SUMMARY

In all six Anganwadis located in Bapoli, Rasalapur, Salwan, Dapadi, Dodhpur and Vajirpur Titana of district Panipat were included in the present study. Regarding the general information the percentage of children attending Anganwadi centres in the first two Anganwadis is more as compared to other centres, probably being the oldest one. As far the infrastructure facilities are concerned these two Anganwadis have a little better conditions than the others which are almost equal to each other in having infrastructure facilities. Anganwadis of Bapoli, Rasalapur, Dodhpur and Vajirpur Titana have sufficient number of utensils and kitchen equipments where as other two have no such facility because these were started recently. All the Anganwadi centres have been provided with a bucket for storing water, but no detergent. Hence, all of them are using ash as an alternative cleaning agent.

All the Anganwadi workers are in the habit of using the cleaning and hygienic practices like washing of hands, keeping the food covered during cooking etc. All the Anganwadi workers were doing their job in keeping health records satisfactorily. Charts and models to provide knowledge regarding HNE to the respondents were also available at first two Anganwadi centres. But none of the centres under study has been provided any instrument for measuring height of the children. The guide book to get information prescribed by the Government is available at

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each centre but only some workers use it. Supplementary nutrition is an important component of the programmes carried out by the Anganwadi centres under study. Children generally attend the centres from the very beginning in the morning and remain there till the supplementary nutrition is distributed among them.

Children and mothers are supposed to get different types of food preparations/recipes at alternate days. But the food distributed among them depended upon the availability of the supply. The workers reported that sometimes they have to repeat one recipe for many days because of irregular supply of ration.

The frequency of health check up by the workers at all the centres ranges between occasional to regular. The children attending the Anganwadi centres looked better in health and cleanliness than the other children of the village who do not attend these centres. Immunization is also an another important activity of the Anganwadi workers. The Anganwadi worker in Bapoli village is running immunization camp on every Tuesday and Thursday because the Primary Health Centre is in close vicinity, while in other centres it is held once a month.

The Anganwadi workers also take care of pregnant and lactating mothers at all the centres who are checked up monthly with the help of medical staff. Complicated cases are referred to civil hospital. They are being motivated to get them vaccinated against tetanus. Iron tablets are being distributed and regular health check up record is being maintained at all the centres.

Anganwadi Workers

All the Anganwadi workers were young and around 20 to 30 years of age. All are matriculate except one who is graduate. The performane of the Anganwadi worker in centre (P_1) of Bapoli village was better as compared to other because she was mature, more qualified, has longer experience and belongs to the family having higher education.

All the Anganwadi workers have sufficient level of knowledge regarding child care practices, bottle feeding, and feeding intervals etc. But the knowledge about supplementary food/weaning food was not upto date. In their opinion, the feeding practices were more traditionally oriented and the ladies did not change them easily. The fact is that in the villages supplementary food is generally not started before the age of one year and child eat whatever is cooked for the family. They have neither time nor money for extra care. Even they do not believe in giving special treatment to individual child. Their belief is that mother's milk is of high nutritive value than anything else. All the anganwadi workers have correct knowledge about immunization schedule. They have not taken any initiative in organizing vichar gosthi. Only mother's meeting is held once a month out of the communityorganization in all the Anganwadi centres. The workers of Panipat rural block have shown more interest in organizing such meetings and cover wider topics of discussion during these meetings.

The facilitators and constraints as perceived by the worker have also been studied. This shows that very few agencies extend their cooperation to this programme at AWC level. The village panchayat, mahila mandal, BDO and other voluntary organizations do not involve themselves in this programme. Sometimes it is the only health staff or youth clubs (informal) who extend their help to the Anganwadi workers. The village women extend some help in conducting activities whenever it is needed and they have time for it which should be increased. More youth clubs should be involved in this programme. Each centre is satisfied with the duties performed by the helpers. The visit of CDPO andn supervisor is as per the schedule. During their visits they check the registers but neither help nor guide in programme planning and preparation of aids. The visit is almost formal. The Medical Officer pay more visits at first two centres probably because of its being near to PHC. On other AWCs they pay visits after three months. ANM pays fortnightly visit, however, at one centre it is after a month. They get regular supply of food in sufficient quantity but not of different varieties. This can be taken care of. The medicine supplied as reported by them is not sufficient because they get only one first aid medicine kit in a year. The vitamins and iron tablets whatever they get are either insufficient in quantity or do not reach to the clientele. Some record should be maintained and these should be cross examined to minimize some corrupt practices.

The job satisfaction level of the AWWs is low as their honorarium is very less but the work is more to such an extent that they have to do even clerical work. Their work does not have any status and lacks recognition. They themselves were not satisfied with the functioning of programme. They all expressed need of improvement in programme to make it more beneficial to the community. They also felt that attendance can be improved by involving community and giving more stress on health and hygiene measures.

As reported by the worker they have number of problems which are hindering in discharging their duties successfully. The problems included are, less rental charges, less fuel charges, place of AWC is not suitable, insufficient medicine supply, less health check up facilities, recipe is not accepted by community people and inadequate supplement food supply. Workers are paid less honorarium but they are to do more work. Due to these problems workers take less interest in their duties.

Majority of the beneficiaries were also between 20-30 years of age group. Most of the respondents either beneficiaries or non-beneficiaries are illiterate and belong to agricultural labour class family. The beneficiaries pay 15-19 visits to AWCs per month. AWW pay home visits to beneficiaries and non-beneficiaries. Major topics of discussion by the AWWs are about the vaccination, cleanliness, common childhood diseases and hygiene. They also discuss about the importance of girl education. Some of the beneficiaries are getting

tonics in form of iron and calcium tablets. Beneficiaries reported that they are benefitted from Anganwadis in form of immunization and food. Their children are benefitted in form of improvement in health, acquisition of manners and cleanliness habits. The respondents were satisfied with over all improvement of the children as well as by the performance of AWWs. However, they were of the view that workers are more benefitted than the villagers.