Research Paper

Volume : 4 | Issue : 1 | January 2015 • ISSN No 2277 - 8179

ROLE PERFORMANCE BY ANGANWADI WORKERS

Community Science

KEYWORDS :

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INTRODUCTION

The constitution of India resolves to constitute India into a Sovereign Socialist Secular Democratic Republic and secure to all citizens its Fundamental Rights. The WCD Department with the ICDS and IWDS (Integrated Child Development Service and Integrated Women's Development Service) functions for the Empowerment, upliftment and welfare of Women and children under its various schemes. Initiated by GOI, the ICDS and IWDS scheme was launched in 1975 and expanded to over 5000 + projects spread over 35 states benefiting 35 million children (0-6 years) and about 6.6 million pregnant and lactating mothers through a network of 6 lac anganwadi centres.

1.1 What is ICDS?

ICDS is the world's largest programme for the holistic development of children aged 0-6 years, expectant and lactating mothers and selected adolescent girls. It also aims at improving awareness of the community as a whole, and brings about behavior change.

- ICDS is the most unique programme for early childhood care and development encompassing integrated services for development of children below six years, expectant and nursing mothers and adolescent girls living in the most backward, rural, urban and tribal areas.
- ICDS has child centered approach based on the rationale that child care, cognitive and psycho - social development, and the child's health and nutritional wellbeing mutually reinforce each other.
- ICDS is a community based programme. For effective implementation of the programme, members of the community i.e. members of panchayati raj; mahila andal and youth club; religious and local leaders; voluntary organizations and primary school bodies etc. should be actively involved

The participation of the local community is considered an essential prerequisite for the effective implementation of the ICDS scheme. For this purpose, it has been stipulated that the anganwadi worker (teacher) attached to a centre should be a resident of the beneficiary area of that centre. It is also envisaged that a local people's committee should be constituted for the smooth functioning of each centre with the people's representative of the panchayat / municipality ward as its chairperson.

0.3 History of ICDS

ICDS is the country's most comprehensive & multi-dimensional programme. It is a centrally sponsored scheme of the Ministry of Women and Child Development. ICDS Programme was launched on 2 October, 1975 – the 106th birth anniversary of Mahatma Gandhi–the Father of the Nation. It continues to be the major governmental programme for early childhood survival and development intervention, benefiting over 18 million children and around 5 million pregnant and nursing mothers.

The Government of India launched the Integrated Child Development Services Scheme (ICDS) on an experimental basis in various states of the country in October 1975. Since the impact of the programme was encouraging, it expanded from 33 projects initially, to 1,952 by the year 1989. The anganwadi constitutes the basic institutional infrastructure through which the ICDS operates at the village level. Each anganwadi caters to a population of 1,000 in rural and urban areas and 700 in tribal areas.

An anganwadi worker/Auxiliary Nurse Midwife provides services to about sixty children below six years of age and twelve pregnant and nursing mothers. An amount of Rs. 1,456 million per year is required for the maintenance costs per project. The effective universaliation of the ICDS scheme was to be achieved by the first year of the Ninth Plan when all the 1,668 new projects were to become fully operational. The scheme was thus to provide vital services to over 52.4 million beneficiaries, including 43.7 million children and 8.7 million pregnant mothers. It has been noted that as a result of the ICDS programme, a faster decline in the incidence of infant and early childhood mortality in the ICDS project areas has been reported. Similarly, there was better utilization of vitamin A, iron, folic acid and immunization services in the ICDS project areas (Source: Convention of Rights of the Child, First Government of India Report,2002).

Gujarat is considered to be one of the progressive states in the country. The State has entrusted the implementation of ICDS programme to some voluntary organizations in rural and urban/ municipal corporation areas of the State to ensure maximum community participation as also to support the government to elicit better coordination and management for effective delivery of ICDS services.

In addition, the State is constantly making efforts for capacity building activities of the ICDS functionaries, who play a crucial role in supervision and monitoring of the programme. Supplementary nutrition (SN) is a high cost input of the ICDS programme. It is imperative that it is delivered effectively to have the desired impact on the target population.

1.4 Aims and objectives of ICDS Scheme

- Improve the nutritional and health status of children in the age group 0-6 years
- Lay the foundation of proper psychological, physical and social development of the child.
- Reduce the incidence of mortality, morbidity, malnutrition and school dropouts.
- Achieve effective coordination of policy and implementation among various departments to promote child development.
- Enhance the capability of the mother to look after the normal health and nutritional needs of the child, through proper health and nutrition education.

(Source: ICDS Programme and Services, Gujarat State Report, 2005 to 2010)

1.6 Anganwadi in ICDS

The main objective is to promote health and nutritional status of young children from 0-6 years and to provide nutrition for children and women. The services are provided by the anganwadi centres in ICDS Projects. Beneficiaries of the anganwadi are pregnant and lactating mothers, other Women between 15 to 45 years, children between zero to six years, adolescent girls.

1.7 The anganwadi centre

- An anganwadi centre - a courtyard play centre - located within the village or a slum is the focal point for delivery of all the services under ICDS programme in an integrated manner to children and women.
- An anganwadi is a centre for convergence of services for children and women.
- An anganwadi is a meeting ground, where women / mother's groups can come together/ with other frontline workers to share views and promote action for development of children and women.
- An anganwadi is run by an anganwadi worker who is supported by a helper in service delivery.

1.8 Role of anganwadi workers

(Source: ICDS, Social Welfare Department of Gujarat Government, 1989)

- To elicit community support and participation in running the programme.
- To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and paramedical personnel.
- To carry out a quick survey of all the facilities, especially mothers and children in those families in their respective area of work once in a year.
- To organize non-formal pre-school activities in the anganwadi of children in the age group 3-6 years of age and to help in designing and making of toys and play equipment of indigenous origin for use in anganwadi.
- To organize supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.
- To provide health and nutrition education and counselling on breast feeding/infant & young feeding practices to mothers. anganwadi workers, being close to the local community, can motivate married women to adopt family planning/ birth control measures.
- Anganwadi workers shall share the information relating to births that took place during the month with the Panchayat Secretary/Gram Sabha Sewak/ANM whoever has been notified as Registrar/Sub Registrar of Births & Deaths in her village.
- To make home visits for educating parents to enable mothers to plan an effective role in the child's growth and development with special emphasis on new born child.
- To maintain files and records as prescribed.
- To assist the PHC staff in the implementation of health component of the programme viz immunization, health check-up, ante natal and post natal check etc.
- To assist ANM in the administration of IFA and Vitamin A by keeping stock of the two medicines in the centre without maintaining stock register as it would add to her administrative work which would affect her main functions under the scheme.
- To share information collected under ICDS Scheme with the ANM. However, ANM will not solely rely upon the information obtained from the records of anganwadi workers.
- To bring to the notice of the Supervisors, CDPO any development in the village this requires their attention and intervention, particularly in regard to the work of the coordinating arrangements with different departments.
- To maintain liaison with other institutions (Mahila Mandals) and involve lady school teachers and girls of the primary/middle schools in the village which have relevance to her functions.
- To guide Accredited Social Health Activists (ASHA) engaged under National Rural Health Mission in the delivery of health care services and maintenance of records under the ICDS Scheme.
- To assist in implementation of Kishori Shakti Yojana (KSY) and SABLA and motivate and educate the adolescent girls and their parents and community in general by organizing social awareness programmes/campaigns etc.
- Anganwadi worker can function as depot holder for RCH Kit/contraceptives and disposable delivery kits. However, actual distribution of delivery kits or administration of drugs, other than OTC (Over the Counter) drugs would actually be carried out by the ANM or ASHA as decided by the Ministry of Health & Family Welfare.
- To identify the disability among children during her home visits and refer the case immediately to the nearest PHC or District Disability Rehabilitation Centre.
- To support in organizing Pulse Polio immunization (PPI) drives.
- To inform the ANM in case of emergency cases like diahorrea, cholera etc.

Support is provided to the anganwadi worker by a supervisor (1 per 20 anganwadi workers) and a Child Development Officer (1 per 5 Supervisors) who is directly responsible for the implementation and management of each ICDS project. All families in the area to be served are surveyed to identify the poorest. Those families with children under 6 years and /or where the woman is pregnant or lactating, are served in the anganwadis. Lady Health Visitors and Auxiliary Nursing Midwives provide regular examinations. Children and pregnant women are immunized on a scheduled basis. Three hundred days a year food is distributed, the menu prepared in accordance with local foods and traditions. Families are encouraged to bring the children to the centers for regular feeding. Children's weight and height are monitored. Those with severe malnutrition are given additional food supplements, and acute cases are referred to medical services. A pre-school programme has been developed for 3-6 year olds who attend the center three hours a day.

0.10 Anganwadi workers' Plight

The grass – root level workers of the Integrated Child Development Services are the anganwadi workers. They provide primary health care, primary health care education, nutrition services and early childhood education to children and health services and health education to expectant and nursing mothers. Although they have a different title and working conditions, they perform very similar jobs to the community health workers. It is estimated that there are also around 2 million anganwadi workers presently employed by the government of India and the State Governments. The success of the Scheme depends upon the efforts of the anganwadi workers. The whole process of community participation has to be initiated and generated by the anganwadi workers with special reference to their performance in providing the service and understanding and operationalising the concept of child development. But such important service providers at the grass-roots level are overburdened . So there is a need to find out to what extent anganwadi workers are able to perform their role as stated in the ICDS scheme. This is because the anganwadi worker is in the key role in the implementation of ICDS programme objectives. A survey on the role performance of anganwadi workers can throw light on many aspects of their role and areas requiring improvement

. An anganwadi worker's multifarious role requires managerial, education, communication and counseling skills. The various job responsibilities of an anganwadi worker are:

A. Planning for Implementation of ICDS Programme
B. Service Delivery
C. Information, Education and Communication
D. Community Contact
E. Management and Organisation
So the anganwadi workers have various tasks to do along with the teaching. They have also keep records of each and every task. Anganwadi helpers are only the support who helps them in cooking food for children only. All burdens fall down on anganwadi workers.

They have to conduct different programmes such as Mamta Divas, Aannaprash Divas, Anemia Control Programme, Rasoi Show, etc. and also they have to celebrate all festivals, birthdays of children and also they have to take out the children from anganwadi for picnic.

these children is very high. To check the Infant Mortality Rate (IMR) and to extend minimum health care services to children in the age group zero to six years, the government had launched Integrated Child Development Services Programme. Infant Mortality Rate (IMR) and Under-five Mortality Rate (U5MR) are the two universally recognized key indicators of child survival. In India, infant mortality constitutes more than seventy percent of all under-five child deaths in the country, highlighting the overwhelming importance of focusing on infant deaths. The various causes of infant deaths can be classified in two broad categories,

(i) Medical causes, and
(ii) Intermediate factors.
Reduction in infant and child mortality and maternal mortality is the ultimate goal of the ICDS programme.

Towards achieving the objectives of ICDS, a package of services is provided through the anganwadi worker (AWW), a crucial functionary at the village centre called anganwadi centre. Many reports have been published on ICDS which assessed its implementation and effectiveness. But there has been little discussion about the anganwadi workers, who carries the load of providing many integrated services An anganwadi worker's multifarious role requires managerial, education, communication and counseling skills. The various job responsibilities of an anganwadi worker are:

The study will help in finding out the various level of performance of anganwadi workers. Many studies have been done on job performance of anganwadi workers. Many changes have been observed in anganwadi workers according to their responsibilities.

The present study will throw light on different aspects in which anganwadi workers perform their role and the kind of problems they face due to role conflict. It also reveals how their training helps them to perform their role well.

1.15 Objectives of the study
1. To study the role performance of the selected anganwadi workers of the Vadodara District.
2. To study the role performance of the selected anganwadi workers in the four aspects of their prescribed role.
- Home-visits
- Register record
- Pre-primary education
- Supplementary nutrition food
3. To study the problems faced by anganwadi workers.

1.17 Delimitations of the study
1. The study was delimited to the anganwadi workers of the selected urban and rural anganwadi centers of Vadodara District.
2. The study was delimited to the prescribed roles of anganwadi workers in the four aspects only.
- Home-visits
- Register record
- Pre-primary education
- Supplementary nutrition food

1.18 Operational Definition
Role performance
Role performance in the present study meant the frequency with which the prescribed role was performed by the anganwadi workers, that is mostly, moderately or least.

METHODOLOGY
3.1 Description of the population
For the study of role performance of anganwadi workers of Vadodara District, the population of the study consisted of the anganwadi workers of the anganwadi centers in Vadodara district, both rural and urban. There are 2445 anganwadi centers in Vadodara District

3.2 Sample of the study
From the list of one hundred and twenty-five functional anganwadis ,hundred anganwadi workers were ready to participate in the research. Thus, purposive sampling method was used and fifty urban and fifty rural anganwadis were selected.

3.3 Tool for Data Collection
As the study required finding out the role performance of anganwadi workers, an exploratory survey was undertaken.

A structured questionnaire was prepared by the investigator to collect the data from the respondents on the following aspects.

- Home-visits
- Register-record
- Pre-primary Education
- Supplementary nutrition foods

3.7 Collection of the Data
Various methods were used for collecting data from anganwadi workers either they were contacted individually or in a group at the time of their monthly meetings. The time of the meetings of anganwadi workers was collected from the Jilla Panchayat office by investigator. The investigator faced major problem of traveling while collecting data because there was no transportation facility available easily in many villages.

3.8 Scoring and Categorization
The four main areas in which the role of performance was studied were information on home-visit, register record, pre-primary education and supplementary nutrition.

Table 2: Scoring and Categorization of the aspects of the study
The categorization of these aspects was done as follows:

Aspects	Basis	Description
Role performance of anganwadi workers	**75 percentage and above anganwadi workers performing the role 50 percentage to 74.9 percentage anganwadiworker performing the role 49.9 percentage and below anganwadi workers performing their role**	**Mostly performe Moderately performed Least performed**

Percentages were calculated for each of the role under the selected four categories of the role performed by anganwadi workers. The roles performed were described as shown in the above table. Items with multiple responses were also analyzed using percentages.

FINDINGS OF THE STUDY

4.1 BACKGROUND INFORMATION

1.All the anganwadi workers in urban and rural anganwadi centers were 12th pass and earned monthly salary of Rs.2500/-

2.Majority of the anganwadi workers, that is, sixty-six percent from urban and forty-eight percent from rural anganwadi centers had work experience of six to ten years. Whereas,sixteen percent from urban and fourteen percent from rural anganwadi centers had eleven to fifteen years of work experience.

3. Eighty-two percent from urban anganwadi centers and only thirty-six percent from rural anganwadi centers undergone refresher training given by government where as eighteen percent of anganwadi workers from urban and sixty-four percent of anganwadi workers from rural anganwadi centers had taken training given by government at the time of appointment.

4.Over all, urban anganwadi workers attended more training programmes as compared to their counterparts in rural areas. These programmes were related to their role in imparting pre primary education, providing supplementary nutrition, making register entries, counseling pregnant and lactating mothers, use of IEC materials, immunization and use of first aid kit.

5. High majority i.e. 88 percent urban and 80 percent rural anganwadis had helpers .

6., Anganwadi helpers helped in bringing children to the anganwadi, preparing food for children, helping in reciting poems, and assisting children in games, cleaning the anganwadi, distributing food packets to pregnant and lactating women whereas they performed their role moderately in collecting the village people for giving messages related to anganwa

7. All urban and rural anganwadi workers had done their home-visits every day. This shows that anganwadi workers performed their role mostly as far as their home visits were concerned. High majority of the anganwadi workers from urban and rural anganwadis had done home-visits after closing the anganwadis. This shows that urban and rural anganwadi workers performed their role mostly as per the prescription given by the government.

8.Majority of the urban and rural anganwadi workers had done their five home-visits per day. Few of them, that is, twenty-eight percent urban and twenty-two percent of the rural anganwadi workers had done their four home-visits per day. This shows that urban and rural anganwadi workers performed this role moderately.

9. High majority of the anganwadi workers (eighty percent urban and eighty-two percent rural anganwadi workers) spent 10 to 15 minutes for one home-visit, as prescribed for them, playing their role mostly.

10.High majority of the urban anganwadi workers had entered the information of pregnant women, newborn children, lactating women, 1 to 3 years of children and adolescent girls respectively in home-visit planner register. This shows that relating to maintaining the home-visit planner register, the urban and rural anganwadi workers performed their role mostly.

11.Majority of the urban and rural anganwadi workers filled up their home-visit planner register every day, whereas, few of them (twenty-eight percent and thirty-six percent respectively) filled up their home-visit planner register monthly. This means that anganwadi workers performed their role moderately related to frequency of filling up home-visit planner register.

12 .Majority of the urban and rural anganwadi workers had collected information related to the subject to be discussed in the home visits. This means that urban and rural anganwadi workers performed their role moderately in collecting information related to the subject.

13. Almost equal percentage (1/3) of the urban and rural anganwadi workers had collected IEC materials and also decided questions and points related to the particular subject. Very few (six percent of the urban anganwadi workers and twelve percent rural anganwadi workers) of the anganwadi workers had decided how to counsel the beneficiaries. This shows that urban and rural anganwadi workers performed their role least related to collecting IEC materials and deciding questions and points related to the particular subjects.

14. Almost all of the urban and rural anganwadi workers used the counseling method in home-visits. Different IEC materials used by anganwadi workers were negligible.This shows that anganwadi workers performed their role mostly related to counseling method but as far as the use of IEC materials was concerned, they performed their role least.

15. High majority of the urban and rural anganwadi workers interacted only with the beneficiaries in the home-visits. Very few of the urban and rural anganwadi workers (eight percent and twelve percent respectively) interacted with every member of beneficiaries in their home-visit. According to the prescribed role anganwadi workers have to interact with every member of beneficiaries's home. But this shows that anganwadi workers performed this role the least.

16. High majority of the urban and rural anganwadi workers discussed about cooking various nutritious recipes from food packets and importance of iron and folic acid tablets and about the importance of having delivery in government/private hospitals with the beneficiaries, performing their role mostly in this regard.Little more than 50 percent of both urban and rural anganwadis covered use of 108 ambulance service in their discussion during home visit and thus performed the role moderately.

17. Almost all the urban and rural anganwadi workers filled up all the registers monthly. These were- anganwadi supervision register, register of services provided to the pregnant and lactating women, register of services provided to the children, register of immunization, iron-folic acid and vitamin-A tablets, register of birth and death, angnwadi stock register, register of medicine distribution, mahila mandal register, supervision visitor register, growth chart book, mother and child card, monthly progress record, other stock register, and various other registers.

18. It was also revealed that a very high majority of the urban and rural anganwadi workers had no problems in filling up the registers, thus performing their role mostly. This shows positive aspect of anganwadi workers that they are well-trained in filling-up the registers.

19., High majority of the urban and rural anganwadi workers (82%-84%) spent one hour in imparting the pre-primary education. Very few of the urban anganwadi workers (eighteen percent) and rural anganwadi workers (sixteen percent) spent two hours in imparting the pre-primary education. This means that the urban and rural anganwadi workers performed their role mostly in imparting the pre-primary education.

20. High majority of the urban and rural anganwadi workers did not have time-table to teach the children in anganwadis. This shows that the urban and rural anganwadi workers least performed their role related to maintaining time-table to teach children in the anganwadis.

21. More than 80 percent of the urban and rural anganwadi workers used different games and IEC materials as teaching methods, performing this role mostly.

22. High majority of the urban and rural anganwadi workers

Volume : 4 | Issue : 1 | January 2015 • ISSN No 2277 - 8179

used IEC materials namely name of birds, fruits, vegetables, flowers, body-parts, colors and shapes, vehicles, festivals, months, week days, and messages on cleanliness. This means that the urban and rural anganwadi workers performed this role mostly .

23. Majority of the urban and rural anganwadi workers (seventy-six percent and fifty-four percent respectivrly) had availability of PSE kit, whereas, one forth in urban and nearly fifty percent in the rural anganwadis workers had no PSE kit., showing moderate performance of the role.
24. Majority of the urban anganwadi workers had used books for teaching, performing their role moderately. Three fourth of the anganwadi workers had used toys, where as, very few anganwadi workers had used clay toys, nail cutter, slate and painting. This shows that the urban anganwadi workers performed their role least in the use of other materials provided in the kit.In rural anganwadis, very few of the anganwadi workers used books, toys, clay toys, nail cutter, slate and painting. This shows that the rural anganwadi workers performed their role least as far as the use of materials in PSE kit is concerned.
25. Majority of the urban anganwadi workers had celebrated the festivals in the anganwadis. This means that the urban anganwadi workers performed their role moderately related to the celebration of festivals in the anganwadis. Nearly one third of them celebrated birthdays of children and carried the children on a trip. This means that the urban anganwadi workers least performed their role related to the celebration of children's birthdays and take the children on a trip.
26. All the urban and rural anganwadi workers distributed supplementary nutrition foods to all the beneficiaries, that is, pregnant and lactating women, 0-6 years of children, malnourished children and adolescent girls performing their role mostly.
27. All the urban and rural anganwadi workers had distributed take home-ration to all the beneficiaries, that is, pregnant and lactating women, 6-36 months old children and adolescent girls. This shows that the urban and rural anganwadi workers performed this role mostly.
28. Majority of the urban and rural anganwadi workers had distributed iodine salt when stock was available, whereas, three fourth of the urban and rural anganwadi workers had distributed it once in a month.
29. All the urban anganwadi workers created awareness among mothers through growth chart, counseling to the mothers followed by high majority advising them to send their children to the CDNC center. This means that the urban anganwadi performed their role mostly related to creating awareness among mothers through growth chart, counseling to the mothers and advising them to send their children to the CDNC center.
30. High majority of the urban and rural anganwadi workers had problems of less salary in comparison to the amount of their work and also helpers were not attending their work satisfactorily. Little more than fifty percent of the urban and rural anganwadi workers had problems of the longer time taken in meetings/ trainings. Very few of them reported problem of spending more time in work other than ICDS work.
32. All the urban and rural anganwadi workers received iodine salt once in a month. High majority of the anganwadi workers did not face problem related to receiving take home ration and supplementary nutrition food.

Conclusion

It was revealed form the present study that anganwadi workers in urban and rural centre were performing their roles in various areas such as, home visits register maintenance, preprimary education, supplementary nutrition from moderate to mostly. This is an encouraging trend as the government of Gujarat is focusing on nutrition mission and eradication of malnutrition from various dimensions and ICDS is one of them.

REFERENCE

1. Better incentives should be given to sustain the interest and motivation of anganwadi workers in performing their role in best possible manner. | 2. They should be given enough time to attend to the education of anganwadi children, relieving from some of the other responsibilities. | 3. Monitoring mechanism should be established to check how they are using IEC material and kits supplied to them. | 4. Refresher courses for anganwadi workers should upgrade them with the modern techniques teaching pre- school children.