



EVALUATION OF ANGANWADIS WITH REFERENCE TO ICDS

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Abstract

Recognizing the value of children in any culture, child care and education have been given the greatest priority in the majority of advanced nations. Similar to this, since our country's independence, its citizens' issues have taken top importance. The implementation of Integrated Child Development Services might be regarded as the most important Endeavour in the long list of different initiatives for children's wellbeing. By simultaneously delivering all necessary ICDS services, this is the most comprehensive plan for improving the health, nutrition, and educational opportunities of a pre-school child and their mother. The ICDS' non-formal pre-school education component is a substantial contribution to elementary education. As a result, ICDS provides early childhood education at Anganwadi Centers for children between the ages of 3 and 6. The study aims to assess the functionality and execution of programs under ICDS in anganwadis. The Badaun district of Uttar Pradesh's had been chosen to conduct the study, for the purpose 10 anganwadi centers (AWCs) were selected randomly to procure the data of their performance. Checklist was used for data collection. The performance of AWCs and maternal and child health services delivered by AWCs still needs improvement. Coordinated steps catering to different services provided at the centers are needed to optimize the functioning of the ICDS scheme.

Keywords: Integrated Child Development Scheme, Anganwadi Centers, Anganwadi Workers, Preschool Education.

Introduction

Childhood is a crucial time since it is when attitudes, customs, and behaviour are transmitted through the so-called socialisation process. By the means of education we influence children's conduct, develop their entire personality, and affect social change in the desired direction. Child welfare and education are consequently essential for the social and economic growth of any country because their level of effort for contribution to social and economic development depends on their physical, mental, and emotional strength. Creating a friendly atmosphere for children's welfare through an integrated strategy is essential. For the welfare of children, general and specialized programmes have been implemented from the start of the planning era. One of them is Integrated Child Development Services (ICDS). The provision of all necessary services in a village or ward while also focusing on the health, nutrition, and educational opportunities for young children and their mothers makes this the most comprehensive programme available.

In accordance with the National Policy for Children, 1974, the ICDS was established. "It shall be the policy of the State to offer adequate services to children both before and after the birth and during the growing to ensure their full physical, mental, and social development," the policy states. The state will gradually broaden the range of these services. In order for all children in the nation to have the best conditions for their balanced growth within a reasonable amount of time. After the National Policy for Children was publicly announced, the Government of India began ICDS on October 2, 1975, on an experimental basis with 33 programmes across the nation. 19 of those initiatives were rural, 10 were tribal, and 4 were urban.

Services and Beneficiaries of ICDS

To lay the foundation for the proper psychological, physical development of child ICDS aims to provide an integrated package of early childhood services this consist of 8-

1. Supplementary Nutrition,
2. Immunization,
3. Health check- up,
4. Medical Referral Services,
5. Nutrition and Health Education
6. Non –Formal Pre-School Education.

Aaganwadi Workers (AWW) and Aaganwadi Helpers (AWH) from the Aaganwadi Centers provide the aforementioned services to expecting and nursing mothers and children under the age of six at their doorstep (AWC).

Early Childhood Education under ICDS

Early childhood education is offered under the presumption that a child's physical, mental, emotional, and social development occurs at its fastest during these formative years. Therefore children between the ages of 3 to below 6 years are imparted in an Anganwadi in each village with about 1000 population. It is a three-hour daily action that can be seen continuing. The major goal of non-formal pre-school education must be to engage children in activities that might pique their curiosity and steer it in a creative direction. Thus, an AWW is required to plan preschool activities for roughly 40 kids using plays in order to providing a learning environment that was support the child's social, emotional, cognitive, physical, and aesthetic growth. Five categories have been established for pre-school activities: 1. Physical Development (fine and gross motor development), 2. Language Development, 3. Creativity Development, 4. Social and Emotional Development and 5. Intelligence Development. Additionally, this element offers a chance for elementary school preparation. Therefore, better cooperation between the AWW and Primary Schools is expected and being promoted in terms of timing, location, and supportive connectivity between the primary school and instructors.

Objective

Providing the required preparation for primary schooling is one of the many services provided by the ICDS non-formal pre-school education component. Therefore, early childhood education is provided at AWCs for children between the ages of 3 to under 6. This study paper's primary goal is to assess ICDS's informal pre-school curriculum.

Methodology

The Badaun district was chosen for the study in order to fulfil the study's goals. 10 Anganwadi Centers from the Badaun ICDS programme were chosen by random sampling. A self-developed checklist was used as a tool for data collection. With a variety of questions posed regarding the availability and significance of ICDS preschool education services, the execution processes necessary for various services, and the implementation of various ICDS services at anganwadi centers. Data were gathered through personal visits to anganwadi centers. The collected data was tallied and coded. Utilizing straightforward figures and percentages, both qualitative and quantitative analysis of the data was performed.

Discussion and Findings

Early childhood education is offered by AWW through its AWC under ICDS. In order to provide this service a place to stay with a room, a kitchen and store room, a hand pump for drinking water, a toilet, a clean and safe outdoor space, and teaching/learning materials is necessary.

Table no.1 Percentage distribution of anganwadi centers as per their Infrastructural Facilities

Sr.No.	Facilities in the AWCs	Yes	No
1.	Building ownership by state	100%	0
2.	Concrete building type (Pucca)	100%	0
3.	Adequate indoor space	50%	50%
4.	Adequate outdoor space	70%	30%
5.	Separate toilet facility	40%	60%
6.	Tap water supply	90%	10%
7.	Separate kitchen	50%	50%

10 anganwadi centers in total were visited. The state owned the majority of the anganwadi centre buildings, and all of them have the pucca type of centre. Almost all of the centers operated in a single room, but because rooms varied in size, only half of them had enough inside space for children to wander around and participate in activities. The outside space was adequate at about 70% of the locations. 40% of toilet was kid-friendly. There was only a separate kitchen in 50% of the centers. 90% of anganwadi centers were supplied with water from the tap. In half (50%) of the centers, there was a separate kitchen, and both the kitchen and the centers were satisfactorily clean. Every centre had access to electricity. Table 1's findings demonstrate that AWW lacked the necessary resources to deliver early childhood education.

Table no. 2 Percentage distribution of anganwadi centers as per their Preschool Education Facilities

Sr.No.	Facilities in the AWCs	Yes	No
1.	Timetable used	0	100%
2.	Low cost games used	20%	80%
3.	Charts poster used	30%	70%
4.	Play way method used	10%	90%

The majority of AWCs had pre-school timetable, but none of them were being followed. Although they possessed pre-school educational tools including charts, slates, and books, but they were not in regular use. While the AWWs in some AWCs taught rhymes and the alphabet, the majority of the time the kids were occupied with toys and no systematic and deliberate preschool programme of education were being followed.

Table no. 3 Percentage distribution of anganwadi centers as per their Anganwadi Records and Equipments Facilities

Sr.No.	Facilities in the AWCs	Yes	No
1.	Weighing machine	100%	0
2.	Growth charts	100%	0
3.	Drug kit	20%	80%

Majority (100%) of the anganwadis were using salter weighing scale for monthly weight measurements of the children. All the anganwadis workers were found to be accurately recording the weight of the children in the growth charts. The age of the children also being determined accurately using the date of birth. World Health Organization recommended growth charts for growth monitoring of children were present in all of AWCs. As per norms, each of the Anganwadi workers are to be provided with a drug kit with seven essential items, namely, tablet paracetamol, syrup paracetamol, sulphacetamide eye drops, tablet mebendazole, gentian violet paint, cotton roll and bandages. This drug kit was not present in 80% of the total AWCs. As a result, the availability of drugs for dealing with emergency situation was questionable.

Table 4 Percentage distribution of anganwadi centers as per their Supplementary Nutrition Facilities

Sr.No.	Facilities in the AWCs	Yes	No
1.	Adequate Supplementary nutrition fully acceptable	90%	10%
2.	Ready to eat (RTE) food	100%	0
3.	Hot cooked food	0	100%

Details of beneficiaries receiving supplementary nutrition from anganwadi centers included 6 months to 3 years and 3 to 6 years children, pregnant and lactating mothers, and adolescents girls. Majority (100%) of the anganwadi centers were providing ready to eat (RTE) food to 6 months to 3 years and 3 to 6 years children, pregnant and lactating mothers, and adolescents girls. The children in the age group of 3 to 6 years were not being given hot cooked food in the anganwadi centers. Anganwadi workers response to supplementary nutrition was assessed among visited 10 anganwadi centers. Supplementary nutrition was fully acceptable adequate in 90% anganwadi centers. Quality of supplementary nutrition was good and quantity adequate as replied by anganwadi workers.

In this regard, some fascinating facts have been discovered during the course of the inquiry, which should be highlighted. The AWWs who had a kitchen-cum store room at their centre used it as a store to keep goods, supplemental food in gunny bags, and supplies for early education. Although the pre-school education package was present in the majority of AWWs, it was found that 20% of them lacked posters and charts depicting animals, fruits, flowers, etc. For fine and motor skill development activities, about 20 percent of children lacked colored chalk, paints, brushes, and toys, while 40 percent lacked durries or a mat for sitting. Children in such AWCs (30%) use a sheet of sewn gunny bag that AWW prepared specifically for kids. This blatantly illustrates the subpar service delivery caused by a lack of fundamental equipment and delays in procurement.

When it comes to arrival and start times, AWCs in the chosen study area operate from 9:00 AM to 1:00 PM in the winter and from 8:00 AM to 9:00 PM in the summer. The AWW is expected to arrive and open the AWC within the allotted time. Only 40 percent of AWCs arrived and opened within the allotted time, and the majority of AWCs (60%) opened between half an hour and an hour after.

The entire situation shows that AWWs are unable to provide early childhood education very effectively due to a lack of basic requisites. However, the absence of basic necessities was not the only issue; there were also other unfavorable circumstances that prevented AWWs from providing their beneficiaries with the early childhood

education they required. In this regard, the majority of AWWs (60%) said that it is a herculean struggle to keep kids at AWC for the allotted time; also, 50% of AWWs reported problems with kids arriving late and kids showing up irregularly for activities like teaching and learning (40%).

In a few instances, the primary school teacher and the AWW (20%) indicated by AWWs did not have a supporting connection. About 50% of AWWs believed that unneeded meddling from regional pressure organizations was a contributing causes to the poor operation and provision of services.

Conclusion

So it can be conclude that the early childhood education delivered by AWWs under ICDS scheme is not providing a good teaching learning opportunity to the children of weaker section of our society before they enter in primary school at their door step. Early childhood education is not being provided by AWWs due to a lack of infrastructure, beneficiaries, and community support, as well as corruption and factional politics in the villages. These issues must be seriously addressed at all levels for the programme to be implemented successfully.

The performance of AWCs and MCH services delivered by AWCs still needs improvement. The findings help in providing some insight into the existing situation. A holistic approach is needed to optimize the functioning of the scheme, identifying various issues concerning the scheme as a whole will help in reworking the policies related to women and child development.

References

Journals

1. Akash Malik, Meenakshi Bhilwar, Neeti Rustagi, and Davendra K. Taneja (2015). An assessment of facilities and services at Anganwadi centers under the Integrated Child Development Service scheme in Northeast District of Delhi, India. *International Journal for Quality in Health Care*, 27(3).
2. Deepmala Shrivastav and Bharti Sagar (2012). Early Childhood Education under ICDS: An Evaluation. *Journal of Educational Chronicle*, 3(2).
3. Harpreet Singh, Anil Kumar Malhotra (2019). A Cross-Sectional Study to Assess Functioning of Anganwadi Centers under Badagaon Block, District Jhansi (up). *Indian Journal of Applied Research* 9 (3).
4. Rajesh K Chudasama, AM Kadri, Pramod B Verma, Umed V Patel, Nirav Joshi, Dipesh Zalavadiya and Chirag Bhola (2014). Evaluation of Integrated Child Development Services Program in Gujarat, India. *indian pediatrics*, 51.
5. Rajni Dhingra, Iesha Sharma (2011). Assessment of Preschool Education Component of ICDS Scheme in Jammu District. *Global Journal of Human Social Science*, 11(6).
6. Shashi Manhas, Annpurna Dogra and Seema Devi (2012). Reflection of Integrated Child Development Services (ICDS) in Implementation of Services at Bishnah and Purmandal Block, Jammu. *Stud Home Com Science*, 6(1): 27-32.

Webliography

1. <http://www.njcmindia.org>
2. <http://www.ijph.in>
3. <http://dx.doi.org>
4. <https://www.researchgate.net/publication/278772393>
5. <http://www.ijph.in>

