

Consolidated Report of the Regional Workshops on Strengthening ICDS Training Programme



Held at Regional Centres-NIPCCD

Bangalore from 22-23 July, 2009
Lucknow from 29-30 July, 2009
Guwahati from 20-21 August, 2009

Jointly organized by:





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**CONSOLIDATED REPORT OF REGIONAL WORKSHOPS
ON STRENGTHENING
ICDS TRAINING PROGRAMME**

Regional Centre
National Institute of Public Cooperation and Child Development
Bengaluru, Lucknow, and Guwahati

Jointly Organized by



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CONSOLIDATED REPORT OF REGIONAL WORKSHOPS ON STRENGTHENING ICDS TRAINING PROGRAMME

1. BACKGROUND

The training component of the Integrated Child Development Services (ICDS) has evolved over the life of the program benefiting various levels of ICDS functionaries. During the current 11th Five Year Plan, the Government of India has laid much emphasis on strengthening the training component of ICDS in order to improve the service delivery mechanism and accelerate better programme outcomes. Financial norms relating to training of various ICDS functionaries and trainers have been upwardly revised with effect from 1 April 2009. With the universalization of ICDS, it is being increasingly realized that in order to achieve the objectives of ICDS universalization with quality, the capacities of the ICDS functionaries need to be enhanced. For this, there is a need to understand the challenges faced by the ICDS training system and develop strategies for improving the quality of ICDS training programme.

It was in this context, the Ministry of Women and Child Development (MWCD) set out to initiate a process of streamlining the ICDS training system. In this respect, CARE was requested to provide technical support in reviewing and redesigning the ICDS training program based on its similar experiences and evidence from the USAID-supported Integrated Nutrition and Health Project (INHP) implemented at a scale of 75 districts in eight states. To discuss the way forward, three meetings involving the officials from CARE-India, World Bank unit of MWCD unit of MWCD, Food and Nutrition Technical Assistance (FANTA) Project, and National Institute of Public Cooperation and Child Development (NIPCCD) were held. During the process, NIPCCD and CARE India exchanged their training modules to better understand the training curricula.

These meetings stressed the need for reviewing not only the entire training curricula of ICDS functionaries but also the overall training system that includes planning for on-going capacity building, management and monitoring and evaluation. As a first step towards accomplishing this task, it was decided to organize three regional workshops jointly by MWCD and NIPCCD with technical support from CARE and USAID in three Regional Centres of NIPCCD at Bengaluru, Lucknow and Guwahati. Followed by these regional workshops a national consultation is proposed to be held involving all major partners associated with the ICDS programme. The three regional workshops were held at Bengaluru, Lucknow, and Guwahati on July 22-23, July 29-30 and August 20-21, 2009 respectively. Participants from all states except a few of North-Eastern states attended these workshops.

2. OBJECTIVES

1. To review the ICDS training programme including curricula in light of the growing need for universalization of quality services.
2. To understand the issues of training centers in order to make them more effective.

3. To make feasible suggestions to improve the ICDS training system in line with the Government of India's (GoI) recent revised norms.

3. SESSIONS PLAN

The workshop was planned as a participatory consultation among stakeholders who are closely associated with the ICDS training programs.

Inaugural Session

The inaugural session provided an overview of need for strengthening the ICDS training program, as envisaged after universalization of ICDS. The MWCD and other stakeholders engaged in ICDS training program felt the need for improving the quality of ICDS services aiming at reviewing the ICDS training system beyond the training curricula. It was explained that in order to accomplish these tasks, the decision was to organize three regional workshops jointly by MWCD, GoI and NIPCCD in cooperation with USAID and CARE India at Bangalore, Lucknow and Guwahati followed by a National Consultation at Delhi involving all major partners associated with the ICDS program. The inaugural sessions at Bangalore, Lucknow, and Guwahati were attended by senior government officials from the MWCD, NIPCCD, DWCD of the host states, USAID, and CARE (Workshop Agenda attached).



Session One: Overview of ICDS Training Program

NIPCCD presented an overview of the existing training system covering all the critical components of training system.

Session Two: Evaluation findings of ICDS training program

The presentation was made in two parts by MWCD and was focused on the findings of the evaluation of project UDISHA and evaluation of Anganwadi Training Centres (AWTCs) and Middle Level Training Centres (MLTCs). The first presentation provided the participants the opportunity to understand the ICDS training program in detail while the second one provided them snapshots of the evaluation findings.

Session Three: Knowledge around training by CARE

CARE presented its innovative training strategy used in implementing INHP in eight states and shared insightful experiences in implementing Early Childhood Care and Education (ECCE) and Pre-School Education (PSE) in tsunami hit Andaman Nicobar Islands.

Session Four: Group Work

Having shared the context, purpose and current developments in ICDS trainings, the participants were divided into five thematic sub-groups to enable them to think and reflect on training issues, identify gaps in delivering training and suggest recommendations to improve the quality of ICDS training. Thematic areas covered by sub-groups included: Maternal, Child Health and Nutrition; Early Childhood Care and Education; Community Participation; Program Convergence; and Organization and Management of training.

Session Five: Plenary Presentation

After a thorough deliberation in the respective thematic sub-groups, presentations were made in the plenary.

Session Six: Concluding session

At the concluding session future course of action “the way forward” was discussed and arrived at some recommendations.

4. PARTICIPANTS

In order to ensure in-depth quality and objective discussions to improve the quality of the training component of ICDS and to enable the workshop participants make meaningful contributions based on their experiences, the MWCD and NIPCCD took a joint decision to engage experienced trainers, technical specialists and implementers in the regional workshops. They were expected to work in groups to find ways for strengthening the training component to help the ICDS program achieve its objectives effectively.

An analysis of the participants indicated that around 30% of the participants were from the training faculty (Anganwadi Training Centers [AWTC] and Middle Level Training Centers [MLTC]) with 10-25 of years of association with the ICDS training. They had received initial job training long ago with one or two rounds of refresher trainings. There were a few with ICDS training experience with no formal training. About 10% of the middle level ICDS staff expressed their concern over the inadequacy of job training on the essential contents and skills to match their job profile. The academia participated in the discussions although were technically sound lacked their understanding on operational and context specific issues in ICDS Training.



Lucknow Regional Workshop (29-30 July 2009)

Participants

Category	Numbers Participated
State Directorate Officials	34 (14%)
DPO/DSWO	14 (5.78%)
CDPOs	32 (13.22%)
Supervisors	11 (4.54%)
AWTCI/MLTCI	74(30.57%)
Academicians	46 (19%)
Others (INGO,UN,NGO)	31 (12.8%)
Total	242

5. Group work

The purpose of the small groups work was to have in-depth discussions on the themes and aspects considered crucial for strengthening ICDS training program. The small groups work was also expected to enable the participants to make meaningful contributions for achieving the workshop objectives. Prior to the small group work, the participants in a large group were oriented on the thematic areas, expected role and outcomes of the small groups. The large group was divided in five small groups and each small group was assigned with a

theme to work using the Terms of Reference (ToR) developed to guide the small group discussions.

The following five thematic sub-groups consisted of experienced trainers, technical specialists and implementers. The objectives of the sub-group activity were to:

- identify gaps in the existing ICDS training program in conjunction with the ICDS objectives and goals; and
- suggest feasible solutions to improve the ICDS training system in line with the GOI's recently revised norms.

Five Thematic Areas

Sub-Group 1:	Maternal, Child Health and Nutrition
Sub-Group 2:	Early Childhood Care and Education
Sub-Group 3:	Community Participation
Sub-Group 4:	Program Convergence
Sub-Group 5:	Organization and Management of Training

In addition to the above objectives, the following guidelines steered discussions in each of the five sub-groups.

- examine the ICDS program strategies related to nutrition, health, pre-school education, and community mobilization objectives from the available evidence, within the revised GOI norms;
- review the ICDS training contents and recommend broad changes to the current training curricula for achieving results;
- broadly review the training plans and methods followed in the job-training and refresher training;
- examine mechanisms through which training institutes can contribute to on-going capacity building of the ICDS functionaries; and
- recommend the duration of the training for AWWs, Supervisor and CDPOs based on the experiences and, suggest mechanism of strengthening current training system and its management.

5.1. The Process

Each sub-group identified two rapporteurs from within the group to document important discussions and a presenter to report on the outcome of the sub-group in a plenary. Representatives from NIPCCD, MWCD, USAID and CARE facilitated the sub-group discussions.

The facilitators, at the outset, familiarized group members on the key issues to be discussed within the stipulated time and provided them with necessary background and technical guidance. The subject experts also assisted the groups. A discussion template was provided to each group to guide the discussions and facilitate documentation of the key discussions.

Each group documented the important discussion points and submitted them to the workshop organizers for further consolidation. As planned, each group made a 25 minute presentation in the plenary, summarizing the group recommendations.

5.2. Group Dynamics

Most of the workshop participants during the workshops were passive listeners, especially during the post presentation discussions. Only a few of them participated that too after some probing and pestering. With a view to enhance participation and elicit optimum inputs and insights from the participants, the group work exercise was conducted.



In the group work, participants were expected to review and conduct gap analysis on technical contents, operational and management issues related to the ICDS training components and suggest recommendations. Although many participants spoke on operational issues in the sub-groups, but they could not present the outcome of the discussions in the plenary session. This limited the interactions after presentation by each of the five groups.

6. GROUP RECOMMENDATIONS ON FIVE THEMATIC AREAS

6.1. Maternal, Child Health and Nutrition

Causal Analysis

Malnutrition in young children and infant mortality

Essential technical interventions:

- Poor infant and young child feeding practices

- Poor reach and quality of supplements
- High drop out and left out for immunization and vitamin A coverage
- Poor knowledge on surveillance mechanism for care of low birth weight/premature birth by AWW/ ANM

- Peripheral workers are not capacitated enough for identification and referral of critical (asphyxia/septicemia) infants
- Persistence of infections due to unsafe water, poor sanitation and lack of personal hygiene

Community level processes

- Social and geographical exclusion
- Weak tracking and follow-up
- Lack of awareness due to absence of timely home visits (right time with right information) and need based inter-personal communication (IPC)
- Poor home contacts on the day of delivery and during the newborn period
- Inadequate access to treatment and poor mechanism for early referral
- Irregular monitoring of quality service and coverage by community bodies and representatives

System and Support Mechanism

- Poor supervision and hand-holding support at the sector level for problem-solving initiatives
- Lack of focus and accountability at block, district, and state level
- Less time spent on hands on training and field practices
- Inadequate time allotment for class room, practical, and field exposure

Recommendations

Training Content

A detailed session on Infant and Young Child Feeding (IYCF) should be incorporated in the current syllabus for all category of functionaries. The Integrated Management of Neonatal and Childhood Illnesses (IMNCI) content and method of delivery should be more intensive with greater importance on home-based newborn care. The present duration of training was felt to be insufficient.

On nutrition and health education, there should be more emphasis on skill development, planning, execution, follow-up and reporting. There should be more emphasis on home visit and its planning with demonstration.

The CDPOs and Supervisors should be adequately trained on monitoring Village Health and Nutrition Day (VHND) activities and reviewing maternal care, newborn care and IYCF indicators.

Operational Detail

Home-visit Planner for tracking behaviors, pregnancy and immunization at the community level needs to be maintained. It was proposed that the Auxiliary Nurse Mid-Wife (ANM) and Accredited Social Health Activists (ASHA) should be made to assist the AWW in conducting the mothers' meeting to make the meetings more effective and productive.

Generation and Use of Data

Scope of the Monthly Progress Report (MPR) should be expanded to track key maternal and child health indicators. Frequent visits to households by the AWWs must be encouraged to ensure appropriate and adequate data collection. CDPOs and Supervisors require more hands on training on data management and its use for planning, monitoring and initiating appropriate and timely decisions.

Program Management

There could be exchange of staff within the projects, such as the CDPO and Supervisor can be placed as instructors with the training institutes and the instructors be placed in the field for some time for cross learning. This will help to understand the problems better at both the levels. The curriculum of training should be role based. The CDPO and Supervisors should be equipped with data management and supportive supervision skills for results based programming.

Training Methods and Plans

A pool of resource with master trainers to be created where selected District Program Officers, CDPOs and select Supervisors can conduct training whenever required. Resource persons should be invited where the master trainers are not trained yet. District Training Teams (DTT) and Block Training Teams (BTT) to be created to support on the job training of the ICDS project functionaries.

Regular orientation of AWWs should be done through hands-on approach and demonstration by using the existing platforms such as sector/project meetings, and field visits. To the extent, the trainees' group should be homogeneous in terms of their profile such as level of understanding, background and educational qualification.

The interval between job and refresher training may not be more than one year and mechanism for on-going capacity building needs to be devised. On training methodology, it was suggested that the trainers should strictly adhere to the training methods prescribed in the syllabus and AWWs should be given more practical and hands on training.

Evaluation

Systemic and periodic evaluation of training centers should be undertaken either by the state ICDS cell or by a third party.

6.2 Early Childhood Care and Education

Causal Analysis

ECCE priority at AWC:

- There is no ECCE kit (play material, conversation cards, pictures, puzzles) available at the AWCs. Since most of the AWWs are not provided with stationery, it becomes difficult for them to implement the ECCE component effectively.
- Little time is spent for innovative pre-school activities

Supportive Supervision

- There is poor supervision for further augmentation by using local material to develop teaching-learning aids.
- No mechanism for assessing the progress of children and appraisal to parents excepting some exceptional states.
- No mechanism for analyzing progress reports and its incorporation in the data analysis system.

Strengthening Training

- Less time is spent on hands on training and field practices
- Time allotted for class room, practical, and field exposure is inadequate

System and support mechanism

- Since there are many CDPOs with no social sciences background, they are unable to relate to the needs of the program.
- Many Supervisors posts are vacant hindering smooth and effective implementation of the ECCE component.
- No clear cut policy for retaining of the CDPOs/Supervisors in the project for a minimum period of three to five years for results to be demonstrated.
- There is no state resource group for guiding and quality monitoring of training and field operations.

Recommendations

Contents of training

- The AWWs training content should stress on creation and use of teaching materials, weekly and monthly planning, knowledge on linguistic and cultural diversity, hygiene practices and equity in education.
- The training content should focus on skill building of AWWs and they should include training on story telling, art and craft, poems, puppetry and drama as teaching mediums.
- The CDPOs and Supervisors need to be trained on using AWC observation checklist, interpretation of data, and supportive supervision role.

- Early stimulation for 2 to 4 year old children should be made part of the training. Resource persons sensitive to linguistic diversity should be chosen to impart training.
- Parents education in the context of early stimulation activities for children should be included
- The contents should also elaborately explain how to use local, low cost materials as teaching learning materials (TLM)

Training Design for trainers of MLTC/AWTC

- The instructors/trainers should adopt a cluster of AWCs. They should regularly undertake field visits to understand better field realities.
- The instructors should be encouraged to collect material from the field such as drawings of children and anecdotes so that they can use them in their trainings.
- Reflective exercises should be promoted in AWTCs and MLTCs in order to help trainers to renew methods and contents.
- The instructors should be able to identify good supervisors and bring them into training as resource persons. This practice should be included in the training policy
- A national curriculum framework in the context of ICDS needs to be developed on the line of National Council of Education, Research and Training (NCERT).

Methods of delivery

- The duration of job training of AWWs on ECCE should be for seven days instead of the current duration of four days. This should include one day for field visit. The training should be experiential and activity based. The training should be based on domains of development of the child such as physical, social and cognitive development.
- The duration of job training of supervisors should be for seven days.
- The duration of refresher training of supervisors should be for three days.
- The orientation training of CDPOs should be for duration of two days. The training should include field visit, discussion on monitoring and management aspects, training on use of checklist by supervisors.
- The AWW should visit at least three to five AWCs with a functional ECCE programme before taking charge of an AWC.
- The training methodology should include field visit to model ECCE centres, group discussions and use of visuals.
- There should be provision of regular short duration trainings for AWWs at the sector level.
- At the sector meetings, one day should be dedicated to ECCE with three to four hours devoted to developing monthly plans, sharing of progress and discussing new activities.
- The training methods should include use of good practices, case studies, use of checklists/tools and introduction of new guidelines, new practices and new concepts.

Program Management

- Funds for induction training should be made available on time
- CDPOs need to support the Supervisors and AWWs in sensitizing community and panchayats on the importance of ECCE.
- The training should focus on aspects and criterion of setting up AWCs especially in the context of reducing exclusion.

- The training content should include knowledge on planning skills and feedback systems and subsequent action for CDPOs.
- Identification of caregiver is essential and the AWW should know that caregiver is not just the mother but also other family members.
- Model AWCs need to be developed. These could serve as demonstration and training sites.
- The indicators for monitoring of early childhood and pre-school activities should be included in the supervisory checklist.
- A mechanism for yearly evaluation of pre-school activities at the AWC level needs to be developed.

6.3. Community participation

Causal Analysis

Contents Gaps

- AWWs lack capacity to give correct messages to the community on their rights and entitlement.
- No role clarity and complementarity between AWW and the ASHA to strengthen the community engagement.
- ICDS project staff do not have adequate skills to community analysis using PRA tools.
- Less capacity of AWWs and Supervisors on data reading and its analysis.
- Less informed on the role of Panchyati Raj Institution (PRI) and community based organisation to support the ICDS program.

Community Processes

- Less involvement of community stakeholders such as PRI, community-based organization (CBO), Village Health and Sanitation Committee (VHSC), religious leaders, etc in the planning, implementation and monitoring of services
- Poor awareness of communities on the ICDS services inhibits their participation.

Program Management

- People are not satisfied with the delivery of services.
- Social discrimination inhibits participation of the marginalised communities in accessing the services.
- Inadequate consultation with the community stakeholders while planning and implementation.
- Socio-cultural factors such as ethnic prejudices, migration of families, caste and religious barriers are also contributing to low community participation.
- No scope to measure the level of community participation in ICDS in the absence of proper reporting indicators.

- The AWWs are unable to devote enough time on community mobilization activities because of their pre-dominant engagement in food distribution, and record maintenance work.

Recommendations

Training Content

- The training content should focus on the role of ICDS functionaries, especially in the context of evolving priorities of the program.
- Training content should include topics on vulnerability/social mapping on community needs assessment. The training content should include techniques for organizing community meetings and counseling through demonstration and hands-on practices.
- Data triangulation and social audit should be a part of the training content to strengthen the capacity of ICDS functionaries to ensure data quality and enabling environment for good governance.
- Topics on community rights such as, right to live and right to food should be included in the training syllabus.
- Communication techniques to elicit optimal community participation may be included in the content.
- The training should include topics on the ICDS policies, gender analysis, social inclusion, community based monitoring.

Method of Delivery

- The duration of training for the community participation component should be increased to five days with a combination of classroom training and field exposure.
- A thematic capacity building calendar for AWWs needs to be prepared.
- Sector and project meetings should be used as platforms for ongoing capacity of the Supervisors and AWWs for incremental learning.
- Mobile resource teams need to be formed at district and block level for on going capacity building and on site support.

Data Management

- MPR should have indicators on community participation and ICDS functionaries need to be trained on correct reporting, data analysis and interpretation.
- CDPOs and Supervisors need to be trained on techniques for data triangulation to ensure reliability of data.
- Institutionalization of social monitoring mechanism for transparency and accountability.

Engagement of AWTC/MLTC in decision making forum

- AWTCs and MLTCs should participate in district/project level meetings to understand the field issues and contextualize them to their training situation.
- Follow up of training programs and monitoring by trainers needs to be undertaken.

- AWTCS and MLTCs should have access to updated ICDS policies and guidelines..
- Rotate the staff to perform the training and implementation roles by identifying potential trainers among the implementers.

6.4. Programme Convergence

Causal Analysis

- Coordination between the AWW and ANM and ASHA in the villages is poor. This affects the quality service delivery, promotion of positive behaviors and awareness generation.
- ICDS functionaries are not adequately trained on the techniques for micro health plan development
- No mechanism for joint training of front line workers to work efficiently with synergy
- No joint planning to conduct VHND activities for optimal delivery of nutrition and health services to the communities.

Recommendations

- The training duration for all category of functionaries should be increased by giving proper weight age for class room and learning by doing sessions.
- ICDS staff should be oriented on relevant programs implemented by other departments .
- Ongoing capacity building platforms (sector, project, PHC meetings) need to be explored and tapped.
- Joint planning, training, monitoring and feedback at different levels with other departments should be encouraged.
- More emphasis should be given on coordination, program management and data analysis in the job training for CDPOs and Supervisors.
- Lay adequate emphasis on formation of coordination committees for better program convergence. The content on program monitoring needs to be revisited to engage all key players for effective convergence.
- Participants should be exposed to micro plans development during their field placement. There should be hands on training on PLA techniques to gain confidence on exclusion, marginalization issues and plan for improving the out-reach with allied programs and services.
- Include a short orientation of key health, education, rural sanitation, and NREGS functionaries on the ICDS program
- Establish a mechanism for joint review and assessment by key stake holders on the impact of training on service delivery and coverage.

6.5. Organization and Management of Training

Causal Analysis

The recommendations are made based on the problems related to organization and management of training captured in the Technical session II and the current field situation.

Recommendations

Planning

- The backlog of training especially in respect of refresher training should be assessed on priority. Computerized rosters on the training status of all in-position functionaries should be prepared and updated on annual basis. The same database may be made available on the website.
- State Training Action Plan (STRAP) should be prepared in consultation with AWTCs and MLTCs. Mapping of training institutes in connection to the training backlogs in respective areas, should be undertaken for better planning of training.
- An assessment of the ICDS training institutes vis-à-vis their infrastructure should be undertaken periodically.
- Profile of the trainees (especially that of AWWs/AWHs) should be developed to facilitate homogeneity of training batches.
- After finalization of STRAP, annual training calendar should be circulated to all training centres and concerned DPOs and CDPOs.
- Budget estimates should be included in the state budget with 10 percent of the state share on the total budget.
- Training Centres need to be informed on confirmation of deputation of trainees at least 15 days prior to any training course
- Review of the existing guidelines on standard infrastructure to be maintained by the training centres must be undertaken.
- Training of Trainers (ToT) must be an integral part of the STRAP.
- In special circumstances, for northeastern states, the minimum batch size of participants may be 15 to 20.

Management

- An ICDS training cell at the state level with dedicated workforce should be established.
- Orientation on management of training should be held for nodal officers, district and block level ICDS officers, instructors of state training resource centres.
- At least two meetings of the State Training Task Force (STTF) should be held in a year.
- The current practice of continuation of training centres on year-to-year basis needs a review. Based on the assessment, States should be allowed to establish some Training Centres on permanent basis either through NGOs or by the Government.
- Budgetary provisions should be made for review meetings at the state and district level. The management/administrative cost of training should be given to the state and district for proper planning, monitoring and assessment of training (Currently, there is no such provision)
- Only trained instructors should be allowed to impart training. Training materials should be upgraded periodically.
- AWTCs and MLTCs should adopt four to six AWCs for field placement of trainees.
- Duration of training days/year/training centre should be limited to 250 days instead of current 300 days in a year.
- Adequate infrastructure including computers, LCD projector and internet facility should be made available to the training centres. The training centres should be upgraded once in five years.
- The existing guidelines on starting and closing training centres should be reviewed. NIPCCD should be consulted for identification of new training centres.

Monitoring and Evaluation

- Existing practice of quarterly review meeting of training centres should be strengthened and be made mandatory. Training centres may organize such review meetings on rotational basis.
- Accreditation of AWTCs and MLTCs must be undertaken jointly by NIPCCD, State Government, and partner agencies associated with ICDS. Guidelines and parameters for accreditation should be developed.
- Standardized tools for assessing training outcomes and behavioural practice should be developed.
- At least five percent of the training courses should be monitored. Detailed checklist for monitoring visits should be developed. Physical monitoring through Quarterly Progress Reports (QPR) should be ensured and strengthened.
- A system for pre and post test should be initiated and impact evaluation on a random basis should be conducted after all trainings.
- Periodic assessment of training outcomes and training centres through state or a third party should be considered.
- There should be a state resource centre and a separate web page for ICDS training in the state web sites.
- Exposure visits for trainers along with ICDS functionaries should be promoted.

7. THE WAY FORWARD

The workshops concluded with a common understanding on the next steps. The following actions were suggested to concretize the suggestions and the workshop recommendations:

- A consolidated report of the three regional workshops should be prepared and circulated at the national consultation.
- A revised training framework be presented in the national workshop for its feedback.
- CARE and NIPCCD should work together to develop the revised training syllabi based on feedback.



REGIONAL WORKSHOP ON STRENGTHENING ICDS TRAINING PROGRAMME

Organized by

**Ministry of Women and Child Development, Govt. of India
&
National Institute of Public Cooperation and Child Development**

In cooperation with
USAID and CARE

22-23 July 2009

Venue: NIPCCD Regional Centre, Bengaluru

<i>Time</i>	<i>Activity</i>
22 July 2009	
9.00 -9.45 am	Registration
9.45 - 10.30 am	Opening session
	<ul style="list-style-type: none"> • <i>Welcome and Introduction to the Workshop</i> - Dr. Dinesh Paul, Additional Director, NIPCCD • <i>Opening Remarks</i> - Dr. D.S. Aswath, Secretary, DWCD, Government of Karnataka • <i>Perspective and Role of Development Partner</i> - Mr. Mukesh Kumar, Program Director, CARE-India • <i>Vote of Thanks</i> - Dr. M.S.Tara, Regional Director, NIPCCD-RC, Bangalore
10.30 - 10.45 am	Tea
10.45 am - 1.00 pm	Session I: Overview of ICDS Training Programme
	<ul style="list-style-type: none"> • <i>Existing Training System in ICDS</i> - Dr. Dinesh Paul, Addl. Director, NIPCCD • <i>Findings of the evaluation of ICDS Training Programme (Project Udisha) and an evaluation of AWTCs/MLTCs</i> - Dr. Saroj K. Adhikari, Asst. Director, MWCD, GoI • Open discussions
1.00 - 2.00 pm	Lunch
2.00 - 5.30 pm	Session II: Sharing of Experiences
2.00 - 3.00 pm	<i>Training strategy in Integrated Nutrition and Health Project (INHP) and ECD and PSE</i> - Mr. Mukesh Kumar, Program Director, and Dr. Kokila Gulati, Program Director, CARE-India
3.00 - 3.30 pm	Tea
3.30 - 5.30 pm	<i>Innovation in ICDS Training</i> - Presentation by participating States

23 July 2009	
9.00 am - 5.45 pm	Session -III: Group Work on Review of ICDS Training System
9.00 - 9.30 am	<p><i>Objectives and Guidelines for Group Work</i> – Mr. S.B. Saha, Operations Director, CARE and Dr. Sridhar Srikantiah, Consultant, CARE</p> <ul style="list-style-type: none"> • Sub-Group-I: Maternal and Child Health and Nutrition • Sub-Group-II: Early Childhood Education • Sub-Group-III: Participation and Convergence • Sub-Group-IV: Organization and Management of Training <p><i>Group Work will be facilitated by MWCD, NIPCCD, CARE and subject specialists</i></p>
9.30 - 1.00 pm	Sub-group activity (with a tea break)
1.00 - 2.00 pm	Lunch
2.00 - 3.00 pm	Sub-group activity <i>continued</i>
3.00 - 5.45 pm	Presentation by Groups (15 mts each) and Open Discussion (10 mts)
5.45 - 6.15 pm	Session IV: Valedictory

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29-30 July 2009

Venue: NIPCCD Regional Centre, Lucknow

<i>Time</i>	<i>Activity</i>
29th July 2009	
9.00 -10.00 am	Registration
10.00 - 10.30 am	Opening session
	<ul style="list-style-type: none"> • <i>Welcome and Introduction to the Workshop</i> – Dr. Arun K. Gopal, Director, NIPCCD • <i>Opening remarks</i> – Mr. O.P. Srohe, Deputy Secretary, MWCD, GoI • <i>Key note Address</i> – Mr. Amal Kumar Verma, Principal Secretary, DWCD, Government of Uttar Pradesh • <i>Vote of Thanks</i> – Dr. (Mrs) Madhu Aggarwal, Regional Director, NIPCCD-RC, Lucknow
10.30 - 10.45 am	Tea
10.45 am - 1.30 pm	Session I: Overview of ICDS Training Programme
	<ul style="list-style-type: none"> • <i>Existing Training System in ICDS</i> – Dr. Arun K. Gopal, Director, NIPCCD • <i>Training Curricula</i> – Dr. Neelam Bhatia, Jt. Director, NIPCCD • <i>Findings of the evaluation of ICDS Training Programme (Project Udisha) and an evaluation of AWTCs/MLTCs</i> - Dr. Saroj K. Adhikari, Assistant Director, MWCD, GoI • Open discussions
1.30 - 2.30 pm	Lunch
2.30 - 4.00 pm	Session II: Sharing of Experiences
2.30 - 3.30 pm	<ul style="list-style-type: none"> • <i>Training strategy in Integrated Nutrition and Health Project (INHP) and ECD and PSE</i> – Mr. S.B. Saha, Operations Director, and Dr. (Ms) Kokila Gulati, Program Director, CARE-India
3.30 - 4.00 pm	Tea

4.00 - 5.30 pm	Session -III: Orientation on Thematic Areas for Group Discussions
	<ul style="list-style-type: none"> • <i>Orientation on Thematic areas for group discussions, Role of Sub-groups and Expected outcomes - Mr. S.B. Saha, Operations Director, CARE and Dr. Sridhar Srikantiah, Consultant, CARE</i> • Sub-Group-I: Maternal and Child Health and Nutrition • Sub-Group-II: Early Childhood Education • Sub-Group-III: Participation and Convergence • Sub-Group-IV: Organization and Management of Training <p><i>Group Work will be facilitated by MWCD, NIPCCD, USAID, CARE, and Resource Persons</i></p>
30th July 2009	
9.00 am - 4.00 pm	Session-IV: Group Work on assigned Thematic areas & Presentations
1.00 - 2.00 pm	Lunch
2.00 - 4.00 pm	Presentation by Sub-groups (15 mts each) and open discussion (15 mts)
4.00 - 4.30 pm	Discussion on cross-cutting issues
4.30 - 5.00 pm	Session V: Way Forward and Vote of Thanks

REGIONAL WORKSHOP ON STRENGTHENING ICDS TRAINING PROGRAMME

Organized by

Ministry of Women and Child Development, Govt. of India
&
National Institute of Public Cooperation and Child Development

In cooperation with
USAID and CARE

20-21 August, 2009

Venue: NIPCCD Regional Centre, Guwahati

Time	Activity
Day One : 20 August 2009	
8.30 -9.30 am	Registration
9.30 - 10.30 am	Opening Session
	<ul style="list-style-type: none">• <i>Welcome and Introduction to the Workshop</i> - Dr. (Mrs) Vandana Bhuyan, Regional Director, NIPCCD-RC, Guwahati• <i>Uuniversalization of ICDS with quality and new thrust areas-</i> Mr. Mahesh Arora, Director-ICDS, MWCD, GoI• <i>Perspective and Role of Development Partner-</i> Shri Mukesh Kumar, Program Director, CARE-India• <i>Key Note Address</i> - Shri Harish Sonowal, Principal Secretary, DWCD, Government of Assam.• <i>Vote of Thanks</i> - Dr. S.C. Joshi, Dy. Director, NIPCCD, Guwahati
10.30 - 11.00 am	Tea
11.00 am - 1.30 pm	Session I: An Overview of ICDS Training Programme
	<ul style="list-style-type: none">• <i>Existing Training System in ICDS Programme - A critical review</i> &• <i>Training Curricula</i> - Dr. (Mrs) Neelam Bhatia, Jt. Director, NIPCCD• <i>Findings of the evaluation of ICDS Training Programme (Project Udisha) and evaluation of AWTCs/MLTCs</i> - Dr. Saroj K. Adhikari, Assistant Director, MWCD, GoI• Open discussions
1.30 - 2.30 pm	Lunch
2.30 - 4.00 pm	Session II: Sharing of Experiences

Time	Activity
2.30 - 3.30 pm	<ul style="list-style-type: none"> • <i>Training strategy in Integrated Nutrition and Health Project (INHP) and ECD and PSE</i> - Mr. Mukesh Kumar, Program Director, and Ms. Kokila Gulati, Program Director, CARE-India
3.30 - 4.00 pm	Tea
4.00 - 5.30 pm	Session III: Orientation on Thematic Areas for Group Discussions
	<ul style="list-style-type: none"> • <i>Orientation on Thematic areas for group discussions, Role of Sub-groups and Expected outcomes</i> - Mr. S.B. Saha, Operations Director, CARE-India and Dr. Sridhar Srikantiah, Consultant, CARE-India. • Sub-Group-I: Maternal and Child Health and Nutrition • Sub-Group-II: Early Childhood Education • Sub-Group-III: Community Participation • Sub-Group-IV: Programme Convergence • Sub-Group-V: Organization and Management of Training <p>Group Work will be facilitated by MWCD, NIPCCD, USAID, CARE, and Resource Persons</p>
Day Two : 21 Aug 2009	
9.00 am - 5.00 pm	Session-IV: Group Work on assigned Thematic areas & Presentations
1.00 - 2.00 pm	Lunch
2.00 - 4.30 pm	Presentation by Sub-groups (15 mts each) and open discussion (15 mts)
4.30 - 5.00 pm	Discussion on cross-cutting issues
5.00 - 5.45 pm	Session V: Concluding Session <ul style="list-style-type: none"> • Shri. Mukesh Kumar, Program Director, CARE-India • Shri. Mahesh Arora, Director, ICDS, MWCD • Dr. Shreerajan, Joint Secretary, MWCD, Government of India. <p><i>Vote of Thanks</i> Dr. (Mrs) Vandana Bhuyan, Regional Director, NIPCCD-RC, Guwahati</p>

Bangalore NIPCCD pictures





Lucknow NIPCCD pictures





Guwahati NIPCCD pictures

