

Role of Aanganwadi in Women and Child Development

Abstract

The scheme Integrated child Development Service (ICDS) has a mission of solving the problem of illiteracy, health, hunger and malnutrition in India. The India has a great rural population and suffering from, these problems. The Anganwadi is a local ICDS and being operated by a Anganwadi worker with the help of a assistant. She is a dedicated and honest woman and get low honorarium and executes the Anganwadi center in a diversified socio-cultural Indian scenario. The Anganwadi is responsible for the running of six important services of ICDS. These services are beneficial for the development of adolescent girls, child up to six years and women (nursing and pregnant) especially in rural sectors.

Keywords: Aanganwadi, Growth Monitoring, Health Check-up, ICDS, Immunization, Nutrition & Health Education Pre- School Education, Referral Services, Supplementary Nutrition

Introduction

In present time our country is suffering from over-population, malnutrition, poverty, unemployment, low literacy levels and more, with a target to make healthcare accessible and affordable for everyone. Given the urgency of healthcare issues, child mortality, mal nutrition, etc., our country needs high number of medical and healthcare professionals to cater to the population that is now running into billions. Faced with acute shortage of skilled professionals, the Government's ICDS scheme is using the local population to help meet its grand goals. The Aanganwadi is the focal point for ICDS service providing. The Anganwadi is operated and run by a Anganwadi worker, she is a low paid honorarium but a dedicated women. The Anganwadi is a local ICDS center and responsible for the execution of related services in the area of literacy, health and nutrition. The Anganwadi worker is a local women and familiars with the socio-cultural environment, so plays an important role for the fulfillment the objectives of ICDS, those covers the six important services.

Concept of Aanganwadi System

The word Aanganwadi derived from the Indian word – angan, which means the court yard (an central area in and around the house where most of the social activities of the household takes place). In rural settings, the angan is the open place where people gather to talk, greet the guests, and socialize. Traditional rural households have a small hut or house with a boundary around the house which houses their charpoys, cattle, feed, bicycle, etc. Sometimes food is also prepared in the angan. Some members of the household also sleep outside in open air, under the sky, in their angans. The angan is also considered as the 'heart of the house' and a sacred place which buzzes with activity at the break of dawn. Given the nature of this versatile nature of this space, the public health worker who works in an angan, and also visits other people's angans, helping with their healthcare issues and concerns, is the Aanganwadi worker. The Aanganwadi Workers and helpers are the basic functionaries of the ICDS who run the Aanganwadi Centre and implement the ICDS scheme. The Aanganwadi Centre is open on all the six days in a week. It functions for four hours in a day in the morning. The timings may differ from State to State.

Integrated Child Development Services (ICDS) Scheme

The ICDS Launched on 2nd October 1975, today, ICDS Scheme represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. A package of six services is provided under the ICDS. These are :



Vandana Yagyanik

Reseach Scholar,
Deptt.of Home Science,
P.G.M.M. Paneri,
Lalitpur

supplementary nutrition, immunization, health check-up, referral services, non-formal pre-school education, and nutrition and health education.

Objectives of the Study

The Integrated Child Development Services (ICDS) Scheme has following objectives:-

1. To improve the nutritional and health status of children in the age-group 0-6 years
2. To lay the foundation for proper psychological, physical and social development of the child
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Services at Aanganwadi Centers

The above objectives are sought to be achieved through a package of services comprising six types of services. The concept of providing a package of services is based primarily on the consideration that the overall impact will be much larger if the different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from related services mentioned below-

Services Provided in Aanganwadi

Services	Target Group	Service Provided by
Supplementary Nutrition	Children below 6 years: Pregnant & Lactating Mother (P&LM)	Aanganwadi Worker and Aanganwadi Helper
Immunization*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO
Health Check-up*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO/AWW
Referral Services	Children below 6 years: Pregnant & Lactating Mother (P&LM)	AWW/ANM/MO
Pre-School Education	Children 3-6 years	AWW
Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO

*AWW assists ANM in identifying the target group. Three of the six services namely Immunization, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare.

Nutrition including Supplementary Nutrition

This includes supplementary feeding and growth monitoring; and prophylaxis against vitamin A deficiency and control of nutritional anemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They avail of supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Aanganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities.

Growth Monitoring and nutrition surveillance are two important activities that are undertaken. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps to detect growth faltering and helps in assessing nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to medical services.

Immunization

Immunization of pregnant women and infants protects children from six vaccine preventable diseases-polio, diphtheria, pertussis, tetanus, tuberculosis and measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality.

Health Check-ups

This includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The various health services provided for children by Aanganwadi workers and Primary Health Centre (PHC) staff, include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc.

Referral Services

During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre. The Aanganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre.

Non-formal Pre-School Education (PSE)

The Non-formal Pre-school Education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the Aanganwadi – a village courtyard. Aanganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services. These AWCs have been set up in every village in the country. In pursuance of its commitment to the cause of India's Children, present government has decided to set up an AWC in every human habitation/ settlement. As a result, total number of AWC would go up to almost 1.4 million. This is also the most joyful play-way daily activity,

visibly sustained for three hours a day. It brings and keeps young children at the Aanganwadi centre - an activity that motivates parents and communities. PSE, as envisaged in the ICDS, focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups. Its programme for the three-to six years old children in the Aanganwadi is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development. The early learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalization of primary education, by providing to the child the necessary preparation for primary schooling and offering substitute care to younger siblings, thus freeing the older ones – especially girls – to attend school.

Nutrition and Health Education

Nutrition, Health and Education (NHED) is a key element of the work of the Aanganwadi worker. This forms part of BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their own health, nutrition and development needs as well as that of their children and families.

Conclusion

Thus it is clear the Aanganwadi is fulfilling the ICDS objectives, and have a leading contribution to the development especially for rural India. The Aanganwadi is working in every part of India with the help of little and committed worker and familiar and popular in Indian community.

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