

Anganwadis : Services, Problems and Solutions

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The economic fallout of COVID-19 makes the necessity of quality public welfare services more pressing than ever. The Integrated Child Development Services (ICDS) programme that caters to the nutrition, health and pre-education needs of children till six years of age as well as the health and nutrition of women and adolescent girls is one such scheme. It requires work on multiple fronts to be effective, given that recent reports have shown gaps in the utilisation of services. Anganwadi centres (AWCs) could become agents of improved delivery of ICDS's services. But for that, they need to be recast in a new avatar.

In news: Only half of government schools, anganwadis have tap water supply

Placing it in syllabus: Indian Society

Dimensions

- What are Anganwadis?
- ICDS
- Services Provided
- Their Importance
- Problems
- Solutions

Content:

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.

How does the Anganwadi System Work?

- The Anganwadi system in one village/ area is managed by a single Anganwadi worker, who is chosen from the community and has been trained for four months in areas such as health, nutrition and childcare.
- Each Anganwadi worker covers a population of about 1000 people.

Mukhya Sevika – The Supervisor of Anganwadi Workers

For every 10 Anganwadi workers, there is an Anganwadi Supervisor to provide on-the-job guidance, who is also known as Mukhya Sevika.

Apart from the healthcare, nutrition and educational work, the following are the responsibilities of the Anganwadi Supervisor:

- Checks the list of beneficiaries from the low economic strata, who are severely malnourished,
- Guides AWWs in the assessment of correct ages of children, correct method of weighing the children, and plotting their weights on growth charts,
- Demonstrates to the AWWs the effective methods of providing health and nutrition education to mothers, and
- Maintains the statistics of the Anganawadis

The Mukhya Sevikas, in turn, report to the **Child Development Projects officer (CDPO)**

Their Importance:

The Anganwadi Program is important because of its multiple child development activities. Reasons behind the importance

of the program are:

Providing affordable and accessible healthcare:

- Through the Anganwadi system, the country is trying to meet its goal of providing affordable and accessible healthcare to local populations.
- Today in India, about 2 million anganwadi workers are reaching out to a population of 70 million women, children and sick people, helping them become and stay healthy.
- Anganwadi workers are the most important and oft-ignored essential link of Indian healthcare.

Local Connect & Community Mobilisation:

- Anganwadi workers have the advantage over the physicians living in the same rural area, which gives them insight into the state of health in the locality and assists in identifying the cause of problems and in countering them.
- They also have better social skills and can therefore more easily interact with the local people.
- As locals, they know and are comfortable with the local language and ways, are acquainted with the people, and are trusted
- Given the definition of health – the physical, mental, social, spiritual well being of an individual, the Anganwadi worker perhaps has the best insight into the people's health of her region.

Eradicating Malnourishment:

- One-third of the world's stunted children live in India. This is the highest number in the world. Stunting in children is associated with underdeveloped brains and long-term harmful consequences for learning capacity, school performance, and later earning ability.
- Persistent undernutrition is a matter of deep concern,

especially in the context of successive and severe droughts in many parts of the country.

- Anganwadis are integral for the success of ICDS programme that caters to the nutrition, health and pre-education needs of children till six years of age as well as the health and nutrition of women and adolescent girls.

Ensuring Access to Government Programmes

- Anganwadi workers are India's primary tool against the menace of child malnourishment, infant mortality, and lack of child education, community health problems and in curbing preventable diseases.
- These community health workers have been point-persons for rural communities to access key health services and benefits.
- ASHAs and AWWs have been going to extreme lengths to ensure that the households they serve are able to access State entitlements
- With little training and immense risk, they went to households to spread awareness on COVID-19 as well as carry out tasks like contract tracing.

Problems:

- ***Lack of Education and Training:*** Most anganwadi workers are not well-literate and their skill is limited. They find it is easier to keep track of a child's growth by weighing them rather than following other measurements. NITI Aayog also suggested that these centres be provided with the required number of workers, whose skills should be upgraded through regular training.
- ***Demotivating Service Conditions:*** Lack of further career prospects and adequate service conditions of frontline workers in Anganwadi Centres such as anganwadi workers (AWWs), ASHAs and ANMs. The officers and their helpers who staff Anganwadis are typically women from poor

families. The workers do not have permanent jobs with comprehensive retirement benefits like other government staff. A few months into the pandemic, ASHAs and AWWs across Indian states staged protests when they did not receive months worth of wages since the lockdown.

- **Lack of basic Facilities:** Nearly a half of the operational AWCs lack drinking water facilities and 36 per cent do not have toilets. In 2015, the NITI Aayog recommended better sanitation and drinking water facilities, improved power supply and basic medicines for the AWCs.
- **Insufficient Learning Environment:** AWCs do not seem to provide the environment that encourages parents to leave children at these centres. Only a limited number of AWCs have facilities like creche, and good quality recreational and learning facilities for pre-school education.

Solutions:

The Centre has acknowledged the need to improve anganwadi centres.

- **Upgrading Anganwadi Infrastructure:** Infrastructure development and capacity building of the anganwadi remains the key to improving the programme. **Saksham Anganwadi Scheme** aims to upgrade 2.5 lakh such centres across the country.
- **Capacity Building & Training:** The Central Government's **POSHAN Abhiyaan** has taken important steps towards building capacities of AWWs. It is important that a more robust mechanism is now created to regularly assess and plug knowledge gaps.
- **Aligning procedures to meet community demand:** the standards of all Anganwadi services need to be upscaled. anganwadi centres must cater to the needs of the community and the programme's workers
- **Adopting activity-based, environment-embedded Montessori**

curriculum : Research has shown the significance of the playing-based learning approach in the cognitive development of children. An approach that combines an effective supplementary nutrition programme with pedagogical processes that make learning interesting is the need of the hour.

Mould your thought: Anganwadi centres must be recast in a new avatar. Evaluate.

Approach to the answer:

- Introduction
- Discuss the role and importance of Anganwadi Centres
- Discuss the problems they face
- Mention solutions
- Conclusion