INTERNSHIP TRAINING

At

Integrated Child Development Services Department, Mehsana

Women and Child Development Ministry, Gujarat

Socioeconomic and Demographic characteristics, Motivation and Knowledge of Anganwadi Worker about Integrated Child Development Services (ICDS): A Study of Urban Blocks of Mehsana district in Gujarat

By

Dr. ANKITA SINGH

PG/13/080

Under the Guidance of

Dr. A.K AGARWAL

Post Graduate Diploma in Hospital and Health Management

2013-15

International Institute of Health Management Research

New Delhi

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The certificate is awarded to

Dr. Ankita singh

In recognition of having successfully completed her

Internship in the department of

Integrated Child Development Services Department, Mehsana

Women and Child Development Ministry, Gujarat

And has successfully completed her Project on

Socioeconomic and demographic characteristics, Motivation and Knowledge of Anganwadi Worker about Integrated Child Development Services (ICDS): A Study of Urban Blocks of Mehsana district in Gujarat

Date 27|5|2015

Integrated Child Development Services Department, Mahesana

Women and Child Development Ministry, Gujarat

He/She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning**.**

We wish him/her all the best for future endeavors

PROGRAMME OFFICER

ICDS, MEHSANA

પ્રોગ્રામ ઓફીસર
આઇ.સી.ડી.એસ. સેલ
જિ.પં. મહેસાણા.

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Ankita Singh student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Integrated Child Development Services Department, Mahesana, Women and Child Development Ministry, Gujarat from March 2015to April 2015

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. A.K. Agarwal
Dean, Academics and Student Affairs
IIHMR, New Delhi

Dr. A.K.Agarwal
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "Socioeconomic and Demographic characteristics, Motivation and Knowledge of Anganwadi Worker about Integrated Child Development Services (ICDS): A Study of Urban Blocks of Mehsana district in Gujarat" at Integrated Child Development Services Department, Mehsana, Gujarat is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Ankita Singh,**a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "Socioeconomic and demographic characteristics, Motivation and Knowledge of Anganwadi Worker about Integrated Child Development Services (ICDS): A Study of Urban Blocks of Mehsana district in Gujarat" at Integrated Child Development Services Department, Mehsana, Gujarat in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Socioeconomic and demographic characteristics, Motivation and Knowledge of Anganwadi Worker about Integrated Child Development Services (ICDS): A Study of Urban Blocks of Mehsana district in Gujarat and submitted by Dr.Ankita singh, Enrollment No. PG/13/080 under the supervision of Dr.A.K Agarwal for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from March 2015 to April 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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FEEDBACK FORM

Name of the Student: Dr. Ankita Singh

Dissertation Organisation: ICDS (Mehsana) Gujrat

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Strengths: –

Suggestions for Improvement: –

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

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Date: 27/5/2015

Place: Mehsana

Abstract

Introduction: Today Integrated Child Development Services (ICDS) represents one of the world's largest programmes for early childhood development. The main objective of this programme is to cater to the needs of the development of children in the age group of 0-6 years.

Objectives of Study: Most of the evaluation study concentrated on the nutritional and health status of the beneficiaries of ICDS. Less focus has been shifted over to assess the motivation, knowledge and awareness among AWW regarding recommended ICDS programmes, who are actually the main resource person. The key objective of the present study is to assess the Socio-economic and Demographic characteristics, Motivation and Knowledge among Anganwadi Worker about Integrated Child Development Services (ICDS). The sample for the present study comprises of 100 Anganwadi workers belonging to 5 Urban Blocks of Mehsana Districts.

Methods: The AWWs was assessed by a questionnaire of 40 questions for their socioeconomic and demographic characteristics, information about aanganwadi centres, trainings given to them, their motivation and knowledge about the services rendered by them.

Results: Most of AWWs were from the age group of between 41+years; more than half of them were graduate (pursuing/ completed) and above, and 62% workers had an experience of more than 10 yrs. They are highly motivated and had good knowledge about nutrition and health education, supplementary nutrition and growth monitoring. Only few of the workers complained of inadequate honorarium and other problems like infrastructure, excessive work overload and record maintenance.

Conclusion: Majority of AWWs were beyond 40 years of age, Graduate, experienced, Motivated, trained and have more than 50% of knowledge related to their job. Very few Complained regarding honorarium related and excessive workload.

Acknowledgement

Every successful story is a result of an effective team work, a team which comprises of a good coach and good team players. Likewise this thesis report is no exception. This has been a meticulous effort of a group of people along with me. I want to take this opportunity to thank each and every one who has been a part of this report.

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Also, I wish to take this opportunity to thank all the block coordinators working at the ground level along ICDS- Mahesana for helping me in compiling all the collected data in this report.

CONTENTS

List of Figures

List of charts

List of Tables

List of Abbreviations

ICDS	Integrated Child Development Services
BPL	Below Poverty Line
MIS	Management Information System
M&E	Monitoring and Evaluation
ECCE	Early Childhood Care and Education
CVN	Community Volunteer for Nutrition
NCV	Nutrition Community Volunteer
SNP	Supplementary Nutrition Program
AWC	Anganwadi Centre
AWW	Anganwadi Worker
AWH	Anganwadi Helper
PM	Program Manager
PO	Program Officer
THR	Take Home Ration
NHED	Nutrition, Health Education
PSE	Pre School Education
KSY	Kishori Shakti Yozana
SHG	Self-Helped Groups
GOI	Government Of India
APIP	Annual Programme Implementation Plans

List of Appendices

1) Informed Consent form and Questionnaire
2) Photos of some AWC showing Preschool education, Facilities provided, SNP

1. INTRODUCTION TO THE STUDY

1.1 Integrated Child Development Services (ICDS) scheme

India is the nation with high-level of regional inequality, social hierarchy and multicultural society. With high level of economic and social inequality, health and nutrition inequalities are also pervasive and persistent. According to WHO classification of 14 sub regions, India comes in the region of South East Asian Region (SEAR D), which is characterised as high child and adult mortality (WHO, 2000). Poor status of health and nutrition among the children of deprived group challenging to achieve Millennium Development Goals (MDGs) set forth by United Nation. To combat this situation, the Government of India initiated the Integrated Child Development Service (ICDS) scheme on experimental basis from 2nd October 1975 to reduce the level of infant and child mortality rates. Today ICDS represents one of the world's largest programmes for early childhood development (GOI, 2010).

ICDS scheme was launched on 2nd October 1975, in Chhotaudepur Block of Gujarat and the Scheme represents one of the world's largest and most unique flagship programs for Early Childhood Development. Gujarat ICDS program symbolizes The State's commitment to its children towards holistic approach for child health, nutrition and development. Currently the Scheme in operational in 336 Blocks in Gujarat.

The main objective of this programme is **to cater to the needs of the development of children in the age group of 0-6 years.** Pre-school education aims at ensuring holistic

development of the children and to provide learning environment to children, which is helpful for promotion of social, emotional, cognitive development among children.

ICDS services are provided by vast network of ICDS centres, it is known as **"Anganwadi".** The word Anganwadi is devloped from the Hindi word "Angan" which refers to the courtyard of a house. This part of the house is seen as the 'heart of the house'. A network of "Anganwadi Centre (AWC)" literally it is a courtyard play centre, provides integrated services comprising supplementary nutrition, immunization, health check-up, referral services, pre-school education and health and nutrition education. It is a childcare centre located within the village or the slum area itself. It is the central point for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls.

Under the ICDS scheme, one trained person is selected to focus on the health and educational needs of children age 0-6 years. This person is the **Anganwadi worker (AWW).** The Anganwadi worker is the most important functionary of the ICDS scheme. The Anganwadi worker is a community based front line voluntary worker of the ICDS programme. The Integrated Child Development Service (ICDS) scheme is utilized to help the family especially mothers to ensure effective health and nutrition care, early recognition and timely treatment of ailments.

ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality.
World Bank has also highlighted certain key shortcomings of the programme including inability to target the girl child improvements, participation of wealthier children more

than the poorer children and lowest level of funding for the poorest and the most undernourished states of India (World Bank, 2011).

1.2 The main objectives of the Integrated Child Development Services (ICDS)

The basic purpose of the ICDS scheme is to meet the health, nutritional and educational needs of the poor and vulnerable infants, pre-school-aged children, and women in their child-bearing years. Its specific objectives are:

i. To improve the nutritional and health status of children in the age-group 0-6 years.
ii. To lay the foundation for proper psychological, physical and social development of the child.
iii. To reduce the incidence of mortality, malnutrition and school dropout.
iv. To achieve effective co–ordination of policy and implementation amongst the various departments to promote child development, and
v. To enhance the capability of the mother to look after the normal health and nutritional need of the child through proper nutrition and health education

However, over the years ICDS had been plagued with operational and programmatic issues and challenges among which key constraints were of:

a) quality and number of human resources for meeting diverse needs for service provision with improved quality;
b) inadequate focus on under 3s;
c) inadequate convergence of programs / services – weak linkages with public health system; community engagement and participation virtually non-existent often leading to lower demand for services;

d) poor data management, information system (MIS), analysis and reporting;

e) inadequate and inappropriate training;

Thus, to conform to the present environment, Ministry of Women and Child Development, Government of Gujarat; proactively took initiatives to re-structure and re-strengthen the ICDS.

Steps Initiated for Strengthening

- Annual Programme Implementation Plans (APIPs) to have a plan of action for the smooth functioning of the anganwadis.
- ICDS program in Mission Mode
- Adoption of WHO Child Growth Standards and joint Mother & Child Protection Card
- Introduction of the five-tier monitoring system (March 2011) including supervision guidelines (Oct. 2010)
- Draft Guidelines for grading and accreditation of AWCs and awards for service providers and other stakeholder issued
- Revised Management Information System (MIS) completed, Revised MIS Guidelines issued, roll out during current year and spill over next year
- Strengthen the infrastructure at Anganwadi level
- Introduction of skilled human resource for managerial assistance
- Greater involvement of the community

1.3 Various Schemes under ICDS are-

There are six dimensions or services of ICDS scheme which are provided by AWCs.

1. Supplementary Nutrition
2. Immunization
3. Health check-up
4. Referral services
5. Non-formal Preschool education
6. Nutrition and health education

1.3.1 Supplementary Nutrition Program

Supplementary Nutrition is one of the important factors for balancing the nutrition status of the children. This includes supplementary feeding and growth monitoring; and against vitamin A shortage and control of nutritional anemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. Growth Monitoring and nutrition are two important actions that are undertaken. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps to find out the growth flattering and helps in assessing their nutritional status. In addition, highly malnourished children are focused with special supplementary feeding and referred to medical services for the betterment. Supplementary Nutrition equivalent 500 calories and 12-15 gram protein is providedto normal children under 6 years and 800 calories and 20-25 gram protein to severely underweight children under 6 years. Pregnant women, nursing mothers and adolescent girls are given SNP food with 600 calories and 18-20 gram protein. In total 47.39Lakhs beneficiaries are covered in supplementary nutrition program in Gujarat.

Schemes under Supplementary Nutrition Programme :

a) Balbhog: Energy Dense Micronutrient Fortified Extruded Blended Food (Balbhog) is provided as Take Home Ration (THR) to children 6 months to 3 years (7 packets per month, i.e. 3.5kg) and underweight children 3-6 years (4 packets per month i.e. 2kg) on Mamta Diwas. Each packet weighs 500gms. The shelf life of these premixes is 4 months. It can be easily prepared by mixing it with hot milk or water. Approximately, 16.29 lakhs children in age of 6 months to 3 years received Balbhog as Take Home Ration and 10 packets to 6 month to 3 years severely underweight children.

b) Extruded Fortified Blended Premix: Energy Dense Micronutrient Fortified Extruded Blended Take Home Ration (THR) like Sukhdi (1 packet of 1 kg per month), Sheera (3 packets of 500 gm each) and Upma (2 packets of 500 gm each) are provided to pregnant women, nursing mothers and adolescent girls. Approximately, 7.31 lakhs pregnant and lactating mothers and 10.65 lakhs adolescent girls received THR in 2012.

c) **Nutri-Candy:** Nutri-Candy enriched with micronutrients and vitamins (Iron-7mg, Vitamin A – 300 IU, Ascorbic Acid- 10mg, and Folic Acid 15 mcg) is given to children in the age group of 3 to 6 years in addition to regular food supplement in Anganwadis. Nutri-candy has a weight of 3 grams and is processed by a manufacturing unit and procured and supplied through Gujarat State Civil Supply Corporation.

d) **Breakfast by SHGs:** Hot cooked breakfast is provided through 49,456 Matru Mandals and Sakhi Mandals catering to13.13 lakhs children in the age group of 3-6 years. Matru Mandals and Sakhi Mandals are involved in the Supplementary Nutrition Program to promote community participation and in maintaining the quality of food. Currently, 17.96 Lakhs beneficiaries (Pregnant Women, lactating mothers and adolescent girls) from 52137Anganwadi centers are being covered through these Mandals. They prepare the supplementary food and provide to the beneficiaries at the

Anganwadi centres six days a week at Anganwadi.

e) **Sukhadi (THR):** Approximately 17.96 Lakhs pregnant women, lactating mothers and adolescent girls are provided freshly prepared 'Sukhadi" (desi sweet prepared from Wheat flour, oil and jaggery) as Take Home Ration through Matru Mandal and Sakhi Mandal.

f) **Doodh Sanjeevani Yojana :**The State has also initiated 'Doodh Sanjeevani Yojana' in selected 10 Blocks of 6 Tribal districts, wherein, 100 ml fortified, flavored, double pasteurized milk is provided to children 3-6 years twice a week. During 2010-11, around 1.77 lakhs children were benefited from this scheme from 784 Anganwadi centers while in the year 2011-12, around 44,557 children were benefitted from this scheme from 1519 Anganwadi centers and in the year 2012-13 around 39,731 children were benefited from this scheme from 2681Anganwadi centers. This initiative is being implemented with the help of various local Dairies.

g) **Fruit through Matru Mandal: Additionally** the State Government is also providing fruits (seasonal) to 13.13 Lakh children in the age group of 3-6 years, twice a week (Monday and Thursday) at the Anganwadi centers. A provision of Rs. 10/- per month per child is made under State budget.

1.3.2 Immunization

To prevent the child from health related problem, immunization is utmost necessary. Immunization of pregnant women and infants protects children from six vaccine preventable diseases, tetanus, tuberculosis and measles. This will help in preventing the child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces the risk of maternal and neonatal mortality.

1.3.3 Health check-up

The health check-up includes children less than six years of age, antenatal care of mothers and postnatal care of nursing mothers. The different health services provided by Anganwadi workers for those children and Primary Health Centre (PHC) staff includes regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, and distribution of simple medicines etc.

1.3.4 Referral services

During health check-ups of malnourished children and for timely medical attention they are referred to the Primary Health Centre (PHC) or its sub-centre. Anganwadi workers enlists all such cases in a special register and refer them to the medical officer of the PHC.

1.3.5 Non-Formal Pre-School Education (NFPSE)

Pre-school education (PSE), as considered in the ICDS, focuses on total development of children chiefly six year olds, mainly from the poor groups or those who are mostly needy. **Its programme for the three-to six years old children in the Anganwadi is directed towards providing and ensuring a natural, joyful and motivating environment, with importance on necessary inputs for most advantageous growth and development.** The early learning component of the ICDS is a significant contribution for providing a sound foundation for increasing lifelong learning and development..

1.3.6 Nutrition and Health Education

Nutrition, Health and Education (NHED) is a key element of the the Anganwadi worker. This is a part of the BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women particularly in the age group of 15-45 years so that they can look after their own health, nutrition and development needs as well as that of their children and families.

1.4 DUTIES AND RESPONSIBILITY OF ANGANWADI WORKER (AWW)

The Anganwadi Workers and helpers are the basic functionaries of the ICDS who run the Anganwadi Centre and implement the ICDS scheme. The following are the key duties and responsibility of AWWs.

- To maintain files and records as prescribed.
- Assisting ASHA on spreading awareness for healthcare issues such as importance of nutritious food, personal hygiene, pregnancy care and importance of immunization.
- Co-ordination with block and district healthcare establishments to benefit medical schemes.
- Helping to mobilize pregnant or lactating women and infants for nutrition supplements.
- Discover immunization and health check-ups for all.

- To keep a record of pregnant mothers, childbirths and diseases or infections of any kind.
- Maintaining referral card for referring cases of mothers and children to the sub-centres, PHC.
- Conducting health related survey of all the families and visiting them on monthly basis.
- Conducting pre-school activities for children of up to 5 years.
- Organising supplementary nutrition for feeding infants, nursing mothers.
- Organising counselling or workshops along with Auxiliary Nurse Midwife (ANM) and block health officers to spread education on topics like correct breastfeeding, family planning, immunization, health check-up, ante natal and post natal check.
- To visit nursing mothers in order to be on course with child's education and development.
- To ensure that health components of various schemes is availed by villagers.
- Informing supervisors for villages' health progression, or issues needing attention and intervention.
- To ensure that Kishori Shakti Yojana (KSY) and other such programmes are executed as per guidelines.
- To determine any disability, infections among children and referring cases to PHC or District Disability Rehabilitation Centre if needed.

- Immediately reporting diahrrea and cholera cases to health care division of blocks and districts

1.5 NEED FOR THE STUDY

Though Anganwadi Workers are key player to enhance health and nutritional status of women and children at the grass root level, but recent studies show that they are less capable of providing recommended Material and Child Health (MCH) services to the deprived group of population(Davey and Datta, 2004; Thakare et al 2001). Though government is spending lot of money on ICDS programme, impact is very ineffective. Most of the study concentrated on the nutritional and health status of the beneficiaries of ICDS. Less focus has been shifted over to assess the knowledge and awareness among AWW regarding recommended ICDS programmes, who are actually the main resource person.The key objective of the present study is to assess the correct knowledge among Anganwadi Worker about Integrated Child Development Services (ICDS). The sample for the present study comprises of 150 Anganwadi workers belonging to Urban Blocks of Mehsana Districts.

1.6 OBJECTIVES OF THE STUDY

The key objective of the study is to assess the Socio-economic and Demographic characteristics, Motivation and Knowledge among Anganwadi Worker about Integrated Child Development Services (ICDS).

Specific objectives are as follow:

- To examine the socio-economic background of Anganwadi Workers, level of motivation and their training service condition.
- To assess the awareness among the Anganwadi Workers regarding the health and nutritional services of ICDS programme.
- To study the problems faced by AWWs while implementing the ICDS programme.

2. REVIEW OF LITERATURE

Various studies in recent past has revealed that implementation of services under ICDS are not up to satisfactory standards and still more efforts are needed for improving the quality of services for the successful achievement of expected targets (Barman 2001; Forces New Delhi 2007).In the opinion of some scholars the achievement of ICDS programme goals depends heavily upon the effectiveness of the Anganwadi workers, which in turn, depends upon their knowledge, attitude and practice (Sharma, 1987; Chattopadhayay, 1999).

The studies done in past have strongly concluded on the need of improved knowledge and awareness among Anganwadi workers but unfortunately it was found to be the most underrated aspect of their job profile (Kant et al. 1984; Gopaldas et al. 1990; Bhasin et al. 2001).

Correct knowledge and perception for promoting complementary food practices was found to be 40% among the ICDS AWWs (Parikh, 2011). So it leads a critical gap between knowledge and practice of complementary feeding, so equipping the AWWs is the major homework has to be done for betterment of figures (Parikh, 2011). Another study shows that awareness about ICDS services increases with the increased level of education (Thakare, 2011). Also the same study indicates that fewer honorariums with excessive work can be viral to efficiency to AWWs (Thakare, 2011). Another study made in Purmandal block shows that in spite of the fact that most (92.5%) of the Anganwadi workers were trained, it was found that performance as well as awareness among Anganwadi workers regarding the importance of growth charts and growth monitoring was not satisfactory (Manhas and Dogra, 2012).

As the Anganwadi worker is the key person in the programme, her education level and knowledge of nutrition plays an important role related to her performance in the Anganwadi centre. It has also been reported that, in addition to education level, training of Anganwadi workers about growth monitoring plays a valuable role in improving their performance (Das et al., 1990*).* Nutrition knowledge was the most powerful determinant of performance followed by guidance from the supervisors or health functionaries and education level (Gujral et al.1992*).* (Kapil et al 1994*)* had also mentioned that only 42% Anganwadi workers were able to mention the monthly weight recording of malnourished children. A study conducted (Das Gupta et al. 2004) to assess the level of child malnutrition in India, found that the poor northern states with high level of child malnutrition and nearly half of India's population have the lowest programme coverage. They also found little evidence of programme impact on child nutrition in villages with ICDS centre.

Another study shows that majority of Anganwadi workers (92.71%) could not even tell full form of ICDS. Most of them (90.62%) could not enumerate all the services being provided and none could list out their job responsibilities (Kant et al., 1984). Another study (Davey and Datta, 2004) revealed that Anganwadi centres were not that much popular as expected for this might be poor relationship between Anganwadi worker and community members. According to NFHS-2 of Delhi, 35% of children less than 3 year of age are under weight and 37% are underdeveloped. Anaemia is the most frequent malnutrition among the children from the slum community

Another study was conducted in Jammu and Kashmir, under the scheme, a total number of 368060 eligible children (6-72 months age) and 90215 pregnant and lactating women are getting benefits for various services (PEO, 2009). But in spite of the ongoing direct nutrition interventions like ICDS, India still contributes to about 21 percent of the global burden of child deaths before their fifth birthday (UNICEF, 2007).

The ICDS is perhaps one of the better concerned programmes, yet on travels around country one realises that there is a huge gap between what is expected of the programme and the ground situation. What is even more worrying is that even the existing centres do not function effectively and that dishonesty, mismanagement seems to permeate even the ICDS programme (Ramachandran, 2005).

The study revealed that 44 percent children nationally and 29 percent within state but in spite of this huge reach the nutritional status of children under normal category has still attained only up to 54.16 percent children at national level and 68.88 percent children at state level (NIPCCD 2009).Various studies in recent past had reflected the importance of knowledge and awareness of Anganwadi worker in performance of Anganwadi worker (Kant et al. 1984; Udani et al. 1980; Gujral et al. 1992; Bhasin et al. 2001). Various studies in recent past had reflected unsatisfactory implementation of growth monitoring practices by Anganwadi workers under ICDS (Bhasin et al. 1995; Datta 2001).

Another study was found that there are extremes of observations in different studies. On other hand, (B.N Tandon 1997) commented that the knowledge, attitude and practice of Anganwadi Workers with respect to growth monitoring, supplementary nutrition and immunization are satisfactory.

3. METHODOLOGY

3.1 Research Question

Socioeconomic and demographic characteristics, Motivation and Knowledge of Aanganwadi Worker about Integrated Child Development Services (ICDS).

3.2 Study Period: March 2015- April 2015

3.3 Study Design: Cross-sectional descriptive study

3.4 Study area:

The sample for the present study comprises of 100 Aanganwadi workers belonging to 5 urban Blocks of Mehsana Districts. **Mehsana** district is divided into 13 blocks namely, Kadi, Nandasan , Mahesana, Jotana, Visnagar, valam, Vijapur, kukkarvada , Kheralu, Satlasana, Vadnagar, Becharaji, Unjha.

The area that has been chosen for the study is 5 urban blocks of Mahesana district of Gujarat.

3.5 Sampling Method- Random sampling i.e. Lottery Method has been done to select the AWC. All the selected AWCs are belonging to urban areas and the selection of AWCs was randomly done.

3.6 Methods

A questionnaire was used as a tool for data collection.

Major content of the questionnaire was: Socio-economic and demographic profiles of AWWs, their level of motivation, quality of trainings received, Knowledge about various ICDS services (like Immunization, Nutritional and health education, Supplementary nutrition, Growth monitoring) and problem faced by AWW while implementing ICDS programmes.

3.7 Data type: Primary data i.e. Data has been collected directly from the study group

4. RESULTS AND DISCUSSION

4.1 SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF ANGANWADI WORKERS

Various studies in recent past clearly highlighted the importance of socio-economic and demographic characteristics of AWWs in implementing the ICDS programmes (Bhasin et al, 2001; Davey and Dutta, 2004). In the present study 100 Anganwadi Workers were interviewed. The Anganwadi Worker and helper are the basic functionaries of the ICDS. They are not government employees, but are called "social workers" or "voluntary workers". All the Anganwadi workers get about Rs.4750 as payment per month. The back ground characteristics of all selected AWWs are given in the following sections.

TABLE 4.1 Socio demographic characteristics of Aanganwadi workers

Age in years	**Numbers**	**Percentage**
Less than 30 years	**7**	**7%**
30- 40 years	**35**	**35%**
41+ years	**58**	**58%**
Education		
10^{th} or less	**30**	**30%**
12^{th}	**17**	**17%**
Graduation and above	**53**	**53%**
Marital status		
Married	**87**	**87%**

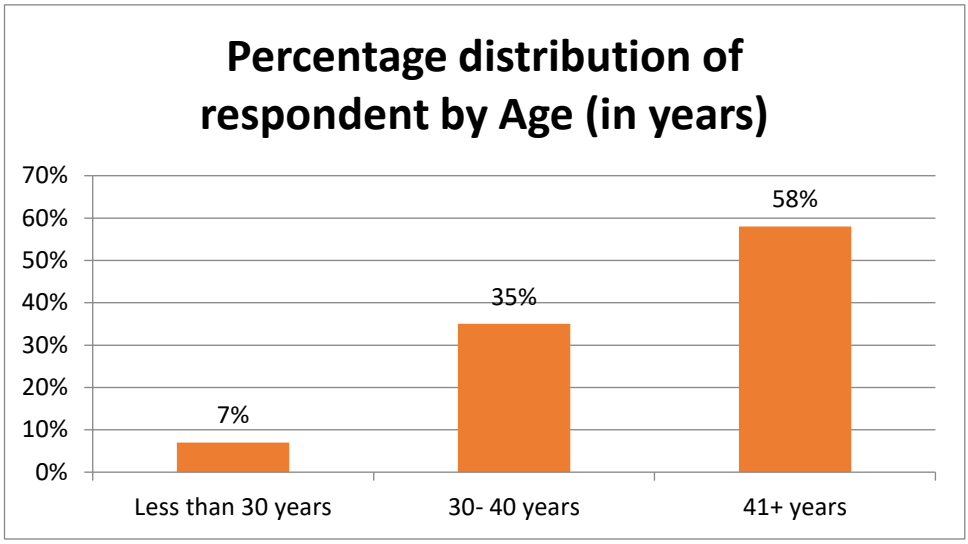
Unmarried	**2**	**2%**
Widow	**7**	**7%**
Divorced	**4**	**4%**
Caste		
General	**42**	**42%**
SC	**24**	**24%**
ST	**0**	
OBC	**34**	**34%**
Residence status		
Yes	**93**	**93%**
No	**7**	**7%**
Work experience in years		
< 1 years	**2**	**2%**
1 to 10 years	**36**	**36%**
>10 years	**62**	**62%**

Source: survey data

4.1.1 Age of respondent

Figure shows that of 7% Anganwadi workers were less than 30 years, 35% workers are in the age group of 30-40 years and 58% were 41 years and above. Results suggest that major portion of AWWs belongs to age group of 41+ years.

FIGURE 4.1.1

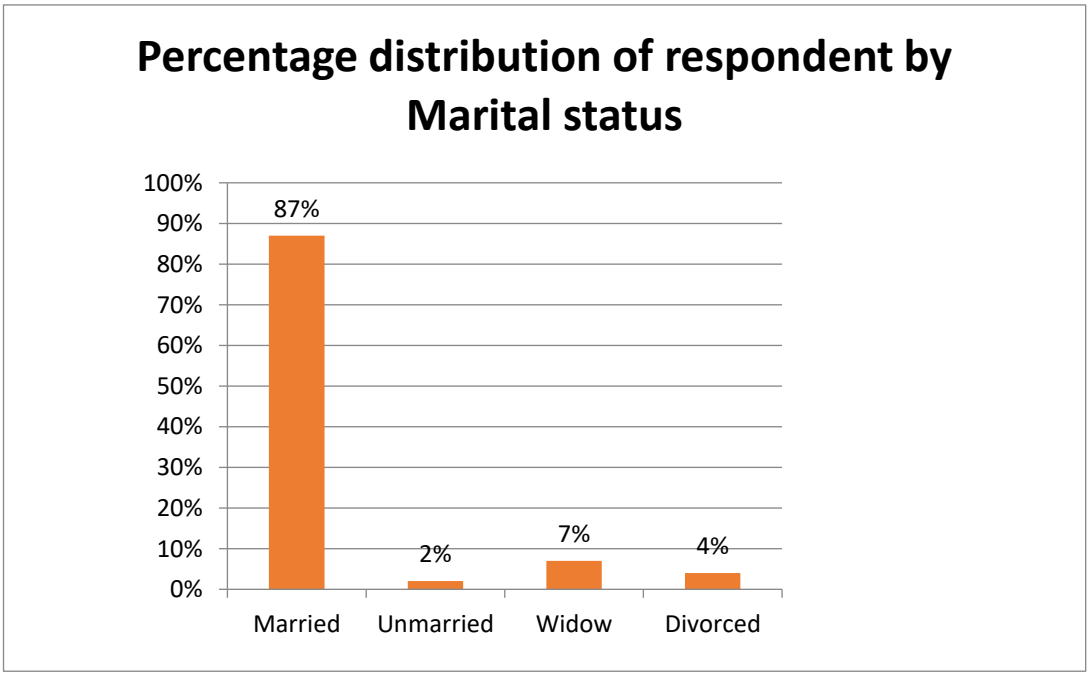


Source: survey data

4.1.2 Marital status of respondents

While distributing the respondents by marital status it was found that about 87% of the workers are married, 2% are unmarried, 7% are widow and 4% of the workers are divorced. So, major portion of workers are married.

FIGURE 4.1.2

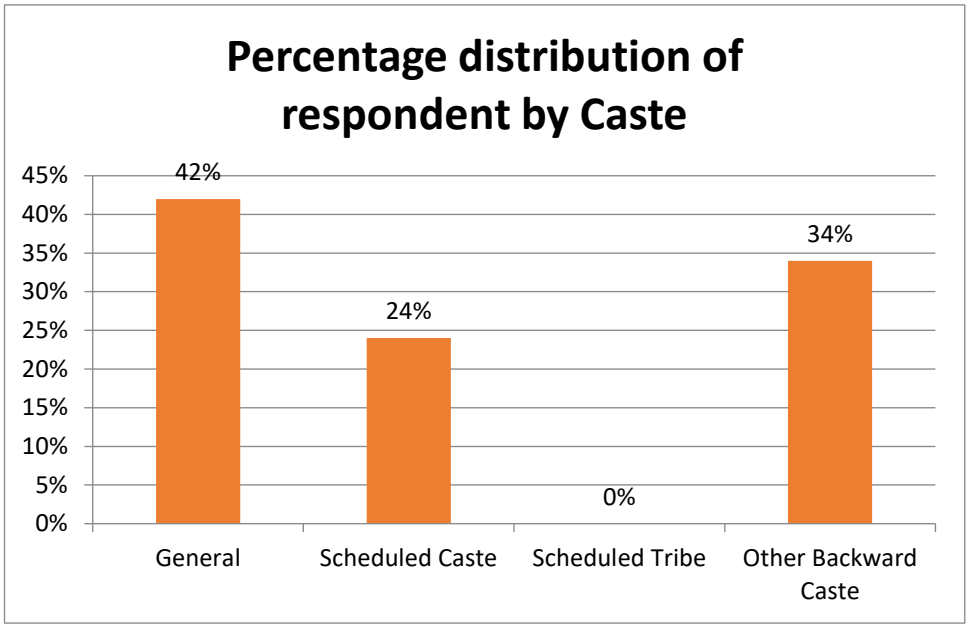


Source: survey data

4.1.3 Caste of respondents

It was found that the majority 42% of Aanganwadi workers are belonging to General background. The rest of the workers distributed among OBC and SC Communities. They are respectively 34%, and 24%. It reflects that the studied Aanganwadi centre is numerically dominated by General communities.

FIGURE 4.1.3

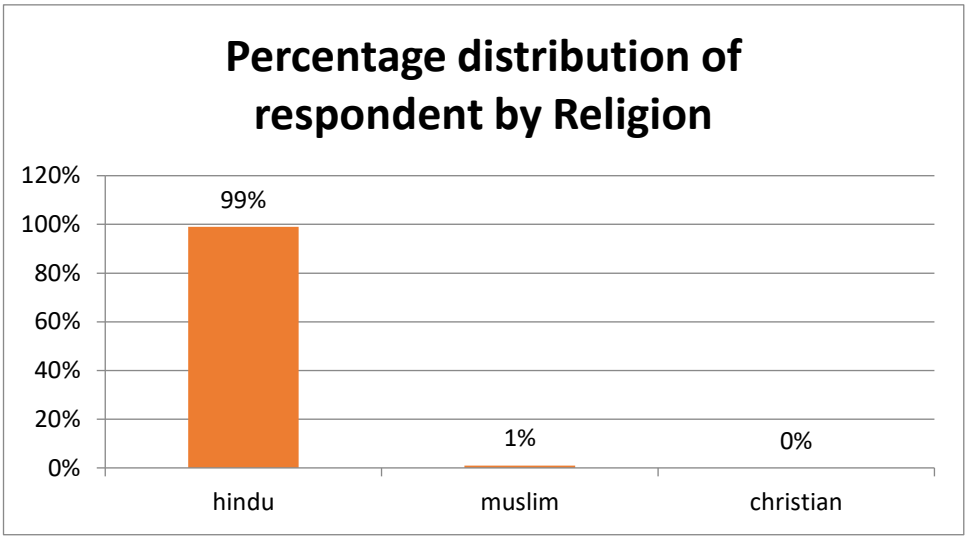


Source: survey data

4.1.4 Religion of respondents

The ideological differences based on various religions influence the implementation process of any project. This study shows that about 99% of AWWs are Hindu followed by 1% for Muslim.

FIGURE 4.1.4

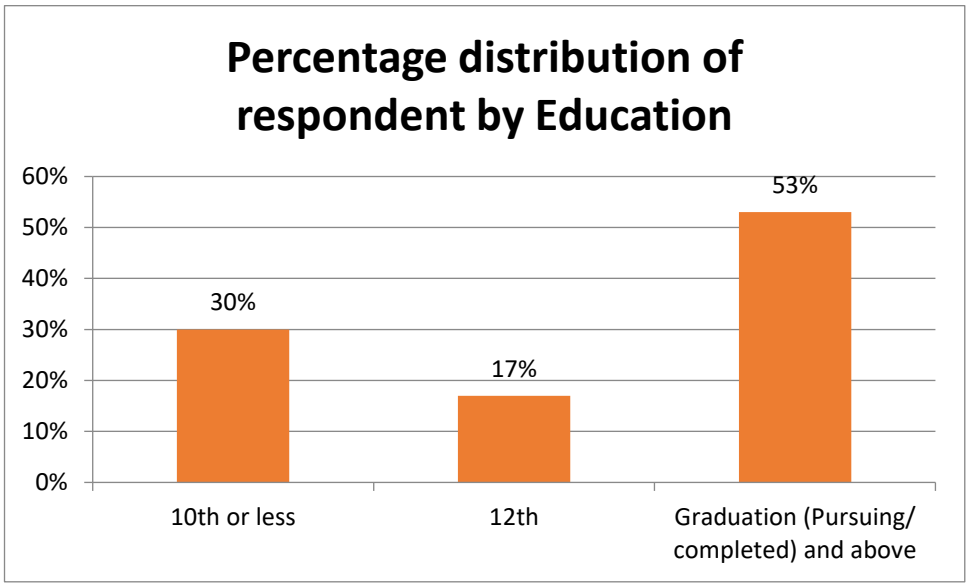


Source: survey data

4.1.5 Education of respondents

In the present study 100 Aanganwadi workers participated and it is evident from the Figure that 30% of the Aanganwadi workers were 10th passed or less, only 17% were 12th passed, 53% had education up to graduation level (pursuing/ completed) and above.

FIGURE 4.1.5

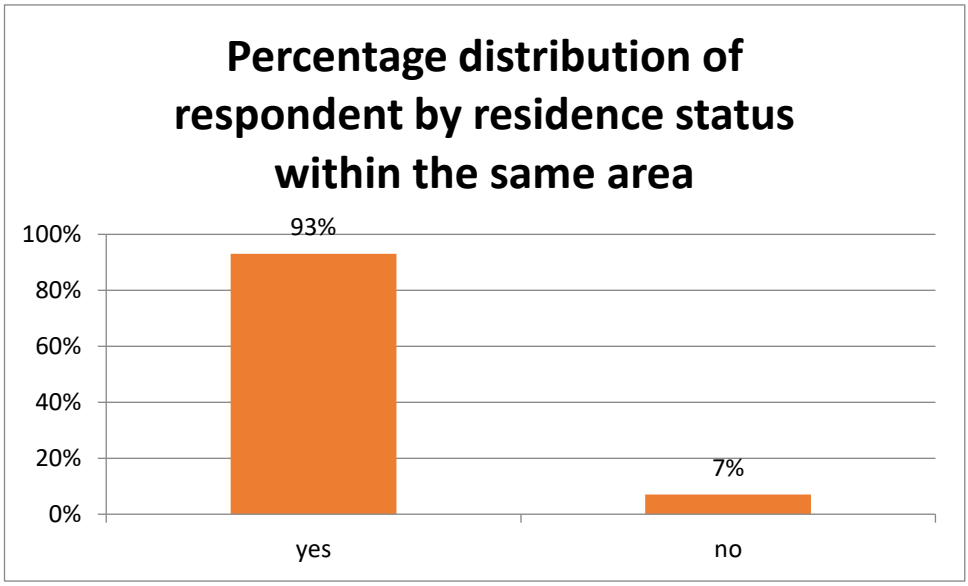


Source: survey data

4.1.6 Residence Status of respondents

Figure highlighted that most of all the Anganwadi workers, 93% were resident within the same area where the Anganwadi centre is located and only 7% were staying outside the village.

FIGURE 4.1.6

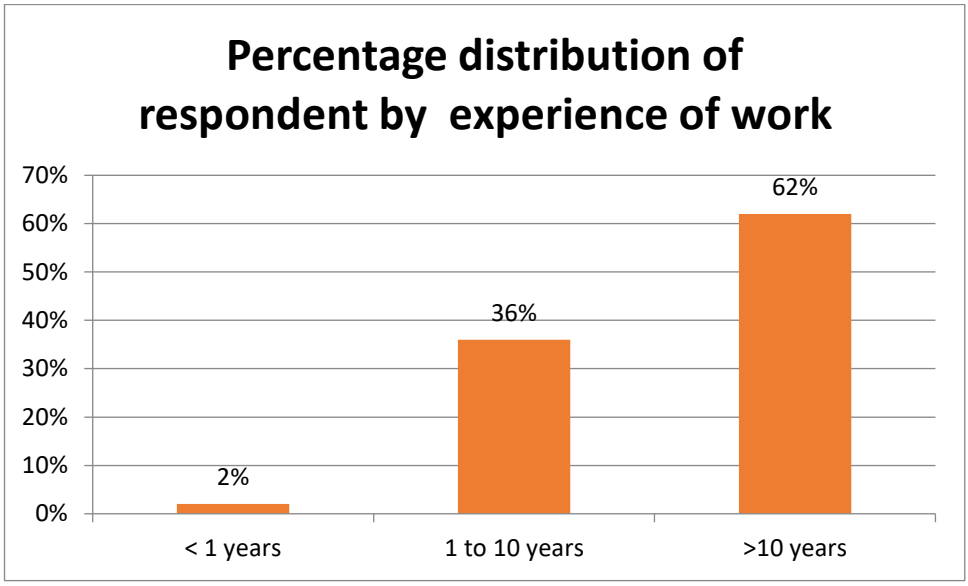


Source: survey data

4.1.7 Work experience of AWW

Figure clearly shows that 62% AWW have experience of more than 10 years, only 36% have experience from 1- 10 years and very less have experience of less than 1 year. It shows that maximum are qualified and experienced in the work.

FIGURE 4.1.7

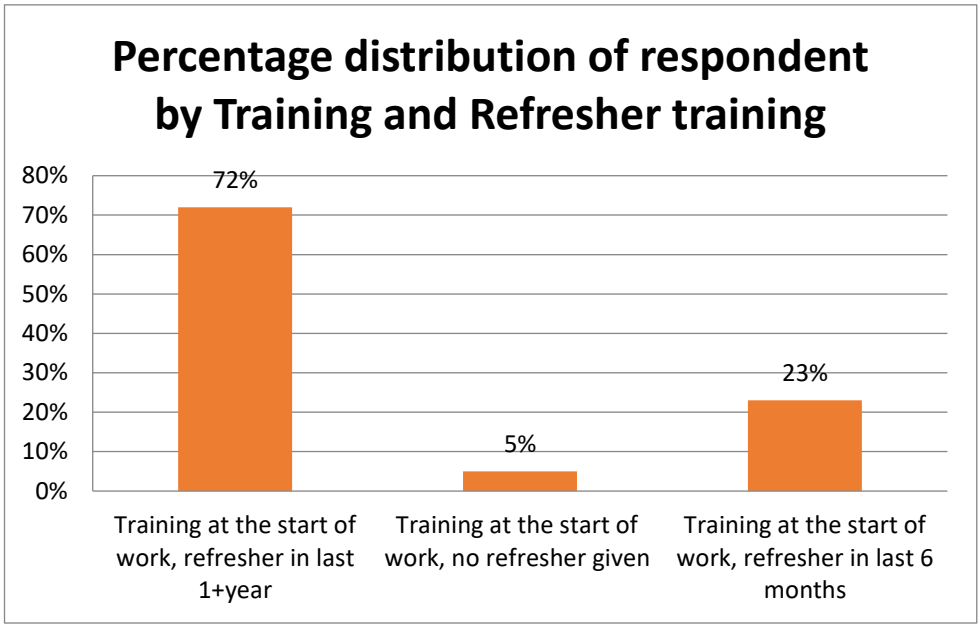


Source: survey data

4.1.8 Training and Refresher Training

In this aspect it was found that majority of Anganwadi workers, 72% have attended the ICDS training programme and attended refresher training also in last 1+ year. 23% have attended the ICDS training programme and refresher training within last 6 months. Result also suggests that majority of the AWWs those who received training had opinion that they have been given good and adequate training.

FIGURE 4.1.8



Source: survey data

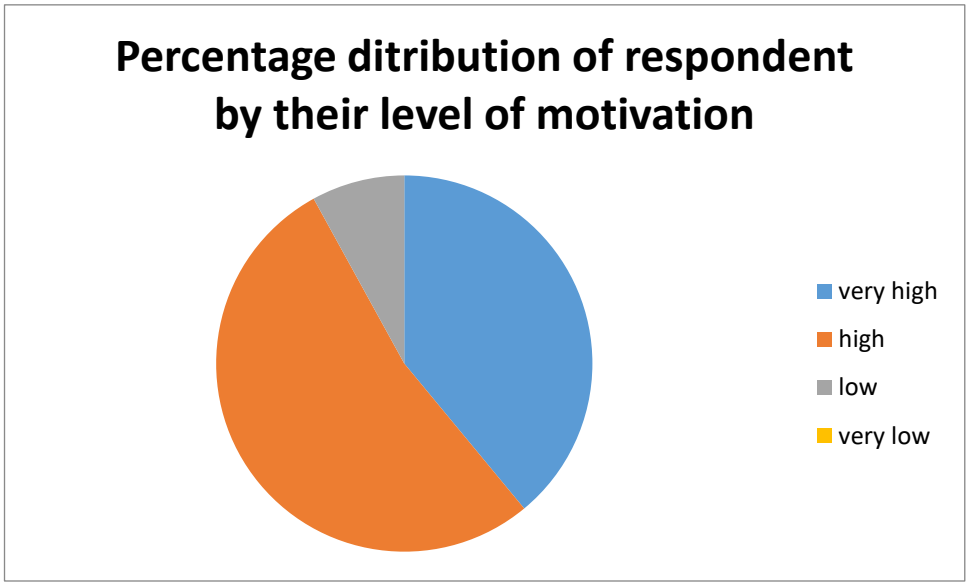
4.1.9 Level of motivation

This clearly shows that 53% have high motivation and 39% have very high motivation to work, only 8% of AWW have low motivation.

TABLE 4.2 - Percentage distribution of respondent by their level of motivation

Level of motivation	**no**	**percentage**
very high	39	39%
High	53	53%
Low	8	8%
very low	0	0%

CHART 4.1



Source: survey data

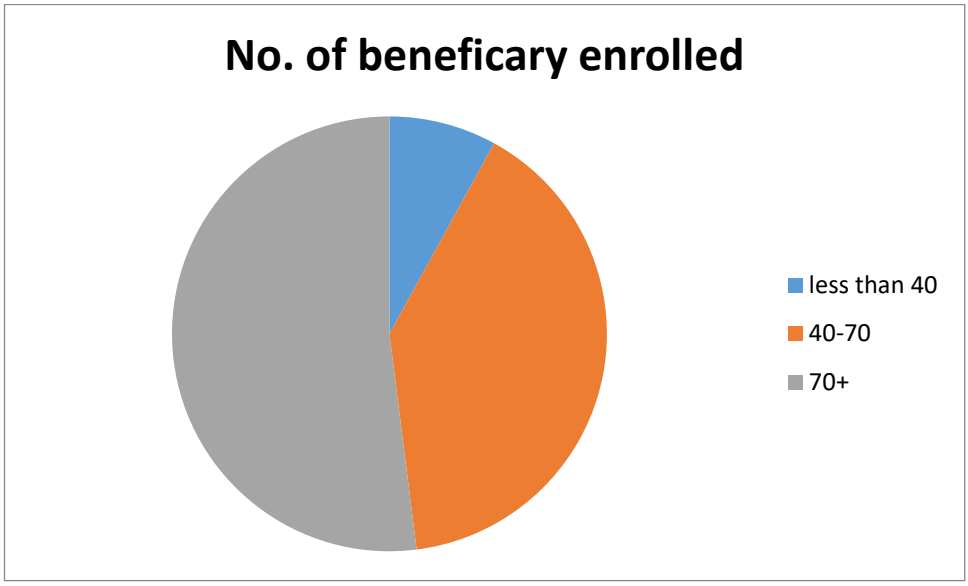
4.2. GENERAL INFORMATION REGARDING AANGANWADI CENTRES

Results clearly show that most of the AWCs have adequate level of infrastructure facility in terms of electricity, drinking water, and toilet. Community is quite motivated to send their children which reflects in enrollment of beneficiaries and AWWs are also educated, motivated and experienced.

4.2.1 Beneficiary Enrolled

Result suggest that about 52% centres have more than 70+ children, 40% centres have 40 to 70 children and only 8% of Anganwadi centres have less than 40 children

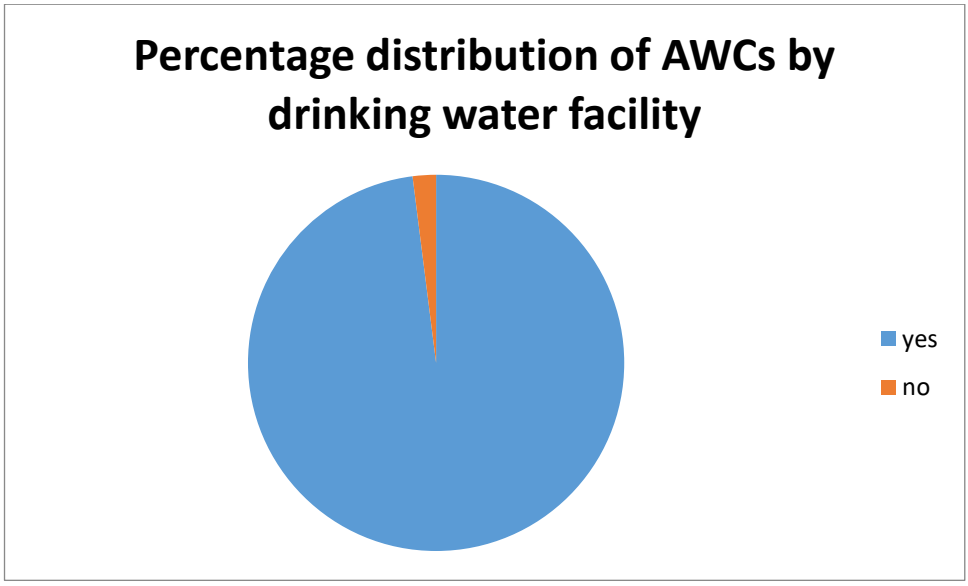
CHART 4.2



Source: survey data

4. 2.2 <u>No. of Aanganwadi with drinking water facility-</u>

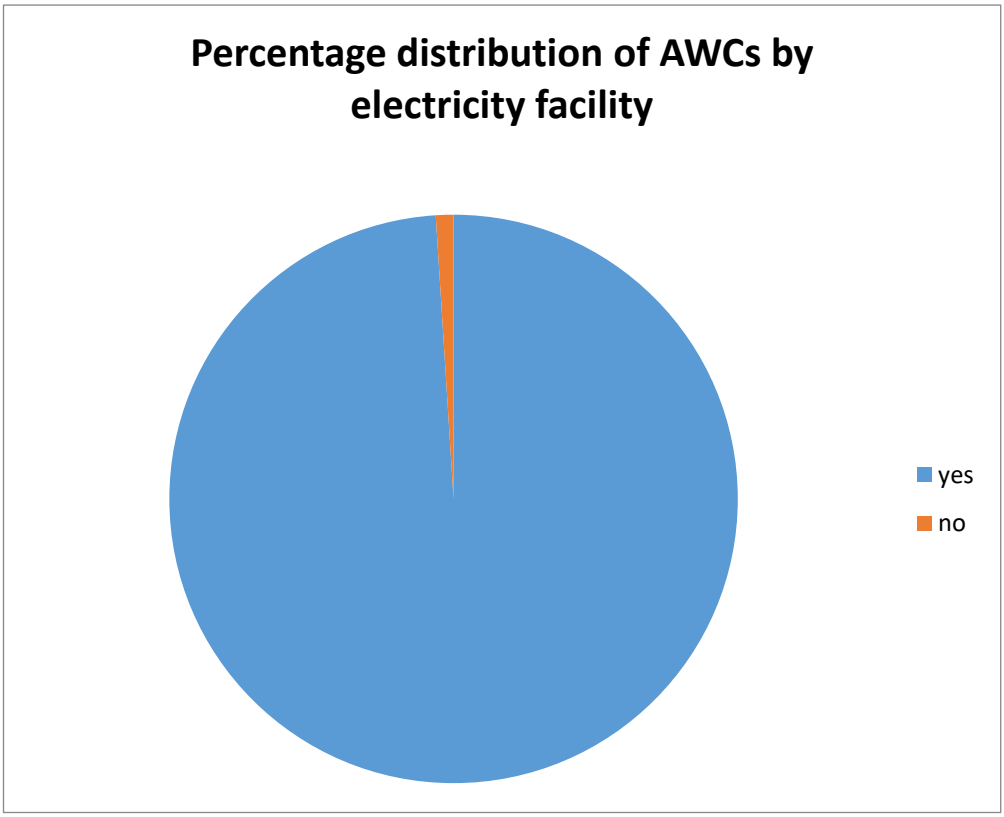
CHART 4.3



Source: survey data

4.2.3 No. of Aanganwadi with electricity facility-

Chart 4.4



Source: survey data

4.3. Knowledge of AWWs regarding different aspects of health services provided

This shows that 70% AWW know about immunization and 90%, 95% knows about nutrition and health care and supplementary nutrition.

Table 4.3

NO.	**TYPE OF QUESTIONS**	**CORRECT RESPONSE**	**INCORRECT RESPONSE**
1	Immunization	70	30
2	Nutrition and health care	90	10
3	Supplementary nutrition	95	5
4	Growth monitoring	98	2
5	Referral services	90	10

4.4. Problems faced by Anganwadi workers

While performing different types of functions it is obvious that Anganwadi workers supposed to face variety of problems. As per the Govt. Guideline the minimum qualification for AWW is 10th pass but she is expected to perform all these job responsibilities. Also community participation, co-ordination with the superiors, beneficiaries and helper are important parts of her daily work. Results suggest that very few AWWs have problem of inadequate salary and work overload. Otherwise they are motivated, trained experienced and educated and saw major developments in last 5 years in infrastructure, salary, training and community interest.

Table 4.4 Problems faced by Anganwadi workers

Type of problem	**Yes**	**no**
Inadequate salary	25	75
Infrastructure related	10	90
Logistics supply related	10	90
Work overload	30	70
Excessive record maintenance	20	80
Proper training received	95	5
Was there any development in last 5 years in infrastructure, salary, training, people interest	98	2

5. Conclusion-

Today ICDS represents one of the world's largest programmes for early childhood development. Pre-school education aims at ensuring holistic development of the children and to provide learning environment to children, which is helpful for promotion of social, emotional, cognitive development of the child. As the Anganwadi worker is the key person in the programme, her education level and knowledge of nutrition plays an important role related to her performance in the Anganwadi centre. It has also been reported that, in addition to education level, training of Anganwadi workers about growth monitoring plays a beneficial role in improving their performance (Gopaldas et al. 1990).

In our study 100 Anganwadi Workers were interviewed and majority (58%) of the workers is in the age group of 40+Years. About 53% of Anganwadi workers are either completed/ pursuing Graduation. Only (17%) are matriculate and (30.0%) are 10^{th} pass. Maximum AWWs have knowledge regarding various services provided by ICDS. So, education is positively associated with the correct knowledge about ICDS scheme among Anganwadi workers.

Majority of the AWWS were trained and had received in service job training and 72% of the workers had received refresher training in last 1 year and 23% received their refresher training in last 6 months.

It was found that all the Anganwadi workers maintaining all the recommended registers and also maintaining monthly weight register and growth chart records.

The success rate of this nationwide integrated programme solely depends upon the fact as to how we are preparing our ground workers to combat with the problem of malnutrition, it becomes really important to upgrade our ground worker i.e. Anganwadi worker with quality training and enhanced and advanced nutrition knowledge as nutrition knowledge was the most powerful determinant of performance (Gujral et al. 1992, Manhas et al., 2012).

Most of the AWWs said that the quality of training they have received is good and they are familiar with the various services of ICDS. Depending on reponse to questionnaire max questions were answered correctly on topics related to supplementary nutrition and growth monitoring.

Infrastructure facilities have improved in last 5 years for better implementation of ICDS scheme and very few were facing problems with work overload, excessive record maintenance and inadequate honorarium.

6. Instrumentation (Informed Consent Form and Scheduled Questionnaire)

(Strictly confidential for Research purpose only)

Socioeconomic and demographic characteristics, Motivation and Knowledge of Anganwadi Worker about Integrated Child Development Services (ICDS): A Study of Urban Blocks of Mehsana district in Gujarat

I, Dr.Ankita singh, a final year student of Hospital Management from international Institute of Health Management Research, Delhi; is conducting a survey on Socioeconomic and demographic characteristics, Motivation and Knowledge of Anganwadi Worker about Integrated Child Development Services (ICDS) in Urban Blocks of Mehsana district in Gujarat. .

Informed Consent

I would like to thank you for giving your valuable time for this survey. This interview might take about 15 minutes. My name is _____. You will not be forced to answer any question you do not wish to. If you agree to take part in this interview, the responses will be kept strictly confidential. I ensure that any information that I include in my report does not identify you as the respondent. There are no risks related to the study. You can end the interview at any time.

Do you have any questions about what I just explained? (Yes/No)

_____

_____

Are you willing to participate in the interview? (Yes/No)

I agree to take part in this study. I have understood the verbal explanation and I understand what will be required of me and what will happen to me if I take part in it. I understand that at any time I may withdraw from this study without giving a reason and without affecting my normal services. My questions concerning this study have been answered by the interviewer

Date: _____

Interviewee Signature: _____

AANGANWADI WORKER QUESTIONNAIRE

Block: _____
District: _____

Anganwadi centre name/number (if any):
_____

Date**:** _____

	A. Anganwadi Worker (AWW)	
1	Age (years)	/_____/
2	Class Passed	/_____/
3	Marital Status: *[1 = Married; 2 = Widowed; 3 = Divorced, Abandoned or Separated; 4 = Unmarried; 5 = Other (specify); 9 = Unclear]*	/_____/
4	Religion *[1 = Hindu; 2 = Muslim; 3 = Christian; 4 = Other (specify); 9 = Unclear]*	/_____/
5	Caste group (if applicable): *[1 = SC; 2 = ST; 3 = OBC; 4 = Caste Hindu; 5 = Other (specify); 9 = Unclear; NA = Not applicable]*	/_____/
6	How long have you worked as an AWW? (completed years) *Investigator: If less than one year, write 0)*	/_____/
7	How long have you worked in this centre? (completed years) *Investigator: If less than one year, write 0)*	/_____/
8	Do you reside in the village in which the AWC is located? *[1 = Yes; 2 = No; 9 = Unclear]*	/_____/
9	Do you find it difficult to commute to the anganwadi?	

	[1 = Yes; 2 = No; 3 = Sometimes; 4 = Not applicable (resides in AWC village); 9 = Unclear]	/_____/
	B. Anganwadi Centre (AWC) **(Questions to be answered by AWW)**	
10	Date of starting operation	Year /_____/
11	How many days has the AWC opened during the last 30 days?	/_____/
12	On average for how many hours is the AWC open on a working day?	/_____/
13	What kind of food is normally provided to children in this AWC? *[1 = Cooked food, same every day; 2 = Cooked food, as per weekly menu;* *3 = Ready to eat food, 4 = dry take home rations, 5 = Others; 9 = Unclear]* Infants (0-3 years) Toddlers (3-6 years)	 /_____/ /_____/
14	Who is responsible for cooking the food served to children in the age group of 3- 6 years? *[1 = Anganwadi helper; 2 = Anganwadi worker; 3 = Local women's groups; 4 = Supplied at AWC by a centralized kitchen; 5 = "Ready to eat" food is served or distributed without cooking; 6 = Others (please* specify); *9 = Unclear]*	/_____/
15	Who provides the vegetables, dal and other ingredients (other than wheat or rice) for these children's meals? *[1= CDPO or other state government department;* *2 = Gram Panchayat; 3 = Private contractor or company;* *4 = Bought locally by AWW or AWH; 5 = Bought locally by women's group; 6 = Others (specify); 9 = Unclear]*	/_____/

16	Who provides the rice, wheat or other foodgrain? *[1= CDPO or other state government department;* *2 = Gram Panchayat; 3 = Private contractor or company;* *4 = Local fair price shop; 5 = Others (specify); 9 = Unclear]*	/_____/
17	How many children are enrolled at this AWC? 0-3 years 3-6 years	 /_____/ /_____/
18	How many attend on an average day (in the 3-6 age group)?	/_____/
19	How many children, aged 3-6, attended yesterday (or on the last working day if the AWC was closed yesterday)?	/_____/
20	Investigator: Please ask to see the attendance register and note how many children were attending on the last working day according to the register.	/_____/
21	How would you describe the adequacy of the AWC equipment, in terms of enabling you to perform your work effectively? *[1 = Adequate; 2 = Inadequate; 9 = Unclear]*	/_____/
22	How much money (other than your salary) did you receive during the last 12 months to run the AWC? *Investigator: please note relevant details below.* /_____/	(Rs.) /_____/
23	Is this adequate to ensure normal functioning of the AWC? *[1 = Yes; 2 = No; 9 = Unclear]*	/_____/
24	How often do you face delays in the release of funds or reimbursement of expenses from the Block? *[1 = Always; 2 = Frequently; 3 = Sometimes; 4 = Rarely; 5 = Never;* *9 = Unclear]*	/_____/
25	What is your monthly salary? (Rs./month)	/_____/
26	How many months have lapsed since you received your last salary?	/_____/
27	How many registers are you expected to maintain?	/_____/
28	In an average week, how many hours do you spend filling the registers?	/_____/

29	How many days of training have you received, approximately? At the time of starting work as an AWW After that	 /_____/ /_____/
30	How many years have lapsed since the last training you attended?	/_____/
31	Do you feel that the training you have received is adequate or inadequate? *[1 = Adequate; 2 = Inadequate; 9 = Unclear]*	/_____/
32	How many months have lapsed since this person's last visit? *[Investigator: Less than 1 month = 0]* ANM Supervisor CDPO Sarpanch	 /_____/ /_____/ /_____/ /_____/
33	Are there fixed days for the visit of the health worker (eg. ANM, LHV, doctor) to the AWC? *[1 = Yes; 2 = No; 9 = Unclear]*	/_____/
34	Would you describe these visits as helpful or unhelpful? *[1= Unhelpful, 2 = Indifferent, 3 = Helpful; 9 = Unclear]* *(Investigator: Please note any incidents connected with these visits, eg. Bribing, harassment, and also positive stories)*	/_____/
	C. Investigator Observations *Investigator: Your personal observations are as important as the respondent's answers. Please fill this section as carefully as possible.*	

35	Based on your observations and interaction with the AWW, what is your impression of the level of motivation of the AWW? *[1= Very High; 2 = Quite High; 3 = Indifferent; 4 = Rather Low; 5 = Very Low; 9 = Unclear]*	/_____/
36	When you asked the AWW to tell the children to recite a rhyme or song, were the children able to do so? [Please request the AWW to tell the children to recite a rhyme or song together and then note how easily they were able to do it.] *[1 = Yes, easily; 2 = Yes, reluctantly/ with persuasion; 3 = No; 4 = Not Applicable (did not ask) ; 9 = Unclear]*	/_____/
37	When is the last time the following services were provided to <u>children</u> at the AWC? *[1= Today or yesterday; 2 = Within the last 7 days; 3 = Within the last 15 days; 4 = Within the last 30 days; 5 = Within the last 3 months; 6 = Within the last 6 months; 7 = Within the last 12 months ; 8 = Not even within the last 12 months; 9 = Unclear]* Supplementary Nutrition Pre-school education Weighing of children Immunization Health Check-up Referral Services Deworming	/_____/ /_____/ /_____/ /_____/ /_____/ /_____/

38	Does any of your work involve collaboration with the local ASHA(s)? *[1 = Yes; 2 = No; 9 = Unclear]*	/_____/
39	In your view, how useful is the ASHA's contribution? *[1 = Very useful; 2 = Somewhat useful; 3 = Not very useful; 4 = Not at all useful; 5 = Not applicable (not collaborating with any ASHA); 9 = Unclear]*	/_____/
40	In the past five years, do you feel that there has been any change on any of the following? *[1 = Improvement; 2 = No difference; 3 = Worsening; 9 = Can't say]*	
	Infrastructure at the anganwadi	/_____/
	Salaries	/_____/
	Parental interest and awareness	/_____/
	Training	/_____/
	Inspection and monitoring	/_____/

AANGANWADI WORKER QUESTIONNAIRE (IN GUJRATI)

ઘટક:_____ **તારીખ /**_____

	A. આંગણવાડી કાર્યકર (AWW)	
૧	**ઉંમર**	/_____/
૨	શૈક્ષણિક લાયકાત **(છેલ્લી ડિગ્રી)**	/_____/
૩	**વૈવાહિક સ્થિતિ** *(૧ = વિવાહિત ૨= વિધવા 3 =ત્યક્તા ૪=અવિવાહિત ૫ = અન્ય ; ૯=અયોક્કસ)*	/_____/
૪	**ધાર્મિકતા** *[૧= હિન્દુ; ૨ = મુસ્લિમ 3 = ખ્રિતી; ૪ = અન્ય ; ૯= અયોક્કાસ]*	/_____/
૫	**પેટા જ્ઞાતી** (જો લાગુ પડતી હોયતો): *(૧= SC; ૨ = ST; 3 = OBC; ૪ = સામાન્ય; ૫ અન્ય ૯= અયોક્કસ;)*	/_____/
૬	કાર્યકર તરીકે કેટલા વર્ષથી કામગીરી કરો છે.? (પૂર્ણ કરેલ વર્ષ) *Investigator: જો એક વર્ષ થી ઓછી તો 0 લખવું)*	/_____/
૭	**આ આંગણવાડી કેન્દ્ર પર કેટલા વર્ષ થી કામ કરો છો**? (પૂર્ણ કરેલ વર્ષ) *Investigator: (જો એક વર્ષ થી ઓછી તો 0 લખવું)*	/_____/
૮	જ્યાં આંગણવાડી આવેલ છે તે જ ગામમાં તમે રહો છ *[૧= હા; ૨ = ના; 9 = અયોક્કસ]*	/_____/
૯	શું આંગણવાડી કેન્દ્ર પર જવા-આવવામાં મુશ્કેલી પડે છે.? *1 ૧= હા; ૨= ના 3 = કોઈક વાર; ૪ = લાગુ પડતું નથી (તે ગામમાં રહે છે) ; ૯ = અયોક્કસ]*	

	A (AWC)	
૧૦	આંગણવાડી કેન્દ્ર શરૂ થયાની તારીખ (વર્ષ સાથે)	/___/___/____/
૧૧	છેલ્લા ત્રીસ દિવસમાં આંગણવાડી કેટલા દિવસ ચાલુ હતી	/_____/
૧૨	આંગણવાડીમાં દિવસ દરમિયાન કેટલા કલાક કામગીરી કરવામાં આવેછે	/_____/
૧૩	સામાન્ય રીતે બાળકોને કેવા પ્રકારનો ખોરાક આપવવામાં આવે છે *[૧દરોજે એક જ પકારનો રાંધેલો ખોરાક = ૨ દર અઠવાડિયે મેનુ પ્રમાણે રાંધેલો ખોરાક ૩= તૈયાર ખોરાક ૪=ઘરે લઇ જવા માટે બાલ ભોગના પેકેટ , ૫ = અન્યખોરાક; ૯ =અયોક્કસ]* ૦ થી ૩ વર્ષ ૩ થી ૬ વર્ષ	/_____/ /_____/
૧૪	**આંગણવાડીના ૩ થી ૬વર્ષના ના બાળકોને ખોરાક આપવાની જવાબદારી કોની હોય છે.** *[૧= આંગણવાડી કાર્યકર; ૨=આગણવાડી હેલ્પર ; 3 = સ્થાનિક સખી મંડળ; 4રાંધ્યા વગર નો ખોરાક આપવામાં આવે છે. ૫: અન્ય ૯= અયોક્કસ.*	/_____/
૧૫	**આંગણવાડીમાં શાકભાજી,દાળ તથા અન્ય ખાદ્ય સામગ્રી કોના દ્વારા પૂરી પાડવામાં આવેછે?. (ઘઉં અને ચોખા શિવાયની)** *૧ સી.ડી.પી.ઓ/ અન્ય ગુજરાત રાજ્ય સરકાર વિભાગ દ્વારા ૨ =ગ્રામ પંચાયત ; 3 પ્રાઇવેટ કોન્ટ્રાક્ટર/કંપની દ્વારા .૪=આગણવાડી કાર્યકર/આંગણવાડી હેલ્પર દ્વારા સ્થાનિક દુકાન ખરીદાય છે. ૫=સ્થાનિક સખી મંડળ દ્વારા સ્થાનિક દુકાન ખરીદાય છે. ; ૬=અન્ય,૯=અયોક્કસ*	/_____/
૧૬	**ચોખા, ઘઉં અને અન્ય અનાજ કોના દ્વારા પૂરું પાડવામાં આવે છે ?** *૧ સી.ડી.પી.ઓ/ અન્ય ગુજરાત રાજ્ય સરકાર વિભાગ દ્વારા ૨ =ગ્રામ પંચાયત ; 3 =/આંગણવાડી હેલ્પર ૪=પ્રાઇવેટ કોન્ટ્રાક્ટર/કંપની દ્વારા ૫=સ્થાનિક સખી મંડળ દ્વારા સ્થાનિક દુકાન ખરીદાય છે.,૫=અન્ય ૯= અયોક્કસ*	/_____/

૧૭	આંગણવાડીમાં નોધાયેલ બાળકોની ની સંખ્યા કેટલી છે.? ૦ થી ૩ વર્ષ ૩ થી ૬ વર્ષ	/_____/

૧૮	આંગણવાડીમાં દરોજ.(૩ થી ૬ વર્ષ) કેટલા બાળકોન હાજર રહે છે ?	/_____/
૧૯	આંગણવાડીમાં ગઈ કાલે .(૩ થી ૬ વર્ષ) કેટલા બાળકોની હાજર હતા.? (જો ગઈ કાલે આંગણવાડી બંધ હોય તો તેના આગળ ના દિવસે)	/_____/
૨૦	તપાસ કર્તાએ હાજરી પત્રક મેળવી ગઈ કાલે પુરાયેલ હાજરી પ્રમાણે કેટલા બાળકો હતા તેની નોંધ કરવી	/_____/

૨૧	શુ તમારા આંગણવાડી કેન્દ્ર પર જરૂરિયાત મુજબની ભૌતિક સગવડો છે કે નહિ? . જે તમારી કામગીરી માટે પ્રમાણસર છે? *[૧= જરૂરિયાત મુજબ છે; ૨ = જરૂરિયાત મુજબ નથી ; ૯ = અ યોક્કસ]*	/_____/
૨૨	છેલ્લા ૧૨ માસ દરમિયાન (પગાર શિવાય) તમને કેટલા પૈસા માળેલ છે.? *તપાસકર્તા: આંગેની માહિતી નોંધ કરવી.* /_____/	/_____/
૨૩	ઉપર મુજબ ના મળેલ પૈસા તમારી કામગીરી માટે પુરા છે.? *[૧ હા; ૨ = હા; ૯= અયોક્કસ]*	/_____/
૨૪	ઘટક કક્ષાએથી અપાતી ગ્રાન્ટમાં તથા તમારા દ્વારા થયેલ એડવાન્સ ખર્ચનું વળતર મેળવવામાં કેટલા સમયનો વિલંબ થાય છે.? *[૧ =હંમેશાં ; 2 = સતત; 3 =કોઈકવાર; ૪= ભાગ્યેજ ; ૫ = કદી નહિ ૯ = અયોક્કસ]*	/_____/
૨૫	તમારો માસિક પગાર શુ છે ?.(માસિક પગાર)	/_____/
૨૬	કેટલા મહિનાથી તમને પગાર મળ્યો નથી?	/_____/
૨૭	તમારે કેટલા રજીસ્ટર નિભાવવાના હોય છે.?	/_____/
૨૮	અઠવાડિયા પ્રમાણે રજીસ્ટરમાં માહિતી ભરતા કેટલા કલાક લાગે છે.?	/_____/
૨૯	કેટલા દિવસની તાલીમ મેળવેલ છે.? આંગણવાડીવર્કર ની કામગીરીની શરૂઆતમાં અને તેના પછી.	/_____/ /_____/
૩૦	છેલ્લી તાલીમ કેટલા વર્ષ પહેલા મેળવી હતી.?	/_____/
૩૧	શુ તમેં મેળવેલ તાલીમ યોગ્ય રીતે આપવામાં આવી હતી કે નહિ ? *[૧ યોગ્ય = ; ૨ = અયોગ્ય; ૯ = અયોક્કસ]*	/_____/

૩૨	**નીચે મુજબની વ્યક્તિઓએ દ્વારાઆંગણવાડીમાં છેલ્લી વિઝીટ કેટલા મહિના પહેલા કરવામાં આવી હતી.?** તપાસ કર્તા: એક મહિનાથી ઓછો સમય હોય.૦ લખવું એ.એન.એમ સુપરવાઈઝર સી.ડી.પી.ઓ સરપંચ	/_____/ /_____/ /_____/ /_____/
33	**શુ આંગણવાડીમાં હેલ્થ વર્કર ની વિઝીટ માટે ચોક્કસ દિવસ નિયત કરેલ હોય છે?.(એ.એન.એમ એલ.એચ.વી,ડોક્ટર)** *[૧=હા= ૨= ના ૯ = અયોક્ક]*	
૩૪	**શુ ઉપર મુજબની વ્યક્તિઓની વિઝીટ તમારી કામગીરીમાં મદદરૂપ થઇ છે કે નહિ ?** *[૧=મદદરૂપ નથી2 = તેમનું કામગીરી અલગ છે3 = મદદરૂપ; 9 = અયોક્કસ]*	/_____/
	C. તપાસ કર્તા માટે. *તપાસ કર્તા: આપના દ્વારા થતા મૂલ્યાંકનનો સાચો આધાર પ્રતિભાવ આપનાર વ્યક્તિના જવાબો પર છે. તેથી શક્ય હોય તેટલુ ધ્યાન આ વિભાગના જવાબ આપવા*	
૩૫	**તમારા મત મુજબ આંગણવાડી કાર્યકર પોતાની કામગીરી કરવામાં કેટલી ઉસુક્તા ધરાવે છે?** *(૧=ખુબજ વધુ; ૨ = વધુ; 3 = થોડી ઓછી ૪=ખુબજ ઓછી ૯= અયોક્કસ)*	
૩૬	**શું જયારે આપના દ્વારા આંગણવાડી કાર્યકરને બાળકો પાસે પોયમ અને ગીત ગવડવાની સુચના આપવામાં આવી ત્યારે બાળકો ગાઈ શક્યા હતા,?**	
૩૭	**છેલ્લા કેટલા સમય પહેલા આંગણવાડી કેન્દ્રના બાળકોને નીચે મુજબ સેવાઓ આપવામાં આવી હતી ?** *[૧= આજે/કાલે ૨=છેલ્લા સાત દિવસમાં 3 = છેલ્લા ૧૫ દિવસ માં* *૪= છેલ્લા 30 દિવસમાં ; ૫ = છેલ્લા ૩ માસમાં ; ૬=છેલ્લા ૬ માસમાં*	
	૭=છેલ્લા ૧૨ માસમાં ૮= છેલ્લા ૧૨ માસ દરમિયાન કોઈ સેવા આપવામાં આવી	

	નથી. ૯ અયોક્કસ.) પુરક પોષણ પૂર્વ પ્રાથમિક શિક્ષણ બાળકોનું વજન રસીકરણ આરોગ્ય તપાસ રેફરલ સેવાઓ કૃમી નાશક સેવાઓ	/_____/ /_____/ /_____/ /_____/ /_____/

૩૮	શું આંગણવાડી કક્ષાએ થતી કોઈ પણ કામગીરી આશા વર્કર સાથે સંયુક્ત રીતે કરવાની થાય છે. *[૧= હા; ૨= ના; ૯ = અયોક્કસ]*	/_____/
૩૯	**તમારા મત મુજબ આશા વર્કર આંગણવાડી કક્ષાએ થતી કામગીરીમાં કેવી રીતે મદદરૂપ થાય?** *[૧=ખુબજ મદદરૂપ; ૨: થોડા મદદરૂપ 3 ખાસ મદદરૂપ નથી; ૪ = હમેશા મદદરૂપ નથી ૯ = અયોક્કસ]*	/_____/
૪૦	**છેલ્લા પાંચ વર્ષ દરમિયાન નીચે મુજબની કોઈ પણ બાબત બદલાવ આવ્યો હોય આવું લાગે છે.?** *૧સુધારો; ૨=કઈ ફેરફાર થયો નથી; 3 = યથાવત્ છે; ૯=અયોક્કસ* આંગણવાડી મકાન બાંધકામ પગાર(વેતન) વાલીઓનો રસ અને જાગૃતિ તાલીમમાં તપાસ અને મુલ્યાકનમાં	 /_____/ /_____/ /_____/ /_____/ /_____/

APPENDICES

AWC WITH RO DRINKING WATER FACILITY

AANGANWADI CENTRE WITH PRE SCHOOL EDUCATION MATERIAL PAINTED ON WALLS

AWC WITH TOILET FACILITY

WEIGHING CHILDREN ON SALTER SCALE

AWC PROVIDING SUPPLEMENTARY NUTRITION.

AANGANWADI CENTRE

AANGANWADI WORKER PROVIDING PRE SCHOOL EDUCATION TO CHILDREN

7. INTERNSHIP REPORT

Introduction

Internship is a part of the second year program, where we have too observe, adapt to the work culture of organization and assigned role and deliver as per the responsibilities of the designated post. It is necessary to participate in various departmental activities so we can orient our self with the way the department works at ground levels which gives us first hand exposure of the real job. Internship is the process, through which we understand process of work and thereafter involve ourselves in decision making.

I am appointed as District Program Coordinator (DPC) - Nutrition in Integrated Child Development Services (ICDS) Department of Mahesana, Gujarat. Integrated Child Development Services come under the Women and Child Development Ministry of Government of Gujarat.

The programme commits to the children a holistic approach towards nutrition, health and development which includes not only formulating the policies to deliver the means but also the implementation of the holistic approach to meet the ends.

Objective of Internship

1) To understand the structure of the organization and effectively contribute to the smooth functioning of the organization.
2) To learn various managerial and administrative skills needed to work in a government system
3) To ensure effectively implementation of integrated child development services in the district.
4) To identify existing gaps in human resource, service delivery, quality of services, analysis and implementation of integrated child development services in the district.

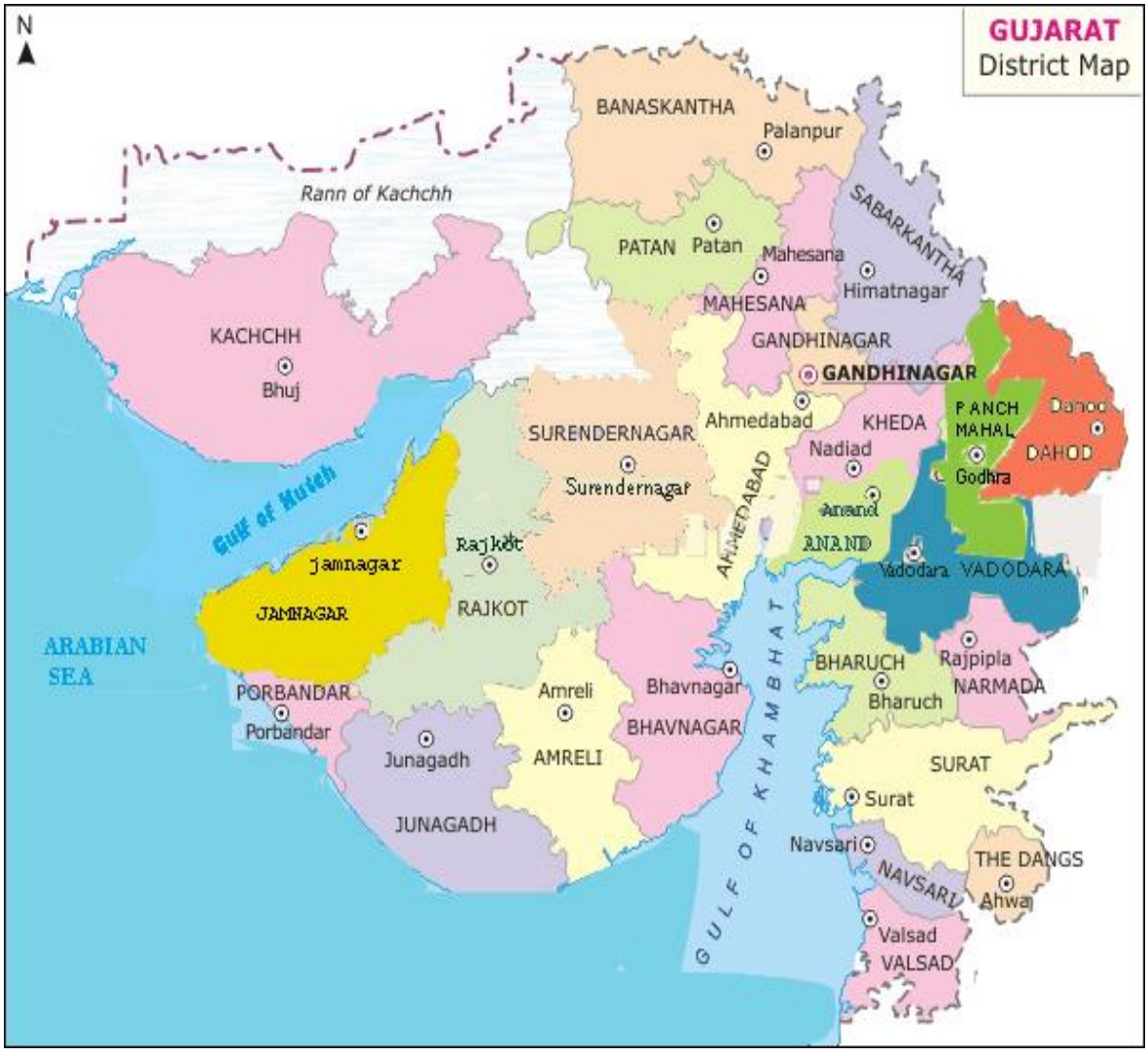
Gujarat State Profile

Gujarat state, located in the western part of India, has an area of 196, 022 sq. km, representing about 6.19 percent of the total area of the country. The state has a population of 6.03 crore (2011 Census), which is nearly 5 percent of the total population of the country. About 43% of the State's population resides in urban areas, compared to the India average of 28 percent. The population density of the state is 258 as compared to the national average of 324. About 24 percent (1997-98) of Gujarat's population is estimated to be BPL, while 7 percent and 15 percent (2001) are classified as SC and ST respectively. Socio-economic indicators are, in general somewhat better than the India average: 70 percent and 59 percent of its total and female population respectively are literate, the corresponding figures for India being 65.percent and 54.percent respectively. The state has a relatively large (40% of its population) work force.

The state of Gujarat is characterized by sea-coastal, tribal, desert and geographically hostile terrain having sparse and scattered population at the periphery. Communities living in the remote and disadvantaged areas especially BPL population, tribal and women, are generally unable to access reliable and cost effective health care services. The state has 26 districts and has a total population of 89, 96,744 accommodate 70 percent of tribal population (Census 2001). Approximately 18% (89, 96,744) of the total population of the state is living in these Tribal districts. The coastline of the state is about 1600 Km. About 4487752 persons live in 36 coastal talukas.

Administratively, the state has been divided into 26 districts, sub-divided into 225 Blocks, having 18618 villages and 242 towns.

I have been appointed in northern district of Mahesana.



Introduction to Integrated Child Development Services (ICDS)

ICDS scheme was launched on 2nd October 1975, in Chhotaudepur Block and the Scheme represents one of the world's largest and most unique flagship programs for Early Childhood Development. Gujarat is ICDS program symbolizes The State's commitment to its children towards holistic approach for child health, nutrition and development. Currently the Scheme in operational in 336 Blocks in Gujarat. The Scheme has now been universalized to 52137 Anganwadi centres in 336 blocks as on December 2012

Objectives

The Integrated Child Development Services (ICDS) Scheme was launched in 1975 with the following objectives :

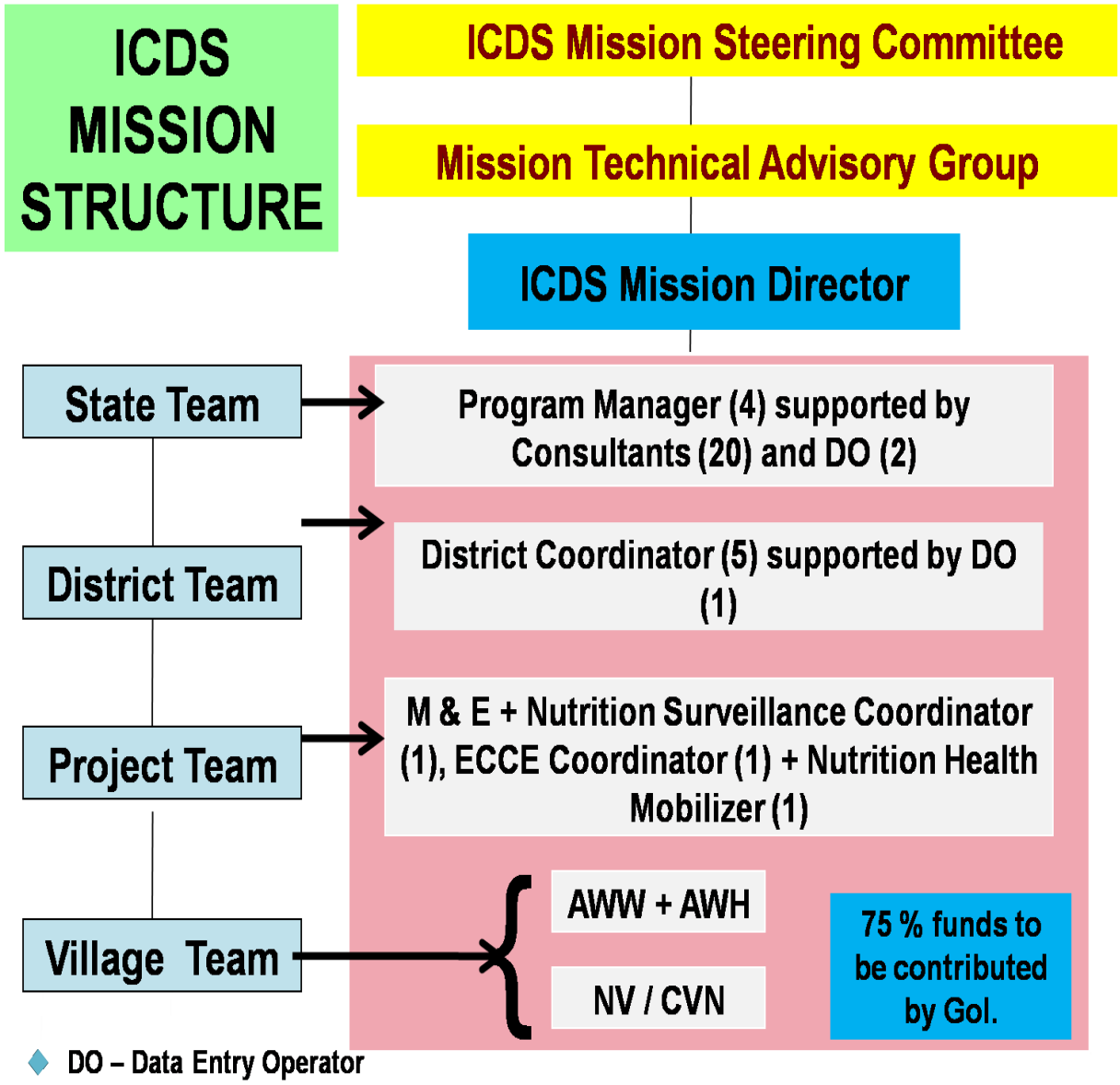
3. To improve the nutritional and health status of children in the age-group 0-6 years.
4. To lay the foundation for proper psychological, physical and social development of the child.
5. To reduce the incidence of mortality, malnutrition and school dropout.
6. To achieve effective co –ordination of policy and implementation amongst the various departments to promote child development, and
7. To enhance the capability of the mother to look after the normal health and nutritional need of the child through proper nutrition and health education

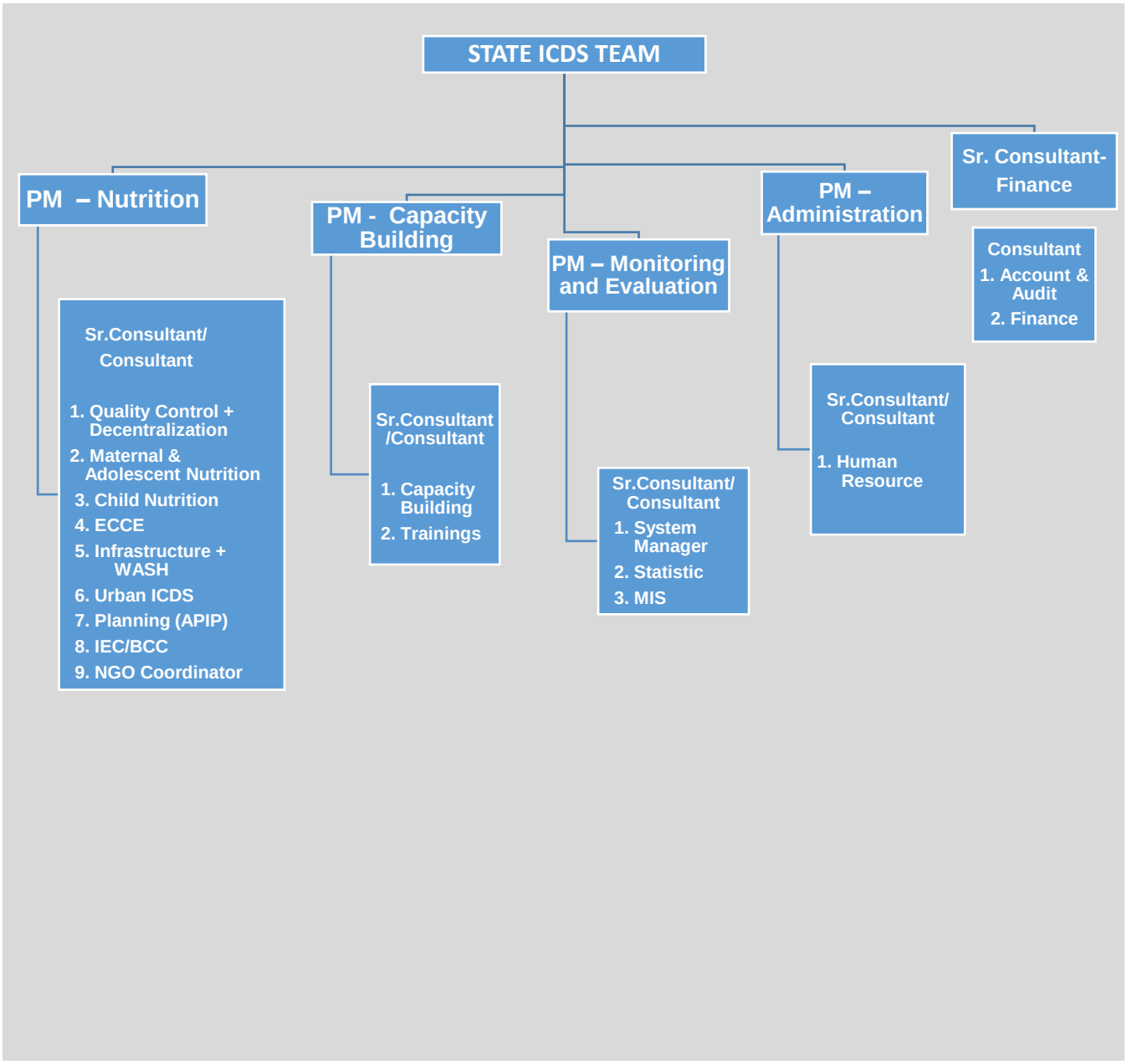
However, over the years ICDS had been plagued with operational and programmatic issues and challenges among which key constraints were of:

f) quality and number of human resources for meeting diverse needs for service provision with improved quality;
g) inadequate focus on under 3s;
h) inadequate convergence of programs / services – weak linkages with public health system; community engagement and participation virtually non-existent often leading to lower demand for services;
i) poor data management, information system (MIS), analysis and reporting;
j) inadequate and inappropriate training;

Thus, to conform to the present environment, Ministry of Women and Child Development, Government of Gujarat; proactively took initiatives to re-structure and re-strengthen the ICDS.

Organizational Structure at ICDS




STATE ICDS TEAM
PM – Nutrition
Sr.Consultant/ Consultant
1. Quality Control + Decentralization
2. Maternal & Adolescent Nutrition
3. Child Nutrition
4. ECCE
5. Infrastructure + WASH
6. Urban ICDS
7. Planning (APIP)
8. IEC/BCC
9. NGO Coordinator
PM - Capacity Building
Sr.Consultant /Consultant
1. Capacity Building
2. Trainings
PM – Monitoring and Evaluation
Sr.Consultant/ Consultant
1. System Manager
2. Statistic
3. MIS
PM – Administration
Sr.Consultant/ Consultant
1. Human Resource
Sr. Consultant- Finance
Consultant
1. Account & Audit
2. Finance

Profile of District Mahesana from ICDS point of view

Mahesana district is one of the 26 districts of Gujarat state in western India. Mahesana city is the administrative headquarters of this district. The district has a population of over 18 lakhs and an area of over 4,500 km². There are over 600 villages in this district. It had a population of 1,837,892 of which 22.40% were urban as of 2001.Mahesana district borders with Banaskantha district in the north, Patan and Surendranagar districts in the west, Gandhinagar and Ahmedabaddistricts in south and Sabarkantha district in the east.

Table 16: Socioeconomic and demographic indicators of the district as per 2011 Census

INDICATORS	**STATUS**		
POPULATION*	**MALE**	**FEMALE**	**TOTAL**
Total	1170676	1083908	2254566
Urban	295338	268768	564106
Rural	875320	815140	1690460
Tribal	-	-	-
LITERACY FOR:-+ 7			
Total	91.39%	75.32%	83.61%
Urban	93.52%	82.81%	88.37%
Rural	90.65%	72.77%	81.97%
Tribal	-	-	-
SEX RATIO			
Over All			926
0 – 6 Years			842
POPULATION DENSITY			
Overall 2011			462/KM^2
Overall 2001			421/KM^2

**Source: Gujarat Census, 2011*

CURRENT STATUS OF MEHSANA DISTRICT IN TERMS OF MALNUTRITION ACC TO MPR APRIL 2015

Sr No	District / Project	No. of AWC Sanction	No. of AWC Operational	AWC Reporting	AWC Providing SNP 21+ Days	Enrolled Population				SNP Beneficiaries				PSE Beneficiaries (3Y-6y)		
						6M-3Y	3Y- 6Y	Adolscent Girls	Preg.& Lact. Women	6M-3Y	3Y-6Y	Adolscent Girls	Preg. & Lact. Women	AWC Pro.PSE 21+days	Boys	Girls
District Name : Mahesana		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	KADI	154	154	154	154	5308	4398	3361	2605	5308	4291	3361	2605	154	2156	2135
2	KHERALU	128	128	128	128	5466	5029	2560	2452	5466	4772	2560	2452	128	2189	2283
3	MEHESANA	231	231	231	231	8032	7519	4975	3547	7507	6204	4803	3557	231	3274	2930
4	VISNAGAR	179	179	179	179	5351	4708	3975	2350	5351	4708	3875	2350	179	2500	2208
5	JOTANA	185	185	185	185	6028	5906	4146	2681	6004	5842	3707	2664	185	3031	2811
6	VADNAGAR	164	164	164	164	5292	4612	3280	2626	5198	3448	3197	2598	164	1734	1741
7	VALAM	67	67	67	67	2063	1684	1694	906	2054	1558	1694	885	67	744	743
8	NADASAN	131	130	130	130	5633	5046	2696	2617	5528	4837	2523	2535	130	2469	2368
9	VIJAPUR	186	186	186	186	5442	5686	7708	2474	5227	5183	3672	2403	186	2763	2420
10	KUKARWADA	101	101	101	101	3176	2784	2288	1403	3045	2693	2020	1312	101	1401	1292
11	SATLASANA	98	98	98	98	3834	3620	1960	1784	3834	3320	1960	1784	98	1775	1545
12	UNJHA	170	170	170	170	4904	5242	3400	2200	4904	4201	3400	2200	170	2176	2025
13	BECHARAJI	117	117	117	117	3704	3471	2340	1738	3709	3388	2340	1729	115	1794	1604
Mahesana Total :		1911	1910	1910	1910	64233	59705	44383	29383	63135	54445	39112	29074	1908	28006	26105

Live Birth	Death (0-1y)	Death (1-6y)	Nutrition Status								
			* Normal (6M - 3Y)	Normal (3Y-6Y)	Moderate under weight (6m - 3Y)	Moderate under weight (3Y - 6Y)	Severe under weight (6m - 3Y)	Severe under weight (3Y - 6Y)	Total no. of child weighed (6M - 3Y)	Total no. of child weighed (3Y - 6Y)	Total no. of child weighed (0M- 6Y)
16	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	26	27
110	0	0	6411	3414	91	130	12	22	6514	3566	**10080**
92	0	0	6209	4552	198	174	5	7	6412	4733	**11145**
143	5	0	9678	5433	141	217	22	28	9841	5678	**15519**
115	4	1	6411	3452	73	169	5	12	6489	3633	**10122**
131	5	0	7255	4269	54	102	7	6	7316	4377	**11693**
108	0	0	6072	3551	388	366	14	19	6474	3936	**10410**
51	2	2	2362	1130	119	165	8	8	2489	1303	**3792**
116	2	1	6742	3672	120	204	19	16	6881	3892	**10773**
146	7	0	6516	4377	129	198	18	22	6663	4597	**11260**
43	0	0	3784	2666	91	96	5	3	3880	2765	**6645**
84	0	0	4564	2807	48	104	3	5	4615	2916	**7531**
93	1	1	5980	3784	41	56	5	2	6026	3842	**9868**
69	1	0	4431	2537	138	141	6	8	4575	2686	**7261**
1301	**27**	**5**	**76415**	**45644**	**1631**	**2122**	**129**	**158**	**78175**	**47924**	**126099**

Observations of Field Visits during the Internship

I have visited anganwadis during the period of 2 months and attended block and sector meetings. During the field visits, I observed the following:

1. ICDS has been restructured on the lines of NRHM and started on a mission mode.

2. ICDS mission also created a parallel structure with the already existing ICDS cell. These two structures many a times give rise to the conflicts and delay the decision making and also mask the transparent reporting and hinder the management information system. There are no clear distinctions of roles and responsibilities in the system.

3. The agony of cultural taboos is still widely prevalent under the umbrella of development in Gujarat. Child marriage is widely practiced in Gujarat. The Thakur community marries their girls at the immature age of 12-13 years. The early marriage combined with widespread preferences for the boys among the population takes a toll on nutrition of girl child and sets a vicious circle of malnutrition. Also, the caste system affects the functioning of the angawadis at large. Thakur, Chaudhary, Rabari, Harijan communities do not stand each others' presence and prevent their children from going to anganwadis if AWW or AWH belong to any other community.

4. In the urban areas, mushrooming of the English medium play-schools equipped with high end facilities for children such as Audio-video aids for education and convenient facilities; affect the enrollment in the anganwadis .

5. The official working language is Gujarati whereas new formats introduced for monthly reporting are in English. Largely, the people working in ICDS system do not understand English which results into wrong and incomplete reporting at the end of the month.

6. IEC activities are least focused at the district level, block level, and anganwadi level. Anganwadi workers are not aware as to how and where to use IEC funds.

Assignments/ Responsibilities given during the Internship

1. Prepare the District Action Plan 2015-16 for the ICDS Mahesana with the help of block action plan and the stakeholders of ICDS.

2. Since Malnutrition removal is in mission mode, for this the chief minister of Gujarat has launched Gatisheel Gujrat project which is in phase 3. One of the target in it is to make 4 district Malnutrition free out of which Mehsana is one. So working to achieve the target set by state and to eliminate Malnutrtion from Mehsana district.

3. Prepare the monthly and quarterly physical reports of the district and to identify the gaps in the monthly progress reports from the blocks to the districts and training of the CDPOs, supervisors on the MPR formats and different checks in the different reporting formats.

4. Analyze the data to give feedback on the Program officer and District Development officer on the key issues.

5. To provide supportive supervision to the office staff and grass-root workers in order to improve their efficiency on the field.

6. Orientation and training of the block coordinators on supportive supervision and monthly progress reports and EWMs so that block coordinators act as trainers for AWWs in the field.

7. Monitoring and Evaluation checklists for block coordinators for their filed visits.

8. Monthly feedback forms for CDPOs, Supervisors on their working during the month.

9. Training of CDPOs, Supervisors, AWWS and Block Coordinators on new revised record registers.

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