

Project Profile

Anganwadi



Gujarat CSR Authority

Project Profile - Anganwadi

Background and Rationale:

The Department of Women and Child Development (DWCD), housed within the Ministry of Human Resource Development (MoHRD) is implementing one of the most critical programs to break the inter-generational cycle of malnutrition among children and address the issue of infant mortality through targeted interventions. This program, popularly known as the Integrated Child Development Services (ICDS) scheme comprises the following components:

- i) Supplementary nutrition:** This includes supplementary feeding and growth monitoring. By providing supplementary feeding, the Anganwadi attempts to bridge the calorie gap between nationally recommended parameters and average intake of children and women in low income and disadvantaged communities.
- ii) Pre-school service:** pre-school services focuses on a total development of the child upto the age of six years, with an emphasis on the underprivileged groups. The early learning component of the ICDS provides a strong foundation for the learning and development of a child. It also promotes universalization of primary education, by providing necessary preparation for primary schooling to the child and offering substitute care to younger siblings, thus freeing the older ones (especially girls) to attend school.
- iii) Increasing health and nutrition awareness:** Nutrition, Health and Education (NHE) is a key element of the responsibility of the Anganwadi worker (AWW).
- iv) Health check-up of infants and mothers:** This covers the aspect of health care of children less than six years of age, antenatal care of expectant mothers and the postnatal care of nursing mothers. Various health services provided by the Anganwadi workers and Primary Health (PHC) staff include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc.
- v) Immunisation of children:** Immunisation of pregnant women and infants protects children from six vaccine-preventable diseases namely, poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. These are the major causes of child mortality, disability, morbidity and related malnutrition. Immunisation of pregnant women against tetanus also helps reduce maternal and neonatal mortality.
- vi) Referral services:** During health check-ups and monitoring, sick or malnourished children in need of prompt medical attention are referred to the Primary Health or its sub centre.

Table 1: Services provided by Anganwadi Centres

Services	Target Group	Service Providers
Supplementary Nutrition	Children below 6 years: Pregnant & Lactating Mother (P&LM)	Anganwadi Worker(AWW) and Anganwadi Helper
Immunisation	Children below 6 years: Pregnant & Lactating Mother	Auxiliary Nurse Midwife (ANM) / Medical Officer (MO)
Health Check Up	Children below 6 years: P&LM	ANM and AWW
Referral Services	Children below 6 years: P&LM	ANM, AWW and MO
Pre School Education	Children between 3-6 years	AWW
Nutrition and Health Education	Women between 15-45 years	ANM and AWW

The ICDS has the widest network to reach out to the poor & vulnerable sections, in order to address their health and nutritional needs through the AWC. The challenges for effective implementation of the program, among others, include geographically difficult terrain, further compounded by environmental conditions like poor rain

fall and repeated famines which gets further complicated with regional socio-cultural variations and poor literacy rates among the rural poor populations. However, the objectives of the ICDS scheme can be met by active community participation as well as coordinated efforts with ANM and Asha Sahyogini.

Gujarat has taken a special initiative to strengthen the ICDS infrastructure in the State, through construction of AWCs with proper ventilation, kitchen area and toilet facilities.¹ In the last four years, Rs. 350 crore was provided for construction of 10,960 model AWCs (remodelled on the guidelines of the Union Ministry of Women & Child's Nand Ghar² model). An additional 22,504 Nand Ghars were built through Public Private Partnership. By the end of April 2014, 52,043 AWCs were cited to be operational in Gujarat.³

Objectives of the project:

The objectives of establishing a new Anganwadi or renovating the existing Anganwadi for the rural population are as follows:

1. access to state-of-the-art construction technology and provision of 24x7 electricity through installation of solar panels, clean drinking water through RO purifiers and generating awareness on primary health,
2. provide latest facilities like separate sitting room for children/women, kitchen for cooking, a proper dining area and play area in the centre, and
3. provide support services including pre-school kit and health, hygiene & nutrition education to pregnant and feeding women.

Expected Benefits

The support provided by companies would result in tangible and intangible benefits for Sponsor Company as outlined below:

Tangible Benefits	Intangibles
<ul style="list-style-type: none"> ❖ Community support & appreciation ❖ Social license to operate, through cooperative community engagement ❖ Recognition through awards ❖ Stronger Relations within Communities through Stakeholder Engagement 	<ul style="list-style-type: none"> ❖ Enhanced reputation by way of supporting projects benefitting communities at the 'bottom of the pyramid' ❖ Social branding ❖ Enhanced credibility within community and sector ❖ Contribute towards the universal healthcare coverage goal of the National Health Mission

Opportunities for CSR intervention

The project scope is to construct / renovate the AWCs, with an aim to provide a caring environment that addresses the educative, health and nutritive requirements of rural children. As the program will cater to the needs of Anganwadi Centres through an effective delivery system (channelised with the help of NGOs / social enterprises), the intervention is highly relevant in the remote areas of rural India. Under the initiative, the

¹ <http://www.wcd.gujarat.gov.in/int10.html>

² Nand Ghar is a modernised anganwadi centre constructed as per the ICDS scheme guidelines. This anganwadi centre must have a separate sitting room for children/women, separate kitchen, store for food items and dedicated space for children to play

³ http://planningcommission.nic.in/plans/stateplan/Presentations12_13/gujrat_1213.pdf

companies will work in line with the policy and guideline for Supplementary nutrition program and any other ICDS activities.

The scope of the CSR intervention is outlined below:

- infrastructure development - kitchen, toilets, play area, store for food items
- training & workshops for Anganwadi workers
- pre-primary education support, including an enhanced learning environment, through provision of teaching & learning materials

Potential project area

The potential project areas, where the model AWCs could be introduced within the state would be the villages which are remote and are located far from the urban human settlements (cities & towns). Special focus would be given to areas in the Tribal districts and Vikas Talukas.

There may be children, pregnant and lactating mothers in these areas who are excluded from the services of ICDS either due to distance factors, or even due to social reasons such as gender, caste and religion, disability and social stigma. Those districts need to be prioritised, based on the local need assessments. Other option could be to select those districts which are suffering from severe acute malnutrition and are having high incidence of MMR and IMR.

Target population

Socio economically backward sections within the districts of Gujarat. The target beneficiaries are children under the age group of 0-6 years, pregnant mothers and new parents.

- Expectant mothers
- Nursing mothers
- Other Women between 15 to 45 years
- Children between 0-6 years
- Adolescent Girls

Project implementation

The implementation can be done in three different ways:

1. Renovation of existing Anganwadis

There are many Anganwadis, in the remote villages of Gujarat which have poor infrastructure as well as shortage of skilled staff. Such Anganwadi centres can be revived and their capacities enhanced through CSR initiatives. The private sector could also be involved in certain activities like regular training of existing Anganwadi workers and provision of additional trainers in life-skill areas (which are generally not provided for under the ICDS). Companies can also provide support for maintenance of the infrastructure for a contract period between 3 to 5 years.

The project can be implemented on the lines of the GOI's **Nand Ghar Project** wherein NGOs adopt the Anganwadis under the aegis of one of the Government of India's largest programmes, the Integrated Child Development Services (ICDS). In addition to renovation of the existing infrastructure, the companies can also support the Anganwadis in any of the following activities.

- provision of supplementary nutrition such as milk and snacks in addition to the balanced hot meals,

- provision of immunisation & health check-up services to women & children, and referral services to local medical personnel, and
- provision of non-formal pre-school education, nutrition and health education in the surrounding community

The Nand Ghar model envisages the refurbishing of existing centres into a child-friendly environment, making them attractive through the use of mural paintings, pictorial depiction of stories, alphabets and numbers on walls, and other interesting learning aids.

2. Construction of full-fledged Model Anganwadi infrastructure (Nand Ghar)

In this model, the sponsor company provides funds / builds the infrastructure facilities and the panchayat uses these facilities for running the AWCs in the villages through a long term agreement. A space of 780 sq ft is required to run the centre which is generally provided by the Panchayat. Such AWCs are envisaged to have peaceful environment, smart education, health awareness sessions and low maintenance cost, and focusses on providing support for immunisation, maternal care and gender sensitisation.

Additionally, the Company may also consider setting up RO plants of 100 LPH for providing clean drinking water at AWCs. The water supply facilities for RO plants and toilets in the Anganwadi centre will be linked to the nearest overhead tank in the proposed area by Gram Panchayat.

3. Provision of Support Services

Under this model, the funding company shall provide certain support services in the AWC, like teaching & learning materials, toys & books, solar lighting facilities and kitchen utensils. These support services can be bundled along with the training of AWWs on managing the child and mother's health awareness programme effectively. The companies can provide finance for these support services to be facilitated on a 2-3 year contract basis.

Under this programme, the companies can also provide financial support to improve the health and education service delivery in the Anganwadis, with an aim of providing quality facilities in the Anganwadis and addressing the issues of malnutrition in children from 0-6 years. The services will include enhancing the awareness level of women, protect them from social taboos related to women's health and develop a child-friendly environment at the Anganwadi centre. The programme will facilitate capacity building of Anganwadi and health workers for managing a steady supply of quality food supplements, educating children and upgrading the level of delivery system for the beneficiaries.

The Support services can be categorized in the following:

a. support through provision of learning materials

- provide financial support for developing the preschool kit, how to use the same, what are the learning outcomes they get from using these tools, exposure to new media literacy tools etc.

b. education and capacity building support through monthly workshops/trainings

- monthly workshops and presentations can be conducted with the local communities including Anganwadi workers and family members to improve knowledge and understanding of nutrition and its impact on children's physical, academic and mental growth.
- regular workshops on pregnancy, pre-natal and post-natal care are organized to ensure compliance with current standards in nutrition, self-care and child care.

The detailed implementation plan for the Anganwadi Project is provided below.

A. Implementation

1. *Infrastructural support for setting up or renovating the Anganwadi centres*
 - Selection of the districts and blocks, followed by a selection of the implementation partner (from the perspective of management of the facility and its maintenance)
 - discussion between GCSRA and partner NGO on (a) selection of villages and (b) the intervention model of Anganwadi to be chosen
 - Consultation with key opinion leaders in the villages and Panchayat body for approvals
 - Contractual agreement / MOU between the Company and the Panchayat
 - Allocation of the budget for the project to the NGO
 - Roll out of the project at the selected centres by the NGO

2. *Maintenance and Support Services for the Anganwadi*
 - Procuring learning materials for the Anganwadi centre like toys, pictorial charts and other play materials
 - Conducting workshops and training for Anganwadi worker to improve knowledge and understanding of nutrition and its impact on children's physical, academic and mental growth

3. *Financial model is (refer Section on estimated financial costs) stated by the below chargeable transactions. CSR Funds of the companies will be channelized through GCSRA for execution of the project.*
 - Cost associated with the infrastructure for setting or renovating the centres
 - Cost associated with the support services provided to Anganwadi centres
 - Fee associated with running Anganwadi centres with the support of implementation partners
 - Fee associated with the monitoring of the project by GCSRA

Table 2: Step By Step Implementation Plan

Stages	Implementation Plan	Roles & Responsibility
Identification of NGO partners	Post the shortlisting of districts, NGOs will be identified in consultation with GCSRA. The following criteria shall be deployed: <ul style="list-style-type: none"> • NGOs based out of Gujarat will be given preference • NGOs having experience in setting up Model Anganwadi Centres in Gujarat. • NGOs having experience in training Anganwadi workers 	GCSRA & Funding Company
Identification of villages and Anganwadi Centres	Identification of Anganwadi centres located in the most backward area of the state having poor health infrastructure	GCSRA & partner NGO
Stakeholder engagement	Funding Company in consultation with GCSRA will Identify key stake holders for the programme and create stake holder engagement plan	Funding Company
Identification of beneficiaries	Identification of beneficiary –Demographic profile of the beneficiary chosen > Children between 0-6 years> Villages which are most deprived and where the health among females are very low	Partner NGO
Funding requirement	Funding requirement - provided by CSR funds of Corporate s (can be in collaboration with other companies could be given preference	GCSRA & Funding Company

Stages	Implementation Plan	Roles & Responsibility
	so as to pool funds to create a larger funding base to scale up the intervention)	
Implementation structure	Implementation structure <ul style="list-style-type: none"> • Dedicated team by GCSRA to manage and monitor the programme • Funds of funding company will be channelized through GCSRA • Local NGO partners to help in project implementation • Local NGO partner to conduct workshop and trainings of Anganwadi workers • Local NGO partner to look after the maintenance of the centre 	GCSRA, NGO and Funding Company
Monitoring and tracking	Monitoring and tracking <ul style="list-style-type: none"> • Identify KPIs (Key performance indicators) for the programme <ul style="list-style-type: none"> ➢ Improvement in the overall learning environment, including financial & programmatic indicators (including performance of Anganwadi teachers, improvement in U5MRs etc) • Financial monitoring ➢ Annual plan ➢ Donor Fund management system ➢ Monitoring report • Fund utilization report from the NGOs ➢ Mechanisms to measure / report progress and utilization of funds 	GCSRA & NGO
Impact assessment	Assess grant utilisation and the impact of the programme at regular intervals in ICDS activities	GCSRA

List of success indicators

Project Outputs

- Increase in attendance of children attending Anganwadi centres (from baseline levels) over project period
- Increase in number of mothers attending centres (from baseline levels) over project period
- Better quality of service delivery through existing and new centres

Desired Outcomes

- Increased accessibility of children to the improved childcare facilities at the improved/newly developed AWC leads to improvement in the child's physical, mental and academic growth
- Enhanced health facilities at the Anganwadi that are affordable and accessible for local populations

Potential Impact

- Development and growth of the mother & child, in terms of self-care and child care

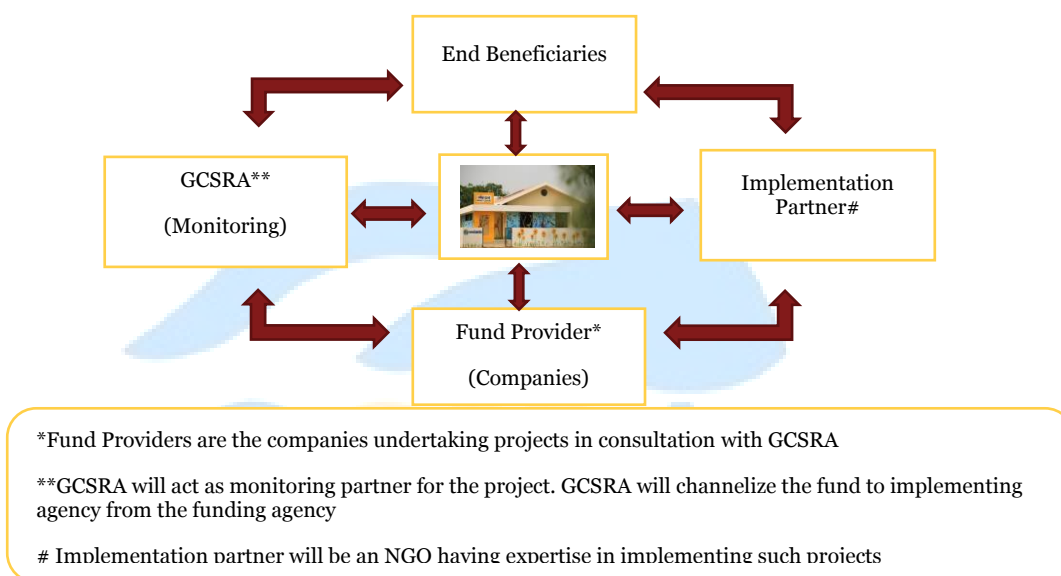
B. Implementing agency

The Project shall be implemented by GCSRA as a monitoring agency, with support from NGOs in setting up the infrastructure of the Anganwadi and tasked with grassroot implementation. The GCSRA team shall work in collaboration with Corporates, Government and local NGOs in the project, as a coordination and management agency.

Roles and responsibilities

- **GCSRA:** advisory and monitoring agency of the CSR activities i.e. conducts baseline survey, strategic plan for the project, coordination between donors, technical service providers, monitoring & evaluation, documentation and (physical/financial) reporting for the Project, issues compliance certificate for the CSR activities.
- **NGO:** technical support in the development of the Anganwadi's infrastructure and/ or implementation support and training of the Anganwadi workers, maintenance of the centre , reporting of CSR activities under the project.
- **Corporates:** funding the initiative

Figure 1: Implementation model



C. Partnerships

Companies can team up with local NGOs who can help build the skills of the Anganwadi caregivers.

- **Government Institutions:** Department of Health, Ministry of Women and Child Development
- **NGOs/Civil Society:** NGOs working in the respective districts in the health sector
- **GCSRA** will be the monitoring partner for the project

D. Anticipated benefits from the project

- Increased accessibility of children to formal preschool education
- Improved infrastructure and services at the Anganwadi centres
- Improvement in the nutritional status of women and children at the centres, through provision of nutrition supplements
- Improvement in immunisation and maternal care support

Estimated Financial Costs

The estimated financial costs for all the three models is provided below. The costs also include 4% administration costs to be paid to GCSRA as an overall agency for monitoring and managing the project:

Table 3: Estimated budget for Anganwadi Centre

Particulars	Existing Centre	New Centre	Support Services
Building Cost Per Centre			
Cost of masonry and material for Anganwadi Building	5,00,000	8,00,000	
Electrification & Solar Lighting Equipment	60,000	60,000	
RO Plant	2,50,000	2,50,000	
Kitchen Items Per Centre			
Utensils, Stove, Gas Cylinder, Solar Lamps	50,000	50,000	50,000
Learning Materials Per Centre – Pre School Kits			
Books, Bags, Toys, Stationery, Chart Papers, Digital Display	50,000	50,000	50,000
Uniforms for Children*			
2 sets of uniform per children	20,000	30,000	30,000
Monthly Workshops/Training for Anganwadi Worker			
1 Training Session Per Centre	20,000	20,000	20,000
Opex Cost*Per Centre Per Year			
Maintenance	30,000	50,000	10,000
Repair and Administration	30,000	50,000	10,000
Implementation Partners Costs Per Centre	1,25,000	1,25,000	50,000
Total Cost of the Project	11,35,000	14,85,000	2,20,000
GCSRA Administrative costs	4.00%	4.00%	4.00%
Total costing of project	11,80,000	15,44,400	2,28,800

Note: *The cost is calculated for 1 centre running in a village setup for 1 year with a capacity of accommodating 20 children in existing centres; and 30 children in new centres.

Workplan

#	Activity Description	Y1				Y2			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	Situational assessment of the project villages (developing a baseline)								
2	Entry point interventions - Community sensitization and mobilisation (Anganwadi model)								
3	Setting up of the centres								
4	Capacity building of Anganwadi workers								
6	Completion of the Construction/Renovation work and Electrification work								

#	Activity Description	Y1				Y2			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
7	Furnishing Interiors and handover of learning materials								
8	Overall Implementation, training and maintenance by Implementation partner								
9	Monitoring of CSR activities by GCSRA (quarterly basis)								
10	Reporting								
11	Impact Assessment (one-time, end of project)								

Monitoring

- GCSRA will act as the monitoring agency for the CSR project implementation on the ground.
- Based upon the progress of the year, GCSRA will provide support to the company to develop a success framework, under which, performance indicators shall be defined and the baseline levels as well as targets defined over a 2-5 year horizon, on an annual basis.
- Once defined, the targets can then be broken down into half-yearly input-output-outcome targets, with impact criteria defined over 2 years on the health status of the districts post the project implementation.
- GCSRA will also conduct evaluation and impact assessment of the projects

Reporting

The implementing agency i.e. the NGO partner would be responsible for the following:

- generates progress reports for GCSRA and company as per agreed timelines
- ensure reporting on CSR activities to GCSRA on quarterly, six monthly and annual basis as against the funds disbursed to them

GCSRA would be responsible for reporting on the overall CSR activity management and annual compliance and issue a compliance certificate to the company.