

Exploring Anganwadi Centers in Panisagar R.D. Block: Issues, Challenges and Solutions

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Abstract

This comprehensive study investigates the operational landscape of Anganwadi Centers in the Panisagar R.D. Block, shedding light on a multitude of issues and challenges that hinder their effectiveness. Through rigorous analysis and on-the-ground research, this research endeavor aims to provide viable solutions to enhance the functioning of these vital community institutions.

Keywords: Anganwadi Centers, Panisagar R.D. Block, Issues, Challenges, Solutions

Introduction

Child development is a remarkable journey, particularly during the first five years of a child's life, which lays the crucial foundation for physical and mental growth. Mothers with children under five years old constitute a substantial portion of any community and are considered a vulnerable group. To address the well-being of expectant and nursing mothers, India introduced the Integrated Child Development Services (ICDS) scheme in 1975, which has grown to become one of the world's largest early childhood development programs. ICDS embodies India's commitment to fostering pre-school education and breaking the cycle of malnutrition, illness, reduced learning capabilities, and mortality in children. It strives to provide a comprehensive set of integrated services, complemented by offerings such as mid-day meals, balwadi centers, and special nutrition initiatives. The heart of ICDS is the Anganwadi worker (AWW), a community-based voluntary front-line worker who plays a pivotal role due to her close and continuous interaction with beneficiaries. The effectiveness of the ICDS scheme largely depends on the AWW's profile, encompassing qualifications, experience, skills, attitude, and training. The Anganwadi center (AWC) serves as the primary hub for delivering ICDS services to both children and mothers, with each center typically covering a population of 1000 in rural and urban areas and 700 in tribal areas. AWWs, who are part-time honorary workers, are supported by local helpers and are chosen by the community. Anganwadis serve as India's primary defense against child malnutrition, infant mortality, and preventable diseases like polio. Their services also play a crucial role in addressing mental and physical disabilities in children. Despite various research efforts, the ICDS scheme's comprehensive and holistic approach has made it challenging to assess its impact due to its complex nature and various constituents. This paper focuses on the challenges faced by Anganwadi workers in the ICDS project under the Social Welfare Department in Panisagar R.D. Block of Tripura. It explores the problems directly or indirectly related to their job satisfaction, considering a gendered perspective, which is crucial from a sociological standpoint.

Health and nutrition stand as pivotal factors in human resource development. Adequate nutrition is fundamental for positive health maintenance, with a proper diet being essential from the early stages of

life for growth, development, and an active lifestyle. The first three years of a child's life are critical for brain development, which can be negatively affected by malnutrition. ICDS represents India's comprehensive response to addressing the holistic needs of the child, making it one of the world's largest and most unique outreach programs for early childhood care and development. The ICDS project was initiated in India on October 2, 1975, with 33 projects nationwide. Anganwadis serve as the focal point for delivering ICDS services to children and mothers, catering to populations of around 1,000 in rural and urban areas and 700 in tribal regions. Anganwadi workers and helpers, although not government employees, are considered social workers or voluntary workers and perform extensive duties, even though their centers are open for only four hours a day. They provide supplementary nutrition to children under six and pregnant or nursing mothers from low-income families, administer immunizations, offer health education to women aged 15-45, and conduct basic health check-ups, including antenatal and postnatal care. They are also responsible for providing non-formal pre-school education to children aged three to five. Furthermore, Anganwadi workers have expanded their roles to support other national health programs, such as directly observed treatment for tuberculosis patients, pulse polio immunization, motivating tubal ligation cases, conducting house-to-house surveys, and participating in election duties. They also hold membership in various community committees and organizations.

Significance of the Study:

Despite the pivotal role that Anganwadi Workers play in improving the health and nutrition of women and children at the grassroots level, recent research indicates that they face challenges in delivering the recommended Maternal and Child Health (MCH) services to underserved populations (Davey and Datta, 2004; Thakare et al., 2001). Despite substantial government investment in the ICDS program, its impact has been less effective than desired. Most studies have primarily focused on assessing the nutritional and health status of ICDS beneficiaries, with less attention given to evaluating the knowledge and awareness levels of Anganwadi Workers regarding recommended ICDS programs. However, these workers are the key human resources responsible for implementing these programs.

Objective of the study

1. To assess the status of pre-primary (Anganwadi) education within the Panisagar R.D Block.
2. To evaluate the hygiene and nutritional quality of food provided at Anganwadi centers within the Panisagar R.D Block.
3. To examine the physical facilities available at pre-primary (Anganwadi) schools within the Panisagar R.D Block.

Methodology: This study primarily relies on secondary data sources obtained from reports issued by the Ministry of Women and Child Development, Government of India, and Panisagar R.D. Block in Tripura. The research was conducted using time series data, and it involved the analysis of variables related to the Integrated Child Development Services (ICDS) program.

Study Area: The study was conducted in the rural areas of Panisagar R.D. Block in June 2022. The study was limited to one block, namely Panisagar R.D. Block. All selected Anganwadi Centers (AWCs) were located in rural areas, and their selection was done purposively.

Design and Setting: A descriptive cross-sectional survey was conducted on AWCs in purposively selected ICDS blocks of Panisagar R.D. Block between June 2022 and July 2022.

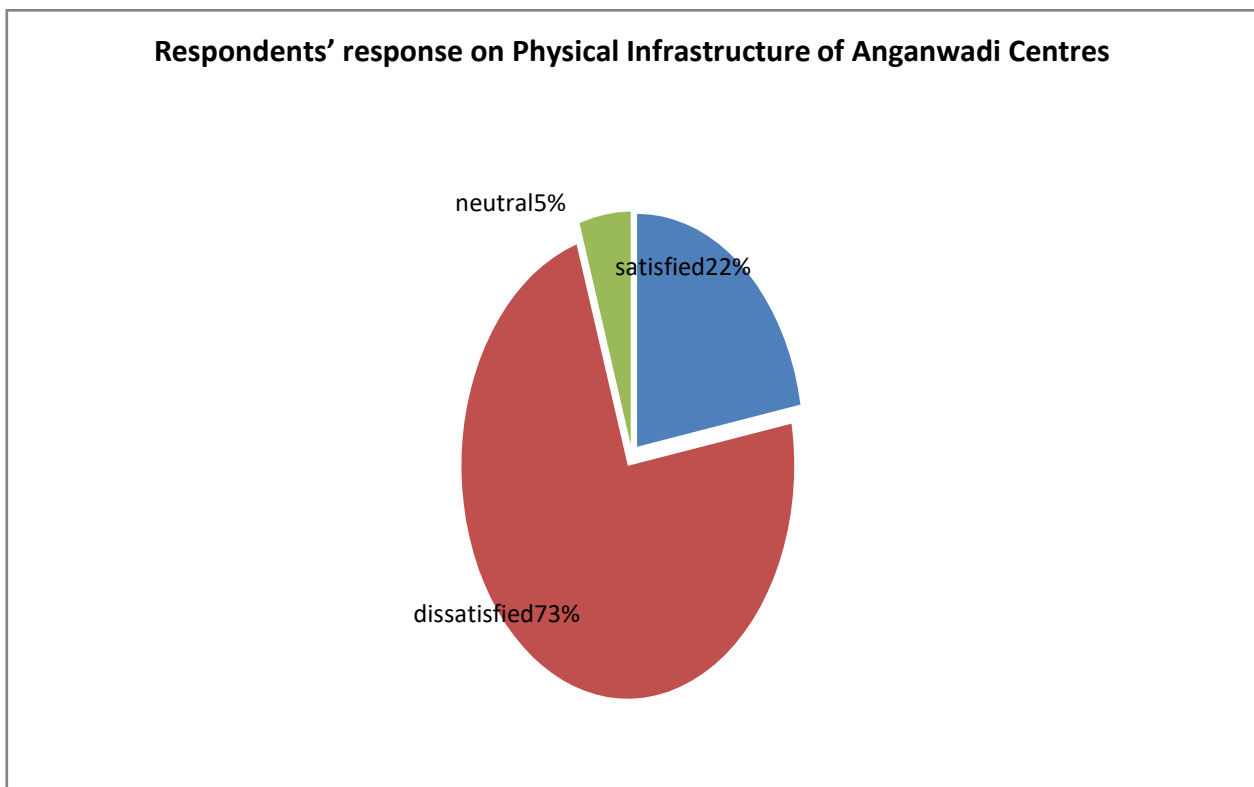
Sample of the Study: The study sample consisted of 30 Anganwadi workers from Panisagar R.D. Block.

Tools: A face-to-face interview schedule served as the data collection tool, containing various questions related to the knowledge of Anganwadi workers regarding ICDS services. The interview schedule covered topics such as the socio-economic and demographic profiles of Anganwadi workers, their knowledge of various ICDS services (such as immunization, nutritional and health education, supplementary nutrition, and growth monitoring), and the challenges they encounter when implementing ICDS programs.

Analysis and Interpretation of Data

Problem related to the Physical Infrastructure of Anganwadi Centre

Fig. No-1



The respondents expressed dissatisfaction due to various facility-related issues. Specifically, 57.4% were dissatisfied with inadequate workplace facilities, 65.3% due to insufficient toilet facilities, 53.8% because of a lack of drinking water, and 68.2% were not satisfied with kitchen facilities. Among these, 28.6% were dissatisfied with the absence of kitchen facilities, and 71.4% were unhappy with the kitchen's proximity to the main building. Furthermore, 85.9% of the dissatisfied respondents were not pleased with the AWC's physical structure. Clean drinking water was scarce, and hand pumps became

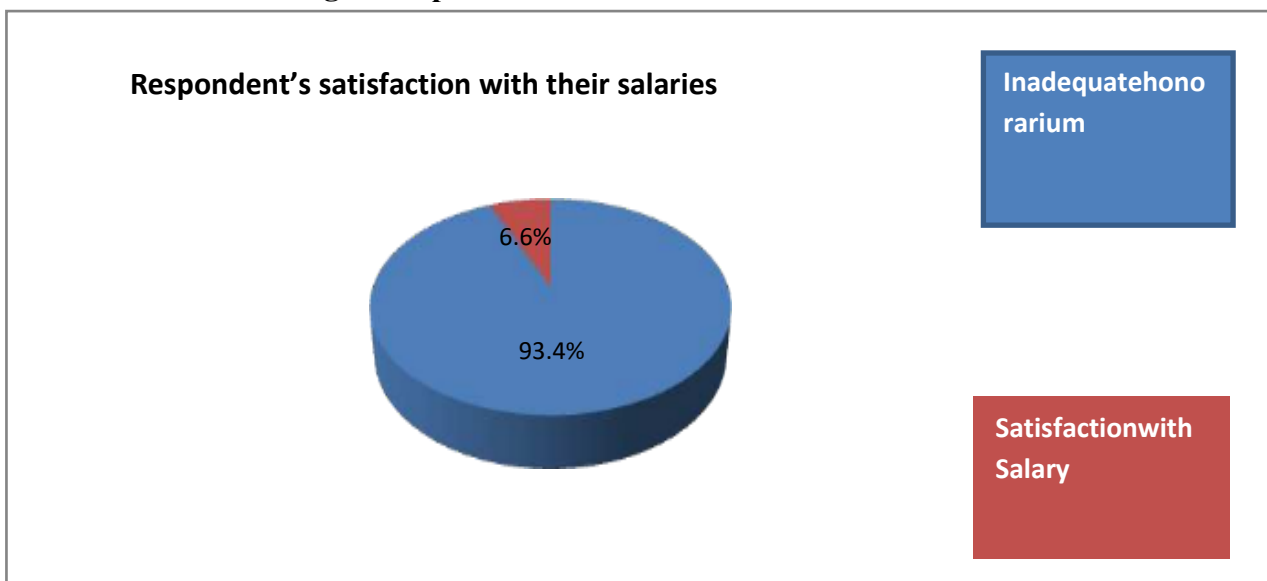
ineffective during the summer, forcing AWHs to fetch water from distant sources. Field observations revealed unhygienic conditions in some centers, including dirty cooking areas, which posed health risks to the children. Additionally, some centers lacked urinals and toilets, causing inconvenience to the female workers.

Regarding AWC construction, 72.4% had pucca houses built by the department, while 27.6% had katcha houses constructed at the AWWs' expense. Dissatisfaction was noted among those working in pucca AWCs, with 55.5% citing lower construction quality, such as broken floors. Electrification was absent in almost all AWCs, causing discomfort during summer. Open spaces or playgrounds adjacent to the centers were lacking, and most centers had no boundaries. Other issues included inadequate space for displaying posters, conducting outdoor activities, animal disturbances, and theft due to the absence of locking facilities in some centers

Respondents and Salary

Fig.2

Fig: 2 Respondents' Satisfaction with their salaries



As evident from the data, a striking 355 respondents (93.4%) voiced their dissatisfaction with the inadequate honorarium they receive. Income plays a pivotal role in an individual's job satisfaction, significantly influencing their social status. Salary is intricately linked to factors such as workload, employment status, and the nature of one's work. Furthermore, income guides a person's attitude and lifestyle, underscoring its paramount importance in one's life. Nowadays, everyone aspires to secure a better income. However, it's noteworthy that Accredited Social Health Activists (AWWs) receive a meager Rs 3000/- per month, while Anganwadi Workers (AWHs) earn only Rs.1500/- per month. Interestingly, out of the total 380 respondents, a resounding 355 (93.4%) voiced their dissatisfaction, asserting that they are not remunerated adequately for their labor, and they feel exploited by the government. The majority of respondents express discontent with their working conditions, including salary and job responsibilities. Many yearn for a job that offers better compensation, citing their current salaries as inadequate for the responsibilities they shoulder. Among the supervisors, four out of 19 are on a contractual basis, receiving a fixed sum of Rs. 10,000/-. This stark difference in salaries across

categories highlights a glaring disparity. Only a mere 25 respondents (6.6%) expressed satisfaction with their current salaries. The following pie chart illustrates the respondents' satisfaction levels concerning their salaries.

Respondents and Workload

Workload denotes the volume of tasks expected to be completed by a worker within a specific timeframe. It is directly linked to the stress experienced by the respondents and is a global issue that impacts not only individuals' well-being but also the overall productivity of an organization. This issue encompasses factors like extended working hours, tight deadlines, the type of job-related pressures, and the inability to manage time effectively. The burden of excessive workload is particularly prevalent within the Anganwadi system. The findings reveal that out of the total respondents, 238 (62.6%) expressed that they face challenges in performing their duties due to the heavy workload. Conversely, 142 (37.4%) respondents stated that they do not experience any significant pressure despite their increased workload. Intriguingly, this study highlights that not all respondents share the same level of workload. Among Accredited Social Health Activists (AWWs), 164 (92.1%) reported feeling a higher level of workload, while Anganwadi Workers (AWHs) with 54 (31.2%) respondents expressed the least amount of workload in the organization. In other respondent categories, 8 (80%) Child Development Project Officers (CDPOs) and 12 (63.2%) supervisors indicated that they bear a heavier workload in their respective roles.

Reasons for Respondents' Dissatisfaction with Excessive Workload

Within the scope of this study, respondents consistently expressed their discontent with the heavy workload associated with their roles. The nature of this workload varies significantly and is closely linked to the specific responsibilities associated with their job category and the nature of their work within the Anganwadi system. Among the Accredited Social Health Activists (AWWs), a staggering 169 out of 178 respondents (94.9%) articulated their challenges. Their responsibilities encompass maintaining a plethora of records, including child growth data, nutrition status of beneficiaries, take-home rations (THR), referral services, pregnant and lactating mothers' health checkup records, village health and nutrition day (VHND) records, and various registers. Furthermore, their daily tasks involve home visits, extensive record-keeping, and assisting other departments. They are also engaged in diverse departmental tasks such as socio-economic census, National Rural Health Mission (NRHM) duties, National Register of Citizens (NRC) work, and health-related activities. AWWs are burdened with maintaining 26 different registers, which require daily, weekly, and monthly updates. These paperwork demands significantly impede their ability to manage household chores effectively. Of the 19 supervisors in the study, 15 (78.9%) acknowledged the challenges they face. Supervisors are responsible for maintaining records of beneficiaries in each and every Anganwadi Center (AWC) under their jurisdiction, and monitoring center activities is an integral part of their role. They also oversee and guide 30-40 AWCs, inspecting the registers and records maintained by AWWs and supervising their fieldwork. These multifaceted responsibilities indicate a substantial workload.

Additionally, 9 out of 10 Child Development Project Officers (CDPOs) emphasized that they must manage various official records in addition to their work with other departments. CDPOs conduct regular inspections of project centers, liaise with district offices, and collaborate with other departments,

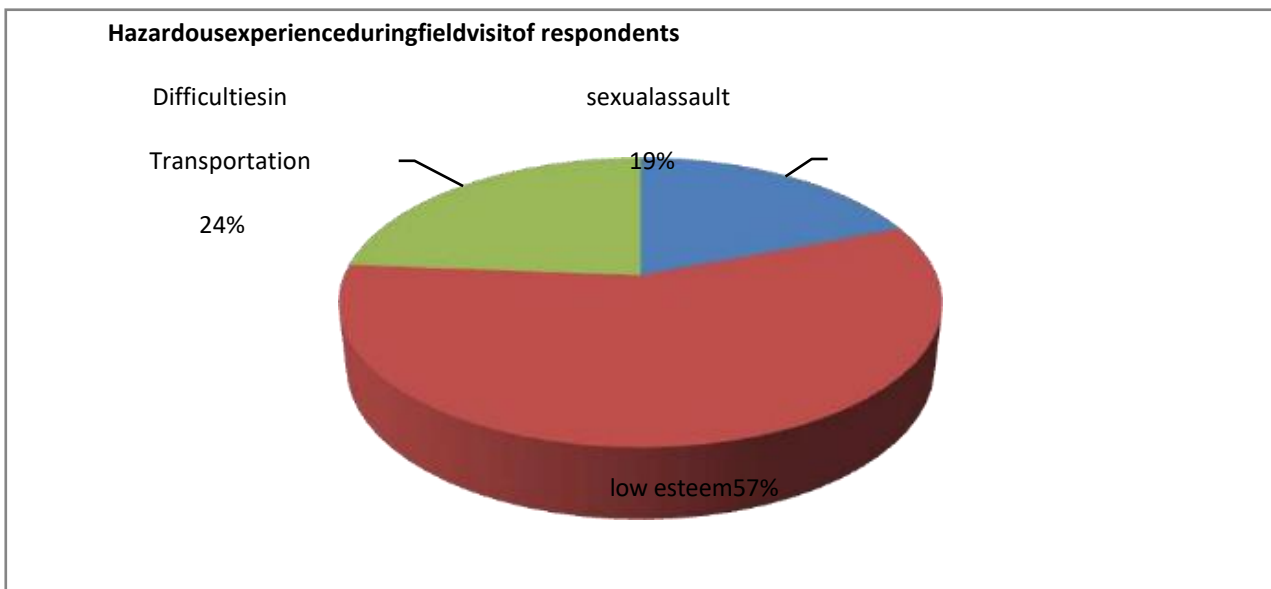
including health, panchayats, and education. Consequently, the overwhelming workload is a common concern among CDPOs.

Hazardous Experiences Encountered by Respondents during Workplace and Field Visits

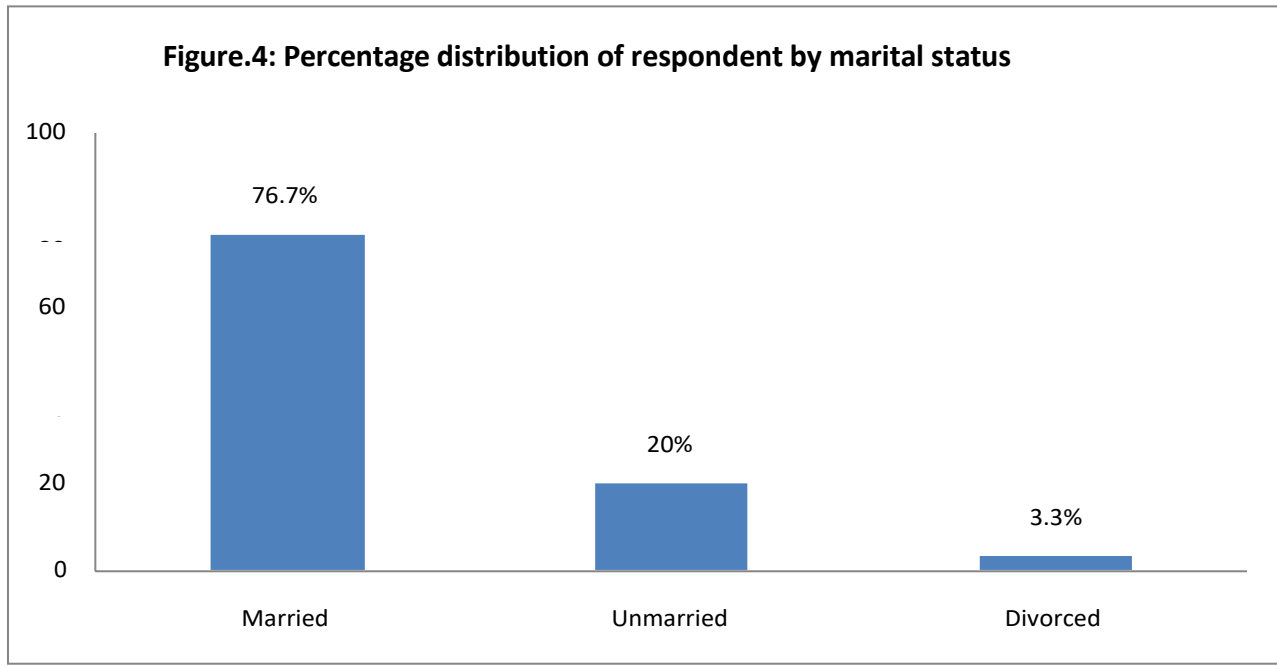
Respondents were queried about whether they had encountered any hazardous situations during their field visits for work. Notably, 164 (92.1%) of the Accredited Social Health Activists (AWWs) shared their experiences. AWWs, responsible for collecting data during field visits (door-to-door visits) within their respective domains, reported facing various challenges and, at times, distressing incidents. All 19 (100%) supervisors, who often visit Anganwadi Centers (AWCs) using buses, auto-rickshaws, and other means of transportation, recounted their experiences during these journeys. In contrast, 14 (73.7%) supervisors and 47 (26.4%) AWWs disclosed that they had encountered instances of sexual harassment, including unwanted touching, pinching, grabbing, and attempts to tamper with their clothing during these journeys.

Furthermore, all 19 (100%) supervisors expressed that they had encountered problems during field visits, particularly concerning interactions with unfamiliar males while on their journey. Respondents also pointed out that, due to the lack of transportation facilities, they sometimes had to cover distances of approximately 5 kilometers on foot to visit the most remote AWCs.

The pie chart below Figure.3 visually represents the hazardous experiences encountered by respondents during their field visits



Marital Status of Respondents



When categorizing the respondents based on their marital status, the data reveals that approximately 76.7% of the workers are married, 20.0% are unmarried, and 3.3% of the workers are divorced (as shown in Figure.4). Therefore, it is evident that a significant majority of the workers are married

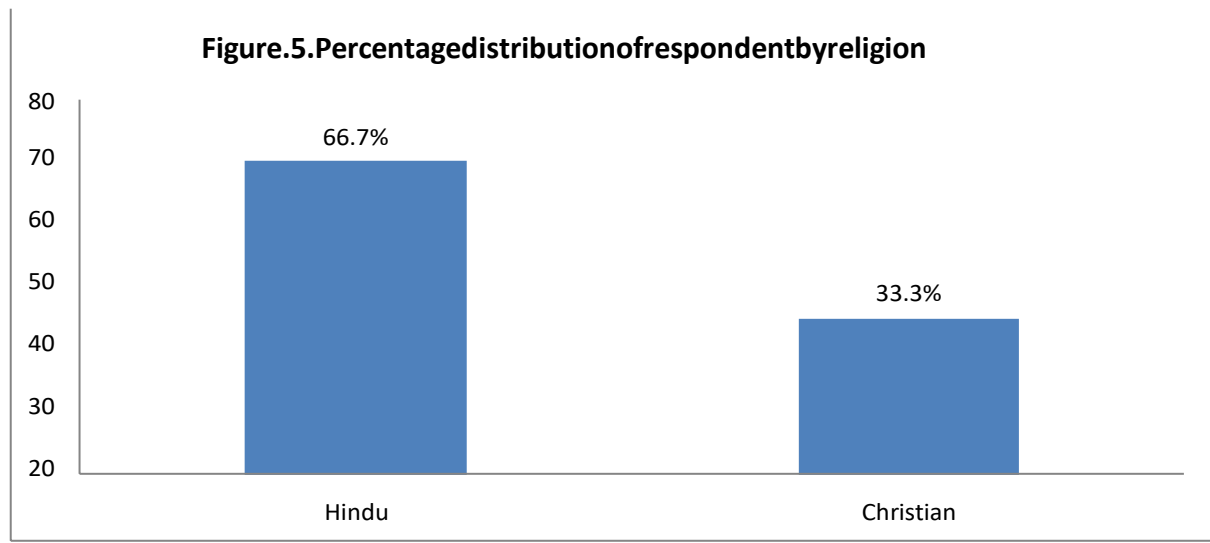
Source: SurveyData

Caste of Respondents

Upon examining the caste distribution among the respondents, it becomes apparent that the majority, constituting 50.0%, of Anganwadi workers belong to the Scheduled Tribe (ST) background. The remaining workers are distributed among Other Backward Classes (OBC), Scheduled Castes (SC), and General Communities at rates of 10.0%, 13.0%, and 26.7%, respectively. This data underscores that the studied Anganwadi center is predominantly populated by members of Tribal communities.

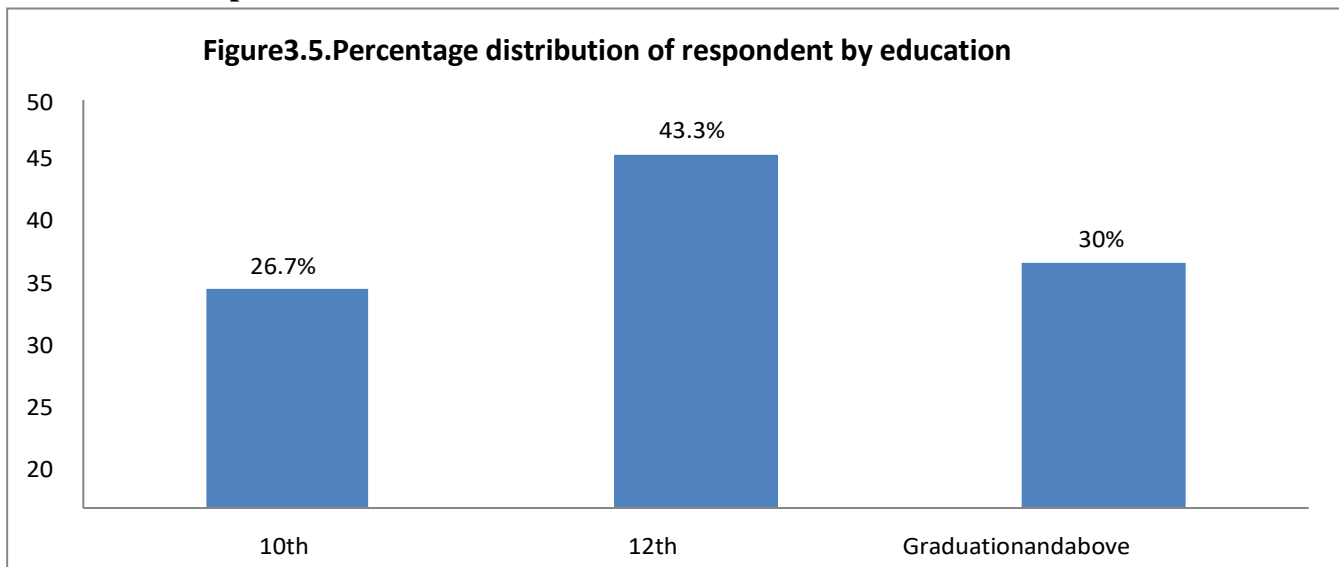
Religion of respondents

The ideological differences based on various religions influence the implementation process of any project. This study shows that about 66.7% of AWWs are Hindu followed by 33.3% for Christian.



Source: Survey Data

Education of respondents



In the present study 30 Anganwadi workers were interviewed and it is evident from the Figure.5 that 26.7% of the Anganwadi workers were 10th passed, 43.3% were 12th passed, 30% had education up to graduation level and above.

Source: Survey data

Challenges Faced by Anganwadi Workers

In the course of their multifaceted responsibilities, Anganwadi workers inevitably encounter various challenges. Government guidelines mandate a minimum qualification of a 10th pass for Anganwadi workers, yet they are expected to fulfill a wide range of duties. Their role also involves active community participation and coordination with superiors, beneficiaries, and helpers.

Table 3.1. Problems faced by Anganwadi workers

Types of problem	Number of AWWs with the problem
Inadequate salary	17(56.7)
Infrastructure related	15(50.0)
Logistics supply related	5(16.7)
Work overload	13(43.3)
Excessive record maintenance	12(40.0)
Total (N)	30

Source: Survey data

It is the main Anganwadi centre of Panisagar R.D Block and this Centre is given by Government of India. While our interaction with Anganwadi worker of this centre, she told that though this Anganwadi building is given by Government but it is worthless because it is a very small room and lack of space, more than 10 children at a time they can't seat also and there is no safe water facility, no toilet facility and no electricity also. Those children are come to this Anganwadi centre, for them there is no sufficient place for playing games and no playing equipments also. It is also observed that because of no safe drinking water in this Anganwadi centre, the helper is gone to another place to take drinking water for cooking and also for children.

Findings of the study

- Marital Status of Respondents: The majority of the respondents (approximately 76.7%) are married, while 20.0% are unmarried, and 3.3% are divorced. This indicates that a significant portion of the respondents are in a marital relationship.
- Caste of Respondents: Among the respondents, 50.0% belong to Scheduled Tribes (ST), while the rest are distributed among Other Backward Classes (OBC), Scheduled Castes (SC), and General Communities at rates of 10.0%, 13.0%, and 26.7%, respectively. This suggests that the study's Anganwadi center is primarily populated by members of Tribal communities.
- Types of Problems Faced by Anganwadi Workers: Anganwadi workers face a range of challenges in their roles. These include:
 - Inadequate Salary: A significant majority (56.7%) of the workers are dissatisfied with their salaries.
 - Logistic Supply Issues: Only 16.7% of the workers have reported problems related to the supply of logistics.
 - Infrastructure Problems: Approximately half of the workers are concerned about infrastructure-related issues, such as insufficient space for displaying educational posters and conducting outdoor activities, as well as disturbances caused by animals.
 - Workload: About 43% of the workers find their workload to be excessive, affecting their job

satisfaction.

- Record Maintenance: 40% of the workers are unhappy due to the burden of excessive record-keeping, which includes assisting with other health programs beyond their primary Anganwadi responsibilities.

Conclusion:

Anganwadi workers serve as a crucial bridge connecting the community with the ICDS program, actively bringing essential services to the doorsteps of beneficiaries. However, it is imperative for the Department of Women and Child Welfare to address the issues of remuneration and, more importantly, provide accurate knowledge regarding the responsibilities of Anganwadi workers by organizing them under a unified platform. This will empower Anganwadi workers with the necessary knowledge and clarity, enabling them to deliver services more effectively.

A significant majority, 90 percent, of Anganwadi workers believe that the Anganwadi scheme plays a pivotal role in motivating children for formal schooling, while 80 percent perceive that Anganwadi centers contribute to vocabulary development in children. The Anganwadi program stands as one of the world's largest initiatives for child and women development in India, with each Anganwadi center serving as the focal point of the ICDS scheme. An effective Anganwadi worker possesses qualities such as leadership, decision-making skills, problem-solving abilities, and strong communication skills – all of which are vital for the success of this essential government program.

Recommendations:

Enhancing Knowledge and Awareness: The study underscores the pressing need to enhance the quality of knowledge and awareness among Anganwadi workers regarding various ICDS schemes. This can be achieved through regular training programs and workshops aimed at keeping them informed about the intricacies of these schemes.

Improved Training Quality: There is a strong and urgent need to improve the quality of training provided to Anganwadi workers to bolster their understanding of various ICDS schemes. Training modules should be updated regularly to align with evolving program requirements and best practices.

Enhanced Communication and Infrastructure: To facilitate better implementation of ICDS schemes, it is recommended to introduce frequent interactions between Anganwadi workers and their supervisors. This will enable the smooth flow of information and ensure that workers are well-equipped to fulfill their roles effectively. Additionally, investing in improved infrastructure facilities at Anganwadi centers is essential for providing a conducive environment for the program's successful execution.

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