

A Study of Integrated Child Development Services (ICDS) Which Implemented by Anganwadi Centers (AWCS) In Urban Area of Aurangabad, Maharashtra

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Abstract:

Integrated child development services (ICDS) programme in India six services consisting of pre-school Education, Immunization, Nutrition and Health education, Health checkup and referral services are provided to children up to six years of age pregnant and lactating mother, Adolescent girls. These services are delivered through key services providers of programme called Anganwadi centers (AWCs). The purpose of study on this topic the Anganwadi centers present in Aurangabad Urban Region of Maharashtra what type of work done by them and the proper implementation of ICDS Programme, availability of Infrastructure in AWCS. Methodology: this cross sectional study was conducted of 28 AWCS of selected ICDS Block in Urban Area of Aurangabad, Maharashtra by simple random sampling method. Observation, brief structured interview and structured interview and structured questionnaire techniques were used to collect response from the AWWs. Result: all the AWWs (98%) and Anganwadi Helpers (AWHs) were trained. (97%) of AWWs provided different services to the adolescent girls like tablets sanitary product non-formal health education and supplementary nutrition AWCS (60%) had locked in rented house.

Conclusion:

Need to open new AWCS and also need of AWWs to be given more salary so that they can be motivated to take interest in all activities of the project there is a genuine need to repair/replace water purifier equipment and other infrastructure time to time.

Keywords: ICDS programme, AWCS, AWWs, children, lactating mothers, adolescent girls.

Introduction:

Improvement in the standard of living and health status of the population has remained one of the important objectives in Indian planning. All five-year plan had reflected long term vision consistent with the international aspirations of which India has also been signatory.

The Integrated child development services (ICDS) scheme represent one of the most unique program for early childhood development ICDS is applied to aid mother to ensure useful health and nutrition care, prior, detection and timely treatment of disorders .the scheme aims at development of children in the age group 0-6 year adolescent girls and pregnant ,lactating mothers. A Network of “Anganwadi center” (AWCs) provide integrated services comprising supplementary nutrition, preschool education and health and nutrition education. In India the ICDS has a network of more than 5,000 project covering more than 75% of the community development Block and 273 urban slum project of the country (1)

The Anganwadi worker (AWWs) in ICDS programme assumes a pivotal role in the AWCs. The AWWs present more chances to interact ad educate the mothers. Growth monitoring and supplementary feeding are directly associated with the obstruction and control of under nourishment in children.(2) fourty-five percent of the global death in children younger than five year have been attributed to nutrional disorders. (3) Over two third of these malnutrition cases occurs during the first year of life owing to inappropriate feeding practices.(4)

Anganwadi:

The word ‘Anganwadi’ means ‘Courtyard shelter’ in Hindi.(5) the Anganwadi programme, started by the government of india in 2 october 1975 as a part of ICDS , is a grassroots programme that reaches out to women in rural areas and urban slums to educate them on matters of basic health and hygiene, nutrition, pre natal, post natal, maternal and childcare and child rearing. the centrally sponsored ICDS programme works towards providing healthcare ,supportive nutrition ,immunization and overall cognitive development ,besides focusing on adolescent, especially girls. Anganwadi are India’s primary tool against the scourge of child malnourishment, infant mortality and curbing preventable diseases such as a polio.(6) their services can also be important tool to fight mental and physical disability in children. (7)

Meaning & Origin:

Anganwadi is defined as a government sponsored child care and mother care center in India it caters to children in the 0-6 age group during this research study we met many AWWs who were proud of their roles and aware of the importance of their work.

Nutritional food supplement to children decided breakfast, lunch snacks on an average each child will get 100gm of breakfast, 350gm of lunch, in a breakfast time distributed every day poha,lapsi100gm of quantity and lunch time pack is dal rice, beans, khichdi, those child having less weight AWWs provide them special EDNF packets which is doctar recommend product .

Main Responsibility of The Anganwadi:

1. Community survey and enlisting beneficiaries.
2. The community to be cornered should be number of children below six years of age pregnant and nursing methods data about the number of family members and income vital statistics of new birth and death (especially child and mother death) handicapped, exploited and destitute children should also be listed.
3. Supplementary feeding of 0-6 years of children pregnant and nursing mothers.
4. Non-formal pre-school education of children between 3-6 years of age.
5. Primary health care and first aid to children in the early stage and help in the prevention of disabilities.
6. Mainting records /registers such as:
 - i. Population census record of that data.

- ii. Change in growth form 0-6 years.
- iii. Weight taking records.(this helpful to identify malnutrition)
- iv. House visit record.
- v. Medicine stock record.
- vi. Malnutrition children record.
- vii. Pregnant ladies record, growth chart record.
- viii. Take home ration (THR) record.

Additional Responsibility:

- 1. Assisting in annual village level educational survey.
- 2. Arrangement and support for demonstration on NHEO and provide information on growth of each child from the growth chart maintained.
- 3. Will create awareness for early detection of disability.
- 4. Involve various adolescent girls about menstrual cycle, napkin disposal, marital life problems, and disease like HIV etc.

Responsibility of Anganwadi Helper:

- 1. Looking and service the food to mother and children .
- 2. Clearing the Anganwadi premises.
- 3. Cleanliness of small children.
- 4. Practical of Hand-wash.
- 5. Collection of small children from villages to Anganwadi.

International Involvement:

UNICEF works in some of the world's toughest places to each the world's most disadvantaged children .across more than 190 countries and territories we work for every child, everywhere, to build a better world for everyone.(8)

Material & Methods:

This study was undertaken to explore the importance of Anganwadi centers and functioning, infrastructure and proper implementation of ICDS Programme.

Design & Settings:

A descriptive cross sectional survey was planned on AWCs of purposively selected ICDS blocks of urban area of Aurangabad, Maharashtra to exclude the biasness in the sample, 28 AWCs were selected by simple random technique out of total 112 AWCs in the urban area of Aurangabad, Maharashtra.

Data Collection & Analysis:

Structured questionnaire was prepared to collect socio demographical data, assess knowledge and parameters of functioning and infrastructure. The questions regarding knowledge, functioning, implementation and infrastructure were formulated in simple random language for clarity and ease to understanding. The questionnaire was them circulated among expert committee.

The district programme officer was contacted and after a brief introduction on the purpose of the study he gave permission to go ahead with the research. the list of all AWCs were obtained from his office and the sample was then finalized .the CDPO contacted with selected AWWs,

AWHs, enrolled mother, lactating woman, adolescent girls and the investigator talked to them individually where the AWCs present and got their consent for the participation in the study.

Result:

Demographic Profile:

Table-1: Showing Infrastructural facilities of the AWCs

Sr. No	Facilities in the AWCs	Yes	No
1	door	28(100%)	0
2	window	25(89%)	3.(10%)
3	water cooler (R.O)	23(82%)	5(17%)
4	Flour cleaner	24(85%)	4(14%)
5	hand wash	22(78%)	6(21%)
6	electricity	26(92%)	2(7%)
7	toilet	28 (100%)	0
8	play ground	19(67%)	9(32%)
9	chair, table, tool	28(100%)	0
10	mat, bench	24(85%)	4(14%)
11	first aid box	28(100%)	0
12	posters and charts	28(100%)	0
13	weighting machine	28(100%)	0
14	height measurement equipment	28(100%)	0
15	online learning platform	21(75%)	7(25%)
16	open space	18(64%)	10(35%)
17	almirah, wooden box	22(78%)	6(21%)

In the present study table ravel (64%) open space and play ground in (67%) in the form of conjusted space because of not having own building (60%) of AWCs looked in rented house availability of water cooler is (82%) flour cleaner (85%) hand wash (78%), electricity available in (92%) admiral, wooden box (78%), online education platform (75%), windows (89%), of AWCs. All AWCs having doors, toilet, chair, table tools, posters and chart, weight machine, growth measurement equipment facility.

Problems Faced by AWWs:

Inadequate salary as their major problems, problems of delay in receiving funds and necessary items, like kerosene oil, cooking item tec. according to record maintenance was unnecessarily burden and AWWs had problem related to infrastructure reported to have no problem.

Assessment of Services:

In the present study all of AWWs maintained records of immunization, health, checkup ,assistance given to hospital staff immunization, health checkups, provide and nutritional education to beneficiaries.

Rajmata Jijau this is a type of mother care center being provided by (75%), Anganwadi workers got support (92%).AWWs reported that they provided prophylaxis against blindness and anemia (78%) and also participate in DOTS programme by giving medicines to TB patients.

Discussion:

This study was conducted on randomly selected 28 AWCs. anganwadi workers, helpers out of 112 anganwadi center under 3 block of ICDS. The aim of this study specifically was to assess the functioning of AWCs i.e. infrastructure, facilities, supplementary nutrition education health education and its implementation etc. under the ICDS services in urban region of Aurangabad, Maharashtra.

In the present study (68%)AWCs had toilet (97%) had electricity facility where as in the study of madhavi (2017)(9), 46.6% had sanitary toilet and(20%) had the availability of electricity (92%) didn't have adequate space for food storage and other facilities in contrast to the study by Vaijayanti (2010)(10),(88.9%) of AWCs under study were housed in rental single room with inadequate space as compared to(41%) AWCs in Kerala. (11) most of the AWCs in the present study lacked medicine kit (66.7%) or had incomplete kit (11.1%) in Madhya Pradesh (12).(85%) of the AWCs were rented building and the study conducted by Anil (2005) (13). found (82.5%) AWCs were housed in rented accommodation and only (15%) had their own building.

Conclusion:

Anganwadi centers need strong in structure and supplies and Anganwadi workers need to be given more salary to motivate them for new activities of project. There is genuine need to repair/replace R.O purifier .weighting machine time to time it was found that mostly Anganwadi workers were not able to monitor the growth of children and also availability of growth charts, non-cooperation of parent and weighting scales not in working condition which help to lay foundation for proper functioning.

There is a need of improvement of the Infrastructure and equipment, apart from regular supply of medicines, nutrients and food materials must also need of incentive for AWWs for motivation may be enhanced and maintained and feel proud of their work to serve with spirited involvement.

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