

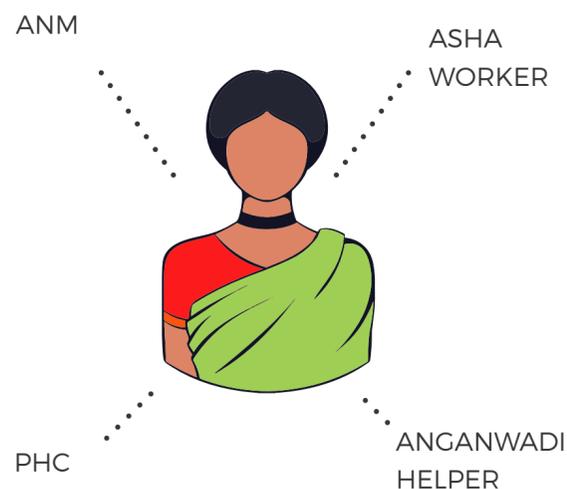


# MODEL ANGANWADIS PROGRAMME



# ICDS

# INTEGRATED CHILD DEVELOPMENT SYSTEM



By design the Anganwadi Worker (AWW) was envisioned as an Early Childhood Care and Education (ECCE) as well as a healthcare agent, working closely with the primary healthcare centres - specifically the Accredited Social Health Activists (ASHA) and Auxiliary nurse midwife (ANM)



The first six years of life are critical in terms of brain development which is influenced not only by health, nutrition and quality of care but also the quality of psycho-social environment the child is exposed to in these early years



The effect of malnutrition, experienced during early years of life hinders development of the child in multiple ways. Stunting and wasting are also important indicators of malnutrition and are direct consequences of it. As maternal and child health are inextricably linked, maternal nutrition (pre and post-pregnancy) is also extremely important.



In addition, there are multiple other socio-economic factors like income availability, habitat, access to basic energy, Water, Sanitation and Hygiene (WASH) and a sustainable built environment which play a critical role in providing the child with a conducive psycho-social environment

# MULTI-SECTORAL APPROACH TO IMPROVE ANGANWADIS

- Conducive environment for pregnant women, mothers, infants and learning for children.
- Needs of optimum area and type of space utilisation for all Anganwadi Activities
- Building as Learning Aid
- Sanitation and Clean Water
- Natural Lighting and Ventilation



- Incentivisation and aid for the work of AWWs, Anganwadi Helper, ASHA and other stakeholders
- Newer and more relevant teacher training content and Delivery Model



- Appropriate and relevant local language content and digital technology as learning aids
- Different methodologies of learning to cater to all
- Improvement in the visual learning aids



- Budgeting for Model Anganwadis:  
(a) Initial Capital Budget  
(b) Operational Budget
- Sources and allocation of resources



- Space, tools and facilities for community awareness, regular screening and immunisation activities
- Better linking of the work of the Anganwadis with ASHA, ANMs, PHC (Road to Health Card) and driving through incentives on outcomes

# MODEL ANGANWADIS PROGRAMME

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Create Model Anganwadi centres with replicable processes and models which can be utilised by Governmental and Non Governmental Organisations to scale further throughout the country and to similar typologies across the globe

## POTENTIAL IMPACT

- ICDS Centres will have all necessary tools and services, that will cater to better wellbeing of pregnant women, adolescent girls, newborn babies and newmothers along with the proper infrastructure and tools to deliver better education and activities leading to a holistic growth of a child between 0-6 years of age which will make them school ready and healthy.
- ICDS Centres serve as an important and resourceful community centre and become integral to last mile reach.



**EARLY  
CHILDHOOD  
EDUCATION**

Processes and Models to aid delivery of better educational services and engagement activities (nutrition, play, hygiene, etc.) leading to better emotional and physical growth of a child between 0-6 years of age



**HUMAN RESOURCES**

Processes and Models to aid better involvement and training of Anganwadi teacher, helper, ANM, ASHA worker from the community, allowing them to work to their full potential. Introducing tech as assistance to ease the work, incentives to be channelised with the outputs expected, and training resources to be made available when and where required.



**HEALTHCARE AND  
NUTRITION**

Processes and Models to aid delivery of better health services and check-up routine and data maintenance and proper usage of the same for better health and awareness among pregnant women, adolescent girls, new mothers and overall community, making the Anganwadi space as a system integrated with the local/nearby PHC through specially designed technology and data analysis leading to the above



**BUILT  
ENVIRONMENTS**

The space acts like a community awareness cum engagement center, where the community and the local panchayat are the sole owners of the Anganwadi. The Anganwadi worker, Anganwadi helper, ANM, and ASHA worker would be responsible for the entire operation and well functioning of the same, while the children/parents/community members become a part of the system by availing the facilities and even coming up and engaging in the advocacy of change required in the center from time to time

**TOOLS AND RESOURCES**



Availability of better physical infrastructure and clean energy making it favourable for educational activities (both learning and teaching), performing health check-ups, preparing the meals, distributing medicines/supplements to the community and performing community awareness activities



The space, planned and utilized to its best potential by introduction of various building techniques native to the area and innovative to let all the activities planned happen in the most efficient way.



Availability of proper tech and resources to smoothen the process of the work of Anganwadi worker/teacher, Helper, ANM, ASHA worker, to perform all the key services that the center is assigned to do.



There are proper and timely organised check-up camps, nutrition supplement distribution, food for women and children in the anganwadi

**HEALTH AND EDUCATION**



Children getting more healthy, sharp and are meeting the expected growth, both physically and mentally as per their age.



The health of the adolescent girls, pregnant women, and new mothers improve in due course of time.



Community understands the concept of family planning and there is no social stigma in adopting family planning techniques.

**COMMUNITY, INSTITUTIONS & HR**



The anganwadi worker, helper, ANM and ASHA worker use the available tech and resources and feel less burdened. They collect incentives on time after delivering the expected output as per their job profile.



Local panchayat and other local non-governmental bodies utilise the available technology to deliver necessary information to the community



Increase in community engagement, enrollment of children and attendance rates in the center

**1** Introduction of **TV + Tab + fan, light** (as per requirements) all solar powered. Other necessary power run equipments to also be solar powered after detailed site survey and efficient designing.

**2** Availability of **digital interactive motion sensor based educational content** for children to develop fine motor skills, hand-eye coordination, develop body balance and be school ready

**3** Availability of **adequate and updated training materials** in digital format for Anganwadi workers, helpers, ANMs and ASHA Workers in their native language

**4** **Involve community and panchayat** while doing projects, through local NGO partner to build a sense of ownership in them.

**5** **Incentives for the key service providers in the anganwadi to be digitally linked to the key expected outcomes.** This will lead to better job delivery and better in-service satisfaction.

**6** Introduction to the separate kitchen space, storage space, check-up space, play area, ICT area and angan in the ICDS centre through better **Built Environment Solutions.**

**7** Design of different anganwadis structures as per **different typologies identified and assessed.**

**8** **Involvement of local and strong on-ground NGO partners** from the sector of health, Early childhood Education, community engagement and strong advocacy partners **to take the learning and the idea of model anganwadis at the state and centre level.**

**9** Build various **financial models** to introduce these services which will lead to various processes and models that can be replicated at a later stage for scale.

**10** Availability of all medicines at the right time. Data collection tool to be integrated in the tablets, that gets analysed by the in-built software and gets shared in a understandable format by the ANMs to communicate and report the same to the local PHC. This helps in **better connection between the Anganwadi and the PHC**, directly improving the health charts of that community.

# EARLY CHILDHOOD EDUCATION

Children in the age-group of 3 to 5 years are expected to have all-round development in the following domains:  
Physical and fine motor skills,  
Cognitive, Language, Socio-emotional, Early Literacy and Numeracy and school readiness

## STAKEHOLDERS INVOLVED

Anganwadi worker and helper, ASHA and ANM, children in the age group 3-5 and their mothers

## CURRENT REALITIES

AWW unable to do justice to conflicting roles and responsibilities, children being made to vacate the AWC on Tuesdays and Thursdays that are earmarked for immunisation, AWW remains out on the field for at least 10 days in a month for assisting PHCs and other departments for various surveys & data collection

## NEED ANALYSIS

Anganwadi helper should belong to children's community and needs to be trained in teaching children in the absence of AWW, Capacity building of AWW and helper for developing empathy and contextual clarity about their learners, involvement of grandparents and community elders in the ICDS project

## OUR WORK SO FAR

- Technological intervention to ease out the work pressure of AWW and Helper.
- Vernacular language content in the forms of games with physical movements.
- Efficient re-designing of the built environment of the AWC to incorporate interactive learning aids in the infrastructure itself (suggested by BaLA guidelines as well)

## CHILD FRIENDLY LEARNING TOOLS

Every child has a distinctive learning style. While the current education system only caters to visual and auditory learners, approximately 45% of the students in a typical classroom are kinesthetic learners. (Tranquillo, 2008)

Kinesthetic learners understand concepts and ideas better when they are performing an action. Unfortunately, kinesthetic learners are often deemed as mischievous, restless and disruptive with the present system, disregarding their needs. Moreover, movement based learning, as a concept is almost absent in the present day classroom, in spite of its proven benefit.



Tablets with inbuilt motion sensors and an Android platform



Solar Energy to charge tablets along with DC Lights & Fans



Television with screen cast to project the tablets content as well as for community awareness.

## CONTENT PARTNERS



**Nayi Disha builds Movement based learning modules for kindergarten children that require them to jump, hop, and clap while they learn concepts from their curriculum.**

The modules are in form of games that utilize motion sensors to detect a child's body so that he/she is able to physically interact with the virtual content. It facilitates learning in Anganwadis with the help of stories featuring a character that have been noticed to be loved by children, Kaju!

**35**

**Avg. Sessions a day**

**33% - 67%**

**Accuracy Range**

**333**

**Sessions**

**Most Played Game (Number Line)**

**7 - 17 mins**

**Average Session Duration Range**



# BUILT ENVIRONMENT & ENERGY ACCESS

- Self-Sustainable unit that generates its own basic energy and clean water needs with decentralised sanitation and recycling (community awareness for conservation)
- Children in the age-group 3 to 5 years to have a safe and healthy space for play and learning. Provide children with a designed environment to develop personalities and confidence/ individuality through private and group interactions.
- Provide adolescent girls and mothers with interactive space for community gathering where education and awareness of health care needs can be dissipated
- Clean kitchens with ample storage to ensure hygiene of daily use/ stored food

## STAKEHOLDERS INVOLVED

Local Panchayats and Construction Committees, Anganwadi worker and helper, ASHA and ANM, children in the age group 3-5, adolescent girls and young mothers

## CURRENT REALITIES

Mostly Rented or dilapidated(unsafe) structures with poor light and ventilation. Small structures with mixed functions i.e. cross circulations of day-care/ education needs of children, community gathering needs of women and active functions of cooking by helper. No safety or open spaces for gathering or play.

## NEED ANALYSIS

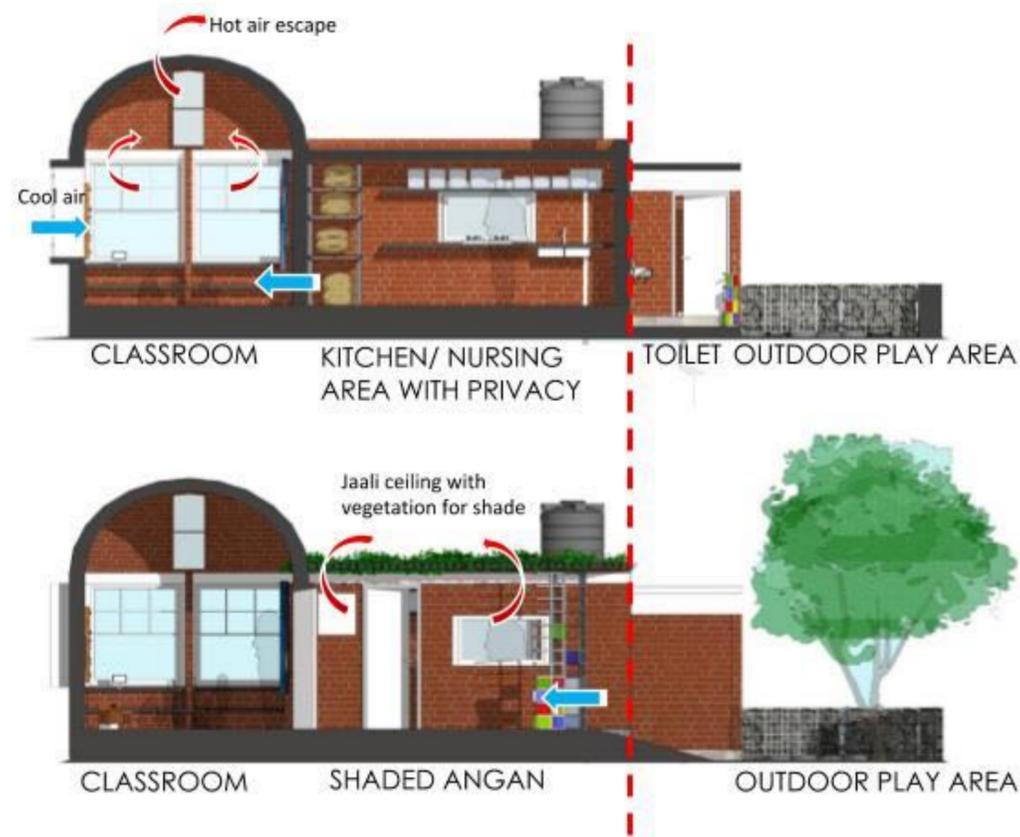
- A large hall for study/sleep area with storage for educational material
- Kitchen with ample storage with separate storage space for food
- Bathing area to promote cleanliness
- A toilet for staff and children
- Examination/nursing area for mothers with privacy
- Outdoor play area with playsets and compound wall
- Own supply of water for drinking and utility - rainwater harvesting
- Reliable energy connection
- Panchayats to be made to realise the importance of the anganwadi centre and need for ample space.

## OUR WORK SO FAR

Design for holistic spatial and service needs of the centre with the use of local construction methodology and materials incorporating passive and efficient active energy solutions and conservation techniques that respond to local climate and context.

## NATURAL LIGHTING AND VENTILATION

- Large windows that are north facing for ample light during the day without any heat-gain.
- Shaded angan spaces with high compound walls to promote free and safe play
- High ceiling height with ventilators to promote ventilation and escape of hot air
- Thermal insulated material for the building envelope with internal lime plaster for cooling and brightening interior spaces



## SUSTAINABLE ENERGY ACCESS

1. A solar powered system to run an LED tubelight and fan installed in the Anganwadi.
2. Interactive Learning Tools - Provision of TV and tablet (local language customisation) with curated educational content (Highly interactive apps+videos) for the teachers, who ensure that an interactive learning environment is created.



The same set can be used to play content for health awareness/learning tools for the community as the anganwadi centers double up as community centers in most places.



# INTERACTIVE SPACES

To make the space more creative, interactive and educational for children, the buildings act as learning tools for children.

The built elements can be part of the floor, wall, windows, doors, ceiling, platform, furniture and outdoors.



Paintings of pictorial stories on internal walls inculcating basic knowledge of colours, alphabets, numbers, animals etc for children



i. Area for Tablet and play in small groups



ii. Teacher lead lessons in front of a blackboard

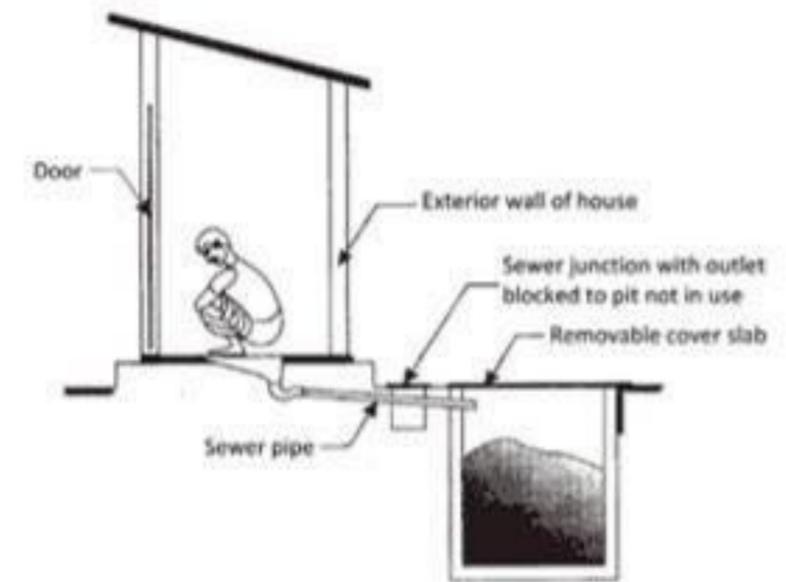
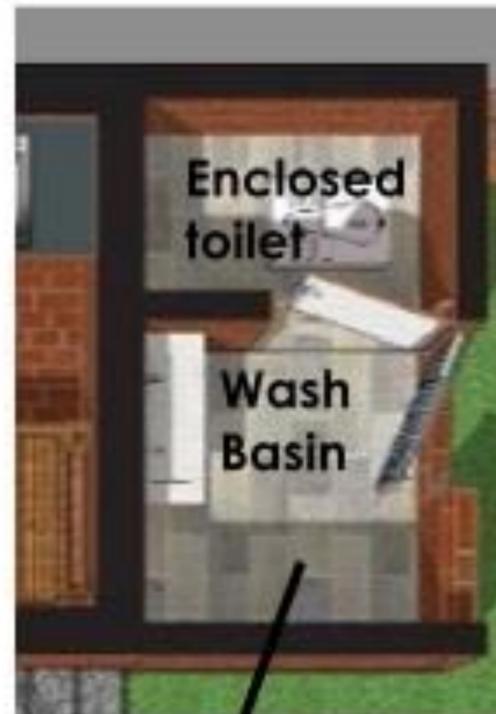


## WATER & SANITATION

Promote awareness of water conservation and conscious utilisation



Promote awareness of dry compost toilets (drought prone areas)/ sanitation and waste management from a young age



- Dry Compost Toilets
- Two pit toilets to recycle water for gardening
- Water from basin to directly flow to garden



# HEALTH AND NUTRITION

Children in the age-group 3 to 5 years, adolescent girls, pregnant and lactating mothers are expected to be checked and their height and weight, upper arm circumference, Body Mass Index, etc. are supposed to be measured using Anthropometric indicators. Prevalence of any form of malnutrition and/or Anemia needs to be monitored and treated regularly.

## STAKEHOLDERS INVOLVED

Anganwadi worker and helper, ASHA and ANM, children in the age group 0-6 and their mothers

## CURRENT REALITIES

Time lags in providing service to expecting mothers, and in home visits due to conflicting roles and responsibilities. Lack of privacy for antenatal checkups in the AWC, Lack of awareness campaigns about interlinkages between nutrition and WASH

## NEED ANALYSIS

Families of the AWC beneficiaries as well as community members to be made aware of the importance of nutritious food, maintaining sanitation, malnutrition indicators, effects of malnutrition on child development and specifically education, adequate dietary intake for pregnant and lactating women, etc.

## OUR WORK SO FAR

- Preparation of IEC materials pertaining to women and child healthcare, relevant to the local context
- Developing an app for the Road to Health Card in partnership with key stakeholder partners in health sector



Thank You

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MODEL  
**ANGANWADIS**  
PROGRAMME