Research article Available online www.ijrpsonline.com ISSN: 2249–3522

International Journal of Research in Pharmacy and Science

Narrative Review of Anganwadi Workers in Rural Areas of Wardha District of Maharashtra

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ABSTRACT

The AWW should be self-sufficient to deliver the services in an effective manner for the benefit of the health of the children and the primary caregivers. And to spread awareness among the vulnerable population at the grass root level. But literature reviews show that there is an imbalance in the knowledge and skills of the AWW in different states. The aim of this narrative review is to briefly describe the working of the Anganwadi workers based on the interactions and observation done in the field practice area highlighting their challenges too.

The information gathered from numerous published articles is provided here to justify and support the paper's goal. On the whole of around 120 articles were shortlisted those were upon AWW/AWC. After setting up the domains on which this review article was to be made, a total of around 30 were shortlisted. Those information from the articles will be compared with the observations from our field practice area.

Anganwadi workers showed that AWWs devote a significant amount of effort to administrative duties like filling out paper registers although they are motivated to do most of their work, they further need interactive sessions with the supervisors. upon the logistics and infrastructure of the AWC shows that more than half of the AWCs does not have the needed facilities also noted that the logistics available are under used.

KEY WORDS: ICDS, Anganwadi, child nutrition, frontline workers

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INTRODUCTION

AWW are the village nutrition workers and in present ICDS, there are about 1.34 million Anganwadi worker. The word Anganwadi is derived from the Hindi word "Angan" meaning courtyard of the house.[1] AWW are the important persons in public health of India as they play a major role in delivering most of preventive aspects of child nutrition, services for pregnant women and also in vaccination by taking part in the village health nutrition day (VHND). They serve as a referral assist in case, they find any type of abnormalities or disease conditions in children.

AWW perform varies duties like nutrition, family planning, immunization to the children, taking preschool education for the children and also maintaining the records of the children anthropometry. AWW covers a total population of about 800-1000 population.

The AWW should be self-sufficient to deliver these services in an effective manner for the benefit of the health of the children and the primary caregivers. And to spread awareness among the vulnerable population at the grass root level. But literature reviews show that there is an imbalance in the knowledge and skills of the AWW in different states. Another literature concludes that the AWW were good in the theoretical knowledge but poor in the practical skills. [2]

There are many studies done on factors influencing the outcomes from the AWC. The most highlighted among them was the distance from the village center.it was stated that the distance would be an influential factor and also stated that the AWW are doing their work good but not with enough motivation. [3] There are significant problem with ICDS because of poor opening hours, inadequate coverage, neglecting of primary components like nutrition for children under three years of age. [4]

This article is regarding my experience in my field practice area and also having a look of other similar literatures about the AWW.

AIM AND OBJECTIVE

The aim of this narrative review is to briefly describe the working of the Anganwadi workers based on the interactions and observation done in the field practice area highlighting their challenges too.

METHODOLOGY

To obtain publications related to the goal of this narrative review, a thorough search of all databases was conducted. The publications on Anganwadi workers were identified using keywords in combination and independently. The information gathered from numerous published articles is provided here to justify and support the paper's goal. On the whole of around 120 articles were shortlisted those were upon AWW/AWC. Those articles which had integrated interventions were excluded. After setting up the domains on which this review article was to be made, a total of around 30 were shortlisted those information from the articles will be compared with the observations from our field practice area.

OBSERVATIONS AND DISCUSSION

Work pattern

Most of the AWWs in our field practice area were around 40 years of age. They were committed to their work and generally were hard working too owing to their extra works because of the ongoing COVID-19 pandemic. Most of their working time were spent on record maintenance. They do their monthly mothers meeting and regular home visits. They take care to record the weight of the children and also maintain the growth chart for each child. They tend to give more importance to the SAM and MAM children.

Studies was about analysis of time use by Anganwadi workers showed that AWWs devote a significant amount of effort to administrative duties like filling out paper registers. They also looked at the links between key AWW traits and their chance of spending the required amount of time on preschool activities, completing registration forms, feeding children, and making house visits. They found a link between AWW education and their chance of completing out their registration forms. [3-8]

Challenges

Upon further discussions with AWWs, it could be easily understood about their struggles and challenges. They are AWWs with about 25 years of experience but still not comfortable with the work system. They wish to provide the services to the fullest but facing lack of resources and lack of time. They feel that they are overburdened with other intersectoral works because of which they supposed to spend less time on ICDS related works.

Studies states that the biggest roadblocks to her success are elements beyond AWW control, such as a lack of program resources and difficult relationships shaped by caste dynamics, seasonal

migration, and corruption. Efforts to improve program success must take into account these complexes, interconnected numerous variables of performance. [9 -14,6]

Motivation

Every one of them were enthusiastic about their work and also to learn new things irrespective of their years of experience. Their love to their service is highly evident. They are ready to actively participate in any training programs or in any module related short training sessions.

A mixed method studies to measure and analyze motivation among AWW which states that Motivation was shown to be substantially related to respondents' age and training in the previous 12 months. Individual de-motivators included job burnout, poor personal health, job insecurity, and fewer professional advancement chances, while environmental factors included not being able to perform family obligations and poor supportive supervision. Individual level motivators included love of work and financial rewards, whereas environmental level motivators included community support and recognition, corporate commitment and pride, and frequent training. [15-17,7,12]

Knowledge and practices

By having discussion upon various objectives of the ICDS and their involvement in each one of it, thrown a glimpse of their knowledge, skills and practices. All the AWW would have undergone the regular training session before joining on AWC, but that does not reflect in their knowledge and practices. The regular short module trainings and the regular advices along with good supportive supervision of their supervisors and CDPO play an important role.

Most of the AWC were a single room set up with one helper. It was good to see in many AWCs of Wardha district have been set up with a sanitary pads' disposal set up.

Assessment of the knowledge and practices of Anganwadi workers describes all of the AWWs and 97 percent of the Anganwadi helpers (AWHs) had been trained and had been providing sufficient services, but when asked about their knowledge, they did not reflect this. The majority of AWWs (98 percent) offered various services to adolescent girls, such as IFA and deworming tablets, non-formal health education, and supplementary nutrition. The majority of AWCs (85 percent) had a single room for sitting, cooking, and storing food items, LPG for cooking food (98 percent), and Pucca house (85 percent). All AWCs had doors, drinking water, and toilet facilities, and 93% of

them had adequate placards and charts. Some AWWs (27%) expressed dissatisfaction with their pay. [17-22,8]

Logistics in AWC

Visiting many AWC over a period of three months, we could shortlist about the things available there. A table chair for the AWW along with the stadiometer and weighing scale was easily visible. There were packets of the nutritional supplements that are distributed to the children. There are special allocated days, on which the parents would be called to the AWC for the distribution of the same. During lockdown times of the pandemic, the AWW would give the packets in the respective houses' door to door. Apart from that when instigated about the logistics, they explained about the availability of the generic drugs.

An evaluation of the logistics and skills of rural Anganwadi workers in Ahmedabad District was conducted. The majority of the AWWs were in their forties. Out of 38 AWWs, 24 percent received IMNCI instruction for one to two years, and 25 (66 percent) received training for two to five years from the date of interview. Although all AWWs had weighing scales, they lacked supplies such as chloroquine (86 percent), ORS (10 percent), Cotrimoxazole (52 percent), and IFA (10 percent). Only 8 (21 percent) of the 35 (92 percent) AWWs who had kept the register had completed it. Lack of motivation and oversight, as well as overburdening from other programmers and insufficient drug supplies, were important issues in this program. Breast-feeding issues were mentioned by 53% of AWWs. Only 21% of AWWs had examined their immunization records.

Similar studies upon the logistics and infrastructure of the AWC shows that more than half of the AWCs does not have the needed facilities.it can be clearly noted the different local government policies and the state health policies have a direct or indirect role on the infrastructure of the AWC [23-27,9]

Functionality

In most of the Anganwadi, on an average of 30 to 40 children were enrolled. Upon discussion about the attendees, it is said that around 15 children used to come per day, few being regular.
This finding was explained that the pandemic had an influence over the attendees.

An assessment of facilities and services at Anganwadi centers in Delhi's Northeast District was conducted that shows that All of the AWCs had an average room size of 108.97 62.18 square feet. In 29 (70.7%) of the AWCs, a weighing machine was present. In 28 (68.3%) of AWCs, growth

charts for measuring children's growth were present. In 14 (34.1%) of the 41 AWCs, a drug kit was not present. The average number of children aged 0 to 3 years who were enrolled in each AWC was 45. The average number of children present at the AWCs at the time of the visit was 6. The knowledge of Anganwadi staff about the updated calorie and protein norms for beneficiaries was found to be lacking. [10]. Similar studies across India shows that though AWCs had logistics, they are under used. The home visits are done with not proper checklists and with less quality. Same is the case for most of the functionalities of the AWW [28-30]

We can see from the table that all the six domains of discussion could be managed by two of the interventions. There should be proper capacity building training programs or short sessions on a regular basis for the AWW. The concept of supportive supervision should be seriously taken for effective ICDS plans, for which training programs for the supervisors and the CDPOs is must.

Work pattern *Capacity building by training sessions*	**Challenges** *Interactive sessions with the supervisors*	**Motivation** *Interactive sessions with the supervisors*
Knowledge and practices *Capacity building by training sessions*	**Logistics in AWC** *Interactive sessions with the supervisors*	**Functionality** *Capacity building by training sessions* *Interactive sessions with the supervisors*

CONCLUSION

The ICDS is the world's largest early childhood development program. But there is a need of proper supportive supervision and resource mapping for the effective functioning of the AWC.
There is a need for regular training sessions for improvement in the standard of knowledge skills and practices of the AWW. The incentives given to the AWW could be increased so that the AWW stay more motivated.

The trainings should be done to the supervisors and also to the CDPOs for proper supportive supervision for the AWW. This also will have direct influence over the availability and maintenance of the logistics and infrastructure of the AWC. There should be more interactive sessions between the supervisors and the AWW.

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