

A Study on The Problems Involved in Anganwadi Centres

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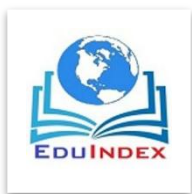
Abstract

The Anganwadi Worker(AWW) is the community based voluntary frontline worker of the ICDS programme, selected from the community .she assumes a pivotal role due to her close and continuous contact with the beneficiaries. The Anganwadi, is a children oriented courtyard play centre, located within the village itself. ICDS renders services in the target group through a net work of Anganwadi (AWs) which literally means a courtyard play centre. It is a focal point for the delivery of services at the community level. AW is a type of rural child care centre fully operated by women as part of the ICDS programme to combat child hunger, Mal- nutrition and women empowerment. The main objectives of AWCs to know the beneficiaries and services of AWC, to probe into problems involved in AWC. The researcher selected 50 sample respondents from the total population of 2800 women workers randomly. Primary data was collected from women workers through interview schedule and books, websites, magazines, research articles were used to collect secondary data. In order to analyze the data collected, the researcher used Likert's 5 point scaling technique .This study identifies as three problems faced by the women employer. It concludes that ICDS has improved that economic and social status of women.

Key words – Anganwadi centre (AWC), ICDS ,Anganwadi Workers(AWW), problems

INTRODUCTION

The Government of India is committed to reduce infant and child mortality and to improve maternal health of women, because that would lead to healthy society which is essential for the development of a Nation. During the 10th five year plan,(2002-2005) it has taken several steps to strengthen the implementation of ICDS programme and extend this programme to improve the socio-economic status of women, by giving the opportunity to women to lead a healthy life and to empower them. Therefore it, established Anganwadi centers



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with the help of State Government, to provide job opportunities to women and renamed ICDS scheme into Anganwadi Services. This study makes an attempt to identify the main problems and issues involved in implementation of Anganwadi Centres, because the success of this scheme depends on overcoming the challenges involved in it.

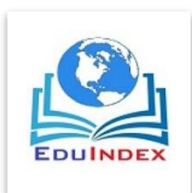
Anganwadi Centres:

The Anganwadi centers take care of rural mother and child by orientating women on health related issues such as importance of nutritious food, personal hygiene, care during pregnancy, importance of immunization to adolescent girls, nursing mother etc., Besides health issues, it has started to uplift the downtrodden women socially and economically. In this direction all the Anganwadi centers in India employ women only. Today in India ICDS in collaboration with Anganwadi has given employment about two million women. The services are provided at a centre called the 'Anganwadi' (AWC). The Anganwadi, is a children oriented courtyard play centre, located within the village itself. AWC is the focal point for ICDS services delivery that normally operates daily for four hours except Sundays and holidays. The major goal to provide enjoyable, enriched and stimulating for holistic development of children and also to provide employment to downtrodden women. One AWC normally caters to 1000 population in a rural/urban project and 700 populations in the tribal project, with suitable adjustment, wherever necessary, in the light of local conditions. There is also provision of sanctioning a mini- AWC for 150-400 population for rural / urban project and for 300-800 population for Tribal / Reserve / Desert / Hilly and other different areas / project. Monitoring of the scheme is done through 5 tier monitoring committee at the National, State, District, Blocks and Anganwadi level. Besides supervisory visit are made by this ministry (women and child). As when any deficiency of funds in the allocation of money, it is brought to notice of State/ UTs for taking corrective measures. AWW is the key functioning of AWCs, who teach and educate the beneficiaries. The AWH cook and serve the food to children and mothers, clean the Anganwadi premises, fetch water to provide for the children. The uniqueness of the scheme is, that only women can be engaged as AWW and AWH.

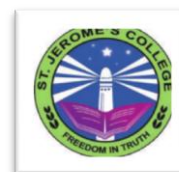
Beneficiary and services:

AWC plays a strong role in creating awareness among women regarding prevention of mal nutrition, educating children and in maintaining their health. The role of AW to mobilize, organizing and to educate the target community.

Beneficiary	Services
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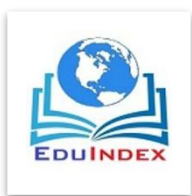
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Pregnant women	Health check-ups, TT, Supplementary nutrition, health education.
Nursing mothers	Health check-ups, Supplementary nutrition, health education
Children less than 3 years	Health check-ups, Supplementary nutrition, immunization, referral services
Children between 3-6 years	Health check-ups, Supplementary nutrition, immunization, referral services, Non-formal education.
Adolescent girls 11-18 years	Supplementary nutrition, health education
Women destitute, widows, orphans, mother of female children 18-58	Employment as AWC and AWH

India has around 350 million children who are below the age 6 years and a majority is living in extreme conditions of poverty. The women population today amount to 497 millions of whom a majority live in below poverty line. ICDS covers the children between the age of the 0-6 and women between 14 to 45. The age of women is limited to 45 and these are child bearing years of life of a woman and her nutrition and health status has a bearing on the development of the child. Anganwadi (AWs) which literally means a courtyard play centre. It is a focal point for the delivery of services at the community level. AW is a type of rural child care centre fully operated by women as part of the ICDS programme to combat child hunger, Mal-nutrition and women empowerment.

Thakare Meenal, et.al., [1] in their Research article that “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 community. It is evident from the article that the Inadequate Honorarium is the most faced problems among the Anganwadi Workers.



Other problems complained by 32.14 per cent workers were infrastructure related due to inadequate space for displaying NFPSE posters or others posters related to nutrition and health education.

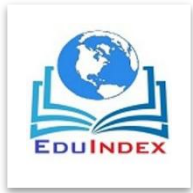
Gouri Yelvattimatti and Nithya Shree [2] in their article “ A Study on Problems faced by Anganwadi Workers and Suggestions given by them” identified the various problem faced by Anganwadi Workers. The problems faced by them are they ,Do not have own building , No toilet facilities , No playground to play for children , 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 pre - school education is the most problem faced by Anganwadi workers.

Goel Naveen K.,et.al.,[3] in their Research article that “Knowledge of Anganwadi Workers and their Problems in an Urban ICDS Block” . To assesses knowledge about the services rendered by them and problem faced by the AWW. Majority (75.58 percent) of AWWs had a knowledge assessment score of above 50 percent. They had best knowledge about nutrition and health education (77.14 percent). 75 percent of workers complained of inadequate honorarium,14.28 percent complained of lack of help from community and other problems reported were infrastructure related supply ,excessive work overload and record maintenance.

Narendra Singh and Pankaj Gupta [4]in their article “Impact of ICDS Services in urban and rural area Beneficiaries Children of Ghaziabad ,Uttar Pradesh,India- A Comparative evaluation study says that there was higher percentage (71.83 per cent) of coverage completely immunization in urban ICDS area as rural ICDS (68.62 percent).Over all prevalence of protein energy malnutrition was higher in rural ICDS(59.14 per cent) than urban ICDS(37.57 per cent).Average duration of sickness/child/ in urban ICDS area was 40.15 per cent while in rural ICDS it was 54.68 per cent means 24 days of illness in a year in urban area and 27.34 days of illness in rural ICDS area children that is burden of morbidity in rural area is very high .Among the leading causes of morbidity average duration of sickness because of respiratory diseases. GIT disease, Eye diseases and Pyrexia was higher in rural ICDS area although the difference was not statically significant. In contrary to the foregoing observations, the average duration of sickness caused by skin and ear diseases was significantly higher in urban ICDS area.

Need of the Study:

In the early years of its launching, ICDS was mainly considered as the welfare programme of children who are below the age of six. Then gradually it was extended to improve the health of adolescent girls, pregnant women, lactating mothers and also to empower women through employment. It is a known fact that women



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are the backbone of a society. Therefore, there is a need to understand the role of ICDS in uplifting the conditions of women through health programmes and by empowering them socially and economically through AWC. In this context this study on the problems involved in Anganwadi Centres, in kanniyakumari district, is considered as an important one.

Statement of the problem:

This study which is related to the beneficiaries and services of AWC through ICDS will help to understand the role played by ICDS in improving the conditions of women in a male dominated society. Identifying the problems faced by the women workers of ICDS would help to provide solutions to tackle the problems. The key issues involved in ICDS are low salary to the AWC workers and low attendance of the beneficiaries, especially the children who are below the age of 6. It's very important to address to this problem to achieve the sustainability of this welfare programme. This study on the problems involved in Anganwadi Centres in kanniyakumari district.

Objectives:

- To know the beneficiaries and services of AWC
- To probe into problems involved in AWC

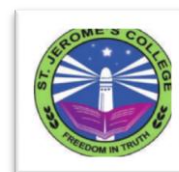
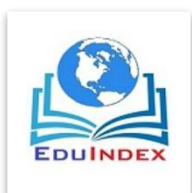
Methodology:

The researcher selected 50 sample respondents from the total population of 2800 women workers randomly. Primary data was collected from women workers through interview schedule and books, websites, magazines, research articles were used to collect secondary data. In order to analyze the data collected, the researcher used Likert's 5 point scaling technique. Most of Anganwadi employees have very low education qualification. Therefore the researcher took her time to interact with them to collect their opinion. They agree to share their opinion if the names are kept confidential.

The main limitation faced by the researcher in the response of the AW employees. The main problem with them is they do not see it as the welfare programme of the beneficiaries, but a scheme that provides them as employment.

Problems of Anganwadi Centres :

The success of AWC which combat child hunger and mal nutrients mainly depends upon how it tackle the challenges involved in the functioning of AWCs. There are periodic reports of corruption and the crimes



against in women in AWCs. In order to analyse the problems the researcher identified 35 variables which are grouped into 7 main problems namely Infrastructure, Amenities at AWC, Problem faced by AWW, Administration of AWs and General problems. The result of the analysis in the Table no1

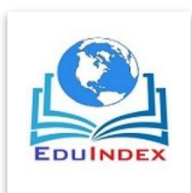
Table No : 1

S.No	INFRASTRUCTURE PROBLEMS	Mean Score	Group Ranking Variables	Overall Ranking
1	Storage	208	4.16	5
2	Kitchen facility	210	4.20	4
3	Adequate electricity	112	2.24	35
4	Class room facility	144	2.88	24
5	Playing area for children	176	3.52	15
6	Building	224	4.48	1
7	Medical kit & First aid box	113	2.26	34
Average score		23.74		

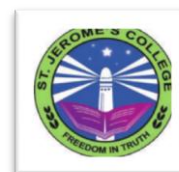
The table No: 1 shows that the main infrastructure problems are building (4.48) and kitchen facility (4.20). In the overall ranking also building facility is considered as the first main problem.

Table No: 2

S.No	AMENITIES AT AWCs	Mean Score	Group Ranking Variables	Overall Ranking
1	Ventilation	145	2.80	26
2	Lighting	152	3.04	21
3	Drinking water	191	3.82	10
4	Toilet facility	198	3.96	8
5	Drainage facility	133	2.66	29



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6	Learning Material	139	2.78	27
7	Improper Ambience	177	3.59	14

The main problem related to amenities Toilet facility (3.96) and Drinking water facility (3.82).

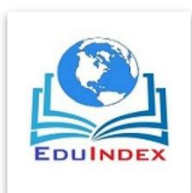
Table No:3

S.No	PROBLEM FACED BY AWW	Mean Score	Group Ranking Variables	Overall Ranking
1	Over workload	20	4.00	7
2	Lack of support from community	117	2.34	33
3	Inadequate Salary	213	4.26	3
4	Delay in payment of salary	130	2.60	30
5	Inadequate fund allotment	148	2.96	22
6	Delay in supply of Provisions	125	2.50	32
7	Lack of Training	175	3.50	16
Average score		22.16		

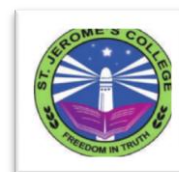
It is found out that Inadequate Salary (4.26) and Over workload is main issued faced by the AWWs. In the overall ranking inadequate salary is considered as the 3rd main problem

Table No : 4

S.No	ADMINISTRATION OF AWS	Mean Score	Group Ranking Variables	Overall Ranking
1	Lack of fund allotment	170	3.40	18
2	Inadequate supervision	140	2.80	25
3	Lack of co ordination between Government official and sub ordinates	171	3.42	17
4	Inadequate promotional programmes about ICDS	130	2.60	30



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5	Improper training programme	157	3.14	20
6	Need to fulfilment of vacancy	203	4.06	6
7	Delay in supply of material required	145	2.90	23
Average score		23.32		

It is reveals that the need to fulfilment of vacancy (4.06) and lack of co-ordination between Government official and sub ordinates (3.42) are the main Administration problem.

Table No: 5

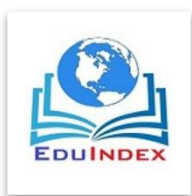
S.No	Problems	Mean Score	Rank
1	Infrastructure	3.39	II
2	Amenities at AWC	2.80	V
3	Problem faced by AWW	3.16	IV
4	Administration of AWWs	3.18	III
5	General Problem	3.57	I

The general problem includes the problems which are not included at the four categories. According to the study the main issued are in the category low attendance of the beneficiaries (4.24) and prevalence to mal practices (3.86). Low attendance of beneficiaries is ranked second in overall analysis.

Thus it is proved that building, low attendance of beneficiaries and low salary as considered issues of Anganwadi Centers.

The Table No : 6 shows the most important problem among the Five main problems

S.No	GENERAL PROBLEMS	Mean Score	Group Ranking Variables	Overall Ranking
1	Manipulation of Account	181	3.62	12
2	Lack of awareness about ICDS	136	2.72	28



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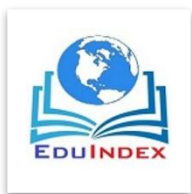
3	Prevalence of malpractice	193	3.86	9
4	Low attendance of Beneficiaries	212	4.24	2
5	Dues in the payment of bills	180	3.60	13
6	Retirement benefit to AWW	167	3.34	19
7	No proper check on the functioning of AWs	182	3.64	11
Average score		25.02		

It is understood that Table No : 6 reveals that the average score that General problem as its secure 1st Rank with a score of 3.57 and Infrastructure Facility second rank with a score of 3.39 are considered as the key problems.

Suggestion:

Based on the implications of the problem that is, building facility, low salary and low attendance of beneficiaries the following suggestions are given:

- The Government should setup a committee to identify the AWCs with bad infrastructure that is classroom, kitchen, building and play ground such centre should be allocated more funds to improve their infrastructure.
- The Identified AWCs can be referred to big corporate , so that it can be adopted by them to improve their infrastructure
- As the AWs suffer from Low attendance of beneficiaries it becomes a task of the AWCs to promote the services of AW among the needy by rural communities. Pamphlets can be issued to the rural houses about the services rendered by the AWCs.
- AWW and AWH can visit the rural households personally to explain the services rendered by the AWCs.



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- Since they feel that the salary is very low, a Government should set up commission to go through they recommend a reasonable salary keeping in mind it is a welfare programme.

CONCLUSION

As India emerges on the Global forefront as a next world power its silently faces gender inequality, child mal nutrition's, and poor nutrition in pregnancy and maternal mortality. But through AWCs by offering nutrition programmes , enhancement of educational system and improving literacy rate of women it can overcome hurdles to become a developed Nation. AWCs need to be strengthened structure and supplies and AWWs need to be given more in service educational programme and training programme along with salary so that they can be motivated to take interest in all activities of the project.

Suggestions for future study:

1. A study on the success rate of Anganwadi Centres in Kanyakumari District.
2. A study related to Beneficiaries Perception on Anganwadi Centres.

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