

A CASE STUDY ON THE PRACTICES OF AN ANGANWADI CENTRE IN NUAHAT

Dr Kishora Kumar Bedanta

HOD, Derabis College, Derabish, Kendrapara

ABSTRACT

Education is general and elementary educations are needed for socially and poor classes of the society to improve their vocational competence and quality of life. But the straight jacketed formal system of education fails to achieve this objective. Hence flexible and non-formal education can very well serve these neglected sectors of the society. Any form of education contributes to national development in one form or the other. But non-formal education programmes are visualized, planned, implemented for majority of our people who are deprived, downtrodden and debarred for many decades and are now aspiring to come to the mainstream. For them education is not for states up gradation or academic satisfaction but for improving their employability or productivity. Thus, education promotes the social and individual development.

Keyword: ICDS, AWCs, Non-Formal Education

1. INTRODUCTION

The word ‘Anganwadi’ means ‘courtyard shelter’ in Hindi. The Anganwadi Programme, started by the Government of India in 1975 as part of the Integrated Child Development Scheme (ICDS), is a grassroots programme that reaches out to women in rural areas and urban slums, to educate them on matters of basic health and hygiene, nutrition, pre-natal and post-natal maternal and childcare and child rearing. With over 54,000 operational Anganwadi centres (AWCs), our state has a strong base for community-based outreach programmes that cater to holistic child development and mother care. The centrally sponsored Integrated Child Development Scheme (ICDS) centres work towards providing healthcare, supportive nutrition, immunisation and overall cognitive development, besides focussing on adolescents, especially girls.

2. MEANING AND ORIGIN

Anganwadis is defined as a government sponsored child-care and mother-care center in India. It caters to children in the 0-6 age group. During this research study, we met many anganwadi workers who were proud of their roles and aware of the importance of their work vis-à-vis children and mothers. It is also interesting to know how anganwadi workers define Anganwadi based on their experiences. A dedicated anganwadi worker Angurubala Behera from Nuahat, Derabish,

Kendrapara defines Anganwadi as “a public relation centre” where parents come, meet, interact and seek information regarding mother and child’s health, development and more importantly view it as an important preparatory ground to send their kids to in order to seek admission for their kids in regular school after their preschool years. It also serves as an important support for low class working mothers who are out in fields or at construction sites or some other projects which fetch them livelihood and attending to small kids is well taken care by Anganwadis. “When children come to Anganwadis, they bring life to Anganwadis. Anganwadis smile. Anganwadis flower”.

3. INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

The Integrated Child Development Services (ICDS) Scheme today is the World’s

largest Programme aimed at enhancing the health, nutrition and learning opportunities of infants, young children (0-6 years) and their mothers. It is the foremost symbol of India’s commitment to its children – India’s response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of mal-nutrition, mortality, and morbidity, on the other. The Scheme provides an integrated approach for converging basic services through community-based honorary workers, viz. Anganwadi Workers

and Helpers. The services are provided at a centre called the 'Anganwadi' which literally means a courtyard play centre, a childcare centre located within the village itself. The packages of services provided are supplementary nutrition, immunisation, health check-up, referral services, pre-school non-formal education, and nutrition & health education .

The Government's emphasis has been on integrated and holistic development of

children, as far as the two basic elements of human resource development, i.e. health and education, are concerned. As development has several inter-related dimensions – physical, cognitive, social, emotional and psychological, therefore, a synergistic approach to the implementation of the Scheme becomes inevitable. Needless to say, learning occurs in all these areas and influences others, all of which develop simultaneously. The Scheme, therefore, envisages inter-sectoral convergence of various services, viz. nutrition, health and education through the Anganwadi Centres. The services are delivered through different Departments converging at the Anganwadi Centre. The Departments include Health, Rural Development, Drinking Water Supply, Panchayati Raj Institutions etc. These works are in synchronization with each other.

4. OBJECTIVES OF ANGANWADI CENTRES

1. To study the impact of preschool education in ICDS.
2. To analyze the impact of media literacy tools (when used in preschool education) on children and young people.
3. To understand the awareness 'Levels' of Media Literacy among Anganwadi workers.
4. To understand how Media Literacy is actually, used in everyday life (performance).
5. To collect data on access to type of traditional and modern media literacy tools available to Anganwadi workers.
6. To analyze the perceptions and attitudes of Anganwadi workers towards Media Literacy.
7. To look for more ideas, more best practice examples, further ideas of what can be done in the children learning environment in

Anganwadis by using examples of media literacy tools created by them using local dialect and materials.

5. VISIT TO THE ANGANWADI

Name: NUAHATA

Address: NUAHATA, DERABISH, KENDRAPARA PIN-754289

Date of Commencement : **25/07/2001**

Anganwadi Worker Name: **ANGURUBALA BEHERA**

Anganwadi Helper Name : **SULOCHANA BEHERA**

Children Names and their Date of Birth

Sl. No	Name of the Student	Date of Birth
01	Himanshu Sekhar Rout	02/10/2021
02	Bishnu Priya Swain	19/11/2021
03	Gausia Perwin	23/12/2021
04	Dinesh Behera	05/02/2022
05	S,K.Meheraj	28/04/2022
06	Harapriya Barik	21/09/2022
07	Mahendra Swain	24/09/2022
08	Pallabi Rout	04/06/2022
09	Kshitish Kumar Kar	16/06/2022
10	S.K. Sarfaja	12/07/2022
11	Jaya Prakash Behera	09/08/2022
12	Sambit Jena	05/09/2022
13	Hansika Kar	04/02/2023
14	Bhagyashree swain	16/02/2023
15	Padmini Kar	06/04/2023
16	Sumaya Begum	30/04/2023

Daily Routine:

Anganwadi worker will first collect small children from various streets around

Nuahata to the Anganwadi

A	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମର ତାଲିକା	
କାର୍ଯ୍ୟକ୍ରମ ୧	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମ	
କାର୍ଯ୍ୟକ୍ରମ ୨	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମ	
କାର୍ଯ୍ୟକ୍ରମ ୩	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମ	
କାର୍ଯ୍ୟକ୍ରମ ୪	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମ	
କାର୍ଯ୍ୟକ୍ରମ ୫	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମ	
କାର୍ଯ୍ୟକ୍ରମ ୬	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମ	
କାର୍ଯ୍ୟକ୍ରମ ୭	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମ	
କାର୍ଯ୍ୟକ୍ରମ ୮	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମ	
କାର୍ଯ୍ୟକ୍ରମ ୯	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମ	
କାର୍ଯ୍ୟକ୍ରମ ୧୦	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମ	
	ପ୍ରାକ୍ ବିଦ୍ୟାଳୟ ଶିକ୍ଷା ନିମନ୍ତେ ଆୟୋଜନ କରାଯାଇଥିବା କାର୍ଯ୍ୟକ୍ରମର ସମୁଦାୟ ସଂଖ୍ୟା	

On an average each child will get 65 gm of pudding the breakfast 160-180 gms of

food for lunch and 65 gms of cereal ball for evening pack. 80 gms of rice with 10gms of dhal, oil 2 gm + moongdhal 20 gms, egg 40 gms is cooked in pressure cooker with 1:2 ratio of rice with water for a child to be healthy adding up of vegetable, keerai (Spinach) with red chilly with seasoning.

This Anganwadi has a total of 16 children to take care of Curriculum of the

school. As such it is not a school, only pre- school children of age 0-6 years are

participating, they are taught by play-way method only. The children in this Balwadi already learned seasonal variations like summer, winter, spring and racing with help of picture.

The research identified and explored the traditional media and print media like

Pictorial Materials are used for preschool education in Anganwadi Centres. It also assessed the suitability of the materials for Pre-School Education. Pictorial material was available for learning through play and meaningful activities in a developmental sequence. The forms in which it is available are :

Charts, Flash card, Counting Frames, Picture Books

6. PRESCHOOL EDUCATION THROUGH PUPPETS & STORY TELLING

Story telling is an integral part of Pre School teaching method. The Anganwadi

centres across India are making handmade toys using low cost material for storytelling. The Anganwadi trainers feel it is important to create these toys as children are able to co-relate with the toys created using low cost material. The most interesting thing that is happening in this process is the distinct presence of local and regional culture in these toys. The characters bear significant regional

reflection in the attire, design and decoration. This helps kids to identify with these characters easily and quickly. Anganwadi workers also feel confident in handling such characters/puppets in their own language. It helps to impart important messages about personal hygiene and grooming like comb your hair, dress properly... look nice... The Anganwadi trainers in Tamil Nadu are also making animal shapes using fruits and vegetables. Bitter gourd to make shape of Crocodile and telling stories around them is most common practice.

Main Responsibility of the Anganwadi

1. Community survey and enlisting beneficiaries
2. The community to be cornered should be number of children below six years of age pregnant and nursing methods data about the number of families. Family members and in come vital statistics of new birth and deaths (especially child and mother death) Handicapped, exploited and destitute children should also be listed.
3. Supplementary feeding of 0-6 years of children Pregnant and nursing mothers (Everyday Monday children will be given pudding flour from 7 month to 1 year. Wednesday pregnant ladies and nursing mother will be given) Health and nutrition education to women, children and community, population education to women and parent.
4. Non formal pre- school education of children between 3 -6 years of age.
5. Primary health care and first aid to children in the early stage and help in the prevention of disabilities.

6. Conducting 4 meetings per month with parents of children coming to anganwadi for their participation in various programmes.

7. Referral services for severally under nourished and mal-nourished, rich and at

sink children and cases of communicable diseases and children with impairments.

8. Maintaining records/registers such as:

* Population census record of that data
Change in growth from 0-7years

* Weight taking records (helpful to identify malnutrition)

* Communication record

* Link group record

* House visit record

* Medicine stock record

* Medicine given to children record

* Malnutrition children record

* Permanent things related to centre record

* Pregnant ladies record

* Nutritional information for children record

* Medical hospital referral note record

* Attendance record

* Stock record

* Dairy record

* Lesson plan record

* Growth chart record

Additional Responsibilities

1. Assisting in Annual Village Level Educational Survey.

2. Arrangements and support for Demonstration on NHEO and provide

information on growth of each child from the growth chart, maintained.

3. Will create awareness for early detection of Disability.

4. Involve various Adolescent girls about menstrual cycle, napkin, disposal, marital life problems, diseases like HIV etc.,

Responsibility of Anganwadi Helper

1. Looking and service the food to mother and children

2. Clearing the anganwadi premises daily

3. Cleanliness of small children.

4. Collection of small children from villages to anganwadi.

Skills to be developed by the Anganwadi Helper

1. Training children to be hygienic in their personal and toilet habits.

2. Assist in weighing of children and immunization of pregnant women and

children.

3. Conservation of nutrients through corrects methods of sanitation, storage and

cooking.

4. Disposal of food waters , vegetable peels

Challenges and solutions

There have been public policy discussions over whether to make Anganwadis

universally available across the country to all eligible children and mothers. Anganwadi workers do not have permanent jobs with comprehensive retirement benefits like other government staffs. There are periodic reports of corruption and crimes against some women in anganwadi centers. No packaged food like biscuit should be given as that only will become the only food concerned by the children.

International Efforts

UNICEF and UN millennium development goals. Of reducing infant mortality. Improving

maternal care. Impetus for increasing focus on the anganwadis. Workers and helpers are

expected to be trained as per WHO Standard.

6. CONCLUSION

Anganwadis are India's primary tool against the a) Scourge of child malnourishment, b) Infant mortality and c) Curbing preventable diseases such as polio. Although Anganwadi workers are not professional like doctors, they reach well in the rural region, as they also live among them, with local language helps to figure out the problem being faced by the people and ensure that those problems are solved. The comparative analysis of Anganwadi Centers and private preschools highlights both distinctive features and shared challenges in early childhood education. Anganwadi Centers, primarily aimed at providing comprehensive developmental support to underserved communities, offer a holistic approach that integrates early education with health and nutrition services. However, limitations in resources, infrastructure, and variability in service quality can affect the overall educational experience. In contrast, private preschools deliver a structured, academically focused curriculum supported by modern facilities and specialized teacher training, resulting in generally higher educational outcomes. Nonetheless, their accessibility is restricted by high tuition fees, creating disparities in educational opportunities. Key findings from this study include the differences in educational approaches and resource availability between Anganwadi Centers and private preschools. While Anganwadi Centers play a crucial role in reaching marginalized communities, private preschools offer a more structured educational environment that prepares children for formal schooling. The challenges of accessibility, resource constraints, and variability in service quality are significant for both types of institutions, impacting their effectiveness and reach.

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