

PROBLEMS AND PROSPECTS OF ANGANWADI WORKERS: A STUDY

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Abstract

The Anganwadi workers (AWW) is community based voluntary frontline workers of the ICDS programme. She assumes a pivotal role due to her close and continuous contact with the beneficiaries children grow and develop amazingly. Anganwadi workers play the most dominant role in providing basic education, nutrition and ensuring health in rural India. The study analyse the trends and problems faced by Anganwadi workers and suggest to overcome their problems. it is quite regrettable and sad to note that despite their social commitment and diligence they are very poorly paid and treated worse than the class fourth employers. That is urgent need that the government should look in the matter with all sympathy and concern.

Key words: Anganwadi Centers, ICDS, Nutrition, Problems of Anganwadi Workers. Honorarium

Introduction

Health and nutrition are the most important contributory factors for human resources development. Good nutrition is the fundamental basic requirement for maintenance of positive health. A proper diet is essential from the very early stages of life for growth development and active life. The early years of one to three years are crucial periods for brain development which may be adversely affected by malnutrition. The 'integrated child development services' (ICDS) is India's response to the challenge of meeting the holistic need of the child. ICDS is one of the world's largest and most unique outreach programmer for early childhood care and development.

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The first ICDS project was launched in India on 2nd October 1975 with 33 projects all over the country.

An Anganwadi is the focal point for the delivery of ICDS services to children and mothers. Each Anganwadi is catering to population of around 1.000 in rural and urban areas and to around 700 in tribal areas. The Anganwadi workers and helper are the basic functionaries of the ICDS. They are not government employees, but are called social workers or voluntary workers each the activities these workers are required to perform are very extensive the workers in such center who receive the paltry 'honorarium' are seen as 'part time workers' in the center's that they are supposed to open for only four hours a day yet, they have been found to be among the most dedicated and committed of public servants Who have developed grass root contracts and are able to identify particular individuals and groups in any community easily.

The key functions of Anganwadi is to provide supplementary nutrition to the children below six years of age and nursing and pregnant mothers from low income families immunization of all children less than six years of age and immunization against tetanus and health education to all women in the age group of 15-45 years. As well as basic health checkup which includes antenatal care of expectant mothers, Postnatal care of nursing mothers, care of new born babies and care of all children under six years of age. They are supposed to be able to refer serious cases of malnutrition or illness to hospitals, Community health services (CHS) or district hospitals. In addition, the same two workers on their own are to provide non-formal pre- school education to children in the three to five age groups.

But now, the role of Anganwadi workers is not limited of the basic ICDS programme activity they play important role in other national health programme like DOT provides for tuberculosis patient (RNTCP), pulse polio immunization (IPPI), motivator for tubal ligation cases (family planning), house to house survey in health and election duties and many more they are also the member of sakhimandalMatrumandal, Mohilamandal and village health committee.

Importance of the Study

ICDS has played an important role in improving health status of the children and women in India at macro level. The study describe the growth and development of Anganwadicentres and their beneficiaries. It is also focus on problems faced by anganwadi workers. The study was may be useful to the administrators, policy makers, extension workers researchers and socialists while preparation of future training strategies the makes programme more effective.It may also help in creating suitable organisational atmosphere in this programme and may exhibit maximum output of their efforts.

Review of Literature

Dorothy and Reddy (2010) Their study on health status of children in north eastern states of India explains about the health aspects about the children in northeast in contrast to all India. the author showed the history of immunization practices made by the government of India in the form the time of independence till today.

Thakare (2011) The study shows that awareness about ICDS services increases with the increased level of education.

Manhas and dogra (2012)This study found that performance as well as awareness among Angawandi workers regarding the importance of growth charts and growth monitoring was not satisfactory.

Das et.al (1990) This study explore that Anganwadi worker is the key person in the progarmme, her education level and knowledge of nutrition plays an importance role related to her performance in the Anganwadicentre. It has also been reported that, in addition to education level, training of Anganwadi workers about growth monitoring plays a valuable role in improving their performance.

Srinivasan (1987)Observed that in the present context under the ICDS progarmme due to various like suitability of the personnel co-ordination among functionaries and also with other

departments, lack of transport and communication system. illiteracy among people indifferent attitude of the staff and inadequate finance results in unsatisfactory services.

Patil (2007) Concluded that amongst various problems faced by Anganwadi workers in performing their job. The most important problems reported were low honorarium, insufficient funds for salt Jaggry vegetables, transportation and fuel and lack of co-ordinations between auxiliary nurse and mid wife (ANM) to Anganwadi workers.

Chaturvedi (2008) concluded that amongst various problems faced by Anganwadi workers in performing their job the most important problems were low honorarium and lack of transportation facilities.

Objectives of the Study

1. To analyse the growth and development ICDS network.
2. To describe the problems of Anganwadi workers.
3. To suggest suitable suggestions to overcome the problems.

Methodology

This paper basically depends on the secondary sources of data which are collected from the reports of ministry of women and child development government of India as well as Karnataka and Chikkamagaluru district. The researchers have conducted the study under time series data. The researches have analysed the variables related of ICDS such as number of Anganwadi centers, appointment of anganwadi workers. Number of supplementary nutrition beneficiaries and number of preschool education beneficiaries and budget allocation. This paper also described the various problems in delivering the services of ICDS. The data analysis and interpretation with the help of simple statistical tools like average and percentage.

DATA ANALYSIS AND INTERPRETATION**Growth and Development of Anganwadi center and Workers in India****Table No 1****Region Wise Number of Anganwadi Centers and Anganwadi Workers**

Sl.no	Region	No. of Anganwadi Centers in Lakhs	No. of Anganwadi Workers in Lakhs	%
1	Northern region	1,68,082	1,68,082	12.39
2	North-eastern region	97,661	97,661	7.20
3	Eastern region	3,20,411	3,20,411	23.62
4	Central region	5,74,455	5,74,455	42.36
5	Western region	1,60,075	1,60,075	11.80
6	Southern region	2,43,128	2,43,128	17.92
	Total	13,56,027	13,56,027	100

Source: Ministry of Women and Child Development, Govt. of India

The table no 1 shows the result of region wise Anganwadicenter and workers in India. According to available data 13,56,027 totalno of Anganwadicenters and 13,56,027 Anganwadiworekrs working in India. Out of this 42.36 percent of Anganwadicenters and Angawadiworkers in centers region of India. Next highest 23.62 percent of Anganwadicenter and anganwadi workers are founding in eastern region of the country and followed by southern region 17.94, Northenregion 12.39% western region 11.80% and north eastern region 7.20% the table reveals that 42.36 percent of the Anganwadicenters and Anganwadiworkers construted in central region of India.

Table No 2**Year Wise Anganwadi Centre's and Beneficiaries in India**

Year	No. of Operational Projects	%	No. of Operational Anganwadi Centre's	%	No. of Supplementary Nutrition Beneficiaries	%	No. of Preschool Education Beneficiaries	%
2007	5,829	11.02	8,44,743	9.07	705.43 lakh	9.92	300.81 lakh	10.8
2008	6,070	11.48	10,13,337	16.88	843.26 lakh	11.86	339.11 lakh	12.26
2009	6,120	11.57	10,44,269	11.21	873.43 lakh	12.28	340.60 lakh	12.31
2010	6,509	12.31	11,42,029	2.26	884.34 lakh	12.44	354.93 lakh	12.83
2010	6,719	12.71	12,41,749	13.33	918.65 lakh	12.92	355.02 lakh	12.83
2011	6,920	13.09	12,88,463	13.83	945.74 lakh	13.30	356.04 lakh	12.87
2012	7,210	13.64	13,66,776	14.67	952.61 lakh	13.40	358.20 lakh	12.95
2013	7,480	14.15	13,70,002	14.71	984.54 lakh	13.85	361.08 lakh	13.05
Total	52,857	100	93,11,368	100	7,108	100	2,765.79	100

Source: Data table on ICDS in Child Development Portion of Ministry's website

The table no 2.2 shows that year wise Anganwadicenter and beneficiaries in India. 11.02 percent of operational projects during the year of 2007. It has considerable increase to 14.15 percent in year 2013. Number of operational Anganwadicenters were increased from 5.07 percent to 14.71 percent during the year from 2007-2013. The supplementary nutrition beneficiaries and preschool education beneficiaries are increasing from 9.92 percent to 13.85 percent respectively during the year from 2007-2013. The table reveals that the operational projects, operational Anganwadicenters, supplementary nutrition and pre-school educated Beneficiaries were increased remarkable year by year.

Table No 3**Budget Allocation for Women and Child Development Services in India**

Year	Budget (In Rs. Crore)	%
2007-06	5193.2	13.21
2008-09	6932.7	17.63
2009-10	8154.5	20.74
2010-11	8700.0	22.13
2011-12	10330.0	26.27
Total	39,310.4	100

Source: Centre for Budget Govt. of India

The table 3 shows that budget allocation for women and child development by the government of the India. 13.21% percent of budget allocation of the women and child development services in India during the year of 2007-08 and it remarkably increased 26.37 percent of budget during the year of 2011-12. The table shows that the government has increasing the budget remarkably for women and child development services.

Table No 4**District Wise Anganwadi Workers in Karnataka**

District	Anganwadicentres	Anganwadi workers	%
Bagalkot	2,116	2,116	3.27
Bangalur rural	1,208	1,208	1.87
Belagum	5,293	5,293	8.20
Bellary	2,313	2,313	3.58
Bangalore Urban	2,096	2,096	3.24
Chamrajnagar	1,412	1,412	2.18
Dakshinakannada	2,101	2,101	3.25
Davangere	2,044	2,044	3.78
Dharawad	1,466	1,466	2.27
Gadg	1,105	1,105	1.71
Gulbarga	3,033	3,033	4.70
Hassan	2,490	2,490	3.85
Haveri	1,913	1,913	2.96
Koppal	1,791	1,791	2.77
Mysore	2,826	2,826	4.38
Ram nagar	1,524	1,524	2.36
Shimoga	2,430	2,430	3.76
Tumkur	4,080	4,080	6.32
Udupi	1,145	1,145	1.77
Yadagiri	1,299	1,299	2.01
Kodagu	869	863	1.33
Mandya	2,525	2,525	3.91
Bidar	1,889	1,889	2.92
Bijpura	2,104	2,104	3.26
Chikballapura	1,931	1,931	2.99
Chikmagalur	1,820	1,820	2.82
Uttar Kannada	1,908	1,908	2.95
Karwar	769	769	1.19

Kolar	2,036	2,036	3.15
Chtradurga	2,317	2,317	3.59
Raichur	2,634	2,634	4.08
Total	64,518	64518	100

Source; Women and Child Development Department.

The table no 4 shows the result of district wise Anganwadicenters and Agnawadiworkers in Karnataka. According to available data 64.518 Aganwadicenter and workers in the state during the year of 2014-15. Out of this 8.20 percent of the Anganwadicenters and workers are found in Belagumdistrict of Karnataka. Next highest i.e 6.32 percent was founding in Tumkurdistrict and followed by Gulbarga 4.70% and Raichur4.08%. this result shows that Belgumdistrict has the highest number of Anganwadicenters as well as workers.

Table.No.5

Year- Wise Anganwadi Centers and Anganwadi Workers in Chikmagalur District.

Year	Anganwadi center	Anganwadi workers	%
2007-08	1197	1197	10.72
2008-09	1354	1354	12.13
2009-10	1522	1522	13.63
2010-12	1642	1642	14.71
2012-13	1802	1802	16.14
2013-14	1821	1821	16.31
2014-15	1821	1821	16.31
Total	11.159	11.159	100%

Source: Women and Child Development Department in ChikkamagaluruDistrict.

The table No.5 shows that, year wise Anganwadi centers and Anganwadi workers. 165.31 Percent of Anganwadi centers and Anganwadi workers in year 2013-14 and 2014-15. 16.14 percent of Anganwadi centers and Anganwadi workers in year 2012-13. 14.71 percent of Anganwadicentres and Anganwadi workers in 2010.12. 13.63 percent of Anganwadicentres and Anganwadi workers in year 2009-10. 12.13 percent of Anganwadi centers and Anganwadi workers in 2008-09. 10.72 percent of Anganwadicentres and Anganwadi workers in a year 2007-08. In this table reveals that year to year wise increase for the Anganwadi centers and

Anganwadi workers because that Chikmagalur district is also implemented the Anganwadi programs.

Table.No.6

Taluk -Wise Anganwadi Centers and Anganwadi Workers In 2014-15 in Chikmagalur District

SL .No.	Taluk	Anganwadi center	Angawadi workers	%
1	Kadar	456	456	24.98
2	Kappa	156	155	8.51
3	Mudigere	257	257	14.11
4	Srinigeri	105	105	5.76
5	Chikmagalur	393	393	21.58
6	Tarikere	322	322	17.68
7	N R Pura	134	134	7.35
	Total	1,821	1,821	100%

Source: Department of Women and Child Development Chikmagalur.

The above table No 6 shows that the taluk wise Anganwadi centers and Anganwadi workers in 2014-15. 24.98 percent of Anganwadi center and Anganwadi workers in Kadurtaluk 21.58 percent Anganwadi Centre and Anganwadi worker in Chikmagalur taluk. 17.68 percent of Anganwadicentre and Anganwadi worker in Tarikere, 14.11 percent of Anganwadi Centre and Anganwadi workers in Mudigere. 8.51 percent of Anganwadi Centre and Anganwadi workers in Koppa. 7.35 Percent of Anganwadi Centre and Anganwadi workers in NR Pura .5.76 percent of anganwadi Centre and Anganwadi workers in Sringeri. . This table reveals that majority 24.98 Percent of Anganwadi Centre and Anganwadi workers working in Kadur Taluk.

Table.No7**Taluk Wise Anganwadi Beneficiaries in the Year 2014-15 in Chikmagalur District.**

SL. NO.	Taluk	6cm 6 year children	%	PW	%	NW	%
1	Kadur	16.391	25.39	1578	22.34	1751	24.53
2	Koppa	4.201	6.50	465	6.58	450	.30
3	Mudigere	10.416	16.1	890	12.60	774	10.84
4	Sringeri	1.765	2.73	203	2.87	210	2.94
5	Chikmagalur	14.609	22.6	1912	27.0	1864	26.12
6	Tarikere	12.955	20.07	1566	22.17	1599	22.40
7	N R Pura	4.191	6.49	499	6.35	488	6.83
	Total	64.538	100%	7,063	100%	7,136	100%

Source: Women and child Development Department Chikmagalur

The above table No. 7 shows that taluk wise anganwadi beneficiaries the year 2014-15. 25.39 percent 6 months to 6 years children's., 22.34 percent pregnant women's, 24.53 percent nursing women for Kadurtaluk. 22.6 percent 6 months to 6 years children, 27 percent pregnant Womens, 26.12 percent nursing women's beneficiaries in Chikamgalurtaluk. 6.49 Percent 6 months to 6 years children 6.35 percent pregnant women's, 6.83 nursing women's beneficiaries in N.R Pura This table reveals that the KadurTalukwas majority Anganwadibeneficiaries available.

Problems of Anganwadi Workers

In many problems which affect the anganwadi workers in performing their role effectively. The important problems faced by Anganwadi workers were in the following.

1. **Inadequate honorarium:** The problems of Anganwadi workers in the inadequate honorarium. That the Anganwadi workers they are considered with the "honorary workers" and there by given only "honorarium" and not minimum wages. The work load of the Anganwadi staff was heavy work but the status of the wages in low, the monthly honorarium of Anganwadi teachers was only 5.500 Rs until 2014. In other words a majority of the Anganwadi workers

themselves belonged to the below. Poverty- line category these inadequate honorarium is main problem for Angawadi workers. :

2. **Excessive record maintenance.** The anganwadi workers are total 12 registers that were maintained by the workers e.g. survey register, immunization register, ANC register, referral register, dairy cum visit book etc. those anganwadi workers who had maintained that all registers properly. These records heavy work for anganwadi workers.

3. **Work overload** ;The workload of the Anganwadi staff was heavy if their house visits were also included, a lot of record maintenance or they have to assist for other health programmes apart from their Anganwadi related work like in pulse polio programme, Vitamin A distribution programme in conducted by municipal corporation it all functions in involve from Anganwadi workers.

4. **Logistic supply related:** The Anganwadi workers are many logistic supply in each Anganwadi center were enquired about regular and adequate supply of different logistics in previous 12 months like registers for record keeping, growth cards, nutrition and health education material pre-school education material medicines for treatment of minor ailments iron and folic acid tables and vitamin A Syrup .these were problem of logistic supply related.

5. **Infrastructure related:** Inadequate infrastructural facilities are a major constraint in the effective functioning of Anganwadis. In building facilities in terms of space and nature of construction are unsatisfactory. About one sixth of the buildings had only thatched roof and another one- eighth had roofs of asbestos or tin sheets. More than one fourth of the buildings had only mud flooring. The plinth area of nearly one- third of them was grossly inadequate, less than 10 sq. more than for anganwadis are not available in drinking water, Bathroom and piped water facility. These are infrastructure related problems.

6. **Inadequate supervision:** Anganwadi workers like immunizations, prophylaxis against blindness and anemia, nutrition and health education, Supplementary nutrition, growth monitoring and referred services. one mark was given for a correct response, while no mark was given for a correct response, while no mark was given for a wrong response workers with score of less than 15 were categorized as having inadequate health services knowledge, these are problem of inadequate supervision.

7. **Lack of help from community:** The community participation or help from the community was always made available as and when required some times people help in food

distribution if worker was busy with some other activities. The Anganwadi workers are supposed to make periodic visits to beneficiary families. It was seen that in around half the cases. The number of houses visited by an anganwadi work during the year was less than so. These are problems of anganwadi workers

Suggestions

1. It is urgent need government to look into the problem sympathetically and also enhance the honormium of Aganwadi workers and helpers and also institute a pension scheme for them.
2. For strengthening the coordination between parents and ICDS official's periodical meeting should be arranged.
3. Awareness about anganwadi scheme should be ensured for the general public meetings should be organized.
4. Play was methods of teaching should be adopted on priority.
5. Anganwadi workers should undergo a rigorous training course before they are appointed as in charge of ICDS Centre.
6. Increase the monthly honorarium of the anganwadi workers.
7. Involvement of community in the provision of infrastructure facilities, like equipment, furniture, play materials, seating arrangements, sanitation and toilet facilities, crayons and colorful books and drawing and painting materials etc. To the anganwadi Centre.
8. Appropriate change in the location of the anganwadi Centre, which is mostly situated in the main village and it restricts the access to the people who are situated slightly far from the main village i.e.jhamlets.
9. Public, community members, parents, balalaikas smithies, streeshakthi groups should be made accountable for ECD activities. Mass campaigns need to be carried out of creator awareness about child rights and education as a fundamental right.

Conclusion

Anganwadi workers play a role of bridge between the community and the ICDS. They play an active role in bringing the services to the door step of the beneficiaries. But the department of women and child welfare has to look into the matter of remuneration and very importantly providing accurate knowledge with regard to the responsibilities of Anganwadi workers through

organizing all the Anganwadi workers under one roof. So that the Anganwadi workers will be enhanced with the knowledge and their adults will be cleared and they can deliver the services in a better manner. 90Percent anganwadi workers believed that Anganwadi schemes help the children to get motivated for formal schooling 80Percent Anganwadi workers perceived that Anganwadi centers help vocabulary development in Anganwadi children. Anganwadi program is one of the world's largest child and women development programmes in India. Anganwadi is the focal point of ICDS scheme. Each anganwadi has one worker and one helper. A good anganwadi worker has some qualities like leadership, decision making skills, problem solving skills, communication. Etc. government of India.

Selected Reference

1. Saneep B Patil, Doubale M.K (2013) Study of profile knowledge and problems of Anganwadi workers in ICDS blocks online, journal of health and allied sciences vol 12, Issue, 2 (April Jun 2013).
2. National Health Programme series (1997) Integrated childhood development services. Dr. Sunder Lal, National Institute of health and family welfare, New Delhi.
3. Waris, Antul (1990) Role performance and job satisfaction of the Anganwadi Workers Of ICDS in Andhra Pradesh. Indian Journal extn. Edu. Vol. XXXI, Nos 1 & 2, PP 119-121.
4. Meenal. M Thakare, Doibale M.K Geol Naveen, K., (2011) knowledge of Anganwadi workers and their problems in an urban ICDS block, Journal of medical college, Chandigarh Vol. 1(1) PP 15-19.
5. Gupta. J.P Manchanda U.K Juyal R.K (1979): A study of the functioning of Anganwadi workers of ICDS Scheme. Jama masjid, Delhi NIHFW Publication,
6. ICDS in Karnataka retrieved from Dwed.kar.gov.in/ on 11-07-2013.
7. Chikkamagaluru at a glance – Department of Economics and Statistics Chikkamagaluru.
8. ICDS in Chikkamagaluru district – Department of Women and children welfare Chikkamagaluru.