VARIOUS PARAMETERS TO STUDY EFFECTIVENESS OF THE ANGANWADI PROGRAMME

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Abstract

In Indian languages, the word Anganwadi means "courtyard shelter." As part of the Integrated Child Development Services program to combat child hunger and malnutrition, the Indian government started them in 1975. There are 108005 Anganwadi / Mini Anganwadi Centers in Maharashtra. The workforce of over 4000 supervisors, approximately 2 lakh Anganwadi Workers / helpers, and Mini-Anganwadi Workers drives the entire ICDS machinery, beginning at the grassroots level, in the more than 550 ICDS projects that are currently operational. The Middle asked states and Association regions that development estimation is fundamental for all youngsters at anganwadi focuses to acquire their status as ordinary', underweight', serious intense malnourishment', moderate intense malnourishment', hindered' and squandered'. The ministry emphasized that these standards are the fundamental minimum requirements for providing essential services to infants under two years of age, pregnant women, and breastfeeding mothers.

Introduction

The Indian government launched Anganwadi as part of the Integrated Child Development Services Scheme (ICDS). In rural India, Anganwadi is a primary healthcare and education center that focuses on child health care as well as the health of pregnant and nursing mothers. A report from 2019 stated that the government intends to establish 2.5 lakh Anganwadi centers within the next five years. They want to provide facilities for children like a creche and smart classes. Anganwadi began with approximately one hundred centers in the Mysore district in 1975. 13.77 lakh working centers are currently in operation. These Anganwadi focuses utilize around 24 lakh individuals. The Anganwadi workers have a lot on their plates, but their hard work could make life better at the local level.

What are Anganwadis?

- Anganwadi is a government-sponsored child-care and mother-care development programmes in India at the village level.
- The meaning of the word 'Anganwadi' in the English language is "courtyard shelter"
- It primarily caters to children in the 0-6 age group.
- They were started by the Indian government in 1975 as part of the Integrated Child Development Services(ICDS) program to combat child hunger and malnutrition.
- An Anganwadi centre provides basic health care facilities in Indian villages. It is a part of the Indian public health-care system.

ICDS

- Integrated Child Development Services (ICDS) is the only major national program that addresses the needs of children under the age of six years.
- It seeks to provide young children with an integrated package of services such as supplementary nutrition, health care and pre-school education.
- Because the health and nutrition needs of a child cannot be addressed in isolation from those of his or her mother, the program also extends to adolescent girls, pregnant women and nursing mothers.

Services Provided

Anganwadis provide the 3 basic services under ICDS i.e.- nutrition, health and pre-school education.

Nutrition services include supplementary feeding, growth monitoring, and nutrition and health counselling:

Supplementary Nutrition: The nutrition component varies from state to state but usually consists of a hot meal cooked at the Anganwadi. It is based on a mix of pulses, cereals, oil, vegetable, sugar, iodized salt, etc. Sometimes "take-home rations" are provided for children under the age of three years.

Growth Monitoring and Promotion: Children under three years of age are weighed once a month, to keep a check on their health and nutrition status. Older children are weighed once a quarter. Growth charts are kept to detect growths with the passage of time.

Nutrition and Health Education (NHE): The aim of NHE is to help women with age group 15-45 years to look after their own health and nutrition needs, as well as those of their children and families. NHE is imparted through counselling sessions, home visits and demonstrations. It covers issues such as infant feeding, family planning, sanitation, utilization of health services, etc.

Health Related Services include immunization, basic health care, and referral services:

Immunization: Children under six are immunized against polio, DPT (diphtheria, pertussis, tetanus), measles, and tuberculosis, while pregnant women are immunized against tetanus. This is a joint responsibility of ICDS and the Health Department. The main role of the Anganwadi worker is to assist health staff (such as the ANM) to maintain records, motivate the parents, and organize immunization sessions.

Basic Health Services: A range of health services are provided through the Anganwadi Worker including health checkups of children under six, ante-natal care of expectant mothers, postnatal care of nursing mothers, recording of weight, management of undernutrition and treatment of minor ailments.

Referral Services: This service attempts to link sick or undernourished children. Those with disabilities and other children requiring medical attention with the public health care system, also come under it. And these cases are referred by the Anganwadi worker to the medical officers of the Primary Health Centres (PHCs).

Pre-School Education involves various stimulation and learning activities at the Anganwadi.

Pre-School Education (PSE): The aim of PSE is to provide a learning environment for children under the age group of 3-6 years, and early care and stimulation for children under the age of three. PSE is provided through the medium of "play" to promote the social, emotional, cognitive, physical and aesthetic development of the child as well as to prepare him/her for primary schooling.

Targets Achieved through Anganwadi Centres

The Anganwadi Services objectives call for a package of six services, including (i) supplemental nutrition; (ii) ii) Non-formal education for young children; iii) health and nutrition education; (iv) vaccinations; v) medical examination; (vi) All children under the age of six, pregnant women, and lactating mothers are eligible for referral services. Under the Ministry of Health & Family Welfare, Public Health Infrastructure provides three of the six services: vaccination, health checkup, and referral services.

Anganwadi Services covers all children between the ages of 6 months and 6 years, pregnant women, and lactating mothers. Since Anganwadi Services is a self-selection program, there are no set goals for who will receive Supplemental Nutrition or Preschool Non-Formal Education. At the Anganwadi Centres as of March 31, 2021, there were 675.07 lakh children and 156.73 lakh pregnant and lactating mothers receiving supplementary nutrition.

The government has taken numerous steps to improve the conditions of Anganwadi Centers all over the country from time to time. Under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), these include the construction of Anganwadi Centers and the provision of drinking water and sanitation facilities under the Swacchta Action Plan (SAP).

There have been supported commitment with State Legislatures for survey and improvement including ongoing collaborations to talk about various execution related issues like Anganwadi Foundation, non-operationalisation of Anganwadi Focuses, filling of opportunities of Anganwadi Administrations functionaries and smooth conveyance of administrations to the recipients to reinforce administrations. In addition, on January 13, 2021, simplified guidelines were issued that covered a variety of topics, including quality assurance, duty holders' roles and responsibilities, procurement procedures, AYUSH integration, data management, and monitoring through the "Poshan Tracker."

In March 2021, the robust ICT-enabled digital platform known as "Poshan Tracker" went live. Its purpose is to use data analytics to quickly supervise and manage services and ensure real-time monitoring of the provision of supplementary nutrition. All AWCs, AWWs, and

beneficiaries will be able to be tracked and monitored in real time using specified indicators thanks to the system.

Under the umbrella Integrated Child Development Services Scheme, Anganwadi Services was established in 1975 with the goals of: (i) enhancing the nutritional and health status of children aged 0 to 6; (ii) ii) to establish the child's proper psychological, physical, and social development; (iii) to cut down on deaths, illnesses, malnutrition, and dropouts from school; (iv) to achieve effective policy and implementation coordination among the various departments in order to support child development; and (v) to improve the mother's ability to meet the child's normal nutritional and health needs through education about nutrition and health.

TATUS of ANGANWADI WORKERS AND HELPERS:

Anganwadi Workers (AWWs) & Anganwadi Helpers (AWHs), being honorary workers, are paid a monthly honoraria as decided by the Government from time to time. In addition to the honoraria paid by the Government of India, many States/UTs are also giving monetary incentives to these workers out of their own resources for additional functions assigned under other Schemes.

Below table provide the details of beneficiaries and service details.

Sr.No	Beneficiaries	Services
1	Expectant & Nursing Mothers, adolescent girls 11 to 18 years.	i. Health Check-up ii. Immunization of expectant mother against tetanus iii. Referral services iv. Supplementary Nutrition v. Nutrition & Health Education
2	Other Women 15 to 45 years	i. Nutrition & Health Education
3	Children Below 1 year of age	i. Supplementary Nutrition ii. Immunization iii. Health Check-up iv. Referral Services
4	Children between 1 & 3 years of age	i. Supplementary Nutrition ii. Immunization iii. Health Check Up iv. Referral Services

5	Children between 3 & 6 years of age	i. Supplementary Nutrition ii. Immunization iii. Health Check Up iv. Referral Services v. Non-formal pre-school education

FACILITIES/ BENEITS EXTENDED TO AWWs & AWHs:-

By the Govt. of India

Honorarium: At the beginning of the Scheme in 1975, the Anganwadi Worker was paid honorarium of Rs.100/- per month (Non-Matriculate) and Rs.150/- per month (Matriculate) and Helper was paid Rs.35/- per month. Govt. has increased their honorarium from time to time, as indicated below:

Qualification/ Year	1975-76	1.4.78	1.7.86	2.10.92	16.5.97	1.4.02	1.4.08	1.4.11
Non-Matriculate	100	125	225	350	438	938	1438	2938
Matriculate	150	175	275	400	500	1000	1500	3000
Non-Matriculate With 5 year exp	-	-	250	375	469	969	1469	2969
Matriculate With 5 year exp	-	-	300	425	531	1031	1531	3031
Non-Matriculate With 10 year exp	-	-	275	400	500	1000	1500	3000
Matriculate With 10 year exp	-	-	325	450	563	1063	1563	3063
Mini-Anganwadi Workers	-	-	-	-	-	500 (w.e.f. 1.1.2007)	750	1500 2250 w.e.f 4.7.13

Honorarium of Helper:

Helper	35	50	110	200	260	500	750	1500

Leave: Paid absence of 180 days of maternity leave.

Insurance protection: Govt. As part of the Life Insurance Corporation's Social Security Scheme, India launched the "Anganwadi Karyakartri Bima Yojana" for Anganwadi Workers and Helpers on 1.4.2004. The premium amount of Rs. Since then, AWWs and AWHs no longer have to pay the 80 percent fee. 1.4.2007 to 31.3.2017.

A free add-on scholarship is available for the children of members who are covered by this Bima Yojana. Students from 9th to 12th grade—including ITI courses—will receive a quarterly scholarship of Rs. 300. Each family can only have two scholarship recipients.

Award: A Scheme of Award for Anganwadi Workers has been implemented at the national and state levels to encourage Anganwadi Workers and recognize their good volunteer work. At the state level, the award consists of Rs. 5,000 cash and a Citation, while at the central level, it consists of Rs. 25,000 cash and a Citation.

The selection process for Anganwadi Workers' Awards for 2011-12, 2012-13, and 2013-14 has been completed. The award presentation ceremony is scheduled for November 10, 2015, at New Delhi's Vigyan Bhawan.

Uniform: The government has allocated funds for a uniform (saree or suit, Rs. 300 rupees per saree annually) and a badge with their names for Anganwadi workers and helpers;

By State Governments/ UT Administrations:-

- To recruit at least 25% of Supervisors under ICDS Scheme from AWWs with 10 years' experience of satisfactory service;
- To Engage 25% of AWWs from amongst the Anganwadi Helpers who have put in minimum 10 years of satisfactory service and also possess the requisite qualifications (age, education etc.) as laid down by the concerned States for selection of AWWs.
- To set up Anganwadi Workers and Helpers Welfare Fund at the State/UT level out of the contribution from Workers/Helpers and State/ UT Governments;
- To set up Grievances Redressal Machinery at the State/UT and Districts level for prompt redressal of their grievances.

Anganwadi Karyakartri Bima Yojana (AKBY)

The ICDS Scheme envisages Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) as honorary workers who are paid a monthly honorarium. AKBY under the LIC's Social Security Scheme is one of the welfare measures extended to the grassroots functionaries of the ICDS Scheme. The Government of India has introduced the Anganwadi Karyakatri Bima Yojana with effect from 1.4.2004. The premium under the scheme is Rs. 280/- per annum per member out of which Rs.100/- is paid by LIC from Social Security Fund, Rs.100/- by the Government of India and Rs. 80/- by the Anganwadi Worker/Helper (insured member). The premium of Rs. 80/- payable by these workers have been waived off until 31.3.2017. The salient features of this Bima Yojana are as under:-

Natural death **Rs. 30,000**

Accidental benefit Death/ Total permanent disability Rs. 75,000

Partial permanent disability Rs. 37,500

Shiksha Sahayog through Anganwadi Karyakartri Bima Yojana(AKBY-LIC)

A free add-on scholarship benefit is available for the children of Anganwadi Workers covered under the AKBY Scheme. Scholarship of Rs. 300/- per quarter for students in 9th to 12th standard (including ITI courses) is provided. Scholarship is limited to two children per family. With the waiver of Rs. 80/- as premium payable towards critical illness by the Anganwadi Workers (AWWs) and Helpers (AWHs) w.e.f. 1.4.2007, all AWWs and AWHs are covered for all the benefits under the Scheme. During the financial year 2015-16 (upto 31.06.2015), the following number of claims were settled and scholarships paid by LIC:

Natural			Accidental			Critical illness claim settled up to 31.06.2015		Scholarships settled up to 31.06.2015	
Intimated	Settled	Amount Disbursed	Intimated	Settled	Amount Disbursed	Number	Amount Disbursed	Number	Amount Disbursed
212	212	6360000	8	8	600000	0	0	29712	18591600

SNEHA SHIVIR:

Through the Integrated Child Development Services (ICDS) program, the government has started a nationwide community-based care program for undernourished children under the age of six. A number of brand-new components are included in the improved and restructured ICDS scheme. "Sneha Shivir," which is intended to be a community-based strategy for the prevention and management of moderate and severe undernutrition, is one of these components. Sneha Shivir will be provided by an Additional Anganwadi Worker/Nutrition Counselor at the Anganwadi Centre in 200 high-poverty districts across the country.

Anganwadi workers and community volunteers, mothers' groups, and SHGs help mothers and caregivers of moderate and severe underweight children learn by doing during the SNEHA SHIVIRs. Nutrition Counseling and Child Care sessions at the cluster level help mothers and caregivers practice new cooking, feeding, hygiene, health, and caring behaviors that have been shown to help children who are underweight recover. The chosen practices would come from both accepted public health behaviors and the good habits of healthy children living in the same environment and belonging to the same socioeconomic group. The SNEHA SHIVIRs encourages behavior modification and empowers parents to assume responsibility for their children's nutritional rehabilitation by utilizing local resources, peer learning, and 12-day sessions, which are followed by 18-day home-based practices.

During the 12 days, children are fed additional high calorie local foods, provided under ICDS and from contribution of care givers and community. During 12 days, children regain appetite and visible changes are seen as also indicated by gain in weight, a gain of 200-400 gms is expected. The 12 day session is followed by 18 day home based care during which the practices learnt at the sessions are followed at home. During these 18 days Anganwadi workers closely monitor these children through home visits, a further weight gain is expected if the practices are followed. During this process of rehabilitation the mothers imbibe the practices thoroughly so that they can sustain the rehabilitation and prevent under nutrition in other siblings. There is also a ripple effect which leads to an improvement in care practices in other families.

Conclusion

The effectiveness of anganwadi centers in providing beneficiaries with services is the subject of this investigation. It has demonstrated that very few of the anganwadi centers are highly efficient and that more than half of them are efficient. However, service delivery is inefficient at more than one fourth of the anganwadi centers. This study also looks into the factors that affect how well anganwadi centers work. It identifies the factors associated with the efficiency of anganwadi centers as the educational status of workers, job status, infrastructure facility, logistic facility, supervision, intersectoral coordination, support from the health department, and community participation. Anganwadi centers are regarded as the best option for children seeking formal education, health care, and nutritious food. However, service quality must still be evaluated. As a result, the findings of this study suggest that improving the logistical facilities and infrastructure of the anganwadi center is a necessary part of providing services to beneficiaries. The anganwadi worker's level of education is yet another factor. Anganwadi workers must have a basic education in order to assess the children's growth and minor health issues. Lastly, ICDS's goals are aided by community participation and coordinated work with other departments.

Reference:

- *John A, Nisbett N, Barnett I, Avula R, Menon P (2020) Factors influencing the performance of community health workers: A qualitative study of Anganwadi Workers from Bihar, India. PLoS ONE 15(11): e0242460. https://doi.org/10.1371/journal.pone.0242460*
- *Bhardwaj SP, Sharma SB and Gaur RA 1989. Job performance of rural agricultural extension officers in job. Maharashtra Journal of Extension Education 8(2): 269- 270.*
- *Gupta M, Borle A, Chhari N and Gupta S 2015. Nutritional status assessment using WHO z-scores (BMI for age) in children aged 6-15 years– a study from central India. National Journal of Community Medicine 6(1): 92-97.*
- *Nagnur SV 1992. Organizational climate perception and job performance of Anganwadi workers of the Integrated Child Development Services (ICDS) Dharwad district Karnataka state. PhD thesis, University of Agricultural Sciences, Bangalore, Karnataka, India.*
- *Sachdev HPS and Choudhury P 1994. Nutrition in childrendeveloping country concerns. BI Publications Pvt Ltd, New Delhi, India.*
- *Salutagimath PC and Nithya Shree DA 2013. Knowledge of stakeholders and beneficiaries about supplementary food provided in Anganwadis. Advance Research Journal of Soceial Science 5(1): 37-41.*

- *Sanjiv KB, Rakesh Kumar, Singh S, Dubey KK and Kapil U 1994. Knowledge of Anganwadi workers about growth monitoring in Delhi. Indian Pediatirics 32: 73-75.*
- *Thakare MM, Kurll BM, Doibale MK and Goel NK 2007. Knowledge of Anganwadi workers and their problems in an urban ICDS block. Journal of Medical College, Chandigarh 1(1): 15-19.*