

## **1. Role of Anganwadi workers and ASHAs in Curbing Malnutrition**

### **Context:**

- Malnutrition is a complex multi-dimensional issue and the role of anganwadi workers in curbing this.

### **What is Malnutrition?**

- Malnutrition comprises both under-nutrition and over-nutrition and they both lead to their own set of disease conditions.
- The standards to measure under-nutrition are stunting, wasting and under-weight; while over nutrition is measured by incidence of overweight, obesity and diet-related Non-communicable Diseases (NCDs) comprising of heart disease, stroke, diabetes and cancer.
- As per National Family Health Survey (NFHS-4), 35.7% children (aged <5 years) were reported to be **underweight and 38.4% stunted**.

### **Causes of Malnutrition:**

- It is caused due to a number of generic factors such as poverty, inadequate food consumption(due to poor availability/access), inequitable food distribution, poor maternal nutrition, sub-optimal infant feeding and child care practices, inequity/gender imbalances, poor sanitary and environmental conditions, and restricted access to quality health care, education and social safety-net services/facilities.

### **Role of Anganwadi Workers and ASHAs:**

- Anganwadi Workers and the ASHA workers are the grass root level functionaries under the umbrella ICDS scheme and the National Health Mission respectively.
- Under the ICDS scheme, Anganwadi Services were launched in 1975. Inter-sectoral convergence is in-built and integral to the Anganwadi services.
- The **target groups for these services are children below 6 years of age as well as pregnant women and nursing mothers**.

### **Package of services under the ICDS scheme:**

1. Supplementary nutrition
2. Pre-school non-formal education
3. Nutrition and health education
4. Immunization
5. Health check-up
6. Referral services

### **Roles and Responsibilities of Anganwadi Workers:**

1. To elicit community support and participation in running the programme
2. To carry out, annually, a quick survey of all the families in their respective area of work with particular attention to the mothers and children
3. **To organise non-formal pre-school activities for children aged 3-6 years** and to help in designing/making toys out of indigenous resources
4. To organise **Supplementary Nutrition Feeding** for infants as well as pregnant women and nursing mothers.
5. To provide health and nutrition education along with counselling on breastfeeding as well as infant/young child feeding practices to the mothers.
6. To conduct home visits for educating the parents, specially the mothers, for enabling to play an effective role in their child's growth and development with particular emphasis on that new born child.
7. To inform the ANM regarding any emergency cases like diarrhoea, cholera etc.
8. To guide ASHAs in the delivery of healthcare services and maintaining the records.

### **Roles and responsibilities of ASHA workers:**

- Under the National Health Mission, ASHAs (Accredited Social Health Activists) – the envisaged community health volunteers – are entitled to task/activity-based incentives.
  - Every village in the country is to have an ASHA worker, a trained female community health activist, selected from the village itself and accountable to its people for whom she will work as an interface between the community and the public health system.
1. They are promoters of good health practices. In addition, they provide a minimum package of appropriate and feasible curative care or arrange for timely referrals.
  2. They generate community awareness concerning the various determinants of health such as nutrition, basic sanitation & hygienic practices and healthy living/working conditions.
  3. They counsel women on birth preparedness, importance of safe delivery, breastfeeding & complementary feeding, appropriate care of the young child, immunization, contraception and prevention of common infections.
  4. They mobilise the community and facilitate their accessing health/health related services such as immunisation, antenatal/postnatal check-ups, supplementary nutrition, sanitation, etc.
  5. They act as depot holders for essential provisions like Oral Rehydration Solution, etc.

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6. Recently, **Home-Based-Care for young children has been initiated to** extend the community-based-care by ASHA workers with particular focus on nutrition counselling, improved child rearing practices and breastfeeding promotion, etc.

**Conclusion:**

- Thus, looking into the job responsibilities and activities of Anganwadi workers and the ASHAs as well as their close connect with the population at large, it is pertinent to say that this dedicated and devoted brigade of grass root level functionaries play an essential role in curbing malnutrition and hence, improving health and nutritional status of our mass.

