Response to COVID-19 by the Anganwadi ecosystem in India

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Resilience and tenacity of the frontline workers has enabled Government to proactively implement relief and health protocols

Anganwadi centers and functionaries have reimagined and rapidly equipped themselves with new skills to respond to higher burden on public healthcare

Infusing private/ philanthropic capital to further capacitate established government systems can lead to exponential impact

Imperative to leverage technology to fundamentally redefine doorstep service delivery at the last mile

Anganwadi ecosystem fostering social cohesion by combating stigma and discrimination

1 Background

1.1 ICDS Anganwadi ecosystem

The Integrated Child Development Services (ICDS) programme is one of the world's most extensive government-led programmes for the provision of early childhood development in India. Launched in 1975, ICDS provides a range of services across Early Childhood Care and Education (ECCE) and maternal and child health, including pre-school non-formal education, supplementary nutrition, health-related awareness, immunisation, health check-up, and referral services. These are provided through a network of 1.4 million Anganwadis run by approximately 1.3 million Anganwadi workers and 1.2 million Anganwadi helpers catering to approximately 80 million children under six years of age[1].

ICDS is a centrally sponsored scheme implemented by the Ministry of Women and Child Development. However, convergence plays a central role in the implementation of ICDS as it involves the delivery of inter-linked services for the development of children in the early years. The government encourages regulatory, operational, and financial convergence between schemes, policies, and programmes related to children's well-being for enhancing impact.
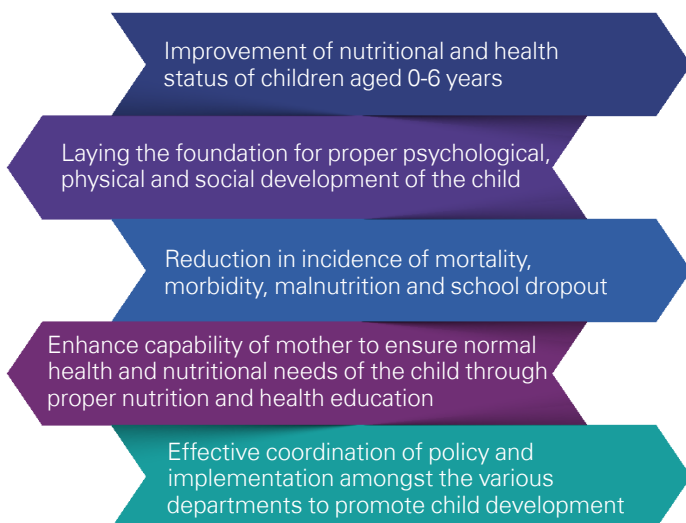
The objectives of the scheme include[2]:

Improvement of nutritional and health status of children aged 0-6 years

Laying the foundation for proper psychological, physical and social development of the child

Reduction in incidence of mortality, morbidity, malnutrition and school dropout

Enhance capability of mother to ensure normal health and nutritional needs of the child through proper nutrition and health education

Effective coordination of policy and implementation amongst the various departments to promote child development

Figure 1: Objectives of ICDS[3]

1. Integrated Child Development Services, Government of India, Vikaspedia, Retrieved May 23, 2020
2. Ibid
3. Ibid
4. Ibid
5. Ibid

1.2 Service delivery model of Anganwadis

ICDS is implemented on-ground by field level functionaries – Anganwadi workers and Anganwadi helpers – who are trained to provide education, nutrition, and health services in a standardised manner[4]. The service delivery is monitored through a three-tier governance mechanism, including cluster level supervisor, Child Development Project Officer (CDPO) at the block level, and District Magistrate/Collector at the district level. In addition to administrative monitoring, community-based monitoring mechanism is also promoted under ICDS to foster accountability through the establishment of Village Health Sanitation and Nutrition Committees (VHSNC).

The delivery framework of services under ICDS is illustrated in the figure below.

Services	Target Group	Service Provider
Supplementary nutrition	Children below six years / Pregnant and lactating mothers	Anganwadi worker and Anganwadi helper
Pre-school education	Children three-six years	Anganwadi worker
Nutrition and health education	Women (fifteen-forty-five years)	Anganwadi worker/ Auxiliary Nurse Midwife/ Medical Officer
Immunisation	Children below six years / Pregnant and lactating mothers	Auxiliary Nurse Midwife/Medical Officer
Health check-up	Children below six years / Pregnant and lactating mothers	Anganwadi worker/ Auxiliary Nurse Midwife/ Medical officer
Referral services	Children below six years / Pregnant and lactating mothers	Anganwadi worker/ Auxiliary Nurse Midwife/ Medical Officer

Figure 2: ICDS service delivery model[5]

1.3 COVID-19 pandemic and GoI response

The United Nations Development Programme has described the COVID-19 pandemic as "the defining global health crisis of our time and the greatest challenge we have faced since World War Two"[6]. Major economies of the world, such as Italy, France, the United Kingdom, and the U.S. have had to deal with hundreds of thousands of cases (and counting).

The crisis has placed considerable strain on public health, nutrition, and social welfare institutions, especially in developing countries. In India, public resources for antenatal and postnatal care, immunisation, treatment of acute malnutrition, among others have been diverted/shared to contain the pandemic until the time the government exponentially increases its public health capacity.

Considering the surge in the volume of COVID-19 cases around the globe, Government of India anticipated a similar situation in India and announced a nationwide lockdown for 21 days on 24 March 2020 (followed by subsequent extensions). The central government and respective state governments have issued guidelines to manage the crisis and have also elucidated the role of public institutions.

Timeline of COVID-19 Lockdown in India
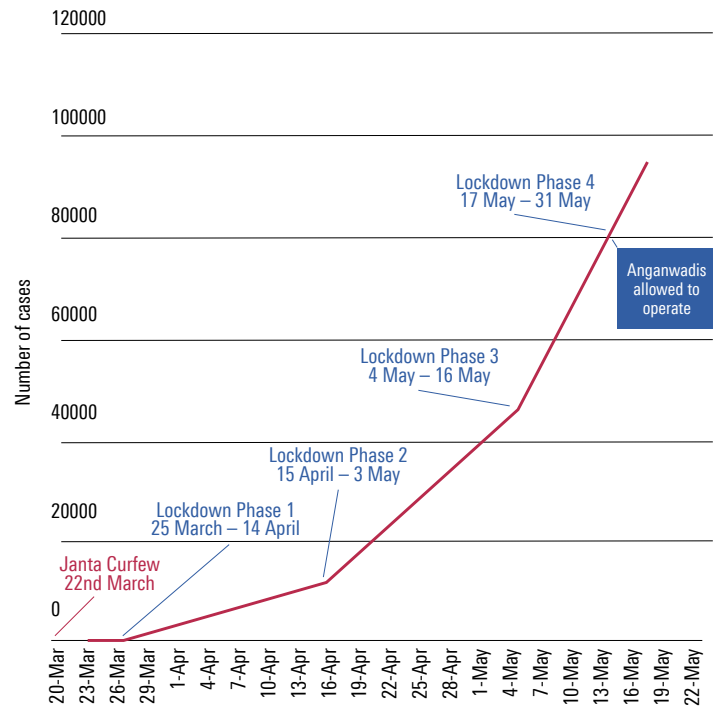

Figure 3: Timeline of COVID-19 Lockdown in India[7]

6.   COVID-19 pandemic, United Nations Development Programme (14 May 2020), Retrieved 20 May 2020
7.   Total Coronavirus Cases in India, Worldometer, Retrieved 22 May 2020

2

Impact of COVID-19 on the Anganwadi ecosystem

Among other things, the pandemic ruptured the effective service delivery of key welfare services to the last mile. India has an extensive network of frontline health workers who are equipped to handle public health emergencies, however, abrupt supply chain interruption due to lockdown, hoarding, and panic buying exponentially increased on-ground challenges. During the initial phase of lockdown, there were instances of shortage of face masks, personal protective equipment (PPE), and door-to-door food supply[8].

2.1 Challenges in the distribution of ration

Anganwadi workers in a few rural communities were conducting door-to-door visits to distribute dry ration and spread awareness on COVID-19 without access to proper protective gear[9]. According to a rapid assessment by a civil liberties organization on the state of food and nutrition provided by Karnataka Government through Anganwadis, mid-day meals scheme and Public Distribution System shops, it was found that only 75 per cent of pregnant and lactating women and 13.75 per cent of adolescent girls suffering from malnourishment (of the respondents surveyed) received ration from Anganwadis[10]. According to the study conducted on food and nutrition security by Centre for Child and the Law, National Law School, Bengaluru between 11 April 2020 and 27 April 2020, dry ration and eggs delivered to pregnant women, children

and other poor people through Anganwadi centres and fair-price shops in rural Karnataka have been less than sufficient[11].

2.2 Short and medium-term disruptions

There is a higher risk of increased malnourishment/ morbidity among children and pregnant and lactating women. The pandemic and the resultant lockdown brought about the following effect on Anganwadi services:

- Delivery of pre-schooling activities was suspended across all Anganwadis as per respective orders from district administrations and subsequently MHA (Ministry of Home Affairs) order dated 24 March 2020[12]

- Hot-cooked meals and snacks that are provided to children registered at Anganwadis were discontinued

- Significant disruption has been experienced in other activities provided through the Anganwadi ecosystem such as health and nutrition education through VSHND, Water, Sanitation and Hygiene (WASH) programmes, and health check-ups for beneficiaries, among others

- Loss of wages/livelihoods for workers engaged in the rural economy, women entrepreneurs, and Self-Help Groups (SHGs).

8. Anganwadi workers demand N-95 masks, gloves & sanitisers, HindustanTimes (5 April 2020), Retrieved 4 June 2020
9. 'No protective gear has been provided to us', says Anganwadi worker surveying COVID-19 Hotspot area, ANI (9 April 2020), Retrieved 4 June 2020
10. Status of implementation of the food security schemes and old-age pension scheme in Karnataka, PUCL Karnataka (12 April 2020), Retrieved 4 June 2020
11. Rural poor not getting ration: Survey, TheNewIndianExpress (29 April 2020), Retrieved 4 June 2020
12. MHA Order No. 40-3/2020-DM-I(A) dated 24.03.2020, Ministry of Home Affairs, Government of India, Retrieved 22 May 2020

3 Response by the Anganwadi ecosystem

3.1 Government support for Anganwadi workers and helpers

The Anganwadi ecosystem has played a pivotal role in not just sustaining the primary functions of the system, but also in mitigating the COVID-19 crisis in rural communities. The value chain was quickly repurposed to continue most of the service delivery by leveraging digital solutions and an extensive network of frontline workers.

State governments have launched various schemes for the benefit of community health workers engaged in COVID-19 mitigation in rural communities. In Uttarakhand, life insurance worth INR4 lakh has been provided by the state to government functionaries including Anganwadi workers, Anganwadi helpers, and mini-Anganwadi helpers who are on the frontlines in the fight against COVID-19[13]. In Madhya Pradesh, 'Chief Minister COVID-19 Yoddha Kalyan Yojana' provides health insurance coverage of INR50 lakhs to Anganwadi workers and Anganwadi helpers. The benefits of the scheme are extended under the Central Government's Pradhan Mantri Garib Kalyan Yojana (PMGKY) which covers only field staff of health, police, and other departments[14].

3.2 Repurposing the Anganwadi ecosystem for COVID-19

3.2.1 Online capacity building for Anganwadi workers

The Ministry of Women and Child Development has conducted nationwide online interactive training sessions for Anganwadi workers to build capacity and disseminate information about the virus, the preventive measures to be taken, and the psychosocial impact of COVID-19 on women and children[15]. The sessions also educate Anganwadi workers to adopt measures to safeguard themselves from COVID-19[16].

3.2.2 Creating community support and capacity building

The Ministry of Health and Family Welfare (MoHFW) has outlined its broad guidelines for frontline workers for containing the virus (especially in containment zones)[17]. ASHAs, Auxiliary Nurse Midwives (ANMs) and Anganwadi workers have been tasked with:

3.2.2.1 Community surveillance

Frontline workers conduct daily door-to-door visits to identify suspect cases of COVID-19 and contacts of confirmed and suspect cases to monitor them daily. Frontline workers also help in identifying and curating lists of probable/confirmed cases along with a supervisory medical officer. Officers ensure that contacts are on home quarantine, are equipped with essential information on the use and disposal of masks and precautions to be taken by caregivers[18].

3.2.2.2 Community education

Frontline workers are responsible for educating community members about the fundamentals of the disease such as modes of transmission, common signs and symptoms, and high-risk groups (HRGs). They also disseminate information on critical preventive measures such as avoiding contact with those who display symptoms, maintaining hand hygiene, respiratory hygiene, social distancing, and home quarantine[19].

3.2.2.3 Curbing stigma and discrimination

Given the novelty, unusualness, and perceived health impact of the virus, fear and stigma are easily associated with it. MoHFW has tasked frontline workers with sensitising people and addressing myths and misconceptions. The Ministry has also suggested amplifying positive news such as updates on the number of locals who have successfully recovered from COVID-19 and showcasing positive behaviours such as community/family members who have supported a patient through recovery[20].

3.2.2.4 Creating community support

Frontline workers have been working towards creating a supportive environment for fighting the disease at the community level by coordinating with existing community networks such as SHGs, youth networks, VHSNC, and connecting community networks with essential health resources such as ANMs, ASHAs, ambulance, among others. They have also been engaging local influencers such as Gram Pradhans, religious leaders, and teachers to garner their assistance in mitigating COVID-19 at the community level.

13. Coronavirus update: Over 68,000 Uttarakhand 'COVID-19 Warriors' to get Rs 4 Lakh life insurance, Hindustan Times (31 March 2020), Retrieved 10 May 2020

14. MP Anganwadi workers, Assistants to get benefit of CM COVID-19 Yoddha Kalyan Yojana, DD News, (21 April 2020), Retrieved 22 May 2020

15. Anganwadi workers get online sessions on COVID-19 steps, The Hindu (5 April 2020), Retrieved 22 May 2020

16. COVID-19 Frontline Worker Toolkit in English, MoHFW, Government of India (28 March 2020), Retrieved 20 May 2020

17. Micro Plan for Containing Local Transmission of Coronavirus Disease (COVID-19), MoHFW, Retrieved 20 May 2020

18. COVID-19 Response and Containment Measures, MoHFW, Government of India, Retrieved 20 May 2020

19. COVID-19 Frontline Worker Toolkit in English, MoHFW, Government of India (28 March 2020), Retrieved 20 May 2020

20. Micro Plan for Containing Local Transmission of Coronavirus Disease (COVID-19), MoHFW, Retrieved 20 May 2020

3.2.3 Distribution of masks by Anganwadi workers and Anganwadi helpers

As voluntary charitable gestures, ICDS functionaries such as CDPOs, Anganwadi workers, and Anganwadi helpers in several states have donated funds or produced masks to be donated in their states.

Andhra Pradesh's Vizianagaram, Guntur, Kurnool, and Chittoor are a few of the districts where masks have been stitched by Anganwadi workers and Anganwadi helpers and distributed to children, pregnant women, and sanitation workers in rural communities[21,22]

In the Anganwadi centres of Mizoram, Anganwadi functionaries and volunteers have initiated the 'Mask for All' campaign wherein thousands of masks have been distributed in communities[23,24]. As part of the campaign, Anganwadi functionaries have also trained people from villages on stitching masks.

Over three lakh women workers in Assam, including 1.20 lakh Anganwadi workers, forty-four thousand ASHAs, and thirty-thousand SHGs across thirty-three districts have been involved in COVID-19 relief efforts in rural communities. Frontline workers have undertaken these initiatives in addition to executing their responsibilities of disseminating information and creating COVID-19 awareness in communities[25,26].

3.2.4 Door-to-door distribution of Take-Home Ration

With mounting economic uncertainty, undernutrition and destitution are an unfortunate reality for many children and women. Therefore, the delivery of supplementary nutrition becomes more important than ever for impoverished sections of society[27].

Throughout the pandemic, Take Home Ration (THR) has been distributed by Anganwadi workers and Anganwadi helpers for zero-three-year-old children, three-six-year-old malnourished children, and pregnant and nursing mothers[28].

3.2.5 Sustaining Early Childhood Education

The prolonged lockdown period has rendered the in-person delivery of education impossible. Hence, innovative interventions to deliver Early Childhood Education have been employed by several states across the country. By leveraging technology, educational activities that are typically conducted at Anganwadi centres have been digitised and are regularly shared with parents to keep children engaged and to support their psychological well-being during the lockdown.

For instance, in Tamil Nadu, Anganwadi workers record educational exercises on their camera-enabled phones and leverage multimedia messaging services to send video and audio content to parents to teach their children[29]. In addition to providing pre-school teaching material for three-six-year-old children, Anganwadi workers in the state have also been contacting parents of newborns, infants, and toddlers by phone to provide necessary support and advice regarding ECCE during the lockdown[30].

Along similar lines, Women and Child Development Department (WCD) of Gujarat Government has launched an initiative called *'Umbare Anganwadi'* (Doorstep Anganwadi), wherein a video series called *'Umbare Anganwadi'* is telecast every alternate day and is shared on online streaming platforms, in which regular theme-based Anganwadi modules of pre-school education are taught interactively[31]. Besides, various experts teach arts and crafts activities in the programme which can be easily followed by children at home during the lockdown[32].

Amidst the lockdown, the Government of Odisha has launched a state-wide online competition, MoPratibha, to engage children in creative activities[33]. MoPratibha involves a series of creative skill competitions for children of different age groups. Entries in the form of short stories, posters, and paintings have been invited on the theme of "being at home during lockdown" and "my responsibility as a young citizen during COVID-19."[34]

21. 'Prevention is better than cure'. Anganwadi functionaries from Bobbil Project and Kuppam ICDS Project in AndhraPradesh are preparing masks and distributing among locals as a preventive measure against COVID19 disease, MWCD (13 April 2020), Retrieved 20 May 2020

22. ICDS Frontline COVID-19 Warriors, Department of Women Development & Child Welfare, Andhra Pradesh, Retrieved 5 May 2020

23. Mizoram: Anganwadi Centres under ICDS Project making, distributing Mask, All India Radio News (29 April 2020), Retrieved 8 May 2020

24. Mizoram Anganwadi centres begin 'Mask for all campaign' during #COVID19Pandemic, All India Radio News, Retrieved 10 May 2020

25. Anganwadi workers in Assam are stitching masks for rural women & meeting the current demand of life-saving masks in combating COVID19 crisis, MWCD (2020, April 16), Retrieved 10 May 2020

26. Over 3 lakh women leading fight against COVID-19 in Assam, says state minister, India Today (17 April 2020), Retrieved 22 May 2020

27. Letter from Home Secretary, Government of India (2 April 2020). Retrieved 22 May 2020

28. India: The Dual Battle Against Undernutrition and COVID-19 (Coronavirus), The World Bank, Retrieved 15 May 2020

29. Parents take the role of teachers at home, NewIndianExpress (18 April 2020), Retrieved 14 May 2020

30. Amidst Lockdown, to ensure continuity in preschool education Anganwadi workers in Tamil Nadu state are recording the training exercises and sending it to parents and encouraging them to take the role of teachers at home, NITI Aayog (6 May 2020), Retrieved 10 May 2020

31. Anganwadi Children are being taught various life skills through the unique Umbare Anganwadi initiative of WCD department of Gujarat, All India Radio, Retrieved 14 May 2020

32. Gujarat WCD Ministry takes unique initiative 'doorstep Anganwadi' to reach out to children during lockdown, All India Radio, Retrieved 21 May 2020

33. UNICEF in collaboration with Government of Odisha is starting an online competition, MoPratibha, Government of Odisha, Department of WCD & MS, Retrieved 10 May 2020

34. UNICEF and Odisha Govt launches talent hunt to engage kids during lockdown, The Times of India (2 April 2020), Retrieved 22 May 2020

3.2.6 Anganwadi workers ensuring women's safety during the lockdown

As per National Commission for Women, a significantly high number of complaints have been received regarding domestic violence against women during the lockdown; more than 47 per cent of the complaints received during April and May 2020 were regarding domestic violence[35]. Throughout the lockdown, Anganwadi workers have executed efforts to curb domestic violence against women across the country.

Government of Tamil Nadu has put in place a response system to rescue women in distress. Anganwadi workers have been placed as coordinators to receive and escalate calls of domestic abuse to their superior officials. They have also been provided with smartphones to enable them to be accessible and work closely with rural communities at the grassroots levels[36].

The central government had launched 'Sakhi', a project aimed at aiding women affected by domestic violence, sexual exploitation, and physical or mental torture. During the lockdown, however, social distancing orders have impeded women's ability to physically approach Sakhi centres to register their grievances.

On that account, districts such as Rajouri, Jammu and Kashmir have provided women an option to seek assistance on a helpline number or at Anganwadi centres. Women in distress can approach their nearest Anganwadi centre to register their complaints and have their grievances addressed[37].

35. Domestic violence accounts for over 47% complaints to NCW in "lockdown", The Times of India (2 June 2020), Retrieved 4 June 2020

36. Effective steps taken to curb domestic violence during lockdown, TN tells Madras HC, TheNewIndianExpress (25 April 2020), Retrieved 27 May 2020

37. COVID: One Stop Centre working for domestic violence cases in Rajouri, UNI News (11 May 2020), Retrieved 28 May 2020

4 Role of private organisations in tackling the COVID-19 crisis in rural communities

Assistance from non-government entities in mitigating the impact of the COVID-19 crisis has been noteworthy. The Ministry of Corporate Affairs has announced that funds spent on tackling the COVID-19 outbreak and various activities related to COVID-19 mitigation such as scaling up of healthcare, sanitation, and disaster management will be treated as eligible CSR activities. This has offered an additional incentive for businesses to be involved in the fight against COVID-19[38].

In addition to appreciable contributions towards the PM-CARES fund by corporates, social sector organisations such as charities, CSOs, and NGOs have deployed immense resources for COVID-19 relief in communities.

4.1 CRY (Child Rights and You)

CRY has worked extensively in the areas of hygiene, safety, and COVID-19 awareness. With the help of its network of volunteers, CRY has carried out COVID-19 prevention and awareness campaigns among underprivileged communities and their children in Odisha, Bihar, Manipur, Delhi, Jammu and Kashmir, Madhya Pradesh, Andhra Pradesh, Karnataka, Maharashtra, Chhattisgarh, Assam, Uttar Pradesh, and Rajasthan.

The organisation delivered hygiene kits, dry rations, and sets of educational support for students across the country. In Manipur and Jammu and Kashmir, provisions have been made for water and soap at several places in villages.

As schools, pre-schools, and Anganwadis are closed during the lockdown, avenues for pursuing education are scarce, especially in marginalised communities. Considering these circumstances, CRY has made efforts to facilitate peer-to-peer online learning sessions on academic subjects, art and crafts, among others for underprivileged children.[39]

4.2 Swayam Shikshan Prayog

Swayam Shikshan Prayog (SSP) empowers women to take up the role of entrepreneurs and community leaders for sustainable community development. During the COVID-19 lockdown, SSP, with the help of its network of women leaders, has collected and analysed data from 300 villages in rural Maharashtra that have been worst hit by the crisis. This organisation has identified a list of more than 5000 individuals and families who are the most vulnerable and face the highest degree of risk of experiencing hunger and socio-economic marginalisation. On that account, women leaders in each village have procured packages of dry groceries - wheat, millet, rice, oil, and hygiene products from local grocery shops and distributed aid packages in villages with the help of local Panchayats among high-risk families. Women leaders from SSP are also engaged in counselling in matters of health, hygiene, and livelihoods and providing guidance for accessing government relief.[40]

4.3 Rural Development Trust

Rural Development Trust (RDT) is an NGO that works for the empowerment of rural communities through interventions in the field of education, women empowerment, and community health, among others. RDT, in association with its sister organisations, is training women in rural areas to stitch masks. The organisation provides raw material to women workers and purchases finished products from them (at INR6 per unit), which ensures a regular source of income for the women during the lockdown. The masks are then distributed by the organisation among village households and community health workers. Women trained under RDT's initiative produced over ten lakh masks by early May.[41]

38. Leveraging CSR to Complement India's COVID-19 Mitigation Strategy, NITI Aayog (21 April 2020), Retrieved 5 May 2020

39. CRY Supports Vulnerable Communities During the Pandemic, CRY (30 April 2020), Retrieved 22 May 2020

40. Sakhi Task Force member Priya Khot mobilises women to fight COVID-19, CSRBox (21 May 2020), Retrieved 22 May 2020

41. How this NGO went to villages across Andhra and trained out of work women to create 10 lakh masks and save their families, TheNewIndianExpress (6 May 2020), Retrieved 22 May 2020

4.4 Nand Ghar initiative by Vedanta

Vedanta has made noteworthy contributions to minimise the impact of COVID-19 on poor and marginalised sections of rural communities through its flagship initiative, Nand Ghar. The Nand Ghar project has reimagined the ICDS framework to create modern Anganwadis that go beyond the traditional services of an Anganwadi to offer an integrated package of valuable services to beneficiaries such as e-learning for children, primary healthcare services, economic empowerment of women, strengthening of local government systems, and state-of-the-art infrastructure. Nand Ghar is leading the fight against COVID-19 in rural communities through a range of interventions as listed below:

4.4.1 Education

As a major focus of the Nand Ghar project is placed on the holistic development of children through interactive education, Nand Ghar- Anganwadis across districts designed and implemented interventions to ensure continuity of early childhood education during the lockdown.

In Odisha, parents of children who attend Nand Ghar-Anganwadis have been provided access to the contents of Arunima curriculum and e-learning modules, which are used by Anganwadi workers to teach children. For parents who possess smartphones, video content is shared by Anganwadi workers via multimedia messaging services. For feature phones, an Interactive Voice Response (IVR) system has been set up to access audio modules of the Anganwadi curriculum.

In the Nand Ghar-Anganwadis of Uttar Pradesh, in addition to, e-learning content being shared with parents over multimedia messaging services, stationery such as slate, chalk, notebooks, and crayons have been distributed by the Nand Ghar team to assist children in achieving weekly milestones.

Nand Ghar e-learning content along with UNICEF e-content has been rolled-out with ICDS' approval for home-schooling at all 62k+ Anganwadis across Rajasthan. The educational content is regularly shared with parents to ensure continuous at-home learning.

4.4.2   Health

Amidst the COVID-19 lockdown, Nand Ghar Mobile Health Vans (MHVs) have continued providing medical care services to community members by conducting OPDs and health check-ups at Nand Ghar-Anganwadis of Uttar Pradesh, Rajasthan, and Odisha.

Nand Ghar staff has also ensured the delivery of key Anganwadi health services such as immunisation of children, weight check-ups, and health and nutrition education. Important community healthcare and health education events such as Village Health Sanitation and Nutrition Day (VHSND) have also been observed across Nand Ghars.

In Varanasi, Nand Ghar Mobile Health Van, which provides primary healthcare services to village communities, has been utilised by Government of Uttar Pradesh as COVID-19 relief ambulance and for carrying blood samples to Lucknow for testing. With the help of Nand Ghar staff, door-to-door campaigns have been conducted by frontline workers to disseminate information about the disease such as modes of transmission, common signs and symptoms, etc. and create awareness about COVID-19 prevention.

4.4.3   Economic empowerment

Amidst the COVID-19 lockdown, Anganwadi workers, Anganwadi helpers, and women from SHGs associated with the Nand Ghar initiative have produced and distributed more than sixty-thousand masks to frontline workers and rural households across the country. In addition, essential items for personal safety such as gloves and sanitisers have been continuously distributed amongst community members.

In Amethi, more than twenty-thousand masks have been handed over to DM-Amethi by Nand Ghar volunteers to support the District Administration in its COVID-19 relief efforts. Furthermore, women in Rajasthan associated with this initiative of the Nand Ghar project have generated an income of over INR3 lakh through stitching and distribution of masks.

5 How the COVID-19 pandemic is expected to change the functioning of Anganwadis

As and when the threat of the virus subsides, and the lockdown draws to a close, eventual return to normalcy would be anticipated. However, in most fields of work, including the Anganwadi ecosystem, a fundamental reorganisation of how day-to-day operations are carried out would be imperative as the possibility of contracting and spreading the disease would persist.

Described below are a few measures that should be adopted in the Anganwadi ecosystem after the lockdown.

5.1 Education through e-learning

The role of digital education in the months following the pandemic could grow exponentially. It would be imperative for states to digitise their Anganwadi curriculums and deploy digital tools (or other telecommunication platforms) that would allow for blended learning, i.e. a mix of e-learning and in-person learning.

1. Successful deployment of these tools would involve capacity building of Anganwadi workers and Anganwadi helpers to enable them to access, navigate, and distribute learning modules

2. In communities where literacy of adults in the household is relatively low, capacity building of parents would be essential to facilitate at-home learning

3. Alternative approaches and targeted strategies need to be formulated to deliver Anganwadi learning modules in communities where smartphone and feature phone penetration is low. These could include:

   • Providing paper content for households that do not possess any form of cell phones

   • Providing smartphones, feature phones or tablets, wherever feasible, to households

   • Providing digital screen for community learning within hamlets/tolas.

5.2 Social distancing at Anganwadi centres and community events

It would be critical to ensure social distancing during Anganwadi operations, VHSND, Panchayat meetings, etc. to mitigate the risk of contracting the virus and preventing the spread of the disease in rural communities.

For primary Anganwadi beneficiaries viz, newborns, preschoolers, and pregnant and lactating mothers, social distancing would be further critical as they are relatively more vulnerable.

5.3 Other changes

5.3.1 Doorstep delivery of nutrition and immunisation

The modus operandi of delivering essential health and nutrition services, core to the offerings of ICDS, may have to transform. Systems need to be developed to enable doorstep delivery of supplementary nutrition - in the form of THR for pregnant mothers, zero-three-year-old children, and three-six-year-old malnourished children – and immunisation for children and pregnant mothers on a regular basis. Developing an efficient system for doorstep delivery would require:

1. Setting up channels for clear communication and coordination among various functionaries such as ANMs, Medical Officers, ASHAs, Anganwadi workers, and Anganwadi helpers

2. Incorporating more advanced capabilities for scheduling activities, optimising visits, and tracking of services in existing on-ground digital tools

3. As there is likely to be an extension in the responsibilities of community health functionaries such as ASHAs and ANMs, strategies to phase-in activities such as door-to-door immunisation efficiently must be executed. These would include:

   - Capacity building of field-level functionaries to effectively deliver added responsibilities

   - Plans for hamlet-wise administration of immunisation by ANMs to streamline activities.

5.3.2 Shift towards IEC using digital media instead of community events

In pre-COVID-19 times, one of the preferred modes of conducting IEC activities in villages was through community meetings and gatherings. Following the COVID-19 crisis, however, community awareness activities will have to be conducted through alternative means.

For this, a multi-pronged approach is recommended wherein:

1. The use of telephone calls and SMS texts to deliver information on a regular basis should be explored

2. For communities where households have access to smartphones, multimedia content in the form of photos, audio clips and videos should be shared

3. IEC activities would become less interactive as a result of the measures described above. To compensate for the loss in interactivity, systems that allow community members to resolve their queries and share feedback would need to be created. These can be in the form of interactive voice response systems, groups on multimedia messaging services, and other digital means.

6 Acknowledgements

We are sincerely grateful to the following stakeholders from the ecosystem for extending their knowledge and insights to prepare this paper.

- Team Nand Ghar – Vedanta
- Officials of the Ministry of Women and Child Development, Government of India
- Officials of the Government of Maharashtra
- Officials of the Government of Odisha
- Officials of the Government of Punjab
- Officials of Child Rights and You
- Officials of Swayam Shikshan Prayog
- Officials of Rural Development Trust

Authors
- Pratyush Poddar
- Kunal Mukherjee

Research and analysis support
- Anirudh Ojha
- Lipsa Sahoo

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KPMG in India contacts

Elias George
Partner and Head
Infrastructure, Government and Healthcare
T: +91 124 336 9001
E: eliasgeorge@kpmg.com

Nilachal Mishra
Partner and Head
Government Advisory
Infrastructure, Government and Healthcare
T: +91 124 669 1000
E: nilachalmishra@kpmg.com

Dr Abhinav Akhilesh
Director
Human and Social Services
Infrastructure, Government and Healthcare
T: +91 124 669 1000
E: abhinavakhilesh@kpmg.com

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