

## ANGANWADIES - SHETPALLY VILLAGE

NEETHU K THOMAS

B36

The anganwadies were started by the Indian government in 1975 as a part of the integrated child development scheme. There are 3 anganwadies located in the Shetpally village. One situated in the village centre, one in the SC colony and the last one in the tribal thanda. The Anganwadi situated in the village centre has a teacher, a Balawadi teacher and a helper. With regards to the one located in the SC Colony, there is a teacher and a helper; and the Tribal colony centre has a teacher, who also doubles up as the helper. The age groups of the children fall in the 2.5 -5 age group.



NO OF STUDENTS ENROLLED 2013:

Anganwadies	Girls	Boys	Total
VillageCenter	20	17	37
SC colony	9	4	13
Tribal Thanda	4	9	13
Total	33	30	63

If we examine the data, we can observe that there is equal representation for both the sexes. no of girls is higher than the number of boys, which is a good indication that people there prefer their girl children also to be educated.

#### CASTE WISE BREAK UP OF CHILDREN IN ANGANWADIES

Anganwadies	SC	ST	BC	OC
Village centre	18	0	17	2
SC colony	4	5	4	0
Tribal thanda	0	13	0	0
Total	22	18	21	2

#### YEARWISE ENROLLMENT OF STUDENTS FOR THE PAST 4 YEARS.

Year	Village centre	SC colony
2010	20	14
2011	24	13
2012	26	14
2013	37	13

Analyzing three years of data have yielded no great variations in the trends.

#### SCHEMES

Under the ICDS (Integrated child development scheme) two plans are being carried out on the anganwadies here

- IAH(Indhiramma Amrutha Hastham)
- Balamrutham

The State Government of Andhra Pradesh introduced Indiramma Amrutha Hastham (IAH) program which involves spot feeding of one full meal for Pregnant and Lactating women at the Anganwadi centre along with administration of Iron & Folic Acid (IFA) tablet. The program was

started on 01.01.2013 in ICDS Projects with most adverse health and nutrition indicators. This is being carried out successfully in 3 of the anganwadies here. Under this scheme each pregnant/lactating women gets 125 gm rice, 30gm dal, 16gmoil, one egg and 200 ml milk each day. Anganwadi helper involvement is appreciable as she makes sure that all deserving women are getting benefitted. And some of the Anganwadi workers whom I met (Mrs.Sarala- SC colony Centre) informed that the helpers go to each house to confirm if the beneficiaries are really availing the scheme. Some of the beneficiaries we met (Mrs. Uma G, Mrs.B.Anitha, Mrs, PillyMamtha – Village centre) very satisfied by this scheme and have been using the facilities regularly. They also mentioned that ASHA worker visits anganwadies every Wednesday to supply iron tablets.

Balamrutham is the weaning food introduced under ICDS to provide improved supplementary nutrition to children between 7 months to 3 years. The weaning food is a preparation of wheat, chana dal, milk powder, oil and sugar. This scheme is also being carried out successfully in three of these Anganwadies. Children who attend Anganwadies are provided an egg everyday at 9 AM, meals by 1PM and snacks by 3 PM.

Following table shows the number of beneficiaries of IAH and Balamrutham in 3 of the Anganwadies in the Shetpally village. This data is as of October 2014.

#### BENEFICIARIES OF IAH AND BALAMRUTHAM

Anganwadi	Pregnant women	Lactating women	No of children benefited
Village centre	10	6	37
SC colony	7	3	18
Tribal Thanda	3	3	14

Chronic malnutrition, poverty and illiteracy have been the leading causes of underdevelopment and low Human Development Indices in South Asia. The appalling levels of poverty experienced in many Indian states. It is in this context that such schemes become all the more relevant. The problems in most rural areas in India is one of early marriages, early school dropout rates, absence of nutritional and balanced diets as well as attaining early motherhood, most often affecting the physical and mental health of both mother and child.

These schemes have contributed immensely in helping both mother and child in meeting the daily dietary requirements. Other nutritional deficiencies, which include iodine deficiency, iron deficiency anemia and stunted growth, have been brought down. Above all, these programmes have increased awareness among the rural folks to the dangers posed by malnutrition and the need to overcome them. These Government initiatives have addressed most of these concerns and will definitely help in eradicating malnutrition and deficiency diseases in the long run.

## OBSERVATIONS

A typical Anganwadi supposes to be apart of the Indian Public health care system. Two of three Anganwadies function out of rented premises. The rents amount to be Rs.200 per month. Though government reimburses the amount, the funds get delayed, many a time. Also the one located in the tribal area function out of one of the rooms in the primary school building. These Anganwadies lack toilet facilities for the children. Also the one located in the village centre has no separate kitchen and store room, as a result of which the grain stacks are stored in the room where the children sit. Moreover, the gas cylinders are stored in the same premises, posing a serious risk of fire hazard. Likewise, access to clean drinking water in the Anganwadi premises is very important. Currently children have to go out to get drinking water. Providing storage facilities in the premises is imperative.

## AREAS OF IMPROVEMENT

- Functioning from dedicated buildings instead of operating from rented space.
- Having a dedicated cooking area/kitchen for preparing food.

- Proper storage of food materials in store rooms free of pests and well protected from safe storage area of fuel (LPG cylinders).
- Neat and safe latrines for children for maintaining good health and to meet the sanitation needs effectively. This will discourage open defecation, bringing down the incidents of water borne diseases. This will help a lot in ensuring the eradication of these deadly diseases in the long run.

Implementing these recommendations would definitely help greatly in building a strong nation as envisaged by the founding fathers. The fact that we are a product of our environment makes this all the more important. Providing a sound environment will nurture our upcoming generations immensely in enabling them to contributing positively to their society, and in turn to the world. Healthy mothers contribute effectively and various social science researches have consistently demonstrated the crucial role that the mother plays in the well-being of her children and family. Numerous recent studies have also highlighted how mothers' parenting, relationship status and stability, and own well-being are correlated with the welfare of their families. This makes such governmental schemes all the more relevant. People, above all, are the most important asset to a nation.