

Impact of the training of the anganwadi workers on the development of the children under the integrated child development services (ICDS) programme

Shivani Sharma*
Ph.D scholar
Department of Economics
University of Jammu

Abstract: - Children are the first call on agenda of human resource development – not only because young children are most vulnerable, but because the foundation for lifelong learning and human development is laid in these crucial years. It is now globally admitted that investment in human resource development is necessary for economic development of any nation. India is the home to the largest population of children in the world “the development of children is the first priority on the country’s development agenda, not because they are most vulnerable, but because they are our supreme assets and also the future of human resources of the country”. In these words, our tenth five year plan (2002-07) underlines the fact that the future of India lies in the future of Indian children. Most of the children who are below six year of age have inadequate access to the health care, nutrition, sanitation, child care, early stimulation, etc. to ensure that all the young children, even those from the vulnerable sections of the society have access to their basic rights, ICDS was launched in 2 Oct, 1975 to provide a package of services to ensure their holistic development. The main objective of this programme is to cater the needs of development of children in the age group of 0-6 years. Preschool education aims at ensuring holistic development of the children and to provide learning environment to the children which is helpful for their social, emotional and cognitive development. Under the ICDS, one trained person is allotted to a population of 800 approx, to bridge the gap between the person and organised health care, and focus on health and educational needs of children aged 0-6 years. This person is the Anganwadi worker. The present paper highlights the status of the training of the anganwadi workers towards their duties and also the impact of the preschool education provided by anganwadi workers on the children. This paper is based on the data collected from both the primary and secondary sources. This study shows the positive impact of the training of the anganwadi workers on children learning.

Index terms: anganwadi worker, training, children, refresher courses, preschool education.

1. INTRODUCTION

Children are the first priority of human resource development because the foundation for lifelong learning and human development is laid in these crucial years. It is now globally acknowledged that investment in human resource development is necessary for economic development of any nation. India is the home to the largest population of children in the world “the development of children is the first priority on the country’s development agenda, not because they are most vulnerable, but because they are our supreme assets and also the future of human resources of the country”. In these words, our tenth five year plan (2002-07) underlines the fact that the future of India lies in the future of Indian children.

The first six years of child life are most crucial as the foundation for the cognitive, social, emotional, physical, motor, and psychological development are laid at this stage. Child survival, growth, and development, has to be looked at as a holistic approach, as one cannot be achieved without the others. There have to be balanced linkages between education health and nutrition for the proper development of child.

As per the census of India 2011, there are 16,44,78,150 children below six years of age, and many of them have inadequate access to the health care, nutrition, sanitation, child care, early stimulation, etc. to ensure that all the young children, even those from the vulnerable sections of the society have access to their basic rights, ICDS was launched in 2 Oct, 1975 to provide a package of services to ensure their holistic development.

The main objective of this programme is to cater the needs of development of children in the age group of 0-6 years. Preschool education aims at ensuring holistic development of the children and to provide learning environment to the children which is helpful for their social, emotional and cognitive development.

Integrated Child Development Services (ICDS) is the foremost symbol of country's commitment to its children and nursing mothers, as the response to the challenge of providing the preschool non formal education on one hand and breaking the vicious circle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under the scheme are the children in the age group of 0-6 years, pregnant women, lactating mothers, and adolescent girls.

2. HISTORICAL EVOLUTION OF ICDS IN J&K

In early seventies, various programmes and nongovernmental organisations were involved in providing supplementary nutrition, and other related activities. An inter ministerial survey in 1992, concluded that children care programmes in India were not having the desired impact owing to resource constraints, inadequate coverage, and fragmented approach. To ensure that all young children from all the sections of the society have access to the child development services (ICDS) scheme was launched on 2nd October, 1975 (fifth five year plan) in pursuance of the national policy.

The Integrated Child Development Schemes are a collaborative effort of the central and state government. It is implemented through a platform of Anganwadi center at village/ habitation level. The term 'Anganwadi' means courtyard in Hindi. In rural areas an Angan is where people socialize. A typical Anganwadi center is a kind of play school cum a health centre. It may also be used as depots for ORS, medicines and contraceptives. An Anganwadi centre provides basic health care in Indian villages as a part of Indian Public healthcare system.

Under the ICDS, one trained person is allotted to a population of 800 approx, to bridge the gap between the person and organised health care, and focus on health and educational needs of children aged 0-6 years. This person is the **Anganwadi worker**.

Each of these Anganwadis is taken care by an Anganwadi worker and a helper. Anganwadi is managed by an Anganwadi worker and an assistant Anganwadi worker. She is a health worker usually high school passed; given four month training in health care and nutrition. They are grass root functionaries to implement the integrated child development services scheme. The workers and helpers are envisaged as honorary workers from the local community, who come forward to render their services, on part time basis. On an average four to five hours a day in the area of child care and development.

| | | | |
|----|---|-------------------------------------|------------|
| 1. | Anganwadi centres (AWCs) | For rural/urban projects population | |
| | | 400-800 | 1 AWC |
| | | 800-1600 | 2 AWCs |
| | | 1600-2400 | 3 AWCs |
| | | Then multiples of 800 | One AWC |
| 2. | Mini AWC | 150-400 | 1 mini AWC |
| 3. | For tribal/ revering/Desert/ Hilly and other difficult areas/projects | Population | |
| | | 300-800 | 1 AWC |
| | | 150-300 | 1 mini AWC |

Population norms for setting up of an Anganwadi centre as given by Ministry of Women and Child Development are as under:

Table 1: Population norms for setting up the Anganwadi centre

3. SYSTEM OF WORKERS

The anganwadi system is mainly managed by the anganwadi workers. She is a health worker chosen from the community and given 4 months training in health, nutrition and childcare. She is in charge of an anganwadi centre which covers the population of 800. 20-25 workers are supervised by a supervisor called Mukhyasevika. 4 Mukhyasevikas are headed by child development project officer (CDPO). There are an estimated 1.053 million anganwadi centres employing 1.8 million female workers and helpers across the country. They provide outreach services to poor families in need of immunization, healthy food, clean water, clean toilets and learning environment for infant's toddlers and preschoolers. They also provide similar services for expectant and nursing mothers. According to Government figures, Anganwadi reach about 58.1 million children and 10.23 million pregnant and lactating mothers. Anganwadi are India's primary tool against the scourges of child malnourishment, infant mortality and curbing preventable diseases such as polio. While infant mortality has declined in recent times.

There are six dimensions or services of ICDS scheme which are provided by AWC's:-

- Supplementary nutrition and growth monitoring.
- Immunization.
- Health checkups.
- Referral services.
- Non formal preschool education.
- Nutrition and health education.

Supplementary nutrition and growth monitoring: - are two important high cost input activities of ICDS programme. Supplementary nutrition is given for 300 days in year. Growth monitoring is done to assess nutritional status. Severely malnourished children are given extra supplementary nutrition. Revised norms of energy and protein are:-

500 kcal for children age 6-72 months; 600 kcal for severely malnourished child and 800 kcal for pregnant and nursing mothers per day; 12-15 grams of the protein for the children under the age 6-72 months, 20-25 grams for severely malnourished child and 18-20 grams for pregnant and nursing mothers per day. **Jena. P, (2013)**

Immunisation: - To prevent the child from the health related problems, immunisation is utmost necessary. Immunization of pregnant women and infants protect children from six vaccines preventable diseases, tetanus, tuberculosis and measles. These

are the major preventable that helps in preventing the child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces the risk of maternal and neo natal mortality. **Indrakant. S** (2004)

Health check-up: - Health checkups includes children less than six years of age, antenatal care of mothers and postnatal care of nursing mothers. The different health services provided by Anganwadi workers for those children and primary health centre (PHC) staff includes regular health checkups, recording of weight, immunisation, management of malnutrition, treatment of diarrhoea, and distribution of simple medicines etc. ICDS was perceived as provider for primary health services.

Referral services: - During health checkups of malnourished children and timely medical attention are referred to the Primary Health Centre (PHC) or its sub-centre. The Anganwadi worker surveys the locality and she enlists severely malnourished children in the special register and refers that list to the Medical officer of the PHC for the necessary intervention. **Jena. P,** (2013)

Non-formal pre-school education: - Non formal preschool education (NFPSE) is a part of ICDS and it is mostly considered as its backbone, because its services basically cover the Anganwadi. The Pre School Education (PSE), as considered in the ICDS, focuses on total development of children chiefly six year olds, mainly from the poor groups of those who are mostly needy. Its programme for the three to six years old children in the Anganwadi is directed toward providing and ensuring a natural, joyful and motivating environment with importance on necessary inputs for most advantageous growth and development. **Jena. P,** (2013)

Nutrition and health education:- Nutrition and health education (NHED) is a key element of the Anganwadi worker. This is a part of the BCC (Behaviour change communication) strategy. This has the long term goal of capacity building of women particularly in 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. **Jena. P,** (2013)

Table 2: The Delivery of services to the beneficiaries

| | SERVICES | TARGET GROUP | SERVICES PROVIDED BY |
|----|--------------------------------|---|---|
| 1. | Supplementary nutrition | - Children below six years -Pregnant and lactating mothers (P&LM) | Anganwadi workers and anganwadi helpers |
| 2. | Immunization | - Children below six years - Pregnant and lactating mothers (P&LM) | ANM/MO/AWW[Health system, MHFW] |
| 3. | Health check-up | - Children below 6 years. - Pregnant and lactating Mothers. (P&LM) | AWW/ANM/MO [Health system, MHFW] |
| 4. | Referred services | - children below six years - Pregnant and lactating Mothers (P&LM) | AWW/ANM/MO [Health system, MHFW] |
| 5. | Preschool education | - Children 3-6 years | AWW (MWCD) |
| 6. | Nutrition and health education | - Women (15-45 years) | AWW/ANM/MO Health system, MHFW |

Source: Ministry of women and child development (MWCD)

4. IMPACT OF ICDS

By end of 2010, the ICDS programme is claiming to reach 80.6 lakh expectant and lactating mothers along with 3.93 crore children (under 6 years of age). There are 6,719 operational projects with 1,241,749 operational Aanganwadi centres. Several positive benefits of the programme have been documented and reported to the Ministry of Women and Child Development (MCWD).

A study in States of Tamil Nadu, Andhra Pradesh and Karnataka demonstrated significant improvement in the mental and social development of all children irrespective of their gender. A 1992 study of National Institute of Public Cooperation and Child Development confirmed improvements in birth-weight and infant mortality of Indian children along with improved immunization and nutrition.

However, World Bank has also highlighted certain key shortcomings of the programme including inability to target the girl child improvements, participation of wealthier children more than the poorer children and lowest level of funding for the poorest and the most undernourished states of India. (<http://www.dpoicdsjammu.org/icds.php>)

5. ICDS IN J&K

The ICDS scheme was started in J&K state in the year 1975. The scheme was launched in the year 1975 and among other states two ICDS projects in NES block Kangan (Kashmir) and Billawar (Jammu) was started in J&K State. Presently, J&K state has 141 ICDS Projects (including one migrant project) and 29599 AWCs have been sanctioned by Government of India out of which 28,591 are currently functional. (J&K Economic survey 2013-14)

Table 3: Details of ICDS Project of Jammu District (with Beneficiaries)

| ICDS Project | Sanctioned | Operational | No. Of staff | 6m to 6yrs | Pregnant ladies | lactating mothers | Adolescent girls |
|--------------|------------|-------------|--------------|------------|-----------------|-------------------|------------------|
| Jammu | 254 | 245 | 1 | 5886 | 537 | 862 | 3105 |
| Gandhinagar | 131 | 124 | 1 | 3057 | 301 | 379 | 1910 |
| Satwari | 168 | 163 | 1 | 3074 | 381 | 408 | 2625 |
| Marh | 222 | 216 | 1 | 4314 | 584 | 641 | 2906 |
| Kotbhalwal | 260 | 251 | 1 | 4318 | 513 | 793 | 3471 |
| Dansal | 203 | 196 | 1 | 4626 | 847 | 972 | 2249 |
| Akhnoor | 273 | 263 | 1 | 5482 | 608 | 950 | 1191 |
| Khour | 309 | 298 | 1 | 7077 | 686 | 817 | 3116 |
| RS Pura | 391 | 381 | 1 | 7288 | 868 | 1171 | 4653 |
| Bishnah | 248 | 239 | 1 | 5168 | 535 | 594 | 3246 |

Source: <http://www.dpoicdsjammu.org/pdf/Jammu.pdf>

6. REVIEW OF LITERATURE

Review of literature is a vital part of any research. It helps the researcher to know the area where earlier studies had focused on and certain aspects untouched by them. Many authentic and systematic studies have been carried out on the evaluation of performance of Integrated Child development Services (ICDS) programme. Also many studies have undertaken on the malnutrition problems in child and women in India. So, there is no dearth of literature available on the development theme.

Sahunath (2011) stated in his study on the topic managing the human resources on for poverty and social development that one of the major concerns of Indian planning has been removal of disparities among different sections of the population especially the weaker section. The main objective of their study was to analyze the present socio economic condition of the tribal in the district and to find out the innovation schemes of development which help in the up liftment of their socio-economic and health conditions. In their research they found out that the health programmes were not properly implemented due to lack of proper incentives.

Indrakant, (2004) found in his illustrative study focussing on the children, their family, the community , the available education and the health services in an effort to understand the causality and the social process that effect children participation in schooling in Andhra Pradesh. Author observed that there was relatively poor utilisation of ICDS by children in 0-3 year's age group and also there was relatively low coverage of ICDS programme in tribal areas. The study suggested the proposal to delink the preschool education component for the children 3-6 year age group from ICDS and making it an integral part of primary education with regard to this proposal author suggested that there should be inclusion of formal education as another component to strengthen ICDS. This study also found that location of AWCs and the caste of AWWs are important determinate of accessibility to supplementary nutrients to poor children. The study also suggested that supervision element should be strengthening to reduce the leakages in the distribution of supplementary nutrition. The author observed that the NGO's can play a better role in this but they must be accountable to government and people at large.

Krishnaraj, (2005) observed in his studies about evaluation of ICDS is that the design of scheme is best one. It integrates preschool nutrition, antenatal and prenatal care of mothers. He observed that the record book which the anganwadi worker has to keep is excellently designed, which anyone with minimum education can handle. There is a growth chart for monitoring the child's nutrition status- height, weight, anthropogenic measurements like the arm circumference etc. He appreciates that the weighing device is also very simple. He found that the administration is hierarchic. The supervisor is M.Sc graduates in home science who are expected to visit the village twice a month to observe implementation. But he also noticed that these middle class female supervisors have no empathy toward the poor or any work ethic regarding their own duty. The majority live in nearby towns and rarely visit the villages. Author suggested that there must be accountability for the supervisor.

Manhas (2009), concluded from his study on the nature of Pre-school education imparted at AWC that the Anganwadi workers used local dialect while imparting preschool education so that the children understood things. But they had grievances in performing job and most of the anganwadi workers had grievances related to low wages drawn by them. The result stated that the timing schedule for the anganwadi centre should be properly planned .The duration of the centre should be increased so that the children get enough time to learn and play, and there should be timely wage revision for the Anganwadi workers as well.

Khullar ,(1998) observed that the process of monitoring and evaluating of integrated child development scheme (ICDS) also suffer from serious drawbacks .notable, there is lack of timely and effective feedbacks from higher to lower levels, large amount of paper work at all was failure is establishing a link between cost and benefits .further there was a danger of the scheme without addressing its qualities aspect author realise that there was a need to revised existing evaluation techniques used by the government .to asses scheme like ICDS and such exercises could prove reliable if carried out by agencies independent of government . Author concluded that evaluation of the ICDS and non-ICDS. He realised that government needs to stand firm on

this issue. There was presently a danger of indiscriminate expansion of the scheme without looking at the qualitative aspect too closely.

7. RESEARCH METHODOLOGY

Present study which is undertaken for analysing the impact of the training of the anganwadi workers on the development of the children under the integrated child development services. For this purpose seven villages from Ranbir Singh Pura tehsil of Jammu district were selected. This research is based on the data collected from the sample size of 40 anganwadi centres (AWCs) and 80 beneficiaries from the seven villages RS.Pura, Chakrohi, Chohalla, Simbal, Dablehar, Kirpind, Kalayana.

7.1. AIMS AND OBJECTIVES

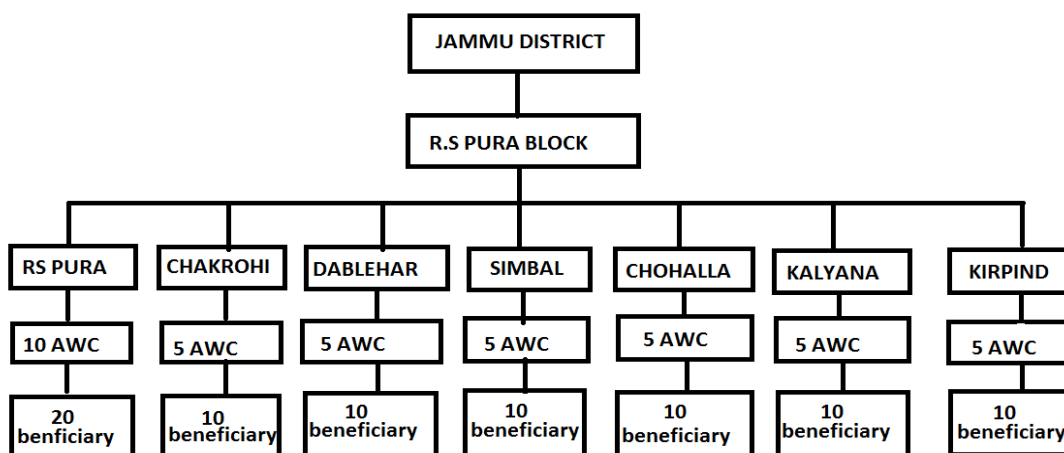
1. To make assessment of the level of educational qualification of anganwadi worker and anganwadi helper.
2. To study the level of training of anganwadi worker in the study area.
3. To assess the opinion of the mothers of beneficiary children regarding the preschool education imparted to their children in anganwadi centres.
4. To put forth such meaningful suggestions as may be appropriated.

7.2. SAMPLE DESIGN

First of all Jammu district is selected and then from Jammu district then the RS.Pura tehsil which is also a block in ICDS project is chosen because it has largest number of Anganwadi centres running at present. There are total 381 AWCs in RS Pura block from which 40 AWCs are selected. From the RS Pura block RS Pura town and six villages are selected falling under this block. From RS Pura town 10 AWCs were selected and from each village 5 AWCs were selected.

From each AWC, mothers of two beneficiary children were selected. So household of 80 beneficiaries are covered under the survey.

Figure 1:- Sample Design of the study



8. STATUS OF THE QUALIFICATION OF ANGANWADI WORKERS AND ANGANWADI HELP

For proper functioning of AWC, there is a need that the AWW are at least qualified so that they can maintain the records, conduct meetings, surveys, providing pre-school education to toddlers, maintain growth charts etc. Only qualified person can handle all these jobs properly. So this section provides us the information regarding the level of qualification of AWW and AWH of survey area of RS Pura block of Jammu district.



| INFORMATION REGARDING THE QUALIFICATION OF ANGANWADI WORKER (AWW) AND ANGANWADI HELPER (AWH) | | | | | | | | | | |
|--|--------------|----------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|------------------|--------------|---------------------------|
| S.no | VILLAGE NAME | QUALIFICATION OF AWW | | | | QUALIFICATION OF AWH | | | | |
| | | Middle | Metric | Higher secondary | Up to degree | Middle | Metric | Higher secondary | Up to degree | Illiterate |
| 1. | R.S. Pura | - | 3 (30.00)a (27.27)b | 2 (40.00)a (11.76)b | 5 (50.00)a (50.00)b | 6 (60.00)a (28.57)b | 2 (40.00)a (40.00)b | - | - | 2 (40.00)a (14.28)b |
| 2. | Chakrohi | 1 (20.00)a | 2 (40.00)a | 1 (20.00)a | 1 (20.00)a | 3 (60.00)a | 1 (20.00)a | - | - | 1 (20.00)a |

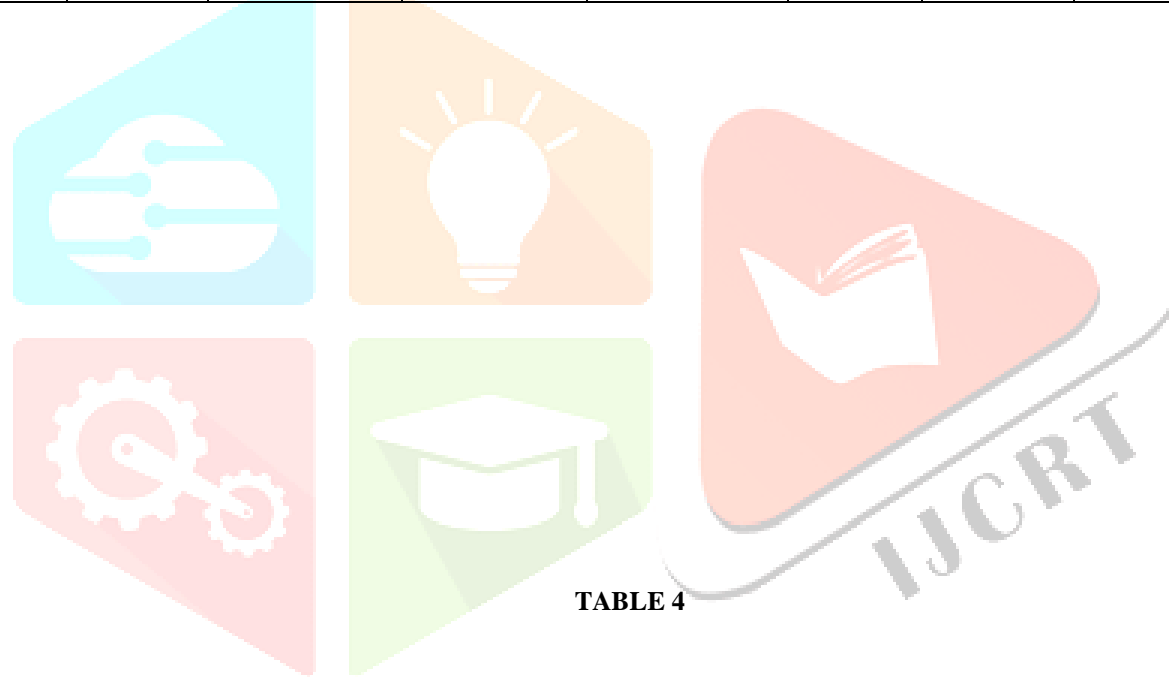


TABLE 4

| | | | | | | | | | | |
|----|----------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---|---|---------------------------|
| | | (50.00)b | (18.18)b | (5.88)b | (10.00)b | (14.28)b | (20.00)b | | | (7.14)b |
| 3. | Dablehar | 1 (20.00)a (50.00)b | 1 (20.00)a (9.09)b | 3 (60.00)a (17.64)b | - | 2 (40.00)a (9.52)b | 1 (20.00)a (20.00)b | - | - | 2 (40.00)a (14.28)b |
| 4. | Simble | - | 2 (40.00)a (18.18)b | 3 (60.00)a (17.64)b | - | 1 (20.00)a (4.76)b | - | - | - | 4 (80.00)a (28.57)b |
| 5. | Chohalla | - | 2 (40.00)a (18.18)b | 3 (60.00)a (17.64)b | - | 2 (40.00)a (9.52)b | - | - | - | 3 (60.00)a (21.42)b |
| 6. | Kalyana | - | 1 (20.00)a (9.09)b | 2 (40.00)a (11.76)b | 2 (40.00)a (20.00)b | 3 (60.00)a (14.28)b | 1 (20.00)a (20.00)b | - | - | 1 (20.00)a (7.14)b |
| 7. | Kirpind | - | - | 3 (60.00)a (17.64)b | 2 (40.00)a (20.00)b | 4 (80.00)a (19.04)b | - | - | - | 1 (20.00)a (7.14)b |
| 8. | TOTAL | 2 (5.00)a | 11 (27.50)a | 17 (42.50)a | 10 (25.00)a | 21 (52.50)a | 5 (12.50)a | - | - | 14 (35.00)a |

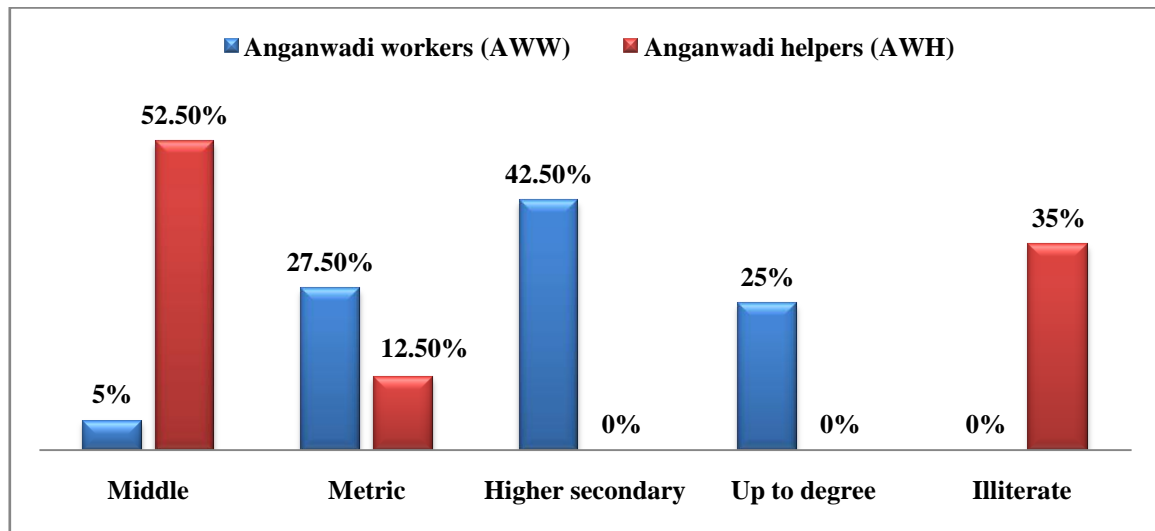
Source: Field survey;

subscript a: percentage of titled population to AWCs;

subscript b: percentage of titled population to the column total.

It is observed from the table 4 that 42.50% of AWW are qualified up to higher secondary level and 27.50% are metric pass and only 2% of them are middle pass. As far as the qualification of AWH is concerned, 35% of them are illiterate and 52.50% of them are qualified up to middle and rest 12.50% are qualified up to metric.

Figure 2: Status of Qualification of AWWs and AWHs



Source: Data plotted from the Table 4

This figure 2 clearly depicts the status of Qualification of Anganwadi worker (AWWs) and Anganwadi helper (AWHs) in the survey area of RS Pura block. It clearly shows that 42.50% of the AWWs are qualified up to higher secondary and 27.50% of the AWW are qualified up to metric. And only 25% of the AWWs are degree holders. It is found from the study that no AWW is found illiterate in the survey area. While it is found that 52.50% of the Anganwadi helpers (AWHs) are qualified only up to the middle. And 35% of the AWHs are illiterate in the survey area.

9. STATUS OF THE TRAINING OF ANGANWADI WORKER

As envisaged in the guidelines, the capacities of the human resource at all levels were to be improved through training, refresher courses, seminars and workshops. Earlier the duration of the training received by AWW was of 3 months but now this training period has been reduced to one month.

Training constitutes a basic concept in human resource development. It is concerned with developing a particular skill to a desired standard by instruction and practice. Training is a highly useful tool that can bring an employee into a position where they can do their job correctly, effectively, and conscientiously. Training is the act of increasing the knowledge and skill of an employee for doing a particular job.

This section provides the information regarding that how many AWW have received training before joining and also about the duration of their training in the seven villages of the RS Pura block of Jammu district. It is observed from the table that 92.50% of the total AWW of surveyed area receives the training before joining and only 7.5% does not receive any training before joining. As far as the duration of the training is concerned, 51.35% of the AWW get training for 1 month and rest 48.64% of AWW get training for 3 months before joining.

TABLE 5

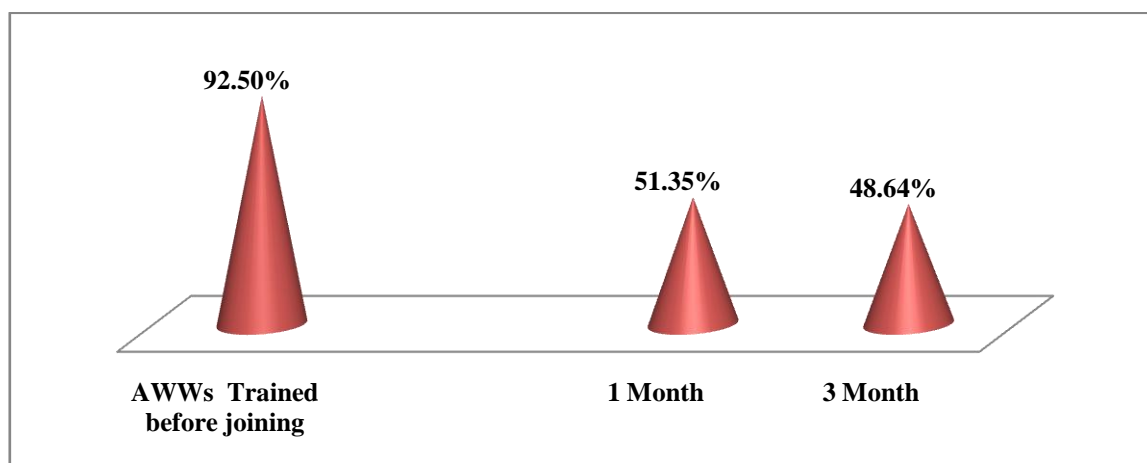
| INFORMATION REGARDING THE TRAINING OF ANGANWADI WORKER (AWW) | | | | | |
|--|--------------|---------------------------------------|---------------------------|---|---------------------------|
| S.no | VILLAGE NAME | AWW RECIEVE TRAINNING BEFORE JOINNING | | IF YES, WHAT WAS THE DURATION OF TRAINING RECIEVED BY AWW | |
| | | YES | NO | 1 MONTH | 3 MONTH |
| 1. | R.S. Pura | 9 (90.00)a (24.32)b | 1 (10.00)a (33.33)b | 7 (70.00)a (36.84)b | 2 (40.00)a (11.11)b |
| 2. | Chakrohi | 4 (80.00)a (10.81)b | 1 (10.00)a (33.33)b | 1 (25.00)a (5.26)b | 3 (75.00)a (16.66)b |
| 3. | Dablehar | 5 (100)a (13.51)b | - | 1 (20.00)a (5.26)b | 4 (80.00)a (22.22)b |
| 4. | Simble | 5 (100)a (13.51)b | - | 3 (60.00)a (15.78)b | 2 (40.00)a (11.11)b |
| 5. | Chohalla | 5 (100)a (13.51)b | - | 1 (20.00)a (5.26)b | 4 (80.0)a (22.22)b |
| 6. | Kalyana | 5 (100)a (13.51)b | - | 4 (80.00)a (21.05)b | 1 (20.00)a (5.55)b |
| 7. | Kirpind | 4 (80)a (13.51)b | 1 (10.0)a (33.33)b | 2 (50.00)a (10.52)b | 2 (50.00)a (11.11)b |
| 8. | TOTAL | 37 (92.5)a | 3 (7.5)a | 19 (51.35)a | 18 (48.64)a |

Source: Field survey;

Subscript a: Percentage of the titled population to the total no. of AWCs in row.

Subscript b: Percentage to the titled population to the column total.

Figure 3: Status of AWWs who have attended Training before joining and duration of their Training



Source: Data plotted from the Table 5

10. STATUS OF REFRESHER COURSE TRAINING JOINED BY ANGANWADI WORKERS

There is a provision of conducting the refresher course on various sectors such as in pre-school education (PSE), growth monitoring, maintaining records etc for upgrading the knowledge of the anganwadi workers (AWWs).

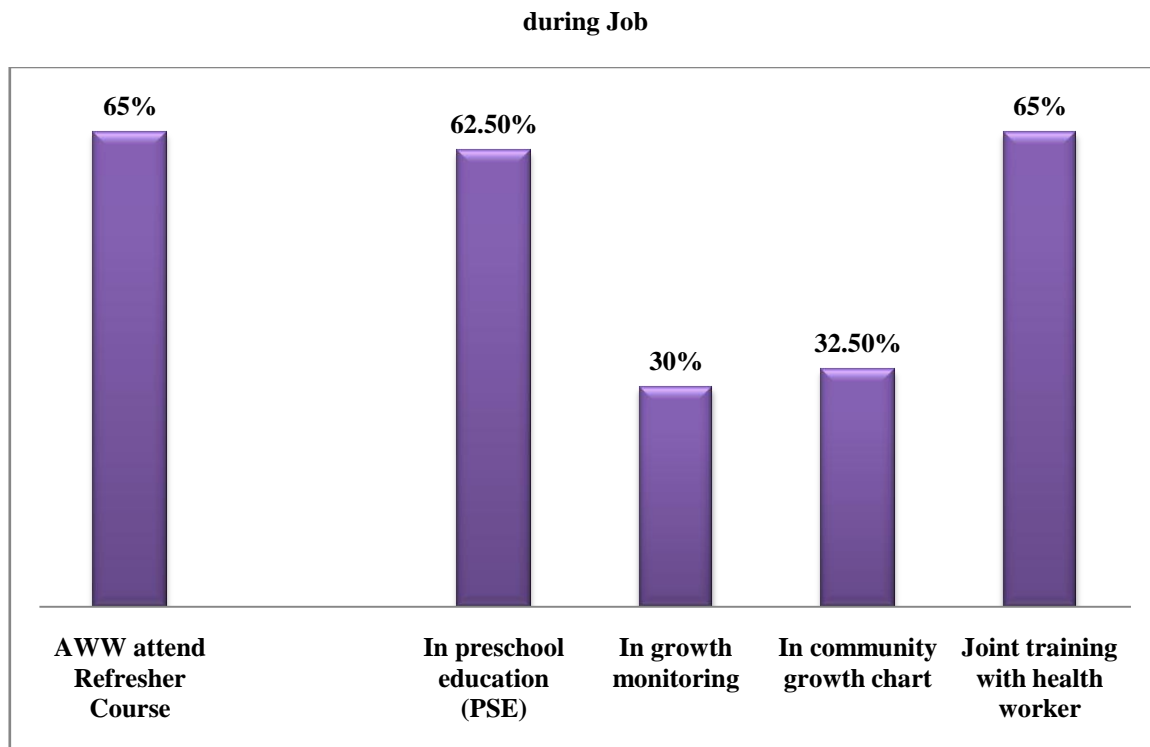
Table 6 reveals the information regarding the refresher course training attended by anganwadi worker (AWW) in the surveyed area of RS Pura block in jammu district. It is observed from the table that 65% of the anganwadi worker (AWW) attended the refresher course and 35% of the anganwadi worker (AWW) does not attend any refresher course. Table also provide the information regarding the different sectors in which AWW attend the refresher course. It is observed from the table that 62.50% of the AWW attended the refresher course in pre-school education, 30% of them joined in growth monitoring, 32.50% attend in community growth chart and 27.50% of the AWW attended the joined training with health worker.

It is also observed from the table that all the AWW who joined the training and refresher course are satisfied with their training. They get to learn so many things from these trainings.



TABLE 6

| INFORMATION REGARDING REFRESHER COURSE TRAINING ATENDED BY ANGAWADI WORKER (AWW) | | | | | | | | | |
|--|--------------|----------------------------------|---------------|---|----------------------|---------------------------|-----------------------------------|---------------------------------|----|
| S.no | VILLAGE NAME | AWW ATTENED ANY REFRESHER COURSE | | IF YES, IN WHICH SECTOR AWW ATTEND REFRESHER COURSE | | | | ARE YOU SATISFIED WITH TRAINING | |
| | | YES | NO | In PSE | In growth monitoring | In community growth chart | Joint training with health worker | YES | NO |
| 1. | R.S. Pura | 6 (60.00)a | 4 (40.00)a | 6 (60.00)a | 4 (80.00)a | 4 (80.00)a | 5 (50.00)a | 6 (100.00)a | - |
| 2. | Chakrohi | 3 (60.00)a | 2 (40.00)a | 3 (60.00)a | 1 (20.00)a | 3 (60.00)a | 1 (10.00)a | 3 (100.00)a | - |
| 3. | Dablehar | 5 (100)a | - | 4 (80.00)a | 3 (60.00)a | 3 (60.00)a | 3 (60.00)a | 5 (100.0)a | - |
| 4. | Simble | 3 (60.00)a | 2 (40.00)a | 3 (60.00)a | 1 (20.00)a | 2 (40.00)a | 1 (20.00%) | 3 (100.0)a | - |
| 5. | Chohalla | 4 (80.00)a | 1 (20.00)a | 4 (80.00)a | 2 (40.00)a | 1 (20.00)a | - | 4 (100.0)a | - |
| 6. | Kalyana | 3 (60.00)a | 2 (40.00)a | 3 (60.00)a | 1 (20.00)a | - | - | 3 (100.0)a | - |
| 7. | Kirpind | 2 (40.00)a | 3 (60.00)a | 2 (40.00)a | - | - | 1 (20.00)a | 2 (40.00)a | - |
| 8. | TOTAL | 26 (65.00)a | 14 (35.0)a | 25 (62.50)a | 12 (30.00)a | 13 (32.50)a | 11 (27.50)a | 26 (65.00)a | - |

Figure 4: Status of the AWWs who have joined Refresher courses in various sectors

Source: Data plotted from the Table 6

It is clearly depicts from the figure 4 that 65% of the Anganwadi workers (AWWs) attend the refresher courses during their job. These kinds of refresher courses give them more knowledge to their job and to deal with children and women. It is found from the study that 62.5% of the AWWs who have joined refresher courses have attended that in preschool education. And 65% of them joined the refresher course on the joint training with health worker. It also observed that rest 30% and 32.50% of the AWWs joined the refresher courses in growth monitoring and in community growth chart respectively. It is observed from the study that most of the AWWs are interested in joining the refresher courses on the theme of preschool education or in training with health workers. And the reason for this is that AWWs have to face problems related to preschool education and also in checking health cards of the women so they need update themselves so that they can run AWCs properly. As far as the growth monitoring is concerned, there is no weighing machine available in the survey area. So it is difficult to monitor and maintain growth chart of the children.

11. IMPACT OF TRAINING OF ANGANWADI WORKER ON DEVELOPMENT OF CHILDREN

ICDS is expected to generate significant behavioural changes among its beneficiaries that could, in the long run, contribute to reduction in maternal and infant mortality along with improved nutrition status among children and women. To this effect, several services have been combined under ICDS keeping the four important kinds of beneficiaries in focus. There are beneficiary-specific schemes to introduce healthy practices that would effectively contribute to achievement of ICDS' short and long term goals. The present chapter looks into the effectiveness of delivery mechanism of ICDS services as perceived by the stakeholders around indicators considered important in operationalising the programme. The findings are presented in two sections.

TABLE 7

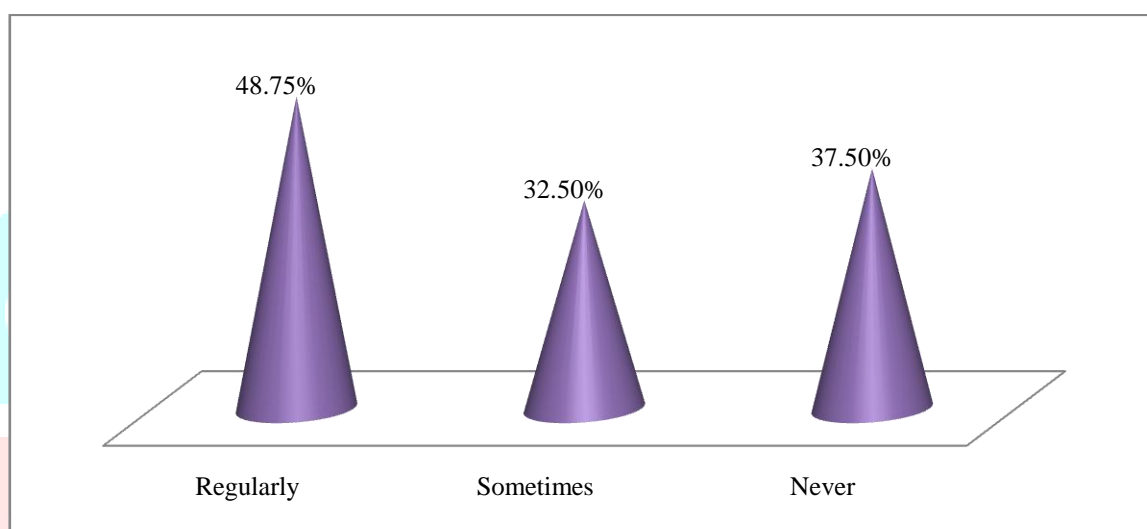
| PRE SCHOOL EDUCATION (PSE) GIVEN TO CHILDREN IN AWC | | | | | | | | | | | | | | | | |
|---|--------------|-------------------------|-----------------------|-----------------------|--|-------------------------|-----------------------|------------------------|-------------------------|-------------------------|-----------------------------|-----------------------|-----------------------------|-----------------------|-------------------------|-----------------------|
| S.no | Village name | PSE given to your child | | | Impact of Pre-school education given to your child | | | | | | | | | | | |
| | | Regularly | Sometimes | Never | Read simple words | | Count numbers | | Write alphabets or word | | Distinguish between colours | | Distinguish between objects | | Recognize pictures | |
| | | | | | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N |
| 1. | RS Pura | 14 (70%) [35.8%] | 4 (20%) [15.3%] | 2 (10%) [13.3%] | 4 (20%) [30.7%] | 16 (80%) [23.8%] | 8 (40%) [30.7%] | 12 (60%) [22.2%] | 2 (11.1%) [33.3%] | 18 (90%) [23.3%] | 12 (60%) [28.5%] | 8 (40%) [21%] | 14 (70%) [25%] | 6 (30%) [24%] | 16 (80%) [24.61%] | 4 (20%) [26.6%] |
| 2. | Chakrohi | 6 (60%) [15.3%] | 2 (20%) [7.6%] | 2 (20%) [13.3%] | 3 (30%) [23%] | 7 (70%) [10.4%] | 4 (40%) [15.3%] | 6 (60%) [11.1%] | 1 (10%) [16.6%] | 9 (90%) [12.1%] | 6 (60%) [14.2%] | 4 (40%) [10.5%] | 7 (70%) [12%] | 3 (30%) [12%] | 8 (80%) [12.3%] | 2 (20%) [13.3%] |
| 3. | Dablehar | 4 (40%) [10.2%] | 5 (50%) [19.2%] | 1 (10%) [6.6%] | 2 (20%) [15.3%] | 8 (80%) [11.9%] | 2 (20%) [7.6%] | 8 (80%) [14.8%] | 2 (20%) [33.3%] | 8 (80%) [10.8%] | 7 (70%) [16.6%] | 3 (30%) [7.8%] | 8 (80%) [14.5%] | 2 (20%) [8%] | 9 (90%) [13.8%] | 1 (10%) [6.66%] |
| 4. | Simbal | 3 (30%) [7.6%] | 5 (50%) [19.2%] | 2 (20%) [13.3%] | 1 (10%) [7.6%] | 9 (90%) [13.4%] | 3 (30%) [11.5%] | 7 (70%) [12.9%] | - (100%) [13.5%] | 10 (100%) [14.2%] | 6 (60%) [14.2%] | 4 (40%) [10.5%] | 7 (70%) [12%] | 3 (30%) [12%] | 8 (80%) [12.3%] | 2 (20%) [13.3%] |
| 5. | Chohalla | 4 (40%) [10.2%] | 6 (60%) [23.0%] | - | 2 (20%) [15.3%] | 8 (80%) [11.9%] | 4 (40%) [15.3%] | 6 (60%) [11.1%] | 1 (10%) [16.6%] | 9 (90%) [12.1%] | 4 (40%) [9.5%] | 6 (60%) [15.7%] | 7 (70%) [12%] | 3 (30%) [12%] | 9 (90%) [13.8%] | 1 (10%) [6.66%] |
| 6. | Kalyana | 7 (70%) [17.9%] | 2 (20%) [7.6%] | 1 (10%) [6.6%] | 1 (10%) [7.6%] | 9 (90%) [13.4%] | 3 (30%) [11.5%] | 7 (70%) [12.9%] | - (100%) [13.5%] | 10 (100%) [13.5%] | 3 (30%) [7.14%] | 7 (70%) [18.4%] | 6 (60%) [10%] | 4 (40%) [16%] | 7 (70%) [10.7%] | 3 (30%) [20%] |
| 7. | Kirpind | 1 (10%) [2.5%] | 2 (20%) [7.6%] | 7 (70%) [46.6%] | - | 10 (100%) [14.9%] | 2 (20%) [7.6%] | 8 (80%) [14.8%] | - (100%) [13.5%] | 10 (100%) [9.5%] | 4 (40%) [15.7%] | 6 (60%) [10%] | 6 (60%) [16%] | 4 (40%) [12.3%] | 8 (80%) [12.3%] | 2 (20%) [13.3%] |
| 8. | TOTAL | 39 (48.75%) | 26 (32.5%) | 15 (37.5%) | 13 (16.2%) | 67 (83.7%) | 26 (32.5%) | 54 (67.5%) | 6 (7.5%) | 74 (92.5%) | 42 (52.5%) | 38 (47.5%) | 55 (68%) | 25 (31%) | 65 (81.2%) | 15 (18.7%) |

Source: Survey data; (%age): Horizontal %age to the total no. of respondents in row; [%age]: Vertical %age

12. MOTHER'S RESPONSES REGARDING PRE SCHOOL EDUCATION (PSE) PROVIDED TO THEIR CHILDREN IN ANGANWADI CENTRES

This section analyse the mothers responses regarding the pre-school education given to their children in the AWC. It is observed from the table 7 that 48.75% of the mothers affirm that PSE was given to their children regularly and 32.50% have said that sometimes the AWW teaches to their children. It is noticed from the study that 37.50% of mothers have said that no PSE is given to their children and AWCs are only consider as food provider in their locality. As far as the impact of the Pre-school education on their children is concerned, only 16.2% of the children can read simple words while 83.7% cannot. Study shows that 32.5% of the children can count numbers and 67.50% cannot count numbers. It is noticed from the table that the only 7.5% of the children can write alphabets and maximum of 92.5% of the children cannot write the alphabets. The reasons for that is that AWW can't teach them writing and age of children are also very less. As far as the distinguishing the colours are concerned, 52.5% of the children can recognize colours and 47.50% of children cannot recognize them. It is observed from the table that only 68.7% and 81.2% of children can distinguish between objects and recognize pictures respectively.

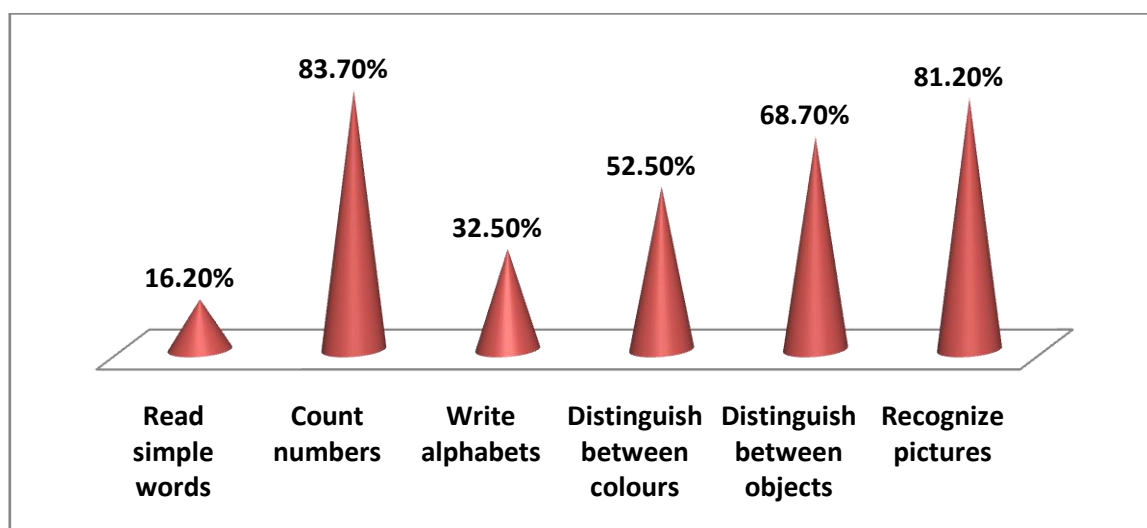
Figure 5: Status of Preschool education given to children.



Source: Data plotted from Table 7

Figure clearly depicts that the preschool education is given to the children on regular basis only in 48.75% of AWCs. It is also observed from the figure that in 32.50% of the AWCs, preschool education is given sometimes. And it is unfortunate that preschool education is not given in 37.50% of the AWCs of the survey area.

Figure 6: Impact of Preschool education given to children



Source: Data plotted from Table 7

This figure clearly shows the impact of the preschool on the children. It clearly reflects that children get benefit from the preschool education. It shows that 81.2%, 68.70%, 52.5% of the children can recognize pictures, distinguish between objects and distinguish between colours respectively. It also shows that 83.7% of the children can count numbers and 32.50% and 16.2% of the children can write alphabets and read simple words.

TABLE 8

| MOTHER'S REPOSES REGARDING THE INFORMATION GIVEN BY AWW AND SENSE OF SATISFACTION FROM THE SERVICES OF AWC | | | | | | |
|--|--------------|--|---------------------------|---------------------------|--|---------------------------|
| S.no | Village name | How did you find the information given by the AWW regarding nutrition and feeding the child? | | | Are you satisfied with services of anganwadi centre (AWC)? | |
| | | Very useful | Somewhat useful | Not useful | Yes | No |
| 1. | RS Pura | 11 (55.00%) [26.82%] | 9 (45.00%) [30.00%] | - | 11 (55.00%) [22.00%] | 9 (45.00%) [30.00%] |
| 2. | Chakrohi | 3 (30.00%) [7.31%] | 6 (60.00%) [20.00%] | 1 (10.00%) [11.11%] | 7 (70.00%) [14.00%] | 3 (30.00%) [10.00%] |
| 3. | Dablehar | 4 (40.00%) [9.75%] | 4 (40%) [13.33%] | 2 (20.00%) [22.22] | 8 (80.00%) [16.00%] | 2 (20.00%) [6.66%] |
| 4. | Simbal | 7 (70.00%) [17.07%] | 2 (20.00%) [6.66%] | 1 (10%) [11.11%] | 7 (70.00%) [14.00%] | 3 (30.00%) [10.00%] |
| 5. | Chohalla | 6 (60.00%) [14.63%] | 4 (40.00%) [13.33%] | - | 9 (90.00%) [18.00%] | 1 (10.00%) [3.33%] |
| 6. | Kalyana | 8 (80.00%) [19.51%] | 2 (20.00%) [6.66%] | - | 6 (60.00%) [12.00%] | 4 (40.00%) [13.33%] |
| 7. | Kirpind | 2 (20.00%) [4.87%] | 3 (30.00%) [10.00%] | 5 (50.00%) [55.55%] | 2 (20.00%) [4.00%] | 8 (80.00%) [26.66%] |
| 8. | TOTAL | 41 (51.25%) | 30 (37.50%) | 9 (22.5%) | 50 (62.50%) | 30 (37.50%) |

Source: Field survey;

(%age): percentage of the titled population to the total no. of respondents in row.

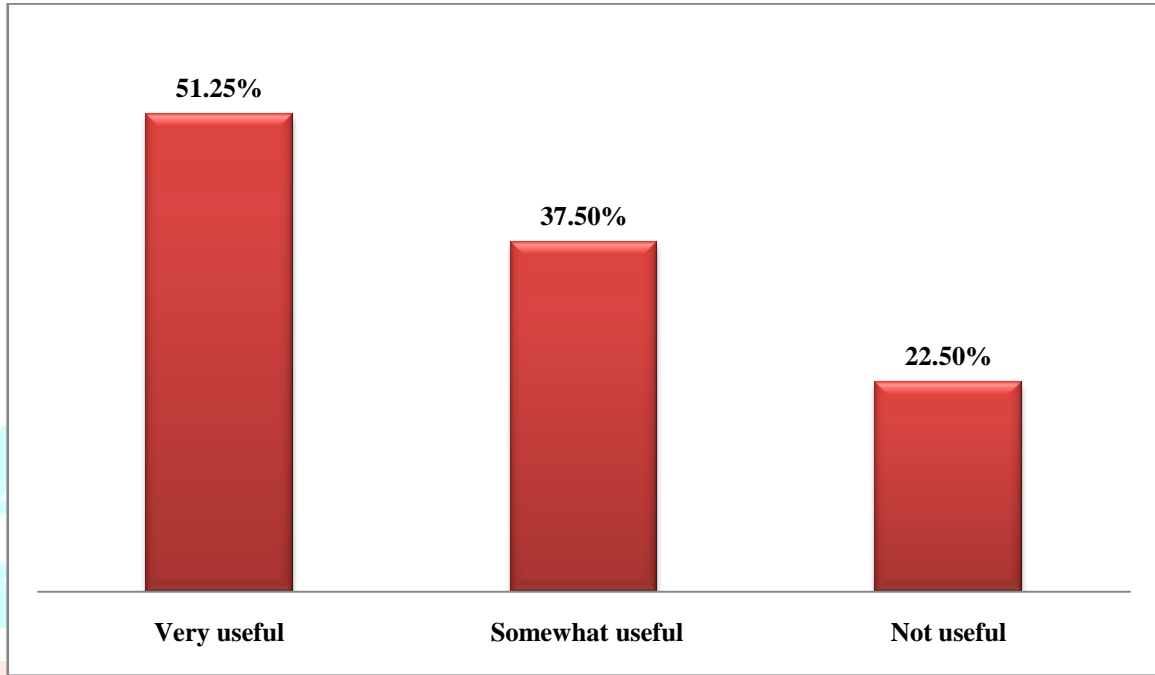
[%age]: percentage of the titled population to the column total.

13. MOTHER'S RESPONSES REGARDING THE INFORMATION GIVEN BY AND THE SENSE OF SATISFACTION FROM THE SERVICES OF ANGANWADI CENTRES

Table 8 represents the information regarding the information given by AWWs to the mothers of the children about feeding and nutrition to the children. And this section also tells about the sense of satisfaction from the services of AWC. It is observed from the table that 51.25% of the mothers felt that information given by the AWW about the feeding and nutrition of their children are very useful. And 35.50% of the mother felt that information provided by the AWW is somewhat useful. It is also observed from the table 8 that only 22.5% of the mothers felt that information provided by AWW is not that much useful. As far as the sense of satisfaction of mother of the children from the services of the AWC is concerned, 62.50% of the mothers are satisfied by the services provided by the AWC under the ICDS scheme and 37.50% of mothers are not satisfied. The reason for the satisfaction from the services of the AWC is that due these services their children are learning and the preschool education. They are learning how to sit with other kids. They enjoy having food with other kids. And all these children

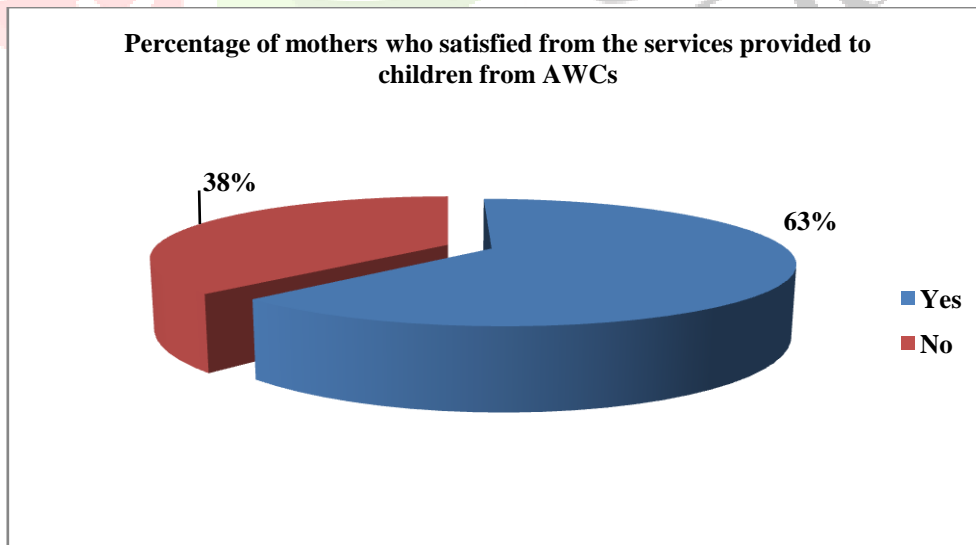
belong to the poor or middle class families. And these families do not able to afford to send their children to the expensive play way or kindergarten schools. So that's why they are quite happy and satisfy with the step of the government to provide free pre-school education and nutrition to their children. But these mothers also need some improvements in existing system of ICDS. As far as the reason for the non satisfaction from the services of the AWC is concerned, there are also many reasons such as facilities in the AWCs are very less. Space for the sitting of children is very congested in most of the centres. The quality of nutrition is also very bad. There no variation in food. Children don't like to take khichdi, or same type of food regularly.

Figure 7: Information given by AWWs regarding the nutrition and feeding the child



Source: Data plotted from Table 8

Figure 8:- Satisfaction of mothers regarding the services provided to their children in AWCs



Source: Data plotted from Table 8

This figure shows that majority of the mothers of the children are satisfied from services provided to them by the anganwadi workers (AWW) in the anganwadi centres.

14. CONCLUSION

The present study aims for assessing the impact of the training of anganwadi workers on the development of the children under the Integrated Child Development Services (ICDS) program. The main objective is to make assessment of the level of educational qualification of anganwadi worker and anganwadi helper and to study the level of training of anganwadi worker in the study area. Present study also attempts to assess the opinion of the mothers of beneficiary children regarding the preschool education imparted to the children anganwadi facilities and AWWs.

The study is conducted to provide the suitable suggestions to improve the performance of anganwadi centres (AWCs) in RS Pura block of Jammu district. The main conclusion and the findings are as under.

This study is based on the data collected from the sample size of 40 AWCs and their 80 beneficiaries from one town and six villages of RS Pura block. The villages which are covered under the study are RS Pura town, Chakrohi, Dablehar, Simbal, Chohalla, Kalyana and Kirpind.

It is observed from the study that 42.50% of AWW are qualified up to higher secondary level and 27.50% are metric pass and only 2% of them are middle pass. For proper functioning of AWC, there is a need that the AWW are at least qualified so that they can maintain the records, conduct meetings, surveys, providing pre-school education to toddlers, maintain growth charts etc. Only qualified person can handle all these jobs properly. It is also found that 35% of AWW are illiterate and 52.50% of them are qualified up to middle and rest 12.50% are qualified up to metric. It is observed from the study that 92.50% of the total AWW of surveyed area receives the training before joining and only 7.5% does not receive any training before joining. As far as the duration of the training is concerned, 51.35% of the AWW get training for 1 month and rest 48.64% of AWW get training for 3 months before joining. It is well known that capacities of the human resource at all levels were to be improved through training, refresher courses, seminars and workshops. So the majority of the AWW should join training and government should make training compulsory. It is observed from the study that 65% of the anganwadi worker (AWW) attended the refresher course and 35% of the anganwadi worker (AWW) does not attend any refresher course. Study also provide the information regarding the different sectors in which AWW attend the refresher course. It is observed from the table that 62.50% of the AWW attended the refresher course in pre-school education, 30% of them joined in growth monitoring, 32.50% attend in community growth chart and 27.50% of the AWW attended the joined training with health worker. These refresher courses are necessary to refresh their knowledge about all issues. It is also observed from the study that all the AWW who joined the training and refresher courses are satisfied with their training. They get to learn so many things from these trainings.

The second part of the study shows the beneficiary response towards the services of AWCs. For this section data was collected from the 40 beneficiaries of AWC who were the mothers of beneficiary children. It is observed from the table that 48.75% of the mothers affirm that PSE was given to their children regularly and 32.50% have said that sometimes the AWW teaches to their children. There is found that there is positive response of PSE on the children. It is found from the study that most of the women found the information given by AWW very useful. And it is observed from the study that 62.50% of the women are satisfied with the services provided by the AWC and only 35.50% of them are not satisfied. The reason for the satisfaction from the services of the AWC is that due these services their children are learning and the preschool education. They are learning how to sit with other kids. They enjoy having food with other kids. And all these children belong to the poor or middle class families. And these families do not able to afford to send their children to the expensive play way or kindergarten schools. So that's why they are quite happy and satisfy with the step of the government to provide free pre-school education and nutrition to their children. But these mothers also need some improvements in existing system of ICDS. As far as the reason for the non satisfaction from the services of the AWC is concerned, there are also many reasons such as facilities in the AWCs are very less. Space for the sitting of children is very congested in most of the centres. The quality of nutrition is also very bad. There no variation in food. Children don't like to take khichdi, or same type of food regularly.

15. POLICY IMPLICATION

- The AWWs should be selected on the basis of their merit and educational competence which will go a long way in delivering the AWCs services in effective and constructive manner.

- The capacities of the human resource working in the ICDS projects should be regularly improved as any compromise on this issue will affect the quality of performance. Regular orientation courses and trainings must be organized for them to increase job clarity, develop positive attitude and commitment. Enhancement in financial allocation for such training programmes should be considered.
- Government should incorporate technology in AWC for making pre-school education interesting. Traditional learning aids are becoming outdated these days. So there should be the use projector and computer for showing informative cartoon movies, and teaching rhymes and poems to the children. This could help the parents to take interest to send their children to AWCs.
- The work load of the AWWs should be reduced so that they can confine their efforts only to impart pre-school education to the children.

REFERENCES:

1. Sachdev y, Neeru G, Tondon BN, (1995). Integrated child development services scheme and nutritional status of Indian children. *Journal of tropical paediatrics (serial on internet)*
2. Anil K, (2009). Research on ICDS: an over view. available from: National Institute of public co-operation and child development website- <http://nipccd.nic.in/reports/icdsvol3.pdf>
3. Indrakant. S, (2004). Nutrition programmes and children. *Economic and political weekly, vol 39, no. 4, pp. 379-380.*
4. Awofeso. N and Rammohan. A, (2011). Three decades of ICDS program in india: progress and problem health management. Available from- <http://www.intechopen.com/books/health-management-different-approaches-and-solutions>
5. Integrated Child Development services (internet). Available from: <http://wcd.nic.in/icds.htm>
6. Research on ICDS: An overview volume3 (internet). Available from- <http://nipccd.nic.in/reports/icdsvol3.pdf>
7. Source:- website- www.anaganwadi.org/
8. SANKET centre for budget studies and right to food campaign Madhya Pradesh support group, 2009. Morribund ICDS and child survival issues in Madhya Pradesh.
9. Jena. P, (2013). Knowledge of Anganwadi Worker about ICDS: A study of urban blocks in Sundargarh district of Odhisa. Available from- [thesis. Nitrkl.ac.in/5194/1/411hs1003.pdf](http://thesis.Nitrkl.ac.in/5194/1/411hs1003.pdf)
10. National council of Applied Economic research (NCAER) 2001. Concurrent evaluation of integrated child development services, 1998; National Report, Volume, New Delhi.
11. Sahunath, (2011). Managing the human resource for poverty and socio economic development of Orissa with special reference to Mayur Bhanj District. *Global journal of management and business research. Vol 1.*
12. Indrakant. S, (2004). Nutrition programmes and children. *Economic and political weekly, vol 39, no. 4, pp. 379-380.*
13. Krishnaraj M, (2005). Evaluating ICDS. *Economic and Political weekly. Vol 40, no. 22/23, pp. 2210-2368*
14. Manhas, Quadiri MF, (2009). Nature of preschool education imparted at anganwadi centre. *Shodhsameeksha mulyankan.*
15. Khullar V, (1998). Integrated Child Development Services: A critique of evaluation technique. *Economic and political weekly. Vol 33, No. 10, pp. 537-545.*