

Uddeepan Kendras to improve health and nutrition of women and children in Bihar

Anganwadi centres that have been upgraded as Uddeepan Kendras at the Panchayat level are emerging as model centres for delivering quality healthcare services, and encouraging nearby Anganwadi Centres to strengthen their work.

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JYOTI Kumari is proud of her Uddeepan Kendra (nodal Anganwadi centre) in Chapi village of Purnea district in Bihar. Appointed as an Uddeepika in November 2014, her role is to make her Uddeepan Kendra a model and resource for other Anganwadi centres within her Panchayat. Working alongside the Anganwadi workers and helpers, she provides on-the-job training, advice and mentoring, building their confidence to enable them to provide high quality and complete range of services under the Integrated Child Development Services (ICDS) to children in

the age group of 0-6 years, pregnant women and lactating mothers in the community.

Jyoti is from the same Panchayat where she currently works and knows local people and their issues. Initially, families were hesitant to accept her recommendations, but over time, Jyoti has gained their respect and confidence. At 25 years of age, she has a post-graduate degree and is able to draw on her education and training to enhance community services and fulfil her desire to serve and improve the lives of local people.



Uddeepan Kendras provide high quality and full range of services under the Integrated Child Development Services (ICDS) to children, pregnant women and lactating mothers.

Describing her work, Jyoti says, “I am responsible for observing daily activities of an Anganwadi centre and supporting the workers on how to make improvements. I accompany Anganwadi workers on home visits where I directly interact with the community, and help impart counselling. I advise pregnant women and lactating mothers on food habits, the importance of weighing babies and the services available at the Anganwadi centre.” Her first job as the Uddeepika was to jointly work with the Anganwadi workers in her area to assess the basic hygiene and sanitation of the kitchen and surroundings, and plan improvements. She has also been working to ensure that Anganwadi workers update the registers regularly, eliminating delays in data entry.

Jyoti carries out regular home visits and is recognised as a guide within the community. As Milan Devi, mother of two, said, “My baby was born underweight, but we did not realise this until Jyoti advised us to check the weight, using the weighing scale at the Anganwadi centre. When we realised that the baby was underweight, we took her to the nearest primary healthcare centre.”

Usually, people from well-to-do families and those who live close to the Anganwadi centre are more likely to access its services. Often the poorest are unable to take advantage of the services. Recognising this, Jyoti says, “Often the benefits of ICDS are availed by the rich in villages. After home visits, I was able to identify those households that are comparatively richer

Weekly cluster meetings are an opportunity for the community to give its feedback on ICDS, whether the services are helpful and, how these could be improved. The meetings are important in fostering community participation and ownership, ultimately leading to behaviour change.



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*Jyoti Kumari, Uddeepika,
Chapi village, Purnea, Bihar*

than others. I convinced them that the poorer households have a greater requirement for ICDS, particularly supplementary nutrition, and they were willing to share the benefits of the services.” Jyoti is aware that it is difficult for families to afford nutritious food and tries to suggest less expensive but nutritious alternatives that are easily available in the village.

Jyoti’s Kendra along with its kitchen is in a permanent building. The equipment includes a water filter, *dari* (mat), chart papers, chairs, table, storage drum, teaching and learning materials, almirah, mirror and nail cutter. Efforts are on to install a toilet and hand pump for water. She has also inspired other Anganwadi workers in her Panchayat to improve their centres, display their charts properly and clean the kitchens.

She organises weekly cluster meetings with them to discuss identified subjects, share ideas and experiences and look at areas for improvement. She, along with the Anganwadi worker and the helper, also organises monthly community meetings to provide information on issues such as malnutrition, health and hygiene. These meetings are an opportunity for the community to give its feedback on ICDS, whether the services are helpful and, how these could be improved.

The community holds Uddeepikas like Jyoti in high regard, depending on them to ensure they receive the services they need from Anganwadi centres.

The cluster meetings are important in fostering community participation as well as ownership, ultimately leading to behaviour change.

Jyoti is satisfied that the Anganwadi workers accept her advice and support her. She says that now the community is more aware of ICDS and there have been changes in food habits and breast feeding practices.

The community holds Uddeepikas like Jyoti in high regard, depending on them to ensure they receive the services they need from Anganwadi centres. Jyoti says that she is already able to see tangible benefits. She adds, "Growth monitoring of children is more regular and the community is adopting better sanitation and hygiene practices." □

ICDS is a centrally sponsored scheme to improve the health and nutrition of children across India, implemented through the States and Union Territories on a cost sharing basis. The central point of delivery of the services is the Anganwadi centre, with Anganwadi workers and helpers as frontline functionaries. In order to help strengthen the ICDS scheme, SWASTH in collaboration with the Government of Bihar introduced the Uddeepan Strategy. This is SWASTH's flagship intervention that was launched in 2014, nine priority districts in the state. The strategy involves the strengthening of an AWC at the Gram Panchayat level that acts as a resource centre hub called the Uddeepan Kendra, or the Nodal Anganwadi Centre (n-AWC). These centres serve as a hub for a cluster of 8-10 AWCs in the particular catchment area and provide mentoring support to the AWWs through an additional worker - Uddeepika. This strategy has been introduced in 1731 nodal AWCs across nine priority districts: Purnea, Araria, Kishanganj, Madhepura, Supaul, Madhubani, Jamui, Sheohar and Banka.

Footnote

SWASTH programme aims to improve the health and nutritional status of people of Bihar by increasing access to better quality health, nutrition, and water and sanitation services particularly for the underserved groups. The focus of this programme is to strengthen the systems through better planning, organisational strengthening and human resource management, decentralisation and convergence among key departments. The programme also uses community level processes to manage, demand and monitor services.

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