

The Role of Anganwadi Workers in the Integrated Child Development Program

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Abstract

The Integrated Child Development Services Scheme is the largest and most important scheme of the Government of India. This scheme primarily focuses on the care and overall development of newborns. This scheme is implemented through Anganwadi centers by Anganwadi workers. Under the Integrated Child Development Services Scheme, Anganwadi workers are providing available services to beneficiaries through Anganwadis. However, research has revealed that Anganwadi workers face various problems, such as lack of basic facilities related to Anganwadis, workload, inadequate salaries, and inaccessibility to work areas. The findings of this research study indicate that in order to address the problems of Anganwadi workers and maintain quality, efforts are needed to provide basic facilities, provide adequate pay, and reduce workload.

Key Words : Anganwadi Workers, Integrated Child Development Program

Introduction

A healthy life is a human asset. Everyone desires a healthy life and strives towards it. However, nutrition begins in the mother's womb. During this period, it is essential for the mother to take care of herself and take appropriate medication. India is a developing country. Even today, many people live in poverty, considering its total population. Consequently, they cannot focus on their health. Mothers lack nutrition during pregnancy, resulting in malnutrition in their babies. The future of the country lies hidden in these little children. Keeping in mind the increasing human development resources for building a viable population, an ambitious program was launched in India to address malnutrition, proper nutrition for pregnant women, and child vaccination. This program is known as the Integrated Child Development Scheme. Anganwadi centers were established through this program. These centers provided services such as health, nutrition, and pre-primary education. This program aimed to promote education and health at the rural level. Anganwadi centers have served to fulfill this objective. In this regard, the role of Anganwadi centers is considered crucial.

Acting as a link between the government and beneficiaries, these workers have a number of other duties. Anganwadi workers play a crucial role in the implementation of the Integrated Child Development Scheme.

Anganwadi

Anganwadis are rural mother and child care centers in India. They were started by the Government of India in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. Anganwadi means "courtyard shelter."

This type of Anganwadi center provides basic health care in Indian villages. It is part of the Indian public health care system. Basic health care activities include contraceptive counseling and supply, nutrition education and supplementation, as well as pre-school activities. [1] The centers can be used as depots for oral rehydration salts, basic medications, and contraceptives.

As of January 31, 2013, 1.33 million (110,000) Anganwadi and Mini Anganwadi Centers (AWCs/Mini-AWCs) operated out of 1.37 million approved AWCs/Mini-AWCs. These centers

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provide supplementary nutrition, pre-school education, nutrition and health education, immunization, health check-ups, and referral services. The latter three are provided in collaboration with public health systems.

The biggest problem facing Anganwadi workers and workers is their honorarium. Workers who, according to the government, work only a few hours a day, in reality work more than 10 hours a day. The central and state governments do not recognize Anganwadis in any category. The government provides only 1500 rupees per month as honorarium, and there is no fixed time for payment. The financial situation of Anganwadi workers is very poor.

Anganwadi Workers

The ICDS scheme focuses primarily on the component services provided by Anganwadis. Anganwadi workers are responsible for providing these components. Women between the ages of 21 and 45 are selected as Anganwadi workers. They are selected by a vote of all general women in the local community. Priority is given to women who are willing and capable to serve beneficiaries from Scheduled Castes, Scheduled Tribes, and Other Backward Classes. Widowed and abandoned women are also given priority in the selection process. Women who have passed the School Certificate Examination are selected as Anganwadi workers. Women with special needs are given greater opportunities to pass. However, the educational qualification for Anganwadi workers is the eighth grade. Sometimes, literate or even illiterate women are also selected as Anganwadi workers. Anganwadi workers are selected based on the deliberations of the District Medical Officer, Group Development Officer, Panchayat Samiti Chairperson, Child Development Training Officer, State Social Welfare Board representative, Child Development Project Officer, and Chief Nurse.

Anganwadi workers receive in-service training for a period of four months. Sometimes, this is extended to 52 days. Since Anganwadi workers are the primary component of the component service, they receive long-term training. Providing non-formal education and literacy services requires educational training. As a result, they develop skills such as curriculum planning and evaluation. They also develop skills in administration, organization, economic development, program implementation, and surveys. They are trained to handle the educational equipment provided. Anganwadi workers are trained by a training institute provided by the state government. The entire cost of training for Anganwadi workers is borne by the Welfare Council of the Government of India and the State Social Welfare Ministry. Anganwadi workers, due to their age and lack of educational qualifications, are guided and assisted by the head worker. Anganwadi workers are developed with the knowledge and skills to engage the community in this scheme.

Medical and healthcare specialists unfortunately face a shortage of skilled professionals in India. Therefore, through the Anganwadi system, the country is trying to achieve its goal of increased healthcare facilities that are affordable and accessible to the local population.

In many ways, Anganwadi workers are a better option than doctors for reaching rural populations. Because they live with the people, they are better positioned to identify the causes of health problems and therefore engage with them. Their knowledge of the health situation in their area is excellent. Secondly, Anganwadi workers are not as skilled or qualified as professionals; instead, they possess superior social skills, making it easier to interact with people. [citation needed] Furthermore, because these workers are from the villages, they are trustworthy, which makes it easier for people to seek their help. Last but not least, Anganwadi workers are well versed in people's ways, are comfortable with the language, and know rural people personally. This makes it much easier for them to understand and ensure the problems faced by the people.

Duties and Responsibilities of Anganwadi Workers:

The duties of Anganwadi workers are as follows:

1. Prepare a list of beneficiaries who can be included in the scheme by surveying villages.
2. Determine the exact number of pregnant and lactating mothers and women aged 15 to 45 years and the number of infants aged 0 to 6 years.
3. Include village mothers and children in the list.

4. Maintain details of all families in the village, their annual income, as well as records of births and deaths.
5. Provide informal education for children aged 3 to 6 years in the Anganwadi.
6. Provide nutritious meals to children aged 0 to 6 years, pregnant women, and beneficiaries in the age group for 25 days a month or 300 days a year.
7. Provide first aid and basic medical services.
8. Collaborate with the health department in physical examinations and vaccination programs.
9. Initiate hospitalization for sick, infectious diseases, infants, and mothers with poor food quality or malnutrition.
10. Visit homes of pregnant and lactating mothers and mothers of children attending the Anganwadi to educate them about the importance of a healthy and nutritious diet.
11. Maintain records of daily tasks and urgent matters in a designated register at the Anganwadi so that work can be evaluated.
12. Establish close relationships with Mahila Mandals, Shala Gram Panchayats, and other rural organizations, charitable organizations, and activists.
13. Conduct literacy classes for women aged 15 to 45 years where functional literacy classes are required.

The Anganwadi worker must fulfill the above responsibilities.

Functions of Anganwadi Workers

- Anganwadi workers provide information about supplementary nutrition for pregnant women, lactating women, and children.
- Organize supplementary nutrition for pregnant women and lactating mothers for children aged 0 to 6 years.
- Storage of supplementary nutrition, stages, schedules, and planning for supplementary nutrition distribution.
- Preparation of supplementary nutrition diets with the help of Mahila Mandals, and selection of diets through Mahila Mandal discussions.
- Identification of severely malnourished children and providing them with medicated food. Contacting parents of malnourished children who need medical attention and enrolling them in the primary health center.

Regarding non-formal education for children aged 3 to 6 years:

- Organizing informal activities for children aged 3 to 6 years in the Anganwadi. Planning their weekly, monthly, and annual schedules.
- Inculcate the qualities of physical hygiene, family hygiene, and campus cleanliness in children.
- Build a collection of sports equipment, toys, educational tools, etc., using locally available art and sculpture.
- Create chart patterns, plans, and other educational tools for informal activities in the Anganwadi.
- Organize field trips, nature walks, and cultural activities for children.
- Organize various activities by contacting the primary school teacher for effective non-formal education for children. Invite primary and secondary school girls and local women to the Anganwadi to share their experiences.

Health Care

- Anganwadi workers make a vital contribution to the health care system and beneficiaries. They play a supporting role in this service.
- These nurses work as assistants to primary health care workers in implementing health services under the PMC scheme. They also assist ANMs in providing appropriate vaccinations, health checkups, family planning, and referral services.
- Weighing and weighing children aged 0 to 6 every week, identifying children at risk.

- Liaising with ANMs and other staff at the primary health center, they organize weekly health check-ups for Anganwadi children, pregnant women, and lactating mothers. Actual health check-ups are conducted once every three months.
- Providing first aid and medication to Anganwadi children and school children as needed.
- Contacting parents based on their children's vaccination records to provide guidance and encouragement for vaccination.
- Transfer malnourished infants and pregnant women from the primary health center to the civil hospital for further treatment.
- Report incurable and infectious diseases to health workers.
- Assist health workers in disease prevention by isolating infected patients from others.
- Identify and provide assistance to children with disabilities for further treatment.

Regarding Health and Nutrition Dietetics and Population Education

- Provide health, nutrition, and population education services to women aged 18 to 45 years, pregnant women aged 11 to 18 years, lactating women, infants, and adolescent girls. These services can be provided through home visits or by conducting classes at the Anganwadi center.
- Recognize symptoms of malnutrition and illness, and provide health, nutrition, and family planning advice to mothers and pregnant women.
- Collaborate with ANMs to provide health and nutrition education to mothers of severely malnourished and seriously ill children.
- Creating and disseminating important messages and slogans related to health, nutrition and population education.

Record Keeping

- Maintain daily records of equipment, supplies, and expense files, registers, cards, etc.
- Prepare reports on children's health progress inside and outside the center.
- Record daily attendance of beneficiaries for non-formal education, literacy classes, and supplementary nutrition.
- Prepare monthly progress reports and submit them to the CDPO.
- A progress report on work in that area was submitted by the head teacher to the CDPO. Request equipment that needs to be notified.

Community Outreach

- Survey the Anganwadi area and select pregnant women and lactating mothers aged zero to six years, as well as at-risk infants and pregnant women beneficiaries for supplementary nutrition.
- Visit the homes of children in the Anganwadi and provide information on childcare and childcare.
- Encourage parents to send their children to the Anganwadi.
- Implement community education programs such as childcare needs, sanitation, clean water supply, and population education.
- Make efforts to increase public participation in various activities of the PBC scheme.
- Organize children's activities, various activities to celebrate Children's Day, as well as local, provincial, and national festivals.
- Build relationships with women's groups, youth organizations, primary schools, village panchayats, and other non-governmental organizations.
- Actively participate in the establishment of various local committees, serving as coordinators on those committees. Involve committee members in the scheme.
- Attract children from remote and inaccessible areas to Anganwadi services.
- Prepare lists of mothers contributing to Anganwadi centers.
- Try to provide component services using locally available equipment.

Regarding adult female literacy

- Anganwadi workers who have passed the certificate examination or completed eighth grade education are assigned the responsibility of conducting literacy campaigns as per their wish.
- Organize literacy classes in groups of 30 women between the ages of 15 and 45 in the area with the help of equipment provided by ICDS.
- Encourage women to attend literacy campaign classes on time.
- Provide women with knowledge of basic skills such as letter recognition and numeracy over a period of 3 to 5 months, as well as guidance on health, hygiene, nutrition, family welfare, child care, and home management.
- Provide training to women who have acquired the above skills to apply them in the context of daily life.
- Create awareness among women to avail available services on nutrition and family planning.
- Maintain monthly and annual progress reports of each woman in the group. Issuing certificates to women who pass the exam at the end of the year.
- Guiding women to increase their participation and attendance in literacy programs. Encouraging their interest in acquiring new literacy skills.
- Effectively implementing literacy campaigns using local and external resources.

This demonstrates the crucial role of Anganwadi workers in child nutrition, education, and health. Anganwadi workers act as a link between villagers, children, and mothers, and the government. The cooperation of Anganwadi workers from all sections of society will certainly contribute to building a healthy India.

Conclusion

Various programs have been implemented from time to time in India to uplift rural women and children, and they continue to be implemented. After independence, the Government of India continuously implemented schemes for women and child development through the Five-Year Plans. The government has been successful in these efforts, but due to certain reasons, 100% results have not been achieved. Despite the implementation of health programs from time to time, women remain malnourished. Children are a precious asset to the nation, and their proper development is essential. However, according to statistics, the condition of children in India is still not optimal. Keeping these facts in mind, the Government of India is implementing numerous programs for the welfare and development of children.

Due to the lack of appropriate policies, children are not receiving proper education. Most women, not only in villages but also in cities, are deprived of basic facilities. To achieve this objective, the Government of India launched the Integrated Child Development Services Scheme (ICDS). Anganwadis have been established as key centers for the successful implementation of this scheme. It is through these Anganwadis that Anganwadi workers and assistants are implementing the scheme. The present research study reveals that Anganwadi workers are employed almost equally across all age groups, with the majority being married and from nuclear families. Regarding their social and personal problems, it is found that being married and living in nuclear families is the reason for this, which results in various problems. Among the personal, family, and social problems of Anganwadi workers are physical fatigue, difficulties in daily routine, lack of social relationships, inability to participate in social events, disinterest, and apathy. Work-related problems include difficulty understanding problems, excessive workload, limited or inadequate resources, inadequate honorarium, and excessive record keeping.

Despite these problems, Anganwadi workers are playing a vital role in the successful implementation of the scheme. However, if these problems are resolved, this scheme will prove to be a complete success, and workers will be completely satisfied with their work. Essentially, their work-related training should be enhanced to make them more comfortable with understanding problems. Record maintenance should be streamlined while reducing workload. Adequate resources and honorariums

should be provided to ensure they are financially empowered, overcome all kinds of problems, and deliver the program to beneficiaries with the utmost quality.

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