

## **EXECUTIVE SUMMARY – AADHAR AANGAN**

Early childhood offers a critical opportunity to shape a child’s holistic development and to build a foundation for their future. The children require health care, nutrition, protection from harm, opportunities for early learning and responsive care giving from parents and care givers to achieve their full potential. India is a home to 63.4 million children who are not reaching their development potential due to extreme poverty and stunting. Such children require effective interventions that integrate nurturing care and protection for promoting child development in the early years.

In India, the term early childhood care and education (ECCE) is used to refer to all care and education services provided for children below 6 years. The primary programme run by government under the Ministry of Women and Child Development (WCD) for ECCE is the Integrated Child Development Services (ICDS). ICDS is the largest child development programme in the world and is operated through a network of Aanganwadis. It combines both care and education and is based on four comprehensive objectives. These include-

- To provide quality health and nutritional services to pregnant and lactating mothers
- To enhance physical and social development of children, birth through age six
- To facilitate coordination between various departments involved in policy making and implementation of early childhood education
- To provide health and nutrition education to mothers of targeted groups of children

The Aadhar Aangan Programme in collaboration with Jan Sahas Social Development Society focused on eliminating malnutrition and enhancing early childhood education outcomes amongst children under 6 years. It also focused on promoting well-being among pregnant and lactating mothers with focus on healthcare and nutrition. The programme was implemented by Jan Sahas non-governmental organization (NGO) in 3 phases from 2019-2020, 2020-21 and 2021-2022 in Damoh gram and Tendukheda blocks of Madhya Pradesh.

The key activities included –

- Capacity building trainings of Aanganwadi Workers
- Development of learning modules
- Infrastructure development of Aanganwadi Centers
- Improve and regularize attendance at Aanganwadi Centers
- Detection of children with malnutrition
- Door-to-door counselling for children and pregnant/lactating mothers
- Development of kitchen garden
- Referral to Nutrition Rehabilitation Center

- Organization of events and activities

The Damoh block had 306 Aanganwadi Centers and Tendukheda block had 112 Aanganwadi Centers. These Aanganwadi Centers were spread out across 14 sectors. Among these Aanganwadi Centers, 30 were developed as model Aanganwadi Centers (20 in Damoh and 10 in Tendukheda). These model Aanganwadi Centers were meant to inspire the other Aanganwadi Centers to develop and function in similar manner.

Under the Aadhar Aangan programme, the focus was on improving the health of pregnant and lactating mothers and children enhancing the capacities of Aanganwadi Workers to provide health and nutrition counselling, detect children with malnutrition, promote kitchen garden, increase enrolments in maternal schemes etc. The programme intervention was instrumental in improving and bringing about community level awareness on myriads of nutrition information which can have a positive effect in reduction of challenges of undernutrition, malnutrition, Anemia, weakness, maternal mortality, neo natal mortality etc. Certain features of the programme in relation to model Aanganwadi Center development, detection of children with malnutrition, NRC registration, pregnant women vaccination etc. has been well recognized and appreciated within the community