Current Levels of Knowledge among Anganwadi Workers about Integrated Child Development Services (ICDS) and their need of Training Programmes for Capacity Building.

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Introduction

- In India, mortality for children less than 5 years of age is currently around 74 per 1000 live births (NFHS-3, 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 (GOI, 2010). It is one of the largest child care programmes in the world aiming at child health, hunger, malnutrition and its related issues.

- ICDS services are provided a vast network of ICDS centers, it is known as “Anganwadi”. 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 (ANGANWADI WORKERS). 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.

COMPONENTS

- Health Check-ups.
- Immunization.
- Growth Promotion and Supplementary Feeding.
- Referral Services.
- Early Childhood Care and Pre-school Education.
- Nutrition and Health Education.

Children under 1 year

1-3 years

3-6 years

Health Check-ups

Immunization

Growth Promotion and Supplementary Feeding

Referral Services

Early Childhood Care & Pre-school Education

Nutrition & Health Education

Adolescent Girls - Kishori Shakti Yojna (11-18 years)

Pregnant Women

Nursing Mothers

All Women (15-45 years)

Basic Job responsibilities of Anganwadi worker (AWW)

- Monitor growth of children
- Provide non formal pre-school education
- Provide supplementary nutrition
- Give health and nutrition education
- Referral for sick children
- Elicit community participation
- Provide health service in collaboration with ANM/ASHA
- Implement adolescent girls' scheme

Need for the study

- Anganwadi Workers are key player to enhance health and nutritional status of women and children at the grass root level. Though government is spending lot of money on ICDS programme, impact is very ineffective. Most of the studies are concentrated on the nutritional and health status of the beneficiaries of ICDS. Less focus has been shifted over to assess the knowledge among Anganwadi Workers regarding recommended ICDS programmes, who are actually the main resource person and the need for training programmes for capacity building of Anganwadi Workers.

Review of literature

- Davey A, Datta U 2004. The Functioning of Anganwadi Centers in Urban Slums of Delhi. Delhi: National Institute of Health and Family Welfare.

- Duties and Responsibility of Anganwadi workers Retrieved on October 12, 2012 fromhttp://babycare.onlymyhealth.com/responsibilities-anganwadi-workers-awws 1338272004.
- Gopaldas, T., Christian, PS., Abbi, RD., Gujral, S. 1990. Does Growth Monitoring Work as It ought in Countries Of Low Literacy. *Journal of Tropical Pediatrics*, 36: 322-327.

- Govt. of India. 2010. ICDS Evaluation Report, Dept. of Women and Child Development. Ministry of Human resources \ Development, New Delhi.

- Govt. Of India. ICDS. 2010. Dept. Of Women and Child Development. Ministry of Human Resources Development, New Delhi

RESEARCH QUESTION:

What are the current levels of knowledge among the Anganwadi workers about the various services under the Integrated Child Development Scheme and the need of training programmes for capacity building of Anganwadi workers?

Objectives

- General objective:-
  - The key objective of the study will be to assess the correct knowledge among Anganwadi Workers about Integrated Child Development Services (ICDS) and their needs of further training programmes for capacity building.
- Specific objectives:-
  - To examine the socio-demographic background of Anganwadi Workers.
  - To assess the current level of knowledge among the Anganwadi Workers regarding the services delivered under the ICDS programme.
  - To study the need of training programmes for capacity building of Anganwadi workers.

Methodology

- **Study area**
  - The present study was conducted in urban area of Patan District during the year 2014 of February, March, April months. The study area was confined to 3 Blocks namely Patan 1, Patan 2 and Chanasma AWCs are belonging to urban areas and the selection of AWCs was purposive.
- **Sampling**
  - The sample for the present study comprises of 150 Anganwadi workers belonging to three Blocks of Patan Districts. I have selected 50 AWWs from Patan1, 50 AWWs from Patan 2 and 3 AWWs from Chanasma.

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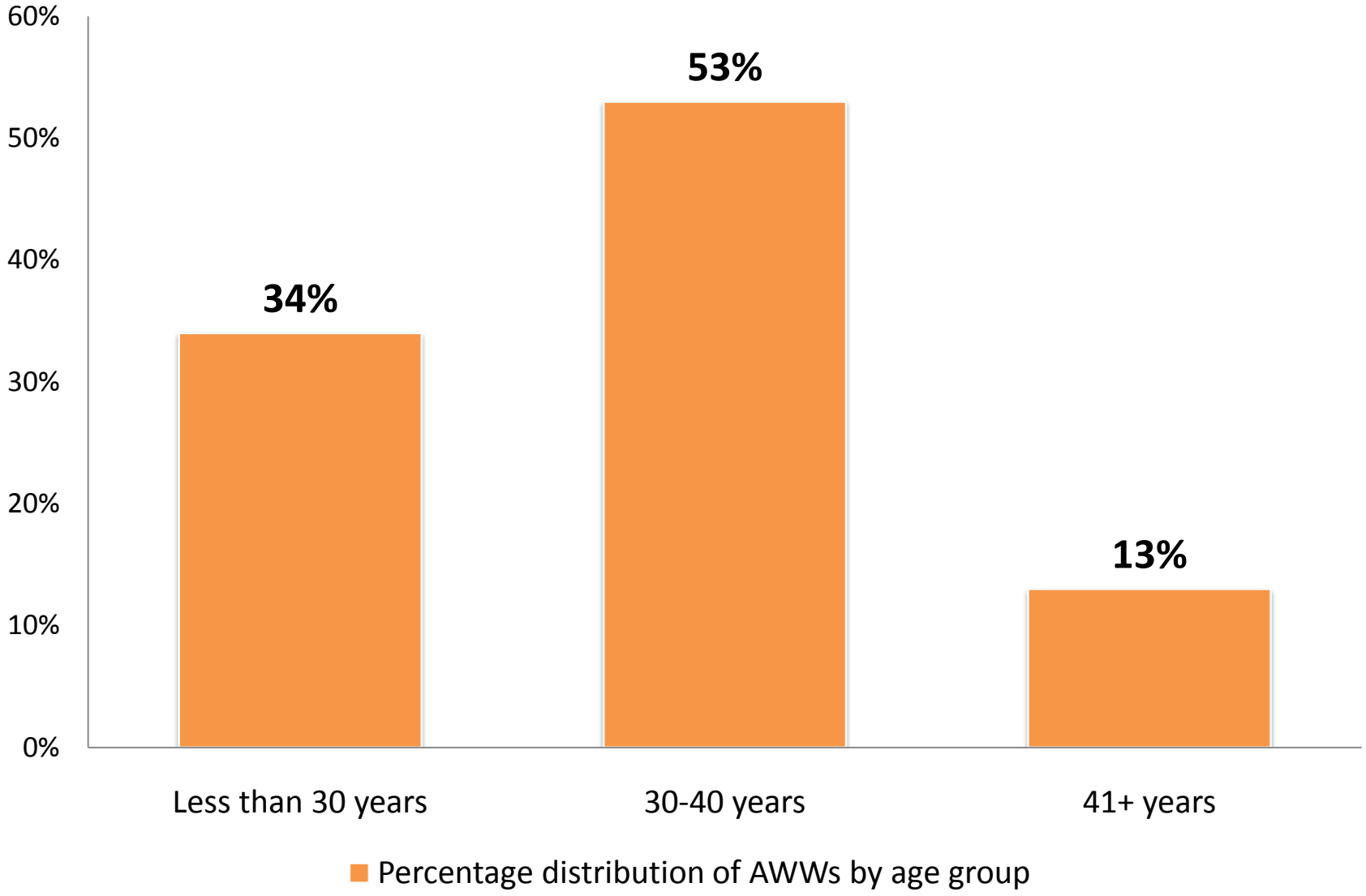
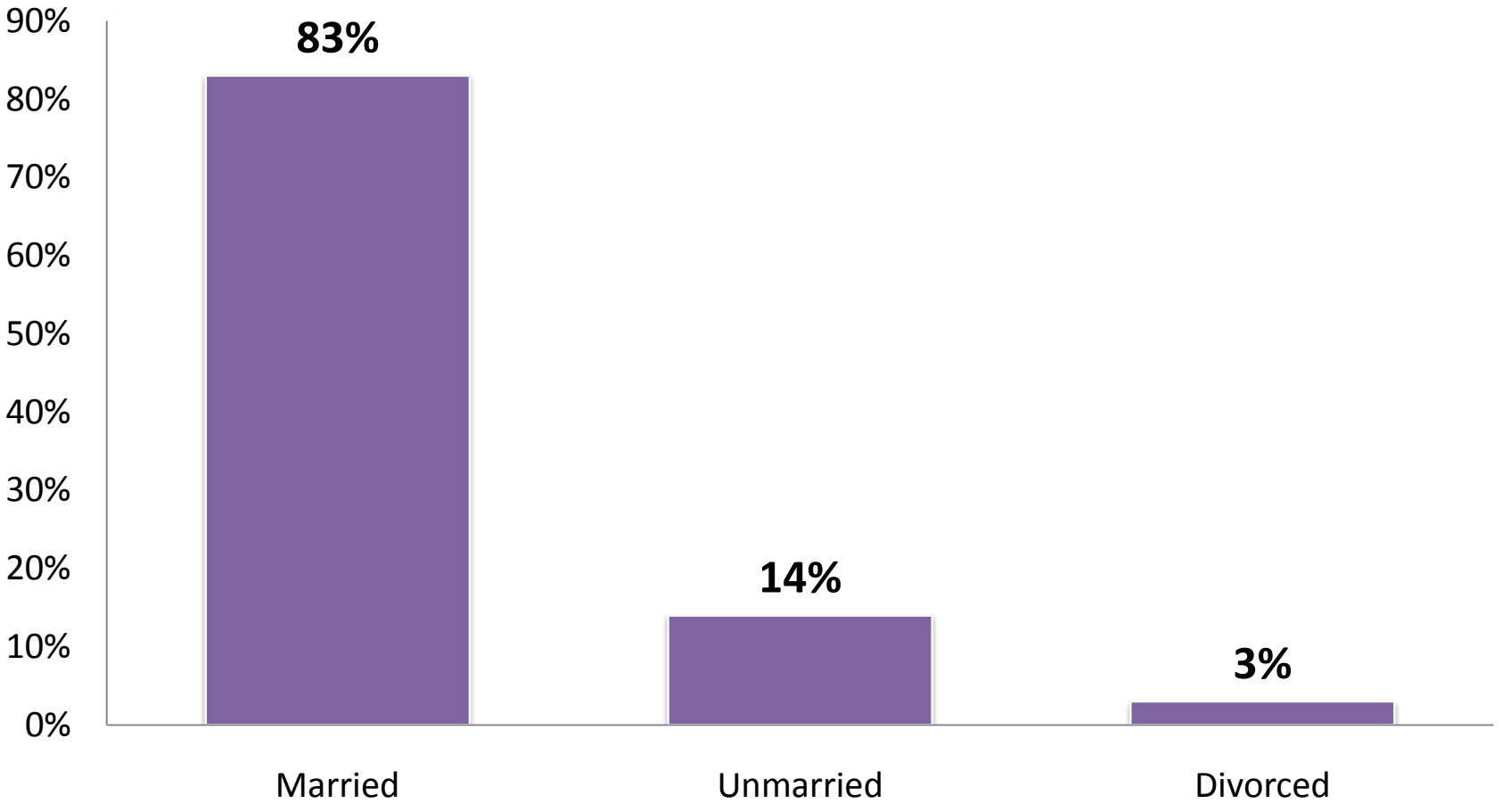
- **Tools Applied**
  - A face to face interview schedule was used as a tool for data collection with various questions framed on the knowledge among Anganwadi workers regarding the services of ICDS. Major content of the interview schedule were: socio-demographic profiles of AWWs, Knowledge about various ICDS services (like immunization, nutritional and health education, supplementary nutrition, growth monitoring).

- **Data Collection**
  - Quantitative study design 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.

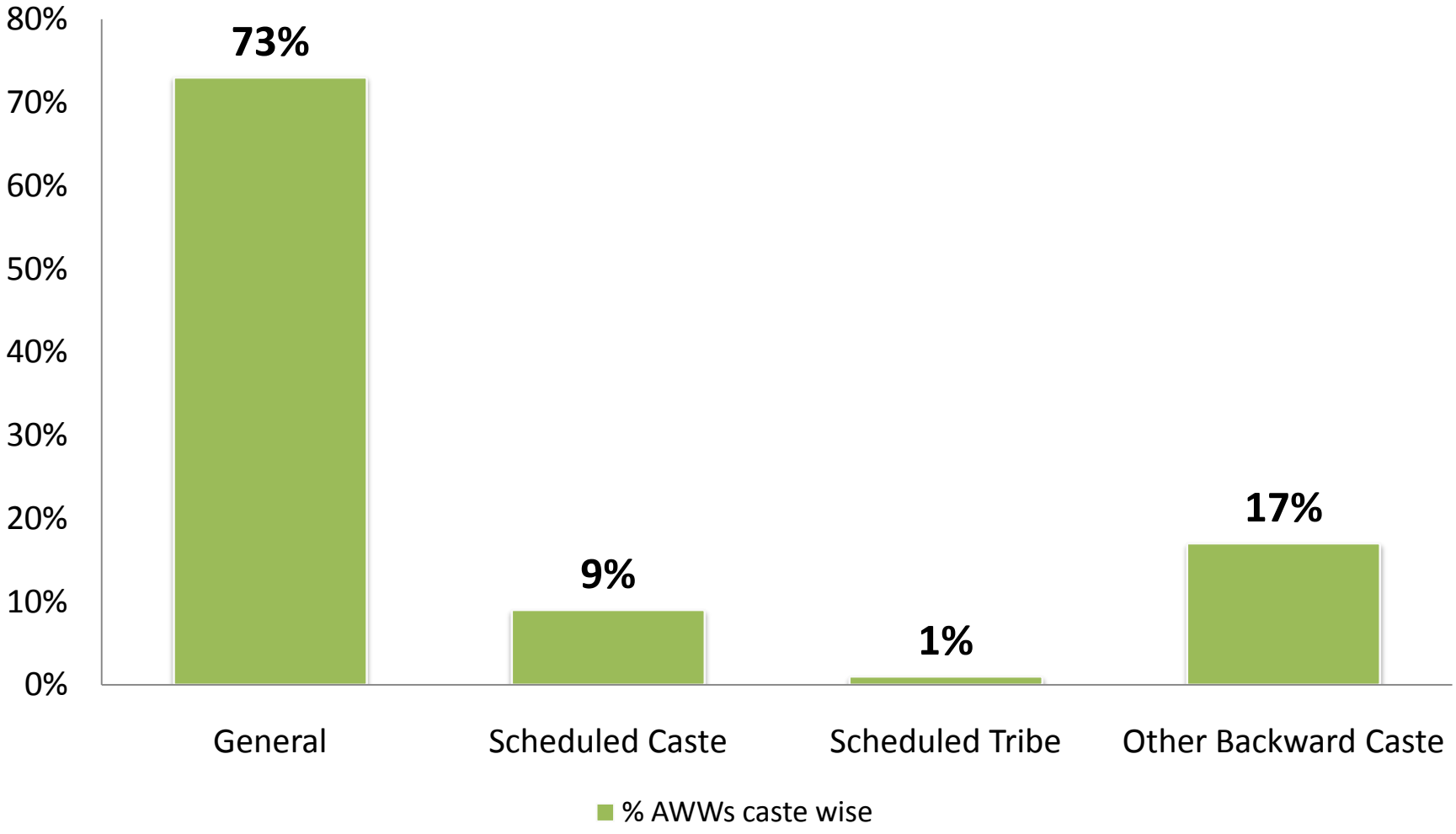
Socio demographic characteristics of Anganwadi Workers



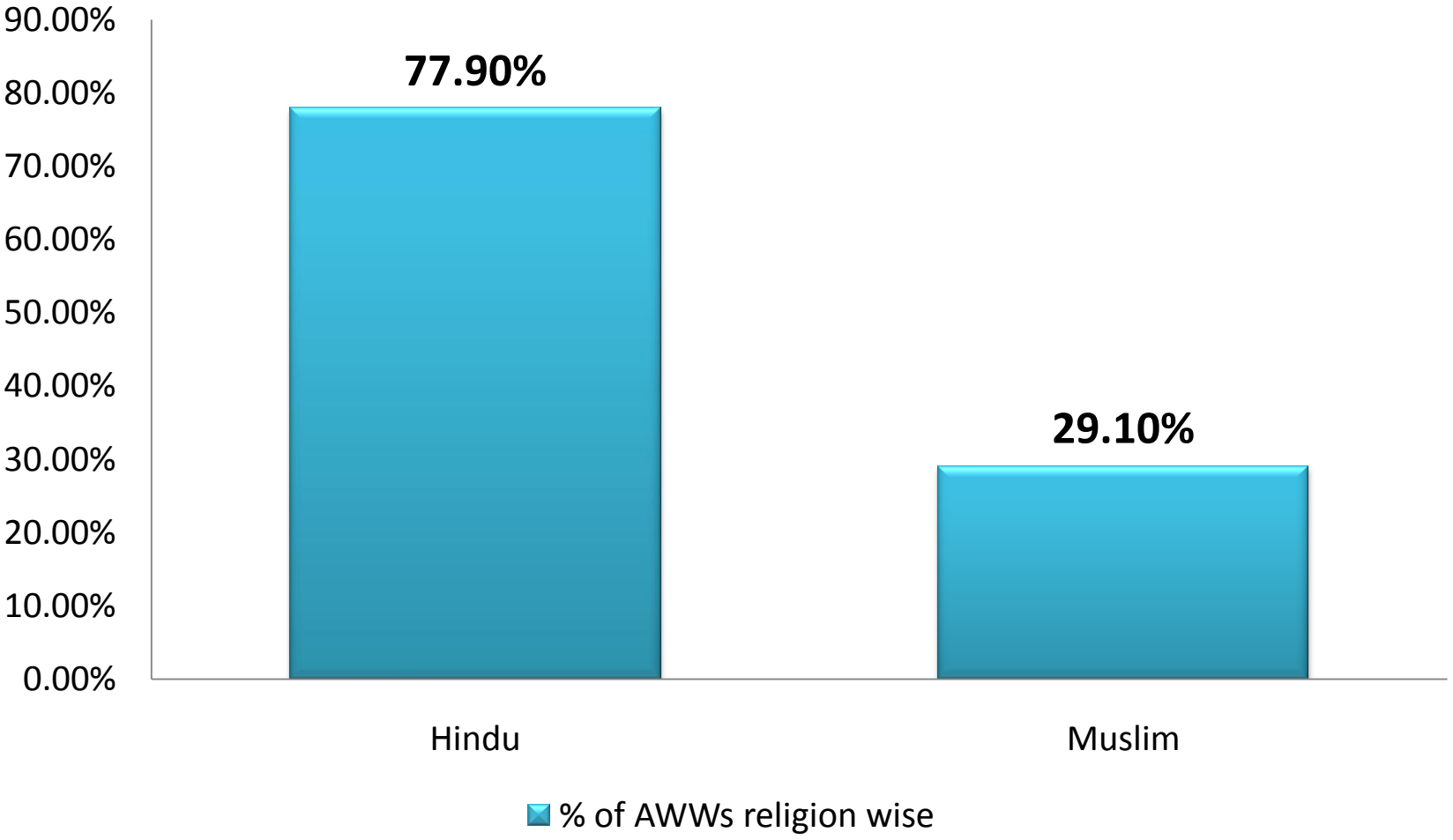
Percentage distribution of AWWs by marital status



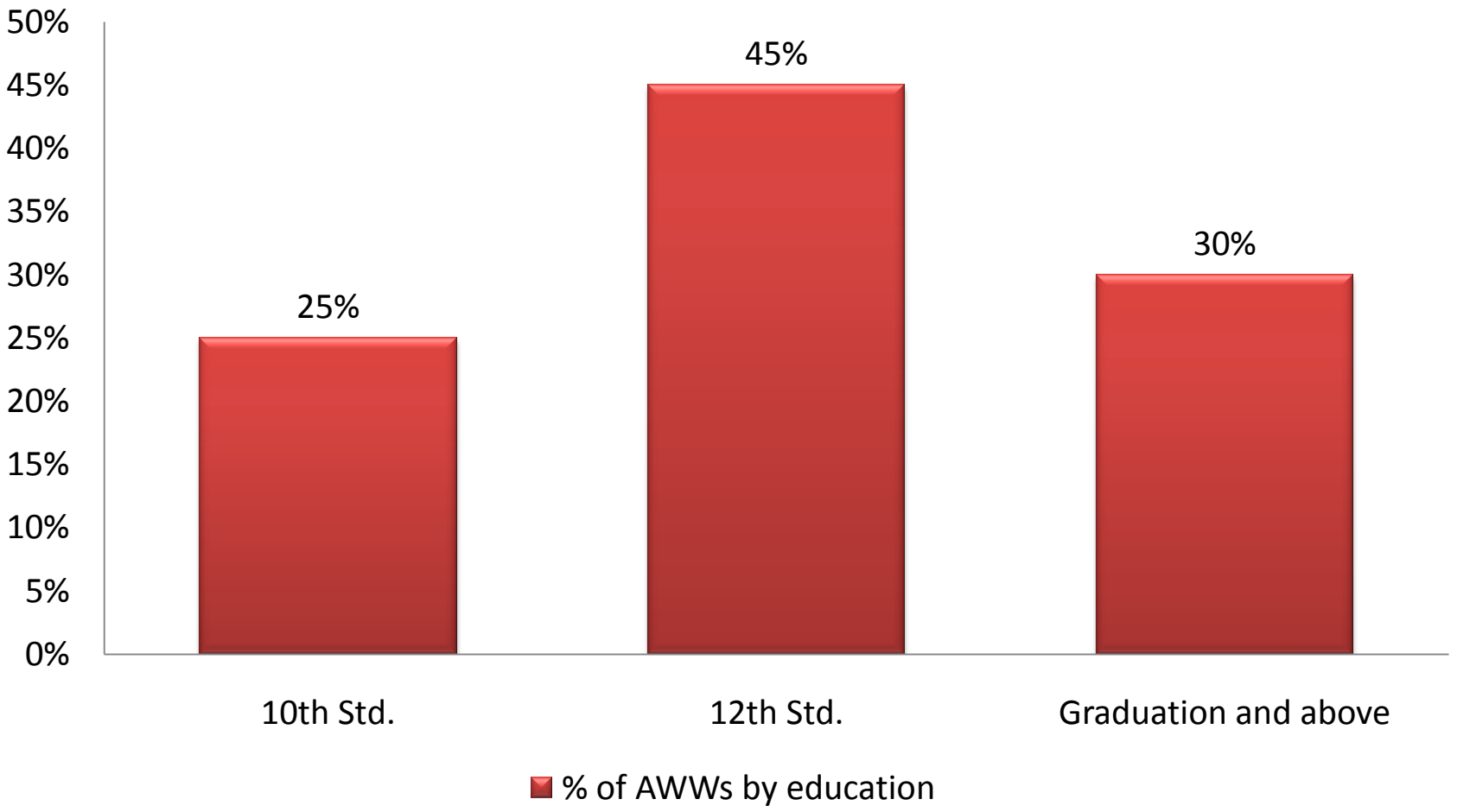
Percentage distribution of AWWs by caste



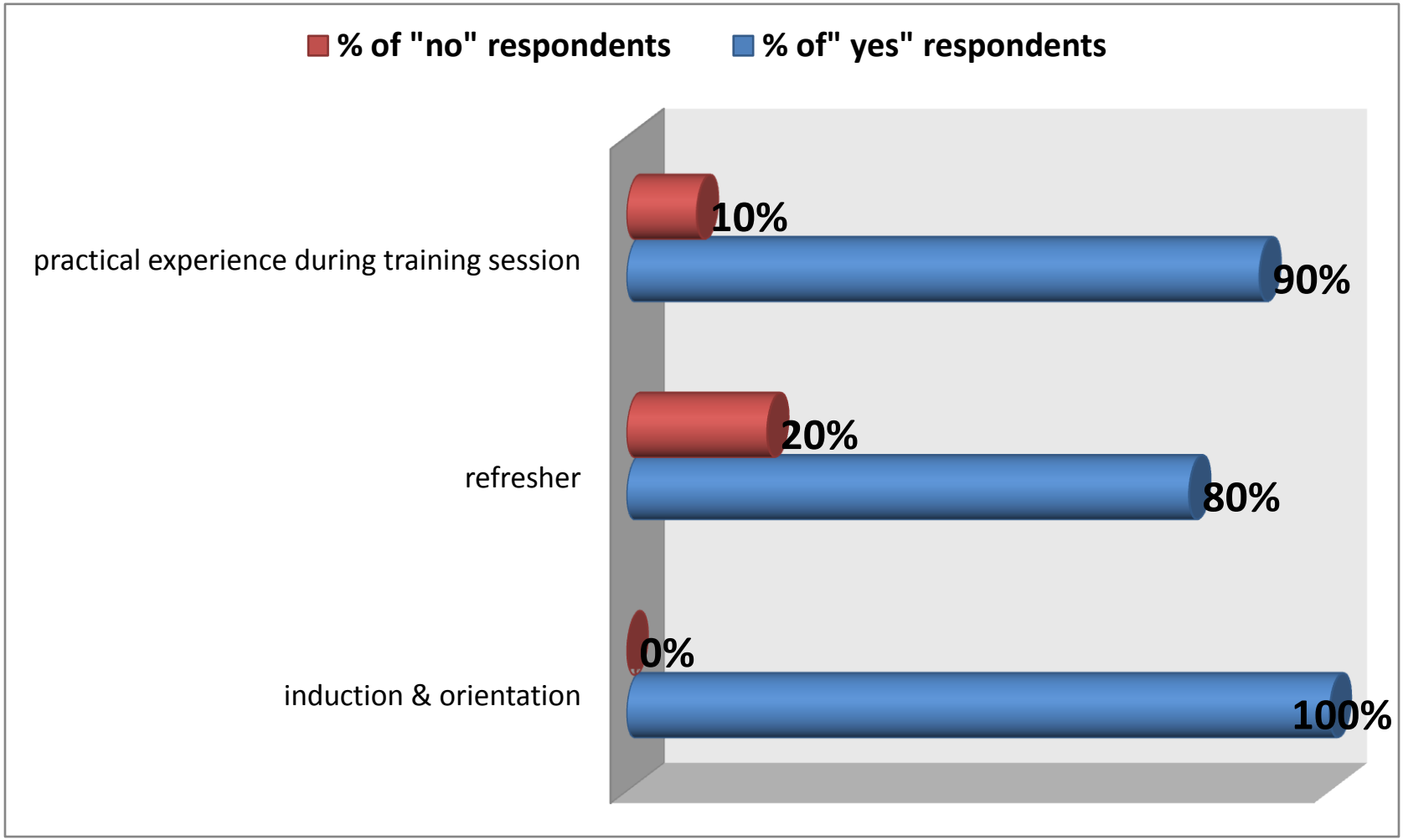
Percentage distribution of AWWs by religion



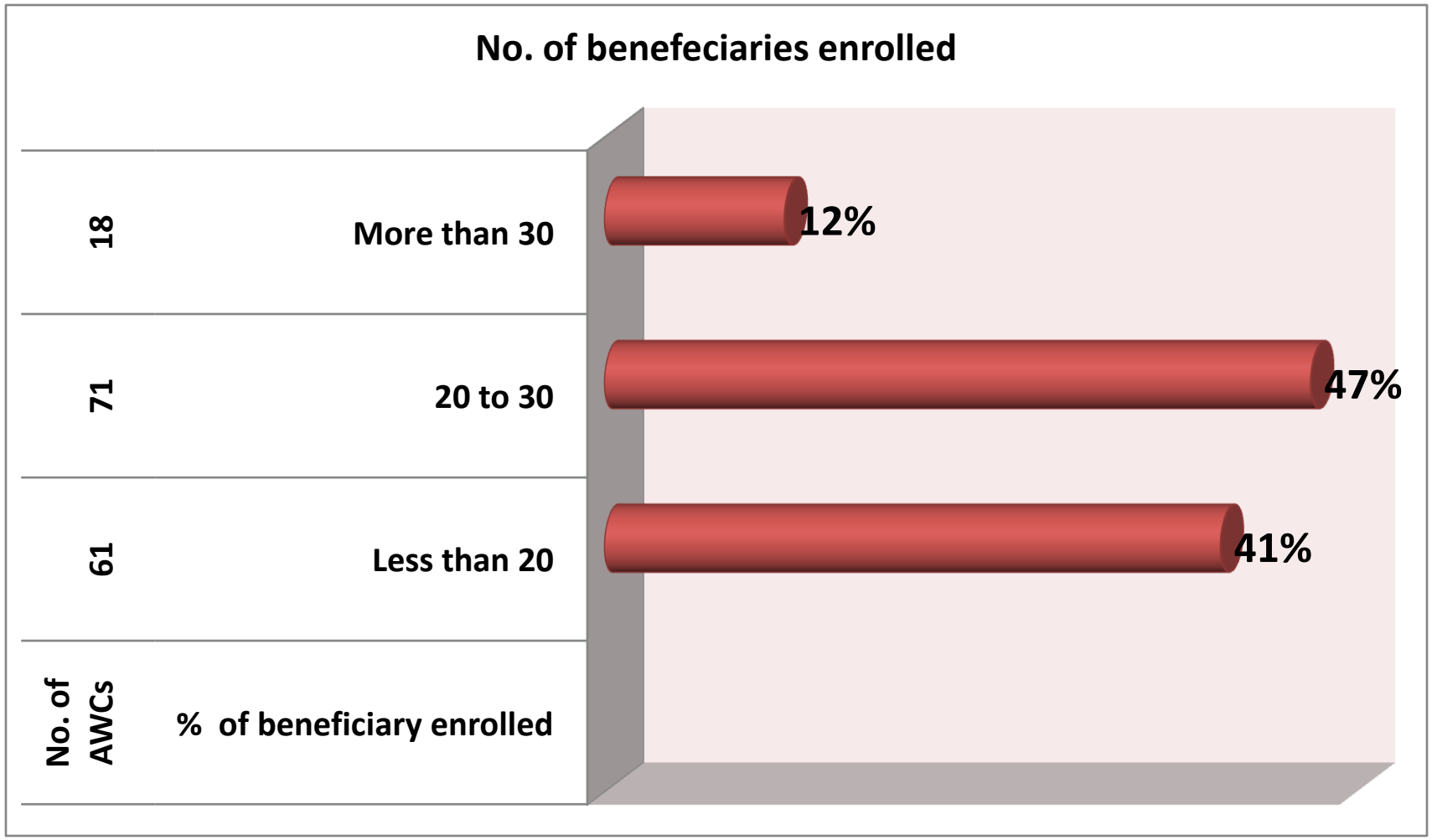
Percentage distribution of AWWs by educational qualification



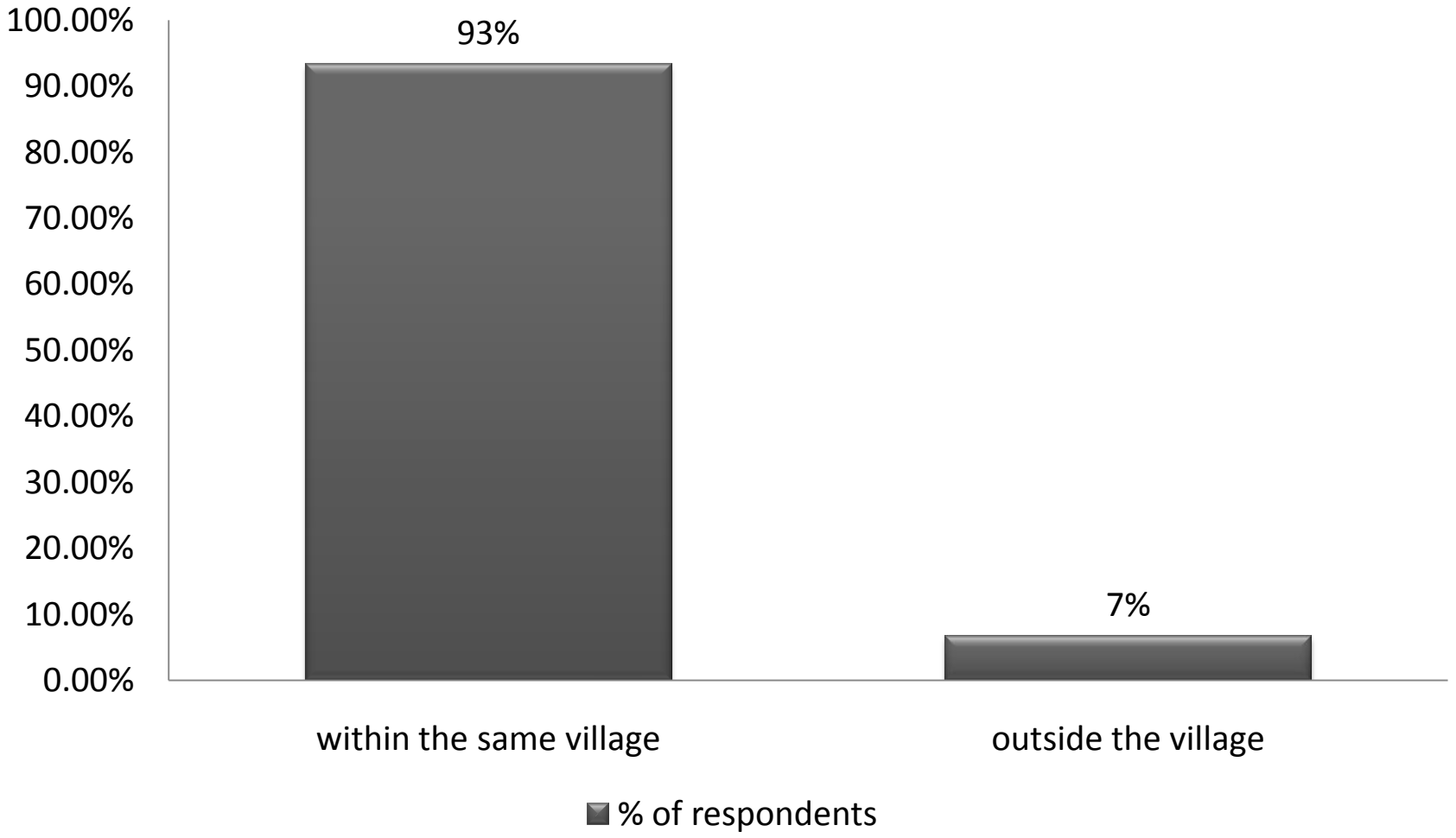
Percentage distribution of AWWs received training



Percentage distribution of beneficiaries enrolled in the AWCs



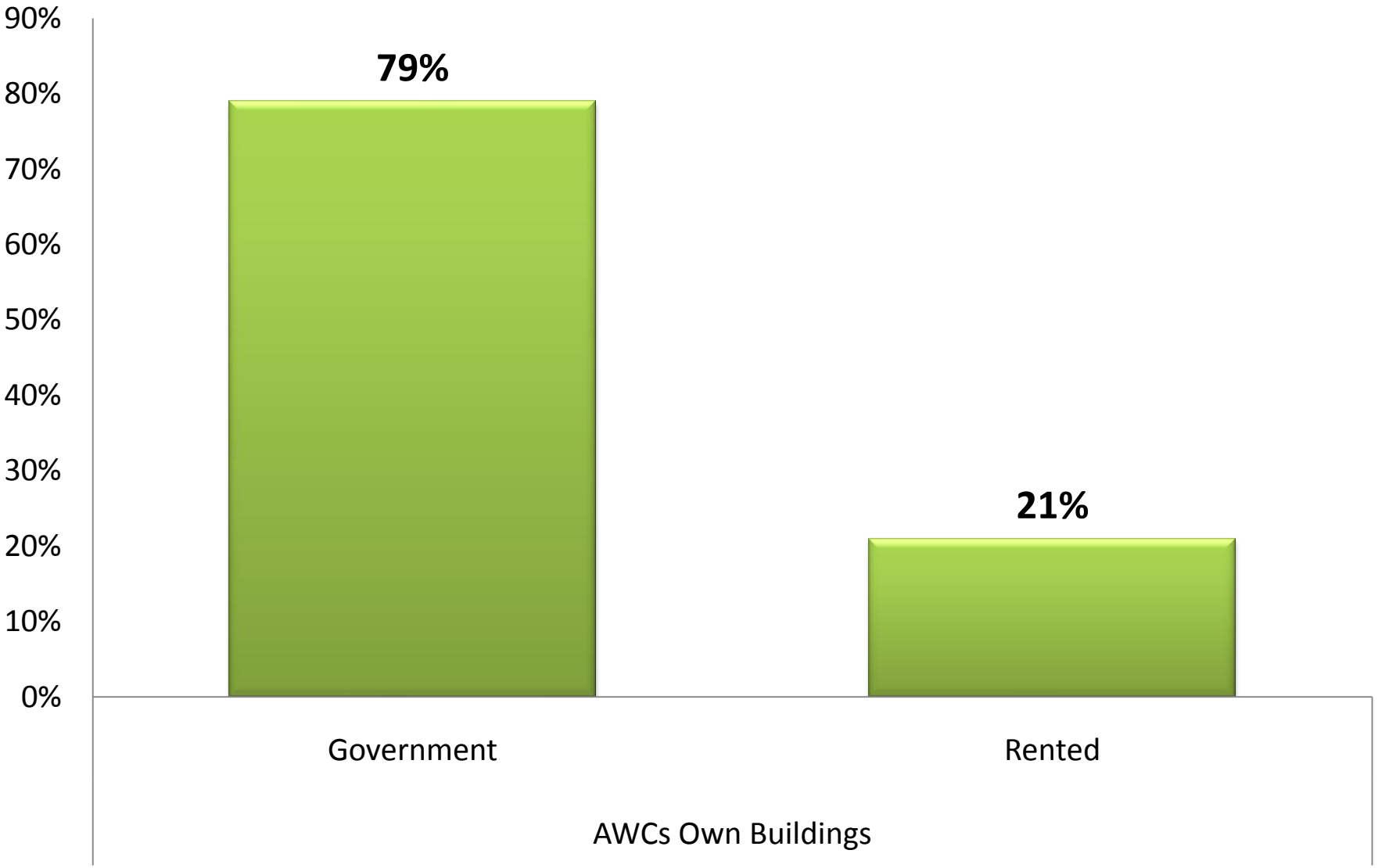
Percentage distribution of AWWs by residence status



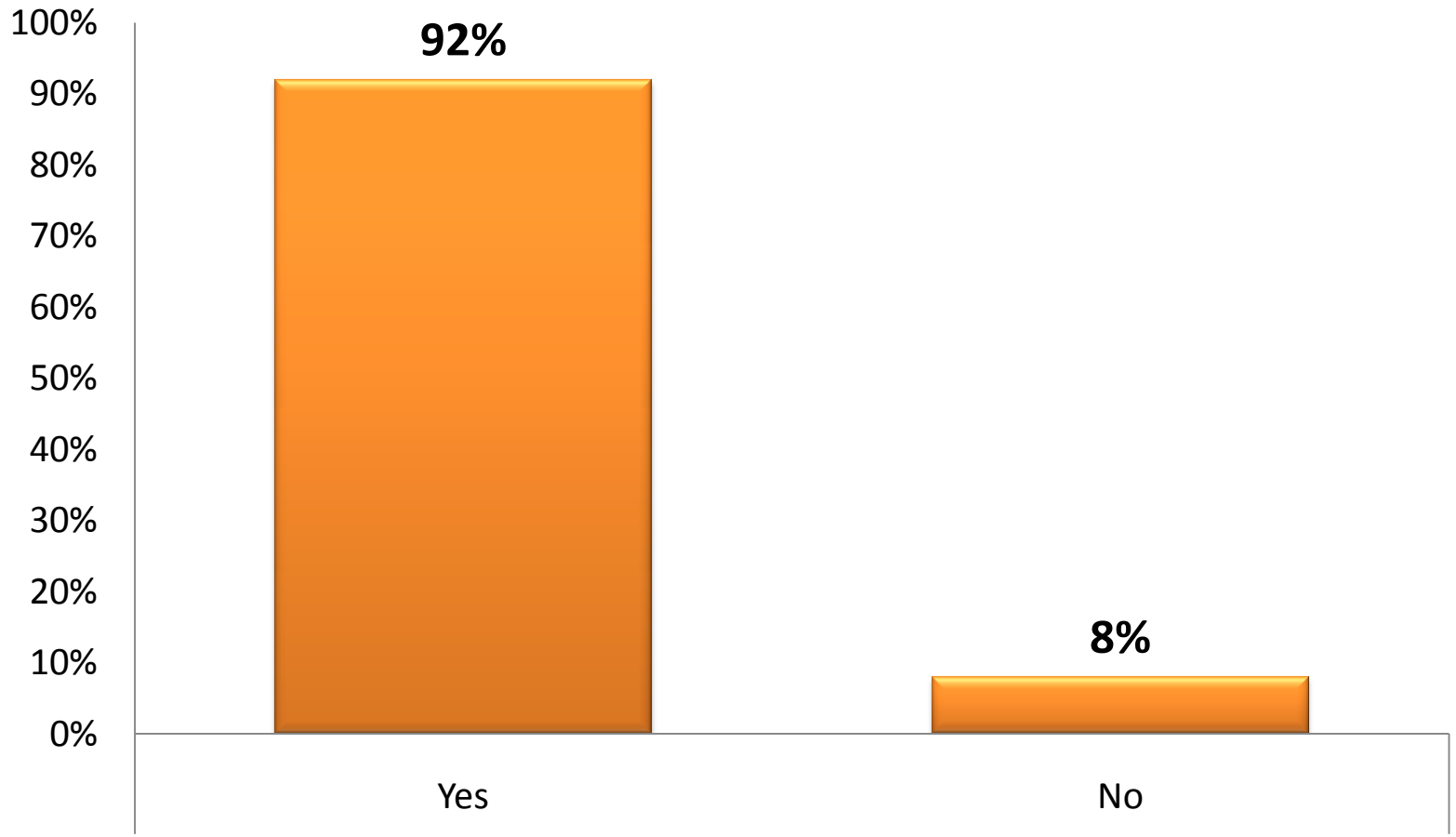
Observations

- Mean knowledge score by age was higher for older women (13.75) as compared to younger women (12.30)
- The mean knowledge score for married women is about 12.92 which is higher than the knowledge score for unmarried women (mean score 12.17).
- Mean knowledge score for general category is highest for general category (15.33)
- The mean knowledge score for Hindu worker (13.30) is higher compared to their Muslim counterpart (11.90).
- The knowledge score for Graduated women is higher (mean score 14.67) compared to their 10^{th} std. pass counterparts (11.75)
- AWWs who received refresher training are found to be more knowledgeable (mean score 13.73) about ICDS services than those who did not attend refresher training (mean score 11.93).
- Result suggest that about 41% centers have less than 20 children, 47% centers have 20 to 30 children and only 12% of Anganwadi centers have 30 above children. During interview it was observed that most of the children are not coming into the AWC because those children's parents are more preferred for private school rather than AWC.

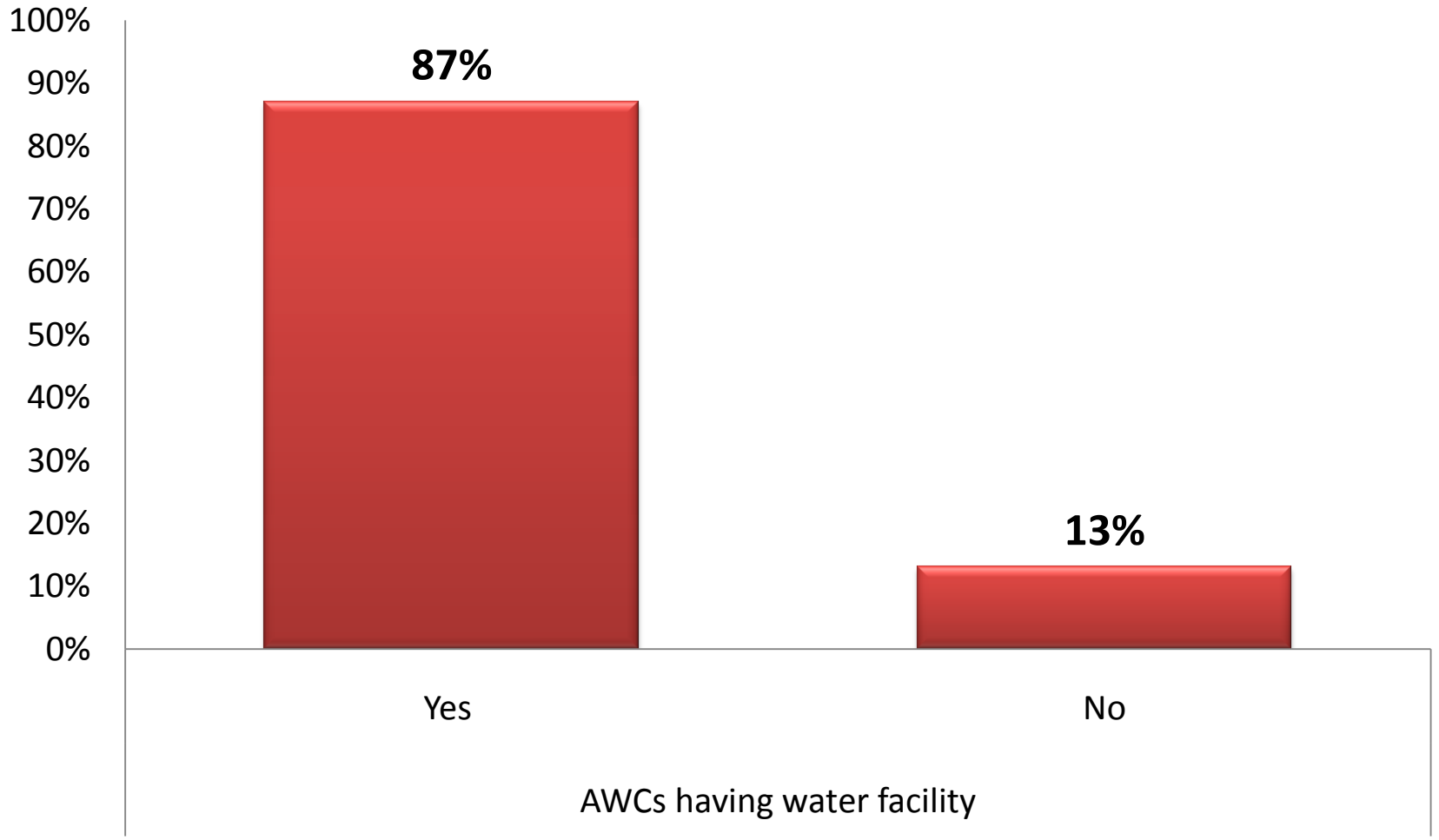
General Information about the Anganwadi Centre (AWC)



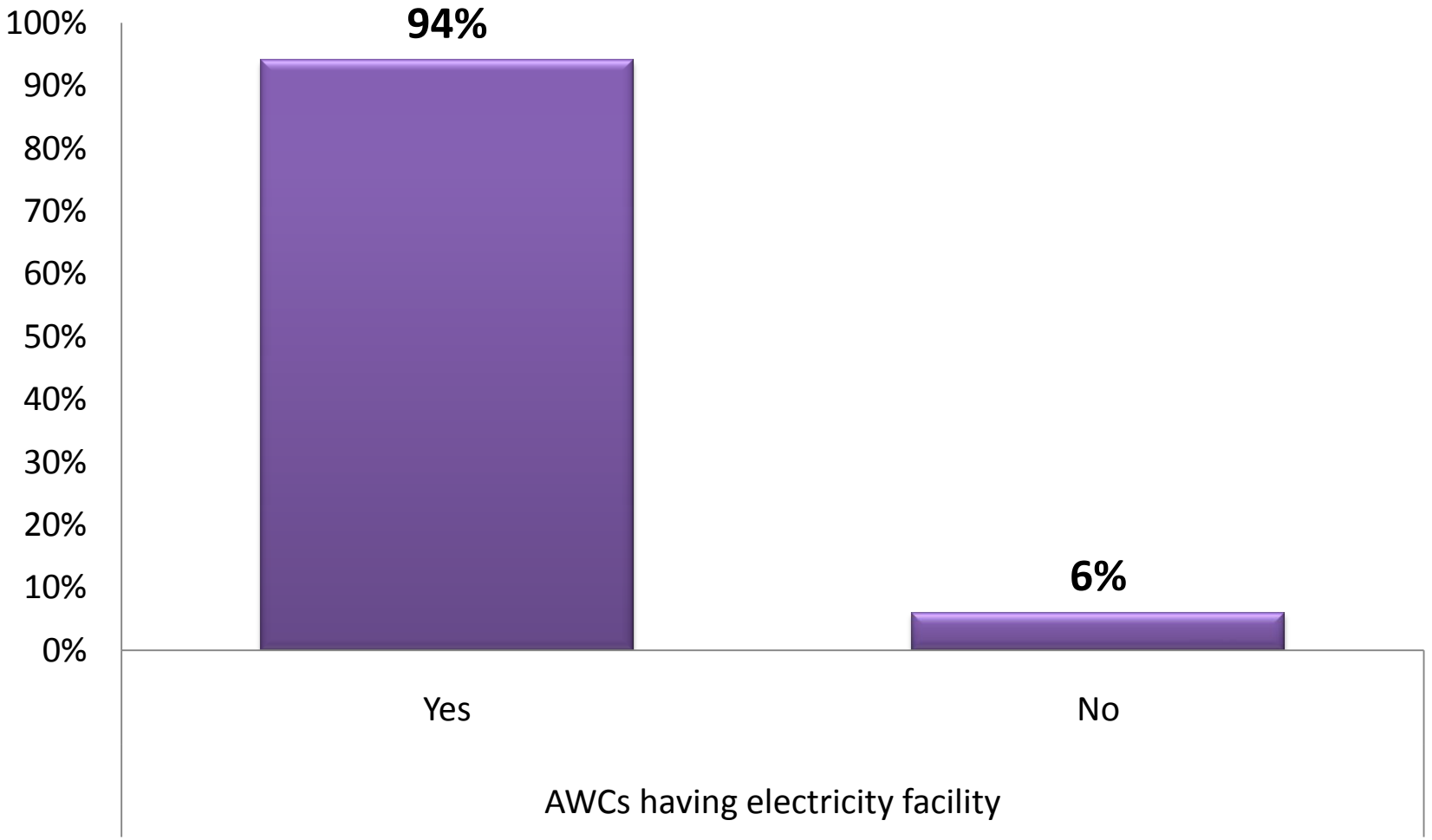
Percentage distribution of AWCs having sanitation facility



Percentage distribution of AWCs having water facility



Percentage distribution of AWCs having electricity facility



Results of Current knowledge about ICDS scheme among anganwadi workers

No	Topics / Issues	Percentage of Correct Responses obtained from AWWs on the various topics (%)
1	Amount of calories & proteins given to each child through supplementary nutrition	0.0
2	Amount of calories & proteins given to grade 4 malnourished child	16.7
3	Calories & proteins a pregnant woman receives from AWC	50.0
4	Growth monitoring starts from	100.0
5	The red color in mid arm circumference (MAC) strip indicates	10.0
6	Yellow color on MAC strip indicates a circumference of	0.0
7	Flattened growth line on growth card indicates	33.3
8	Level of weight gain per year between age group 3	10.6
9	The average weight of a 1 year old child	70.0
10	The gap between 2 successive doses of DPT vaccine	68.0
11	Measles vaccine given at the age of	83.5

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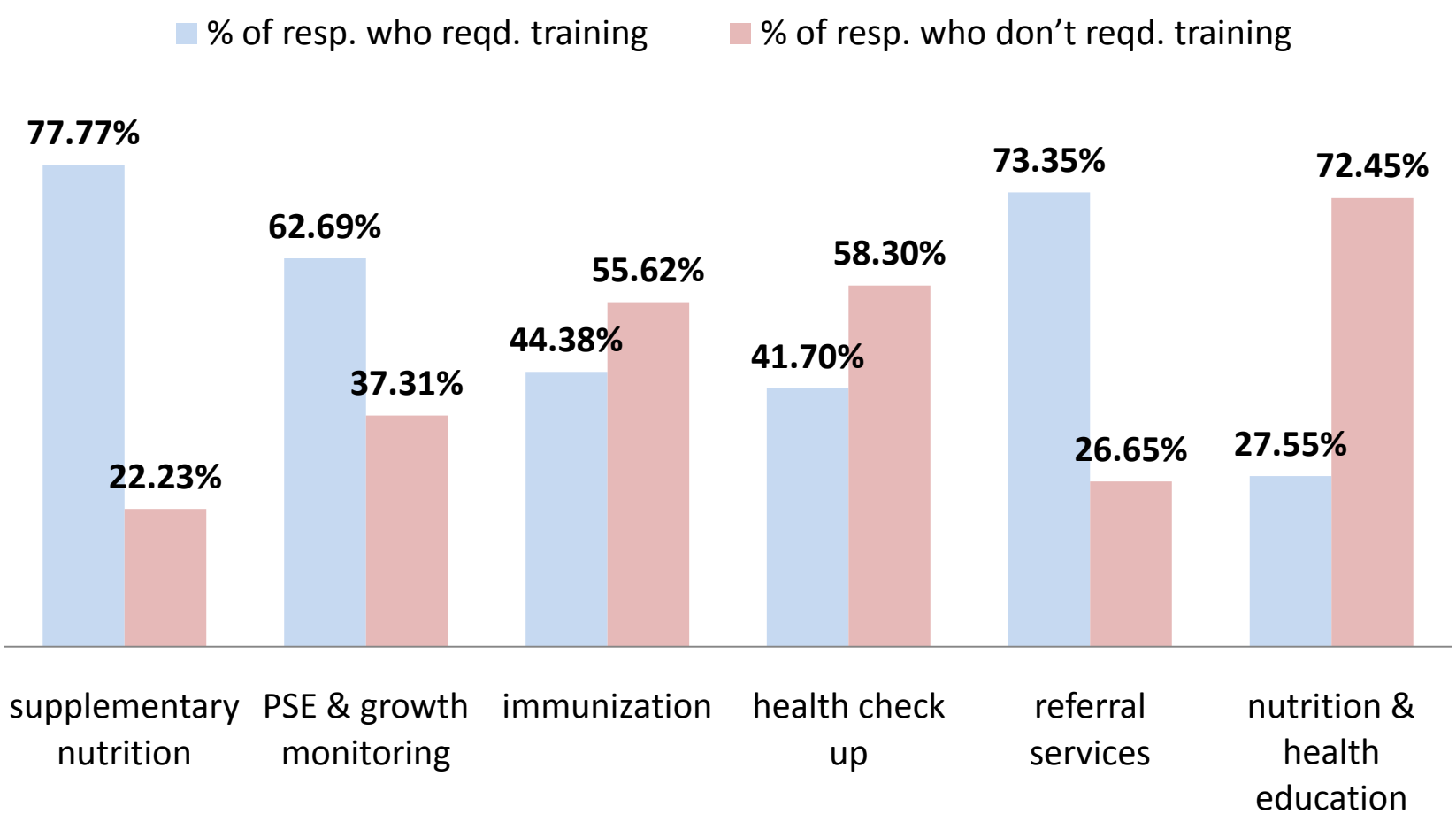
12	Booster dose of DPT given at the age of	74.6
13	Vaccines given at 5yr of age	13.3
14	No. of tetanus toxoids a pregnant lady receives	30.0
15	The earliest symptom of vitamin A deficiency	33.9
16	Dose of vit. A below 1 yr age	60.5
17	Dose of vit. A above 1 yr age	60.3
18	First dose of vit. A given at	66.1
19	Gap between 2 successive doses of vitamin A	63.7
20	Minimum no. of tab. of iron & folic acid a pregnant woman consumes	65.3
21	Four high risk pregnancies needing referral services	23.3
22	Children needing referral services (any four)	30.0
23	Exclusive breast feeding continues till	100
24	The Kind of diet that to be given during diarrhea	80.0
25	High risk pregnancies	43.3
26	ORS to be discarded if not used completely after	66.5

Percentage distribution of AWWs for training session required topic wise



Recommendations

- The present study strongly felt the need of improving the quality of knowledge and awareness among Anganwadi workers about various ICDS schemes especially growth monitoring and supplementary nutrition and referral services.
- There is a strong and intense need for improving the training quality provided to Anganwadi workers to enhance their knowledge regarding various ICDS schemes. They should be more oriented about practical knowledge in training programmes.
- Frequent interactions among Anganwadi workers and supervisors should be introduced for imparting information and awareness.
- Coordination with health department and referral services training for referring malnourished children to VCNC, CMTC and NRC centers and proper follow up of those children.

Observations and Learning

- Interacting and monthly meetings with block coordinators to discuss their field related problems, taking review of the field work done block wise and status of the tour program and tour diary maintained by them.
- Monthly meetings with CDPOs and discussing block wise malnutrition status, enrolled population within the project and beneficiaries who received ICDS services, gaps if any and suggestions and solutions discussed.
- Checking of Monthly Progress Report (MPR) for the indicators and submitting monthly report to State MIS cell.
- Monthly preparing reports of DPC monitoring indicators and sending it to State MIS cell.
- Attending of Baldin, Vatsalya din, Mamta diwas for monitoring, supervision and counseling of beneficiaries.
- Developing coordination with the health department for Mamta diwas, Kishori Shakti Yojna and other health indicators.
- Conducting SA meetings and checking of all the documents to be submitted in SA meeting at Gandhinagar.
- Preparing the anganwadi centers for Delhi visit team for program evaluation organization.
- Conducting surprise field visits at anganwadi centers for the checking the functioning of AWCs and meeting the beneficiaries and their counseling.
- Counseling of Anganwadi workers and beneficiaries especially for IGMSY scheme.
- Doing proceedings on the various official documents and circulars received from State level.
- Patan district has 2% severe malnutrition status, which is mostly due to early child marriages, early marriages, early and repeated pregnancies, lower literacy levels, migratory populations, poverty due to unemployment and poor socio-economic condition (most prevalent in the four blocks of Sami, Harij, Radhanpur and Santalpur).

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