

Role of Anganwadi Centres in Community Health Services: A Study of Andaman and Nicobar Islands

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Abstract

Anganwadi centres play a crucial role in community health services, particularly for children and pregnant/lactating women by providing essential health care, nutrition and early childhood education in rural and unserved areas. They offer a package of services including supplementary nutrition, immunization, health check-ups, referral services and non-formal pre-school education.

Key Words: Anganwadi, health care, community, nutrition, immunization.

1. Introduction

Anganwadi centres play a pivotal role in various child development activities, offering accessible and affordable health care services. These anganwadi workers possess valuable insight into local health issues and effectively communicate community programmes due to their strong community connections. Anganwadi, the word derived from an Indian language “angan” meaning courtyard-the central area in and around the house where all the activities are performed. It is an open space where people meet, converse, do activities as community. It is a central which is easily accessible to people (Kapur, 2018).

Early childhood is a critical phase in human development which demands adequate support, education and health care for children. During the first five years, children undergo rapid growth, forming essential growth for cognitive development. This period also shapes their physical well-being. However, children are vulnerable to negative impacts, especially those from underprivileged backgrounds. To address this, the Indian government launched the anganwadi program in 1975, aiming to provide child and maternal care and combat hunger and malnutrition (Sehgal Foundation, 2024).

2. Methodology

The present study is an attempt to understand the significant role played by anganwadi centres in community health services. The study is based on secondary data. The information has been collected from various sources, articles and internet. Collected information has been analysed by using various statistical techniques and has been represented by using various cartographic techniques.

3. Study Area

Located on the trade routes from India to East Asia, the Andaman and Nicobar Island groups have been known from earliest times. Lapped by incessant white foamed crested waves, the Andaman and Nicobar Islands archipelago lies in the centre of the Bay of Bengal. A great part of these islands are composed of rocks belonging to Eocene period. The Andaman and Nicobar archipelago lies in a crescent that stretches from Cape Wegrans of Myanmar to Bande Arc of Sumatra.

The Andaman and Nicobar Islands consisting of 306 islands and 206 rocky outcrops are latitudinally situated between 6°45'N to 13°41'N and longitudinally 92°12'E to 93°57'E. The total geographical area is 8249 km² with a coast line of 1962 km.

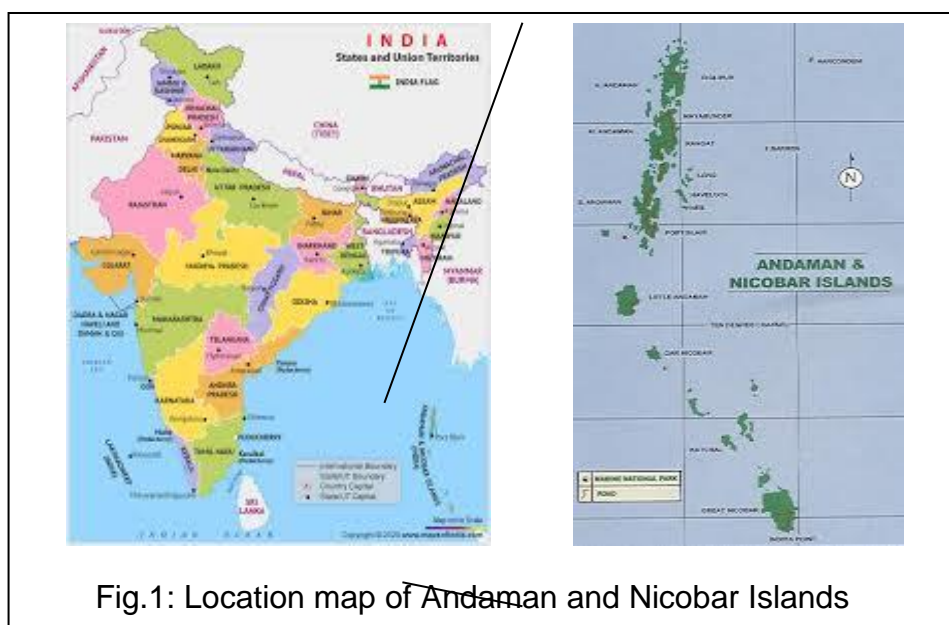


Fig.1: Location map of Andaman and Nicobar Islands

These islands are situated in the equatorial belt and are exposed to marine influences and had a tropical climate-warm, moist and equable. The temperature varies from 18°C to 35°C. The proximity of the sea and the abundant rainfall prevents extremes of heat and these islands experience both the north-east and south-west monsoon. The average annual rainfall ranges from 3000 to 3500mm and humidity varies from 66 to 90 percent.

Role of Anganwadi centres in community health

Anganwadi services play a pivotal role in ensuring the holistic development of children, women and marginalized communities across India. These centres established under the integrated child development services programme, aim to address critical issues such as malnutrition, early childhood education, health and maternal care. In the unique context of the Andaman and Nicobar Islands, where geographical isolation and diverse tribal population pose unique challenges, anganwadi centres serve as a lifeline for improving the quality of life and promoting inclusive development.

Various social welfare programmes are being implemented through anganwadi centres in these islands as follows:

i) Supplementary Nutrition: Supplementary nutrition programme is targeted to reduce malnutrition among women and children by supplementing proteins, minerals and vitamins in a supplementary diet.

Therefore, nutritious food is being served under supplementary nutrition programme (SNP) to the children below 6 years, pregnant and lactating mothers and adolescent girls for 300 days in a year. Children covered under the programme are clinically examined by measuring weight and severely under weight. The growth monitoring is being conducted every month in all the anganwadi centres of this union territory. All anganwadi centres have been provided with weighing scale infant meter and stadiometer for accurate measurement of anthropometric parameters. The height and weight of the children is measured once in a month by anganwadi workers. All measurements are taken in the presence of parents/care givers. The children found malnourished are again verified by supervisors and functionaries of POSHAN Abhiyaan. A comprehensive data of malnourished children are created and shared for follow up and regular growth monitoring. The anganwadi workers/helpers are regularly creating awareness on good practices like infants early breast feeding, complimentary feeding and preparation of nutritious recipes from locally available food items.



Fig.2: Growth Monitoring conducted in Anganwadi centres

ii) Immunization: The participation of anganwadi centres in expanding immunization coverage in rural areas is very significant. Poor immunization coverage in the rural areas has led to increase in the freight of vaccine preventable diseases in the children under the age of 5 years. The national schedule of immunization is followed in the union territory with the active assistance of anganwadi centres and department of health services. Various immunization i.e. BCG vaccine, DPT, Polio, Measles, DPT booster, oral polio booster and hepatitis-B etc. for children and TT first and second dose for mothers are being carried out in Andaman and Nicobar Islands in co-ordination with social welfare department.

iii) Health Check up and Referral Services: The health check up and referral services rendered by the anganwadi centres has significantly decreased the maternal mortality rate and preventing the neo-natal death (George et al 2021). A study carried out by Hari Krishna (2020) has shown that about 40 percent of people utilized the referral services and about 82 percent of people utilized health check up services rendered in the anganwadi centres.

The health check up programme includes ante-natal care of expectant mothers, post natal care of nursing women and children under 6 years of age while under referral services, ladies and children at risk are referred to the medical officer of the community health centres or to the other hospitals. While conducting house visit, if a beneficiary requires medical attention, anganwadi workers facilitates referral to nearest PHC/CHC/District hospital in association with health department in this union territory. The anganwadi workers also makes provision of mask, gloves sanitizer etc.

iv) Pre-School Education: Early childhood education for children aged 3-6 years, focusing on cognitive and social development to prepare them for formal schooling is also being rendered by these centres for which various infrastructural facilities are being developed in these anganwadi centres.

v) Other Activities: Apart from the above, the anganwadi centres also conduct various other activities as follows-

Community Based Events- Anganwadi centres conduct various community based events at field level to create awareness among parents/care givers. The community based events are being organised at least twice a month in all the anganwadi centres in these islands.

Suposhan Divas – A single window for overall health, nutrition and holistic development of women and children is celebrated in all anganwadi centres every month. Suposhan Divas programme has been planned as an effective step to provide special care for children, pregnant women and lactating mothers with activities such as growth monitoring of all children enrolled in the anganwadi centres and identification of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) children, awareness about health, hygiene and nutrition, the risk factors contributing to malnutrition, health check up for all, quiz competition, cooking competition using locally available vegetables and fruits, healthy baby show, grow your garden contest, counselling, monitoring etc.



Fig.3: Suposhan Divas Conducted at AWC

Poshan Maah: Growth monitoring of children for identification of severe acute Malnutrition is done. Programmes like rally, awareness programmes, talk show, special house visit, swatchta drive, yoga session etc are being organised in all the anganwadi centres in Andaman and Nicobar Islands.



Fig.3: Poshan Maah programme was conducted at AWC

Poshan Pakhwada: Poshan panchayat are organised across the union territory to encourage local participation in identification and management of issues pertaining to nutrition, health and hygiene.

Apart from these, various other programmes are also being conducted by anganwadi centres. These services collectively aim to enhance the well being of children and mothers in the community, addressing critical aspects of health, nutrition and early education.

Growth in Anganwadi Centres

Anganwadi services is one of the flagship programmes of the Government of India providing early childhood care and development of the beneficiaries i.e. children in the age group of 0-6 years, pregnant women and lactating mothers through a large network of anganwadi workers and helpers.

Andaman and Nicobar Islands has witnessed significant strides in the establishment and functioning of anganwadi centres under the integrated child development services.

These centres have been pivotal in addressing the needs of vulnerable population, particularly women and children, by providing health, nutrition and educational services. Over the years, the government has prioritized the establishment of anganwadi centres in these remote islands to ensure access to essential services for marginalized communities. These centres act as the first point to contact for basic health and nutrition support. Presently, in Andaman and Nicobar Islands, there are 699 anganwadi centres functioning through 5 ICDS projects out of 720 anganwadi centres sanctioned by Ministry of Women and child development.

Table-1: Anganwadi Centres in Andaman and Nicobar Islands

Particulars	Number of anganwadi centres			
	Sanctioned		Operational	
	AWC	Mini AWC	AWC	Mini AWC
1. Urban Project (Port Blair)	204		207	-
2. Ferrargunj	186	-	177	-
3. Diglipur	113	4	113	1
4. Rangat	107	24	107	16
5. Tribal Project (Car Nicobar)	76	3	76	2
Total	689	31	680	19

Source: Directorate of Economics and statistics, Port Blair

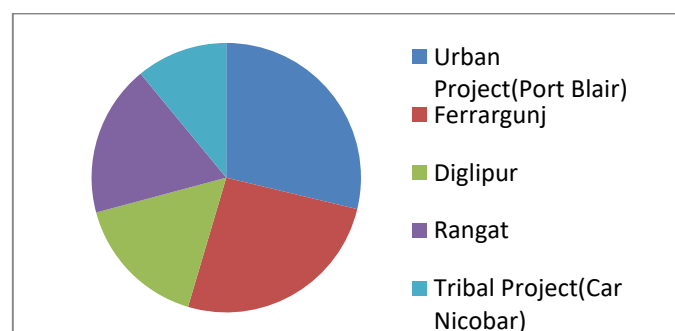


Fig.4: No. of Sanctioned Anganwadi Centres

Efforts have been made by the Administration to improve the physical infrastructure of anganwadi centres. This includes the provision of better facilities such as clean drinking

Table-2: Total numbers of Anganwadi workers and helpers

Particulars	No. of anganwadi workers		No. of anganwadi helpers	
	Sanctioned	In position	Sanctioned	In position
1. Urban Project(Port Blair)	207	207	207	207
2. Ferrarganj	185	177	186	177
3. Diglipur	117	114	113	113
4. Rangat	131	123	107	107
5. Tribal Project(Car Nicobar)	79	78	76	76
Total	719	699	689	680

Source: Directorate of Economics and Statistics, Port Blair

water, separate space for children and storage for supplementary nutrition. With sustained awareness campaign more population have began utilizing anganwadi services in these islands. Regular training programme is being organised for the anganwadi workers for delivering better services. They are now better equipped to handle the diverse needs of the community particularly in areas such as health monitoring, early childhood education and maternal care.

Table-3: Registered Beneficiaries

Particulars	Male	Female	Total
1. Children(6 month to 6 years)	5724	5639	11363
2. Lactating Mother & Pregnant Ladies	-	2307	2307
3. Pre-school Education	1825	1831	3656
4. Wheat based national programme	6065	8261	14326

4. Conclusion

The anganwadi centres play a vital role in the holistic development of children and the empowerment of women in the community. These centres serve as crucial touch point for implementing government schemes related to health, nutrition and early childhood education. However, certain challenges are being faced by these centres including insufficient infrastructure, lack of adequate resources and gap in awareness. Despite these challenges, the dedication of anganwadi workers and the support of local stakeholders have contributed significantly to improve maternal and child health, reducing malnutrition and enhancing pre- school education outcomes in the area. To maximize the impact of these services, it is essential to address infrastructural and operational bottlenecks through enhanced funding, regular training of staff and active community participation. Thus by strengthening anganwadi centres, they can pave the way for sustainable development and ensure a better future for its younger generation.

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