

Investigate How Anganwadi Workers Performed Efficiently In Their Job

LAKSHMI VANDANA VISHWAKARMA¹, Dr. Manju Kumari²

¹Research Scholar, OPJS University, Churu Rajasthan

²Assistant Professor, OPJS University, Churu Rajasthan

Abstract

In India, an Anganwadi is a government-sponsored child-care and mother-care facility. It is designed for toddlers aged 0 to 6. These were introduced by the Indian government in 1975 as part of the Integrated Child Development Services initiative to reduce child hunger and malnutrition. The Anganwadi worker is in charge of the majority of the Anganwadi system. She is a community health worker who has had four months of training in health, nutrition, and child care. She manages an Anganwadi with a population of 1000 people. The key functionaries at the anganwadi centre are anganwadi workers. She is in charge of ensuring that ICDS services are delivered effectively. As a result, it is critical that an anganwadi worker do her duties honestly and responsibly. The purpose of this study is to evaluate the job performance of anganwadi personnel. The questionnaire was employed as the research tool. Approximately 115 anganwadi workers representing grama panchayats in each taluk were included in the study. According to the findings, anganwadi employees are quite active in providing services to the beneficiaries.

Keywords: Anganwadi worker; kishori; nutrition; caring; children; health.

I. INTRODUCTION

Anganwadi Workers (AWWs) are a group of 1.4 million community health workers (CHWs) that work in rural India as part of the Integrated Child Development Services (ICDS) programme, which has been in place since 1975 and is administered by the Ministry of Women and Child Development (MWCD). Anganwadi workers (AWWs) are based at Anganwadi centres (AWCs), where they provide a range of services to about 800–1000 children under the age of six, as well as pregnant and lactating mothers. Anganwadi sevikas perform a variety of important tasks, including real-time monitoring of malnutrition in children and lactating mothers, organising immunisation drives in collaboration with Auxiliary Nurse Midwives (ANMs), maintaining growth monitoring charts to track and assess children's nutrition status, maintaining records (including birth and death registrations), providing pre-school and health education, and distributing supplementary nutrition.

The renaming of the ICDS Scheme to Anganwadi Services Scheme reflects the importance of anganwadis. Over time, the anganwadi sevikas have been given more responsibility. The anganwadis also assist in easing access to legal services for marginalised groups as part of the Access to Justice project.

II. DUTIES AND RESPONSIBILITY OF ANGANWADI WORKER (AWW)

The basic functionaries of the ICDS are the Anganwadi Workers and Helpers, who operate the Anganwadi Centre and implement the ICDS scheme. The following are the main responsibilities and obligations of AWWs.

- To keep files and records in the proper order.
- Assisting ASHA in raising public knowledge about healthcare concerns such as the significance of a healthy diet, personal hygiene, prenatal care, and immunisation.
- Medical scheme coordination with block and district healthcare establishments.
- Assisting pregnant or nursing women, as well as newborns, in getting nutrition supplements.
- Learn about immunizations and health screenings for everyone.
- To keep track of pregnant women, childbirths, and any ailments or infections.
- Keeping a referral card for sending moms and children to the PHC sub-centers.
- Conducting a health survey of all families and making monthly visits to them.

- Organizing pre-school activities for children aged 5 and up.
- Organizing extra nutrition for breastfeeding women and infants.
- Organizing counselling or workshops with Auxiliary Nurse Midwives (ANMs) and block health officers to provide information on themes such as proper breastfeeding, family planning, immunisation, health check-ups, and antenatal and post-natal checks.
- To determine any disabilities or infections among youngsters, and, if necessary, to report cases to the PHC or the District Disability Rehabilitation Centre.
- Reporting diarrhoea and cholera cases to the health care divisions of blocks and districts as soon as possible.
- Informing supervisors about the villages' health status, as well as any issues that require attention and intervention.
- To guarantee that the Kishori Shakti Yojana (KSY), the Nutrition Programme for Adolescent Girls (NPAG), and other similar programmes are carried out in accordance with the recommendations.

III. METHODOLOGY

Aim of the study

The goal is to investigate how well anganwadi employees perform on the job.

Universe and sampling

The information was gathered from seven taluks. A total of 247 personnel were undergoing training in their respective Talukas by the District Child Protection Officer. The data was collected from 115 respondents via questionnaire using random sampling using probability proportionate sampling.

Research Design

To evaluate the job performance of anganwadi staff and the effective implementation of anganwadi services to the beneficiaries, an exploratory research methodology was used.

IV. RESULTS

Table 1: Showing the Socio – demographic details of the respondents

Socio-demographic details	N=115 (Percent)	
Age group	23yrs-34yrs	(29)
	35yrs – 45yrs	(49)
	46yrs – 55yrs	(20)
	54yrs – 65yrs	(2)
Educational status	SSLC	(70)
	PUC	(19)
	BA	(9)
	MA	(2)
Marital Status	Single	(7)
	Married	(80)
	Widow	(11)
	Separated	(2)
Year of Joining	2001-2010	(52)
	2011-2020	(48)

It is obvious that the majority of the respondents are in the 35yrs to 45yrs age category, with 49 percent in the 35yrs to 45yrs age group and 20% in the 46yrs to 55yrs age group. The lowest percentage, 2%, belonged to the 54–65-year-old age group. The majority of responders (70%) are matriculated, whereas 19% and 9% are PUC and BA grads, respectively. Only about 2% have pursued a post-secondary education. When it comes to marital

status, about 80% are married. Eleven percent are widows, seven percent are single, and two percent are separated, according to the study. The majority of the responders have been working for the company for a long time. 52 percent joined between 2001 and 2010, 48 percent between 2001 and 2020.

Table 2: Monthly income of Anganwadi workers

Monthly income		N = 115 (Percent)
Deduction & Payment	1,500/-	5 (4)
	2500/-	15 (12)
	3500/-	40 (33)
	4350/-	53 (43)
	No Response	9 (8)

Salary is one of the motivational elements for employers in providing good services to their employees. Rs. 4500/- is the total monthly income. The respondents, on the other hand, were compensated after deductions. 43 percent of respondents are paid Rs. 4350 per month, 33% are paid Rs. 3500 per month, 13% are paid Rs. 2500 per month, and 4% are paid Rs. 1,500 per month. This demonstrates that the respondents' projected work is more than their expected salary. Respondents are dissatisfied with the salary they are receiving.

Table 3: Responsibilities of Anganwadi workers

Sl No	Responsibilities of Anganwadi Workers	N =122 (Percent)
1	Caring of children (3yrs to 5yrs)	Yes (122)
2	Pulse polio programme	Yes (122)
3	Distribution of nutritious food for mothers	Yes (122)
4	Nursing/ pregnant mothers	Yes (122)
5	Bhagyalakshmi Programme	Yes (122)
6	Kishori Programme	Yes (122)
7	Organizing Self Help Groups	Yes (122)
8	Conducting community surveys	Yes (122)

The roles of anganwadi employees are outlined in the table above. The above-mentioned programmes have been implemented in all of the respondents' anganwadis. Anganwadi personnel take on a variety of duties in this setting. They act as a mother with the children in the anganwadi, an educator with the community, a motivator, supervisor, and facilitator of SHGs, a health activist with pregnant women and teach the Kishoris on physical and psychological development, and so on.

Table 4: Anganwadi workers' Responsibility

SI. No	Responsibilities of Anganwadi Workers in Anganwadi	N=115 (Percent)	
1	Frequency of health check-up of Anganwadi Children	Once a month	(19)
		Once in 2 months	(64)
		Once in 3 months	(15)
		No Response	(2)
2	Undergone training to prepare nutritious food for children	Yes	(100)
3	Need of Nutritious food for growth and development of children	Yes	(100)
4	Check the quality of food supplied to the anganwadi	Yes	(100)

Anganwadi workers has to look after the children below 5years at anganwadi, prepares nutritious food for the children according to the menu given to them. Other than this in the anganwadi health check also being done for the children by the Doctor's from the respective Primary Health Centres (PHCs). Once in a month the anganwadi worker has to take the children for the health check-up. Only few knew that it is once a month health

check-up i.e., 19 percent, 64 percent opined of once in two months and 15 percent said it is once in 3 months. Two percent haven't responded. The main responsibility of anganwadi workers is to prepare nutritious food and serve it to the children. The anganwadi workers have been trained to prepare the nutritious food (100 percent). All the respondents opined that the need for nutritious food for the growth and development of the children. They also check the quality of packed food supplied to the children and to the pregnant mothers (100 percent).

Table 5: Responsibilities of Anganwadi workers with mothers

S. No	Responsibilities of Anganwadi Workers with Pregnant mothers	N =115 (Percent)
1	Distribution of nutritious food for Pregnant mothers	Yes (100)
2	Frequency of supply of food	Once in 15 days (5)
		Once in 25 days (35)
		Once in a month (60)
3	Weight check-up of pregnant mothers	Once in a week (9)
		Once in 15 days (8)
		Once in a Month (81)
		Once in 2 Month (1)
		No Response (1)
		Children's Health (34)
		Individual/community Hygiene (59)
		Preparation & Intake of Nutritious food at home (75)
		Importance of Vaccination and Communicable disease (44)
		Use of Latrines (11)
		Bhagyalakshmi Programme (34)
		Importance breast feeding (40)
		Maintenance of cleanliness (24)
		Against Child Marriage (24)
		Importance of education (6)
		Others (31)
		No Response (2)
Weekly Once (40)		
Once in 15 days (46)		
Once in a month (11)		
No Response (3)		

Anganwadi mothers distribute nutritious food for the pregnant mothers. All the respondent's 100 percent opined that they distribute packed nutritious food for the pregnant mothers who are already identified by the anganwadi workers. The frequency of supply of nourished food articles will be once in a month opined by 60 percent respondents, wherein 35 percent supply nutritious food once in 25 days, whereas five percent respondents supply nutritious food for the mothers once in 15 days. Here the anganwadi workers are not having single opinion of distributing the nutritious food for the mothers.

Table 6: Problems faced by AWWs

Problems of AWWs	N=115 (Percent)	
Inadequate honorarium	Yes	(100)
Work overload	Yes	(100)
Inadequate infrastructure	Yes	(86)
Excessive record maintenance	Yes	(100)

As can be seen from the table above, all of the responders, or 100%, have stated their concerns about the insufficient honorarium, job overload, and extensive record keeping of the programmes they have taken over. While 86 percent of respondents complained about insufficient infrastructure, such as ageing buildings, congested areas, public annoyance, and so on.

V. CONCLUSION

Workers in anganwadis serve as a link between the community and the ICDS. They take an active role in bringing services to the recipients' doorsteps. All AWWs should receive enough training and retraining on all components of the ICDS programme at regular intervals in order to build appropriate abilities for providing varied services more efficiently at AWCs. More opportunities for AWWs to advance to higher positions should be created. Some quotas for AWWs who were matriculates and had worked satisfactorily for at least 5 years could be established in ANM training courses. This would serve as a motivator and assist AWWs in obtaining a normal government position with a significantly higher compensation.

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