Counselling on a weekly Basis	Improved Child and mother health	Improved fertility plans
Soft Skill and refresher training for the workers with addition of Anganwadi supervisors	Improved knowledge and practices of the workers	Upskilled and well-trained workers in the existing system

Monitoring Process

- ✓ Each of these centres can be monitored through periodical audit visits by the Project Manager
- ✓ Monthly Progress meetings can be held where each Anganwadi Centre's workers get together to discuss about monthly targets v/s achievements, where best performing Anganwadi worker can be awarded with an incentive. This is to increase job satisfaction and motivation. These meetings will also provide a cumulated database, a dashboard and updates on the nutritional health of each of the villages' progress

Timeline and Duration

Scale up Plan/Replicability