# TRAINING NEED ASSESSMENT OF ANGANWADI WORKERS UNDER INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS) IN 4 BLOCKS AT PORBANDAR DISTRICT OF GUJARAT

**Dissertation**
**At**
**Integrated Child Development Services (ICDS) Women and Child Department, Gujarat**

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**Under the guidance of**
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**2013–15**

**Institute of Health Management Research**
**Jaipur**
**2015**

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

**TO WHOMSOEVER MAY CONCERN**

This is to certify that **Kuldeep Singh Sinsinwar** student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at **Integrated Child Development Service district Porbandar Gujarat** from **March 2015 to May 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.

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# ICDS Society

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**District ICDS Society Management Unit**
**Sabarkantha District Panchayat, Porbandar, Gujarat**

The Certificate is awarded to

**Dr. Kuldeep Singh Sinsinwar (PT)**

In recognition of having completed his Internship in

Integrated Child Development Services

And has successfully completed his project on

**Training need assessment of Anganwadi workers under Integrated Child Development Services Porbandar District of Gujarat.**

(07th March, 2015- 12 May, 2015)

He came across a committed, sincere and diligent person who has a Strong drive and zeal for learning.

We wish her all the best for future endeavours.

P.K Rana
Program Officer
પ્રોગ્રામ ઓફીસર
આઇસીડીએસ જી.પ. પોરબંદર
Porbandar

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## INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR

## CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Training need assessment of Anganwadi workers about Integrated Child Development Services at district Porbandar Gujarat** and submitted by **Kuldeep Singh Sinsinwar** Enrollment No. **1456** under the supervision of **Prof. Arindam Das,** Associate Dean (Research), IIHMR Jaipur for award of MBA Hospital and Health Management of the university carried out during the period from **07th March to 14th May 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.

K. S. Sinsinwar

Signature

( Kuldeep Singh Sinsinwar)

# 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.

To start with, I wish to thank my mentor and guide Prof. Arindam Das. He has been a constant source of encouragement with his valuable inputs about the dissertation. His timely advice helped me realize what was required to conduct the research and collect the data and helped me complete it in an effective way.

Secondly, I wish to thank Mr.CP Nema- District Development Officer and Mr. PK Rana- Program Officer- ICDS-Gujarat Government. They were instrumental in providing me this opportunity and helping me in getting the relevant information.

Also, I wish to take this opportunity to thank all the CDPOs, block coordinators working at the ground level along with Mr Amit Pandit (DFC), Ms Chandani Kotecha -Data Entry operator and Ms Sureja Nikita- Clerk, ICDS- Porbandar for helping me in compiling all the collected data in this report.

# Preface

I started of my internship with a vision in my mind so as to be able to learn about the practical aspects of healthcare delivery system on Nutrition in a more detailed manner. Hereby, I take this opportunity to express my deep sense of gratitude to all those who have been instrumental in successful completion of my internship.

Any accomplishment requires blessings and efforts of numerous individuals and this work is no exception. I thank god Almighty for giving me this great opportunity to study and learn at this prestigious organization and help me to implement my theoretical knowledge into practical aspect.

This report is my master thesis for the conclusion of my Post Graduate Diploma Program in Hospital and Health Management at Institute of Health Management Research, Jaipur. Moreover, it is also a conclusion of my internship at the Integrated Child Development Services, District Panchayat, Porbandar, Gujarat. I really appreciated many people who helped me at the project.

The report comprises of my original work on Training need assessment of Anganwadi Workers under Integrated Child Development Scheme (ICDS) ,Porbandar District in Gujarat.

At last,I take immense pleasure to thank **Dr. S. D. Gupta** (*Director- Institute of HealthManagement Research*) and**Dr.Ashok Kaushik**(*Dean, Institute of Health Management Research, Jaipur*) for placing me in such an esteemed organization (ICDS) to undertake my dissertation program. I would thank **Integrated Child Development Services (ICDS), Gujarat** to provide me with an opportunity to work with them, where I gained basic knowledge about working of health system and its functionaries.

Dr. Kuldeep Singh Sinsinwar (PT)

May 2015

# Contents

# List of Tables

# List of Figures

# Abbreviations

| | |
|---|---|
| **ANM** | Auxillary Nurse Midwife |
| **ASHA** | Accredited Social Health Activist |
| **AWC** | Anganwadi centre |
| **AWW** | Anganwadi Worker |
| **AWH** | Anganwadi Helper |
| **BCC** | Behavior Change Communication |
| **CDHO** | Chief District Health Officer |
| **CDPO** | Child Development Project Officer |
| **CMTC** | Child Manutrition Treatment Center |
| **DO** | Data Operator |
| **DIO** | District Information Center |
| **DPC** | District Programme Coordinator |
| **GoI** | Government of India |
| **ICDS** | Integrated Child Development Services (ICDS) |
| **IEC** | Information education and communication |
| **IFA** | Iron and folic acid tablet |
| **IMR** | Infant Mortality Rate |
| **IPCCD** | Indian Public Health Standards |
| **IYCF** | Infant and Youbg Child Feeding |
| **KSY** | Kishori Shakti Yojana |
| **MDG** | Millenium Development Goals |
| **MMR** | Maternal Mortality Rate |
| **MUAC** | Mid-Upper Arm Circumference |
| **NCV** | Nutrition Community Volunteer |
| **NFHS** | National Family Health Survey |
| **NFPSE** | Non Formal Pre-School Education |
| **NGO** | Non-governmental organizations |
| **NIC** | National Information Centre |
| **NHED** | Nutrition Health and Education |
| **NRHM** | National Rural Health Mission |
| **NPAG** | Nutrition Programme for Adoloscent Girls |
| **NV** | Nutrition Volunteer |
| **PHC** | Primary health centre |
| **PSE** | Pre School Education |
| **PRIs** | Panchayati Raj Institutions |
| **RDD** | Regional Deputy Director |
| **SEAR** | South East Asian Regions |
| **SPSS** | Statistical Package for the Social Sciences |
| **UNICEF** | The United Nations Children's Fund |
| **WCD** | Women and Child Development |
| **WHO** | World Health Organisation |

## List of Appendices

# DISSERTATION REPORT

**Title of the study**: Training need assessment of Anganwadi workers under Integrated Child Development Scheme (ICDS) in Porbandar district of Gujarat.

# 1.1 Abstract

**Introduction:** 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 (AWC). Achievement of ICDS programme goals depends heavily upon the effectiveness of the Anganwadi workers, which in turn, depends upon their knowledge, attitude and practice. 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.

**Background of Study:** It has been reported that, in addition to education level, training of Anganwadi workers about growth monitoring plays a beneficial role in improving their performance. Most of the Anganwadi workers performs mechanically and were not clear with the basic concepts of their working.

**Objectives of Study:** The key objective of the study is to assess the training need of Anganwadi Worker about Integrated Child Development Services.

**Methods:** Descriptive Cross sectional study with convinient sampling was undertaken. Structured questionnaires were prepared addressing the objectives of the study and face-face interviews with AWWs were conducted.

**Results:** The study findings highlight that 92.50 percent of AWWs are having the knowledge regarding the beneficiaries to be enrolled for supplementary nutrition provided under ICDS at AWC. In terms of knowledge regarding the six services to be provided under ICDS only 31.25 percent AWWs were able to list the six services. As there is increase in work experience knowledge regarding the services increase in AWWs. 78.80 percent AWWs knows about the referral points for severely malnourished children. Depending on response to question regarding the growth monitoring only 20 percent of AWWs were able to mention about the five steps under growth monitoring. Almost 82 percent of Anganwadi workers know the name of MUAC tape but do not know how to use the MUAC tape.

**Conclusion**: All the AWWs who have less work experience should get on the job training or refresher training regarding the services to be provided under ICDS. Similarly the planning should be done to re-orientation the AWWs about steps involved in growth monitoring at block level. This can be done by providing training hierchically, i.e, training of supervisors, block co-ordinators and CDPOs at block level who can further train the AWWs at seja level.Around 70 percent of AWWs do not know about complete ANC. With the help of health department schedule training for AWWs at seja level to train the Anganwadi worker regarding health checkups& MUAC, so that proper attention can be given to all the services and preventive measure for malnutrition can be taken by ensuring the health of adolscents and pregnant women even children can

be properly measured and monitored so that children with special attention regarding malnutrition can be track down and provide the care. The present study shows that AWWs need training and refresher training time to time to keep the important aspect of services in their mind.

**Key Words:**Anaganwadi worker, Growth Monitoring, Steps in growth monitoring, knowledge of AWW

## 1.2 Introduction of the study:

The Anganwadi worker (AWW) is the community based voluntary frontline worker of the ICDS programme. Selected from the community, she assumes a pivotal role due to her close and continuous contact with the beneficiaries. The output of the ICDS scheme is to a great extent dependant on the profile of the key functionary i.e. the AWW, her qualification, experience, skills, attitude., training etc.

An Anganwadi is the focal point for delivery of ICDS services to children and mothers. An Anganwadi normally covers a population of 1000 in both rural and urban areas and 700 in tribal areas. Services at Anganwadi center (AWC) are delivered by an Anganwadi Worker (AWW), who is a part-time honorary worker. She is a woman of same locality, chosen by the people, having educational qualification of middle school or Matric or even primary level in some areas. She is assisted by a helper who is also a local woman and is paid a honorarium being functional unit of ICDS programme which involves different groups of beneficiaries, the AWW has to conduct various different types of job responsibilities.

**An AWW's multifarious role requires managerial, education, communication and Counselling Skills. The various job responsibilities of an AWW are:**

**A. <u>Planning for Implementation of ICDS Programme</u>**

1. Village Mapping
2. Rapport Building with Community
3. Conducting Community Survey and Enlisting Beneficiaries

– Children 0-6 years
– Children 'At Risk'
– Expectant and Nursing Mothers
– Adolescent Girls

4. Birth and Death Registration

**B. <u>Service Delivery</u>**

1. Preparation and Distribution of Supplementary Nutrition

– Children 6 months to 6 yrs.
– Expectant and Nursing Mothers
– Children and Mothers 'At Risk'

2. Growth Monitoring

Promote Breast feeding and counsel mothers on IYCF

3. Assisting Health Staff in Immunization and Health Check-up of Children and Mothers

4. Referral Services

5. Detection of Disability among Children

6. Providing Treatment for Minor Ailments and first aid.

7. Management of Neonatal and Childhood Illnesses

8. Health and Nutrition Education to Adolescent Girls, Women and Community

9. Organising Non-formal Preschool Education Activities

10. Depot holder of medicine kit contraceptives of ASHA and under ICDS

11. Counselling Woman on Birth Preparedness

12. Assist CDPOs/Supervisors in implementation of KSY and SABLA

**C. Information, Education and Communication**

1. Mobilise Community & Elicit Community Participation

2. Maintain Liaison with Panchayat, Primary Schools, Mahila Mandals and Health functionaries etc.

**D. Management and Organisation**

1. Management of AnganThiwadi Centre

2. Maintenance of Records, Registers and Visitor's Books

3. Preparation of monthly progress Reports

**E. Awards :**

Mata Yashoda Award for best performing Anganwadi worker and Anganwadi Helper at state and District Level.

## 1.3 Background of District Porbandar

Porbandar district is one of the 33 districts of Gujarat state in western India. The district covers an area of 2,298 km². It had a population of 5,86,062 of which 48.77% were urban as of 2011 census . This district was carved out of Junagadh District. It lies on the Kathiawar peninsula. Porbandar city is the administrative headquarters of this district. This district is surrounded by Jamnagar district and Devboomi Dwarka to the north, Junagadh district and Rajkot district to the east and the Arabian Sea to the west and south.

As of 2011 it is the second least-populous district of Gujarat (out of 33), after Dang.

## 1.3.1 Socio-Economic and Demographic Profile of the district

**Highlights of 2011 Census-**

According to the 2011 census, Porbandar district has a population of 586,062, roughly equal to the nation of Solomon Islands or the US state of Wyoming. This gives it a ranking of 529th in India (out of a total of 640). The district has a population density of 255 inhabitants per square kilometer (660 /sq mi). Its population growth rate over the decade 2001-2011 was 9.17%. Porbandar has a sex ratio of 947 females for every 1000 males, and a literacy rate of 76.63%

| **Districts name** | **Porbandar** |
|---|---|
| Rage of population growth | 14.35 |
| Population density | 236 |
| Number of females per 1000 males | 946 |
| Urban population percentage | 49.00 |
| Total workers percentage | 32.40 |
| Workers percentage | 7.82 |
| Non-productive groups percentage | 59.96 |
| Details about literacy rate | 68.62 |

In ICDS**, t**he district is divided into four blocks namely Porbandar-1, Porbandar-2, Ranavav, Kutiyana. All four blocks have been chosen for the study.

**Table 1: Table below shows the distribution of Anganwadi Center at Block Level**

| S.No | Name of Block | AWC |
|---|---|---|
| 1. | Porbandar-1 | 130 |
| 2. | Porbandar-2 | 140 |
| 3. | Ranavav | 110 |
| 4. | Kutiyana | 110 |

## 1.4 Literature review

A study titled Knowledge of AWWs about ICDS in Sundargarh district of Orissa by Prasanti Jaina indicates that Anganwadi workers are the key person who promote the good practices of services related to ICDS to enhance the health and nutritional status among mothers and children; hence they should be equipped with better knowledge through regular and quality training program.

Training and capacity building of functionaries for effective program implementation is an integral component of the Integrated Child Development Services (ICDS) scheme as the achievement of the program goals largely depends upon the effectiveness of frontline workers in improving service delivery, providing quality services and care under the program. The success of this program depends on the effectiveness of frontline workers in empowering community for improved child care practices through counseling, home visits as well as effective inter-sectorial service delivery.

## 1.5 Rationale for the Study

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 (World Health Organization, 2000). In India, mortality for children less than 5 years of age is currently around 74 per 1000 live births (National Family Health Survey 2005-06). 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 (Govt. Of India 2010).

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 (AWC). 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). 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). Most of the Anganwadi workers were performing mechanically and were not clear with the basic concepts of their working. The national evaluation of ICDS by NIPCCD (1992) also shows that about 36.3 percent Anganwadi workers were not able to monitor the growth of children. The main reason that was pointed out was the lack of skills among Anganwadi workers in filling up growth charts.

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). Overall knowledge and perceptions for promoting of community based CF practices was average amongst the ICDS AWWs with a percent score of 40 %( Purvi Parikh1, Kavita Sharma2, 2011). Training given to AWWs needs a paradigm shift from being a knowledge focused one to being one that strengthens AWWs ability to analyse, identify problems, infer appropriate action and subsequently render personalised counselling to caregivers. (Anuraag Chaturvedi et al, 2014).

## 1.6 Problem Statement:

Though Anganwadi Workers are key player to enhance health and nutritional status of women and children at the grass root level, but they are less capable of providing services recommended to the deprived group of population.

## 1.7 Research Question:

What are the training needs of Anganwadi workers at district Porbandar?

## 1.8 Objectives of the study:

### 1.8.1 General Objective:

To assess the training need of Anganwadi Worker about Integrated Child Development Services.

### 1.8.2 Specific Objectives:

1. To assess the knowledge of Anganwadi Workers about Integrated Child Development Services to be provided at Anganwadi centres.
2. To assess the knowledge among Anganwadi workers regarding Growth monitoring, Health and Nutrition.
3. To find the gap between the knowledge expected and the knowledge that Anganwadi worker has.

4. To recommend the measures to bridge the gap.

## 1.9 Methodology:

The study is conducted at Porbandar district of Gujarat. There are four blocks in the district with 490 Anganwadi Centres. Anganwadi Centres were selected on the basis of reporting and non reporting of malnourished children. Data was collected by visiting the Anganwadi Centres and homes of Anganwadi workers.

Data was collected through face to face interview with the Anganwadi worker.

**1.9.1 Study Period**: March 2015-May 2015

**1.9.2 Study Design:** Cross-sectional descriptive study

**1.9.3 Study area:** The study has been conducted in Porbandar-1, Porbandar-2, Ranavav, Kutiyana blocks of Porbandar district of Gujarat. 80 anganwadi centers were seleceted purposively 20 from each block.

**1.9.4 Study Group:** The sample for the present study comprises of 80 Anganwadi workers belonging to four Blocks of Porbandar Districts. The nature and purpose of the study was explained to Anganwadi worker. The study was carried out with AWW consent and co-operation. The line listing of all AWCs was made for each block and the AWCs were selected purposively on the basis of enrolled malnourished children at AWC.

**1.9.5 Tools Applied:** A face to face interview schedule was used as a tool for data collection with various questions framed on the knowledge among Anganwadi workers regarding the services of ICDS. Major content of the interview schedule was: General information of AWWs and Knowledge about various ICDS services.

**1.9.6 Data Collection:** Quantitative study design was followed to collect necessary information on Anganwadi workers awareness regardingICDS services. Data was collected personally by making personal visits to Anganwadi centres. 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, journals and literature form social science discipline and Guidelines.

**1.9.7 Data Analysis:** The data obtained was compiled and tabulated using the SPSS software along with Microsoft Excel wherever required. Univariate and Bivariate analysis is performed to address above objective.

**1.9.8 Ethical Considerations:** Informed consent was taken before starting the interview. If anyone disagreed to become part of the data collection process they were not forced by any

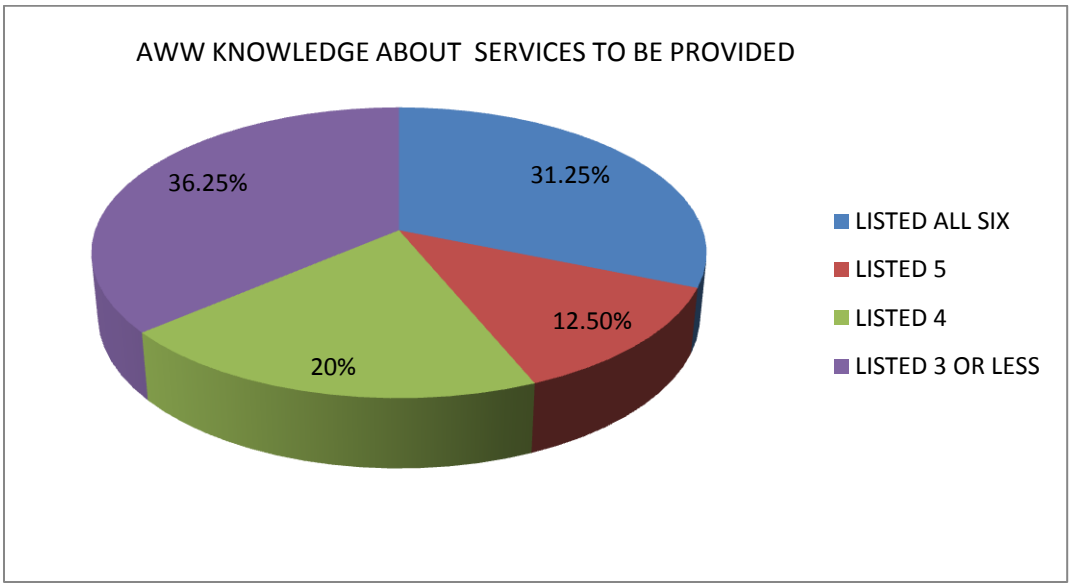
means. Prior information was given before visiting any Anganwadi Center. Confidentiality was ensured to all participants.

## 1.10 Finding and Analysis:

### a) Knowledge of Anganwadi Worker regarding the services provided under ICDS at AWC.

The day to day functioning of the AWC is a critical indicator of the effectiveness of the ICDS Programme. The Services provided under one roof of AWC are Supplementary Nutrition to Children from 6 months to 6 years, Pre School Education to Children of age group 3 to 6 years, Health checkups of Children , Adoloscent girls, Pregnant and Lactating women, Refferal Services, and Nutrition and Health Education to Adolosecnt girls , Lactating and Pregnant women. An attempt has been made in study to assess the knowledge of AWW regarding the services provided at AWC.As shown in table no 2, it was observed that 100% of interviewed AWW know the exact services which they have to provide at AWC.

**Figure 1: Figure below shows the knowledge of Anganwadi Workers regarding the services provided under ICDS at Anganwadi Center (n=80)**




### b) Knowledge regaarding the weight gain by children per month

In children, growth is most rapid at the younger age. While the child is in the mother's womb,it grows many times from a tiny egg to a baby weighing between **2.5 kg- 3 kg** at birth. A healthy baby gains about **800grams** each month during the **first two months** of life, about **600 grams** from **3 months** to **4 months**, around **400grams** from **5months** to

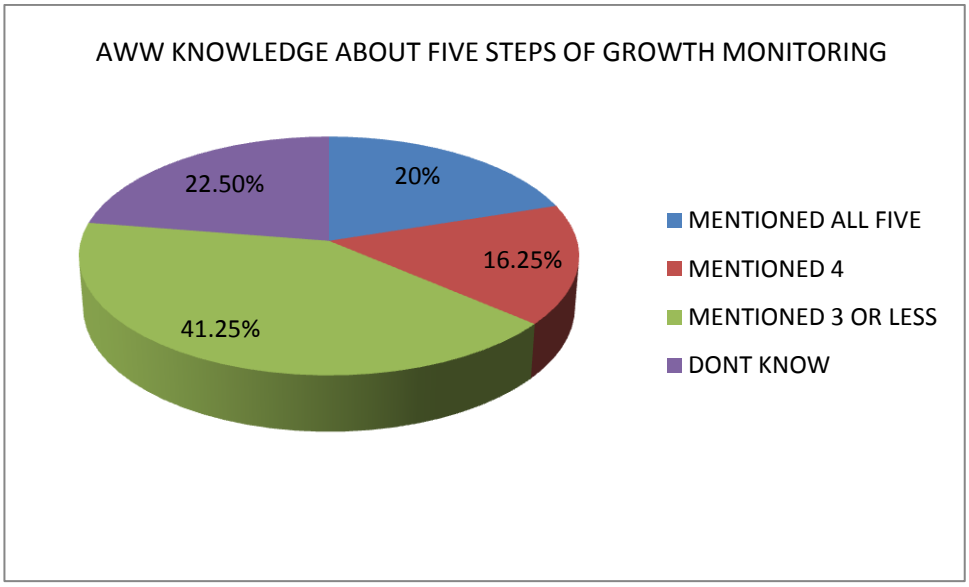
**6months**, and thereafter healthy child gains around **200grams** each month up to **3 years**. According to the analysis it was found that 36.20% Anganwadi workers do not have correct knowledge about the weight gain by child per month from 6 months and above.

### c) Knowledge regarding five steps to be considered for Growth monitoring

It is important for every Anganwadi worker to know proper growth monitoring so that the children can be measured correctly and parents could be counselled about the outcome of growth chart. Five Steps for Growth monitoring are:

1. Determine correct age
2. Accurate weighing of child
3. Plotting weight accurately on growth chart of appropriate gender
4. Intrepreting growth curve and recognising if child growing properly
5. Discussing child growth and follow up action needed with mother

**Figure 2: Figure below shows the knowledge of Anganwadi Workers regarding the Five steps of growth monitoring (n=80)**

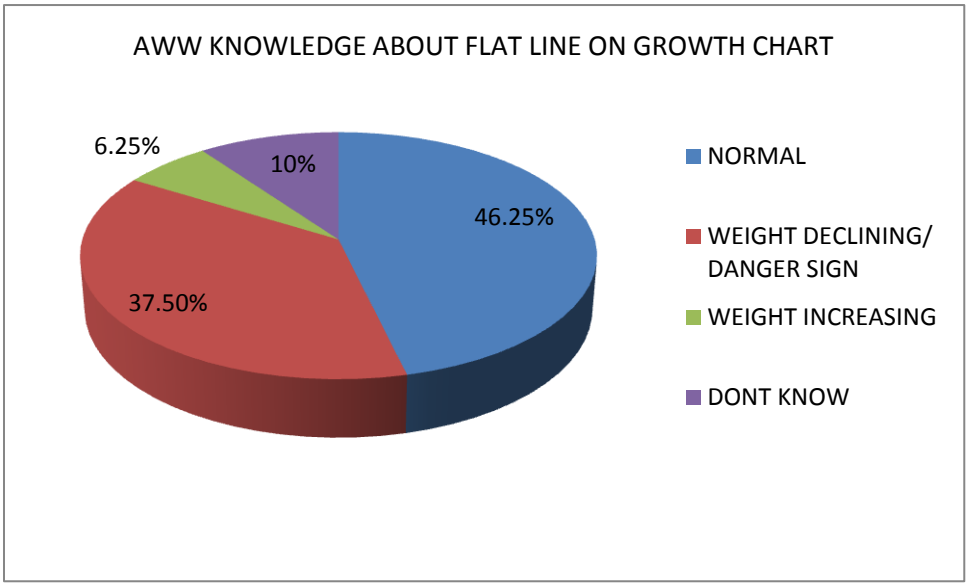



### d) Knowledge of Anganwadi Workers regarding flat line on growth chart

On the growth chat to the left upper side of the page there are indication in the box about the lines formed by joining the weight points on chart. For the flat line it is indicated as danger sign in which child need proper care and checkup.

It was seen that only 37.50% of the AWWs could interpretate it correctly.

**Figure 3: Figure below shows the knowledge of Anganwadi Workers regarding the Flat line on growth chart (n=80)**

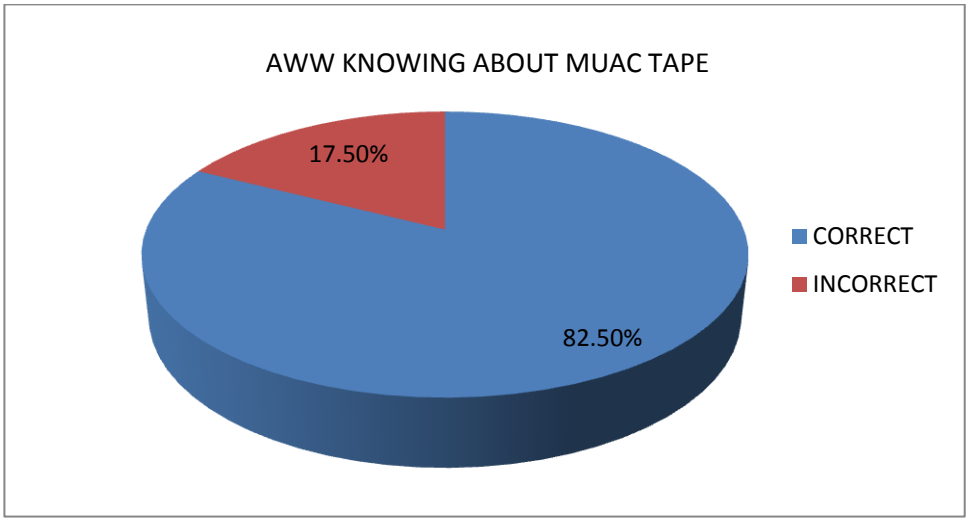



**e) MID-UPPER ARM CIRCUMFERENCE (MUAC) MEASURING TAPES**

MUAC tapes are predominately used to measure the upper arm circumference of children, helping identify malnutrition.The major determinants of MUAC are muscle and sub-cutaneous fat, both important determinants of survival in malnutrition and starvation. The tape having the tri colour green , yellow and red with the markings.

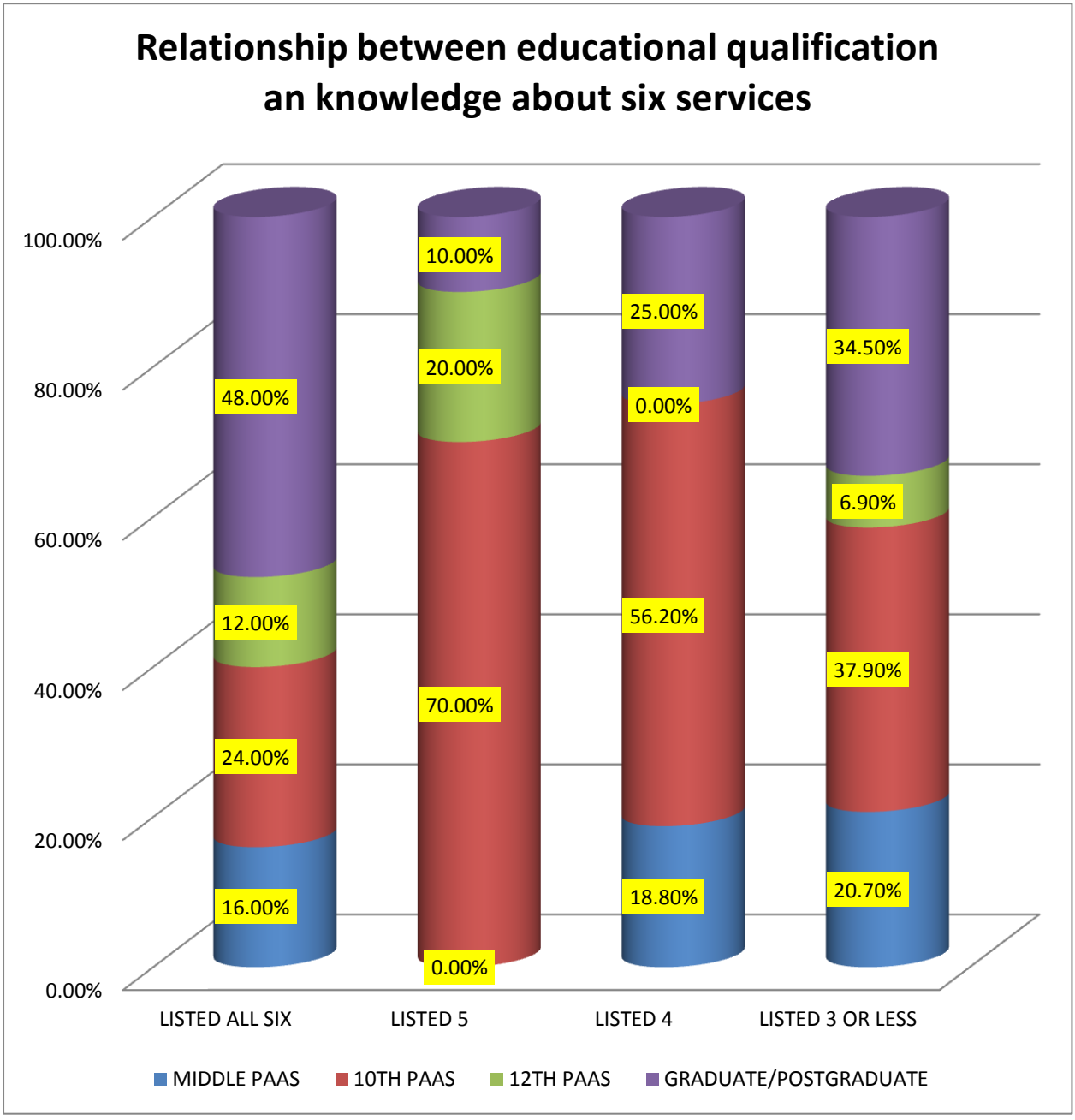
It was found that 82.50% of AWWs were knowing correctly about what MUAC tape is. But most of the AWWs don't know how to measure correctly.

**Figure 4: Figure shows knowledge of AWWs regarding the MUAC TAPE (n=80)**



**f) Relationship between educational qualification and knowledge about six services**

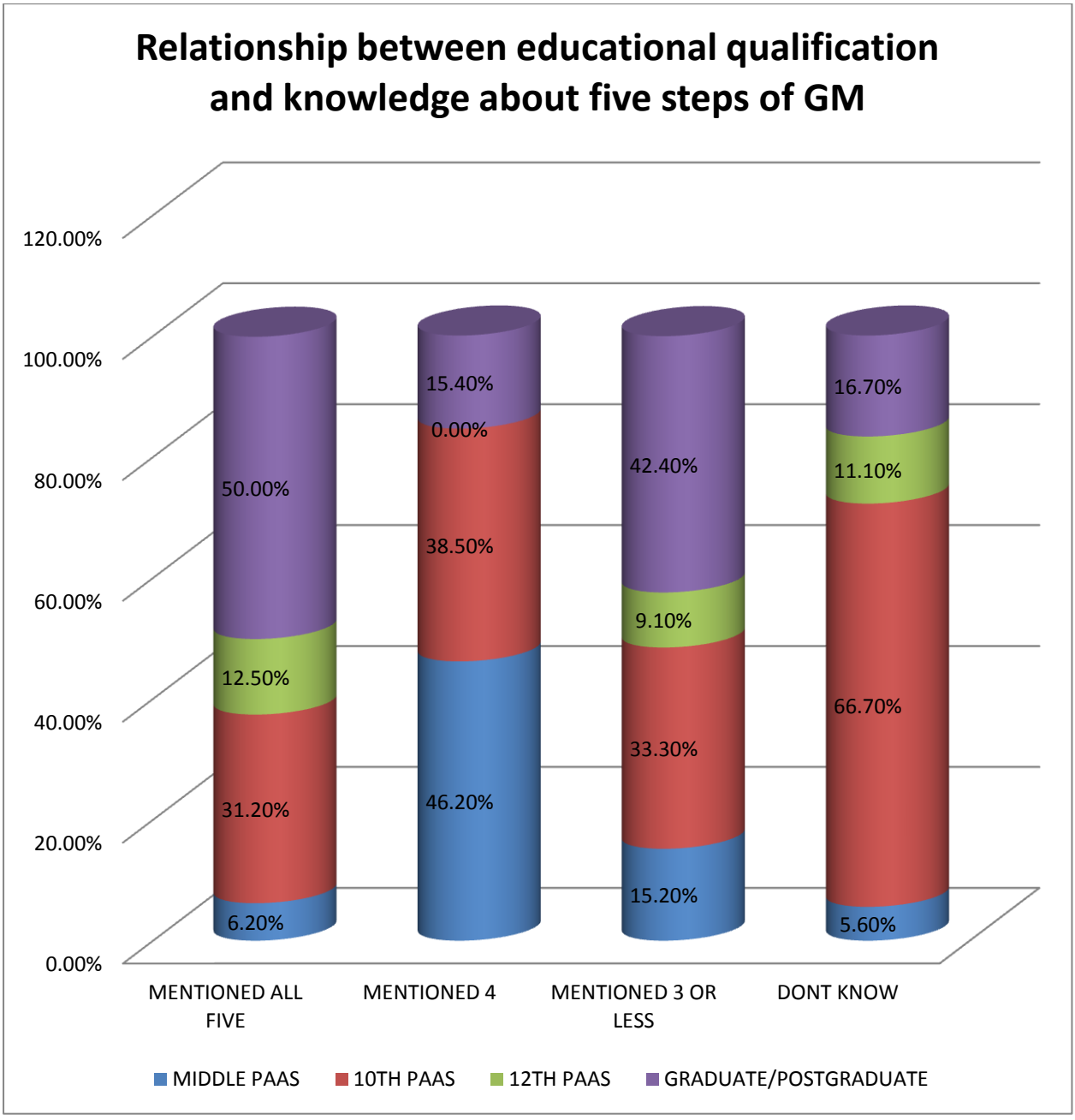
**Figure 5: Figure shows Relationship between educational qualification and knowledge about six services (n=80)**




From the above figure it is seen that maximum 48% AWWs are graduate paas who know about the six services to be provided under ICDS.

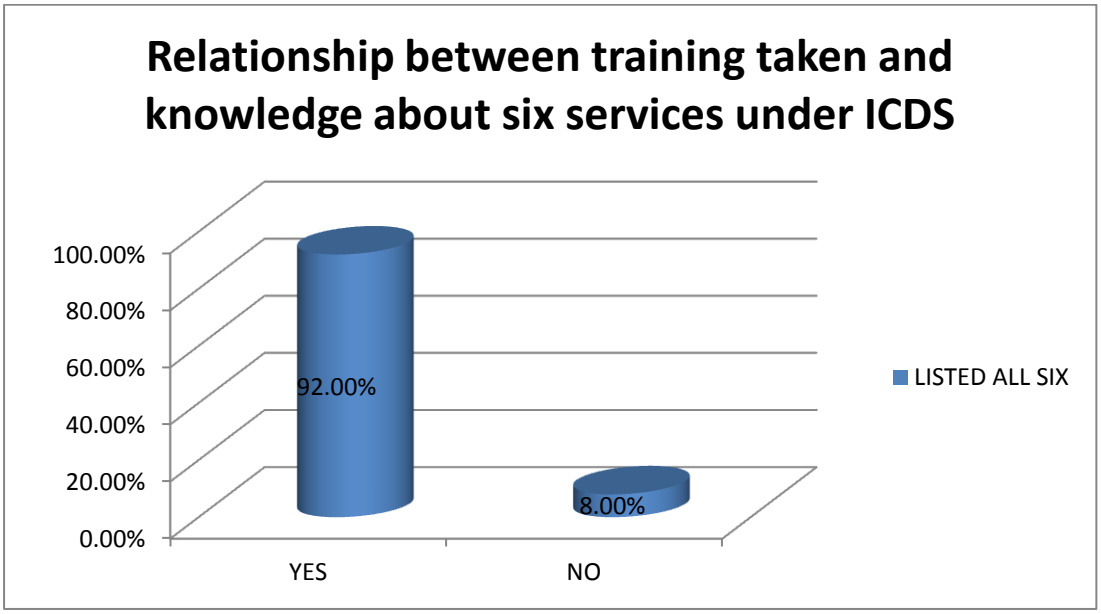
**f) Relationship between educational qualification and knowledge about five steps of growth monitoring**

**Figure 6: Figure shows Relationship between educational qualification and knowledge about five steps of growth monitoring (n=80)**



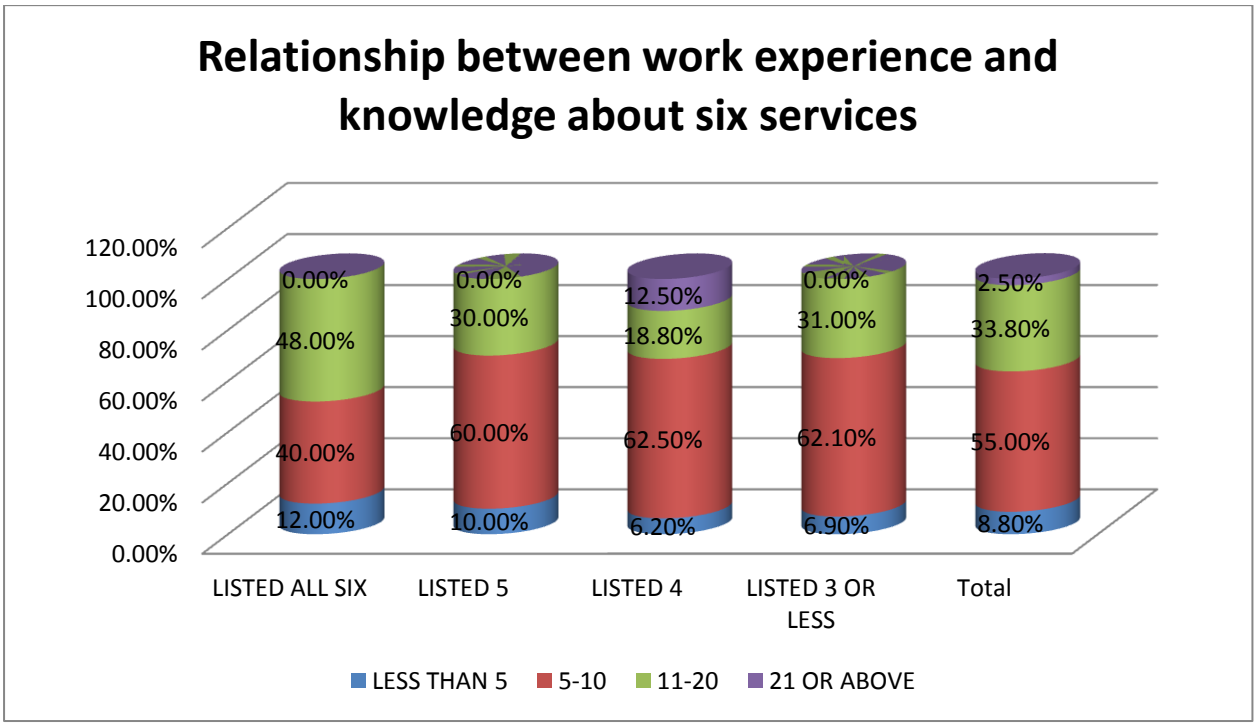

From the above figure it is seen that 50% of AWWs are graduate paas who has knowledge about the five steps in growth monitoring

**Figure 7: Figure shows Relationship between training taken and knowledge about six services of ICDS (n=80)**




From the above figure it is seen that 92% of AWWs who have knowledge about six services of ICDS have undergone training

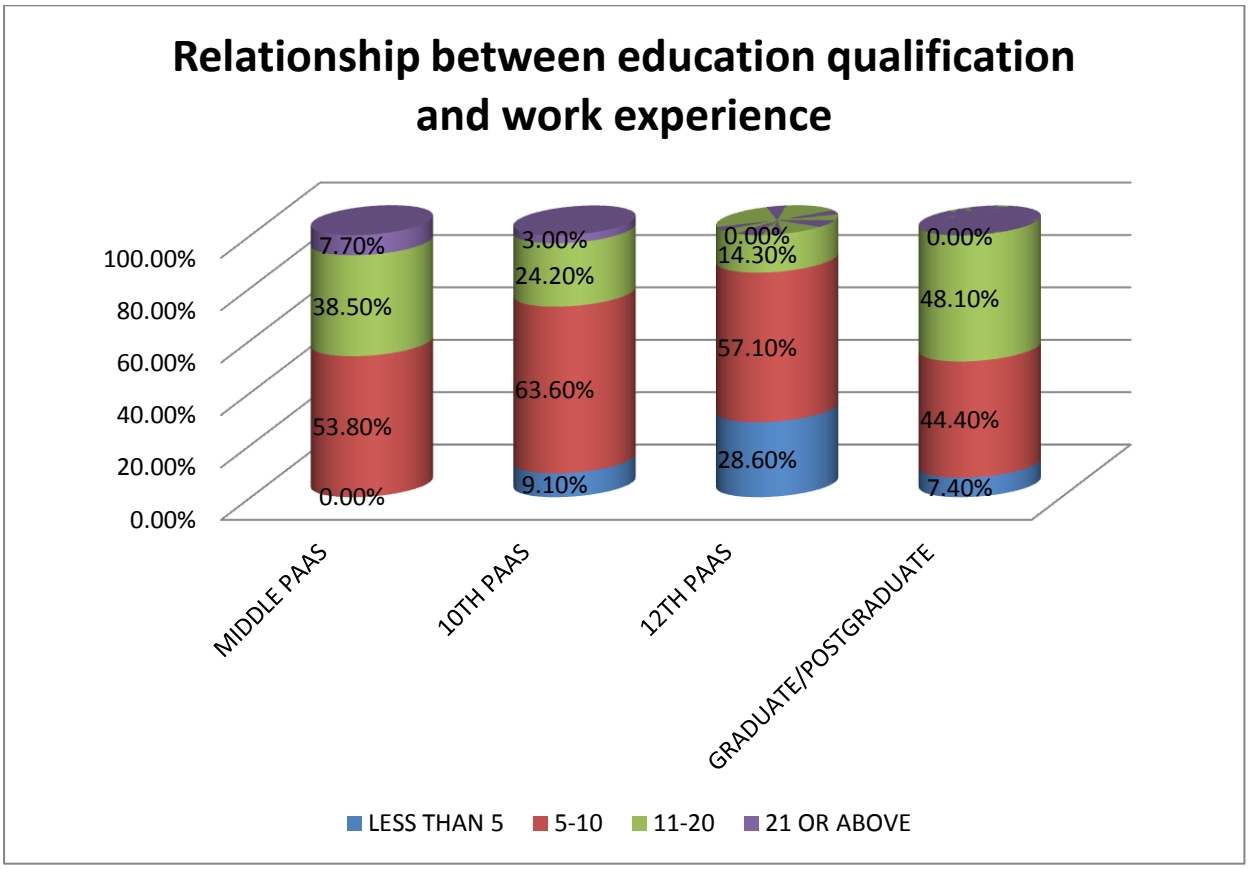
**Figure 8: Figure shows Relationship between work experience and knowledge about six services of ICDS (n=80)**




From the above figure it is seen that maximum number of AWWs have experience of 5-10 years and 11-20 years. 48% of AWWs who have knowledge about the services

are having experience of 11-20 years.

**Figure 9: Figure shows Relationship between work experience and education qualification (n=80)**




From above figure it is seen that most of the AWWs who have experience of 11-20 years are graduate paas.

**g) Counselling of Parents regarding the growth and growth chart of Child**

Counselling of the parents or guardian especially mother is very important step for maintaining the nutrition level of children through proper diet and care at home.

Basically ,three steps has to follow to counsel the mother regarding growth of children.

Step 1: advice to mothers is to observe the growth curve of the child and determine the growth trend. See if the child has gained adequate weight, not gained weight or lost weight, as compared to the previous month's weight.

Step 2: ask the mother what has been happening to the child during the last month to make her child's growth pattern happen that way.

Step 3: discuss with the mother specific action(s) she can take to promote her child's growth.

Counselling depend on the different age group :

**A new born baby – 2 months old child**

- Put the child to breast as soon as possible, preferably within one hour of birth
- Feed the yellowish first milk (colostrum) to give protection to the baby from diseases
- Exclusive breastfeeding for 6 months; do not give any other food or drinks and not even water
- Feed the breast milk whenever the child wants it, during day and night
- Breastfeed till the child is satisfied and the child stops sucking
- Continue breast feeding even if the child is sick
- Lactating mother should drink plenty of fluids (water, soups, tea, milk, lassi, etc.)
- Lactating mother should eat extra food – an extra snack / meal
- Get the child bcg, dpt, polio immunisation
- Get the child weighed every month

**3-6 months old child**

- Exclusively breastfeed the child, no other liquid to be given to the Child
- Breast feed 8-10 times during day and night
- Feed till the child is satisfied and the mother feels the breasts empty
- Continue breastfeeding during illness
- Give the child remaining doses of dpt and polio immunisation

**7-11 months old child**

- Give complementary foods followed by breast feeding or in between Breast feeds
- Modify the food cooked at home by: cooking it a little more, mashing It, taking out a portion for the baby, before adding masala/ chillies
- Start with a small quantity of food, increase the quantity so that Child takes half katori/cup of food at one time (size of katori/cup About 150 ml)
- Start semi-solid foods
- Give well cooked mashed foods like potato, banana, porridge made Of any cereal, milk/water, sugar/jaggery, bread/chapati/bhakary Soaked in milk or curry or vegetables, dal; the food should be soft but not watery
- Loose stools are due to infection and not due to introduction of Semi-solid foods
- Give plenty of fluids if child passes loose watery stools

**1-2 years old child**

- Child at one year should start eating the family food

• Continue to offer a wide variety of foods including family foods Such as rice, chapatti, dark green leafy vegetables, orange and yellow fruits, pulses and milk products

• Child should eat half as much as an adult in the family

• Feed the child about 5 times a day

• Feed from separate bowl and monitor how much the child eats

• Sit with the child and help her finish the serving

• Continue breastfeeding up to 2 years or beyond

• Give vitamin 'A' solution at six months interval up to the age of five Years

**2-3 years old child**

• Continue to feed family foods 5 times a day

• Help the child feed himself/herself

• Supervise feeding

• Ensure hand washing with soap before feeding

Majority of the AWWs has replied as per the guidelines has recommended . They do 4-5 home visits per day and discuss regarding the growth of children , tells the food which they provide at AWC is just supplement to fulfill the requirement of essential nutrition. As the district having the tribal area and migratory population .AWW face the difficulty in regular counselling but they try to call mother specially on BAL DIVAS and VATSALYA DIVAS celebration and keep open discussion and advice them to monitor the child at home and provide quality and quantity food . On BAL DIVAS award is given to child who is healthy and miantaing hygiene, and advice other mother to make there child to win the prize next time.

# Conclusion:

All the AWWs who have less work experience should get on the job training or refresher training regarding the services to be provided under ICDS. Similarly the planning should be done to re-orientation the AWWs about steps involved in growth monitoring at block level. This can be done by providing training hierchically, i.e, training of supervisors, block co-ordinators and CDPOs at block level who can further train the AWWs at seja level.Around 70 percent of AWWs do not know about complete ANC. With the help of health department schedule training for AWWs at seja level to train the Anganwadi worker regarding health checkups& MUAC, so that proper attention can be given to all the services and preventive measure for malnutrition can be taken by ensuring the health of adolscents

and pregnant women even children can be properly measured and monitored so that children with special attention regarding malnutrition can be track down and provide the care. The present study shows that AWWs need training and refresher training time to time to keep the important aspect of services in their mind.

## Recommendation:

1. Reqiurement of refresher training of all AWWs regarding the six services to be provided under ICDS.
2. Proper re-orientation of Five steps of growth monitoring and growth chart at SEJA level or Block level of AWW required. This can be done by providing training hierchically,ie, training of supervisors, block co-ordinators and CDPOs at block level who can further train the AWWs.
3. Training and Counselling of Anganwadi Worker regarding the importance of MUAC Tape and using of tape along with Weighing the child to identify the malnourished child.
4. Training of AWWs can be arranged with health staff with the help of health department so that proper convergence at ground level can be build which will lead to improved knowledge.
5. Cross learning between AWWs can be done for motivation and smooth learning.

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9. Manual of Growth Monitoring: NIPCCD

**Annexure:**

## Annexure 1: List of people interacted during my internship.

| | | |
|---|---|---|
| S.No | Name | Designation |
| 1) | Mr. D G Patel | District Collector |
| 2) | Mr. C P Nema, I.A.S. | District Development Officer |
| 3) | Mr. P K Rana | Programme Officer |
| 4) | Dr. S K Mod | C.D.H.O |
| 5) | Dr. Kavitaben Dhave | R.C.H.O |
| 6) | Dr. Nitin Gujarati | D.P.C Health |
| 7) | Chandraben chauhan | N.A (District –Health) |
| 8) | Dr. Vinay Tiwari | State MIS Consultant |
| 9) | Dr. Abid | State Nutrition Consultant |
| 10) | Miss.Shradha Sharma | State Nutrition Consultant |
| 11) | Mrs. Yoganandi Pratimaben | C.D.P.O Porbandar-1 |
| 12) | Mrs. Piprotar Bhavnaben | C.D.P.O, Porbandar-2 |
| 13) | Mrs. Satiya Manglaben | C.D.P.O, Ranavav |

## Annexure2: Questionaire in ENGLISH

| **QUESTIONNAIRE** |
|---|

**CONSENT**

I am working with ICDS Society, Porbandar. A study is being conducting on Training need assessment of Anganwadi Workers in Porbandar District. All responses will be kept confidential. Your interview responses will only be shared with research team members and will ensure that any information we include in our report does not identify you as the respondent. It is very important for the success of this study that you take part in this survey. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.

Please fill the response in corresponding box and signature/ Thumb impression.

Start time ……

End time ……..

| |
|---|
| |

Signature/ Thumb impression

**IDENTIFICATION SECTION**

| | | |
|---|---|---|
| 1. | Name of state | …….. |
| 2. | Name of district | …….. |
| 3. | Name of taluka | …….. |
| 4. | Name of village | …….. |
| 5. | Name of Anganwadi centre/ Anganwadi Code | …….. |
| 6. | Name of Anganwadi Worker | …….. |
| 7. | Date of interview | <table><tr><td></td><td></td><td></td></tr></table> |

| SNo. | Questions | Response/Code |
|---|---|---|
| General Information | | |
| A1 | Age | |
| A2 | Sex<br>(1= male; 2= female) | |
| A3 | Marital status<br>1= married; 2= unmarried; 3= widowed; 4= divorced, abandoned or separated; 5= other (specify). | |
| A4 | What is your educational qualification?<br>(1= middle; 2= secondary; 3= higher secondary; 4= graduate/post graduate) | |
| A5 | How long have you worked as an AWW?<br>(completed years; less than one year write 0) | |
| A6 | Do you reside in the village in which AWC is located?<br>(1= yes; 2= no) | |
| A7 | Have you undergone training?<br>(1= yes; 2= no) | |
| A8 | Have you undergone refresher training?<br>(1= yes; 2= no) | |
| A9 | Do you feel that the training you have received is adequate or inadequate?<br>(1= adequate; 2= inadequate) | |
| A10 | How many beneficiaries are enrolled at this AWC?<br>0-3 years<br>3-6 years<br>Adolescents<br>Pregnant woman<br>Lactating woman | _____<br>_____<br>_____<br>_____<br>_____ |
| A11 | How many malnourished children are enrolled at this AWC?<br>0-3 years<br>3-6 years | _____<br>_____ |
| A12 | List the six services to be provided under ICDS?<br>(1= listed all six; 2= listed 5; 3= listed 4; 4= listed 3 or less) | |
| Supplementary Nutrition knowledge of AWW | | |
| B1 | Do you maintain the nutrition register?<br>(1= yes; 2= no); please check. | |
| B2 | Who are the beneficiaries of supplementary nutrition?<br>(1= mentioned all four; 2= mentioned three; 3= mentioned two; 4= mentioned one or none) | |
| B3 | What amount of calories and protein given to each child through supplementary nutrition?<br>1= 500 Kcal,12-15 gm; | |

| | | |
|---|---|---|
| | 2=800 Kcal,20-25 gm;<br>3= 600Kcal,18-20 gm;<br>4= don't know | |
| B4 | What amount of calories and protein given to pregnant and lactating women through supplementary nutrition?<br>1= 500 Kcal,12-15 gm;<br>2=800 Kcal,20-25 gm;<br>3= 600Kcal,18-20 gm;<br>4= don't know | |
| B5 | What amount of calories and protein given to severe malnourished child?<br>1= 500 Kcal,12-15 gm;<br>2=800 Kcal,20-25 gm;<br>3= 600Kcal,18-20 gm;<br>4= don't know | |
| Growth monitoring and Non formal preschool education knowledge of AWW | | |
| C1 | Do you have preschool education register?<br>(1= yes; 2= no) | |
| C2 | Which age group children are to be enrolled in preschool non formal education?<br>(1= 3 years to 6 years; 2= 6months to 6 years; 3= 6 months to 3 years; 4= don't know) | |
| C3 | What is the time to be spent in preschool activities every day?<br>(1= three hours; 2= two hours; 3= four hours; 4= don't know) | |
| C4 | What are the five steps of growth monitoring?<br>(1= mentioned all five; 2= mentioned four; 3= mentioned three or less; 4= don't know) | |
| C5 | What is the normal weight a child of seven month to three years should gain per month?<br>(1= 200 gm; 2= 400 gm; 3= 600 gm; 4= don't know) | |
| C6 | What does flattened line on growth chart indicate?<br>(1= normal growth; 2= weight is declining; 3= weight is increasing; 4= don't know) | |
| C7 | What type of weighing machine available at your AWC?<br>(1= Bar scale; 2= Salter(Dial type scale); 3= Taring scale (digital scale)/ EWM; 4= don't know) | |
| C8 | Which standard is followed for growth monitoring under ICDS?<br>(1= weight for height; 2= height for age; 3= age for weight; 4= don't know) | |
| C9 | What is MUAC tape?<br>(1= correct; 2= incorrect) | |
| Immunization and Health checkup knowledge of AWW | | |
| D1 | Do you have a register on Immunization, Iron Folic Acid and Vitamin A supplementation?<br>(1= yes; 2= no); please check | |
| D2 | Can infant be breastfeed immediately after OPV?<br>(1= yes; 2= no) | |

| | | |
|---|---|---|
| D3 | At what age pentavelant vaccine is first time given to child?<br>(1= four weeks; 2= five weeks; 3= six weeks; 4= don't know) | |
| D4 | When is Vitamin A first time given to child?<br>(1= At 9 months; 2= At 12 months; 3= At 6 months; 4= don't know) | |
| D5 | Total how many doses of vitamin A are given till five years of age?<br>(1= nine; 2= ten; 3= five; 4= don't know) | |
| D6 | What is the site of BCG administration?<br>(1= Left upper arm; 2= right upper arm; 3= on thigh; 4= don't know) | |
| D7 | When should the pregnant woman get registered?<br>(1= first trimester; 2= second trimester; third trimester; 4= don't know) | |
| D8 | What is full ANC?<br>(1= mentioned all; 2= mentioned two; 3= mentioned one; 4= don't know) | |
| D9 | How much weight a normal pregnant woman should gain every month in last six months of pregnancy?<br>(1= one kg per month; 2= two kg per month; 3= three kg per month; 4= don't know) | |
| D10 | What examination is to be done at each ANC?<br>(1= Blood; 2= sugar; 3= urine; 4= All) | |
| D11 | What is the earliest symptom of vitamin A deficiency?<br>(1= bitot spot; 2= night blindness; 3= lacrimation; 4= don't know) | |
| D12 | How do you examine Bipit edema in child?<br>1= applying pressure on both foot and look for pit<br>2= applying pressure on one foot and look for pit<br>3= applying pressure on hand and look for pit<br>4= don't know | |
| Referral services, Nutrition and health education knowledge of AWW | | |
| E1 | Do you maintain the referral register?<br>(1= yes; 2= no) please check | |
| E2 | Which of the following pregnancy need referral?<br>(1= Anemia; 2= hypertension; 3= diabetes 4= all) | |
| E3 | Which of the condition in children need referral?<br>( 1=Red zone; 2= blurred vision; 3= bipet edema; 4= all) | |
| E4 | Where is a severely underweight child to be referred?<br>(1= CMTC; 2= NRC; 3= BOTH; 4= don't know) | |
| E5 | When should exclusive breastfeeding start?<br>(1= At birth within one hour; 2= At birth after one hour; 3= After one day; 4= don't know) | |
| E6 | Exclusive breastfeeding should continue till?<br>(1= six months; 2= three months; 3= five months; 4= don't know) | |
| E7 | Why is colostrum (yellowish first milk) important for child?<br>1= Protection from diseases.<br>2= To provide energy.<br>3= To digest food.<br>4= don't know | |
| E8 | If the child is sick, should the mother low down the breastfeeding?<br>(1= yes; 2= no) | |

| | | |
|---|---|---|
| E9 | When is ORS given to child?<br>(1= diarrhea; 2= fever; 3= night blindness; 4= don't know) | |
| E10 | ORS should be discarded if not used after?<br>(1= 24 hours; 2= 12 hours; 3= 10 hours; 4= don't know) | |