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A REVIEW ON ASSESSMENT OF KNOWLEDGE LEVEL OF ANGANWADI WORKERS ABOUT ICDS OBJECTIVES IN INDIA

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ABSTRACT

In order to address the health, nutrition, and development needs of children, pregnant women, nursing mothers, and adolescent age group girls, the Integrated Child Development Services Scheme (ICDS), in which Anganwadi Centres (AWCs) are the focal point for service delivery, has been hailed as one of the largest and most innovative grass-roots early childhood development programmes. Objective: The goal of the study was to evaluate the skills and routines of Anganwadi workers (AWWs), as well as the availability of the necessary infrastructure for AWC under the ICDS.

Keywords: ICDS Objectives, Anganwadi Workers and Pre-School Nutrition

INTRODUCTION

The interconnected problems of poor maternal nutrition, low birth weight, and high infant morbidity and mortality are just a few of the significant health concerns that the Government of India (GOI) is tackling. The proximate causes of malnutrition in the first two years of life include poor baby and early child feeding practises paired with high infection rates, and malnutrition is an underlying factor in up to 50% of all under-five fatalities.

The frontline volunteer employee of the ICDS system is called an Anganwadi worker (AWW). She was chosen from the neighbourhood, and because of her ongoing and direct contact with the recipients, she plays a crucial part. Her education level and nutrition expertise are key factors in how well she performs in anganawadi centres. The profile of the primary functionary, the anganawadi worker, including her education, job history, abilities, work ethic, and training, heavily influences the ICDS scheme's results.

Despite substantial government funding for the ICDS initiative, the results are relatively ineffective. The recipients of the ICDS were the primary focus of the study, which also looked at their nutritional and physical

health. A lesser amount of attention has been paid to determining how well-informed and knowledgeable AWW are of the suggested ICDS initiatives, despite the fact that they are the primary source. With this context, it was decided to assess anganawadi workers' knowledge of their issues and the urban field practise area of Belagavi. Children are fascinating in how they change and grow.

A child's foundational physical and mental development is most heavily influenced by the first five years of life. The ICDS stands for India's dedication to its young people, representing the country's will to address the challenge of early childhood education and end the cycle of death, illness, and diminished learning ability. It aims to offer a comprehensive package of healthy integrated services, complemented by complementary services including mid-day meals, Balwadis and special nutrition.

The idea of a child's holistic development is still poorly understood, absorbed, assimilated, and—more importantly—underinvested, despite advances in literacy and the economics. In India, where it is nearly twice as common as in Sub-Saharan Africa, underweight children are among the most prevalent in the world. To improve the general growth and development of children, there is undoubtedly a need for increased investment and dedication at all levels in addition to the use of design, delivery, and resource deployment. India's main weapon against the scourge of infant mortality, child malnourishment, and reducing curable illnesses like polio is the anganwadi system.

Additionally, their services may be a crucial weapon in the battle against childhood physical and mental disabilities. There are more malnourished or undernourished children in India than anywhere else in the world. The coverage has been spotty and difficult to compare because to the intricacy involved in the comprehensive approach of the service and their constituents, despite the fact that several studies have thoroughly studied various facets of this system with varying outcomes. Through the 18,385 AWCs in the State, the following six services are offered to kids and expectant or nursing moms.

The department offers non-formal pre-school education, vaccinations, nutrition and health education, referral services for health checks, and supplemental nutrition. The Indian government has set an honorarium for AWWs and AWHs of Rs 3,000 and Rs 1,500 per month, respectively. In 1975–1976, the Himachal Pradesh state government launched its first experimental initiative, the ICDS Scheme, in the Pooh tribal block of the Kinnaur district. Through the use of 55 AWCs and 13 Mobile Centres, this plan was carried out. The AWW of the major neighbouring AWC visits the excluded children and women in inaccessible places to offer supplemental nourishment and check the growth of children at these centres, which operated in a challenging mountainous inaccessible inhabitable environment.

One research carried out in the tribal area of Kinnaur, one of the few studies carried out in HP, emphasised the recommendations made by community and ICDS officials as well as the action points for qualitatively enhancing the execution of ICDS programmes throughout the state15. The majority of AWWs, according to another research, are unable to keep track of children's progress. They gave the following justifications: the lack of development charts, the parents' lack of participation, and the malfunctioning of the weighing scales16. However, the way the plan now operates has changed since then.

Discussion

Reviews pertaining to the current issue were investigated and provided in the headings listed

below

Functioning of Anganwadi Centres (AWCs)

For 25 days, the majority of AWs were open. Eight percent of AWWs covered a population between 801 and 1000 people, whereas fifty percent of AWWs covered the 200–400 population. The majority, 23 AWWs, covered 51–100 dwellings, while 2, 10 and 15 AWWs, respectively, covered 0–50, 50–200, and 20–300 houses. Twelve AWCs had no pregnant women recorded, the majority of AWCs had 1-3 pregnant women in their region, and just one AWC was identified to serve more than six pregnant women. 3 or more prenatal check-ups were attended by 37 AWWS (61%) over the course of the pregnancy. Only 1-2 trips were paid for by some of them.

Issues of Anganwadi centres

Quality public welfare services are more important than ever because of COVID-19's economic effects. Given that previous reports have revealed gaps in the usage of services, it requires action on several fronts to be effective. The ICDS's services may be better delivered with the use of anganwadi centres (AWCs). They must first be recast in a new avatar for that, though.

Lack of Education and Training: The majority of anganwadi staff members are illiterate and have minimal skill sets. Instead of using other metrics, they discover that weighing children makes it simpler to monitor a child's progress. Additionally, NITI Aayog recommended that the necessary number of employees be sent to these centres, and that they get ongoing training to improve their abilities. Lack of future career opportunities and acceptable working circumstances for front-line Anganwadi Centre employees including anganwadi workers (AWWs), ASHAs, and ANMs are demotivating service conditions. Typically, women from low-income households work as officers and assistants in anganwadis.

The employees don't have permanent positions with full retirement benefits as other government employees have. ASHAs and AWWs in many Indian states launched demonstrations a few months after the epidemic began since they had not received pay for several months due to the lockdown. Only 36% of active AWCs have toilets, while close to 50% lack access to drinking water. The NITI Aayog proposed enhanced power supplies, essential medications for the AWCs, and improved water and sanitation facilities in 2015. It appears that AWCs do not offer the kind of setting that motivates parents to leave their children at these facilities. Creche services and high-quality recreational and educational facilities for early education are only available at a small number of AWCs.

Roles and responsibilities of Anganwadi Workers (AWWs)

In order to encourage AWWs to participate in all project activities, AWCs must be enhanced in terms of structure and resources, and AWWs must be paid more. Most AWWs were discovered to be unable of keeping track of children's growth. The absence of development charts, the parents' lack of collaboration, and the unusable state of the weighing scales were the explanations given, all of which contributed to the establishment of a solid

foundation. Since the AWWs provided the majority of the services, they were not mentioned throughout the investigation.

In addition to receiving regular supplies of food, medication, and other essentials, there is a real opportunity to enhance the infrastructure and tools/materials that are provided to them. They might stay up to date with the newest information by periodically taking orientation classes. In order to support the overall service system, public awareness must be raised to encourage more community involvement.

We learn a little about the current state of affairs in the rural AWCs from the current study. Although the majority of AWWs have strong expertise of providing various services under the ICDS plan, more development is required for optimising the outcome. To improve their performance in providing ICDS services, such as timely referral and regular follow-up, conducting efficient nutrition and health education sessions for beneficiaries, and planning more antenatal and under-five clinics in the AWWs, components that scored lower in our study, doctors affiliated with the tertiary hospital for the AWWs can organise refresher training in collaboration with the local administrative bodies.

The use of mHealth technology through the use of mobile phones or laptops in Anganwadis can be efficient in the appropriate management of data as well as notify the AWWs to take essential steps when pre-defined objectives are not fulfilled. Giving the recipients more community involvement would maximise their advantages.

The administrative authorities might set up a grievance redressal mechanism to get real-time input from AWWs on their needs and limits. It is necessary to do more qualitative study to comprehend the causes of some AWWs' subpar performance in spite of the government's frequent training sessions.

CONCLUSION

There were 38 (50%) AWWs with high knowledge, 20 (26.3%) with moderate understanding, and 18 (23.7%) with low knowledge of the health services offered. Their educational background, experience, or expertise had no bearing on each other. Therefore, it is necessary to provide periodical training camps for AWWs in order to expand their knowledge of many topics, particularly growth monitoring and supplemental feeding.

It is now essential to transform this energy into outcomes by guaranteeing the delivery of commitments and intensifying action on the problem of undernutrition. An purpose of the training was to provide scientific information, raise knowledge levels, and build skills for ICDS goal attainment. The effectiveness of Anganwadi personnel is directly impacted by these trainings.

In terms of early childhood development initiatives, ICDS is currently one of the biggest worldwide. Additionally, it has been claimed that Anganwadi employees' training in growth tracking, in addition to their level of education, contributes to the improvement of their job.

Despite the fact that all the employees were taught, it was discovered that neither the performance nor the level of knowledge among Anganwadi employees about the significance of growth charts and growth monitoring was sufficient. Additionally, their nutritional knowledge was not up to par for a qualified professional when it came

to the importance of supplemental nutrition and ICDS standards. Therefore, both a regular course for developing character traits and an on-the-job training programme are critical.

Thus, we may deduce from these sobering facts that these unpolished training sessions won't aid in the effort to combat the worrisome current incidence of malnutrition (43%) in our nation (UNICEF 2007, making ICDS a continuous success story). It becomes extremely important to upgrade our ground worker, the Anganwadi worker, with quality training and enhanced and advanced nutrition knowledge as nutrition knowledge was the most powerful determinant of performance because the success rate of this nationwide integrated programme solely depends on how we are preparing our ground workers to combat with the problem of malnutrition.

It may be concluded that although Anganwadi personnel were somewhat aware with the various ICDS services, they did not fully understand their significance to the programme. One aspect that was overlooked by Anganwadi staff was the calibre of their expertise. Anganwadi workers are the important individuals who will promote the best practises of services connected to ICDS to improve the health and nutritional status among mothers and children; as a result, they should receive improved training through consistent and high-quality programmes.

For their particular work profile, AWWs' knowledge level was enough. Due to their practise and retention of what they have learned, their understanding of some aspects of child care, maternity care, and diarrhoea control is generally sufficient. It was determined, in line with earlier research and in light of the current findings, that AWWs had a theoretical understanding of the idea of growth monitoring but lacked adequate practical skills. This suggests that maintaining growth charts may provide significant challenges for them. The employees at anganwadi centres did not understand the significance of growth charts; rather, they just kept the charts as required by their individual job profiles.

Their difficulties were mostly brought on by an insufficient honorarium, an excessive workload, and outdated infrastructure. As a result, honorarium increases that are timely ought to be taken into account. The infrastructure of the centre has an impact on how well AWCs operate. Government or the community should thus ensure that an appropriate infrastructure for AWC is in place. Only 23.3% of Anganwadi employees, according to the current study, are aware that the growth line on a growth chart has flattened.

The results also indicate that, when compared to their peers, women who have earned a degree had better mean knowledge scores. The average knowledge score for females with a 10th-grade education is around 11.75, which is lower than the average knowledge score for female graduates (mean score 14.67). This data indicates that, in comparison to 10th and 12th grade certified employees, women with graduate degrees are substantially more knowledgeable about various ICDS schemes. Education therefore has a favourable relationship with the accurate knowledge score of the ICDS plan among Anganwadi staff.

50% of the AWWS had undergone refresher training, and the majority had gotten in-service training and training on the job. All Anganwadi employees were discovered to be keeping all prescribed registers, as well as monthly weight logs and growth chart data.

According to the findings, 56.7% of respondents complained about their salaries being too low, whereas just 16.7% of respondents complained about issues with the logistical supply. About half of Anganwadi employees

voiced complaints about infrastructure-related issues, such as a lack of space for displaying Non-Formal Preschool Education (NFPSE) posters or other nutrition and health education posters, a lack of space for conducting outdoor recreation activities, or irritation from animals entering Anganwadi centres. Workload overload is to blame for 43% of employees' unhappiness.

And 40% of the workers complained about having to keep too many records because, in addition to their Anganwadi-related work, they had to help with other health programmes like the Municipal Corporation's distribution of vitamin A and pulse polio programmes. To increase the quality of the training given to Anganwadi staff and increase their understanding of the various ICDS programmes, there is a critical and pressing need.

To spread knowledge and awareness, frequent contacts between Anganwadi employees and managers should be encouraged. For better ICDS programme execution, infrastructure facilities need also be upgraded. In order to incentivize AWWs to take an interest in all project operations, AWCs must be improved in terms of structure and supplies, and AWWs must get additional in-service educational and training opportunities in addition to pay. Play therapy—a method for enhancing the physical and mental development of children under the age of six—was the focus of an educational workshop for Anganwadi staff that was organised after data collecting.

The storage bins and other equipment may need to be repaired or replaced for real reasons. The majority of AWWs were found to be unable to concentrate on tasks related to their physical and mental development in AWCs.

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