“EFFECT OF COVID-19 ON ANGANWADI WORKERS IN MULAVUKAD PANCHAYATH”

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CERTIFICATE

This is to certify that this dissertation entitled **"EFFECT OF COVID-19 ON ANGANWADI WORKERS IN MULAVUKAD PANCHAYATH"** is a record of the original research work conducted by EMELDA MARIA D ARUJA (Register No: AM20ECO005) under my guidance & supervision in partial fulfilment of the requirements for the award of the degree in Master of Arts in Economics to ST.TERESA'S COLLEGE (AUTONOMOUS), ERNAKULAM (Affiliated to Mahatma Gandhi University, Kottayam). The research work has not previously formed the basis for the award of any Degree, Diploma, Associate ship, Fellowship or any other similar title and it represents a contributory work on the part of the candidate.

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DECLARATION

I hereby declare that this dissertation titled **"EFFECT OF COVID-19 ON ANGANWADI WORKERS IN MULAVUKAD PANCHAYATH"** submitted by me for the M.A. Degree in Economics is my original work.

Signature of the supervisor **Signature of the candidate**

Dr. Mary Liya C. A **EMELDA MARIA D ARUJA**

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CHAPTER-1

INTRODUCTION

1.1. INTRODUCTION

Development of human resources was given high priority by Government of India after the independence and plans were initiated for overall development of Children's of the country. Article 15(3) of Indian constitution makes special provision for protection of women and Children's but India is suffering from a lack of skilled professionals. Therefore by utilizing the community health workers (CHWs), we overcome many health systems challenges, including the health workforce shortage, misdistribution, and programme reach, and accelerate progress towards Universal Health Care (UHC). CHWs have proven to be effective at delivering key maternal and child health and nutrition interventions in low and middle-income countries by acting as an intermediary between communities and public health systems. One of the largest CHW cadres in the world is Anganwadi workers (AWWs).

Anganwadi workers provide basic health care as a part of the Indian public healthcare system that is affordable and accessible by using local population. Moreover since most of workers are from the same village they are trusted easily which makes it easier for them to help the people.

The children in the age group 6 months to 6 years, Pregnant Women and Lactating Mothers are eligible for services from Anganwadi. The Anganwadi workers and Anganwadi helpers are the ones who provide necessary services to the beneficiary one. Therefore AWW play an important role in young children educations and all.

The Anganwadi centres (AWCs) are part of the Integrated Child Development Services (ICDS) Scheme which is the largest programme for promotion of maternal and child health and nutrition. Integrated Child Development Services ICDS was launched on 2 October 1975 focusing on children and nursing mothers. ICDS is a government program in India. It provides a range of services across Early Childhood Care and Education (ECCE) and maternal and child health. All the services of ICDS are provided through a network of 1.4 million Anganwadis run by approximately 1.3 million Anganwadi workers and 1.2 million Anganwadi helpers catering to approximately 80 million children less than six years of age[1].

Currently, a total of 13.77 lakh Anganwadi centres are operational in the country with strength of 12.8 lakh workers and 11.6 lakh helpers, as per the official data[2].

The Covid-19 pandemic is a public health emergency, but it is far more. It is an economic crisis, a social crisis and a human crisis that is fast becoming a human rights crisis. (Antonio Guterres, Secretary-General of the United Nations)[3]. A case of Covid-19 was identified in Kerala on January 30, 2020. On January 24, Kerala issued guidelines on managing the pandemic in alert mode. After the announcement of the national lockdown on March 24, 2020, the Central and State Governments sprang into action to prepare for the anticipated rise in COVID 19 cases. An effective step of preparation is organizing and utilizing Community Health Workers (CHWs) including ASHAs, Anganwadi workers, and Auxiliary Nurse Midwives (ANMs) to lead awareness and containment efforts at the community level. It is estimated that India has more than 8 lakh ASHAs, 12 lakh AWWs, and 2 lakh ANMs who work for the most marginalized, vulnerable, and far off populations, especially in rural areas. 10658 Anganwadi workers have been deployed as healthcare volunteers. Without the support of these workers, it would have been impossible to reach the entire population and combat the COVID 19 pandemic. COVID 19's impact was mitigated through a variety of policies and programs developed and implemented as the pandemic spread worldwide.

Anganwadi workers have played a major role in assisting people in various states in dealing with the pandemic at the grassroots level. Their contributions in providing basic healthcare, including immunization and nutrition, to the vast rural population and in the fight against this pandemic were hailed as "unparalleled" and "commendable". At the same time, the Anganwadi workers also faced so many challenges.

1.2. REVIEW OF LITERATURE

1. **Pratyush Poddar, Kunal Mukherjee (2020)**, researched the responses of the Anganwadi ecosystem at the time of pandemic in India, and it shows that Anganwadi workers conducted door-to-door visits without access to proper protective measures to distribute dry ration and spread awareness. They also point out that the pandemic affects the Anganwadi services, like suspending pre-schooling activities, discontinuing Hot-cooked meals and snacks. The Government supports Anganwadi workers and helpers by launching various schemes and, the pandemic changes the functioning of Anganwadi by adopting e-learning, Doorstep delivery of nutrition[4].

2. **Atanu Sengupta and Asish Kumar Pal (2021)** study focuses on one of the most crucial roles done by the Anganwadi workers, mainly meeting the increasing demand

for essential nutrition services at a lower cost despite the risk of the growing pandemic. They also mention that we must empower our frontline health workers, who serve as the backbone of the country's fight against COVID-19. Also, the Indian state must recognize and appreciate the contribution of these frontline workers because they have played a vital role in delivering needed services from macro to micro-level even during the nationwide lockdown and pandemic. It is evident from this study that Anganwadi workers force to survive on meagre pay without any social and occupational safety nets[5].

3. **The Union Minister for Women and Child Development Smt. Smriti Zubin (2020)** said that the Ministry had issued necessary directions to the States/UTs to ensure distribution of food items and nutrition support by Anganwadi workers, once every 15 days, at the doorstep of beneficiaries. In addition, Anganwadi Workers and Helpers have been assisting the local administration in community surveillance, creating awareness or other works assigned to them from time to time[6].

4. According to the case study of **Tabrez Alam and Md Afroz (2020)**, the Union government provided smart phones for Anganwadi workers to keep a check on their services and to identify daily reports of foods provided to children and also the ministry provided 62,000 android phones to the Anganwadi centers of the six states[7].

5. **Viji (2020)** showed an average Anganwadi worker's duties at the time of the pandemic, such as generating awareness about COVID-19 in the villages by organizing meetings, asking households to take an oath to follow precautionary measures, teaching villagers to use masks and maintaining social distances at all times, and making masks and distributing them to the households[8].

6. According to **Aditi Madan and Ashok K. Madan (2020)**, Anganwadi workers had responsible for observing their communities. In Karnataka, they sewed and distributed masks to the destitute, while in Jharkhand, they participated in ward-level monitoring of migrant movements. As a result, they urged the centre and state governments to recognize the importance of AWWs in fighting COVID-19, especially at the local level, and ensure their safety and working conditions. Additionally, workers should know about prevention measures to ensure the welfare of women and children at the time of the outbreak[9].

7. In the research conducted by **Bhatia S., Saha D and Pal S. (2021)** to understand the Perspectives of Frontline Health Workers (ASHAs, Anganwadi workers & ANMs) in the Bundelkhand Region. They noted that CHWs reported receiving some training for COVID-19, but the training was not sufficient for them to do their assigned duties effectively. Further, movement and mobility were the biggest obstacles the health workers faced in fulfilling their duties. The majority of CHWs spent 4-6 hours doing COVID 19 related activities, but 63% of CHWs across four districts reported that no additional payments were promised to them for COVID 19 work. And they found out that the safety and security of the CHWs remained neglected, as they faced extremely vulnerability while carrying their responsibilities like verbal or physical attacks[10].

8. **Aparna John, Nicholas Nisbett, Inka Barnett, Rasmi Avula, Purnima Menon (2020)** note that AWW performance is influenced by factors such as the availability of program resources such as food rations at Anganwadi centers, systemic corruption and the caste dynamics of a particular region. According to the authors, financial remuneration plays a major role in determining worker participation and performance across all three cadres AWWs, ASHA workers, and auxiliary nurse midwives. Therefore, improved remuneration, improved working conditions, and supportive management are key to achieving better outcomes[11].

9. The report by **Bhanupriya Rao and Sreya Dutta Chowdhury (2021)** found that during the pandemic, AWWs, ASHA workers, and auxiliary nurse midwives routinely worked over 12 hours a day, and they were on call for the rest of the time and felt undervalued because of the disproportionate load they carry in India's fight against Covid-19 without adequate pay or even state protection and compensation[12].

10. **The Hindu's special correspondent (2021)** reported that the government's insurance scheme cover of 50 lakh announced last year for health workers on the COVID-19 frontline would also cover Anganwadi workers and helpers who are involved in the awareness campaign, vaccination drive, home-to-home distribution of take-home food and other COVID-19 activities[13].

11. **Deepanjali Behera, Devarsetty Praveen and Manas Ranjan Behera (2020)** suggested that it is essential for India to equip with adequate precautionary measures for health worker protection because of the unprecedented scale of COVID-19 has

caused a substantial number of infections and deaths among healthcare workers. Furthermore, adequate rest, mental support, family protection, rewards, and appreciation will facilitate health workers well-being and contribute towards high-quality patient care. Timely planning and intervention can help India in protecting its health warriors for a longer and stronger fight with the upcoming health calamity[14].

12. **Phuong H Nguyen, Shivani Kachwaha, Anjali Pant, Lan M Tran, Monika Walia, Sebanti Ghosh, Praveen K Sharma, Jessica Escobar-Alegria, Edward a Frongillo, Purnima Menon and Rasmi Avula (2021)** conducted a study in Uttar Pradesh about the COVID-19 Disrupted Provision and Utilization of Health and Nutrition Services. By taking quantitative surveys from 3 types of frontline workers like Anganwadi workers (AWWs), Accredited Social Health Activists, and Auxiliary Nurse Midwives (ANMs).To improve service provision and utilization during and after COVID-19, they find that strengthening logistical support, capacity enhancement, performance management, and demand creation is crucial[15].

1.3. RELEVANCE OF THE STUDY

Anganwadi workers (AWWs) are community health workers within the Integrated Child Development Services (ICDS). Their purpose is to improve the nutritional status of children, lay the groundwork for the holistic development of children, and reduce the incidences of malnutrition, morbidity, and school failure among children. The covid-19 outbreak in Kerala on January 30, 2020, put pressure on public health, nutrition, and social welfare institutions, especially in developing countries. Anganwadi workers provided a wide range of services for the health of the community during the pandemic, even though they were closed for preventive measures. In this context, the present study focuses on various services provided by the Anganwadi workers in Mulavukad panchayath to fight against the pandemic, as well as various problems faced by them at that time.

1.4. OBJECTIVES OF THE STUDY

The study mainly focuses on:

1. To analysis the services done by the Anganwadi centres before and during pandemic.
2. To study the problems faced by the Anganwadi workers at the time of COVID.

1.5. METHODOLOGY

To study the effect of COVID-19 in Anganwadi workers both primary and secondary data have been used. Secondary data are collected from various journals, annual reports and Economic review. To gather primary data about the study, 46 Anganwadi workers from Mulavukad panchayat were surveyed using structured questionnaires. Simple statistical tools like ratios, averages, percentages, charts, graphs etc will be made use for data analysis.

1.5.1. Area of Study:-

The area selected for the present study is confined to Mulavukad Gramapanchayat that belongs to Edapally Block in Ernakulam district in Kerala.

1.5.2. Selection of Sample:-

The study is primarily based on the data collected from 46 populations.

1.5.3. Source of Data:-

Primary as well as secondary data were used in the study. Primary data is used extensively and secondary data is used to support primary data. Primary data were collected through the selected sample with the help of a structured questionnaire. Secondary data includes information collected from various books, magazines, journals and research works.

1.5.4. Statistical Tools:-

Statistical tools were used for arranging the collected data systematically. Simple diagrams and tables are used to explain data.

1.5.5. Type of Analysis:-

The present study is descriptive as well as analytical in nature. It is descriptive in the sense that it gives an overview of the services and the challenges faced by the Anganwadi centres.

1.5.6. Period of Analysis:-

All data were collected during the period from 2021-2022.

1.6. CONCEPTS AND DEFINITIONS

- **Anganwadi workers (AWWs):** Anganwadi workers refers to a trained woman selected as a voluntary worker from the local community to deliver integrated services, improve linkages with the health system, and attain the key objective of enhancing the capacity of

community and mothers for childcare, survival and development. They are the teachers for the preschool students.

- **Anganwadi Helpers (AWHs):** They are appointed under the Integrated Child Protection Scheme. They are the one who assist the AWWs their main duty is to cook food for children on preschool and support them.
- **Community health workers (CHWs):** They are typically citizens of the community they serve and support the health system as a volunteer or paid aide.

1.7. SCHEME OF THE STUDY

The study has been organized into four chapters. The structure of each chapter is as follows.

Chapter 1- It includes the Introduction, Review of literature, Relevance of study, Objectives, Methodology, Scheme of the study and Limitations of the study.

Chapter 2- It's an overview of Anganwadi centres performance.

Chapter 3- It includes the analysis and interpretation of the survey conducted on Anganwadi workers in Mulavukad panchayat

Chapter 4- It includes major findings, recommendations, and conclusions.

1.8. LIMITATIONS OF THE STUDY

- Some of the respondents were reluctant to give information as they feared it would hamper their job.

CHAPTER 2

PERFORMANCE OF ANGANWADI CENTRES - AN OVERVIEW

2.1. INTRODUCTION

In this section, we examine the Anganwadi centre based on secondary data. The Anganwadi centres are mainly supervised by an Anganwadi worker assisted by a helper. Both are typically taken from the same community where the Anganwadi resides. Anganwadi workers (AWW) are community-based volunteers who provide frontline community health services as part of the ICDS Programme. Generally, the outcomes of the ICDS scheme depend on the profile of the key functionary, namely the AWW, her training, experience, skills, attitude, etc. AWW and AWH have a variety of job responsibilities. As well as reaching a wide range of beneficiaries, AWW must also provide them with a variety of services.

2.2. INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME

ICDS is the largest and most diverse programme in India. This is a centrally sponsored scheme under the Ministry of Women and Child Development. On October 2 1975, on the 106th birthday of our father of the nation, Mahatma Gandhi the project has started. It is an unparalleled program designed for child care and development. The program covers the development of children under the age of six, pregnant and lactating mothers, and adolescent girls in the most disadvantaged rural, urban and tribal areas.

ICDS It is a child-centred approach. The project focuses on the inextricable link between children's intellectual, emotional, social, and nutritional development. It is a community-based project. Panchayat Raj members include women's groups, youth organizations, religious leaders and local leaders. The active participation of voluntary organizations and primary school teachers is essential for the effective implementation of this project.

Integrated Child Development Services

ICDS is a symbol of India's commitment to children; it aims to improve children's rights related to survival, participation, protection, and development.

The ICDS team includes Anganwadi Workers, Anganwadi Helpers, Supervisors, Child Development Project Officers (CDPOs) and District Programme Officers (DPOs). Moreover,

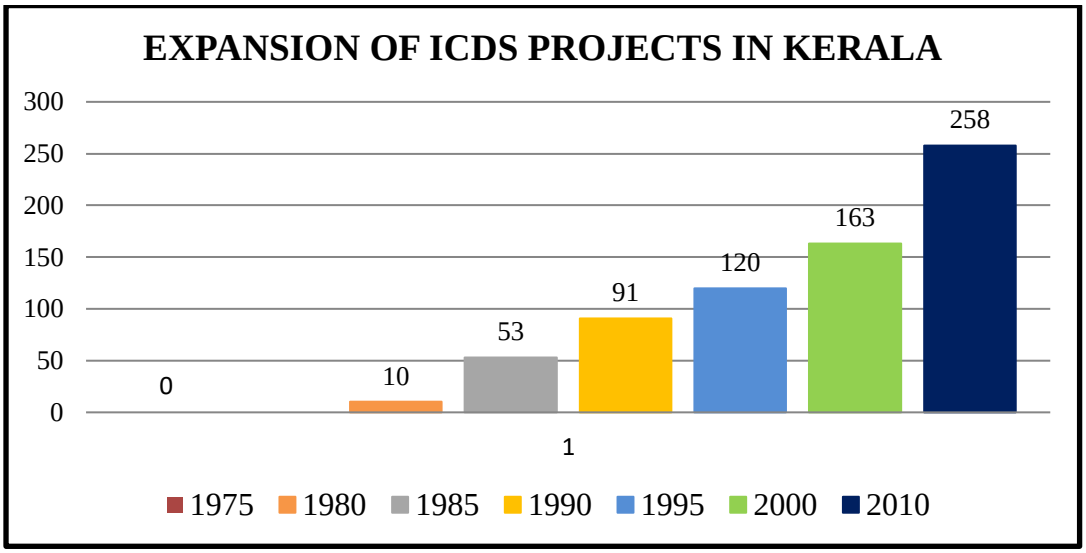
the medical officers, Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs) collaborate with ICDS functionaries to achieve convergence of different services.

In 2019-20, 33,115 Anganwadi centres were operational across the State, covering 12.91 lakh beneficiaries under Supplementary Nutrition Programme and 4.11 lakh children in the age group 3-6 years under pre-school education and 3.55 lakh were pregnant and lactating women.

2.2.1. ICDS IN KERALA

A pilot project of ICDS was launched in Vengara, in the Malappuram district, on October 2, 1975. ICDS has been in operation in the State for 47 years, and today it has a vast network of 33115 AWCs across 14 districts that provide services to children ages 0 – 6 years, adolescent girls aged 11 - 16, pregnant women and lactating mothers.

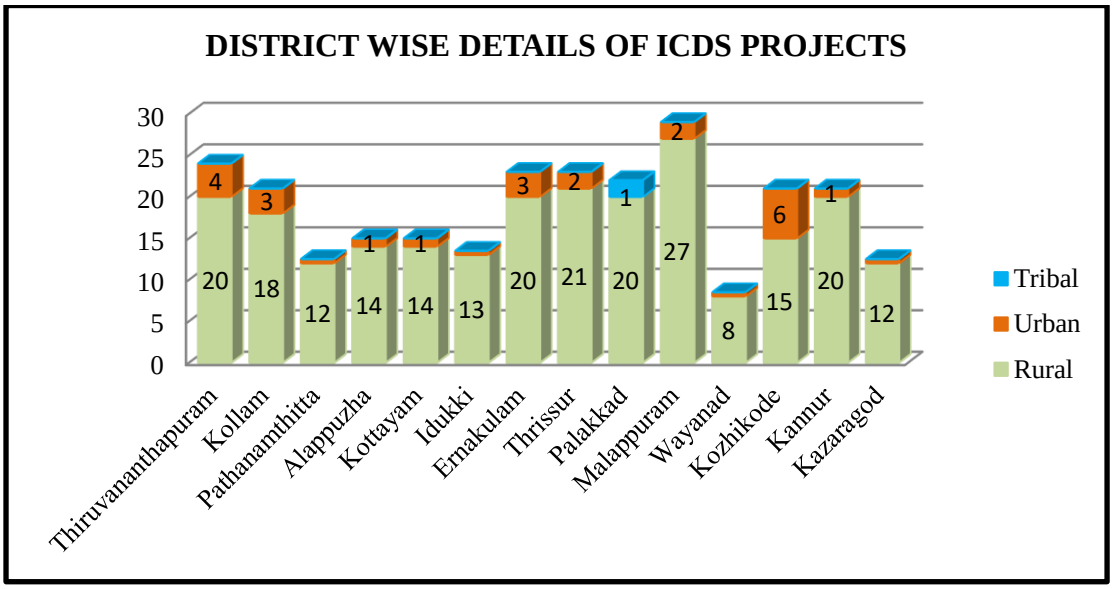
Figure 2.1: ICDS Projects in Kerala



Source: http://wcd.kerala.gov.in/article.php?itid=Mzg3

District Wise details of ICDS Projects in Kerala – as of Dec - 2019 shows that the government of India sanctioned 95 additional ICDS projects in 2010. This led to the universalization of ICDS in Kerala. At present, the total number of ICDS projects in the state continues to be 258, of which 234 Projects are in Rural areas, 23 in Urban and 1 in Tribal areas[16].

Figure 2.2: ICDS in district wise



Source: http://wcd.kerala.gov.in/article.php?itid=Mzg3

2.2.2. OBJECTIVES OF ICDS

The main objectives of ICDS are,

1. Provide the proper foundation for a child's mental, physical, and social development.
2. Improve the health and nutrition of children less than six years of age.
3. Reduce infant mortality, morbidity, malnutrition and drop out of school.
4. Coordinate policy formulation and implementation in different departments.
5. Provide health and nutrition education to mothers to enhance the mother's ability to take care of the baby's proper health and nutritional needs.
6. ICDS is committed to meeting and protecting the needs of the girl child Intervene as early as possible. ICDS The project creates all the conditions to reduce gender discrimination at all stages through its comprehensive services.

2.2.3. SERVICES TO BENEFICIARIES

To address the multifaceted and interconnected needs of children, ICDS integrates comprehensive services comprehensively and effectively.

ICDS beneficiaries receive services related to health, nutrition, care and education. In addition, it provides other related services such as safe drinking water, environmental sanitation, women's development and educational programs. ICDS provides all its services simultaneously targeting one category of beneficiaries. That is, helping children and their families achieve a significant level.

They providing services based on the assumption that if the various services are integrated, the overall effect would be much greater since the success of a particular service is dependent on the support it receives from related services.

Table 2.1: Services providing

Services	**Target group**	**Service provided by**
i) Supplementary Nutrition	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	Anganwadi Worker and Anganwadi Helper [MWCD]
ii) Immunization*	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	ANM/MO [Health system, MHFW]
iii) Health Check-up*	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	ANM/MO [Health system, MHFW]

iv) Referral Services	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	ANM/MO [Health system, MHFW]
v) Pre-School Education	Children 3-6 years	AWW [MWCD]
vi) Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO [Health system, MHFW & MWCD]

* AWW assists ANM in identifying the target group.

Source: *cds-wcd.nic.in/icds.aspx*

2.3. ANGANWADI CENTRES

Anganwadis are centres for integrating services for women and children. On tenth five-year plan ICDS where linked to Anganwadi centres established mainly in rural areas and staffed with frontline workers. As part of the ICDS Anganwadi Scheme, yards are used in villages and slums to provide services to women and children. In Anganwadi's, women, mothers, and other leading activists meet together, share ideas, and plan activities to advance women's and children's rights.

The Anganwadi centres are mainly managed by the Anganwadi worker (AWW) with the assistance of a helper (AWH) and implemented the ICDS scheme in coordination with the functionaries of the health, education, rural development and other departments.

Convergence of Different Departments through Anganwadi centres is:

Source: https://darpg.gov.in/sites/default/files/ICDS.pdf

The main aim of Anganwadi Services comprising a package of six services

1. Supplementary nutrition;
2. Pre-school non-formal education;
3. nutrition & health education;
4. immunization;
5. health check-up; and
6. referral services

These are provided to the targeted beneficiaries i.e. all children below 6 years, Pregnant Women and Lactating Mothers. Three of the six services namely Immunization, Health Check-up and Referral Services are delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare[17].

2.4. ANGANWADI WORKERS AND HELPERS

As a part of the Integrated Child Development Scheme (ICDS), the Anganwadi worker and helpers are responsible for managing the Anganwadi program. The Anganwadi program, part of the ICDS, was established to provide child and mother care. The Anganwadi Helper (AWH) is a supporter as a part-time assistant for Anganwadi Workers (AWW). In Kerala there are 33115 number of AWW in position and 32986 AWH.

The AWW should be a lady (18-44 years) from the local village and acceptable in the local community. Special care is being taken in their selection so that the children of scheduled caste and other weaker section of the society are ensured free access to Anganwadi. It is suggested that the AWWs in the selected project area may be selected by a committee consisting of the District Social Welfare Officer, the Block Development Officer (BDO), the Child Development Project Officer (CDPO), the Medical Officer of the primary health centre, the president of the Taluk Panchayat / Block Advisory Committee, the district representative of the state social welfare Advisory Board and any other non-officials which the state Government may consider appropriate[18].

Anganwadi Welfare Fund Board is constituted in Kerala for the welfare of Anganwadi Workers and Helpers. The Early Childhood Care and Education (ECCE) Scheme provides early childhood care and education for children of pre-school age through anganwadis[19].

2.4.1. ROLE AND RESPONSIBILITIES OF AWW AND AWH

According to the Ministry of Women and Child Development, Government of India, the following are the basic roles and responsibilities listed for the Anganwadi worker

I. To elicit community support and participation in running the programme

II. 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 personnel.

III. 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.

IV. 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.

V. 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.

VI. To provide health and nutrition education and counselling on breastfeeding/ Infant & young feeding practices to mothers. Anganwadi Workers, being close to the local community, can motivate married women to adopt family planning/birth control measures.

VII. AWWs shall share the information relating to births that took place during the month with the Panchayat Secretary/Gram' Sabha Sewak/ Auxiliary Nurse Midwives (ANM) whoever has been notified as Registrar/Sub Register of Births & Deaths in her village.

VIII. To make home visits for educating parents to enable mothers to plan an effective role in the child's growth and development with special emphasis on new born child

IX. To maintain files and records as prescribed.

X. To assist the PHC staff in the implementation of health component of the programme viz. immunisation, health check-up, ante natal and post natal check etc.

XI. To assist Auxiliary Nurse Midwives (ANM) in the administration of Integrated financial Advice (IFA) and, Vitamin A by keeping stock of the two medicines in the Centre without maintaining stock register as it would add to her administrative work which would affect her main functions under the Scheme.

XII. To share information collected under ICDS Scheme with the ANM. However, ANM will not solely rely upon the information obtained from the records of AWW.

XIII. To bring to the notice of the Supervisors/ CDPO any development in the village this requires their attention and intervention, particularly in regard to the work of the coordinating arrangements with different departments.

XIV. To maintain liaison with other institutions (Mahila Mandals) and involve lady school teachers and girls of the primary/middle schools in the village which have relevance to her functions.

XV. To guide Accredited Social Health Activists (ASHA) engaged under National Rural Health Mission in the delivery of health care services and maintenance of records under the ICDS Scheme.

XVI. To assist in implementation of Kishori Shakti Yojana (KSY) and motivate and educate the adolescent girls and their parents and community in general by organizing social awareness programmes/ campaigns etc.

XVII. AWW would also assist in implementation of Nutrition Programme for Adolescent Girls (NPAG) as per the guidelines of the Scheme and maintain such record as prescribed under the NPAG.

XVIII. Anganwadi worker can function as depot holder for Reproductive and Child Health (RCH) Kit/ contraceptives and disposable delivery kits. However, actual distribution of delivery kits or administration of drugs, other than OTC (Over the Counter) drugs would actually be carried out by the ANM or ASHA as decided by the Ministry of Health & Family Welfare.

XIX. To identify the disability among children during her home visits and refer the case immediately to the nearest PHC or District Disability Rehabilitation Centre.

XX. To support in organizing Pulse Polio Immunization (PPI) drives.

XXI. To inform the ANM in case of emergency cases like diarrhoea, cholera etc.

Role and responsibilities of Anganwadi Helpers

I. To cook and serve the food to children and marchers

II. To clean the Anganwadi premises daily and fetching water.

III. Cleanliness of small children.

IV. To bring small children collecting from the village to the Anganwadi.

V. For better governance and effective delivery of these services, ICDS employs Anganwadi centres as a platform[20].

2.4.2. LOCAL LEVEL SERVICES BY AWW

I. Participation in local health and hygiene meetings

II. Helping in preparing village health plans

III. Assist in organizing village health day. Immunizations for women and children, prenatal and postnatal screening and health screening

IV. Organize beneficiaries on SHGs, Mothers Meetings and Anganwadi Beneficiaries on village health day

V. Refer sick children, pregnant and lactating mothers to subcentre, PHC and CHC

VI. Assist CDPO and supervisor in implementing KSY and NPAG projects

VII. Store medicines and condoms dispensed through ICDS and ASHA.

2.5. MULAVUKAD PANCHAYTH

Mulavukad is also known locally as Bolgatty Island. An island located in the Kochi backwaters. Mulavukad (Civic Type) is a Town and Census Town located in Kanayannur taluk of Ernakulam district in Kerala. According to 2011 Census data, 5,315 families are residing in Mulavukad, with a population of 21,833, including 10,633 men and 11,200 women. The female Sex Ratio is 1053 against the state average of 1084.

The population of Children with ages of 0-6 is 1944 which is 8.90 % of the total population of Mulavukad (CT). The child Sex Ratio in Mulavukad is around 982 compared to the Kerala state average of 964. Out of which 981 were male while 963 were female.

2.5.1. ANGANWADI CENTRES IN MULAVUKAD PANCHAYATH

Anganwadi centres are rural child and maternal care centres that provide services to children under six, pregnant women, and lactating mothers. So for providing the needed services to beneficiaries out of 33115 Anganwadi centres spread across Kerala there are 23 Anganwadi centres in Mulavukad village under the Edappally subdivision. These Anganwadi centres are situated in 15 wards out of 16 wards in Mulavukad panchayath.

Table 2.2.Anganwadicentres in Mulavukad panchayth

Sl. No	Centre Name	Centre No	Ward No
1	Deepthi	79	11
2	Novodaya Anganwadi	80	10
3	Sreechithira Anganwadi	81	8
4	Anaswara	82	5
5	Prathibha Anganwadi	83	4
6	Jnanabindu	84	3
7	Vijanan Bhavan	85	2
8	Medona	86	13
9	Kaviatha Anganwadi	87	16
10	Vidyabhavan	88	6
11	St.Joseph AWC	89	1
12	Jnanodaya	90	1
13	Aiswarya AWC	91	16
14	Gurupriya	92	15

15	Sreekalarisastha	93	13
16	Mariya Anganwadi	94	14
17	Anupama Anganwadi	95	1
18	Jyothi 96	96	4
19	Jyothis	97	5
20	Deepam Anganwadi	98	8
21	Gurumahima	99	9
22	Jyothirmayi	100	2
23	Gosree	101	12

Each of these 23 Anganwadis has a worker and a helper. A total of 262 preschool students, 1099 children between the ages of zero to six years, including lactating mothers, and 101 pregnant women are presently enrolled in 23 Anganwadi centres of the Mulavukad panchayath.

There is also aAnganwadi Supervisor for these 23 anganwadicentre who done monitoring abour the working of the centres weekly.

The responsibilities of the Anganwadi Supervisor[21]:

I. Checks the list of beneficiaries from the low economic strata, who are severely malnourished,

II. Guides AWWs in the assessment of correct ages of children, correct method of weighing the children, and plotting their weights on growth charts,

III. Demonstrates to the AWWs the effective methods of providing health and nutrition education to mothers, and

IV. Maintains the statistics of the Anganawadis.

2.5.2. SERVICES PROVIDE IN MULAVUKAD PANCHAYATH

Every Anganwadis in Mulavukad panchayath are efficiently providing all the services that they are allowed to do. The 3 basic services under ICDS that provide by Anganwadicentres are nutrition, health and pre-school education.

Nutrition services include supplementary feeding, growth monitoring, and nutrition and health counselling:

- Supplementary Nutrition: State by state, the nutrition component varies. The Mulavukad Panchayath offers "Upma", which they prepare at the Anganwadi and gives to the residents. It consists of a mix of pulses, cereals, oil, vegetables, iodized salt, etc..

- Growth Monitoring and Promotion: Children under three years of age are weighed once a month, to keep a check on their health and nutrition status. Older children are weighed once a quarter. Growth charts are kept to detect growths over time and these will be monitored by the supervisors weekly.

- Nutrition and Health Education (NHE): NHE aims to help women in the age group 15-45 years to look after their health and nutrition needs, as well as those of their children and families. NHE is imparted through counselling sessions, home visits and demonstrations. It covers issues such as infant feeding, family planning, sanitation, utilization of health services, etc.

Health-Related Services include immunization, basic health care, and referral services:

- Immunization: Children under six are immunized against polio, DPT (diphtheria, pertussis, and tetanus), measles, and tuberculosis, while pregnant women are immunized against tetanus. The main role of the Anganwadi worker is to assist health staff (such as the ANM) to maintain records, motivating the parents, and organising immunization sessions.

- Basic Health Services: A range of health services are provided through the Anganwadi Worker including health checkups of children under six, ante-natal care of expectant mothers, postnatal care of nursing mothers, recording of weight, and management of under nutrition and treatment of minor ailments. They also provide healthy food items

like Rice, green gram, wheat, jaggery, groundnut, coconut oil etc for children of age zero to six and for pregnant women.

- Referral Services: This service attempts to link sick or undernourished children. Those with disabilities and other children requiring medical attention with the public health care system, also come under it. And these cases are referred by the Anganwadi worker to the medical officers of the Primary Health Centres (PHCs).

- Pre-School Education: involves various stimulation and learning activities at the Anganwadi. PSE aims to provide a learning environment for children under the age group of 3-6 years, and early care and stimulation for children under the age of three. PSE is provided through the medium of "play" to promote the social, emotional, cognitive, physical and aesthetic development of the child as well as to prepare him/her for primary schooling. AWW will teach every child in preschool to learn the basic letters and their everyday class is based on some themes with attractive teaching materials.

CHAPTER 3

THE EFFECT OF COVID-19 ON ANGANWADIS IN MULAVUKAD PANCHAYATH

3.1. INTRODUCTION

The COVID-19 pandemic has resulted in significant deaths and an unusual threat to public health, food security, and the workplace. Workers in community health programs such as Anganwadi workers, Helpers and ASHA workers have been crucial to the fight against COVID 19 in India.

Health workers' perspectives from within their communities are essential for the development of COVID 19 responses that are focused on the needs of communities. Therefore AWW and AWH is a more appropriate health worker for community services at the time of COVID.

Since the COVID 19 vaccines are being made global, it is imperative to study everything that has happened during the past lockdowns with Anganwadi.

The Central and State Governments acted swiftly following the announcement of the national lockdown on March 24, 2020, to prepare the health system and infrastructure for COVID 19 outbreaks. An important part of the preparation process involved organizing and using Anganwadis to generate awareness and containment efforts at the community level.

As we know, every work has its own difficulties and problems also, the Anganwadi workers and helpers face similar difficulties and problems when delivering their duties and activities to the society during pandemics.

This chapter is mainly concerned to analyse the services and challenges faced by the Anganwadi workers and helpers at the time of the pandemic by the surveyed data.

3.2. AGE OF THE RESPONDENTS

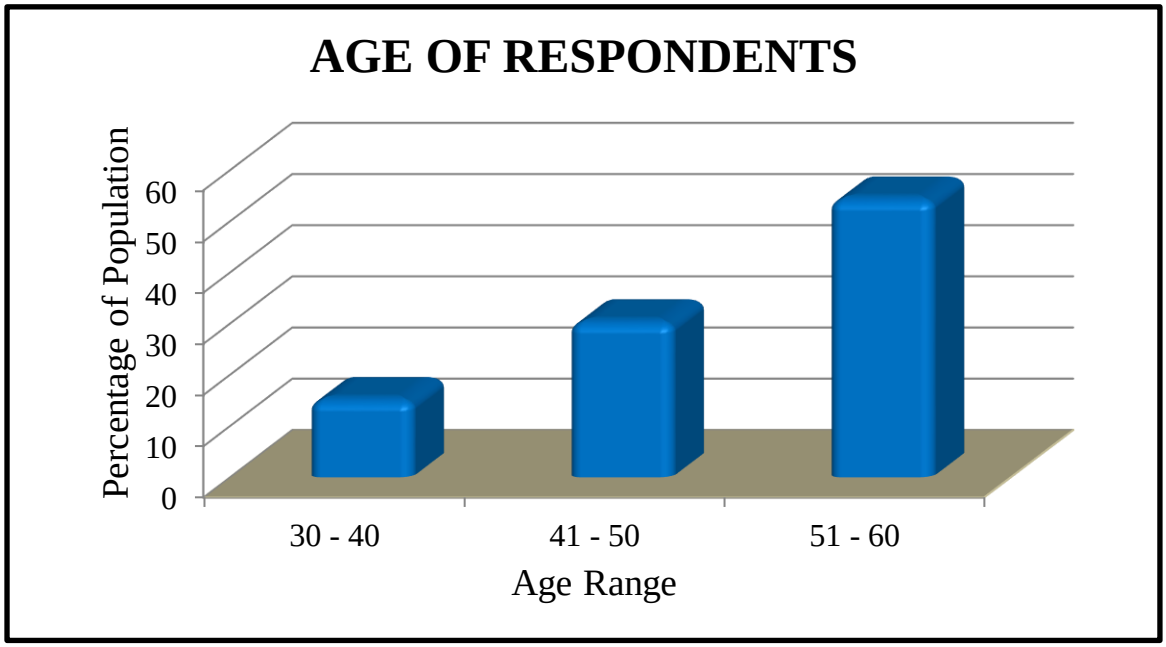
Table 3.1: Age wise distribution of respondents

Age	Number of people	Percentage (%)
30 - 40	7	15.2
41 - 50	14	30.4
51 - 60	25	50.4
Total	46	100

Source: Primary data

This bar diagram shows the different subgroups of respondents by age. A study was conducted at the 23 Anganwadi centres of MulavukadPanchayath. A total of 46 respondents, including 23 Anganwadi workers and Anganwadi helpers, were surveyed. Based on the table, it is clear that women in the age group 30-40 are the least likely to have worked in Anganwadis, which suggests that women in their middle age are not as interested in the Anganwadi job since they see it as a low-status and low-paying job. For those between 51 and 60 years of age Anganwadi job is a financial source to support their families in their later years.

Figure 3.1: Age wise distribution of respondents



Source: Primary data

3.3. DIVISION OF AWW AND AWH RESPONDENTS

In an Anganwadi centre, each worker and helper has specific responsibilities. As the key component of Anganwadi programs, each of the 23 Anganwadi centres in MulavukadPanchayath has 23 workers and helpers. Similarly, COVID-related duties are equally significant for both workers and helpers.

Anganwadi workers ensure the health of children, pregnant women, and lactating women through health checks and the distribution of nutritional food. They are the main community-based health workers in rural areas. Anganwadi helpers are the main support system of a worker in centres. Every time the working of an Anganwadi centre is supervised by a supervisor.

3.4. MARITAL STATUS OF THE RESPONDENTS

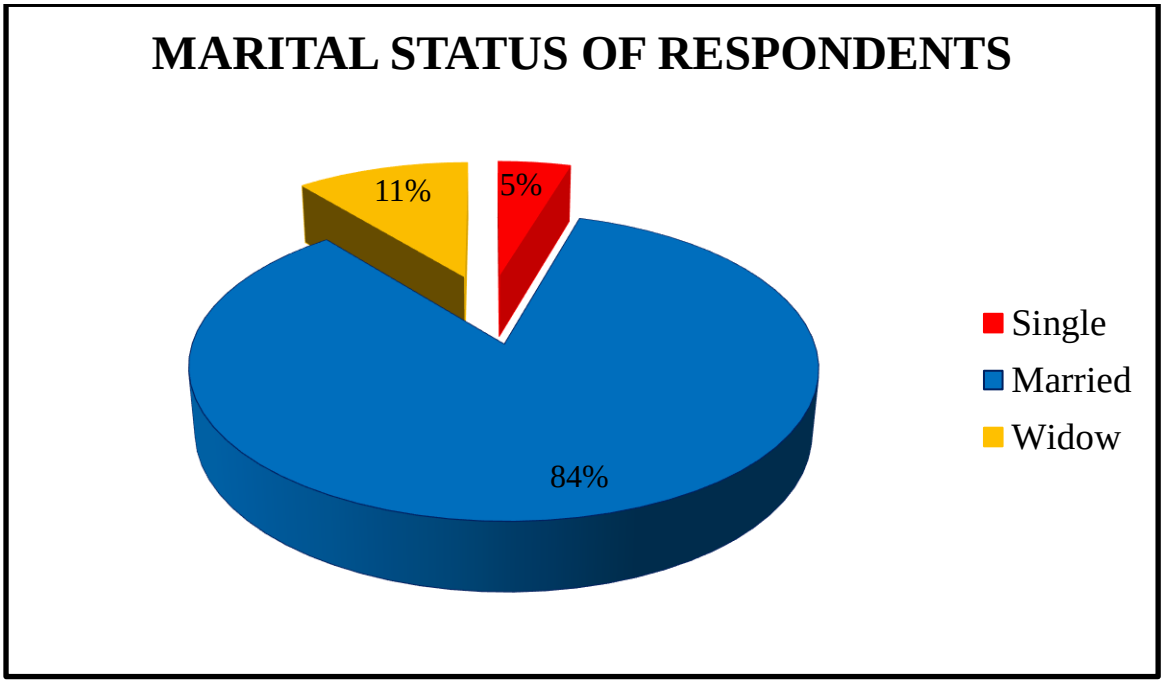
Table 3.2: Marital statuses of the Respondents

Marital status	Number of respondents	Percentage (%)
Single	2	4.3
Married	39	84.8
Widow	5	10.9
Total	46	100

Source: Primary data

The following table shows the marital status of the respondents. According to this table, we can understand that the mass respondents are married. As a result, these workers and helpers have faced many difficulties in maintaining the same amount of concentration on both work and family as they have responsibilities of a household on their shoulders.

Figure 3.2: Marital statuses of the Respondents



Source: Primary data

3.5. SIZE OF THE RESPONDENTS FAMILY

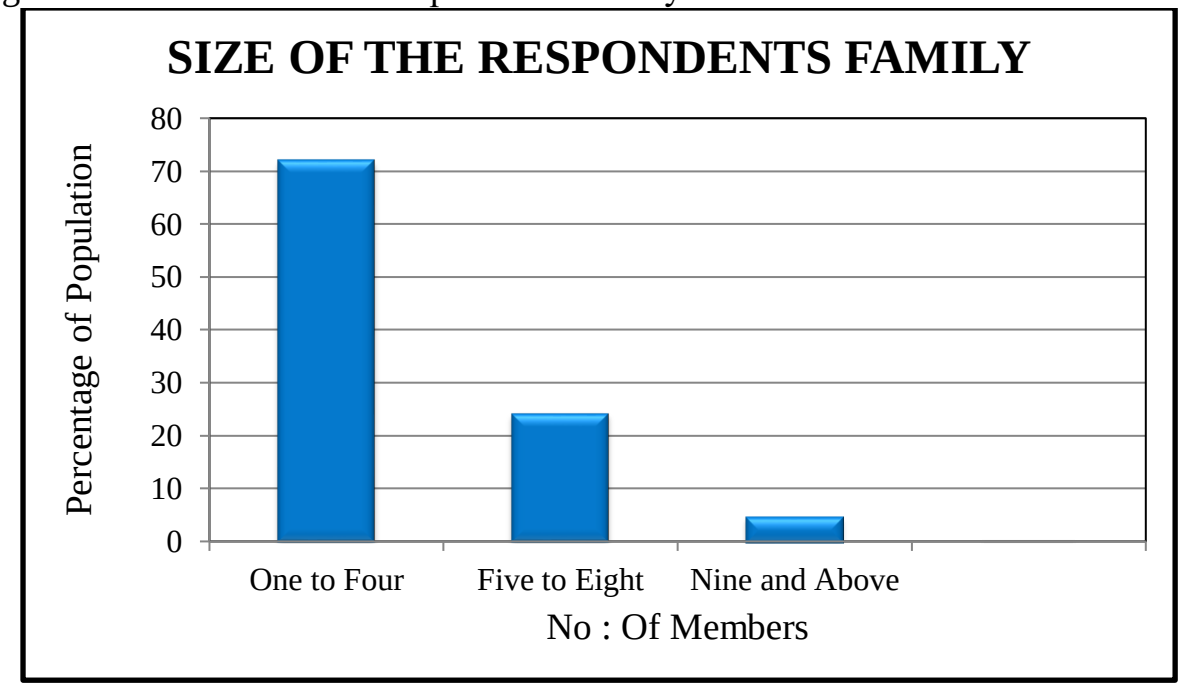
Table 3.3: The size of the Respondent's family

Numberof Family Members	Number of respondents	Percentage (%)
Small (1 - 4)	33	71.8
Medium(5 - 8)	11	23.9
Large (More than 8)	2	4.3
Total	46	100

Source: Primary data

Data shows most respondents have families with 1 to 4 members, so 33 of 46 respondents will not have enough time to spend with their families, primarily their spouses and children, and it will be hard for them to maintain their work and family life since they don't have much family to help them. In the case of women who come from a medium family, they will have a great support system.

Figure 3.3: The size of the Respondent's family



Source: Primary data

3.6. EDUCATION STATUS

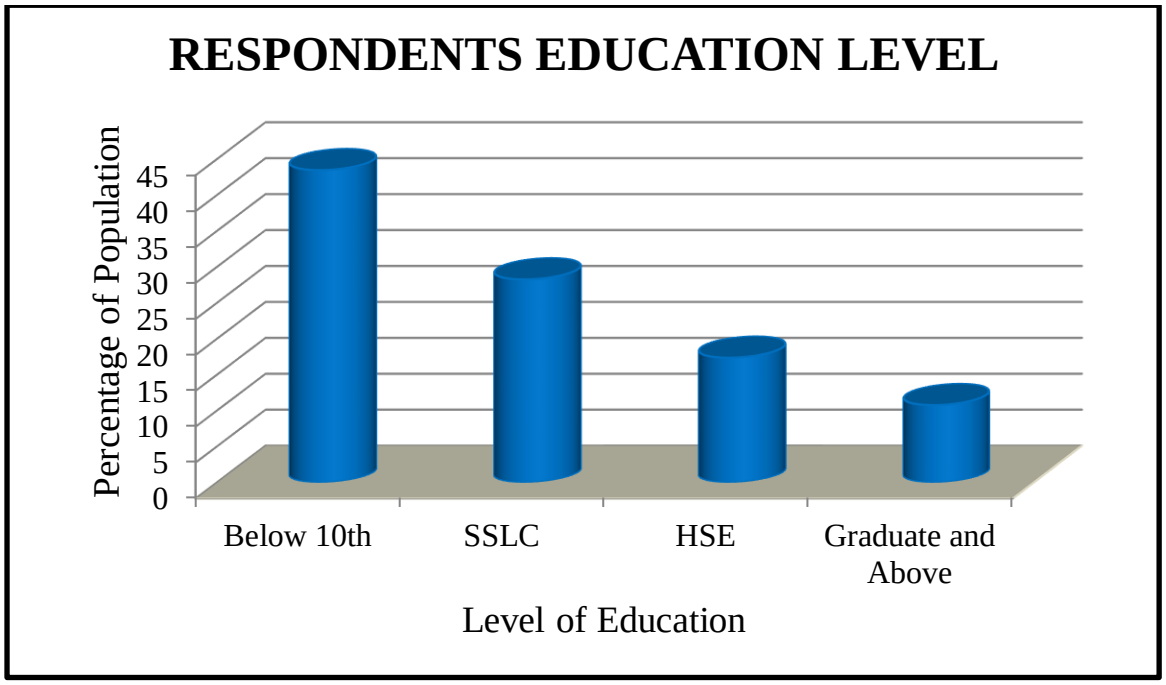
Table 3.4: Level of education of the Respondents

Level of Education	Number of respondents	Percentage (%)
Below 10th	20	43.5
SSLC	13	28.3
HSE	8	17.4
Graduate and Above	5	10.8
Total	46	100

Source: Primary data

A person's education is one of the most influential characteristics that have an impact on their work and social life. Following their job level, the respondents have different requirements of minimum qualifications. That is, to work as an Anganwadi helper, SSLC is not a requirement, whereas, to work as a worker, SSLC is required. The most attractive part is that of the 23 helpers, three of them have qualifications above SSLC. 5 of the 23 Anganwadi workers have a degree above graduation, which highlight the fact that many highly qualified women are also willing to work in Anganwadi.

Figure 3.4:Level of education of the Respondents



Source: Primary data

3.7. EXPERIENCE OF WORK OF THE RESPONDENTS

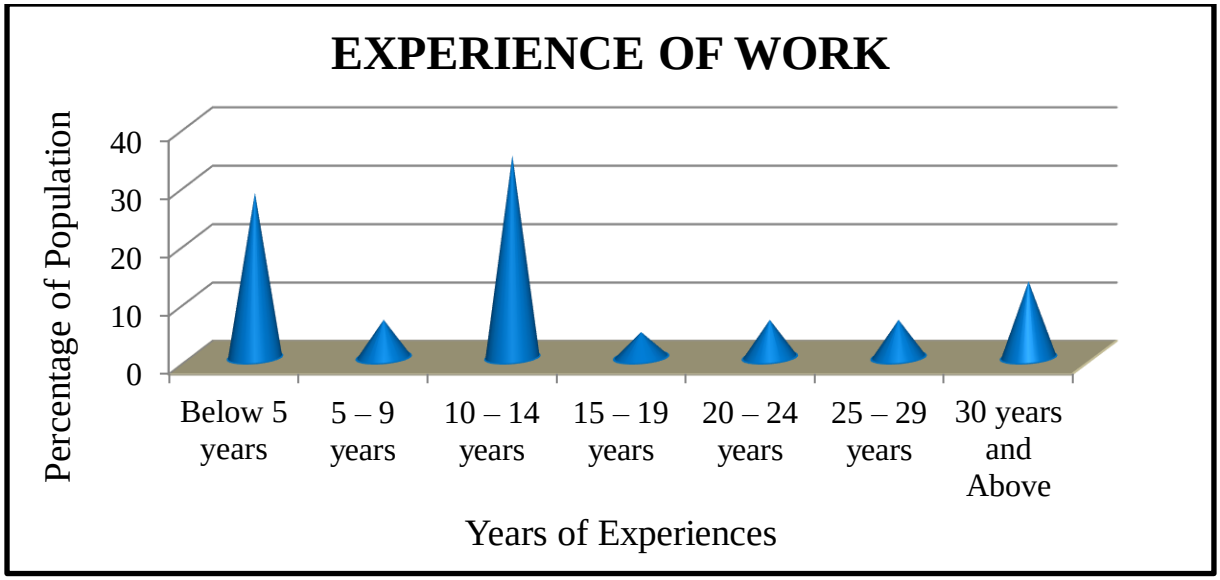
Table 3.5: Job Experience of the Respondents

Respondents Experience of Work in years	**Number of respondents**	**Percentage (%)**
Below 5 years	13	28.3
5 – 9 years	3	6.5
10 – 14 years	16	34.7
15 – 19 years	2	4.4
20 – 24 years	3	6.5
25 – 29 years	3	6.5
30 years and Above	6	13.1
Total	46	100

Source: Primary data

The following cone chart shows the experiences of Anganwadi workers and Helpers. A highly experienced individual is much more likely to be ready to take on highly challenging work, as well as being the most efficient one. The majority of respondents held a decade to 14 years of experience, making them capable of handling their COVID duties and competing efficiently. Only 28.3% of workers have a work experience of less than five years. Of this, some are temporary employees and some are recent hires who have not done any COVID work.

Figure 3.5: Job Experience of the Respondents



Source: Primary data

3.8. DISTANCE FROM WORK PLACE TO HOME

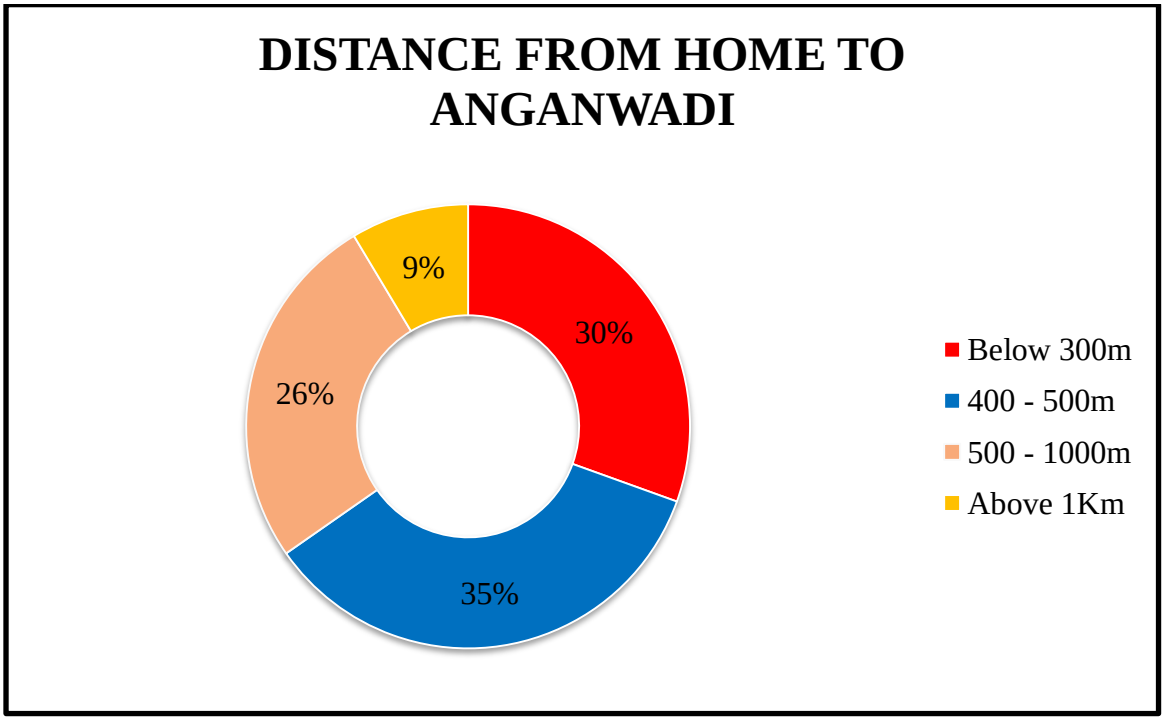
Table 3.6: Distance of respondents from Anganwadi to their home

Distance	Number of respondents	Percentage (%)
Below 300 meter	14	30.5
300 – 500 meter	16	34.8
500 – 1000 meter	12	26.1
Above 1 kilometer	4	8.6
Total	46	100

Source: Primary data

Anganwadi workers and helpers will be assigned to their nearest Anganwadi centres so they will be able to understand the local people and fulfil their duties efficiently. The above chart clearly indicates that only 8.6% of workers and helpers have to travel more than one kilometre to access their Anganwadi centre. Other than that, the majority of centres are around 400 to 500 metres from their home. Therefore only 4 respondents faced difficulties travelling from home to the centre, but they didn't make any inefficiency in their duties.

Figure 3.6: Distance of respondents from Anganwadi to their home



Source: Primary data

3.9. LEVEL OF INCOME OF THE RESPONDENTS

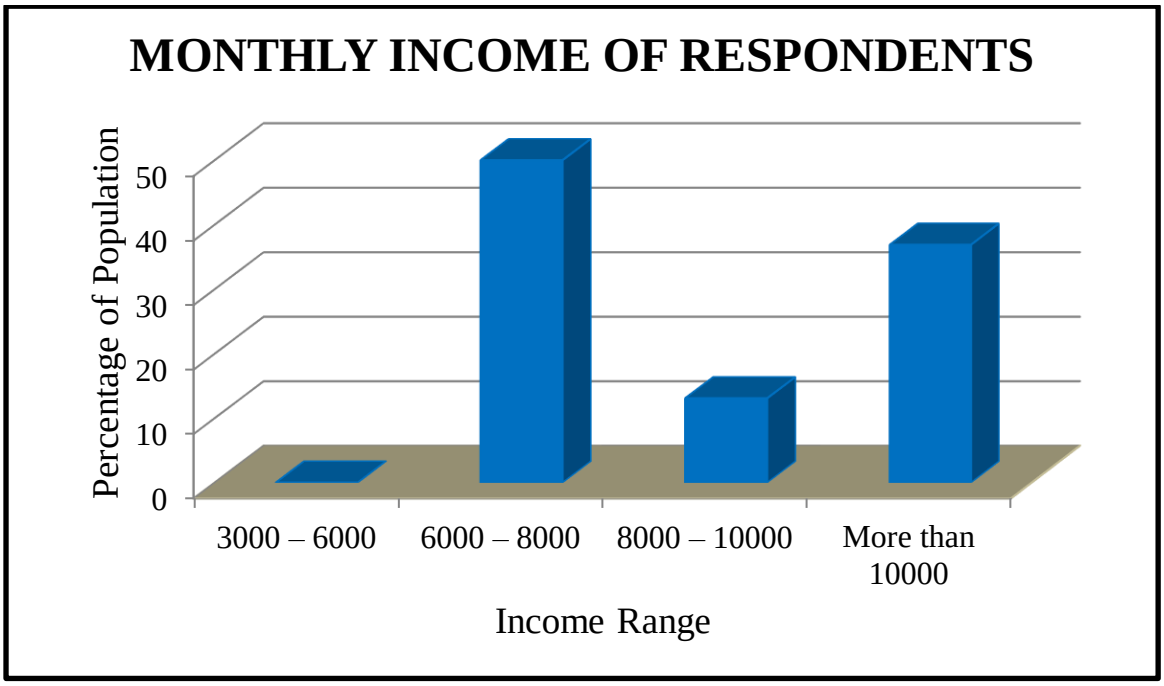
Table 3.7: Monthly Income of the Respondents

Distribution of Monthly Income	Number of respondents	Percentage (%)
3000 – 6000	0	0
6000 – 8000	23	50
8000 – 10000	6	13.1
More than 10000	17	36.9
Total	46	100

Source: Primary data

The above table shows the income level of the respondents in different categories. The 23 persons who receive 6000 to 8000 rupees are the helpers. Comparatively the helpers receive a low salary than the worker according to their work. Out of 23 Anganwadi workers, 17 of them receive a salary of more than 10000 according to their educational qualifications, experiences and their duties. The remaining 6 are the temporary ones who receive a salary between 8000 and 10000 because they are not that experienced and just started their Anganwadi jobs.

Figure 3.7: Monthly Income of the Respondents



Source: Primary data

3.10. BENEFICIARIES IN EACH ANGANWADI

Table 3.8: Number of Beneficiaries

Sl.No	Centre No	No: of Preschool students	No: of children between 0 – 6 years	No: of Pregnant women's
1	79	13	45	5
2	80	12	79	4
3	81	12	63	6
4	82	18	60	4
5	83	15	25	5
6	84	9	13	2
7	85	12	40	4
8	86	11	62	5
9	87	9	16	6
10	88	16	97	7
11	89	10	42	7
12	90	10	49	2
13	91	6	29	0
14	92	9	26	4
15	93	5	28	5
16	94	13	32	2
17	95	8	15	5
18	96	15	41	4
19	97	15	62	4
20	98	8	48	3
21	99	15	58	10
22	100	16	75	3
23	101	5	45	4

Source: Primary data

The above table list the current number of children and pregnant women in each Anganwadi centre of Mulavukad panchayath. Entirely there are 262 children under Mulavukad panchayath preschool, and 1099 beneficiaries between the age group of 0 to 6 years consist of lactating mothers and 101 pregnant women. The increase in the number of beneficiaries under centres will increase the workload for the worker and helper. The count of beneficiaries for them will not be a constant number so their workload will be different at different times. When there are more children in their centre locality it will be difficult for them to handle each child who was the age below 6. And they also need to look after health of pregnant and lactating women in their centre locality.

3.11. RESPONDENTS WHO DONE COVID RELATED DUTIES

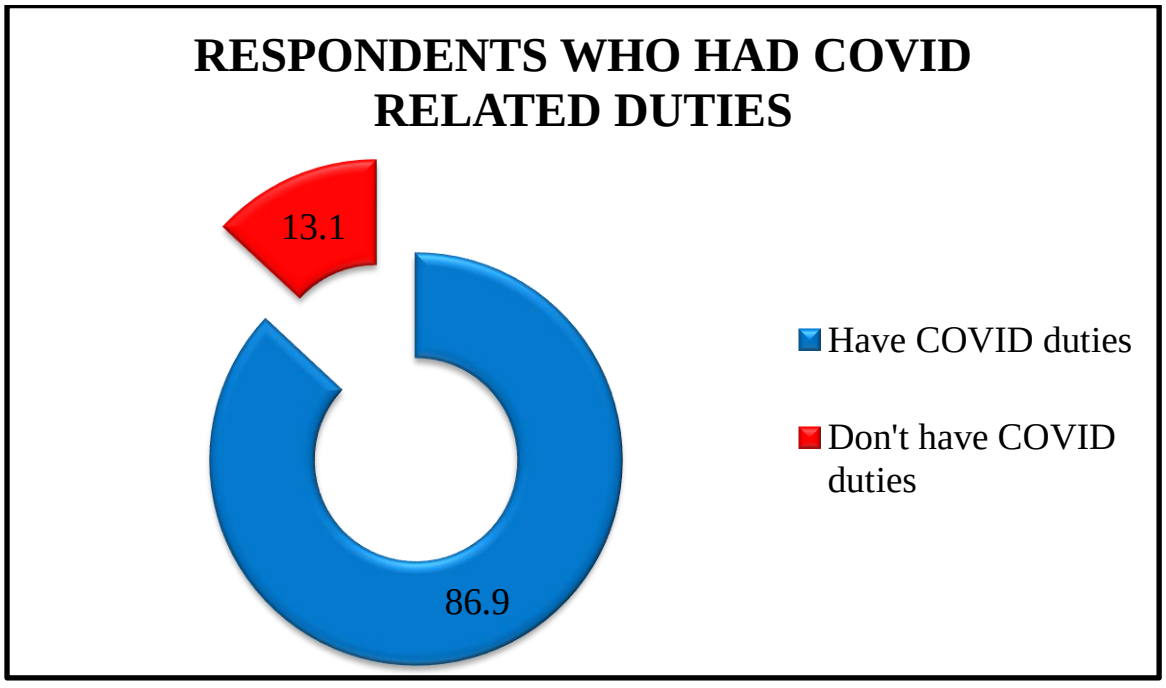
Table 3.9: Respondents who had COVID related duties

Done COVID duties	40	86.9
Don't have COVID duties	6	13.1
Total	46	100

Source: Primary data

The study has done among all the Anganwadi workers and helpers in the Mulavukad panchayath. Totally in Mulavukad panchayat, there are 23 Anganwadi centres under the Edapally ICDS office, and every Anganwadi centre has one worker and helper each. That means the respondents include both Anganwadi workers and helpers because they did the COVID related duties equally. But in this 86.9% did the COVID duties. Other respondents to my survey are newly recruited workers.

Figure 3.8: Respondents who had COVID related duties



Source: Primary data

3.12. TIME SPENT FOR COVID RELATED DUTIES

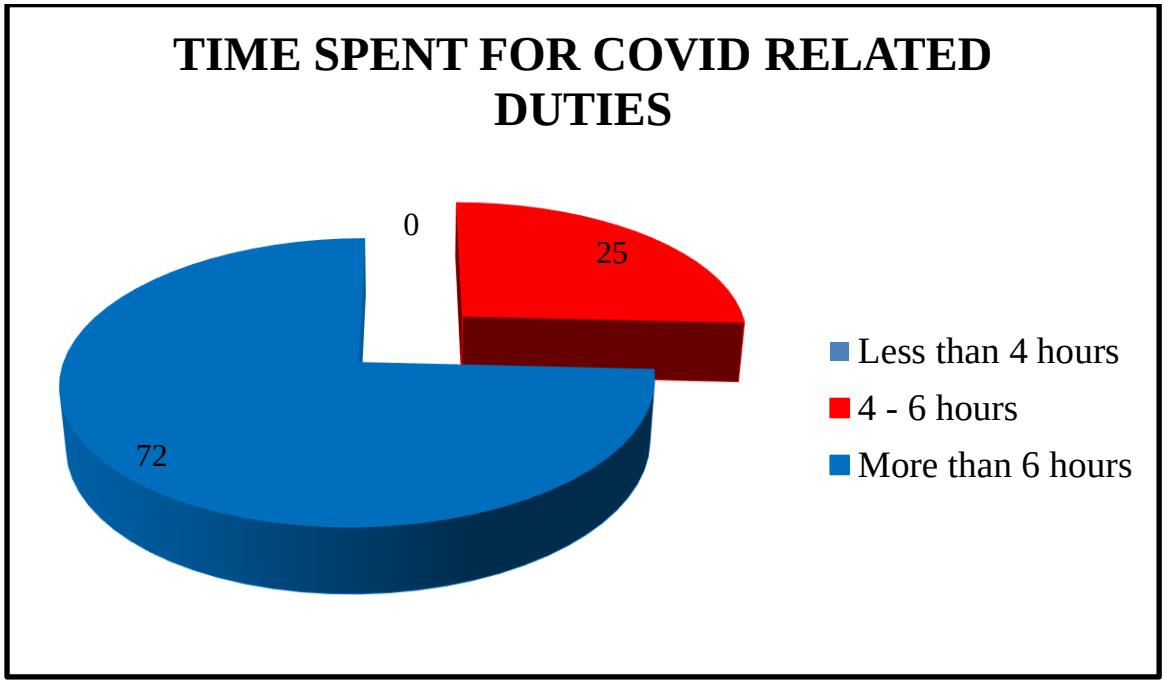
Table 3.10: Time spent by the AWW and AWH for COVID related duties

Time Range	Number of respondents	Percentage (%)
Less than 4 hours	0	0
4 – 6 hours	10	25
More than 6 hours	30	75
Total	40	100

Source: Primary data

Based on the results of the study, out of 40 respondents who did COVID-related duties, the majority spent more than 6 hours a day on them. It is longer than the normal hours of 9:30 am to 3:30 pm they had before the pandemic. Each worker was adversely affected because of their very high workload. Sometimes they worked more than 6 hours, including at night. This was because they had to check every house impacted by COVID to see what their needs were. They also wanted to ensure the health of everyone, especially pregnant women and elders. As a result, they struggled to provide for their family and their health was also affected by stress.

Figure 3.9: Time spent by the AWW and AWH for COVID related duties



Source: Primary data

3.13. USAGE OF SMART PHONE FOR COVID ACTIVITIES

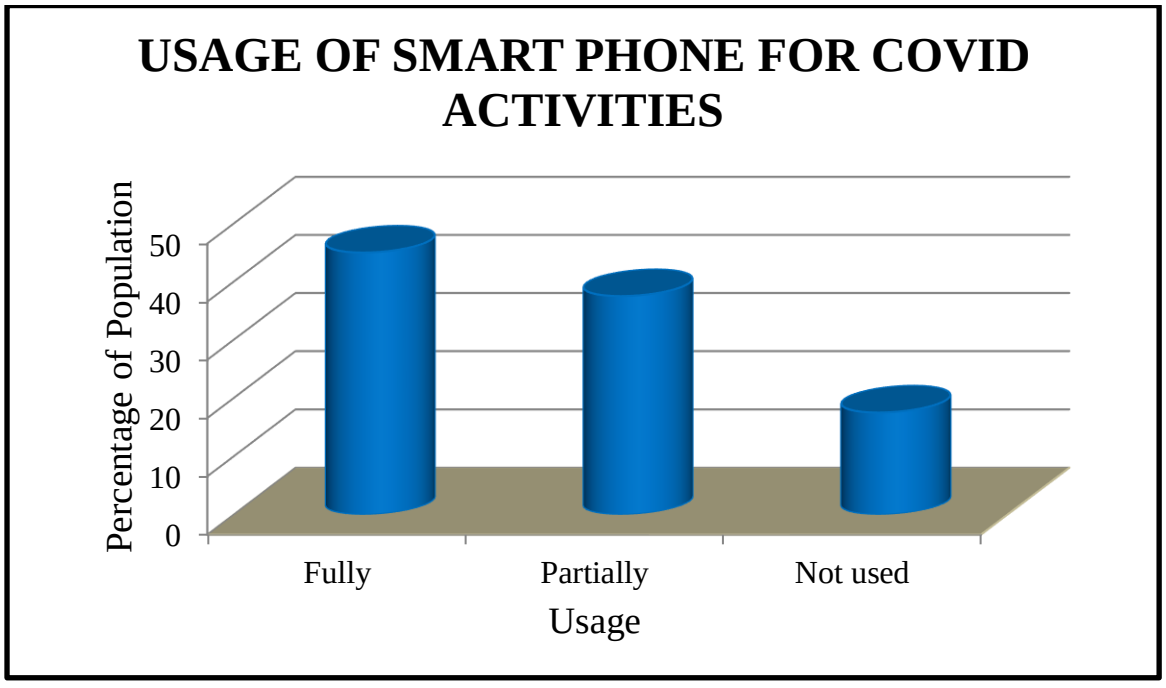
Table 3.11: Usage of smart phone for their COVID related duties

Usage	Number of respondents	Percentage (%)
Fully	18	45
Partially	15	37.5
Not used	7	17.5
Total	40	100

Source: Primary data

The table shows the usage of smart phones by the AWW and AWH for their COVID related duties. Almost all respondents have smart phones issued by the government, but only 45% can effectively use them. Other workers had difficulty using it due to a lack of knowledge of how to use smart phones, their lack of internet connectivity, and some of their smart phones not working properly.

Figure 3.10: Usage of smart phone for their COVID related duties



Source: Primary data

3.14. MEANS OF TRAVELLING FOR DUTIES AT PANDEMIC

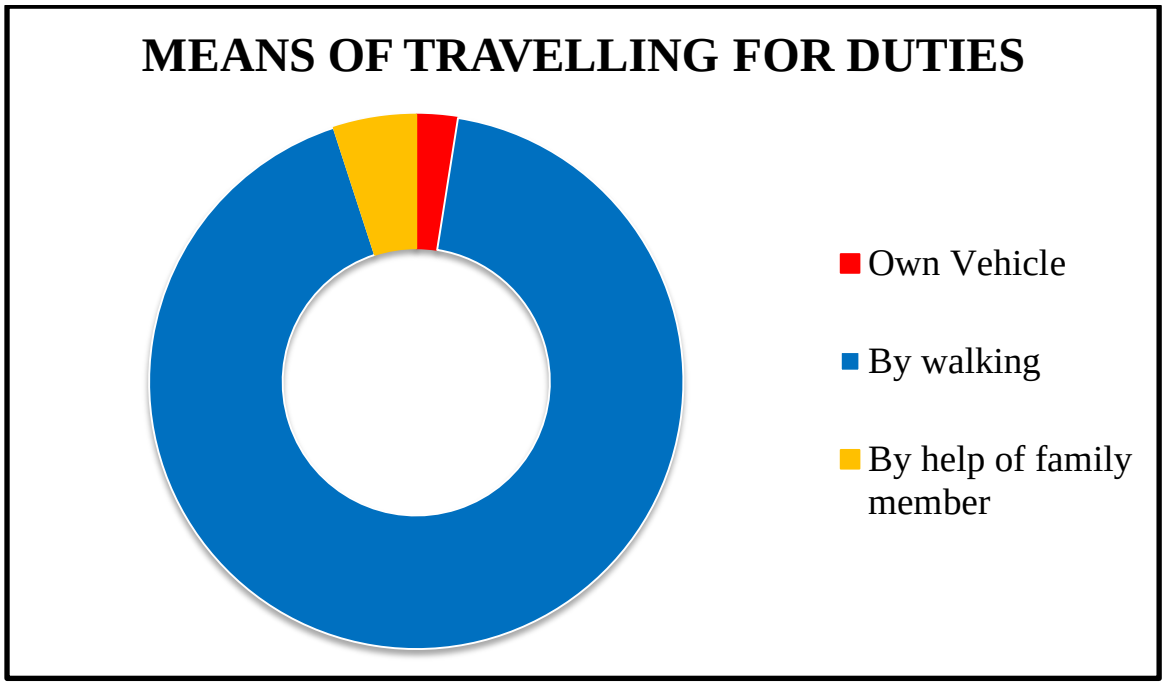
Table 3.12: Means of travelling used by the AWW and AWH for COVID duties

Means	Number of respondents	Percentage (%)
Own Vehicle	1	2.5
By walking	37	92.5
By help of family member	2	5
Total	40	100

Source: Primary data

During the lockdown, the AWW or AWH does not have many sources to travel for her COVID responsibilities. The majority of them do their activities like visiting COVID affected houses, THR distribution and many others with the aid of using walking. The essential gain became that almost all of them get their duties close to their localities therefore they not faced that much difficulties in travelling.

Figure 3.11: Means of travelling used by the AWW and AWH for COVID duties



Source: Primary data

3.15. RESPONDENTS WHO AFFECTED CORONA

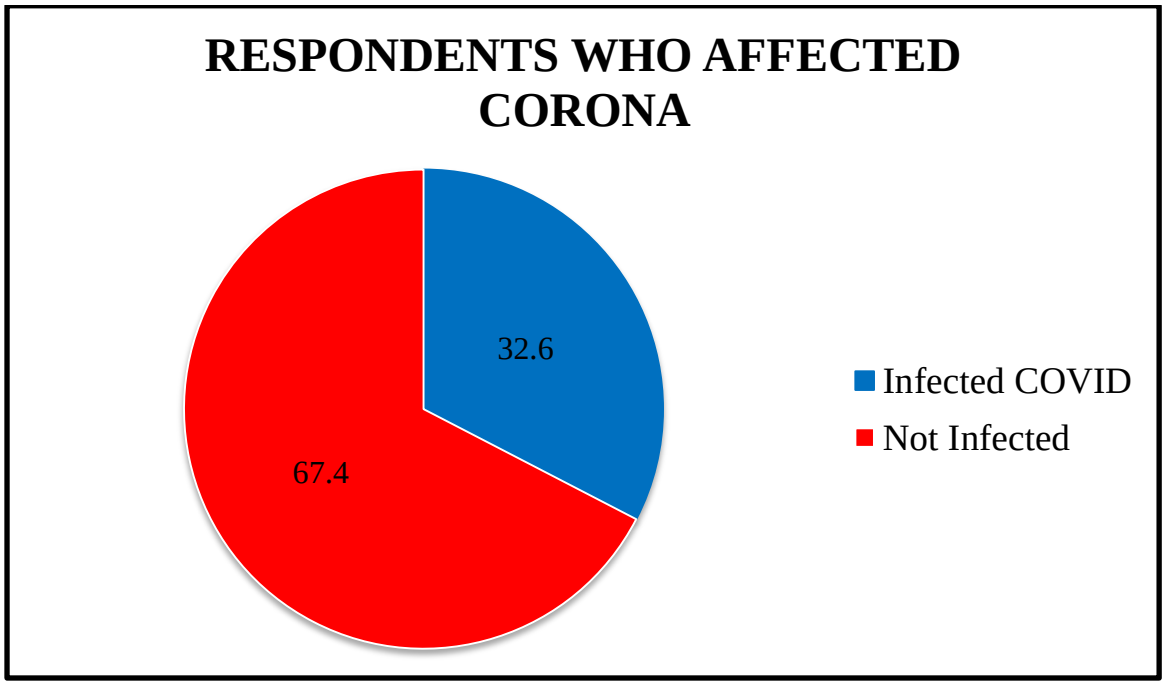
Table 3.13: Number of AWW and AWH affected CORONA

Infected CORONA	15	32.6
Not Infected	31	67.4
Total	46	100

Source: Primary data

The following pie diagram shows a clear picture of being an Anganwadi worker or helper, and how many of them are infected with CORONA. Out of 40 respondents who performed COVID-related duties, 32.6% were infected with CORONA while performing their duties for society. But everyone was willing to take on the challenge to complete their duties.

Figure 3.12: Number of AWW and AWH affected CORONA



Source: Primary data

3.16. HOUSES PER DAY COVERED FOR COVID-19 SURVEILLANCE

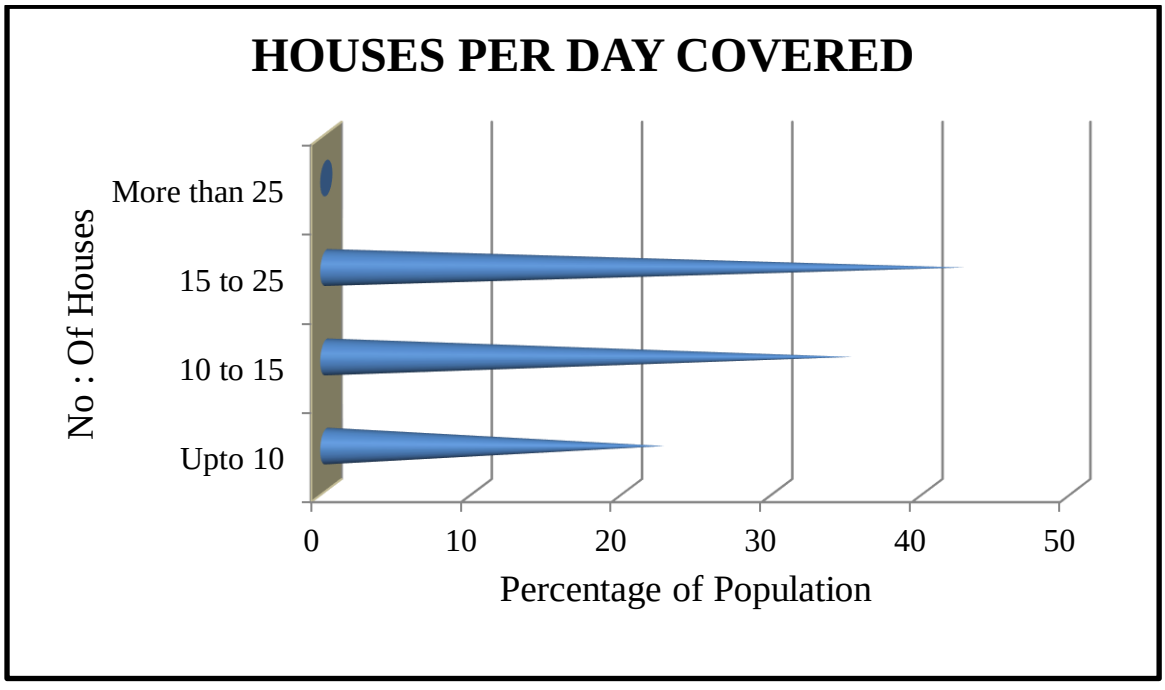
Table 3.14: Number of houses covered by AWW and AWH

No: Of Houses	Number of respondents	Percentage (%)
Upto 10	9	22.5
10 – 15	14	35
15 – 25	17	42.5
More than 25	0	0
Total	40	100

Source: Primary data

This table shows the number of houses reached by AWW and AWH during COVID activities in a day. Up to 42.5% of respondents cover 15 to 25 residents in a day, which is a target for everyone to achieve to do their job well. The majority attempted to cover around 500 houses in a month for the THR and for the health checkups.

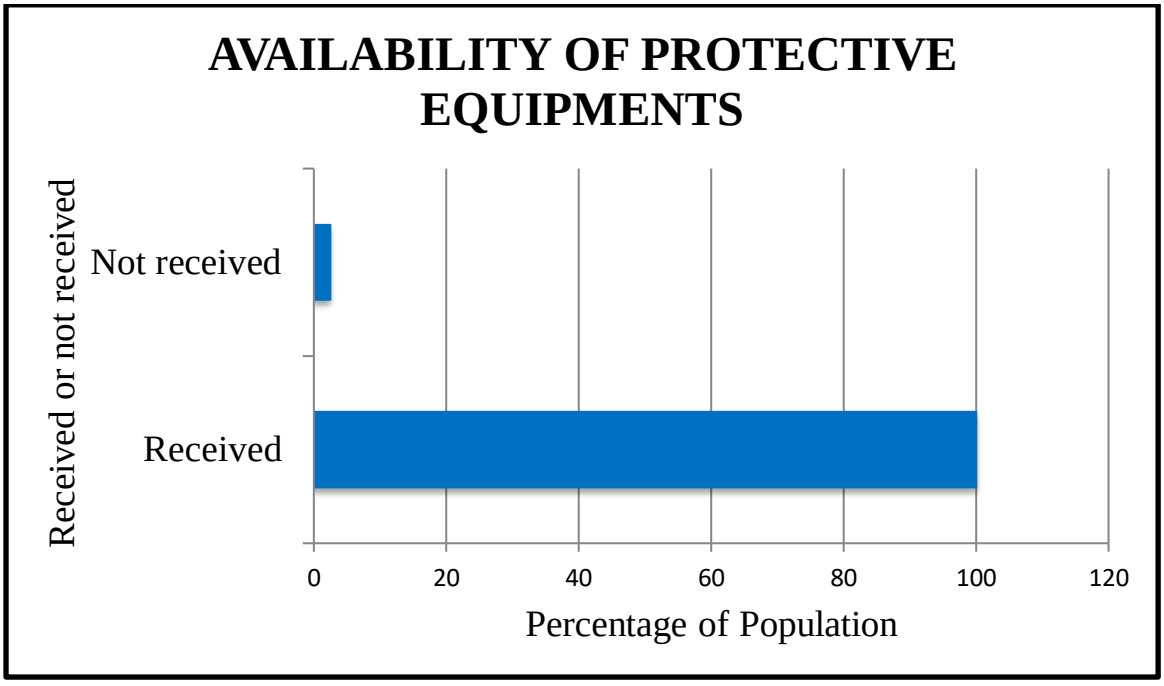
Figure 3.13: Number of houses covered by AWW and AWH



Source: Primary data

3.17. AVAILABILITY OF PROTECTIVE EQUIPMENTS

Figure 3.14: Protective equipments received by AWW and AWH



Source: Primary data

Every AWW and AWH who has done COVID related duties received protective equipment for their safety from the government. The primary safety equipment they receive is masks and sanitizers, which are the most dominant protective equipment at the time of COVID. Furthermore, they received some government money for protective equipment if they failed to provide it.

3.18. COMMUNITY AWARENESS ABOUT COVID

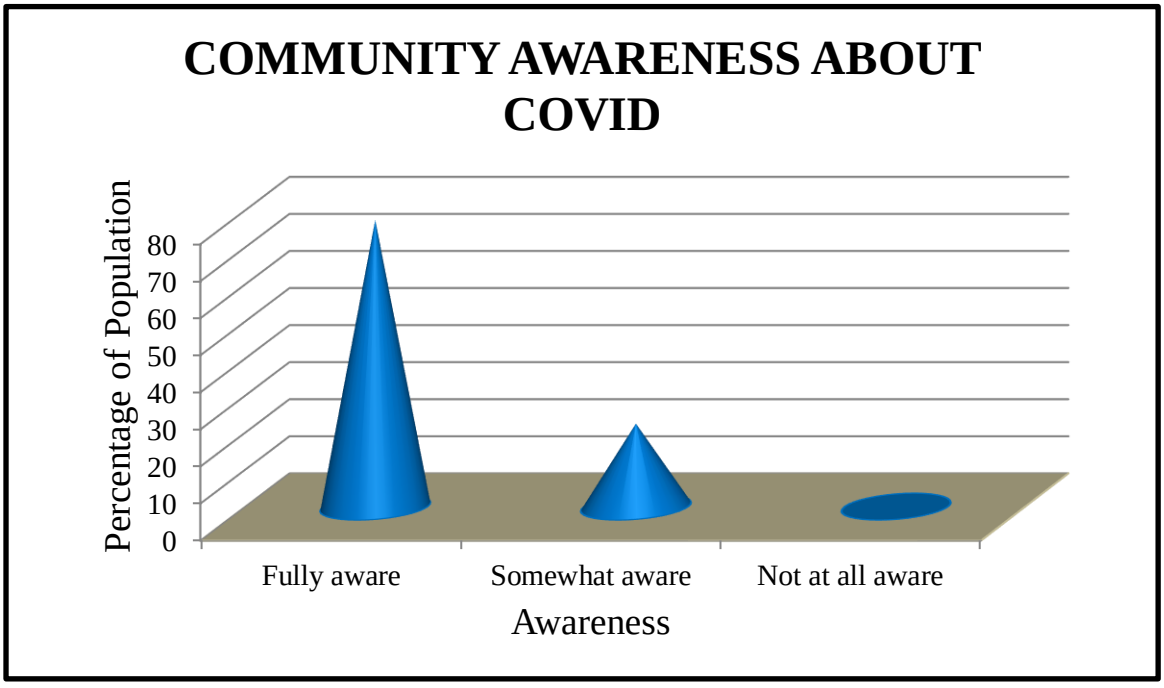
Table 3.15: Are community aware about COVID

Awareness	Number of respondents	Percentage (%)
Fully aware	31	77.5
Somewhat aware	9	22.5
Not at all aware	0	0
Total	40	100

Source: Primary data

According to respondents at the time of COVID, 77.5% of the community was aware of the COVID situation and its seriousness through mass media. In addition to this, 22.5% were somewhat informed, for those Anganwadi, a series of awareness classes was conducted for the local people to make aware about the seriousness of the novel CORONA virus and also to make them fully informed about it. So it makes the Anganwadi workers do less work in their COVID awareness duties because most of them are aware of the virus.

Figure 3.15: Are community aware about COVID



Source: Primary data

3.19. INTENSITY OF CHALLENGES FACED

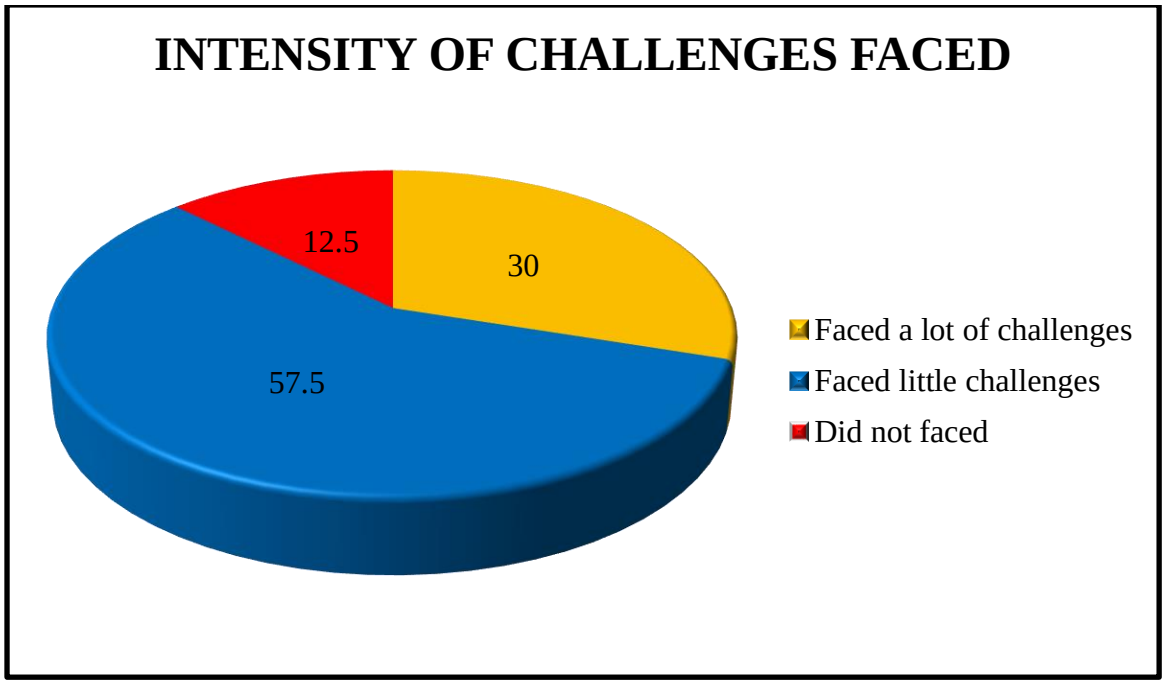
Table 3.16: Intensity of challenges faced by AWW and AWH

Faced a lot of challenges	12	30
Faced little challenges	23	57.5
Did not faced	5	12.5
Total	40	100

Source: Primary data

The majority of respondents faced few challenges while delivering their COVID related duties and activities in the community. But that did not bring any impact on their work because they were ready to serve the community. 30% of respondents faced a lot of challenges because of their family and health conditions.

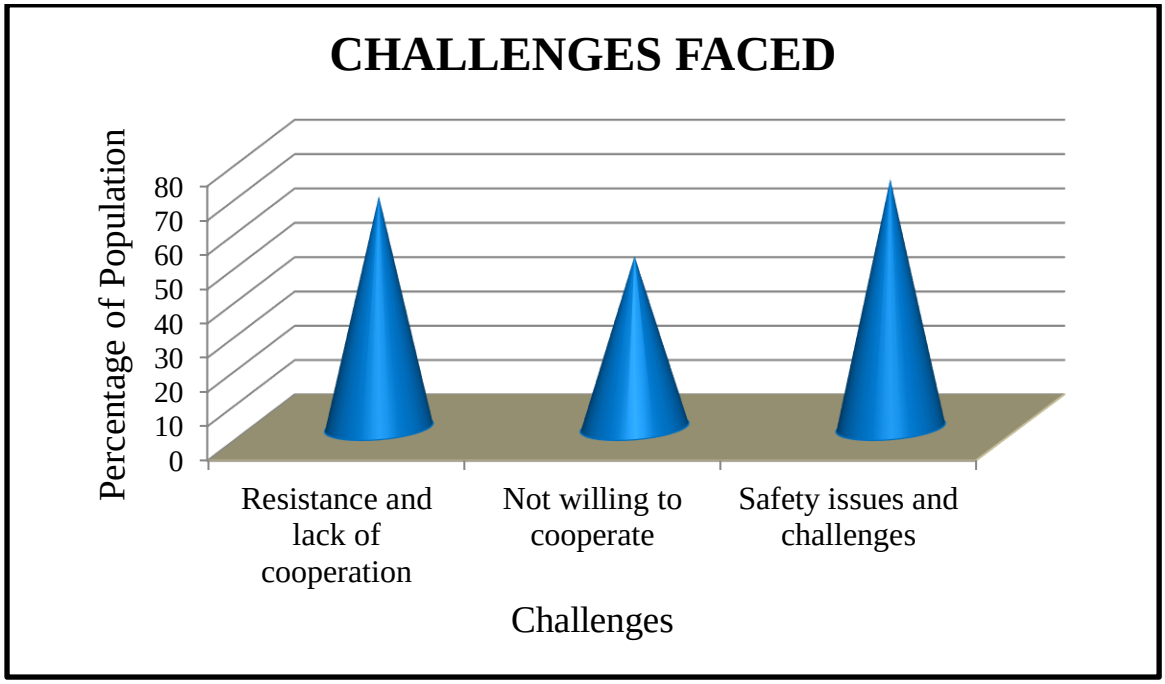
Figure 3.16: Intensity of challenges faced by AWW and AWH



Source: Primary data

3.20. CHALLENGES FACED FROM COMMUNITY

Figure 3.17: Challenges faced by AWW and AWH from community

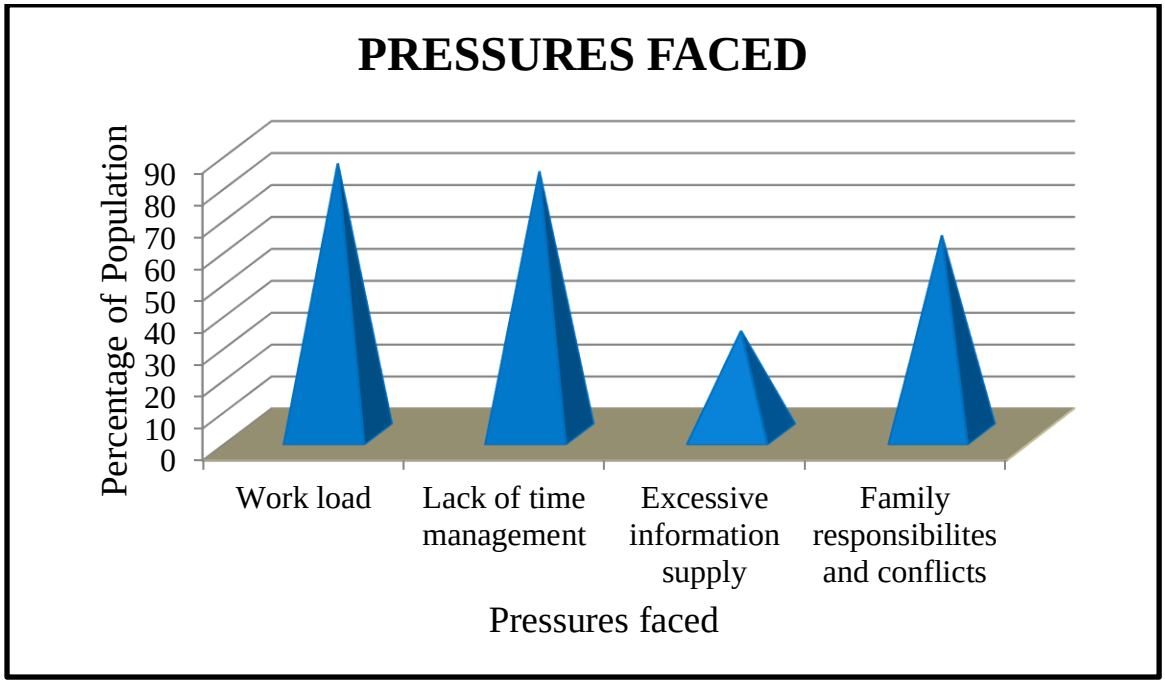


Source: Primary data

Based on the graph, it's clear that most respondents were worried about their safety when completing door-to-door services, such as surveys and awareness campaigns. Then out of 40 respondents who had done COVID related activities, 27 respondents faced resistance and lack of cooperation from the community because they were not ready to talk due to the COVID stigma.

3.21. PRESSURES FACED BY AWW AND AWH

Figure 3.18: Stress that felled by AWW and AWH



Source: Primary data

Respondents were also asked about the reasons for stress, and they concluded that the main reason for stress is excessive workload at the time of COVID. Due to this overload, 33 respondents had difficulty managing their time, and 25 respondents did not get enough time to spend with their families because they were always engrossed in the duties of the COVID.

CHAPTER 4

FINDINGS, RECOMMENDATIONS, AND CONCLUSION

4.1. INTRODUCTION

This chapter will give the findings and conclusions of the study.Suitable suggestions are also recommended in the light of these findings.

4.2. MAJOR FINDINGS

- According to the survey conducted in 23 Anganwadi centres of Mulavukad panchayath, it was found that all the centres rendered the necessary services for the beneficiaries to mitigate the COVID 19 crisis even when the Anganwadi centre was closed due to lockdown.

  The services provided by the Anganwadi centres to the beneficiaries include:

  - THR (Take home ration) delivery: When the lockdown was announced, the children could not access regular nutritious meals, so Anganwadi workers and helpers delivered THR (for 0-3-year-olds, 3-6-year-olds, pregnant and lactating women) at the doorsteps of all beneficiaries. For pregnant women and lactating mothers, the THR includes items such as wheat, green gram, groundnut, black dal, oil, and jaggery. THR for three to six years kit consisting of rice, green gram, Amrutham Nutrimix , broken wheat , wheat, and rice powder. In Kerala 5,17,841 children under 3 years and 4,44,175 children in the age group of 3-6 years were given food as Take Home Ration (THR) scheme as part of Supplementary Nutrition Programme.

  - Milk to beneficiaries: The Anganwadi initiative provides 150 ml of flavoured, sweetened, and Vitamin D-fortified milk to pregnant women, lactating mothers, and children who are beneficiaries. The program was inaugurated by the panchayat president.

  - Growth monitoring: Workers and helpers from Aanganwadi monitored the development of children between the ages of zero and 18 years and pregnant women to understand how well they had been immunized during the pandemic.

  - Anaemia awareness class: Their anaemia awareness classes take place offline and online to make beneficiaries aware of this disease that is caused due to lack of food nutrition. This class was very beneficial to all the beneficiaries in taking care of their nutritious diets.

- Helpline number: In case of an emergency or if they have any questions, Anganwadi workers provided their beneficiaries with a helpline number. Which is also useful to interact with each and every beneficiary of their survey area through telephones and conducted regular follow up.

- Online preschool: During the lockdown, lessons are shared via the mobile network for preschool education. They also teach various arts and crafts activities in the programme which children at home can easily follow during the lockdown, along with a regular theme-based preschool education module.

- Anganwadi to home (കുടുംബങ്ങളിലേക്ക് അങ്കണവാടികൾ): Anganwadi workers interacted with every beneficiary of their survey area through telephones and are conducting regular follow up to ensure the health care of pregnant women and adolescents in connection with the spread of COVID variants. The other awareness activities carried out by the Anganwadi centre to ensure well-being and health are by Calling pregnant, lactating mothers and elders in the Anganwadi area, giving help to those who are suffering from health problems by contacting the Rapid Response Team in the respective ward for necessary assistance. They Must call at least 20 people a day and this information should be forwarded to the rapid response team on the same day also they want to prepare and submit the Report.

  Other than the services for beneficiaries they provide services for the public also. The services rendered by the Anganwadicentres to the public include:

- Holding several awareness classes on COVID 19 safety practices and holding a rally in their Anganwadi area to increase awareness about self-hygiene using placards and demonstrating handwashing to their locals. Because of the responses of AWW and AWH, it's notable that 22.5% are partially aware of the dangers of CORONA virus so their awareness classes were mere knowledge to people in the locality.

- As great support for the COVID-affected residents in their area, Anganwadi centres monitor and manage quarantine patients, as well as carry out follow-ups and community surveillance.

- Anganwadi centres provide sanitizer support to people in their area by providing masks and sanitisers, which are the most essential hygiene tools for combating COVID.

- Anganwadi workers conducted a survey of the elderly using telephone survey data, which was shared with other departments for follow-up. As part of this survey, Anganwadi centres collect information about the elder disease, the last time they saw their doctor, and the types of medicines they are taking. Thus, the Anganwadi centres provide them with their medicines at times of lockdown when they don't have access to sources of medicines.

- In this study, it was founded that out of 46 respondents the majority of them belong to the age group of 50 to 60 (50.4%) they are more involved in the COVID related activities and services. 15.2% were between the age group of 30-40 which is their primary level of work. So they were not much involved in COVID work. Also the women at the age group 30-40 are the least likely to have worked in Anganwadis, which suggests that women in their middle age are not as interested in the Anganwadi job since they see it as a low-status and low-paying job.

- Both the Anganwadi workers and helpers were equally responsible for holding all the services and activities in their centre locality. Therefore both of them contribute efficiently in COVID related duties also.

- The majority of respondents 39% of the study are married women so they will have to maintain their family life and work at the same time and they also face difficulty to spare some time for their family at the time of lockdown.

- Out of 46, 71.8% of respondents are from a family consisting of 1 to 4 members so they will not have enough time to spend with their families, primarily their spouses and children, and it will be hard for them to maintain their work and family life since they don't have much family to help them.

- Comparatively, in the nuclear family, women have higher status than in the joint family; therefore it will have a greater influence on the women’s work.

- The requirements of minimum qualification of the respondents are different for helpers and Workers. The minimum qualification for an Anganwadi worker is SSLC. All 23 Anganwadi workers in Mulavukad panchayathcentre have passed the SSLC apart from the SSLC qualification 17.4% were HSE qualified and 10.8% were qualified for graduation and above. In the case of Anganwadi helpers out of 23, 3 of them have qualified SSLC other 20 are not.

- Most of the respondents have a work experience of 10 to 14 years which allows them to take on some really interesting and challenging responsibilities because an experienced individual can learn the do's or don'ts of their job and this may give them more efficiency in their COVID related activities.

- As AWWs and AWHs are from the same area where the Anganwadi centres are located, the majority of them are within 300 to 500 meters of the centre. In contrast, only 8.6% of respondents need to travel beyond one kilometre from their home to the centre. This meant that 92.5% of Anganwadi workers and helpers at the time of lockdown for delivering THR and for monitoring their beneficiaries, walked to every house. In this 26.2% of respondents face difficulties in travelling.

- The income of an individual is considered an important variable for understanding the socio-economic condition of the respondents. The income pattern will be different for workers and helpers. The helpers are earning an income between 6000-8000, for workers they earn more than 10,000 and the temporary workers earn a range of 8000 - 10000 income.
- Anganwadi centres in Mulavukad panchayath provided needed services for 262 preschool children, 1099 beneficiaries aged 0 to 6 years consisting of lactating mothers, and 101 pregnant women at the time of the pandemic.

- Out of 46 respondents, only 86.9% were involved in COVID related duties other 13.1 % were the new joined who was not involved in any of COVID related duties.

- During the pandemic, about half of the workers experienced difficulties taking online classes for their preschool children due to a lack of network connections and gadgets. Therefore, they turned to their family members for help.

- Usually, the working time of Anganwadicentre is from 9:30 am to 3:30 pm which is around six hours. But at the time of covid even when the Anganwadi centres are closed majority of them needed to work more than 6 hours which was hectic for them sometimes, they need to work till midnight for updating their works to the supervisor.

- Approximately 45% of respondents found the smartphones provided by the government for their work to be fully useful, 37.5% partially used them, and 17.5% did not find them useful. It occurs because some respondents may not be aware of how to use the phones, and some provided phones may break earlier than expected.

- In the study, 32.6% of respondents with COVID duties were infected, but they did not receive any compensation from the government other than a leave without pay cut.

- The salary of every worker and helper of Anganwadicentres in mulavukad panchayath receives the same salary that they had before the pandemic during the pandemic also.

- The extra payment that all 40 respondents received during the pandemic was Rs 250, which was given to them for the purpose of purchasing hygiene products like masks and sanitizers.

- All respondents who did COVID related duties received online interactive training sessions to build capacity and disseminate information about the virus, the preventive measures to be taken, and the psychosocial impact of COVID-19 on women and children and verbal instructions from various doctors, they also get manuals and guidelines to their reference and it also educate Anganwadi workers to adopt measures to safeguard themselves from COVID-19.

- For delivering THR, monitoring the growth of beneficiaries and all AWW and AWH cover almost 17 houses per day. Their maximum target where500 houses in a month.

- 57.5% of respondents faced a few challenges while delivering the COVID related duties but this didn’t make any significant impact on their work because they take the COVID related activities as a social service that they deliver wholeheartedly.

- Due to COVID, 20 respondents faced resistance and lack of cooperation from the community because 67.5% of people were not willing to talk due to COVID 19 stigma. 29 respondents faced a safety issues and challenges while doing door to door surveys and spreading awareness

- Finally, every workers and helper were fully satisfied with their COVID related duties because they were happy about the fact that they were also involved in giving hand to people to get rid of this CORONA virus.

4.3. RECOMMENDATIONS

- On considering the above finding, the main recommendations are:
- Anganwadi workers and helpers should be treated as employees and skilled workers by paying adequate remuneration instead of simply honorariums.

- They need to get access to more safety measures while they were visiting the COVID affected houses.

- The Anganwadi workers and helpers need to be provided medical insurance coverage for their services at the time of COVID without looking at their safety.

- The government should provide transport services for AWW and AWH which have a distance of more than one kilometre from home to the centre and for delivering the THR.

- The government should make necessary follow up about the smart phone functioning that was provided because most of the work done by Anganwadi workers is through smart phones so a fully working smart phone is a necessary gadget for the Anganwadicentre.

- Training should give to all workers and helpers about the usage of smart phones for their different work. So it makes them fully efficient in delivering their duties.

- The centre and the state governments need to recognise the contribution of Anganwadi centres as a vital link in the fight against COVID-19, especially at the local level, and give due attention to their safety and working conditions.

- Anganwadi helpers should get the necessary training for providing psychological support for the beneficiaries at the time of COVID.

- Should reduce their Overburden of work which makes them work overnight by dividing their work into different departments.

- Empower the Anganwadi workers and helpers for their immense work by giving adequate trainings.

- Every worker needs to provide computers and accessories for keeping and submitting records and documents.

- Regular monitoring is needed to identify and address the challenges to keep the AWWs motivated in effectively discharging their duties.

- Provide adequate gratuity for every Anganwadi worker and helper because they always contribute to educational and health service.

4.4. CONCLUSION

The Dissertation titled “The effect of COVID – 19 on Anganwadi workers in Mulavukad panchayath” is an analysis of the services and activities provided by the Anganwadi workers and helpers. This study also tries to identify the challenges and stress experienced by each of them at the time of COVID.

After the lockdown was announced on 24 March 2020 Delivery of pre-schooling activities was suspended across all Anganwadis as per respective orders. From March to June the Anganwadi centres start to deliver their duties for protecting the state from the deadly novel CORONA virus without considering their health. The twenty-three Anganwadi centre that comes under the Mulavukad panchayath of Edapally ICDS office was given immense support for the state to battle against the COVID.

Anganwadicentres are the first educational institution for children within the age group of three to five years. Apart from the educational services Anganwadicentres also take caring the nutrition level of children between the age group of zero to six years, pregnant women and lactating mothers. Anganwadi centres are mainly working toward the following objectives. Improving the nutritional and health status of children in the 0-6 age group, building a solid foundation for the child's psychological, physical, and social development. Reducing deaths, morbidity, malnutrition, and school dropout rates, Coordination of policy and action between various departments to bring about child development and enhance the ability of the mother to take care of the child's normal health and nutritional needs through proper nutrition and health education.

After the spreading of the CORONA virus and after the lockdown was announced the Anganwadi worker's and helper's workload increased with different types of services and activities other than their main objectives. They need to conduct so many activities according to government order to function as a backbone for the state to fight against the COVID .The AWWs and AWHs faced a lot of challenges like lack of time management, didn’t getting much time for family and all because they always needed to make an update about the COVID affected people in their locality to various departments and always want to make necessary actions. COVID 19 related work and duties delivered by the Anganwadi centres may include: spreading awareness on COVID 19 safety practices, door to door screening,

door to door THR delivering, community surveillance, contact tracing, and managing and supporting quarantine centres.

It was really dangerous to work for them selflessly during these periods even though they are very keen to deliver these services without any complaints because these workers and helpers were enthusiastic to deliver a hand of help for society to recover from this CORONA virus.

We need to appreciate and recognize these Anganwadi centres for their efficient work to protect society without considering their health. The income of every worker and helper is the same as usual before and after the pandemic so the government need to give more consideration to their remuneration because they are worthy of that.

Now after when all the Anganwadi centres have come to a regular working basis every teachers and worker are really happy to welcome back their students to the centres. They are now proud to become a part of a services renders for the state.

This present study showed that the Anganwadi duties at the time of COVID were not an easy task because it is meant to serve the locality by each Anganwadi centre to protect and take care of the people. Therefore for this, the Anganwadi workers and helpers are needed to be noted for the challenges they faced and for the stress they concurred. Everyone was happy to deliver COVID duties because they take it as a social service and a chance to meet their preschool children at the time of pandemic lockdown.

APPENDIX

END NOTES

[1] Integrated Child Development Services, Government of India, Vikaspedia, May 23, 2020

[2] The Economic Times *"Government plans to upgrade 2.5 lakh anganwadi centres in next 5 years: Women and Child Development Ministry official"* Last Updated: Dec 17, 2019, 01:53 PM IST https://economictimes.indiatimes.com/news/politics-and-nation/government-plans-to-upgrade-2-5-lakh-anganwadi-centres-in-next-5-years-women-and-child-development-ministry-official/articleshow/72828637.cms?from=mdr

[3] Kerala Economic Review 2020

[4] Pratyush Poddar, Kunal Mukherjee (2020), *"Response to COVID-19 by the Anganwadi ecosystem in India"*, Published by KPMG in India https://assets.kpmg/content/dam/kpmg/in/pdf/2020/06/anganwadi-report-2020.pdf

[5] Atanu Sengupta and Asish Kumar Pal (May 1,2021), *"A Circle of Fire: A study on rural Anganwadi workers during the Covid-19 pandemic"*, Mainstream, VOL LIX No 20, New Delhi https://www.mainstreamweekly.net/article10825.html

[6] The Union Minister for Women and Child Development Smt. Smriti Zubin (17 SEP 2020), *"Impact of Covid-19 Pandemic on Anganwadis across the Country"*, Posted by PIB Delhi https://pib.gov.in/PressReleasePage.aspx?PRID=1655608

[7] Tabrez Alam and MdAfroz (18 December 2020), *"Post-COVID-19 e-governance challenges: A case study of Anganwadi services"*, Blog by Down to earth organisation https://www.downtoearth.org.in/blog/governance/post-covid-19-e-governance-challenges-a-case-study-of-anganwadi-services-74701

[8] Viji (2020), *"Self motivatedAnganwadi worker's services during COVID 19"*, Published in vikaspedia https://vikaspedia.in/aspirational-districts/orissa/nuapada/best-practices/self-motivated-anganwadi-workers-services-during-covid-19

[9] Aditi Madan and Ashok K. Madan (MAY 192020), *"Need to revisit Anganwadi workers"*, Article by Observer research foundation https://www.orfonline.org/expert-speak/need-to-revisit-anganwadi-workers-66370/

[10] Bhatia S., Saha D. & Pal S. (2021), *"Understanding the Perspectives of Frontline Health Workers (ASHAs, Anganwadi workers & ANMs) in Bundelkhand Region to Improve COVID 19 Containment Efforts"*,Self Reliant Initiative through Joint Action (SRIJAN) http://publications.azimpremjifoundation.org/2764/1/SRIJAN.pdf

[11] John, Aparna, Nicholas Ni sbett, Inka Barnett, Rasmi Avula, Purnima Menon. (2020), *"Factor s influencing the performance of community health workers: A qualitative study of AnganwadiWoker s from Bihar, India"* PLOS ONE .Vol 15(11): 1- 1 7

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0242460#:~:

text=This%20paper%20finds%20the%20following,dynamics%20and%20seasonal%20migration%3B%20and

[12] BhanupriyaRao and Sreya Dutta Chowdhury (2021), *"Female frontline community healthcare workforce in India during COVID-19"*, Report by BEHANBOX, Last modified 22 June 2021, 09:57 https://behanbox.com/wp-content/uploads/2021/03/APU-Report-Final.pdf

[13] The Hindu's special correspondent (2021), *"COVID insurance scheme to cover anganwadi workers"*, Thehindu Updated on October 05, 2021 22:04 IST https://www.thehindu.com/news/national/anganwadi-workers-helpers-involved-in-covid-related-duties-to-get-50-lakh-insurance-cover-official/article36840593.ece

[14]Deepanjali Behera, Devarsetty Praveen and ManasRanjanBehera (3 Aug 2020), *"Protecting Indian health workforce during the COVID-19 pandemic"*, Journal of family medicine and primary care (jfpmc) Published online 2020 Sep 30. doi: 10.4103/jfmpc.jfmpc_925_20 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7652162/

[15] Phuong H Nguyen, Shivani Kachwaha, Anjali Pant, Lan M Tran, Monika Walia, SebantiGhosh, Praveen K Sharma, Jessica Escobar-Alegria, Edward a Frongillo, PurnimaMenon and RasmiAvula (16 Apr 2021), *"COVID-19 Disrupted Provision and Utilization of Health and Nutrition Services in Uttar Pradesh, India: Insights from Service Providers, Household Phone Surveys, and Administrative Data"*, the journal of nutrition jn Published online 2021 Jun 3. doi: 10.1093/jn/nxab135 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8195077/

[16] ICDS Scheme, http://wcd.kerala.gov.in/article.php?itid=Mzg3

[17] Ministry of Women and Child Development "*Targets Achieved through AnganwadiCentres*",Posted on 22 July 2021 4:49PM https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1737765

[18] Honoray Workers and Selection of AWWs, https://wcd.nic.in/sites/default/files/Honoray%20Workers%20and%20Selection%20of%20AWWs.pdf

[19] Economic review 2020

[20]Roles and Responsibilties of AWWs, https://wcd.nic.in/sites/default/files/Roles%20and%20Responsibilities%20of%20AWWs.pdf

[21]Anganwadis: Services, Problems and Solutions, March 13, 2021, https://journalsofindia.com/anganwadis-services-problems-and-solutions/

BIBLIOGRAPHY

1. AditiMadan and Ashok K. Madan (MAY 192020), "Need to revisit Anganwadi workers".

2. Amalappa, Kamala (2015), "*Socio economic conditions of anganawadi workers a case study of raichur district".*

3. AtanuSengupta and Asish Kumar Pal (May 1, 2021), "A Circle of Fire: A study on rural Anganwadi workers during the Covid-19 pandemic".

4. Bhanupriya Rao and Sreya Dutta Chowdhury (2021), *"Female frontline community healthcare workforce in India during COVID-19".*

5. Bhatia S., Saha D. & Pal S. (2021) *"Understanding the Perspectives of Frontline Health Workers (ASHAs, Anganwadi workers & ANMs) in Bundelkhand Region to Improve COVID 19 Containment Efforts".*

6. Borgohain Himanta (2018) *"The Anganwadi Workers A Study In Sivasagar District Of Assam".*

7. *Government of kerala, Department of women and child development,http://wcd.kerala.gov.in/index.php*

8. https://www.pib.gov.in/PressReleasePage

9. https://journalsofindia.com/anganwadis-services-problems-and-solutions/

10. INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME, http://icds-wcd.nic.in/icds.aspx

11. Kerala economic review 2020, State Planning Board, Thiruvananthapuram, Kerala, India.January 2021

12. Ministry of women and child development, https://wcd.nic.in/schemes/anganwadi-services-scheme

13. PratyushPoddar, Kunal Mukherjee (2020), *"Response to COVID-19 by the Anganwadi ecosystem in India"*

14. Yelvattimath Gouri and Nithya shree(2015)*"A study on problems faced by anganwadi workers and suggestions given by them"*

ANNEXURE

QUESTIONNAIRE

EFFECT OF COVID-19 ON ANGANWADI WORKER IN MULAVUKAD PANCHAYATH

1. Name: _____

2. Age:

□ 30-40

□ 41-50

□ 51-60

3. Anganwadi Worker / Anganwadi Helper

4. Name of Anganwadi centre:

5. Ward Number of Anganwadi centre:

6. Marital Status

□ Single

□ Married

□ Widow

7. Size of the family:

□Small (1 - 4)

□Medium(5 - 8)

□Large (More than 8)

8. Education:

□ Below 10th

□10th

□ 12th

□ Graduate and above

9. Experience of work:

□ Below 5 years

□ 5– 09 years

□ 10- 14 years

□15 - 19 years

□ 20-24 years

□ 25– 29 years

□ 30 years and above

10. Distance from Home to work place:

□ Below 300 meter

□ 300 – 500 meter

□ 500 – 1000 meter

□ Above 1 kilometer

11. Your Monthly Income before pandemic

□ 3000-6000

□ 6000- 8000

□ 8000 -10000

□ More than 1000

12. The perform level of the following works

	Services	**Fully**	**Partially**	**Never**
a	Supplementary nutrition			
b	Immunization			
c	Health check-up			

d	Health referral			
e	Pre-school non-formal education			
f	Health and nutrition education			

13. Number of beneficiary between the age 0 to 6 years_____

14. Number of pregnant women beneficiaries_____

15. How many children are enrolled in your Anganwadi

□ Below 10

□ 10 – 20

□ 21- 30

□Above 30

16. Have you been given COVID 19 related duties ever since the lockdown began?

□ Yes □ No

17. Which all activities were included in your COVID 19 work?

□ Contact Tracing

□ Surveillance and follow up

□ Awareness about COVID 19 practices

□ Managing quarantine centres/assisting patients

□ Quarantine Support

□ Accompany suspected cases for testing

□ Elderly survey

□ Sanitizer support

□ Other

18. Services that provided for Beneficiaries

□ Take home ration(THR) at the doorsteps

□ interacted with each and every beneficiary / Psychosocial support

□ Milk to beneficiaries

□Online class for children

□Helpline Number

□Other

19. Did you face any difficulties in online teaching, what are they?

_____

20. During lockdown, how many hours a day did you do COVID 19 related work?

□ 2-4 hours

□ 4-6 hours

□ More than 6 hours

21.Did you have smart phone that provided by the Government for the Anganwadi services?

□ Yes □ No

22. Is the Smart phone was beneficial for Covid related duties

□ Fully

□ Partially

□Not beneficial

23. How do you travel for your work at time of pandemic?

□ Own vehicle

□ By walking

□ By help of family member

24. Did you face any difficulties travelling for covid related work?

□ Yes □ No

25. Were you given any training by your ANMs/PHCs for COVID 19 related work? If yes, how was the training provided?

□ Online training

□ Given written manuals and guidelines

□ Verbal instructions by supervisors/doctors

26. Did you receive any protective equipment for COVID 19 work?

□ Yes □ No

27. If Yes, What were the protective equipments provided to you

□ Sanitizers

□ Masks

□ PPE suit

28. If No, How much money did you spend on an average on masks and sanitizers to protect yourself?

□ Less than Rs. 50 □ Rs. 50-100 □ Above Rs. 100

29. Were AWW able to get a Corona test on time if required?

□ Yes

□Not able to get tested

30. Did you get infected by COVID 19?

□ Yes □ No

31. Did you or any other worker receive any compensation from the government after getting infected by COVID 19?

□ Do not know

□ Yes

□ No

32. Did you earn more or less than your monthly salary during the lockdown period?

□ More than usual

□ Same as usual

□ Less than usual

33. Was any extra payment promised to you for COVID 19 work? If yes, how much?

□ Rs. 1000 per month

□ Rs. 500 per month

□ Nothing was promised

□ Others

34. Did you receive this promised payment for COVID 19 work?

□ Yes, I received the full amount

□ I received some amount

□ Did not receive any amount

35. How many houses did you cover per day for COVID 19 surveillance?

□ Upto 10

□ 10-15

□ 15-25

□ More than 25

36. Do you think your local community is aware of the COVID 19 precautions and safety measures?

□ Fully aware

□ Somewhat aware

□ Not at all aware

37. Did you face any challenges in the community during your COVID 19 work?

□ Yes, faced a lot of challenges

□ Faced little challenges but no significant impact on my work

□ Did not face any challenge

38. What challenges did you face?

□ Faced resistance and lack of cooperation from the community

□ People not willing to talk due to COVID 19 stigma

□Safety issues and challenges while doing door to door surveys and spreading awareness

39. Do you feel any of this stress for doing COVID related duties?

□Excessive Work load

□Lack of time management

□Excessive information supply

□Family responsibilities and Conflict

40. Did you face any verbal or physical assault during COVID 19 work?

□Yes □No

41. Overall, do you feel that you were supported satisfactorily to do your COVID 19 duties?

□Fully

□Partially

□ Never

42. What are the changes you noticed in the functioning of Anganwadis after COVID-19?