

GAIL (India) Limited

**Impact Assessment Report Support
towards refurbishing of 20 Anganwadi
Centre (AWCs) and converting them into
model AWCs, at Dist. Giridih, Jharkhand
(FY 19-20)**



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1.1 Executive Summary

Over the last few decades, India has expedited its journey to being a global leader in both thought and action. Being the most populous country in the world, India has the ability to offer the pivotal traction required to achieve the 2030 Sustainable Development Goals (SDGs). India's alignment with the international development agenda, as exemplified by the motto "Sabka Saath Sabka Vikas" (collective efforts, inclusive growth), underlines the country's commitment to the SDGs. A multi-dimensional problem such as under nutrition requires multi-sectoral intervention, hence, the centrality of convergence as the key strategy¹

With over 1.4 billion people from diverse social, economic, and cultural backgrounds, India faces an arduous challenge in meeting their aspirations. Nonetheless, the story of India since 1947 reflects an impressive growth. The country has effectively lifted more than 271 million people out of multidimensional poverty through economic growth and empowerment². Inequalities in housing, nutrition, child health, education, sanitation, drinking water, and electricity have decreased because of enhanced access and reduction in poverty.

Nonetheless, at the national level, there is still a substantial amount of work to be done in multiple sectors. Once such sector is Eradicating hunger, poverty, and malnutrition part of Item 1(a) of Schedule VII of the Companies Act, 2013.

According to the latest National Family Health Survey 2019-20 (NFHS-5), 35% of children under-5 years are stunted, while 19% are wasted³. India still carries the highest burden of anemia around the world for both children and women. In recent years, the government has accorded high priority to the issue of malnutrition and continues to implement targeted interventions, such as the Prime Minister's Overarching Scheme for Holistic Nourishment (Poshan) Abhiyaan. To further accelerate improvement, India recently launched an Integrated Nutrition Support Programme comprising Saksham Anganwadi and Poshan 2.0. The programme aims to achieve improved nutrition outcomes by promoting greater transparency and accountability of governance and address the challenges of malnutrition among children, adolescent girls, pregnant women and nursing mothers⁴.

GAIL (India) Limited, being a socially responsible public sector unit, recognizes the necessity of addressing the above-mentioned issue and contribute towards curbing hunger, providing access to proper nutrition and food to early mothers and their children through the refurbishment of Anganwadi centres.

The project's aim was to improve the infrastructure and convert Anganwadis (AWCs) into SMART Anganwadis. In this process GAIL aimed to incorporate the principles of health, nourishment and development of children that helped in monitoring the improvement and learning outcomes of the children studying

¹ Dasgupta R, Roy S, Lakhanpaul M. An Uphill task for POSHAN Abhiyan: Examining the missing link of 'convergence'. Indian Pediatr 2020;57:109-13.

² Sashakt Bharat- Sabal Bharat (Empowered and Resilient India)- Voluntary National Review :2020

³ https://main.mohfw.gov.in/sites/default/files/NFHS-5_Phase-II_0.pdf

⁴ <https://www.hindustantimes.com/ht-insight/public-health/saksham-anganwadi-an-important-step-towards-a-healthier-future-for-india-101663221052934.html>

in the New Model Anganwadi Centre. Hence, the objectives of the project was to help in developing and improving infrastructure so that the AWCs can effectively deliver the services such as provision of construction technology, 24*7 electricity supply through installation of solar panels, providing clean drinking water through installation of RO purifiers and generate awareness related to primary healthcare. Along with this the project also focuses on providing facilities like separate sitting room for children/women, kitchen for cooking, dining area, pre-school kit, health, hygiene and nutrition to children, pregnant and lactating women. Additionally, the project also focuses on improving the learning outcomes of the children.

Thereby, in alignment with the thematic areas as mentioned in the Schedule VII of the Companies Act, 2013, GAIL collaborated with Zila Samaj Kalyan Padadhikari, Giridih registered under Jharkhand government towards refurbishment of 20 AWCs and converting them into model AWCs, at Dist. Giridih, Jharkhand (FY 19-20)

GAIL's project focus also lies around two core SDGs which is SDG 2 that aims to achieve zero hunger, food security and improved nutrition and SDG 4 that aims to provide equitable, quality education and promote lifelong learning opportunities.

To evaluate the impact of the project and understand the perception of the stakeholders, GAIL (India) Limited empaneled KPMG to conduct an impact assessment study. Along with stakeholder consultations, review of documents and data provided by the team was undertaken to understand the objective and coverage of the project. After the desk review, key performance indicators were identified and finalized, in consultation with the programme team. For this study, OECD- DAC (Organization for Economic Co-operation and Development- Development Assistance Committee) framework was used for developing the research tools (questionnaires for qualitative surveys) and evaluating the impact created.

As per the impact assessment carried out, 100% respondents reported that services provided by GAIL has helped the smooth functioning of the Anganwadi. The health of beneficiaries including of the women and children has also improved with the services provided by GAIL. The equipment provided and awareness sessions organized by GAIL has considerably helped them to understand the value of nutritious food and adoption of healthy practices.

93% beneficiaries reported that as a result of support provided by GAIL, they had access to better health and infrastructure. 67% of the beneficiaries have reported increase in their attendance at schools. 93% of the respondents have mentioned that children were provided with food like rice and ready to eat food items on regular basis. Lastly, the GAIL project implemented in Giridih, Jharkhand scored an average of 82% which implies the project is **Moderately Impactful** in nature.

1.2 Introduction

1.2.1 CSR at GAIL

GAIL (India) Limited, conferred with the status of Maharatna in 2013, is India's leading natural gas company with diversified interests across the natural gas value chain of trading, transmission, LPMG production, LNG- regasification, petrochemicals, city gas, etc. It owns and operates a network of around 14617 km of natural gas pipelines spread across the length and breadth of country. GAIL firmly believes that meeting people's needs, enhancing communities, and safeguarding the environment will ultimately determine how long progress can be sustained.

Pursuant to the provisions of the Companies Act, 2013 and rules made thereunder including the statutory modifications/ amendments from time to time as notified by the Government of India, GAIL (India) Limited earmarks two percent of its average net profit of the preceding three financial years towards achieving its CSR objectives through implementation of meaningful and sustainable CSR programmes.

1.2.2 GAIL CSR Vision

GAIL, through its CSR initiatives, will continue to enhance value creation in the society and in the community in which it operates, through its services, conduct & initiatives, so as to promote sustained growth for the society and community, in fulfillment its role as a Socially Responsible Corporate, with environmental concern.

1.2.3 GAIL CSR Objectives

- Ensure an increased commitment at all levels in the organization, to operate its business in an economically, socially & environmentally sustainable manner, while recognizing the interests of all its stakeholders.
- To directly or indirectly take up programmes that benefit the communities in & around its work centres and results, over a period of time, in enhancing the quality of life & economic well-being of the local populace.
- To generate, through its CSR initiatives, goodwill, and pride for GAIL among stakeholders and help reinforce a positive & socially responsible image of GAIL as a corporate entity.

1.2.4 About the project/ programme

India is home to approximately 159 million children in the age group of 0-6 years, constituting 13.12 per cent of the total population⁵. India is also committed to achieve the Sustainable Development Goals (SDGs), which

⁵ [0-6 age group population declines by five million | Deccan Herald](#)

encompass various targets on child well-being including quality of early childhood development, care and pre-primary education, elimination of all forms of malnutrition, and ending preventable deaths of newborns and children under five years of age, amongst others. Thus, it becomes imperative to ensure holistic development of these children for them to achieve their full potential.

Integrated Child Development Services (ICDS) (which includes the Anganwadi programme) was launched on 2 October 1975 and is a national programme that addresses the needs of children below the age of six years. The Anganwadi Centre is a result of the partnership between the ICDS (Integrated Child Development Scheme), Ministry of Women and Child Development, Government of India. ICDS is one of the world's largest government-led programme for provision of early childhood development in India. ICDS provides a range of services across Early Childhood Care and Education (ECCE) and maternal and child health including preschool non-formal education, supplementary nutrition, health-related awareness, immunization, health check-up and referral services. These are provided through a network of 13.14 lakhs Anganwadi Workers and 11.74 Anganwadi Helpers to 906.17 lakh beneficiaries of which 736.91 lakh are children under the age of six years and 169.26 lakh are pregnant women and lactating mothers⁶. Till June 2021, a total number of 200.44 lakh children of 3-6 years were covered under pre-school education of which 102.40 lakhs were boys and 98.04 lakhs were girls⁷.

The meaning of the word 'Anganwadi' in the English language is "courtyard shelter". The word Anganwadi is derived from the Hindi word "Angan", it refers to the courtyard of a house. The Anganwadi is a children-oriented courtyard play centre, located within the village itself. An Anganwadi centre provides basic health care facilities in Indian villages. It is a part of the Indian public health-care system where basic health-care activities are provided which include contraceptive counselling and supply, nutrition education and supplementation, as well as pre-school activities. The centres may also be used as depots for oral rehydration salts, basic medicines, contraceptives, and childcare⁸. To provide such expanded services, infrastructure, and logistics of AWC plays an important role.

Infrastructure of Anganwadi centres include type and ownership of building, availability of indoor and outdoor space, availability of toys, medicine kits, functional weighing machines, safe drinking water, functional toilet, and handwashing facilities. A good quality infrastructure can work as magnet for families including parents and thereby encourage them to send their children for supplementary feeding and pre-school education to nearby AWCs

The infrastructure of most AWCs is substandard wherein most structures are dilapidated with poor light and ventilation. A quarter of the functioning AWCs do not have drinking water and 36% do not have toilets. Another issue is with ICDS services provided by AWCs⁹. Only a small percentage of AWCs have crèches and high-quality recreational and learning facilities for pre-school

⁶ [Implementation Of Anganwadi Services Scheme \(pib.gov.in\)](https://pib.gov.in/Press-Release-Details.aspx?relid=173213)

⁷ [Implementation Of Anganwadi Services Scheme \(pib.gov.in\)](https://pib.gov.in/Press-Release-Details.aspx?relid=173213)

⁸ [Anganwadis | Role | Basics | Importance | Facts | Implementation \(targetstudy.com\)](https://targetstudy.com/anganwadis-role-basics-importance-facts-implementation/)

⁹ <https://officerspulse.com/explain-the-role-of-anganwadis-in-providing-the-early-childhood-care-and-education/>

education. Beneficiaries of the ICDS do register for services because AWCs lack basic infrastructural facilities¹⁰.

The Research article¹¹ “Knowledge of Anganwadi Workers and their Problems in an Urban ICDS Block” identified and analyzed various problem faced by Anganwadi Workers. The problems faced by them are inadequate honorarium, excessive record maintenance, infrastructure related, work overload, logistic supply related, inadequate supervision, and lack of help from the community. The problems expressed by 32.14 per cent workers according to this research article was infrastructure related due to inadequate space for displaying NFPSE posters or other posters related to nutrition and health education.

In the article¹² “A Study on Problems faced by Anganwadi Workers, and suggestions given by them” identified the various problem faced by anganwadi workers. The problems faced by them are that they do not have own building, lack of toilet facilities, no playground for children to play, no time to conduct pre-school education, low in attendance and dues in the payment of salaries, gas, and other funds. It is evident from the article that they had no time to conduct preschool education is the most problem faced by Anganwadi workers.

To resolve all infrastructural bottlenecks of AWCs concept of ‘Model Anganwadi Centre’ has been developed as a child friendly and educative space to promote good health and hygiene. The AWCs are equipped with interactive and child-friendly learning spaces with Building as Learning Aid (BaLA) paintings, essential nutrition-related equipment, and safe and hygienic premises.

The Ministry of Women and Child Development, Government of India has brought out the National ECCE Policy in a move towards improving the standards of infrastructure and services, quality of care, stimulation, and learning. The Ministry has formulated a Quality Standards Framework for ECCE. The framework identifies the key principles, indicators and exemplary good practices required for assuring quality in Early Childhood Care and Education (ECCE) services in AWCs. Understanding that AWCs play a vital role in addressing fundamental child learning and health needs for the poor, as well as assisting the government in implementing its numerous initiatives, particularly those pertaining to child and women development, GAIL (India) Limited has supported Anganwadi centres by providing basic healthcare facilities in the village which includes nutrition education and supplementation, as well as pre-school activities. In order to bridge this gap with regard to lack of proper infrastructure and services available at AWCs, GAIL has aligned the implementing agency to carry out intervention in Giridih, Jharkhand.

¹⁰ [Explain the role of Anganwadi's in providing the early childhood care and education. - Officers Pulse](#)

¹¹Thakare Meenal.,Et.Al.,(2011) “Knowledge Of Anganwadi Workers And Their Problems In An Urban Icds Block” Journal Of Medical College, Chandigarh, 2011.Vol.1,No:1 P-15-19

¹²Gouri Yelvattimatti And Nithya Shree (2015) “ A Study On Problems Faced By Anganwadi Workers And Suggestions Given By Them” Agriculture Update Vol10/ Issue1/February,2015/ 40-43 Issn-0976- 6847.



1.2.5 About the Implementing Agency

Zila Samaj Kalyan Padadhikari, Giridih registered under Jharkhand government is having its principal office at District Collectorate Giridih, Jharkhand.

The District Administration through this project aims at strengthening the ICDS infrastructure through refurbishment of AWCs thereby directly impacting the cognitive and physical development of children in a conflict affected area. The project will target 70 AWCs in the rural areas which requires strengthening of the existing infrastructure specifically targeting a child's development as well as health and nutrition counselling to adolescent, pregnant and lactating women. The refurbishment will also ensure that the Anganwadi is seen as a model establishment that aims for the overall development of the mother and child. They will benefit approximately 10000 beneficiaries in backward block of the district as per NITI Aayog indicators in Giridih District. However, selection for renovation of 70 Anganwadi's will be decided by Deputy Commissioner of Giridih and Nutrition committee.

1.3 Methodology and Approach

GAIL has been implementing successful CSR initiatives based on community needs. A third-party evaluation of the results attained is essential given the dynamic nature of the social development programmes deployed. This impact assessment aims to explain what has been done well and what can be done moving forward. It will not only assist in determining the significance of the project, including the efficiency of project design and interventions, sustainability of results, and impact of the intervention on the target community, but it will also provide guidance for expanding or replicating the successful initiatives while redesigning or ending the projects/initiatives that were unable to have the intended impact.

The impact assessment is intended to provide key insights on the following questions:

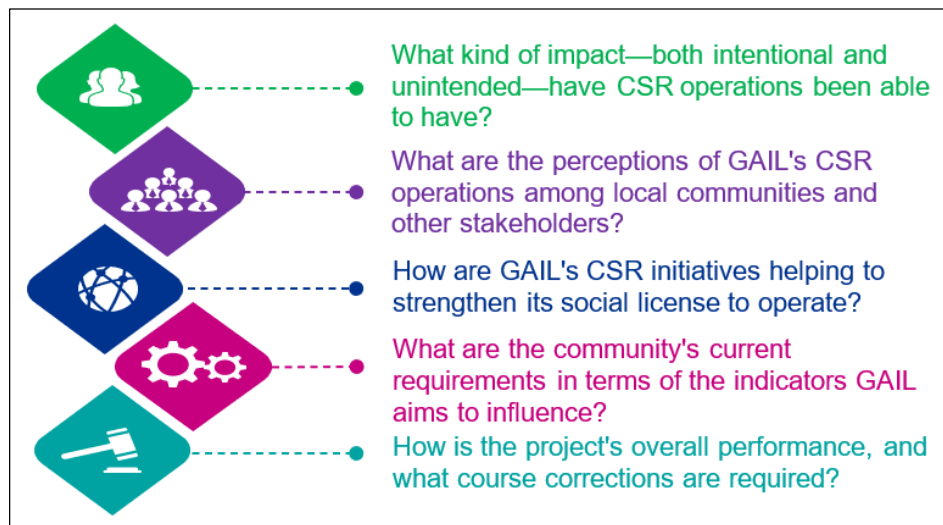


Figure 1: Research questions

The study was conducted through qualitative data collection techniques. This includes in-depth interviews with key stakeholders, as well as secondary research in the multiple thematic areas for a baseline perspective.

1.3.1 OECD DAC: Evaluation Criteria

Given the fundamental approach for conducting an impact study, the OECD-DAC (Development Assistance Committee) Evaluation Network's framework is well regarded for assessing the efficacy of development programmes. In response to the need for a method through which bilateral development agencies could monitor the financing supplied to multilateral organizations for various development initiatives, the DAC Evaluation Network developed a set of evaluation criteria for measuring the performance of any development project (UNICEF, 2012).

In 1991, the OECD Development Assistance Committee (DAC) devised the criteria for assessing international development cooperation. They are now

widely used beyond the DAC and have established themselves as a cornerstone of evaluation methodology. These standards have routinely been used for international donors, including UN agencies (OECD, 2020).

The OECD DAC Network has identified six evaluation criteria and two principles for their application: relevance, coherence effectiveness, efficiency, impact, and sustainability. These criteria are meant to help facilitate evaluations. They were revised in 2019 to improve the accuracy and utility of assessment and to strengthen the evaluation's contribution to sustainable development (OECD, 2020).

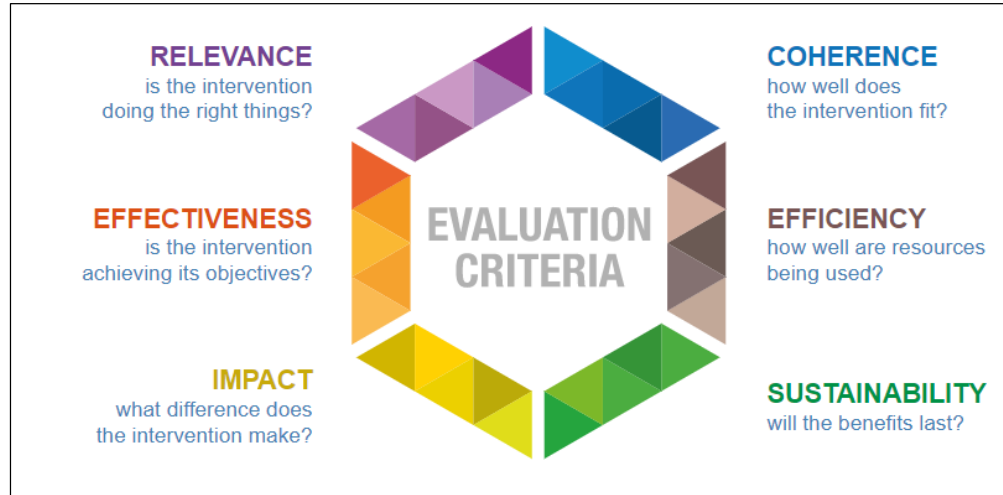


Figure 2: OECD- DAC Framework

1.3.2 Geographical Scope

The impact assessment for this programme involved 1 state and 1 district.

	State	Districts
Under GAIL CSR initiative	Jharkhand	Giridih

Table 1: Programme coverage

1.3.3 Sampling Strategy

The sample size for this study has been calculated using purposive sampling methodology. Out of the total population of beneficiaries, a sample size of 28 was covered in the study. This was done keeping in mind the beneficiary spread as well as collecting data from diverse stakeholders covering all the states and districts. Duplication of responses were also avoided to ensure opinion of all stakeholders is covered adequately.

1.3.4 Sample Coverage

A sample of 28 was achieved across the state of Jharkhand such that the sample was covered from the Anganwadi centers located in the villages of Bhallari, Lutaria, Chintia, Bharbih, Bhardaridih, Bhalpari of Giridih district of Jharkhand. The sample is divided among beneficiaries (Anganwadi workers) and parents interviewed from the community.

1.3.5 Data Collection and Analysis

In Jharkhand, KPMG carried out the data collection exercise on ground with assistance from GAIL CSR SPOCs as well as Zila Samaj Kalyan Padadhikari SPOCs.

In-depth interviews and focused group discussions were conducted with the relevant stakeholders, with the help of pre-designed questionnaires, through face-to-face interviews for data collection. The data was later updated and translated into excel sheets. Following data collection and cleaning, the data was analyzed, and the outcomes were utilized to assess the project's impact.

1.3.6 Stakeholder Map

Stakeholders play an imperative role in project implementation on the ground. Stakeholder involvement can offer insightful information that aids in making critical decisions for the organization. They can aid in designing improved guidelines, processes, and systems, as well as future communications and plans. Institutions and stakeholders taking part in the exercise include:

Project	Type of Stakeholder	Number of stakeholders
Support towards refurbishing of 20 Anganwadi Centre (AWCs) and converting them into model AWCs, at Dist. Giridih, Jharkhand (FY 19-20)	Anganwadi Workers	27
	Parent	1
	GAIL CSR Project SPoC	1

Table 2: Stakeholder map

1.3.7 Impact Map

Thematic Area	Location	Project Name	Implementing Agency	Overall Objective	Key Activities	Key Outputs	Key Outcomes	Impact
Healthcare; Promoting preventive healthcare & sanitation [item no (i) schedule VII of Companies Act 2013]	Giridih, Jharkhand	Project 17: Support towards refurbishing of 20 Anganwadi Centre (AWCs) and converting them into model AWCs, at Dist. Giridih, Jharkhand (FY 19-20)	District Collectorate	<ul style="list-style-type: none"> To enhance the quality of education in the schools using innovative IT infrastructure, thus enabling the classrooms to become more student centric To have an Integrated Technology Solution in the school to enhance the Learning Experience of the students Development of appropriate digital content on the identified hard spots mapped to the curriculum to make learning more interactive, effective, and interesting for the students Capacity building of teachers on using ICT, Pedagogy and content integration, delivery of multimedia content. 	Refurbishing of 20 Anganwadi Centres in Giridih district	<ul style="list-style-type: none"> Infrastructure support provided in the Anganwadis No. of children enrolled in the project No. of children benefiting from the support No. of anganwadi workers benefiting from the support 	<ul style="list-style-type: none"> Improvement in the learning levels of the students Capacity built of teachers in content delivery and classroom engagements. Produced conducive learning environment reducing student's dropout ratio Increased enrolment in schools 	<ul style="list-style-type: none"> Improvement in anganwadi infrastructure post support provided by GAIL Health of the females and kids has improved Equipment's provided and awareness sessions has helped to understand the value of nutritious food and healthy practices.

Table 3: Impact Map

1.4 Scoring Matrix

A scoring guideline was designed where OECD DAC parameters were scored and bundled based on our understanding of the project and availability of information. Weights were assigned to the bundled OECD DAC parameters. Also, a parameter on Branding was included to understand the community's awareness on the project. Various components within the parameters have been assigned scores. Weights and scores have been used to compute the overall score for each district.

The following scoring matrix was developed to rate the performance of the projects across districts:

OECD Parameters	Indicators	Weightage	Combined Weightage
Relevance	Need assessment report	20%	W1: 40%
	Relevance to target beneficiaries	50%	
	Alignment with SDGs	30%	
Coherence	Alignment with national policies	50%	W2: 40%
	Alignment with GAIL CSR policy	50%	
Efficiency	Timeline Adherence: Project Completion	40%	W3: 10%
	Adherence: Budget	40%	
	Duplication of project	20%	
Effectiveness	Target achievement (planned vs actuals)	100%	W4: 10%
Impact	Access to better infrastructure	25%	
	Access to better healthcare	25%	
	Increased attendance of children	25%	
Sustainability	Overall development of the children	25%	
	Presence of sustainability mechanism / exit strategy	50%	
Branding	Provision of better infrastructural facilities and healthcare support	50%	
	GAIL Branding/visibility	100%	
Score= W1*Average (Relevance, Coherence) + W2*Average (Efficiency, Effectiveness, Impact) + W3* (Sustainability) + W4* (Branding)			

Table 4: Scoring matrix

1.5 Impact Assessment

1.5.1 Relevance of Intervention

Relevance is a measure of how much the intervention objectives and design respond to the needs, beliefs, and priorities of the beneficiaries and continue to do so even if circumstances change.

Relevance measures how effectively a programme is aligned with the goals and policies of the government in which it is implemented. It also aims to know if the programme is relevant to the needs of the beneficiaries. The program's relevance is understood in this context in terms of community needs as well as linkages to existing government operations.

ICDS Program is one of the critical programs run by Department of Women, Child Development and Social Security in the state government for the welfare of children and pregnant lactating mothers under the integrated Child Development Services (ICDS) program. This is one of the oldest programs of the government running since 1975. AWCs are the backbone of the ICDS program as all the ICDS services are provided from the premises of the Anganwadi Centre. Giridih district situated in the northeast part of the state of Jharkhand bestowed with rich natural resources and cultural diversity. As per 2011 census, the district has got 4 sub-divisions, 13 Tehsils, 13 Block, 1 Municipality, 2609 villages and 358 Gram Panchayats¹³. The Economy of the district is primarily based upon farming. As far as education is concerned, 63.1% people are literate. There are some of Primitive Vulnerable Tribal Groups (PVTGs) such as Virhor, living in very impoverished conditions. Many children who come from these communities are malnourished and face stunted growth. For the holistic development of these children, AWCs play a crucial role however most of the AWCs do not have proper infrastructure or work from structures which are not permanent in nature. Thus, it is necessary, to enhance the existing infrastructure and incorporate the principles of healthy nourishment and development of children.



Figure 3: Showing Anganwadi workers at the centre

From the Memorandum of Association (MoA) shared, we observed that need assessment wasn't undertaken by the implementing agency. The project focused on providing access to early education and nutrition facilities to kids inside Anganwadi

¹³ The information has been extracted from the proposal mentioned in the MoA shared

premises to improve their learning outcomes, health along with providing nutritional supplements and awareness to the pregnant/lactating mothers.

During data collection from the field, **100% respondents including a parent** reported that the AWC refurbishment programme has helped in a lot of ways because of which there has been increase in the attendance of children. The services provided by GAIL are satisfactory like generating awareness about primary healthcare, hygiene practices, nutrition specific education to pregnant and lactating women and provision of pre-school kit to the children. It also led to overall development of children as their learning outcomes have improved. The Anganwadi has received basic infrastructure which was utmost required and few medical equipment has helped in the health of the kids.

1.5.2 Coherence of Intervention

Coherence refers to the compatibility of the intervention with other interventions in a country, sector, or institution.

It measures the extent to which other interventions (particularly policies) support or undermine the intervention, and vice versa.

I. Alignment of the programme with Sustainable Development Goals (SDGs)

The Sustainable Development Goals (SDGs), commonly recognized as the global goals, were established in 2015 by all United Nations members with the purpose of eradicating poverty, protecting the environment, and ensuring that everyone lives in peace and prosperity by 2030. India was a significant contributor to the development of the SDGs and is committed to achieving them by 2030.



SDG Goal	Target	Sub-targets ¹⁴	Coherence
GOAL 2	Zero Hunger	<p><i>2.1 By 2030, end hunger and ensure access by all people, the poor, and people in vulnerable situations, including infants, to safe, nutritious, and sufficient food all year round.</i></p> <p><i>2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.</i></p>	<p>The project's aim was to create health and nutrition awareness in the entire village with the support from Anganwadi workers. It also aimed at increasing no of children coming to the centres and thus offer health checkups, provide nutrition supplements to them, and make use of equipment provided by GAIL to identify sick or malnourished child in need of prompt medical attention.</p>
GOAL 4	Quality Education	<p><i>4.2 Early childhood development and universal pre-primary education. By 2030, ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education</i></p>	<p>The project's aim was to provide the kids coming to the centre with preschool services which focuses on the total development of the children up to the age of six years, with emphasis on underprivileged groups</p>

Table 5: Coherence with SDG Goals

II. Coherence with national priorities:

The project is further aligned with the national and state government goals, policies, and initiatives, as listed below:

Policy	Description	Coherence
Poshan Abhiyaan	<p>Poshan Abhiyaan, also known as the National Nutrition Mission (NNM), was launched in 2018 (although the programme was being implemented in 2017) by the Government of India with the aim of tackling the malnutrition problem prevalent in India.</p>	<p>In line with the vision and objectives of the policy, the project activities aim at creating awareness in the village in various families especially newly, pregnant mothers about the importance of health and nutrition. Along with this the project also aims at keeping a check on supplementary feeding and growth monitoring of the child. Additionally offering immunization of pregnant mother and child to protect them from various diseases.</p>

¹⁴ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

<p>Anganwadi Services Scheme</p>	<p>Anganwadi Services (now renamed as Saksham Anganwadi and Poshan 2.0) is a Centrally Sponsored Scheme implemented by States/UTs providing a package of six services, namely, (i) Supplementary Nutrition; (ii) Pre-school Non-formal Education; (iii) Nutrition & Health Education; (iv) Immunization; (v) Health Check-up; and (vi) Referral Services has been provided to all eligible beneficiaries, namely, children in the age group of 0-6 years, pregnant women and lactating mothers through the platform of Anganwadi Centres across the country.</p>	<p>In line with the vision and objectives of the policy, the project activities aim at providing preschool services, increasing health and nutrition specific awareness, ensure proper and regular health checkup of infants and mothers and provide immunization facilities to both mothers and children along with offering health checkups, monitoring of sick, malnourished child in need of prompt medical attention</p>
<p>National Early Childhood Care and Education Policy</p>	<p>The vision of the policy is to promote inclusive, equitable and contextualized opportunities for promoting optimal development and active learning capacity of all children below six years of age. It envisages improving pathways for a successful and smooth transition from care and education provided at home to centre based ECCE and thereafter to school age provision by facilitating an enabling environment through appropriate systems, processes and provisions across the country. The Policy visualizes providing holistic and integrated developmental opportunities to all children under six years age of age through programme and provisions for early childhood development.</p>	<p>In line with the vision and objectives of the policy, the project activities aim at contributing towards providing basic health care in a village which includes nutrition education and supplementation to both pregnant/lactating mothers and their babies</p>

Table 6: Coherence with national priorities

1.5.3 Effectiveness of Intervention

Effectiveness is defined as an assessment of the factors influencing progress toward outcomes for each stakeholder as well as validation of the robustness of systems and processes.

To effectively achieve these outcomes, the programme adopted the following measures:

- I. **Identification of the problem:** Zila Samaj Kalyan Padadhikari, conducted regular field visits in collaboration with GAIL to identify the needs of the students to encourage the families especially pregnant/lactating mother and their babies to regularly come to Anganwadi premises and improve their nutritional needs and inculcate good habits of early education in kids. Under this programme, GAIL has provided infrastructure support in Anganwadi's which can resolve the various challenges faced at the centre and increase the ratio of mother and child coming to the centre regularly.
- II. **Qualified implementation team:** The implementing partner, i.e., the Zila Samaj Kalyan Padadhikari's team was instrumental in providing a qualified team with previous expertise to overlook the execution of the project. This contributed to the preservation of implementation quality and provided prompt assistance to the intended beneficiaries.
- III. **Collaboration:** GAIL collaborated with Zila Samaj Kalyan Padadhikari, Giridih, an organization with the competitive advantage and necessary infrastructure, capacity, expertise, and experience required for carrying out and conducting the requisite activities for the project.
- IV. **Targeted beneficiary mobilization:** The Anganwadi workers received the trainings from GAIL for importance of nutrients in food and key nutrients to be provided to kids and their mothers and with the help of these trainings they could mobilize beneficiaries from different families especially newly born babies and their mothers to come to the Anganwadi centres regularly.

1.5.4 Efficiency of Intervention

The efficiency criterion seeks to determine whether the project was completed in a cost-effective and timely way.

The purpose is to establish whether the inputs- funds, knowledge, time, etc.- were effectively employed to create the intervention outcomes. This evaluation criterion attempts to determine whether the programme was completed on schedule and within budget.

The project has been efficiently implemented in the target districts with the support of key stakeholders.

- I. **Timeliness of delivery or implementation of project interventions:** The programme was implemented within the given time period by Zila Samaj Kalyan Padadhikari with support from GAIL CSR team in the target district.
- II. **Cost efficiency of project activities:** Interaction with the GAIL CSR and Zila Samaj Kalyan Padadhikari also revealed that there was no budget overflow and that all the activities were successfully carried out within the allotted budget. Payment milestones were clearly defined as such, and interventions were implemented in the districts in consultation with the key stakeholders.
- III. **Duplication/ overlap of project activities:** Duplication of effort arises when similar interventions are needlessly undertaken within the same community/

location due to poor knowledge management and inadequate coordination of projects, thereby resulting in fund and resource inefficiency. In this case, it was discovered that no similar activity was being carried out in the district. As a result, mothers and their babies sensitized by the Anganwadi workers came to the center to receive the nutritional education and support. This project contributed to expanding the reach of the intervention and avoiding duplication or overlap of project activities in the target districts.

1.5.5 Branding

During the data collection from the images captured on field, it was observed that GAIL's branding, or logo was not visible on the walls of the Anganwadi centre. However, as confirmed by GAIL's SPoC the community members, AWWs were aware that GAIL has provided support in terms of equipment and other infrastructural changes.

1.5.6 Sustainability of Intervention

Sustainability assesses how well the programme secures the long-term viability of its outcomes and influence.

The continuation of a positive effect after development or aid has stopped is referred to as sustainability. This evaluation criterion contains key elements concerning the likelihood of continuous long-term benefits and risk tolerance. To achieve sustainability, a governing framework, financial model, and operating system must be established.

During the data collection process with the beneficiaries (Anganwadi workers and parents), 100% of them confirmed that post the intervention, Anganwadi staff would be most appropriate to look after the repair and maintenance work of the Anganwadi's. Anganwadi Worker (AWW) is envisioned as an Early Childhood Care and Education (ECCE) as well as a healthcare agent, working closely with the primary healthcare centres.

The project was successfully completed by the implementing agency, i.e., Zila Samaj Kalyan Padadhikari in a timely and cost-effective manner. Other than providing the providing the medical equipment's and nutritional supplements, the implementing agency has also looked after creating awareness in the village community about importance of health and nutrition in newly/pregnant mothers and child, increasing attendance of children in the Anganwadi centres and providing regular health checkups and immunization with the support provided from GAIL. It also aims to ensure the continued positive impact of the intervention in the target communities.

1.5.7 Impact of Intervention

Impact has been measured in terms of the futuristic vision to address the issue and significant changes observed.

The goal of measuring the impact is to determine the project's primary or secondary long-term impacts. This could be direct or indirect, intentional, or unintentional. The unintended consequences of an intervention can be favorable or harmful.

Early Childhood Education (ECE) is both a right and a profitable investment in human resources and social capital of communities, according to United Nations Children's Fund

2007 report Education for All Global Monitoring Report. India is home to 99 million children aged 3-6 years¹⁵. However, only around two-thirds of them receive ECE, either through government or non-profits and private entities. As of March 2022, 28 million children in the 3-6 age group were being provided preschool education in Anganwadi Centres and 1.5 million children in government and government-aided schools, respectively, largely through the Samagra Shiksha Abhiyan (SmSA)¹⁶.

Despite a range of ECE service providers, around 37 million children do not avail of any such service, found the National Sample Survey 75th round report. Due to varying service providers, funding streams and quality standards, there is also a variation in household spending towards ECE, as average out-of-pocket spending per child per year varies from Rs 1,030 in government institutions to Rs 12,834 in private institutions¹⁷. Therefore, good-quality early education is not equally accessible to all.

Giridih is headquarters of the Giridih district of Jharkhand state, India. The city of Giridih is known for its industrial and health sectors, as well as its scenic beauty. The Giridih Coalfield which is one of the oldest coalfields to be functional in India. Giridih district of Jharkhand has rich deposits of mica. Mica picking is one of the main occupations of the people in the district. The poor economic condition and insufficient availability of livelihood of the communities has led them to mica picking¹⁸.

The communities earn around Rs 50 – 100 per family per day and thus employ their children in mica picking to supplement the families' income where an average family consists of at least six members¹⁹. The main factor driving the children into mica mines is poor availability of alternative livelihood for the parents. The poverty is leading the children to work in the mica mines to supplement the families' income. The age group of children engage in mica picking varies from 5 years to adolescents. The government infrastructure for education is not good as schools in the villages do not function properly and quality of education imparted is poor which is add on to demotivate the communities against education. The teachers don't come regularly to schools and hence mid-day meal is not served. Additionally, the quality of the food is not good²⁰

The situation of inaccessibility of good quality education needs to be addressed on priority and scaling up public provisioning of ECE services can help minimize this unevenness. The National Education Policy (NEP) is the first policy that recommends the inclusion of children aged 3-6 years within the structure of the school system. The policy also suggests strengthening AWCs with access to high-quality infrastructure and well-trained teachers/workers. Another solution which can be looked upon is strengthening and awareness of Community Based Organization on Child Labour Issues and other issues affecting the Child Friendly Environment in the district.

Thus, GAIL India in collaboration with Zila Samaj Kalyan Padadhikari has worked towards the refurbishment of Anganwadi's for refurbishment of Aaganwadi centres to resolve the above-mentioned issues to a significant extent. The overall impact which has been generated can be summarized in the following points:

¹⁵ <https://www.downtoearth.org.in/blog/governance/countdown-to-budget-2023-why-investing-in-early-childhood-education-should-be-a-priority-in-the-upcoming-budget-87283>

¹⁶ <https://www.downtoearth.org.in/blog/governance/countdown-to-budget-2023-why-investing-in-early-childhood-education-should-be-a-priority-in-the-upcoming-budget-87283>

¹⁷ <https://www.downtoearth.org.in/blog/governance/countdown-to-budget-2023-why-investing-in-early-childhood-education-should-be-a-priority-in-the-upcoming-budget-87283>

¹⁸ <http://www.cini-india.org/wp-content/uploads/2018/01/Jharkhand-Report.pdf>

¹⁹ <http://www.cini-india.org/wp-content/uploads/2018/01/Jharkhand-Report.pdf>

²⁰ <http://www.cini-india.org/wp-content/uploads/2018/01/Jharkhand-Report.pdf>

I. Improved access to infrastructure –

Infrastructure of anganwadi centres includes type and ownership of building, availability of indoor and outdoor space, availability of toys, medicine kits, functional weighing machines, safe drinking water, functional toilet and handwashing facilities.

Poor and inadequate infrastructure can create many challenges in the delivery of ICDS services and create health problems for the anganwadi children²¹. Studies have identified various reasons for such low uptake of ICDS AWC services and Pre School-Services (PSE) services. This includes aspects such as inadequate training and capacity building of Anganwadi Centre Workers (AWWs), their incentive structures, budgets, and implementation of nutrition support services²², for instance, the issues that pertain to geographical and ministerial convergence, especially in the domain of early childcare and education²³.

Notwithstanding these concerns, poor AWC infrastructure is identified to play an important role as part of ICDS programme coverage and participation. In 2015, the NITI Aayog (premier policy think tank of the Government of India) had conducted a rapid assessment of AWCs across 19 states and union territories (UTs) and found that 41% of the AWCs had either a shortage of space or were unsuitable, whereas 13.7% did not have safe drinking water facilities²⁴. Previously, in 2011, the Planning Commission of India had also noted that the AWCs lack adequate infrastructure to deliver the designated services. In particular, a few studies have shown that poor infrastructure contributes to poor attendance and coverage²⁵.

During the data collection for this project, 100% respondents mentioned that there was no infrastructure or hardly any facility available inside the anganwadi premises before the CSR intervention of GAIL.

Given the dismal state of infrastructure significant efforts have been taken by the government, to improve the AWCs infrastructure and strengthen PSE services. In particular, the Prime Minister's Overarching Scheme for Health and Nutrition in India (POSHAN Abhiyaan) has provided momentum to ICDS programme and has also inspired various national and international organizations to improve AWC services.

The different items provided catering to the needs to the beneficiaries' post GAIL's intervention as confirmed by 100% of the respondents was informed infrastructure and medical equipment. This has helped in improvement of the health of the kids along with ensuring smooth functioning of the AWCs.

²¹ <https://www.readcube.com/articles/10.18203%2F2394-6040.ijcmph20162200>

²² Avula R., Kim S. S., Chakrabarti S., Tyagi P., Kohli N., Kadiyala S., Menon P. (2015). *Delivering for nutrition in Odisha: Insights from a study on the state of essential nutrition interventions* (POSHAN Report No 7). International Food Policy Research Institute

²³ Mishra R. (2020). *India's NEP 2020 reaffirms the importance of early child care through Anganwadis*. Eleventh Column. <https://www.eleventhcolumn.com/2020/09/29/indias-nep-2020-reaffirms-the-importance-of-earlychild-care-through-anganwadis/>

²⁴ <https://journals.sagepub.com/doi/full/10.1177/2455133321999852>

²⁵ Malik A., Bhilwar M., Rustagi N., Taneja D. K. (2015). An assessment of facilities and services at Anganwadi centers under the integrated child development service scheme in Northeast district of Delhi, India. *International Journal for Quality in Health Care*, 27(3), 201–206. <https://doi.org/10.1093/intqhc/mzv028>



Figure 4: Showing anganwadi centre and children present inside the premises of the centre

II. Improved access to healthcare facilities

Table 81 Nutritional status and anaemia among children and women by district

Percentage of children age 6-59 months classified as having anaemia and percentage of women age 15-49 years with anaemia and specific body mass index (BMI) levels by district, Jharkhand, 2019-21

District	Percentage of children having any anaemia (<11.0 g/dl)	Number of children	Percentage of women having any anaemia (<12.0 g/dl) ¹	Number of women	Percentage of women with BMI <18.5 (total thin)	Percentage of women with BMI ≥25.0 (overweight or obese)	Number of women ²
Bokaro	66.5	373	68.8	1,670	26.6	15.1	1,612
Chatra	62.6	216	56.0	815	32.2	10.4	765
Deoghar	73.9	325	70.2	1,046	32.5	10.9	1,039
Dhanbad	66.5	521	63.8	2,157	26.0	16.4	2,151
Dumka	75.1	257	73.4	979	29.6	9.1	931
Garhwa	62.5	306	62.7	1,017	28.8	13.6	959
Giridih	62.8	498	64.7	1,644	27.3	7.8	1,598

Figure 5: Showing nutritional status and anemia among children and women in different districts in Jharkhand

According to UNICEF's report, the infant and under-five mortality in Jharkhand has shown a steady decline in the past few years. However, the rate of decline of newborn mortality is higher in districts with tribal communities²⁶. Almost every second child in Jharkhand is stunted (low height for age), and three out of ten children are wasted (low weight for height). In terms of numbers, approximately two million children below age five are stunted in the state.²⁷ The above image also highlights Anemia being a common problem among children in the age group of 6-59 months.

²⁶ <https://www.unicef.org/india/where-we-work/jharkhand>

²⁷ <https://www.unicef.org/india/where-we-work/jharkhand>

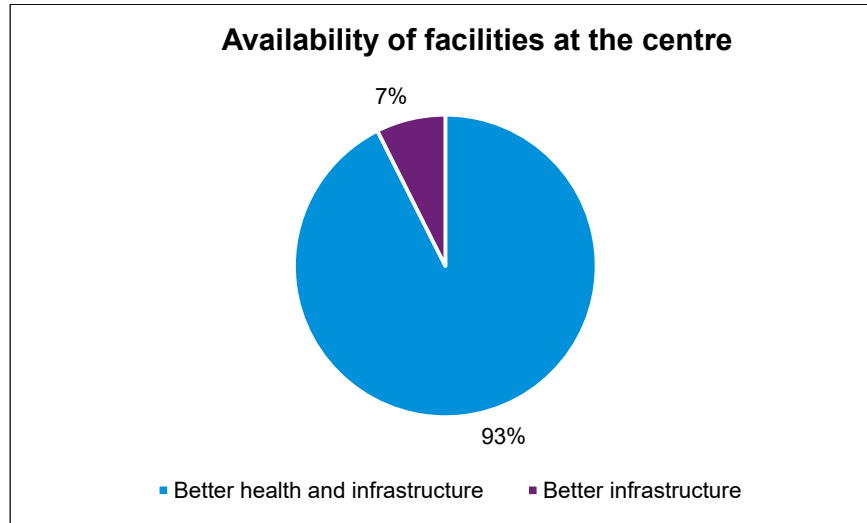


Figure 6: Showing availability of facilities at the centre

During the data collection, **93% of the beneficiaries** reported that **better health along with infrastructure** has improved due to support provided by GAIL whereas others i.e., **7% mentioned that only infrastructure has improved as part of GAIL's support**. It could be due to reasons like few equipment for eg: weighing machine which is an essential instrument for preparing growth charts and monitoring health of children being absent in the AWCs or the absence of weighing machine for adults.

GAIL harnesses partnerships to strengthen services for antenatal care. GAIL through its trainings has assisted in building the capacity of Anganwadi workers and strengthens social and behaviour change communication initiatives to stimulate demand for health care services in partnership with its implementing agency Zila Samaj Kalyan Padadhikari. The CSR programme focuses on providing immunization as part of an integrated package of services for mothers and children with proper nutritious food and other healthcare facilities like regular checkups etc.

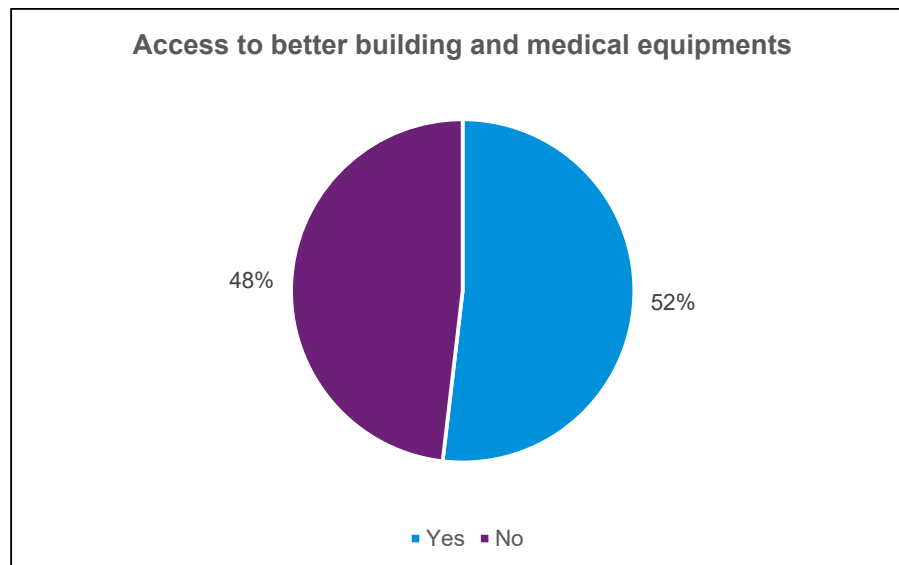


Figure 7: Showing access to better building and medical equipment

Out of the 93% respondents who had reported better access to health and infrastructure, 52% of the beneficiaries have mentioned that due to refurbishment of Anganwadi's they have got access to better building and medical equipment, while others i.e., 48% have mentioned the opposite.

This shows that refurbishment of Anganwadi's has impacted students in multiple ways like they have access to better infrastructure at the centres in the form of medical equipment etc., better environment i.e., getting more opportunity to learn, play and grow and improved attendance at school due to increased awareness among their families about facilities available at the centre leading them to send children frequently at the centres.

III. Increased attendance of children

To improve the learning and health of the Anganwadi children, special training was given to the Anganwadi workers and helpers under the initiative. The training aimed to create awareness amongst the Anganwadi workers about the various physical, emotional, intellectual developments of various phases between the ages of 0-6 years.

100% of the respondents reported that the visits of the children have increased to the anganwadi centres post GAIL's intervention. This shows the impact of the trainings provided to the Anganwadi workers because of which more families got to know of the support services available for their children at the centres and they started sending them to the centres for their children to avail the services.

IV. Overall development of children

Child nutrition is of utmost importance in the overall health index of a nation as it directly affects the health and overall development of the present and future generations and the economy. The issue of child nutrition has been addressed in Article 47 in Part-IV of the Constitution of India, which enjoins upon the State to raise the level of nutrition of its people. Globally, an estimated 149 million children are stunted (chronically undernourished) and 50 million are acutely undernourished (wasted), with undernutrition a direct or underlying cause in 45 per cent of all child deaths²⁸

Midday meal is the world's largest school feeding program and is a secondary source of nutrition for the underprivileged and vulnerable children and for the proper functioning of the centres.

²⁸ <https://www.gaonconnection.com/lead-stories/uttar-pradesh-anganwadi-centres-food-dry-rations-child-malnutrition-covid-hot-cooked-meals-health-rural-icds-poshan-51482>

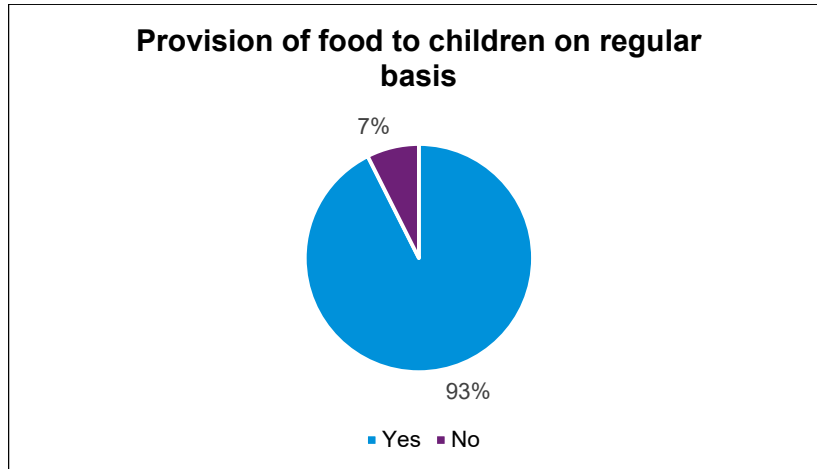


Figure 8: Showing access to better building and medical equipment

While 93% of the respondents have mentioned that children were provided with food like rice and ready to eat food items on regular basis, 7% of them have mentioned that no food item was provided. This could be due to lack of storage spaces at the centres due to which the food supplies that is needed every day needs to be brought at the centres. As a result, limited quantity of food must be brought to avoid wastage or spoilage due to weather conditions. Provision of nutritious food on regular basis could be one of the motivating factors for parents to send their child regularly to the centre.



Figure 9: Showing food items kept in Anganwadi to be provided to children and women

100% respondents mentioned that there has been enhancement in the learning levels of children due to refurbishment of Anganwadi centres. The Anganwadi centres are a precursor to primary schools. The students in the age group of 3-6 years are taught rhymes, alphabets, and numbers. The students are also provided with nutritious food at the centres. The centres are also the first point of contact for the students to learn about

formal teaching, engage themselves in different activities in a classroom and learn along with their peers. These centres should have an environment conducive to learning. A child who enjoys going to these centres would also look forward to going to a primary school. This shows that GAIL is taking a positive step towards this space thus ensuring good development towards child’s early education.



Figure 10: Showing children studying outside anganwadi centres

1.5.8 Overall rating of the project

The scoring matrix was used to evaluate and score performance of the project being implemented in Giridih, Jharkhand. The following table provides the rating across the defined parameters:

Location	Relevance	Coherence	Efficiency	Effectiveness	Impact	Sustainability	Branding	Total Score
Jharkhand	100%	100%	100%	100%	100%	100%	100%	100%

Table 7: Showing the overall rating of the project

The GAIL project implemented in Jharkhand scored an average of 100%. The project was aligned to GAIL’s CSR policy and SDGs and were relevant to the needs of the community. The project was efficiently executed across the selected location within the allocated budget and timelines. The completion rate was 100% for the project and 100% of the beneficiaries surveyed were satisfied with the support being provided however they still suggested improvement in the services.

Sustainability of the project is at 100% as the organization has completed the project in a timely and cost-effective manner. Other than providing the medical equipment’s, nutritional supplements the implementing agency has also looked after creating awareness in the village community about importance of health and nutrition in newly/pregnant mothers and child, increasing attendance of children in the Anganwadi centres and providing regular health checkups and immunization. GAIL has assigned the responsibility of the centres to the AWCs after their exit from this project.

No branding was visible on the walls of the anganwadi centers from the images captured during data collection. However, as confirmed by GAIL’s SPoC the community members,



AWWs were aware that GAIL has provided support in terms of equipments and other infrastructural changes.

The total score of the GAIL Project in Jharkhand came to 100% due to which this project can be rated as “**Highly Impactful**” in nature.

1.6 Case Study

Priyanka Devi Bhardaridih, Giridih, Jharkhand

Priyanka is working as a service provider in the Anganwadi centre since 2015. Earlier, she did not have any source of income. She was unable to help her family financially. Today, she has become independent and is able to manage expenses of her own. She also has received respect in her family and society with the help of Anganwadi.

GAIL as part of its CSR project, has provided support in the form of services like infrastructure, food, nebulizer etc. which has helped in the smooth functioning of Anganwadi. She had received trainings from the agency. With the help of these trainings, she could also teach other women in the community about the health and safety practices. She has also provided training to students in the community about importance of education and safety practices.

She had also received training from GAIL, regarding importance of nutrition in the food and key nutrients to be provided to children and their mothers. With the help of GAIL, she provided these items to various families especially the mother and their babies.

Priyanka has expressed her gratitude towards GAIL for doing such noble work and for extending support to the underprivileged.

1.7 Conclusion and Way Forward

There is a need to incorporate new infrastructure and qualified teachers into the Anganwadi facilities to rebrand and revive them. The National Education Policy (NEP) has placed a strong emphasis on ECCE certificate programs to help Anganwadi personnel develop their skills and thereby boost capacity building. The Anganwadi facilities must be child-friendly, well-ventilated, well-lit, and constructed with an enhanced learning environment in order for everyone to have access to the ECCE.

Additionally, emphasis should be given to strengthen the basic infrastructure of AWCs which would further help in delivering quality services to the beneficiaries. Stringent programme monitoring system and guaranteeing job satisfaction of the AWWs (e.g., by increasing honorarium) would further help in ensuring quality service delivery. Proper coordination should also be maintained between all stakeholders of AWCs, and this should be ensured with regular meetings amongst themselves and with the community to create awareness and get feedbacks. As malnutrition remains a big threat, immediate steps should be taken to improve the overall ambience of all ICDS centres so that there will be optimal utilization of the services by the beneficiaries.

With the New Education Policy giving hope to millions of kids and parents across the nation by setting a goal to have all children entering Grade 1 school-ready by the year 2030, AWCs need to be the catalyst for achieving this ambitious goal.



During the data collection, as per suggestions received from the beneficiaries following improvements can be made in this project –

- **Installation of Solar Panels** – Installation of solar panels on the rooftop of Aanganwadi will lead to electricity supply for longer hours at the centres. This will further help in ensuring more children and mothers turning up at the centres especially during summers when the heat is quite unbearable.
- **Food supplies and Aahar Kosh** – Though as part of this project, food has been provided to the beneficiaries however the beneficiaries still feel the need of provision of food supplies and aahar kosh.
- **Toilets** – Construction of proper toilets inside the anganwadi premises can be ensured so that women do not have to go in open for defecation. This will ensure proper safety as well as cleanliness of the surroundings and this will also help in reducing the cases of Anganwadi workers quitting from their jobs
- **Equipment** – Equipment like infantometer is used for measuring babies and infants up to the age of two years. For measuring the height of children above of the age of two years, stadiometer is used. The growth monitoring is used to get the real time picture of the growth status of the children. Such devices need to be provided by GAIL at the centres to ensure improvement in the project impact.



Thank you



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