# STUDY TO ASSESS THE PERFORMANCE OF ANGANWADI WORKERS REGARDING SERVICES PROVIDED BY THEM UNDER ICDS

**Dissertation**
**At**
**Integrated Child Development Scheme, Surat**

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INSTITUTE OF HEALTH
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**TO WHOMSOEVER MAY CONCERN**

This is to certify that Dr. Gargee Pandya student of MBA in Hospital and Health Management from the IIHMR University, Jaipur has undergone internship training at Integrated Child Development Scheme, Surat from 12th March to 13th May 2015.

This 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 fulfilment of the course requirement.

I wish him all the success in all his future endeavours.

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The certificate is awarded to

**GARGEE PANDYA**
In recognition of having successfully completed her
Dissertation in

**ICDS ( INTEGRATED CHILD DEVELOPMENT SCHEME) SURAT , GUJARAT**
and has successfully completed her Project on

**Performance Of Anganwadi Workers Regarding Services To Be Provided By Them Under The Integrated Child Development Scheme In Surat District.**

**from March 2015 to May 2015**

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

We wish her all the best for future endeavors.

PROGRAM OFFICER
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## CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **To Assess The Performance of Anganwadi Workers regarding provided by them under Integrated Child Development Scheme(ICDS)** and submitted by (Name) **Dr. GARGEE PANDYA** Enrollment No. **1441** under the supervision of **NUTAN P. JAIN** . for award of MBA Hospital and Health Management/ MBA Pharmaceutical Management of the university carried out during the period from **MARCH 2015** to **MAY2015**. 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.

Gargee Pandya

Signature

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# ABSTRACT

**Background: - Integrated Child Development Services (ICDS)** (समेकित बाल विकास सेवाए) is an Indian government welfare programme which provides food, preschool education, and primary healthcare to children under 6 years of age and their mothers. **Objective: -** To assess the performance of Anganwadi Workers regarding services to be provided by them under the Integrated Child Development Scheme in Surat district .

**Materials and methods: -**3AWCwere selected from each of the 3 Blocks , 5 from each block of Surat .Performance of each of the AWW from identified AWCs was assessed as per the tables . Performance of various anganwadi workers and various activities were analysed in excel and graded.

**KEY FINDINGS:-** First and second evaluator were assessing performance on basis of percentage registration of beneficiaries in AWC and for the services , third evaluator was frequency of providing services by AWW, next was working minutes of AWW(both were assessed according to the norms) . Last performance evaluator was maintenance of records

**Conclusion -** AWW are assessed according to various performance evaluators , according to evaluators explained above , provides

result for AWW giving those services and accordingly they are graded for their level of performance

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# LIST OF ABBREVIATIONS

| ABBREVIATION | FULL FORM |
|---|---|
| AWW | Anganwadi Worker |
| AWC | Anganwadi Centre |
| ICDS | Integrated Child Development Scheme |
| NFPSE | Non Formal Pre School Education |
| PSE | Pre School Education |
| HNE | Health And Nutrition Education |
| BCG | Bacillus Calmette-Guerin |
| OPV | Oral Polio Vaccine |
| DPT | Diphtheria Pertussis Tetanus |
| CDPO | Child Development Project Officer |
| TT | Tetanus Toxoid |

# *ORGANIZATION PROFILE*

# INTRODUCTION

Integrated Child Development Services (ICDS) represents one of the world's largest program for early childhood development. The main objective of this program is to cater to the needs of the development of children in the age group of 0-6 years. The Anganwadi worker is a community based front line voluntary worker of the ICDS program. Though government is spending lot of money on ICDS program, impact is very ineffective. 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 knowledge and awareness among AWW regarding recommended ICDS programs, 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).

**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 characterized 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 programs for early childhood development [13].

The main objective of this program 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. It is one of the largest child care program in the world aiming at child health, hunger, malnutrition and its related issues.

ICDS services are provided a 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. In rural areas an Angan is where people get together to discuss, meet, and socialize. The Angan is also used occasionally to cook food or for household members to sleep in the open air. 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. This service will

help the children to get into the right from the pre-school age. 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. In spite of the ongoing direct nutrition interventions like ICDS, India still contributes to about 21% of the global burden of child deaths before their fifth birthday (UNICEF 2007). They also found little evidence of program impact on child nutrition in villages with ICDS centre. 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 program 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).

## 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:

- To develop the nutritional and health status of children in the age-group 0-6 years.

- To put the groundwork for proper psychological, physical and social development of the child.

- To reduce the prevalence of mortality, morbidity, malnutrition and school dropout.

- To achieve effective co-ordination of policy and functioning along with the various departments to promote child development

- To improve the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

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

## Supplementary Nutrition

Supplementary Nutrition is one of the important factor for balancing the nutrition status of the children. This includes supplementary feeding and growth monitoring; and against vitamin A shortage and control of nutritional anaemia. All families in the community are surveyed, to identify children

below the age of six and pregnant & nursing mothers. Anganwadi workers are advantage of supplementary feeding supports for 300 days in a year. For nutritional purposes ICDS provides 300 calories (with 8-10 grams of protein) every day to every child below 6 years of age. For adolescent girls it is up to 500 calories with up to 25 grams of protein every day.

By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities. 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.

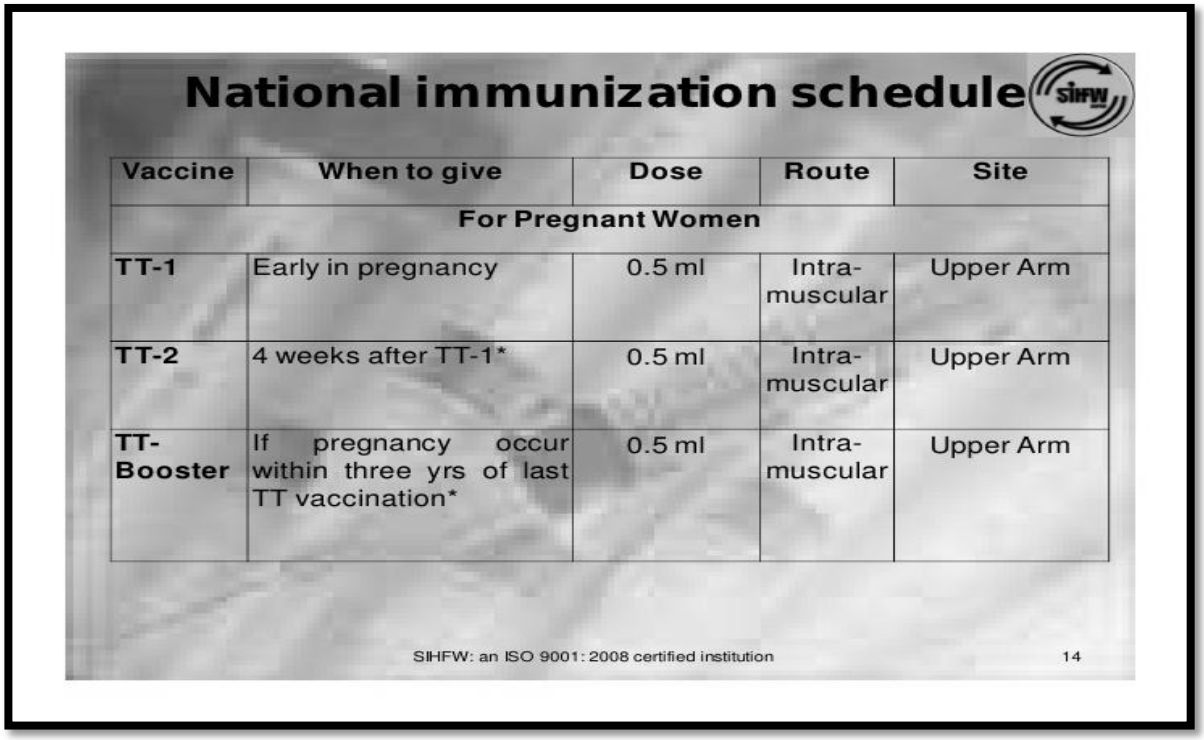
## Immunization

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. These are major preventable that helps 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.

*FIG 1- IMMUNIZATION SCHEDULE FOR 0- 6 YEARS*

| Beneficiary | Age | Vaccine |
|---|---|---|
| Infants | Birth | BCG* and OPV** |
| | 6 weeks | DPT&OPV |
| | 10 weeks | DPT&OPV |
| | 14 weeks | DPT&OPV |
| | 9 months | Measles vaccine |
| | 18 months | DPT& OPV(Booster dose) |
| | 5 years | DT vaccine |

*FIGURE 2IMMUNIZATION SCHEDULE FOR PREGNANT WOMEN*



National immunization schedule

| Vaccine | When to give | Dose | Route | Site |
|---|---|---|---|---|
| For Pregnant Women | | | | |
| TT-1 | Early in pregnancy | 0.5 ml | Intra-muscular | Upper Arm |
| TT-2 | 4 weeks after TT-1* | 0.5 ml | Intra-muscular | Upper Arm |
| TT-Booster | If pregnancy occur within three yrs of last TT vaccination* | 0.5 ml | Intra-muscular | Upper Arm |

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### 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.

### Referral Services

During health check-ups of malnourished children and timely medical attention are referred to the Primary Health Centre (PHC) or its sub-centre. The Anganwadi workers have also been oriented that the young children are not capable. She enlists all such cases in a special register and refer them to the medical officer of the PHC.

### Non-formal Pre-School Education

Non-Formal Pre-School Education (NFPSE) is a part of the ICDS and it is mostly considered as its backbone, because its services basically cover the Anganwadi. Anganwadi Centre (AWC) – a village courtyard is the main platform for delivering of the services. These AWCs have been set up in every village of the country. In its functioning, the commitment to the cause of India's children, present government has decided to set up an AWC in every human occupation / settlement. As a result, total number of AWC would go up to almost 1.4 million. This is also the most joyful play-way daily activity, visibly sustained for three hours a day. It brings and keeps young children at the Anganwadi centre- an activity that motivates parents and communities. 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. It also contributes to the universalization of primary education, by providing the necessary preparation for primary schooling and offering alternative care to younger siblings, thus freeing the older ones especially girls to attend school.

### 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.

**TABLE VI -Services vs Target group**

| Services | Target Group |
|---|---|
| Supplementary Nutrition | Children below 6 years:<br><br>Pregnant & Lactating Mother (P&LM) |
| Immunization* | Children below 6 years:<br><br>Pregnant & Lactating Mother (P&LM) |
| Health Check-up* | Children below 6 years:<br><br>Pregnant & Lactating Mother (P&LM) |
| Pre-School Education | Children 3-6 years |
| Nutrition & Health Education | Women (15-45 years) |

## 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-centre's, 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

- Organizing supplementary nutrition for feeding infants, nursing mothers.

- Organizing counseling 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), Nutrition Programme for Adolescent Girls (NPAG) 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.

# RATIONALE

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.[7,6]. 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.

# RESEARCH QUESTION

**What is the performance of anganwadi workers regarding services to be provided by them under the Integrated Child Development Scheme in Surat district?**

# OBJECTIVES

- To assess the performance of Anganwadi Workers
- To know the extent of services provided by Anganwadi workers.

# REVIEW OF LITERATURE

- As per study done in Bihar, Bihar has not only more poverty but the proportion of children in the overall population is also more. Though Bihar's share in India's population is one twelfth, it accounts for one-seventh of those living below the poverty line, and one-sixth of the malnourished children. About four-fifths of children in the age group 6 to 35 months in Bihar are anaemic. The state government has taken several steps to improve the nutritional status of the target beneficiaries.
- According to study on"Performance evaluation of Anganwadi Workers of Jaipur Jone, RajasthanAverage mean time opening of AWCs of Jaipur zone was little less than the ideal duration Maximum gap in registration was observed in adolescent registration. Although HNE and distribution of supplementary nutrition was observed excellent but

Services for adolescent girls were very poor. Other services like PSE, Immunization, Health Checkups etc were also quite deficit.

- As per a study done on knowledge of anganwadi workers & their problems in rural field practice area of Hebbal, Gulbarga district . AWWs had very poor knowledge in growth monitoring since they answered only 16.66% of questions on growth monitoring. Most of the AWWs, i.e. 73.33% were facing problems with infrastructure, work overload and excessive record maintenance. So, timely training of growth monitoring is required to AWW
- . It was revealed form the study that anganwadi workers in urban and rural centre were performing their roles in various areas such as, home visits register maintenance, preprimary education,supplementary nutrition from moderate to mostly. This is an encouraging trend as the government of Gujarat is focusing on nutrition mission and eradication of malnutrition from various dimensions and ICDS is one of them. by study on role performance by anganwadi workers

## STUDY AREA:

The respective study will be conducted in rural blocks- Choryasi , Bardoli and Olpad.

## STUDY DESIGN :

The present study will be small scale descriptive study.

## STUDY PERIOD:

The study was conducted in 2 months (March 2015 to May 2015)

# STUDY RESPONDENTS:

AWW working in selected rural blocks for study.

# SAMPLING AND SAMPLE SELECTION

The sample for the present study comprises of all Anganwadi workers belonging to Choryasi , Bardoli and Olpad of Surat District(Taken as suggested by CDPO) i.e 3 AWW

# DATA COLLECTION APPROACH

was followed to collect necessary information on Anganwadi workers awareness regarding child health & nutrition. Data were collected personally by making personal visits to Anganwadi centers. Data was collected both from primary and secondary sources. Primary data was collected from all the Anganwadi workers. The secondary data was collected from official records, published reports of similar projects, journals and literature form social science discipline.

# METHODS

3 anganwadi centres were selected from one Each from Choryasi and Bardoli and Olpad blocks So, total 15 AWCs were included in the present study. Performance of each of the AWW from identified AWCs was assessed as per the Checklist (made according to norms) Performance of various anganwadis and various activities were analysed . Secondary data was collected of **March 2015(end of financial year).**Out of this, three Anganwadis were selected .

- 3AWW were interviewed and also secondary data was collected on basis of checklist .
- At First , General information About their AWCs were taken by means of questionnaire
- Then data was collected about their AWCs according to checklist i.e. benefiaciaries registered , services provided, frequency of services provided according to standards , and minutes of working in AWCs
- Secondary data so so collected was then summed up for each anganwadi worker for each evaluator e.g beneficiaries registered (o-6 years , pregnant women, lactating mothers and adolescent girls)was summed up and percent was taken out n then it was scored according to annexure provided in reference
- Similarly data was collected for each AWW for each evaluator.
- Then all the scores were totaled for each AWW. This gave us result of 3 AWW
- From these 3 AWW , maximum , minimum scorer and AWW with moderate score were taken for this study.

## KEY PERFORMANCE AREAS

1) Quality of service delivery/output
   - Percentage of registered beneficiaries provided with each service as per norms
   - Percentage of registered given some of the services
2) Coverage of target groups
3) Reduction in malnutrition
4) Maintenance of AWC in terms of

- cleaning
- opening and closing time
- other activities

# DATA MANAGEMENT AND ANALYSIS

Data collected will be cross checked for any incomplete or partial filling. The data is edited, coded , tabulated, organized according to requirement of study. The collected data is analyzed using microsoft excel Data from the anganwadis will be filled in checklist and will be coded ( YES - 1; NO - 0) ; and for service provided assessment total percent will be taken into account, then will calculate total score. Scoring is done according to the number of anganwadi workers providing services or registering beneficiaries . this will serve as basis for performance evaluation.On basis of which high , medium and low performing anganwadi workers will be chosen.

| NAME OF BLOCK | Olpad | Choryasi | Bardoli |
|---|---|---|---|

**Table 1: General information about sampled AWCs**

| | | | |
|---|---|---|---|
| **NAME OF ANGANWADI** | Saras | Lajpur 1 | Haripura |
| **ANGANWADI CODE NO** | Saras 2 | Lajpur 1 | Haripura 1 |
| **ANGANWADI OPENING TIME** | 9:30 am | 8:30 am | 9:45 am |
| **ANGANWADI CLOSING TIME** | 1:30 pm | 2:15 pm | 1:30 pm |
| **24 HOURS WATER AVAILIBILITY** | Yes | No | No |
| **BUILDING OF AWCS** | Own | Rented | Own |
| **SANITATION FACILITY AVAILALE AT AWCS** | Toilets | Open | Toilets |
| **GROWTH CHART KNOWLEDGE** | No | Yes | No |

**TABLE 2 Distribution of AWWs/ AWCs by their PERFORMANCE IN REGISTRATION OF BENEFICIARIES (n=3)**

| S.NO. | BENEFICIARIES | >8O% REGISTRATION | 60-80% REGISTRATION | 40-60% REGISTRATION | <40%REGISTRATION |
|---|---|---|---|---|---|
| 1 | 0 to 3 Years | 2 | 0 | 1 | 0 |
| 2 | 3 to 6 years | 1 | 2 | 0 | 0 |
| 3 | Pregnant Women | 2 | 1 | 0 | 0 |
| 4 | Lactating Women | 1 | 1 | 1 | 0 |
| 5 | Adolescent Girls | 1 | 1 | 1 | 0 |
| 6 | Total N (%) | 1 | 1 | 1 | 0 |

From above table , we can see that 2 out of 3 AWW register > 80% beneficiaries (0-3years) and pregnant women, while 1 out of 3 AWW register >80% beneficiaries (3-6years)and other 2 AWW register 60-80% beneficiaries(3-6years). Also, in case of registering Lactating women and adolescent girls, 1AWW register 80% , 1AWW register 60-80% and 40-60%registration by another one.

On basis of total , we can say that about comparative performance of 3 AWW with >80% beneficiaries registered as good performance , while with 60-80%beneficiaries getting registered as moderate performer and that with 40-60% registration as poor performing worker.

Pie chart is shown on basis of total registration

**TABLE 3 Distribution of AWWs/ AWCs by their PERFORMANCE IN REGISTRATION OF BENEFICIARIES FOR SERVICES (n=3)**

| S. NO. | SERVICES | >8O% REGISTRATION | 60-80% REGISTRATION | 40-60% REGISTRATION | <40% REGISTRATION |
|---|---|---|---|---|---|
| 1 | Immunization) | 3 | 0 | 0 | 0 |
| 2 | PSE (>20 days) | 2 | 1 | 0 | 0 |
| 3 | HNE | 1 | 2 | 0 | 0 |
| 4 | Health Checkups | 1 | 1 | 1 | 0 |
| 5 | **TOTAL** | 1 | 2 | 0 | 0 |

From above table we can conclude that all 3 AWW register >80%beneficiaries for immunization. While in PSE , only 2 AWW register more than 80% beneficiaries while third AWW register 60-80% beneficiaries. But in HNE ,

only 1 AWW register >80%beneficiaries and 2AWW register 60-80% beneficiaries. Also , 1AWW register >80%, 1AWW register 60-80%and third AWW register 40-60% beneficiaries for health checkups.

if we look at total , 1AWW is performing best in comparison with other 2AWW with>80% registration in all services.

Pie chart is shown on basis of total registration for services.

**TABLE4 Distribution of AWWs/ AWCs by their PERFORMANCE IN FREQUENCY OF PROVIDING OTHER SERVICES (n=3)**

| TYPE OF SERVICE | FREQUENCY OF PROVISION OF SERVICES | YES | NO |
|---|---|---|---|
| Weighing children 0-3 yr age | Monthly | 3 | 0 |
| Weighing children 3-6 yr age | Once in 3 mths | 1 | 2 |
| Supplementary nutrition | 6 days in a wk | 2 | 1 |
| Non formal preschool education | 6 days in a wk | 3 | 0 |
| Vit. A syrup distribution | Once in 6 mths | 1 | 2 |
| Iron folic acid tablet distribution | Monthly | 3 | 0 |
| Home visits | Daily | 2 | 1 |
| No. of visits to newborn | > 3 days | 0 | 3 |
| Health & nutritional education | Daily | 3 | 0 |

In this table performance is evaluated on basis of frequency of providing different services by AWW . All AWW weigh children(0-3years) monthly,

but only 1 AWW weigh children (3-6years) . SNP is provided by 2AWW timely , but non formal PSE is given by all 3 AWW timely.

Only 1AWW distributes Vit. A syrup , but iron folic acid tablet is distributed by all 3 AWW monthly . home visits are made by only 2 AWW on a daily basis but none of AWW make visits to newborn. however, HNE is provided daily by 3 AWW.

**TABLE 5 Distribution of AWWs/ AWCs by their PERFORMANCE BY WORKING MINUTES (n=3)**

| ACIVITIES MEAN TIME (MTS) | LESSER THAN NORMS | MORE THAN NORMS |
|---|---|---|
| **240 ( acc to norms)** | 2 | 1 |

We can interpret from above table that only 1 AWW is doing activities of AWC according to set norms and other two AWW are working less than 240minutes/day(as per norms)

**TABLE 6 Distribution of AWWs/ AWCs by their PERFORMANCE BY RECORD MAINTENANCE (n=3)**

| S.NO | TYPE OF REGISTER | COMPLETED | NOT COMPLETED | NOT MADE |
|---|---|---|---|---|
| 1 | Survey registers | 1 | 1 | 1 |
| 2 | Immunization register | 2 | 1 | 0 |
| 3 | ANC registers | 0 | 3 | 0 |
| 4 | Birth & death register | 2 | 1 | 0 |
| 5 | NFPSE & Supplementary nutrition register | 0 | 2 | 1 |

| | | | | |
|---|---|---|---|---|
| 6 | Stock register | 2 | 1 | 0 |
| 7 | Diary cum visit book | 3 | 0 | 0 |
| 8 | Referral register | 2 | 1 | 0 |
| 9 | Register for malnourished | 3 | 0 | 0 |
| 10 | Growth card register | 0 | 1 | 2 |
| 11 | Medicine distribution register | 0 | 1 | 2 |
| 12 | Family planning register | 0 | 1 | 2 |

Above table evaluates performance of AWW on basis of maintaining records i.e. if made(completed or not ) or not made. Survey register is made by only 2AWW but only 1 AWW have complete register . Immunization , stock , birth & death and referral registers are complete of only 2 AWW .

ANC registers are incomplete of all AWW, while NFPSE & SNP register are incomplete of 2 AWW . But Diary cum visit book and register for malnourished are maintained and are complete for all 3 AWW

1AWW have incomplete growth card , medicine distribution and family planning register while 2 AWW have not made them.

# CONCLUSION

According to the analysis done above , assessment of performance for AWW was done on different evaluators , which provided for varied results . As for each evaluator , AWW was marked for presence or absence

As three AWW were evaluated , we saw how many AWW were either registering beneficiaries or how frequently were providing services , or how much is gap from norms ,and record maintenance **This concluded us with results of AWW performance evaluation.**

# REFERENCES


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# CHECKLIST

## Table no. I Performance Gap in Registration of Beneficiaries at surveyed AWCs

| S. NO. | BENEFICIARIES | *ELIGIBLE BENEFICIARIES | BENEFICIARIES REGISTERED | GAP N (%) |
|---|---|---|---|---|
| AWC 1 | 0 to 3 Years | | | |
| | 3 to 6 years | | | |
| | Pregnant Women | | | |
| | Lactating Women | | | |
| | Adolescent Girls | | | |
| | Total N (%) | | | |
| AWC 2 | 0 to 3 Years | | | |
| | 3 to 6 years | | | |
| | Pregnant Women | | | |
| | Lactating Women | | | |
| | Adolescent Girls | | | |
| | Total N (%) | | | |
| AWC 3 | 0 to 3 Years | | | |
| | 3 to 6 years | | | |
| | Pregnant Women | | | |
| | Lactating Women | | | |
| | Adolescent Girls | | | |
| | Total N (%) | | | |

## TABLE NO.II PERFORMANCE GAP IN SERVICES OF SURVEYED AWCS

*complete immunization (one BCG, 3 OPV, 3 DPT and one Measles)

| S. NO. | SERVICES | * ELIGIBLE BENEFICIARIES | SERVICES GIVEN N (%) | GAP N (%) |
|---|---|---|---|---|
| AWC 1 | Immunization) | | | |
| | PSE (>20 days) | | | |
| | HNE | | | |
| | Health Checkups | | | |
| AWC 2 | Immunization | | | |
| | PSE (>20 days) | | | |
| | HNE | | | |
| | Health Checkups | | | |
| AWC 3 | Immunization | | | |
| | PSE (>20 days) | | | |
| | HNE | | | |
| | Health Checkups | | | |

## TABLE-3: FREQUENCY OF PROVISION OTHERSERVICES BY ANGANWADI WORKER YES -1 ; NO- 0

| TYPE OF SERVICE | FREQUENCY OF PROVISION OF SERVICES | AWC 1 | AWC 2 | AWC 3 |
|---|---|---|---|---|
| Weighing children 0-3 | Monthly | | | |

| | | | | |
|---|---|---|---|---|
| yr age | | | | |
| Weighing children 3-6 yr age | Once in 3 mths | | | |
| Supplementary nutrition | 6 days in a wk | | | |
| Non formal preschool education | 6 days in a wk | | | |
| Vit. A syrup distribution | Once in 6 mths | | | |
| Iron folic acid tablet distribution | Monthly | | | |
| Home visits | Daily | | | |
| No. of visits to newborn | > 3 days | | | |
| Health & nutritional education | Daily | | | |
| | | | | |

## TABLE IV : PERFORMANCE EVALUATION BY WORKING MINUTES

| S.NO. | ACIVITIES MEAN TIME (MTS) | AWC 1 | AWC 2 | AWC 3 |
|---|---|---|---|---|
| 1 | Preparation of SN | | | |
| 2 | Serving and feeding supplementary nutrition | | | |
| 3 | Cleaning Utensils | | | |
| 4 | Pre-school education | | | |

| | | | | |
|---|---|---|---|---|
| 5 | Updating records | | | |
| 6 | Other activities | | | |
| 7 | Total Time Spend | | | |
| 8 | *Gap from Norms | | | |

Average Time remain open 240 minutes as per norms

## TABLE V MAINTAINENCE OF RECORDS YES -1 ; NO- 0

| S.NO | TYPE OF REGISTER | AWC 1 | AWC 2 | AWC 3 |
|---|---|---|---|---|
| 1 | Survey registers | | | |
| 2 | Immunization register | | | |
| 3 | ANC registers | | | |
| 4 | Birth & death register | | | |
| 5 | NFPSE & Supplementary nutrition register | | | |
| 6 | Stock register | | | |
| 7 | Dairy cum visit book | | | |
| 8 | Referral register | | | |
| 9 | Register for malnourished | | | |
| 10 | Growth card register | | | |
| 11 | Medicine distribution register | | | |
| 12 | Family planning register | | | |
| 13 | TOTAL | | | |

| S. NO. | SERVICES | * ELIGIBLE BENEFICIARIES | SERVICES GIVEN N | GAP N (%) |
|---|---|---|---|---|

| | | | **(%)** | |
|---|---|---|---|---|
| **AWC 1** | Immunization) | | | |
| | PSE (>20 days) | | | |
| | HNE | | | |
| | Health Checkups | | | |
| | **TOTAL** | | | |
| **AWC 2** | Immunization | | | |
| | PSE (>20 days) | | | |
| | HNE | | | |
| | Health Checkups | | | |
| | TOTAL | | | |
| **AWC 3** | Immunization | | | |
| | PSE (>20 days) | | | |
| | HNE | | | |
| | Health Checkups | | | |
| | TOTAL | | | |