

**Problems And Prospects Of Anganwadi Teachers In Telangana State- A Study**

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**Abstract**

ICDS, being the world's largest programme for development of young children and which offers a package of health, nutrition and education services to the children below six years and pregnant and nursing mothers. Anganwadi centre provides basic health care. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counseling and supply, nutrition education and supplementation, as well as pre-school activities. The frontline workers of the Anganwadi centres of ICDS programme are called anganwadi workers (AWW). Because of their frequent and direct interaction with the beneficiaries' children, they play a crucial role in their incredible growth and development. In rural India, anganwadi workers have a disproportionately large impact on basic education, nutrition, and health. The fact that they are regarded worse than class fourth employers despite their dedication to the community and hard work is quite unfortunate and sad. There is an urgent need for the government to investigate the situation with compassion and care.

**Keywords: ICDS, Anganwadi Teacher, Anganwadi Helper**

**Introduction**

The Anganwadi Centres (AWCs) are a part of the Integrated Child Development Service (ICDS) Schemes. An Anganwadi Centre is the focal point for the delivery of ICDS services to children and mothers. An Anganwadi normally covers a population of 1000 in both rural and urban areas and 700 in tribal areas. Services at Anganwadi center (AWC) are delivered by an Anganwadi Worker (AWW) who is a part-time honorary worker. She is a woman of same locality, chosen by the people, having educational qualification of middle school or Matric or higher. She is assisted by a helper who is also a local woman and is paid honorarium. The main responsibilities of an anganwadi are to offer supplemental nutrition to young children under the age of six, to nursing and pregnant ladies from low-income families, to immunize all young children against tetanus and to provide health education to all

women between the ages of 15 and 45. Along with a basic health examination, pregnant ladies should receive antenatal care, postnatal care for nursing mothers, care for newly born children, and care for all children under the age of six. They should be able to refer severe cases of disease or malnutrition to district hospitals, community health services, or hospitals. Additionally, the same two employees must provide informal preschool services on their own.

### **Objectives Of The Study**

- To outline the problems faced by Anganwadi employees.
- To make appropriate recommendations to solve the problems

### **Anganwadi Teacher And Helper**

Under the ICDS scheme, one trained person is allotted to a population of 1000, to bridge the gap between the person and organized healthcare, and to focus on the health and educational needs of children aged 0-6 years. This person is the Anganwadi Teacher in other words the public health worker who works in an angan, and also visits other people's *angans*, helping with their healthcare issues and concerns, is the Anganwadi worker or Teacher.

Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are employed under the Integrated Child Development Service (ICDS) Scheme of the Central Government to provide health, nutrition and education services to children less than 6 years, to pregnant and nursing mothers, and additionally to adolescent girls. They play a critical role in addressing the issues of child nutrition, pre-school education and maternal health that are central to alleviating poverty and improving the quality of life.

### **Role And Responsibilities Of Anganwadi Teachers**

The role and responsibilities of Anganwadi teachers envisaged under the ICDS Scheme is as under:

1. To elicit community support and participation in running the programme.
2. To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel.

3. To carry out a quick survey of all the families, especially mothers and children in those families in their respective area of work once in a year.
4. To organise non-formal pre-school activities in the anganwadi of children in the age group 3-6 years of age and to help in designing and making of toys and play equipment of indigenous origin for use in anganwadi.
5. To organise supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.
6. To provide health and nutrition education and counselling on breastfeeding/ Infant & young feeding practices to mothers being close to the local community, can motivate married women to adopt family planning/birth control measures.

### **Problems Faced By The Anganwadi Teachers**

The anganwadi worker is the most important functionary of the ICDS scheme. There are several issues that prevent anganwadi workers from carrying out their roles properly. The following are the major issues that Anganwadi workers facing.

1. **Inadequate Remuneration:** The issue of minimal remuneration for Anganwadi workers. That Anganwadi staff are deemed "honorary workers" and are so paid just "honorarium" rather than minimum pay. The Anganwadi employees had a demanding workload, yet their salaries were meager; before 2014, the monthly honorarium of Anganwadi teachers was just Rs 5.500.
2. **Excessive Record Keeping:** Excessive record keeping. The anganwadi workers are total 12 registers that were maintained by the workers e.g. survey register, vaccination register, ANC registration, referral register, dairy cum visit book, and so on. Heavy labour for anganwadi personnel is recorded here.
3. **Work Overload:** The workload of Anganwadi workers was heavy if their house visits were also included, a lot of record maintenance, or they had to assist for other health programmes aside from their Anganwadi related work like in pulse polio programme, Vitamin A distribution programme in conducted by municipal corporation it all functions in involve Anganwadi workers

- 4. Inadequate Infrastructure:** Inadequate infrastructure is a key impediment to the proper operation of Anganwadis. Building amenities are inadequate in terms of space and construction type. One-sixth of the structures had simply thatched roofs, while the other one-eighth had asbestos or tin sheet roofs. More over a quarter of the structures had simply mud floors. The plinth area of approximately one-third of them was extremely inadequate, less than ten square metres greater than for anganwadis, with no drinking water, bathroom, or piped water facility. These are issues with infrastructure.
- 5. Lack Of Community Participation Or Assistance:** Community participation or assistance was always made available as and when requested; for example, individuals assisted in food distribution while workers were engaged with other duties. Beneficiary families are intended to be visited on a regular basis by Anganwadi volunteers. That was seen in around half of the instances. During the year, the number of homes visited by an anganwadi worker was low. These are the issues confronting anganwadi workers.

#### **Suggestions And Recommendations**

The department must give an orientation / refresher session for all anganwadi workers under one roof at least once a year in order to reduce differences of opinion among anganwadi workers over responsibilities/programs. During the recruitment of anganwadi workers, special care must be taken. Minimum educational requirements for anganwadi workers must be addressed in order to provide better services to beneficiaries, particularly children and expecting / pregnant women. The department may additionally boost anganwadi workers' honoraria at least once every five years in recognition of their contribution to the department.

- It is urgent to need the government to look into the problem sympathetically and also enhance the honorarium of Anganwadi Teachers s and helpers and also institute a pension scheme for them.
- For strengthening the coordination between parents and ICDS official's periodical meeting should be arranged.
- Anganwadi Teachers should undergo a rigorous training course before they are appointed as in charge of ICDS Centre.

- Increase the monthly honorarium of the Anganwadi Teachers.
- Involvement of community in the provision of infrastructure facilities, like equipment, furniture, play materials, seating arrangements, sanitation and toilet facilities, crayons and colouring books and drawing and painting materials etc. to the Anganwadi Teachers.

### **Conclusion**

Anganwadi personnel serve as a link between the community and the ICDS. They take an active part in delivering services to the people at doorsteps. However, the Department of Women and Child Welfare must review remuneration and, more significantly, provide proper information of anganwadi workers' responsibilities by bringing all anganwadi workers under one roof. So that anganwadi workers' knowledge would be strengthened, their uncertainties will be clarified, and they will be able to provide better services.

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