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Provision of Facilities and Functions of Anganwadi Workers Available in AWCs; a Sociological Study in Kendrapara District,Odisha

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Abstract

India is a nation of extreme regional deprivation, social stratification, and the plurality of culture. Due to the high degree of economic and social inequality, inequality in health and nutrition is also widespread and persistent. In India, the current mortality rate for children under 5 years of age is approximately 74 per 1000 live births (NFHS3, 2005-06). Children from disadvantaged communities are struggling to achieve the United Nations Millennium Development Goals (MDGs) and have poor health and nutrition. The Government of India has started the Integrated Child Development Services (ICDS) programme based on trials on October 2, 1975, to minimize infant and child mortality rate and to deal with this situation. ICDS is also one of the biggest early childhood learning programmes in the world. The main goal of the plan is to meet the developmental needs of 6-year-old children. ICDS continues to be the most unique early childhood learning program in the world and has been running satisfactorily for more than three decades. The present paper highlights the functions performed by Anganwadi Workers and also the challenges confronted by them while implementing the ICDS programme. This paper is based on the data collected from both the primary and secondary sources.

Key Words: anganwadi worker, training, children, refresher courses, preschool education

INTRODUCTION:

Pediatric malnutrition has always been a matter of national concern. The various vertical community health programmers initiated by the Government of India (GOI) from time to time did not reach out to the target adequately. In 1974, India adopted a well-defined national policy for children. In pursuance of this policy it was decided to start a holistic multicentre programme with a compact package of services. The decision led to the formulation of Integrated Child Development Services (ICDS) scheme – one of the most prestigious and premier national human resource development programmes of the GOI. The scheme was launched on 2 October 1975 in 33 (4 rural, 18 urban, 11 tribal) blocks. Over the last 25 years, it was expanded

progressively and at present it has 5614 (central 5103, state 511) projects covering over 5300 community development blocks and 300 urban slums; over 60 million children below the age of 6 years and over 10 million women between 16 and 44 years of age and 2 million lactating mothers. The total population under ICDS coverage is 70 million, which is approximately 7 percent of the total population of one billion.

The main purpose of integrated development services (ICDS):

- To improve nutrition and health status of the children under the age group of 0-6 years.
- To build a basis for the appropriate psychological, physical, and social development of children.
- To reduce the incidence of mortality, morbidity, malnutrition, and school dropout.
- An effective adjustment of the policy and implementation is carried out in several divisions to promote child development.
- To examine children's health and nutrition needs to improve the ability of the mother through adequate education of nutrition and health, to improve capabilities.

Anganwadi Centre (AWCs) fulfils the six aspects or services of the ICDS scheme i.e.

1. Supplementary nutrition,
2. Immunization,
3. Health check-up,
4. Referral services,
5. Non-formal preschool education
6. Nutrition and health education

A. Supplementary Nutrition

Supplementary Nutrition is one of the most crucial agents to maintain the equilibrium of the nutritional status of the children. This encloses supplementary feeding and growth monitoring; and against vitamin A shortage and control of nutritional anaemia. A survey of all families in the community was conducted and children under the age of 6 years and pregnant and lactating mothers were identified. Anganwadi workers get benefit from supplementary feeding support; 300 days a year. For nutritional purposes, ICDS provides 300 calories (including 8-10 grams of protein) daily for all children below 6 years of age. For adolescent girls, that is up to 500 calories, including up to 25 grams of protein each day.

The Supplementary Nutrition Programme has two components:

1. All the children under the age group of 3-6 years receive daily morning snacks and hot cooked meals at the AWC by attending Preschool.

2. AWC also provides take Home Ration in the form of RTE Energy Dense Food to children under six (6) months to three (3) years and pregnant/lactating mothers.

For supplementary nutrition programme, AWWs maintain 2 register i.e. 1-Paripuraka Gachita Khadya Register (Supplementary Food Stock Register) and 2-Paripuraka Prustikara Khadya Bantana (Supplementary Food Distribution Register). In the Paripuraka Gachita Khadya Register (Supplementary Food Stock Register), they maintain the information regarding Take Home Ration (THR), morning snacks, and daily routine wise hot cooked food information of preschool children. In the Paripuraka Prustikara Khadya Bantana Register (Supplementary Food Distribution Register), the AWWs maintain the information related to Take Home Ration (THR) of pregnant women, nourishing mothers and children from 7month to 3 years. In the THR programme each pregnant woman, nourishing mother gets 4 kg 250gm *satu* and two boiled eggs twice in a week and severely underweight children get 5 kg 100gm *satu*, 100 gm *ladu* and two boiled eggs twice in a week. The children from 7month -3 years get 3kg 400gm *satu* and 1kg *suzi*. All the AWWs follow the food menu provided by Government.

By giving supplementary foods, Anganwadi try to seek the gap between the recommended intake of children and women in low-income and underprivileged communities and the national average intake. Growth control and nutrition are two main actions that are taken. Once a month children under three years of age are weighed and every three months children of 3-6 years are weighed. Weight-for-age growth cards for all children under 6 years of age are kept. This supports obtaining the growth flattering and helps in measuring their nutritional or dietetic status.

B. Immunization

To prevent children from having health-related problems, immunization is very necessary. Immunization safeguards pregnant women and infants. It protects children from six vaccine-preventable diseases, tetanus, tuberculosis, and measles. These are the main preventable measures that help prevent infant death, disability, morbidity, and related malnutrition. Tetanus vaccination of pregnant women also reduces the risk of maternal and neonatal death.

C. Health check-up

The health check-up encloses prenatal care for children under six years of age, mothers, and postpartum care for breastfeeding mothers. The various health services are offered by AWW for those children and the staff of the Primary Health Care Centre. In addition to that regular physical examination, weight registration, vaccinations, malnutrition management, diarrhoea treatment, and simple drug distribution.

D. Referral Services

During the health check-up and timely medical treatment of malnourished children, if needed they are referred to the Primary Health Care Centre or its sub-centres. AWWs also spread awareness that young children are incapable of understanding their health. They record all these cases in a special registry and refers them to the PHC.

E. Non-formal preschool education

Non-Formal Preschool Education (NFPSE) is part of the ICDS and the service deals with Anganwadi, so it is considered a backbone of the ICDS programme. The objective of Preschool education is to make sure the holistic development of children that gives children a learning environment and enhances the social, emotional, and cognitive development of children. ICDS focuses on the comprehensive development of children under 6 years, basically the debarred groups.

F. Nutrition and health education

Nutrition, Health, and Education (NHED) are important features of AWW. This comes under the BCC (Behavioural Change Communication) strategy. It is specifically aimed at empowering women aged 15-45 years to take care of their health, nutrition, and development requirements, as well as the needs of their children and families.

The ICDS team consists of Anganwadi workers, Anganwadi helpers, supervisors, Child Development Program Officers (CDPO), and District Programme Officers (DPOs). An Anganwadi Worker is a woman chosen from the local community and is a front-line honorary worker of the ICDS Programme. She is also an agent of social change, mobilizing community support to better care for young children, girls, and women. In addition, medical staff, Auxiliary Midwife (ANM) and Accredited Social-Health Activists (ASHA), and ICDS staffs form a team to achieve the integration of different services. The ICDS programme works in four levels, the central level, the state level, the district level and the village level (Anganwadi level). The Ministry of Women's and Child Development (MWCD) has overall responsibility for overseeing the ICDS program. The various quantitative inputs captured through CDPO's MPR / HPR are compiled at the state level for all projects in that state. At the block level, the Child Development Project Officer (CDPO) is the chief of the ICDS project. The CDPO, MPR and HPR have been specified at the block level. At the grassroot level, Anganwadi Centre (AWC) provides various services to target groups. AWC is managed by Honored Anganwadi Workers (AWW) and Honored Anganwadi Helper (AWH). ICDS services are provided by a large network of ICDS centres, called "Anganwadi". The word Anganwadi is derived from the Hindi word "Angan" and refers to the courtyard of a house. The "Anganwadi Centre" (AWC), provides comprehensive services including supplementary nutrition, immunization, health check-up, referral services, pre-school education, and health, and nutrition education.

For fulfilling the needs of the health and education of children under the age group of 0-6 years, one trained woman is chosen under the ICDS scheme. This woman is an Anganwadi (AWW) worker. The Anganwadi workers are the most important agents of the ICDS programme. She is a volunteer and community frontline employee of the ICDS programme. The Integrated Child Development Services (ICDS) programme is used to help families, especially mothers, ensure effective medical and nutritional care, early identification, and timely treatment of diseases.

REVIEW OF LITERATURE:

A literature review is an important aspect of any research project. It aids the researcher in understanding the areas where previous research has concentrated and there are some things they aren't aware of. On the examination of the ICDS programmes performance, numerous genuine and comprehensive researches have been conducted. In India, numerous researches have been conducted on the topic of malnutrition in children and women. As a result, there is no shortage of writing on the subject of development.

Effect of the target population's nutritional status of ICDS beneficiaries is related to non-ICDS beneficiaries. The investigator found that the reduction in extreme malnutrition for children covered by ICDS was substantial and statistically significant between 1976 and 1985 (Tandon, 1989). The relationship between the child's nutritional status and the variable that affects children's nutritional status found that majority of children were normal who received supplementary nutrition through ICDS (Alim, 2012). Children's nutritional status in West Bengal has significantly improved from 2005-06 to 2015-16 and the percentage share of underweight, stunted and wasting children have decreased in districts with higher women literacy rate and the concentration of AWCs (Maity, 2019). ICDS has played a major role in enhancing the educational performance of children in terms of survival rate, wellbeing and nutritional status. The ICDS population had a lower infant mortality rate and better nutritional status than the general population of children (Rao, 2005).

The present analysis was conducted in Virajpet Taluk of Coorg District, Karnataka, to assess the notice, attitude, and practices of AWW relating to oral health of youngsters aged 0-6 years, by means that of a self-administered questionnaire (Shilpa M. et al, 2013). This research was carried out to evaluate AWW's awareness and attitude about breast feeding activities and to suggest that their knowledge of feeds, on-demand feeding, bottle feeding and breast feeding requires more development during sickness (Ahmad SR, et al.2016). The long-run impact of the ICDS portion of pre-school education on the mental development of rural and concrete youngsters is within the schooling age bracket of 6-12 years. The result was that youngsters exposed to non-formal pre-school education through ICDS in young life had higher mental standing than people who failed to receive such stimulation (Chudasama, 2015).

The study was conducted in Hebbal, Gulbarga district and the purpose of the study was to evaluate knowledge of health services and issues faced by Anganwadi staff while providing health services at the Anganwadi Centre under the Hebbal Rural Community Health Training Centre and found that AWWs had very poor knowledge of growth monitoring (Madhavi, L. H, and et al. 2019). Studies performed in the past have concluded strongly on several issues relating to the functionality and infrastructure of AWCs in rural Eastern India under the ICDS programme. These issues include strengthening of grass root level facilities on the basis of routine needs evaluation findings, efficient monitoring and supervision (Sahoo, et al 2016). The investigator discovered a shortage of facilities available at the AWCs in the Northeast District of Delhi and low AWW awareness. He concluded that the AWWs do routine training and positive monitoring and the

provision of appropriate facilities and resources are recommended (Malika, S. 2016). A study was carried out in urban blocks in Gujarat's Ahmedabad district; this paper strongly felt the need to improve the standard of information and awareness among AWW about different ICDS schemes (Parmer, et al 2015). This cross-sectional analysis was conducted on 60 AWCs and 60 AWWs of selected ICDS blocks from Mandi District, Himachal Pradesh and found that all AWWs and most Anganwadi assistants (AWHs) were trained and given adequate services, but not much of the same was reflected when questioned on the information parameter (Thakur. K, et al, 2015).

THEORETICAL APPLICABILITY:

The pioneers of functionalist perspective like Herbert Spencer, Emile Durkheim, Talcott Parsons, and Robert Merton play significant role in the field of sociology. This theory attempts to describe society as a complex system whose parts work together to promote solidarity, stability and to maintain a state of balance and social equilibrium as a whole. Likewise, the functionalist perspective can also be applied to ICDS programme and Anganwadi studies which aims to achieve good health, provide nutritional support and social service to children as well as other beneficiaries of the community. This mainly focuses on women and child development aspects which enables illiterate adult women to acquire functional skills along with literacy, to gain better awareness of health, hygiene and child care practice to reduce mortality, morbidity and other health issues confronted by both children and mother. It helps the mothers to have some relief from child care responsibility and siblings care responsibility for a few hours in a day. The elder children, as a result, are now free to go to school. It is also bridging the caste and class gaps eliminating discrimination between rich and poor children. They can eat, play and study together. ICDS also work to combat gender inequality in the society by providing equal resources to girl as boys. The State and central government are the funding agencies for ICDS to reach the target population and achieve maximum number of beneficiaries utilizing fruitfully the various schemes covered under ICDS. Anganwadi workers, ASHA, ANM workers and other health workers are the main functionary of ICDS programme. In a broader sense, the proper implementation and smooth functioning of ICDS scheme relies on top officials to ground level workers who work jointly in order to achieve health equity among both children and women.

METHODOLOGY:

The importance of early childhood care and education (ECCE) has been stressed by many educationist and scholars worldwide. Proper care and nutrition needs to be provided to ensure that children reach their optimum development in the early years. Due to its tremendous importance it is essential that adequate quality is maintained while providing education and care to children. Quality services are essential for proper development of the children. Many guardians are unaware of services that they should be receiving from the Anganwadi centres as well as the quality that should be maintained in it.

In this study exploratory and descriptive research design was used. Exploratory research was used to gain better understanding of different dimensions of the AWWs about their knowledge and awareness related to ICDS and Descriptive research was used to describe the situations of AWWs in AWCs. Here the Simple

random sampling was used for this research. Total 100 samples were taken for this study. Total 10 Anganwadi centres were selected each from rural and urban block. From each block 40 beneficiaries were selected randomly. From 1 AWC; 4 beneficiaries and from 10 AWCs 40 beneficiaries were selected from both rural and urban AWCs in Kendrapara block of Kendrapara District. Both observation and interview method and tools like interview schedule have been used to collect the data. The interview schedule was made up with both close and open ended questions.

OBJECTIVES OF THE STUDY:

- To study the functions of Anganwadi Workers
- To study the challenges confronted by Anganwadi workers while implementing the ICDS programme.
- To examine the satisfaction level of beneficiaries regarding the service of Anganwadi workers.

Table1-: Sample Table

<table>
<tr><td colspan="4">Total Sample (n=100)</td></tr>
<tr><td colspan="2">Rural (n=50)</td><td colspan="2">Urban (n=50)</td></tr>
<tr><td>From 10AWC,AW W =10</td><td>Beneficiaries (n=40)</td><td>From 10AWC,A WW =10</td><td>Beneficiaries (n=40)</td></tr>
<tr><td colspan="4">From each 1 AWC, 4 beneficiaries were selected randomly</td></tr>
</table>

FINDINGS AND DISCUSSION:

Table- 2: Infrastructure of AWCs

Availability of Infrastructure in Urban area (N=10)	**No. Of centres Yes (%)**	**No. Of centres No (%)**	**Availability of Infrastructure in Rural area (N=10)**	**No. Of centres Yes (%)**	**No. Of centres No (%)**
Water facility	1(10%)	9(90%)	Water facility	5(50%)	5(50%)
Drinking water	1(10%)	9(90%)	Drinking water	4(40%)	6(60%)

Toilet facility	Nil	10(100%)	Toilet facility	8(80%)	2(20%)
Kitchen cum store	Nil	10(100%)	Kitchen cum store	8(80%)	2(20%)
Cooking utensils	10(100%)		Cooking utensils	10(100%)	
Gas facility	2(20%)	8(80%)	Gas facility	4(40%)	6(60%)
Electricity	2(20%)	8(80%)	Electricity	4(40%)	6(60%)
Play material	4(40%)	6(60%)	Play material	7(70%)	3(30%)
Total No. of AWC (N=20)	**20(100%)**				

Source: Field Survey (2020), Kendrapara District

This table reveals that out total 10 urban Anganwadi centres, 90% urban AWCs do not have water facility and 10% of AWCs do have drinking water facilities. But in 50% rural AWCs have water facility and 50% do not have it. 100% urban AWCs have no toilet facility and 80 % rural AWCs have toilet facilities. At AWCs having no toilet facilities, children go for toilet outside the centre. 100% urban AWCs do not have kitchen cum store facilities, but 80% rural AWCs have kitchen cum store facilities. At AWCs having no kitchen facilities the AWHs cook food in their home and bring it to the centre. 80% urban AWCs use gas where as 40% rural AWCs use gas for cooking and rest of 20% urban AWCs and 60% rural AWCs use stove for cooking. Both AWCs have sufficient utensils available. In 20% urban AWCs have electricity and 80% do not have electricity, but in 40% rural AWCs have electricity and 60% have no electricity facility. In urban area 40% centres have sufficient play material and 60% do not have play material, but in rural AWCs 70% AWCs have sufficient play material.

Table – 3: Problem Faced by AWWs

Type of Problem	Frequency of beneficiaries(N=20)			
	Rural (N=10)		Urban (N=10)	
	Yes	No	Yes	No
Inadequate salary?	10(100%)	Nil	10(100%)	Nil
Infrastructure	2(20%)	8(80%)	10(100%)	Nil
Over work load	10(100%)	Nil	10(100%)	Nil
Excessive record maintenance	10(100%)	Nil	10(100%)	Nil
Lack of help from the community	Nil	10(100%)	4(40%)	6(60%)
Inadequate supervision	Nil	10(100%)	No	10(100%)
Total	**10(100%)**		**10(100%)**	
	20(100%)			

Source: Field Survey (2020), Kendrapara District

Anganwadi workers are the most important functionary of the ICDS scheme and they are the community based front-line voluntaries of the ICDS programme. The entire 100% workers from both rural and urban AWWs are facing so many problems relating to their salary. This study shows that all the respondents i.e., 100 % have said that, they are facing problems like inadequate honorarium, work overload and excessive record maintenance. All the rural AWWs get help from community, while only 40% of urban AWWs do not get help from the community, and 100% of AWWs of both rural and urban areas said that, supervisors regularly supervise the centres.

Table- 4: List of Beneficiaries during the month of data collection

List of Beneficiaries during (March, 2020)	**No of Beneficiaries in rural area**	**No of Beneficiaries in urban area**
Pregnant women	70	68
Nursing mothers (of infants 0-6 months age)	75	86
Children 6 months to 3 years	259	198
Children 3 years to 6 years	322	315
Preschool (boys/girls)	231(96/135)	212(131/81)
Malnutrition child	2	Nil

Source: Field Survey (2020), Kendrapara District

This above table reveals the beneficiary list of AWCs during the month of data collection (March, 2020). In urban areas there are 68 pregnant women, whereas in rural areas there are 70 pregnant women. The number of nursing mother is 86 in urban areas and 75 in rural areas. The number of children between 6 months – 3 years age group is 259 in rural areas and 198 in urban areas. The number of children enrolled under 3-6 year is 322 in rural AWCs and 315 in urban AWCs. In urban areas 131 boys and 81 girls are enrolled in preschool whereas in rural AWCs total 96 boys and 135 girls are enrolled in preschool education.

Table – 5: Behavioural Status of AWWs according Beneficiaries' Views

Behaviour of AWW	**Frequency of beneficiaries(N=20)**	
	Rural (N=10)	**Urban (N=10)**
Very good	2(5%)	7(17.5%)
Good	26(65%)	29(72.5%)
Average	12(30%)	4(10%)
Total	**40(100%)**	**40(100%)**
	80(100%)	

Source: Field Survey (2020), Kendrapara District

This table reveals that out of 40 rural beneficiaries, 2(5%) beneficiaries viewed that behaviour of AWWs are very good, 26(65%) said it is good and 12(30%) said it is average. Similarly, out of 40 urban beneficiaries, 7(17.5%) beneficiaries viewed that behaviour of AWWs are very good, 29(72.5%) said it is good and 4(10%) said it is average.

Table – 6 Parents View Regarding the quality of the Food

Quality of the food	Frequency of beneficiaries(N=80)	
	Rural (N=40)	**Urban (N=40)**
Very good	12(30%)	7(17.5%)
Good	26(65%)	29(72.5%)
Average	2(5%)	4(10%)
Total	**40(100%)**	**40(100%)**
	80(100%)	

Source: Field Survey (2020), Kendrapara District

This table reveals that out of 40 rural beneficiaries, 12(30%) said the quality of the foods are very good, 26(65%) said good and 2(5%) said average. Similarly out of 40 urban beneficiaries, 7(17.5%) said the quality of the food is very good, 29(72.5%) said it is good and 4(10%) said it is average.

Table – 7 Satisfaction Levels of Beneficiaries about the Service Provided By AWW

Satisfaction Level	Frequency of beneficiaries(N=80)	
	Rural (N=40)	**Urban (N=40)**
Highly satisfied	2(5%)	11(27.5%)
Satisfied	26(65%)	25(62.5%)
Average	12(30%)	4(10%)
Total	**40(100%)**	**40(100%)**
	80(100%)	

Source: Field Survey (2020), Kendrapara District

The above table shows the satisfaction level of beneficiaries about the services provided by AWWs. Out of 40 rural beneficiaries, 2(5%) respondents are highly satisfied, 26(65%) are satisfied and12 (30%) said it is average. Similarly out of 40 urban beneficiaries, 11(27.5%) respondents are highly satisfied, 25(62.5%) have satisfied and4 (10%) said it is average.

From the above study the researcher found that, all the AWWs are well informed about the objectives of PSE, all the workers opined that preschool is essential for children below 6 years of age. they teach the children by singing, dancing, acting, reciting. And Govt. has also launched **Nua Arunima** book through which AWWs train or teach the children. This book consists of 12 units for 12 months. Each month 1 unit from this book is taught. For example, in January the unit for study is Animal, and then AWWs, in the entire January month, teach the children about various animals, their names and colour.

POLICY IMPLICATION:

- The AWWs should be chosen on the basis of their qualifications as this will help them perform the AWC services in a more efficient and effective manner.
- Human resource capacities working on ICDS projects should be upgraded on a regular basis, since any compromise on this subject would have a negative impact on performance quality.
- It is necessary to plan regular orientation courses and trainings for them in order to boost job clarity, to build a good attitude, and to develop dedication level. Regular increase in fund allocation for such training programmes should also be considered.

CONCLUSION:

The AWCs under the ICDS projects are centres meant to provide ECC to all children under the age group of 0-6 years, and to provide them free health services and supplementary nutrition. The main function of the AWCs is to prepare children for primary education by providing enriching experiences which could incur all round development in the children. A non-formal educational system is employed and children are encouraged to express themselves and given due freedom to learn from their experiences with others. It can be assumed that most parents want to send their children to AWCs as they are provide wholesome education free of cost. In terms of structure and equipment, AWCs need to be improved and AWWs need to be given more wages so that they can be encouraged to take interest in all the project related activities. The storage bins and other machineries need to be repaired and replaced as per requirement. From the study it was found that the majority of AWWs were unable to track children's progress. The reasons they listed were that growth charts were not usable, parents were not cooperating, and weighing scales were not in working order, which helped to lay the foundation for proper functioning. In addition to the daily supply of drugs, nutrients and foodstuffs, there is a genuine potential for enhancing the facilities and equipment/material supplied to them. In addition, there must be a mechanism to give AWWs a fair reward from time to time in order to improve and sustain their motivation level and to make them feel proud of their work to let them serve with spiritual participation. Orientation courses on regular intervals will keep them informed with the new updates. Public awareness need to be enhanced to ensure more community participation as a support system to the entire service.

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