



**ORIGINAL RESEARCH PAPER**

**Social Science**

**ANGANAWADIS HELP THE POOREST MEMBERS OF SOCIETY OBTAIN FOOD FOR PROPER NUTRITION**

**KEY WORDS:** Integrated Child Development Service, Anganawadi worker, women, children, pregnant, honorarium.

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**ABSTRACT**

The Integrated Child Development Service (ICDS) programme, which is run at the state level and addresses the health needs of young children nationwide, was established by the Indian government in 1975. The basic ICDS employees who manage the Anganawadi centre and carry out the ICDS programme in collaboration with staff members from the health, education, rural development, and other departments are known as Anganawadi workers and helpers. Additionally, they offer assistance for the health and nutrition of teenage girls, nursing moms, and pregnant women. Approximately 2 million Anganawadi workers are helping 70 million women, children, and sick individuals become and maintain their health in India today. The goal of the current study, titled "Socio-economic Conditions of Anganawadi Employees," is to examine the working conditions, socioeconomic circumstances, difficulties, and challenges faced by Anganawadi workers. Furthermore, unlike other government office jobs, these teachers don't have a set workday. However, it should be mentioned that the government pays Anganawadi employees a very little honorarium. Unexpectedly, these employees lack retirement benefits for which there are no governmental regulations. The Anganawadi labourers live below the poverty line as a result of their decreased salary. As a result, their families are also dealing with socioeconomic issues.

**INTRODUCTION**

Literally translated, "anganawadi" implies courtyard gatherings. It is a childcare facility that is situated in the Anganawadi premises, identifying participants within the village or slum area, and assuring the availability of food for the Anganawadi worker's focal point for the delivery of Integrated Child Development Services (ICDS) (AWW). She is monitoring the initiative and reporting to the state administration with assistance from a local woman. Child Development Project Officers (CDPO) serve as a link between ICDS staff and primary school teachers, local women's organisations, and the government. They also ensure that Mahila Mandals, youth clubs, and local coverage of services by networking with other organisations, Panchayat Samitis, Balvikas government departments, and volunteer Mahila Samiti members.

When the Planning Commission chose to prioritise children's needs in the First Five Year Plan, a structured approach to child welfare was established. Under the five-year plans, several child welfare initiatives were started. These were concerned with the requirements of kids in the fields of education, welfare, health, and recreation. Additionally, special initiatives were done to satisfy the needs of children who were troublemakers, disabled, orphans, and other vulnerable populations. Some of these programmes dealt with the growth and development of kids, particularly those in the 0-6 year old preschool age range.

However, these child care programmers' insufficient coverage and extremely constrained resources prevented them from having a significant impact on children's issues. Since comprehensive and integrated early childhood services were seen as an investment in the future economic and social development of the nation, it was thought that a model plan should be developed to guarantee the children receive the most possible benefit in a long-lasting way. A plan for integrated child care services was developed as a result, and it was implemented in all States.

**Objectives:**

Main objective of these study anganwadi role and responsibilities of anganwadi workers include Teachers, Mini anganwadi workers and helpers to the society.

**Role of Anganawadi's To The Society;**

India has high rates of infant mortality, malnourishment, poverty, and overcrowding. A large number of medical and healthcare professionals are required to combat the health and mortality challenges afflicting the nation. Unfortunately, there is a lack of qualified workers in India. Therefore, the nation is attempting to achieve its aim of improved health facilities that are inexpensive and accessible by utilising the local community through the anganwadi system. An Anganawadi employee is in many respects more qualified than licenced doctors to serve the rural people. First off, because the worker resides with the residents, she is in a better position to determine the root of the different health issues and, consequently, to address them.

She thus has a very excellent understanding of the state of health in her area. Second, despite not having the same training or credentials as professionals, Anganawadi employees are more socially adept, which makes it simpler for them to deal with the public. Additionally, because these personnel are locals, it is simpler for them to assist the populace because they can be trusted. Last but not least, Anganawadi employees are familiar with local customs, at ease speaking the language, and have personal relationships with rural residents, among other things.

**Responsibilities of Anganawadi Workers;**

1. The center should run from 9:00 A.M to 4:00 P.M every day.
2. Issue of Ration (Eggs, Rice, Dal, Oil, Vegetables, condiments, and Milk) for Pregnant & Lactating Women and Pre-School children as per average attendance of the previous three days to Helper.
3. Boiled Egg should be served at 10:00 A.M to the Pre School Children.
4. Conducting Pre School Education to children between 3-6 years as per preschool time table using Pre-School Kit, providing a joyful learning environment for the children and assessing development and learning abilities using the ECCE card.
5. Organizing Supplementary Nutrition feeding for 3-6 years children, hot cooked meal for Pregnant & Lactating mothers as per the prescribed menu.
6. Follow Food safety and hygiene at AWCs strictly.
7. Ensure prescribed feeding every two hours for Severely

Acute Malnourished & Moderately Acute Malnourished children.

8. Undertake Growth monitoring: Weighing all children 0-3 years (monthly) and identification of growth faltering in children will be a crucial activity.
9. Conducting Special Days:
10. NHD-I- Distribution of taking Home Ration (Bala Amrutham +8 eggs) and Growth monitoring.
11. NHD-II- Involving ANM/ASHA facilitating immunization, ANC and PNC, micronutrient supplementation, deworming, referral, etc., conducting monthly Health Nutrition and Sanitation Education.
12. Maintaining the Mother-Child protection card (MCPC) and individual growth charts to track the growth trajectory of every child.
13. Providing special care to children who are underweight, identifying severely & moderately acute malnourished children and referring them to PHC for medical check-up.
14. Following up children rehabilitated at NRCs.
15. Undertaking home visit for one or every day between 4-5 PM, especially to reach out to the children under 3 years, high-risk pregnancies and Lactating mothers, etc., and also providing counseling to pregnant women and initiation of breastfeeding, exclusive breastfeeding for 6 months and introduction of complementary feeding after 6 months to Lactating women.
16. Providing home-based guidance on early stimulation and development to monitor the developmental milestones of each child.
17. Identifying children with any visible disability or developmental delays and referring children for Child Health Screening and Early Intervention Services.
18. Participation in Village Level Meeting of VHSNC, etc.,
19. Creating Linkages with other sectors specially health, Panchayat, Education, Drinking water and sanitation, etc., for improved health and malnutrition status of the people in the village.
20. Eliciting community support and participation in the delivery of services.

**Role of Anganawadi Helper:**

- Maintenance of Anganawadi Centers- cleaning the premises daily and arranging for clean drinking water.
- Cooking and serving of food to the children and pregnant and lactating women.
- Maintenance of hygiene at the Centre.
- Collecting and bringing small children to the Centre and ensuring the cleanliness of small children.
- Proper and safe storage of commodities at the Centre.
- Assisting Anganawadi Workers in the discharge of her duties.

**CONCLUSION;**

The main human component of the programme is the Anganawadi worker, who interacts with the families and children. The most crucial factors are her motivation, abilities, and self-assurance. But this hasn't received much notice. Numerous responsibilities have been assigned to the Anganawadi employee. She is expected to reach out to expectant and nursing mothers, make home visits, offer nutrition advice, assist with immunisation campaigns, conduct surveys, maintain multiple registers, and other duties in addition to the health, nutrition, and pre-school education of children. Additionally, she is regularly called upon by other government agencies to perform specific tasks, such as organising "Self Help Groups." The time that is available to the kids is further diminished by this.

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