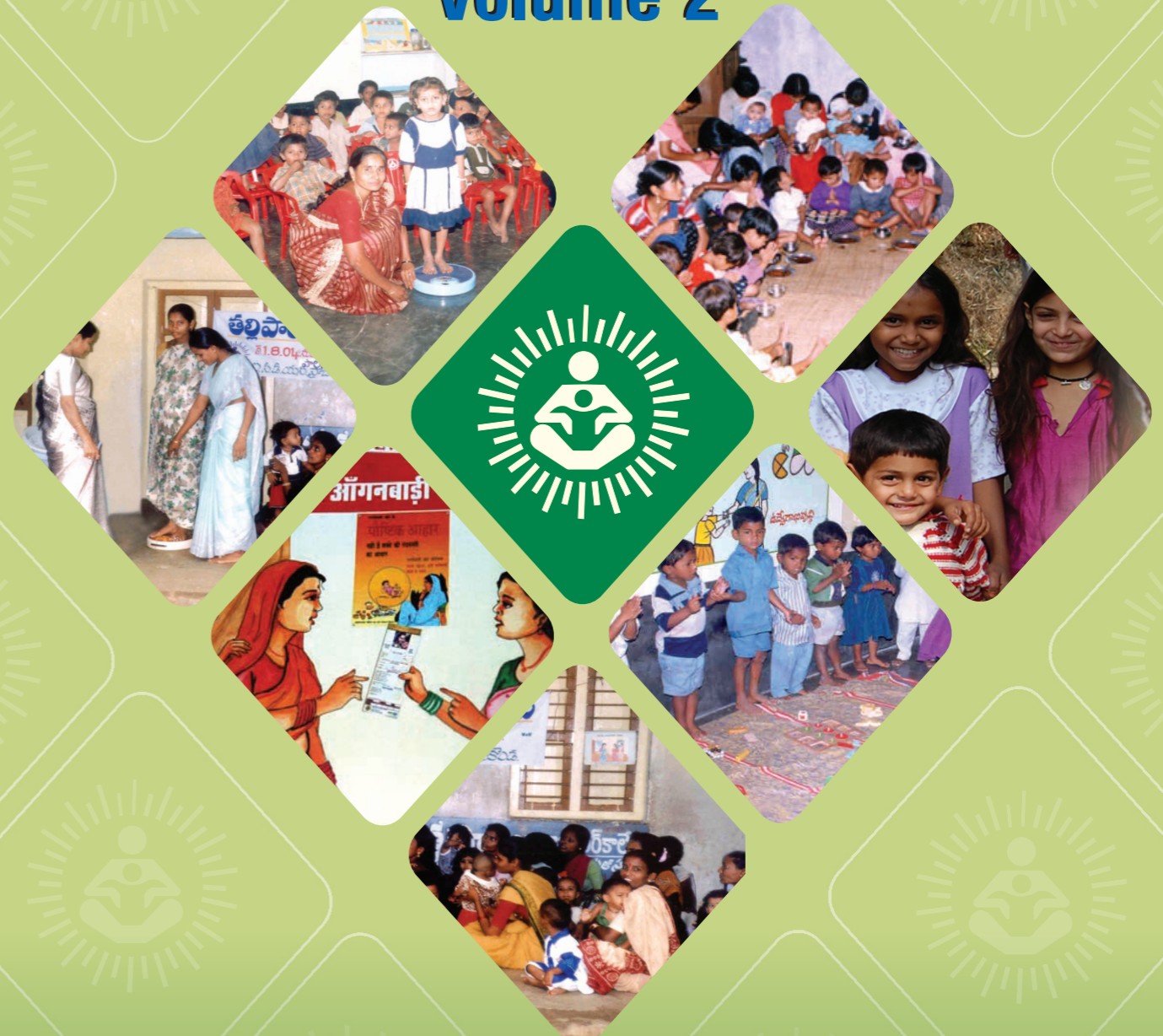


Research on ICDS An Overview Volume 2



National Institute of Public Cooperation and Child Development
5, Siri Institutional Area, Hauz Khas
New Delhi - 110 016



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Research on ICDS: An Overview (1986-1995)

Volume 2



National Institute of Public Cooperation and Child Development
5, Siri Institutional Area, Hauz Khas, New Delhi - 110016

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सत्यमेव जयते

कृष्णा तीरथ
Krishna Tirath



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Message

Our Children are our most precious resource, and nurturing our children is an investment we are making to ensure a brilliant future for our nation. ICDS, which was launched in 1975, provides an opportunity for the holistic development of children from vulnerable backgrounds. A good foundation in early childhood is provided in Anganwadi centres functioning under ICDS, where young children are provided nutritious food, an opportunity for joyful learning through informal preschool education, immunization, and mothers are guided through nutrition and health education to ensure the healthy development of children.

Several researches have been undertaken on ICDS, which have revealed the positive impact of ICDS, as well as the gaps that have to be bridged to further improve the functioning of the programme. With efforts being made to universalize ICDS, it is imperative to survey the researches on ICDS which have policy implications. Hence NIPCCD undertook the task of compiling the findings of various research studies in one document, for the convenience and benefit of planners, administrators and researchers.

It is hoped that this document would be useful to all persons who are involved in improving the situation of women and children from sections of society that need our support.

(Krishna Tirath)



अनिल कुमार
Anil Kumar



सचिव
महिला एवं बाल विकास मंत्रालय
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Foreword

Bringing about a change for the better in the lives of women and children has been a primary objective of the Government of India right since Independence in 1947. Recognizing children as a supremely important asset of the nation, in 1974, the National Policy for Children was formulated. In 1975, Integrated Child Development Services was launched in 33 Projects, on an experimental basis, to provide a comprehensive package of services for the holistic development of children aged 0-6 years.

Since ICDS was very well received, and favourable inputs received about its impact, much research has been done on various aspects of ICDS. In 1989, a document was brought out by NIPCCD titled **“Research on ICDS: An Overview: 1976-1985: Volume 1”**. It covered studies on administration and management of ICDS, impact of ICDS, evaluation of the various components of ICDS, job performance of functionaries, etc.

For the convenience of researchers, trainers and administrators it was suggested that Volume 2 of the document should be brought out covering research conducted during the decade 1986-1995. Consequently, this document is a compilation of summaries of research studies on ICDS conducted during the decade 1986-1995. Widely scattered research has been collected on various subjects like administration of ICDS, functioning of anganwadi centres, job performance of anganwadi workers, knowledge of functionaries, evaluation of ICDS, training of functionaries, preschool education in ICDS, etc. These studies have been summarized in one document for the convenience of researchers, policy makers, and other stakeholders to provide easy access to findings of research and collate the recommendations for policy formulation.

It is hoped that this document would be useful to all those working for the empowerment of women and children, and strive to improve the lives of vulnerable sections of society.

Anil Kumar
(Anil Kumar)

Acknowledgement

This compilation is the outcome of the cooperation received from many organisations and individuals. I would like to extend my gratitude to all Government departments, medical colleges, home science colleges, social work departments of universities, research institutes, voluntary and autonomous organisations, UN agencies and international organisations who willingly shared their research studies with us. Without their support it would not have been possible for NIPCCD to undertake this task of compiling the salient findings of research, nor collate important recommendations for policy formulation. To them I extend my deep gratitude.

I would specially like to thank Dr. Dinesh Paul, Additional Director and Dr. Sulochana Vasudevan, Joint Director for the help, guidance and support extended. I would like to thank Ms. Meenakshi Sood, Deputy Director and her Team at Documentation Centre for Women and Children (DCWC) for compiling the research findings. Staff of Publication Department of NIPCCD, Shri A.J. Kaul, Publication Officer, and Smt. Jyoti Sethi, Proof Reader have put in great effort towards publication of the document. Thanks are also due to all those who have contributed in any way towards the publication of this document.

I hope this document would be of use to all readers and stakeholders working for marginalized groups.



(A. K. Gopal)

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Introduction

ICDS is the world's largest programme for the holistic development of children aged 0-6 years, expectant and lactating mothers and selected adolescent girls. It also aims at improving awareness of the community as a whole, and bring about behaviour change. From 33 Projects in 1975, ICDS has expanded to 3397 Projects as on 31st March 1995.

Supplementary nutrition is provided to 15.66 million children aged 6 months to 6 years and 3.37 million expectant and nursing mothers.

During the Sixth Five Year Plan (1980-1985), the ICDS would be expanded so as to cover additional 400 blocks, raising the total to 600 blocks by the end of the Plan period. Measures will be taken to improve the working of AWCs by strengthening training, improving supervision and providing linkages with health, nutrition and other services and socio-economic programmes for women. The existing crèches, day care centres and balwadis would be integrated for providing a package of services, and linked with areas of economic activity. Welfare Extension Projects would also be merged with ICDS Projects wherever they coincide.

In the Seventh Five Year Plan period (1985-1990), ICDS was further expanded, and emphasis was on consolidation and improving the quality of services. Health components of the programme like immunization, health check-ups, Vitamin A prophylaxis, and iron and folic acid distribution was strengthened, with stress on uninterrupted delivery of services. Necessary action was initiated for maintaining the "cold chain" for proper storage of vaccines. Efforts would be made to see that these services specially reach children below 3 years of age. Greater stress was to be laid on the training of functionaries, as well as on their continued education through periodical refresher training courses. Community support and participation would be elicited in running the programme.

Monitoring mechanism was to be streamlined for timely modifications and corrections in the programme. Voluntary agencies and individual talent was sought to be utilised in programme supervision, and review and monitoring, and they would be given financial and organizational support for this purpose.

Being an important programme aiming at the holistic development of children (0-6 years) and mothers, ICDS has been the subject of many research studies.

This compilation covers research studies conducted on administration of ICDS, evaluation of ICDS, job performance of ICDS functionaries, knowledge of ICDS functionaries, preschool education in ICDS, supervision in ICDS, training of functionaries, and training centres.

It is hoped that recommendations suggested in the various studies would be used to further strengthen ICDS and make its impact visible by bringing a visible change in the measurable indicators of child development.

ADMINISTRATION AND MANAGEMENT OF ICDS

Administration and Management of ICDS

A Case Study on Administration of ICDS in U.T. Chandigarh

Sunita Bahl

Introduction

India has high incidence of malnutrition, morbidity and mortality among children as well as pregnant and nursing mothers. In 1972, Planning Commission suggested the implementation of Integrated Child Development Services (ICDS) Scheme in all the States of India to improve the nutritional and health status of children below 6 years of age. Chandigarh was also allotted an ICDS project in 1979 which was started in 24 anganwadi centres (AWCs). The number of centres gradually increased, and in 1983, 160 centres were operational. The present study was done to evaluate the functioning of these AWCs and its effect on target groups.

Aims and Objectives

The study was undertaken to:

1. Assess the achievement of the scheme in terms of improvement in nutritional and health status of children and women;
2. Understand the attitude of women towards the scheme;
3. Provide suggestions to take remedial steps to remove the flaws on the basis of people's attitude towards it.

Methodology

This study was conducted in the rural areas and urban slums of Chandigarh. Information regarding implementation of the ICDS programme was collected with the help of a questionnaire from 70 women beneficiaries, of whom 37 were from rural areas and 33 from urban slums. They had children who attended AWs and were either expectant or nursing mothers. Information was also obtained through observation, field visits and informal discussions with AWWs and Supervisors.

Findings and Conclusions

1. AWWs, the most important functionaries of the programme, performed their duties, but not with enthusiasm or motivation. Some AWWs took initiative in their work, while others did not, because of the poor service conditions and low educational level.
2. Children in AWs were taught to pray, count, play a few traditional games, sing and recite poems, etc. They were not taught about health, hygiene and environmental sanitation through the play way method.
3. The implementation of the functional literacy component for adult women was not satisfactory. It was observed that the women were hardly interested in learning the 3 R's (reading, writing, arithmetic), though they were interested in household and income generating skills.

4. The Supervisors checked registers, solved problems of AWWs, guided AWWs on how to fill up forms, use flash cards and other educational material. They rarely gave lectures or demonstrations on health and nutrition and visited mahila mandals only when major problems arose.
5. AWWs had very little interaction with local level organisations such as mahila mandals, village panchayats and schools, whereas CDPOs had maintained good liaison with them. Functionaries had been able to involve the community in some way or the other, but the participation was limited.
6. A few AWCs had not been visited by the health staff, as they were overburdened with their work at PHCs. Health check-up of the children was not regular in some centres, as the staff was frequently transferred from one PHC to the other, leaving the post vacant for a few months.
7. Some Medical Officers did not take much interest in the thorough examination of children, as they felt this work was an additional burden.
8. Medical check-up of children below three years of age was not upto the mark. The reason was that it was difficult for AWWs to collect 80-90 children below three years of age with their mothers at AWCs. The women, especially those who were working, were at times reluctant to come to AWCs at the appointed date and time.

All the children below three years of age were not immunized as there was not enough coordination between the health and ICDS staff.

9. In the initial stages of the programme, Block Development Officer (BDO) had assisted in the recruitment of AWWs. Later on there was weak liaison between BDO and CDPO, and the two interacted only at the time of official functions.
10. Findings revealed that ICDS was contributing to the all round development of children. Out of 70 children attending AWCs, 68 were regular in attendance. 93% children had become more active and developed the habit of cleanliness. 91% children had developed a liking for school and became more social in their behaviour. 90% children performed routine activities punctually, 80% learnt to respect elders and 84% gained knowledge about colours, environment, etc.
11. Data revealed that 64% expectant mothers were immunized against tetanus, the remaining 36% did not due to ignorance and fear of immunization. 45% women did not get their antenatal cards made as they did not feel the need or importance for the same. Only 17% women got themselves medically checked during the post-natal period.
12. Out of 60% of the beneficiaries who fell ill after the establishment of AWCs, 31% took treatment from private doctors. Reasons given were lack of confidence in the government dispensaries, inadequate facilities and attention given at the health centre, inadequate medicines and drugs, and location of PHC at a great distance from their residence.
13. All the respondents were receiving supplementary food daily. About 71% women were satisfied with it, though 40% suggested that the food given should be prepared at AWCs. Only 10% admitted that they shared their food with their children.
14. The supply of ready-made nutrition supplement was comparatively more convenient and hygienic, though recipes prepared at the centres were more nutritious.

15. Seven out of 70 children had been graded as malnourished and five mothers had been advised to give them special diet. Of these, two were unable to do so due to economic reasons.
16. About 17 women wanted food demonstrations, so that they could improve the diet of their families.
17. It was found that 74% women attended health and nutrition education lectures/demonstrations and gained knowledge.
18. About 98% beneficiaries indicated that they were willing to render help in the functioning of AWCs, 63% were ready to prepare the food, 71% were willing to distribute the food, and 23% were ready to give monetary help. About 78% beneficiaries who opposed monetary contributions gave poverty as the reason.

Recommendations

1. There is need for better coordination between the welfare, health and other related departments to fulfill the objectives of the scheme.
2. Attention needs to be paid towards the establishment and proper functioning of Village Level Committees.
3. In AWCs, non-formal preschool education for the moral, social, emotional, physical and mental development of children needs more emphasis.
4. More emphasis is should be given to the nutritional status of women beneficiaries during the antenatal and post-natal period.
5. The system of supervision needs to be strengthened for improving the quality of ICDS services.

Decline in ICDS Activities Due to Absence of Senior Supervisory Staff in a Tribal ICDS Block in Valod in Surat District (1980-85)

N. R. Mehta, Chitra Somasundaram and D. A. Shah

Introduction

The tribal ICDS project was started in Valod Taluka of Surat district in South Gujarat in 1979. This block had a population of 66,288 as per Census of India 1981. There were 88 anganwadis spread over 40 villages. Vedchi Pradesh Sewa Samiti and Vedchi Vidhya Pith Voluntary Developmental and Educational Institutions respectively, established in 1924, have contributed significantly to the economic and educational progress of this block. The first baseline survey was done in 1980 and 3 more annual surveys were conducted in 1981, 1984 and 1985. This study was done to assess the impact of ICDS by comparing the results of baseline and annual surveys.

Aims and Objectives

The study was undertaken to:

1. Assess the impact of ICDS on the health and nutritional status of beneficiaries by comparing the results of baseline and annual surveys;
2. Investigate the causes leading to decline in the quality of services provided under ICDS.

Methodology

The study was conducted in the tribal ICDS project Valod, district Surat, South Gujarat. A baseline survey was conducted in the project area in 1980 and three subsequent annual surveys were conducted in 1981, 1984 and 1985 respectively. To assess the impact of ICDS, lists of villages having AWCs with sub-centres and those without sub-centres were prepared. Three AWCs from each list were selected randomly. A population of 5000-6000 was surveyed in the six AWCs catchment area by house-to-house visits by a team of doctors and paramedical workers. Information was collected on four types of standard performa prepared by Central Technical Committee (CTC), i.e., household survey card, children's card, expectant mothers' card and nursing mothers' card. Information collected was counter-checked from the registers maintained by AWWs and MPWs.

Findings and Conclusions

1. The ICDS project, which was making steady progress till 1984, suddenly showed decline in 1985. This could be attributed to the posts of CDPO and four Medical Officers lying vacant at the headquarters.
2. There was a steady decline in the percentage of children suffering from Grade III and IV malnutrition till 1984, as given in the table below. During 1985, the number of children suffering from Grade III malnutrition increased by 2%.

Nutritional Status of Children

Nutritional Grades	Children (%)			
	1980	1981	1984	1985
PEM Grade III	17.4	4.4	4.0	6.0
Grade IV	2.1	1.2	0.6	0.3

3. During 1985, there was a decline in the number of children and mothers receiving supplementary and therapeutic nutrition and other services as shown in the following table.

Receipt of Services by the Beneficiaries

Services	Percentage Coverage of Beneficiaries	
	1984	1985
Immunization		
Triple antigen	70.0	64.0
BCG	60.0	47.0
Polio	69.0	59.0
Antenatal care	-	(70% expectant mothers did not receive)
Supplementary nutrition	-	(70% nursing mothers did not receive)

4. Distribution of supplementary nutrition was disrupted for several months during 1985.

Recommendations

1. Posts of CDPOs, Medical Officers, etc. should never remain vacant, as their absence causes a severe setback to the programme.

Integrated Child Development Services: A Study of Some Aspects of the System

C. Gopalan et al

Introduction

The Integrated Child Development Services (ICDS) Scheme is today the major national programme in the country, addressed to the weakest sections of the community. The present report deals with the results of a multi-centric project covering 300 anganwadis of the ICDS system spread over 16 states of the country. Each AWC serves a population of about 1,000. The project started with the modest objective of studying the impact of a new input in the ICDS programme, viz. the provision of the medical kit to the anganwadi worker to assist her in conducting the programme at the village level.

Aims and Objectives

The study was undertaken to:

1. Assess the impact on overall performance of existing activities at AWCs with the introduction of medicine kits in the context of overall objectives of ICDS;
2. Study the adequacy and appropriateness of the mix of different medicines in the kit supplied to AWCs in relation to the prevailing morbidity pattern among beneficiary target groups;
3. Assess the perception of AWWs about the adequacy of their training, their recruitment and current status of functioning of the system;
4. Find out the perception and views of Mukhya Sevikas and CDPOs regarding the working of the system, and the nature of vertical and horizontal linkages with functionaries of health sector;
5. Find out the views of the health functionaries about the extent and type of linkages with AWWs and other echelons of ICDS;
6. Assess the views of mothers about AWC activities and the extent of their participation in them;
7. Collect information regarding the coverage of population and know the extent of utilization of services by the community by examining the records available at AWCs.

Methodology

For the purpose of sampling, the entire country was divided into four zones and a representative sample of four States was taken up from each zone. A block/PHC was selected from each of the 16 States, which was further divided into sub-centres. A representative sample of six sub-centres was selected from each block and from each sub-centres two relatively successful AWCs were selected in consultation with project leaders for the study. Thus 386 AWCs were selected from 23 blocks/PHCs of 16 states.

The sample comprised CDPOs, Mukhya Sevikas (111), AWWs (333), LHV/ANMs/VHG (209) and mothers (6969) from the communities served by selected AWCs. Information was collected from Mukhya Sevikas, AWWs, ANMs/LHV/VHG and mothers with the help of a structured pre-tested interview schedule. Separate schedules were designed for these four categories of respondents. CDPOs and MOs were interviewed without any structured proforma but guidelines were provided so that all aspects of the programme relevant to the study were covered.

Data was collected in three rounds, each with a duration of three months. In the first and second rounds, two different sets of AWWs belonging to two different blocks/PHCs were selected. In the third round information related to health services provided, nutritional status of children and the morbidity pattern was collected from AWWs selected in the first two rounds. The follow up survey was conducted in six States, three each from the South and the East zones, due to unavoidable reasons. The data was coded and analysed.

Findings and Conclusions

1. **Profile of AWWs:** The profile of AWWs is given in the following table.

Profile of AWWs

Indicators	AWWs (%)
Age group	
Below 20 years	7.0
20-40 years	91.0
Above 40 years	2.0
Marital status	
Married	63.0
Single	37.0
Religion	
Hindu	79.0
Muslim	11.0
Christian	8.0
Others	2.0
Caste	
SC	14.0
ST	10.0
Others	76.0
Educational status	
Primary	23.0
Middle	3.0
Secondary	52.0
Higher secondary	18.0
Graduate	4.0

2. The location of AWWs' residence and its distance from the AWC played a key role in the efficient functioning of AW. AWWs who resided in the same village were better accepted by the community. About 66% AWWs were living in the same village where the AW was located, and the rest travelled a distance of 5-10 km to reach their respective AWWs.
3. Nearly 37% AWWs had work experience of less than three years, 40% between 3-6 years and 23% AWWs had an experience of more than six years.
4. About 26% AWWs provided the services at their own houses, 61% at the anganwadis, whereas the remaining 12% did not have any fixed working place.
5. **Training and Reorientation:** 62% AWWs felt that they were adequately trained to perform their duties while the remaining 38% did not feel the same. The topics in which AWWs felt they lacked training were non-formal preschool education (55%), supplementary nutrition

(26%), immunization (43%), health check-up and referral services (56%), nutrition, health and population education (33%), growth monitoring (22%), vital statistics registration (15%) and record keeping (30%).

6. About 63% AWWs had received re-orientation training, the duration of which varied from one to more than three weeks. However, 72% AWWs expressed the need for further re-orientation thereby showing their keenness to execute their duties more efficiently. The topics in which AWWs wanted better re-orientation were non-formal preschool education; health check-up and referral services; nutrition, health and population education and immunization.
7. **Knowledge of AWWs regarding health care and education:** AWWs' knowledge regarding some basic concepts about vaccines, diseases and treatment was not only incomplete but also inaccurate. Their knowledge about infant feeding practices and health care was as given in the following table:

AWWs Knowledge about Infant Feeding Practices and Health Care

Indicators	AWWs (%)
Feeding colostrum to newborns	88.0
Age at which mothers introduced semi-solid food	
Before 4 months	17.0
Between 4-6 months	48.0
After 6 months	35.0
Correct age for introducing semi-solid food, according to AWWs	
Before 4 months	16.0
Before 4-6 months	75.0
After 6 months	9.0
AWWs' knowledge about growth curve	
Correct	62.0
Partially correct	30.0
Wrong	8.0

8. **Medicine kit:** A majority of AWWs (68%), Mukhya Sevikas (80%), CDPOs and MOs felt that the possession of medicine kit had made the ICDS programme more acceptable to the community. Sixteen per cent AWWs felt that though their work-load had increased because of the medicine kit, it had never the less, increased the faith of the community in them.
9. Nearly 61% AWWs had received training in diagnosis and dispensing of medicines in the kit, but 85% felt that they needed further training in this area in order to use the medicine kit efficiently.
10. Even before the supply of medicine kit, 60% AWWs were treating minor ailments by obtaining medicines from other sources. The ailments treated were anaemia, fever and weakness among expectant and nursing mothers, diarrhoea, worm infestations, skin infections and cold and cough among preschool children.
11. Nearly 70% AWWs were unable to provide medicines to people even after the supply of medicine kit because of non-availability of required medicines, the cases were too complicated for them to decide on the appropriate medicine, the patient was not eligible for the service, or AWW was out of station. The major diseases for which treatment was sought from AWWs were fever, diarrhoea, skin problems, eye infections and cold and cough. Aspirins, paracetamol and sulphadimidine tablets were some of the drugs most frequently used by AWWs.

12. Only 44% AWWs had referred cases to health workers or PHCs or sub-centres. Nearly one-third of the cases referred were serious according to AWWs, and a majority of the referred cases had reported relief.
13. Only one-third AWWs suggested some changes to be made in the present composition of the medicine kit. These were having Vitamin B complex and cough syrup in the kit, and supply of ORS mixture in packed form.
14. About 48% AWWs suggested replenishment of medicines once in six months, 27% in three months and 14% desired monthly replenishment. However, in the case of 76% AWWs the kit was not replenished even once though it had been with them for at least six months.
15. Forty-four per cent AWWs received a regular supply of medicines from PHCs but others had problems in procuring Vitamin A solution, iron and folic acid tablets and chloroquine tablets.
16. All AWWs had attended staff meetings at least once a month. The major topics of discussions in these meetings were immunization, family planning, treatment of minor ailments and use of medicines.
17. **Assessment of AW records:** It was found that the average number of feeding days in AWs in the last three months preceding the survey varied from 35 days in Maharashtra to 89 days in Tamil Nadu. The average number of expectant and nursing mothers receiving supplements on a feeding day was less than the average number registered in AWs indicating that the mothers were availing anganwadi services mainly for immunization, pre-natal and post natal care and sometimes for supplementary nutrition. The children coming to AWs for supplementary nutrition were mainly older children above three years of age.
18. The nutritional status of 18,132 children (9,243 boys and 8,889 girls) was assessed. The sample was selected from 286 AWs in 12 States. The nutritional status of the children was as given in the following table.

Nutritional Status of Children

Nutritional Grades	Children (%)	
	Boys	Girls
Normal	38.0	35.0
PEM		
Grade I	35.0	34.0
Grade II	23.0	26.0
Grade III	4.0	5.0
Grade IV	0.0	0.0

It was found that malnutrition was prevalent in children in 0-6 years age group, and there was no significant difference in the nutritional status of children under three and above three years old. However, the nutritional status of boys was slightly better than that of girls.

19. A State-wise comparison of nutritional status of children showed that Assam had the highest number of children with normal weight followed by Haryana and Delhi. The proportion of children with normal weight was the lowest in Karnataka and Maharashtra.

20. The registers maintained at AWs showed that almost all AWWs had treated a few cases of fever, cold, cough, diarrhoea, skin infections, worm infestations and eye infections every month. The average utilization of medicines in the urban AWs of Delhi and Bombay was poor as compared to other States.
21. Records also showed that during a month, the percentage coverage of children in AWs varied from 46 in Andhra Pradesh to 87 in Kerala and Maharashtra. The average number of expectant mothers covered in a given month varied between 5 and 15 and that of nursing mothers varied between 6 and 23.
22. **Mukhya Sevikas' perception of AWWs' performance:** About 35% Mukhya Sevikas felt that AWWs were not adequately trained in various areas like immunization, health check-up, referrals and NHE.
23. Over 50% Mukhya Sevikas had been informed by AWWs that medicines in their kits had been exhausted. A majority of them had contacted either CDPO or MO/PHC in such cases and over half of them obtained a positive response. However, some Mukhya Sevikas faced problems in procuring medicines because of their non-availability.
24. The visits of the Mukhya Sevikas to AWs ranged from once a month to thrice a month. Tribal AWs were not visited frequently due to lack of proper roads and transport facilities.
25. **Perception of CDPOs regarding functioning of AWs:** CDPOs, in general, were satisfied with the present functioning of ICDS and the performance of AWWs.
26. CDPOs felt that AWWs were not educated enough to grasp every thing they were taught at the first instance. So their training should be a continuous process and re-orientation classes should be held regularly.

Some CDPOs were satisfied with the in-service training and supervision given by Mukhya Sevikas to AWWs, but others felt that there was considerable scope for improvement to make supervision more effective by overcoming the problems of shortage of staff and lack of transport facilities. Though CDPOs observed good functional linkages between ICDS and health staff, yet, the coordination between ICDS workers and PHC staff in general needs to be strengthened.
27. **Functional linkages with the health system:** The major services provided by AWWs, of which the health functionaries were aware, were supplementary nutrition (62%), immunization (56%) and non-formal preschool education (48%). Very few functionaries had seen AWWs impart health and nutrition education and perform activities like growth monitoring and health check-up.

90% health workers were aware that medicines were available with AWWs for treating minor ailments. It was observed that 14% workers had stopped treating children and women.
28. About 78% health workers advised AWWs and also sought their help in areas related to immunization, family planning, diagnosis and use of medicines, health check-up and referral services.
29. **Views of Medical Officers:** The Medical Officers were dissatisfied with the present mode of supply and replenishment of medicines and it was felt that coordination was lacking in the supply of Vitamin A solution, iron and folic acid tablets, and chloroquine tablets to AWs.

MOs were also not satisfied with the referral system. They felt that the frequent shortage of staff and transport problem resulted in lack of supervision and supply of material and medicines.
30. **Community perception and participation:** A majority of the mothers (59%) belonged to rural areas and they were in the age group 20-30 years. 14% mothers had received education till primary level and only 3% were matriculates. 40% mothers were housewives and the rest were working outside their homes. The annual family income of a majority of mothers (52%) ranged between Rs. 1000 to Rs. 5000.

31. Almost all the mothers in the community were aware that an AW was functioning in their village. About 89% mothers and 91% preschool children had availed the services of an AW at some time or the other.
The various services utilized by mothers and their children were preschool education (56%), health and nutrition education (26%), growth monitoring (52%) and treatment of ailments (56%), health check-up and referral services (22%) and supplementary nutrition [children (52%); mothers (26%)]. All the beneficiaries were satisfied with the services received.
32. Although 93% mothers were aware that AWWs could provide medicines, only 63% availed this facility. Others did not approach AWWs for medical relief because the timings of AWs clashed with the mothers' working hours, mothers had no faith in AWWs, and AWCs were situated at a distance.
The common health problems for which mothers approached AWWs were weakness, giddiness, vomiting, fever, cold, cough, body ache, diarrhoea, eye infections and worm infestations.
33. The mothers, in general, considered AW to be a local centre for getting their children immunized, for occasional treatment of minor ailments and in some cases for obtaining supplementary nutrition. They did not look upon it so much as a centre for general guidance regarding infant and child rearing, and dietary practices.

Recommendations

1. In order to ensure the authenticity of messages and to impart effective training, battery operated cassettes supported by visual aids containing lessons in different regional languages could be widely used.
2. Refresher training courses and in-service training should be organized for AWWs, especially related to ORS therapy and dietary management of diarrhoeal diseases.
3. AWWs should make efforts to involve the community in the activities of AWs and should try to improve the coverage of children under three years and expectant and nursing mothers.
4. Replenishment of the medicine kit should be prompt and regular.
5. Keeping in view the educational background of AWWs, they should be given intensive training and repeated re-orientation in the use of medicines. Training should also be imparted to ANMs and VHGs to improve the quality of their service. Some MOs had suggested that AWWs should be trained at PHCs for a month on matters related to health.
6. Mukhya Sevikas should visit AWs frequently to provide in-service training to AWWs and improve their competence. The interaction between ANMs and AWWs should be improved.
7. An effective system of referrals from AWs should be developed through joint consultation with health and ICDS functionaries.
8. There should be a regular monthly meeting of CDPOs, Mukhya Sevikas and PHC staff to identify gaps in the working of the system.
9. Orientation courses should be organized for CDPOs, MOs and senior officials connected with the ICDS programme, where the basic objectives of the programme could be discussed.
10. The ICDS programme should be evaluated periodically to identify and correct the weak links in the ICDS chain, and between the health and ICDS system.
11. CTC on Health and Nutrition (Central Technical Committee), which is doing commendable work, should be strengthened so that it could function even more efficiently as a research centre for ICDS.

Project Management: A Study of ICDS Projects

L. S. N. Murthy and Sunita Mathur

Introduction

The Integrated Child Development Services (ICDS) Scheme was sponsored by the Government of India in 1975 with the major objective of providing opportunities of physical and psycho-social development to children in the age group of 0-6 years through an integrated package of early childhood services. The present study was conducted by the Institute in two rural ICDS projects, one in Gujarat and the other in Uttar Pradesh, where the Health, Medical Services and Medical Education Department and the Harijan and Social Welfare Department are responsible for implementing the programme respectively. The study examined the organizational patterns, analysed the processes of management under the two different systems, and compared their effectiveness in the delivery of services.

Aims and Objectives

The study was undertaken to:

1. Examine the organizational patterns adopted by different States for implementation of ICDS projects and compare their effectiveness in relation to the delivery of services and analyse the processes of management under them;
2. Suggest a more effective organizational system for better implementation of the projects.

Methodology

The study was undertaken in two states, i.e., Gujarat and Uttar Pradesh, where the Department of Health and Medical Services and the Department of Harijan and Social Welfare respectively were the nodal departments for implementing the ICDS scheme. Two rural ICDS projects, one in each State, were selected from among those sanctioned during 1980-81. In other words, they had been in operation for three years prior to the study. In Gujarat, the rural ICDS project Danta was the only such project. In Uttar Pradesh, the rural ICDS project Sohawal was selected randomly from the other three projects. The sample for the study covered 20% of the AWs selected randomly from each project, i.e., 18 AWs from Gujarat and 23 from Uttar Pradesh. From each centre/village two beneficiaries and two community leaders were selected following the purposive sampling technique. The category and number of respondents for the study was as given in the table.

Category and Number of Respondents

Category of Respondents	No. of Respondents	
	Gujarat	Uttar Pradesh
AWW	17	23
Supervisor	4	9
CDPO	*	1
ANM	5	6
LHV	1	2
MO	3	1
Taluk/ Distt. Level Officials (TDO, DDO, DHO, DSHWO, etc.)	4	3
State Level Officials (Secretary Health and Social Welfare Advisor, Consultant ICDS, Addl. Director ICDS, etc.)	3	3
Representatives of Panchayats, village elders, teachers, etc.	13	46
Beneficiaries	36	46
Total	86	137

* The senior most Supervisor was officiating, as CDPO was on long leave

Information was gathered through interviews, observations made during field visits and from the records and registers maintained.

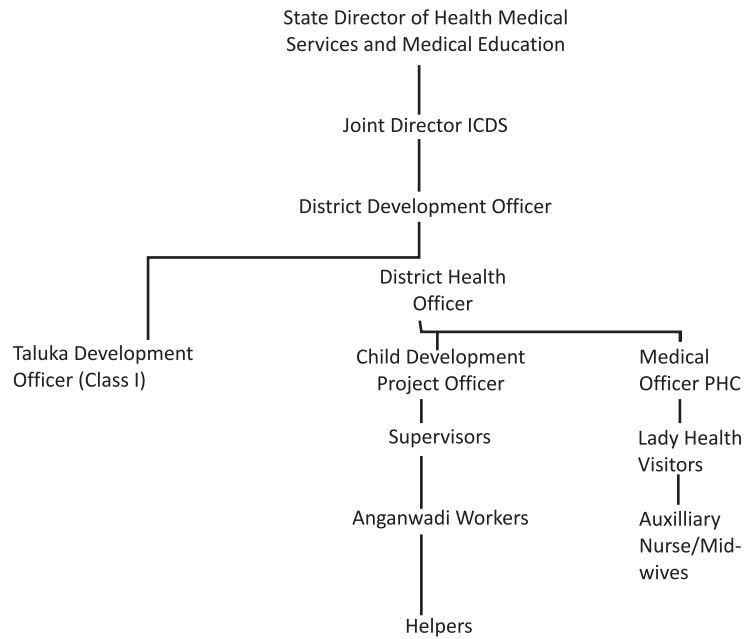
Findings and Conclusions

- Organisational set up:** The organizational set up for ICDS in Gujarat and UP is illustrated.
- In both the projects, there was not much difference in the organizational set up at the State level but there were variations in the administrative pattern at the district and project levels.

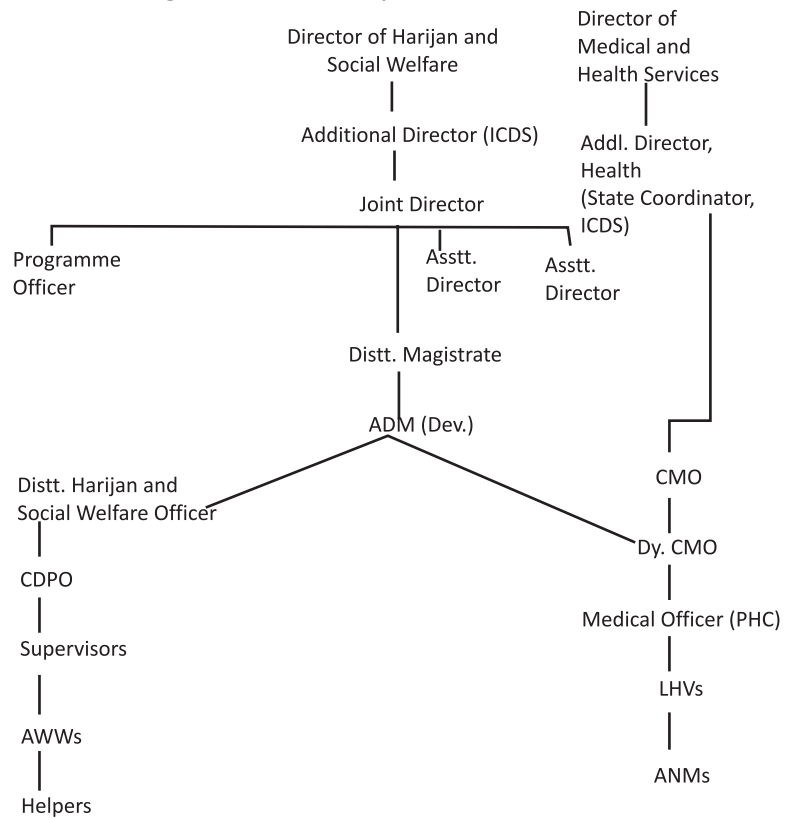
In Gujarat, District Health Officer was responsible for providing effective coordination between ICDS and health staff at district level. It was observed that there was a lack of coordination between CDPO and MO. The set up, however, ensured vertical coordination on the health side of the project.

In UP, District Harijan and Social Welfare Officer was involved in a limited way in the implementation of ICDS programme. The administrative set up has not provided for an effective link at the district level. However, there was no cooperation/coordination between the health and non-health staff and the integrated approach was completely absent at all levels, posing a serious problem. Although the administrative structure ensured vertical coordination, it could not achieve horizontal coordination.
- The organizational set up in both the States was hierarchical in nature, and was not relevant to the performance of the development tasks entrusted to CDPOs. CDPOs did not even have financial powers.
- The Coordination Committees in both the projects were perfunctory.
- There was very little programme planning by CDPOs in both the projects. It was observed that during monthly meetings, a lot of time was spent on filling up MPRs of AWs whereas this

Organisational set-up of ICDS in Gujarat



Organisational set-up of ICDS in Uttar Pradesh



opportunity could have been used by CDPOs to consult the functionaries and community leaders for programme planning and implementation.

6. The ICDS system, with a formal bureaucratic structure at the project level and informal open system at the village level, employing a local girl as AWW, though certainly looks innovative in the management of development programmes, had not proved operationally effective. Administrative procedures applied were also not conducive to initiatives.
7. **Utilization of Services:** The number of beneficiaries covered in Danta ICDS project was 8,260 and that in Sohawal ICDS project was 33,538. Most of the parents were not satisfied with the quantity of food supplied to children. The food supplied was not according to the food habits and it was observed that in a few cases children gave their share of food to the cattle on their way home. Very few expectant and nursing mothers were taking their share of supplementary nutrition, as they felt it below their dignity to go to AWs just to have a little share of food. However, many women were not aware of this service.

The nutritional status of children in Danta ICDS project was comparatively better as only 4% children were found to be severely malnourished as compared to 7.3% in Sohawal ICDS project.

The attendance of children in a majority of AWs was low. The main preschool activities undertaken were prayers, recitation of nursery rhymes, teaching alphabets and numbers, and narration of stories. Though preschool activities were conducted regularly, they were repetitive and monotonous, and the play way method of teaching was not used.

Health services provided in Sohawal project were so poor that they were not regarded as a part of the ICDS package. ANMs were also charging fee for making home visits. They were totally preoccupied with the completion of targets for family planning per the strict instructions of the State Government.

8. **Community participation:** In both the projects, the resources came mainly from the Government. The contribution of panchayats was limited to providing accommodation for AWs and transporting food supplies from the roadside to the centres. In Gujarat, panchayats constructed buildings for AWs, wherever accommodation could not be provided and primary school teacher or village elders supervised/guided the Helper in the distribution of supplementary nutrition when AWW was on leave.
9. **Functioning of AWs:** It was observed that the functioning of anganwadis was ineffective in both the projects mainly due to the following factors:
 - a) **Lack of proper supervision and guidance:** AWWs were knowledgeable and had the requisite motivation. With proper guidance they could certainly perform their tasks better. The visits of the Supervisors and CDPOs were few and that too in the nature of inspection rather than for identifying problems of AWWs and helping them out. Supervision was mostly confined to the anganwadi records and registers. The Supervisors were hardly making any home visits. The methods and procedures adopted by the supervisory personnel, both health and non-health, in both the projects suggested that either the concept and objectives of the ICDS scheme were not clear to them or they were not performing their tasks effectively.
 - b) **Poor Coordination:** Coordination between ICDS and health functionaries was poor in both

the projects. Almost all AWWs and Supervisors were facing problems in getting the help of ANMs and LHVs respectively in performing their job responsibilities related to health. It was observed that very few meetings were organized between these two sets of functionaries to promote better understanding and cooperation among them.

c) **Ineffective monitoring:** In both the projects, the monthly and quarterly progress reports (MPR and QPR) submitted by AWWs, Supervisors and CDPOs were the main tools for monitoring. Personal visits and meetings were not effectively used. Progress reports had become a mere routine formality and were ineffective for monitoring, as problems at the project level were not reflected and there was very little follow up action.

d) **Limited field visits/meetings:** The monthly review meetings, instead of being held in the village, were held at CDPO's office in both the projects and were being used to fill up monthly progress reports. Very little programme planning was taking place. Even during the limited field visits made by CDPOs, little contact was made with the beneficiaries or community leaders.

e) **Lack of inter-personal communication:** In both the projects, communication was mainly 'up-downward' in the form of instructions and guidelines. 'Bottom-up' communication was mainly in the form of MPRs, QPRs and meetings, which were not effective in communicating problems at the anganwadi level. Horizontal communication was also very weak at the project level.

f) **Weak leadership :** It was observed that both the projects under study lacked good leadership which is essential for effective delivery of services.

g) **Frequent transfers :** In both the projects, the minimum and maximum period for which a CDPO worked before he was transferred varied from 11 to 26 months. This period was too short for him to get involved in the programme, mobilize his team members, interact with local leaders, establish rapport with the beneficiaries, etc.

h) **Inadequate equipment and poor physical conditions at AWs :** Equipment and material available at AWs needed replacement. The physical condition of AWs was dismal in some places and proper storage facilities were not available. Food supplies were delayed at times. AWWs had to transport food from the project office to AWs at their own cost and it was not reimbursed. Travelling allowance for attending meetings at CDPO's office was also not given to AWWs.

10. **Parents' views/ feedback from beneficiaries:** The parents of beneficiaries in Danta felt that though their children had benefitted from ICDS and it had contributed to their development, yet the services provided under the scheme could be further improved. Most of the parents in Sohawal felt that their children had benefitted from supplementary nutrition (80.4%) and preschool education (87%), but there was no improvement in the nutritional status of children as the quantity of food distributed was too little to bring about conspicuous improvement. They were unhappy about the fact that AWCs did not open regularly.

Recommendations

Concept and Objectives of ICDS

1. ICDS functionaries should make efforts to create more awareness about the ICDS scheme and its objectives in the community by making regular home visits and by conducting monthly meetings of beneficiaries at AWs.
2. The concept and objectives of ICDS should be made more clear even to the project functionaries.

Attention may be given to this aspect during the sector meetings organized at PHC and the monthly meetings conducted at the project and circle levels.

Administration and Organization

3. In the case of Sohawal Project there is a need to strengthen the link at the district level in the administrative set up of the ICDS scheme. The role of District Harijan and Social Welfare Officer may be made more effective and (s)he may be made responsible for coordination of ICDS with other departments at the district level.
4. The project level Coordination Committee has to be made more broad-based by having nominated members from the fields of social work, medicine and from voluntary organizations besides the official members. The Committee should meet once every three months to review the programme and services. DHO/ADM (Dev) may ensure its regular meetings. The Chairman and members of the Committee may visit AWs of the project as a part of the follow-up action.
5. At the project level, horizontal coordination among the official and non-official functionaries concerned with development programmes is not effective. BDO and his extension staff may be invited to attend the project level meetings and visit AWs along with CDPO or Supervisors. ICDS functionaries may also attend block level meetings. Similarly, other occasions may be used for their meetings, which would help in getting cooperation of one another.
6. The monthly meetings being held at the project office may be held at PHC on alternate months to facilitate interaction and understanding between ICDS and health functionaries.
7. Village level Coordination Committees may be constituted in all AW villages. The Committee may be made more broad-based by including beneficiaries and village leaders from different communities, village elders, representatives of local village organizations and Primary School Teacher. A broadly constituted Committee will have the strength to counteract the influence of political pressures, if any, on the working of AW.
 - . The Village Committee should be linked with the Project level Committee to provide continuity in the system and effect coordination in their efforts to monitor the services.
8. There is a need to constitute mahila mandals (women's groups) in all the project villages as it is the most appropriate local organization which can assist in running AWs.

Management of Services

9. There is need to give children locally available food akin to their food habits under supplementary nutrition, such as groundnuts, *dal* (pulses), jaggery, etc. intermittently to remove monotony.
10. There is need to ensure a regular flow of preschool literature to Anganwadis to keep AWWs abreast of the latest developments in the field.
11. AWWs should place emphasis on outdoor play activities for preschool children to make learning more interesting.
12. Health services should be organized more effectively under the project. Health check-up and immunization services should be provided regularly by ANMs from sub-centres. Effective services would also help in creating health awareness in the community. There is need to provide adequate equipment to sub-centres, ensure timely supply of vaccines and medicines, and ensure coverage of target groups. Health staff should give equal importance to both ICDS and family planning programme.

13. The Referral Service System needs to be streamlined and formalized. Follow-up of the cases referred is even more important than the service itself.
14. NHE for mothers should be paid due attention by AWWs and Supervisors.
15. CDPOs should ensure that AWWs and Supervisors make home visits regularly.

Functioning of AWs

16. There is a need to plan location of AWCs carefully, as setting up of an anganwadi where there is already a bal mandir or a balwadi affects the attendance at AWCs.
17. The timings of AWCs should be planned keeping in view the local conditions, convenience of children, etc. There is a need to improve the physical set up of AWCs.

ICDS Functionaries and Supervision

18. Supervisors should understand the job responsibilities of field functionaries and should have the aptitude for development work to guide and motivate functionaries for better job performance. Supervision should be programme oriented and Supervisors should adopt a problem solving approach rather than fault finding one.
19. The job and refresher training programmes for CDPOs and Supervisors should lay more stress on project management, supervision, motivation, inter-personal relations and other aspects of personnel management. Refresher training should be provided more frequently at the State and district levels. CDPOs should also be oriented to various administrative procedures at the State level institutes of administration.
20. The system of monitoring adopted in the case of ICDS projects needs to be made more specific to the project level functionaries particularly to AWWs so that they understand clearly the purpose of information being provided by them through monthly and quarterly reports.
21. CDPO should be delegated certain administrative powers to make his role as a project head more effective. He must have the drawing and disbursing powers to avoid delays in making purchases, payment to staff, etc.
22. Frequent transfers of CDPOs should be avoided and a CDPO should spend at least five years in one ICDS project so that (s)he is able to function effectively.
23. There is a need to review the recruitment procedures for the post of CDPO and Supervisor.

A Study of the Organization and Administration of Integrated Child Development Services Scheme in Haryana

Asha Satia and M. Nath

Introduction

The Government of India launched Integrated Child Development Services (ICDS) scheme in 1975 to provide integrated health care services to children and expectant and nursing mothers. Besides other factors, it has been reported that administration and organizational pattern also effect the performance and productivity of any scheme. Keeping this in view, the present study was conducted in Kathura (Sonapat) and Kalayat (Jind) blocks of Haryana to find out various strong and weak points of the organizational structure of ICDS Scheme and its functioning.

Aims and Objectives

The study was undertaken to:

1. Find out the organizational structure of the ICDS programme and its functioning;
2. Assess the satisfaction of various ICDS personnel regarding the processes of planning, decision-making, supervision, budgeting and reporting;
3. Identify the problems faced by ICDS functionaries.

Methodology

The study was conducted in the rural ICDS projects Kathura and Kalayat in Haryana. The sample comprised 66 State, block and village level ICDS functionaries. It included Joint Director (1), Medical Officers (2), BDOs (2), CDPOs (2), Supervisors (11), AWWs (40), ANMs (4) and LHVs (4). Information was collected using an interview schedule and having discussions with the functionaries.

Findings and Conclusions

1. The job responsibilities of CDPO and BDO were not clearly defined or demarcated.
2. It was felt that the planning of the ICDS programme was centralized in nature and ICDS functionaries were not involved in it.
3. Funds were not sanctioned for fuel and buildings for AWCs, and those available for supplementary nutrition were inadequate.
4. Supervision at AWCs was not as close as it should have been.
5. There was acute shortage of paramedical staff in both ICDS projects.
6. Vehicles provided to Supervisors were not being used adequately.
7. Coordination Committees at the village and block levels were not functioning.
8. All the officials, except the Joint Director (Social Welfare), felt that the honorarium for AWWs and Helpers needs to be increased.
9. AWWs were facing problems in the distribution of supplementary food due to poor knowledge of beneficiaries regarding the ICDS scheme.

10. AWWs were maintaining 10 types of registers/records, which was a difficult and cumbersome task. Further, AWWs did not have adequate training to submit the reports correctly.

Recommendations

1. Minimum qualifications for AWWs should be matriculation.
2. The effectiveness and participation of health personnel needs further in-depth investigation.
3. A system for giving incentives to the functionaries needs to be developed.
4. For effective supervision, there should be a check-list which could be used by the visiting officers.
5. The number of records/registers maintained by AWWs needs to be reduced in a meaningful manner. The proforma also need simplification.
6. ICDS functionaries should be involved in the planning of the programme at all stages.
7. In-service training should be given to ICDS functionaries from time to time.
8. Vacancies at the district level must be filled up as early as possible for effective implementation of the programme.

A Study of Organization, Functions and Activities of ICDS in Kangan Block, Srinagar

Anjina Raina

Introduction

The Census of India 1971 indicated that India has 220 million children up to 14 years of age. The Government of India was motivated in the sphere of organizing early childhood services when the Planning Minister in 1972 suggested that an Integrated Child Development Services (ICDS) Scheme should be started. The State of Jammu and Kashmir had its own share of backwardness resulting from its hilly terrain and lack of industrial infrastructure. It was in 1976 that an ICDS project was launched in Jammu and Kashmir in Kangan Block. The present study assessed the organization, functions and activities of ICDS in Kangan Block, Srinagar.

Aims and Objectives

The study was undertaken to:

1. Find out the organizational structure, staffing pattern, budget, and job responsibilities of functionaries;
2. Assess the coverage of beneficiaries under ICDS.

Methodology

The study was undertaken in five zones of the rural ICDS project Kangan, Srinagar. Information was collected through field visits and by interviewing the CDPO and hospital staff, using a questionnaire.

Findings and Conclusions

1. The staff of ICDS project Kangan included Deputy Director ICDS (1), CDPO (1), Supervisors (5), AWWs (5), Chief Medical Officer (1), Block Medical Officer (1), Medical Officer (1), LHVs (2), Assistant Surgeons (2), and ANMs (2).
2. The number of beneficiaries covered under various services increased over the years 1976 to 1983, as shown in the following table.

No. of Beneficiaries Covered under ICDS Programme

Category of Beneficiaries	Years			
	1976-77		1982-83	
	No.	%	No.	%
Children	4808	13.1	5542	15.1
Expectant Mothers	265	11.5	377	16.3
Nursing Mothers	604	6.0	894	8.8
Women Attending Functional Literacy Classes	580	69.6	1387	87.1

3. There was a decline in the number of malnourished children from 245 in 1976-77 to 96 in 1982-83.

Recommendations

1. AWWs should attend refresher courses to enable them to use modern techniques for imparting preschool education and creating a healthy learning environment.
2. Personnel with Home Science background should be appointed as CDPOs and AWWs.

A Study of Working of ICDS Scheme with Special Reference to Job Analysis of Non-Medical Officials in Thally, Dharmapuri District

B. Parmeswaran and J. Paranjothi Ramalingam

Introduction

The Integrated Child Development Services (ICDS) Scheme, offering a package of services catering to health, nutrition and development needs of children below 6 years and their mothers, was launched in 1975, as a part of these efforts. The present study was done in tribal ICDS project Thally, district Dharmapuri, Tamil Nadu, to evaluate the working of ICDS, assess the job performance of non-medical officials, and find out the difficulties faced by non-medical staff.

Aims and Objectives

The study was undertaken to:

1. Evaluate the working of ICDS in two AWWs with reference to the objectives of the scheme;
2. Assess the job performance of non-medical officials;
3. Find out the difficulties faced by non-medical staff.

Methodology

The study was conducted in the tribal ICDS project Thally, district Dharmapuri, Tamil Nadu. The sample comprised non-medical officials of ICDS project, i.e., BDO (1), CDPO (1), Supervisor (1) and AWWs (2), and 60 women beneficiaries aged 15-50 years, who were selected by stratified sampling method from low and middle class families from two AWWs. They were either mothers of preschool children or were expectant or nursing mothers. Information was collected using an interview schedule and a proforma specially designed for the project.

Findings and Conclusions

1. All the respondents were knowledgeable about supplementary nutrition component of ICDS, 85% about preschool education, 70% about health services, and 60% about pre-natal and post-natal care.
2. Most of the expectant and nursing mothers (93.3%) had benefitted from nutrition services, pre-natal and post natal care and immunization. About 15% expectant and nursing mothers had easy deliveries because of the frequent health check-ups and medical facilities available under ICDS.
3. Only 16.7% children showed increase in growth and weight, and 18.3% showed improvement in personal hygiene. About 63% of the respondents considered supplementary nutrition as the most useful service, 16.7% regarded health services as the most useful, while 20% considered nutrition education as the most important component.
4. Both AWWs had passed SSLC and were local residents. They felt that they had inordinately heavy work load. Their major activities were to provide supplementary nutrition, non-formal education, health and nutrition education and functional literacy to adult women.

5. An anganwadi situated far away from ICDS headquarters did not have adequate communication facilities. The type of accommodation and basic amenities like electricity, sanitation and water were generally poor. AWCs situated near the headquarters had better amenities.
6. Supervision of AWs situated near the headquarters was comparatively better by both CDPO and Supervisor, whereas those located at a distance were supervised less frequently mainly due to the lack of communication facilities.
7. BDO was too busy with his other duties and was unable to guide and supervise ICDS staff. In his place, CDPO undertook all the responsibilities and had no problem in carrying out the assigned tasks.
8. The Supervisor had problems of transport and communication and was unable to supervise all the allotted AWCs in the given time.

ANGANWADI WORKERS TRAINING CENTRES

Anganwadi Workers Training Centres

Working of Anganwadi Workers Training Centres: A Study in Three North Indian States

Salil Kumar

Introduction

Training of AWWs at Anganwadi Workers Training Centres (AWTCs) is an important aspect for effective implementation of the ICDS scheme. In order to monitor the working of AWTCs, the faculty members of NIPCCD and Middle Level Training Centres (MLTCs) are required to visit AWTCs from time to time to assess the level of training, provide guidance and support to faculty members, wherever necessary, to strengthen training facilities, and ensure optimum utilization of training centres. This study is based on the data collected from 45 AWTCs over a period of five years. An attempt has been made to study the general functioning of AWTCs in the states of Bihar, Rajasthan and Uttar Pradesh.

Aims and Objectives

The study was undertaken to:

1. Assess the overall functioning of AWTCs;
2. Identify facilities that need to be improved in order to enhance the quality of training;
3. Suggest ways and means to facilitate better functioning and optimum utilization of the available infrastructure of AWTCs.

Methodology

The study was conducted in the states of Bihar, Rajasthan and Uttar Pradesh. Thirteen AWTCs from Bihar, 10 from Rajasthan and 22 from Uttar Pradesh were selected for the study thus making a total sample of 45 AWTCs. Data regarding the overall functioning and the facilities available in these training centres was collected with the help of a proforma.

Findings and Conclusions

1. The number of AWTCs in the three states had increased since the inception of the ICDS scheme but the spatial distribution of these centres was not uniform. AWTCs were functioning under ICCW (Indian Council for Child Welfare) and other voluntary organizations.
2. A majority of the training centres (56.5%) were functioning for the last seven years and only 8.7% were in operation for 1-3 years.
3. Nearly 55% AWTCs had all full-time Instructors in position, whereas 48.9% centres had one to five part-time Instructors in position.

A majority of the Instructors were post graduates. However, at the time of appointment, as per the rules, their subject specialization was not taken into account. Forty-five full-time Instructors and five part-time Instructors did not have the requisite qualifications.

4. Although AWTCs on an average had been functioning for seven years, there was a high rate of turnover and replacement of Instructors because of the temporary nature of the job, better job opportunities and personal reasons. Most of the part-time Instructors had experience of 1-2 years and they were appointed either for an year or for a particular course.
5. The services of supportive staff were generally available for organizing training programmes for AWWs. However, a few AWTCs run by other voluntary organizations in Uttar Pradesh had problems regarding supportive services.
6. The basic infrastructural facilities in most AWTCs were, by and large, inadequate. Thirty-four AWTCs had inadequate hostel accommodation and toilet facilities. In 11 AWTCs, trainees slept on the ground as cots were not made available to them. Proper furniture was not provided in a majority of the centres but storage shelves were adequate in 26 centres. Only 5 AWTCs did not have any of the suggested recreational facilities and 36 centres did not have a kitchen.
7. A majority (43) of AWTCs had the requisite classroom facilities. Fans and furniture had been provided in adequate number in 44 centres. However, practical and demonstration sessions were not conducted in 31 centres and 14 centres conducted only minimal practicals, thereby having a negative impact on the quality of training. Training material was available in a majority of centres but compilations of guidelines/instructions issued by the Ministry of Welfare were not available. In some centres, books, documents and library facilities were not available.
8. Medical facilities were available in all AWTCs but the honorarium paid to medical attendant was reported to be less.
9. AWTCs had not organized the requisite number of job training and refresher training courses for AWWs and orientation courses for Helpers. Only 5 AWTCs had organized the requisite number of job training courses as per the guidelines, and the average number of trainees per course was 36.
10. The main reasons given for organizing lesser number of courses and poor attendance during the courses were the lack of cooperation/coordination between Instructors and State Government officers dealing with ICDS, AWWs being unable to join the course, and inability of CDPOs to depute sufficient number of AWWs at a time from each project.
11. Only two training centres had organized 4-8 refresher courses for AWWs. One training centre had organized only one refresher course which was particularly in accordance with the guidelines. AWTCs of Uttar Pradesh had not organized even a single refresher course as no provision had been made for the same.
12. Some AWTCs had organized orientation courses for AWHs. On an average, 31 Helpers participated in each orientation course organized by 11 AWTCs.
13. Other activities organized by AWTCs were running a balwadi/AW, imparting training in tailoring, embroidery and *grih-udyog* (cottage industries), conducting *mahila mandal* (women's group) meetings in villages, library facilities for awareness of women, training for poor and rural women, training camps for early childhood education workers and adult education workers, etc.
14. The Instructors of AWTCs were by and large imparting training to AWWs but sometimes guest speakers were also invited for covering certain topics especially the health component.

However, in Uttar Pradesh guest speakers showed an indifferent attitude and they did not adhere to the time schedule. Also, they were not satisfied with the honorarium paid to them.

15. Assistance was available from office bearers/staff of the parent organization in organizing training courses and field placement. In some AWTCs both rural and urban ICDS projects were selected for field placement while in a majority of AWTCs only rural projects were selected. In 4 AWTCs field placement for their trainees was not organized due to lack of cooperation from CDPOs and Government officers at the district and state levels.
16. A majority of the training centres organized field placement for a duration of 13-15 days whereas in some AWTCs it was organized for a lesser duration thereby not giving AWWs enough opportunity to work in actual field situations.
17. A majority of AWTCs had placed 2-4 trainees in one AWC. It was not possible to place one trainee in each centre because of varying number of trainees in different batches; AWCs located at long distances; security of trainees; non-cooperation of villagers and ICDS functionaries of the project area, and non-availability of suitable accommodation at circle and block level.

Recommendations

1. Efforts should be made to improve the quality of training and guidelines should be strictly followed while planning field placement of trainees.
2. The parent body and AWTCs should establish effective coordination with the officials of nodal departments dealing with ICDS in their respective states and with CDPOs of nearby ICDS projects for deputation of trainees to training centres.
3. The subject specialization and the pay scale of the Instructors of AWTCs should be according to the guidelines.
4. Trainers should be deputed for the orientation course soon after their appointment.
5. The parent organization should provide adequate facilities in AWTCs for organizing practicals and demonstrations.
6. The library of AWTCs should be properly developed within the available budget. Efforts should be made to procure books on all the subjects according to the training syllabus.

CHILDHOOD DISABILITY

Childhood Disability

Prevention and Early Detection of Childhood Disabilities : Role of Anganwadi Workers

NIPCCD

Introduction

Every child must get opportunities to develop to his/her full potential. It is imperative that families, societies and the State make it possible for every child to get this opportunity for optimum development. The AWW is the key front line worker who plays a crucial role in promoting child growth and development. One of their important roles is to detect childhood disabilities at an early stage, provide referral services, and parent education. This study was conducted in Chickaballapur, district Kolar, Karnataka.

Aims and Objectives

The study was undertaken to:

1. Assess the capabilities of AWWs in undertaking the responsibility of prevention, early detection, referral and parent education regarding major childhood disabilities;
2. Field test the feasibility of including prevention, early detection and timely intervention to manage childhood disabilities which found only a passing reference in the training of ICDS functionaries earlier.

Methodology

The study, undertaken by NIPCCD in collaboration with NIMHANS and NIVH, was conducted in the form of three experimental programmes and each programme had two phases. In the first phase, AWWs were given short orientation about the causes and symptoms of disabilities, and in the second phase the disabled cases identified by AWWs were cross-examined by experts.

Experiment I: The study was conducted in the rural ICDS project Chickaballapur, district Kolar, Karnataka. The sample comprised 22 AWWs, eight ANMs, four LHVs, two Supervisors, a Gramsevika and a CDPO. A three-day intensive training programme on causes, symptoms and early detection of mental retardation was organized for AWWs by NIPCCD Regional Centre, Bangalore in collaboration with NIMHANS. Audio-visual aids were extensively used to orient AWWs and thereafter they were given a set of questionnaires to be used in their respective villages to identify the cases of mental retardation.

In the second phase AWWs identified mentally retarded cases in their project area and brought them to be cross-checked by doctors at NIMHANS. The parents of the identified cases were informed of the various intervention programmes that would be beneficial for the individual cases. However, some cases were given immediate treatment like anti-epileptic drug therapy and prescription of protein and vitamins supplements.

Experiment II: The study was conducted in the rural ICDS project Chakrata, district Dehradun, Uttar Pradesh. The sample comprised 27 AWWs, six ANMs and five LHVs. A four-day orientation course on prevention and early detection of visual impairment was conducted for AWWs by a team of eye specialists from NIVH. AWWs were then sent back to their project areas to identify children having

visual impairment. After a gap of 45 days, the identified cases of visual impairment were cross-examined by team of ophthalmologists in order to assess the correctness of the diagnosis. In this phase, parents of the children were also informed about eye care, prevention of impairments and referral services.

Experiment III: The study was conducted in the rural ICDS project Mehrauli, New Delhi. The sample comprised 34 AWWs and five Supervisors. In the first phase of the programme, AWWs were informed about types of childhood disabilities, their causes, simple methods of detection, referral agencies and areas for parent and community education by a team of professionals comprising a paediatrician, an eye specialist, an ENT specialist, an orthopedic surgeon, a psychiatrist, a speech therapist, a clinical psychologist and a psychiatric social worker. After the orientation, AWWs were sent back to their respective areas to identify children having signs and symptoms of impairments with the help of a survey schedule and a check-list. After an interval of five weeks, the identified cases of childhood disabilities were examined by the same professional team and they cross-checked the diagnosis made by AWWs.

Finding and Conclusions

1. The various disabilities identified by AWWs in all the three experiments were as given in the following table:

Disabilities Identified by AWWs

Type of Disabilities	No. of AWWs	Cases Identified	Correctness of Diagnosis (%)
Mental retardation	22	60	70.0
Visual impairments	27	38	100.0
All disabilities	34	283	
Orthopaedic handicaps		92	100.0
Hearing impairments		60	100.0
Speech problems		82	100.0
Visual impairments		24	95.0
Mental retardation		25	80.0

2. In the first experiment six parents reported that AWWs had taught 'them a few exercises that could be done by their mentally retarded children. They felt that the children had shown considerable improvement after doing the exercises.
3. In the second experiment, all the cases brought by AWWs had one or the other kind of visual impairment. However, in many cases it was not possible for them to specify the exact nature of the problem.
4. In the third experiment, all the specialists felt that AWWs could identify most of the cases correctly even though they could not give specific medical terminology for the problems. The detection of visual and hearing impairments and mental retardation was commendable as the symptoms of these disabilities are not very obvious.
5. It can be concluded that AWWs can play an important role in early detection and prevention of disabilities in children.

Recommendations

1. AWWs responsibility for early detection of disabilities should be linked meaningfully with other services of the scheme.
2. The training in early detection and prevention of childhood disabilities should be practical and field based. It should aim at inculcating skills for identifying impairments.
3. Parents and community education should be given adequate emphasis during the training of AWWs as they provide the child the emotional support required to meet the challenges of life.
4. The efforts of AWWs regarding early detection should be supported by referral services.
5. A proper recording system should be evolved so that AWWs could follow up the children identified by them.

Role of Anganwadi Workers in Early Detection, Prevention and Treatment of Childhood Disabilities

B. Bhandari, Asha Mathur and Ratna Parmar

Introduction

Of all ICDS functionaries, anganwadi workers are very crucial as the major responsibility of programme implementation lies on their shoulders. The present study was conducted in an ICDS project in Rajasthan to assess the efficacy of AWWs for early detection and prevention of childhood disabilities.

Aims and Objectives

The study was undertaken to:

1. Assess the efficacy of AWWs in early detection and prevention of childhood disabilities.

Methodology

The study was conducted in an ICDS project in Rajasthan. AWWs of the centres covering a population of 1,000 were selected for the study. They were trained for a few days in identifying handicapped children.

After the training, a door-to-door survey was conducted by AWWs and all the children in the age group 0-14 years suffering from any form of handicap were identified. These children were further checked by doctors and Supervisors of the project area.

Findings and Conclusions

1. It was found that 130 children were having one form of impairment or the other. This included visual impairment (42.3%), hearing and speech impairment (24.6%), physical impairment (19.2%), mental impairment (2.3%) and other impairment (10.7%).
2. AWWs were able to identify 65.4% of the above mentioned children with impairment with proper training.
3. Necessary advice was given regarding treatment, prevention and rehabilitation of children suffering from various types of handicaps at the community level.

Role of Anganwadi Workers in Identification of Handicapped Children and Youth in the Community

G. P. Mathur, A. H. Gupta, Sarla Mathur, Y. D. Singh and P. C. Mishra

Introduction

In urban slums of Gorakhpur, health services were provided by the District Hospital, Medical College and urban Primary Health Centres. But there was no attempt to integrate health and social services. In ICDS project areas, AWWs look after the basic health needs of the community. AWWs are also expected to detect handicapped children and youth in community. This study was undertaken to assess the role of AWWs to identify the handicapped children and youth in the urban ICDS project area of Gorakhpur city.

Aims and Objectives

The study was undertaken to:

1. Identify and rehabilitate handicapped children and youth with the help of AWWs;
2. Find out the problems associated with rehabilitation.

Methodology

The study was conducted in the urban slums of ICDS project Gorakhpur city, Uttar Pradesh. Twenty AWWs covering a population of 20,659 were randomly selected for the study. The population below 20 years was 9,762 of whom 5,066 were males and 4,696 were females.

A household survey was done by AWWs to know the socio-economic status of parents. AWWs were given in-service training to identify various types of handicapped children and youth using a pre-tested proforma. These children were further examined by a team of doctors to find out the etiology of handicap and the attitude of parents towards it. Doctors advised parents regarding the rehabilitation of children and some children were referred to various schools and centres with the help of AWWs.

Finding and Conclusions

1. Eighty-six children and youth (0.9%) were identified as handicapped of whom 53 were males and 33 were females. The ratio of male and female handicapped children was 1.6:1. The overall prevalence of handicap was 10.7 per thousand in 0-20 years population.
2. The maximum number of handicapped children (38) were in the age group 6-11 years followed by the 0-6 years age group (27). The least number of handicapped children (18) were in the age group 11-15 years.
3. The maximum number of handicapped children and youth (65) belonged to Social Class IV followed by Social Class III (28) and Social Class V (11). Only one handicapped child belonged to Social Class II.
4. The different types of handicaps prevalent among the children and youth were visual (10), speech (27), hearing (22), orthopaedic and neurologic (27), mental (16) and visceral (3).

5. Sixty-nine children and youth (80.2%) had single handicap while 17 (19.8%) had multiple handicaps. Fifty-three children and youth (62.6%) were handicapped due to acquired causes.
6. Eleven (40.7%) children and youth were found to be mute out of the total number of children with speech defects. Stammering and stuttering were the most common speech defects.
7. The major causes of blindness were Vitamin A deficiency (30%) and neglected eye infections (30%) and that of orthopaedic handicap were post-polio paralysis, cerebral palsy, post encephalitic complications, pseudomuscular dystrophy, etc.
8. Chronic ear discharge was the main cause of conductive deafness in 16 cases and that of mental handicap was birth anoxia followed by microcephaly, Down's syndrome, cretinism, etc.
9. The number of handicapped children and youth rehabilitated with the help of AWWs were as shown in the following table.

Number of Handicapped Children and Youth Rehabilitated

Type of Handicap	Handicapped Children and Youth	Children and Youth Rehabilitated
	No. (%)	No. (%)
Visual	10 (9.5)	2 (1.9)
Speech	27 (25.7)	9 (8.6)
Hearing	22 (21.0)	8 (7.6)
Orthopaedic and neurologic	27 (25.7)	12 (11.4)
Mental	16 (15.2)	3 (2.9)
Visceral	3 (2.9)	0 (0.0)
Total*	105 (100.0)	34 (32.4)

*The total number of handicapped children was more because some children with multiple handicaps were counted more than once.

10. Most parents were aware of the handicap of their child and its consequences. They were also aware of the existence of special schools for handicapped children but due to their poor socio-economic status they were not ready to send them to these schools.
11. Some parents were tense regarding their handicapped child especially when it was a girl because her disability was a bar for marriage, whereas parents accepted this disability as their fate. A few parents felt that the handicap could have been prevented had they consulted the doctor earlier.

Recommendations

1. It was felt that the physical handicap due to perinatal causes could be prevented by taking care of the following factors:

- a) Supervision of mother's nutrition and health, good obstetric care and supervised delivery.
 - b) Presence of pediatrician at the time of delivery especially for at-risk pregnancies for resuscitation.
 - c) Proper care of low birth weight babies.
2. Mass scale immunization in a community should be promoted to prevent handicaps resulting from diseases like poliomyelitis. Facilities for early diagnosis and appropriate therapy should be provided to prevent sequelae, especially in case of tuberculosis, malnutrition, poliomyelitis and eye infections.
 3. An intensive programme should be launched to provide two lakh units of Vitamin A at an interval of six months. Subsidized school meals and nutrition education should be imparted to prevent handicaps arising due to malnutrition.
 4. AWWs should use mass media to change the fatalistic attitude of people. Information about the existing facilities should be disseminated through advertisements, pamphlets, audio-visual aids and voluntary efforts. Parents should be encouraged to utilize the available services.
 5. AWWs should be given in-service training to identify and rehabilitate handicapped children.

COMMUNICATION

Communication

A Study on Communication Behaviour of Anganwadi Workers

Pushpa Gupta and Alka Mardia

Introduction

The ICDS is mainly a preventive and development programme to improve the health and nutritional status of children below 6 years of age and their mothers. Three ICDS projects were operational in Rajasthan since 1978-79. The study was conducted in these projects in rural (Rajsamand) and tribal (Chhoti Sadri and Gadhi) areas of Rajasthan to determine the effectiveness of communication behaviour of AWWs, investigate the sources of information available to AWWs and the extent of their utilization, and assess the relation between socio-personal characteristics of AWWs and their communication behaviour.

Aims and Objectives

The study was undertaken to:

1. Determine the effectiveness of communication behaviour of AWWs;
2. Investigate the sources of information available to AWWs and the extent of their utilization;
3. Assess the relation between socio-personal characteristics of AWWs and their communication behaviour.

Methodology

The study was conducted in three ICDS projects, namely, Rajsamand (rural), Gadhi and Chhoti Sadri (tribal) areas of Rajasthan. All the three projects were in operation since 1978-79. One hundred and twenty AWWs were selected for the study. They were interviewed using an interview schedule and the data was analysed statistically using both parametric and non-parametric tests.

The communication behaviour of AWWs was assessed regarding information input, information processing and output behaviour. Information input included maintaining contacts with target group, making use of available resources in day-to-day work, updating their knowledge through reading, etc.; information processing was related to the job responsibilities of AWWs; and information output included making home visits, organizing meetings and finding out problems of women and children.

The dependent variable in the study was communication behaviour and the independent variables were age, education, marital status, job experience, job satisfaction, family type and size, socio-economic status and knowledge in general and in selected subjects.

Findings and Conclusions

1. The communication behaviour of AWWs was effective in information input especially in those areas which were directly related to their job such as maintaining contacts with the target group, making use of available resources in their day-to-day work, getting information from

Supervisors, CDPOs and doctors, and by updating knowledge through reading and listening to educational programmes on radio.

2. Regarding information processing and output behaviour, it was found that AWWs conducted home visits frequently, organized meetings and found out problems of women and children. However, preparing and procuring audio-visual aids and other literature, using audio-visual aids and arranging demonstrations was seldom or never done by AWWs.
3. It can be concluded that a majority of AWWs expressed effective communication behaviour.
4. Various factors like age, marital status, socio-economic status, type and size of family of AWWs were not significantly associated with communication behaviour, whereas education, job experience, job satisfaction and knowledge of AWWs were significantly associated with their communication behaviour.
5. AWWs of project Chhoti Sadri expressed the best communication behaviour in general and also in information input, processing and output respectively as a majority of them were educated, had longer job experience and sound knowledge of their work.
6. A majority of the AWWs had fair knowledge about health and child development, but their knowledge about foods and nutrition was poor.

It was also found that young, educated AWWs from middle socio-economic status and small families, and having more job satisfaction and experience possessed adequate knowledge in general and in the selected subjects.

CONCEPT OF ICDS

Concept of ICDS

A Study of the Concept of ICDS as Held by Supervisors and Anganwadi Workers

Pushpa Gupta and Snehlata Maheswari

Introduction

The Integrated Child Development Services (ICDS) Scheme, offering a package of service catering to health, nutrition and developmental needs of children below 6 years of age and their mothers, was launched in 1975. The way functionaries perceive the scheme, and envisage their own role in implementing it affects the outcome to a great extent. The present study was done to find out the concept of ICDS as perceived by Supervisors and AWWs, and the factors associated with it in the ICDS projects at Udaipur, Rajasthan.

Aims and Objectives

The study was undertaken to:

1. Find out the concept of ICDS as perceived by Supervisors and AWWs;
2. Assess the factors associated with the concept of ICDS.

Methodology

The study was conducted in ICDS projects at Udaipur, Rajasthan. The sample consisted of 49 Supervisors and 110 AWWs selected by stratified random sampling method. A questionnaire and an interview schedule were used to collect data. Data was analysed using frequency percentages, test and mean weighted scores.

Findings and Conclusions

1. A majority of the respondents had average concept about ICDS components such as objectives and approach, package of services, beneficiaries, and roles and responsibilities of various functionaries, while the concept about other components was poor.
2. Though there was no significant difference in the concept of Supervisors and AWWs regarding all the components of ICDS, the mean weighted scores indicated that Supervisors had slightly better understanding of the programme than AWWs.
3. A majority of the Supervisors and AWWs were clear about the major objectives of ICDS, but were not very clear about the need and importance of the integrated approach of the programme.
4. The Supervisors and AWWs had poor concept about the criteria for selecting ICDS projects and no statistical difference regarding this aspect was observed between these functionaries.
5. A majority of the respondents were clear about the target beneficiaries of the programme and the health and nutrition services available for them, except referral services.
6. The functionaries were clear about the diseases against which children and expectant mothers were immunized, except for immunization against typhoid.

7. The respondents had a poor concept regarding coordination of the various departments involved in the ICDS programme. AWWs were more aware of the role of health functionaries, while Supervisors were more aware about the role of BDOs (Block Development Officers) and Pradhans (village leaders).
8. Job training and job experience significantly influenced the overall concept of ICDS held by both groups of respondents. Age and educational level were not found to be significantly associated with the concept of ICDS.

Recommendations

1. There is a need to improve the concept of ICDS among its functionaries.
2. During the job training of functionaries different aspects of the programme need to be highlighted. This may also be done by organizing short term refresher courses from time to time.
3. There is a need to improve the monitoring, supervision and evaluation aspects of the programme.

CURRICULUM

Curriculum

Evolving and Evaluating Curriculum for Anganwadis

Arul Josephine Mary

Introduction

Curriculum is an important aspect of any school as it is closely related to the educational ideals on one side and to the attainment of educational objectives on the other. The study was done in Coimbatore city, Tamil Nadu in ICDS Project III, to develop a well planned, suitable curriculum for anganwadis in the local language, and suggest modalities for implementing the same for 3 months.

Aims and Objectives

The study was undertaken to:

1. Develop a well planned, suitable curriculum in Tamil for AWWs;
2. Suggest modalities for implementing the same for three months.

Methodology

The sample comprised 10 AWCs selected randomly from ICDS Project III, Coimbatore city. An interview schedule was prepared to assess the existing curriculum of AWs in terms of its planning, schedule of events, aids used for teaching children, satisfaction of the workers, and suggestions for improving the curriculum. A suitable curriculum for a duration of one year was evolved in Tamil. The newly evolved curriculum was sent to 10 child development experts for rating on a three-point scale. All the suggestions given were incorporated. AWWs were given orientation training in three sessions of two hours each regarding implementation of the curriculum. This curriculum was followed for three months as the investigator had only three months at her disposal. The curriculum was evaluated by AWWs for its efficacy using a check-list.

Findings and Conclusions

1. Assessment of the existing curriculum in the selected AWs revealed that:
 - i) All AWWs planned the programme in advance based on the theme approach once in 15 days.
 - ii) About 80% AWWs preferred to plan out the programme in advance as it enabled them to teach various concepts. Out of these, 70% AWWs also mentioned that planning helped them to give a better coverage to the contents.
 - iii) All AWWs had a prayer, informal talks, song sessions, story sessions, group play, physical exercise and teaching alphabets in their daily schedule of events. Creative activities, science experience and readiness activities were totally absent in their curriculum, even though all AWWs had a minimum of two years of job experience.

- iv) The teaching aids predominantly used by AWWs were puppets (80%), posters (70%), flash cards (70%) and models (60%).
 - v) A majority of the AWWs were frustrated with the existing curriculum. The main reasons for dissatisfaction were the lack of funds, time, play equipment and material, knowledge to organize preschool activities, etc.
 - vi) The suggestions given by AWWs to improve the existing curriculum were provisions of picture books, chalk, slates, pencils, crayons, soft toys, puzzles, blocks, etc. for indoor play activities; swing, see-saw, slide, cycles, etc. for outdoor play; refresher/in-service training in organizing creative activities for preschoolers; and enhancement in the budget for preparing teaching aids.
2. The curriculum as rated by the child development experts prior to implementation is given in the following table.

Curriculum Content	Rating of the Experts (%)		
	Fully	Partially	Rarely
Caters to the needs of children	90	10	-
Activities are adequate in number	80	20	-
Teaches different concepts	90	10	-
Suitable for children	90	10	-
Provides suitable guidelines for teachers	80	20	-
Caters to children's interest	80	20	-
Activities are simple and easy to follow	90	10	-
Offers variety of play	80	20	-
Scope for using indigenous material	90	10	-
Practicality for implementation	80	20	-

3. The salient features that emerged from the evaluation on the efficacy of the newly evolved curriculum as assessed by AWWs after the implementation were that it was easy to implement; effective in teaching different concepts; offers opportunities for promoting physical growth and language development; develops social skills, imagination, creativity and concentration.

Recommendations

1. There is a need for refresher training for AWWs to help them develop skills to plan and conduct non-formal preschool activities.
2. There is a need to enhance the budget of AWCs for preparing play equipment.

EVALUATION OF ICDS

Evaluation of ICDS

National Evaluation of Integrated Child Development Services

Adarsh Sharma et al

Introduction

As ICDS has been in operation since 1975, the Government felt that it is essential to assess the impact of the ICDS programme and to identify lacunae in its implementation. It was felt by the Government that the feedback would be vital in improving the delivery system, its optimal outreach and in taking decisions regarding its expansion during the Eighth Five Year Plan. NIPCCD was entrusted with the task of evaluating ICDS at the national level, assess its functioning, and its impact on beneficiaries.

Aims and Objectives

The study aimed to:

1. Ascertain the benefits of the scheme on selected outcome indicators related to various services provided to children and women under ICDS;
2. Find out differences in the implementation and utilization of services in rural, urban and tribal areas;
3. Identify problems and bottlenecks in the implementation of ICDS;
4. Find out the perception of the community about ICDS and the extent of support provided by them in implementation of the programme.

Methodology

The study was conducted all over the country. 98 districts in 25 States and Union Territories (UTs) were covered. A total of 700 anganwadi centres (AWCs), 100 non-ICDS units, 994 children 0-3 years, 994 children 3-6 years, 743 expectant mothers, 517 nursing mothers and 727 women aged 15-45 years were selected for the study. Data was gathered through interviews and observation.

Findings and Conclusions

1. Around 36% expectant mothers and 50% nursing mothers were registered for supplementary nutrition. In all projects, about 77% registered expectant and nursing mothers were receiving SN. In rural areas 75.9% expectant mothers and 78.8% nursing mothers, and in tribal areas 78.0% expectant mothers and 77% nursing mothers were availing services. Between the two categories of beneficiaries percentage of nursing mothers availing services was higher as compared to that of expectant mothers, in both rural and tribal projects. However, in urban projects 83% expectant mothers and 74% nursing mothers were utilizing the services.
2. Total number of children in the age group of 0-3 years and 3-6 years who were registered in the AWCs was 45.4% and 56% respectively. 78.3% and 79.7% children availed supplementary nutrition. In rural areas 39.9% children aged 0-3 years were registered in AWCs and 76.5% were availing SN. 52.6% children were registered in tribal areas and 79.4% had availed SN. In urban areas around 51.2% children were registered and 84.3% were availing SN. Similarly, of

the children aged 3-6 years from urban areas, around 50.6% were registered and 80.0% were availing SN. In tribal areas, 65.7% children were registered and 80.1% were availing SN. In urban areas, 59.7% children were registered in AWCs and 80.8% were availing SN.

3. Around 63% of the target population of women were registered and only 50% had received nutrition and health education (NHE) during the last three months. In rural areas 64.2% women were registered for NHE and 46.1% had received NHE. 64.1% women were registered in tribal areas, and out of them 53.1% women received NHE. In urban areas the percentage of women registered for NHE in AWCs was 59.2% and only 40.4% had received NHE.
4. Nearly 78% anganwadi workers (AWWs) mentioned that there were no specific guidelines on frequency of conducting NHE. In all three types of projects AWWs mentioned that they were facing some problems in conducting NHE sessions, like timings were not suitable for women, they were busy in household chores, lack of resources and lack of interest on the part of women.
5. About 38% urban, 29% rural and 19% tribal AWWs mentioned that the food items served as SN in AWCs were not acceptable to the community. The food was difficult to digest, caused diarrhoea, was not tasty, and sometimes not fit for consumption.
6. About 57% nursing mothers perceived supplementary food as a supplement to their diet and a large majority had liked the taste. 50% felt that food items had variety.
7. Higher percentage of babies had low birth weight in tribal non-ICDS areas (80%) as compared to ICDS areas (43.3%).
8. About 36.3% AWWs were not able to monitor the growth of children. The reasons were non-availability of growth charts, lack of skills in filling up growth charts, and weighing scales not being in working condition.
9. The nutritional status of children in ICDS areas was better than that of children in non-ICDS areas. The percentage of normal children was 35 in ICDS areas and 31 in non-ICDS areas. Non-ICDS areas also recorded 3% more children in Grade III and Grade IV malnutrition as compared to ICDS areas (ICDS 10.8%; non-ICDS 13.11%).
10. About 25% nursing mothers in ICDS areas as against 19% in non-ICDS areas had introduced semi-solids to their infants. The proportion was too small and reflected lack of impact of NHE in promoting positive feeding practices. This was possibly the contributing factor for high percentage of malnourished children in the age group 0-3 years in ICDS areas.
11. Over 85% AWWs mentioned that health check-up had been carried out, both for women and children, at least once during the last three months. In around 56% cases, AWC was used as the venue for health check-up. The beneficiaries were given check-up by medical officers (MOs) and auxiliary nurse midwives (ANMs) in 47.4% cases and by AWWs in 45% cases. A small percentage (17%-28%) of AWWs delineated problems such as belief in traditional system of medicine among beneficiaries, lack of awareness regarding need for health check-up, reluctance to come for check-up, and shortage of medical staff and their unwillingness to visit AWCs for conducting health check-up as some of the problems they faced in conducting health check-ups.

12. About 52% mothers of children aged 0-3 years from ICDS areas mentioned that health check-up was done for their children, whereas in non-ICDS areas the percentage was 33.8%.
13. Medicine kits were available in 80% AWCs and were regularly replenished in 69% cases.
14. The immunization status of children below 1 year for vaccination against BCG, measles, DPT and polio was 50%, 32.6%, 47.2% and 37.5% respectively. Children in the age group 1-3 years who received DPT booster dose and polio was 31.6% and 35%. DT was given only to 28% children in the age group 3-6 years.
15. Nearly 52% expectant mothers in ICDS areas and 45% in non-ICDS areas had been inoculated with tetanus toxoid vaccine.
16. About 84% AWWs were providing referral services to the target population. In rural areas 86% AWWs, in tribal areas 85% AWWs, and in urban projects 75% AWWs rendered referral service during the last quarter.
17. Nearly 30% children from ICDS areas received referral services as compared to 23% children in non-ICDS areas.
18. About 71.4% children in the age group of 3-6 years were availing preschool education (PSE) from AWCs. Nearly 81.1% in rural areas, 50.2% in tribal areas and 80.1% children in urban areas were availing PSE.
19. AWWs mentioned that 55% women, 47% community leaders and 33% adolescent girls offered some help in conducting activities at AWCs.

Recommendations

1. It is suggested that eligibility criteria for recruitment of AWWs may be raised to matriculation, and suitable incentives may be given.
2. There is need to experiment with some new innovative methods for imparting refresher training to AWWs.
3. It should be mandatory for Project Officers to organize frequent training workshops at the project level.
4. Efforts should be made to further improve the coverage of under threes for receiving supplementary food by conducting exhaustive door-to-door surveys, encouraging consumption of food at the AWC, and enhancing mothers' awareness about appropriate weaning practices and supplementary foods for under threes.
5. There is need for introducing more creative and cognitive activities in PSE.
6. In urban areas the services provided under ICDS were minimal and the situation was worse than that in tribal and rural areas. There is urgent need to improve the situation in urban slums.

FUNCTIONING OF ANGANWADIS

Functioning of Anganwadis

An Assessment of Functioning of 96 Anganwadis in the Urban Slum ICDS Project of Amritsar along with the Study of Knowledge, Attitude and Practices of the Functionaries

P. S. Coonar and V. Mohan

Introduction

ICDS is best understood as a programme for child protection as well as child development. It takes a holistic approach to the child, and attempts to improve both his/her pre-natal and post natal environment. This study was conducted in 96 anganwadis located in the urban slums ICDS project in Amritsar city from 1st November 1984 to 16th February 1985. The project was started in 1982-83 and catered to a population of 100,069. The functioning of anganwadis, in relation to resource allocation and provision of services, along with the knowledge, attitude and practices of the functionaries regarding their job commitments, was studied through personal visits and questionnaires.

Aims and Objectives

The study was undertaken to:

1. Assess the functioning and delivery of services in AWWs;
2. Assess the knowledge, attitude and practices of ICDS functionaries in relation to their duties.

Methodology

The study was conducted in the urban ICDS project Amritsar, Punjab. All the 96 AWWs in the project area were selected for the study. The sample comprised a CDPO, 4 Supervisors, 96 AWWs, 96 Helpers, 1 Medical Officer, 2 LHV's and 8 ANMs. However, the functioning of only 83 AWWs could be assessed as the remaining 13 AWWs were closed. During the study KAP of only 91 AWWs was assessed, as the remaining five could not be contacted after repeated attempts. Out of the four Supervisors in the project area, only three could be contacted.

Information was collected by interviewing the functionaries with the help of pre-structured and pre-tested performa.

Finding and Conclusions

1. A majority of AWWs (47%) were in the age group 20-24 years and only 1.2 % were above 40 years.
2. Sixty-nine AWWs (83.2%) had studied up to matric or higher secondary and only eight (9.6%) were graduates.
3. Forty-three AWWs (51.8%) were local residents while 40 (48.2%) AWWs had to travel between 1-5 km to reach AWWs.
4. While assessing the functioning of AWWs, it was observed that children were present only in 60 AWWs, while in the remaining 23 AWWs no child was present.

5. A majority of AWWs (90.4%) had conducted surveys of the community, though only 59.1% did it properly. The remaining AWWs (9.6%) had not conducted any surveys.
6. Nearly 71% AWs were located in rented buildings, 3.6% in buildings provided by the community, 2.4% were run jointly with other AWs and 30% in open space due to non-availability of building.
Open space for playing, drinking water and toilet facilities were available in 73.5%, 78.3% and 19.7% AWs respectively. Environmental sanitation and cleanliness within an AW was satisfactory in 60.2% and 71.1% AWs respectively.
7. Community participation was very poor. The people participated by providing land, building and firewood only to four AWs. The remaining 79 AWs did not receive any help from the community.
8. Supplementary nutrition was being given only in five AWs and all AWWs reported irregular and inadequate food supply.
9. Health check-up of children was done by interns and Medical Officers only in 21 AWs while no health check-up was conducted in the remaining 62 AWs.
Immunization services were provided in 55.4% AWCs but these services were found to be irregular. Children were weighed once in three months in 60.2% AWs and the weights were plotted on weights charts in 44.6% AWs.
10. The attendance of children in AWs was generally poor and in 42.7% AWs either there were very few or no children present. The attendance in health and nutrition education classes was also poor and irregular.
11. The number of AWs visited by various ICDS functionaries in one year was as given in the following table.

Number of AWs Visited by ICDS Functionaries in One Year

ICDS Functionaries	No. of AWs Visited	No. of AWs Not Visited
ANMs	79	4
LHVs	52	31
Medical Officers	39	44
Supervisors	83	0
CDPOs	66	17
State/District Officers	1	82

12. No Coordination Committee was functioning at any level and inter-departmental coordination was also lacking.
13. It was found that only three AWWs had complete knowledge of all the beneficiaries covered under ICDS and 10 AWWs had no knowledge of the beneficiaries. A majority of AWWs were aware that expectant and nursing mothers were also ICDS beneficiaries.
14. The knowledge of AWWs regarding health component was poor although their attitude was positive. Due to poor knowledge some AWWs were not following the right steps - neither while weighing children, nor while grading them according to their weight.

Children in the age group 0-2 years were weighed every month only by 13.2% AWWs while children in the age group 3-6 years were weighed once in three months by 86.8% AWWs.

15. Fifty-five AWWs knew the expected weight of the child at birth and 63 and 44 AWWs knew the weight of the child at six months and one year respectively. Fourteen AWWs had knowledge about the correct weight of children of all the three age groups.
16. Only 22% AWWs knew that supplementary nutrition had to be given for 300 days in a year. About 97% felt that child mortality could be reduced by immunizing children against vaccine preventable diseases.
17. All AWWs felt that working in an AW was an interesting and satisfying experience. 79 AWWs said that their work was appreciated by the community and 82.4% AWWs liked the suggestions given to them by their Supervisors.
18. The knowledge, attitude and practices of Supervisors, ANMs and LHVs regarding their respective job responsibilities was good. However, the health supervisors, namely ANMs and LHVs, had not received any special training related to ICDS.
19. The Medical Officer was conversant with the job but faced administrative problems due to insufficient supply of drugs, manpower, transport and increased involvement in other programmes.
20. The overall knowledge, attitude and practices of CDPO was good. However, various problems encountered were dual charge, getting sanction for the rent of AWs, purchase of food stuffs for supplementary nutrition, preparation of supplementary nutrition by AWWs, and lack of community participation.
21. CDPO visited about 30 AWs every month and did not face any problem in the collection and compilation of monthly reports.

Recommendations

1. The knowledge and efficiency of AWWs should be enhanced through frequent lectures and on-the-spot demonstrations.
2. Working of the projects should be evaluated at regular intervals. Supervision and guidance should be provided to AWWs individually and their knowledge should be evaluated periodically by concerned Supervisors.
3. Proper provision should be made for building, regular supply of food stuffs and basic equipment.
4. State and District Coordination Committees should be formed and their effective functioning should be ensured.

Evaluation of Anganwadis and Their Programmes under ICDS

D. Saroja Devi

Introduction

Integrated Child Development Services (ICDS) Scheme is basically an inter-sectoral and multi-departmental endeavour. ICDS was operated through 5 projects in Coimbatore district. The study was done in 4 urban ICDS projects in Coimbatore district and covered 25 anganwadis from each project area in Selvapuram, Kuppakonampudur, Pukliskulam and Singanallur. The aim was to evaluate the functioning of AWCs under ICDS.

Aims and Objectives

The study was undertaken to:

1. Evaluate the functioning of AWCs under ICDS in Coimbatore district.

Methodology

The study was conducted in four urban ICDS projects in Coimbatore district. A sample of 25 AWCs was selected randomly from each project area in Selvapuram, Kuppakonampudur, Puliskulam and Singanallur thus making a total of 100 AWCs. The data regarding the functioning of AWCs was collected from AWWs using a questionnaire.

Findings and Conclusions

1. Almost 92% AWWs had passed SSLC and a majority of them (84%) had received the initial job training for a period of three months.
2. The total number of children enrolled in AWCs comprised 1,886 infants and 4,741 preschool children.
3. The percentage of beneficiaries benefitting from the supplementary feeding programme included infants (84%), preschool children (84%), expectant mothers (84%) and nursing mothers (75%).
4. The quantity of food served was not sufficient. Menu planning was not followed in any of the AWCs and no special therapeutic diet was given to the identified malnourished children. The major problems faced by most AWWs were lack of food supply, fuel and funds, irregular attendance of children and insufficient support of Anganwadi Helpers.
5. The immunization services rendered to children included immunization against polio (73%), small pox (39%), whooping cough (38%), tetanus (15%) and diphtheria (11%).
6. Only 5% AWWs did not encounter any problems in carrying out immunization services. Poor attendance of children was the main problem faced by other AWWs.
7. The services offered to expectant mothers included distribution of iron and folic acid tablets and immunization. Out of 1,041 expectant mothers enrolled in AWCs, only 164 availed these services whereas nursing mothers did not avail any of these services.
8. Referral services were offered by 97% AWWs.

9. About 37% AWs were visited by a Medical Officer once a month, 33% once a fortnight, and 30% AWs were visited once a week.
10. Non-formal education was conducted in 94% AWs through play way method. The activities liked by children were song session (91%), story session (86%), group games (82%) and creative activities (12%). The activities disliked by children were sleeping (17%), reading (14%) and writing alphabets (12%).
11. Indoor play equipment was available in 93% AWs and outdoor play equipment in only 16% AWs. Not even 50% AWWs could enlist the use of play equipment available.
12. Only 50% AWs conducted NHE sessions. The various topics included need for immunization, nutritive diet, dietary requirements, environmental sanitation, and common ailments and their treatment. NHE was given during home visits and in group meetings.
13. As per the requirements all AWWs were maintaining records and registers and were aware of their importance.

Study on the Functioning of the Anganwadis

K. Nalini

Introduction

The ICDS programme, evolved after two and a half decades of cumulative experience in planning and implementation of programmes for children, is certainly a better conceptualized intervention than the earlier programmes of its kind. The study was undertaken to assess the extent to which the ICDS objectives were achieved in the field in anganwadis, the challenges faced by AWWs in running the anganwadis, and reasons for the existing problems.

Aims and Objectives

The study was undertaken to:

1. Assess the functioning of AWCs in Coimbatore, Tamil Nadu and Wynad, Kerala.

Methodology

The study was conducted in the ICDS projects in Coimbatore and Wynad cities. One hundred AWWs, 50 each from Coimbatore and Wynad, selected randomly, formed the sample of the study. Data related to services provided under the scheme and the problems faced by AWWs was collected using a pre-tested interview schedule.

Findings and Conclusions

1. In Coimbatore 971 boys and 950 girls, and in Wynad 1,017 boys and 873 girls were attending AWCs. All the children attending AWs were from low socio-economic class.
2. In AWs of Coimbatore food was provided on all the days of the year and was a part of nutritious meal programme, whereas in Wynad it was supplied only for 300 days in an year.
3. The number of beneficiaries comprising children, expectant and nursing mothers for supplementary feeding were 2,616, 274 and 271 in Coimbatore and 3,362, 271 and 278 in Wynad respectively.
4. In AWCs of Coimbatore, mixed rice with vegetables was given to children between 3-5 years of age, *laddu* (sweets) made of CSM (corn soya milk) powder was given to children below two years, and raw *ravai* (semolina) was given to women beneficiaries once a week for consumption at home for seven days.
5. In Coimbatore no special therapeutic diet was provided to malnourished children, but in Wynad the food provided was doubled in 10% AWCs.
6. The cost of supplementary nutrition provided per child was about 13 paise in Coimbatore and 30 paise in Wynad.

7. The percentage of beneficiaries utilizing the services was as given in the following table.

Services	Coimbatore City	Wynad City
	Percentage	
Children		
Immunization	90.0	70.0
Recording of weight & height	100.0	100.0
Health check-up	80.0	100.0
Treatment of minor ailments	60.0	0.0
Expectant mothers		
Distribution of iron and folic acid tablets	100.0	20.0
Immunization	20.0	60.0
Nursing mothers		
Physical examination	0.0	10.0
Family planning advice	8.0	22.0
Distribution of iron and folic acid tablets	100.0	20.0
Home visits	90.0	80.0

8. The various registers maintained in AWCs were school attendance register, height and weight register, attendance register for feeding, immunization register, stock register, health check-up register, medicine stock register and expenditure register.

9. In most AWCs (70%) of both Coimbatore and Wynad, health and nutrition education (HNE) activities were being carried out. HNE was imparted mainly through home visits, parents' education classes, use of mass media and demonstrations. The various subjects covered during NHE sessions in Coimbatore and Wynad respectively included need for immunization (86% & 36%), general cleanliness (64% & 32%), nutritious recipes (44% & 70%), environmental sanitation (20% & 80%), nutrition education (16% & 32%) and family planning (14% & 60%).

10. Non-formal preschool education to children was provided in all AWCs. The theme approach was followed in programme planning.

In Coimbatore, aids and equipment used for story sessions, indoor play and readiness activities included charts (48%), posters (40%), puppets (32%), models (32%), flash cards (19%), flip books (14%), blocks (100%) and counting frames (100%). In Wynad, flash cards (58%), charts (50%), pictures books (34%), rollograph (16%), puppets (6%), flannelograph (4%), blocks (80%), toys (20%), number cards (54%), counting frames (48%), sense cards (20%) and musical instruments (10%) were used.

11. Due to preschool education, there was an improvement in language, social skills, mental ability, regularity and physical growth of children in all AWCs.

12. The problems faced in the day-to-day functioning of AWCs as expressed by AWCs of Coimbatore and Wynad were parents' resistance to immunization, lack of food supply and vessels, lack of supply of medicines, inadequate aids and equipment for conducting preschool education activities, space and funds.

Recommendations

1. The problems of AWCs should be solved through effective supervision by CDPOs and other officers, and by increasing the supply of items required.

GROWTH MONITORING

Growth Monitoring

How Well Trained is the Field Level Health Worker in Detecting Growth Retardation and Faltering in the Under-Six

Tara Gopaldas

Introduction

Growth monitoring of the 'below sixes' constitutes one of the anganwadi workers' important tasks as the type and amount of food supplement offered to the child, and the type of dietary and related advice offered to mothers of children and lactating mothers depends on the child's nutritional grade. This study was conducted to assess how well trained field level workers were in detecting growth retardation and faltering in under sixes in the urban ICDS project in Baroda.

Aims and Objectives

The study was undertaken to:

1. Assess the ability of AWWs in detecting growth retardation and growth faltering in children under six years;
2. Assess whether the training given to AWWs to detect growth faltering was adequate or not.

Methodology

The study was conducted in the urban ICDS project in Baroda. AWCs of ICDS project were divided into three groups on the basis of their distance from CDPO's office. They were either at a distance of three km from CDPO's office or within 3-7 km or beyond this limit. Finally, 5, 15 and 5 AWCs were selected randomly from each of these stratum. All AWWs of these centres comprised the sample.

The abilities of AWWs in detecting growth faltering were assessed by five nutritionists who visited five AWCs within 48 hours of the completion of the task by AWWs and weighed the children at random. The growth charts of 447 children maintained over the past three months were then cross-checked with the weights plotted and recorded in the register. This also helped the nutritionists to check the current nutritional status of the children. Each AWW was then asked to interpret the growth charts of the children weighed and plotted by her. She was also asked to interpret a set of four growth charts illustrating ascending growth curve, descending growth curve, stationary growth and deceleration in rate of growth. The same sets of charts were shown to the Supervisors (5), ANMs (2) and MO (1) for their interpretation. The per cent accuracy in interpretation of growth charts was calculated.

A check list was administered to assess the advice given by AWWs to the mothers based on the nutritional status of the children. All malnourished children were given Baroda-mix according to the degree of malnutrition. The composition and nutritive value of 100g of Baroda-mix is given below:

Composition and Nutritive Value of Baroda-mix

Composition		Unit
Roasted & milled wheat	-	56 g
Roasted & milled groundnut	-	22 g
Roasted & milled chick pea	-	22 g
Nutritive value		
Calories	-	4.01 kcal
Protein	-	17.30 g

Findings and Conclusions

1. About 50% AWWs had passed high school, 25% were graduates and 25% even had a diploma in child development.
2. All AWWs were able to weigh the children accurately. The mean percentage error was only of the order of 2.06%.
3. Although the plotting of weights on the growth charts showed a high level of accuracy in placing the dot in the right square or grid, the dots were not joined to show an ascending or descending or flat curve.
4. All the 25 AWWs able to interpret the growth curve correctly in terms of nutritional grades. Though they were able to spot a decrease in the monthly weight as a sign of growth retardation but none of AWWs recognized stationary weight as an important sign of growth retardation. Thus, almost one-third of the children who were in need of medical attention and food supplementation went completely unnoticed.
5. Out of 447 children, 151 had stationary growth, with preschoolers being the most affected and infants the least.
6. Mothers of children in normal channel of growth or Grade I malnutrition were not given any advice. Mothers of children of Grade II malnutrition were sometimes told to increase the dietary intake and were given Baroda-mix.
7. Mothers of children in Grade III and Grade IV malnutrition were given a double ration of Baroda-mix and 100 folier tablets. The children were weighed every 4-5 days till they moved up to Grade II and Grade I malnutrition. In addition, they were referred to MO for medical advice or hospitalization.

Recommendations

1. There is a need to include detection and the medical-cum-dietary treatment of subtle forms (Grade I & II) of growth retardation in the curriculae of all field level health workers.

JOB PERFORMANCE OF ANGANWADI WORKERS

Job Performance of Anganwadi Workers

Anganwadi Workers: A Study in Integrated Child Development Services Scheme (Raibag Project & Jamkhandi Project)

G. S. Bidarakoppa

Introduction

Of all ICDS functionaries, anganwadi workers are very crucial as the major responsibility of programme implementation at the village/field level rests on their shoulders. There were two ICDS projects that were started in Karnataka in 1978 and 1979. The present study was conducted in these projects to assess the socio-economic status of AWWs, ascertain the role of the AWWs in the ICDS programme and their perception towards their role, and identify the problems faced by AWWs in carrying out their duties at the grass roots level.

Aims and Objectives

The study was undertaken to:

1. Assess the socio-economic status of AWWs;
2. Ascertain the role of AWWs in the ICDS programme and their perception towards their role;
3. Identify the problems faced by AWWs in carrying out their duties at the grass roots level.

Methodology

The study was conducted in the two rural ICDS projects, namely, Jamkhandi in district Bijapur and Raibag in district Belgaum in Karnataka. These projects were started in 1978 and 1979 respectively.

AWs in both the projects were grouped under different circles. Thirty AWWs were selected from each project area. While selecting these AWWs from different centres, it was ensured that all the circles in the projects were represented in the sample.

Data regarding socio-economic status of AWWs and package of services provided under ICDS was collected by interviewing AWWs with the help of an interview schedule. On the spot observations were also made in situations like distribution of food to children, playing games, cultural activities, etc. Secondary data was collected from record, files and booklets available in the project office.

Finding and Conclusions

1. All AWWs were in the age group 15-44 years.
2. About 86% AWWs were not local residents and a majority of them (83%) belonged to families of low socio-economic status.
3. AWWs had very poor knowledge of supplementary nutrition. The quantity of food given to all beneficiaries, irrespective of the age group, was the same.
4. Nearly 50% AWWs were satisfied with the attendance of children at AWWs.

5. The knowledge of AWWs about immunization was generally poor. However, they had experience in areas like health education and non-formal education.
6. Only 46.7% AWWs had referred cases to hospitals and rest of them had no knowledge about referral services.
7. About 63% AWWs advised people to accept small family norm and adopt various methods of family planning.
8. Only 10% AWWs were involved in conducting adult education classes.
9. All AWWs were dissatisfied with the amount of honorarium that was being paid to them.

Recommendations

1. AWTCs should be well equipped with trained staff and equipment.
2. Efforts should be made to recruit AWWs from local areas.
3. AWWs should be trained before their placement in the field.
4. AWWs should be trained in involving community members in the activities of ICDS. Voluntary agencies including mahila mandals should be involved to make the ICDS programme a success.
5. Supervision of AWWs needs to be strengthened.
6. There is a need to reconsider the amount of honorarium paid to AWWs.

Inability to Use Bar Type Weighing Scale by Anganwadi Workers

S. L. Mandowara and B. Bhandari

Introduction

Integrated Child Development Services is the world's largest early childhood care programme providing health, nutrition and preschool education services to children under six years of age. This study was done in ICDS projects in Rajasthan to assess the ability of AWWs in using Bar Scale for weighing children after receiving training, and see whether they were able to monitor the weight of children.

Aims and Objectives

The study was undertaken to:

1. Assess the ability of AWWs in using Bar Scale for weighing children after receiving training.

Methodology

The study was conducted in ICDS projects in Rajasthan. Three hundred and twenty eight AWWs constituted the sample. They were given ten days refresher training at various AWTCs in Udaipur on the method of using Bar Scale for weighing children. AWWs were divided into two groups. Each worker was asked to weigh ten children from a nursery school, five using Salter Scale and the other five using Bar Scale. A pre-tested schedule was used to record the opinion of AWWs regarding the feasibility of using these weighing scales in the field.

Findings and Conclusions

1. All the AWWs, though well trained in the technique of weighing children using the Bar Scale, preferred not to use it at AWWs because it required more adjustment. Even with a slight difference of weight it moved up and down with a jerk, creating panic among mothers and children. AWWs preferred using Salter Scale only.

Recommendations

1. Only Salter Scales should be supplied to AWWs. Bar Scales already supplied should be replaced by Salter Scales.

Job Performance of Anganwadi Workers of Baroda City as Perceived by Themselves and Their Supervisors

Nirmal Sethi and A. Chandra

Introduction

Anganwadi workers are the main source of information for community people residing in the area. The present study was done in the urban ICDS project Baroda, Gujarat to assess the job performance of AWWs, and identify the variations in their job performance as perceived by themselves and their Supervisors.

Aims and Objectives

The study was undertaken to:

1. Assess the job performance of AWWs;
2. Identify the variations in their job performance as perceived by themselves and their Supervisors.

Methodology

The study was conducted in the urban ICDS project Baroda, Gujarat. The sample comprised 50 AWWs selected randomly out of 100 AWWs and all the five Supervisors of the project. A questionnaire was used to elicit information related to job responsibilities, child development, non-formal education, health and nutrition, functional literacy and numeracy, community contact and communication, and problems faced by AWWs.

Findings and Conclusions

1. It was observed that AWWs had many job responsibilities and so it was very difficult for them to carry out the various tasks at a time. In spite of this, all the tasks except maintenance of liaison with voluntary agencies was carried out by AWWs.
2. Nearly 20% of the graduate AWWs did not conduct non-formal preschool education activities whereas 70% of middle school and higher secondary passed AWWs conducted non-formal preschool education activities. Teaching aids like flash cards, flannel graphs and puppets were used more by the middle school passed AWWs than the graduates and higher secondary educated AWWs. A majority of AWWs were preparing toys from indigenous and low cost material.
3. The various tasks performed by AWWs included taking weight and height of children, plotting weight on the growth chart, providing child health care, maintaining community contacts, conducting functional literacy classes, etc.
4. It was observed that about 40% AWWs did not have sufficient knowledge about the causes and treatment of minor ailments.
5. Almost 95% AWWs made the community aware about the importance of various issues like safe drinking water, child care, environmental sanitation, etc.
6. Only 40% AWWs organized functional literacy classes and introduced the idea of solar energy to women.

7. About 50% middle school passed AWWs, 20% graduates and 35% higher secondary passed AWWs planned and conducted demonstrations on diet.
8. About 40% graduate AWWs did not have close working relationship with health workers, whereas 80% middle school and higher secondary educated AWWs had a good rapport with health workers.
9. In general, the job performance of experienced AWWs was better except in conducting health and nutrition education classes.
10. According to Supervisors, almost all the assigned responsibilities were carried out by AWWs.

Recommendations

1. There is need for refresher training of AWWs from time to time.
2. Proper training should be organized for the Helpers of AWWs.

A Study of Anganwadi Workers in Urban Areas – Profile of the Anganwadi Workers, Their Preparedness for the Job and Their Motivation

Nasreen Goriawalla and Hazel D'Lima

Introduction

The AWW is the most important functionary in the ICDS programme who delivers services to the community. If AWWs are discontented and as a result have low motivation then this would probably affect their job performance. This study was conducted to evaluate this problem, and to determine the causes of the dissatisfaction in three urban ICDS projects in Bombay, Poona and Hyderabad.

Aims and Objectives

The study was undertaken to:

1. Assess the socio-economic status of AWWs;
2. Ascertain the knowledge, attitude and perception of AWWs towards their work;
3. Find out their motivation towards work and the factors affecting their motivation.

Methodology

The study was conducted in three urban ICDS projects in Bombay, Poona and Hyderabad respectively. Thirty AWWs were selected from each project area by stratified random sampling technique thus making a total of 90 AWWs. Twelve Mukhya Sevikas supervising these AWWs were also selected for the study. The sample also included three randomly selected women respondents from each village, whose children were attending AWWs. Thus, the total number of these respondents was 270.

Data was collected from AWWs, Mukhya Sevikas (Supervisors) and women respondents using an interview schedule. The data was coded and analysed manually.

Findings and Conclusions

1. **Profile of AWWs:** A majority of the AWWs (65%) were in the age group 20-30 years, 13% were below 20 years and 22% were above 30 years.
2. Nearly 50% AWWs had studied up to SSC level, 29% had not passed SSC, 8% had passed HSC examination and only 3% were graduates. In addition to their formal education, 65% AWWs had undertaken certificate/diploma courses in teaching, typing, tailoring, cooking, embroidery, telephone operating and languages.
3. Socio-economic index for the families of AWWs was computed and it was found that 95% families belonged to the low socio-economic group.
4. Although AWWs were earning members of the family, a majority of them were given secondary status. About 67% AWWs were not consulted by their families while making important decisions whereas the remaining 33% were consulted in decisions affecting the family.
5. The various problems faced by AWWs and their families were indebtedness (26%), unemployment (20%), illness (18%), alcoholism (11%), insecurity and anxiety (12%), relationship problems (10%) and accommodation (9%).

6. About 53% AWWs took up the job because of economic reasons, 60% because of personal reasons and 8% because of social reasons.
7. About 54% AWWs had less than four years job experience, 35% had between 4-8 years and 10% had more than 10 years experience.
8. About 76% AWWs had undergone ICDS training and a majority of those who were still untrained had been on the job for less than two years.
9. **Knowledge, perception and attitude of AWWs:** AWWs had a high level of knowledge in areas like rationale for services provided under the ICDS programme, skills in nutrition education, child care and prevention of diseases. However, this knowledge was not put into practice. Although 73 AWWs had a high rating for knowledge, the performance of only 28 AWWs was rated as high. The performance was affected by low motivation which was a result of dissatisfaction with the job.
10. Age, educational level, training and years of job experience of AWWs did not improve their knowledge.
11. AWWs' perception of importance of child development and the need for a programme like ICDS in the country was fairly good.
12. The training imparted to AWWs has not contributed to their having a better and wider understanding and perspective of ICDS. Many AWWs had a very narrow perspective of the ICDS programme. 26% AWWs perceived ICDS as a health service, 75% as a welfare service oriented programme, and 87% as a programme having an overall impact on the lives of people in which education was an important element.
13. A majority of the AWWs reported that supplementary nutrition helped to improve the health status of children. However, the quality of supplementary nutrition provided was poor and the children were fed up of eating the same food.

Nearly 49% AWWs also reported that services under the ICDS programme improved the health status of expectant and nursing mothers and 29% said that it helped in creating greater awareness.
14. Almost 55% AWWs perceived themselves as the most important ICDS functionary. However, 38% AWWs gave themselves no importance, saying that the success of ICDS depended to a great extent on CDPO, Supervisors and health staff.
15. A majority of the AWWs had a positive perception of their CDPO, 23% had a negative view and 8% could not make any comment as they had no contact with their CDPO.
16. AWWs perceived Supervisors as a figure of authority who came to check records, registers and their performance. Very few Supervisors helped in solving problems and in providing necessary support and guidance to AWWs.
17. A majority of AWWs (75.5%) felt that they had been effective in their work because they had completed their tasks adequately, liked their job, were able to achieve the goals of ICDS and were getting a good response from the community.

Although only 14% AWWs mentioned that they were dissatisfied with their job, 70% were prepared to leave it if they got a better paying job.

18. AWWs had an inappropriate attitude towards their job. They regarded their job as a government job and had no commitment as a result dissatisfaction. They felt that they were doing a service to the people and they did not see ICDS as a development programme for people. This attitude was manifested in various aspects of their tasks.
19. **Motivation of AWWs:** It was found that 625 AWWs had made some efforts to bring back the dropouts, 86% conducted regular activities, 96% used teaching aids while conducting preschool activities, 97% made home visits regularly, and 14% were organizing programmes in the community. However, only 32% AWWs wanted to continue with their job.
20. The factors which affected the motivation of AWWs were their socio-economic status, family support, performance, knowledge and dissatisfaction with the job. However, a positive relationship was found between performance and motivation, whereas there was no relationship between motivation and other variables.

Recommendations

1. AWWs should be selected from the community itself, should be married and economically stable.
2. The honorarium of AWWs should be revised and they should be entitled to all benefits claimed by other Government employees.
3. Project level meetings should be organized between CDPO, Supervisors and AWWs and emphasis should be laid on discussions rather than administrative work. Supervisors should guide and help AWWs to solve their problems.
4. While training AWWs, emphasis should be laid on inculcating values, changing attitudes and providing a proper perspective of ICDS.
5. CDPO and Supervisors should improve their attitude towards AWWs. A willingness on their part to listen and understand the problems of AWWs could go a long way in creating a conducive atmosphere for work.

JOB PERFORMANCE OF ANMS

Job Performance of ANMs

General Profile and Performance of ANMs in an ICDS Block Garhi, Rajasthan

M. L. Jain and Dinesh Aggarwal

Introduction

Anganwadi workers along with Auxiliary Nurse Midwives (ANMs) or health workers are the key personnel in delivery of the package of services under ICDS scheme. ANMs are supposed to provide antenatal and post natal care to pregnant mothers and to carry out immunization of children. The study was done in the tribal ICDS project in Garhi, Rajasthan, where 25 ANMs were working. The aim was to evaluate the knowledge and performance of ANMs.

Aims and Objectives

The study was undertaken to:

1. Evaluate the knowledge and performance of ANMs in an ICDS block.

Methodology

The study was conducted in the tribal ICDS project Garhi, district Banswara, Rajasthan. The sample comprised all the 25 ANMs working in the project area. Thirteen ANMs had five AWs each under their jurisdiction and 12 ANMs had four AWs each under them, thus making a total of 113 AWs.

A pre-tested questionnaire was administered to all ANMs and information regarding their knowledge and performance was collected.

Findings and Conclusions

1. A majority of ANMs were below the age of 25 years and only two were above the age of 31 years. Only two ANMs belonged to scheduled tribes. Literacy status revealed that 11 ANMs had studied up to middle standard and up to high school, whereas the remaining 8 ANMs had dropped out of school after the middle standard.
2. Twelve ANMs were not making regular visits to AWs, whereas three ANMs were not visiting AWs at all. The reasons given by ANMs for these irregular/ no visits were inadequate transport facilities (5), heavy work load at PHC (6), and making visits to AWs was not thought to be important.
3. Seventeen ANMs said that they were not getting the desired cooperation from AWWs during their visits to AWs. The reason given by 15 ANMs for non-cooperation was that AWWs did not have complete knowledge about their work while two ANMs felt that AWWs were not at all serious and were usually found attending to their own domestic/ farm work.
4. It was found that 16 ANMs had correct knowledge about immunization schedule and six ANMs rightly answered the questions related to developmental milestones of children. Seventeen ANMs correctly categorised the contents of health education to be imparted during antenatal

- period. Nine ANMs correctly understood the term weaning, while the rest were more or less confused.
5. Although job responsibilities of ANMs are the same in ICDS and non-ICDS areas, additional inputs are provided under ICDS to facilitate her work. However, 15 ANMs complained that their work load had increased after the implementation of ICDS, five felt that it had decreased and the remaining five ANMs said that their work load had not been affected.
 6. Sixteen ANMs started the immunization programme at AWs assigned to them, while nine ANMs failed to do so because of irregular supplies, non-cooperation from AWWs and poor response of the community.
 7. Complete health check-up of children was done only by six ANMs. The remaining 19 ANMs did not conduct any health check-up because three ANMs were ignorant, seven did not attach much importance to this work and nine ANMs found AWs closed during their visits.
 8. Eight ANMs referred mothers at risk to PHCs or district hospital, four arranged for consultation with doctors, and six asked these mothers to consult LHVs during their visits. However, nine ANMs did not know what was to be done in the case of at-risk mothers.

Recommendations

1. Orientation courses should be organized regularly for grass roots workers and opportunities should be provided for discussion of day-to-day problems. Post-training evaluation programmes should be conducted to monitor the quality of training.
2. Timely supervisory visits should be made to AWs to give guidance to AWWs.
3. Regular and adequate supply of essential commodities should be ensured as it would help in the successful implementation of the programme.
4. The performance of health functionaries should be assessed at regular intervals in relation to certain pre-determined parameters in order to develop suitable indicators.

JOB PERFORMANCE OF COMMUNITY HEALTH WORKERS

Job Performance of Community Health Workers

A Study of Comparison of Job Description and Job Performance of Community Health Workers in Block Beri, District Rohtak

Yogesh Bansal, Sunder Lal and Y. L. Vasudeva

Introduction

Community Health Workers (CHWs) are important resource persons who provide information and services to the community. The present study was carried out in the rural ICDS project Beri, district Rohtak, Haryana to find out the job and role perception, job performance and acceptability of CHWs, and also evaluate the training programme for CHWs.

Aims and Objectives

The research study was undertaken to:

1. Study the job and role perception, job performance and acceptability of CHWs;
2. Evaluate the training programme for CHWs.

Methodology

The study was carried out in the rural ICDS project Beri, district Rohtak, Haryana. Twenty-five CHWs were interviewed and also observed for a period of 70 days to study the jobs performed by them. From each area where CHW was posted, 1-10 members of the community were interviewed to assess the utility and acceptability of CHW. The records maintained at AWs were also analysed.

Findings and Conclusions

1. The three most important activities carried out by CHWs were surveillance of malaria, family planning and environmental sanitation. Records were also maintained for the same.
2. The tasks liked by CHWs were treatment of minor ailments, malaria and environmental sanitation, whereas the jobs disliked were collection of vital statistics, rendering of maternal and child care and nutrition services.
3. About 40% of the time of CHWs was spent on rendering curative services, 28.3% on preventive and promotive services, and 14.7% and 15.3% on record maintenance and travelling respectively.
4. About 93% community members interviewed were aware of the CHWs scheme. The same proportion perceived the role of CHWs, as the one who treated minor ailments, while 74.2% respondents felt that CHWs assisted in immunization and other health programmes.
5. Around 74% respondents said that they utilized the services provided by CHWs.
6. The training imparted was considered adequate by 92% CHWs.

JOB PERFORMANCE OF DISTRICT ADVISORS

Job Performance of District Advisors

Assessment of Performance of ICDS District Advisors

S. L. Mandowara and B. Bhandari

Introduction

District Advisors are expected to assist health functionaries and ensure smooth implementation of the health component of ICDS, and facilitate in providing health services to the target beneficiaries. They have a role to play in monitoring, providing continuing medical education, ensuring coordination between different departments, solving administrative problems of PHCs related to petrol, oil and lubricants (POL), ensuring supply of medicines to AWCs, releasing stationery and travel allowance (TA) in time to functionaries to enhance their capabilities and ensure success of the programme.

Aims and Objectives

The study was undertaken to:

1. Assess whether the District Advisors were performing the tasks assigned by the Central Technical Committee with reference to the smooth implementation of the health component of ICDS or not.

Methodology

The study was conducted in district Udaipur, Rajasthan. The sample comprised 107 MOs (medical officers), who were interviewed using a pre-tested schedule pertaining to the responsibilities of ICDS District Advisors.

Findings and Conclusions

1. Most of the District Advisors had not performed their assigned tasks with reference to monitoring, continuing medical education and coordination.
2. Administrative problems of PHCs relating to supply of petrol, oil and lubricants (POL), medicines, stationery and payment of TA in time to the functionaries, including MOs, were not solved by any of the Advisors.

Recommendations

1. The post of District Advisor should be abolished and PHC Project Advisor (PHC Medical Officer in-charge) should be assigned all the responsibilities. This would improve the flow of field level information to the higher authorities and vice versa.
2. At the State level quarterly meetings, all PHC officers, CDPOs, officials in-charge of PHCs, CMOs and other officials from the social welfare department should be invited. This would result in improved coordination and better services.

JOB SATISFACTION OF ANGANWADI WORKERS

Job Satisfaction of Anganwadi Workers

Socio-Economic Conditions and Job Satisfaction of Anganwadi Workers Working at Mattancherry ICDS Project

Rajagiri College of Social Sciences

Introduction

The anganwadi centre (AWC) is the focal point for delivery of the entire package of child development services. Anganwadi workers (AWWs) work directly with children and their families to ensure their integrated growth and development. The present study was done in Mattancherry, district Ernakulam, Kerala to examine the socio-economic conditions and job satisfaction of AWWs in ICDS.

Aims and Objectives

The study was undertaken to:

1. Assess the socio-economic status of AWWs;
2. Find out the relation between job satisfaction and their socio-economic status.

Methodology

The study was conducted in the urban ICDS project Mattancherry, district Ernakulam, Kerala. All AWWs (98) of the project area were selected for the study. The sample also included 540 family members of AWWs. Information regarding their socio-economic conditions, job responsibilities and job satisfaction was collected using an interview schedule.

Findings and Conclusions

1. AWWs in the project area belonged to all religious but a majority of them were Hindus. All AWWs were in the age group 21-45 years, three-fourths being in the age group 21-30 years. Forty AWWs in the age group 21-30 years were unmarried presumably due to financial constraints. Twenty-two out of 86 AWWs had received education above SSLC and two were graduates.
2. The economic status of the family members of AWWs was very low. Only 43% of the family members were employed and 57% were dependent upon the earnings of other members, thus lowering their standard of living and increasing their debt.
The per capita income of lower class, middle class and upper class families was Rs. 50.14, Rs. 138.20 and Rs. 182.90 respectively.
3. The main source of income of the family was the salary of AWWs. Only a few families had other sources of income and it formed only a small portion of the total income.
4. All AWWs knew about their job responsibilities and most of them took up this job because of financial difficulties and poor economic background.
5. Almost all AWWs were not satisfied with the working conditions like working hours, salary, job responsibilities and other facilities. They were not satisfied with the nature of their work and expressed their desire to change their job with a job that gave them better salary.

A Study of Job Satisfaction of the Anganwadi Worker: the Grassroots Functionary of ICDS Programme

Pushpa Gupta and Madhuri Bhatia

Introduction

An anganwadi centre (AWC) is the grass roots service delivery centre of ICDS programme, and it is run by an anganwadi worker (AWW) who could be a village level worker. The study was done in two tribal ICDS projects in Rajasthan to find out the job satisfaction of anganwadi workers and the socio-economic factors associated with it.

Aims and Objectives

The study was undertaken to:

1. Find out the job satisfaction of AWWs;
2. Assess the socio-economic factors associated with job satisfaction of AWWs.

Methodology

The study was conducted in two tribal ICDS projects, namely, Chhoti Sadri and Garhi and in the rural ICDS project Rajsamand in Rajasthan. All the three projects were functioning for more than five years. The sample comprised AWWs selected from all the projects and having a minimum of two years work experience.

Data was collected by interviewing AWWs. A rating scale was also prepared to assess their job satisfaction regarding administration, place of work and work environment, nature of job, facilities available, community participation, involvement of workers in decision making, inter-personal relationships and facilities available for their family.

Findings and Conclusions

1. Only 5.8% AWWs were fully satisfied with their work and a large majority of AWWs (91.6%) showed only a moderate level of satisfaction.
2. Age, education, marital status, work experience and family income had no significant impact on the overall job satisfaction of AWWs.
3. AWWs were highly satisfied with the location of their centres, supply of food, attendance of children in AWCs and interpersonal relationship with the village people and ICDS functionaries.
4. AWWs were moderately satisfied with privacy at AWCs; space, equipment and literature provided; their involvement in programme planning and decision making; their ability and interest in carrying out various activities.
5. AWWs were least satisfied with the sense of achievement in their job, work load assigned to them, and the facilities available at AWCs for their children.

Recommendations

1. The efficiency of AWWs should be increased by improving their overall working conditions, enhancing the quantity and frequency of supplies, and increasing their honorarium to provide them financial security.
2. During training programmes, AWWs should be trained to explore the resources available locally and utilize them effectively.

KNOWLEDGE OF ANGANWADI WORKERS

Knowledge of Anganwadi Workers

Assessment of Anganwadi Workers

Lalit Kant, Amrish Gupta and S. P. Mehta

Introduction

Starting with a modest 3 projects in 1975, the Integrated Child Development Services (ICDS) Scheme extended basic services to over 25 million young children and others through some 1,000 projects in the country by 1984-85. These services were delivered through an organized system of anganwadis located in each locality having a population of 1000 persons, and each AWC was managed by an anganwadi worker (AWW). This study was conducted at the Inderpuri project area in West Delhi to assess the knowledge of anganwadi workers with the objective of identifying some of the areas of deficiency that would require brushing up.

Aims and Objectives

The study was undertaken to:

1. Assess the knowledge of AWWs regarding immunization, breast-feeding, weaning, nutrition, child development and ORS;
2. Identify the areas for improvement.

Methodology

The study was conducted in the urban ICDS project Inderpuri, West Delhi. 106 AWCs covering a population of 1,27,000 were selected for the study. All AWWs (106) constituted the sample. A pre-structured and pre-tested questionnaire in Hindi was administered to them which covered questions related to immunization, breastfeeding, nutrition, growth and development and ORS. However, only 96 AWWs answered the questionnaire as the remaining 10 were absent.

Findings and Conclusions

1. Only 21 (21.9%) AWWs knew the immunization schedule for children under two years and 2 (2.0%) knew the schedule for those between 2-6 years.
2. Thirty-eight (39.5%) AWWs were of the view that colostrum should not be given to neonates, 43 (44.7%) AWWs did not know whether it should be given or not, and only 15 (15.6%) AWWs recommended it as beneficial to newborns. The age of weaning was known to 82 (85.4%) AWWs.
3. Sixty-one (63.5%) AWWs knew about the deficiency symptoms due to lack of Vitamin C, 58 (60.4%) knew about Vitamin B1, 63 (65.6%) about Vitamin A, 44 (45.8%) about calcium and 33 (34.3%) AWWs knew about calories. However 90 (93.7%) AWWs could not tell the calorie requirement of a one year old child or an expectant mother. None of AWWs could write a balanced diet for an expectant mother.

A good source of protein among the various foodstuffs was identified by 42 (43.7%) AWWs and that of calcium by 38 (39.5%) AWWs.

4. Sixty-two (64.5%) AWWs knew that Grade II and Grade IV malnourished children required therapeutic diet but none knew how to grade malnutrition according to the weight.
5. The average weight of a newborn was known to 43 AWWs, height to 17 AWWs and head circumference to 26 AWWs. Sixty-one (63.5%) AWWs knew that the birth weight of the infant doubled by 5-6 months. Developmental milestones were correctly identified by 47 (48.9%) AWWs.
6. None of AWWs could correctly write the constituents of ORS and proportions in which they were mixed. However, 19 (19.7%) AWWs could name all the constituents but they did not know their proportions.
7. The various areas in which the knowledge of AWWs needs to be improved were immunization schedule, identification of nutritional deficiency diseases, balanced diet, ORS, etc.

Recommendations

1. Re-orientation training programmes should be organized for AWWs.

Assessment of the Level of Knowledge of Anganwadi Workers in the State of Haryana

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Introduction

Knowledge gain is defined as a gain of specific information needed by AWWs for undertaking various tasks or jobs related with delivery of social components of ICDS effectively. This study was conducted in Haryana to assess the level of knowledge of AWWs in areas related to nutrition, health and child development.

Aims and Objectives

The study was undertaken to:

1. Assess the level of knowledge of AWWs in areas related to nutrition, health and child development.

Methodology

The study was conducted in nine randomly selected ICDS projects in Haryana, namely, Adampur (rural), Panipat (urban), Ambala (urban), Bhiwani (rural), Nangal Chaudhary (rural), Faridabad (urban), Jatusana (rural), Rewari (urban), and Radour (rural). Both urban and rural projects were given proportionate representation in the study. A sample of 238 AWWs was randomly selected from these projects.

All AWWs were administered a pre-tested questionnaire comprising 24 questions at the time of their monthly meeting. The questions were related to nutrition, health, immunization, family planning and population education, child development and non-formal education, and were as per their training syllabus.

Data was analysed and the scoring was done by awarding one mark for each correct answer.

Findings and Conclusions

1. The knowledge of nearly 50% AWWs was just average or below average. About 49% AWWs scored between 16-20 points out of 24, 37% AWWs scored between 11-15 points, and 6.7% AWWs scored between 21-24 points. Only one AWWs from Rewari could answer all the questions correctly.
2. The performance of 7.5% AWWs was very poor as they scored only 5-10 points.
3. The level of knowledge of AWWs regarding various components of ICDS was as given in the following table.

Level of Knowledge of AWWs

Questions	Correct Answers	Wrong/No Answers
	AWWs (%)	
Right time of breast-feeding a newborn	86.6	13.4
Right time of weaning infants	79.0	21.0
Average weight of a newborn	82.4	17.6
Food stuff with maximum iron content	83.6	16.4
Diseases caused by Vitamin A deficiency	30.3	69.7
Amount of supplementary nutrition to be given to a malnourished child	92.4	7.6
Right time for expectant mother to receive immunization against tetanus	77.7	22.3
The diseases against which BCG vaccination provides protection	79.0	21.0
DPT stands for	45.3	54.7
Way of preparing ORS at home	54.2	45.8
Dose of chloroquin to be given to a 3 years old child	64.3	35.7
Treatment for multiple boils	62.2	37.8
Schedule for polio immunization	52.5	47.5
Average height for one year old child	59.7	40.3
Time when child cuts first tooth	97.0	3.0
Treatment of round worm infestations	76.0	24.0
Dose of aspirin to be given to a two year old child with pyrexia	79.3	20.7
Diagnosis of a reddish rash on the face of a child with fever	75.6	24.4
Duration for which an expectant mother should take iron and folic acid tablets	38.2	61.8
Spacing between two children	79.4	20.6
Signs and symptoms of dehydration	46.6	53.4
Best method of contraception for a couple having three children	90.7	9.3
Most important teaching for children during non-formal education	60.9	39.1
Ideal age for marriage of a girl	77.7	22.3

Recommendations

1. Refresher courses for AWWs should be organized once a year.
2. CDPOs, Supervisors, MOs and MPWs (Multi-Purpose Workers) should guide AWWs and help them to recapitulate their knowledge.
3. Research should be conducted from time to time to assess the knowledge of AWWs.

Development of a Standardized Nutrition and Health Knowledge Test and Assessment of Knowledge Levels of Anganwadi Workers and the Beneficiaries of ICDS Scheme

B. H. Salomi, M. Uma Reddy and P. Geervani

Introduction

Nutrition is one of the important aspects of life and the contribution of a healthy population to growth of the national economy cannot be under estimated. ICDS aims to provide nutrition to the most vulnerable sections of society. This study was undertaken in Andhra Pradesh to assess the health and nutrition knowledge of AWWs and beneficiaries of the ICDS programme.

Aims and Objectives

The study was undertaken to:

1. Develop a standardized test for assessing the health and nutrition knowledge of AWWs and beneficiaries of the ICDS programme.

Methodology

The study was conducted in three randomly selected ICDS projects in Andhra Pradesh. A sample of 40 trained AWWs and 60 beneficiaries was selected randomly from each project for assessing their health and nutrition knowledge.

A test paper consisting of 20 items derived from AWWs training syllabus was constructed. These items were carefully scrutinized by a team of experts. The selection of items was based on index of item difficulty, item discrimination and item validity. The test was first administered to 35 AWWs and the reliability coefficient was found out (0.841) before administering it to the total sample.

Findings and Conclusions

1. The level of health and nutrition knowledge of AWWs correlated with their educational level and experience in the field. About 50% AWWs had a high level of knowledge, 16% were below average and the remaining were just average.
2. There was a significant gap between the knowledge scores of AWWs and beneficiaries of the ICDS programme indicating poor transfer of knowledge regarding health and nutrition aspects.

Recommendations

1. AWWs should be provided with adequate space and timely supply of educational material and food stuffs.
2. In order to reduce the knowledge gap between AWWs and the beneficiaries, AWWs should motivate and create interest in the beneficiaries about the scheme using effective communication aids.

Evaluation of Knowledge and Competence of Anganwadi Workers as Agents for Health Care in a Rural Population

B. N. S. Walia, S. K. Gambhir, A. Narang and K. B. Gupta

Introduction

The job performance of AWWs is dependent on training which gives them knowledge and develops skills to perform their job responsibility effectively. Health and Nutrition Education (HNE) was given by AWWs using different methods and techniques of Information, Education and Communication for imparting knowledge about preventive and curative measures of health and nutritional well being. It is necessary to assess the effect of influences of job training courses on the performance of AWWs. This study was undertaken in Nurpur Bedi, district Ropar, Punjab to evaluate the knowledge and skills of AWWs after completion of their training programme.

Aims and Objectives

The study was undertaken to:

1. Assess the knowledge and specific skills of AWWs on completion of their training programme at the training centre;
2. Assess the extent to which the knowledge and performance of AWWs had improved after working in the field.

Methodology

The study was conducted in rural ICDS project Nurpur Bedi, district Ropar, Punjab covering a population of 57,021. The sample comprised all the 92 AWWs of the block.

All AWWs had received basic training. A questionnaire prepared in Punjabi was administered to all AWWs after the training. The important topics covered in the questionnaire were related to AWWs' knowledge about infant feeding and immunization and their ability to recognize childhood ailments. The workers' skill to record the weight of a child was tested by a question in which they were asked to write down all the steps involved in recording the accurate weight of a child. Their ability to record the body temperature was also tested.

Findings and Conclusions

1. About 63.3% AWWs had passed the matriculation examination and the remaining 36.6% had studied up to ninth class. About 74% AWWs felt satisfied with their present job and were not interested in changing it for another with the same salary.
2. Most of the workers felt that their training would have been best conducted in a sub-centre (58.5%) or at a PHC (21.5%) rather than at the special training centre which has no affiliation with medical faculty. Nearly 81% AWWs felt that the training should be conducted by an MO who is familiar with medical problems and has practical experience in an ICDS set up.
3. AWWs admitted that during their training they were not exposed to practical aspects of the health care programme. Most of the training consisted of theoretical teaching in classrooms while practical experience in a clinical setting was not provided. Also, they were not made aware of the use of forms and registers maintained by other health functionaries. As a result,

they could not assist the latter in the collection of vital statistics or morbidity data.

4. Regarding the mode of training, 66.1% AWWs preferred lecture-cum-practical demonstrations with adequate teaching aids, while lecture alone or practicals alone was preferred by 9.25% and 13.8% AWWs respectively.
5. About 46% AWWs knew that the scale pointer had to be brought to zero before putting the child on the weighing machine and 10.8% knew that no part of the body should touch the wall or floor. However, none of AWWs mentioned adjustment of zero error to exclude the weight of the scale or removal of clothes and shoes as the requisite steps before noting the weight of the child.

About 83% AWWs mentioned one month as the optimal time interval for weighing children and only 12% knew when the children should be weighed more frequently. None of them knew how to plot the weight chart.

6. About 52% AWWs considered it necessary to wash the thermometer before use, 40% emphasized the need for bringing down the mercury of the thermometer before use, but none knew for how long the thermometer should be kept in the mouth and the difference between the temperature in the mouth and armpit.
7. The knowledge of AWWs regarding infant feeding practices was given in the following table.

AWWs Knowledge Regarding Infant Feeding Practices

Infant feeding practices	AWWs (%)
Age up to which infant should be breast-fed (month)	
0-6	16.9
7-12	69.2
13-18	7.7
Don't know	6.2
Age when supplement milk should be introduced (months)	
0-3	32.3
4-6	35.4
7-9	10.8
10-12	9.2
12+	12.3
Age of introduction of semi-solids (months)	
3-6	29.2
7-9	30.8
10-12	15.4
13-15	6.1
16+	18.5
Semi-solids that can be given to a child aged one year	
Dalia	33.8
Dal soup (lentil soup)	20.0
Roti (wheat bread)	27.7
Khichri (boiled rice and pulses)	13.8
Suji kheer (semolina porridge)	13.8
Rice	9.2
Biscuits	1.5
Vegetables soup	24.6
Spinach	3.1
Eggs	6.1
Potatoes	6.1
Soya bean	3.1

About 52.3% AWWs could name three or more food items which were rich in protein and were available in their village whereas 6.2% AWWs could not mention any food item.

8. Nearly 72% AWWs were aware of the availability of smallpox vaccine and 70.8% knew about DPT and poliomyelitis vaccines. Only 12.3% AWWs knew about the existence of vaccine against tuberculosis and 49.2% had reservations regarding safety of vaccination during the rainy season.
9. A few AWWs could identify diseases like Vitamin A deficiency (21.5%), marasmus (18.5%), pneumonia (10.8%) and sore eyes (18.5%). However, 40% could not identify any signs of these diseases.

Recommendations

1. Health functionaries should make regular visits to AWs to supervise the work of AWWs, solve her problems and guide her in the management of clinical cases. This would provide repeated on-the-job training to AWWs.

Impact of Knowledge of Anganwadi Workers on Slum Community

Rekha H. Udani and Renu B. Patel

Introduction

Each anganwadi is run by an anganwadi worker who is a community based, front line voluntary worker of the ICDS programme. The present study was done in urban slums of an ICDS project in Bombay to assess the impact of performance of AWWs in relation to health and nutrition components in the community, and find out their level of knowledge.

Aims and Objectives

The study was undertaken to:

1. Assess the impact of AWWs in relation to health and nutrition components in the community;
2. Find out the level of knowledge of AWWs.

Methodology

This study was conducted in the urban slums of an ICDS project, Bombay from February 1979 to March 1980. Ten AWWs were selected for the study according to the performance of their respective anganwadi workers who were evaluated in February-March 1979 after the completion of their training at JJ Hospital. Five AWWs who performed the best comprised Group I, and 5 AWWs who performed poorly constituted Group II. The selected AWWs were working in the respective areas since 1978.

Two hundred families, 20 from each AWC comprised the sample. Ten junior and senior doctors interviewed the mothers using a questionnaire which included questions regarding the importance of weight chart, infant feeding practices, antenatal, natal and post-natal care of mothers, immunization, family planning and superstitions prevailing in the community. The questionnaire was prepared in English but the mothers were interviewed in their mother tongue.

Findings and Conclusions

1. The knowledge of mothers about various health and nutrition components was poor. The positive aspects were that most mothers in both the groups believed in hospital delivery, breastfeeding, and sterilization as a method of family planning.
2. The knowledge of mothers under AWWs of Group I was better in the area of antenatal care and various family planning methods, whereas the knowledge of mothers of Group II was better in the areas of infant feeding practices and immunization as shown in the following table.

Knowledge of Mothers Regarding Health and Nutrition

Indicators	Mothers under Group I AWWs (%)	Mothers under Group II AWWs (%)
Correct knowledge regarding weight and importance of weight chart	58.0	64.0
Feeding a newborn	87.0	90.0
Weaning a baby	16.0	20.0
Hygiene	70.0	75.0
Knowledge about Vitamin A dose	25.0	42.0
Antenatal care	50.0	33.0
Natal care	82.0	78.0
Family planning	61.0	40.0
Sterilization	88.0	96.0
BCG	43.0	43.0
Smallpox	46.0	56.0
Triple vaccine	4.0	8.0
Polio vaccine	49.0	56.0

3. The various superstitions and beliefs prevalent in the community were: measles was good for children, colostrum was poisonous for infants, and children were God's gift.
4. It can be concluded that in spite of good scoring in the examination by Group I AWWs, the impact of their knowledge on the community was not significant. They delivered the package conscientiously but failed to communicate and impart their knowledge to the community.

Recommendations

1. Frequent supervision should be undertaken by senior ICDS functionaries to establish and encourage a constant rapport between AWWs and the community. This in turn will educate the community at large and the people will become aware of the importance of health, nutrition and the services available.
2. Audio-visual aids like films, radio, television, exhibitions and charts should be used to educate people regarding health and nutrition.

Impact of Nutrition and Health Education Training on AWWs Knowledge, Attitude and Symbolic Adoption

K. Sheela and A. Seenithai

Introduction

The AWW is the most important functionary for the effective implementation of the ICDS programme, who provides supplementary nutrition and health education which directly impact the nutritional and health status of beneficiaries. The manual for AWW gives an exhaustive list of tasks which the AWW must perform under each service. This study was conducted to assess the knowledge, attitude and practices (KAP) adopted by AWWs related to health and nutrition in the urban ICDS project, Anekal, Bangalore.

Aims and Objectives

The study was undertaken to:

1. Assess the knowledge, attitude and practices adopted by AWWs related to health and nutrition.

Methodology

The study was conducted in urban ICDS project, Anekal, Bangalore. The sample comprised all the 80 AWWs of the project. For the study AWWs were divided into two groups. Out of these, Group I had 40 AWWs who had not undergone the in-service training at St. John's Medical College and Group II comprised 40 AWWs who had received the in-service training and were working in Anekal ICDS project. A pre-tested questionnaire was administered to AWWs of Group I before and after the training and also to Group II. To study the impact of the training, the scores secured by both the groups of AWWs were compared.

Findings and Conclusions

1. The respondents of Group II secured higher mean scores only on the knowledge test and it was significant at one per cent level. However, there was no significant improvement in the attitude and practices related to health and nutrition.
2. It was found that after the training, there was a considerable improvement in the knowledge, attitude and practices of AWWs regarding health and nutrition.
3. Variables such as income, family size and educational level had no impact on KAP of AWWs.

Knowledge of Anganwadi Workers Regarding Child Care in Nagarkurnool ICDS Block of Andhra Pradesh

G. N. V. Ramana, V. V. R. Seshu Babu and G. Anjaneyulu

Introduction

ICDS aims at enhancing survival and development of children from vulnerable sections of society. Under ICDS, a package of services, including supplementary nutrition, immunization, health check-up and referral services is provided to children below six years of age. AWWs are the most important functionaries to provide these services to beneficiaries. Training gives AWWs knowledge and develops their attitude so that they can adopt correct practices to perform their duties and responsibilities effectively. This study was conducted to evaluate the KAP of AWWs and assess the impact of their services on the target population.

Aims and Objectives

The study was undertaken to:

1. Assess the knowledge, attitude and practices of AWWs regarding child care and first aid.

Methodology

The study was conducted in rural ICDS project Nagarkurnool, district Mahaboobnagar, Andhra Pradesh. All the 104 AWWs of the project area were selected for the study. A questionnaire prepared in the local language was administered to all AWWs to assess their level of knowledge, attitude and practices regarding child care.

Findings and Conclusions

1. A majority (88.8%) of the AWWs had studied up to SSC level or more and 54.3% of them had put in more than three years of service after the initial training.
2. About 90% AWWs were aware of the proper time and methods of weaning. Nearly 64% AWWs were aware of only weight-for-age as an indicator for early detection of malnutrition while none were aware of mid-arm circumference measurement also as an indicator.
3. Eighty-six per cent AWWs could name at least four vaccines to be administered to children below six years of age.
4. Only 28.5% AWWs were aware of first aid to be given to children suffering from hyperpyrexia and convulsions. However, 78% AWWs were aware of first aid to be given for diarrhoea management which included homemade ORS.
5. It was felt that there were a few lacunae in the knowledge of AWWs regarding child care, which needed to be rectified.

Knowledge of Anganwadi Workers Regarding Maternal Care in Nagarkurnool Block of Andhra Pradesh

V. V. R. Seshu Babu, V. K. Rao and G. Anjaneyulu

Introduction

ICDS programme is meant to uplift the health and nutritional status of underprivileged mothers and children of the community, and anganwadi workers extend these services to the community. The present study was conducted in the rural ICDS project Nagarkurnool, district Mahaboobnagar, Andhra Pradesh to assess the knowledge, attitude and practices of AWWs regarding maternal care.

Aims and Objectives

The study was undertaken to:

1. Assess the level of knowledge, attitude and practices of AWWs regarding maternal care.

Methodology

The study was conducted in rural ICDS project Nagarkurnool, district Mahaboobnagar, Andhra Pradesh. All the 104 AWWs of the project area were selected for the study. A questionnaire prepared in the local language was administered to all AWWs to assess their level of knowledge, attitude and practices regarding maternal care.

Findings and Conclusions

1. A majority of the AWWs (88.8%) had studied up to SSC level or more and 54.3% of them had put in more than three years of service after the initial training.
2. Nearly 75% AWWs were aware of the importance of antenatal care and 65.5% AWWs knew that two doses of tetanus toxoid should be given to expectant mothers. However, only 50% AWWs knew the prophylactic value of tetanus toxoid for expectant mothers and children.
3. Although 71.5% AWWs were aware of the need to give iron and folic acid tablets to expectant mothers, only 62% knew the actual constitution of the tablets.
4. Ninety-four per cent AWWs were in favour of breast milk instead of artificial feeds and 90% AWWs knew the correct time and procedure of weaning.
5. It can be concluded that the knowledge, attitude and practices of AWWs regarding maternal care was satisfactory.

Profile of Anganwadi Workers and Their Knowledge about ICDS

Lalit Kant, Amrish Gupta and S. P. Mehta

Introduction

All AWWs go through a standard training programme to enhance their knowledge about ICDS. They play a very important role in providing the inputs and processes, and in monitoring the outcomes. Knowledge of the programme is essential if the desired outcomes are to be achieved. This study was conducted in the urban ICDS project Inderpuri, West Delhi to assess the knowledge of AWWs regarding ICDS.

Aims and Objectives

The study was undertaken to:

1. Assess the profile of AWWs;
2. Assess the knowledge of AWWs regarding ICDS.

Methodology

The study was conducted in the urban ICDS project at Inderpuri, West Delhi. 106 AWCs covering a population of 1,27,000 were selected for the study. All AWWs (106) constituted the sample. A pre-structured and pre-tested questionnaire in Hindi was administered to them which covered questions related to immunization, breast-feeding, nutrition, growth and development and ORS. However, only 96 AWWs answered the questionnaire as the remaining 10 were absent.

Findings and Conclusions

1. **Profile of AWWs:** All AWWs were educated at least up to matric, and 34 (35.4%) were unmarried.
2. Seven (7.3%) AWWs were not trained and 15 (15.6%) AWWs though trained could not name the institute of their training.
3. Thirty-six AWWs lived more than 7 km away from their AWCs, 6 came from a distance of 5-7 km, 34 travelled between 2-5 km to reach their AWC and only 17 AWWs lived in the same locality (3 AWWs did not reply to the question).
4. Eighty-seven AWWs had been working in AWCs for more than a year and 9 AWWs had joined within the last year. None of them had attended a refresher training course.
5. **Knowledge of AWWs:** Only seven AWWs knew the full form of ICDS, 22 admitted ignorance and the remaining 67 AWWs gave a wrong answer. Nine AWWs could enumerate all the six components of ICDS, 44 could not enumerate even a single component and 43 AWWs gave incomplete answers. None of the respondents could list all the tasks to be performed by them.
6. Eighty-nine AWWs knew correctly that one AWC was meant for a population of 1,000. Only one AWW could correctly tell the number of children under two years she would expect in an AWC and three AWWs knew the expected number of expectant and nursing mothers.
7. A first aid box was available in 89 AWCs, but only 17 AWWs knew how to use it.

Recommendations

1. The existing training of AWWs should be critically evaluated, and if need be, it should be revised.
2. Refresher courses should be organized frequently for AWWs at regular intervals. The advisors in ICDS should spend more time to give continuing education to these workers.

A Study of Knowledge of Anganwadi Workers of Rural ICDS Area, Kambadur and Some Social Aspects Influencing Their Work

K. Indira Bai, Chandra Obula Reddy and Ravi Kumar

Introduction

The Integrated Child Development Services Scheme was incepted by the Government of India in October 1975 in 33 rural, urban slum and tribal areas of various states of India. The aim was to improve the health and nutritional status of children in the age group 0-6 years; to decrease incidence of the morbidity and mortality of children; to improve the nutritional status of children; and to impart nutrition and health education to mothers. The present study was done to evaluate the knowledge of AWWs, to detect the deficiencies in the working of the programme, and to improve the work of 109 anganwadi workers (AWWs) in rural ICDS areas in Kambadur, district Ananthapur, Andhra Pradesh.

Aims and Objectives

The study was undertaken to:

1. Evaluate the knowledge and skills of AWWs regarding health and nutrition;
2. Find out the social aspects which influence the work and efficiency of AWWs and evolve methods to improve it.

Methodology

The study was conducted in the rural ICDS project Kambadur, district Ananthapur, Andhra Pradesh. The total population of the project area was 87,785. The sample comprised 109 AWWs.

A questionnaire prepared in Telugu was administered to all AWWs and they were asked to answer it in their mother tongue. The important topics covered in the questionnaire were assessment of the nutritional status of a child, identification of at-risk children, infant feeding, immunization and the ability of AWWs to recognize some common ailments among children and the ways to prevent them. AWWs were asked to write the steps and precautions to be taken while weighing a child, and also give their views about some social aspects which influenced their work and efficiency.

Findings and Conclusions

1. Out of 109 AWWs, 52% were married and 48% unmarried. Seventy-two per cent AWWs were matriculates and above. Although 71% AWWs were satisfied with their work, 90% expressed their desire to take up a better job.
2. The knowledge of AWWs regarding weighing a child, including the various steps involved and the frequency of weighing, was as given in the following table:

Knowledge of AWWs Regarding Weighing a Child

Indicators	AWWs (%)
Steps Involved in Weighing a Child	
Bringing the pointer to zero	69.0
Removal of clothes and shoes	0.0
Adjustment of zero error	54.0
No part of the body should touch the wall or ground and no one should touch the child while weighing	13.0
Do not know	31.0
Frequency of Weighing	
Children not at risk once a month	98.0
At-risk children once a week	84.0
At-risk children twice a month	1.0
Do not know about at-risk children	15.0

- About 64% AWWs knew how to assess the nutritional status and 85% knew how to identify severely malnourished children.
- Around 72% AWWs felt that a child could be breastfed as long as breast milk was available and 14% suggested breastfeeding up to six months. However, 1% AWWs did not know the duration of breastfeeding, 98% felt that breastfeeding was better than artificial feeding, and 90% thought that an infant could be given solid foods from 4-6 months onwards. Only 23% AWWs knew the types of food that could be given to a one year old child.
- Eighty-four per cent and 73% AWWs had fair knowledge about the locally available foods rich in Vitamin A and proteins respectively.
- Sixty-five per cent AWWs had knowledge about smallpox vaccine, 57% about DPT, 23% about BCG and only 6% AWWs knew about the existence of polio vaccine. The reason for poor knowledge of AWWs regarding BCG and polio vaccines was that these vaccines had not been given in the ICDS area for the last few years.
- A majority of the AWWs could identify common diseases and knew about the methods for prevention and treatment of some common ailments as shown in the following table:

Identification, Prevention and Treatment of Common Diseases by AWWs

Indicators	AWWs (%)
Identification of Diseases	
Kwashiorkor	91.0
Marasmus	89.0
Conjunctivitis	99.0
Vitamin A deficiency	97.0
Vitamin D deficiency	92.0
Angular stomatitis	93.0
Prevention and Treatment of Diseases	
Prevention of tetanus neonatorum	97.0
Prevention of hookworm infestations	98.0
Treatment of diarrhoea cases in rural set up	87.0
Treatment of scabies	86.0

8. The problems faced by AWWs in carrying out their duties smoothly and efficiently were:
 - i) People in a number of areas demanded supplementary nutrition for all children in the village irrespective of their eligibility for it.
 - ii) Mothers and children carried their supplementary food home in spite of being told not to do so.
 - iii) AWWs were hesitant to visit the houses alone for fear of being treated indecently by the people.
 - iv) Interference by local village heads.
 - v) Their honorarium was not satisfactory.
 - vi) Discrimination in the payment of honorarium because of educational qualifications.

Recommendations

1. AWWs should also be trained at PHCs by the doctors before they are placed in the field. Such training yields better results than re-orientation training programmes.
2. An incentive or an award should be given to the best AWW or to those who show very good results to improve their work and efficiency. Improvement in the honorarium, job conditions and building facilities should also be considered.
3. During their training programme, AWWs should be made aware of the problems they may have to face in the community and how to deal with them.
4. The socio-economic status of the community should be improved to reduce the incidence of malnutrition and improve the health and nutritional status of beneficiaries.

A Study of Profile and Knowledge of Anganwadi Workers as Agents of Change

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Introduction

Anganwadi workers (AWWs) are the main workers in anganwadi centres who are responsible for providing all the ICDS services. The study was done to assess the profile and knowledge of AWWs with respect to the duties assigned to them, and the relation between experience and knowledge of AWWs. The study was conducted in the urban ICDS project Anekal, district Bangalore, Karnataka.

Aims and Objectives

The study was undertaken to:

1. Assess the profile and knowledge of AWWs with respect to the duties assigned to them;
2. Find out the relation between experience and knowledge of AWWs.

Methodology

The study was conducted in urban ICDS project Anekal, district Bangalore, Karnataka. The sample comprised all the 100 AWWs of the project area but only 90 AWWs could be contacted. Information related to their profile was collected from them with the help of a pre-designed and pre-tested schedule.

However, the knowledge of only 76 trained AWWs was assessed. A comparison of the knowledge of AWWs having less than 18 months experience was made with those having more than 18 months experience. The important topics covered in the questionnaire were related to immunization, breastfeeding, nutrition and other health related aspects.

Findings and Conclusions

1. The profile of AWWs was as given in the following table:

Profile of AWWs

Indicators	AWWs	
	No.	Percentage
Age of AWWs (years)		
15-25	60	66.7
26-30+	30	33.3
Marital status		
Married	45	50.0
Single	41	45.6
Widow	4	4.4
Literacy status		
Below SSC	4	4.4
SSLC	75	83.3
PUC	8	8.9
Graduate	3	3.3
Place of residence		
Anganwadi village	16	17.8
0-3 km away from AW village	27	30.0
4-5+ km away from AW village	47	52.2
Period of training (months)		
3-4	76	84.4
Nil	14	15.6
Period of work experience (months)		
0-18	37	41.1
19-24+	53	58.9

2. Nearly 52% AWWs were staying 4-5 km away from the AW village. About 26% AWWs reached AWWs by bus, 30% walking, and 27% reached it by both bus and walking.
3. A majority of the AWWs (79) knew the full form of ICDS but only 11 AWWs knew all the components of this programme.
4. Fifty-one AWWs knew correctly the size of the population assigned to them while 39 did not know about it.
5. It was found that there was no statistically significant association between their level of knowledge and period of experience. The knowledge of AWWs regarding various health and nutrition aspects was as given in the following table:

Knowledge of AWWs

Indicators	Number of AWWs		Total no. of AWWs
	< 18 months experience	> 18 months experience	
Locally available foodstuffs containing iron			
Three food stuffs	2	7	9
Two food stuffs	13	20	33
One food stuffs	6	28	34
Administration of Vitamin A to children			
Daily	0	3	3
Once a month	5	3	8
Once in six months	15	47	62
Once in a year	0	1	1
Nil	1	1	2
Age of weaning (months)			
3-6	18	47	65
6-12	2	6	8
18+	1	2	3
Breast-feeding of children during illness			
Stop breastfeeding	6	19	25
Continue breastfeeding	15	36	51
Feeding children during illness			
Reduce food intake	8	25	33
Continue normal diet	13	30	43
Diseases prevented by DPT			
Three correct diseases	13	32	45
Two correct diseases	4	17	21
One correct diseases	4	6	10
Age of first dose of DPT			
Correct age	16	51	67
Incorrect age	5	4	9
Immunization of expectant mothers	-	-	73
Immediate treatment of diarrhoea			
ORS	16	46	62
Other treatments	5	9	14
Weighing children once a month	-	-	76
Importance of explaining growth charts to mothers	-	-	69
Measure to be taken when child has measles			
Three correct answers	-	-	11
Two correct answers	-	-	21
One correct answer	-	-	34
Wrong answers	-	-	10

Recommendations

1. The existing training of AWWs needs to be evaluated.
2. Refresher courses should be organized for AWWs at regular intervals.

KNOWLEDGE OF HEALTH WORKERS

Knowledge of Health Workers

Assessment of Female Health Workers Knowledge in ICDS and Non-ICDS Projects

Dinesh Paul

Introduction

As ICDS provides support services to the community, the achievements of the scheme are directly related to the knowledge of health workers (HW). Many studies have been done related to the achievements of ICDS, but very little work has been done to assess the knowledge of health workers on child survival issues (G-Growth Monitoring, O-Oral Rehydration Therapy, B-Breastfeeding, I-Immunization and F-Family Planning) in ICDS and non-ICDS project areas. This study was conducted to assess the performance of health workers.

Aims and Objectives

The study was undertaken to:

1. Assess the knowledge of AWWs and female health workers (FHW) of ICDS projects vis-à-vis female health workers of non-ICDS projects on the issues of Growth Monitoring, Oral Rehydration Therapy, Breastfeeding, Immunization and Family Planning (GOBI-F);
2. Suggest guidelines for improvement in the training of health workers and AWWs;
3. Suggest appropriate strategies for bringing qualitative improvement in the role performance and responsibilities of HWs and AWWs.

Methodology

The study was conducted in selected ICDS projects and non-ICDS areas in and around four cities namely, Delhi, Bangalore, Lucknow and Udaipur. From each city three ICDS projects and three non-ICDS areas were covered. A total of 1043 AWWs and 273 FHWs from ICDS projects and 226 FHWs from non-ICDS areas were selected. Data was gathered through interviews and field visits.

Findings and Conclusions

1. It was found that a very small percentage of AWWs (4.5-5.1%) did not receive practical training in the areas of Growth Monitoring, Oral Rehydration Therapy, Breastfeeding, Immunization and Family Planning. The use of audio-visual aids/ models/ practical demonstrations was found in 19.1% to 58.2% training centres, and these were used especially in areas like breastfeeding (21.7%), immunization (27.2%), and family planning (19.1%). It was also gathered that 71.9% of the AWWs received the manual during their training and 74.3% used it for their work.
2. Only 55.5% AWWs could give the correct answer about weight of the child at one year of age and only one-third from Udaipur (33.2%) could do so. 73.5% AWWs could correctly interpret a given plotted chart. They were able to identify the causes of low birth weight and suggest appropriate remedial measures as well.
3. The knowledge of AWWs regarding Oral Rehydration Therapy (ORT) ranged from 71.2% to

- 88.7%. Their performance on continuance of breast feeding while administering ORT ranged from 44.0% to 92.3% in Udaipur and Delhi respectively.
4. All the AWWs, irrespective of their educational status and place work, had very good knowledge of breastfeeding practices. It was found that boiled vegetable soup, fruit juices and 'dal ka pani' (lentil soup) were the weaning foods commonly used in all the places.
 5. AWWs had good comprehensive knowledge about immunization. Correct responses on all aspects came from 79.0 to 96.6% AWWs. The exception was complete knowledge of immunization schedule, about which only 14.3% AWWs had complete knowledge.
 6. AWWs had a good perception about the need and importance of child spacing and family planning methods. 61.7% to 91.5% AWWs gave correct responses. Lack of knowledge regarding correct definition of family planning was found among many AWWs, as reduction of birth rate is also an important part of the concept. More than half the AWWs (54.3%) of Delhi mentioned that Nirodh was one of the most popular methods of family planning and 60.4% AWWs from Udaipur mentioned that IUCD (Intrauterine Contraceptive Device) was more popular than other methods of family planning.
 7. A majority of FHWs were selected from rural ICDS projects (66.7%) and non-ICDS areas (94.7%), but in Udaipur and Bangalore mostly FHWs were selected from tribal (78.6%) and urban (11.8%) ICDS projects respectively.
 8. FHWs having higher secondary educational qualification was higher (43.4%) in non-ICDS areas compared to ICDS areas (34.8%).
 9. During the training of FHWs, it was found that more stress was laid on theory classes than practicals, except for ORT (54.8%) and immunization (54.4%) in non-ICDS areas. About one-fourth FHWs (23.0%) from non-ICDS areas reported that they were not given training in growth monitoring. 93.9% FHWs from non-ICDS areas of Delhi had theoretical training on family planning, but practical training was not given due emphasis (6.1%). Comparatively, FHWs of other non-ICDS areas of Bangalore, Lucknow and Udaipur were given more practical training. More than half the FHWs were given the manual during their training course in ICDS (53.8%) and non-ICDS (53%) areas.
 10. The knowledge of FHWs about growth monitoring was found to be better in ICDS projects. The FHWs of Bangalore ICDS projects were the best among all regarding the overall knowledge of growth monitoring. Nearly three-fourth FHWs, 72.0% in ICDS and 65.9% in non-ICDS areas, were aware of the reason for growth faltering. More than half the FHWs of both ICDS projects (61.1%) and non-ICDS areas were able to interpret the growth chart correctly, but 9.2% FHWs of non-ICDS areas and 29.3% FHWs of ICDS projects could not plot it. Malnourished mothers were found to be the major cause for low birth weight of babies. There was not much difference in the concept of low weight babies among FHWs of ICDS and non-ICDS areas.

Recommendations

1. ICDS is a unique programme for child survival and it has become a major national need. It should be progressively expanded to cover the rest of the country.
2. AWWs with minimum basic educational qualifications have been found to perform well. In fact it has been found that motivation and communication is more important than educational qualifications.

3. Training on breastfeeding should also cover the composition of milk of a malnourished mother, emphasizing that the breast milk of a malnourished mother is as nutritious as that of a well nourished mother.
4. AWWs did not encourage mothers to immunize the child when he/she had a mild illness like cough. It is suggested that instructions for strict adherence to the immunization schedule should be issued to all the primary health care workers.
5. It was found that one FHW, at the most, can look after a population of 5000 only. Hence it is recommended that a population of less than 5000 should be allotted per FHW which may be curtailed to 3000-3500 population for better results.
6. FHWs should be trained intensively on child survival areas issues. Practical sessions should be compulsory and during the practical sessions most of the trainees should be given practice in the preparation and administration of ORT (oral rehydration therapy) and on growth monitoring.
7. Refresher training courses for FHWs should be started as is done in the case of ICDS functionaries, and to make lectures more effective, teaching aids should be used during the training, and manual should be supplied at the beginning of the training course.
8. An apex body like National Institute of Health and Family Welfare (NIHFW) should prepare teaching aids such as child survival kit.

Assessment of the Level of Knowledge of Multi-Purpose Health Workers (Female) in the State of Haryana

Vidya Parkash, Suresh Chawla and Pardeep Khanna

Introduction

The success of ICDS programme depends upon the effectiveness with which activities at various levels are coordinated because the programme envisages integrated delivery of a multiplicity of services, handled by different departments at different levels. Different categories of social and health functionaries work in each block/PHC to ensure that the maximum number of people benefit from the ICDS programme. The performance of Multi-Purpose Health Worker Female (MPHW) is important and the training imparted gives them the knowledge required to fulfill their job responsibilities in an effective manner.

Aims and Objectives

The study was undertaken to:

1. Assess the knowledge of female Multi-Purpose Health Workers who were involved in the implementation of ICDS.

Methodology

The study was conducted in nine ICDS projects selected randomly in Haryana. The sample comprised 33 MPWs-F, who were present at the monthly meetings. They were required to fill in a pre-tested questionnaire containing 25 questions selected from the manual for MPWs-F. Each correct answer was accorded one mark.

Findings and Conclusions

1. The marks scored by MPWs-F ranged between 6 to 18. About 48.5% workers scored between 6-15 marks out of a maximum of 25, while 51.5% scored between 16-18 marks.
2. About 91% workers neither knew the infant mortality rate (IMR) prevailing in the country nor the causes of infant deaths.
3. Only 42.4% MPWs-F knew when the cord should be cut after the birth of the baby.
4. About 40% workers were not aware of the urine albumin test and 36% were not sure when to refer an expectant mother to a hospital for delivery. Only a few of them had some idea about the weight gained by an expectant mother during the last trimester, the extra caloric requirement of a nursing mother, the Mantoux Test and causes and treatment of water-borne diseases.
5. Only 45.5% workers stated that they knew about the management of ante partum haemorrhage (APH) at the sub-centre level.
6. The performance of MPWs-F was much below the expected level. It appeared that the training imparted to MPWs-F was inadequate and not in accordance with their job requirements and instructions given in the manual prepared for them.

Recommendations

1. The quality of training imparted to MPWs-F needs to be improved and should be according to the prescribed syllabus.
2. Separate institutions should be set up for training MPWs-F to provide them adequate exposure to the set up in rural areas. Staff at the training institutes should be properly oriented towards public health services.
3. Refresher courses of about two weeks duration should be organized for MPWs-F once every two to three years. This would strengthen the health component of ICDS.
4. A system of continuing education should be developed involving MOs and LHVs (lady health visitors).
5. Evaluation studies should be conducted from time to time.

PRESCHOOL EDUCATION IN ICDS

Preschool Education in ICDS

Assessment of Supervisors Job towards Preschool Education in Anganwadis

Lakshmi Kumari, Sabira Nizamuddin and Sushila Srivastava

Introduction

Under ICDS programme, educational programmes have been envisaged to be provided for women and children, and non-formal preschool education is given to children in the age group 3-6 years. The study was done in urban ICDS projects in Madras to assess the job responsibilities of Supervisors related to the preschool education component of ICDS.

Aims and Objectives

The study was conducted to:

1. Assess the job responsibilities of Supervisors related to the preschool education component of ICDS.

Methodology

The study was undertaken in urban ICDS projects in Madras. A sample of 40 Supervisors was randomly selected from the total number of Supervisors working in an ICDS project. An interview schedule was prepared to collect data related to Supervisors' training, experience and job responsibilities, preschool education activities in AWWs, problems faced in conducting these activities, and help given by parents and village leaders.

Findings and Conclusions

1. All the Supervisors were trained and a majority of them had more than four years work experience.
2. A majority of the Supervisors visited an AWW at least 40-50 times a year and spent 1-5 hours in the AWW during each visit. The topics of discussion mainly included maintenance of registers and health and cleanliness of children. The Supervisors also helped AWWs in planning and conducting preschool education activities and preparing toys.
3. Supervisors were of the view that preschool education prepares children for formal schooling and promotes their all round development.
4. In an AWW, preschool education activities generally included outdoor and indoor games and teaching alphabets and numbers. Some of the important activities like singing, drawing, painting, clay modelling, sand play, water play, dancing and field trips were not conducted.
5. It was observed that more children who attended AWWs joined primary schools than those who did not attend.
6. Supervisors felt that AWWs should plan their daily activities.
7. Supervisors encouraged parents to enroll their children in AWWs.

8. Supervisors felt that most parents realized the importance of preschool education and were of the view that an AW is a place for health check-up, learning good habits and getting food. They expected an AWW to prepare the child for formal schooling, develop good habits and make him/ her self-confident and independent.
9. The problems faced by AWWs while conducting preschool education activities were insufficient space and equipment, and poor community participation.

Recommendations

1. To strengthen the preschool education component, AWWs should establish individual contact with parents and involve the community in the activities. There is a need to have more space and better provision for outdoor games and other creative activities.
2. Since the population covered by each Supervisor was too large (above 4000 SC/ST children), it was suggested that more field Supervisors may be appointed.
3. Supervision of AWWs by Supervisors should be improved.

Awareness of Anganwadi Helpers about Preschool Education

S. Krishna Devi

Introduction

Anganwadi workers and anganwadi helpers (AWH) have a pivotal role in the ICDS structure due to their close and continuous contact with the community. They are not only responsible for non formal preschool education (PSE) but are instrumental in delivery of other services also. The present study was done to find out the knowledge level of Anganwadi Helpers (AWHs) of Nilakkottai ICDS Block, district Madurai, Tamil Nadu about preschool education components like play activities, rhymes, stories, creative activities, readiness activities, science experience, parent education, etc.

Aims and Objectives

The study was undertaken to:

1. Assess the knowledge of AWHs about preschool education component of ICDS.

Methodology

The study was conducted in the rural ICDS project Nilakottai, district Madurai, Tamil Nadu. The project area had 100 AWs covering a population of 1,30,460. Each AW had two AWHs. Thus, from a total of 200 AWHs, a sample of 50 Helpers was selected randomly for the study.

Information regarding the profile of Anganwadi Helpers and their knowledge about functioning of AWs and the services provided like health check-up, play and creative activities, science experiences, mid-day meal, etc. was collected with the help of a pre-tested interview schedule. Twenty-five Helpers were interviewed during the monthly meetings at the Block office and the remaining 25 were interviewed separately in their own AWs.

Findings and Conclusions

1. **Profile of Anganwadi Helpers:** About 50% Helpers were in the age group 31-40 years and only 2% were above 50 years. Most of them were married.
2. Nearly 52% AWHs had received education till secondary level, 30% had studied up to elementary level, 4% could only sign and the remaining 14% were illiterate.
3. About 48% Helpers had 11-15 years of job experience, 46% between 6-10 years and only 6% Helpers had job experience of 1-5 years.
4. **Knowledge about AWs:** A majority of AWHs were aware that ICDS was a national programme, but 30% respondents thought that it was a programme of the Tamil Nadu Government. Only 63% respondents could name the scheme correctly.
5. Around 75% of the respondents knew when AWs were started in their area. Only 34% Helpers had knowledge about the criteria for starting an AW, while 24% did not know the criteria used.
6. Only 68% respondents knew about the time-table of AWs and the remaining 32% did not have any clear idea. A majority of them felt that the ideal ratio between the teacher and children was 1:40.

7. AWHs were aware of attendance register (98%), stock registers (78%), weight records (70%), home visit records (62%) and immunization registers (50%). Two per cent respondents did not know about records or registers.
8. Nearly 52% Helpers were going to the children's houses every day to bring them to AWHs. They were of the view that this practice should be discouraged, otherwise parents' involvement in the ICDS programme would be minimal.
9. **Knowledge about AWH activities:** All the respondents were aware that AWHs started functioning by 8.30 a.m.
10. Almost 86% Helpers said that it was necessary to save some time for health check-up in the daily time-table. They gave medicines to sick children. On the whole 90% took the weight of children every month, 66% knew about growth charts, 98% knew the reason for giving de-worming solution to children, and 88% Helpers gave Vitamin A solution to children for proper vision.
11. A majority of the Helpers were aware of the various vaccines and vaccine preventable diseases. About 38% had knowledge about the immunization schedule. But 10% did not have any knowledge about immunization.
12. A majority of the respondents had knowledge about the quantity of food given to each child but they did not know the cost of each meal.

Nearly 25% of the Helpers had knowledge about nutrients like protein, iron and Vitamin A but 40% did not have knowledge about any of the nutrients. Green leafy vegetables and cereals were regarded as nutritious food by 86% respondents.
13. Nearly 94% AWHs were of the view that parent-teacher meetings helped in improving the parents' knowledge about child rearing practices.
14. **Preschool education:** Although 38% respondents knew the meaning of free conversation, only 16% knew its importance.
15. A majority of AWHs suggested that one hour should be spent on outdoor play activities daily. However, they were not aware of the play material. They felt that play activities provided opportunities for physical exercise (40%), helped in growth (24%) and made the body fit (22%). But 2% respondents did not know about the importance of outdoor play.

A majority of the respondents were also aware of indoor play activities and they could make a musical instrument from caps of soda bottles and play material from match boxes.

All the respondents were of the opinion that rhymes should be taught line by line with action and a majority said that rhymes helped to develop general knowledge. Fifty per cent suggested a duration of 1-2 hours for teaching short and understandable rhymes. About 78% Helpers did not know more than 10 songs and knowledge of musical instruments was lacking in 88% Helpers.
16. A majority of AWHs knew 1 to 5 stories. They were of the opinion that stories increased the knowledge and awareness of children about a number of things in the environment. Nearly 25% of the Helpers did not know what kind of stories were suitable for children and 75% of the respondents preferred morning time for story telling.

17. Although 40% respondents were aware of creative activities, only 10% could mention the advantages of these activities. A majority of them mentioned vegetable printing as a creative activity for children.
18. A majority of the respondents did not have much knowledge about readiness activities and science experiences for children. About 68% Helpers said that it was necessary to give simple science experiences to children which should be based on their daily life.
19. All the respondents were aware of their responsibilities and were assisting AWWs in keeping the children clean and tidy.

Recommendations

1. AWHs should be given proper orientation in preschool education. This would help them to take care of their respective AWs in the absence of AWW.

An Evaluative Perspective of the Knowledge and Skills of Anganwadi Workers and Bal Sevikas in Imparting Preschool Education in Madras City

Sushila Srivastava and A. D. Pramila

Introduction

Preschool education is an important service/activity of ICDS because children of today are the future citizens of the country and strength of tomorrow. The study was conducted in an urban ICDS project in Madras to compare the knowledge and skills of AWWs and Bal Sevikas with regard to preschool education.

Aims and Objectives

The study was undertaken to:

1. Compare the knowledge and skills of AWWs and Bal Sevikas with regard to preschool education.

Methodology

The study was conducted in the urban ICDS project in Madras. The sample consisted of 45 AWWs of the project and 18 Bal Sevikas of ICCW, selected by purposive stratified sampling technique, based on age group, religion, marital status and experience. Information related to importance of play equipment, time spent on various activities by each child and the teacher, and rating of the teachers' own expertise was collected using a questionnaire and an observation profile. The split-half method was used for calculating the reliability of the questionnaire. The data collected was analysed statistically. The co-relation co-efficient was 0.964 while the corrected co-efficient for Spearman Brown Prophecy Formula was 0.821. The correlation co-efficient was calculated for observation profile (0.731) by using test-retest method.

Findings and Conclusions

1. Bal Sevikas had better knowledge about the significance of play equipment and toilet facilities for preschool children than AWWs.
2. There was no difference between Bal Sevikas and AWWs in the knowledge regarding time to be allotted for various activities, importance of developing various skills and their own expertise in the area of child development and preschool education.
3. There was a significant difference between Bal Sevikas and AWWs regarding various preschool activities. Bal Sevikas were able to organize routine activities, small group activities, and outdoor and indoor activities for preschool children more efficiently and made better provision for play equipment.
4. There was a significant difference between AWWs and Bal Sevikas in the development of skills. Bal Sevikas could teach the skills of developing number concepts better than AWWs. They were also able to make use of visual aids, communicate better and teach science and art more effectively.

On the other hand, AWWs could teach the skills of developing spatial relationships, inculcate good habits and could use music to develop various concepts better than Bal Sevikas.

5. There was no difference in the skills of both the functionaries regarding planning the time to be allotted for various activities or cleaning and winding up.
6. There was a significant difference in the use of material by preschool children. The children made better use of material provided by Bal Sevikas than AWWs.

Recommendations

1. More research should be conducted to assess and compare the knowledge and skills of teachers from various types of preschools.

Impact of an Intervention Programme on Knowledge, Contents and Skills of Anganwadi Workers and Selected Conceptual Skills of Preschoolers (5-5.5 years)

Seema Roy and K. Vanaja

Introduction

Preschool education is an important component of the ICDS programme. The present study was done in the urban ICDS project at Chandigarh to assess the impact of an intervention programme on conceptual teaching skills and knowledge of AWWs, and performance of preschool children regarding various concepts.

Aims and Objectives

The study was undertaken to assess the impact of an intervention programme on:

1. Conceptual teaching skills and knowledge of AWWs;
2. Performance of preschool children regarding various concepts.

Methodology

The study was conducted in urban ICDS project Chandigarh. A cluster of four sectors which included Sector 38 A, Sector 38 B, Dadu Majra colony and Dadu Majra village were selected purposively for the study. Ten AWWs were selected from the Dadu Majra colony and they formed the experimental group. Further, 30 children in the age group 5-5.5 years were also selected from these AWWs. The control group comprised 10 AWWs selected randomly from the remaining three sectors and 30 children selected from these AWWs.

AWWs of both the groups were matched with respect to their educational qualification and training while children were matched for age and sex.

The dependent variables of the study were conceptual abilities of preschool children and knowledge and skills of AWWs for providing conceptual experiences, whereas the independent variables were age and sex in the case of children and educational qualifications and training in the case of AWWs.

In the pre-test phase the cognitive abilities of all the preschool children in the experimental and control groups were assessed with the help of test items related to concept of colour, shape, size, time perception and sequential thinking. The knowledge and skills of AWWs of both the groups were assessed with the help of close-ended inventories. Each question was rated on a three-point scale – frequently, occasionally and very rarely. AWWs were also interviewed and personal observations were made to collect information regarding their skills.

After pre-testing children and AWWs of both experimental and control groups, a two-week intervention programme/training was imparted to AWWs of experimental group. The training focused on play way method of imparting education; making teaching aids and play material from indigenous material and their use; imparting knowledge and honing skills of AWWs to enhance curiosity and to develop

conceptual skills. It was followed by 15 days of on-the-spot guidance and demonstrations for various preschool activities.

After one and a half months, the knowledge and skills of AWWs and cognitive abilities of preschool children of both experimental and control groups were assessed again using the same inventories and tests. The data was analysed statistically.

Findings and Conclusions

1. There was no significant improvement in the knowledge and skills of AWWs of both experimental and control groups regarding objectives and benefits of preschool education, organizational skills of AWWs, and their knowledge about cognitive development. This could be due to the fact that these areas were not dealt with directly in the intervention programme.
2. The post-intervention scores of AWWs of the experimental group showed a significant improvement in the skill implementation and cent per cent improvement in their knowledge. The improvement was seen in areas like knowledge about AW activities; playway methods for providing conceptual experiences; utility aspect of indigenous play material; arousing curiosity and developing concepts in children.
3. The pre-intervention score of preschool children of experimental and control groups were significant only for concept of colour while they were not significant for concept of size, shape, time perception and sequential thinking.
4. The intervention programme had a significant impact on the conceptual abilities of children. When the pre- and post intervention scores of preschool children of the experimental group were compared, it was found that the level of significance for the concept of colour, size, shape, time perception and sequential thinking was 0.01.

Recommendations

1. Intervention programme should be organized for AWWs to enhance their knowledge and skills regarding preschool education.
2. During the intervention programme, emphasis should be laid on using locally available material and as far as possible, demonstrations should be given in real life situations to AWWs. This would enable them to understand the concepts clearly and utilize their knowledge properly.
3. Some more studies should be conducted to study sex differences and its effect on the abilities of children.

The Impact of an Intervention Programme on the Knowledge and Skills of AWWs in Delivering Preschool Education Component of Integrated Child Development Services

M. Sheela George and Sushila Srivastava

Introduction

The effective delivery of package of services under ICDS depends on the proper knowledge and skills of functionaries at all levels. Preschool education is one of the important components of ICDS, and AWWs should have the knowledge and skills to give a good performance while communicating with children. This study was conducted to assess the knowledge and skills of AWWs regarding preschool education in Tamil Nadu.

Aims and Objectives

The study was undertaken to:

1. Assess the knowledge and skills of AWWs regarding preschool education before and after the intervention programme;
2. Find out whether the age and marital status of AWWs influenced their knowledge and skills while conducting preschool activities.

Methodology

The sample of the study comprised 50 AWWs who had not received in-service training. A training module was developed to impart training to AWWs regarding preschool education. The training focused on teaching methods which fostered language development and enhanced cognitive development of preschool children.

The teaching material of the training module was designed using selected indigenous material. The material was given some finishing touches and was made attractive, stimulating, safe and of multi-purpose play value so that it could be used by children of different age groups and interest. The teaching material was evaluated by experts in the field of preschool education and modified as per the suggestions given by them.

A questionnaire prepared in Tamil was administered to AWWs before and after the intervention programme to assess the improvement in their knowledge and skills about preschool education. The questionnaire had five sub-headings:

- i) The importance of preschool activities;
- ii) The time spent on various activities by each child at the centre;
- iii) The importance of various skills for preschool children;
- iv) Evaluation of AWWs regarding their expertise in conducting various preschool activities;
- v) Time devoted for various activities.

The five knowledge scores before and after the intervention programme were compared and the impact of age and marital status on the knowledge scores was also computed.

Findings and Conclusions

1. All AWWs covered in the study belonged to three different age groups, i.e., 20-25 years, 26-30 years and above 30 years; 34 AWWs were married and 16 were unmarried.
2. The intervention programme improved the knowledge and skills of AWWs about preschool activities. The post-intervention scores indicated a significant improvement in the knowledge of AWWs in all the areas.
3. There was a significant difference among the three age groups of AWWs in their knowledge pertaining to preschool activities.
4. There was a significant difference between married and unmarried AWWs with regard to their knowledge about the importance of certain preschool activities. However, no significant difference was found in the knowledge of married and unmarried AWWs in the other areas. So it can be concluded, that marital status had no impact on the knowledge and skills of AWWs regarding preschool education.

Recommendations

1. Some more research studies should be conducted to assess the impact of the intervention programme on the knowledge of private and government preschool teachers.
2. Training programme should also be conducted for teachers dealing with handicapped preschool children with certain modifications.

Preschool Education in ICDS: An Appraisal

Neelam Sood

Introduction

Preschool education, early childhood education (ECE), nursery school and kindergarten are some of the terms commonly used for the system of providing educational experiences to young children in an organized manner, outside the family environment. Preschool education has a dual purpose. Firstly, it forms the basis for development during later years, and secondly, it fosters readiness for formal schooling. The present study presents the recurrent trends and findings as well as the effect and relevance of the preschool education component of ICDS.

Aims and Objectives

The specific objectives of the study were to examine the recurrent trends in the following:

1. The difference between the developmental status of preschool children of the ICDS and non-ICDS group;
2. The variation in the developmental status of children within the ICDS group, i.e., between the highest ranking anganwadi (HRA) and the lowest ranking anganwadi (LRA);
3. The difference between the performance of children studying in Class I and Class II belonging to the ICDS and non-ICDS groups;
4. The difference in the level of awareness of mothers about the value of preschool education, and level of their involvement in the care and development of their children, and the differences if any, between ICDS and non-ICDS groups.

Methodology

A total of 64 children in the age group 3-6 years from the Highest Ranking Anganwadi (HRA) and the Lowest Ranking Anganwadi (LRA) formed the ICDS sample. A matched group of children with no exposure to any type of preschool education (a minimum of 10 children) selected at random comprised the non-ICDS sample. A minimum of 20 children studying in Class I and Class II who had joined school without any previous exposure to preschool experience were studied to form the matched group of non-ICDS children. Data was collected through interviews from 5 ICDS centres at Mangolpuri and Jama Masjid (Delhi), Junnar and Baroda (Gujarat) and Coimbatore (Tamil Nadu).

Findings and Conclusions

1. The study showed that in all the projects ICDS children scored higher than the non-ICDS children on motor skills, though the difference was only marginal in some cases, particularly in Junnar.
2. The difference on mean performance in the case of finer skills was found to be higher in Baroda ICDS (8.53) areas as compared to non-ICDS areas.
3. The study found that the performance of children from HRA was certainly better than those from the non-ICDS group.
4. Observation performa used for assessing anganwadis had indicated poor performance level of AWWs. It was also found that the LRA workers often reached late, were only partially

aware of the importance of anganwadi activities, and were not motivated to conduct preschool education activities.

5. The study found that children attended AWCs irregularly, often sat passively for a while and left after supplementary nutrition was distributed.
6. When ICDS scores were differentiated between HRA and LRA it emerged that HRA children were not only much better than non-ICDS group, but also better than LRA group.
7. On the whole, children of HRA group had clearly emerged to be better than both LRA and non-ICDS groups in all the projects.
8. Mean performance scores on language skills of HRA children were better than LRA children's scores, but Mangolpuri study showed the reverse finding.
9. Observation showed that the behaviour of ICDS children in terms of helping, sharing and friendship pattern was better than their non-ICDS counterparts. The exposure to anganwadi provides an opportunity to children to interact with each other and learn to help and share. The difference was marked in the case of Mangolpuri children.
10. However, ICDS children's score was negligibly higher than that of non-ICDS children on personal-social skills in the Junnar study. When comparison was studied separately for HRA and LRA the performance of HRA group was markedly better than that of the non-ICDS group, and LRA children had scored even lower than the non-ICDS group.
11. Findings showed that no significant differences were found in the performance of children from ICDS and non-ICDS groups in primary schools, as rated by their teachers.
12. A higher proportion of mothers from the ICDS group were aware of the benefits of AWCs, and a great number of LRA and non-ICDS mothers felt that AWWs helped keep children away from mischief.
13. It was found that a majority of mothers from ICDS group had got their children immunized.
14. In the Mangolpuri project, 65% mothers from the ICDS group were aware of the vaccinations required for children.
15. By and large, mothers from all projects had poor awareness of the nutritional requirements of their preschool children.

Recommendations

1. Steps should be taken to improve the physical set-up of anganwadi centres, wherever needed, in terms of hygienic conditions of the centre and its surroundings, and provision of toilet facilities.
2. During visits to AWCs, specific suggestions should be made by the Supervisor with regard to the planning and implementation of the weekly programme of preschool activities, and the suggestions given should be followed up during subsequent visits.
3. Instituting annual awards for the best performance of Anganwadi Workers may be considered as this would serve as an incentive to them for improving performance.
4. Media can play an important role in highlighting the importance of providing a stimulating environment for preschool children at home as well as at anganwadi centres.
5. Involvement of *mahila mandals* (women's groups)/ other local organizations may be sought for raising the understanding of parents and primary school teachers about preschool education, so that they do not perceive it as merely as a downward extension of primary school.

A Study on the Opinion of Anganwadi Workers Regarding the Suitability of Art Activities for Preschool Children (3-6 years) Attending Anganwadi Centres in Selected Area of Udaipur District

Shilpa Rathore and C. Dave

Introduction

AWWs spend a significant part of their working life around children; their attitude towards them probably affects the way they fulfill their duties. They should know how to organize preschool education activities to promote the physical, social and emotional development of children through songs, games, creative activities like art and exercises, etc. This study was conducted to find out the AWWs' opinion regarding the suitability of selected art activities for preschool children in ICDS project Badagaon, district Udaipur, Rajasthan.

Aims and Objectives

The study was undertaken to:

1. Find out AWWs' opinion regarding the suitability of selected art activities for preschool children with reference to its selection, choice of material used and the method of conducting the activities.

Methodology

The study was conducted in purposively selected rural ICDS project Badagaon, district Udaipur, Rajasthan. The sample comprised eight trained and literate AWWs and all the preschool children in the age group 3-6 years, enrolled in the eight AWs.

A proforma was developed for AWWs and Investigators to collect information regarding the background of AWWs and to assess the suitability of art activities provided in AWs. The proforma was evaluated by three child development experts for its structure, language, contents, coverage and relevance of art activities. Finally, 15 art activities were selected.

All AWWs were given a demonstration on how to conduct selected art activities. They were also given a handout regarding the same for their reference. After the demonstration, AWWs conducted the activities in their respective AWs twice, with a gap of one week in between. The Investigators observed each AWW separately both the times while they conducted the art activity sessions. The suitability of the activities was assessed, based upon the evaluation made by AWWs and the observations made by Investigators. In the study art activities are restricted to pasting, painting, printing, paper folding and tearing, and modelling with indigenous material.

Findings and Conclusions

1. The overall mean scores for each selected art activity as assessed by AWWs and Investigators were as given in the following table.

Assessment of the Art Activities by AWWs and Investigators

Art Activity	AWWs	Investigators
Mean scores (%)		
Pasting of shapes, pictures	93	72
Collage	96	70
Thread painting	95	80
Batik painting	94	72
Free drawing	96	72
Rangoli	83	60
Potato printing	95	80
Onion printing	95	72
Lady finger painting	96	72
Lid printing	96	72
Simple paper folding	95	72
Preparing different objects out of paper	88	62
Tearing of shapes	86.5	71
Clay modelling	89	75
Sand printing	93.5	71

- All the art activities were found suitable and were enjoyed by the children. Except four activities, i.e., rangoli, preparing different objects out of paper, paper tearing, and clay modelling with scores ranging between 70% to 94%, the remaining 11 activities were found to be highly suitable for the preschool children attending AWWs.
- Free drawing, lady finger printing and lid printing were accorded higher priority as compared to the rest of the activities. Rangoli, clay modelling and preparing different objects out of paper were considered not so suitable for children in the 3-4 years age group by AWWs.
- The material chosen and the method of teaching adopted by AWWs was also found to be useful for children attending AWWs.

Recommendations

- There is a need to organize short term refresher courses and workshops in preschool education for AWWs.
- There is a need to make training of AWWs more practical oriented.
- AWWs should be encouraged to prepare teaching aids and play material from locally available resources to make preschool activities more attractive, meaningful and interesting for children.
- AWWs should be given incentives for their job performance at respective AWWs.

A Study on the Opinion of Anganwadi Workers Regarding the Suitability of Play Activities for Preschool Children (3-6 Years) Attending Anganwadi Centres in Selected Rural Areas of Udaipur District

Anila Vijayavargia

Introduction

Preschool education, the learning component for 3-6 years old children in the AWC, is directed towards providing a natural, joyful and stimulating environment, with emphasis on necessary inputs for growth and development. During training the AWW is taught how to organize play activities to promote the physical, social and emotional development of children in a suitable environment. This study was conducted to find out the opinion of AWWs about the suitability of play activities for preschool children in ICDS project Badagaon district, Udaipur, Rajasthan.

Aims and Objectives

The study was undertaken to:

1. Find out the opinion of AWWs about the suitability of play activities for preschool children with reference to the type of play activity, material selected for the activity and method of conducting the activity;
2. Assess the suitability of play activity in the curriculum of preschool education;
3. Recommend suitable preschool activities to curriculum planners and policy makers on the basis of feedback given by AWWs and Investigators.

Methodology

The study was conducted in purposively selected rural ICDS project Badagaon, district Udaipur, Rajasthan. The sample comprised eight literate and trained AWWs from eight selected AWCs and all the preschool children enrolled in these centres. An open-ended evaluation proforma was prepared for both, AWWs and Investigators, to evaluate the play activities. The evaluation proforma and list of play activities were evaluated by three child development experts. Finally, 15 play activities were selected.

All AWWs were given a demonstration of conducting play activities. They were also given a handout regarding the same for their reference. After this, AWWs conducted these activities in their respective centres. The Investigators observed each AWW separately, twice with a gap of one week in between, while they conducted play activities. The suitability of play activities was assessed based upon the evaluation made by AWWs and the observations made by Investigators.

Findings and Conclusions

1. All the activities were found to be suitable for preschool children. The mean scores of the activities as assessed by AWWs and Investigators are given in the following table:

Scoring of Play Activities by AWWs and Investigators

Play Activity	AWWs	Investigators	Total
	Mean scores (%)		
Ghoda-e-Jamal Shahi	90.6	100.0	95.3
Ud Pakshi Ud	77.3	100.0	88.6
Poshampa Bhai Poshampa	89.6	90.0	89.8
Race Elephant, Frog, etc.	67.6	88.9	78.2
Awaz ko Pahchano	88.6	100.0	94.3
Rang Krida	78.6	100.0	89.3
Gend se Bacho	79.5	87.5	83.5
Andar Bahar	90.3	88.9	89.6
Tyre ke Khel	85.9	100.0	92.9
Pakadni-Dod Chuha	94.8	100.0	97.4
Billi Aai	65.9	87.5	76.7
Samuh Banana	75.0	77.8	76.4
Parcel Khel	100.0	100.0	100.0
Ankh Michoni	87.5	87.5	87.5
Chain Chain	88.3	87.5	87.9

- Of the 15 activities, 12 activities with mean scores above 80% were found to be comparatively more suitable.
- The objective of the activities were fulfilled in all the cases but nine activities obtained mean scores between 70-85 as they did not help in developing the concept of size, shape or colour.
- On the whole, material chosen for all the activities was appropriate, though eight activities did not require any material.
- Time allotted for the activities was appropriate in all the cases.
- Out of 15 activities, seven play activities were suitable for children aged 3-6 years, 7 for children 4-6 years and only one activity was suitable for children aged 5-6 years.
- Children enjoyed all the activities very much, though children aged 3-6 years did not enjoy a few activities as there was no playground near AWCs.
- There was not much variety in the preschool activities undertaken as 3-4 poems, stories, creative activities and outdoor games were common in all AWCs. This may be due to the fact that AWWs did not know many stories or poems.
- AWWs possessed average skills for conducting various preschool activities.

Recommendations

- Further research may be undertaken in rural, tribal and urban areas, with a larger sample, so that results could be generalized.
- Enough literature and resource material should be made available to AWWs, so that they could learn more stories, poems and get new ideas to undertake preschool activities effectively.
- To improve the skills of AWWs in the field of preschool education, the training should be less theoretical and more practical oriented. Enough practice should be given by actually conducting different activities in the field.
- AWWs should be trained to explore the resources available locally intelligently and utilize them effectively.

A Study on the Opinion of Anganwadi Workers Regarding the Suitability of Science Activities for the Preschool Children (3-6 Years) Attending Anganwadi Centres in Selected Rural Areas of Udaipur District

Suman Mehta

Introduction

Anganwadi workers deliver various services to the vulnerable sections of society. The present study was conducted in rural ICDS project Badagaon, district Udaipur, Rajasthan, to find out the opinion of AWWs about the suitability of science activities with respect to its selection, material and method used for conducting the activities for preschool children.

Aims and Objectives

The study was undertaken to:

1. Find out the opinion of AWWs about the suitability of science activities with respect to its selection, material and methods used for conducting activities for preschool children.

Methodology

The study was conducted in a purposively selected rural ICDS project Badagaon, district Udaipur, Rajasthan. The sample comprised literate and trained AWWs of the eight AWs selected randomly and all the preschool children in the age group 3-6 years enrolled in these AWs.

An open-ended evaluation performa was prepared for AWWs and Investigators for the evaluation of science activities. The performa was first evaluated by three child development experts for the structure of the statement, language, contents, coverage and relevance of the activity. Suggestions of the experts were then incorporated for the preparation of final performa. Finally, 15 science activities were selected.

All AWWs were given a demonstration for conducting selected science activities. They were also given a handout regarding the same for their reference. After the demonstration AWWs were expected to conduct the activities with the children at their respective centres. The Investigator observed each AWW separately while they gave the demonstration. The observations were made in such a way that each activity was observed twice, with a gap of one week in between. The data thus collected was then analysed qualitatively and quantitatively. The activity that obtained scores above the mean score was considered more suitable for preschool children.

Findings and Conclusions

1. All the activities selected for the purpose of evaluation were found suitable.
2. The overall per cent scores for each selected science activity as perceived by AWWs and Investigators were as follows:

Scoring of Science Activity by AWWs and the Investigators

Science activity	AWWs	Investigators	Mean
		Scores (%)	
Seed is a part of the plant	86.2	96.2	91.2
Need of sunlight for the growth of plants	89.5	90.9	90.2
Necessities of air for life	94.2	95.8	95.0
Necessities of air for fire	94.2	95.8	95.0
Air occupies space	86.2	95.8	91.0
Difference between soluble and insoluble items	87.0	95.8	91.4
Water takes the shape of the container	90.0	91.2	90.7
Concept of floating and sinking	92.5	97.2	97.8
Concept of primary colours	86.7	98.6	92.6
Sense of touch	82.0	98.7	90.3
Sense of taste	91.5	97.2	94.3
Sense of hearing	81.7	98.7	90.2
Sense of smell	81.0	97.9	89.4
Difference between living and non-living things	86.5	98.6	92.5
Concept of one and many	93.2	100.0	96.6

3. Out of 15 activities, three activities (necessity of air for life, necessity of air for fire and concept of one and many) with mean scores ≥ 95 were comparatively more suitable than the remaining 12 activities.
4. As per the assessment made by AWWs and Investigators regarding the aspect-wise suitability of the science activities, it was found that in all the activities, their objectives were fulfilled.
5. The selection of material was also appropriate for all the activities except for promoting sense of smell. AWWs and Investigators felt that the material chosen for this was not adequate and some more materials like onion and scented oil could be added.
6. The third aspect, i.e., the time allotted for each science activity was also appropriate in all AWWs. In fact, for germination of seeds, AWWs and Investigators felt that the time allotted was more than required.
7. It was observed that children did not enjoy activities such as need of sunlight for the plant, need of air for fire, difference between soluble and insoluble material, water takes the shape of the container, etc.
8. In other activities such as seed is a part of the plant, air occupies space, difference between soluble and insoluble material, concept of primary colours, sense of touch, sense of taste, sense of hearing and sense of smell, children were active participants and enjoyed these activities very much.
9. Some of the activities were not suitable for 3-4 years old children such as air occupies space (as children could not blow balloons) and concept of soluble and insoluble substances.

Most of the activities were suitable for children in the 4-6 years age group and hence they enjoyed the activities much more than children 3-4 years old (such as need for sunlight for the plant, need of air for fire, and concept of living and non-living things).

10. Preference of science activities as listed by AWWs and the Investigators were in the following order: concept of one and many; necessity of air for fire; concept of floating and sinking; necessity of air for life; sense of taste; concept of primary colours; difference between living and non-living things; seed is a part of the plant; air occupies space; difference between soluble and insoluble items; sense of hearing; water takes the shape of the container; sense of touch; need of sunlight for the growth of plants; and sense of smell.

Recommendations

1. There is a need to train AWWs in preparing teaching aids and play material from locally available resources.
2. There is a need to organize courses and workshops to improve the job performance of AWWs.

A Study on the Opinion of Anganwadi Workers Regarding the Suitability of Story Books for Preschool Children (3-6 Years) Attending Anganwadis in Selected Rural Area of Udaipur District

Gayatri Sharma

Introduction

The present study was conducted in a selected rural ICDS project Badagaon, district Udaipur, Rajasthan to find out the opinion of anganwadi workers regarding the suitability of story books for preschool children (3-6 years) attending anganwadis and recommend these books to curriculum planners and policy makers of the preschool component of the ICDS Scheme on the basis of feedback received from AWWs and Investigators.

Aims and Objectives

The study was undertaken to:

1. Find out the opinion of AWWs regarding the suitability of story-books with reference to the physical format, theme, contents and characterization;
2. Elicit the opinion of Investigators regarding selected aspects of the story-books;
3. Recommend these books to curriculum planners and policy makers of the preschool component of the ICDS scheme on the basis of feedback received from AWWs and Investigators.

Methodology

The study was conducted in purposively selected rural ICDS project Badagaon, district Udaipur, Rajasthan. The sample consisted of eight literate and trained AWWs from eight selected AWs and all the preschool children enrolled at these centres. An open-ended evaluation proforma was developed for AWWs and Investigators to assess the suitability of story-books. The proforma and list of story-books used in AWs were evaluated by three child development experts. The books were evaluated with reference to their physical structure, suitability of contents and illustrations given in them. Finally, 15 story-books were selected. All AWWs were given a demonstration on telling stories from the selected books. They were also given a handout regarding the same. After the demonstrations AWWs conducted the activities in their respective centres. The Investigators observed each AW separately twice, within a gap of one week, while AWWs conducted the activities.

Findings and Conclusions

1. All the story-books were suitable for children as they all obtained scores above mean, i.e., 35 as shown in the following table.

Overall Mean Scores for Each Story Book as Perceived by AWWs and Investigators

S. No.	Name of the Story Book	AWWs	Investigators
Mean scores (%)			
1.	Tota aur Billi	52.5	53.0
2.	Deenu ki Bailadi	57.1	53.2
3.	Sujh Bujh	55.4	50.3
4.	Bahadur Dost	52.8	51.0
5.	Panchhi Rang Birange	60.8	51.0
6.	Chidiya Ghar ki Ser	51.6	49.0
7.	Kauye ka Baccha	56.6	53.1
8.	Chalo Circus Chalain	58.3	52.9
9.	Din se Raat	56.6	53.1
10.	Pol Khul Gai	57.0	57.1
11.	Badai	58.9	53.0
12.	Kumhar	56.2	52.7
13.	Lohar	56.8	50.0
14.	Dakiya	58.8	55.0
15.	Pani ke Upyog	53.6	46.2

- Only one book Panchhi Rang Birange (S. No. 5) was rated highly suitable by AWWs as it scored above 60. The rest of the books were moderately suitable. The Investigators found the story book Pol Khul Gai (S. No. 10) highly suitable. However, S. No. 6 and 15 were found to be less suitable by both AWWs and Investigators.
- Some of the books had dull and monotonous colour illustrations (S. No. 2,3,12,15), some needed modifications in the size and printing (S. No. 2,3,4,9,10,11,12), the language of some could be made more easy and descriptive (S. No. 5,14,15) and some could be shortened so that they are understood and can be memorized (S. No. 4,7). The remaining books were suitable and the characters were appropriate.

Recommendations

- Story books used for young children should be large, well-illustrated and attractive. The stories should be about children, familiar people, animals and activities, in a vocabulary that children could understand. They should contain one sentence per page for three year olds or up to three sentences per page for five year olds. Books should be for both, fun and information.
- Courses on 'Children and their literature' should be incorporated in the curriculum of training programme for AWWs.
- In-service training programme for AWWs should be organized to improve the skills for providing preschool education activities.
- There should be continuous monitoring and evaluation to assess the performance of AWWs and gaps should be filled through frequent discussions among various functionaries.
- Supervisors should play an active role and guide AWWs in conducting preschool activities. They should give demonstrations after every few days about the various activities.
- AWWs should be encouraged to prepare teaching aids and play material from locally available resources to make the preschool activities interesting.
- During training, AWWs must learn to use story books efficiently and learn the skills of story telling.
- A comparative study should be undertaken to compare the different aids used for telling the same story to assess the most suitable one.

PROBLEMS OF ANGANWADI WORKERS

Problems of Anganwadi Workers

Problems of Anganwadi Workers

V. T. Maggie and P. D'Souza

Introduction

It is important to acknowledge that apart from training many other factors play a role in determining the job performance of AWWs. Personal problems, related with socio-economic status, affect the ability of AWWs to become effective workers. This study was conducted to assess the socio-economic status of AWWs in a rural ICDS project of Mangalore.

Aims and Objectives

The study was undertaken to:

1. Assess the socio-economic status of AWWs;
2. Identify the problems faced by them.

Methodology

The study was conducted in the rural ICDS project Mangalore Corporation, Karnataka. The sample comprised 50 AWWs selected randomly for the study. Information regarding the socio-economic status of AWWs and their operational problems was collected by interviewing them using a schedule.

Findings and Conclusions

1. About 76% AWWs were in the age group 16-26 years and 68% were unmarried. 70% AWWs had passed SSLC examination.
2. A majority of the AWWs took up the job mainly because of financial problems though 60% did so because of unemployment.
3. About 74% AWWs were fully satisfied with their training while 6% were dissatisfied with their three months training. 82% of the trained AWWs had worked in the field for one to two years.
4. Fifty-four per cent AWWs were working in their own community either by choice or by appointment. The residence of 68% AWWs was close to their place of work and this was an important factor facilitating positive functioning of AWWs. However, 18% AWWs had to travel 10-12 km to reach AWWs, thus having a negative influence on their work output.
5. Only 50% AWWs were satisfied with their job. AWWs worked eight hours every day but the honorarium being paid to them was very low. About 20% of them faced problems in getting their first honorarium.

A majority of AWWs (56%) expected monthly honorarium between Rs. 250-400 and 46% expected more than Rs. 400.

6. The strength of the children increased in 54% AWs while it decreased in 36% AWs. 90% AWWs reported that parents were reluctant to send their children to AWs because they did not like the food given to their children, were dissatisfied with the available facilities, and felt insulted in sending their children to AWs as they thought that these centres were mainly meant for poor children.
7. Nearly 80% AWs faced the problem of absenteeism. Out of a total of 50 children 1 to 10 were absent every day. AWWs made home visits to solve this problem of absenteeism.
More than 76% AWWs did not face any problem while working with children whereas 20% did have some problems.
It was found that 94% AWWs faced the problem of bringing the food from Social Welfare Office to AWs, 64% faced the problem of distributing the food, and 58% AWWs faced both the problems.
8. Nearly 76% AWWs had a good opinion about the community and were getting cooperation from them, whereas 16% complained of non-cooperation from the community.
As many as 96% AWWs faced various problems in organizing mahila mandals. It was found that 66% AWWs were able to conduct different programmes through mahila mandals whereas 34% AWWs failed to do so.
9. About 66% AWWs had no experience of team work, whereas 34% had some experience. However, 98% AWWs felt that team work was possible in their community.
10. About 68% AWWs did not have any problems with higher authorities but 32% workers did face some problems.
72% AWWs were satisfied with the guidance they received but 28% workers were dissatisfied.
11. A majority of the AWWs (92%) had not maintained any contacts with their training institutions while 8% AWWs still had contacts.
12. Nearly 66% AWWs reported that Social Welfare Office was close to their AWs, whereas 34% said that it was too far from their work place.
52% AWWs visited Social Welfare Office twice a month and 48% made more than two visits per month.

Recommendations

1. The services of AWWs should be regularized, their honorarium should be increased, and they should be entitled to other job benefits.
2. Regular supply of food items to AWs should be ensured by the concerned departments.
3. Refresher courses should be organized for AWWs to update their knowledge, improve their skills and share their experiences.

ROLE OF ANGANWADI WORKERS

Role of Anganwadi Workers

Role Effectiveness of Anganwadi Workers: A Case Study

P. K. Bhattacharjee

Introduction

The anganwadi worker (AWW), who is invariably a local women, is the key functionary of the ICDS scheme and implements the programme at the field level. The study was conducted in the tribal ICDS project Lumbajaong, district Karbianglong, Assam in ten AWCs. The present study evaluated the performance and perception of AWWs in terms of their role and responsibilities, identified the socio-cultural factors affecting the performance of AWWs, assessed the community's acceptance of AWWs, and their participation in the activities of AWWs, and identified gaps in the training and supervision of AWWs.

Aims and Objectives

The study was undertaken to:

1. Assess the performance and perception of AWWs in terms of their role and responsibilities as defined in the ICDS scheme;
2. Identify socio-cultural factors affecting the performance of AWWs;
3. Assess the community's acceptance of AWWs and their participation in the activities of AWWs;
4. Identify gaps in the training and supervision of AWWs, and suggest ways and means for enhancing their efficiency.

Methodology

The study was conducted in the tribal ICDS project Lumbajong, district Karbianglong, Assam. Ten AWWs were selected for the study on the basis of duration, services provided, coverage and distance from the project headquarters. Data was collected by interviewing AWWs, parents of beneficiaries and community leaders with the help of interview schedules.

Finding and Conclusions

1. The performance of married AWWs was better than that of unmarried ones. The mothers of children attending AWWs, and expectant and nursing mothers took the advice of married AWWs more seriously than unmarried AWWs. However, all of them could point out improvement in the health and nutritional status of children and mothers due to implementation of the ICDS scheme.
2. AWWs were instrumental in bringing about attitudinal changes in the primitive tribal people especially in the area of health and education.
3. Although AWWs perceived the objectives of various services under the scheme rightly, yet 30% of them were not aware of the methods for conducting various preschool activities. AWWs were also found to be ignorant about their specific role in maintaining coordination at the village level, in enhancing the capabilities of the mother to look after the normal health and

nutritional needs of their children, in imparting population education and in early detection of developmental disabilities.

4. The health and nutrition services of the ICDS programme worked as an incentive for the beneficiaries to come to AWs.
5. Although Lumbajong was a tribal ICDS project, non-tribal children were attending AWs more regularly as compared to the tribal children. Formal preschool education was imparted to children in AWs and parents also insisted on this type of education. It was observed that AWWs and parents could not perceive the advantage of non-formal methods of preschool education. Also AWCs were not well-equipped with play and recreational material.
6. The importance of immunization was perceived well by parents, irrespective of their educational qualifications.
7. The training imparted to AWWs was not adequate as the tribal AWWs of this project were not fully conversant with the medium of instruction in the training centre. They could not relate some instructions received during their training with their tribal and hill culture. Since there were only two Supervisors in position in a project covering 912 sq. km. of the hilly area, they could not conduct training for AWWs.
8. The various socio-cultural factors affecting the performance of AWWs were: shifting of the tribes from one place to another and domineering influence of local organizations like youth clubs or mahila mandals.

Recommendations

1. The importance of non-formal preschool education should be made clear to AWWs and parents. Immediate steps should be taken to conduct preschool activities in the local language.
2. Refresher training should be provided to ICDS functionaries from time to time at the block level.
3. The quality of food supplements and the system of supplying them through contractors should be reviewed.
4. CDPO should take adequate steps to maintain proper coordination at the block level.

Role Effectiveness of Anganwadi Workers in the Urban ICDS Project Jama Masjid, Delhi: A Case Study

K. K. Singh

Introduction

The success of the ICDS programme depends on the effectiveness of AWWs. At the field level, coordination and delivery of services is effected through the AWW, hence it was considered necessary to find out how effective she was in performing her role. This study was conducted to assess the role effectiveness of AWWs in the urban ICDS project of Jama Masjid, Delhi.

Aims and Objectives

The study was undertaken to:

1. Assess the performance and perception of AWWs with respect to objectives of ICDS and their role and responsibilities as defined under the scheme;
2. Identify the socio-cultural factors affecting the performance of their duties;
3. Assess the community's acceptance of AWWs and its participation in the activities of AWWs;
4. Identify gaps in training and supervision, if any, and suggest ways and means for enhancing AWWs' efficiency.

Methodology

The study was undertaken in the urban ICDS project Jama Masjid, Delhi. The sample comprised 16 AWWs (20% of the total AWWs) selected by systematic random sampling technique. The respondents from each centre included 20 parents of beneficiaries/ex-beneficiaries (total 320), three community leaders (total 48) and one AWW (total 16). Information was collected using an interview and an observation schedule.

Finding and Conclusions

1. Most AWWs met the eligibility criteria in terms of qualifications, age, etc. None of them were residents of the project area and all of them were from middle class families.
2. AWWs who displayed maturity because of their age and marital status performed better. They had better insight into the needs of children and women and were free from psychological inhibitions in discussing family planning, child spacing and rearing, etc. They could also establish a better rapport with the target group and the community.
3. AWWs with higher secondary qualifications were more committed to their jobs, while graduates and post graduates used the job more as a stepping stone.
4. AWWs who had been trained three to four years earlier showed better performance than those trained five to six years earlier, both in terms of motivation and output.
5. All AWWs were trained and nine AWWs had participated in some orientation or refresher course which was of 2-10 days duration. AWWs found these training courses useful and

suggested that further training should be imparted in the preparation of extension aids, record keeping, health and nutrition components and the latest developments in the field of ICDS.

6. AWWs were of the view that instead of three months training at a stretch, there should be training and field work of one month each alternatively for an overall duration of six months.

Further, job training should be organized in the project area itself so that the linkage between training and the field remained unbroken. AWWs should be provided the literature related to their work by the government and training institutions and there should be provision for renewal or replenishment of the work kit received by them during the training.

7. Physical environment and basic facilities in AWWs were inadequate. Hence, the ideas acquired during the training could not be put into practice due to these constraints.
8. Many AWWs were functioning in an irregular manner due to indifferent attitude of AWWs, indicating the need for improvement in the supervision of AWWs.
9. All AWWs reported that their main responsibilities were to provide non-formal preschool education, health and nutrition education, render help to health staff, conduct home visits to elicit support of beneficiaries, and maintain records and registers. All except one AWW perceived supervision of the feeding programme, feeding severely malnourished children and expectant and nursing mothers, primary health care, first aid and conducting functional literacy classes as part of their role. Only two AWWs did not perceive population education, FLAW, referral services, formation of mahila mandals, family planning and organization of NHE as part of their role and responsibilities.

There were marked differences in the prescribed and perceived roles of AWWs in rendering referral services and imparting population education. They were not very much aware about their role in forming mahila mandals or eliciting community support. Even Supervisors had not made any effort to orient AWWs regarding community support and cooperation.

10. The community leader's perception of the role of AWWs was different from the one envisaged under the scheme although almost all community leaders had some association with AWWs. Community leaders (45) were of the view that the main responsibility of an AWW was to develop good habits among children. The other responsibilities as reported were imparting non-formal education (44), nutrition (42) and encouraging socialization of children (35). Three-fourths of the community leaders felt that taking care of expectant and nursing mothers and conducting home visits were also a part of their duties. A majority of the leaders (40) did not feel that NHE was a major responsibility of AWWs.
11. AWWs were of the view that the purpose of home visits was to persuade mothers to avail the services provided under ICDS and send children to AWWs. Other important reasons, such as imparting NHE to mothers and seeking parents participation by eliciting their cooperation, were not mentioned. A majority of the parents of beneficiaries (69%) reported that AWWs contacted them mainly to discuss the progress of the child. About 60% of the former beneficiaries were not contacted by AWWs. Although a majority of AWWs (14) made home visits, the main purpose of the visits was not achieved.
12. AWWs reported that Supervisors did not assist them in conducting a survey for listing beneficiaries. None of the AWWs faced any difficulty in selecting the beneficiaries.
13. Some AWWs (7) made special efforts to make children adjust properly by paying individual attention and involving children in games, etc. Nine out of 16 AWWs gave advice to mothers

- about immunization, family planning, health check-up and nutrition, though they felt that NHE was the basic responsibility of the health staff. Twelve AWWs conducted monthly health check-up of children, but none of them considered referral of at-risk children as a part of their role.
14. AWWs could not meet the objective of imparting health education to mothers adequately. Surprisingly, the educated AWWs (graduates and post-graduates) showed a lack of interest in educating mothers about health education and family planning. AWWs played a subsidiary role on this score due to the lack of adequate timely support from Supervisors and health functionaries.
 15. All AWWs had a fixed time schedule for supplementary feeding and reported that attendance at the time of feeding was good and it served as an incentive for children to come to AWWs.
 16. Only 20% parents of beneficiaries supported the claim of AWWs that they had approached them for enrolling their children at AWWs. Supervisors reported that due to poverty, and the general belief that children up to six years should move about freely, residents did not send their children to AWWs.
 17. Teaching the children about colours was perceived as their role by only three AWWs; musical activities were undertaken in four AWWs, while drama was used in five AWWs. Ten AWWs had a formal, rigid routine according to the time table. The activities undertaken were prayers, nursery rhymes, arithmetic tables, writing numbers and alphabets, etc. Outdoor play was restricted due to lack of space. However, very little effort was made to encourage development of curiosity and creativity. Learning and play material was not used or replenished. Kit material given to AWWs was not seen in any AWW, nor did Supervisors help in the preparation of extension aids. Puppets and story telling were used by three AWWs for entertainment, learning and mental development. Activities undertaken by 10 AWWs for muscular development and coordination were free play, jumping, skipping and indoor games. Three AWWs felt that development of simple concepts were a part of their role.
 18. Records maintained by AWWs were attendance register, stock register, home visit diary, survey register, health and immunization records and growth cards. Scrutiny of the records revealed that survey registers and growth cards were not maintained properly. Sample check regarding identification of beneficiaries showed that in four AWWs, information, particularly about low income families, was incorrect. It was also reported that half the time of AWWs was spent on maintaining records and registers, and preparing reports for Supervisors and CDPOs. Immunization records were not maintained properly in seven AWWs.
 19. All AWWs were dissatisfied with the honorarium given to them, and five AWWs reported that the honorarium was delayed by one to two weeks. These low emoluments led to loss of interest in the work and high turnover of AWWs. They remained under strain which had an adverse effect on their job performance.
 20. Almost all AWWs were dissatisfied with their working conditions, namely, long hours of work, lack of proper physical facilities, lack of space in AWWs, poor storage facilities, and lack of teaching aids and equipment. They felt insecure in a job of temporary nature and felt that they were overloaded with work.
 21. All AWWs reported that their work was being supervised by Supervisors and CDPOs. Only four AWWs felt that supervision solved their day-to-day problems and difficulties. About 50% AWWs felt that supervision helped in keeping the records updated, but 10 AWWs felt that it was in the nature of fault finding, bossing over and therefore did not solve their problems.

22. AWWs received full support from LHVs but Medical Officers bossed over them, which discouraged them from putting in their best for implementing the health component. Education and training had no effect on their job satisfaction.
23. Medical check-up and immunization were reported to be satisfactory by all AWWs, parents and leaders.
24. Over 50% beneficiaries were satisfied to a great extent with SNP, 40% were satisfied to some extent and some felt that the quantity of food served was too small, not well cooked and tasteless. AWWs, parents of beneficiaries and local leaders felt that though the food provided at AWWs was nutritive, it only supplemented the normal diet of children and did not substitute it.
25. Eight AWWs reported that the knowledge of mothers regarding nutrition had improved and ICDS had helped in reducing social barriers.
26. Almost all AWWs, parents and community leaders reported that there was better awareness and improvement in the health and nutritional status of children and reduction in infant mortality and morbidity including skin diseases. Ten per cent beneficiaries also felt that there were organized efforts for imparting nutrition education.
27. Leaders were of the opinion that ICDS improved children's performance in school and decreased the incidence of wastage and stagnation in primary schools. About 75% parents felt that ICDS contributed to success in school examinations and sports events. Children were better socialized, developed good habits including cleanliness, respect for elders, did not use abusive language, etc.
28. Most of the mothers were highly satisfied with ICDS as they got more time to do their household chores and the children got nutritious food and an opportunity to learn and play.
29. About 28% beneficiaries were below the poverty line and about 28% were slightly above the poverty line. It was observed that the relatively better off families benefitted more from the ICDS programme as compared to families below the poverty line. The major reasons for people's dissatisfaction were poor organization of activities, irregular feeding programme and discrimination in rendering of services.

Recommendations

1. It would be advantageous to appoint AWWs who are 25 years of age, married and are higher secondary passed.
2. Refresher training of 15-30 days duration should be organized from time to time for AWWs.
3. It is suggested that the syllabus for training urban AWWs should be designed on a different pattern from that for rural/tribal AWWs as their field situations are entirely different.
4. Supervisors should pay surprise visits regularly and educate and instruct AWWs on how to run an efficient centre.
5. AWWs should undertake more home visits and maintain contacts with community leaders and parents to elicit the cooperation and participation of the community. Every AWW should devote one hour daily for community contacts and maintain a regular diary of the same which could be checked by Supervisors.
6. Cooperation from health staff is needed for effective provision of health and nutrition education and referral services. A suitable mechanism needs to be evolved so that there is a close liaison between the health and AWW staff.

A Study of Perception of AWWs Regarding Their Role in ICDS

M. K. Vasundhra

Introduction

Anganwadi workers are required to perform many tasks under the ICDS programme as they are the major implementers at the field level. The efficacy with which they discharge their responsibility largely depends on the inputs invested in their training. Training helps to enhance the effectiveness of functionaries, modifies their attitude and behaviour, and upgrades their knowledge and skills regarding their role in ICDS. This study was conducted to evaluate the views of AWWs about the ICDS programme. The study was conducted in Narsipura, district Mysore, Karnataka.

Aims and Objectives

The study was undertaken to:

1. Know the views of AWWs regarding their role in ICDS.

Methodology

The study was conducted in the rural ICDS project Narsipura, district Mysore, Karnataka. A pre-tested schedule was used to find out the perception of 125 AWWs regarding their role in ICDS.

Findings and Conclusions

1. Fifty-two AWWs were matriculates and two were graduates. Forty-nine AWWs had stayed in their respective villages for 1-5 years, while 18 had stayed there for more than five years, indicating their availability as permanent primary health care agents.
2. All AWWs could furnish the vital statistics data. They maintained growth charts and imparted health education to the beneficiaries. During 1981, they had treated 6,242 cases of minor illnesses with the drugs that were supplied to them. However, none of them mentioned the need or the use of oral rehydration therapy.
3. AWWs referred 836 cases to PHCs but they received feedback only for four cases, indicating extremely poor support from the health staff and lack of adequate communication.
4. Seventeen AWWs did not have a clear perception about the role of personnel in the field of immunization and health check-up.
5. A majority of the AWWs (87) were able to elicit the participation of the community in the functioning of the ICDS programme.
6. Eighty-six AWWs desired that they should be further trained in imparting health education, medical care and family planning.

Recommendations

1. Coordination between the health staff and grass roots level workers should be geared up.
2. The training curriculum of AWWs should include the role and job responsibilities of other ICDS functionaries also.

Women as Change Agents: An Exploratory Study of Grass Roots Level Women Workers

Saroj Verma and Tarpana Trivedi

Introduction

The study aimed to understand women workers at grass roots level, who are holding a key position in the development of rural areas, particularly in the implementation of ICDS scheme. How they perceive their changing roles and how they adjust with these changes, along with the existing external affective factors, are the main focus of this study. This study focussed on various psycho-social problems faced by these women workers (AWWs), their economic condition, work pattern and job motivation, and their capacity to deal with problems, etc.

Aims and Objectives

The study was undertaken to:

1. Understand AWWs, the grass roots level women workers as change agents;
2. Observe how AWWs perceive and adjust with their changing role.

Methodology

The study was conducted in Ahmedabad, Gujarat. The sample comprised 150 AWWs from rural areas undergoing training at the three training centres run by Gujarat State Crime Prevention Trust and 15 AWWs from urban centres. Data regarding socio-economic status of AWWs was collected using a self-administered information sheet. An open-ended interview schedule was used to collect information related to job motivation, reasons for working, perception of their role, arrangements made for household and social responsibilities, marital relationship, etc. The personality pattern was assessed using Draw-a-Man Test and through analysis of autobiographical accounts of the life experiences of AWWs. The performance of AWWs was also rated by the Instructors of each centre.

Finding and Conclusions

1. The respondents were heterogeneous in nature and there were many differences in their personal and social variables.
2. The main motivating factor for acceptance of job by AWWs was their low economic status.
3. A majority of AWWs had indicated personal experience of distress. The self-image of AWWs was found to be poor and characteristics such as confusion, lack of confidence, inability to make adjustment with harsh reality leading to avoidance and denial were observed.
4. There was a disparity between what AWWs thought about their own abilities and the Instructor's rating for the same.
5. The selection of AWWs was not based on uniform criteria.

Recommendations

1. There is a need to organize refresher training to provide up-to-date information and to enhance the skills of AWWs.

2. There is a need to conduct comparative studies of successful and less successful workers.
3. There is a need to evaluate the training programme of ICDS functionaries at all levels.
4. There is a need to make research an integral part of ICDS and additional funds should be provided for the same.
5. There is a need to identify organizations in each State that are willing to set up resource centres and undertake research on ICDS.

SCHEDULED CASTES/ SCHEDULED TRIBES

Scheduled Castes/ Scheduled Tribes

Impact of ICDS on SC and ST Population in Orissa

Shanti Ranjan Behra

Introduction

The World Bank, an international body committed to overall development of human resources, agreed to provide financial assistance for expanding ICDS project in four states of the country namely Andhra Pradesh, Bihar, Orissa and Madhya Pradesh. The Government felt the need to make a quick study of the on-going programmes in these states, and identify strengths and weaknesses of the programme so that its expansion could be understood and appropriately modified if necessary. This study aimed to evaluate the personnel of ICDS projects; problems faced by ICDS functionaries; and prospects of integrating the scheme with other schemes for the welfare of beneficiaries.

Aims and Objectives

The study aimed to:

1. Assess the effectiveness of role performance of the personnel: CDPOs at the higher levels, Supervisors at the middle level, and AWW at the lowest level, and have an impact analysis of the project on the target population with special emphasis on scheduled castes (SCs) and scheduled tribes (STs);
2. Find out the problems faced by ICDS functionaries as well as the target population;
3. Obtain baseline information from areas where the programme has been proposed to be expanded, and to suggest various additional inputs required for its successful implementation and better acceptability;
4. Ascertain the extent of utilization of services offered by ICDS, especially in respect of SC and ST communities;
5. Analyse the extent of use of services under each of the components, such as immunization, preschool, nutrition programme, antenatal check-up, etc.

Methodology

This study was conducted in 5 blocks of Orissa, keeping in view representation of various ethnic groups. It covered Daspalla block in Puri district (SC); Lanjigarh, district Kalahandi; and Jashipur, district Mayurbhanj (both blocks had domination of ST beneficiaries); Birmaharajpur, district Bolangir; and Binjharpur, district Cuttack (both blocks had domination of SC beneficiaries). A total of 3202 beneficiaries were selected for the study. Data was gathered through interviews and group discussions.

Findings and Conclusions

1. In Daspalla and Binjharpur, 90% houses were arranged linearly and were well ventilated, and in the remaining 10% houses there was no provision of ventilation. In Jashipur and Lanjigarh the houses were arranged in a linear fashion, facing each other. People were not aware of

- hygienic habits. Only 2% households had pits to dump their garbage, while 98% dumped garbage in front of their houses.
2. There were only seven dispensaries and two public health centre (PHCs) in Lanjigarh. In Birmaharajpur there were only six dispensaries and three public health centres. Binjharpur ICDS block had only two dispensaries and two public health centres. Most PHCs did not have a jeep of their own, hence it was difficult for health functionaries to go on rounds for health check-up to remote villages.
 3. It was found that ANMs were staying away from their work place. They used to visit the villages once in three to four months along with their Supervisory authority. 50% posts were vacant in dispensaries and public health centres because of the apathy of public servants to serve in rural areas. Personnel were unable to give good health services due to uncertainty in the supply of required instruments and medicines in PHCs and dispensaries. In Puri and Cuttack districts only 29.6% people were utilising the health services, and the rest did not fully depend on it.
 4. About 43% AWWs were not staying in the village of their work place; they were residing at Block headquarters or in big villages in a mess for AWWs, which goes against the stipulated condition of the programme. Beneficiaries mentioned that they had given money to the health care providers for their treatment at the time when medicine stocks were low, but this did not bother them.
 5. In ST dominated blocks Lanjigarh and Jashipur, supplementary feeding of children aged 3-6 years was highest at 70.5% and 83.4% respectively, while that in respect of children below 3 years was much lower, being 53.2% and 56.2% respectively. The coverage of pregnant women and lactating mothers varied between 60% to 73% in both the above mentioned blocks. In the other 3 SC dominated blocks of Puri, Bolangir and Cuttack, the coverage of below three years children was rather poor, except for Binjharpur (Cuttack), and it was 47.4%, 42.6% and 66.0% respectively. With respect to children aged 3-6 years, 60.0% in Daspalla (Puri), 54.9% in Birmaharajpur (Bolangir) and 84.0% in Binjharpur (Cuttack) were covered. Pregnant women and lactating mothers covered in these three SC dominated blocks were between 55% to 65%.
 6. Beneficiaries mentioned that some non-beneficiaries like non-pregnant and non-lactating women had also availed supplementary nutrition. A vast majority of beneficiaries said that the feeding programme was implemented at the discretion of the AWWs, and therefore anybody close to her could avail of supplementary nutrition, even non-beneficiaries. AWWs sometimes put false names in the beneficiary list, and deserving beneficiaries therefore were not in a position to establish their status.
 7. It was found, over all, that children below 3 years of age received supplementary feeding for about 45% of the time in a month; those between 3-6 years of age received supplementary nutrition more than 67% of the time in a month. Pregnant and lactating mothers received feeding for less than 35% of the time. However, variations were observed across blocks. The feeding programme was utilized more in ST blocks as compared to SC dominated project areas.
 8. It was found that 50% mothers in Jashipur (Mayurbhanj) had got their children weighed, whereas the remaining 50% had not. They mentioned that AWWs took the weight of children as per their convenience and it was almost irregular. In Binjharpur 66.4% mothers confirmed

that they had utilized the weighing service, whereas utilization was minimum in Lanjigarh (42.4%). Only 58.34% mothers confirmed the fact that malnourished children were weighed regularly every month in AWCs, whereas others complained that AWWs never took the weight every month to avoid providing the required extra supplementary feeding. They also mentioned about the corruption in ICDS regarding supplementary nutrition at the anganwadi level.

9. AWWs mentioned that mothers of SC and ST children hardly brought their children to the AWC for weighing. They had superstitious beliefs that by taking weight regularly the growth of their children would be retarded.
10. About 53.2% children below 3 years, 70.5% children between 3 to 6 years, 64% pregnant women, and 60% lactating mothers had received some health care services in the past. Only 10% non-pregnant and non-lactating mothers had utilized health care services from the AWC, or from the AWW.
11. On an average, less than 50% ICDS beneficiaries had received Vitamin A and Iron Folic Acid tablets, and a lesser number of beneficiaries had received other kinds of medicine. In Jashipur 61.3% beneficiaries received Vitamin A, 53.4% Iron Folic Acid tablets, and 33.3% received other medicines; and in Birmaharajpur 46.5% received Vitamin A; 61.2% Iron Folic Acid tablets, and 41.7% received other medicines. The utilization status of medicines was better in both these blocks. The lowest status of utilization was found in Binjharpur, which was 36.8% for Vitamin A, 47.6% for Iron Folic Acid tablets, and 11.9% for other medicines.
12. About 20% children had not yet been covered under immunization. 10% to 20% beneficiaries were unaware of the need for immunization. About 6-10% beneficiaries complained that vaccines were not available on time, and 9-12% beneficiaries said that health workers did not visit the community and persuade the beneficiaries to take their children for immunization.
13. More than 50% expectant and nursing mothers in all five blocks had received Iron and Folic Acid supplements. Iron and Folic Acid tablets were received by about 40% to 55% pregnant women of Daspalla, Binjharpur and Birmaharajpur block. Most of them had received it in the second and third trimesters. In most ICDS areas they had received Iron Folic Acid tablets from ANMs, and in 25% cases mothers had received Iron supplements from AWWs. About 50% ST women and 30% SC women had consumed Iron supplement almost daily.
14. About 80% to 94% pregnant women in different blocks had deliveries in their own homes, and merely 1% to 2% could go to PHCs. Only 3% pregnant women in Lanjipur and 13% in Birmaharajpur had been admitted to Government hospitals for delivery.
15. In Puri and Cuttack districts (Daspalla and Binjharpur blocks) a sharp difference was seen in preschool enrolment of SC and non-SC students. In Puri out of 40 children around 10 belonged to SC communities and 20 belonged to non-SC/ ST communities. In Cuttack 50% of the children were from SC communities and the rest 50% were from upper castes. However, in Bolangir district (Birmaharajpur block) the children of non-SC/ ST group comprised 70% of the preschool children. In ST dominated block Lanjipur, the mean enrolment figure was about 10 in respect of ST children, while the same in Jashipur block was 20. Each year about 30% children dropped out and fresh enrolment of an equal number of children filled the gap.

Recommendations

1. The utilization of feeding at AWCs for children aged 3-6 years was significantly higher as they availed SN 67% of the time, which could be assumed to have some impact on the health status of children in this age group. It is suggested that unless extreme care is taken to ensure continuous supply of feeding material to target beneficiaries, the whole exercise becomes less fruitful resulting a large wastage of resources.
2. Communication exercises are needed to effect change in the attitude and behaviour of community members.
3. Coordination between health functionaries and ICDS functionaries needs to be ensured.
4. Qualitative aspects of the preschool programme should be improved, such as providing more and better play and educational materials, giving skill training to AWWs, and building better physical infrastructure.
5. It is suggested that effective communication modules should be devised to create greater awareness in the community and thereby change attitudes and behaviour of the target beneficiaries.
6. Community mobilization efforts need to be initiated and sustained towards effective actualization of the objective of safe motherhood.

SUPERVISION IN ICDS

Supervision in ICDS

Report on the Study of Effectiveness of Middle-level Supervision by Mukhya Sevikas of ICDS Projects in Old Chandrapur District of Maharashtra

Centre for Research and Development

Introduction

In the ICDS set-up, anganwadi workers (AWWs) are the local functionaries who are in direct contact with the beneficiaries. However, one of the most important factors that ensures the success of their work is the supervision and support that is provided by the intermediate level Supervisors (also known as Mukhya Sevikas). They form the necessary link between the block level functionaries and the anganwadis. The present study was done to assess the effectiveness of middle level supervision by Mukhya Sevikas of ICDS projects in Chandrapur district of Maharashtra.

Aims and Objectives

The study was undertaken to:

1. Work out a criterion for effective supervision by Mukhya Sevikas in consultation with ICDS project staff and parents of the beneficiaries;
2. Identify the organizational factors which lead to success/ failure of Mukhya Sevikas in the light of support received from BDOs and higher authorities;
3. Evolve guidelines for training Mukhya Sevikas during the pre- and post-selection period to improve their skills.

Methodology

The study was conducted in seven ICDS projects, i.e., Mul (rural), Sindevahi (rural), Rajura (tribal), Chandrapur (tribal), Gadchiroli (tribal), Kurkheda (tribal) and Chamorshi (tribal) located at Chandrapur and Gadchiroli, Maharashtra. The projects were selected on the basis of good and poor performance and their date of inception. The sample comprised 18 Supervisors who were selected on the basis of the method of their recruitment. Information was also collected from District Level Officers (4), Project Level Officers (7), Health Supervisors (13), AWWs (48) and parents of beneficiaries (20). Information was collected through interviews, observations and discussions using questionnaires and check-lists.

Findings and Conclusions

1. **Education and training:** All CDPOs agreed that Supervisors play an important role especially in the context of promoting preschool education and reducing malnutrition. Supervisors were of the view that persons with suitable qualifications and aptitude should be appointed.
2. Supervisors were not satisfied with the training imparted to them after recruitment. Some of the reasons given for the same were that the (i) training did not help them to fulfil their job responsibilities, (ii) duration of the course was too long (3 months), (iii) course contents were more health oriented and lacked community approach, and (iv) training lacked practical exercises.

3. All the respondents were aware of their duties and job responsibilities. They were of the view that for better job performance the training given to them should be more job oriented and practical; there should be periodic refresher courses; health workers should cooperate more; AWWs should be more punctual and regular; CDPOs should give better guidance; they should be given adequate transport facilities and special incentives for reaching difficult areas; and there should be improvement in their own service terms and conditions.
4. CDPOs at Chandrapur were of the opinion that supervision could be improved by providing transport, filling up vacancies, recruiting educated AWWs, etc. CDPOs at Gadchiroli felt that the minimum academic qualifications for the post of Mukhya Sevikas should be graduation in Home Science or Social Work.
5. CDPOs at Chandrapur felt that Mukhya Sevikas were prompt in maintaining records. About two or three Mukhya Sevikas in each project were very good, but about 25% lacked motivation for one reason or the other. On personality traits like punctuality, presentability and regularity, Mukhya Sevikas were rated as good, but very few could be rated high regarding resourcefulness and initiative. According to CDPOs at Gadchiroli, the main shortcoming of Mukhya Sevikas was lack of communication with CDPO and the community. About 50% Mukhya Sevikas also lacked initiative, resourcefulness and involvement.
6. CDPOs at Chandrapur were not aware of the contents of the training and its utility. Most of the CDPOs fulfilled only the role of an administrator and did not have an overview of the requirements of the job. CDPOs at Gadchiroli felt that the present system of training was inadequate and it imparted only theoretical knowledge. It was suggested that curriculum of refresher courses should include case studies also. District Level Officers also felt that information about the contents of the training programme and course material were not circulated.
It was suggested that a committee system for organizing training courses should be set up.
7. District Level Officers at Chandrapur were of the view that the recruitment procedure of Mukhya Sevikas was well set but an adequate number of suitable candidates were not available, leading to a number of vacancies.
It was felt that educated Mukhya Sevikas who had been recruited directly performed much better and were more resourceful.
However, it was observed that the appointment of Mukhya Sevikas through direct recruitment was only for 11 months. On the other hand, those who were promoted were less qualified but were appointed permanently.
8. The general view of the District Level Officers was that while selecting Supervisors, preference should be given to graduates with Home Science background. Emphasis should also be given to merit, personality traits and communication skills.
9. District Level Officers felt that Mukhya Sevikas lacked power of expression and were not able to communicate effectively with CDPOs, district level functionaries and AWWs.
10. It was observed that although the posts of CDPOs and BDOs were at par, the latter had more power. Some of the CDPOs had been BDOs at some time and resented being given an ICDS posting. Their problems such as requests for transfers, clearance of TA bills and payment of bills for additional charge should be attended to promptly.

11. There was no proper coordination between ICDS functionaries and health functionaries.
12. Project level officials felt that Supervisors were regular in maintaining records and were monitoring the functioning of AWs. The recording and monitoring system adopted at Chandrapur (devised by Sunil Soni) was an effective one and it was felt that it should be scrutinised and adopted with modifications if necessary for other ICDS projects. Chandrapur had a reporting system for submitting MPRs which was fully computerised. It consisted of a monitoring card with columns from which information could be easily extracted and analysed. It had eight forms instead of 16 registers and left very little scope for manipulation of figures. A separate register was also maintained for cases of severe malnutrition. The emphasis shifted from just recording progress to setting objectives on the basis of performance. The three salient features of the system important for job performance of Mukhya Sevikas were (i) automatic determination of targets, (ii) direct access to the Chief Executive Officer during monthly meetings, and (iii) two level re-orientation of Mukhya Sevikas.

Recommendations

1. It is necessary to appoint Supervisors with suitable qualifications (graduates in Home Science or Social Work) and aptitude purely on merit to ensure efficient running of the programme.
2. For training manpower (supervisors), a one-year diploma course in Home Science may be started at the district level for graduates who qualify an aptitude test. A committee should be set up for preparing course contents which should cover nutrition, child care, home management, community work, social welfare and development, survey techniques, personality development, etc., with equal importance placed on theory and practicals.
3. A periodic refresher course for supervisors at the district level should be organized at least once in two years, where an exchange of creative ideas could take place. Efforts should be made to induct properly qualified persons with practical experience as faculty members.
4. There is an urgent need to reconsider the criteria for the recruitment of Mukhya Sevikas, the training given to them and also their service terms including career prospects. Vacant posts of Supervisors should be filled up as early as possible.
5. There should be scope for vertical upward mobility and promotions. The possibility of promoting supervisors as CDPOs and the latter as BDOs should be given due consideration if they are found suitable for such promotions.
6. There is a need to strengthen coordination between health and ICDS functionaries and coordination committees should be set up for this purpose. Health functionaries should concentrate on child development activities in addition to family planning. The circle of the Health Assistant and Supervisor should be the same to achieve better coordination.
7. To cover places in the interior, or those not connected by buses, the jeep provided at project level should be made available to Mukhya Sevikas for supervision.
8. Each AW should have its own building, and AWs should be free from political pressure.

Supervision in ICDS: A Study in Three Districts of Tamil Nadu

P. K. Visvesvaran

Introduction

The ICDS (Integrated Child Development Services Scheme) seeks to provide a package of inter-related and inter-dependent services mainly to children, particularly to those who belong to poorer families. In 1975-76 ICDS projects were started in Tamil Nadu with a view to provide a package of services to children below the age of 6 years and expectant mothers. Initially the services were centred in 3 districts namely Madras, Madurai and Dharamapuri. The present study attempts to explore the effectiveness of supervision of the Mukhya Sevikas (MS) or Supervisors over Anganwadi Workers (AWWs) in the implementation of the ICDS programme.

Aims and Objectives

The study was undertaken to:

1. Study the motivation, aptitude, job responsibilities, role performance, staff coordination and morale of the supervisory workers;
2. Assess the supervisor-supervisee staff ratio;
3. Find out the impact of supervision on the quality of programmes;
4. Make recommendations for improving supervision.

Methodology

The study was conducted in three ICDS projects, namely, Madras Project II (urban), Nilakkottai (rural) and Thally (tribal) in Tamil Nadu. These projects were in operation since 1979-80. The sample consisted of 3 CDPOs, all the 14 Supervisors and 200 AWWs selected randomly. Since the sample at Thally was too small, all functionaries were included in the sample. Data was collected through pre-tested interview schedule and observations.

Findings and Conclusions

1. **Views of Supervisors:** All the Supervisors had undergone training prior to their appointment. It was found that little less than one-third of the Supervisors considered the training inadequate.
2. It was observed that there was a need to bring about a suitable change in the Supervisor's orientation and attitude towards their job.
3. In Nilakkottai, all the Supervisors were confident that the community could manage AWWs in the absence of the AWW. In the other two districts, Supervisors were not so confident regarding this.
4. Supervisors faced difficulties while helping AWWs in organizing supplementary feeding in all the three districts. Facilities to store food articles were not satisfactory and some AWWs had to keep the supplies at their homes.
5. Supplementary nutrition in the form of CSM (corn soya milk) balls was not accepted by the beneficiaries due to the food being too bland and unpalatable. Moreover, mothers were unable

to spare time from their busy household schedule to visit AWWs as they were located at a distance.

6. The difficulties experienced by Supervisors were lack of cooperation from mothers and ANMs for immunization; inadequate supply of play material and insufficient space for preschool education; tiffs between AWWs, ANMs and their aides; disinterested AWWs; unhelpful attitude of the health authorities and poor health services; collusion of AWWs with those who supply food material; preferential treatment given to some beneficiaries; inability of Supervisors to pay frequent visits; unwieldy size of the block; hilly terrain; lack of transport; bogus and incomplete records; insufficient time to prepare records and reports; apathetic attitude of housewives; lack of ability to communicate with tribals who spoke different dialects, etc.
7. Womens' organizations and school teachers did provide assistance in Nilakkottai and Thally and local leaders assisted in all the three districts. However, at times they created trouble, exhibited high handedness and interfered in the working of AWWs.
8. In all the districts Supervisors penalized erring AWWs and issued oral or written warnings or referred the matter to CDPOs.
The reasons for AWWs tending to err were low salary, lack of interest in the work (except Nilakkottai), heavy work-load, inspection by too many officials (except Thally), unsatisfactory working conditions and lack of promotional opportunities.
9. All the Supervisors felt that there were only a few AWWs which were working satisfactorily.
The reasons cited by Supervisors for unsatisfactory functioning of AWWs were wastage and misuse of material, insufficient coverage (except Thally), negligence of duty, false accounts, absence of staff, untidy premises (except Nilakkottai), and failure to maintain accounts.
10. Out of 14 Supervisors, 11 had no complaints about salary, 12 about status, 10 about security and 13 Supervisors found their work interesting.
11. **Views of CDPOs:** All the 3 CDPOs felt that AWWs work load was excessive, and two of them felt that the remuneration of AWWs was poor and meagre.
12. CDPO of Thally was not satisfied with the performance of the Supervisors and felt that they should be more efficient, verify reports and registers more carefully, visit AWWs more often, and assist and guide AWWs.
13. All the 3 CDPOs felt that the present staff ratio was not adequate. There should be an Assistant CDPO, more Supervisors and one CDPO for 50 AWWs.
14. CDPOs felt that supervision by Supervisors was not very effective. Supervisors failed to check wastage of food, false entries recorded in registers, etc. as their visits to AWWs were of short duration and a mere formality.
15. **Views of AWWs regarding Supervision:** In all the districts, about 80% AWWs reported that they were subjected to an excessive amount of supervision. About one-third (Madras) to one-quarter (Nilakkottai and Thally) AWWs said that Supervisors neither invited or entertained their suggestions nor were they conveyed to the higher authorities.
16. A little over 10% AWWs described their Supervisors as strict disciplinarians. AWWs appreciated Supervisors for good work, attention paid to grievances, impartiality, systematic methods of working, problem solving ability, etc.
17. Field investigators found that physical environment in and around most AWWs were unhygienic and they were located near public toilets. There was a lack of ventilation, no provision for

smoke to escape, lack of toilet facilities, walls not white washed, lack of minimum furniture, and absence of calm atmosphere for learning, etc.

18. Although AWWs and Supervisors maintained the façade of a working relationship in informal discussions, there were bitter complaints about each other.
19. The problems faced by AWWs were lack of cooperation from ANMs and families, insufficient space and equipment, difficulties pertaining to firewood, water, irregular attendance, too much paper work, etc.

Recommendations

1. Before any ICDS centres are set up, a survey should be undertaken to assess whether a need for the same exists or not (as a few centres had to be shut down due to lack of public response).
2. To improve the functioning of AWWs, supervision of the Supervisors should be made effective. This could be done by the Assistant CDPO who may be required to concentrate on field inspection and supervision. CDPOs' views should be ascertained in planning remedial action for effective supervision.
3. There should be at least one more Supervisor in each project.
4. There is a need to have effective supervision to reduce fraud, pilferage and non-observance of rules pertaining to supplementary nutrition.
5. Many centres function in such a deplorable physical environment and amidst such an acute paucity of minimum amenities, that no amount of supervision can improve the quality of services. These centres need to be improved.
6. The job responsibilities of AWWs are too many and it is humanly impossible to perform all of them effectively. Her job responsibilities need to be reviewed.
7. AWWs receive a monthly travelling allowance of Rs. 5 which is too meagre.
8. ICDS authorities should coordinate with the municipal administration to help in improving the physical environment and civic amenities in localities where child care services are located. There is need to develop a code (or issue an ordinance) to this effect.
9. Health services need to be strengthened.
10. Research surveys bring certain facts to light and need to be undertaken from time to time. Schemes such as ICDS can be best evaluated by adopting a comprehensive approach rather than covering one aspect at a time.
11. Lack of community involvement should not be attributed to ineffective supervision. Supervisors and CDPOs should study the manner in which community participation has been secured successfully in some centres, and advise and guide other workers so that the same may be replicated elsewhere.

TIME ALLOCATION

Time Allocation

Time Allocation and Effectiveness of the Work of Anganwadi Workers in ICDS Projects in Chandrapur District, Maharashtra

Asha J. Rane and Lata Narayan

Introduction

Chandrapur district has ten ICDS projects of which five are tribal and five are rural projects. Effectiveness of the ICDS programme depends on the AWW to a large extent. The present study was done to find out AWW's perception of their job responsibilities, allocation of duties, the time spent on various tasks, and assess the beneficiaries' perception about the effectiveness of ICDS delivery system in relation to time and work allocation of AWWs.

Aims and Objectives

The study was undertaken to:

1. Find out AWWs' perception of their job responsibilities, allocation of duties and the time spent on various tasks;
2. Obtain project staff's and beneficiaries' perception about the effectiveness of ICDS delivery system in relation to the time and work allocation of AWWs.

Methodology

The study was conducted in five rural and five tribal ICDS projects in district Chandrapur, Maharashtra. 86 AWWs were selected for the study by stratified random sampling by PHC circles so that at least one AWW from each circle was selected. The distance from block headquarters was also considered while selecting the sample. The sample comprised 44 Supervisors, 86 AWWs, all the 10 CDPOs and five ACDPOs of the project area. Further, 10 beneficiaries (four mothers of preschool children, two expectant mothers, two nursing mothers and two women between 15-45 years) were selected from each AWW area thus making a total of 860 beneficiaries.

The data regarding time allocation, work allocation and perception about performance was collected by interviewing ICDS functionaries and beneficiaries and it was supplemented by examination of office records. Information was also obtained from higher officials like DPO with the help of a questionnaire. The data was statistically analysed.

Findings and Conclusions

1. **Profile of AWWs:** A majority of the AWWs (79.1%) were in the age group 20-30 years and about 60% of them had studied up to or passed SSC, while 37.2% had passed Std. VII.
2. A large number of AWWs (46.5%) were located in Panchayat buildings, 25.6% in school buildings and only 10.5% AWWs had independent buildings.
3. A majority of the AWWs (82.4%) stayed in the same village where AWW was located and only nine AWWs stayed in other villages.

4. About 88% AWWs were trained at various training centres in the district. For 78% AWWs, their present job was their first job and 60.4% had worked for more than three years in AWWs.
5. **Distribution of time for various services:** A majority of AWWs had some guidelines for time allocation. It was reported that about 90.7% AWWs were provided with a time schedule by the supervisory staff.
6. The average time spent by AWWs on various activities was as given in the following table.

Time Allocation in AWWs

Activity	Time spent		Remarks
	Hours/month	Hours/day	
Preschool education	48.0	2	Conducted activities like education songs and group games but creative activities were given the least priority.
Supplementary nutrition	19.7	3 or 4	Supplementary nutrition was distributed to children between 10-11 a.m. but there was no fixed time for distributing supplement to mothers.
NHE	4.8	-	
Immunization	3.9	-	
Health check-up	4.2	-	Children were weighed once a month by ANMs or AWWs.
Medical referral	4.6	-	Some AWWs were ignorant about this service.
Home visits	29.7	1	
Community contacts	4.9	-	
Records	30.0	1	A majority of AWWs found it time consuming.
Meetings	3.0	-	A majority of AWWs met the functionaries once a month

7. **Perception of AWWs about their job responsibilities:** AWWs had a fairly good idea of the broad objectives of preschool education. About 69% AWWs were aware that preschool activities were for overall growth of the child. However, the involvement of parents and community was lacking.
8. In 61.6% AWWs, the attendance of children recorded was more than 40. The average attendance of children was higher in winter (46.6) than in the monsoon season (38.2). This showed that most AWWs were conducting preschool education activities with a larger number of children. Further, it was observed that the number of children actually attending AWWs was always less than what the record stated.
9. AWWs were well aware of their role in supplementary nutrition programme and were satisfied with this service. The problems faced by AWWs were related to conflicts with parents over some aspects of SNP like unequal distribution, food not palatable, children falling sick after eating food, no storage place, etc.
10. AWWs were aware of their role as educators in NHE programme. The methods used were nutrition demonstrations (79%), home visits (80.2%), group discussions (47.7%) and use of mahila mandal forum (58%). The average attendance of beneficiaries for meetings ranged between 10-30.
11. The most important task perceived by AWWs was to collect children for immunization and motivate their parents to get them immunized. About 90% AWWs were satisfied with the

- beneficiaries' response, but still some of them faced problems which were related to lack of people's cooperation and motivation to use this service.
12. AWWs were aware of the various tasks involved in health check-up. Infants, preschool children and expectant and nursing mothers were registered with AWWs. Again, the problems faced by AWWs were related to the lack of community response.
 13. Regarding referral services, 50% AWWs stated that they had to identify malnourished children and send them to PHC. Not a single AWW mentioned at-risk mothers as a target group for this service.
 14. AWWs were well versed with the significance and purpose of home visits. The major problems faced by AWWs were that women beneficiaries went out for work the whole day and hence could not be contacted, and some of the women were hostile towards AWWs and did not respond at all.
 15. AWWs felt that maintaining community contacts were important to get people's cooperation. AWWs contacted women sarpanch, police patil, teachers/headmasters, coordination committee members and parents.
 16. Most AWWs mentioned that accurate reporting was very important for gaining feedback about the scheme. They also expressed confidence in writing records of all services except for health check-up and monthly progress report.
 17. On an average, AWWs were working for 102 hours per month. This was more than the workload of a part-time worker. The maximum time was spent for preschool education (48 hours), followed by record keeping (30 hours) and home visits (29.7 hours).
 18. **Perception of supervisory staff:** Thirty-two Supervisors stated that AWWs were not given any formal orientation when recruited, while seven CDPOs and three ACDPOs stated that they did not provide orientation to AWWs. Senior ICDS functionaries felt that AWWs job training was effective.
 19. Supervisors visited AWWs regularly once a month and CDPOs once in three months to check and guide AWWs in maintaining records and to make community contacts through home visits and meetings.
 20. The major problems faced by most female supervisory staff were long distance to be covered, negligible transport facilities, lack of community support and administrative problems.
 21. The supervisory staff felt that the time allotted by AWWs for various tasks was adequate. They were effective in implementing all the services but were overworked. Also, the expectations from AWWs were rather high in relation to their honorarium, low educational level and extensive record keeping duties.
 22. District Programme Officer (DPO) stressed the need for creating an encouraging atmosphere in supervision, whereas the State Director of ICDS emphasised the need for effective supervision and technical guidance to enrich the functioning of AWWs.
 23. **Perception of women beneficiaries:** A majority of beneficiaries found AWWs easily accessible in term of distance.

More than 70% expectant and nursing mothers and mothers of preschool children visited AWWs once a month for immunization and 65% beneficiaries went daily to receive supplementary nutrition. However, 55% respondents never went to AWWs for health check-up.

24. Nutrition and immunization were the most well known services of ICDS, followed by preschool education and health check-up, whereas referral service was the least known. Awareness about services was least among women in the age group 15-45 years.
Respondents expressed maximum satisfaction for nutrition service followed by immunization.
25. More than one-third of the women respondents could not give any opinion about the overall work-load of AWWs. Nearly half of the respondents did not know whether AWWs faced any problems and they did not have any suggestions for enhancing the services.
26. Most of the respondents had an informal and friendly relationship with AWWs, whereas some of them had an indifferent attitude.
27. **Effectiveness of the work of AWWs:** Official records showed that there was an increase in the number of beneficiaries every year and they were satisfied with the services provided by AWWs. Although AWWs were doing the job of a full-time worker, their efforts were not adequate in eliciting community support. The supervisory staff expressed that AWWs were effective in implementing all the services under ICDS.

Recommendations

1. AWWs should be given the status of a full-time worker and their remuneration should be increased.
2. Timely and regular supply of required material should be ensured for better functioning.
3. A mobile health team should visit each village periodically so that health care services can be provided to people in remote areas.
4. There should be flexibility in the timings for delivery of certain services like health care so that working mothers could also utilize these services.
5. Records should not be the main tool for assessing AWWs' performance as this would increase the chances of manipulative recording.
6. It is felt that greater awareness ensures more support from the community, so greater emphasis should be laid on community education.
7. The job training of AWWs should lay greater emphasis on community participation. Also, the job training of supervisory staff should be strengthened so that they can provide continuous guidance and help to AWWs.

Time Allocation Study of the Work of Anganwadi Workers in Centrally Sponsored ICDS Projects in the State of Orissa

Rita Ray

Introduction

The allocation of time by the AWW is essential for their effective job performance. She allocates the time between off-job and on-job tasks to be performed, and her priority in allocation of time with reference to the major responsibilities for various groups of beneficiaries influences, to a great extent, the direction, outcome and success of the scheme. This study was undertaken to assess the nature of time utilization of AWWs in the state of Orissa.

Aims and Objectives

The study was undertaken to:

1. Assess the amount of time allocated for different tasks assigned and performed by AWWs;
2. Evaluate how effectively and efficiently the allocated time has been used by them;
3. Highlight possible ways of utilizing AWW's time in the most effective manner.

Methodology

The study was conducted in 10 ICDS projects in Orissa selected randomly from a total of 60, of which 4 were tribal projects, 5 were rural projects and one was an urban project. About 150 AWWs were selected randomly from these projects. For the in-depth study, two AWWs were selected purposively from each ICDS project.

Data was collected from 150 AWWs and CDPOs, using an interview schedule and an interview guide respectively. Information regarding AWWs was collected using an information sheet supplemented with observations.

Findings and Conclusions

1. Out of 150 AWWs, 44.4% in urban, 65.5% in the tribal and 71.8% AWWs in rural projects belonged to the same village where they were working.
2. About 55% AWWs in the urban ICDS project, 9.9% AWWs in the tribal ICDS projects and 16.9% AWWs in the rural ICDS projects were matriculates.
3. About 33.3% AWWs in the urban ICDS project, 39% in the rural and 54% in the tribal ICDS projects had undergone refresher training.
4. Almost 90% AWWs were set up in rent-free houses but for the remaining 10% AWWs rent was being paid. Almost 94% AWWs did not have electricity facilities.
5. Environmental sanitation was poor in 66.7% AWWs of the urban ICDS project, 13.1% AWWs of tribal ICDS projects and 26.8% AWWs in rural ICDS projects.
6. About 67% urban AWWs were considered poor as they did not have all the basic facilities. On the other hand, 59% tribal and 34% rural AWWs were average, and 28% tribal and 39% rural AWWs were considered good.

7. The time allocated for performing the various tasks as assessed by AWWs is given in the following table.

Allocation of Time by AWWs for Various Activities

Services	Area of ICDS Project	No. of Hours					
		1-3			3-6	6-9	9-12
		0-1	1-2	2-3			
Immunization	U	44.6	50.0	5.4			
	T	68.9	31.1				
	R	67.6	19.7	12.7			
Supplementary nutrition	U		33.3		38.9	11.1	16.7
	T		14.8		67.2	16.4	1.6
	R		23.9		36.7	29.6	9.8
Non-formal preschool education	U		-		11.1	61.1	27.8
	T		6.6		24.6	57.4	11.4
	R		9.8		18.3	53.6	18.3
Nutrition and health education	U		66.7		33.3	-	-
	T		26.2		59.0	13.1	1.6
	R		45.1		28.2	22.5	4.2
Health check-up	U		77.8		22.2	-	-
	T		73.8		21.3	-	4.9
	R		71.8		21.2	-	7.0
Referral services	U	55.5	-				
	T	37.7	9.8				
	R	22.5	11.3				

9. Though AWWs allocated a lot of time for the maintenance of records, almost 64% of the registers maintained by AWWs were incomplete.
10. Time allocated for other activities such as promoting small family norm, contacting local leaders, organizing meetings with leaders, etc. was negligible.
11. About 40% AWWs in urban and tribal ICDS projects and 29.6% AWWs in rural ICDS projects were functioning without any help from the school, panchayats, cooperatives, mahila mandals and voluntary organizations. Only in tribal ICDS projects participation of village leaders was high (80%).
12. On an average, the time allocated by an AWW per week in an ICDS project amounted to 22 hours. With an average work load per week of 24 hours she had two hours extra per week to accomplish her tasks.
13. The in-depth study of the two AWWs revealed that an AWW was spending only two and a half hours to deliver the package of services. Out of the total time spent per day, 20 minutes were devoted to non-formal preschool education activities, 10 minutes to supplementary nutrition,

20 minutes to immunization activities and the remaining time was spent on record keeping. The time devoted for NHE, health check-up and referral services was almost negligible.

14. The frequency of visits and supervision of AWWs by the Supervisors and CDPOs was as given in the following table:

Supervision of AWWs

Category	Not at all Supervised	Supervised Occasionally	Supervised Frequently
Supervisors	23	54	23
CDPOs	48.7	35.3	16

15. Coordination with health workers' was also not very encouraging. LHVs (Lady Health Visitors) did not coordinate with 60% AWWs and ANMs (Auxiliary Nurse Midwives) with 32% AWWs.

Recommendations

1. There is a need for refresher training of AWWs from time to time.

Time Allocation Study of the Work of Anganwadi Workers in ICDS Projects of Panchmahal District, Gujarat

Varsha Anjaria, Devi Sahani and Ameeta Ghelani

Introduction

The anganwadi worker (AWW) has to undertake several tasks under the ICDS programme and therefore, the effectiveness of the scheme, to a large extent, depends on her effective functioning. The present study focussed on time management for work allocation and effectiveness of work of the AWWs. The study was done in 11 rural and tribal ICDS projects in district Panchmahal, Gujarat.

Aims and Objectives

The study was undertaken to:

1. Assess the amount of time allocated for different tasks assigned and performed by AWWs;
2. Evaluate how effectively and efficiently the allocated time has been used by AWWs to perform their tasks;
3. Identify and analyse the various factors contributing to the effective utilization of time by AWWs.

Methodology

The study was conducted in 11 rural and tribal ICDS projects, district Panchmahal, Gujarat. A sample of 635 AWWs having a minimum experience of nine months was selected purposively for the study. The Supervisor's evaluation of AWWs was used to divide the total group into two sub-groups, one with high and the other with low performance. About 25% the total sample of AWWs drawn by systematic random sampling method from both the groups, and from each taluka were selected for the in-depth study. Thus the sample comprised 151 AWWs from the whole district of Panchmahal. Of these 151 AWWs 78 were High Performers and 73 were Low Performers.

The tools used for the study included (i) a check-list for the Supervisors to evaluate the performance of AWWs under their supervision; (ii) a questionnaire in Gujarati for all AWWs to collect information related to the socio-economic status, tasks performed and time allocated for each task; and (iii) an interview schedule for the in-depth study of AWWs. The interview schedule elicited information related to detailed tasks performed with each of the beneficiary groups against the time allocated, knowledge about ICDS project and the problems faced by AWWs. It also had an in-built psychological test to measure the ego-strength, beliefs and superstitions.

Pre-testing of the tools was done in order to validate the items and language used.

Findings and Conclusions

1. As per Supervisor's evaluation, there were 78 high performers and 73 low performers.
2. It was observed that a significant number of high performers belonged to non-backward castes, were in the older age group, were single and SSC pass. They also had more work experience, adhered to the time table and put in more hours as compared to low performers.

3. More than 50% of the high performers stayed in the same village where the AWC was located and took 15 minutes to reach it.
4. It was also observed that the percentage of high performers fully aware of the objectives of ICDS, its beneficiaries, services offered and administrative set up at the taluka and zilla level was higher as compared to the low performers.
5. The percentage of high performers fully aware of the needs of children, health problems of children, first aid measures to be taken in case of emergency and the impact of ICDS on the community as a whole was higher as compared to the low performers.
6. There was no significant difference in the time allocation between the two groups as far as health care of expectant and nursing mothers was concerned which included enrolling mother for antenatal check up, home visits and taking antenatal cases to the hospital/PHC. The high performers seemed to inform the community about the doctor's visit and date of immunization more often than the low performers. A majority of low performers did not maintain adequate immunization records.
7. There was no significant difference in the time allocation between the high and low performers in most of the tasks related to NHE activities. Both the groups combined this activity with home visits.
8. The high performers were slightly better in allocating time than the low performers in all the tasks involved in conducting health check-up of children in AWCs. These included registration of children, taking height and weight of children, recording it on growth charts and informing parents about the doctor's visit.
9. The high performers were better than the low performers in allocating time for all the tasks involved in delivering immunization services to children at AWC such as getting children immunized at proper time, maintenance of records and informing parents about the doctor's visit.
10. High performers were comparatively slightly better in allocating time than the low performers for the various tasks involved in providing supplementary nutrition (supervision of cooking, maintenance of attendance register and identifying malnourished children for extra nutrition). There was no significant difference in both the groups in the time allocated for maintenance of stock register.
11. High performers allocated more time for preschool education related activities such as registration of children, teaching basic concepts, preparing teaching aids and conducting home visits. Both the groups did not hold parent teacher meetings.
12. Both the groups did not allocate time or perform satisfactorily the task of tapping local resources, maintaining the medical kit and holding meetings with teachers and village leaders. High performers allocated time for conducting survey of their village more often than the low performers. But there was no difference in the time allocated by both the groups for contacting ICDS officials.

Time Work Allocation and Effectiveness of Work of Anganwadi Workers

W. S. K. Phillips and N. A. Kurian

Introduction

Time allocation enables AWWs to perform their duties in a more effective and useful manner. Proper time management is the only way to obtain optimum results, as AWWs have to provide nutrition services, preschool education, weigh children and monitor their growth, conduct health and nutrition education sessions, conduct home visits, undertake community surveys, maintain records and registers, etc.

Aims and Objectives

The study was undertaken to:

1. Identify the factors which hinder the effective implementation of the tasks and responsibilities of AWWs;
2. Assess the allocation of time on different tasks assigned to AWWs;
3. Ascertain the extent to which their time is used efficiently for coordinating and accomplishing the tasks, and involving Gram Panchayat and voluntary workers;
4. Find out the difficulties faced in recruitment, training and placement of AWWs;
5. Suggest necessary changes in the role of AWWs to make the programme more effective.

Methodology

The study was conducted in seven ICDS projects, namely, Baihar (tribal), Bhimpur (rural), Dhar (urban), Rana (tribal), Sunser (rural), Nagod (rural) and Jabalpur (urban) in the state of Madhya Pradesh. A sample of 181 AWWs was selected by stratified proportionate sampling technique from a total of 761 AWWs.

Data was collected using four pre-tested schedules. These were interview schedule for AWWs, interview guide for ICDS centres, interview guide for ICDS project officers and documentary schedule for AWCs.

Findings and Conclusions

1. A majority of the AWWs were in the age group 20-30 years, the average age being 27.6 years. Most AWWs were hindus and the representation from harijans and adivasis was very low. 75% AWWs had passed higher secondary, 7.2% were post graduates and 10.5% were graduates.

The distance between AWCs and the residence of AWWs had a direct bearing on the time schedule as well as the efficiency of AWWs. About 44.8% AWWs lived at the centre-cum-residence, 43.1% had to walk for 4-5 Km and others had to travel even more. On an average 88.9% AWWs took half an hour to reach AWCs from their residence and a few of them took one to two hours.

2. About 15% AWWs felt that the space in AWs was inadequate, 37% found it adequate and 48% AWWs said that it was barely adequate. Further, basic amenities like electricity, drinking water and latrines were non-existent in most AWCs.
3. All AWs lacked proper equipment necessary to run the programme. In some areas, the toys meant for children in AWCs were stored at CDPO's office.

It was found that when CDPOs and other functionaries were cooperative, the programme operated smoothly. The success of the programme was dependent upon the initiative and interest of CDPOs.

4. AWWs, on an average, spent five to six hours daily in AWs, out of which three hours were spent in cooking and distributing food supplements. Hence, the time of AWWs was heavily utilized for supplementary feeding activities rather than for non-formal education of children.
5. A considerable amount of time of AWWs was spent in maintaining records like weight and immunization records and preparing reports.

It was felt that the remuneration given to AWWs was less compared to their work, responsibilities and expectations.

6. The food supply was not regular in many AWs. In some places the supply of food was given on contract basis but the food received from these contractors was not up to the mark. Further, there were no facilities to store the food supplied. Many AWWs had to collect their quota of food from the Supervisor's office at their own expense and very often a lot of time was wasted in arranging for food supply. The beneficiaries also suggested that there should be a variety in the food supplements given to them.
7. About 40% AWWs were of the opinion that the community was not cooperative in the programme while others felt that it did cooperate in one way or the other. About 22.1% AWWs received assistance in their work from voluntary workers in the village, 41.9% got it once in a while whereas 35.9% AWWs never received any assistance.

About 90% AWWs felt that the village leaders were cooperative in the programme but the panchayat was not actively participating. No substantial help was being received from the villagers in the form of fuel, food, etc.

8. Only 0.5% AWWs felt that there was no coordination at all in the programme while 23.2% felt that there was coordination only for some activities.
9. It was observed that AWWs who were running AWCs in their own houses were paying more attention to their household work than to AWC's work. There was lack of supervision and guidance as some of the AWs located in remote areas were not visited by CDPOs.
10. AWWs were not able to communicate their problems to the officials as they were scared of them and feared losing their job. Also, no travelling allowance was paid to them for attending meetings at CDPO's office.
11. AWWs were loaded with a number of responsibilities and they found it difficult to cope with them within the time allocated and pay given.

Recommendations

1. The job of AWWs should be a full-time job. In case it is not feasible, then two or more AWWs should be appointed in one centre to reduce the work-load and to implement the programme in a better way. A part-time clerk should be appointed to help AWWs with their desk job.
2. The honorarium paid to AWWs should be raised and they should be paid travelling allowance whenever they attend meetings and seminars.
3. Illiterate women should not be appointed as AWWs as it hampers the progress of the programme. Refresher courses should be organized for educated AWWs from time to time.
4. The physical set up of AWs should be improved and basic amenities should be provided.
5. Children in the age group 4-6 years should be given formal education and a tentative syllabus should be drawn up for this purpose. More educational facilities should be provided in each centre.
6. In order to make the programme a success, CDPOs should visit AWs once in two months and supervise and guide AWWs. He/she should also be cooperative.
7. Voluntary agencies should be involved in the programme, especially in improving the educational aspects.
8. The programme should be evaluated from time to time and remedial measures should be executed.
9. AWWs should devise ways and means of ensuring community participation. Income generation programmes should also be introduced.

TIMINGS OF ANGANWADI CENTRES

Timings of Anganwadi Centres

Suitable Timings for Anganwadi Centres

S. L. Mandowara and B. Bhandari

Introduction

The administrative unit for an ICDS project is a community development block or a tribal block, and the physical point for the delivery of service is an anganwadi centre (AWC) for a population over 1000. The present study was done to find out the most suitable time for running the Anganwadi Centre so that all the services and components of ICDS could be provided satisfactorily to the beneficiaries. A total of 328 AWWs and 50 ANMs were selected from the ICDS project at Udaipur, Rajasthan.

Aims and Objectives

The study was undertaken to:

1. Find out the most suitable timing for running AWCs so that the nutrition, health and education services can be provided effectively to the beneficiaries.

Methodology

The study was conducted in an ICDS project in Udaipur district of Rajasthan. The sample consisted of 328 AWWs and 50 ANMs. An interview schedule was used to elicit their views regarding suitable timing for running AWCs and the reasons for suggesting the same.

Findings and Conclusions

1. Seventy-three per cent AWWs felt that AWCs should function between 10 a.m. to 2 p.m. This would enable them to finish their household work and run the centre smoothly.
2. All ANMs were also in favour of the above mentioned timings as this would enable them to devote 2-3 hours daily to their job at the headquarters village, and later visit AWCs also.

Recommendations

1. The timing of AWCs should be from 10 a.m. to 2 p.m.

TRAINING OF ANGANWADI WORKERS

Training of Anganwadi Workers

District Level Refresher Training of Anganwadi Workers in Karnataka: An Evaluation

Usha Abrol et al

Introduction

The refresher training of anganwadi workers by a district level team of programme functionaries is a new model and it is imperative to evaluate the efficacy of the training before it is expanded to other districts in the State of Karnataka. Therefore, at the request of Government of Karnataka, NIPCCD undertook an evaluation of the refresher training of AWWs by district level teams in four selected districts of Karnataka.

Aims and Objectives

The study aimed to:

1. Assess effectiveness of the refresher training organised for AWWs;
2. Obtain feedback on the manner of conduction of refresher courses;
3. Identify operational problems in organising refresher training courses;
4. Assess the usefulness of training material given to AWWs.

Methodology

This study was conducted in four districts of Karnataka, namely Bellary, Dakshina Kannada, Shimoga and Gulbarga. Two teams of trainers were constituted for each district. The teams were assigned the responsibility of organising 3 training programmes each. Thus a total of 24 programmes were organised by the eight teams in 4 districts. For this study eight programmes were planned, two from each of the four districts selected. A total of 98 AWWs and 8 trainers from Shimoga; 94 AWWs and 8 trainers from Dakshina Kannada; 95 AWWs and 7 trainers from Bellary; and 97 AWWs and 8 trainers from Gulbarga were selected. Data was gathered through interviews and observation.

Findings and Conclusions

1. It was found that in each of the training blocks community participation had received comparatively less attention in all the training programmes.
2. It was found that, to a large extent, the trainers resorted to the use of 'lecture cum discussion' method, as they were able to use it effectively. Sometimes they also used demonstration/ exercises and role play to make the sessions effective and participatory.
3. It was found that training aids were used minimally, except in the case of Gulbarga, where slides, charts and flannel graphs were used. In other districts, due to inadequate infrastructural facilities, slides could not be used. The only aid used was flannel graph for growth monitoring.
4. The trainees' response to the session corresponded with the trainers' clarity; if their clarity was good, the trainees responded well. The same picture emerged with the sessions on community participation (CP). Whenever sessions were taken by the trainers, they were taken well, with

good participation from the trainees. Thus it can be concluded that inadequate coverage of topics relating to community participation was not due to the lack of skills in trainers. It could be attributed to the fact that these sessions were scheduled on the last day, and therefore everybody was in a hurry to complete the sessions.

5. Nearly 89.80% trainees appreciated the training programme. 64.32% trainees considered the programme to be quite practical. 94% trainees expressed their satisfaction over the quality of instruction, 95.05% trainees felt that duration of the programme was suitable, and the number of sessions in a day were optimal according to 70.83% trainees. The reading material distributed to trainees was considered to be useful by 38.02% trainees and very useful by 61.46% trainees. 80.99% trainees mentioned that the training programme helped them in tackling field level problems to a large extent.
6. About 58% trainees expressed that they had developed better understanding of their roles and responsibilities, 54% mentioned that they had gained new knowledge in areas relevant to their work, and 41% expressed that training had helped in developing a deeper insight into the field problems.
7. Most of the trainers mentioned that they were satisfied with the response of trainees. They were quite motivated to organize such programmes in future if certain administrative difficulties were removed. They felt that they were quite capable of handling varied groups of AWWs who attend the programmes. They had not faced any problem of a major nature with the trainees.
8. Most of the trainers found it difficult to find rent free accommodation to conduct programmes. The core team trainers had problems in striking a balance between the role of trainer and administrator. All trainers mentioned that their own work had taken a secondary role when they had to organise training programmes.
9. Trainers mentioned that the budget provided for preparation of aids was inadequate.
10. Trainers felt well equipped to organize refresher training courses after attending the trainers training programme. They mentioned that they received adequate orientation to subject content and training methodology.

Recommendations

1. Training of trainers should orient them to various methods of training, and whenever possible, either make aids available, or tell them from where they can procure these.
2. The resource centres of CDPOs office should be strengthened so that the district level training can be supplemented and strengthened, and various aids, etc. used in the training can become a part of the resource centre.
3. There is need to have proper buildings for training, and slide projectors, VCR, overhead projector (OHP), weighing machine, growth charts, blackboards, etc. should be available for the use of trainers.
4. Regular follow-up of the training at circle level meetings would be helpful in keeping the workers motivated.
5. Developing a standard list of materials would not only build quality of materials given, but would also ensure uniformity.
6. There is need to include some additional topics in the training curriculum of both trainers and AWWs. These are behavioural problems in children and their management, preparation of low cost nutritious recipes, and new activities in the area of preschool education in trainers' training.

Evaluation of the Training of Anganwadi Workers at Pondicherry

S. Jayanthi

Introduction

The anganwadi centre (AWC) is the place where the community can avail many services under the ICDS Scheme. These are immunization, health check-up, supplementary nutrition, PSE, adult education with a strong basis for health education for women. To make this possible AWWs are given training for four months, and the training helps them to work efficiently and it provides AWWs knowledge and skills so that they can fulfill their job responsibilities. This study was conducted in Pondicherry to assess the impact of training of AWWs.

Aims and Objectives

The study was undertaken to:

1. Assess the impact of training of AWWs;
2. Find out the modifications incorporated in their field work subsequent to the training imparted.

Methodology

The study was conducted in Pondicherry. The sample comprised 100 AWWs who were undergoing in-service training at Pondicherry. Information was collected using questionnaire method.

Findings and Conclusions

1. AWWs undergoing in-service training were in the age group 19-25 years and a majority of them had taken up this job due to economic problems.
2. The various components of the training liked by a majority of the AWWs were nutrition and health education, adult education and population education, as they felt that the knowledge gained in these areas helped them in improving the standard of living of their families and society in general.
3. The teaching aids used during training were charts, flash cards, rollograph, picture books, story books, sand tray models, etc. Out of these, a majority of respondents felt that charts and flash cards were more explanatory.
4. All AWWs prepared the various teaching aids taught to them.
5. The various modifications incorporated by AWWs during their field work included changes in the physical set up (44%), providing picture books for teaching different concepts (77%), teaching songs with action (66%), group discussions (80%), use of other aids (65%), introduction of group games (74%), adult education (90%), immunization activities (80%) and maintenance of records (70%).
6. A majority of the AWWs spent about 15 minutes each daily on various adult education activities like nutrition education, health education and population education.
7. The time devoted by over 80% AWWs for preschool education activities like informal talk, reading, writing, story sessions, creative activities, song sessions, indoor games, outdoor games, science experience and population education was 15 minutes each.

8. The different aids used by AWWs for various activities is given in the following table:

Aids Used by AWWs by Activities in AWCs

Aids Used	Activities	AWWs (%)
Chart(s)	Aims and objectives of adult education	45
	Nutrition education	
	Diseases and preventive measures	43
	Weaning foods	78
	Balanced diet	40
	Cooking methods	45
	Care of expectant mothers	35
	Population education	40
		80
Lecture(s)	Adult education	55
	Kitchen garden	60
	Personal hygiene	50
Poster(s)	Nutrition education.	25
	Balanced diet	32
	Kitchen garden	32
Picture book(s)	Nutrition education	32
	Methods of cooking	46
	Community hygiene	75
	Reading	85
Flash card(s)	Preservation of food	53
	Child care	35
Booklet(s)	Weaning foods	35
	Child care	50
Demonstration(s)	Weaning foods	50

9. The problems faced by AWWs were lack of space for outdoor play and kitchen garden (50%), lack of play equipment (60%) and aids (30%), lack of raw material for creative activities (40%), and lack of funds to modify the physical set up of AWCs (20%).
10. A majority of AWWs found in-service training useful as it helped in refreshing their knowledge.
11. The various suggestions given by AWWs for improving the training course were inclusion of more practicals (72%) and field work (29%), better facilities (51%), provision of more aids (40%) and better planning (38%).
12. About 90% AWWs felt that the training objectives set before commencing of the course had been achieved.

Recommendations

1. There is a need to evaluate the job training and in-service training of AWWs.

Factors Affecting the Training of Anganwadi Workers

Manju Jain and Nirmal Tikku

Introduction

The majority of AWWs are married and have young children. After their selection as AWWs, they are required to undergo three months job training in the Anganwadi Training Centres (AWTCs) which may be located at a distance of 100 to 200 kms from the project area. The husbands and relatives of AWWs often pressurize them to go home in between the training because some of them, who are nursing mothers, have small children, etc. and they find it difficult to make arrangements for their care in their absence. Due to these personal problems the trainees are under stress and anxiety which affects their active participation in training.

Aims and Objectives

The objectives of the study were to:

1. Find out the problems faced by AWWs at the time of reporting for job training which influenced their learning and active participation in the training programme and suggest follow-up action to mitigate the same;
2. Find out the relationship between preparedness and motivation for taking up this job and performance during training;
3. Study the facilities available at the training centre and their affect on the training programme;
4. Suggest follow-up action to make training more effective.

Methodology

The study was conducted in two purposively selected AWTCs located at Banswada, Rajasthan, and Machal, Madhya Pradesh (MP). The criteria for selection of the AWTC were that the training centre should have been training AWWs for a minimum period of two years, and AWWs undergoing training at the time of the study should be from rural or tribal ICDS projects. The sample comprised 44 AWWs of tribal ICDS projects, namely, Sajjangarh, Talwada, Pipalkhunt and Bagidora undergoing training at Banswada, Rajasthan, and 47 AWWs from tribal ICDS project Bajana undergoing training at Machal, M.P. The Chief Instructors, Instructors and Wardens of the training centres were also included in the sample.

Data was collected in two phases, using questionnaires and interview schedules. During Phase I, at the beginning, in the second week of the job training course, background information about AWWs, their problems at the time of reporting for training, their level of knowledge and attitudes towards their job and training and background information about the training centre was collected. In the second phase, data was collected in the last week of training to find out the degree of participation of AWWs in the training programme, how they solved some of their problems, and changes brought about in their knowledge and attitudes as a result of the training imparted. Evaluation of the training course was also done by AWWs. Details about the training programme were also obtained, which included information about classroom theory classes and group discussions, classroom practicals, field placement, observational visits, use of training methods and aids in training, kit material provided, etc. Samples of reading/reference material given were collected from the Coordinators/Instructors.

Information was also collected from 20% AWWs in the first and second phases by assigning them practical exercises to assess the development of important skills such as growth monitoring, filling up of family survey forms, preparation and use of ORS, conducting preschool education activities, and imparting health and nutrition education to women.

Findings and Conclusions

1. Profile of AWWs attending job training course at the two AWTCs is given below:

Profile of AWWs

Indicators	AWTC Banswada (N = 44)	AWTC Machal (N = 47)
	No. of AWWs	
Age group		
16 to 19 years	5	14
22 to 29 years	31	18
Marital status Married	34	43
Educational status Literate	44	25
Family type	Majority from nuclear families	Majority from joint families
Work experience for 3 or more months as AWW	44	24
AWWs having children in the age group 7 to 24 months	14	5

The various socio-economic factors affecting the performance of AWWs significantly during the course were educational level and work experience. AWWs who were educated up to middle level or more performed better than the illiterate or less educated ones. The other factor affecting the performance of AWWs during the training was the problem of making some alternate arrangement for household work before coming for training.

1. Almost all AWWs (90) had taken up the job due to financial reasons, hence the attitude of family members was favourable in most cases.
2. Almost all AWWs at AWTC Banswada (36) and AWTC Machal (39) were aware of the duration of the training they were to undergo.
3. It was found that the time given for reporting for training significantly influenced the performance of AWWs during the training. AWWs who had more than one week's time for reporting for training performed better than those who had less than one week.
4. Seven AWWs from AWTC Banswada and two from AWTC Machal did not find the time given for reporting for training sufficient. Six respondents felt that at least one week should be given for reporting, and two suggested that two weeks should be given.
5. Relationship between performance and information about the nature and type of training, stay in ICDS project for field placement and theory classes for 5 to 6 hours daily was found to be significant for AWWs of both AWTCs.
6. A majority of the AWWs of AWTC Banswada did not have adequate information about the exact location and address of the AWTC, mode of transport from village to AWTC, approximate

- fare, material to be taken for training, and arrangement for board and lodging at the training centre, whereas AWWs at AWTC Machal did not face these problems.
7. There was a significant relationship between information about financial management and performance of AWWs during training. Knowledge about financial management during training was not known to 42% AWWs of AWTC Banswada and 50% AWWs of AWTC Machal. Further, additional honorarium of Rs. 75/- paid to AWWs during training to meet their daily board and lodging and other expenditure was found to be inadequate. The expenditure on boarding was reportedly, about Rs. 200/- per month per AWW. There was, therefore, a financial burden on AWWs during the training.
 8. It was observed that there was a lot of variation in the information given to AWWs regarding the contents of ORS which caused confusion in the minds of AWWs.
 9. The average pre- and post test scores of AWWs regarding conducting activities such as preschool education, health and nutrition education, growth monitoring, preparation and use of ORS and filling up survey register forms was found to be less than 50% in the case of AWWs of both AWTCs.
 10. The various observations regarding the facilities available at AWTCs for conducting training were as given below:
 - a) The qualifications, experience and orientation of Instructors about the ICDS scheme and AWWs training, availability of adequate equipment and material and number of Instructors involved in conducting practicals affected the performance of AWWs at both AWTCs.
 - b) According to a majority of AWWs and observation of Investigators, physical facilities like board and lodging arrangement, classrooms, etc. were satisfactory in both AWTCs.
 - c) All the Instructors were in position in both the training centres.
 - d) AWTC Banswada did not have equipment like slide projector, weighing scales, typewriter, cyclostyling machine, etc., whereas AWTC Machal had all the equipments.
 - e) None of the training centres followed the block pattern of training; a mixed pattern was used. Field placement was organized for 10-12 days by both AWTCs. Two to three AWWs were placed in each AW due to problems of supervision and transport. AWWs of Banswada stayed in the training centre and commuted daily, while AWWs of Machal stayed in the project area. Observational visits were not organized as per the guidelines by both the training centres.
 - f) Kit material in the area of preschool education, NHE and community education was found to be very inadequate, poor in quality and consisted mainly of charts. Priced and unpriced material provided in the kit was mainly on health and nutrition and contained irrelevant information.

Recommendations

1. Training centres should have an adequate number of essential aids, equipment and training material such as weighing scales (both Salter and bar, 2 each), stoves and utensils (4-6 sets) for cooking demonstrations; growth charts; sample forms of different records and registers used in AWs; material for preparation of teaching aids for preschool education, NHE and community education to conduct effective training.

2. While appointing staff of AWTCs, efforts should be made to appoint qualified staff having knowledge of ICDS projects. If they do not have knowledge of ICDS, they should be sent on a visit to a nearby project to gain first-hand experience. They should be deputed for orientation training of Instructors to MLTCs as early as possible. Energetic, retired CDPOs/Supervisors may be encouraged to work as Instructors in AWTCs/MLTCs on full-time/ part-time basis to provide field based training to AWWs.
3. There is an urgent need to provide skill oriented training to Instructors of AWTCs in the areas of growth monitoring, nutrition and health education, preschool education, filling up family survey register, and interpreting the data to enable them to develop the skills of AWWs in performing these tasks effectively.
4. The syllabi of orientation training of Instructors of AWTCs and MLTCs should include the role and job responsibilities of Helpers and Supervisors, so that they could cover it effectively while imparting training to AWWs, Supervisors, Instructors and Helpers. During such orientation courses, there should be proper use of slides in all the sessions.
5. There is a need to orient the Instructors of MLTCs and AWTCs about the ways of using library facilities and having library sessions in the job/refresher training of AWWs.
6. Efforts should be made to appoint AWWs who are educated beyond the primary level. In areas where educated AWWs could not be appointed, efforts should be made by CDPOs to educate illiterate AWWs through adult education centres. Illiterate, semi-literate and literate AWWs should be sent in separate batches to AWTCs, as their syllabi and pace of learning is different.
7. AWWs should be sent for training to an area where they are taught in their own mother tongue.
8. There is a need to organize a workshop to prepare model kit for AWWs which would include the items to be prepared by them during training, and the priced and unpriced material which should be given to them. A booklet on preparation of items to be included in the model kit may also be prepared and sent to AWTCs for the use of Instructors.
9. More than one week's time should be given to AWWs before reporting for training, so that they could make the necessary arrangements for household work, care of children, etc.
10. There is a need to bring uniformity in the information given regarding the contents of ORS in all ICDS projects.
11. Information about duration of training, nature of training, full address and location of AWTCs, mode of transport, approximate fare, board and lodging and financial arrangements during training should be given to AWWs by CDPOs/Supervisors prior to training. CDPO/ Supervisor should accompany the trainees to the training centre to avoid problems of transport and locating AWTC faced by AWWs.
12. Advance money should be given to AWWs before they proceed for training. Keeping in view the present price index there is an urgent need to raise this additional honorarium given to AWWs during training to at least Rs. 200/- per month.
13. AWWs suggested that workers who had children below two years of age should not be deputed for training.
14. As far as possible, AWWs should be deputed to the AWTC in their own district. In case AWTC is located in another district, AWWs suggested that they should be entitled to five days casual leave during the training instead of the usual three days.

Refresher Training of Anganwadi Workers : A Special Encounter

Abha Sharma and Veena Mistry

Introduction

The refresher training of anganwadi workers (AWWs) and anganwadi helpers (AWHs) is necessary to meet the goals of Integrated Child Development Services Scheme. The present study was designed to develop the contents of the syllabus for imparting refresher training to AWWs in consultation with a group of resource persons. The aim was to develop a syllabus for the training of AWWs and Helpers, delineate feasible strategies and approaches for implementing the same, and develop an assessment form for evaluating a refresher training programme.

Aims and Objectives

The study was undertaken to:

1. Develop a syllabus for the training of AWWs and Helpers;
2. Delineate feasible strategies and approaches for implementing the same;
3. Develop an assessment form for evaluating a refresher training programme.

Methodology

In this study, it was decided to develop the contents of the syllabus for imparting refresher training to AWWs in consultation with a group of resource persons. For this, a format was developed which included objectives and activities for both the trainer as well as AWWs. The format was then given to resource persons, who were divided into small groups, to develop the areas to be included in the refresher training. The contents were then supplemented with a list of songs, stories and games which made the training programme more feasible, easy to implement, and interesting. Along with the contents, strategies and methods for imparting training were outlined. To delineate most feasible strategies, each aspect of the training programme was observed keeping in mind whether it (i) aided the resource person in its implementation and (ii) made the contents easy to understand and more relevant for trainees. The reactions of the target group and resource persons regarding the strategies used were elicited through interviews.

An evaluation performa was evolved for evaluating the training programme.

Findings and Conclusions

1. While planning the contents of the training programme, there is a need to delineate specific areas and each aspect should be further divided into small steps.
2. The examples/exercises for supplementing the knowledge and promoting understanding should be selected in accordance with their setting.
3. It was found that group work and discussions in small groups were the most effective methods of imparting training as they provided opportunities to each trainee to participate easily.
4. Role play and work sessions were effective in creating understanding of the significance of encouragement, empathy and role of teacher/worker in relation to children.

5. It was felt that maximum use of environment and natural surroundings during the training helped the trainees to become aware of the locally available material for use in AWs.

Recommendations

1. Refresher training should be followed up to gauge the actual impact of the programme on the trainees.
2. The follow up study should also be carried out to strengthen the weak links in the contents and approach of the training programme.
3. The in-service training of Supervisors needs to emphasize the non-formal preschool education component of ICDS so that she can guide and facilitate AWWs to function more efficiently.

**TRAINING OF ANGANWADI WORKERS –
DIARRHOEA MANAGEMENT**

Training of Anganwadi Workers – Diarrhoea Management

Assessment of Diarrhoea Management Training Provided to Anganwadi Workers

Dinesh Paul

Introduction

Diarrhoeal diseases have remained an enormous health problem. Diarrhoeal deaths are most frequent in children under five years of age, and AWWs and parents can play an important role in reducing diarrhoeal deaths, if they are trained in management of diarrhoea using oral rehydration solution (ORS). This study was conducted to identify the constraints and evolve strategies for improving the training of AWWs for diarrhoea management.

Aims and Objectives

The study was undertaken to:

1. Evaluate the knowledge and skills of AWWs with respect to diarrhoeal diseases after the training;
2. Assess the level of knowledge of trainers and evaluate the training of trainers;
3. Identify gaps in the training of AWWs regarding diarrhoea management;
4. Revise the curriculum and training methodology of both the trainers and AWWs in the light of the above mentioned objectives at S. No. 1 and S. No. 2.

Methodology

The study covered 18 AWTCs in the vicinity of NIPCCD, New Delhi and its Regional Centres located at Bangalore, Lucknow and Guwahati respectively. Five training centres were selected randomly from each region, but as Delhi had only three training centres all these were covered. In each AWTC, one session on diarrhoea management of AWWs training course was assessed. Subject to a maximum of 55 AWWs from each centre, a total of 650 AWWs and 18 trainers were interviewed for the study. Information was collected through pre-tested interview schedule for AWWs and observations and interview schedules for trainers.

The age range of trainers was 20-65 years and they had different educational backgrounds. Only four trainers had experience of more than three years of working in ICDS, six had experience of 2-3 years, two had 1-2 years, four had less than one year experience and the remaining two trainers had no experience at all. About 71.4% AWWs had education up to high school and above.

Findings and Conclusions

1. **Assessment of knowledge of trainers:** Some of the trainers did not have a clear concept of certain aspects of diarrhoea. Seven (38.9%) trainers did not know that all children with watery diarrhoea get dehydrated; four (22.2%) endorsed the false statement that oral fluids should be

- stopped if a child was suffering from diarrhoea, and two (11.1%) believed that a child suffering from diarrhoea always needed drugs.
2. Only 10 (55.6%) trainers could clearly identify the role of AWWs in diarrhoea management. None of the trainers mentioned that distribution of ORS packets was also the job responsibility of AWWs.
 3. It was observed that 16 (88.9%) trainers did not have correct knowledge about the preparation of ORS.
 4. **Training given by trainers:** The duration of the lectures given by the trainers on diarrhoea management varied between 15 minutes to 90 minutes, the average being 41 minutes. The duration of the practical sessions ranged from 0 to 60 minutes, average being 28 minutes. The number of classroom trainees varied from 20-55, the average number being 36.
 5. Trainers did not cover all aspects of diarrhoea management during the lectures. Four (22.2%) of them did not give the definition of diarrhoea and only five (27.8%) discussed the mortality and morbidity data on diarrhoea.
 6. None of the trainers discussed the etiology of diarrhoea. Signs and symptoms for recognizing diarrhoea were not covered by five (27.8%) trainers.
 7. None of the 50% trainers who discussed preparation of ORS using spoon method could give correct details of the quantity or proportion of the ingredients of ORS.
 8. Eleven (61.1%) trainers did discuss the traditional method of preparation of ORS during their lectures.
 9. Though 16 (88.9%) trainers demonstrated the preparation of ORS by the home-made formula, only six (37.5%) gave correct demonstration. None of the trainers demonstrated preparation of ORS using ORS packets.
 10. In only 50% cases the trainees were given an opportunity to prepare ORS using home-made formula, and in only one case did they prepare ORS using ORS packet. Except the blackboard, very few training aids were used.
 11. Correct use of ORS was discussed by 10 (55.6%) trainers, and the importance of hygiene while giving ORS was discussed by 14 (77.8%) of them.
 12. Nutrition advice to be followed during diarrhoea was discussed by seven (38.9%) trainers and only five (27.8%) dealt with the nutrition advice to be followed after diarrhoea. About 50% trainers discussed when and how to use drugs in the management of diarrhoea and only 33.3% discussed when a child with diarrhoea should be referred to a doctor.
 13. **Knowledge of AWWs:** Even after the training on diarrhoea management, only 5.2% AWWs could give the correct reasons for continuing breastfeeding during diarrhoea.
 14. More than 97% AWWs were aware of the importance of hygiene and sanitation in diarrhoea management which may be due to their long association with health personnel in the field. About 16% of them had wrong concept that food should be withheld if the child suffered from diarrhoea. Only 2.1% AWWs could give the correct reason for continuing feeding during diarrhoea.

15. The fact that dehydration was the most common cause of death in children suffering from diarrhoea was not known to 4.6% of the workers, though 91% knew the signs and symptoms of dehydration.
16. About 19.1% AWWs had the wrong concept that oral fluids should be stopped during diarrhoea, and 39.2% could give the correct reasons for not stopping oral fluids.
17. Only 7.7% AWWs did not know that ORT is the best treatment for diarrhoea, irrespective of its causes. About 25.9% AWWs were not in favour of giving ORS if the child vomited. Most AWWs knew that mothers could be trained by them to prepare ORS.
18. A majority of AWWs (53.4%) endorsed the wrong view that a child suffering from diarrhoea always needed drugs.
19. Only 0.6% AWWs could correctly state their role in the management of diarrhoea. A majority felt that their role was restricted to referring serious cases to the doctor or restricting the diet of the ill child.
20. Even after training, 52.5% AWWs gave incorrect ingredients/procedures for preparing ORS. Of the 41.6% AWWs who specified the method of preparation of ORS using ORS packets, 30.1% gave incorrect answers. None of AWWs who specified home-made methods for preparing ORS mentioned the pinch-and-scoop method.
21. There was no statistically significant difference in the knowledge of AWWs having work experience of less than or more than one year regarding diarrhoea management.

Recommendations

To improve the contents and effectiveness of diarrhoea management training provided to AWWs, the recommendations have been grouped into four categories for four types of institutions:

1. **Anganwadi Workers Training Centres:** Trainers selected for providing training in diarrhoea management should be doctors who are either ICDS Consultants or ICDS Project/Sector Advisors with sufficient work experience in ICDS.
2. For diarrhoea management, the syllabus for training of AWWs should specify classroom teaching and group discussions for two sessions of one-hour duration each and a two-hour practical exercise.
3. Guidelines should be given to trainers to give importance to diarrhoea management in the sessions on breastfeeding, environmental sanitation, personal hygiene, nutrition education and safe drinking water.
4. **AIIMS Central Cell:** During the continuing education sessions in sector meetings, the diarrhoea management session should be taken every six months, and the ICDS Sector Advisor should demonstrate ORS preparation using household measures and pinch-and-scoop method.
5. The job responsibilities of MOs/LHVs/ANMs should include reorientation of AWWs regarding health aspects and management of minor ailments like diarrhoea as and when the opportunity arises.
6. Frequent refresher courses for AWWs should be started covering the health component of ICDS.

7. **NIPCCD** : Apex institutions like NIPCCD should prepare teaching aids such as a slide set on diarrhoea management and distribute it to AWTCs to be used during training of AWWs.
8. **Trainers of Anganwadi Workers**: The time period specified in the syllabus of AWWs for the lecture and practical session on diarrhoea management training should be strictly adhered to.
9. To make the lecture more effective, interesting and easy to understand, teaching aids should be used.
10. Practical sessions should be compulsory and trainees should prepare ORS. Emphasis should be placed on the traditional pinch and scoop method or spoon method for preparing ORS.
11. The two-hour lecture on diarrhoea management for AWWs should cover what is diarrhoea (2-5 mins.), causes (5-10 mins.), treatment, viz. ORT (5-10 mins.), what is ORT (10-15 mins.), how it is made (10-15 mins.), when to begin giving (5-10 mins.), how much to give (5-10 mins), dangers of too much salt or too small feedings (10-15 mins.), when to consult a doctor (5-10 mins.), and nutritional advice (15-20 mins.).

**TRAINING OF ANGANWADI WORKERS –
NUTRITION AND HEALTH**

Training of Anganwadi Workers – Nutrition and Health

Evaluation of Knowledge and Efficiency of Anganwadi Workers

Rekha H. Udani, Suresh Chothani, Shanti Arora and C. S. Kulkarni

Introduction

An anganwadi worker (AWW) is the key functionary in implementation of the ICDS programme and extending the outreach of Government programmes to the village level. The study was conducted in an urban ICDS project in Bombay during February to March 1979 to evaluate the knowledge and specific skills of AWWs before and after training in health and nutrition at the Institute of Child Health, and find out whether such training programmes are required frequently to refresh the knowledge of AWWs.

Aims and Objectives

The study was undertaken to:

1. Evaluate the knowledge and specific skills of AWWs before and after the training in health and nutrition at the Institute of Child Health;
2. Find out whether such training programmes are required frequently.

Methodology

The study was conducted in an urban ICDS project in Bombay during February-March 1979. The sample comprised 97 AWWs who were in the age group 20-40 years.

AWWs were divided into two groups. Group I comprised 71 AWWs who had received basic training and had attended one or two refresher courses. Group II consisted of 26 AWWs who had not received any training but were working in the field for 3-6 months. Group I AWWs were given training for two days in two batches whereas Group II AWWs were given intensive training for five days at the Institute of Child Health, Bombay.

A questionnaire prepared in Hindi was administered to all before and after the training programme. The topics covered in the questionnaire were importance of weighing a child, knowledge regarding antenatal, natal and post natal care of mothers, infant feeding, family planning, immunization and ability to recognise common childhood ailments. AWWs were also asked to weigh the child in front of the Investigator and to plot the weight on the growth chart.

Six AWWs from Group I and one AWW from Group II were excluded from the study as they did not appear for the tests.

Findings and Conclusions

1. A majority of the AWWs (77.3%) were between 20-25 years. Fifty-six (57.7%) AWWs had passed matriculation and the remaining 41 (42.3%) AWWs had studied up to eighth and ninth class. Fifty-one AWWs were married.
2. After the training programme, a significant difference was found in the knowledge of both the groups of AWWs regarding hygiene, natal care, feeding of colostrum, diarrhoea, worm

infestations, skin infections and weighing the children. Significant difference regarding weaning was found in Group I whereas remarkable improvement was noted in Group II regarding the knowledge of nutritious foods, antenatal care, smallpox and immunization as shown in the following table.

Impact of Training on the Knowledge of AWWs

Indicators	AWWs Group I			AWWs Group II		
	Pretest	Post test	P value	Pretest	Post test	P value
Correct practical evaluation	55.4	90.8	**	32.0	72.0	**
Theoretical importance	66.2	93.9	**	64.0	100.0	**
Feeding	96.9	100.0	-	96.0	100.0	-
Weaning	47.7	90.8	**	32.0	66.0	*
Nutritious food	49.2	64.6	-	28.0	84.0	**
Hygiene	61.5	89.2	**	36.0	96.0	**
Antenatal care	47.7	70.8	*	12.0	76.0	**
Natal care	38.5	70.8	**	4.0	48.0	**
Colostrum	73.8	98.5	**	44.0	100.0	*
Family planning	83.1	95.4	*	76.0	96.0	-
BCG	100.0	100.0	-	84.0	92.0	**
Smallpox	50.7	58.4	-	36.0	80.0	
DPT	55.4	73.9	*	16.0	84.0	**
Polio	90.8	100.0	*	84.0	100.0	-
Distribution of food	58.5	73.9	-	32.0	44.0	-
Diarrhoea	52.3	90.8	**	28.0	88.0	**
Worm infestations	58.5	86.2	**	40.0	92.0	**
Skin infections	46.2	87.7	**	24.0	84.0	**

- Not significant * Significant ** Highly significant

Recommendations

Frequent and intensive in-service training and refresher courses should be organized for AWWs to improve their knowledge related to various aspects of health and nutrition.

**TRAINING OF ANGANWADI WORKERS – NUTRITION AND
HEALTH EDUCATION**

Training of Anganwadi Workers – Nutrition and Health Education

Evaluation of Training of Anganwadi Workers in Nutrition and Health Education

K. Sheela and A. Seenithai

Introduction

Training of AWWs is a necessity so that they can effectively undertake health and nutrition education programme. Proper training enables them to develop appropriate attitudes and gain confidence in their work, resulting in better job performance. This study was conducted to evaluate the effectiveness and efficiency of nutrition and health education training which was given by the Department of Community Medicine of St. John's Medical College to ICDS project functionaries in Anekal taluk of Bangalore district, Karnataka.

Aims and Objectives

The study was undertaken to:

1. Evaluate the effectiveness of health and nutrition education in-service training imparted to AWWs by Department of Community Medicine, St. John's Medical College, Bangalore.

Methodology

The study was conducted in the urban ICDS project at Anekal, Bangalore. The medical experts of St. John's Medical College, Bangalore conducted an in-service training programme for AWWs of the project. The training programme was evaluated at selected training centres with reference to its curriculum, teaching methods, aids used and duration using check-lists. A check-list on curriculum had 12 main headings and was developed with 5-point scale. The one on teaching methods and audio-visual aids was developed on 3 point scale.

Findings and Conclusions

1. A majority of the AWWs felt that health related topics like assessing growth and development, first aid, diarrhoea management, sanitation, prevention of communicable diseases, deworming and prevention of deficiency diseases were well covered in the curriculum.
2. Nutrition related topics like recommended dietary allowance, meal planning, weaning foods and food supplements were given less priority.
3. Trainees found that the lectures were good mainly because of the simple language and use of informal methods of teaching but felt that the use of training aids was not satisfactory.
4. AWWs felt that they did not get sufficient training in conducting simple skill practices such as estimation of haemoglobin, testing of urine, etc.
5. The trainers were satisfied with the duration of the training which was for three months consisting of four to five sessions of three hours per day.

Recommendations

1. There is a need to include exercises for skill development in the training programme of AWWs for effective delivery of the nutrition and health education component.

Training Research in Nutrition Health Education for the Field Functionaries of ICDS Projects in Gujarat

Subadra Seshadri and Tara Gopaldas

Introduction

Training of official and non-official functionaries has been recognized as an integral input for the successful implementation of development programmes. The study was done in two tribal projects of Gujarat to revise and re-structure Nutrition and Health Education (NHE) contents of the ICDS scheme, evaluate the comprehension and knowledge gain of NHE concepts using different communication methods, and evolve a suitable NHE training manual and a NHE kit based on the findings of the study.

Aims and Objectives

The study was undertaken to:

1. Revise and restructure NHE contents of the ICDS scheme so that these could be easily understood and accepted by ICDS staff;
2. Evaluate the comprehension and knowledge gains of NHE concepts by the communication methods used;
3. Evolve a suitable NHE training manual and a NHE kit based on the findings of the study.

Methodology

The study was conducted in ICDS projects in Gujarat. Out of 11 ICDS projects that were functioning, two projects - the tribal Chhota Udepur project and the urban Baroda project - were selected for the study. Two AWWs from Chhota Udepur were selected purposively and three AWWs from Baroda were selected randomly for carrying out the community level investigations. The sample of the study selected initially and after the completion of the training was as given in the following table.

Sample of the Study

Sample	Before the Training (No.)	After the Training (No.)
Supervisors		
Tribal	6	3
Urban	5	4
AWWs		
Tribal	66	48*
Urban	100	73**
Mothers		
Tribal	100	72
Urban	150	126

* 33 in experimental group and 15 in control group

** 36 in experimental group and 37 in control group

To impart training, lessons were developed on the ICDS programme and the services provided, diet for children, expectant and nursing mothers, recognition of nutrition deficiency diseases, identification of children at risk, growth monitoring, immunization, ORT, health and personal hygiene, etc. Communication charts were prepared for each of these lessons. Besides, an instructional manual was also prepared for the field functionaries.

AWWs and Supervisors were trained in conducting NHE lessons and after the training they were entrusted with the responsibility of conducting NHE in the community.

A pre-post experimental design was used for studying the impact of training on the knowledge of the functionaries. In the tribal area, AWWs were divided into six groups, one under each Supervisor. Four Supervisors along with their AWWs were selected randomly and assigned to the experimental group which was trained, while two other Supervisors and their AWWs were assigned to the control group that was not trained. Data was collected before and after the training.

In the urban setting, the experiment was designed to test the effectiveness of Supervisors as the trainer vs the teacher (trained investigator). In order to do this, AWWs in the urban area were divided randomly into two groups. One group who was given the training formed the experimental group while the other was the control group. The experimental group was further divided into two sub-groups. One sub-group and all the Supervisors were trained by the teachers while the other sub-group was trained by the Supervisors (trainers). Data was collected before and after the training.

Further, to assess the cognitive and behavioural changes among mothers, two AWWs, one from tribal and the other from urban ICDS project, were selected randomly - to form the experimental group. Similarly, two AWWs from the respective projects constituted the control group.

Data was collected from field functionaries and mothers before and after the training, using a set of semi-structured pre-post assessment schedules and it was statistically analysed.

Findings and Conclusions

1. The training had a significant impact on the Supervisors' knowledge. Initially, the tribal Supervisors had a lower score in the knowledge test than the urban ones (23.0 and 37.0) which improved after the training, with the urban Supervisors showing a gain of 12 points and the tribal Supervisors gaining 24 points respectively.
2. Initially, there was no difference in the knowledge scores of AWWs of both the projects, and between the control and experimental groups. At the end of the training, the tribal experimental group scored 20 points higher than the control group and the urban experimental group scored 17 points higher than the control group, both of which were highly significant.
3. There was a significant increase in the knowledge scores of both the groups of AWWs trained by the Supervisors and the investigating team, indicating thereby that the Supervisors could handle the training material effectively.
4. The training made AWWs cognitively more competent in assessing the dietary requirements of toddlers and expectant and nursing mothers, benefits of feeding colostrum and breastfeeding, prevention of malnutrition, identifying Vitamin A deficiency and anaemia, diarrhoea management and preparation of ORS. The knowledge gained by AWWs regarding growth monitoring and prevention of worm infestations was not highly significant.
5. Tribal mothers got poor scores in the knowledge test. The per cent scores of tribal mothers of the control and experimental groups showed minimal improvement with the increase in the scores being from 14 to 21 and 15 to 29 respectively.

6. The gain in knowledge of urban mothers was observed in the areas related to diet for infants and toddlers, growth monitoring, diarrhoea management, nutritional disorders and immunization. The messages which were supported by demonstrations and guidance were retained better. The per cent scores of the urban mothers of control and experimental groups, before and after the training, were 18 and 19, and 21 and 38 respectively.
7. The change in the behaviour and practices of mothers was examined by assessing the extent of utilization of ICDS services, use of ORS by mothers for diarrhoea management and change in the dietary intake of the target groups. There was better utilization of immunization services in the tribal experimental village as compared to the control village. In the urban slums, the extent of utilization of antenatal services was comparatively higher in the experimental group.
There was no difference in the use of ORS in the tribal villages between the control and experimental groups. In the urban slums the experimental group showed a significant improvement in the use of ORS.
8. In the urban slums, no difference was observed between the experimental and control groups in the intake of food by infants, toddlers, and expectant and nursing mothers. In the tribal areas, more infants of the experimental group were receiving solids than those in the control group. However, there was no change in the dietary intake of toddlers in both the groups.
9. Training manual and NHE kit based on the findings of the study were produced in Gujarati and Hindi.

Recommendations

1. There is a need to promote participatory methods of training such as practicing the lessons under the guidance of Supervisors, having demonstrations and using role play to enhance the grasp of the contents.
2. In-service training of Supervisors should be regularised.
3. There is a need for developing NHE training manual and NHE kit in all the regional languages.
4. Refresher training programmes for AWWs should be conducted regularly.
5. There is a need to undertake further studies related to growth monitoring in ICDS projects.

**TRAINING OF ANGANWADI WORKERS -
PRESCHOOL EDUCATION**

Training of Anganwadi Workers - Preschool Education

Refresher Courses in Preschool Education: An Evaluation

Renu Khosla

Introduction

As the concept of preschool education gains significance in India, more and more attention is being focused on improving the nature and quality of education imparted by preschool workers. The present study was done to evaluate refresher /orientation courses in preschool education conducted by NIPCCD (National Institute of Public Cooperation and Child Development) from July 1984 to December 1986.

Aims and Objectives

The main objectives of the study were to:

1. Evaluate the extent to which the refresher training programme in preschool education for AWWs and AWHs was able to meet its objectives.
2. Gauge the effectiveness of the refresher training on delivery of preschool education component in AWWs.

Methodology

The study was undertaken to evaluate refresher/orientation courses in preschool education conducted by NIPCCD from July 1984 to December 1986. A purposive sampling was made for identification of training centres and refresher training programmes. All AWWs, AWHs, training and resource persons who participated in the training programmes formed part of the sample. Out of 40 training centres organizing refresher courses at the time of the study, four were selected. These were Bal Niketan Sangh Indore, Madhya Pradesh (MP); Department of Child Development, MS University, Baroda, Gujarat; Nari Shishu Kalyan Parishad, Madhubani, Bihar and Prabudha Bharati Shishu Tirtha, Midnapore, West Bengal. These centres were assessed for their physical infrastructure and quality of training. The courses evaluated were the ones which were conducted at these training centres for AWWs and AWHs respectively during December 1986. On the whole eight courses (two courses organized at each of these centres) were evaluated. All the participants of these courses, i.e., AWWs (58) and Anganwadi Helpers (56) of ICDS projects Jhalod, Gujarat; Sendhwa and Jhirnia, MP; Tufanganj II, West Bengal; and Siwan, Bihar were included in the sample. The other respondents were heads of training centres (4), trainers (4), resource persons (11) and music teachers (4). The organization of preschool activities by AWWs and AWHs in their AWWs was observed before and after the training in all AWWs during November 1986 - August 1987 by a team of Investigators.

Data for the study was collected in three phases, i.e., Phase I - prior to the refresher courses, Phase II - one month after the training and Phase III - six months after the refresher training. The tools used for the study included an observation schedule for preschool activities, interview schedule for ICDS functionaries and trainers, and pre- and post- test questionnaires for assessing the knowledge of AWWs.

The data collected was analysed using Friedman's Two-Way Analysis of Variance, Chi Square, Wilcoxon Matched-Pairs-Signed Ranks and Regression Analysis.

Due to certain administrative problems, data of Phase III could be collected from only two training centres in Gujarat and MP, and pre- and post test information could not be collected on identical tools. The scores of these two tests had to be weighted before being analysed.

Findings and Conclusions

1. There was a significant improvement in the performance of AWWs after the refresher training. Not only did the repertoire of activities increase, but there was also a positive change in the method of organizing activities, use of teaching aids and involvement of AWHs and mothers in anganwadi programmes. This was mainly attributed to improvement in the skills of AWWs.
2. It was observed that the impact of training lasted up to six months or may be a little more. The reasons for gradual decline in performance of AWWs were absence of skills in the workers to create new activities, lack of support and recognition from Supervisors and CDPOs for extra efforts put in, erratic supervision and monitoring of anganwadi activities, etc.
3. There was a significant improvement in the knowledge of AWWs regarding preschool activities, use of teaching aids and locally available resources, and involvement of mothers in conducting preschool activities after the refresher training.
4. There was an improvement in the skills of AWWs in conducting preschool education activities in AWHs and this effect was sustained even after six months. It was observed that the impact of training was not statistically significant after one month, but it was so after six months. The reasons for this could be that it took AWWs some time to introduce the new activities after receiving training.
5. It was observed that due to the availability of preschool education (PSE) kit that AWWs had prepared during the refresher training, the use of teaching aids and play material was better after the refresher training.
6. On the whole, after the training hardly any AWWs had prepared new teaching aids or utilized locally available resources for conducting preschool education activities. One of the reasons could be the lack of funds for purchasing the raw material for making aids.
7. After the three days training, there was significant improvement in the knowledge of AWHs regarding their role in preschool education and the need for involvement of mothers in conducting these activities.
8. It was observed that involvement of AWHs by AWWs in conducting preschool activities improved after the refresher training. They were involved in activities such as narration of stories, singing songs, organization of games and conducting creative activities.
9. It was found that there was a significant change in the amount of input of mothers in preschool activities subsequent to the refresher training of ICDS functionaries.
10. Out of the four AWHs, only 2 centres had the requisite infrastructure (space and training equipment), but the quality of training imparted at all the centres was more or less similar.
11. The performance of only 11% AWWs was attributed to the skills of the trainer. The other factors having a bearing on the performance of workers in the field were availability of kits, effectiveness of resource persons, support by senior staff, etc.

Recommendations

1. There should be regular refresher training for grass roots level functionaries. The refresher training prevalent at present needs to be modified to ensure that trainees are exposed to periodic refresher training at intervals of two years.
2. The training of AWWs, both pre-service and refresher, must include a large component of practical experience in 'must-know-skills' for delivery of services.
3. Training centres must include simple activities and techniques which can be transferred directly from the training environment to the field set up.
4. Skills of AWWs need to be developed for organizing a series of activities that systematically promote understanding in children.
5. Efforts may be directed at developing a kit of material that would enable AWWs to systematically organize age-specific cognitive activities for children.
6. There is a need to strengthen the role of a Supervisor as a trainer and as an educator.
7. There should be a provision for recurring annual grant of Rs. 100/- per AW exclusively for purchase/preparation of material for conducting preschool activities and also to replenish old and worn out aids.
8. Criteria for recruitment of AWWs needs to be spelt out. Apart from the basic educational qualifications, this should include ability to sing or do craft work, empathy with children, skills of building rapport, popularity in the village, etc.
9. The refresher training requirements of a State need to be worked out and planned more specifically to ensure that every worker comes back for a refresher training after having worked for two years in the field.
10. A cyclical programme for refresher training may be worked out to help build advanced skills among the workers. Learning could be built upon previously learnt skills. Such a laying out of refresher training network would not only help to reduce inconsistencies, but would also strengthen the delivery of services and ensure adequate utilization of all training centres in a State.

Training Anganwadi Workers in the Preparation and Use of Equipment and Aids for Preschoolers

J. Subhathra and N. Jaya

Introduction

Preschool education in a non-formal setting forms the backbone of the ICDS programme as all the services converge on the preschool centre. The present study was done in the ICDS project in Coimbatore city, Tamil Nadu to assess the knowledge of AWWs in the use and preparation of suitable indigenous play equipment and aids for preschoolers, and the skills of trained AWWs in the preparation and use of indigenous play equipment in AWCs.

Aims and Objectives

The study was undertaken to:

1. Assess the knowledge of AWWs in the use and preparation of suitable indigenous play equipment and aids for preschoolers;
2. Train AWWs in the preparation and use of indigenous play equipment in AWCs.

Methodology

The study was undertaken in Coimbatore city. Out of the four projects functioning in the city, ICDS Project II was selected. The sample comprised 85 AWWs working in the project. The study was conducted in three phases. Phase I was pre-evaluation of AWWs using an interview schedule on the use and preparation of indigenous play equipment in AWCs. The interview schedule elicited information regarding concept, need and time allocated for play (indoor and outdoor), provision of play equipment, awareness about indigenous play equipment, etc. Phase II involved training of AWWs in batches of two for a period of four days in the preparation of indigenous play equipment in anganwadis. In Phase III, the impact of the training imparted was assessed using the same interview schedule with a few additional questions.

Findings and Conclusions

1. The pre- and post evaluation scores revealed that training had a positive impact on the knowledge of AWWs.
2. There was a marked improvement in the knowledge of AWWs regarding the concept that play promotes all round development (from 0% to 75%), helps in socialization (from 0% to 64%), promotes mental health (from 20% to 58%) and physical growth and development (from 0% to 58%).
3. After the training, AWWs allocated more time for indoor and outdoor play as there was an improvement in the level of their awareness regarding the advantages of play. The training helped AWWs to understand the reasons for outdoor and indoor play.
4. The major reasons for organizing outdoor play, before and after the training were syllabus requirement (56% and 3%), provides active play (17% and 30%), helps in socialization (5% and 22%) and promotes physical growth (10% and 28%).

The major reasons for organizing indoor play, before and after the training, were syllabus requirement (31% and 5%), improves muscular coordination (28% and 80%), develops creativity (17% and 67%), helps in sensory development (13% and 66%) and promotes cognitive development (11% and 65%).

5. There was an increase in the percentage of AWWs organizing outdoor play after the training. The various outdoor games introduced were use of sand pit and play equipment (14%), jumping rope (20%), playing with ball (25%), balancing on wooden planks (16%), rolling tyres (25%), etc. The other AWWs were not able to do so either due to lack of outdoor space or their inability to procure the material required.
6. Before the training, a majority of AWWs (62%) were of the view that play equipment is needed to attract children to AWWs. After the training the various reasons given for the same were to make play enjoyable (59%), promote cognitive development (60%), help in socialization (68%), develop muscular coordination (58%) and offer a challenging environment (66%).
7. While preparing the play equipment, AWWs had also learnt to consider factors other than size and age, such as child's interest, durability, safety, colour, suitability and cost of the material.
8. Many AWWs (80%) had become aware of at least 25 indigenous play equipments after attending the training.
9. All AWWs had learnt to prepare more than 20 equipments and 15 aids as against six equipments and four aids known to them prior to the training.

Recommendations

1. There is a need to organize refresher training and workshops from time to time to enable AWWs to become familiar with new approaches in play way method of education.
2. The curriculum for the job training of AWWs needs to be revised to include training related experience in developing skills to utilize indigenous material for play activities.
3. There should be an enhancement in the budget for anganwadis by at least Rs. 100/- every year to prepare play equipment out of indigenous material.

TRAINING OF CHILD DEVELOPMENT PROJECT OFFICERS

Training of Child Development Project Officers

Evaluation of Training Programme of Child Development Project Officers

M. M. Bhalla

Introduction

Child Development Project Officers (CDPOs) have a great deal of administrative responsibility and they play a very important role in ICDS. This study was a national level study which covered all CDPOs who had received training from NIPCCD (National Institute of Public Cooperation and Child Development) till December 1983 and were in position. The study was undertaken to find out the effectiveness of the training programme for CDPOs in terms of its syllabus, field placement, training methodology, and material distributed during the course.

Aims and Objectives

The study was undertaken to:

1. Assess the effectiveness of training programme of CDPOs in terms of its syllabus, field placement, training methodology and material distributed during the course.

Methodology

The sample of this national level study comprised all CDPOs who had received training from NIPCCD till December 1983 and were in position. Data was collected by mailing a questionnaire to all these CDPOs. Additional information was also collected from trainers of CDPOs and administrators associated with ICDS.

Findings and Conclusions

1. A majority of CDPOs felt that the training imparted was quite adequate.
2. CDPOs also suggested that the training should be imparted in two phases with the provision for field placement for two weeks in between the two phases.
3. A large number of CDPOs were of the view that sufficient information was not given regarding supplies, budget, setting up of AWs and training of other workers. About 65% CDPOs were not satisfied with the training imparted regarding supervision and 40% regarding coordination and management.
4. CDPOs were not satisfied with the practical training imparted, especially for eliciting community participation and setting up coordination committees.
5. CDPOs were not satisfied with the lecture method adopted during the training. It was suggested that the concerned division of NIPCCD should prepare detailed lesson plans to impart training.
6. The administrators associated with ICDS were of the view that efforts should be made to inculcate the right attitude and skills in CDPOs.

7. The standard of training at NIPCCD Regional Centres was comparatively lower than that at the headquarters.

Recommendations

1. There is a need to have less varied qualifications for recruitment of CDPOs.
2. The period of field placement of CDPOs should be extended by two weeks.
3. A committee should be formed to examine the syllabus of CDPOs so as to improve the quality of training imparted.

TRAINING OF MEDICAL OFFICERS

Training of Medical Officers

Evaluation of ICDS Training Programme for Medical Officers

M. K. Vasundhra and G. N. Prabhakara

Introduction

Medical Officers (MOs) are trained in ICDS to familiarize them with the ultimate objective of enhancing their capabilities for imparting continuing education to the field staff and thereby ensuring child survival as well as better growth and development of the children covered under ICDS. This study was conducted to evaluate the knowledge of the deputed Medical Officers about ICDS.

Aims and Objectives

The study was undertaken to:

1. Assess the impact of ICDS training on the knowledge of Medical Officers.

Methodology

The study was conducted at Government Medical College, Mysore, Karnataka. The sample comprised 282 Medical Officers, of whom 235 (83.3%) were males and 47 (16.7%) were females. Two hundred and seven MOs (73.4%) were MBBS graduates, 29 (10.3%) were post graduates and 46 (16.3%) had done ayurveda.

The knowledge of Medical Officers was assessed using a pre-tested questionnaire before and after the training. The questionnaire had 62 questions with weighted scores of 132 and the topics covered were the concept and administrative set up of ICDS; child care; nutritional needs and food sources; assessment of nutritional status and management of malnutrition.

The Medical Officers were imparted ICDS training in 17 batches from January 1981 to June 1986 by ICDS Consultant at Government Medical College, Mysore. The data of pre- and post training evaluation was analysed.

Findings and Conclusions

1. The average mean scores for all the MOs in the pre-test phase was 44.68 which improved to 63.86 in the post-test phase.

Category-wise, the average pre-test scores were highest in case of graduates (48.65), followed by post graduates (46.75) and ayurvedic doctors (25.52). The corresponding post-test scores were 63.12, 65.24 and 63.30 respectively.

2. The mean scores secured by MOs in various subjects were as given in the following table.

Subject-wise Mean Scores of Medical Officers

Subjects	Pre-evaluation Scores		Post-evaluation Scores	
	Total	Mean	Total	Mean
ICDS	5,182	18.37	8,902	31.56
Child Care	5,906	20.94	6,674	23.66
Nutrition	1,513	5.36	2,433	8.62
Total	12,601	44.68	18,009	63.86

- The post-evaluation analysis showed an improvement in the scores of all the three categories of MOs in all the subjects. The maximum improvement was seen in ayurveda graduates as shown in the following table.

Subject-wise and Category-wise Mean Scores of Medical Officers

Subjects	Mean Scores					
	Graduate Doctors		Postgraduate Doctors		Ayurveda Doctors	
	Pre-evaluation	Post-evaluation	Pre-evaluation	Post-evaluation	Pre-evaluation	Post-evaluation
1	2	3	4	5	6	7
ICDS	21.28	31.66	25.18	33.00	3.43	30.21
Child care	21.80	23.10	18.93	23.38	18.39	26.37
Nutrition	5.50	8.35	6.55	9.00	3.73	9.57

Recommendations

- Foods and nutrition and management of child health problems should be emphasized in the curriculum of medical education specially in the case of ayurveda education. These components should also be stressed upon during the ICDS training courses.
- More evaluation studies should be conducted to find out ICDS related lacunae in medical education and training programmes.

TRAINING OF SUPERVISORS

Training of Supervisors

The Follow-up Study of ICDS Supervisors

S. A. Khan and K. Ramamrutham

Introduction

Supervisors, who look after the functioning of 20 AWCs each, play an important role in the ICDS programme. The Regional Centre of NIPCCD (National Institute of Public Cooperation and Child Development) at Guwahati imparted training to Supervisors to enable them to undertake their assigned tasks. The present study was conducted to get feedback from the trainers regarding effectiveness of the training imparted; problems faced by trainees in the field while implementing ICDS and Functional Literacy for Adult Women (FLAW); and impact of the training in developing appropriate skills in solving the problems at the field level.

Aims and Objectives

The study was conducted to get feedback from Supervisors regarding:

1. Effectiveness of the training imparted;
2. Problems faced by the trainees in the field while implementing ICDS and FLAW;
3. Impact of the training in developing appropriate skills in solving problems at the field level.

Methodology

The study covered a sample of 123 Supervisors who had been trained at the Regional Centre Guwahati, NIPCCD. A proforma was specially designed to evaluate each component of the training. The proforma was mailed to all the Supervisors and information received was analysed. Out of 123 Supervisors, 79 responded.

Findings and Conclusions

1. Almost 80% of the Supervisors were satisfied with the general orientation component, 25% with the coverage of theory, and about 3% felt that the duration of field work should be longer and they should be exposed to all the three types of ICDS projects (rural, urban and tribal).
2. About 39% Supervisors were satisfied with the duration of the training. The suggested duration of the training varied from four to six months.
3. About 67% Supervisors were satisfied with English as the medium of instruction. About 16.5% Supervisors felt that there were shortcomings in the course. They felt that training was very theoretical and the standard of teaching was very high. About 8% Supervisors stated that there should be more practical work and demonstrations. Other suggestions given by nearly 6% Supervisors for improving the curriculum were: more nutrition demonstrations, and more information regarding health, medicine and family planning.
4. About 23% Supervisors felt that coordination between them and the medical staff at PHC level was lacking. One of the reasons for this, as reported by 10% Supervisors, was that health

functionaries did not visit the village or AWs. About 42% felt that there was coordination among different functionaries.

5. Although in the training a lot of emphasis was laid on community participation, only 68% Supervisors expressed their views regarding this. The reasons for lack of community participation were illiteracy, poor economic conditions and community always finding fault with AWWs.
6. The other problems faced by Supervisors in the field were lack of supervision by CDPOs (13), delay in the appointment of AWWs (21), other official work which hindered supervision (13), delay in the supply of food supplies and other material (35), and no housing facility at the village (27).
7. About 44 (55.7%) Supervisors felt that the training imparted was useful in solving problems in the field, 31 (39.3%) found it useful to some extent and three (3.8%) Supervisors felt that it was not very helpful. When asked about areas of usefulness, 14 Supervisors felt that they would be able to handle any situation in the field and 10 were hopeful about securing people's participation in providing nutrition education and FLAW classes.

Recommendations

1. Supervisors suggested that their training should be of a longer duration; there should be more field work, group discussions and practicals; more emphasis on FLAW; field placement should be in all three settings (rural, urban and tribal) and the format of the report to be submitted after the training should be modified. The course should be less theoretical and more suited to the level of the trainees.
2. Refresher courses of a short duration (10-30 days) should be organized from time to time.

Training Needs Assessment for ICDS Supervisors

CHETNA

Introduction

ICDS is an extremely well designed integrated scheme wherein the Supervisor is a key functionary to ensure the success of the programme. She has to play a multi-dimensional role as a guide, communicator, trainer and motivator for nursing the success of the programme. The present study was done to assess the knowledge, attitude, motivation and skills of Supervisors, and identify factors related to administration, implementation and monitoring that have a bearing on the motivation and performance of Supervisors. The study was conducted in three districts of Rajasthan, namely, Udaipur, Bharatpur and Jodhpur, and all the Supervisors of the districts were covered in the study.

Aims and Objectives

The study was undertaken to:

1. Assess the knowledge, attitude, motivation and skills of Supervisors;
2. Identify factors related to administration, implementation and monitoring that have a bearing on the motivation and performance of Supervisors;
3. Assess the effectiveness of the basic training modules and training imparted to Supervisors;
4. Plan and develop a functional, refresher training programme for Supervisors.

Methodology

The study was conducted in three districts of Rajasthan, namely, Udaipur, Bharatpur and Jodhpur. All the Supervisors of the districts were covered in the study. Information was collected through a questionnaire, group discussions, observations, field visits and visits to MLTCs - (Udaipur, Bharatpur) and AWTC (Jodhpur). The questionnaire was developed during a workshop organized by CHETNA.

Findings and Conclusions

1. The performance of AWs as rated by Supervisors was as given in the following table:

Percentage of AWs Rated on the Basis of Performance

Performance of AWs	Jodhpur		Udaipur		Bharatpur	
	Rural	Urban	Rural	Urban	Rural	Urban
Good	15	-	-	-	-	25
Average	30	100	67	25	-	-
Poor	55	-	33	75	-	75

2. In all the three areas, Supervisors were not able to list all the objectives of ICDS. About 60% Supervisors in Jodhpur rural and 75% in Bharatpur urban gave incorrect answers. They were unaware of the reasons for including children aged 0-3 years, 3-6 years, expectant/nursing mothers and women aged 15-45 years as the beneficiaries under ICDS.
3. All the children in the age group 0-6 years in the community were not enrolled in AWs. It was observed that the attendance of children at AWs was low, and very few malnourished children

and children aged 0-3 years were present. Further, expectant and nursing mothers were rarely seen at AWs. This low coverage of beneficiaries strengthened the observation regarding lack of awareness among Supervisors about rationale for selection of beneficiaries.

4. Most of the Supervisors were unaware of the stipulated amount of ration to be given to beneficiaries. No standard measure was provided for raw ration or distribution of cooked food. This was essential for feeding the appropriate quantity of food to beneficiaries.
5. There was irregular and inadequate supply of food ration. A majority of the Supervisors in all the three areas did not like to taste food cooked at AWs (100%) in Bharatpur and Jodhpur for reasons of caste and cleanliness. This affected acceptability of the food by children and mothers, and indicated that Supervisors lacked the knowledge and enthusiasm to use different recipes to make food tasty and palatable.
6. It was observed that Supervisors were not clear as to who was responsible for immunizing children. They lacked knowledge about correct immunization schedule and could not specify their role in the immunization programme. As a result the records and registers of immunization were poorly maintained.
7. Supervisors' co-ordination with health personnel was almost nil and they both functioned independently.
8. Supervisors and AWWs were ignorant about the importance and method of weighing children and monitoring their growth. Growth monitoring was not done in a majority of AWs.
9. During field visits to AWs it was observed that at all levels supervision and guidance were lacking, although Supervisors claimed that they visited AWs once or twice a month. In the training curriculum also, there was not much emphasis on practical supervision and guidance.
10. Records were poorly maintained in rural and urban AWs. It was observed that Supervisors were not providing necessary guidance to AWWs in maintaining the registers. In rural areas, Supervisors had tremendous problems in communicating with illiterate AWWs. Illiterate AWWs were neither able to maintain registers nor manage the various activities at AWs.
11. There was a lack of coordination among ICDS functionaries. It was found that most of the administrative activities were well coordinated but there was a lack of coordination related to the activities performed at AWs such as regular supply of rations, weighing scales and utensils, maintenance of growth charts, etc. Also, there was no mutual understanding between Supervisors and CDPOs about the distribution of responsibilities so as to get maximum benefit from the activities performed at AWs.
12. In rural and urban areas, though AWs were sanctioned, yet they had not started functioning due to lack of budget. This hindered the success of the programme.

However, in the urban areas of Udaipur, AWs were so near to each other that it was difficult for each AW to achieve the target of 100 beneficiaries. CDPO was prepared to surrender a few of these AWs, but the government was not responding to this request.

13. The training module for Supervisors and AWWs covering foods, nutrition, health, child development and preschool education was found to be fairly adequate. The revised training module provided by NIPCCD was found to be more practical.

14. Training centres had developed an effective strategy to follow up the activities of trained AWWs. They planned the block placement of the next batch of AWWs at the block of the previous batch.
15. During the training of AWWs Supervisors were invited to take classes, and for the training of Supervisors CDPOs were invited. This practice enabled Supervisors and CDPOs to remain in touch with the training centres.
16. Posts of trainers in the training centres were temporary, resulting in job insecurity and low motivation of Instructors.
17. It was noticed that none of the trainers had undergone any training of trainers (TOT). The training imparted to Supervisors was theoretical, did not fulfil their learning needs, and did not provide much stimulation to work effectively in the field.
18. The problems faced by AWTCs were that literate and illiterate AWWs were deputed together. AWWs could not read the English numbers on weighing scales and they were not able to comprehend technical terms.
19. In rural areas, transport was not provided to Supervisors to visit AWs located in interior areas, while in urban areas they were provided with mopeds, but the maintenance cost was not reimbursed.
20. In Jodhpur district, male Supervisors were appointed. Since ICDS was a programme for women and children, they were not acceptable to AWWs and the community.
21. The components of NHE and preschool education were found to be weak. This may be due to the fact that AWWs lacked sufficient training and AWs lacked adequate educational material.
22. CDPOs were selected from the Rajasthan Administrative Services cadre. The Supervisors were not satisfied with this arrangement as these CDPOs played the role of an administrator more than the role of a guide and team leader.

Recommendations

1. Organization of mahila mandals need to be given more emphasis for providing support to the ICDS programme.
2. Children above six years should be removed from the rolls of AWs. The date for releasing the child from the AWs should also be entered in the register, so that the mother of the child could be prepared to enrol her child at the primary school after the child attains six years.
3. Some standard measures should be provided at AWs to ensure that the beneficiaries get the appropriate quantity of food.
4. Adequate food storage facilities should be provided at AWs to protect the food from rats and birds.
5. AWWs should enter the stock used daily which would make her aware of the stock position and ensure regular supplies. Supervisors should also verify this while checking the stock registers.
6. There should be better coordination among ICDS functionaries and also between them and health functionaries.

7. Supervision at AWs should be made systematic. A check-list of all the activities and components to be monitored should be prepared for use by Supervisors.
8. There was need to give a practical input to the training of functionaries, reinforced with field visits, demonstrations and structured exercises. The training of functionaries should be made effective by adopting participatory training methodology, wherein different training methods like group discussions, simulation, structured exercises and role plays could be incorporated.
9. After the training centres prove their effectiveness, they should be assured of continuity so that they could have regular staff.
10. Special refresher courses should be conducted for ICDS Supervisors and emphasis laid on objectives and selection of beneficiaries, immunization, stipulated ration, growth monitoring, record keeping, coordination and NHE.
11. Workshops must be conducted on 'Training of Trainers' for the Instructors of AWWs and Supervisors. It should cover topics such as role of trainers, training designs/models, training methods, training material and use, etc.
12. Efforts should be made to broaden the vision of Supervisors and increase their skills for fulfilling their role effectively as it affects the overall implementation of the programme. Further, efforts should be made to incorporate the elements of motivation/ attitudes like trust, friendship, cooperation and respect by means of a structured exercise.