



UNDERSTANDING THE ROLE OF ANGANWADI WORKERS IN ICDS SERVICES: AWARENESS AND PRACTICES

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Abstract: The Integrated Child Development Scheme (ICDS) is the world's largest programme launched by the Government of India in October 1975 covering 157.86 million children below the age of six. The study aims to explore the status of awareness among Anganwadi workers about ICDS services and attempts to address various aspects around them. The practices of an Anganwadi worker with respect to the six functions of ICDS is critical for the good functioning of centers. The development and learning of children in these early years are a critical part of a child's life. The study documents the awareness of the Anganwadi workers and helps in understanding the challenges faced by them and conceptualizes a way forward. The results of the study indicated that workers are aware of immunization, nutrition and health, growth monitoring, preschool education and referral services given in the AWCs but are not aware of the supplementary nutrition to be provided in the AWCs. Hence the need of frequent training to the AWWs about the services as well as improvement in the infrastructure and facility of resources in the AWCS was noticed.

Keywords: Integrated Child Development services, Anganwadi workers, Awareness,

Introduction

The Integrated Child Development Scheme was started in 1975 in 33 developmental blocks and a few urban areas in India. It is regarded as world's largest community-based child development programme, which aims at the holistic development of children below the age of six years, expectant and nursing mothers and adolescent girls (Manzoor & Khurshid, 2014). The ICDS is a centrally sponsored scheme implemented by the Ministry of Women and Child Development and is funded by central government with the support of various international agencies such as the World Food Programme, Co-operative for American Relief Everywhere (CARE), United Nations Children's fund (UNICEF), the European union, USAID and the World Bank (Shrestha & Kishor, 2014). Importance of early years of child's life finds place in several other policy documents as well, The National Policy on Education (1986), The National Nutrition Policy (1993), National Plan of Action for Children (2005) and National Curriculum Framework (2005). Provision for Early Childhood Care and Education has been on varying degrees in five-year plans of India, however, recent eleventh and twelfth five-year plans placed significant value on it (Ministry of Women and Child Development, 2013). The National ECCE Policy (2013) is the most recent policy document with respect to Early Childhood Care and Education, which places significant value on the holistic development of children below six years. The National Early Childhood Care and Education Policy (2013), National Early Childhood Care and Education Curriculum Framework (2014) and the National Curriculum Framework position papers on Early Childhood Education define the first eight years of life as early childhood and note that this period is important from the perspective of growth, development and realization of full potential of the child (NCERT, 2005).

The programme aims at children below six years, pregnant and lactating mothers. There are six services provided by the ICDS scheme:

1. Supplementary Nutrition
2. Immunization
3. Health check-ups services
4. Referral services
5. Preschool-non formal Education
6. Nutrition and Health Education

Statement of the problem

ECCE has importance in itself and plays a crucial role in the developmental process of children below six years of age. ECCE for every child across the country through appropriate reforms, measures and corrective actions, is necessary for growth and development. Despite of having various scheme and quality programs, Children in India are suffering from malnutrition at very high rate which has direct impact on children in their developmental process. However, in such a scenario of health, ICDS scheme plays an important role for socially and economically disadvantaged class of the society by intervening and, it is important to take care of children in these crucial early years for their mental, physical, social, emotional and language development (Davey & Datta, 2007). The awareness of Anganwadi workers is important to understand for good functioning of the centers under ICDS as it covers large number of children and mothers. Anganwadi workers who plays crucial role in the functioning of these services in the AWCs, it is a matter of great concern that a worker owing various responsibilities of government is deprived of basic requirements. They have worked AWWs for many years and still today they are facing many problems regarding their salaries, job insecurity.

Review of the Literature

The purpose of the study is to find out the understanding of services from the AWWs, provided in the AWCs to children, pregnant and lactating mothers as the workers plays an important role in carrying out the functions provided to them and the challenges faced by them. (if any)

In this chapter, I will focus on the professional literature. The literature review is organized in the following sections: (1) Role of an Anganwadi worker (2) Knowledge of AWWs, (3) Challenges faced by AWWs.

Role of Anganwadi Workers

AWWs is the community based voluntary frontline workers of the ICDS programme (Thakare, 2011 & Kular, 2014). She plays a crucial role due to her close and continuous contact with the beneficiaries. The output of the ICDS scheme is to a great extent dependent on the profile of the key functionaries i.e., her qualification, experience, skills, attitude, training, etc. AWWs is a part- time honorary worker. She also plays an important role in the growth and development of the children (Manhas & Dogra, 2014). She is the women of same locality, chosen by the people. She is supported by a helper who is also a local woman. She has to conduct various job responsibilities. Not only she has to reach to variety of beneficiary groups, she also provides different services which include nutrition and health education, immunization, supplementary nutrition. Pre-school education, etc. (Thakare, 2011 & Kular, 2014). she also coordinates in arranging immunization camps, health check- up camps. "Her function also includes community survey and enlisting beneficiaries, referral services to severely malnourished and children who are at risk, enlisting community support for Anganwadi functions and maintenance of record and registers" (Thakre, 2011 & Kular SS, 2014, p. 1-2). The honorarium paid to the workers in 1975 was Rupees 100/- per month (non- matriculate) and 150/- per month to (matriculate). The Government has increased the honorarium of the workers time to time. As dated on 1 April 2011, the honorarium of the workers was 3000 (matriculate) and 2938 (non- matriculate). However, the honorarium of the AWWs is increases and decreases with their experience of working in the Centre, depending upon their qualification (MWCD, 2018). The salary of the AWWs as dated seven November 2012 was five thousand per month (MWCD, 2018). Despite of being central figure of Integrated Child Development Scheme, the workers were paid very less.

Awareness of Anganwadi Workers (AWWs)

A study (Manzoor & Khurshid, 2014) conducted on the knowledge of AWWs indicated that 70% of the workers had best knowledge of supplementary nutrition and 30% had knowledge of non-formal preschool education in a play way manner, immunization and nutrition and health education. More than half are matriculate and had experience of more than 10 years (Manzoor & Khurshid, 2014). Thirty percent of the workers had undergone training for one month, 60% had gone under training of more than a month and rest of the 10% had not received any training yet. It was also found the salary of the workers in almost all the centers was always delayed. Seventy Percent of the workers said lack of adequate facilities and 30% said they manage the things as they are (Manzoor & Khurshid, 2014).

A study (Malik, Bhilwar, Rustagi & Taneja, 2015), on assessment of facilities and services at AWCs under the ICDS scheme had shown poor knowledge of AWWs regarding revised norms for calories and protein in northeast district of Delhi (Malik, Bhilwar, Rustagi & Taneja, 2015). It also revealed the condition of infrastructure in the AWCs--- The room size of the centers was 62.18 square feet. 66.7% centers had source of cross ventilation. 14.6% centers were having natural source of light while rest 36.6% had artificial source, CFL. The source of drinking water was hygienic in 80% of centers and the facility of toilet was in 88.9% centers. The food provided in centers were in the form of morning snacks and cooked meal in 73.2% centers (Malik, Bhilwar, Rustagi & Taneja, 2015).

A study (Manhas & Dogra 2012), on children's nutrition and health in Jammu, Jammu and Kashmir, India. The findings of the study revealed that 55% of the AWWs were aware of nutrition services provided in the AWCs but were not aware of energy and protein requirement of the targeted group. For the health of the children, it showed that 30% of the AWWs were not aware of method applied for assessing nutritional status of a child (Manhas & Dogra, 2012). It was found that 65% of AWWs were not aware of importance of growth chart. In spite of training given to AWWs, the awareness of supplementary nutrition was not satisfactory (Manhas & Dogra, 2012).

The quality of preschool education in AWC have been a great concern. The concept of non- formal education was not followed in the Anganwadi rather it turned into primary school. However, the preschools scenario in the centers were devoid of child-centered pedagogy as it was mostly based on rote learning and 3Rs (Gupta, 2006; Singh, 2016).

A study (Davey & Dutta, 2017), was done on growth monitoring activities in Urban Slums of Delhi, it showed that 50% of AWWs of all the four zones had the correct knowledge of MUAC colour strips as red for severe malnutrition, yellow for moderate malnutrition and green for no malnutrition whereas 35% of the workers were not aware of the MUAC strips. The 90% of the AWWs had the knowledge of growth chart interpretation but all of them supplied food to normal and grade I children (Davey & Dutta, 2017).

A study (Ranjan, 2014), was done on the status of Integrated Child Development Services (ICDS) showed that the problems regarding supplementary nutrition was found, due the poor performance of AWWs, who were not able to identify nutritional status of children (Ranjan, 2014). The study revealed that ICDS scheme does not provide funds for construction of AWCs except the North-eastern states. The 74.13% of AWCs were on pucca rented house and 25.87% on kutchha rented house. It was found that the absence of staff at operational projects was ineffective. (Ranjan, 2014). The National Family health survey (IIPs, 2207) showed the 56% children are enrolled in AWCs out of which only 31% are attending the centers regularly (Ranjan, 2014).

A study (Kular, 2014) in Rural ICDS Blocks of Punjab revealed that AWWs had the best knowledge of immunization, they were aware about the names of the vaccinations given to the children with 54.66% whereas least about referral services with 16.66% and 59.17% of workers did not know about nutritional supplements provided in the Centre (Kular, 2014). It was found that 65% did not have proper knowledge of about pre-school education, 59.17% did not aware about nutritional supplements and 66% of the worker were not sure about referral services (Kular, 2014).

A study (Thakre, Kuril. Doibale & Goel, 2011) on the knowledge of Anganwadi workers in an urban ICDS block showed that the 77.14% of AWWs had the best knowledge of nutrition and health education and least knowledge about supplementary nutrition with 29.46%. with an increase in the years of experience the increase in the

knowledge among the worker was seen with an assessment score of 19% (Thakare, Kuril, Doibale & Goel, 2011).

The comparative study (Manhas & Qadri, 2010) of preschool education in Early Childhood Education Centre in India. The study revealed that the AWC were in rented house building which was operated in one room where it was used to carry out the activities related to pre- school education and other referral services (Manhas & Qadiri, 2010). There was a lack of space and inadequate facilities. It fails to provide basic facilities like inadequate lighting, ventilation, few books and outdoor space. There was no healthy environment for children to learn and the little emphasis was given to developmental activities (Manhas & Qadiri, 2010).

A study (Chauhan, Thakur, Gupta & Malla, 2015) on the knowledge of AWWs in Mandi district of Himachal Pradesh showed that 98.67% had satisfactory knowledge of services for adolescent girls and 100% regarding nutrition and health education. The workers had knowledge of nutritional status of child with 33.33%, 58.33% had knowledge of maintenance of growth chart, 58.33 regarding referral services, 56.67% regarding nutrition and developmental needs, 50% regarding immunization (Chauhan, Thakur, Gupta & Malla, 2015).

The above studies done in the field examine the awareness among AWWs about Integrated Child Development Services (ICDS) across the country. The studies revealed that workers knowledge about the services are depended upon other key areas that were affecting simultaneously in the functioning of the AWCs. The lack of training to the workers and the lack of healthy working conditions for the AWWs in the centers.

Challenges faced by the AWWs:

Various studies done by researchers in different parts of the country had shown that one of the major problems that AWWs have mainly reported was about inadequate honorarium followed by excessive workload. Other problems that were reported, was infrastructure related issues, lack of help from community, lack of resources and record maintenance. The study on the problems faced by AWWs showed that 89.45% workers had no time to conduct pre-school education in the Centre and suggested to fix the timings for doing pre-school activities. Among them 60.92% were middle aged and 43.36% were high school educated and 73.63 were married, 33.63% has less than 5 years of experience. It was found that 60% of the AWCs building was on rent, 69.92% had no toilet facilities, 43% had no drinking facilities, 89.45% had no time to conduct pre-school activities and 30 % workers had the issue of non – payment of the salaries (Yelvattimath & Nithyashree, 2015)

Research Question

The research questions of the study:

1. What are the understandings of the Anganwadi Workers (AWWs) regarding the services provided in ICDS.
2. What challenges do Anganwadi workers face in delivering ICDS services effectively?

Research Methodology

The present study used a qualitative research method design. At first, the structured interview questionnaire was designed and then the data was collected by interviewing each worker in the Anganwadi Centre. The data was collected with a prior permission from the supervisor of the area. The data collection lasted over a period of one month.

Interviews

Semi-structured interviews were conducted with the Anganwadi workers. An interview protocol was developed in English and further translated into Hindi for the workers understanding. The protocol focused on questions regarding personal details of the workers, about ICDS services and problems. A copy of the interview protocol has been attached in the annexure. The name of the workers has been kept confidential.

Data Collection

The data was collected through interviews and observations with Anganwadi Workers (AWWs) in approximately five Anganwadi Centers (AWCs) in particular area. The interview protocol was used in question-and-answer form which consists of qualification, experience, training of the AWWs and questions related to ICDS services, role of the Child development project officer, supervisor, helper and the community in the Centre for the support to the AWWs.

Research site and participants

The study was conducted using interview protocol in five Anganwadi centers of East Delhi. The total numbers of Participants were five Anganwadi workers. The description of each Anganwadi Centre and the profile of the workers is documented.

Sources of Data

The artefacts for collecting the data included interaction with AWWs and the field notes while observing. For interviewing the AWWs, permission was taken from the supervisor in order to access the conversation. Later, the interviews were transcribed and analyzed.

Data Analysis

The data analysis was conducted in various sequential steps. In the first step of the process, the interviews were noted down at the time of conduction. Thereafter, the transcription of each interview of the according to the date was done. Once the transcription of the interviews was done, the data was analysed by taking out some relevant information from the transcribed interviews. Later, analysis of the data was done using qualitative method. The thematic analysis of the interviews of each worker was also done in order to interpret the interview by keeping in mind the context in which they are working.

Limitations of the study

The study is a small-scale study and hence it has certain limitations. Given the vast number of Anganwadi Centers (AWCs) the study selected small stratified sample and hence with it arises the difficulty of generalizing to the population. Further study should include bigger sample size in order to generalize to the population.

Findings

Immunization: Immunization is one of the important responsibilities of an AWW. The ANM and MO are responsible for providing six vaccines to lactating mothers and children in the Centre with the help of AWWs. Out of the five AWWs interviewed, four were very knowledgeable about all the six vaccines provided to the children and mothers. All the workers were aware of camps organized by government every month for the children and mothers. The worker said, she maintains the record of children and pregnant women and make sure that everyone gets the 'Tikakaran' done during the camp, if in any case somebody is left then she sends them to dispensary or make sure that it is get done in the next camp.

Supplementary Nutrition: The Supplementary Nutrition under ICDS Scheme for different categories of beneficiaries shall be as under---The children between 6 to 36 months are given take home ration as per Anganwadi services guidelines in conformity with the provision of the Act. The malnourished children between 6 to 36 months are provided with the same type of take-home ration as above with food supplement of 800 calories and 20-25 grams of protein. Children between 3 to 6 years are given morning snack and hot cooked meal as per Anganwadi services norms and the malnourished children between 3 to 6 years are provided with additional 300 calories of energy and 8-10 grams of protein and the meal provided to children between 3 to 6 years.

Out of total five Anganwadi workers, only one worker had the best knowledge about the calories given to children and mothers. Rest of the four workers did not mention about the calories to be given, except the name

of the food provided to children from zero to three years, according to the daily time table in the centre. According to the worker, they are provided with food on the daily basis according to the chart. Apart from this, the workers also mentioned that children are bored of eating the daily food provided in the AWC and therefore they sometimes provide toffees to attract children. The findings revealed that workers had least knowledge of amount of supplementary nutrition provided to the targeted group. It was found that all the workers were aware of food provided in the centre according to the daily chart but were not aware of calories and nutrition to be given.

Addressing of Nutrition and Health: Nutrition and Health Education is one of the services provided to adolescent girls, pregnant women and mothers under ICDS (Gupta, 2013). The idea behind providing education to them is to make sure that the women and girls can take care of their nutrition and health, as well as their children and families.

Out of the five AWWs interviewed, all the five workers had mention about advising mothers to give nutritious and healthy food to their children during the home visits. The weight machine and growth chart were used to address the health needs of the children in the Centre by four AWWs and if there was any problem seen regarding the health of a child then the workers advise to their mothers. The workers said that they monitor growth of each child every month and if workers found the child is underweight or malnourished, then they provide extra care to the child and advise his/her mother to give nutritious food. The findings revealed that workers were aware of addressing nutrition and health of children in the AWCs. The education to mother during home visits was given to address the needs of children. The food distributed in the centers for children and mothers was checked by supervisor on the daily basis.

Monitoring of growth: According to the Ministry of Women and Child Development, under the head of Health check-ups the growth of the children should be monitored and recorded every month according WHO Standard Growth Chart and weight machine provided in the AWC (MWCD, 2010). The Ministry of Women and Child Development has adopted the WHO child growth standard for children and provided a mother and Child Protection card to ensure tracking of mother and child health purposes (MWCD, 2010, Icds-wcd.nic.in).

It was found that all of five workers had the knowledge of tools used to monitor the growth of the children like weight machine, growth chart. The workers monitor the growth of each child and if it was found that child is underweight or malnourished, then they provide extra care to the child and advise his/her mother to give nutritious food. The above findings revealed that majority of workers were aware of tools (weight machine and growth chart) used to monitor the growth of children in the centers. The study found that workers had the knowledge of growth chart interpretation.

Referral services: Under the service, sick and malnourished children are referred to Primary Health Centre who are in need of medical attention (MWCD, 2018).

It was observed that all the Anganwadi workers had the knowledge of referral services provided in the Centre. They were aware of the responsibility of sending sick and malnourished children to the dispensary i.e.; the Primary Health Centre and to the nearby hospital. It was reported that sometimes the dispensary lacks medicines for the children.

The findings revealed that all the workers were aware of referral services provided in the AWCs. It was also found that the resources for the beneficiary provided to children and mothers were limited in the Centre.

Methodology used to impart Preschool education: The Non-Formal pre-education is considered as the backbone of ICDS scheme. The idea is to prepare children for formal schooling through play way method (Ranjan, 2014). According to ICDS guidelines (July 2000) the state provides PSE kits for the children every year. The Ministry provides funds for these kits i.e. Rupees 1000 for each.

Out of five workers interviewed, the methodology used to impart preschool education to children was teaching orally using TLM's and believed in learning while playing. Some of the activities they described was naming of animals, identification of the object, drawing pictures, recognition of fruits, animals, body parts etc. stepping on rope, PT, recitation of poems with actions and storytelling, painting. According the workers, teaching is done as learning while playing and use the materials that are provided to them. The findings of the study revealed that workers were aware of methodology used to impart preschool education in the centers in a play way manner. however, the activities conducted in the Centre did not focus on all the developmental domains.

Planning of developmental Activities: The workers revealed that planning of the activities done in the centre by keeping in mind all the developmental domains i.e.; Physical development, Cognitive development, Language development, socio-emotional development and creative development. But the findings from the transcribed data showed that activities done by the workers in the AWCs was majorly focusing on of the physical development and the rote learning. some of the activities that were included was rolling, jumping, clapping and repeating of the alphabets, numbers after the teacher, naming of the body parts which had already been taught by the worker. There were no other activities with respect to other developmental domains was described by the worker except the use the waste materials for making box. The findings revealed that the emphasis on the activities on developmental domains conducted in all the centres was given less. The major focus was on the physical development of the children and the activities conducted in the centres was based on rote learning

Support to the AWW from the community: The ICDS programme is basically a community based and the success of the program depends on active participation of the community (Ranjan, 2014). The role of the community is to mobilize and educate community for the active participation in the ICDS programme for the cause of survival and development of child (Ranjan, 2014).

Interviewing the AWWs has shown that the community participation or help from them were always available as whenever required (specially, from the parents whose children were studying in the Centre). The community played an active role in supporting and helping the AWWs in every possible way. One of the workers shared that during community visits, parents sometimes share their personal problems with them. The findings revealed that workers received full support from the in every possible way whenever it is required.

Training to the AWW: Training is one of the most crucial parts of the Integrated Child Development Scheme for the success of the programme. It was recognized that continuous training for Anganwadi workers builds the capacity of the ICDS functionaries for improving the quality-of-service delivery. The achievement of the goals of ICDS programme depends on frontline workers. (icds-wcd.nic.in).

Out of total five Anganwadi workers, the number of trained Anganwadi workers was two and the rest of the three had never gone under training since their joining in the centre. All the three workers had an experience of more than 5 years whereas both the trained workers had an experience of more than 10 years. Two of the trained workers had received a month training after joining the Centre but have not received any kind of training from past years. The workers informed that supervisor helped in maintaining records, home visits, etc. and keep updated about new schemes and teaching aids.

Role of Supervisor: The role played by Supervisor is very important for the effective working of AWW in the centers. supervisor act as a mediator between CDPO and AWWs. She provides continuous guidance to AWWs is to bridge the gap between training and job requirements. In short, she plays an important role in guiding the AWWs in the functioning of centers and any other task instructed by the CDPO (All Tripura ICDS Supervisor Association, 2011).

The visit of the supervisor on the daily basis as stated by the workers showed that the help from the supervisor was available to the Anganwadi in the Centre every time. Anganwadi workers were supported by the supervisor in the form of guidance for the growth monitoring, activities to be conducted in the Centre, home visit, updating data, preparing list, preschool, teaching of new aid etc. Supervisor also checked the registers and records maintained by the AWWs. According to the worker, at the starting of joining the center she had no clue about the job. She was unaware about the services provided in the center, home visits in the community, maintaining of registers and records but the support from the supervisor in every possible way to meet the job requirement. The findings revealed that supervisor played an important role in supporting AWWs. The training was provided by supervisor in the centers about the services, new schemes and teaching aids.

Challenges

Infrastructure of the centres: According to the Ministry of Women and Child Development, the proposed Infrastructure norms for Anganwadi centres are as follows: The Centre should have separate kitchen, store for storing food items, child friendly toilets, space for playing and drinking facilities. The Ministry of Women and Child Family Welfare is in a process to provide uniform norms for the construction of AWC across the country (MWCD, 2011).

It has been observed that Anganwadi centres were in rented building. AWCs has a small room. There was no separate place for playing children outside and even inside. However, all the Anganwadi Centres had an almirah available in the room, chairs, mats, weighing machine, ECCE books, toys, facility of toilet except one Centre, and one separate kitchen for all which was situated in a nearby area. Out of five AWCs, three centres were lacking the ventilation. In only two centres, the natural light was coming inside the Centre. The use of artificial dim light was seen in all the Centre. The findings revealed that all the centres lack infrastructure in some or other way.

Salary: The salary of the AWWs had been the major issue from last many years. It has been seen that the changes in the increase in the salary of the AWW has a major shift from time it started till now but the issues regarding it, is still observed in the study. Out of five AWW, the problem regarding salary still persists, despite of the increment in their salary. The issue was the non-payment of salary on time. Delayed in the salary has been a regular issue for them. The findings revealed that even in the increment of salary for the workers, the issue regarding the salary was still not solved.

AWC on rent: According to Approval of Strengthening and restructuring of ICDS, under the head of 'Programmatic Reforms' it says construction of Anganwadi Centre and the revision of rent including up-gradation, maintenance, improvement and repair of the building (icds- wcd.nic.in).

The second major issue found was the problem of AWCs on rent. All the AWCs were on rented building. It was observed that no action has been taken in this regard till now. All the worker interviewed informed that the budget allocation for rent is 1500 and it becomes difficult to get the room on low cost as people prefer to give the room to those who paid high amount for the room. And because of this, the workers had to suffered a lot. The findings revealed that AWCs on rented building was another major issue faced by the workers. It was found that workers had to continuously struggle for the centers to be established on such a low budget.

Workload: The workers raised the problem of workload in the Centers. It is a fact that AWWs owns various responsibilities in the Centre. Form immunization to preschool education, they are responsible for conducting each activity. Apart from this, the workers have various other responsibilities like maintaining records, community visits, providing polio drops to children. According to the workers, sometimes it becomes difficult to manage the work of maintaining records and providing polio drops to children simultaneously after the Centre gets over. It was found that workers are not even responsible for carrying out all the six services but also, they have to maintain registers and records for each month, home visits each day and the extra work whenever it is required.

Lack of resources: The present study the found the lack of resources in the Centre. Workers said CDPOs was unable to provide even basic resources like chart paper to decorate walls. The resources in the Centre were provided by the Anganwadi Workers from their Salaries like chart papers, chalk box from her salary. Even the fixing of light and fan was managed them. It was found that the materials like toys, board, slates, were provided to them 5 years back and nothing till now.

Discussion

The findings revealed that the workers had the best knowledge of immunization, referral services, growth monitoring, addressing nutrition and health and least about non-formal pre-school education and supplementary nutrition. The Supervisor and community played an active role in the functioning of the Centre. It was found that the AWWs lack training and the AWCs had limited infrastructure and resources. Among the different services provided in the Centre by the AWWs had least knowledge about calories and protein given to targeted group. AWWs are aware about the supplementary nutrition given to children daily in the form morning snacks and cooked food but are not aware of amount of nutrition to be given to children and mothers. The findings of the study showed that all the AWWs had the knowledge of tools used to assess the growth of the children in the

AWCs. In addition to this, the supervisors and community has played a significant role in supporting the Anganwadi workers which has contributed in the smooth functioning of the Centers. Apart from this the study have shown various challenges faced by Anganwadi workers in the Centers. The non formal education imparted in Anganwadi Centers was little in the form of play way manner and rote learning. The major focus was on the physical development of the children. The Centers were devoid of child-centered pedagogy and the Anganwadi workers were not aware of activities to address the developmental domains which is crucial to be taken care for the growth and development of children in early years. However, Anganwadi workers had the best knowledge of referral service to be given in Centers. The infrastructure of the centers turned out to be inaccessible. The issue of salaries paid to the workers was another major problem which is not provided on time. The lack of resources, even the basic amenities provided in the centers were inadequate. AWCs should be devoid of all these challenges for smooth functioning of the centers. The provisions should be provided in an adequate amount of time to the AWWs to encourage and motivate them to work efficiently in the centers.

Conclusion

The study concluded that, based on the services provided in the Anganwadi centers. The workers are aware of the most of the services provided to children and mothers. workers are doing their best to provide the services in the Centers. AWCs should be strengthened the infrastructure and the resources supplied. The AWWs should be given adequate training at frequent intervals of time to keep them updated about the latest information and to work efficiently in the centers. The salaries of the workers should be paid on time to motivate them. Training of the workers would help them in knowing the amount of supplementary nutrition to be given to improve the health and nutritional condition of mothers and children.

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