

TIME MANAGEMENT AND ADDITIONAL WORK DEPLOYMENT OF ANGANWADI WORKERS

A STUDY REPORT



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FOREWORD

Integrated Child Development Services (ICDS) in India is the world's largest integrated early childhood programme. Since its inception in 1975, the programme has matured and expanded, despite difficulties in adapting to the vastly different local circumstances found on the Indian subcontinent. The ongoing schemes have been rationalized by the Government in 2016-17 and have been brought under Umbrella ICDS as its sub-schemes. The Anganwadi Services (ICDS) aims at holistic development of children under the age of six years and its beneficiaries are children of this age group and Pregnant Women & Lactating Mothers. The basic inputs under ICDS programme includes delivery of integrated package of Health Care (Immunization, Referrals, Health Check Ups, Nutrition and Health Education), Nutritional Nourishment (Supplementary Nutrition) and Early Childhood Educational Nurturance (Stimulation activities for children of 0-3 years and PSE for children 3-6 years) so as to benefit the children from pre-natal stage to the age of six years and to pregnant and lactating mothers. The programme, thus, takes a holistic view of the child and attempts to improve both his/her pre and post-natal environment. These services are delivered by Anganwadi Worker in an integrated manner at the Anganwadi centre. Her services are frequently being utilized not only for implementation of other socio developmental programmes sponsored either by Government of India or by concerned State Government/UT Administration but also for carrying out other tasks related with Health, School Education and Literacy, Revenue, Social Justice and Women's Empowerment, Panchayat Raj and other departments of the government. These additional assignments of other government departments not only results in cutting down her time for direct engagements in service delivery tasks of ICDS but also multiply her responsibilities in diverse modes and manifold ways. The present study is an attempt to make a realistic assessment of time utilization by AWWs in relation to their multifarious tasks and evolve appropriate strategies for improving the functioning of AWCs. The study would prove helpful to understand how effectively the AWWs meet out her commitments towards assigned ICDS within the allotted time framework? The study would also reflect upon how much time is being spent by AWW on various AWC based daily activities and in carrying out other periodic tasks and how does the AWW re appropriates her time to meet the requirements of other non ICDS tasks? The findings of the study would throw light on the priorities of AWW in re appropriating her time to meet out the expectations of both ICDS and non ICDS work. Moreover, information of the study may also guide the programme managers in developing a strategic view and also for the researchers interested in studying the time management structure in a public programme.

I wish to place on record my appreciation for the efforts put in by Sh. Mukesh Kumar Maurya, Assistant Director, and his team in completing this study. I would like to thank Dr D.D. Pandey, Regional Director, for his valuable inputs and guidance in completion of this study.

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ABBREVIATIONS

ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Midwife
AWC	Anganwadi Centre
AWWs	Anganwadi workers
CAS	Common Application Software
CDPO	Child Development Project Officer
CHC	Community Health Centre
DPEP	District Primary Education Programme
DPO	District Programme Officer
DWCD	Department of Women and Child Development
ECCE	Early Childhood Care and Education
GM	Growth Monitoring
GOI	Government of India
JTC	Job Training Course
MDM	Mid-Day Meal
MMR	Maternal Mortality Rate
MPR	Monthly Progress Report
MoH&FW	Ministry of Health and Family Welfare
MoHRD	Ministry of Human Resource Development
MoWCD	Ministry of Women and Child Development
NCAER	National Council of Applied Economic Research
NGO	Non-Governmental Organization
NFE	Non-Formal Education
NHED	Nutrition and Health Education
NIPCCD	National Institute of Public Cooperation and Child Development
NPEGEL	National Programme of Education of Girls at Elementary Level
NRHM	National Rural Health Mission
PHC	Primary Health Centre
PRIs	Panchayati Raj Institutions
SHGs	Self Help Groups

SSA	Sarva Shiksha Abhiyan
SN	Supplementary Nutrition
SNP	Supplementary Nutrition Programme
UP	Uttar Pradesh
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

Integrated Child Development Services (ICDS) in India is the world's largest integrated early childhood programme, with many service delivery units nationwide. Since its inception in 1975, the programme has matured and expanded, despite difficulties in adapting to the vastly different local circumstances found on the Indian subcontinent. The purpose of ICDS programme revolves around the common consensus among educationists, researchers and practitioners that early childhood education and care are inseparable issues and must be considered as one. Based upon this fundamental assumption, the basic inputs under ICDS programme includes delivery of integrated package of minimum basic services - Health Care (Immunization, Referrals, Health Check Ups, Nutrition and Health Education), Nutritional Nourishment (Supplementary Nutrition) and Early Childhood Educational Nurturance (Stimulation activities for children of 0-3 years and NFPSE for children 3-6 years) so as to benefit the children from pre natal stage to the age of six years and to pregnant and lactating mothers. The programme, thus, takes a holistic view of the child and attempts to improve both his/her pre and post- natal environment. These services are delivered in an integrated manner at the Anganwadi, or childcare centre. Each centre is run by an Anganwadi worker and one helper, who undergo three months of institutional training and four months of community-based training. Utilizing the presence of an well-established institution of AWC at the local level and the AWW, who is managing the centre, it has been observed in many commissioned and other research studies and also by many ICDS professionals and practitioners that her services are frequently being utilized not only for implementation of other socio developmental programmes sponsored either by Government of India or by concerned State Government/UT Administration but also for carrying out other tasks related with Health, School Education and Literacy, Revenue, Social Justice and Women's Empowerment, Panchayat Raj and other departments of the government. These additional assignments of other government departments not only results in cutting down her time for direct engagements in service delivery tasks of ICDS but also multiply her responsibilities in diverse modes and manifold ways. The management of some of these additional tasks requires such productive skills and tasks of a kind that AWWs are unlike to able to provide without prejudice to their ICDS work. Apart from adding to work load, these non ICDS duties divert their attention from ICDS in many ways. The fact of

the matter is that as and when any services were to be provided at the grass root level, it is the AWWs who are being entrusted that responsibility. In other words, over the years, ICDS had developed into a useful service delivery mechanism and multiplicities of functions are being assigned to AWWs. **Celine et. al. (2001)** attempted to make a realistic assessment of the time utilization by AWWs in relation to their multifarious tasks, and evolve appropriate strategies for improving the functioning of AWCs in Kerala. As a result most centers provided referral services either partially or for namesake. AWWs mentioned that inadequate public cooperation hindered the smooth functioning of centres. Exhaustive tasks and lack of time stagnated their creativity for discharging their duties in a better way. Helper mentioned that absence of AWWs normally doubled their workload. Beneficiaries were satisfied with the ongoing services of the Centre but they complained about the poor infrastructure in a majority of the AWCs. Majority of the key personnel appreciated the activities carried out by AWWs, but they also expressed the need to discontinue certain tasks like health services, surveys, number of meetings, number of registers to be maintained, house visits and Panchayat related tasks. The present research study was conducted with aim to assess their time management and their engagement in additional work of other departments. The objective of the study was to investigate the variability of time allocation system by AWWs for carrying out different tasks as assigned to them, actual amount of time spent by AWWs in performing the tasks directly connected with delivery of services as envisaged under ICDS, prioritization of tasks by AWWs, explore the time being spent by AWWs for strengthening other developmental programmes, comparing the time allocation and working pattern of AWWs serving under different settings of rural, urban and tribal ICDS Projects and suggesting different ways/ strategies for effective and efficient utilization of time by AWWs. The data was collected from each rural and urban project of the selected districts. The data collection process was started from 8 AWCs of Sirsiya (rural) followed by 8 AWCs Bhinga (urban) ICDS Project of district Shrivasti. Similarly, Badokhar khurd (rural) and urban ICDS Project were selected from district Banda. Further, the data was collected from two districts of Bihar state, i.e., Muzaffarpur and Gaya. From Muzaffarpur district, 8AWCs of Saraiya (rural) and 8 AWCs of Mushari Sarai (urban) projects was selected. In Gaya district, 8 AWCs of Bodhgaya (rural) and 8 AWCs of Sadar projects was selected. After that two districts of Jharkhand, i.e., Dhanbad and West Singhbhum was selected. From Dhanbad 8AWCs of Govindpur (rural) and 8 AWCs Sadar projects were selected. In West Singhbhum, 8AWCs of Manjhari (rural) and 8AWCs of Sadar projects were selected.

Lastly, data was gathered from only one district of Himachal Pradesh state, namely Chamba. From Chamba, 8 AWCs of rural and 8 AWCs of urban projects were selected. Overall, it took four months for data collection for four states of India.

The result of the study stated that work allocation and time management at AWCs are appropriate and AWWs are rendering their services satisfactorily. The study has significantly mentioned that coordination at field level among functionaries of different departments has positively resulted into larger coverage of beneficiaries under different schemes. However, a mean value of 50-60 days engagement of AWWs in additional Non-ICDS assignments per year has adversely affected its own service delivery under ICDS. It, therefore, recommends to utilize services of AWWs in additional assignments, reasonably. The study suggests to universally implement CAS based reporting as it minimizes the time allotment for filling up loads of records & registers and also augment the service delivery under ICDS. It further suggests to develop a uniform pattern of digital reporting mechanism with common monitoring indicators/variables of line departments to cut time for multiple or repeated reporting on different dashboards or platforms.

Chapter-1

INTRODUCTION

India, with 1.33 billion people is the second most populous country in the world, while China is on the top with over 1.42 billion people. In 2011, the total number of children in the age-group 0-6 years is reported as 158.79 million which is down by 3.1% compared to the child population in 2001 of the order of 163.84 million. The share of children (0-6 years) to the total population is 13.1% in 2011 whereas the corresponding figures for male children and female children are 13.3% and 12.9%. According to **Article 1 of UNCRC** (United Nations Convention on the Rights of the Child), “a child means every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.” The definition of the child as given by the UNCRC has definite bearing not only on child development programmes and on budgetary provision.

Children are the future of the country and therefore, their growth and development have to be looked after by all the sections of community. However, it is noticed that many of the children face problem of under-nutrition or malnutrition. Globally, the malnutrition contributes to nearly 30 lakh (35%) deaths of children below five years of age which can only be prevented when policy, programme and budgetary actions are directed towards children during prenatal and their first few years of life

Any national development strategy that emphasizes human development essentially begins with the welfare of children. Investments made in children’s health, nutrition and education help in reducing hunger and malnutrition, extending life expectancy, and lowering death rate and school dropout rate among them. Planners all over the world have recognized that access to minimum services for children is likely to ensure their optimal development and would help in shaping them into adults capable of contributing to economic and social development of the nation.

National Policy for Children (2013)

The Policy recognizes every person below the age of eighteen years as a child and covers all children within the territory and jurisdiction of the country. It recognizes that a multi-sectoral and

multi-dimensional approach is necessary to secure the rights of children. The Policy has identified four key priority areas: survival, health and nutrition; education and development; protection and participation, for focused attention. As children's needs are multi-sectoral, interconnected and require collective action; the Policy calls for purposeful convergence and coordination across different sectors and levels of governance.

Integrated Child Development Scheme: An Overview

Integrated Child Development Services (ICDS) in India is the world's largest integrated early childhood programme, with many centres nationwide. Since its inception in 1975, the programme has matured and expanded, despite difficulties in adapting to the vastly different local circumstances found on the Indian subcontinent. UNICEF helped launch the ICDS programme and continues to provide financial and technical assistance along with the World Bank. The programme today covers over 4.8 million expectant and nursing mothers and over 23 million children under the age of six. Of these children, more than half participate in early learning activities. The purpose of ICDS programme revolves around the common consensus among educationists, researchers and practitioners that early childhood education and care are inseparable issues and must be considered as one. Based upon this fundamental assumption, the basic inputs under ICDS programme includes delivery of integrated package of minimum basic services—Health Care (Immunization, Referrals, Health Check Ups, Nutrition and Health Education), Nutritional Nourishment (Supplementary Nutrition) and Early Childhood Educational Nurturance (Stimulation activities for children of 0-3 years and NFPSE for children 3-6 years) so as to benefit the children from pre-natal stage to the age of six years and to pregnant and lactating mothers. The programme, thus, takes a holistic view of the child and attempts to improve both his/her pre- and post-natal environment. These services are delivered in an integrated manner at the Anganwadi, or child care centre. Each centre is run by an Anganwadi worker and one helper, who undergo three months of institutional training and four months of community-based training.

The ICDS Scheme is globally recognized as one of the world's largest and most unique community based outreach systems for promoting early childhood care for survival, growth and development, holistically addressing the inter related needs of young children, adolescent girls and women. The ICDS is also the convergent interface between disadvantaged communities and programmes such as primary health care and education. A comprehensive development programme, ICDS aims at

meeting the holistic needs of children below six years of age and to create a healthy environment for their mental and physical development. The programme draws on the resources of the Centre, States, voluntary organizations and the communities to meet its objectives of: reduction in mortality, morbidity and malnutrition among children, by improving their nutritional and health status; reduction in school drop-out rates; enhancement of mothers' capability to look after the developmental needs of their children; and effective policy implementation and coordination.

Umbrella ICDS

The ongoing schemes have been rationalized by the Government in financial year 2016-17 and have been brought under Umbrella ICDS as its sub-schemes. These sub-schemes need to be continued for delivering the child related services to the intended beneficiaries. The aims of these schemes are as under- **Anganwadi Services** (ICDS) aims at holistic development of children under the age of six years and its beneficiaries are children of this age group and Pregnant Women & Lactating Mothers. **Scheme for Adolescent Girls** is to facilitate, educate and empower Adolescent Girls so as to enable them to become self-reliant and aware citizens through improved nutrition and health status, promoting awareness about health, hygiene, nutrition, mainstreaming out of school AGs into formal/non formal education and providing information/guidance about existing public services. **Child Protection Services** are to provide safe and secure environment for children in conflict with law and children in need of care and protection, reduce vulnerabilities through a wide range of social protection measures, prevent actions that lead to abuse, neglect, exploitation, abandonment and separation of children from families etc., bring focus on non-institutional care, develop a platform for partnership between Government & Civil Society and establish convergence of child related social protection services. **National Crèche Scheme** provides a safe place for mothers to leave their children while they are at work, and thus, is a measure for empowering women as it enables them to take up employment. At the same time, it is also an intervention towards protection and development of children in the age group of 6 months to 6 years.

The Philosophy and Approach

The concept of providing a package of services is based primarily on the consideration that the overall impact would be much greater if different services are delivered in an integrated manner, as the efficiency of a particular service depends upon the support it receives from the related services. For example the provision of supplementary nutrition is unlikely to improve the health of the child, if the child continues to be exposed to diarrhoea, infections or unprotected drinking water. ICDS therefore takes holistic view of the development of the child and attempts to improve both his/her prenatal and postnatal environment. Accordingly, besides children in their formative years (0-6 years), women between 15 to 45 years are also covered by the programme as these are child bearing years in the life of a women and her nutrition and health status has a bearing on the development of the child.

Anganwadi Services

Beneficiaries

The programme beneficiaries are children below 6 years; pregnant and lactating mothers; women in the age group of 15-45 years and adolescent girls up to the age of 18 years for non-formal education.

Services

A package of services provided to the beneficiaries includes supplementary nutrition, vitamin A, immunization, health checkup, referral services, treatment of minor illness, non-formal health and nutrition education to women, pre-school education to children in the age group of 3-6 years and convergence of other supportive services like water supply, sanitation, etc. This package of services is offered to the target community at a focal point 'Anganwadi centre' (AWC) located within an easy and convenient reach. Anganwadi Worker (AWW) is the key community level functionary who receives a small honorarium and is specially trained for the job. The presence of the AWW in the community has synergistic effects as she liaises between health functionaries and the community.

The ICDS Team

The ICDS team comprises the Anganwadi Workers, Anganwadi Helpers, Supervisors, Child Development Project Officers (CDPOs) and District Programme Officers (DPOs). Anganwadi Worker, a lady selected from the local community, is a community based frontline honorary worker of the ICDS Programme. She is also an agent of social change, mobilizing community support for better care of young children, girls and women. Besides, the medical officers, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) form a team with the ICDS functionaries to achieve convergence of different services.

Role and Job Responsibilities of AWWs

An Anganwadi Worker is a community based frontline voluntary worker, selected from within the local community. The selection is made by a committee at the Project level. She is mainly responsible for effective delivery of ICDS Services to children and women in the community and getting a monthly honorarium.

A. Planning for Implementation of ICDS Programme

1. Village Mapping
2. Rapport Building with Community
3. Conducting Community Survey
4. Enlisting Beneficiaries
 - Children 0-6 years
 - Children ‘At Risk’
 - Expectant and Nursing Mothers
 - Adolescent Girls
5. Birth and Death Registration

B. Service Delivery

1. Preparation and Distribution of Supplementary Nutrition
 - Children 6 months to 6 years
 - Expectant and Nursing Mothers
 - Children and Mothers ‘At Risk’

2. Growth Monitoring Promote Breast feeding and counsel mothers on IYCF
 3. Assisting Health Staff in Immunization and Health Check-up of Children and Mothers
 4. Referral Services
 5. Detection of Disability among Children
 6. Providing Treatment for Minor Ailments and first aid.
 7. Management of Neonatal and Childhood Illnesses
 8. Health and Nutrition Education to Adolescent Girls, Women and Community
 9. Organizing Non-formal Preschool Education Activities
 10. Depot holder of medicine kit contraceptives of ASHA and under ICDS
 11. Counseling Woman on Birth Preparedness
 12. Assist CDPOs/Supervisors in implementation of KSY and NPAG
- C. Information, Education and Communication
1. Communicating with counseling Parents, Families and Communities etc.
 2. Organizing Awareness Campaigns, Street Plays, etc.
 3. Prepare Communication and Educational Material
- D. Community Contact
1. Mobilize Community & Elicit Community Participation
 2. Maintain Liaison with Panchayat, Primary Schools, Mahila Mandals and Health Functionaries, etc.
- E. Management and Organisation
1. Management of Anganwadi Centre
 2. Maintenance of Records, Registers and Visitor's Books
 3. Preparation of Monthly Progress Reports

Work perspective of AWWs

Utilizing the presence of an well-established institution of AWC at the local level and the AWW, who is managing the centre, it has been observed in many commissioned and other research studies and also by many ICDS professionals and practitioners that her services are frequently being utilized not only for implementation of other socio developmental programmes sponsored either by Government of India or by concerned State Government/UT Administration but also for

carrying out other tasks related with Health, School Education and Literacy , Revenue, Social Justice and Women's Empowerment, Panchayat Raj and other departments of the government. These additional assignments of other government departments not only results in cutting down her time for direct engagements in service delivery tasks of ICDS but also multiply her responsibilities in diverse modes and manifold ways. The management of some of these additional tasks requires such productive skills and tasks of a kind that AWWs are unlike to able to provide without prejudice to their ICDS work. Apart from adding to work load, these non ICDS duties divert their attention from ICDS in many ways. In the worst cases, they create a situation where the AWW is under pressure to perform these additional duties, which are given more importance than her core responsibilities. She is frequently been seen as an only women who can be conveniently mobilized for special duties, not directly related with ICDS, at the local level.

As a result of these additional tasks being assigned to AWW from time to time, there seems an corresponding increase in their hours of work also , for which sometimes they are being additionally paid by the own resources of the concerned State Governments / UT Administration. The fact of the matter is that as and when any services were to be provided at the grass root level, it is the AWWs who are being entrusted that responsibility. In other words, over the years, ICDS had developed into a useful service delivery mechanism and multiplicities of functions are being assigned to AWWs.

Keeping in view of the above the present study has taken up to understand the dynamics of time management and additional work deployment of AWW in ICDS.

Chapter-2**REVIEW OF LITERATURE**

The present chapter deals with the overview of different research studies related to work management of Anganwadi workers.

2.1 A Micro Study of the Status of the Young Child - A Block Level Study in Chandauli District Of UP: By FORCES. New Delhi: (2005). In Chandauli, 90% of the Anganwadi centers (AWCs) were catering to a population size of more than 1000 people as the district was densely populated. At the block level, 80 beneficiaries were interviewed in 20 Anganwadi centers. Most AWCs had no facilities for medicine storage and the centers lack both indoor and outdoor space and storage facilities for Supplementary nutrition. All the Anganwadi centers had pucca (permanent buildings), infrastructure and 9 out of 10 centers were located in primary schools. Chandauli had the best record of all the districts in this regard as all the AWCs had drinking water and sanitation facility. Only 45% centers had toilet facilities. In Hetampur village, there were 186, 165 and 170 children below six years in three AWCs, and 28, 25 and 26 adolescent girls (AGs) each. Teaching aids in the form of charts and posters were available at the AWCs but the condition of these aids was bad. The AWWs were highly educated and 80% of them were graduates, but 90% of them did not receive any training. The block seemed to have low rate of malnutrition. Awareness about malnutrition and its gradation was not clear to most of the AWWs. Children suffering from Grade I and Grade II malnutrition were not receiving any intervention at all. The prevalence of Grade III and IV malnutrition was quite low. Disability was one area which was neglected in this region. In Kori village, every alternate house of the village had a physically challenged member. In Hetampur village, all deliveries were conducted by the ANM. A large percentage of AGs (80%) had not received any immunization. The immunization record of the children was quite impressive but Vitamin A distribution was not satisfactory. The linkage between primary schools and AWC was quite strong. All the AWCs used preschool kits for teaching. AWWs did not have medicines to treat general ailments and diarrhoea. The infrastructure of PHCs was inadequate. There were beds without mattresses, and unclean delivery rooms. Only immunization was a regular activity carried out by ANMs. Medical Officers of PHCs mentioned

that all services were provided through PHCs, but no data was given on treatment of children. Private practitioners mentioned that most mothers were aware about breastfeeding, but they were not aware of the Pre-Natal Diagnostic Techniques (PNDT) Act. 90% AWCs showed PSE as a regular activity. Community representatives mentioned that AWCs had a positive impact on health, nutrition and education. The MOs, private practitioners, Neem-Hakims and Dais mentioned that they were not aware of PNDT Act. The linkage with PHCs should be strengthened.

2.2 Naveen et.al (2011) studied the knowledge of Anganwadi workers and their problems in an urban block. From each sector, 20% AWWs were enrolled into study. The functioning of AWWs was assessed by interviewing Anganwadi workers for their literacy status, years of experience, their knowledge about the services rendered by them and problems faced by them. As a result most of the AWWs were from the age group of between 41-50 years; half of them were matriculate and 82.14% workers had an experience of more than 10 yrs. Majority (78.58 %) of AWWs had a knowledge assessment score of above 50%. They had best knowledge about nutrition and health education (77.14%).75% of the workers complained of inadequate honorarium, 14.28% complained of lack of help from community and other problems reported were infrastructure related supply. excessive, work overload and record maintenance. Majority of AWWs were beyond 40 years of age, matriculate experienced, having more than 50% of knowledge related to their job. Complaints mentioned by them were chief honorarium related and excessive workload.

2.3 According to the **NCAER evaluation**, about 33% AWCs operated from own buildings, 13.8% from AWWs house and 9.5% were located in school buildings. According to the report of Shri Devendra B. Gupta on Time and Work Study of Anganwadi Workers , 13.8% AWCs were located in school buildings, 19.7% operated from rented premises, and 24.5% AWCs were owned by the state governments. All survey findings indicate that a fairly sizeable proportion of AWCs functioned from community/Panchayat owned buildings.

It is generally asserted that close and regular supervision improves the outcomes of the program. Therefore a set of questions on supervision were asked. Under the ICDS, both supervisors and the CDPO are expected to make supervisory visits to the AWCs under their respective jurisdictions. In practice, however, this task is seldom taken seriously. Indeed TINP's success is usually attributed to close supervision built into the system. It is observed almost two third of the AWCs were supervised at least once in a month, with nearly 13% being never visited by the Supervisory

staff. In Jharkhand, almost half of the sample AWCs were never visited, and only 13% of the AWCs were visited once in a month by the supervisor. The supervisory visits to the AWC by the CDPOs however are seen to be less frequent, although they on the average visited almost one quarter of the AWCs at least once in a month. In Bihar, the CDPO had visited the AWCs only once in a year. The frequency of visit by the DPO to AWCs was almost conspicuous by its absence, though the DPO did visit some AWCs once in a year or once in six months. The frequently supervised activities included checking of children's attendance and record keeping and maintenance of registers (including stock position). Other aspects of supervision included checking of general hygiene and providing guidance in areas where such advice was sought.

2.4 Another concern frequently expressed in the context of the functions discharged by the AWWs is about their participation in activities other than those assigned under the ICDS mandate. When confronted with this question, almost 80% of AWWs confirmed of having worked in programs not related to the ICDS. In Uttar Pradesh, however, this percentage was relatively small (22%). These activities range from pulse polio program to School Chalo Abhiyan and vertical diseases, etc.

2.5 In Kamrup, about 35 (87.5%) centers out of 40 had 70-89 beneficiaries. On an average every centre had a total of 25.60 children in the age group of 0-3 years, and every centre provided services to nearly 6.33 pregnant mothers and 6.41 lactating mothers. The average number of live births was 6.10 per centre per year. Only 22.5% centers recorded the total deaths. On an average 1.22 deaths occurred per year. Out of the total 40 centers, 34 centers accounting for 85% provided immunization to the beneficiaries and 6 of the centers did not keep records of immunization. Only 31 centers provided PHC services to the beneficiaries, but 9 centers did not provide immunization services, and did not keep any record. On an average the centers provided immunization services to nearly 13.23 people, indicating a very low performance of the PHCs. In Dibrugarh, nearly 68% of the centers provided services to 5-9 pregnant mothers and 8 lactating mothers. In Dhubri district, on an average every centre had 97.16 beneficiaries and 42.63 children in the age group of 0-3 years. Only 37 centers maintained records and every centre had 5 pregnant and 5 lactating mothers. Only Dhubri district provided services to adolescent girls, and no other district had any AG beneficiaries which took advantage of the AWC. Most of the centers (82.5%) had 5 AGs, whereas 15% of them did not maintain any records. On an average, the centers had 4.91 AGs as beneficiaries. The average enrollment of children per centre was 40. 26.65% of the male children

and 52.5% of the female children were among the 20-24 enrolled children. On an average there were 6.4 live births in every centre per year. Most centers had not recorded live births (62.5%). 2.5% of the centers had recorded more than 10 live births. Every centre had 1.33 deaths. 85% of the centers had not recorded any death. In East Khasi Hills every centre had nearly 96 beneficiaries. Every centre provided services to nearly 8.06 pregnant women and 7 lactating mothers. The average enrollment per centre was 34.63 children. Every centre averaged 85.13 beneficiaries. 53% of the total centers provided services to 5-9 pregnant women and 8 lactating mothers. 41.10 children were enrolled per centre. In 35% of the centers children had average growth (52.18). The average number of live births was 10.31 annually. Only 27 centers maintained death records, while 13 centers did not maintain them. The number of deaths per year was 2.07. AWCs provided immunization services to nearly 28.77 beneficiaries. Only 32 centers provided immunization services through PHCs, but 8 of the centers did not keep the record or they did not provide immunization services.

2.6 Celine et. al. (2001) attempted to make a realistic assessment of the time utilization by AWWs in relation to their multifarious tasks, and evolve appropriate strategies for improving the functioning of AWCs in Kerala. 400 AWCs and 10,470 respondents were selected. In 76.7% centers less than 20 minutes were assigned for motor activities, which should have been 30 minutes daily. AWWs in 25.3% never attended to this aspect. AWWs in 43% centers did not assign time for creative activities but more AWWs in tribal areas undertook creative activities than AWWs in rural areas. In 37% centers, AWWs spent less than the expected time for supplementary nutrition (SN). Urban areas had highest number of centers where AWWs allocated 90 minutes on SN. The average time spent for each house visit was to be 19-20 minutes, but AWWs in majority of the centers (69.8%) spent below 20 minutes for this. For maintaining records 27-30 minutes were spent daily, which was equivalent to the expected time. However, in certain centers more time was spent on maintaining records. Almost 100% centers had weighing scales, and children were weighed regularly. More than 75% centers utilized morning hours for weighing children. Immunization camps were organized at the AWC in 66.8% cases, the rest were organized at the primary health centers. In 80.5% of the AWCs immunization camps were organized monthly. AWWs spent one day each for project level and sectoral meetings. Time was spent on informing the community, making arrangements, taking sessions and reporting. The average time spent was 30 minutes each, but more than 90% of the AWWs spent below 30 minutes. There was no perfect referral in the

centres. However, most centers provided referral services either partially or for namesake. AWWs mentioned that inadequate public cooperation hindered the smooth functioning of centres. Exhaustive tasks and lack of time stagnated their creativity for discharging their duties in a better way. Helper mentioned that absence of AWWs normally doubled their workload. Beneficiaries were satisfied with the ongoing services of the centre but they complained about the poor infrastructure in a majority of the AWCs. Majority of the key personnel appreciated the activities carried out by AWWs, but they also expressed the need to discontinue certain tasks like health services, surveys, number of meetings, number of registers to be maintained, house visits and panchayat related tasks.

2.7 Animesh et. al (2014) Anganwadi worker (AWW) is an important functionary in integrated child development scheme (ICDS). To study perceived responsibilities, workload, operational difficulties, and satisfaction level of AWWs. As a result Pre-school education, house visits, records-keeping were perceived as important activities by 92.4%, 60.6%, and 57.6%, respectively, growth monitoring and immunization by 3% and 4.5%, respectively; 51.5% did not have adequate time for duties, and 74.2% were doing non-ICDS duties. Heavy workload was the major perceived operational difficulty for 66.7% of the respondents. Timely supplementary food was available as per 92.4%. Inadequacies in equipments, workspace, training, and staffing were noted by 47%, 18.2%, 7.6%, and 7.6%, respectively. No operational difficulties were seen by 10.6%. Induction job training was provided to 36 (54.5%), and 17/66 (25.8%) felt they were inadequately trained despite yearly refresher courses. Dissatisfaction with monthly honorarium, availability of equipment, supplementary food, and maintenance of registries was reported by 89.4%, 53%, 54.6%, and 43.9%, respectively. Despite this, 62.1% (40/66) were satisfied. AWWs about the perceived operational difficulties that they faced during their day-to-day work. Two-third (66.7%) of AWWs felt that they were occupied and stressed with workload more than what is described in the ICDS project. They suggested that they should be spared from getting involved in non-ICDS programs. Other issues expressed included difficulty in obtaining supplementary nutrition, transportation problems, inadequate workspace, staff, and training. Only 10.6% (7) of AWWs had no operational difficulties.

2.8 Saini et. al. (2016) conducted a study to assess the workload and perceived constraints of Anganwadi workers in a north Indian city. Anganwadi workers was not able to work as per the

activities specified in recommended time as records maintenance consumed lot of time i.e. three times more than the recommended time. Due to this, time spent in preschool education and home visit was less than the recommended time. Low honorarium, register work, meeting out of duty hours, short attendance of children and adolescent girls, not adequate space in Anganwadi centre, no government building for Anganwadi centre were some of the problems reported by Anganwadi workers. Anganwadi workers were unable to render services as per the recommended time because considerable time was spent in maintaining records and other activities. So, time allocation pattern for ICDS activities need to be reviewed.

2.9 Patil SB, Doibale MK, (2013) conducted a study on Knowledge and problems of Anganwadi workers in ICDS blocks: a cross sectional study which aims to study the profile of Anganwadi Workers (AWWs) and to assess knowledge of AWWs & problems faced by them while working. Anganwadi centres were selected by stratified sampling technique. From each block 10% AWWs were enrolled into study. The functioning of AWWs was assessed by interviewing Anganwadi workers for their literacy status, years 34 of experience, their knowledge about the services rendered by them and problems faced by them. Most of AWWs were from the age group of between 41-50 years; more than half of them were matriculate and 34(69.38%) workers had an experience of more than 10 yrs. Majority (81.63 %) of AWWs had a knowledge assessment score of above 50%. They had best knowledge about nutrition and health education (70%). 87.7% of the workers complained of inadequate honorarium, 28.5% complained of lack of help from community and other problems reported were infrastructure related supply, excessive work overload and record maintenance.

2.10 Thakare et al. (2011) have conducted a study of functioning of Anganwadi centers of urban ICDS block of Aurangabad. The study assess the different aspects of functioning of Anganwadi workers in relation to health services provided, available infrastructure & logistic at Anganwadi centers. Cross sectional and stratified sampling technique method was used for selection of Anganwadi centres. The study was found that AWCs are providing NFPSE (40%), nutrition and health education (100%), supplementary nutrition, immunization camps (60.71%). Health checkups are not conducted. More than 50% have required infrastructure, 55% of AWWs have maintained records properly; iron tablets and vitamin A syrup are not available with any AWC from last 7-8 months.

2.11 Malla *et.al* (2015) conducted a study was to assess the knowledge and practices of Anganwadi workers (AWWs) and availability of infrastructure for AWC under ICDS. All the AWWs and (97%) of Anganwadi helpers (AWHs) were trained and had been rendering adequate services but they were not much reflective of the same when being questioned on the knowledge parameter. Majority, (98%) of AWWs provided different services to the adolescent girls, like IFA & deworming tablets, non-formal health education and supplementary nutrition. Majority of AWCs,(85%) had single room for sitting, cooking and storing food items, LPG for cooking food, (98%) and Pucca house, (98%). All AWCs had doors, drinking water and toilet facilities, while (93%) AWCs had adequate posters and charts. Some AWWs, (27%) reported discontent with their remuneration. AWCs need to be strengthened in structure and supplies and AWWs need to be given more salary so that they can be motivated to take interest in all activities of the project. There is genuine need to repair/replace the storing bins and other infrastructure time to time.

2.12 Sheth *et.al* (2015) evaluates the nutritional and other activities at Anganwadi centers under integrated child development services program in different districts of Gujrat. A total of 60 AWCs were selected including 46 AWCs from the rural area and 14 AWCs from the urban area during April 2012 to March 2013 from 12 districts of Gujarat. Five AWCs were selected from one district randomly. Detailed information about various nutritional activities including growth monitoring, information related to preschool education (PSE), and nutrition and health education (NHED) were collected. It was found that there were gaps in the status of PSE activities in AWCs, which needs to be promptly addressed. The need for PSE should be emphasized to all AWWs. There was also a shortage of supply of PSE and NHED material at the AWCs suggesting need of regular supply of material.

2.13 Borgohain and Saikia (2017) conducted a study on problems of Anganwadi workers in Sivasagar district of Assam. The sample of 380 Anganwadi workers of ICDS project were selected from different Anganwadi Centres located in Sivasagar district of Assam. Purposive sampling technique has adopted for sample selection and exploratory research design has adopted to assess the problems of these workers. The analysis indicates that nature of duties and responsibilities assigned to Anganwadi workers by the ICDS and the social economic expectation of their family, community and society keeps them in a perpetual state of despair and unhappiness and they were

having dissatisfied with component of salary and over workload but they are satisfied with other aspect of job.

2.14 Kumari and Bharathi (2017) studied in effective involvement of Anganwadi workers in disseminating the services at community level. In this view point the study was carried out to evaluate job involvement of Anganwadi workers in Tirupati and Srikalahasthi areas of Chittoor district both in rural and urban areas. The data gathered well demonstrated effective job involvement of all Anganwadi workers irrespective any socio-demographic variable selected such as age, education, training and habitat. However, younger women performed better than Anganwadi workers of more than 30 years. Graduated women scored higher than non-graduated. It was observed that urban Anganwadi workers involved relatively higher than rural Anganwadi workers. Whatever might be the differences, training also observed to be crucial in imparting better job skills and involvement for performing the job much more effectively.

2.15 Kumar et al. (2017) The impact of such development and existing programme performance remain debatable due to the paucity of evaluation research. Methods: A study was conducted to evaluate the ICDS services implemented in urban slums of Delhi. Mix-methods descriptive case study was done using adapted ICDS monitoring tool in a pre-identified slum. The slum was purposely chosen for its intensive habitation of the poor and marginalized population. Primary data were collected through personalized interviews with program staff, health functionaries, and community representatives. Secondary data were collected from records available at Anganwadi centre (AWC). The case study unveils poor infrastructure, coverage and community participation for ICDS services. Immunization and referral networking is often dysfunctional reflecting the need for enhanced inter-sectoral cooperation. Adapted tools could serve as an effective strategy for evaluating and facilitating need-based improvements.

2.16 Kalpana Joshi (2018) conducted a study on Knowledge of Anganwadi workers and their problems in Rural ICDS block. Study design: cross sectional study. For study purpose Anganwadi centres were selected by convenient sampling technique. The functioning of AWWs was assessed by interviewing Anganwadi workers for their literacy status, years of experiences, their knowledge about the services rendered by them and problems faced by them. It was found that majority (53%) AWWs were in the age range of 20-30 years, whereas only (5%) were in the age range of > 50

years. The majority (45%) AWWs were educated up to secondary; while (34%) were educated up to higher secondary and only (3%) were educated up to primary class and post graduate. (29%) AWWs had maximum experience in the range of more than 15 years and the majority, (42%) had 5-10 years of experience. In the present study major problem was that other infrastructure related problems and inadequate supply of play material as their major problem, was reported by (55%) of the AWWs, (24%) had reported Inadequate water, electricity supply and drainage system, (10%) had problem of delay in receiving funds and necessary items, like kerosene oil, cooking items etc. (8%) had problem of inadequate honorarium, and only (3%) of AWWs had problem of record maintenance was unnecessary burden. (63%) of AWWs covered 100-500 population and (32%) of AWWs covered population range of 500-1000 population and (5%) AWWs covered more than 1000 population. JSY services to mothers was being provided by (76%) AWWs, and (26%) of AWWs reported that they provided prophylaxis against blindness and anaemia & (50%) also participate in DOTS programme by giving medicines. 100% AWCs had charts and poster and only 26.3% of AWCs had adequate play materials.

Thus, the review of studies suggested that additional work deployment of AWWs has positively supported the implementation of multiple government schemes at grass root level on one hand but at the same time the performance indicators of service delivery at AWC has affected adversely on the other hand. The present study has been taken up to understand the actual engagement in additional assignments and to suggest time management structure for efficient outcomes.

Chapter-3

METHODOLOGY

The main purpose of this chapter is to describe the materials and methods followed in conducting the present study. The methodology followed during the course of the study is discussed under the following sections.

- 3.1 Research Design
- 3.2 Sampling Procedure
 - 3.2.1 Locale of the study
 - 3.2.2 Selection of sample
 - 3.2.3 Selection of Respondents
- 3.3 Data collection tools
- 3.4 Procedure for Data Collection
- 3.5 Pretesting of Schedules
- 3.6 Scoring and Tabulation
- 3.7 Data Analysis
- 3.8 Presentation of Report
- 3.9 Limitation of the study

3.1 Research design

Research design is a coherent plan in conducting research which deals with structure and strategy in investigation to obtain answers to research questions. “Descriptive Research Design” was adopted for the present study and Survey Method was used to collect the data from the respondents.

3.2 Sampling procedure

3.2.1 Locale of study

The data was collected from the four states i.e., Uttar Pradesh, Bihar, Jharkhand and Himachal Pradesh. From each state one Aspirational and one High burden district was purposively selected due to easy accessibility and economic viability. In Uttar Pradesh (Shravasti and Banda), Bihar (Muzaffarpur and Gaya), Jharkhand (Dhanbad, West Singhbhum) and Himachal Pradesh (Chamba) were selected for data collection.

3.2.2 Selection of sample

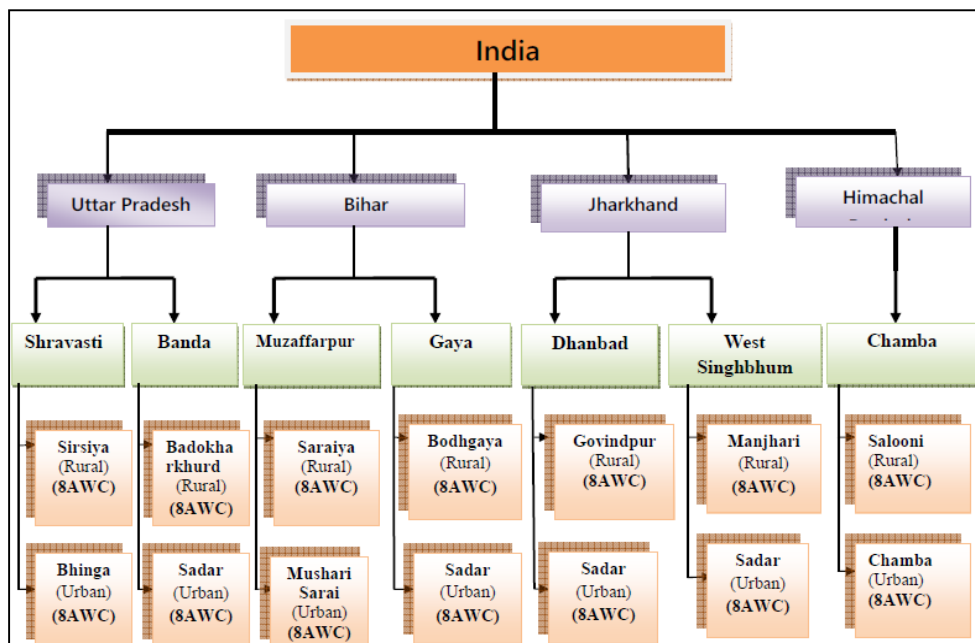
In total, the study was conducted in 14 ICDS projects of seven districts of four states respectively. From each district one rural and one urban ICDS project was selected and data was collected from 112 Anganwadi Centres.

3.2.3 Selection of Respondents

The team of ICDS functionaries namely AWWs, Supervisors and CDPOs comprised an important set of respondents. In addition to observing the functioning of these 112 Anganwadi centres and gathering the quantitative and qualitative data from 112 Anganwadi workers, two circle supervisors from each ICDS project were also interviewed to get feedback from them regarding various dimensions of time management and additional work deployment of AWWs.

Besides above target respondents in the sample, concerned CDPOs of the project (14 CDPOs) and stakeholders from each of 112 sampled AWCs were also interviewed so as to seek their responses/ views regarding the varied nature of engagements of AWWs. Stakeholders were defined as Primary School Teacher, Senior Community Member, Members of Youth Clubs, PRIs and Mahila Mandals members, etc. For the above study focus group discussion was done with some stakeholder such as primary school teacher and Gram Pradhan.

Conceptual Model of Distribution of Sample



*For each ICDS project 8 AWC is purposively selected from the study

*Total Sample:-14 ICDS Projects, 12 CDPOs, 24 Supervisors and 112 Anganwadi workers

3.3 Data Collection Tools

In order to collect the required information and data for the study, following four types of appropriate performance / schedules were devised.

1. Interview Schedule for Anganwadi Worker
2. Interview Schedule for Supervisors
3. Interview Schedule for CDPOs
4. Focus group discussion checklist Stakeholders

1. Interview Schedule for Anganwadi Worker

The basic purpose behind developing the interview schedule for AWWs was to get the required data from them about that input and process variables which may have direct or indirect bearing on time allocation, working pattern and additional work deployment of AWWs. With the help of this schedule, such required data were basically gathered on six broad categories of;

- Profile of AWWs
- Actual dynamics of time management in performing various activities
- Operational linkages with converging agencies

- Assignment in Non ICDS work
- Value preference for various services and job responsibilities.
- Problem/constraints faced by the AWWs

2. Interview Schedule for Supervisors and CDPOs

The interview schedule for supervisory staff of ICDS scheme (CDPOs and Supervisors) were aimed to get an information regarding their visits to AWC and other aspects of the programme (like convergence and coordination, advocacy and awareness) and assignment of AWWs in non ICDS work of other departments.

3.4 Pretesting of Interview Schedules

Pretesting was carried out in Aliganj (rural) ICDS project of Lucknow district of Uttar Pradesh. It helps to establish the reliability of the interview schedules and it was administered on a group of ICDS functionaries such as Anganwadi Workers, CDPOs and Supervisors. The pretesting proved quite fruitful as it helped in making necessary modifications.

3.5 Procedure for Data Collection

Data for the present study was collected with the help of interview schedules developed for the study. The purpose of the study was explained to concern DPOs, CDPOs in selected Districts. Letters were sent to them regarding the tentative plan for data collection in order to obtain their maximum cooperation. The list of rural and urban projects was provided by them to the research team in selected districts. The data was collected from each rural and urban project of the selected districts. The data collection process was started from 8 AWCs of Sirsiya (rural) followed by 8 AWCs Bhinga (urban) ICDS Project of district Shravasti. Similarly, Badokhar khurd (rural) and urban ICDS Project were selected from district Banda. Further, the data was collected from two districts of Bihar state, i.e., Muzaffarpur and Gaya. From Muzaffarpur district, 8 AWCs of Saraiya (rural) and 8 AWCs of Mushari Sarai (urban) projects was selected. In Gaya district, 8 AWCs of Bodhgaya (rural) and 8 AWCs of Sadar projects was selected. After that two districts of Jharkhand i.e., Dhanbad and West Singhbhum was selected. From Dhanbad 8AWCs of Govindpur (rural) and 8 AWCs Sadar projects were selected. In West Singhbhum 8AWCs of Manjhari (rural) and 8AWCs of Sadar projects were selected. Lastly, data was gathered from only one district of Himachal Pradesh state namely Chamba. From Chamba, eight AWCs of rural and 8AWCs of

urban projects were selected. Overall, it took four months for data collection for four states of India.

3.5 Scoring and Tabulation

The filled schedules were properly rechecked and numbered. Three excel sheet of ICDS functionaries i.e. Anganwadi workers, Supervisors, CDPOs and stakeholders were prepared and data was entered. A numbers of tables were formulated depending on the kind of information required by keeping the objectives of the study. The collected information was compiled in Microsoft excel.

3.7 Data Analysis

The obtained data was compiled and filtered in excel sheets. The data was analyzed in terms of frequency and percentage. To reflect the overall picture and for easier understanding of situation pictorial graphs had been formed.

3.8 Presentation of Report

The study is divided into six chapters for better understanding of various steps involved. The first chapter is dedicated to give an overview of Child care services, i.e., Integrated Child Development Scheme (ICDS). Under ICDS Anganwadi services was broadly discussed. The second chapter mentions the research studies conducted by various researchers, scholars and subject experts focusing on work perspective and problems faced by Anganwadi workers at Anganwadi centres. The third chapter is concentrating on methodology used in the study including sampling procedure, tools used in data collection, procedure of data collection and analysis of data. The fourth chapter is dedicated to analyze the data and interpret the same through tables, graphs and pictures. The fifth chapter explains about the summary and major findings of the study. The last chapter is comprised of suggestions and recommendations of the study. The report also shows the various schedules used for the data collection and bibliography as annexures.

Chapter-4**RESULTS AND DISCUSSION**

This chapter deals with detail description of the empirical data findings of the present investigation. The chapter describes Profile of the Anganwadi workers, Supervisors, CDPOs, Time management of AWWs at AWCs and their engagement in different types of work of other departments. The data have been collected from seven districts of four states i.e., UP, Bihar, Jharkhand and Himachal Pradesh with the help of self-structured interview schedule. The data collected was coded, tabulated and analyzed using appropriate statistical tools.

Personal Profile of AWWs**Table 4.1 Distribution of respondent according to their educational status and work experience**

Education Status	Frequency (N=112)	Percentage
Illiterate	00	00
Up to 5 th Class	00	00
6th-9 th class	03	2.67
Matric (X pass)	19	16.96
Higher Secondary	40	35.71
Graduate	38	33.92
Post Graduate	12	10.71
Working experience in ICDS		
(Up to one year)	00	00
(1 to 3 years)	01	0.89
(3 to 5 years)	06	5.35
(5 to 10 years)	33	29.46
(10 to 15 years)	41	36.60
(15 to 20 years)	10	8.92
(>20 years)	21	18.75

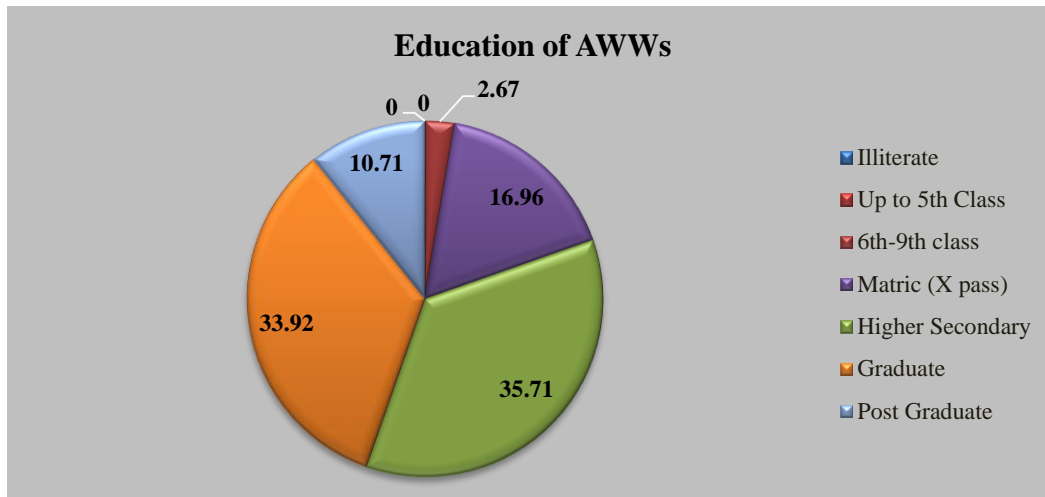


Figure 4.1(a) Educational status of AWWs

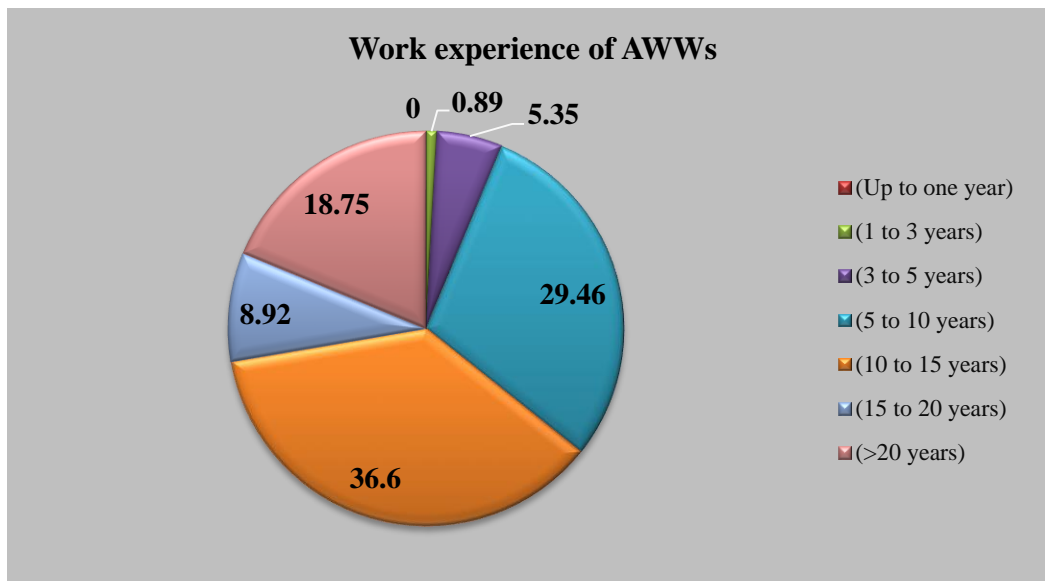


Figure 4.1(b) Work experience of AWWs

The Table 4.1 and Figure 4.1(a), 4.1(b) highlight the educational status and work experience of Anganwadi workers. It was observed from the above Table and Figures that 35.71 percent of respondents were having education up to higher secondary, 33.92 were graduates, 16.96 percent were attained education up to Matric (Class 10 pass) and 10.71 percent were post-graduate. However few of them 2.67 percent were having education up to 6th -9th standard.

While considering the work experience of AWWs in ICDS it was found that majority of 36.6 percent of AWWs having (10-15 years) of work experience followed by 29.46 percent having (5-10 years), 18.75 percent possessed more than 20 years of work experience, 8.92 percent having

(15-20 years), 5.35 percent having (3-5 years) of work experience and very less 0.89 percent of AWWs acquired (1-3years) of work experience in ICDS.

Table 4.2 Training received by Anganwadi Workers

Training	Frequency(N=112)	Percentage (%)
Job		
Yes	108	96.42
No	04	3.57
Refresher		
Yes	74	66.07
No	38	33.92
Special Training		
Yes	23	20.53
No	89	79.46

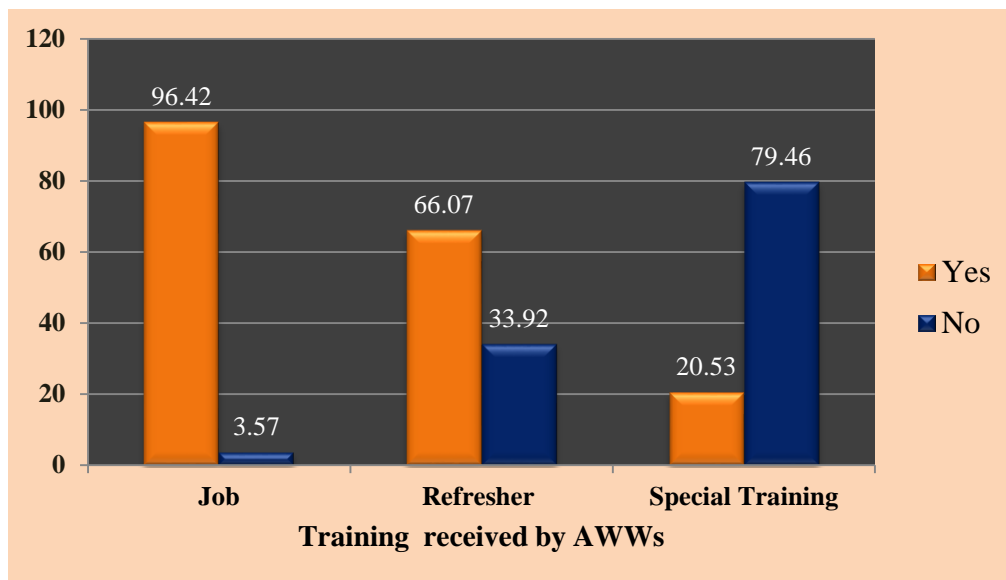
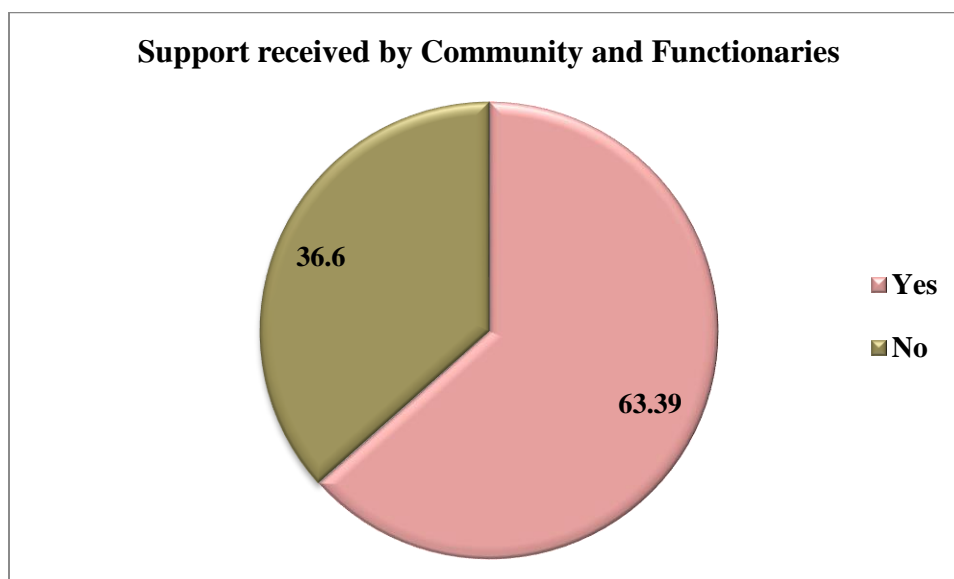


Figure 4.2 Training received by AWWs

As evident from the Table and Figure 4.2 that majority of 96.42 percent of AWWs received job training followed by 66.07 percent of AWWs received refresher training and 20.53 percent have received special training such as ECCE, PMMVY and CAS mobile. Majority 79.46 percent have not received special training, 33.92 percent have not received refresher and few of them 3.57 percent have still not received job training.

Table 4.3 Received support of the community and various functionaries of village Institutions to deliver the ICDS services

Supported	Frequency	Percentage (%)
Yes	71	63.39
No	41	36.60
If yes, specify the extent of help		
Very helpful	04	5.63
Helpful	58	81.69
To some extent	09	12.67
NA	00	00

*Figure 4.3 Percentage of support received from community and various functionaries of village institutions to deliver the ICDS services*

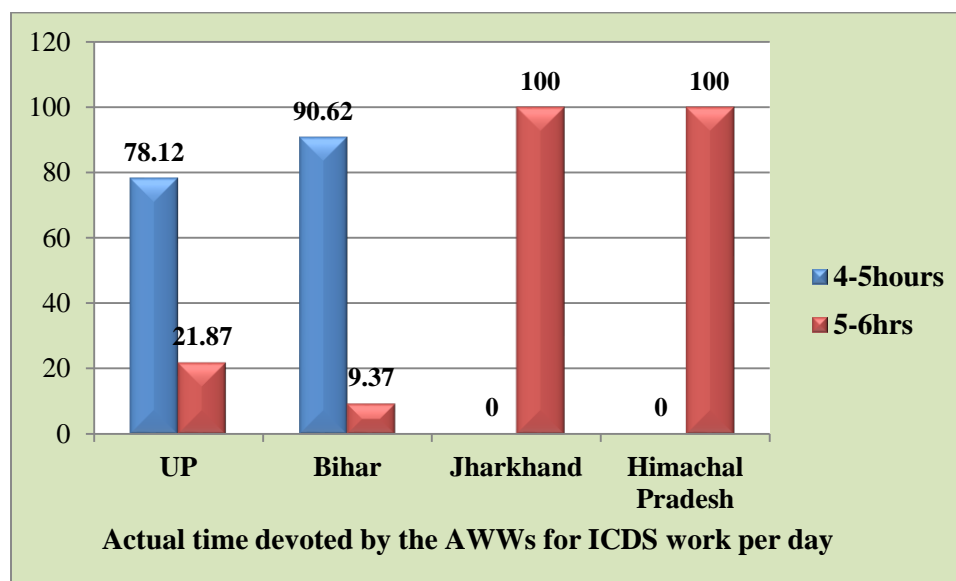
The Table and Figure 4.3 depict the status of support received by community and various functionaries of village institutions to deliver the ICDS services. It was observed from above data that more than half (63.39%) percent of AWWs receive support from community member and village functionaries while rest of 36.6 percent were not getting any support from community member and village functionaries in delivering ICDS services.

Table 4.4 Actual time devoted by the AWW for ICDS work per day

States	UP (N=32)		Bihar (N=32)		Jharkhand (N=32)		Himachal Pradesh (N=16)	
	F	%	F	%	F	%	F	%
4-5hours	25	78.12	29	90.62	00	00	00	00
5-6hrs	07	21.87	03	9.37	32	100	16	100

F=Frequency

% =Percentage

*Figure 4.4 Percentage of actual time devoted by the AWWs for ICDS work per day*

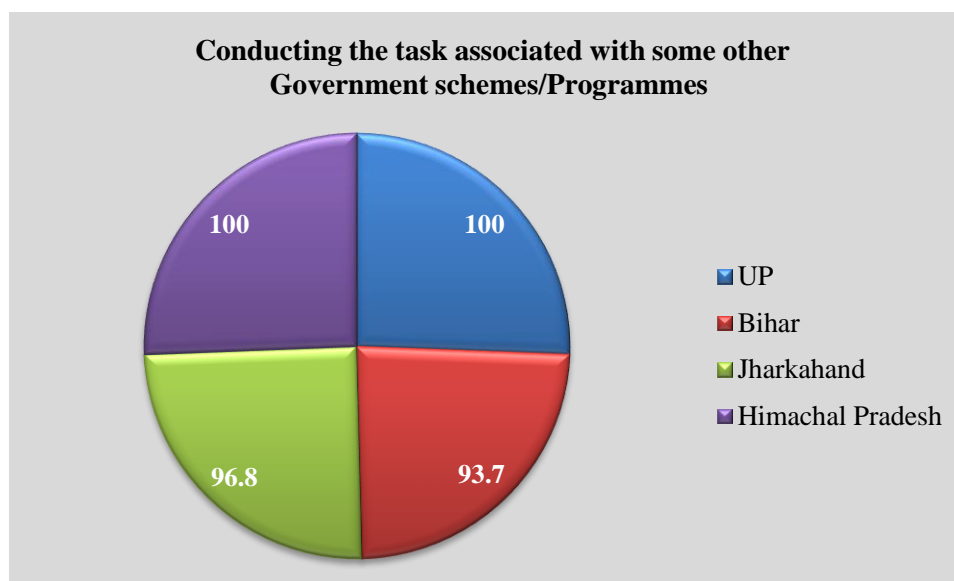
The above table and figure 4.4 shows the actual time devoted by the AWWs for ICDS work per day in Uttar Pradesh, Bihar, Jharkhand and Himachal Pradesh. In Jharkhand and Himachal Pradesh (100 percent) of AWWs were devoting 5-6 hours per day in conducting ICDS work where as in Bihar and Uttar Pradesh majority of (90.62 percent) and (78.12 percent) of AWWs were devoting 4-5 hours per day in conducting ICDS related work. In Uttar Pradesh and Bihar only (21.87) and (9.37 percent) were devoting 5-6 hours per day in conducting ICDS work.

Table 4.5 Mobilized for conducting the task associated with some other Government schemes/Programmes during last one year

States	UP (N=32)		Bihar (N=32)		Jharkhand (N=32)		Himachal Pradesh (N=16)	
	F	%	F	%	F	%	F	%
Yes	32	100	30	93.7	31	96.8	16	100
No	0	0	2	6.2	1	3.1	00	00

F=Frequency

% =Percentage

*Figure 4.5 Percentage of mobilization for conducting the task associated with some other Government schemes/Programmes during last one year*

The table illustrated the mobilization for conducting the task associated with some other government schemes/ Programmes. In Uttar Pradesh and Himachal Pradesh all (100 percent) of the Anganwadi worker have responded that they were associated with some other non ICDS work whereas in Jharkhand (96.8 percent) and Bihar (93.7percent) majority of Anganwadi worker were found to be involved in conducting the tasks associated with some other departments. Thus, it is clear that the engagement of Anganwadi workers in various works of other departments was maximum.

Table 4.5.1 Comparative analysis of different types of additional work involvement of AWWs

S.No.	Type of work	UP (N=32)		Bihar (N=32)		Jharkhand (N=32)		Himachal Pradesh (N=16)	
		F	%	F	%	F	%	F	%
1.	Pulse Polio	18	56.2	20	62.5	30	93.7	15	93.75
2.	Leprosy eradication	11	34.3	16	50	11	34.37	00	00
3.	Election work	19	59.3	20	62.5	30	93.7	02	12.5
4.	Family planning	1	3.2	0	0	0	0	00	00
5.	Census	12	37.5	02	6.2	00	00	00	00
6.	Adult education	00	00	00	00	00	00	00	00
7.	Natural calamities	00	00	13	40.6	00	00	00	00
8.	Scheme for Social Welfare like old age pension, juvenile homes etc	07	21.8	07	21.8	07	21.8	00	00
9.	Schemes for primary education like SSA	00	00	00	00	00	00	00	00
10.	Mid-Day Meal	00	00	00	00	00	00	00	00
11.	ECCE centers of SSA / NPEGEL	00	00	00	00	00	00	00	00
12.	Rehabilitation	00	00	00	00	00	00	00	00
13.	VIP movements	03	9.3	00	00	00	00	00	00
14.	SHGs	01	3.1	00	00	00	00	00	00
15.	Birth & Death Registration	0	0	02	6.2	00	00	00	00
Any other									
16.	Distribution of Filaria tablets	02	6.2	07	21.8	28	87.5	00	00
17.	Distribution of Vit A tablets	00	00	10	31.2	00	00	01	6.25
18.	Census of Water resources(Well/ Hand pump)	01	3.1	00	00	00	00	00	00
19.	TB	03	9.3	00	00	00	00	00	00
20.	Measles and rubella	09	28.1	13	40.62	00	00	00	00
21.	Social Campaign (AIDS, <i>Balviva</i>)	00	00	01	3.1	00	00	00	00
22.	Aadhaar card	09	28.1	01	3.1	00	00	01	6.25
23.	Ration card	03	9.37	05	15.62	00	00	00	00
24.	Ayushman Bharat	04	12.5	00	00	00	00	00	00

F=Frequency

% =Percentage

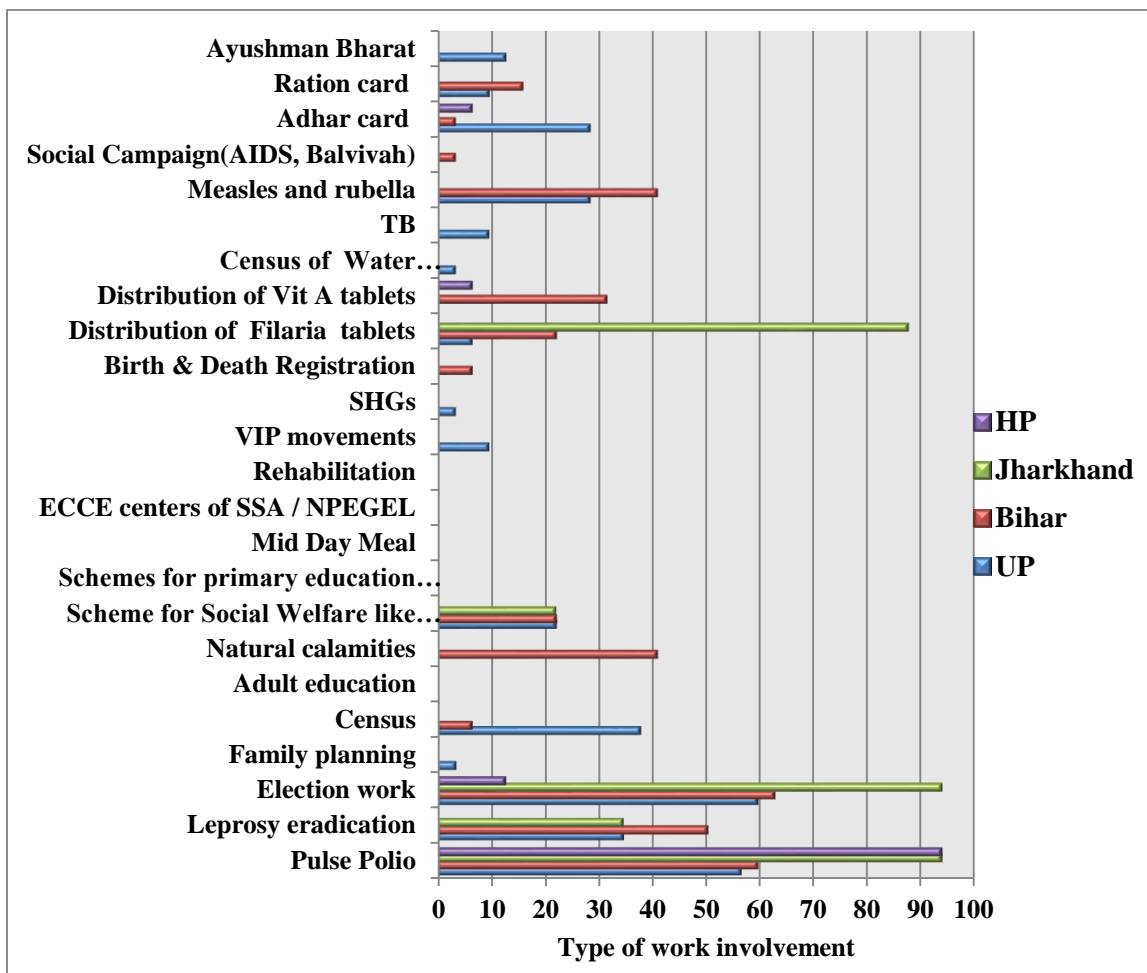


Figure 4.5.1 Percentage different types of additional work involvement of AWWs

The above Table and Figure 4.5.1 shows the different types of work in which Anganwadi workers being involved. In Uttar Pradesh more than half, i.e., 59.3 percent of the Anganwadi workers were involved in election work that include BLO, 56.2 percent were engaged in pulse polio programme, 34.3 percent were engaged in performing duty for Leprosy eradication, 37.5 percent AWWs were engaged in census work ,28.1 percent were involved in measles and rubella as well as Aadhaar/Ration card and some schemes such as old age pension scheme related work, 12.5 percent were occupied in different activities related to Ayushman Bharat, 9.3 percent workers engaged in performing different types duties during VIP movements and immunization work for tuberculosis. Few of 6.2 percent AWWs were engaged in distributing of tablets for Filaria. Rest of the 3.1 percent and 3.2 were occupied in SHGs and family planning awareness programmes.

In Bihar state, the percentage of involvement of AWWs in election work was 62.5 percent followed by 62.5 percent in pulse polio, half of the 50 percent AWWs were involved in performing duty of Leprosy eradication, 40.6 percent were occupied in packing foods during natural calamities, 37.5 percent were engaged in providing vaccines of measles and rubella with ANM, 31.2 percent were involved in distributing Vitamin A tablet, 21.8 percent were involved in old age scheme and distribution of tablets for filaria. 15.62 percent were engaged in ration card related work, 6.2 percent were involved in census and birth and death registration work and few of them 3.1 percent were involved in conducting the work related to social campaign such as AIDS and child marriage and Aadhaar card.

In Jharkhand majority of 93.7 percent AWWs were involved in pulse polio and election work followed by 87.5 percent were involved in distribution of tablets of Filaria, 34.37 percent were involved in Leprosy eradication work and 21.8 percent were engaged in old age pension scheme.

In Himachal Pradesh 100 percent of AWWs were involved in pulse polio work, 12.5 percent were in election work and few of 6.25 percent were involved in distribution of Vitamin A , Albendazole tablets and in Aadhaar card related work. While comparing all four states it was clear that the additional work involvement of AWWs in Uttar Pradesh and Bihar is higher than Jharkhand and Himachal Pradesh.

Table 4.5.2 Comparative analysis of actual no. of days spend in performing additional work

S.No.	Type of work	UP (N=32)		Bihar (N=32)		Jharkhand (N=32)		Himachal Pradesh (N=16)	
		F	%	F	%	F	%	F	%
1.	Pulse Polio								
	<5days	07	21.87	00	00	30	93.75	15	93.75
	5-10days	11	34.37	20	62.5	00	00	00	00
	More than 10days	00	00	00	00	00	00	00	00
2.	Leprosy eradication								
	<5days	04	12.5	07	21.87	06	18.75	00	00
	5-10days	06	18.75	08	25	05	15.62	00	00
	More than 10days	01	3.12	01	3.12	00	00	00	00
3.	Election work								
	<5days	15	46.87	20	62.5	25	78.12	02	12.5
	5-10days	02	6.25	00	00	00	00	00	00
	More than 10days	03	9.37	02	6.25	04	12.5	00	00
4.	Family planning								
	<5days	01	3.12	00	00	00	00	00	00
	5-10days	00	00	00	00	00	00	00	00
	More than 10days	00	00	00	00	00	00	00	00

5.	Natural calamities								
	<5days	00	00	02	6.25	00	00	00	00
	5-10days	00	00	02	6.25	00	00	00	00
	More than 10days	00	00	09	28.12	00	00	00	00
6.	Scheme for Social Welfare like old age pension, juvenile homes, etc.								
	<5days	03	9.37	02	6.25	04	12.5	00	00
	5-10days	03	9.37	02	6.25	00	00	00	00
	More than 10days	01	3.12	03	9.37	03	9.37	00	00
7.	VIP movements								
	<5days	02	6.25	00	00	00	00	00	00
	5-10days	00	00	00	00	00	00	00	00
	More than 10days	01	3.12	00	00	00	00	00	00
8.	SHGs								
	<5days	01	3.12	00	00	00	00	00	00
	5-10days	00	00	00	00	00	00	00	00
	More than 10days	00	00	00	00	00	00	00	00
9.	Birth & Death Registration								
	<5days	00	00	00	00	00	00	00	00
	5-10days	00	00	00	00	00	00	00	00
	More than 10days	00	00	02	6.2	00	00	00	00
Any other									
10.	Distribution of Filaria tablets								
	<5days	01	3.12	02	6.25	28	87.5	00	00
	5-10days	01	3.12	02	6.25	00	00	00	00
	More than 10days	00	00	03	9.37	00	00	00	00
11.	Distribution of Vitamin A tablets								
	<5days	00	00	08	25	00	00	01	6.25
	5-10days	00	00	02	6.25	00	00	00	00
	More than 10days	00	00	00	00	00	00	00	00
12.	Census of Water resources (Well/Hand pump)								
	<5days	01	3.12	00	00	00	00	00	00
	5-10days	00	00	00	00	00	00	00	00
	More than 10days	00	00	00	00	00	00	00	00
13.	TB								
	<5days	03	9.37	00	00	00	00	00	00
	5-10days	00	00	00	00	00	00	00	00
	More than 10days	00	00	00	00	00	00	00	00
14.	Measles and rubella								
	<5days	05	15.62	13	40.62	00	00	00	00
	5-10days	04	12.5	00	00	00	00	00	00
	More than 10days	02	6.25	00	00	00	00	00	00
15.	Aadhar card								
	<5days	04	12.5	00	00	00	00	01	6.25
	5-10days	01	3.12	00	00	00	00	00	00
	More than 10days	04	12.5	01	3.12	00	00	00	00
16.	Ration card form filling								
	<5days	01	3.12	01	3.12	00	00	00	00
	5-10days	01	3.12	01	3.12	00	00	00	00
	More than 10days	01	3.12	03	9.37	00	00	00	00

17.	Ayushman Bharat								
	<5days	01	3.12	00	00	00	00	00	00
	5-10days	01	3.12	00	00	00	00	00	00
	More than 10days	02	6.25	00	00	00	00	00	00

F=Frequency

%=Percentage

The above Table 4.5.2 shows the comparative analysis of actual no. of days spend in performing additional work by AWWs. In UP 46.87 percent of the Anganwadi workers were engaged less than 5days, 9.37 percent for more than 10days and 6.25 percent for 5-10 days in election duty. In pulse polio programme 34.37 percent were involved for 5-10days, 21.87 for up to 5 days further in Leprosy eradication 18.75 percent were workers for 5-10 days, 12.5 percent for less than 5 days and few of them 3.12 percent were involved for more than 10days. In social welfare pension scheme (old age pension scheme) 9.37 percent workers involved for less than 5days and for 5- 10 days and 3.12 percent for more than 10days. In measles and rubella along with ANM 15.62 percent workers involved for less than 5days, 12.5 percent were for 5-10 days and 6.25 percent were for more than 10day further in Aadhaar card 12.5 percent were engaged less than 5 days and for more than 10 days and about 3.12 were for 5-10 days. In VIP movements 6.12 percent of workers engaged for less than 5 days and 3.12 percent for more than 10 days. In Family planning, SHGs and water resource census and TB 3.12 percent and 9.37 percent of workers involved for less than 5days. 3.12 worker were also involved on distribution of tablets of Filaria less than 5 days and 5-10 days. In Ayushman Bharat and ration card 3.12 percent workers were involved for less than 5 days, 5-10days and 6.25, 3.12 percent were for more than 10 days.

In Bihar state, the percentage of involvement of AWWs in election work was 62.5 percent for up to 5 days, 6.25 for more than 10 days followed by 62.5 percent engaged in pulse polio for 5-10 days, half of the 25 percent AWWs were involved 5-10 days, 21.87 percent for less than 5days and 31.2 percent for more than 5 days in performing duty of Leprosy eradication, 28.12 percent were occupied for more than 10 days, 6.25 were for less than 5 days and for 5-10 days in packing foods during natural calamities, 40.62 percent were engaged for less than 5days in providing vaccines of measles and rubella with ANM, 25 percent were involved for less than 5 days and 6.25 for 5-10 days in distributing Vitamin A tablet, 6.25 percent were involved for less than 5days and for 5-10 days, 9.37 percent for more than 10 days in old age pension scheme and distribution of tablets for filaria. 3.12 percent were engaged for less than 5 days and 5-10 days and 9.37 percent

for more than 10days in ration card related work, 6.2 percent were involved for more than 10days in birth and death registration work and few of them 3.12 percent were involved for less than 5days in conducting the work related to social campaign such as AIDS and child marriage and 3.12 percent for more than 10days in Aadhaar card.

In Jharkhand, majority of 93.7 percent AWWs were involved for less than 5 days in pulse polio and 78.12 percent for less than 5 days, 12.5 percent workers for more than 10 days election work followed by 87.5 percent were involved for less than 5days and in distribution of tablets of Filaria, 18.75 percent were involved for less than 5days and 15.65 percent for 5-10 days in Leprosy eradication work and 12.5 percent were engaged for less than 5days and 9.37 percent for more than 5 days in old age pension scheme.

In Himachal Pradesh 100 percent of AWWs were involved for less than 5days in pulse polio work, 12.5 percent were engaged for less than 5 days in election work and few of 6.25 percent were involved for less than 5 days in distribution of Vitamin A , Albendazole tablets and in Aadhaar card related work.

Table 4.5.3 Comparative analysis of hours spent in performing additional work

S.No.	Type of work	UP (N=32)		Bihar (N=32)		Jharkhand (N=32)		Himachal Pradesh (N=16)	
		F	%	F	%	F	%	F	%
1.	Pulse Polio								
	<5hrs	03	9.37	01	3.12	00	00	00	00
	5-10 hrs	15	46.8	19	59.37	30	93.75	15	93.75
	More than 10 hrs	00	00	00	00	00	00	00	00
2.	Leprosy eradication								
	<5hrs	08	25	06	18.75	09	28.12	00	00
	5-10days	03	9.37	10	31.25	02	6.25	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
3.	Election work								
	<5hrs	03	9.37	00	00	00	00	00	00
	5-10hrs	15	46.8	22	68.75	29	90.62	01	3.12
	More than 10hrs	02	6.25	00	00	00	00	00	00
4.	Family planning								
	<5hrs	01	3.12	00	00	00	00	00	00
	5-10hrs	00	00	00	00	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
5.	Natural calamities								

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	<5hrs	00	00	03	9.37	00	00	00	00
	5-10hrs	00	00	10	31.25	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
6.	Scheme for Social Welfare like old age pension, juvenile homes etc								
	<5hrs	06	18.7	04	12.5	07	21.87	00	00
	5-10hrs	01	3.12	03	9.37	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
7.	VIP movements								
	<5hrs	03	9.37	00	00	00	00	00	00
	5-10hrs	00	00	00	00	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
8.	SHGs								
	<5hrs	01	3.12	00	00	00	00	00	00
	5-10hrs	00	00	00	00	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
9.	Birth & Death Registration								
	<5hrs	00	00	00	00	00	00	00	00
	5-10hrs	00	00	02	6.25	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
	Any other								
10.	Distribution of Filaria tablets								
	<5hrs	02	6.25	02	6.25	28	87.5	00	00
	5-10hrs	00	00	05	00	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
11.	Distribution of Vitamin A tablets								
	<5hrs	00	00	00	00	00	00	00	00
	5-10hrs	00	00	10	31.25	00	00	01	6.25
	More than 10hrs	00	00	00	00	00	00	00	00
12.	Census of Water resources(Well/Hand pump)								
	<5hrs	01	3.12	00	00	00	00	00	00
	5-10hrs	00	00	00	00	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
13.	TB								
	<5hrs	03	9.37	00	00	00	00	00	00
	5-10hrs	00	00	00	00	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
14.	Measles and rubella								
	<5hrs	02	6.25	01	3.12	00	00	00	00
	5-10hrs	07	21.8	12	37.5	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
15.	Social Campaign(AIDS, Balvivah)								
	<5hrs	00	00	01	3.12	00	00	00	00
	5-10hrs	00	00	00	00	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
16.	Aadhaar card								
	<5hrs	01	3.12	00	00	00	00	00	00
	5-10hrs	08	25	01	3.12	00	00	01	6.25
	More than 10hrs	00	00	00	00	00	00	00	00
17.	Ration card								
	<5hrs	01	3.12	02	6.25	00	00	00	00
	5-10hrs	02	6.25	03	9.37	00	00	00	00
	More than 10hrs	00	00	00	00	00	00	00	00
18.	Ayushman Bharat								

<5hrs	03	9.32	00	00	00	00	00	00
5-10hrs	01	3.12	00	00	00	00	00	00
More than 10hrs	00	00	00	00	00	00	00	00

The above table 4.5.3 highlights the comparative analysis of hours spent in performing additional work .In UP 46.87 percent of the Anganwadi workers were engaged 5-10 hrs, 9.37 percent less than 5hrs and 6.25 percent for more than 10 hrs in election duty. In pulse polio programme 46.87 for 5-10 hrs and 9.37 percent were involved for less than 5 hrs, further in Leprosy eradication 19.37 percent were workers for 5-10 hrs, 25 percent for less than 5hrs.In social welfare pension scheme (old age pension scheme) 18.37 percent workers involved for less than 5hrs and 3.12 percent for 5-10hrs. In measles and rubella along with ANM 21.8 percent workers involved for 5-10 hrs, 6.25 percent were for less than 5 hrs and further in Aadhaar card 25 percent were engaged 5-10 hrs and about 3.12 less than 5hrs .In VIP movements 3.12 percent of workers engaged for less than 5 hrs and 6.25 percent for 5-10 hrs. In Family planning, SHGs and water resource census and TB 3.12 percent and 9.37 percent of workers involved for less than 5hrs. 6.25 worker were also involved on distribution of tablets of Filaria less than 5 hrs, 9.32 percent were involved for less than 5hrs and 3.12 percent for 5-10 hrs in Ayushman Bharat. In ration card 6.25 percent for 5-10 hrs and 3.12 for less than 5 hrs were involved.

In Bihar state, the percentage of involvement of AWWs in election work was 68.75 percent for 5-10 hrs, 59.37 percent for 5-10hrs and 3.12 percent worker for less than 5hrs engaged in pulse polio. 31.25 percent for 5-10 hrs and 18.75percent were engaged for less than 5 hrs in Leprosy eradication. 31.25 percent for 5- 10 hrs, 9.37 percent were occupied for less than 5hrs in packing foods during natural calamities, 37.5 percent for 5-10hrs and 3.12 percent for less than 5hrs were engaged in providing vaccines of measles and rubella with ANM, 31.25 percent were involved for 5-10 hrs in distributing Vitamin A tablet, 12.5 percent were involved for less than 5hrs and 5-9.37 percent for 5-10hrs in old age pension scheme and distribution of tablets for filaria.6.25 percent were engaged for less than 5 hrs, 9.37 percent for 5-10hrs and 6.25 percent for less than 5hrs in ration card related work, 6.2 percent were involved for 5-10hrs birth and death registration work and few of them 3.12 percent were involved for less than 5hrs in conducting the work related to social campaign such as AIDS and child marriage and 3.12 percent for 5-10 hrs in Aadhaar card.

In Jharkhand majority of 93.7 percent AWWs were involved for 5-10hrs in pulse polio and 90.62 percent for 5-10hrs in election work followed by 87.5 percent were involved for less than 5hrs in distribution of tablets of Filaria, 28.12 percent were involved for less than 5 hrs and 6.25 percent for 5-10 hrs in Leprosy eradication work and 21.87 percent were engaged for less than 5 hrs in old age pension scheme.

In Himachal Pradesh 93.75 percent of AWWs were involved for 5-10hrs in pulse polio work, 3.12 percent were engaged for 5-10 hrs in election work and few of 6.25 percent were involved for 5-10 hrs in distribution of Vitamin A , Albendazole tablets and in Aadhaar card related work.

While comparing all four states it was clear that AWWs of Uttar Pradesh and Bihar devoted majority of their time in conducting non-ICDS work than Jharkhand and Himachal Pradesh.

Table 4.5.4 Comparative Analysis of Honorarium paid for Performing Additional Work

S.No.	Type of work	UP (N=32)		Bihar (N=32)		Jharkhand (N=32)		Himachal Pradesh (N=16)	
		F	%	F	%	F	%	F	%
1.	Pulse Polio								
	Yes	14	43.7	16	50	27	84.37	15	93.7
	No	04	12.5	04	12.5	05	15.62	00	00
2.	Leprosy eradication								
	Yes	07	21.87	01	3.12	06	18.75	00	00
	No	04	12.5	15	46.87	05	15.62	00	00
3.	Election work								
	Yes	09	28.12	04	12.5	02	6.25	00	00
	No	10	31.25	16	50	28	87.5	02	6.25
4.	Family planning								
	Yes	00	00	00	00	00	00	00	00
	No	01	3.12	00	00	00	00	00	00
5.	Natural calamities								
	Yes	00	00	00	00	00	00	00	00
	No	00	00	13	40.62	00	00	00	00
6.	Scheme for Social Welfare like old age pension, juvenile homes, etc.								
	Yes	00	00	00	00	00	00	00	00
	No	07	21.8	07	21.8	07	21.8	00	00
7.	VIP movements								
	Yes	00	00	00	00	00	00	00	00
	No	02	6.25	00	00	00	00	00	00
8.	SHGs								
	Yes	00	00	00	00	00	00	00	00
	No	01	3.12	00	00	00	00	00	00

9.	Birth & Death Registration								
	Yes	00	00	00	00	00	00	00	00
	No	00	00	02	6.25	00	00	00	00
Any other									
10.	Distribution of Filaria tablets								
	Yes	02	6.25	00	00	04	12.5	00	00
	No	00	00	07	21.8	24	75	00	00
11.	Distribution of Vitamin A tablets								
	Yes	00	00	00	00	00	00	00	00
	No	00	00	10	31.25	00	00	01	3.12
12.	Census of Water resources(Well/Hand pump)								
	Yes	00	00	00	00	00	00	00	00
	No	02	6.25	00	00	00	00	00	00
13.	TB								
	Yes	02	6.25	00	00	00	00	00	00
	No	02	6.25	00	00	00	00	00	00
14.	Measles and rubella								
	Yes	01	3.12	00	00	00	00	00	00
	No	08	25	13	40.62	00	00	00	00
15.	Social Campaign (AIDS, <i>Balviva</i>)								
	Yes	00	00	00	00	00	00	00	00
	No	00	00	01	3.12	00	00	00	00
16.	Aadhaar card								
	Yes	00	00	00	00	00	00	00	00
	No	09	28.12	01	3.12	00	00	01	3.12
17.	Ration card								
	Yes	00	00	00	00	00	00	00	00
	No	03	9.37	05	15.62	00	00	00	00
18.	Ayushman Bharat								
	Yes	00	00	00	00	00	00	00	00
	No	04	12.5	00	00	00	00	00	00

The above Table 4.5.4 indicated that the comparative analysis of honorarium paid for performing additional work .In UP 43.7 percent of the Anganwadi workers were paid honorarium for pulse polio and 12.5 percent were not paid honorarium, 31.25 percent workers were not paid and rest of 28.13 percent were paid for election work, further in Leprosy eradication 21.87 percent were paid and 12.5 percent were not paid honorarium. In social welfare pension scheme (old age pension scheme) all 21.8 percent workers were not paid honorarium. In measles and rubella 25percent of workers were not paid only 3.12 percent workers paid honorarium. Further 28.1 percent were not paid honorarium for conducting work related to Aadhaar card, all 6.25 percent of workers not were not paid for their involvement in VIP movements. In Family planning, SHGs and water resource census and 3.12 percent were not paid honorarium, 6.25 percent were paid and same 6.25 percent were not paid for TB related work, 6.25 percent of workers were paid for distribution of tablets of

Filaria. 12.5 percent workers were not paid for working Ayushman Bharat, 9.37 percent were not paid for their involvement in ration card work.

In Bihar state, the 50 percent of AWWs were paid honorarium and few of 12.5 percent were not paid honorarium for pulse polio whereas for election work 50 percent of AWWs were not paid and only 12.5 percent were paid honorarium. 46.8 percent of workers were not paid honorarium and few of 3.12 percent were paid honorarium for doing Leprosy work. 40.62 percent of AWWs were not paid honorarium for conducting packing food in natural calamities., 40.62 percent were AWWs were not paid honorarium in providing vaccines of measles and rubella with ANM, 31.25 percent were not paid honorarium in distributing Vitamin A tablet, 21.8 percent were not paid honorarium in old age pension scheme and distribution of tablets for filaria. 15.62 percent AWWs were not paid honorarium for ration card related work, 6.25 percent of AWWs were not paid honorarium for their involvement in birth and death registration work and few of them 3.12 percent AWWs were not paid honorarium for conducting the work related to social campaign such as AIDS and child marriage and 3.12 percent were not paid honorarium for working in Aadhaar card.

In Jharkhand majority of 84.37 percent AWWs were paid honorarium and 15.62 percent were not paid honorarium for pulse polio and 87.5 percent of AWWs were not paid honorarium and few of 6.25 percent were paid honorarium for election work followed by 75 percent of AWWs were not paid whereas only 12.5 percent were paid honorarium distribution of tablets of Filaria. 18.75 percent were paid and 15.62 percent were not paid honorarium for Leprosy eradication and 21.87 percent were AWWs not paid honorarium for old age pension scheme.

In Himachal Pradesh 93.75 percent of AWWs were getting honorarium for their involvement in pulse polio work, 6.25 percent were not paid honorarium for election work and few of 6.25 percent were also not paid honorarium for distribution of Vitamin A, Albendazole tablets and in Aadhaar card-related work.

Table 4.6 Distribution of time spent in each household

S.No.	Time	Frequency(N=112)	Percentage
1.	10-15 min	15	13.39
2.	15-20 min	21	18.75
3.	20-25 min	12	10.71
4.	25-30 min	44	39.28
5.	30-60 min	18	16.07
6.	More than 60 min	02	1.78

Table 4.6 revealed the distribution of time spent in each household by AWWs majority of 39.28 percent of spent 25-30 min followed by 18.75 percent spent 15-20min, 16.07 percent spent 30-60 min, 13.39 percent spent 10-15 min, 10.17 percent spent 20-25 min and few of 1.78 percent spent more than 60 min in each household during home visits.

Table 4.7 Administration of AWC during association of AWWs with some other works

S.No.		Frequency(N=112)	Percentage
1.	AWC is closed	04	3.57
2.	AWC is run by helper	97	86.60
3.	AWC is run by adolescent girls	05	4.46
4.	AWC is run by stakeholders	04	3.57
5.	AWC is run by primary school teacher	00	00
6.	AWC is run by the AWW of the neighboring centre	02	1.78
7.	Any other	00	00

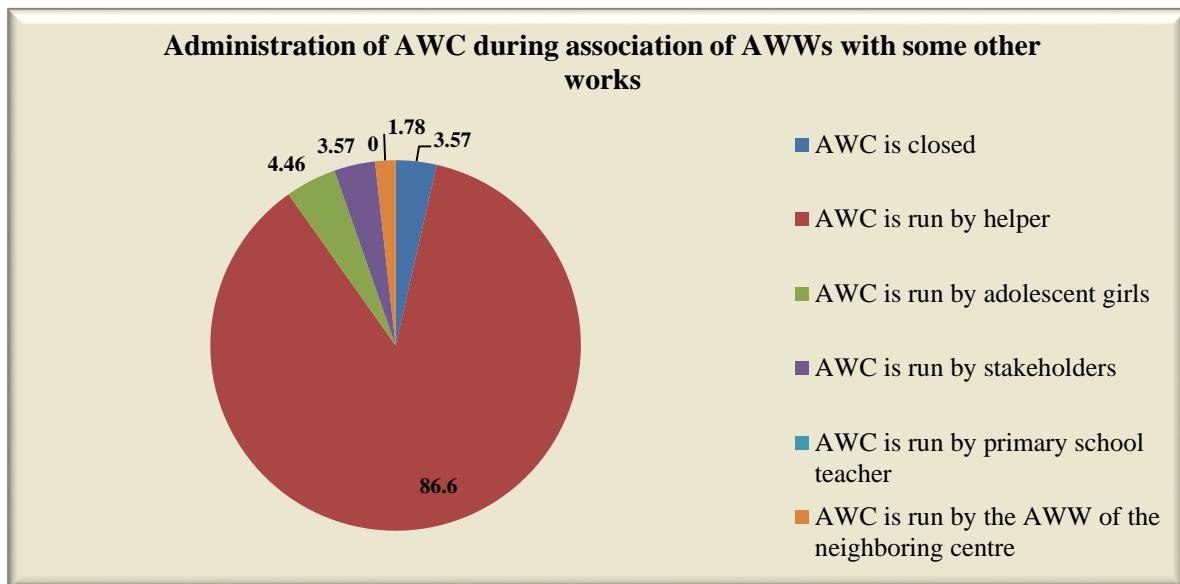


Figure 4.7 Administration of AWC during association of AWWs with some other works

The above Table and Figure 4.7 shows that the administration of AWC during association of AWWs with some other works. Data clearly depicts that maximum 86.6 percent of AWWs responded that during their association with some other work AWCs were run by helper followed by 4.46 percent of AWCs run by adolescents girls, 3.57 percent of AWWs responded their AWCs were run stakeholder such as member of Mahila Mandal and Poshan Sakhi and same percent were

being closed as that were mini AWCs as they do not any helper whereas few of 1.78 percent responded that their AWCs run by the AWWs of the neighboring centres.

Table 4.8: Distribution of activities which suffer while you are engaged in these additional works

S.No.	Activities	Frequency(N=112)	Percentage (%)
1.	Preschool Education	61	54.46
2.	Feeding children and women	23	20.53
3.	Maintaining records and registers	82	73.21
4.	Home visits	67	59.82
5.	Immunization	38	33.92
6.	Referral Services	65	58.03
7.	NHEd Sessions	88	78.57
8.	Any other	00	00

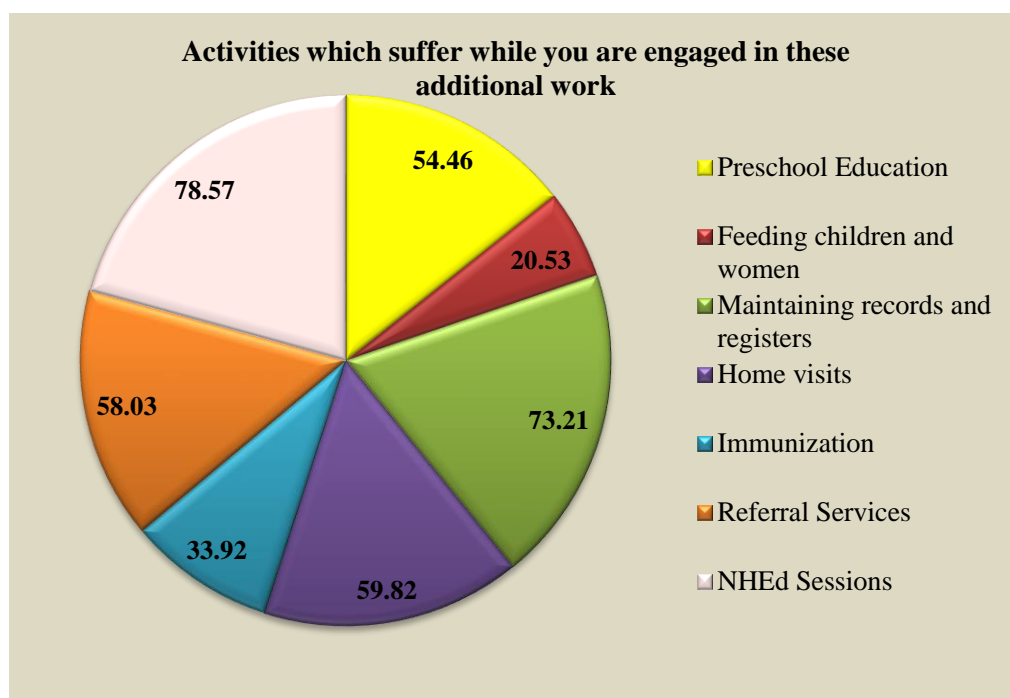


Figure 4.8 Percentage of activities which suffer while you are engaged in these additional works

Table and Figure 4.8 the percentage of activities which suffer while you are engaged in these additional works. AWWs responded that while their engagement in other work 78.57 percent Nutrition and health education (NHED) sessions, 73.21 percent of maintenance of records and registers, 59.82 percent of home visits, 58.03 percent of referral services, 54.46 percent of Preschool education, 33.92 percent of immunization services and 20.53 percent of feeding children and women services were being suffered.

Table 4.9 Distribution of additional assignments affect your work performance at AWCs

S.No.	Affected	Frequency(N=112)	Percentage (%)
1.	Positively	03	2.67
2.	Negatively	95	84.82
3.	No effects	14	12.5

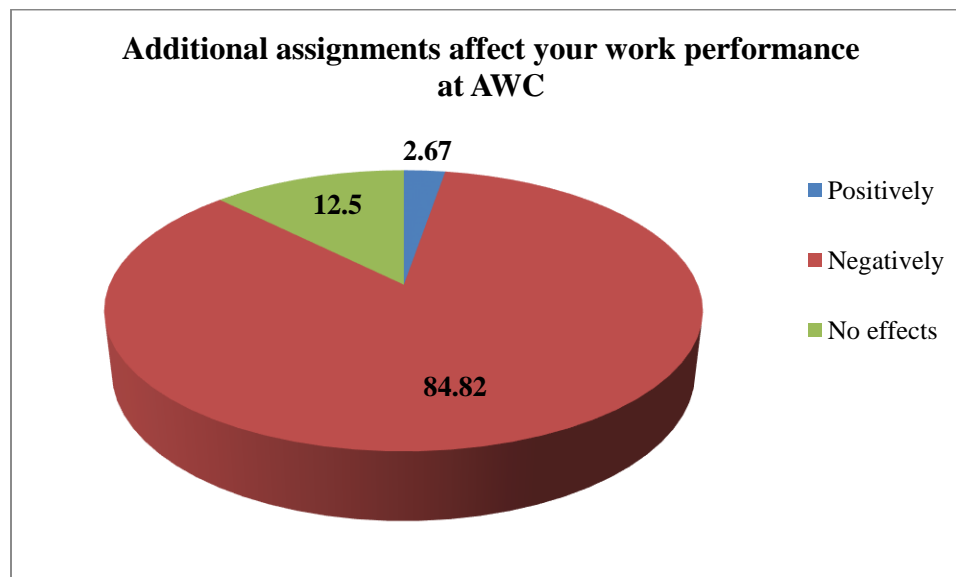
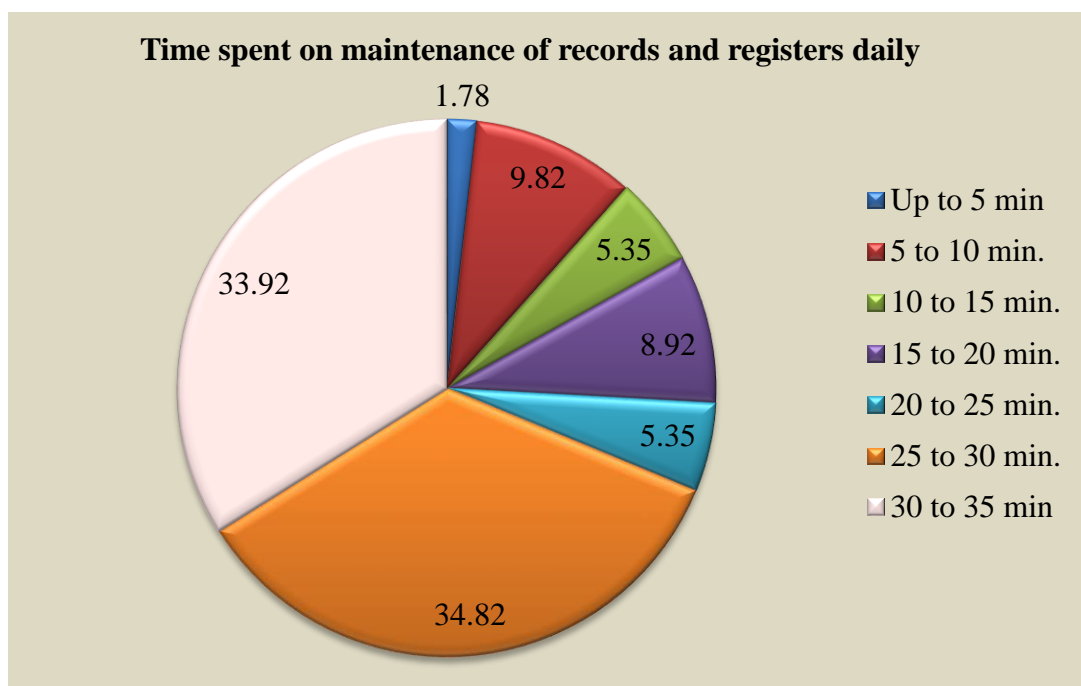


Figure 4.9 Percentage of additional assignments affect your work performance at AWCs

The above data in Table and Figure 4.9 emphasized that due to additional assignments of AWWs with other departments 84.82 percent of AWWs were negatively affected their work performance at AWC whereas 12.5 percent were not affected and only 2.67 percent were positively affected at AWC.

Table 4.10 Distribution of time spent on maintenance of records and registers daily

S. No.	Time	Frequency	Percentage (%)
1.	Up to 5 min	02	1.78
2.	5 to 10 min	11	9.82
3.	10 to 15 min	06	5.35
4.	15 to 20 min	10	8.92
5.	20 to 25 min	06	5.35
6.	25 to 30 min	39	34.82
7.	30 to 35 min	38	33.92

**Figure 4.10 Percentage of time spent on maintenance of records and registers daily**

The above Table and Figure 4.10 depicted the percentage of time spent on maintenance of records and registers daily. Majority of 34.82 percent AWWs spent 25-30 min, 33.92 percent AWWs spent 30-35 min, 9.82 percent of AWWs spent 5-10min, 8.92 percent spent 15-20min, 5.35 percent were spent 20-25 min and 10-15 min rest of 1.78 percent spent up to 5 min in maintenance of records and registers daily.

Table 4.11.1 Distribution of periodicity in survey register

S.No.	Periodicity	Frequency (N=112)	Percentage (%)
1.	Daily	00	00
2.	Weekly	00	00
3.	Twice a week	00	00
4.	Fortnightly	00	00
5.	Monthly	00	00
6.	Quarterly	77	68.75
7.	Half yearly	50	44.64
8.	Yearly	04	3.57

Table 4.11.1 shows that 68.75 percent of AWWs responded that they were quarterly filled survey register followed by 44.64 percent were filled it half yearly and 3.57 percent were filled it yearly basis.

Table 4.11.2 Distribution of periodicity in Immunization registers

S.No.	Periodicity	Frequency(N=112)	Percentage (%)
1.	Daily	00	00
2.	Weekly	00	00
3.	Twice a week	00	00
4.	Fortnightly	00	00
5.	Monthly	112	100
6.	Quarterly	00	00
7.	Half yearly	00	00
8.	Yearly	00	00

Table 4.11.2 reveals distribution and periodicity in immunization registers.100 percent AWWs of all four states responded that they were filled immunization register as monthly basis spent 30 minutes to 1hour per day.

Table 4.11.3 Distribution periodicity in Register for lactating, pregnant women and monthly progress reports

S.No.	Periodicity	Frequency (N=112)	Percentage (%)
1.	Daily	00	00
2.	Weekly	00	00
3.	Twice a week	00	00
4.	Fortnightly	00	00
5.	Monthly	112	100
6.	Quarterly	00	00
7.	Half yearly	00	00
8.	Yearly	00	00

The above Table 4.11.3 shows distribution periodicity and time spent in register for lactating pregnant women and monthly progress reports. 100percent AWWs responded that they were filled register for lactating, pregnant women and monthly progress reports as monthly basis and spent about 30minutes to 1hours per day.

Table 4.12 Frequency of filling up of other registers by AWWs

S.No.	Periodicity	Frequency(N=112)	Percentage (%)
1.	Supplementary Nutrition Registers	73	65.17
2.	Adolescent Register	10	8.92
3.	<i>Bachpan Divas</i> register	23	20.53
4.	Community Register	07	6.25
5.	<i>Godbaharai</i> & <i>Annprashan</i> register	42	37.5
6.	Quarterly Progress Report	16	14.28
7.	Visit Book	98	87.5
8.	Weight Register	20	17.85
9.	Malnutrition Report	01	0.89

The above table 4.12 exhibits the frequency filling other registers by AWWs. Majority of 87.5 had prepare visit book, 65.17 percent AWWs were prepared and filled Supplementary nutrition register, 37.5 has prepared *Godbaharai* and *Annprashan* combined register, 20.53 had prepared

Bachpan Divas register, 17.85 prepared weight register, 14.28 had prepared quarterly progress report, 8.92 had prepared adolescents register, 6.25 had prepared community register and few of 0.89 had prepared Malnutrition report.

Table 4.13 Maintenance of too many records and registers

Responses	Frequency	Percentage (%)
Yes	63	56.25
No	49	43.75

Table 4.13 shows the maintenance of too many records and registers. More than half 56.25 percent of AWWs responded that the quantity of record and register was too many whereas 43.75 percent were responded they the quantity of record and register were not too many because in some states due to starting of CAS (common application software) mobiles help them to fill it in less time.

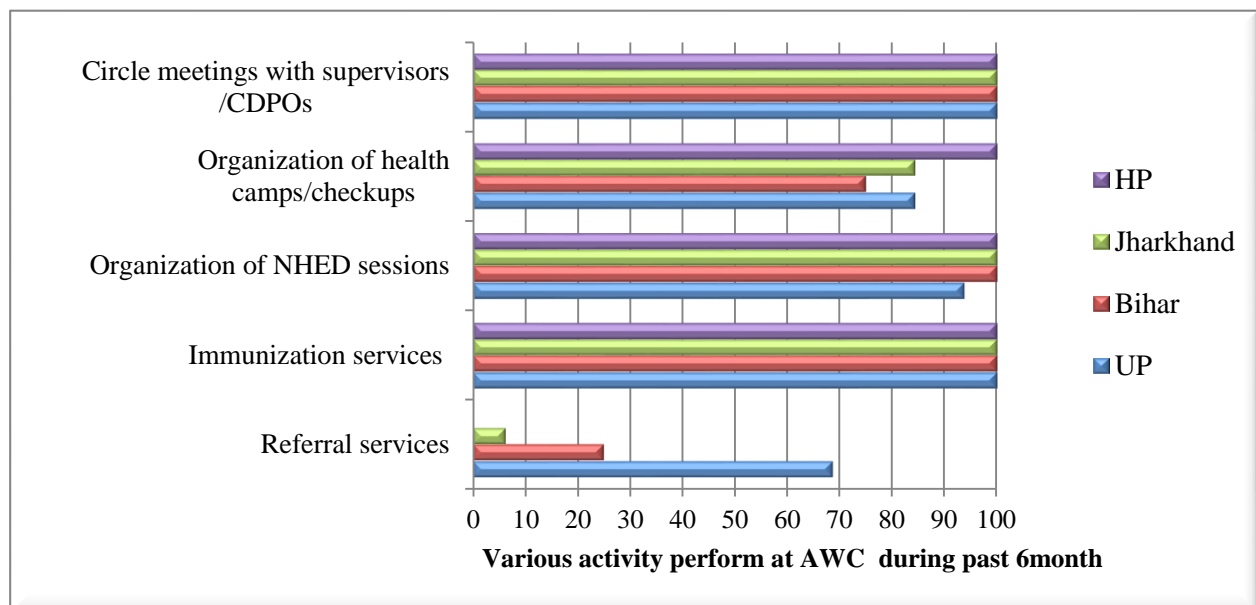
Table 4.14 Distribution of time spent on Growth Monitoring

S.No.	Periodicity	Frequency (N=112)	Percentage (%)
1.	Twice a week	00	00
2.	Fortnightly	02	1.78
3.	Monthly	110	98.21
4.	Quarterly	00	00
5.	Half yearly	00	00
6.	Yearly	00	00

The above Table 4.14 detailed the distribution of time spent on Growth Monitoring. Higher number 98.21 percent of AWWs responded that they were conducting growth monitoring in half yearly basis and few of them 1.78 percent were conducting it fortnightly.

Table 4.15 Distribution of various activity perform at AWCs during past 6 months

S.No.	Activities	UP (32)		Bihar (32)		Jharkhand (32)		Himachal Pradesh (16)	
		F	%	F	%	F	%	F	%
1.	Referral services	22	68.7	08	25	02	6.25	00	00
2.	Immunization services	32	100	32	100	32	100	16	100
3.	Organization of NHED sessions	30	93.75	32	100	32	100	16	100
4.	Organization of health camps/check ups	27	84.37	24	75	27	84.37	16	100
5.	Circle meetings with supervisors/ CDPOs	32	100	32	100	32	100	32	100

**Figure 4.15 Percentage of various activity perform at AWC during past 6 months**

The above Table and Figure 4.15 exhibits the percentage of various activity perform at AWC during past 6month .According to AWWs in Uttar Pradesh at 100 percent of conducted immunization services and attended circle meetings with supervisors and CDPOs were conducted followed by 93.75 percent AWWs were organize the NHED sessions, 84.87 percent were responded that the organization of health camps and checkups were held and 68.7 percent of

AWWs responded that referral services takes place in their Centre during last 6 months. The reason behind the less number of referral services was that women were not ready to admit their children for 2-3days in NRCs as nobody in their home to take care of rest of their children.

In Bihar, 100 percent of AWWs perform immunization services, NHED sessions and circle meetings with supervisors and CDPOs, 75 percent were responded that the organization of health camps and checkups were held and few of number 25percent referral services provided by AWWs. In Jharkhand, 100 percent of AWWs provide immunization services, NHED sessions and circle meetings with supervisors and CDPOs, 84.37 percent were responded that the organization of health camps and checkups and few of them 6.25 responded that referral services provided by them.

In Himachal Pradesh, all 100 percent of AWWs responded that immunization services, NHED sessions and circle meetings with supervisors and CDPOs and organization of health camps and checkups and there were no referral services was provided by AWWs.

The reason behind the less number of referral services was that the number of malnourished children in Jharkhand and Bihar was very less or in some AWCs especially in Himachal Pradesh there were no malnourished children.

Table 4.15.1 Distribution of periodicity in Referral services

S.No.	Periodicity	Frequency(N=112)	Percentage(%)
1.	Daily	00	00
2.	twice a week	00	00
3.	Fortnightly	01	0.89
4.	Monthly	22	19.64
5.	Quarterly	00	00
6.	half yearly	05	4.46
7.	Yearly	02	1.78
8.	Nil	82	73.21

The above Table 4.15.1 shows distribution of periodicity in Referral services. Majority of 73.21 percent AWWs of all four states responded that there were no referral service was provided at

AWC followed by 19.64 percent responded that referral service was provided once in a monthly during last 6month, 4.46 responded referral service provided at half yearly, 1.78 percent responded that they provided referral service at once in a year and 0.89 percent were provide it fortnightly.

Table 4.15.2 Distribution of periodicity in Immunization services

S.No.	Periodicity	Frequency	Percentage (%)
1.	Daily	00	00
2.	Twice a week	00	00
3.	Fortnightly	00	00
4.	Monthly	112	100
5.	Quarterly	00	00
6.	Half yearly	00	00
7.	Yearly	00	00

The above Table 4.15.2 presents the distribution of periodicity in immunization services. According to the above data all 100 percent of AWWs conducted immunization services on a monthly basis.

Table 4.15.3 Distribution of periodicity in Organization of NHED Sessions

S.No.	Periodicity	Frequency (N=112)	Percentage (%)
1.	Daily	00	00
2.	Twice a week	03	2.67
3.	Fortnightly	00	00
4.	Monthly	106	94.64
5.	Quarterly	01	0.89
6.	Half yearly	01	0.89
7.	Yearly	00	00
8.	Nil	01	0.89

The above Table 4.15.3 depicts the distribution of periodicity in Organization of NHED Sessions. Majority 94.64 percent of AWWs organized NHED sessions at monthly basis in some 2.67 percent of AWCs NHED organized in twice a week whereas in few AWCs it was organized at quarterly, half yearly and some AWCs none of NHED sessions takes place.

Table 4.15.4 Distribution of periodicity in Organization of Health Camps/check ups

S.No.	Periodicity	Frequency	Percentage (%)
1.	Daily	00	00
2.	Twice a week	00	00
3.	Fortnightly	00	00
4.	Monthly	27	24.10
5.	Quarterly	15	13.39
6.	Half yearly	20	17.85
7.	Yearly	32	28.57
8.	Nil	18	16.07

The above Table 4.15.4 shows the distribution of periodicity in Organization of Health Camps/checkups. 28.57 percent of AWWs responded that health camps/checkups organized their AWC yearly, 24.10 percent responded monthly, 17.85 percent responded half yearly, 16.07 percent responded no health camps/checkups takes place at their AWC and rest of 13.39 percent responded quarterly.

Table 4.15.5 Distribution of periodicity in Circle Meetings with Supervisors/CDPOs

S.No.	Periodicity	Frequency (N=112)	Percentage (%)
1.	Daily	00	00
2.	Twice a week	00	00
3.	Fortnightly	00	00
4.	Monthly	112	100
5.	Quarterly	00	00
6.	Half yearly	00	00
7.	Yearly	00	00

The above Table 4.15.4 exhibits the distribution of periodicity in circle Meetings with Supervisors/CDPOs. All 100 percent AWWs went for circle meetings with supervisors/CDPOs at monthly basis.



CDPO conducting meeting with AWWs in district Shravasti (UP)

Table 4.16 Village leaders/officials/functionaries are contacted for ICDS work

Responses	Frequency (N=112)	Percentage (%)
Yes	106	94.64
No	06	5.37

The above Table 4.16 revealed that highest number 94.64 percent of AWWs contacted village leaders/officials/functionaries for ICDS work and few of them 5.37 percent AWWs were not contacted them for ICDS work in all four states.

Table 4.16.1 If yes, who are those leaders/officials/Functionaries

S.N	Functionaries	Frequency (N=112)	Percentage (%)
1.	Village Pradhan/Sarpanch (Mukhiya)	107	95.53
2.	Members of Village Panchayat	10	8.92
3.	Officials of village cooperatives	00	00
4.	Village Development Officer	10	8.92
5.	Mid-wife/ANM	90	80.35
6.	Lady Health Visitor	38	33.92
7.	School teachers	16	14.28
8.	Members of Mahila Mandal	64	57.14
9.	SHGs	05	4.46
10.	Other	02	1.78

The above Table 4.16.1 shows the percentage of village leaders/functionaries contacted by AWWs. Majority 95.53 percent of it was informed by AWWs that take help village *Pradhan/Sarpanch* for ICDS activities, 80.35 percent were contacted to ANM, 57.14 percent were contacted to member of Mahila Mandal, 33.92 contacted lady health visitor of their village/ward, 14.28 percent were

contacted school teachers, 8.92 percent were contacted village development officers, 4.46 were contacted to SHGs and come 1.78 percent were contacted to some other persons for ICDS work.

Table 4.17 Overburdened with ICDS work

Responses	Frequency (N=112)	Percentage (%)
Yes	26	23.21
No	86	76.78

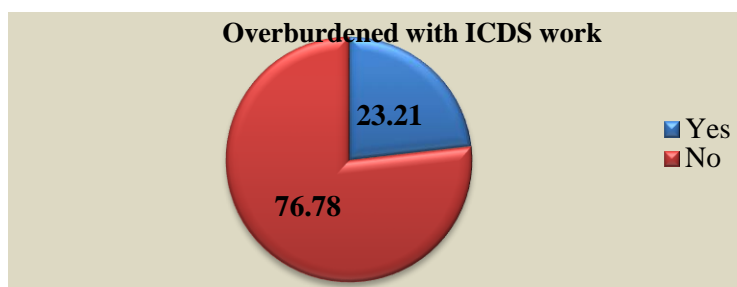


Figure 4.17 Percentage of overburdened with ICDS work

The above Table and Figure 4.17 exhibits the percentage of AWWs overburdened with ICDS work. From the above it was clear that majority of 76.78 percent of AWWs was not overburdened or they were doing happily their work without any issue whereas some of 23.21 percent of AWWs responded that they overburdened with the work for which they appointed. The reason of overburden with their work might be excessive involvement with Non ICDS work of other departments.

Table 4.17.1 If yes, the possible solutions

Solutions	Frequency (N=112)	Percentage
Extension of timings of AWC	02	1.78
Appointment of additional AWW at the AWC	07	6.25
Appointment of additional helper at AWC	03	2.67
Increased involvement of the Community member	09	8.03
Periodic training of the AWW and the Helper	08	7.14
Entrusting complete responsibility of health to health functionaries	03	2.67
Assigning no responsibility other than ICDS	11	9.82
Increasing honorarium	18	16.07

From the above table 4.17.1 shows the possible solutions for those AWWs who were overburdened with ICDS work. Majority of 16.07 percent of AWWs responded that the increase in their honorarium was one of the major solution, 9.82 percent responded that assignment of non ICDS work should reduce, 8.03 percent of AWWs increased the involvement of community member, 7.14 percent need periodic training of AWWs and helper, 6.25 percent responded that especially in mini AWC there will be need of appointment of additional AWW, 2.67 percent of informed that there is a need of entrusting complete responsibility of health to health functionaries.

Table 4.18 Problems/Constraints faced by the AWWs at the AWC

Problems/Constraints	Frequency(N=112)	Percentage
Lack of time	01	0.89
Lack of Funds	38	33.92
Non-cooperation from the beneficiaries	18	16.07
Lack of awareness from the community members to avail services	00	00
Lack of support from the Supervisors and CDPOs	01	0.89
Lack of teaching aids/ Material	35	31.25
Anganwadi Centre not easily accessible	03	2.67
AWC does not possess its own building	60	53.57
Additional work/ tasks	28	25
Too much time invested in maintenance of records	27	24.10
Lack of interest among beneficiaries	00	00
Transportation problems for Supplementary Nutrition/Referral/Circle meetings	32	28.57
Any other specify	50	44.64

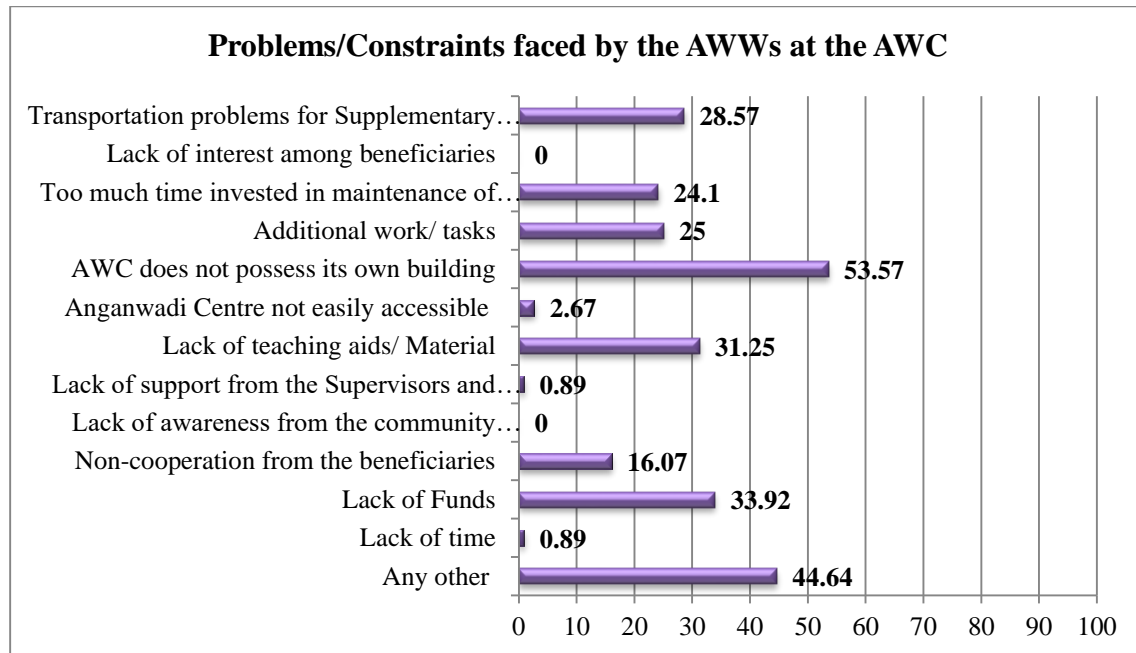


Figure 4.18 Percentage of problems/constraints faced by the AWWs at the AWC

Table and figure 4.18 exhibit the percentage of problems/constraints faced by the AWWs at the AWC. It was observed that more than half 53.57 of AWWs does not possess their own building at set up their AWCs their AWC were running in rented rooms. In UP AWWs do not get sufficient rent for their AWCs from the government so that they paid rent by their own. That's why this was become one of the major problem faced by AWWs.44.64 percent of AWWs facing some other problems. In some districts of UP and Bihar and Jharkhand AWWs facing infrastructural problems such as building of AWCs were not in good condition, lack of water and toilet facility at AWC. In Himachal Pradesh one of the major problems faced by AWWs was lack of preschool children at AWCs because parents prefer to send their children in private school instead in AWCs. 33.92 percent of AWWs responded that there was lack of fund coming in AWCs, 31.25 percent informed that there was lack of teaching aids/material reached their Centres especially in UP,28.57 percent told that they does not get sufficient amount of supplementary nutrition at AWCs,25 percent AWWs responded that the assignment of non ICDS work was high in their area that hinder their daily work performance at AWC,24.1 percent AWWs said the maintenance of records and registers take most of their time that's why they cannot conduct their daily work properly. About 16.07 percent of AWWs facing non-cooperation of beneficiaries as especially the pregnant and lactating women's some were not able to attend nutrition and health education sessions. Few of 2.67 percent of AWWs explained that they were facing problem in reaching AWCs as it was not

easily accessible. Some of them 0.89 percent were not getting proper support from supervisor/CDPOs and problem related to lack of time at AWC.

Table 4.19 Ranking Distribution of Tasks by AWWs

S.N	Services	1 st		2 nd		3 rd		4 th		5 th		6 th	
		F	%	F	%	F	%	F	%	F	%	F	%
1.	Immunization	21	18.75	42	37.5	31	27.67	10	8.92	05	4.54	00	00
2.	NHED	03	2.67	13	11.60	39	34.82	47	41.96	07	6.25	01	0.89
3.	Non formal PSE	69	61.60	27	24.10	08	7.14	01	0.89	02	1.78	01	0.89
4.	SN	55	49.10	31	27.67	12	10.71	08	7.14	03	2.67	01	0.89
5.	Health checkups	02	1.78	04	3.57	15	13.39	12	10.71	42	37.5	35	31.25
6.	Referral services	00	00	01	0.89	01	0.89	08	7.14	23	20.5	77	68.75

F=Frequency

%=Percentage

The above Table 4.19 depicts the ranking of different tasks according to the priority given AWWs. From above data it was clear that majority of 61.60 percent and given 1st priority 24.10 percent were given 2nd priority, 7.14 percent given 3rd priority, 1.78 percent were given 5th priority and few of them 0.89 were given 4th and 6th priority Non formal preschool followed by supplementary nutrition 49.10 percent AWWs were given 1st priority, 27.67 percent given 2nd priority, 10.71 percent given 3rd priority, 7.14 percent given 4th priority, 2.67 percent given 5th priority and 0.89 percent were given 6th priority. Whereas in immunization services 18.75 percent given 1st priority, 37.5 percent given 2nd priority, 27.67 percent given 3rd priority, 8.92 percent had given 4th priority, 4.54 percent given 5th priority and none of AWWs had given it 6th priority. In NHED services 41.96 percent were given 4th priority, 34.82 percent were given 3rd priority, 11.60 percent were given 2nd priority, 6.25 percent given 5th priority, only 2.67 percent were given 1st priority and 0.89 given 6th priority. While considering the ranking of health checkups 37.5 percent were given 5th priority, 31.25 percent were given 6th priority, 13.3 percent were given 3rd rank, 10.7 percent were given 4th rank and 1.78 percent were given 1st rank. In referral services 68.75 percent were given 6th rank, 20.5 percent were given 5th rank, 7.14 were percent given 4th rank, 0.89 percent were given 2nd and 3rd rank and none of AWWs had given 1st rank to this service.

Personal Profile of Supervisor

Table 4.20 Distribution of education level and work experience of Supervisors

Personal Profile	Frequency(N=24)	Percentage
Education		
VIII Standard	00	00
Matric	02	8.33
Intermediate	03	12.5
Below Graduate	00	00
Graduate	07	29.16
Post Graduate	12	50
Any other	00	00
Working experience in ICDS		
(< One year)	01	4.16
(1 to 3 years)	03	12.5
(3 to 5 years)	05	25
(5 to 10 years)	05	25
>10years	10	41.66

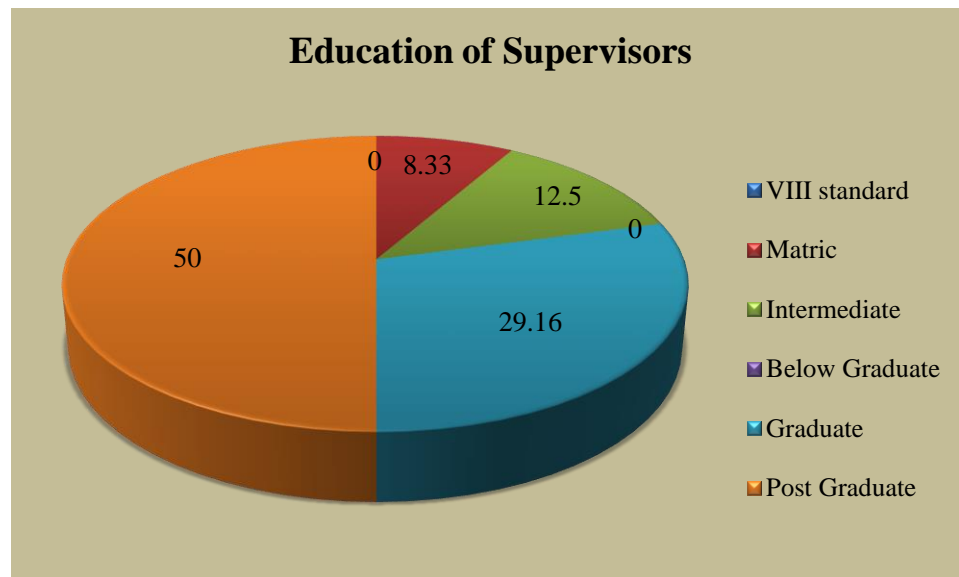


Figure 4.20(a) Education level of Supervisors

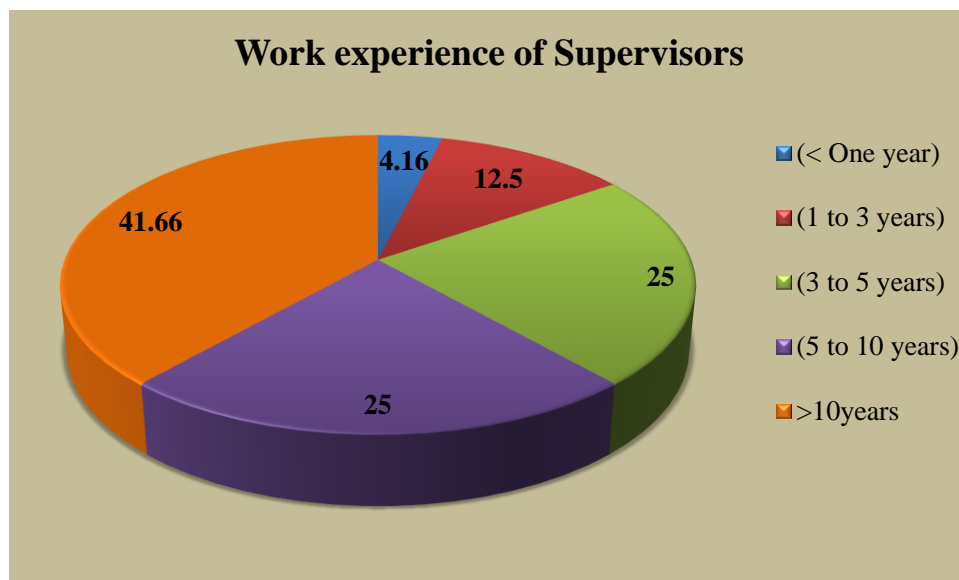


Figure 4.20(b) Work experience of Supervisors

The table 4.20 and figure 4.20(a), 4.20(b) highlights the educational status and work experience of Supervisors. Majority of 50 percent Supervisors were post graduate, 21.96 percent graduates, 12.5 were intermediate and 8.55 percent were having education up to matric (X pass). While considering the work experience 41.66 percent having more than 10years of experience, 25 percent have both 5-10 years and 3-5 years of experience, 12.5 percent having 1-3 years of experience and rest of 4.16 percent having less than 1 year.

Table 4.21 Distribution of training received by Supervisor

Type	Frequency (N=24)	Percentage (%)
Job	14	58.33
Refresher	12	50
Special Training	01	4.16

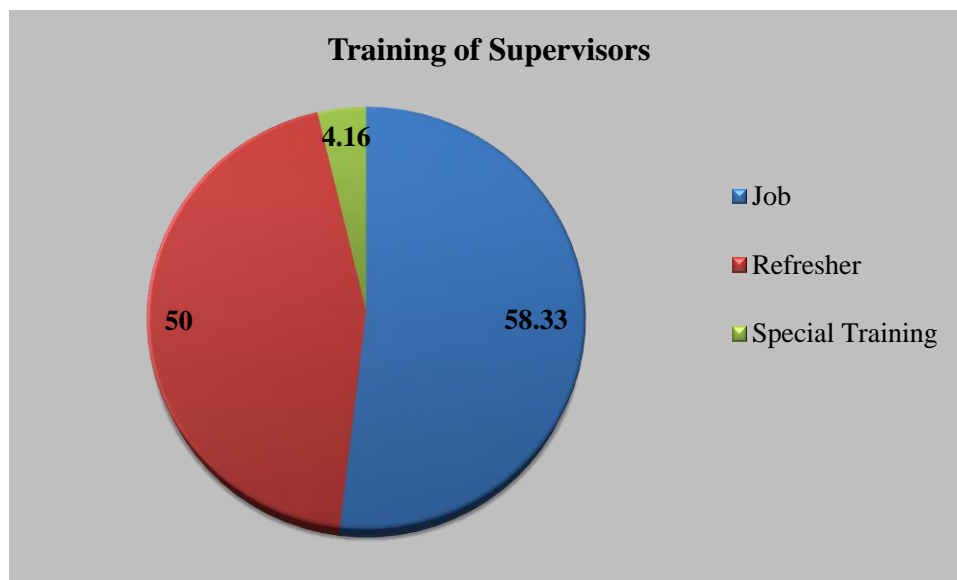


Figure 4.21 Percentage of training received by supervisor

Table and figure 4.21 shows percentage of training received by supervisor. Majority of 58.33 percent of supervisors have done job training, 50 percent of them got refresher training and few of them got special training such as ECCCE, CAS etc.

Table 4.22 Distribution of periodicity of visits to the AWCs

S.No.	Periodicity	Frequency (N=24)	Percentage (%)
1.	Once in a week	01	4.16
2.	Once in fortnightly	00	00
3.	Once in a monthly	06	25
4.	Once in two months	00	00
5.	More than three months	00	00
6.	Not fixed	00	00
7.	Other (Daily)	17	70.83

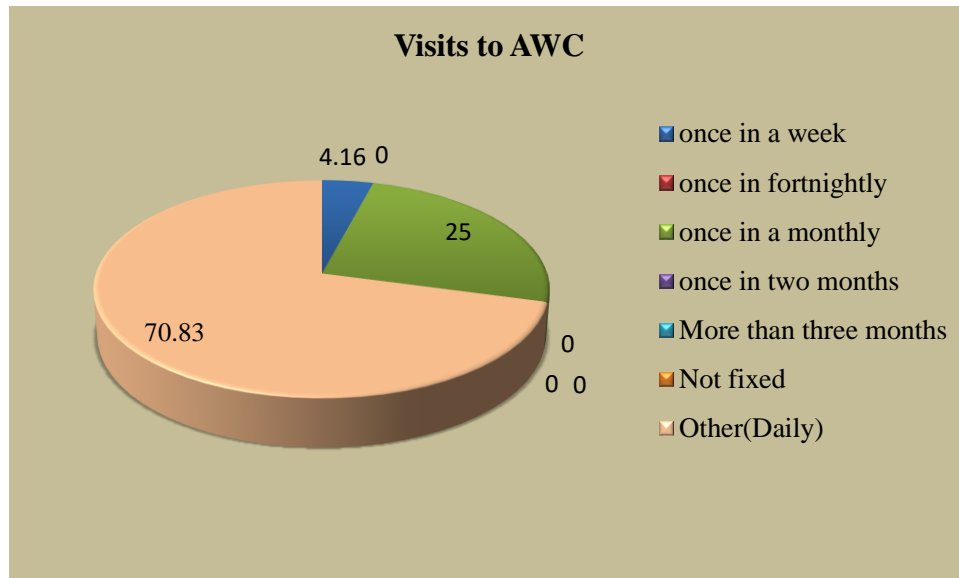


Figure 4.22 Percentage of periodicity of visits to AWCs

The above Table and Figure 4.22 explained the percentage of periodicity of visits to AWCs. According to the responses of supervisor it was clear that majority of 70.83 percent were visit AWCs in a daily basis, 25 percent were visit once in a month, and 4.16 percent were visit once in a week.

Table 4.23 Are the AWWs assigned with some other work of different departments besides the regular work connected with ICDS during past one year

Response	Frequency(N=24)	Percentage (%)
Yes	23	95.83
No	01	4.16

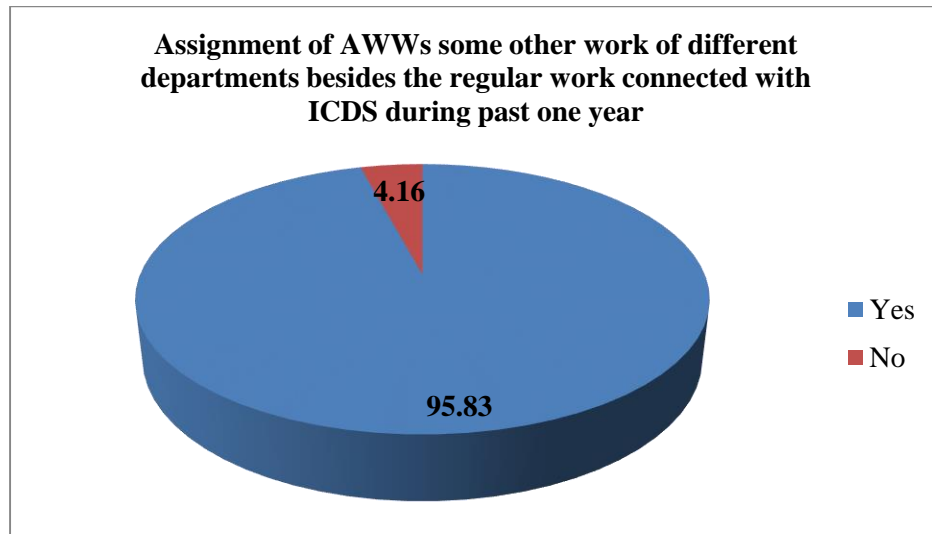


Figure 4.23 Percentage of assignment with some other work of different departments besides the regular work connected with ICDS during past one year

The above Table and Figure 4.23 details the percentage of assignment with some other work of different departments besides the regular work connected with ICDS during past one year. It was observed that maximum number 95.83 percent of supervisor responded that the AWWs were assigned with some other of departments of other departments whereas few of them 4.16 percent told that the AWWs were not assigned with such works of other departments.

Table 4.23.1 If yes, how has this additional work affected the regular functioning of AWWs

S.No.	Affected	Frequency (N=24)	Percentage (%)
1.	Positively	02	8.33
2.	Negatively	20	83.33
3.	No effects	02	8.33

According to responses of supervisors in the above data table 4.23.1 it was clear that most of the 83.33 percent of AWWs were negatively, 8.33 percent had no effect and positively affected the regular functioning at AWCs.

Table 4.24 Have AWWs mobilized for conducting the task associated with some other Government schemes/Programmes during last one year

States	UP (N=8)		Bihar (N=6)		Jharkhand (N=06)		Himachal Pradesh (N=04)		
	F	%	F	%	F	%	F	%	
Yes	08	100	06	100	06	100	04	100	
No	00	00	00	00	00	00	00	00	
Types of additional work involvement of AWWs									
S.No.	Type of work	UP (N=08)		Bihar (N=06)		Jharkhand (N=06)		Himachal Pradesh (N=04)	
		F	%	F	%	F	%	F	%
1.	Pulse Polio	04	50	02	33.3	06	100	04	100
2.	Leprosy eradication	03	37.5	03	50	05	83.3	00	00
3.	Election work	06	75	04	66.6	06	100	00	00
4.	Family planning	00	00	00	00	00	00	00	00
5.	Census	02	25	00	00	00	00	00	00
6.	Adult education	00	00	00	00	00	00	00	00
7.	Natural calamities	00	00	02	33.3	00	00	00	00
8.	Scheme for Social Welfare like old age pension, juvenile homes etc	02	25	03	50	00	00	00	00
9.	Schemes for primary education like SSA	00	00	00	00	00	00	00	00
10.	Mid-Day Meal	00	00	00	00	00	00	00	00
11.	ECCE centers of SSA / NPEGEL	00	00	00	00	00	00	00	00
12.	Rehabilitation	00	00	00	00	00	00	00	00
13.	VIP movements	00	00	00	00	00	00	00	00
14.	SHGs	00	00	00	00	00	00	00	00
15.	Birth & Death Registration	00	00	00	00	00	00	00	00
Any other									
16.	Distribution of tablets for Filaria	02	25	00	00	06	100	00	00
17.	Distribution of tablets for Vitamin A	00	00	02	33.3	00	00	01	25
18.	Law order and festival duty	00	00	02	33.3	00	00	00	00

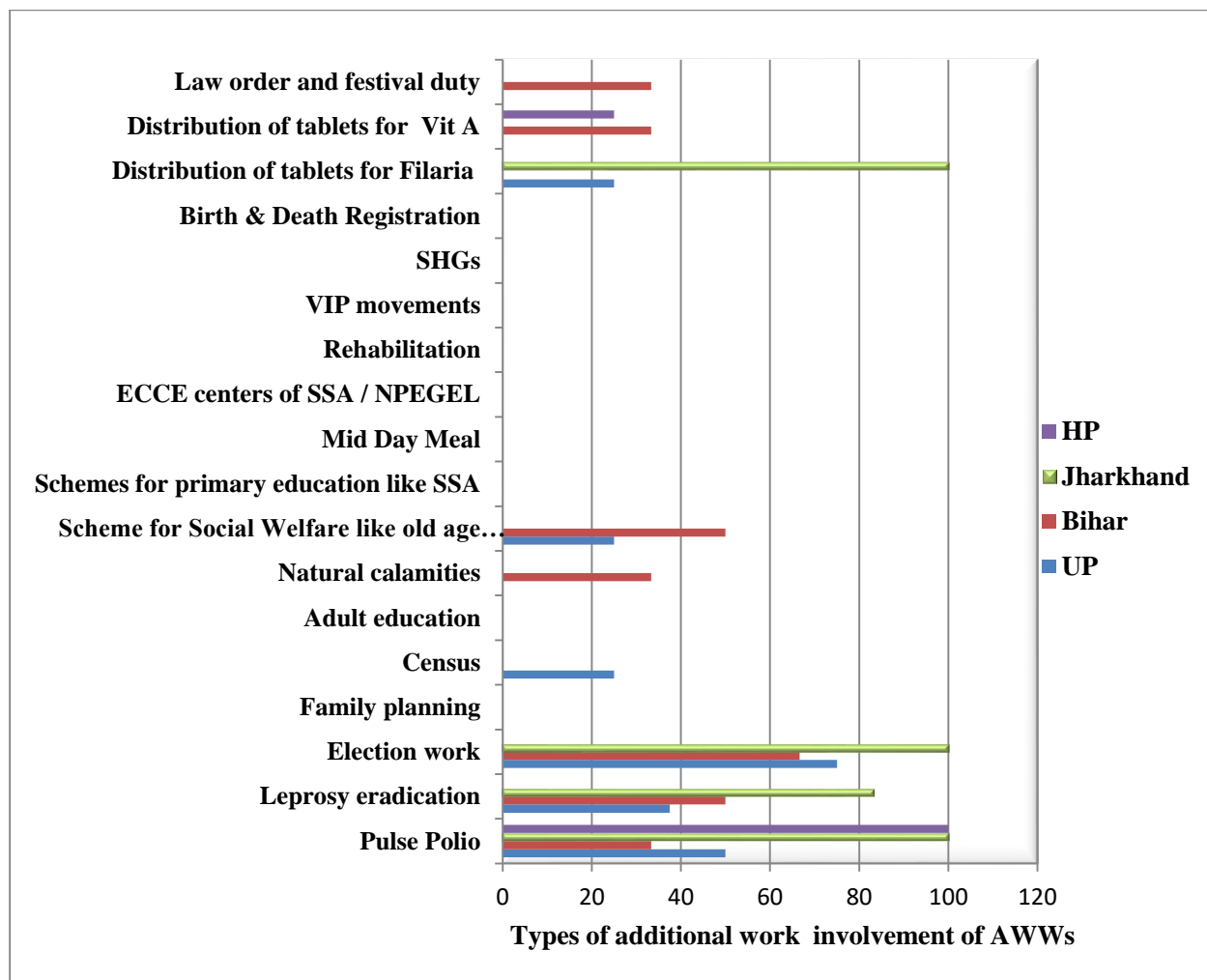


Figure 4.24 Percentage of different types of additional work involvement of AWWs

In the above Table and Figure 4.24 shows the mobilization of AWWs in conducting the tasks associated with some other departments. In Uttar Pradesh, Bihar, Jharkhand and Himachal Pradesh 100 percent supervisors responded that their AWWs were mobilized for conducting work of other departments. While considering the types of work involvement among AWWs, 75 percent of supervisors responded in UP AWWs were involved in election related work like BLO, 50 percent were told they were involved in pulse polio, 37.5 percent were responded in Leprosy eradication, 25 percent were said in census and in social schemes such as old age pension scheme and some 25 percent supervisors told that AWWs were engaged in distribution of tablets for Filaria. In Bihar also the involvement of AWWs were somewhat same as UP 66.66 percent supervisors said that AWWs were involved in election work, about 50 percent responded that AWWs were involved in Leprosy eradication, 33.33 per cent said AWWs were involved in pulse polio, natural calamities,

Distribution of Vitamin A tablets and law order and festival duty. In Jharkhand 100percent supervisors responded that AWWs were engaged in pulse polio, election work, and distribution of tablets for Filaria and many of them 83.3 were responded that they were engaged in Leprosy eradication. According to the responses of supervisor in Himachal Pradesh the 100 percent AWWs involved in Pulse polio and only 25 percent supervisors responded that AWWs were engaged in distribution of Vitamin A, Albendazole tablets.

Table 4.25 AWWs find difficulty in performing their regular responsibilities

Response	Frequency (N=24)	Percentage (%)
Yes	17	70.83
No	07	29.16

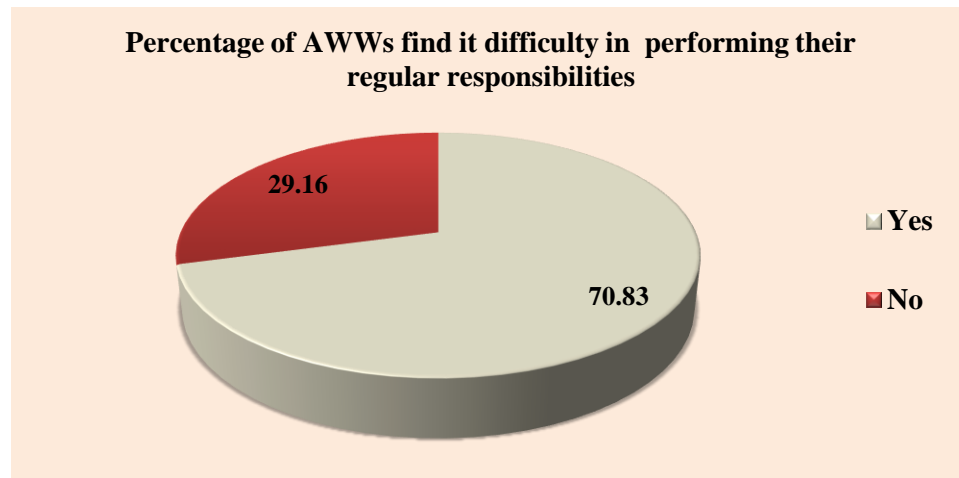


Figure 4.25 Percentage of AWWs find difficulty in performing their regular responsibilities

The above Table and Figure 4.25 revealed the percentage of AWWs find difficulty in performing their regular responsibilities. Majority of 70.83 percent of supervisors responded that AWWs were facing difficulty in performing their regular responsibilities whereas 29.16 percent were told that AWWs do not facing any difficulty in performing their regular responsibilities.

Table 4.25.1 If yes, the possible reasons

S. No.	Reasons	Frequency(N=24)	Percentage (%)
1.	Engagement in additional work other than ICDS	10	41.66
2.	Assigning too much ICDS responsibilities	05	20.83
3.	Lack of involvement of community	09	37.5
4.	Inadequate training to handle various jobs	04	16.66
5.	Poor educational background	06	25
6.	Lack of role clarity about jobs to be done	05	20.83
7.	Lack of supportive supervisions	00	00
8.	Lack of motivation	06	25
9.	Maintenance of too many records and registers	07	21.16
10.	Lack of time	00	00
11.	Any other	04	16.66

Table 4.25.1 shows that the 41.66 percent of supervisors responded that engagement in additional work other than ICDS was the major reason, 37.5 percent were responded that lack community involvement, 25 percent of responded the poor background is also one of reason for facing difficulty in performing their work, 21.16 percent were responded that maintaining too many records and registers is also the reason, 20.83 responded that assignment of too much of non ICDS work and lack of job clarity among them and 16.66 percent inadequate training to handle various jobs and some of the other reasons that create hindrance in conducting their regular responsibilities at AWCs.

Table 4.26 Distribution of different ways that can be helped AWWs to discharge their responsibilities properly

S.No.	Ways to discharge their responsibilities	Frequency	Percentage (%)
1.	Increasing the time of AWC	00	00
2.	Appointment of additional worker at the AWCs	02	8.33
3.	Appointment of additional helper at the AWC	01	4.16
4.	Enhancing the skills of AWWs	13	54.16
5.	Increasing the honorarium of AWWs	23	95.83
6.	Involving village Panchayat in activities of AWCs	03	12.5
7.	Enhancing the educational background of AWWs	05	20.83
8.	More encouragement and motivation	10	41.66
9.	Reducing the number of records to be maintained	07	29.16
10.	Reducing the Non ICDS engagements	12	50
11.	Any other	06	25

The above Table 4.26 exhibits the different ways that can be helped AWWs to discharge their responsibilities properly. Majority 95.83 percent of supervisors emphasize on increasing the honorarium of AWWs, 54.16 percent were discussed in enhancing the skills of AWWs, 50 percent were informed that reducing of non ICDS work on AWWs helped them in discharging their work properly, 41.66 percent responded that there is a need of more encouragement and motivation towards AWWs, 29.16 percent responded that reducing of number of record is also essential, 25 percent supervisors discussed some other ways such continuous training of AWWs, improvement of infrastructure of AWCs should be needed, 20.83 percent discussed on enhancing the educational background of AWWs by including written examination in the selection of AWWs. 12.5 percent were emphasizing in need of involvement of Village Panchayat in various activities performed at AWCs. Some of 8.33 and 4.16 percent of supervisors responded that there were need of appointment of additional AWWs and helper at AWCs in some states like UP and Bihar according to them there was provision of state government that in Mini AWCs due less population covered by AWWs so there was no need of helper but according to the supervisor the population of mini AWCs were somewhat same as AWCs so that AWWs facing difficulty in managing different work alone.

Table 4.27: Regularly taking a note of shortcomings and achievements of the AWW, to initiate corrective measures for their improvement

Responses	Frequency (N=24)	Percentage (%)
Yes	23	95.83
No	01	4.16

Table 4.27 shows the percentage of supervisors take the regular shortcoming and achievements of the AWW, to initiate corrective measures for their improvement. From the above details it was clear that majority 95.83 percent of supervisors were take regular shortcoming and achievements of the AWWs whereas few of them 4.16 were not able to take regular shortcoming and achievements of the AWWs to initiate corrective measures for their improvement.

Table 4.28 Coordination between AWWs, supervisors and other functionaries of health, education and rural development

Responses	Frequency (N=24)	Percentage (%)
Yes	21	87.5
No	03	12.5

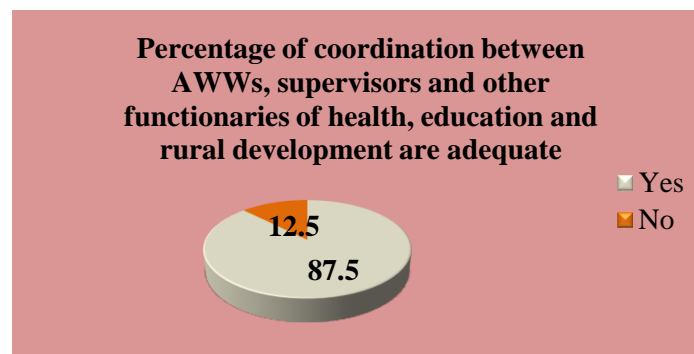


Figure 4.28 Percentage coordination between AWWs, supervisors and other functionaries of health, education and rural development

The above Table and Figure 4.28 depicts the percentage coordination between AWWs, supervisors and other functionaries of health, education and rural development. According to the above data it found that the coordination between AWWs, supervisors with other functionaries was 87.5 percent. As they informed among all three i.e., health, education and rural development the highest coordination was found with health functionaries as compared to education and rural development. About 12.5 percent were responded that the coordination with all these functionaries was not adequate.

Table 4.29: Any time schedule developed for the AWW to achieve the desired results

Responses	Frequency	Percentage (%)
Yes	24	100
No	00	00

The above data in Table 4.29 clearly shows that all 100 percent of supervisors had developed the time schedule for daily activities performed by AWWs at AWCs.

Table 4.30 Time allotted to the AWW for the various activities at AWC is sufficient

Responses	Frequency	Percentage (%)
Yes	24	100
No	00	00

According to table 4.30 100 percent of supervisors responded that time allotted to the AWWs for the various activities at AWCs was sufficient.

Personal Profile of CDPOs

Table 4.31 Distribution of education level and work experience of CDPOs

Personal Profile	Frequency(N=12)	Percentage
Education		
VIII standard	00	00
Matric	00	00
Intermediate	00	00
Below Graduate	00	00
Graduate	03	25
Post Graduate	09	75
Working experience in ICDS		
(< One year)	00	00
(1 to 3 years)	00	00
(3 to 5 years)	01	8.33
(5 to 10 years)	04	33.33
>10years	07	58.33

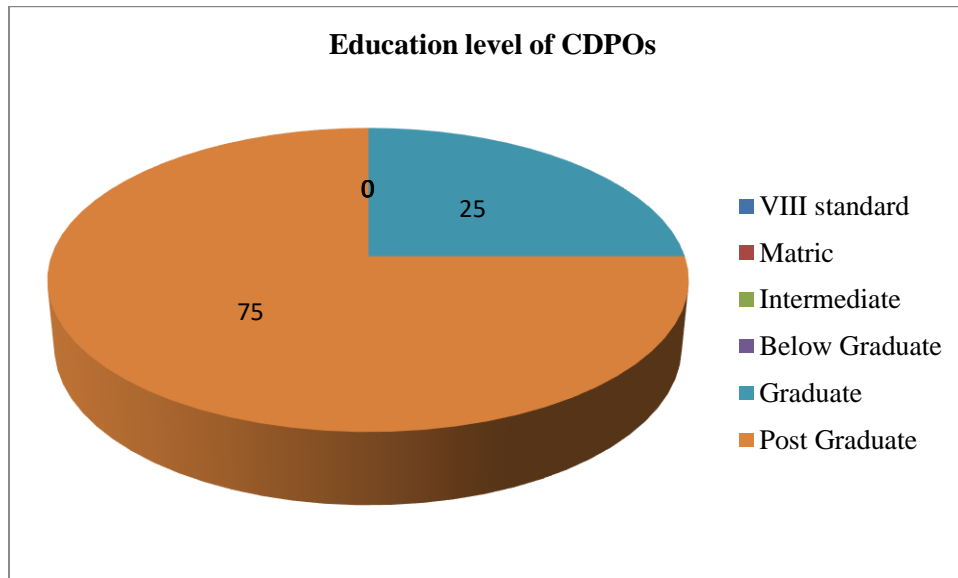


Figure 4.31(a) Education level of CDPOs

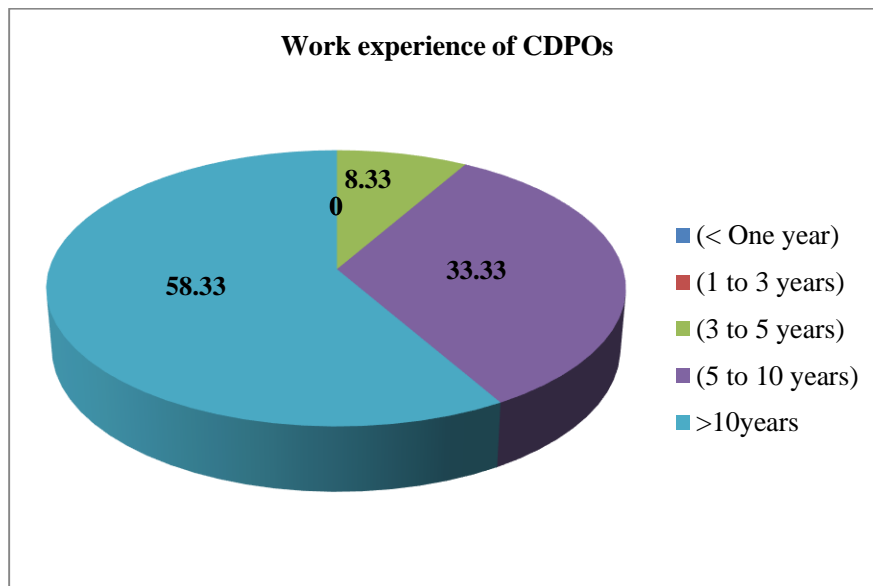


Figure 4.31(b) Work experience of CDPOs

Table and Figures 4.31(a) and 4.31(b) revealed that majority of 75 percent possessed post graduate, rest of 25 percent were graduate. While considering the work experience of CDPOs it was found that majority of 58.33 percent were having experience of more than 10years whereas 33.33 percent

were having 5-10years of experience few of them 8.33 percent were 3-5 years of experience in ICDS.

Table 4.32 Training received as CDPO

Type	Frequency((N=12)	Percentage (%)
Job	10	83.33
Refresher	11	91.66
Special Training	05	41.66

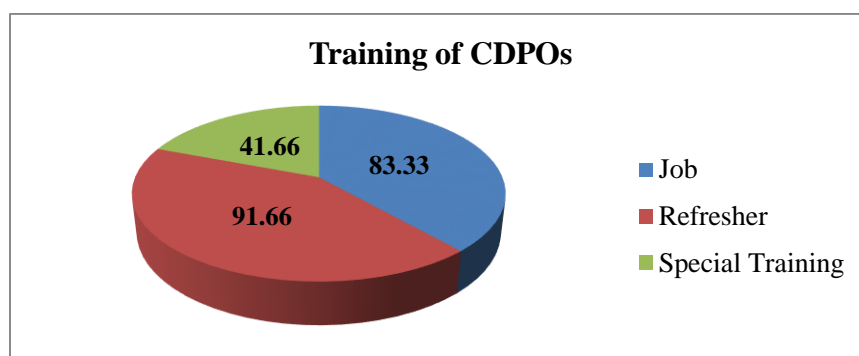


Figure 4.32 Percentage of different types of training received as CDPO

Table and Figure 4.32 shows Percentage of different types of training received as CDPO. Majority 91.66 percent of CDPOs responded that they done their job training, 83.33 percent were received refresher training and 41.66 were also received some of the special training such as MIS, ECCE, etc.

Table 4.33 Distribution of periodicity of visits to the AWCs

S.No.	Periodicity	Frequency (N=12)	Percentage (%)
1.	Once in a week	04	33.33
2.	Once in fortnightly	01	4.16
3.	Once in a monthly	01	4.16
4.	Once in two months	01	4.16
5.	More than three months	00	00
6.	Not fixed	03	25
7.	Other	02	16.66

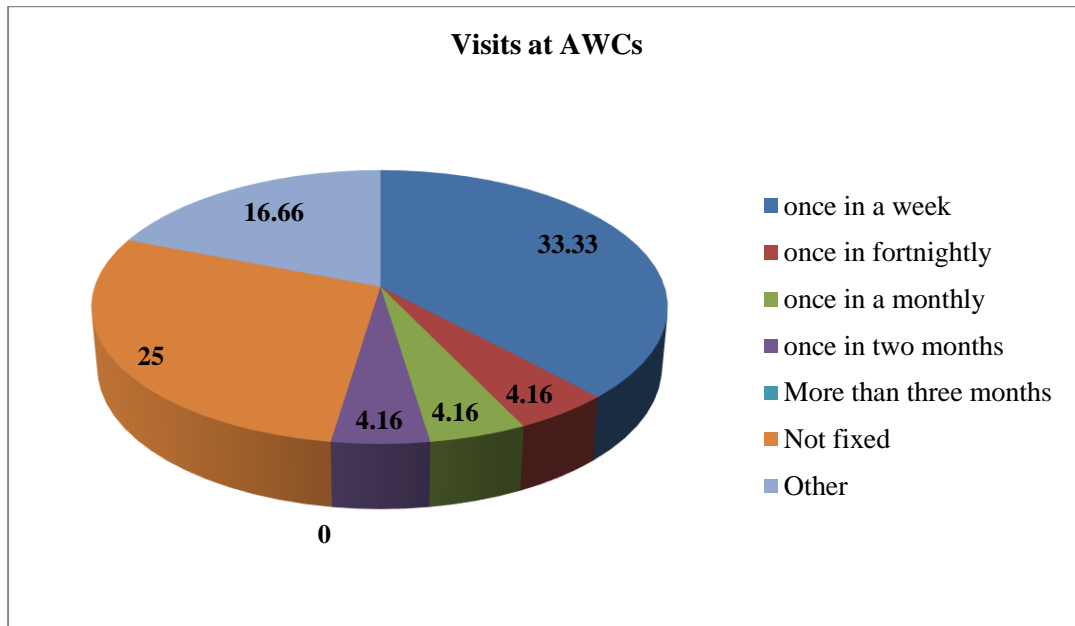


Figure 4.33 Percentage periodicity of visits to the AWCs

The above table and figure 4.33 detailed about the percentage periodicity of visits to the AWCs. Most of the 33.33 percent were CDPOs responded that they visited AWCs in once in a week, 25percent of responded that there was no time fixed to visit to AWCs, 16.66 percent were visited twice and thrice in a week according to need their project area, 4.16 percent were visited once in fortnightly, once in a month, once in a two months.

Table 4.34: During the visit to AWCs do you find AWWs assigned with some other work of different departments besides the regular work connected with ICDS during past one year

Responses	Frequency	Percentage (%)
Yes	12	100
No	00	00

The above Table 4.34 stated that 100 percent of CDPOs find AWWs assigned with some other work of different departments besides the regular work connected with ICDS during past one year.

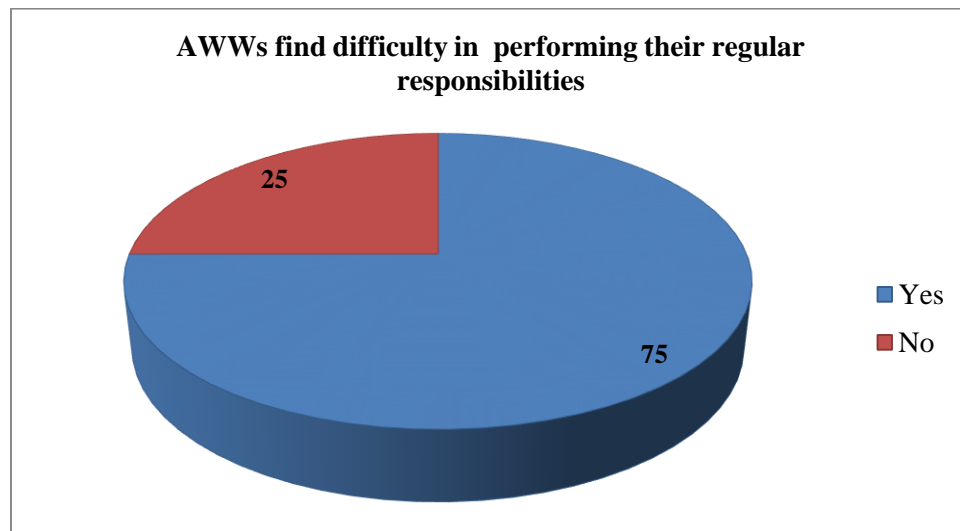
Table 4.35: How has this additional work affected the regular functioning of AWWs

S.No.	Affected	Frequency (N=12)	Percentage (%)
1.	Positively	00	00
2.	Negatively	12	100
3.	No effects	00	00

In Table 4.35 all 100 percent of CDPOs responded that due to additional engagement of AWWs in non ICDS work were negatively affected their regular functioning at AWCs especially in UP and Bihar.

Table 4.36 AWWs find it difficulty in performing their regular responsibilities

Responses	Frequency (N=12)	Percentage (%)
Yes	09	75
No	03	25

**Figure 4.36 Percentage of AWWs find difficulty in performing their regular responsibilities**

The Table and Figure 4.36 revealed that maximum 75 percent of CDPOs responded that AWWs find difficulty in performing their regular responsibilities rest of 25 percent were responded that AWWs do not find any difficulty in doing their regular responsibilities.

Table 4.36.1: If yes, the possible reasons

S. No.	Reasons	Frequency (N=12)	Percentage (%)
1.	Engagement in additional work other than ICDS	09	75
2.	Assigning too much ICDS responsibilities	00	00
3.	Lack of involvement of community	01	8.33
4.	Inadequate training to handle various jobs	00	00
5.	Poor educational background	02	16.66
6.	Lack of role clarity about jobs to be done	00	00
7.	Lack of supportive supervisions	01	8.33
8.	Lack of motivation	01	8.33
9.	Maintenance of too many records and registers	07	58.33
10.	Lack of time	00	00
11.	Any other	01	8.33

The above Table 4.36.1 shows that the 75 percent of CDPOs find engagement in additional work other than ICDS was the major reason, 58.33 percent were responded that maintaining too many records and registers is also the reason, 16.66 percent of responded the poor background is also one of reason for facing difficulty in performing their work, 8.33 percent were responded that lack of supportive supervision, motivation and community involvement and some of the other reasons was also create hindrance in conducting their regular responsibilities at AWCs.

Table 4.37 AWWs can be helped to discharge their responsibilities properly

S.No.	Ways to discharge their responsibilities	Frequency (N=12)	Percentage (%)
1.	Increasing the time of AWC	00	00
2.	Appointment of additional worker at the AWCs	01	8.33
3.	Appointment of additional helper at the AWC	01	8.33
4.	Enhancing the skills of AWWs	08	66.66
5.	Increasing the honorarium of AWWs	08	66.66
6.	Involving village Panchayat activities of AWCs	01	8.33

7.	Enhancing the educational background of AWWs	05	41.66
8.	More encouragement and motivation	01	8.33
9.	Reducing the number of records to be maintained	04	33.33
10	Reducing the Non ICDS engagements	04	33.33
11	Any other	01	8.33

The above Table 4.37 exhibits the different ways that can be helped AWWs to discharge their responsibilities properly. 66.66 percent of CDPOs emphasize on increasing the honorarium of AWWs and enhancing the skills of AWWs, 41.66 percent discussed on enhancing the educational background of AWWs, 33.33 percent were informed that reducing of non ICDS work and reducing the number of record and registers that helped them in discharging their work properly ,8.33 percent responded that there is a need of more encouragement and motivation towards AWWs, need of involvement of Village Panchayat in various activities performed at AWCs, need of appointment of additional AWWs and helper at AWCs, some other ways such training of AWWs.

Table 4.38 Regular take a note of shortcomings and achievements of the AWW, to initiate corrective measures for their improvement

Responses	Frequency	Percentage (%)
Yes	12	100
No	00	00

The above Table 4.38 shows that all 100 percent CDPOs take note of shortcomings and achievements of the AWW, to initiate corrective measures for their improvement at regular interval through different types meeting conducted for AWWs.

Table 4.39 Coordination between AWWs, supervisors and other functionaries of health, education and rural development are adequate

Responses	Frequency (N=12)	Percentage (%)
Yes	10	83.33
No	02	16.66

The above Table 4.39 clearly depicts that majority of 83.33 CDPOs responded that the coordination between AWWs, supervisors and other functionaries of health, education and rural development are adequate but highest coordination was found with health functionaries than education and rural development rest of 16.66 percent were responded that the coordination among all three was not appropriate.

Table 4.40 Time schedule developed for the AWW to achieve the desired results

Responses	Frequency(N=12)	Percentage (%)
Yes	12	100
No	00	00

The above table 4.40 shows that all 100 percent responded that a proper time schedule developed for the AWW to achieve the desired results.

Table 4.41 Time allotted to the AWW for the various activities of the AWC is sufficient

Responses	Frequency (N=12)	Percentage (%)
Yes	12	100
No	00	00

The above Table 4.41 shows that all 100 percent responded that a time allotted to the AWW for the various activities of the AWC is sufficient for AWWs.

Chapter- 5

MAJOR FINDINGS

The data in present study was collected from different levels of ICDS functionaries i.e., AWWs, Supervisors and Child Development project officers (CDPOs) from sample area of seven districts of four states (UP, Bihar, Jharkhand and Himachal Pradesh). After tabulation, validation, analyzing and interpreting the data finding have been drawn and is presented in this chapter. The findings have been present for different levels of functionaries so as to categorically understand the strengths and gaps at different levels.

Findings at Anganwadi Workers Level

1. The study presents an encouraging situation regarding education level of key functionary of ICDS i.e. Anganwadi Worker (AWW). It was found that 35.71 percent of AWWs were having education up to higher secondary followed by graduates (33.92%), 10th pass (16.96%), post graduate (10.71%) and 6th – 9th class (2.67%).
2. Data regarding work experience of AWWs revealed that 36.6 percent of AWWs were having 10-15years of work experience followed by 29.46 percent having 5-10 years, 18.75 percent with more than 20 years of work experience, 8.92 percent having 15-20years, 5.35 percent having 3-5 years of work experience and very less 0.89 percent of AWWs have 1-3years of work experience in ICDS.
3. As far as the training of AWWs are concerned, it was found that majority (96.42 %) of AWWs have received the job training followed by 66.07 percent of AWWs who have received refresher training and special training (20.53 percent) such as ECCE, PMMVY and CAS on mobile. It was also found that 33.92 percent of the AWWs have not received refresher training and 3.57 percent of AWWs were even not received job training.
4. ICDS is a community centered programme where involvement of community is vital in its implementation. In the present study, more than half (63.39 percent) of the AWWs have stated that they receive support from community member and village functionaries while 36.61 percent of AWWs were not getting any support from community member and village functionaries in delivering ICDS services.

5. The study has revealed that all the AWWs (100 percent) in Jharkhand and Himachal Pradesh devotes 5-6 hours per day in conducting ICDS work whereas in Bihar (90.62) and Uttar Pradesh (78.12 percent) AWWs were devoting 4-5 hours per day. In Uttar Pradesh (21.87%) and Bihar (9.37 %) AWWs were devoting 5-6 hours per day in conducting ICDS work. When probed for the reason, it was found that due to assignment of Non ICDS work of different departments especially in UP and Bihar the AWWs were not able to devote full hours as compare to Jharkhand and Himachal Pradesh.
6. It was found in the study that AWWs were invariably deployed in additional assignments related to Election Duty as BLO, Pulse Polio Programme, Leprosy Eradication Programme, Filaria, Vitamin-A, Tuberculosis, Measles & Rubella Vaccination, Census Work (Birth, Death, Hand Pump, Well, etc.), Aadhaar & Ration Card, Old Age Pension Schemes, Ayushman Bharat, VIP Movements, etc.
7. In UP more than half (59.3%) of the AWWs were involved in election work as BLO for up to 5days, 56.2 percent were engaged in pulse polio programme for 5-10days, 34.3 percent were engaged in performing duty for Leprosy eradication for less than 5 days, 37.5 percent AWWs were engaged in census work, 28.1 percent were involved in measles and rubella as well as Aadhaar/Ration card for less than 5days and some schemes such as old age pension scheme related work for 5-10days, 12.5 percent were occupied in different activities related to Ayushman Bharat for more than 10days, 9.3 percent workers engaged in performing different types duties during VIP movements and immunization work for tuberculosis for less than 5days.
8. In Bihar state, the percentage of involvement of AWWs in election work was 62.5 percent for up to 5days followed by 62.5 percent in pulse polio for 5-10days, half of 50 percent AWWs were involved in performing duty of Leprosy eradication for 5-10days, 40.6 percent were occupied in packing foods during natural calamities for more than 5 days, 37.5 percent were engaged in providing vaccines of measles and rubella with ANM for less than 5days, 31.2 percent were involved in distributing Vitamin A tablet for less 5days, 21.8 percent were involved in old age scheme and distribution of tablets for Filaria for more 10days.15.62 percent were engaged in ration card related work for more than 10days, 6.2 percent were involved in census and birth and death registration work and few of them 3.1

percent were involved in conducting the work related to social campaign such as AIDS and child marriage and Aadhaar card for more than 10days.

9. In Jharkhand majority of (93.7 percent) AWWs were involved in pulse polio and election work for less than 5day followed by (87.5 percent)were involved in distribution of tablets of Filaria for less than 5days, (34.37 percent) were involved in Leprosy eradication work for 5-10days and 21.8 percent were engaged in old age pension scheme for less than 5days.
10. In Himachal Pradesh all (100 percent) of AWWs were involved in pulse polio work, 12.5 percent were in election work and few of 6.25 percent were involved in distribution of Vitamin A , Albendazole tablets and in Aadhaar card related work for less than 5days.
11. Thus, the study has revealed that the AWWs have been invariably involved in additional non- ICDS work for 30-40 days in a year. Moreover, while counting the actual number of days of engagement in additional work, the days spent in preparatory training should also be taken into account which ranges between 1 -3 days for every additional work assigned. Thus, the mean value of actual engagement of AWWs in non- ICDS additional works ranges between 50-60 days annually.
12. In the study, it was found that involvement in health related work was higher as compare to other department. Further, additional work deployment of AWWs was observed higher in Uttar Pradesh and Bihar states as compare to Jharkhand and Himachal Pradesh. The reason found behind higher engagement in additional work in UP and Bihar was high population of these states and lack of staff especially in health sector.
13. It was found that AWWs were paid incentive for engagement in Pulse Polio, Election Duty and Leprosy Eradication Programme. However, for other additional work such as natural calamities, Aadhaar card, Ration card, Old age pension scheme, social/ awareness campaign and other health sector related works, AWWs were not paid any incentive.
14. The study has found that at the time of additional work deployment the AWCs were managed by AWHs (86.6 %) followed by adolescents girls (4.46%), member of Mahila Mandal and Poshan Sakhi (3.57 %) and AWWs of the neighbouring centres (1.78 %) However, 3.57 percent of AWWs have reported that they kept the AWCs closed during additional work assignment due to vacant post of AWHs.
15. The AWWs in the present study have reported that their deployment in additional non- ICDS work affects the core ICDS services delivery like NHED sessions (78.57 %),

Maintenance of Records & Registers (73.21 %), Home Visits (59.82%), PSE (54.46%), Immunization Services (33.92%), Supplementary Nutrition to Beneficiaries (20.53%).

16. In the present study, more than eighty percent (84.82%) of AWWs have stated that additional work deployment adversely affects their work performance at AWCs whereas 12.5 percent were not affected by additional assignments. Notably, 2.67 percent of the AWWs have stated that they are positively affected by additional assignments. When probed, monetary benefits in terms of incentive was found to be the reason.
17. As far as the time- work allocation is concerned, it was found that 34.82 percent AWWs spent 25-30 min, 33.92 percent AWWs spent 30-35 min, 9.82 percent of AWWs spent 5-10min, 8.92 percent spent 15-20min, and 5.35 percent spent 20-25 min and 10-15min rest of 1.78 percent spent up to 5 min in maintenance of records and registers daily.
18. It was found that more than sixty percent (68.75) of AWWs fills survey register quarterly followed by half yearly (44.64) and yearly (3.57). All 100 percent AWWs of all four states responded that they fill immunization register on monthly basis and spent 30minutes to 1hour per day. 100 percent AWWs responded that they fill register for lactating, pregnant women and monthly progress reports on monthly basis and spent about 30minutes to 1hours per day.
19. More than half (56.25%) of AWWs responded that the quantity of record and register at AWCs are too many. Notably, these were the projects where CAS has not been introduced so far. Whereas 43.75 percent AWWs responded that the record & registers are adequate as CAS (common application software) mobiles help them to fill information in less time.
20. Majority 95.53 percent of it was informed by AWWs that take help Village Pradhan/Sarpanch for ICDS activities, 80.35 percent were contacted to ANM, 57.14 percent were contacted to member of Mahila Mandal, 33.92 contacted lady health visitor of their village/ward, 14.28 percent were contacted school teachers, 8.92 percent were contacted village development officers, 4.46 were contacted to SHGs and come 1.78 percent were contacted to some other persons for ICDS work.
21. Significantly, the study has revealed that more than one-third (76.78%) of the AWWs have reported that they do not feel overburdened with the present quantum of work and they work happily without any issue whereas 23.21 percent of AWWs responded that they feel overburdened with the present work for which they have been appointed. When asked for

the reason, it was found that the excessive involvement in Non ICDS work of other departments put pressure on their own service delivery. Another reason reported was low honorariums against quantum of work taken.

22. Furthermore, the study has also found some infrastructural and operational gaps related to ICDS service delivery. It was found that more than half of AWWs do not possess their own building and AWCs were running in rented rooms. In UP, AWWs do not get sufficient rent for their AWCs from the government and they have to pay rent by their own. In some districts of UP and Bihar and Jharkhand AWWs were facing infrastructural problems such as dilapidated condition of AWCs, lack of water and toilet facility at AWC. In Himachal Pradesh one of the major problems faced by AWWs was lack of preschool children at AWCs because parents prefer to send their children in private school. 33.92 percent of AWWs responded that there was lack of fund coming at AWCs, 31.25 percent informed that there was lack of teaching aids/material at their centres especially in UP. 28.57 percent of AWWs told that they does not get sufficient amount of supplementary nutrition at AWCs. 25 percent AWWs responded that the assignment of non ICDS work was high in their area that hinder their daily work performance at AWC, 24.1 percent AWWs said the maintenance of records and registers take most of their time that's why they cannot conduct their daily work properly. About 16.07 percent of AWWs facing non-cooperation of beneficiaries as especially the pregnant and lactating women's some were not able to attend nutrition and health education sessions. Few of 2.67 percent of AWWs explained that they were facing problem in reaching AWCs as it was not easily accessible. Some of them (0.89 percent) were not getting proper support from supervisor/CDPOs and problem related to lack of time at AWC

Findings at Supervisors Level

23. The data related to profile of Supervisors has revealed that 50 percent were post graduate, followed by graduates (21.96), intermediate (12.5) and matric (8.55). While considering the work experience 41.66 percent were having more than 10 years of experience, 25 percent have 5-10 years and 3-5 years of experience, 12.5 percent having 1-3 years of experience and rest of 4.16 percent having less than 1 year. Majority (58.33 percent) of supervisors have done job training, 50 percent of them got refresher training and few of them got special training such as ECCCE, CAS, etc.

24. Significantly, 95.83 percent of supervisors have responded that the AWWs were invariably assigned with additional work of other departments while 4.16 percent told that the AWWs were not assigned with such additional works. Further, 83.33 percent of Supervisors have reported that due to engagement in additional assignments AWCs were adversely affected.
25. In all the study area, 100 percent of supervisors responded that their AWWs have been mobilized for conducting work of other departments. When asked about the type of work involvement, 75 percent of supervisors responded that in UP AWWs were involved in election related work, 50 percent involved in pulse polio, 37.5 percent in Leprosy eradication, 25 percent in Census and in social schemes such as old age pension and 25 percent supervisors told that AWWs were engaged in distribution of tablets for Filariasis. In Bihar also the involvement of AWWs was somewhat same as UP. 66.66 percent supervisors said that AWWs were involved in election work, 50 percent were responded that AWWs were involved in Leprosy eradication, 33.33 said AWWs were involved in pulse polio, natural calamities, distribution of Vitamin A tablets and law order and festival duty. In Jharkhand 100percent supervisors responded that AWWs were engaged in pulse polio, election work, and distribution of tablets for filariasis and many of them 83.3 were responded that they were engaged in Leprosy eradication. According to the responses of supervisor in Himachal Pradesh 100 percent AWWs were involved in Pulse polio and only 25 percent supervisors responded that AWWs were engaged in distribution of Vitamin A, Albendazole tablets.
26. Majority 95.83 percent of supervisors emphasize on increasing the honorarium of AWWs, 54.16 percent opined about enhancing the skills of AWWs, 50 percent stated about involvement in non ICDS work which would help AWWs in discharging their work properly, 41.66 percent responded that there is a need of more encouragement and motivation to AWWs, 21.16 percent responded that reducing number of record is also essential, 25 percent supervisors insisted upon continuous training of AWWs, 20.83 percent emphasized upon enhancing the educational background of AWWs by including written examination in selection process of AWWs. 12.5 percent were emphasizing in need of involvement of Village Panchayat in various activities performed at AWCs. Some 8.33 and 4.16 percent of supervisors responded that there is a need of appointment of additional AWWs and helper at AWCs in some states like UP and Bihar. According to them there is

no provision of AWH at Mini AWCs due less population covered, however, the actual population covered by Mini AWCs is similar to that of main AWCs and therefore AWWs at Mini AWCs are facing difficulty in managing different work alone.

27. Integration of different schemes and coordination among their functionaries is essential to reach the beneficiaries for effective implementation of welfare schemes. In the present study the supervisors have reported a significant 87.5 percent level of coordination with functionaries of other departments like health, education and rural development. However, 12.5 percent have reported inadequate coordination with above three departments.

Findings at CDPOs Level

28. Data regarding profile of CDPOs exhibit that 75 percent were educated upto post graduate level while rest 25 percent were graduate. It was found that 58.33 percent CDPOs were having experience of more than 10years whereas 33.33 percent were having 5-10years of experience and 8.33 percent were having 3-5 years of experience in ICDS. Data regarding the training of CDPOs revealed that more than ninety percent (91.66%) have completed job training, 83.33 percent received refresher training and 41.66 percent also received some special training viz. MIS, ECCE, etc.
29. Continuous monitoring is an intrinsic element of ICDS for its effective implementation. In the present study data regarding visit to AWCs have been collected and it was found that 33.33 percent CDPOs visits AWCs once in a week, 25 percent responded that there is no fixed time to visit AWCs and 16.66 percent visit twice and thrice in a week according to need in project area. However, 4.16 percent CDOPs visit AWCs once in fortnight, once in a month or once in two months. When asked for less number of visits it was found that the involvement in other additional work like Law and Order Duty, Conducting Examination, multiple reporting of different department at block level are main reasons.
30. All the CDPOs (100%) in the present study have reported that due to additional engagement of AWWs in non ICDS work their regular functioning at AWCs affects adversely, especially in UP and Bihar. 75 percent of CDPOs responded that due to additional assignments AWWs find it difficult to perform their regular responsibilities while 25 percent responded that AWWs do not find any difficulty in doing their regular responsibilities.

31. Significantly, 75 percent of CDPOs have reported that engagement of AWWs in additional work other than ICDS was the major reason for adverse effect on ICDS service delivery. However, 58.33 percent responded that maintaining too many records and registers is also the reason; 16.66 percent of responded that the poor education background is also one of reason for facing difficulty in performing their work, 8.33 percent of CDPOs responded that lack of supportive supervision, motivation and community involvement are some of the other reasons which create hindrance to AWWs in conducting their regular responsibilities at AWCs.
32. Responses regarding possible corrective measures to enhance the work efficiency of AWWs have also been attempted to collect in the present study. It was found that more than half (66.66%) of CDPOs emphasize on increasing the honorarium of AWWs and enhancing the skills of AWWs through regular training, 41.66 percent opined about enhancing the educational background of AWWs, 33.33 percent said that reducing involvement in Non ICDS work and reducing the number of record and registers would helped AWWs in discharging their work properly ; 8.33 percent responded that there is a need for more encouragement & motivation, need of involvement of Village Panchayat in various activities performed at AWCs, need of appointment of additional AWWs and helper at AWCs.
33. As many as 83.33percent of CDPOs have reported that coordination between AWWs, Supervisors and functionaries of health, education and rural department are adequate but highest coordination was found with health functionaries than education and rural development. While 16.66 percent responded that the coordination among all three was not adequate.

Chapter- 6

SUGGESTIONS & RECOMMENDATIONS

The study suggests that work allocation and time management at AWCs are appropriate and AWWs are rendering their services satisfactorily. However, it forwards following suggestions to make research arena of the issue more inclusive and comprehensive:

1. The finding of the present study suggests regular in service training (Job, Refresher and Skill) of ICDS functionaries including AWWs, Supervisors and CDPOs on recent advancements and skill updation.
2. It is significant to mention that coordination at field level among functionaries of different departments has positively resulted into larger coverage of beneficiaries under different schemes. However, a mean value of 50-60 days engagement of AWWs in additional Non-ICDS assignments per year has adversely affected its own service delivery under ICDS. It is, therefore, recommended to utilize role of AWWs in additional assignments, reasonably. Further, appropriate incentives in form of wages, appreciation, promotion, etc. may be considered for encouragement and motivation of AWWs.
3. The study suggests to universally implement CAS based reporting as it minimizes the time allotment for filling up loads of records & registers and also augment the service delivery under ICDS.
4. It further suggests to develop a uniform pattern of digital reporting mechanism with common monitoring indicators/variables of line departments to cut time for multiple or repeated reporting on different dashboards or platforms. This would help AWWs, Supervisors and CDPOs in spending more time to core activities at AWCs.
5. Based upon the responses collected and observation made during interview, the study suggests to provide supportive supervision on handholding of skill based tools like CAS and Data management & Analysis, at different level of ICDS functionaries especially in present scenario of digital transformation.
6. In concurrence with previous studies conducted at AWCs level, this study also suggest to improve infrastructure, supplies of kits, supplementary nutrition so as to build a conducive

developmental environment for children. This would encourage the parents to send their children to AWCs for early childhood care and education.

7. The study clearly suggests to appoint AWHs at Mini-AWCs as the population coverage and work load is practically similar to main AWC.
8. The study suggests enhancing the role of community members in ICDS to improve demand based service delivery and to monitor the progress.
9. Monitoring is an inseparable aspect in successful implementation of any project. The present suggests to reasonably engage CDPOs in additional assignments to facilitate their visits to AWCs and to understand and monitor the progress indicators of ICDS services.

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