Supervision Process of Anganwadi Centres in a Block Wadhvan of District Surendranagar in Gujarat : A Study

Internship Training
at

સંકલિત બાળ વિકાસ સેવા યોજના
મહિલા અને બાળ વિકાસ વિભાગ
ગુજરાત સરકાર

Integrated Child Development Scheme Gujarat

By
Sankshipta Kanwar

Under the guidance of
Dr. Nutan P. Jain

Post Graduate Diploma in Hospital & Health Management
2012–14

Institute of Health Management Research
Jaipur
2014

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 029, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr.Sankshipta Kanwar student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone dissertation at ICDS, Gujarat from 3rd February 2014 to 30th April 2014.

The candidate has successfully carried out the study designated to her during dissertation and her approach to the study has been sincere, scientific and analytical.

The internship is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.

Dr. Ashok Kaushik
Dean, Academics and Student Affairs
IIHMR, Jaipur

Dr. Nutan.P Jain
Professor
IIHMR, Jaipur

I.C.D.S. Society

સંકલિત બાળ વિકાસ સેવા યોજના
મહિલા અને બાળ વિકાસ વિભાગ
ગુજરાત સરકાર

(District ICDS Cell -Surendranagar)
Zilla Panchayat, Surendranagar,Gujarat.

This certificate is awarded to

Dr. Sankshipta Kanwar

In recognition of having successfully completed her Internship in

District ICDS Cell, Surendranagar

and her project on

" Supervision process of Anganwadi Centres in a Block Wadhvan of District Surendranagar in Gujarat : A Study "
Date - May 19th 2014

Organization

ICDS, Gujarat

She came across as a committed, sincere and diligent person who has a

Strong drive and zeal for learning.

We wish her all the best for future endeavours.

Mrs.Charuben.N.Pancholi
Program officer (ICDS)

Programme Officer,
I.C.D.S. (Rural) D. Panchayat
Surendranagar.

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 029, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled ' **Supervision Process of Anganwadi Centre at Wadhvan block in District Surendranagar , Gujarat'** submitted by Dr. Sankshipta Kanwar Enrolment No. IIHMR/PGDHM/2012-14/17-1370 under the guidance of Prof. Nutan.P.Jain for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 3rd February 2014 to 30th May 2014 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.

Signature: Sankshipta

Abstract:

Title: Supervision process of Anganwadi centre in Wadhvan block of District Surendranagar, Gujarat.

Name of author: Dr. Sankshipta Kanwar

Background: Integrated Child Development Scheme (ICDS) represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children, to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality.ICDS consists of six basic components for service delivery are Supplementary nutrition, Immunization , Health check-up, Referral services, Pre-school non-formal education and Nutrition & health education.

Objectives: The objectives of study are, to review the supervision process of AWCs, assess the perception of AWWs about the adequacy of supervision and current status of functioning of the supervisory mechanisms, assess the perception of Lady supervisors about the adequacy of supervisory practices and to develop a supervision model.

Methods: The study is descriptive cross sectional study. The data is collected from respondents which are 40 anganwadi workers and 12 lady supervisors by quantitative and qualitative techniques. The data is collected from March 2014 to April 2014.The anganwadi workers are selected by simple random sampling method.

Results: The supervision process of AWCs are at three levels: Village, Block and District.The feedback process which is one of main aspect of supervision is lacking at all levels.Only 7.5% of AWWs are aware of their duties and responsibilities and know about the schemes by ICDS. There is lack of maintenance and verification of registers. AWWs believe that monthly sector meeting is for sharing data only. The other supportive supervisory don't help AWW and have no supervision on supervisor work. The other drawback is non availability of MPR format at supervisor level which leads to disarray in record and maintain of data collection for supervisors.

Conclusions: The supervision process is available at all three levels of ICDS and there is lack of immediate feedback at all levels.1 out of 10 AWWs knows about all of their roles and responsibilities and are able to mention SNP schemes in AWC.Still 70% of them think that their AWCs are functioning properly and should be scored highest i.e 5.The supervisors are not supervised by their supervisors. The paucity of review meeting policy at all level leads to lack of supervision and then insufficient knowledge about proper functioning of AWCs.

Key words: AWW, AWC, supervisor, functioning of the supervisory mechanisms, feedback

Acknowledgement

I take this opportunity to thank the ICDS organization for allowing me to do my dissertation.

I also thank our Institute , IIHMR,Jaipur and my guide Professor Nutan.P.Jain for her constant support and guidance. Her timely suggestion and guidance lead to the completion of this research.

Further I would like to acknowledge my program officer and her team who really helped me in data collection during my field survey in Surendranagr district of Gujrat.

My sincere thanks to all the concerned ICDS staff at various levels in wadhvan block, viz, the Child Development Project Officer (CDPO), the lady supervisor and the Anganwadi workers for their active participation and involvement in the interviews which made the fieldwork a valuable learning experience.

I like to thank Proff. Barun Kanjilal, IIHMR,Jaipur who always encouraged me in every difficult situation.

I would also like to thank my parents, sister and friends for giving me inspiration and never ending support.

-Sankshipta

Table of Contents

Abbreviations

ICDS	Integrated child development services
RCH	Reproductive Child Health
BMI	Body Mass Index
CMTC	Child Malnutrition Treatment Center
NRC	
NHED	Nutrition, Health and Education
BCC	Behaviour Change Communication
MPR	Monthly progress report
HPR	Half yearly progress report
CDPO	Child development program officer
AWC	Anganwadi centre
AWW	Anganwadi worker

Dissertation

1.0 Introduction

India is home to 158.7 million children in the age group of 0-6 years. With nearly 20 per cent of the 0-5 years child population of the world, India is home to the largest number of children in the world. Despite growth in literacy and economy, the understanding of holistic development of children remains less understood, absorbed and assimilated and more importantly underinvested. Launched in 1975, ICDS is a unique early childhood development programme aimed at addressing health, nutrition and the development needs of young children, pregnant and nursing mothers. Over 35 years of its operation, ICDS has expanded from 33 community development blocks selected in1975 to cover almost all habitations (14 lakh) across the country. However, the larger part of expansion (more than 50Percent) has taken place post 2005. Recognizing that early childhood development constitutes the foundation of human development, ICDS is designed to promote holistic development of children under six years, through the strengthened capacity of caregivers and communities and improved access to basic services, at the community level. Within this group, priority is accorded to addressing the critical prenatal- under three years age group, the period of most rapid growth and development and also of greatest vulnerability. The programme is specifically designed to reach disadvantaged and low income groups, for effective disparity reduction. ICDS provides the convergent interface / platform between communities and other systems such as primary healthcare, education, water and sanitation among others. The programme has the potential to break an intergenerational cycle of under nutrition as well as address the multiple disadvantages faced by girls and women but with adequate investment and enabling environment.

Background of ICDS

ICDS scheme is an inter-sectoral programme, which provides an integrated package of services, seeks to directly reach out to mothers (pregnant and lactating); and children, below six years, especially from vulnerable and remote areas. To achieve the objectives, the scheme is designed to provide a comprehensive package of services for early childhood care and development. ICDS consists of six basic components for service delivery details of which are as following:

- Supplementary nutrition
- Non-formal pre-school education
- Immunization
- Health Check-up
- Referral services
- Nutrition and Health Education

Supplementary Nutrition:

Supplementary nutrition is given to children below 6 years (60 completed months) of age and to nursing and expectant mothers in accordance with guideline issued from time to time. Special attention is given to the delivery of supplementary nutrition to children below 3 years of age. The amount of nutrition varies according to the age of the child. The type of pre-processed or semi –processed food or on spot prepared food from locally available food materials depend upon the administrative feasibility as well as directives issued by the department. In Gujarat, raw materials (wheat, chickpea and oil) are distributed in beneficiaries commonly known as Take Home Ration, Supplementary nutrition is given for 300 days in a year. Children who are found as a result of health check-up to suffer from third degree of malnutrition are given enhanced supplementary nutrition (therapeutic food) based on their physical need.

Five types of supplementary nutrition are provided:

1. Demonstrative feeding.
2. Hot breakfast
3. Nutri Candy.
4. Anganwadi meal
5. Third meal

Non formal preschool education:

Children of 3-6 years have the benefit of non-formal pre-school education through the institution of Anganwadi centre. The Anganwadi is the focal point for delivery of the entire package of child development services. Non-formal pre-school education is not to impart formal learning but to develop in the child desirable attitudes, values and behaviour patterns. No attempt is made to achieve uniformity of teaching/learning procedure in the Anganwadi. There is flexibility and the child is encouraged and stimulated to grow at his own pace. The Anganwadi strive to satisfy the curiosity of the child and channel it in a creative direction. The Anganwadi establishes link with the elementary school so that the child moves from the Anganwadi to the school with the necessary emotional and mental preparation.

Immunization service:

Immunization of pregnant women and infants protects children from six vaccines preventable diseases-poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal

mortality. This service is delivered by the Ministry of Health and Family Welfare under its RCH programme.

Health check up service:

Health Check-up in the Anganwadi includes:

1. Ante natal Care of Expectant Mothers: - At the ante natal clinics apart from complete physical and obstetrical examination of the mother, serial recording of weight, blood pressure haemoglobin and examinations of urine is done as a routine. Immunization against tetanus is given. Iron and folic acid tablets along with protein supplements are given. Counselling is done by AWW and mamta card is provided for further check-up reference and reminder.
2. Post natal Care:-Efforts are made to give post natal visits to mothers in their homes twice within the 10 days after delivery in those villages where primary health centres and sub-centres are located and villages nearby; in other areas at least one visit within the first month after delivery is aimed. These visits are utilized to check on the general health and well being of the mothers, establishment of successful breast feeding of the new born and attention to the general health of the infants. At the post natal clinic mothers are helped to adopt a suitable method for spacing the next birth or for limiting the family size as the case may be.
3. Care of children less than 6 years of age:-Children below 6 years have their weights monitored so as to identify children who are under malnourished is, Serial records of the weight of children are kept with a view to keep close watch over their nutrition status, growth and development and Immunization. Every three to six months general check-up is done in order to detect diseases and other evidences of malnutrition or infection.
4. Referral services:-Pregnant mothers and children with health issues such as malnutrition requiring specialized treatment are referred to the Reproductive Child Health (RCH district.

During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre. The AWW has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre.

Nutrition and health education service:

Nutrition, Health and Education (NHED) is a key element of the work of the anganwadi worker. This forms part of BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women – especially 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. The methods of carrying the message of health and nutrition education is by the use of mass media and other forms of publicity, special campaign at suitable intervals, home visits by Anganwadi workers.

To provide the six basic services of ICDS efficiently, different levels of service provider need to keep different types of information of the beneficiaries. This information reflects the coverage of the services which initiate the service providers to take a corrective decision. In ICDS, different levels of service provider keep different types of registers. This study focuses on three levels of service providers and how they are collecting and managing information.

1. Village level
2. Sector /Seja level and
3. Block level

2.0 Rationale

In ICDS Surendranagar, there are 1510 AWCs which caters to need of 136000 children and 89000 pregnant and lactating women and 28000 adolescent girls. All these beneficiaries are dependent upon proper functioning of AWCs. The proper functioning of AWCs depends upon the effective and efficient supervision of Lady supervisor. She is the link between AWW and CDPO and other higher levels of ICDS. The lady supervisor plays vital role in proper functioning of AWCs and hence this study is to understand her supervision process which helps in running AWCS successfully.

1.0 Research Questions

1. How supervision processes help AWC in their functioning?
2. What is the perception of AWWs about the adequacy of supervisory mechanisms and current status of functioning of the AWCs?

3. What is the perception of Lady Supervisors about the adequacy of supervisory mechanisms and current status of functioning of the AWCs?

4.0 Objectives

1. To review the supervision process of AWCs.
2. To assess the perception of AWWs about the adequacy of supervision and current status of functioning of the supervisory mechanisms.
3. To assess the perception of Lady supervisors about the adequacy of supervisory practices.
4. To develop a supervision model

5.0 Literature review

The ICDS Scheme has been a well conceived Scheme. But the real problem lies in its implementation which arises out of inadequate funding, lack of convergence, accountability of those managing and implementing the programme, specially, at the level of anganwadi centres and supervisory level, lack of community ownership and the general perception about this being a feeding programme and not an Early Childhood Development programme. If these inadequacies are addressed appropriately, the Scheme has the potential to give satisfactory nutritional and child development outcomes.

Various studies have been instituted to understand the process of implementation ICDS whereas there has significant gaps in terms of studies on process of data collection of ICDS. Most of the studies are concern on service evaluation of ICDS. After the careful review of the literature it comes up very clearly that study on supervision process is inadequate.
An evaluation report on ICDS, submitted by programme evaluation organization in March 2011 reveals that a wide divergence between official statistics on nutrition status, registered beneficiaries and number of day's food and nutrition severed, and grassroots reality with regards to these indicators shows lack of monitoring and supervision a various levels.

A baseline survey study name Baseline Survey for World Bank Assisted ICDS – III Project in Rajasthan ICDS submitted by Indian Institute of Health Management Research (IIHMR).This study revealed that only 88Percent of the weighing machines were in working

condition. In the age group 3-6 years, last weighing of children in the week preceding the survey was reported in around 42Percent AWCs. In 38Percent AWCs children were weighed in the previous month, followed by 13Percent AWCs where children were weighed two months ago. Children were never weighed in about 8Percent AWCs. It was found that 31-40 growth charts were filled by around 35Percent AWWs, followed by 21- 30 growth charts (21.1Percent AWWs), 10-20 growth charts (12.2Percent AWWs), 51-60 growth charts (5.3Percent AWWs), 41-50 growth charts and above 60 growth charts (3.5Percent AWWs each). Not even a single growth chart was filled by nearly 19Percent AWWs. In 48Percent AWCs, the Immunization register was updated in the last one month preceding the survey, but nearly 30Percent AWWs had not updated the Register since more than one month. All this information directly shows shortfalls in supervision process as all equipments, data recording and availability of registers are needed for proper functioning of AWC. An evaluation study on ICDS was conducted in Himachal Pradesh in 2000. It was found that majority of AWWs were not able to monitor the growth of children. The reasons they mentioned were non-availability of growth charts, non-cooperation of parents, and weighing scales not in working condition.

Another evaluation study has done in Karnataka by Dr. M. N. Usha in 2006. It was found that the ICDS programme was successfully implemented by a well knit administrative and organizational structure. Besides this, delivery of services such as Supplementary Nutritional Programme (SNP), Nutritional and Health Education, Immunization, Health Check Up, Referral Services had resulted in the improvement of nutritional and health status of children and women over years. Inadequate infrastructure facilities and amenities for children in Anganwadi Centres were observed.

Another study has done on Impact Assessment of ICDS in Madhya Pradesh by Poverty Monitoring and Policy Support Unit on 2009-2010. The study revealed that approximately 54 percent AWCs run from rented building while 1/4th of them run form Panchayat or State Government constructed buildings. Potable drinking water was available only at 77 percent of centres. 60 percent of the centres do not have toilet facilities. Growth charts were available in 58.3 percent of the AWCs. This study showed that the AWWs were not getting the basic facility for running the AWCs which is one of the prime function of lady supervisor and CDPO to do for smooth functioning of AWC.

6.0 Methodology

6.1 Type of study

A descriptive cross sectional study was done and data was collected by quantitative technique and qualitative technique.

6.2 Study Area

District Surendranagar have 10 blocks and ICDS is implemented in 12 taluka. The two taluka chosen for study are Wadhvan-1 and Wadhvan-2 and taken purposively as all the sanctioned staff is appointed in these two taluka.

STAFF	SANCTIONED	APPOINTED
CDPO	2	2
SUPERVISOR	12	12
AWW	288	288

From these two taluka, AWC's are visited for data collection and all the AWC's are rural.

6.3 Study subjects

It consists of anganwadi workers of sampled anganwadi centres and all lady supervisors of two taluka.

6.4 Sampling procedure

The two taluka are purposively selected on the basis of appointed human resource which meets the criteria of the study. The in-depth interviews of all lady supervisors are conducted in both the taluka. There are 150 AWC in Wadhvan-2 and 138 AWC in Wadhvan-1 and 39 AWC's are selected on the basis of simple random method.

6.5 Sample size

For conducting, in depth interview, all the lady supervisors are taken into account and in case of interview schedule of AWW, 15% percent of AWC's of both taluka are taken which constitute around 39 AWW.

Table 6.1 Sampled AWC of Wadhvan Block			
Block 1	AWC Name	Block 2	AWC Name
WADHVAN-2	SURENDRANAGAR	WADHVAN-1	WADHVAN
WADHVAN-2	RATTANPAR	WADHVAN-1	WADHVAN
WADHVAN-2	ZORAVAR NAGAR	WADHVAN-1	WADHVAN
WADHVAN-2	ZORAVAR NAGAR	WADHVAN-1	WADHVAN
WADHVAN-2	RATTANPAR	WADHVAN-1	NANA KARELA
WADHVAN-2	RATTANPAR	WADHVAN-1	ADARSH
WADHVAN-2	RATTANPAR	WADHVAN-1	WADHVAN
WADHVAN-2	SURENDRANAGAR	WADHVAN-1	WADHVAN
WADHVAN-2	SURENDRANAGAR	WADHVAN-1	LAKHUPUR
WADHVAN-2	SURENDRANAGAR	WADHVAN-1	SURENDRANAGAR
WADHVAN-2	RAMNAGAR	WADHVAN-1	KOTHARIYA
WADHVAN-2	DEVNAGAR	WADHVAN-1	KOTHARIYA
WADHVAN-2	SURENDRANAGAR	WADHVAN-1	KHERALI-6
WADHVAN-2	DUDREJ	WADHVAN-1	KHARVA
WADHVAN-2	DUDREJ	WADHVAN-1	KHARVA
WADHVAN-2	KHODU	WADHVAN-1	KHARVA
WADHVAN-2	NAGAR	WADHVAN-1	KHERALI
WADHVAN-2	PRANGADH	WADHVAN-1	MUNJPAR
WADHVAN-2	MOOLCHAND	WADHVAN-1	BADHRESI
WADHVAN-2	KATUDA		
WADHVAN-2	VELAVADAR		

6.6 Data collection

For quantitative data collection; study instrument used is structured pre-tested questionnaire (Annexure-3) which included information about work, education, duties and responsibilities, information regarding registers used in anganwadi centre and other related information.

For qualitative data collection; study instrument used is open ended in depth interview (Annexure-2) schedule which included roles and responsibilities of supervisor, supervision in AWC.

6.7 Ethical considerations

Informed written consent is obtained from the study participant explaining all the details of study and acknowledged to all the queries of respondents. Confidentiality of data is maintain throughout the study period and during analysis.

7.0 Results

All the respondents of this study is female and 44 percent of them are above 45 years of age.

Table:7.1 Percent distribution of age of AWWs (n=40)	
Age (in completed years)	**Percent**
Below 30	17.5
Between 31-45	40
Above 45	42.5

As most of the AWWs are above 40 yrs, 45 percent of AWWs have experience of 15 years.

Table 7.2 : Percent distribution of AWW having work experience (n=40)	
Experience in year	**Percent of AWW who have work experience**
1-5 years	20
6-10 years	27.5
11-15 years	7.5
Above 15 years	45

Half of the AWW who are interviewed are educated till senior secondary level. Thirty percent AWWs have passed senior secondary and only 17.5 percent are there who are educated below senior secondary level.

Table 7.3 : Percent distribution of AWW by their education level (n=40)	
Education	**Percent**
>Senior secondary	52.5
Senior secondary	30
<Senior secondary	17.5

A separate ICDS Training Unit within the Ministry of Women and Child Development headed by a Director/Dy. Secretary level officer is responsible for overall monitoring, supervision and evaluation of the training program. The supervision is done at various levels which are described below:

At Village Level (Anganwadi Level), the monthly and half-yearly Progress Reports of Anganwadi Worker are given on prescribed format (Annexure-1).

- AWW deposit this Monthly Progress Report (MPR) to Lady supervisor in monthly sector meeting conducted on 19th and 20th of every month,

At Block Level, Child Development Project Officer (CDPO) is the in-charge of an ICDS Project. Lady supervisor report to CDPO after compiling data from sector meeting. They don't have any format for MPR. Only AWW have format.

- CDPO is required to send the Monthly Progress Report (MPR) by 28th day of the following month to district in prescribed format.

At district level, data is compiled and send to state before 5th of every month.

The information received is in the prescribed formats is compiled, processed and analyzed at the State level on quarterly basis. The progress and shortfalls indicated in the reports on ICDS are reviewed by the State ICDS cell regularly by review meetings/ letters. The review and analysis of compiled formats are not done at village or block level according to the system. The immediate feedback system is not there at all level and supervisor don't have format for proper reporting supervision. Every supervisor maintains registers according to her own comfort and not in proper format. Thus, supervisors and CDPOs are the main key of supervision and this study is done mainly to review supervision process at taluka level – challenges and benefits.

On taking roles and responsibilities of AWW as one of indicator and there is no AWW who told about all the mentioned roles and responsibilities of AWW. The main responsibility perceived by AWW is provision of SNP and home visits.

Table7.4 Percent distribution of AWW knows about Roles and responsibilities (n=40)	
Roles and responsibilities	**% of AWW knows about**
Provision of SNP	92.5
Home visits for educating parents	90
To maintain files and records as prescribed	60
To assist the PHC staff in the health check-ups	30
Family Survey	27.5
Health, Nutrition and Education Counselling	25
Community Participation	7.5

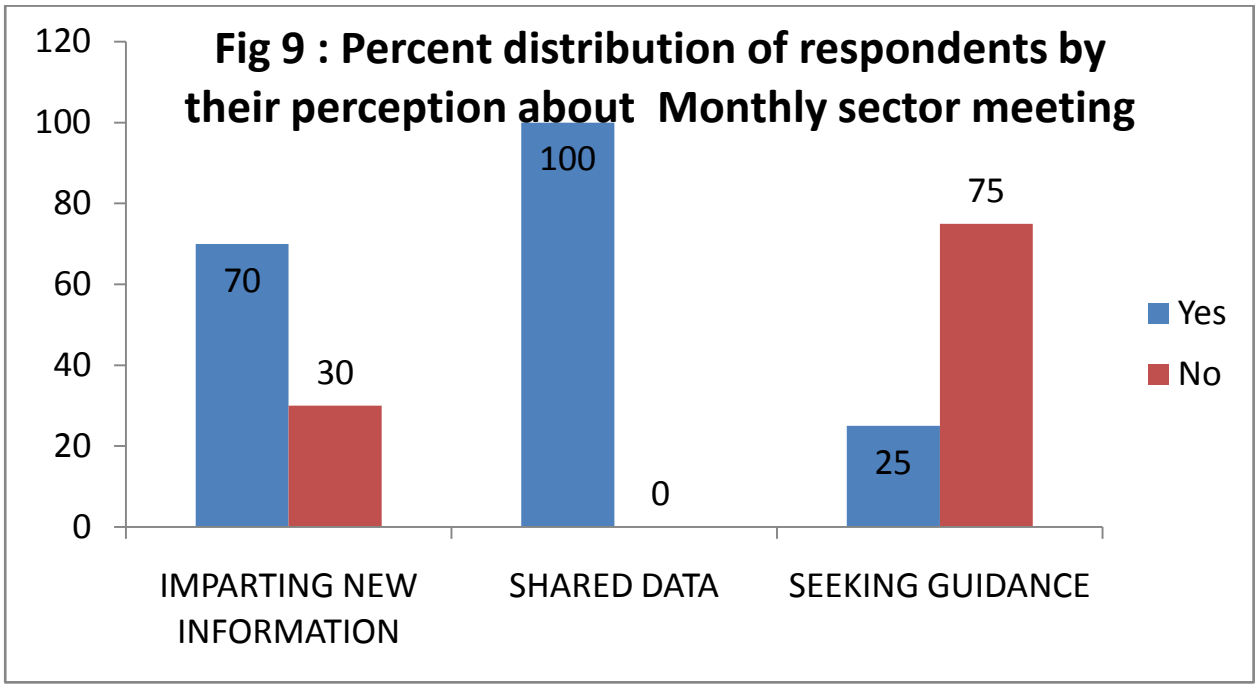
At present ICDS, Gujarat have two special schemes, third meal running for malnourished children age of 3-6 yrs and demonstrative feeding for children age from 6 months-3yrs.AWWs are not able to differentiate about two schemes and their beneficiaries. They know about two schemes only which have been there from long time i.e Hot breakfast and Anganwadi meal. Every single worker responded for hot breakfast and only 7.5Percent (3) AWW are able told to me about all the schemes or provisions running under ICDS.

Table: 7.5 Percent distribution of AWW who have knowledge about Schemes running by ICDS for children(6months-6 years) (n=40)	
Schemes running in ICDS	**Percent of AWW responded to schemes**
Hot breakfast	100
Third meal	97.5
Anganwadi meal	95
Demonstrative feeding	67.5
Nutri candy	55

The schemes running under ICDS for pregnant/lactating mother and adolescent girls are mostly related to health check-ups and counselling. The only scheme they know about is THR ration which they distribute every month according to guidelines.

Table:7.6 Percent distribution of Schemes identified by AWW which are running by ICDS for Pregnant/Lactating mothers and Adolescent girls (n=40)	
Schemes	**Percent**
THR ration	97.5
Immunization	65
Health- check ups	55
Poshan sabha	15

All of 40 AWW confirmed that they attend monthly sector meeting which held generally on 19th and 20th of every month. On asking about details of monthly sector meeting, all AWW told that collection of data i.e MPR format is submitted to supervisor. All the new schemes and information is told by supervisor but this was not mentioned by any AWW when asked about details of meeting.



All AWW said that they have all registers which are prescribed in AWC but on checking registers, it is observed that only attendance register and record registers are available in all AWC's. As it is clearly seen in table that only few supervisors countersign registers after checking it. They mainly concentrate on visit book. 37.5Percent of AWW have all the main registers like Family survey register, Attendance register, Growth charts, Pregnant and lactating mother's record register, Kishori record register, THR vitran register, Stock register, Visit Book and Mother's meeting register.

Table 7.7 Percent distribution of registers available in AWC's at time of visit and signed by supervisor after verification (n=40)		
Register available in AWC	**Available at AWC**	**Countersigned by Supervisor**
Family survey register	87.5	12.5
Attendance register	100	42.5
Growth charts	90	25
Pregnant and lactating mother's record register	100	30
Kishori record register	100	30
THR *vitran* register	100	35
Stock register	92.5	35
Visit Book	80	32.5
Mother's meeting register	47.5	7.5
PSE kit	30	2.5
MPR format	42.5	7.5
Any other[1]	15	0
1 = Demonstrative feeding/Third meal register		

The supervisor should verify weighing of children by taking random weight of children which are present in AWC at the time of field visit and countersign should be done on registers but nothing is mentioned in visit book, they just mention about that monthly weighing is done.

Table 7.8 Percent distribution of supervisor who wrote prescribed topics on visit book (n=40)	
Topics to be checked in Visit book	**Percent of supervisor who mentioned about topics**
SNP	85
Attendance registers and other records	82.5
THR	77.5
Weighing of children	72.5
PSE kits	30
Grading of children	27.5

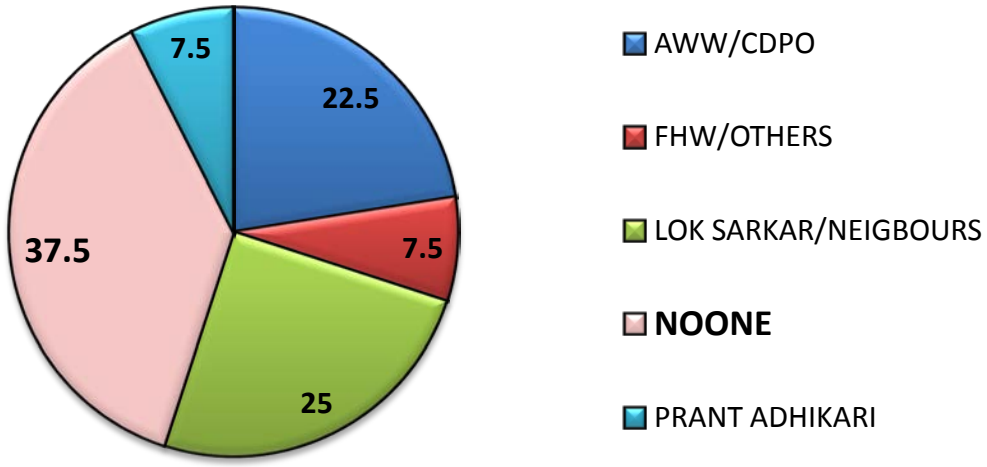
For supportive supervision of AWC, many block level officers are there but few visit AWC and fill their visit book.

Table 7.9 Percent distribution of supportive supervisory who visited AWC's in last three months(n=40)

Supportive supervisory	Percent of supportive supervisory visited sampled AWC in last three months
CDPO	60
PO (ICDS)	22.5
OTHERS[1]	25
FHW	22.5
MO	7.5
FHS	2.5
1 = DPC, PHN, Prant adhikari	

On asking, who else help them during any difficult situation other than their supervisor, 37.5Percent of AWW said no one and 25Percent mentioned about lok sarkar, neighbours and friends. Only 7.5 Percent mentioned about CDPO which is the main link between district supervision and block level supervision.

Fig 10: Percent distribution of supportive supervisory who helped AWW (other than supervisors)



8.0 Discussion

By taking personally in-depth interview from supervisor, it was clear that they all know about their roles and responsibilities towards AWC but its implementation is not visible.

Table 8.1 : Percent distribution of AWW experience (n=40)	
Experience in year	**Percent of AWW who are experienced**
1-5 years	20
6-10 years	27.5
11-15 years	7.5
Above 15 years	45

Forty five percent of AWW's are well-experienced of above 15 years and half of them have passed senior secondary examination and 4 supervisors are fixed have experience less than 5 years and other 8 are regular and have experience more than 10 years and all the supervisors have passed senior secondary education but still lack of knowledge about ICDS scheme is there. The use of contingency fund for printing of registers are not there that is also one of the reason of non availability of registers at centre. This is my observation that supervisor will order AWW to buy register from the printing press but will never do follow-up about the later. On their next visit, they will scold AWW for not maintaining registers. Some AWW who are less educated have trouble in maintaining registers and 12 supervisors also referred same thing in there in depth interview that education of AWW affects functioning of AWC's. The best way to punish AWW for not maintaining any register or any other mistake, supervisors cut their daily wage by writing report to CDPO. Interestingly, no report of its negative or positive effect is obtained from supervisor. CDPO don't do any follow up regarding the matter.

Table 8.2 : Percent distribution AWW education level (n=40)	
Education	Percent
<Senior secondary	17.5
Senior secondary	30
>Senior secondary	52.5

The whole ICDS mission is dependent on weighing of children and grading system for calculating malnourishment. But, 75% of growth charts are not properly filled from sampled AWC and in fact it is not corrected and verified by supervisors. The CDPO's in their limited visits do not provide on

spot guidance as mistakes in growth charts can be seen from beginning. The AWW feels if children are coming to AWC and they are providing meals to them, then there AWC is functioning well. Only 7.5% AWW‘s have all registers and know their roles and responsibilities but still 70 % of them think that there AWC should be scored highest i.e 5.The interesting fact is that monthly sector meeting is decentralised and all supervisors have their own headquarter village where they take this meeting, therefore, CDPO attends only one or two meeting monthly. The CDPO have no direct communication with all workers and hence no one to one communication is there on monthly basis that is the sole reason that only 7.5% AWW ‘s remembered to name CDPO for helping them in difficult situation The other drawback is no MPR format at supervisor level, they record and maintain data collected in different ways and then all the data of all supervisors are collected and filled in Block MPR format but no supervisor review meeting is there which can actually help in proper functioning of AWC.

The Lady Supervisors have checklists in which all about preschool kit usage, training of AWW and AWH, resources available in AWC and verification of data tables are there but no supervisor fill this checklist and maintains file. All supervisors have diary in which they write about their observation but they don’t provide any report to block and district, they tell about the condition of their AWC when asked in meeting. No review meeting is there on block and district level for reporting about the functioning of AWC’s. The supportive supervision by CDPO, MO , prant adhikari and PRI members are not done actively. They don’t visit AWC’s and have no complaints against the functioning of AWC’s.

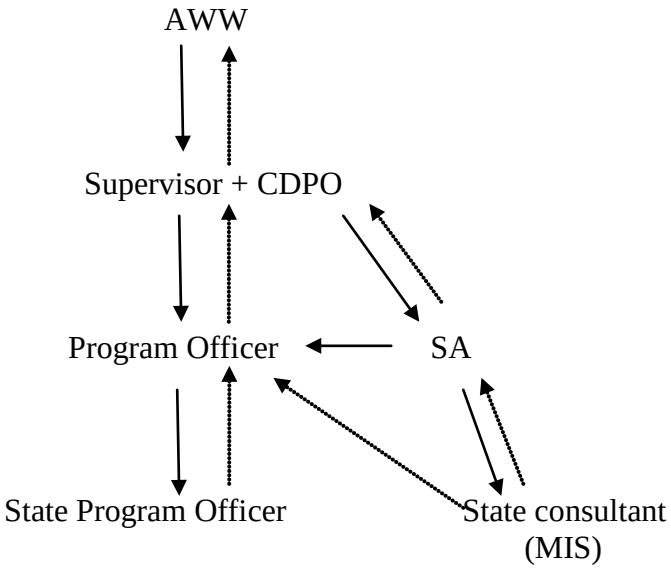
After the launch of ICDS mission. more contractual human resource is added in already existing system and they can be the source of supportive supervision and on spot guidance for AWW’s. But still the main link between working of AWW and functioning of AWC’s is supervisor and strengthening of their roles and responsibilities should be done by providing them guidelines they have to follow and check on them by all supportive supervisory people.

9.0 Conclusion

The ICDS mission is great step towards the end of malnourishment in children. All the new human resource will be helpful for supportive supervision but lack of proper guidelines to Lady supervisor and CDPO, MPR format, understanding of all the schemes and its implementation is the main reason that proper functioning of AWC’s are not there. The supervision process of AWCs are at three levels :Village, Block and District but feedback process which is one of main aspect of supervision is lacking at all levels. 1 out of 10 AWWs don’t know about all of their roles and

responsibilities and are able to mention SNP schemes in AWC still 70% of them think that their AWCs are functioning properly and should be scored highest.The district or state should provide supervisors with refined and revised job responsibilities which should also include there number of visits in field and its reporting to CDPO. More visits to field by other supportive supervisor and there guidance to AWW will definitely help in running AWC smoothly and properly.

Suggested Model :- To counteract with lack of supervision, it's one of the main aspect is feedback and this model is suggested for effective flow of information and feedback at all levels.



10.0 Supplementary

Annexure-1

માસિક પ્રગતિ અહેવાલ

Healthy Child Year

SINCE-1955 Kahan Surendranagar Ph.-2311176

માસનું નામ : .....

આ નમુનો બે નકલમાં ભરવો અને એક નકલ આપના સેજાનાં સુપરવાઇઝરને દર માસની ૨૦ તારીખે સેકટર મીટીંગમાં આપવી બીજી નકલ રેકર્ડ માટે પોતાની પાસે ફાઇલ બનાવી વ્યવસ્થિત જાળવણી કરવી.

ઘટકનું નામ : સેજાનું નામ :

આંગણવાડી કાર્યકરનું નામ : ..... આંગણવાડીનો કોડ નંબર : .....

આંગણવાડી તેડાગરનું નામ : .....

માસ દરમ્યાન આંગણવાડી કેટલા દિવસ ખોલવામાં આવેલ છે. .....

૧. આંગણવાડી વિસ્તારની માહિતી :

વસ્તી : ..... પુરૂષ ..... સ્ત્રી ..... કુલ .....

બાળકો	૬ માસથી નીચેના	૬ માસથી ૧ વર્ષ	૧ થી ૩ વર્ષ	૩ થી ૬ વર્ષ	કુલ
પુરૂષ					
સ્ત્રી					
કુલ					

સગર્ભા ..... ધાત્રી ..... (સ્તનપાનના પ્રથમ છ માસ સુધીના)

૨. માસ દરમ્યાન નોંધાયેલ જન્મ અને મરણ

- જીવીત જન્મ પુ. ..... સ્ત્રી ..... કુલ .....
- મૃત જન્મ પુ. ..... સ્ત્રી ..... કુલ .....
- મરણ

૧ વર્ષથી નીચેના		૧ થી ૩ વર્ષ		૩ થી ૬ વર્ષ	
પુરૂષ	સ્ત્રી	પુરૂષ	સ્ત્રી	પુરૂષ	સ્ત્રી

સગર્ભાવસ્થા અને પ્રસુતિના કારણોને લીધે મહિલાઓના મૃત્યુની સંખ્યા .....

૩. પુરક પોષણ

માસ દરમ્યાન કેટલા દિવસ પુરક પોષણ આપવામાં આવ્યુ .....

પુરક પોષણ લાભાર્થીઓ	યોગ્યતા ધરાવનારની સંખ્યા (સર્વે મુજબ કુલ)			પુરક પોષણના રજીસ્ટરમાં નોંધાયેલ સંખ્યા			૧૫ કે તેથી વધુ દિવસો પૂરક પોષણના લાભ લેનારની સંખ્યા		
૧ સગર્ભા સ્ત્રીઓ									
૨ ધાત્રી માતાઓ સ્તનપાનના પ્રથમ છ માસ સુધી									
૩ કિશોરીઓ									
	કુમાર	કન્યા	કુલ	કુમાર	કન્યા	કુલ	કુમાર	કન્યા	કુલ
૪ ૬ માસથી ૧ વર્ષના લાભાર્થી									
૫ ૧ વર્ષથી ૨ વર્ષના લાભાર્થી									
૬ ૩ વર્ષથી ૬ વર્ષના લાભાર્થી									
કુલ :-									

[1]

ઉંમર	સિંગલ રેશન			ડબલ રેશન		
	પુરૂષ	સ્ત્રી	કુલ	પુરૂષ	સ્ત્રી	કુલ
૩. ૬ માસથી ૩ વર્ષના લાભાર્થીઓ						
૫. ૩ વર્ષથી ૬ વર્ષના લાભાર્થીઓ						

૪. પોષણ સ્તરનું વર્ગીકરણ (ગ્રેડીંગ)

વિગત	૦ થી ૧ વર્ષ			૧ થી ૩ વર્ષ			૩ થી ૫ વર્ષ		
	પુરૂષ	સ્ત્રી	કુલ	પુરૂષ	સ્ત્રી	કુલ	પુરૂષ	સ્ત્રી	કુલ
બાળકોની રજીસ્ટર સંખ્યા									
વજન કરાયેલ બાળકોની સંખ્યા									
તે પૈકી સામાન્ય ગ્રેડના બાળકોની સંખ્યા									
ગ્રેડ ૧ના બાળકોની સંખ્યા									
ગ્રેડ ૨ના બાળકોની સંખ્યા									
ગ્રેડ ૩ના બાળકોની સંખ્યા									
ગ્રેડ ૪ના બાળકોની સંખ્યા									

૫. પૂર્વ પ્રાથમિક શિક્ષણ

માસ દરમ્યાન કેટલા દિવસ માટે પૂર્વ પ્રાથમિક શિક્ષણ આપવામાં આવ્યુ.....

	પુરૂષ	સ્ત્રી	કુલ
પૂર્વ પ્રાથમિક શિક્ષણ માટે રજીસ્ટરમાં નોંધાયેલ બાળકો (૩ થી ૬ વર્ષની સંખ્યા) ૧૫ કે તેથી વધુ દિવસ પૂર્વ પ્રાથમિક શિક્ષણમાં ખરેખર હાજરી આપેલ બાળકોની સંખ્યા			

૬. માસ દરમ્યાન પૂર્વ પ્રાથમિક શિક્ષણ પ્રવૃતિઓની વિગત :

(યોગ્ય સ્થાને ( ) ખરાનું નિશાન કરો.)

		૩૦ મીનીટ	૧ કલાક	દોઢ કલાક
	સામાન્ય રીતે દિવસ દરમ્યાન પૂર્વ પ્રાથમિક શિક્ષણ માટે કેટલો સમય ફાળવવામાં આવે છે ?			
બ	બાળકોને પૂર્વ પ્રાથમિક શિક્ષણની સામગ્રી અથવા રમકડાં રમવા માટે કેટલી વાર આપવામાં આવ્યા ?			

૭. આરોગ્ય અને પોષણ વિષયક શિક્ષણ :

વિગત		સંખ્યા
(અ)	માસ દરમ્યાન આરોગ્ય વિષયક શિક્ષણની કામગીરી કેટલીવાર ગોઠવી.	
(બ)	આ તમામ કામગીરીમાં કુલ કેટલી મહિલાઓએ ભાગ લીધો	
(ક)	દ્રશ્ય શ્રાવ્ય સાધનોનો ઉપયોગ કેટલીવાર કરવામાં આવ્યો	
(ડ)	આ કામગીરીમાં આરોગ્ય કર્મચારીઓએ કેટલીવાર હાજરી આપી	

૮. ગૃહ મુલાકાતોની વિગત

આંગણવાડી કાર્યકર દ્વારા ..... મુખ્ય સેવીકા દ્વારા .....

સી.ડી.પી.ઓ. અને એ.સી.ડી.પી.ઓ. દ્વારા .....

માસ દરમ્યાન વિવિધ કર્મચારીઓ કે અધિકારીશ્રીઓ દ્વારા લેવાયેલ આંગણવાડી કેન્દ્રની મુલાકાતની વિગત

કર્મચારી/અધિકારીની વિગત	મુલાકાતની સંખ્યા
સી.ડી.પી.ઓ.	
મુખ્ય સેવીકા	
એ.એન.એમ.	
લેડી હેલ્થ વિઝીટર/ફિ. હે. સુપરવાઇઝર	
મેડીકલ ઓફીસર	
અન્ય	

માસ દરમ્યાન આંગણવાડી કેન્દ્રની સંયુકત મુલાકાત

મુલાકાતની વિગત	સંખ્યા
તબીબી અધિકારી સાથે સી.ડી.પી.ઓ.	
આઇ.સી.ડી.એસ. સુપરવાઇઝર સાથે સી.એન.એમ./ફિ.હે. સુપરવાઇઝર	

આંગણવાડી વિસ્તારમાં મહિલા મંડળ છે ? હા/ના
જો હા તો માસ દરમયાન બેઠક યોજાઇ હતી ? હા/ના
હા તો કેટલી મહિલાઓએ મીટીંગમાં ભાગ લીધો હતો તેની સંખ્યા

(અ) માસ દરમ્યાન આંગણવાડીના લાભાર્થીઓની આરોગ્ય તપાસ

	૦ થી ૩ વર્ષ	૩ થી ૬ વર્ષ	સગર્ભા	ધાત્રી
પુરૂષ				
સ્ત્રી				

(બ) રીફર કરેલ લાભાર્થીઓની વિગત

	પ્રા. આ. કેન્દ્ર	સા. આ. કેન્દ્ર	પેટા કેન્દ્ર
પુરૂષ			
સ્ત્રી			
સગર્ભા અને ધાત્રી			

રોગ પ્રતીકાર રસીની કામગીરી :
માસ દરમ્યાન રોગ પ્રતિકારક રસીઓથી સંપૂર્ણ રક્ષિત કરાયેલ બાળકોની સંખ્યા
માસ દરમયાન ..... વર્ષ દરમ્યાન .....
નોંધ : સંપૂર્ણ રક્ષીત બાળક એટલે જે બાળકને ત્રીગુણીના અને પોલીયોના ત્રણ ડોઝ, બી.સી.જી. અને ઓરીની રસીથી રક્ષીત કરવામાં આવ્યા હોય તેવા બાળકો.
ઝાડા ઉલ્ટી/અતિસાર થયેલ બાળકોની સંખ્યા :
અનુસુચિત જાતિ અને જનજાતિની માહિતી :

૦ થી ૬ વર્ષના અનુસુચિત જાતિના બાળકોનાં મરણ				૦ થી ૬ વર્ષના અનુસુચિત જનજાતિના બાળકોનાં મરણ			
	૦ - ૧ વર્ષ	૧ - ૩ વર્ષ	૩ - ૬ વર્ષ		૦ - ૧ વર્ષ	૧ - ૩ વર્ષ	૩ - ૬ વર્ષ
પુરૂષ				પુરૂષ			
સ્ત્રી				સ્ત્રી			

૦ - ૬ વર્ષના અનુસુચિત જાતિના બાળકોએ પૂરક પોષણનો મેળવેલ લાભ

	૦ - ૧ વર્ષ		૧ - ૩ વર્ષ		૩ - ૬ વર્ષ	
	રજીસ્ટર	૧૫ દિવસથી વધુ	રજીસ્ટર	૧૫ દિવસથી વધુ	રજીસ્ટર	૧૫ દિવસથી વધુ
પુરૂષ						
સ્ત્રી						

૦ - ૬ વર્ષના અનુસુચિત જનજાતિના બાળકોએ પૂરક પોષણનો મેળવેલ લાભ

	૦ - ૧ વર્ષ		૧ - ૩ વર્ષ		૩ - ૬ વર્ષ	
	રજીસ્ટર	૧૫ દિવસથી વધુ	રજીસ્ટર	૧૫ દિવસથી વધુ	રજીસ્ટર	૧૫ દિવસથી વધુ
પુરૂષ						
સ્ત્રી						

અનુસુચિત જાતિના માતાએ પુરક પોષણનો મેળવેલ લાભ			અનુસુચિત જનજાતિના માતાએ પુરક પોષણનો મેળવેલ લાભ		
	સગર્ભા માતા	ધાત્રી માતા		સગર્ભા માતા	ધાત્રી માતા
રજીસ્ટર			રજીસ્ટર		
૧૫ દિવસથી વધુ			૧૫ દિવસથી વધુ		

ગ્રેડ ૩/૪ ના બાળકોની વિગત દર્શાવતું પત્રક

અ.નુ.	બાળકનું નામ	વૃધ્ધિ આલેખ નંબર	ઉમર	વજન	ગ્રેડ	સતત ત્રણ માસથી એકજ ગ્રેડમાં છે/ કે/ના	રીફર કર્યાની વિગત	રીમાર્કસ

અનુ.	ગામનું નામ	માસની શરૂઆતમાં ગ્રેડ ૩-૪ના બાળકોની સંખ્યા	માસ દરમ્યાન ગ્રેડ ૩-૪ના નવા શોધેલ બાળકોની સંખ્યા	માસ દરમ્યાન ગ્રેડ ૩-૪ માંથી કમી થયેલ બાળકોની સંખ્યા							માસના અંતે ગ્રેડ ૩-૪ના બાળકોની સંખ્યા	સતત ત્રણ માસ કે તેથી વધુ ગ્રેડ ૩-૪માં રહેલ બાળકોની સંખ્યા	આરોગ્ય તપાસ કરેલ બાળકોની સંખ્યા	રીફર કરેલ બાળકોની સંખ્યા	રીમાર્કસ
				મરણ થવાથી		સ્થળાંતર થવાથી		અન્ય ગ્રેડમાં રૂપાંતર		કુલ					
				૦ થી ૧	૧ થી ૫	૦ થી ૧	૧ થી ૫	૦ થી ૧	૧ થી ૫						
૧	૨	૩	૪	૫	૬	૭	૮	૯	૧૦	૧૧	૧૨	૧૩	૧૪	૧૫	૧૬

Annexure-2

Study: Supervision of Anganwadi Centre

In – depth interview for **AWC Supervisor**

My name is ***Dr. Sankshipta Kanwar*** and I am student in IIHMR, Jaipur. I am doing research on supervision process of AWC's in Wadhvan block, Distt surendranagar. I would very much appreciate your participation in this interview. I am doing this research for understanding the process of supervision and how its help in proper functioning of anganwadi centres.I ll ask several different information from you like your roles and responsibilities, challenges you face in smooth functioning of AWC etc. It is interview and usually takes around one hour to complete.I have selected you as one of partcipant as you are key of supervison for AWC and your participation in this research is totallly voluntary and you have right to not to answer any of the questions during the interview, and I will move on to the next question.No one else but I will be present unless you would like someone else to be there. The entire interview will be tape-recorded,but no-one will be identified by name on the tape.The information recorded is confidential,and no one else except myself will have access to the information documented during your interview.There will be no direct benefit to you, but your participation is likely to help me find out more about supervision process of AWC's.I will ask you to keep what was asked in the interview confidential and not to discuss with other supervisors of block.

However, we hope that you will take part in this survey since your participation is important. At this time, do you want to ask me anything about the research and interview?

(answer any questions and address respondent's concern)

Consent Certificate

I have read/has been read all the information. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of Participant_____

Signature of Participant _____

Date _____

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done. All questions of partcipant is answered to the best of my knowledge.

Name of Researcher_____

Signature of Researcher_____

Date _____

Name	
Age	
Education	
Taluka	
Years of service	
Category	**1. Regular** **2. Fixed**
AWC's under supervision	

Q1. What are your roles and responsibilities as supervisor?

- Guides an AWW in planning and organising delivery
- On the spot guidance
- Training as and when required

Q2. Do you have any other responsibility other than supervisor?

Q3. How many visits you take in AWC in month?

Q4. What all you check in AWC?

Q5. If you find AWW defaulter in working? What are your actions?

Q6. How you prepare MPR of all of your AWC's?

Q7. Do you have any format for MPR ? Y/N

Q8. Can you tell me what information or data you capture in it ?

Q9. Do you verify the data available in AWC through home visits? Y/N

Q10. How many visits to beneficiaries?

Q11.What are challenges for AWC to function properly?

Annexure-3

Supervision process of Anganwadi Centres in a Block Wadhvan of Surendrnagar (Gujrat)

Interview schedule for Anganwadi worker

Identification	
District name	
Block name	
Taluka name	
Village name	
AWC name	
AWC code number	
AWC started	
AWW name	
Population Covered	
Supervisor name	

(Check from Family and survey register in AWC)

Beneficiaries covered	**March**
No of pregnant women registered	
No of children (0-3yrs) registered	
No of children (3-6) registered	
Third meal	

Consent form :

My name is ***Dr. Sankshipta Kanwar*** and I am student in IIHMR, Jaipur. I am doing research on supervision process of AWC's in Wadhvan block,Distt surendranagar. I would very much appreciate your participation in this interview. I am doing this research for understanding the process of supervision and how its help in proper functioning of anganwadi centres. I will ask several different information from you like your roles and responsibilities, about various schemes and registers available in AWC etc. It is interview schedule and usually takes around twenty minutes to complete. I have selected you as one of participant as you are operational worker of AWC and your participation in this research is totally voluntary and you have right to not to answer any of the questions during the survey,

and I will move on to the next question. No one else but I will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except myself will have access to the information documented during your interview. There will be no direct benefit to you, but your participation is likely to help me find out more about supervision process of AWC's. I will ask you to keep what was asked in the interview confidential and not to discuss with other anganwadi workers.

However, we hope that you will take part in this survey since your participation is important. At this time, do you want to ask me anything about the research and interview?

(answer any questions and address respondent's concern)

Consent Certificate

I have read/has been read all the information. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Signature of Participant _____

Date _____

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done. All questions of partcipant is answered to the best of my knowledge.

Signature of Researcher_____

Date _____

Sr no.	Questions	Response
Q1.	Age (in complete years)	
Q2.	Education	1. Illiterate

		2. Less than senior secondary **3. Senior secondary** **4. More than Senior secondary**
Q3.	**Experience (as AWW irrespective of place, in complete years)**	
Q4.	**Marital Status**	**1. Unmarried** **2. Currently Married** **3. Divorced** **4. Widow** **5. Separated/ Deserted**
Q5.	**What are your roles and responsibilities as AWW?** **(circle multiple response)**	**a) Community participation.** **b) Provision of SNP.** **c) Weighing of children.** **d) Family survey.** **e) Health and nutrition education and counselling.** **f) Home visits for educating parents.** **g) To maintain files and records as prescribed.** **h) To assist the PHC staff in the health check-ups.** **i) Any other**

Q6.	**What all provisions are given to 0-6 yrs children?** **(circle multiple response)**	**a) Demonstrative feeding** **b) Hot breakfast** **c) Nutri candy** **d) Anganwadi meal** **e) Third meal** **f) Any other**

Q7.	**What all provisions are given to pregnant and lactating mother / kishori?**	**a) THR ration** **b) Poshan Sabha** **c) Health-check ups** **d) Immunization** **e) Any other**
Q8.	**Do you attend monthly sector meeting in Block?**	**1. Yes** **2. No**
Q9.	**What happens in meeting?** **(circle multiple response)**	**a. New information** **b. Collection of data by supervisor** **c. Guidance for proper functioning** **d. Listen to problems and its solution** **e. Any other.....**
Q10.	**Who provide you information about new schemes?**	**1. Supervisor** **2. CDPO** **3. Other AWW** **99. Others.....**
Q11.	**Do they provide you information which comes from district or state?**	**1. Yes** **2. No**
Q12.	**Do you have all registers?**	**1. Yes** **2. No**
Q13.	**Check and encircle all the registers available in AWC at the time of visit.**	**a. Family survey register** **b. Attendance register** **c. Growth charts** **d. Pregnant and lactating mother's record register** **e. Kishori record register** **f. THR vitran register** **g. Visit Book** **h. Mother's meeting register** **i. PSE kit**

		j. MPR format **k. Any other.....**
Q14.	**Check and encircle all the registers which are checked and countersigned by supervisor?**	**a. Family survey register** **b. Attendance register** **c. Growth charts** **d. Pregnant and lactating mother's record register** **e. Kishori record register** **f. THR vitran register** **g. Stock register** **h. Visit Book** **i. Mother's meeting register** **j. PSE kit** **k. MPR format** **l. Any other.....**
Q15.	**Do you have visit book?**	**1. Yes** **2. No**
Q16.	**Check visit book and record following: If supervisor mentioned about following in her last visit**	**1. SNP** **2. Grading of children** **3. Weighing of children** **4. PSE kits** **5. THR** **6. Attendance registers and other records** **99. Any other (.....)**
Q17.	**Do you think supervisor visits are useful for proper functioning of AWC?**	**1. Yes** **2. No**
Q18.	**How you tell supervisor about any problem which hampers proper functioning of AWC?**	**1. On telephone** **2. Face to face** **99. Any other (.....)**

Q19.	**How supervisor helps you in solving it?**	
Q20.	**Check in visit register who all other than supervisor have come for visit in AWC (last three months)**	**a) PO(icds)** **b) CDPO** **c) MO** **d) FHS** **e) FHW** **f) Panchayati raj members** **g.) Any other(.....)**
Q21.	**Do anybody else other than supervisor helps you in problem? If yes, how?**	
Q22.	**Rate functioning of AWC on scale of 5(5 is highest score).**	

Bibliography

1. Ministry of Women and child development of India, http://www.wcd.nic.in
2. Women and child development department of Orissa,http://www.wcdorissa.gov.in
3. Evaluation Study of Integrated Child Development Services Scheme in Haryana Issued by: Economic & Statistical Adviser Planning Department, Haryana 2007, http://esaharyana.gov.in/.%5Cdata%5CICDS.pdf.
4. Evaluation Report On Integrated Child Development Scheme (ICDS) Jammu & Kashmir Programme Evaluation Organisation Planning Commission Government of India New Delhi. http://planningcommission.nic.in/reports/peoreport/peo/peo_icds.pdf
5. Executive Summary of the Evaluation Study of ICDS Project in Meghalaya, http://www.unicef.org/earlychildhood/files/india_icds.pdf
6. Integrated Child Development Services Scheme: Presenting Innovative Panorama http://www.righttofoodindia.org/data/ICDS_presenting_innovative_panaromainternational_ journal_of_development_economics.pdf
8. Research on ICDS by National Institute of Public Cooperation and Child Development (NIPCCD) in 1996-2008. http://sccommissioners.org/News/Documents/ICDS_Household-Food-Securityand-ICDS-in-India.pdf
9. Impact Assessment of ICDS in Madhya Pradesh by Poverty Monitoring and Policy Support Unit on 2009-2010. http://www.mp.gov.in