ASSESSING THE KNOWLEDGE LEVEL OF ANGANWADI WORKERS ON SERVICE GIVEN IN INTENSIVE NUTRITION CARE CENTRE UNDER INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS) IN TEN BLOCKS AT KUTCHCHH DISTRICT OF GUJARAT

Dissertation
At
ICDS Society, Gujarat (Integrated Child Development Services Department, Kutchchh)

By
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Under the guidance of
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MBA Hospital & Health Management
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Jaipur
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To Whomsoever It May Concern

This is to certify that Dr. Tarachand Rupale, student of MBA in Health Management from Institute of Health Management Research, Jaipur has undergone Internship training at Integrated Child Development Services Department, Kutchchh, Gujarat, from March 10 2015 to May 10, 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 fulfilment of the course requirements.

I wish him all success in all his future endeavours.

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I.C.D.S. Society

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The Certificate is awarded to Dr.Tarachand Rupale, student of IHMR

University of Hospital and Health Management, Jaipur.

In Recognition of having successfully completed his Dissertation at

ICDS Society, Kutchchh, Gujarat

And has successfully completed his project on

Assessing the Knowledge level of Anganwadi Workers on Services given in Intensive Nutrition Care Centre program under Integrated Child Development Scheme (ICDS).

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

We wish him all the best for future endeavours.

Iraben Chouhan
Programme Officer
ICDS Society
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Assessing the Knowledge level of Anganwadi Workers on Services given in Intensive Nutrition Care Centre under Integrated Child Development Scheme (ICDS) in 10 Blocks of Kutchchh district of Gujarat and submitted by Dr. Tarachand Rupale Enrolment No. 1516 under the supervision of Associate Prof. Dr. Gautam Sadhu for award of MBA in Hospital and Health Management of the Institute carried out during the period from March, 10- 2015 to May, 10-2015 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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Also, I wish to take this opportunity to thank all the CDPOs, block coordinators working at the ground level along with Mrs. Jagrati Joshi (S.A), Amit Suthar -Data Entry operator, ICDS-Kutchchh for helping me in compiling all the collected data in this report.

Preface

I started off 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 Dissertation.

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 MBA in 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, Kutchchh, Gujarat. I really appreciated many people who helped me at the project.

The report comprises of my original work on Assessing the Knowledge level of Anganwadi Workers on INCC services under Integrated Child Development Scheme (ICDS) ,Kutchchh District in Gujarat.

At last, I take immense pleasure to thank **Dr. S. D. Gupta** (*Director- Institute of Health Management 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 Integrated child development services.

Dr. Tarachand Rupale

May 2015

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Abbreviations

ASHA	Accredited Social Health Activist
AWC	Anganwadi centre
AWW	Anganwadi Worker
AWH	Anganwadi Helper
CDPO	Child Development Project Officer
CMTC	Child Malnutrition Treatment Center
DO	Data Operator
DPC	District Programme Coordinator
ICDS	Integrated Child Development Services (ICDS)
IMR	Infant Mortality Rate
INCC	Intensive nutrition care centre
IYCF	Infant and Yung Child Feeding
MMR	Maternal Mortality Rate
MUAC	Mid-Upper Arm Circumference
NHED	Nutrition Health and Education
NRHM	National Rural Health Mission
PHC	Primary health centre
PSE	Pre School Education
PRIs	Panchayati Raj Institutions
SPSS	Statistical Package for the Social Sciences
UNICEF	The United Nations Children's Fund
WCD	Women and Child Development
WHO	World Health Organisation

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DISSERTATION REPORT

Title of the study: Assessing the Knowledge level of Anganwadi Workers on INTENSIVE NUTRITION CARE CENTRE SERVICES under Integrated Child Development Scheme (ICDS) in Kutchchh district of Gujarat.

1.1 Abstract

Introduction: Intensive Nutrition Care consists of measures to detect Sever Acute Malnutrition (SAM) and Moderate Acute Malnutrition combined with action when this is detected. It aims to improve nutrition level, reduce the risk of death or inadequate nutrition, help and educate carers, and lead to early referral for conditions manifest by growth disorders. As Anganwadi Worker invests time in this activity, evidence for its benefits and harms was sought. For Intensive Nutrition Care Program, there are many functions of AWWs, for which they should be sufficiently trained.

Background of Study: Intensive Nutrition Care Program has unique and as yet, incompletely applied potential for promotion of child health and nutrition and is an preventive tool for reducing the cases of malnutrition, e.g. SAM and MAM, appropriate response to illness and an understanding of the various factors which play a role in growth and development of the child by the AWWs.

Objectives of Study: The key objective of the study is to assess the current knowledge among Anganwadi Workers on Different services given in Intensive Nutrition care centre.

Methods: Descriptive study with Purposive sampling was undertaken. Structured questionnaires were prepared addressing the objectives of the study and face to face interviews with AWWs were conducted.

Result:

- The study findings highlight that 100% of AWWs having the knowledge regarding ,what is the Intensive Nutrition campaign .
- In terms of knowledge regarding ,children having severe disease are to be enrolled or not, 20% of AWWs don't have proper idea and knowledge.
- 31% of AWWs don't know about the types of Malnutrition.
- Depending on response to question regarding the Methods of prevention of Malnutrition 35 % of AWWs do not know .
- 34% of Anganwadi workers don't know how to diagnose malnutrition by Mid Upper Arm Circumference method and only 70 % know ,detection of malnutrition by Appetite test.
- Around 74% of AWWs know the interpretation of Growth chart in terms of upward and downward curves.
- 24% of AWWs don't know about the exact timing of starting Breast Feeding and 20 % don't know that up to what age ,the children having the Severe Acute Malnutrition and Moderate Acute Malnutrition should be Breast feeded.

Suggestion:

- Requirement of refresher training of AWWs regarding the selection of children in the campaign.
- Proper training about Appetite test ,Mid Upper Arm Circumference and interpretation of Growth chart at 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.
- Training and Counselling of Anganwadi Worker regarding the Malnutrition ,its causes and prevention of Malnutrition .
- Counselling of AAWs regarding the importance of "Breast feeding" so that they can aware the community about the same.

1.2 Introduction of the study:

To reduce the malnutrition in age group 6 months to 6 years of children having SAM and MAM **,ICDS** department started the " Intensive Nutrition Care centre'' (INCC),under the mission " BALAM SUKHAM'' on 14th August 2014 [1]. Children having SAM and MAM are given the nutritious food according to the guidelines of the program. Children having severe acute malnutrition having diseases are referred to the "CMTC'' (Child Malnutrition Treatment Centre) the Block level and to the "NRC'' (Nutrition Rehabilitation Centre) at District level.one centre accommodates ten child for one month. This centre is managed by 1 AWC, 1AWH, 1 ASHA. Children for treatment have to remain in the centre for whole day, he/she can go to home in the night. One family member, Mother /father is allowed to live with the child and is being paid 100 rs for that. Centre timing is from 9 am to 5 pm. This centre mainly aims at treating the SAM and MAM children not having any disease only at the local level.

Criteria for admission of children in the INCC-

1. Children having SAM.
2. Children having MAM.
3. Children having Positive appetite test.

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 INCC Program 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 Metrics or even primary level in some areas. She is assisted by a helper who is also a local woman and is paid an honorarium being functional unit of ICDS programme which involves different groups of beneficiaries; the AWW has to conduct various different types of job responsibilities for INCC program, which are-

A. Planning for Implementation of INCC Programme.

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

– Children 6 months to 6 years

– Children having SAM and MAM

_ Children having Disabilities.

B. Service Delivery

1. Distribution of Supplementary Nutrition 5 times a day.

-Children having SAM and MAM.

2. Growth Monitoring
3. Promote Breast feeding and counsel mothers on IYCF
4. Assisting Health Staff in Health Check-up of Children.
5. To maintain cleanliness in and around Anganwadi.
6. Referral Services
7. Detection of Disability among Children.
8. Weigh the children.
9. Health and Nutrition Education to Women and Community.
10. Follow-up of INCC treated children up to 15 days after thier dicharge from the centre.
11. Assist CDPOs/Supervisors in implementation of INCC, program.

C. Information, Education and Communication

1. Mobilise Community & Elicit Community Participation
2. Maintain Liaison with Panchayat, Primary Schools, Mahila Mandals and Health functionaries etc.
3. To educate the children and carers about the importance of maintaining cleanness and measures to maintain cleanness.
4. Regular home visits in the community to aware the people about balanced diet, diseases due to nutritional deficiencies and non hygiene, Breast feeding, Immunization, hand Washing.

D. Management and Organisation

1. Management of Intensive Nutrition Care Centre.
2. Maintenance of Records (Follow-up records, Attendance Register of children and AWH),

3. Maintenance of Medicine and raw food stock, Drinking Water (RO).
3. Preparation and submission of weekly progress Reports.

1.3 Background of District Kutchchh.

Kutchchh district is one of the 35 districts of Gujarat state in western India. The district is divided into 12 blocks. Gandhinagar city is the administrative headquarters of this district.

1.3.1 Socio-Economic and Demographic Profile of the district

As per the census of 2011 the total population of Kutchchh district is 20,92371.The initial provisional data released by census India 2011, shows that density of Kutchchh district for 2011 is 389 people per sq. km. Kutchchh district administers 45,652 square kilometres of areas. There are 960 villages and 14 cities in the district. With regards to Sex Ratio in Kutchchh, it stood at 925 per 1000 male compared to Gujarat figure of 933. Child Sex Ratio as per census 2011 is 841 compared to 893 of Gujarat. [2].

In ICDS**,** **t**he district is divided into 12 blocks namely Bhuj-1,Bhuj-2,Nakhatrana,Rapar,Naliya,Gandhidham-1,Rapar,Mundra,Bachau,Anjar,Mandvi,Dayapar. . The area that has been chosen for the study is Bhuj-1, Bhuj-2, Gandhidham-1, Gandhidham-2, and Nakhatrana.

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

S.No	Name of Block	AWC	S.No	Name of Block	AWC
1.	Mundra	102	9.	Gandhidham-1	100
2.	Naliya	188	10.	Lakhpat	100
3.	Rapar	265	11.	Bhuj-2	214
4.	Bachau	215	12.	Gandhidham-2	92
5.	Bhuj-1	202			
6.	Anjar	191			
7.	Nakhatrana	198			
8.	Mandvi	233			

1.4 Literature review

Reports by the ICDS, Kutchchh on the prevalence of MAM (moderate acute malnutrition) and SAM (Severe Acute Malnutrition) before and after the INCC program indicates that services given under this program to the children from 0-6 yrs of age, reduced the no of malnourished children drastically. As such, it contributes to the promotion of child health and nutrition and is an educative tool for the mother with regard to child feeding, appropriate response to illness and an under- standing of the various factors which play a role in growth and development of the child. AWWs have to perform so many functions under this program, for which they should be sufficiently trained. Table below shows the total no of children having malnutrition before and after the INCC program in ten blocks of District.

Table 2 : Below shows the no of malnutrition children before and after INCC program 3]

Block	No of children having malnutrition before INCC program.	No of children having malnutrition after INCC program.
Naliya	254	200
Mandvi	553	496
Mundra	50	16
Nakhatrana	19	2
Gandhidham -1	17	12
Anjar	70	10
Rapar	159	39
Bachau	132	82
Bhuj-1	184	37
Bhuj-2	85	28

1.5 Rationale for the Study

Malnutrition is one the major problems causing a large no of deaths of children between 0 to 6 yrs in the country, and in Gujarat as well. In Gujarat state a very effective program INCC was started to overcome the life threatening problem of malnutrition. As such, it contributes to the promotion of child health and nutrition and is an educative tool for the mother with regard to child feeding, appropriate response to illness and an understanding of the various factors which play a role in growth and development of the child [4].

Services under INCC program have unique potential for assisting health workers and parents to identify children with early problems in order to apply corrective measures [5]. By the above table, we can see that the INCC program is much essential to combat the malnutrition in the children. The present study was conducted to assess the knowledge of AWWs regarding services given under this program and to find out the gaps in their knowledge for better planning and implementation of the same at district level.

By this study we can get the information on Knowledge level of AWW, whether they are working properly or not to fulfill the objectives of INCC program.

1.6 Research Question:

What is the current level of knowledge among the Anganwadi workers on services given in INCC program under ICDS, in Kutchchh district?

1.7Objectives:

The key objective of the study is to assess the current knowledge among Anganwadi Workers on services given under INCC program in district Kutchchh, Gujarat.

1.8 Specific Objectives:

- **i.** To find the gap between the knowledge expected of an Anganwadi worker to the knowledge she actually has.

1.9 To recommend the measures to bridge the gap

1.10 Methodology:

1.10.1 Study Period: March 2015- May 2015

1.10.2 Study Design: descriptive study

1.10.3 Study area: The study has been conducted in Bhuj-1, Bhuj-2, Gandhidham-1, Naliya,

Mandvi, Mundra, Anjar, Rapar, Bachau, and Nakhatrana blocks of Kutchchh district of Gujarat. 5 Anganwadi centres' were selected from each block

1.10.4 Sampling : Non Probability (Purposive)

1.10.5 Sample size : 50

1.10.6 Study Group: The sample for the present study comprises of 5 Anganwadi workers belonging to 10 Blocks (above mentioned) of Kutchchh Districts, where INCC program was carried out. 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 5 AWCs were selected from the Blocks where INCC was carried out.

1.10.7 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 INCC.

1.10.8 Data Collection:. 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 from Guidelines.

1.10.9 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.

1.11 Finding and Analysis:

Knowledge of Anganwadi Worker regarding the services provided under INCC

The day to day functioning of an INCC, AWC is a critical indicator of the effectiveness of the Programme. The Services provided under one roof of AWC are Identification and Listing of MAM and SAM children, Health checkups of Children ensured by medical officer, Buy Vegetables and other raw food materials ,Supervise the Helper to prepare the food, to make the children to eat the food for 5 times in Anganwadi only in front of herself, Monitoring each and every child during the time 9AM-5PM in the Anganwadi, weighing the child, Check gain in weight ,to counsel the parents of child about nutritional status of the child and treatment given to child ,Inform the MO ,if any complication seen in the child, to submit weekly report to the Supervise according to the reporting format, Educate the children and parents about cleanliness and its importance to reduce the malnutrition, Supervise the AWH in maintaining the cleanliness in and around the Anganwadi, Referral Services, Daily visit to the households in area to motivate people to send their children to AWC . An attempt has been made in study to assess the knowledge of AWW regarding the services provided under INCC.

Findings

Table-2 : Knowledge of Anganwadi Workers about Intensive Nutrition Campaign (N=50)

Particulars	No. of Anganwadi workers having Knowledge	No. of Anganwadi workers having Lack of Knowledge
Intensive Nutrition Campaign Centre.	50	0
Children of specific age group to be selected for the Campaign.	46	4
Which children to be selected .	45	5
No. of times the food given to children in the centre.	50	0
Menu of food given to children .	50	0

Table -3 .knowledge of Anganwadi Workers about Malnutrition (N-50)

Particulars	No. of Anganwadi workers having Knowledge	No. of Anganwadi workers having Lack of Knowledge
Malnutrition	46	4
Reasons of Malnutrition	40	6
Types of Malnutrition	32	14
Methods to prevent Malnutrition	30	16

Table-4. Knowledge of Anganwadi workers about Measures to diagnose Malnutrition (N-50)

Particulars	No. of Anganwadi workers having Knowledge	No. of Anganwadi workers having Lack of Knowledge
Mid upper arm circumference (MUAC)	33	17
Appetite Test	30	20
Weight of a child having Severe Acute Malnutrition (SAM)	35	15
Weight of a child having Moderate Acute Malnutrition (MAM)	32	17

Table-5. Knowledge of Anganwadi workers about Growth Chart (N-50)

Particulars	No. of Anganwadi workers having Knowledge	No. of Anganwadi workers having Lack of Knowledge
Color code for normal children	49	1
Color code for children having Severe Acute Malnutrition	45	5
Color code for children having Moderate Acute Malnutrition	43	7
Upward curve interpretation	37	13
Downward curve interpretation	36	14

Table-6. Knowledge of Anganwadi workers about Awareness on Breast feeding (N-50)

Particulars	No. of Anganwadi workers having Knowledge	No. of Anganwadi workers having Lack of Knowledge
Exact time of starting Breast feeding	38	12
Duration of breast feeding for normal children	35	5
Duration of breast feeding for children having Severe Acute Malnutrition	30	10
Duration of breast feeding for children having Moderate Acute Malnutrition	30	10

Results:

- The study findings highlight that 100% of AWWs having the knowledge regarding ,what is the Intensive Nutrition campaign .
- In terms of knowledge regarding ,children having severe disease are to be enrolled or not, 20% of AWWs don't have proper idea and knowledge.
- 31% of AWWs don't know about the types of Malnutrition.
- Depending on response to question regarding the Methods of prevention of Malnutrition 35 % of AWWs do not know .
- 34% of Anganwadi workers don't know how to diagnose malnutrition by Mid Upper Arm Circumference method and only 70 % know ,detection of malnutrition by Appetite test.
- Around 74% of AWWs know the interpretation of Growth chart in terms of upward and downward curves.
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Suggestion:

- Requirement of refresher training of AWWs regarding the selection of children in the campaign.
- Proper training about Appetite test ,Mid Upper Arm Circumference and interpretation of Growth chart at 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.
- Training and Counselling of Anganwadi Worker regarding the Malnutrition, its causes and prevention of Malnutrition .
- Counselling of AAWs regarding the importance of "Breast feeding" so that they can aware the community about the same.

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Annexure

Questionnaire in English

What is the INCC program
What are the reasons behind the program to implement
Do you know ,what is the malnutrition
What are the reasons of malnutrition
Which age group children are taken in program
Which children are taken in this program
What is the duration for treatment in the centre per child
What are the total no of children taken in one centre
How do you diagnose the SAM and MAM children
What is MUAC
What is the growth chart
What is the importance of growth chart
How do you plot the growth chart
What is the importance of upward curve in the growth chart
What is the importance of downward curve in the growth chart
What is the importance of flat curve in the growth chart
What should be the weight of SAM children in growth chart
What should be the weight of MAM children in growth chart
What should be the weight of children normal children in growth chart
What is the colour code for boy child growth chart
What is the colour code for girl child growth chart
What are the colour codes for the SAM and MAM child?

What is the timing of Awc in this program
What do you record in the INCC record registers
Are the children having severe disease taken in the program or not
What are your duties in INCC program
What are the duties of AWHs in the INCC program
What are the duties of ASHA worker in the program
How do you maintain the cleanness in the children
When do the child is referred to the CMTC
What is the Appetite test
Why Appetite test is necessary
How do you do the appetite test of the child
How many times the child is given food in this program
If child does not take food ,should the child be forced
If child demands food again and time ,food should be given or not
If child does not come to Awc ,then do you go to his/her home to give food
What is the time gap between two meals
How many times the fruits are given to children per week?
What is the time table of 5 time meal in INCC program?
What are the different types of food ,given to children at different times in a day
Do the parents of children are called for meeting about their child nutrition status
What is the exact time of starting the breastfeeding
What do you do to motivate the parents about their child enrolment in this program
Who trains you for the various activities in the program
Who supervise you during the program
Whom do you submit the report of the program

What is the time period to submit the report
When do you follow up the child ,after discharge from the centre
If you do not find the child during field visit at home ,then what do you do
Besides meal given the program ,how many times the food should be given to the children at home by mother
Up to what age ,SAM and MAM children should be breast feeded
Up to what age the normal children should be breast feeded
In case of sickness ,child should be breastfed or not