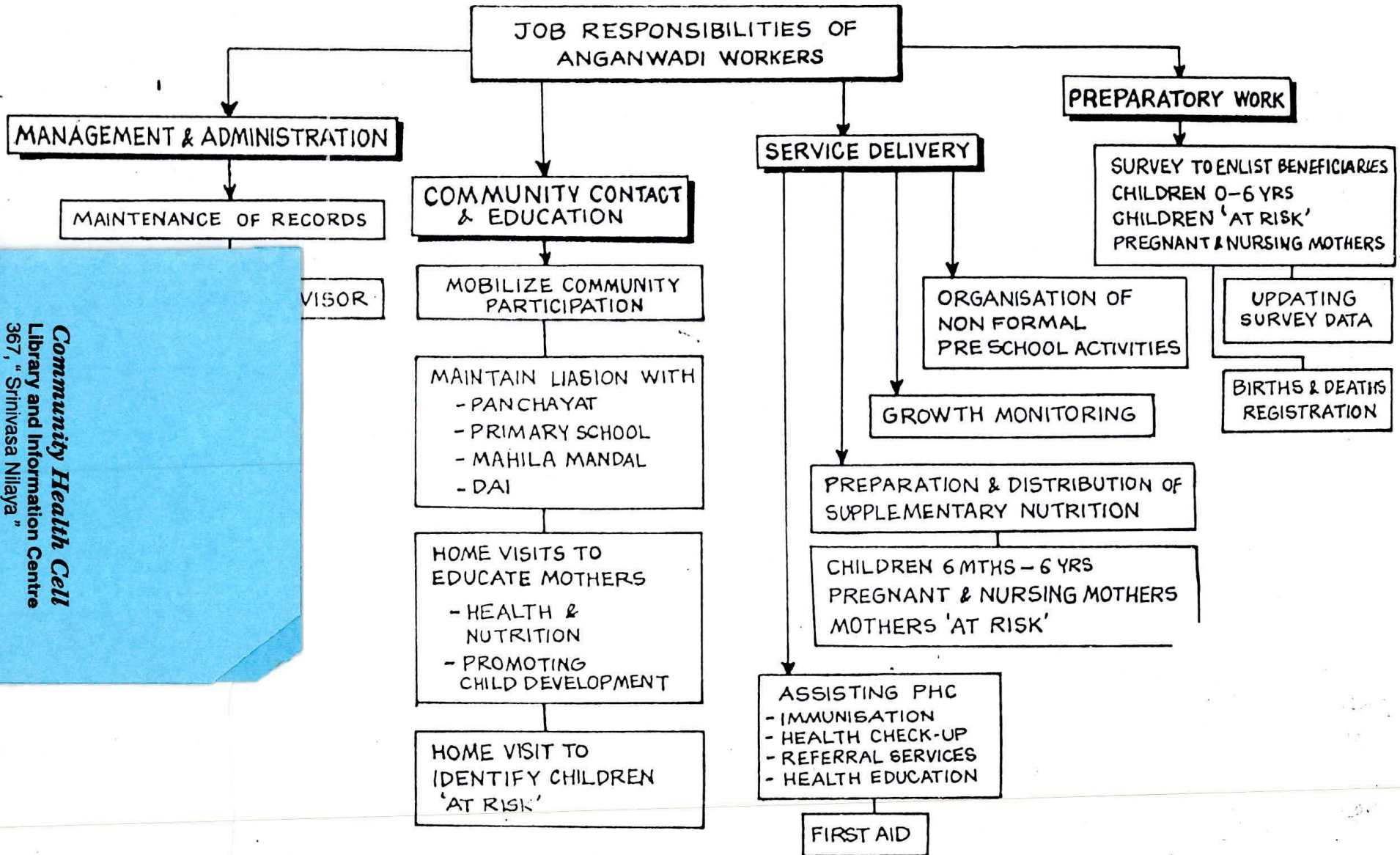


TRAINING Manual
ICDS

JOB CHART OF ANGANWADI WORKERS



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TASKS AND SKILLS OF AN ANGANWADI WORKER

Job Responsibility of an AWW	Tasks of an AWW	Skills required in doing the Tasks
(1)	(2)	(3)
(i) Survey	<ol style="list-style-type: none"> 1. Contact community, take interviews, record data 2. Interpret data to identify beneficiaries, "at risk" children and mothers 3. Update survey data 4. Register births and deaths 	<p>Talking to different members of the household to tell them about the purpose of the survey</p> <p>Ability to ask questions to obtain the desired responses</p> <p>Filling up the survey forms</p> <p>Adding new information and deleting irrelevant information from the survey forms</p> <p>Keeping track of new births and deaths and recording them</p>
(ii) Service Delivery	<ol style="list-style-type: none"> 1. Organise activities for physical-motor development, language development, cognitive development, social-development 	<p>Conducting games, narrating stories, singing songs, organising creative and cognitive development activities for children</p> <p>Communicating with children</p> <p>Organising children in circles and groups</p>

Note: Separate skill has not been listed wherever the skill required to do the task has been built into the task itself.

(1)

(2)

(3)

- | | | |
|--|--|--|
| | | Introducing variety in the preschool activities |
| 2. Prepare and use aids for preschool activities | | Skill in making aids like puppets, masks, story figures, puzzles, etc.

Identifying low cost material which can be used in organising preschool activities |
| 3. Replenish aids | | Repairing aids

Substituting torn aids by using alternate material |
| 4. Plan the preschool programme | | Skill in planning different activities to be organised in the AW to ensure variety, keeping in mind time as well as age of children

Skill in introducing changes as and when needed |
| 5. Educate parents about the importance of preschool education for overall development of children | | Conducting meetings of mothers

Talking to mothers during home visits and at different meetings |
| 6. Helping in the admission of older children in the primary school | | Contacting the parents, primary school teacher

Finding out requirements of admission

Helping parents in completing the formalities of admission |

(1)	(2)	(3)
II. <i>Growth Monitoring</i>	1. Weigh the children	Taking weights and reading the weights accurately
	2. Assess the age	Calculating the age of the child
	3. Plot weight on growth cards	Plotting weight on growth cards
	4. Interpret growth trend	Interpreting the direction of the curve
	5. Educate parents about the growth pattern of their children and management of malnourished children	Talking to mothers about the growth pattern and feeding of children
	6. Involve mothers in the process of growth monitoring	Persuading mothers to monitor the growth of their children
III. <i>Organisation of supplementary Nutrition</i>	1. Assess and measure the amount to be cooked	Calculating and measuring the amount of SNP to be prepared daily
	2. Supervise cooking by Helper	Observing the cooking by Helper
	3. Help and supervise the Helper in preparing children for supplementary nutrition	Guiding Helper in correct method of cooking
	4. Distribute supplementary nutrition	Supervising washing hands of children Organising children to sit and receive supplementary nutrition
	4. Distribute supplementary nutrition	Measuring the amount to be served to one child

(1)	(2)	(3)
		Supervising distribution of SNP in an organised manner
		Ensuring that children eat in the Anganwadi
	5. Provide extra amounts to "at risk" children	Identification of "at risk" children
		Ensuring supply of extra ration to such children
	6. Storage of SNP food items.	Storing the food items correctly to prevent spoiling
		Checking for spoilage before cooking
	7. Educate mothers about	Talking to mothers
	i) nutrition for children at home	Preparation and use of aids for mother's meetings
	ii) their requirements during pregnancy	
IV. <i>Providing support to Primary Health Centres</i>	1. Prepare and update lists of children and pregnant women for immunisation	Listing children for immunisation including the new borns indicating type of immunisation and dosage
	2. Prepare parents for immunisation of children	Talking to parents about the need for immunisation, ability to give specific information related to the place, specific number of dosages and possible immunisation side effects
	3. Make arrangements for immunisation	Sterilisation of equipment for immunisation

(1)	(2)	(3)
		Laying out equipment for the Doctor
	4. Maintenance of immunisation registers	Filling up immunisation register
	5. Follow up through home visits of new born children for immunisation purposes	Making home visits and talking to mothers about the expected date of delivery and the immunisation schedule
	6. Demonstrate and prepare an oral rehydration solution to educate mothers about diarrhoea management	Preparation of oral rehydration solution through the household method and preferably demonstrate it to mothers with children suffering from diarrhoea
		Guiding mothers in preparation of ORS
	7. Follow up through home visits, children suffering from diarrhoea	Making home visits and talking to mothers
	8. Encourage all pregnant women to go for check up to the PHC or sub centre	Talking to mothers about the importance of health check up and arrange for the same in consultation with LHV/ANM
		Keeping a record of the number of tablets given periodically
	9. Dispense iron, folic acid tablets to pregnant women	Dispensing the correct dosage of iron and folic acid to pregnant women

(1)	(2)	(3)
	<p>10. Give vitamin 'A' drops to children</p> <p>11. Refer cases for health check up to the PHC</p> <p>12. Provide first aid for minor ailments and injuries</p> <p>13. Early identification of disabilities</p> <p>14. Educate people on health care of women and children and family planning</p>	<p>Giving correct dosage of Vitamin 'A' drops to children</p> <p>Identifying cases for health check-up, filling up a referral slip with requisite details</p> <p>Administering first aid in case of emergencies</p> <p>Identifying symptoms of disabilities in children — auditory, visual, orthopaedic, mental for preventive action</p> <p>Talking to mahila mandal members, organising community meetings</p> <p>Making arrangements, preparing talking points for discussion</p> <p>Public speaking</p>
<p>(iii) Community contact and education</p> <p>I. <i>Community participation</i></p>	<p>1. Establish contact with community</p> <p>2. Involve community in various activities of the Anganwadi</p>	<p>Maintaining continuous contact with people</p> <p>Ability to talk to men and women of different ages and backgrounds and establishing rapport with them</p>

(1)	(2)	(3)
I. Community education	3. Encourage mothers to bring children by turns, to the AWC	Periodic discussions with mothers to persuade them to send/accompany children to the AW
	Health & Nutrition Education	
	1. Educate parents about health and nutrition needs	Planning and organising meetings of parents for nutrition and health education (NHEd)
	2. Educate parents for growth monitoring, feeding children, food requirements during pregnancy and lactation, management of diarrhoea	Talking to parents Preparation and use of aids in the meeting
	Preschool Education	
	1. Educate parents to create awareness about early infant stimulation, importance of preschool education and play way method of learning	Planning and organising meetings of parents about early childhood stimulation Discussion with parents, preparation and use of aids in the meeting
	Population Education	
	1. Educate parents, particularly women about prenatal development and methods of family planning	Talking to people, particularly mothers about family planning, prenatal development and care during pregnancy
	2. Motivate community for family planning	Planning and organising meetings of mothers Contacting LHV/MPW

(1)	(2)	(3)
III. <i>Communication</i>	<ol style="list-style-type: none"> 1. Establish contact with other functionaries/individuals/agencies/voluntary organisations in the area 2. Enlist their support in the AW programme 3. Make home visits for educational purposes 4. Form and activate mahila mandals 5. Organise bal melas, exhibitions, competitions etc. 	<p>Identifying important people, formal and informal leaders</p> <p>Identifying women for setting up a mahila mandal</p> <p>Organising meeting of mahila mandal</p> <p>Encouraging participation of mahila mandal in the AW programme</p> <p>Arranging a bal mela, exhibitions, competitions in the AW</p> <p>Enlisting support of supervisors/CDPO for organising these</p>
(iv) <i>Management and Administration</i>	<ol style="list-style-type: none"> 1. Fill records 2. Keep records neat and up-to-date 	
I. <i>Maintenance of Records</i>		

(1)	(2)	(3)
<p>II. <i>Reporting to CDPO, Supervisor, Medical Officer</i></p>	<p>3. Maintain correspondence with individuals, groups and functionaries</p> <p>1. Fill monthly/quarterly progress reports</p> <p>2. Send reports to Supervisors, CDPOs and Medical Officers</p>	<p>Writing letters to different people</p> <p>Filing letters neatly</p>
<p>(v) <i>Utilisation of the Services of the Helpers</i></p>	<p>1. Supervise and guide Helpers' tasks</p> <p style="padding-left: 40px;">preparing the anganwadi for conducting activities</p> <p style="padding-left: 40px;">cleaning the premises</p> <p style="padding-left: 40px;">filling up of drinking water</p> <p style="padding-left: 40px;">putting things back in place</p> <p style="padding-left: 40px;">locking up the AWC</p> <p style="padding-left: 40px;">preparing supplementary nutrition</p> <p>2. Involve Helper in the Anganwadi activities</p>	<p>Encouraging participation of Helper in other activities of the Anganwadi and assigning specific activity to them</p>

SECTION II

SYLLABUS AND PROGRAMME SCHEDULE

SYLLABUS FOR THREE MONTH JOB TRAINING OF AWWs

A. TRAINING SYLLABUS

In-service job training course has been designed for Anganwadi Workers in order to equip them with requisite knowledge and skills needed to discharge their job responsibilities effectively. The various components of training and the syllabus are given below:—

Duration of the course	3 months
No. of working days	72
No. of working hours	432

Subject	Classroom instruction	Field work ¹	Library & Audio visual	Total ²
1. General Orientation	13½	19½	3	36
2. Preschool education	15	66½	1½	83
3. Nutrition & Health; Nutrition & Health Education ³	34	54	5½	93½
4. Community participation, community education and communication	56	67½	4	127½
5. Population education	9	3	—	12
6. Management	23½	35½	—	59
7. Holistic approach to child & wrap up	12	—	—	12
8. Evaluation	9	—	—	9
	172	246	14	432 ⁴

¹Field work Includes

i) Class room practicals	137 Hrs.
ii) Observational visits	13 Hrs.
iii) Field work placement in ICDS project	96 Hrs.
TOTAL	246 Hrs.

²The total hours are inclusive of the time spent on exercises, games, songs, hobby work, that have been included in the programme schedule to break the monotony.

³Some of the topics from the Health and Nutrition Education component are included in the area of Community Education.

⁴The total number of hours provided are exclusive of the time used for physical exercises, prayers or feedback sessions, which would start at 9.30 a.m.

GENERAL ORIENTATION

The main objective of the general orientation is to familiarise the Anganwadi Worker with the existing status of women and children in the country/region and the need for organising programmes, particularly the ICDS, for their development. It also introduces the Worker to the objectives, services, scope, beneficiaries, staffing pattern of the ICDS programme and their own roles and responsibilities vis-a-vis that of the Supervisor, CDPO, MO, LHV and the ANM.

Instructional Goals

After the training the AWW should be able to:

- i) describe the status of women and children in India
- ii) explain the need for programmes for child development
- iii) list the objectives, package of services, target group, scope of the ICDS scheme
- iv) define her role and responsibilities as an Anganwadi Worker
- v) explain the need for conducting a survey
- vi) define the term community and the concept of community participation

Curriculum Contents

	<i>Theory/ discussion (Hours)</i>	<i>Field work*</i>
i) Status of children and women in India; health, nutrition and educational	6	—
ii) Need for child development programmes	3	—
iii) ICDS, its philosophy, scope, objectives, package, beneficiaries, coverage and staffing pattern	2	3
iv) Role and responsibilities of an Anganwadi Worker	3	—
v) Need for conducting a survey	1½	—
vi) Community participation; concept and importance	3	—

(Library and audio visual is for a minimum period of 2½ hours)

* Hours do not include field work placement in ICDS project.

PRESCHOOL EDUCATION

One of the services of ICDS is to cater to the developmental needs of children between three and six years of age and to prepare them for formal schooling. The Anganwadi Worker is expected to promote the all-round development of children (physical, social, emotional and ^{personal} cognitive) through non-formal play activities. She must organise a variety of activities and utilise the natural resources in her environment to structure learning at the Anganwadi.

Instructional Goals

After the training the AWW should be able to:

- i) explain the need and importance of preschool education
- ii) enumerate the growth of children from birth to six years, their needs, and milestones in their development
- iii) organise a variety of activities to promote the physical, language, cognitive, personal, social and emotional development of children
- iv) collect waste and throw-away material and prepare aids and play material out of these
- v) correctly manipulate the aids and play material prepared
- vi) utilise the resources available in the environment for teaching-learning activities
- vii) draw up a daily/weekly thematic programme schedule for organising preschool activities in the Anganwadi
- viii) discuss the behavioural problems of children.

Curriculum Contents

	<i>Theory/ discussion (Hours)</i>	<i>Field work</i>
i) Need and importance of organising non-formal preschool activities	3	—
ii) Development of children from birth to six years; milestones in development and needs of children	3	—
iii) Activities for physical-motor, language cognitive, personal, social and emotional development; preparation and use of aids and play material for organising these activities	—	24
iv) Use of environmental resources in organising preschool activities	—	5
v) Theme approach in organising preschool activities	—	6

vi)	Nature walk as an activity to promote overall development in children	—	6
vii)	Planning the preschool programme	—	3
viii)	Problems faced in the field in organising preschool education	3	—
ix)	Common behavioural problems in children	3	—
x)	Use of aids in a preschool set up (Library and audio visual is for a minimum period of 1 hour)	—	3

NUTRITION AND HEALTH

The nutrition and health components of the ICDS scheme aim at reduction in mortality, morbidity and malnutrition among children and to bring about an improvement in the health and nutritional status of mothers and children.

Instructional Goals

After the training the AWW should be able to:

- i) explain the need for eating mixed family food
- ii) discuss the importance of breast feeding and weaning in promoting the health of children
- iii) monitor the growth of children, demonstrate correct use of weighing scales, assess the correct age and nutritional status of children, weigh the child, plot the weight on the growth cards, interpret growth trend to mothers and counsel them for care of the child
- iv) enumerate the schedule for immunization of children and her role in this regard
- v) list the common nutritional deficiency diseases, communicable diseases and ailments that cause malnutrition among children; suggest strategies for combating these
- vi) identify the signs and symptoms of dehydration, prepare an oral rehydration solution and state the ways of diarrhoea management
- vii) organise and prepare a variety of recipes for supplementary nutrition in the anganwadi ensuring proper hygiene, enrichment and storage of supplementary nutrition
- viii) make a list of the health facilities available near her anganwadi
- ix) identify some common ailments in children and pregnant women and administer simple medicines for these
- x) render first aid for minor injuries and accidents
- xi) detect disabilities in children and refer these to the health centre
- xii) organise health, nutrition and population education for mothers

Curriculum Contents

	Theory/ discussion (Hours)	Field work
i) Nutrition and health services in the anganwadi	1½	—
ii) Good nutrition for children and mothers	3	—
iii) Feeding and weaning practices	—	6
iv) Personal and environmental hygiene	1	2
v) Safe water supply	1½	1½
vi) Immunization of children	1½	1½
vii) Malnutrition, the major problem among children	3	—
viii) Diarrhoea and its management	1½	1½
ix) Nutritional deficiency diseases	3	—
x) Common ailments and other diseases in children and how to handle these	3	2
xi) Growth monitoring	2	11
xii) Organisation of supplementary nutrition, methods of cooking, preparation of simple recipes	1½	4½
xiii) Nutrition and health education of mothers	—	3
xiv) Ante and post natal care	3	—
xv) Early detection of disabilities	4½	—
xvi) Health infrastructure in the area	—	3
xvii) Treatment of minor accidents and injuries (Audio visual and library is for a minimum period of 5½ hours)	1½	1½

COMMUNITY PARTICIPATION AND COMMUNITY EDUCATION

The ICDS scheme has been conceived as a people's programme. The AWW therefore, needs to develop skills in contacting the community, mobilising community participation and educating the community about the needs of children, objectives and services of the ICDS programme, proper child care practices etc.

Instructional Goals

After the training the AWW should be able to:

- i) carry out a simple survey to enlist beneficiaries; children 0-6 years, pregnant and nursing mothers and children and mothers "at risk", fill in the Survey Register and explain the need to update survey data
- ii) explain the concept and importance of community participation in the context of ICDS
- iii) identify areas of community participation
- iv) recognise different forms of community participation in the anganwadi activities
- v) mobilise community participation in ICDS
- vi) identify individuals, groups and agencies for community participation
- vii) list ways of utilising groups and individuals in the ICDS programme
- viii) form and activate a mahila mandal, arrange and conduct its meetings
- ix) locate and mobilise the supportive services available in her area, maintain liaison with different functionaries, approach individuals, groups and organisations for community participation
- x) define her role in community education and spell out the areas in which she needs to educate the community
- xi) list different topics/messages for community education
- xii) plan, organise and conduct a meeting for parent education
- xiii) prepare aids for community education
- xiv) undertake home visits to educate the community
- xv) organise community based functions; bal-melas, well baby shows, sports meets, exhibitions, competitions etc.

Curriculum Contents

	<i>Theory/ discussion (Hours)</i>	<i>Field work</i>
i) <i>Community participation</i> Role of AWW, areas of community participation, recognising community participation, methods of	16½	—

mobilising community participation, ways of utilising individuals, groups and agencies in the programme, coordinating and working with different functionaries

ii)	<i>Communication</i>		
	Forms of communication; principles, methods and barriers	4½	1½
	Conducting a home visit	3	3
	Forming and activating a mahila mandal, arranging and conducting a meeting of mahila mandal	6	6
	Organisation of bal melas, exhibitions, sports meet, competitions, festivals, well baby shows to create community awareness and mobilise participation	1½	16½
iii)	<i>Parent and community education</i>	12	3
	Settings and areas in which community education takes place, planning and organising parent education programmes		
	Health and Nutrition Education, role of the community and fathers in creating healthy environment for children, management of home, cleanliness and sanitation of the environment and home	14	3
	Education of mothers to promote overall development of children under three years, socio-economic programmes for women, operating savings bank account		
	Population education	9	3
	Preparation and use of aids for community education		
iv)	<i>Need for and methods of conducting a survey</i>	—	6
	(Audio visual and library is for a minimum period of 4 hours)		

MANAGEMENT

As part of her job responsibilities, the Anganwadi Worker has to maintain records, fill progress reports, plan the anganwadi programme and maintain linkages with other functionaries. It is, therefore, necessary to develop her skills in this area.

Instructional Goals

After the training the AWW should be able to:

- i) plan the anganwadi programme and her own schedule including home visits, community and adult education classes and meetings of mahila mandals etc.
- ii) list ways of making the AW centre safe and adequate
- iii) produce and store stocks and supplies for the AW
- iv) maintain registers and records and a daily events diary
- v) fill monthly and quarterly progress reports
- vi) write letters to different people
- vii) enumerate the facilities available for the AWW and Helper
- viii) describe ways to maintain a good relationship with the Helper, Supervisor and CDPO

Curriculum Contents

	<i>Theory/ discussion</i>	<i>Field work (Hours)</i>
i) Location of the AW in terms of its adequacy for delivery of services	3	3
ii) Procurement and storage of stocks and supplies for the AW	3	—
iii) Maintaining correspondence with functionaries, voluntary organisations, individuals and agencies	—	3
iv) Maintenance of registers and records, filling up monthly and quarterly progress reports	—	12
v) Facilities available for the AWW and Helper	3	—
vi) Planning the AW programme	—	3
vii) Maintaining good relationship with Helper, Supervisor and CDPO	3	—
viii) Problems in field situation and handling these	3	—

WRAP UP

At the end of the three month training the AWW will spend two days in viewing the child in a holistic manner, recalling all that has been done during the training and her roles and responsibilities in this regard.

Instructional Goals

After the training the AWW should be able to:

- i) explain how a child is viewed in a holistic manner
- ii) recall the contents of her training
- iii) enumerate her role and responsibility in the integrated development of the child

Curriculum Contents

	<i>Theory/ discussion</i>	<i>Field work</i>
	<i>(Hours)</i>	
i) Integrated Development of the child	12	—

B. PROGRAMME SCHEDULE

		10.00-11.30	11.30-1.00	1.00-2.00	2.00-3.30	3.30-5.00
1	2	3	4	5	6	7
Day 1						
		GENERAL ORIENTATION				
		Introduction and rapport building through songs and games			Rapport building (contd.)	Visit to the town
Day 2						
		Introduction to the training centre			Introduction to the training programme Activities related to hobby development, maintaining a daily events diary	Screening of film/ audio visual/ audio programme
Day 3						
Physical exercise (9.30-10.00)	Status of children in India	Game (11.15-11.30)	Session (contd.)		Status of women in India — health and nutrition — education — social and economic Discussion on salient themes and role play (Theory: 2 hrs/Role play: 1 hr.)	
	— nutrition — health — education — discussion					
Day 4						
Theme song for the course/ group (9.30-10.00)	Need for child development programmes Discussion	Game (11.15-11.30)	Session (contd.)		An introduction to ICDS	Film on ICDS

25

1	2	3	4	5	6	7
Day 5		Visit to an ICDS project — Project office — PHC/Sub centre — A W — Block office Discussion on major points of observation		L	Role and responsibilities of an AWW in ICDS	Theme song for the course. (3.15-3.30) Session (contd.)
Day 6	Physical exercise (9.30-10.00)	Conducting a survey	Visit to the library	U	Community participation: concept and importance	Game (3.15-3.30) Session (contd.)
Day 7		PRESCHOOL EDUCATION Organisation of nonformal preschool activities — need and importance — activities for promoting overall development — participatory play and discussion			Development of children 0-5 yrs.	Hobby time (3.15-3.30) Session (contd.)
				N	— growth — milestones — needs	
Day 8		Activities for physical development — outdoor and indoor — free and guided — games — action songs — creative activities (Introduction: 20 mins.)		C	Starting preparation of aids and play material for physical development; ball, threading frames, beads etc.	
Day 9		Activities for language development — listening skills — free conversation — songs and rhymes — stories — language games (Introduction: 20 mins.)		H	Starting preparation of aids and play material for language development, puppets, flannel board, picture cards, musical instruments etc.	

1

2

3

4

5

6

7

Day 10

Activities for cognitive development

- number
- direction
- time
- environmental awareness
- games, songs, stories

(Introduction: 20 mins.)

L

Starting preparation of aids and play material for cognitive development; dominoes, matching, seriation, colour/touch cards, puzzles etc.

Day 11

Activities for personal, social and emotional development

- songs
- group games
- creative activities
- puppet play
- doll play
- sand and water play

U

Starting preparation of aids and play material for personal, social and emotional development, puppets, stuffed toys, masks etc.

Day 12

Use of environmental resources in organising preschool activities; water, nests, trees, birds, etc.
(Theory: 30 mins.)

N

Exercises and worksheets for use of environmental resources

Audio visual presentation (4.00-5.00 pm.)

Day 13

Use of theme (project) approach in organising preschool activities
(Theory: 1 hour)

C

Development of themes
Discussion on themes developed

Day 14

Nature walk as an activity to promote overall development
(Introduction: 20 mins.)

H

Use of items collected during nature walk in preparation of materials/aids

1	2	3	4	5	6	7
Day 15	Recall salient features of PSE component in ICDS (9.30-10.00)	Common behavioural problems	Hobby time (11.15-11.30)	Session (contd.)	L	Exercises in planning the preschool programme
Day 16		Use of aids prepared in a preschool/ AW set up or simulated situations			U	Likely problems faced in the field in organising preschool activities and tackling these Discussion
Day 17	Physical exercises (9.30-10.00)	NUTRITION AND HEALTH Nutrition and health services in the Anganwadi	Reading in the Library		N	Good nutrition for children and mothers Theme song (3.15-3.30) Session (contd.)
Day 18		Feeding and weaning practices — importance of breast feeding — need and time for weaning — fads and fallacies — planning and preparation of weaning foods (Theory: 1½ hrs.)			C	Education of mothers about breast feeding and weaning Discussion, role play, case studies (Theory: 1 hr.)
Day 19	Planting trees and plants in the training centre (9.30-10.00)	Personal and environmental hygiene (Theory: 1 hr.)	Observational visit to see compost pit, sanitary toilets		H	Use of safe water supply Theme or group song (3.15-3.30) Session (contd.)

Day 20	Feedback session of previous week (9.30-10.00)	Immunisation of children (Theory: 1½ hrs.)	Hobby time (11.15-11.30)	Session (contd.)	L Malnutrition: the major problem among children, causes of malnutrition	Song and play materials competition
Day 21	Physical exercises and prayer (9.30-10.00)	Diarrhoea and its management	Preparation of an ORS Practical		U Nutritional deficiency diseases Early signs of - protein-energy malnutrition - anaemia - blindness - goitre	Hobby time (3.15-3.30) Session (contd.)
Day 22	Group presentation at prayer (9.30-10.00)	Common ailments and diseases in children	Game (11.15-11.30)	Session (contd.)	N Education of mothers about causes, prevention and management of diseases and ailments	Discussion on material read in the Library (4.00-5.00)
Day 23	Introduction to growth monitoring (9.30-11.30)		Demonstration weighing on salter/bar scale; classroom practical on weighing inanimate objects		C Assessment of correct birth month and year	Plotting weight and interpretation of growth curve
Day 24	Exercises in plotting and interpreting growth curve (9.30-11.30)		Practical on weighing children at AWC/balwadi		H Discussing growth curve with the mothers Exercises and role play	

	1	2	3	4	5	6	7	
Day 25		Physical exercises and prayer (9.30-10.00)	Organisation of supplementary nutrition in the AW	Methods of cooking and hygiene in cooking	L	Preparation of simple recipes for supplementary nutrition Practical		
Day 26			Nutrition and health education of mothers Discussion on themes, exposure to methods through role play			Ante and post natal care	Song (3.15-3.30) Session (contd.)	
Day 27			Early detection of disabilities, visual, speech, mental, orthopaedic, hearing	Hobby time (11.15-11.30)	Session (contd.)	U	Session (contd.) Creative activities competition	
Day 28			Health infrastructure. Field visit to primary health centre or sub-centre		N	Film/audio visual, library reading/ case study presentations Discussion on film/audio visual		
Day 29			Treatment of minor accidents and injuries; cuts, scrapes, bleeding, bites, shock etc.	Use of first aid kit	C	Storage of food in the anganwadi	Puppet play competition	
Day 30		Feedback session (9.30-10.00)	COMMUNITY PARTICIPATION & EDUCATION Role of AWW in community participation		Game (11.15-11.30)	Session (contd.)	H	Areas of community participation - preschool education - health - nutrition Community song (3.15-3.30) Session (contd.)

Day 31 Physical exercises and prayer (9.30-10.00) Mobilising community participation in ICDS Hobby time (11.15-11.30) Session (contd.) L Ways of utilising groups/individuals in the programme Song (3.15-3.30) Session (contd.)

Day 32 Coordination and working with different functionaries Game (11.15-11.30) Session (contd.) U Session (contd.) Sports meet

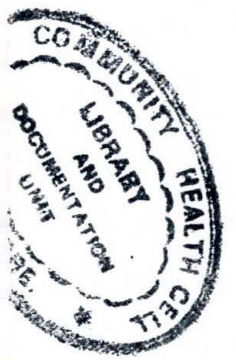
Day 33 Physical exercises and prayer (9.30-10.00) Forms of communication: principles, methods and barriers Song (11.15-11.30) Session (contd.) N Methods of communication Aids for communication

Day 34 Conducting a home visit Group game (11.15-11.30) Session (contd.) C Field visit to the homes

Day 35 Physical exercise and prayer (9.30-10.00) Role of AWW in forming/activating mahila mandals Folk song (11.15-11.30) Session (contd.) H Initiating a mahila mandal Discussion

31

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	1	2	3	4	5	6	7
Day 36			Arranging meeting of mahila mandal Discussion & Role play		L	Organising meeting of mahila mandal Role Play	
Day 37			Discussion on methods of enhancing community awareness and participation through bal melas, well baby shows, sports meets, exhibition of aids etc.	Planning of a balmela/exhibition of aids prepared by AWW/festival/exhibition of hobby collection to be held on day 47	U	Parent and community education	Hobby time (3.15-3.30) Session (contd.)
Day 38	Physical exercises (9.30-10.00)	Settings in which parent and community education can take place	Community singing (11.15-11.30)	Session (contd.)	N	Areas in which the AWW needs to educate the community: health, nutrition, early childhood care, play, population education, participation etc.	
Day 39	Feedback session (9.30-10.00)	Planning and organising programmes for parent and community education			C	Conducting a parent education meeting	
Day 40	Feedback session (9.30-10.00)	Education of mothers to promote the development of children under three years (Theory: 2 hours)			H	Audio-visual/film/presentation of case studies	

1 2 3 4 5 6 7

Day 41 Physical exercise (9.30-10.00) Some themes for community education Preparation of messages for community education L Socio-economic programmes for women Film (4.00-5.00)

Day 42 Operating small savings account in banks and post offices Visit to bank/post office U How to manage the home effectively
 Demonstration-cum-discussion (Theory: 1½ hrs.)

33

Day 43 Cleaning the training centre (9.30-10.00) Cleanliness and sanitation of the home environment (Theory: 1½ hours) Song on cleanliness (11.15-11.30) Cleanliness (contd.) N Role of the community in creating a healthful environment for children Song (3.15-3.30) Role of the father in decision making for the family

Day 44 Population education Game (11.00-11.15) Session (contd.) C Preparation of messages and aids for population education

Day 45 Use of aids to educate the community about family planning Role play H Dramatic activities competition

1	2	3	4	5	6	7
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Day 46		How to conduct a survey			L	Exercises in filling up survey data and interpreting it
Day 47		Conducting a Bal Mela				Bal Mela (contd.)
Day 48	Feedback (9.30-10.00)	MANAGEMENT Location of the AW: Role of AWW in making the AW adequate for organising activities Case studies	Song (11.15-11.30)	Session (contd.)	U	Exercises in making the anganwadi safe
Day 49		Procurement and storage of stock and supplies	Physical Exercises (11.15-11.30)	Session (contd.)	C	Maintaining correspondence Exercises in letter writing Exchange of addresses among participants
Day 50	Physical exercises (9.30-10.00)	Maintenance of registers and records at the anganwadi <ul style="list-style-type: none"> - survey - immunisation - services for pregnant and lactating women - services for children - food stock - visitors book - stock 	Song (11.15-11.30)	Registers (contd.)	H	Exercises in filling up registers and records

1	2	3	4	5	6	7
Day 51		Using the daily diary for filling a monthly progress report, quarterly report (Theory: 30 mins.)		L	Exercises in filling up MPRs, MMRs and quarterly report (Theory: 30 mins.)	
Day 52		Guidelines for field placement		U	Preparatory work for field placement; selection and packaging of aids	
Day 53 to 66	Block Field Placement In the Anganwadis					
Day 67		Feedback of the field visit Learning experiences			Integrated approach to child development	Theme song (3.15-3.30) Session (contd.)
Day 68		Integrated approach (contd.)	Community singing (11.15-11.30)	Session (contd.)	N	Session (contd.) Physical exercises (3.15-3.30) Session (contd.)
Day 69		Integrated approach (contd.)	Game (11.15-11.30)	Session (contd.)	C	Facilities available for the AWWs and helpers in ICDS
Day 70		Planning the AW Programme		H	Relationship with Helper	Group song (3.15-3.30) Relationship with Supervisor/CDPO
Day 71		Likely problems in field situation			Evaluation of the training programme	
Day 72		Evaluation of the trainees			Conclusion of the course	

SECTION III
CONTENTS OF TRAINING

CONTENTS OF TRAINING

1. Defreezing

(a) Introductory session

Instructional Goals

AWW will

- *become familiar with each other*
- *establish rapport with trainer*
- *know about the training centre, its geography and rules*
- *understand the objectives of the course*
- *relax and get prepared for training*

Games like zip-zap, name building

Triadic interviews/group interviews/dyadic interviews

Exchange of information with AWWs about the family, the homes, village etc.
(for details refer to Organising Job Training of AWWs: Guidelines for Trainers)

(b) Introduction to the training centre

Games and activities to familiarise trainees with the training centre

make a map of the training centre ?

describe the route to the dining room/toilet/kitchen ?

find out about the people working in the Institute ?

go and find out from a 'Chowkidar' the name of the Principal

treasure hunt game

Arrangements made and facilities available for the course

Stipend, TA, mess

Rules and regulations of the training centre ?

Facilities in and around the training centre

medical, market, entertainment

(c) Introduction to the training course

Explaining about the course and its objectives

Expectations of trainers and trainees from the course and each other

Instructing trainees to maintain a daily diary ✓

Recording information in the diary

experiences during the course

observations

achievements

attitudes/emotions

information that will be needed for filling up the MPRs

Recreational activities that trainees will undertake during the training period

hobbies

newspaper reading etc.

2. Status of Children in India

Eliciting from the participants situation of children in their villages

AWW will be able to

— *describe the health, nutrition and education status of children in their area*

— *compare the children in their area with those of the country*

— *understand and be sensitive to the problems of children in the country*

- *health*
- *nutrition*
- *education*

number of children born in the past one year

number of children who died

number of pregnant women

general health of children

Equating these figures with those expected in a population of 1,000 people

Comparing the population of the block with the population of the country and the State

Population of children in the age group 0-6 years (State)

Comparing the child population of the village/block with that in the country and the State

Health and Nutritional Status of Children

Creating awareness in the AWW about

infant mortality rate in the State, comparing it to the national rate

infant and early childhood mortality rate by age and sex

common disabling diseases in children

extent of malnourished children, blind children, anaemic children

causes of mortality and morbidity among children (0-1 year, 1-3 years, 3-6 years)

Low birth weight, unimmunized mothers, disabling, killer diseases, poor health care of female infants

Educational Status

Creating awareness in the AWW about

number of children in the 3-6 years age group who are enrolled for preschool education in the balwadis/anganwadis vis-a-vis the total child population:

number of children enrolled in primary schools; low enrolment among girls

number of children who drop out by class II

Reasons for children not going to school

need for children to supplement household income
household chores and looking after younger siblings
boys given preference for schooling

Reasons for children dropping out of school

economic

poor quality of education

educational content boring and not related to their requirements

lack of clothes, books etc.

3. Status of Women in India

AWW will be able to

— describe the health, nutrition, education and economic status of women

Eliciting information from AWWs about the educational, employment, social status of women in their villages*

Discussion on low status of women in the society

low priority assigned to their health
double burden of economic activity and household work;

*NB: Discussion must highlight the problems of women and children in different project areas; urban, urban slums, rural, tribal to which the trainees belong.

— *compare and contrast situation of women from their areas with the situation of women in the country*

— *understand and be sensitive to the problems of women in the country*

— *understand the need to improve the status of women*

participation in agriculture, animal husbandry activities
no decision making powers
low education and lack of awareness of their rights
both in the area of work and at home
limitation of activities to the home and family
no control over her income
sexual exploitation
early age of marriage

Health and Nutrition

Poor or no antenatal care or medical care

Eating last in the family, consuming only left-overs after the men have finished their meals

Repeated pregnancies causing malnutrition, deterioration in health, maternal mortality and low birth weight babies

Continued hard physical labour through pregnancy

Employment

Lower wages for the same job

Poor job opportunities

Poor working conditions

Problems of daycare facilities

Only undertake certain vocations deemed appropriate for women

Factors leading to low status

Economic dependence

Dowry system, desirability for a male child resulting in female infanticide

Self sacrificing attitude

Cycle perpetuated when girls are taught to imitate mothers

Need to raise status of women

educating a woman, educates a family

creating awareness among women so that they can demand their rights

4. Need for Child Development Programmes

AWW will be able to

- recall previous sessions to state the need for programmes for child development

Raise status by education and social awareness programmes and raising age of marriage

Perspective on Social Problems

Major problems concerning women and children (recall from 2/3)

Large population, poverty, malnutrition, disease, high infant mortality rates, ignorance, poor housing conditions, unsanitary conditions, lack of potable water, illiteracy, poverty cycle

Importance of early childhood years as foundations for future

Need for health, nutrition and educational services for children

Emergence of ICDS

Starting of ICDS the major child development programme in India

5. An Introduction to ICDS

AWW will be able to

- list the objectives, package of services, target group, scope of the ICDS scheme

ICDS

1. Philosophy

Scope

Objectives

Package of services

Beneficiaries

Coverage of population, geographical area

2. Staffing pattern

Anganwadi as the focal point in the delivery of services

AWW as the key grassroot functionary

3. Observational visit to an ICDS project to see the anganwadi centre, project office, office of the BDO, PHC or sub-centre, office of the Panchayat, meeting with CDPO, Medical Officer, BDO, ANM, LHV community leaders, mahila mandals
Discussion on the field visit

4. Role of local bodies/voluntary organisation in ICDS (in brief)

6. Role and Responsibilities of AWWs in ICDS

AWW will be able to

- *understand her role and responsibilities in the ICDS*
- *understand her role in relation to other functionaries of ICDS*

7. Survey

AWW will be able to

- *explain the importance of undertaking a survey*

8. Community Participation: Concept and Importance

AWW will be able to

- *define what is a community*
- *explain the concept of community participation in the context of ICDS*
- *understand the importance of knowing the community*

Trainees perception of their role as AWW

Development of the anganwadi centre as a focal point in delivery of services

Job responsibilities and tasks of an AWW

Responsibilities of CDPOs, Supervisors and medical staff as they relate to those of the AWW

First preparatory task of the AWW

Need for a survey to
identify beneficiaries
build rapport
enlist community participation
introduce the scheme to the community

Need for updating survey data

(Note : Method of conducting survey has been dealt with later in the course)

What is a community — the people in the area, voluntary and other organisations, local bodies

What is meant by community participation
Why is it critical in the context of ICDS

Knowing the community conditions, living conditions, local customs, practices, values, traditions, caste structure, power structure, social status, political influence, exploitative forces, mythological values, resistance to new ideas, acceptance of certain ideas, possible trouble makers and rival groups, problems in the area of health, nutrition and education.

Important leaders, people with whom to work

(Discussion must relate to the communities in which the trainees work)

Need for creating awareness among people, increasing consciousness, developing critical understanding of society and awakening a sense of social responsibility

Preschool Education

9. Organisation of Non-formal Preschool Activities

AWW will be able to

- *enumerate the importance of early years for the child's development*
- *state why preschool education has been included in the ICDS and the role of play in the overall development of children*

10. Development of Children (0-6 years)

AWW will be able to

- *explain how children grow from conception to six years*
- *differentiate between normal and children who are different from normal*

Need for mobilising and motivating people for change, creating a demand for the services

Importance of early childhood years for overall development of children

Need and importance of early childhood stimulation and preschool education

Reasons for including PSE in the ICDS package (recall session 4, need for child development programmes and observational visit to AWC)

- poverty
- illiteracy
- lack of home stimulation
- universalisation of primary education
- nutritional deprivation
- occupation of mothers and consequent lack of time for home stimulation
- inadequate skills of parents for stimulating children

Role of play in promoting overall development in children

Use of non-formal play way approach in organising preschool activities

Readiness of children for school — role of preschool activities

What is meant by growth and development

Stages of development

- prenatal
- infancy
- preschool

Development of children during pregnancy

How children grow

Individual differences in children

— understand how children learn through play way activities

— describe her role in organising preschool activities through the play-way approach

Normal development — milestones in development

How children learn through
imitation
repetition
modelling

Needs of children as they grow

Need for providing stimulation for child's development from the infancy period (recall)

Need to organise a variety of activities, songs, games, stories, exercises etc. for promoting the overall development of children

All activities promote all aspects of development, some activities promote some aspects more than others

Role of AWWs/mothers in satisfying the needs of children

Recall traditional songs/stories AWWs are familiar with

Activities that promote physical-motor development

games; outdoor and indoor
guided and free play, action songs

activities like, threading, sorting, tearing,
clay modelling, folding, plaiting etc.

dramatisation of stories, creative movements

organising activities in the anganwadi according to the age of children, activities for older and younger children

Outdoor Games

(for large muscle development)

running, I sent a letter to my friend, In the pond on the bank, High and low, Oranges and lemons, jumping from a low wall, hopping, skipping, pushing at an imaginary rope etc.

11. Activities for Physical-Motor Development

AWW will be able to

— organise a variety of activities to promote the physical-motor development of children

— prepare aids and play materials for organising activities for physical-motor development

Points to be kept in mind while organising outdoor play

keeping an eye on children while they play
play in space free from hazards

Indoor Games

Walking on a straight/curved line, walking on a rope, crawling under the rope, jumping over a rope, rolling the ball etc.

Action Songs

When you're happy and you know it clap your hands,

जंगल में जानवर खेलते हैं,
नीली चिड़िया अन्दर बाहर,
भागो रे भागो, गोल दायरे सभी बच्चे
भागो रे भागो

Fine muscle activities

Threading beads, rolling beads from paper or mud, sorting of grains, tearing paper, drawing on the floor, folding paper or cloth, plaiting hair, kneading clay etc.

Dramatization of Stories

Creative movements/drama

Moving like a tree in the breeze, small seeds growing into large trees

Preparation of aids for physical and motor development; ball, beads of clay, sweet wrapper or paper; threading frames, doll with hair made of wool for plaiting etc.

12. Activities for Language Development

AWWs will be able to

— *organise a variety of activities to promote language development in children*

— *prepare aids and play material for organising activities for language development*

Skills needed for language development:
listening and speaking

Listening skills

Organisation of activities to promote listening skills: discriminating sounds made by different objects or mouth, closing the eye and listening to sounds in the environment, listening to the beat of different musical instruments (dhapli, jhun-jhuna, etc.) listening to songs and imitating these, singing the same song faster or slower

Free Conversation

talking to children using an object, event, a picture chart, conversation using 'feely' bags, use of local dialect during conversation

Songs and rhymes

रेल चली भाई रेल चली
गुस्से में देखो लाल
लाला जी ने केला खाया

Singing songs with actions

Use of simple musical instruments like rattle, drum, dhapli, sound boxes, ghungroos

Language games, riddles, question-answers

Story Telling

With voice modulation and facial expressions, flannel board, picture cards, picture books, puppets, masks, songs, creating a story, imaginative stories

Collection of stories, songs, games in the regional language

Points to be kept in mind for telling stories

seating of children
eye to eye contact
responding to children's statements
asking questions about the story
making children think of different ways to end the story

Activities for reading readiness

visual discrimination cards, charts, pictures
auditory discrimination of sounds, beginning sounds of words, sounds in the environment, musical sounds, listening to songs

left to right orientation and top to bottom orientation through picture reading, name cards

rhyming words, identify rhyming words, make up rhyming words in songs

picture reading, description of objects, events

conversation among children

Writing readiness activities

free drawing with chalk or pencil, making patterns, copying patterns, joining dots, drawing, writing names of children, writing alphabet

Preparation of aids for language development; flannel board and flannel story figures, picture cards, picture books, story charts, puppets — glove, finger, stick, match box, flexiflans, maxiflans, masks, drums from tin, sound boxes, rattles with cold drink caps, ghungroos etc.

13. Activities for Cognitive Development

AWW will be able to

- *organise a variety of activities to promote cognitive development in children*
- *prepare aids and play material for organising activities for cognitive development*

Activities for cognitive development

· matching objects, pictures, patterns

· tracing objects, pictures and making patterns

· discriminating between different pictures, alphabets, objects etc.

· serialisation, arranging things in a serial order, from long to short, heavy to light etc.

· grouping of items according to colour, shape, size, use etc

· direction of left, right, front, back, above, below etc.

· number concepts like in and out, up and down, thick and thin, one-to-one matching counting the number of objects etc.

· environmental awareness, birds, animals, flowers, trees etc.

· Developing concepts of colour, texture, shape, size, weight, smell, taste, time etc.

· Using the body to develop different concepts and conducting preschool activities

Organisation of games, songs, stories for cognitive development activities, like names of vegetables, fruits etc.

मामा जी ओ मामा जी कहाँ जाओगे
लाला जी की पगड़ी गोल
एक-एक-एक है नाक हमारी एक
चिड़िया घर की सैर, कौवे का बच्चा, चाय की कहानी

Points to be kept in mind while organising activities in the anganwadi

making children work in groups, providing activities for both older and younger children, the same activities in a simple form for younger children and more complex for older children

variety in activities

keeping an eye on children

preparation of aids for cognitive development;
cardboard cards for number and colour matching,
cardboard shapes, colour mixers, smelling bottles,
touch cards, sticks of different sizes for arranging in order, weight boxes, pictures of animals, birds etc.

14. Activities for Personal, Social and Emotional Development

AWW will be able to

— *organise a variety of activities to promote personal, social and emotional development of children*

— *prepare aids and play material for organising activities for personal, social and emotional development*

Activities for personal, social and emotional development like; songs, group games, creative activities, dramatic activities, puppet plays, doll play, sand and water activities, celebration of festivals etc.

Songs

This is the way we wash our face, where is thumbkin etc.

Group Games

Chain, tpee-tpee-tap

Creative activities

drawing on paper, floor or mud with chalk, stick, brick, water or paints, clay modelling, collage, papier machie, complete the picture drawing

Sand and water activities, pouring, sifting, mixing with colours, taste, smell etc.

Creative Drama

using puppets, masks, dressing up with paper necklaces, bangles etc.

Doll play activities, doll corner with stuffed toys

Celebration of festivals

Narrating stories, songs about local festivals like Diwali, Raksha Bandhan, etc. Arranging a small celebration at the AW, inviting parents to the celebration

Preparation of aids for personal, social-emotional development

Puppets; glove, finger, paper bag, stick; stuffed toys; dolls, animals; masks, dressing up items like paper necklaces, bangles etc.

Points to be kept in mind while preparing aids for all four sessions

Preparation of aids from low cost/waste material/locally available material

multipurpose use of aids

durability of aids prepared

not to prepare decoration pieces like fancy dolls, flower vases, embroideries etc.

storage of aids

Taking help from the community in making aids

Involvement of Helpers and parents in collecting low cost/waste material, preparation and repair of aids

Making a collection of throw away material in the Anganwadi

Involvement of Helper and parents in organising preschool activities using the aids

What are environmental resources?

Water, sand, fences, trees, animal sheds, bird nests and cages, parks, flowers, human body etc. Identification of available resources in the environment.

Exercises for use of these resources in teaching-learning of children, eg. tree trunk for climbing, jumping, texture, colour.

15. Use of Environmental Resources in Organising Preschool Activities

AWW will be able to

— identify and use things in her environment for organising preschool activities



16. Nature Walk as an Activity to Promote Overall Development

AWW will be able to

— *plan and take children for a nature walk*

— *use this experience for promoting learning in children*

What is meant by nature walk?

Importance of nature walk for creating awareness among children, for taking the children out of the AW, for breaking the monotony of the AW activities, for developing an empathy with the natural surroundings and for learning from the environment

Planning the nature walk

Talking to children about the nature walk

Points to be kept in mind while taking children for a nature walk

organising children in lines or groups
walking with them
keeping an eye on them
talking to them
helping them to observe things as they walk
collecting material during the walk

Enlisting the help of parents while taking children for the walk

Using material collected for preparing toys, aids and for creative activities at the anganwadi

Discussion about the walk after returning to the anganwadi

Taking trainees for a nature walk

In urban areas walks can be arranged to nearby parks, market, zoo etc. Children can be taken in separate groups where enough parent volunteers are not available

17. Use of Theme (or project) Approach in Organising Preschool Activities

Theme approach as one method of organising preschool activities

Why theme approach

selection of theme
planning activities for the theme
time allocation for theme

AWW will be able to

- *plan activities in the AW based on a theme or topic*

providing resources for the theme
involving parents/Helper in organising activities for the theme
arranging an exhibition of children's work for parents

Some themes to be planned during training,
air, water, rain, weather, trees, animals, birds etc.

18. Planning the Preschool Programme

AWW will be able to

- *understand the need for planning the preschool programme*
- *plan a day's, week's or a month's programme for preschool education in the AW*

Need to plan a preschool programme

Planning a daily programme
a weekly programme based on different activities or a specific theme
a monthly programme covering different activities or specific themes

Points to be kept in mind while planning

need for variety
flexibility
balance in active and passive activities
balance in outdoor and indoor activities
balance in group and individual play
activities promote all aspects of development
management of time
activities for older and younger children

Exercise in planning programmes

Using the programme plans during field placement for organising activities

19. Use of Aids in Preschool set up

AWW will be able to

- *correctly manipulate the aids and play material prepared for preschool activities*

Selection of aids from those prepared for conducting activities

Using the aids in a preschool set up

Observation of childrens' reactions to the activities

Discussing multipurpose use of aids developed for promoting overall development

20. Likely Problems Faced in the Field and Tackling these

Some problems AWWs are likely to come across in the field

lack of equipment
lack of sufficient space

AWW will be able to

— *enumerate likely problems in the field in organising preschool activities and suggest ways of tackling these*

i) *Organisation of Activities without Equipment*

little time available for planning
not enough guidance from Supervisor/CDPO
lack of awareness among parents about the importance of play in learning

Games and activities that do not require any equipment; jumping between squares drawn on the floor, hopping on one leg, moving to rhythmic clapping, drawing on the ground with a stick, counting games like fire in the mountain etc. singing of action songs, creating and dramatising stories

Making a collection of waste materials and using these for organising activities

ii) *Management of Space, Time and People for Conducting Preschool Activities*

Equipment available in the anganwadi

Storage and arrangement of equipment to make the maximum space available for activities

Grouping children for activities, involving half of them in outdoor activities and the rest inside the anganwadi and then changing over

Keeping the anganwadi neat and clean, singing songs like bits of paper lying on the ground etc.

Use of outside space for conducting activities

Safety outside the anganwadi

Seating arrangement for different activities

Seating of Anganwadi Worker during the activities

Making maximum use of the time available for organising preschool activities

Taking attendance and maintaining attendance register

Organising play activities in the morning to attract children to the anganwadi

Serving meal at the anganwadi towards the end of the preschool programme

Using meal time for social learning activities

Using the helper, parents and older children, if they are around with younger brothers and sisters, youth groups, adolescent boys and girls for organising preschool activities specially during the visit of the medical staff

Use of the available free time for finishing other tasks

Use of the Helper/older children/parents

for collecting waste material and preparation of teaching aids

looking after the hygiene of children

keeping the anganwadi clean

establishing contact with the mothers and community

arranging meeting of mothers/ community

accompanying children for a nature walk

iii) *Creating Awareness among Parents and Community about Preschool Education and Early Infant Stimulation*

Need to establish contact with parents/community through home visits

when parents come to leave/pick up children from the anganwadi

when AWW meets them in the bazar,

at kirtans, jagrans, festivals or katha programmes •

when AWW organises celebration of festivals at the anganwadi,

arranging of exhibitions of children's work, sports meet,

at a display of new aids and material prepared by the AWW by inviting parents to see children in activity

Discussion with parents about the importance of early childhood stimulation and preschool education

iv) *Approaching CDPO/ Supervisor/Primary School Teacher for Help in Preschool Education Activities*

Role of the CDPO, supervisor in preschool education (Recall from job responsibilities)

supervision

demonstration

arranging outside resource persons

supplying equipment for activities

selecting the anganwadi centre

Availability of budget with the CDPO for contingent expenditure

Requesting help from the supervisor/ CDPO in organising preschool activities, obtaining material

Enlisting the support of primary school teacher in

suggesting new activities for children
use of school space for play, exhibitions, sports, competitions etc.

admitting children from the AWC into the primary school

follow up of the progress of children

21. Common Behavioural Problems in Children

AWW will be able to

identify common behavioural problems in children and suggest ways to handle these

Some common behavioural problem in children

aggression

withdrawal/shyness

wetting day time/night time

hyperactivity

fears

truancy

nail biting/thumb sucking

stammering

delayed language development

dependency

Identifying children who appear to be different from others, don't mix up with others, refuse to follow the routine of the AW, don't take part in group activities or games, are very shy and withdrawn, always clinging to the Worker, Helper or another adult, indulging in destructive activities like breaking things and beating other children, behaving like very small children, sucking thumb

Handling these children by paying individual attention, organising special activities for them

Distinguishing developmental problems from those that have deeper psychological base, e.g. stammering between 3 and 5 years vis-a-vis stammering after 5 years

Referral of acute cases to the PHC/psychologist

Nutrition and Health

22. Nutrition and Health Services in the Anganwadi

AWW will be able to

- *define her role in the delivery of health and nutrition service in the AW*

23. Good nutrition for children and mothers

AWW will be able to

- *understand the importance of eating a mixed diet*
- *state reasons why pregnant and nursing mothers need more food*
- *explain why infants need food in modified form*

Discussion with parents of problem children

Education of parents in recognising and handling these problems

Nutrition and health services in the ICDS package (recall)

Job responsibilities of an AWW in the area of nutrition and health (recall)

What is growth?

Recall how a child grows between 0-6 years from Session 10

Functions of food for growth and maintenance of good health

Need to eat a mixed diet/family diet which includes
pulses
cereals
vegetables and fruits
green leafy vegetables and yellow vegetables
and if possible milk and its products
meat, fish and eggs for non-vegetarians and
oil to provide energy, build the body muscles
and protect from diseases

Including as many of these foods as possible in the diet

Need for additional family food during pregnancy and lactation

Eating more green leafy vegetables during pregnancy to prevent anaemia

Infants at the weaning stage (4-9 months) can eat properly modified family food e.g. well mashed vegetables, bananas etc.

Infants need to be given family food to make up the short fall in the breast milk from 4 to 6 months

Small children need to eat more frequently because they have small stomachs

Small children need more meals because they grow very fast

Diets for mothers, infants and children must be planned keeping in mind cost, availability etc.

Fads, fallacies and good practices associated with pregnancy and lactation and feeding of infants and children

24. Feeding and Weaning practices

AWW will be able to

Importance of breast feeding infants for their healthy growth. Feeding of clostrum to create immunity in infants and for stimulating lactation

— *understand the importance of breast feeding*

Mother's diet during breast feeding (Recall previous session)

— *explain the need for introducing weaning foods in the child's diet*

Breast feeding on a demand schedule

Having a bath daily and wearing clean clothes

— *describe the methods of modifying family food for infants and frequency of feeds*

Fads related to breast feeding (Recall)

Need for timely introduction of weaning foods in the child's diet

— *discuss with mothers about breast feeding and weaning*

Giving mixed food to children in modified form for their growth (Recall previous session)

Use of buffalo's/cow's milk, if available, when breast milk becomes less

Top milk should not be a substitute to introduction of well mashed foods for children between 4-6 months

Addition of semi solids makes up the short fall in breast milk, and the energy deficiency as a result of this shortfall

Frequency of feeding, amount of feed, consistency of food being served to the infant

Discouraging use of powder milk

Dilution of top milk related to the age of the child in the first two months of birth, if and when necessary or during failure of lactation

Use of spoon or cup with spouts for feeding top milk, avoiding use of bottle because of difficulty in sterilisation

Education of mothers about breast feeding, weaning, top milk preparation, feeding child from the family pot in a modified form, continuation of feeding even during sickness of both child and mother, role play exercises

Educating parents to mash/modify family food for children, hygiene in preparation of weaning foods, fads related to weaning

Malnourished children are more susceptible to diarrhoea and other childhood diseases

25. Personal and Environmental hygiene

AWW will be able to

- *understand the importance of personal and environmental hygiene*
- *suggest ways for sanitary disposal of wastes*
- *educate mothers about keeping themselves and the environment clean*

Need and importance of keeping self and environment clean for maintaining good health and prevention of illness

Methods of keeping the surroundings clean

Sanitary methods for disposal of wastes, human and animal

Assistance of community/voluntary organisations in

- Preparation of a bore latrine
- Preparation of a compost pit (observational visit)

Planting trees and plants near the Anganwadi

Keeping nose, ears, eyes, hair, body etc. clean, having a bath, keeping the body clean, wearing clean clothes

Education of mothers about personal and environmental hygiene (role play)

26. Use of Safe Water Supply

What is safe and unsafe water?

Sources of safe water

Likely infections as a result of drinking unsafe water; diarrhoea, polio, jaundice

AWW will be able to

- *explain the need for drinking safe water*
- *make unsafe water safe*

Use of dirty hands to draw out water making it unsafe for drinking and causing infection

Method of making water safe for drinking

- boiling and cooling
- chlorine tablets
- local methods of purifying water
- filtration by the four pot method
- use of filter (Practical session)

Management of diarrhoea
(to be dealt in detail in session 29)

Storing safe water

- covering the pot
- using a clean container/mug to draw out water
- separate washing/drinking water

27. Immunisation of Children

AWW will be able to

- *state the schedule for immunization of children*
- *make arrangements for immunization of children*
- *discuss with the mothers the importance of complete immunization for children*

Importance of immunisation

Immunisation schedule, when to immunize

Diseases against which it is possible to immunize children

- Tuberculosis
- Diphtheria
- Pertussis
- Tetanus
- Polio
- Measles

Protection of new borns from tetanus by immunizing the pregnant women with two doses of TT

Importance of completing the course of immunisation, preferably by one year of age

Recording date of birth of new born and follow up for immunization and growth monitoring

Identify other children who need to be immunized

Making arrangements for immunization

informing CDPO/Supervisor about number of children unimmunized/time for immunization

inform LHV/ANM

sterilizing equipment (practical)

layout of equipment

assistance to the Doctor/ANM

contacting parents

Encouraging mothers to bring children to the AW centre for immunization on their own

Discussing with parents that these diseases can be serious, the importance of immunization, possible after effects of immunization and how to handle these, frequency of immunization and completion of all 3 doses of DPT and Polio for proper immunization, not to feed for half an hour after polio drops to avoid negation of effect

Instructing Helper/older child/mother to carry on preschool activities in the Anganwadi Centre while immunization is going on

Maintenance of immunization register (exercises)

Follow up of children immunized for complete immunization

28. Malnutrition: the Major Problem among Children

AWW will be able to

— *discuss the causes and consequences of malnutrition*

When children/pregnant women do not get good nutrition it leads to

low birth weight babies
malnutrition (under weight)

Recall health and nutritional status of mother and children (Sessions 2 & 3)

Malnourished children are more susceptible to

diarrhoea and other childhood infections

deficiency diseases, anaemia, night blindness, goitre (to be discussed in detail later)

infections are more severe in malnourished children

29. Diarrhoea and its Management

- AWW will be able to
- *identify the symptoms of diarrhoea*
 - *discuss how diarrhoea causes dehydration*
 - *prepare an oral rehydration solution by the household method*
 - *explain to mothers about oral rehydration therapy and management of diarrhoea*

Causes of diarrhoea

unhygienic environment
unhygienic food preparation
preparing food without washing hands
improper bottle feeding
picking food off the ground and eating without washing.
use of unsafe drinking water.
improper disposal of human faeces
eating stale food during hot weather

Signs and symptoms of diarrhoea

Oral rehydration therapy

Preparation of the oral rehydration solution for preventing dehydration due to diarrhoea by the household method (Practical)

Preparation of ORS from commercial packets (Practical)

Need to continue fluid intake/breast milk during diarrhoea in infants/children

Increased frequency of feeding, feeding small amounts at shorter intervals

Diet during diarrhoea

Well cooked/mashed foods initially followed by the usual household food

30. Nutritional Deficiency Diseases

- AWW will be able to
- *list the common nutritional deficiency diseases, ailments and other diseases in children*
 - *suggest strategies for combating these*

Early signs of malnutrition; weight faltering, later loss of weight, child becoming thin, lack of energy

Identification of early signs through regular growth monitoring (to be done later)

Continued intake of inadequate diet results in deficiency diseases

protein energy malnutrition, vitamin A deficiency (night blindness)

— refer children with severe problems to the Health Centre

— use the first aid kit for administering medicines/ vitamins to beneficiaries

— educate parents for looking after children suffering from these diseases

Absence of specific nutrients in the diet like iron or iodine can cause anaemia and goitre

Preventing deficiency diseases

giving vitamin A drops to prevent blindness

giving iron and folic acid tablets to prevent anaemia

Education of parents to look after the food needs of their children (role play)

giving adequate family food to the child

feeding several times a day in quantities sufficient to satisfy the child

Referral of severely malnourished children to the PHC

Follow up of children at home

Rehabilitation of children after treatment

proper diet

maintaining proper hygiene

31. Common Ailments and Diseases in Children and how to Handle these

Common health problems in children; cold, sore throat, cough, fever, sore eyes, trachoma, ear and skin infections, boils, worms, body ache, acute respiratory infections like pneumonia

Identification of pneumonia by noting the fast rate of breathing in children

Signs and symptoms of whooping cough, measles, malaria, typhoid, diphtheria, tetanus, TB, polio

Diseases preventable by immunization (Recall)

Handling these diseases

Diet during these diseases

continue to feed as much as possible

frequent feeding of semi solids

adequate water intake to prevent dehydration

foods related to eating during illness (Recall)

Repeated infections/fevers leading to malnutrition

Health problems common in specific regions; urban slums, hilly areas etc.

Familiarity with the health kit available at the anganwadi centres; various medicines, eye drops, antiseptic lotion, bandages, cotton, scissors

Common medicines from the kit to be administered to children in case of various ailments

Integrating local remedies for treating common ailments

Discarding medicines without labels and expired medicines, reading labels before administering the medicines

Contacting supervisors / ANM to replenish medicines consumed

Education of mothers about diet during these illnesses and rehabilitation of children after illness (role play)

Referring to the doctor in case of serious problems

32. Growth Monitoring

AWW will be able to

— *monitor the growth of children by weighing*

— *demonstrate the correct use of weighing scales*

— *assess the correct age and nutritional status of children*

— *plot the weights of children on growth cards and interpret the trend of the growth curve*

What is meant by growth monitoring

Need for monitoring growth from birth

Frequency of monitoring children 0-3 years and 3-6 years

How to monitor growth

Use of salter/bar weighing scale* for weighing

balancing scale

making zero adjustment

placing the child in the weighing bag

reading weight

recording weight

removing the child from the bag

Points to be kept in mind while weighing

weighing right from birth

weighing at the same time while

*Note Wherever bar scales are not available in AWTCs they should borrow them from the field for training purposes.

- prepare a variety of supplementary foods
- ensure proper hygiene during cooking
- store the SNP correctly

twin births history of death of more than two siblings below the age of 12 months
 death of either or both of the parents
 severe acute infections like measles or whooping cough
 birth order 4 or more
 spacing of children less than 2 years
 only child after a long married life

Identification of mothers 'at risk'

pre-pregnancy weight 38 kgs or less
 weight 40 kgs or less at the 20th week of pregnancy
 height of 145 cms or below
 twin pregnancy
 previous history of still births/abortions/antipartum/
 postpartum haemorrhages/eclampsia
 previous history of early neonatal deaths
 history of previous caesarian or forceps delivery
 mother's age above 35 or below 18
 mother suffering from TB, severe anaemia, heart
 diseases, diabetes
 conception after treatment for infertility
 four or more pregnancies

Need to identify children "at risk" and mothers "at risk" to prevent such children slipping into malnutrition, to reduce mortality and morbidity by closely monitoring the "at risk" category

Need to provide supplementary nutrition at the anganwadi (Recall)
 gap between what should be eaten and what is eaten
 AWWs role in planning supplementary nutrition

Special attention to children below three years, giving them their ration in two sittings as they cannot eat all at one time

Discouraging taking food home to eat as it would then be used as a substitute for home food

Supervising the helper in preparing children for supplementary nutrition

Explaining to mothers that food given at the AW is a supplement and not a substitute

a) *Methods of Cooking
and Hygiene in Cooking*

Distribution of SNP to children and mothers

Maintaining the food stock register

Measuring the amount to be cooked according to the number of children and pregnant and nursing mothers

Different methods of cooking to prevent loss of nutrients

Hygiene in cooking

Variety of recipes to be prepared at the anganwadi depending upon the supply of supplementary nutrition (practical)

Soaking of food grains before cooking for improving the quality of food

Mixing grains and cooking

Need for variation in the preparation

Introduction of locally grown foods in the preparations like vegetables etc.

Food habits and food fallacies of the local people to be kept in mind in preparation of supplementary foods

Amount of food to be served to
children 6 months-3 years
children 3-6 years
pregnant women
nursing mothers
(Recall)

Consistency of food to be served to different age groups (Recall)

WFP/CARE foods served at the Anganwadi
ration for one child, 65 gms wheat, 8 gms oil
(80 gms wheat and 10 gms oil for WFP food)
for preparation of food; soak for two hours, add fresh
vegetables, if possible

store food in dry place, keep the bag closed with
rope, change bag if torn

- prepare a variety of supplementary foods
- ensure proper hygiene during cooking
- store the SNP correctly

twin births history of death of more than two siblings below the age of 12 months
 death of either or both of the parents
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pregnant women

nursing mothers

(Recall)

Consistency of food to be served to different age groups (Recall)

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ration for one child, 65 gms wheat, 8 gms oil

(80 gms wheat and 10 gms oil for WFP food)

for preparation of food; soak for two hours, add fresh vegetables, if possible

store food in dry place, keep the bag closed with rope, change bag if torn

Type of food to be served, processing the food to make it suitable for small children, not to give very watery foods to the child, addition of oil wherever possible

Supplementary nutrition for small children to be given in two meals during the day

Feeding of the severely malnourished
double the quantity
education of mothers to provide
food at shorter intervals
feeding the under threes also at the
anganwadi

Importance of making beneficiaries eat at the
anganwadi (Recall)

b) Storage of Food

Proper storage of foods at the Anganwadi for prevention of infestation

Sunning of grains/cereals

Use of local structures for storage e.g. clay granneries, use of neem leaves, tightly covered boxes etc.

34. Nutrition and Health Education

Need to educate community on health and nutrition

AWW will be able to

Recall from earlier sessions areas on which to educate mothers/community about health and nutrition

— explain the need for nutrition and health education

Methods of educating mothers/community (to be done later)

— make a list of some themes for education of mothers about health and nutrition

individual/home visits
group meetings

35. Ante and post natal care

What is conception, the process of conception

AWW will be able to

Development of the foetus in the womb (recall session 9)

— explain how conception takes place

Appropriate age for marriage and child bearing, problems in pregnancy at the adolescent age or after the age of 35 years (recall mothers 'at risk')

— understand how babies grow in the womb

Advantages of a small family

- *understand the need for planning families and spacing births* Need for spacing births for producing healthy children, for the mother's health
- *know the various methods of contraception* Possible side effects of contraception
- *explain the problems of poor nourishment during pregnancy* Need to eat more family food during pregnancy to produce healthy babies (Recall)
- *explain the need to educate mothers about family planning, ante and post natal care* Need for iron during pregnancy, deficiency of iron (Recall)
- Dispensing of iron and folic acid tablets for prevention of anaemia during pregnancy
- Administration of injections for tetanus toxide (Recall)
- Lack of enough food during pregnancy especially the last three months leads to low birth weight babies (Recall)
- Low birth weight babies, if not looked after properly, are more susceptible to fevers and diseases resulting in malnutrition (Recall)
- Other causes of low birth weight
 - age of the mother, frequent pregnancies, closely spaced births, hard physical work during pregnancy, infections like measles, anaemia in mothers, use of drugs and alcohol
- Home visits for giving individual attention to pregnant women
- Role of the health staff in looking after pregnant women
- Ensuring that mothers go to PHC for delivery or delivery by trained dai
- Advising mothers on breast feeding (Recall)
- Education of parents to be dealt in a later session
- 36. Early Detection of Disabilities Importance of early detection of disabilities
- Identification of some symptoms of the following childhood disabilities

AWW will be able to

— make an early identification of disabilities in children

— refer cases to the PHC

— integrate disabled children with normal children in the AW

visual handicaps
speech impairments
mental retardation
orthopaedic and locomotor handicaps
hearing problems

Referral of these cases to the PHC or District Rehabilitation Centre

Awareness about how to deal with children with handicaps

Integrating these children with other normal children in the anganwadi

Creating an awareness among normal children about mixing with and helping children with disabilities

Discussing with parents about ways of handling children with handicaps

37. Health Infrastructure in a Project

AWW will be able to

— enumerate the health facilities available near the AW

— explain the need for working in close collaboration with the health staff

Primary Health Centre (PHC)

Sub centre

Services offered in these centres

Male and female health functionaries

Medical Officer

ANM

LHV/Male Supervisor

Dai

Multipurpose Male and Female Health Workers

(Recall visit)

Role of the ANM/LHV vis-a-vis the AWW (Recall)

Linkage between the community, Health Guide and the AWW

Sectoral meetings with the MO for collection of MMRs and continuing education

Submitting report to MO/LHV/ANM

Nearest Government hospital/MCH/clinic/dispensary in urban areas

38. Treatment of Minor Accidents and Injuries

AWW will be able to

— *administer first aid in cases of emergency*

— *refer serious cases to the PHC*

First aid for children for following accidents

- drowning
- shock
- burns
- cuts/scrapes
- heat stroke
- bleeding
- snake/dog bites
- stings

Identification of medicines available in the first aid kit for the above emergencies (recall session 31)

Use of the first aid kit (Practical)

Referral to the doctor in case of serious emergencies

Community Participation

39. Role of Anganwadi Workers in Community Participation

AWW will be able to

— *enumerate her role in involving the community in the AW programme*

— *explain the need for community participation*

AWWs role in creating conducive conditions for community participation

AWW is the link between the ICDS programme and the community

setting an example of her own behaviour

maintaining contact with the people

keeping them aware of her activities

interacting with the community both formally and informally

creating awareness among the community of their needs within the perview of the ICDS scheme

creating awareness among the community about their roles and responsibilities in the ICDS

40. Areas of Community Participation

General

selecting the location of the Anganwadi and helping in providing/obtaining accommodation

AWW will be able to

- *identify the areas in which community can be involved*
- *recognise the participation of the community in the AW programme*

Making the Anganwadi safe for children by constructing a fence or clearing the space outside, maintenance of the AW

making space available for outdoor activities

allowing use of water and toilet facilities

making a compost pit, toilets for the Anganwadi

keeping the Anganwadi premises clean

inviting community members to visit the AW and see what is happening

introduction of the new AWW to the people and helping to develop contacts with panchayat, mahila mandal etc.

using their services in organising bal melas, sports competitions, exhibitions, festivals, functions etc.

Preschool Education (recall)

organising preschool activities

narrating stories to children, singing songs, organising puppet plays

looking after children in the absence of Worker

accompanying children for a nature walk

collecting waste material

preparation and repair of aids

keeping the children clean

sending children regularly to the AW

assistance in arranging exhibition and display of children's work

providing material for different activities of children

Health and Nutrition

contacting parents to send children for immunisation

helping to organise the immunisation camp

sterilisation of equipment

supplying some vegetables/foods for providing variety in supplementary nutrition; fuel, spices

help in cooking and serving food

identification of malnourished children/mothers

accompanying them to the PHC, providing transport in emergencies

providing equipment for health and nutrition education

helping in arranging/attending mahila mandal meetings

Recognising Community Participation

Participation of community may not be in physical terms alone

Community contributes by sending children regularly to the AW, utilising the services at the AW, locating a place for the AW, mobilising other people and clarifying their misconceptions, trying not to create problem situations for the AWW, willingness to listen to the AWW

Exercises in listing areas of community participation

Cautions in community participation

mobilising community is a slow process
people cannot be rushed into participating

Identifying people/agencies/social groups and organisations who are likely to help in the ICDS programme

41. Mobilising Community Participation in ICDS

will be able to

Identify people/agencies/
supportive services that can
of help in the AW
programme

Enumerate ways of mobilising
groups in the AW programme

mahila mandal
youth group
panchayat
voluntary organisations

Important individuals who are likely to be of help

Head of the family, men, husbands, the mother and
mother-in-law, wife of the pradhan, village dai, elderly
women, primary school teacher, his/her spouse, social
leader, young boys and girls

Supportive services available at local and block levels

In the rural areas

Rural development programmes:

IRDP, DWCRA, NREP, RLEGP, PHE
(Water supply and sanitation)

In the urban areas mainly

child guidance clinics
educational institutions
homes for the disabled

Mobilising community from the initial stages

before setting up the AW
after setting up the AW

Introducing the scheme to the community, seeking
their approval

Talking to the community about the training
undergone by AWW

Keeping them informed of the new plans and
development

Taking feedback about the services being provided
from time to time

Communicating with individuals and groups (method
of doing so to be introduced in a later session)

Ways of utilising social groups, organisations and individuals in the programmes e.g.

family planning education through mahila mandals

repair and maintenance of centres

preschool activities

survey work, literacy programme, economic activities etc. through youth groups

directing older children for education to primary schools (Recall Role of parents)

Utilising the supportive services in promoting the Anganwadi programme e.g.

referral of children with problems, disabilities to child guidance clinics, homes for the disabled

enlisting help for water supply/sanitation, PHE and other developmental programmes

42. Coordinating and Working with Functionaries

Need for AWW to coordinate and work with different functionaries, groups and individuals in the community

AWW will be able to

— *coordinate with different functionaries in the scheme for effective implementation of ICDS*

— *decide when and where to contact the different individuals, agencies, social groups etc.*

a) Health functionaries

coordinating with them in ensuring provision of health services; health check up, immunisation, referral services, health education, family planning activities, ante and post natal care (recall from earlier sessions)

b) Panchayats

for ensuring registration of births and deaths, water supply and sanitation, help in filling up of records etc.

c) Other Social Groups

Recall from earlier session role of social groups like mahila mandals, youth clubs, voluntary organisations etc.

d) Individuals

Recall from earlier session individuals with whom to coordinate

Decide on whether to contact group or individual, depending on the issue

Approach in contacting these individuals groups/organisations

informal
formal

When and where should the AWW contact them

at home
at their work place
at the local market/fair
in the morning/evening

What are the various occasions at which the Anganwadi Worker can make contact

village fair
functions/festivals or marriages
meetings organised by the local leaders, CDPOs, Supervisors

Communication

43. Forms of Communication:
Principles, Methods and Barriers

AWW will be able to

- *understand the different forms by which she communicates*
- *use a variety of methods and aids for communicating with people*

An AWW is communicating all the time with
children
family members
community members
local leaders
different agencies
medical personnel

Different forms by which she communicates
gestures
conversation
written word
aids

Caution while communicating with people

careful not to antagonise people
use local dialect
dress neatly but not differently
not adopt a condescending attitude or talk down to people

status should not pose a barrier in communication
speech should not be hesitant
speech should be clear
not to rush with ideas

Methods of communication

group discussions
problem analysis
talks
role play
demonstrations
case studies

(Recall methods used in different sessions)

Identification of appropriate method for communication

Using a combination of methods for communication

Aids that can be used for communication purposes

aids help trainees understand better
aids help in making learning more effective
aids help in capturing attention of listeners
decide on the kind of aids to be used

Review aids available

check if they are communicating the message,
check for unnecessary details which can distract
people

effectiveness of the aid with the kind of group

- 44. Conducting Home Visits

AWW will be able to

— *plan and undertake a home visit
to educate a family, make a
survey and enlist beneficiaries*

Need to visit homes

to establish contact with people

for educating families

for follow-up of families after group meetings

for mobilizing community to avail the services

for mobilizing community participation in the
programme

for guidance at home on different aspects of a child's development

for observation of the community's habits/practices

for observing if the people have adopted new practices suggested

for follow up of children 'at risk'

Planning for a home visit

drawing up a monthly/weekly plan of the houses to be visited

deciding on whom to visit first or altering plan in case of an emergency

reason for visiting a particular home, identifying the problem of the family to be visited

possibility of collecting a small group from the neighbourhood for discussion

identifying individuals who she may need to take along during the visits;

ANM, dai, Supervisor, CDPO, local leader, neighbour

Identification of things which she needs to carry with her for discussion

health card

child's work

aids

first aid kit

waste material for making play materials/
teaching aids

How to greet and talk to people, whom to address at home to best convey the message (Recall from earlier lesson)

(Task for field placement)

What is a mahila mandal?

Need for mahila mandal in the village

to sensitize women about their role in the society and their rights

45. Role of AWW in Forming and Activating Mahila Mandals

AWW will be able to

— form and activate a mahila mandal in her area

- *organise a meeting of mahila mandal*
- *involve the mahila mandal in the AW programme*

to provide an opportunity for women to socialize with others and share their problems and experiences

to increase their participation in social life

to build up their confidence

to help solve problems of women

to train women to undertake meaningful activities, economic and social for themselves and the community

Making use of the existing mahila mandal in the above activities

Initiating a mahila mandal

Forming a mahila mandal in a village where there is none

facilities available for setting up a mahila mandal

composition of a mahila mandal

selection of office bearers and committee members

registration of mahila mandal, role of AWW

management of mahila mandal

finances

day-to-day administration

opening account (refer later)

keeping records

Arranging meetings of mahila mandal

Making physical arrangements for a meeting of the mahila mandal

fixing date and venue for meeting

drawing up an agenda for the meeting

conducting the meeting

recording the main decision in the meeting

follow up of the suggestions of the meeting

Linkages between the mahila mandal and the AW programme

Establishing linkages between the mahila mandal and the AW programme

Motivating mahila mandals into doing some activities

Involving mahila mandals into starting income generating activities like kitchen gardens, preservation of foods etc. and to involve mothers of the ICDS scheme

Using mahila mandal meetings for analysing the problems of women, education of parents and mobilizing their participation, discussing problems at the AWC and ways in which the mahila mandals can help solve these problems (Recall)

Other activities which the mahila mandals can organise; demonstration during education of parents of food preservation, enhancing of nutrients etc.

46. Organisation of Balmelas, Children's Exhibitions, Festivals

Use of balmelas, exhibitions, festivals to establish and maintain contact and impart education to the community

AWW will be able to

Planning the balmela that could include an exhibition and display of aids, children's work, hobby collection work, well baby show, sports meet, puppet play etc.

— *plan and organise community based functions for promoting people's involvement in the programme*

Seeking help from voluntary agencies; mahila mandals, youth groups, parents, supervisors, CDPOs, individuals in the organisation and setting up of these activities and for funds if needed

Sending invitations to people

Inviting local leaders for inaugurating/talking to people

Themes for exhibitions

children's work/games

mother's work

material available at the AW

health education

nutrition education

47. Parent and Community Education

Need for educating community and parents

AWW will be able to

- *define her role in education of the community, specially parents*
- *spell out the areas in which she needs to educate the community*
- *plan and conduct a parent education meeting*

to create an awareness about the services in the ICDS programme and its usefulness for the community

to improve their living conditions e.g. using smokeless chulah, bore laterines
to enlist their participation in the ICDS

Role of AWW in creating awareness and educating parents and the community

Different settings in which parent and community education can take place

During home visits, formal meetings, informal meetings, in the bazar, at the well, at the Anganwadi, during festivals, community gatherings, meetings of the mahila mandals, immunization camps etc.

48. Areas in which the AWW needs to educate community

Recall themes from earlier sessions for education of the community

health and nutrition, care of pregnant and nursing mothers

needs of children

early childhood stimulation

play and its importance in preschool education and overall child development

population education

participation of the community in the anganwadi programmes, their roles and responsibilities

49. Planning and Organising Programmes for Parent and Community Education

Points to be kept in mind while arranging a meeting with parents/community

purpose of the meeting

selection of message to be communicated

avoiding too many themes in one meeting

using the same theme in more than one meeting for registering impact

using a mixture of aids/communication methods in different meetings

audience for the meeting
time and venue of the meeting
informing about meeting
reminder about the meeting on the day it is
scheduled, assigning tasks to different people for
making seating arrangements etc.

Reviewing aids available/required for the meeting

Preparation of new aids, if needed

Making seating arrangements

Seating of AWW during the meeting

Methods of addressing the group, language to be used,
informal style of speech

Introduction to the topic of the meeting

Listening to parents/people's comments

Resolving problems and answering questions of
parents on related or unrelated issues

Feedback from the group
about relevance of the theme

for further information on the topic
for deciding the topic of the next meeting
fixing the date for the next meeting

Follow up after the meeting

through home visits
informal discussions

50. Education of Mothers to
Promote the Development
of Children Under
Three Years

Care of infants, health and nutrition (Recall)
Need and importance of early childhood
stimulation (Recall)

Ways of stimulating infants

AWW will be able to

infant games and songs, tickling games,
peek-a-boo games

— describe the need and
importance of stimulating
infants

Educating mothers about talking and playing with
infants

— educate mothers on how to
stimulate infants

Methods of encouraging mothers to bring younger children
to the AWWs for supplementary nutrition

— recall the importance of
growth monitoring and
immunization for children

Complete immunization of children during this period
(Recall)

51. Some more Themes for
Community Education

Growth monitoring and growth promotion (Recall)

a) Socio-Economic
Programmes for Women

Socio-economic programmes by the government going
on in the area

Who to approach for training/initiating the activity in
the village

b) Operating Small Savings
Account in Post offices/Banks

Help of the Supervisor/CDPO, mahila mandal in helping
women avail such facilities

Need to open a savings account;

inculcating the saving habit
generating interest on the money saved

Who to approach for opening the account

Filling in forms for opening the account, deposit and
withdrawal slips, money order forms

Saving schemes at the post offices

Role of AWW in helping people to open accounts

giving an introduction in the bank/post office

accompanying them to the bank

filling up slips — deposits and withdrawal

approaching bank/PO officials for help in filling up forms

c) How to Manage a Home more Efficiently

Discussion among trainees about their methods of managing homes

Need to organize work to save time, energy (human and material) and money

use of fuel saving devices, gobar gas, solar cookers or smokeless chulhas, arranging demonstrations by mahila mandals for the community

availability of these equipment and their cost

proper storage to avoid wastage through infestation (recall)

enhancement of nutritive value of foods (Recall)

Ideas suggested should keep in mind

needs of the community

practicality of the suggestions

availability of the materials etc.

Keeping the home/outside clean

Growing trees around the house

Covering excreta (recall)

Compost pit (recall)

Sanitary laterines (recall)

Protecting water sources

Ventilation

d) Cleanliness and Sanitation of the Environment and the Home

e) Role of Community in Creating a Healthful Environment for Children

Recall keeping the home and surroundings clean, safe

making sanitary toilets

infant stimulation

play and learning in children for promoting the overall development of children

f) Role of father in decision making

As head of the household father should ensure

immunization of children

sending children, specially girls for PSE

spacing births and family planning

health of the women/girl child

respect of women

52. Population Education

Need for population education

Who are the people to be educated; women/mothers/
fathers-in-law/fathers/opinion leaders

Methods which people can adopt for
family planning (Recall)

Role of the Primary Health Centre, ANM, LHV in
population education and family planning

Role of the AWW in arranging meetings with the
community in coordination with the PHC

Role of AWW in

motivating people to accept family planning methods

clarifying doubts of the community

follow up of people who accept family planning
methods

referral work

review of aids prepared for their use in population
education

preparation and use of aids to educate the
community during the meetings

53. Conducting a Survey

AWW will be able to

- *make a survey of the area*
- *enlist beneficiaries of the scheme*
- *fill in a survey register and update it regularly*

Ways of contacting/approaching the community for
eliciting information

How to interview

Skills of observation during survey to obtain additional
information

Introduction to the survey register, exercises in making a
survey/recording

Points to be kept in mind while recording

Making the monthly summary in the survey register

Interpreting data to identify children (0-6 years) children
at risk, pregnant women and nursing mothers (Recall)

Use of data collected for delivery of services in the anganwadi

nutrition
immunization
referral
preschool

Assistance from CDPO/Supervisor in making a survey and filling up the register

Assistance of the panchayat, mahila mandal, local school, yuvak mandal in making the survey and filling up the register

Updating the survey register

Updating the survey register every 3 months

Importance of keeping the survey register up-to-date

Recall using survey as a means of creating awareness among the community about ICDS and its services, building rapport and enlisting community participation (task to be done during field placement)

54. Location of the Anganwadi.
Role of AWW in Making the Anganwadi Adequate for Delivery of Services

AWW will be able to

- recognize the hazards and inadequacies around the AW in delivery of services
- seek assistance in making the AW safe

Adequacy of the anganwadi for preschool activities in terms of

indoor and outdoor play
hazards in the neighbourhood
equipment supply and replenishment
need to make AW safe for preschool activities;

fencing a pond or covering a ditch, proper ventilation and light

Adequacy for community education in terms of

accessibility by the community
location in the caste dominated area
distance from beneficiary household
space for conducting community/parent education meetings

Adequacy for health and nutrition services in terms of

space for storage, cooking, washing,
area for disposal of garbage

ventilation for smoke to go out
drainage for dirty water
equipment for cooking
availability of toilet/tap/well facility
treatment for pests and insects in the
anganwadi to prevent infection and disease

Role of AWWs in making the anganwadi suitable for
delivery of services

Use of community's space and services for play,
meetings

Fixing of windows compost pit, drainage, for making
the AW premises suitable

Procurement of equipment from the CDPO/Supervisor
for the anganwadi

Recall planning programme for preschool activities

Need to plan the programme for the week/month to
include

health and nutrition education
immunization
community education
adult literacy classes
meetings of the mahila mandals etc.
circle meetings
visits of functionaries/health workers/local leaders/
voluntary workers/officials
filling records
survey work
growth monitoring
preparation of aids
exhibitions, balmelas, etc.

Exercises in planning programmes

Using the services of the Helper/mothers while AWW is
busy in the above activities

Basic equipment that is supplied to an anganwadi worker for
conducting the programme

55. Planning the Anganwadi Programme

AWW will be able to

— *plan the programme at the
AW and her schedule
including home visits,
community education,
mahila mandal meetings etc.*

56. Procurement and Storage of Stocks and Supplies for the AW

AWW will be able to

— *make a list of stocks and equipment available for an AW*

— *procure and store stocks and supplies for the AW*

57. Maintaining Correspondence and Contact

AWW will be able to

— *write a letter to different people*

— *keep a file of the letters sent/received*

58. Maintenance of Registers and Records

AWW will be able to

— *make a list of the different records and registers to be maintained in an AW*

— *maintain these records and registers*

Procuring the material from the CDPO's office

Some other equipment/materials for preparing aids/play materials for preschool activities that an AWW can obtain from the CDPO from the contingency allocation

Equipment for storage of stocks/material (Recall)

Need to maintain a regular flow of food stocks at the anganwadi

Availability of records/registers/growth cards/immunization cards

How to write a letter to the

Supervisor
CDPO
local leader
voluntary organisation
parent
training centre
LHV/ANM

Maintaining a file of the letters sent

Reply to a letter received

Kinds of records an anganwadi worker has to maintain (recall those done earlier)

stock register
attendance register
growth cards
immunization cards
survey register

Need to maintain the various records

Filling up the various records/registers

Seeking help from community people/parents in completing records (Recall)

Seeking help/guidance from Supervisors in maintaining records, requesting Supervisors to make

arrangements for obtaining help in record keeping
(Recall)

Keeping registers covered, neatly stacked

Maintaining a daily diary by the AWW

Information to be recorded in the diary

Need for recording this information

Use of such information in filling up the monthly
progress report

Information that needs to be entered in the various
columns in the MPR form (Use of daily diary recording
from introductory session)

Organisation of time so as to fill up the MPR and
submit to Supervisors on time

Information flow from the AWWs MPRs to the Centre

Request for feedback from the Supervisor regarding
MPRs to help improve the ICDS programme

Recall what has been taught during the course

how is a child conceived
process of development in the womb
need for eating extra family food by the mother
need for iron/folic acid during pregnancy
need for tetanus toxide vaccination
delivery by trained dai/PHC doctor
who are 'at risk' mothers and children
need for spacing births, permanent and
temporary methods of family planning

Early Childhood Care and Stimulation

Breast feeding babies

Weaning of infants and providing them with mixed
family food

Immunization of children

59. The Integrated Approach to Child Development

AWW will be able to

- *view the child in a holistic manner*
- *recall all that has been done during the training*
- *develop a perspective of her role and responsibilities in the AW*

Healthful environment for promoting the development of children

- personal and environmental hygiene
- safe drinking water

Infant stimulation for cognitive, language, social-emotional and physical development

Monitoring growth of children

Non-formal preschool education for children

Problems in children

- health related
- nutritional
- diarrhoea
- disabilities
- behavioural

Handling these problems

Referral of cases to PHC

Provision of supplementary nutrition at the anganwadi

Storage of foods at the centre

Methods of cooking

Distribution of SNP to children

Supervision of Helper's activity

Education of parents about the health, nutrition and educational needs of their children, population education

Creating awareness among people about the programme and their participation in it

Methods of mobilizing community participation

Coordinating with variety of people, agencies groups for involvement in the anganwadi

Methods of communicating with people

Use of home visits, bal melas, mahila mandals, exhibitions for creating awareness among the community

Role and responsibilities of the worker in the Anganwadi

vis-a-vis the CDPO/Supervisor
vis-a-vis the health staff

Conducting a survey of the area

Location of the AW centre

Planning the AW programme

Maintaining stocks, registers, correspondence

Job Training

Honorarium/TA/DA during job training

Money available for food transport, fuel

Provision of Refresher Training

Leave facility

Honorarium as a village Health Guide, for adult education classes

Further prospects for educated AWWs/Helpers

Need to maintain good relationship with Helper

Recognising their contribution in the AW work

Helping to solve her problems

Speaking politely and encouraging her to participate in the AW programmes

Using her as a contact with local people in case AWW is not a local person, to understand the local customs, traditions, values etc.

60. Facilities Available for the AWW and Helper

AWW will be able to

— *enumerate the facilities available to her and the Helper in the AW*

— *describe ways to maintain a good relationship with the Helper, Supervisor and CDPO*

61. Relationship with Helper

62. Relationship with
Supervisor/CDPO

Approaching supervisor for counselling in personal problems, disputes with community

Requesting her help in improving preschool education activities, enhancing community participation, community education, arranging competitions, bal melas etc.

Share her experiences of other AWC and new ideas

Number of visits of a Supervisor and CDPO to the centre

Continued guidance from Supervisor/CDPO

Availability of CDPO's office as a resource centre

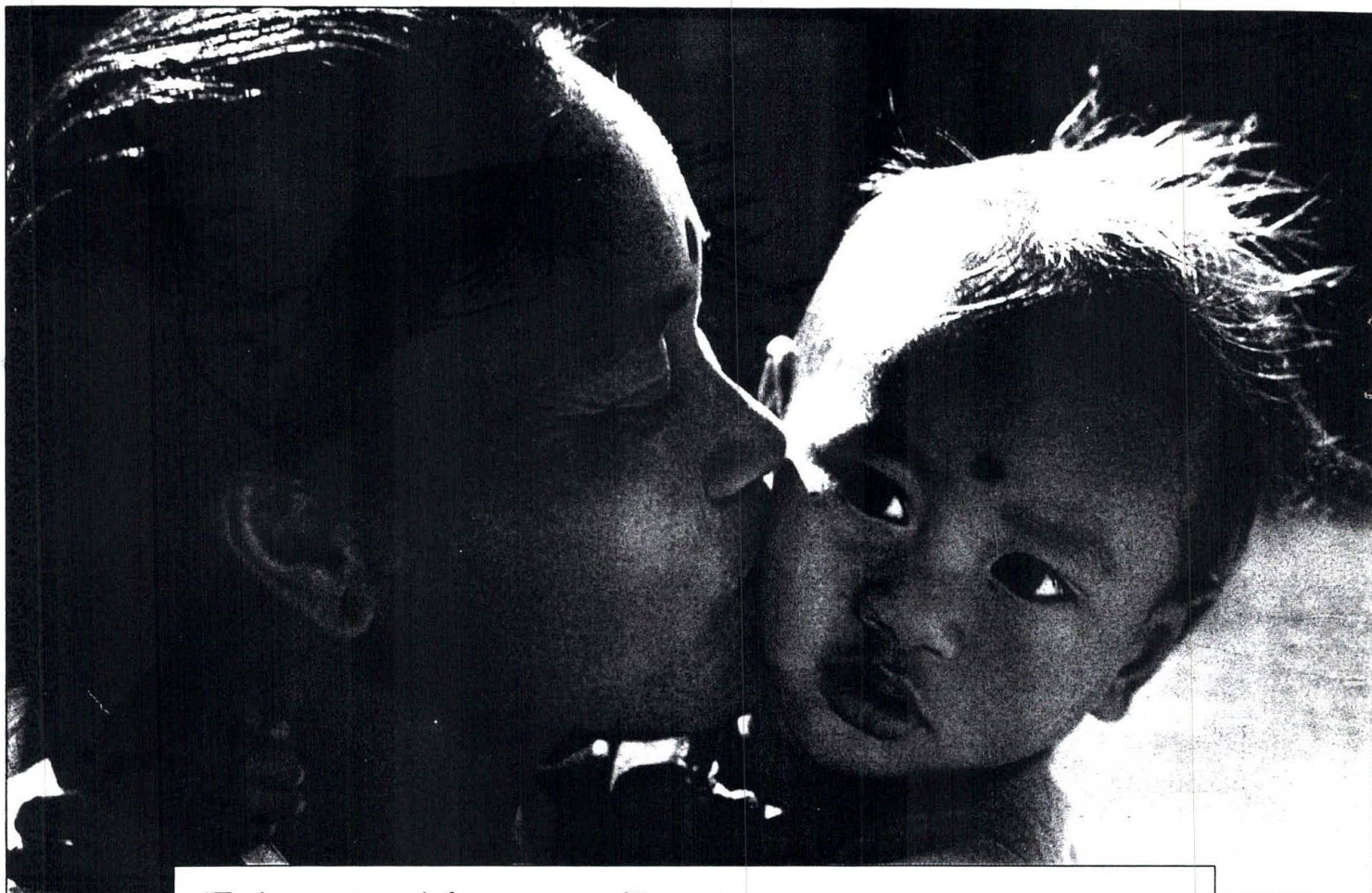
22

Integrated Child Development Services

ICDS



Department of Women and Child Development,
Ministry of Human Resource Development, Government of India



"Today we search for your unwritten name;
You seem to be just off the stage, Like an imminent star of the morning
Infants bring again and again, A message of reassurance —
They seem to promise deliverance, Light, dawn."

*Rabindranath Tagore,
New Birth, 1940*

The Young Child's Right To Survival And Development — Our Responsibility

"State to provide adequate services to children, both before and after birth and through the period of growth — to ensure their full physical, mental and social development."

(National Policy for Children, 1974)

"State parties recognise that every child has the inherent right to life. State parties shall ensure, to the maximum extent possible, the survival and development of the child."

*(Excerpts from Article 6 of the UN Convention on the Rights of the Child.
Ratified by the Government of India in November 1992)*

ICDS seeks to translate the national commitment to promoting the young child's right to survival and development into a reality — in nearly 70 per cent of India's community development blocks and 260 urban low income group pockets.

Integrated Child Development Services

Development programmes aimed at reducing poverty do not necessarily reach children, or improve the environment in which they live and grow. It is acknowledged that while national development efforts for poverty alleviation would continue, the needs of children must be met today. As per the 1991 census, India has around 150 million children, constituting 17.5 per cent of India's population, who are below the age of six years. A majority of them live in economic and social environments which could impede the child's physical and mental development. These conditions include poverty, poor environmental sanitation, disease infection, inadequate access to primary health care, inappropriate child caring and feeding practices.

The National Policy for Children, 1974, is founded on the conviction that child development programmes are necessary to ensure equality of opportunity to these children.

It provides the framework for assigning priorities to different needs of children (both before and after birth), and for responding to them in an integrated manner. Integrated Child Development Services (ICDS) is India's response to the challenge of meeting the holistic needs of the child, launched initially in 33 blocks, on October 2, 1975 — 20 years ago.

Today, the Integrated Child Development Services (ICDS) is one of the world's largest and most unique outreach programmes for early childhood care and development. It symbolises India's commitment to its children. It is widely acknowledged that the young child is most vulnerable to malnutrition, morbidity, resultant disability and mortality. The early years are the most crucial period in life, when the foundations for cognitive, social, emotional, language, physical/motor development and lifelong learning are laid. Recognising 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. The programme is specifically designed to reach disadvantaged and low income groups, for effective disparity reduction.

The programme provides an integrated

approach for converging basic services for improved childcare, early stimulation and learning, health and nutrition, water and environmental sanitation — targetting young children, expectant and nursing mothers and women's/ adolescent girls' groups. They are reached through nearly 300,000

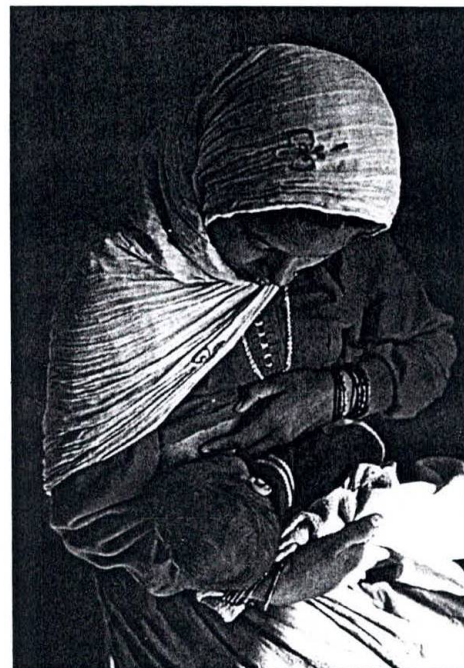
trained community-based Anganwadi Workers and an equal number of helpers, supportive community structures/women's groups — through the Anganwadi centre, the health system and in the community.

ICDS is a powerful outreach programme to help achieve major national nutrition and health goals, embodied in the National Plan of Action for Children, 1992. It also contributes to the national goal of universal primary education.

ICDS provides increased opportunities for promoting early development, associated with improved enrolment and retention in the early primary stage and by releasing girls from the burden of sibling care, to enable them to participate in primary education.

Poised for universal coverage by the turn of the century, ICDS today reaches out to 3.8 million expectant and nursing mothers and 17.8 million children (under six years of age), of disadvantaged groups. Of these, 10.2 million children (three to six years of age) participate in centre-based pre-school education activities. The network consists of 3,907 projects, covering nearly 70 per cent of the country's community development blocks and 260 urban slum pockets. The challenge is to build on the rich experience of the past two decades and effectively tap the potential of this unique integrated programme, as it moves towards universalisation.

ICDS is the reality of today, on which our vision for tomorrow is founded.



Objectives

- Improve the nutritional and health status of children below the age of six years.
- Lay the foundation for the proper psychological, physical and social development of the child.
- Reduce the incidence of mortality, morbidity, malnutrition and school dropouts.
- Achieve effective coordination of policy and implementation among various departments to promote child development.



- Enhance the capability of the mother to look after the normal health and nutritional needs of the child, through proper health and nutrition education.

In addition to children below six years of age, ICDS also takes care of the essential needs of pregnant women and nursing mothers residing in socially and economically backward villages and urban slums. While selecting the location for a project, preference is given to those areas which are predominantly inhabited by vulnerable and weaker sections of the society, that is, scheduled castes, scheduled tribes and low income families found in economically backward areas, drought-prone areas and areas in which the development of social services requires strengthening. ICDS provides:

Health

- Immunisation
- Health check-ups
- Referral services
- Treatment of minor illnesses.

Nutrition

- Supplementary feeding
- Growth monitoring and promotion
- Nutrition and health education (NHED).

Early Childhood Care And Pre-school Education

- To children in the age group of three to six years.

Convergence

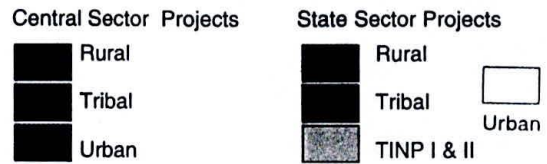
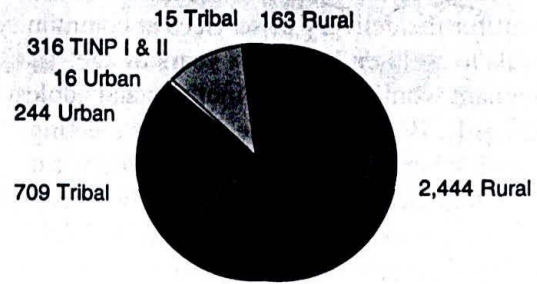
- Of other supportive services, such as safe drinking water, environmental sanitation, women's empowerment programmes, non-formal education and adult literacy.

Coverage and Outreach

The ICDS programme was launched on October 2, 1975, the 106th birth anniversary of Mahatma Gandhi, the Father of the nation. This signifies commitment to the Gandhian vision of addressing socio-economic inequities — by reaching out to the most disadvantaged, underserved — and the most vulnerable. As Gandhiji saw India's development in the empowerment of its people, so does ICDS seek to empower communities for the care and development of their children and women, to shape the country's present and future.

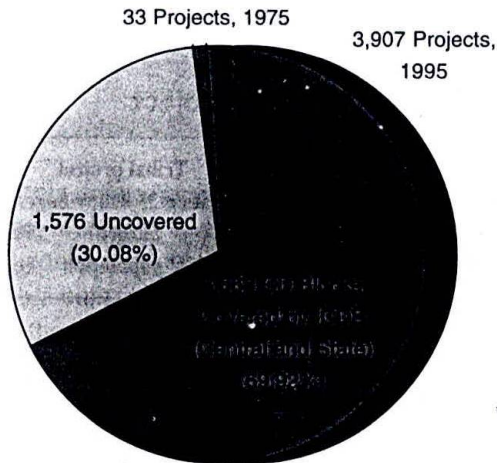
Started on an experimental basis in 33 blocks, the programmes, by March 1995, covered 3,663 of a total of 5,239 community development blocks in the country through 3,907 projects. This includes 260 projects covering urban poor pockets. Over 6 lakh persons are involved in promoting basic healthcare and pre-school education activities under the scheme.

Central And State Sector Projects Distribution (3,907 Projects, As On March 31, 1995)



The above is the distribution of the Total Number of ICDS Central and State Sector Projects (not CD Blocks).
Source: Department of Women and Child Development, Ministry of Human Resource Development, Government of India.

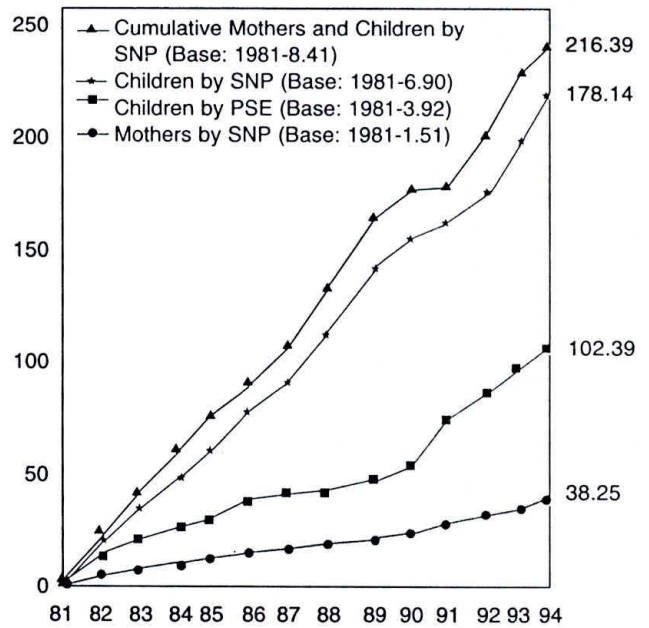
Expanded Coverage Of CD Blocks (As On March 31, 1995)



Total Number of CD Blocks: 5,239

Note: Difference of 224 in the number of ICDS Projects (3,907) and CD Blocks (3,663) is due to Urban projects, Twin blocks and reorganisation of some blocks.

Coverage Of Beneficiaries (In Lakhs, As On March 31, 1995)



- * Nearly 300,000 AWCs
- * Cadre of Trained Functionaries
- 2,764 CDPOs/ACDPOs
- 12,479 Lady Supervisors

- * Network of Trained Community-based Female Frontline workers at Village level
- * 2,92,951 Anganwadi Workers (AWWs)
- * An equal number of Anganwadi Helpers (AWHs)

Source: Department of Women and Child Development, Ministry of Human Resource Development, Government of India.

The Anganwadi

The Anganwadi (AW), literally a courtyard play centre, is a childcare centre located within the village or the slum area itself. It is the focal point for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls. Besides this, the AW is a meeting ground where women's/mother's groups can come together, with other frontline workers, to promote awareness and joint action for child development and women's empowerment.

All the ICDS services are provided through the AW in an integrated manner to enhance their impact on childcare. Each AW is run by an Anganwadi Worker (AWW) supported by a helper in integrated service delivery, and improved linkages with the health system — thus increasing the capacity of community and women — especially mothers — for childcare, survival and development. The population coverage through the AW is approximately 1,000 in rural and urban areas and 700 in tribal areas. Details of intended population coverage are given below. Presently in ICDS there are, on an average, 125-150 AWCs per project/block

since additional AWCs have been sanctioned, based on increased block population.

Some services, for example immunisation, aim at universal coverage, while some others, for example supplementary feeding, aim at 40 per cent coverage in rural/urban projects and 75 per cent coverage in tribal projects.

Services for children are limited to those below six years of age. This is because the early years are the most vulnerable and critical years. They contribute to the unfolding of almost three-fourths of the total potential for the physical, social and mental development of an adult personality. In fact, by the end of the second year of life, most of the growth of the human brain is already complete. The mother plays a key role in the overall development of the child, and women between 15 to 45 years have been brought within the ICDS ambit.

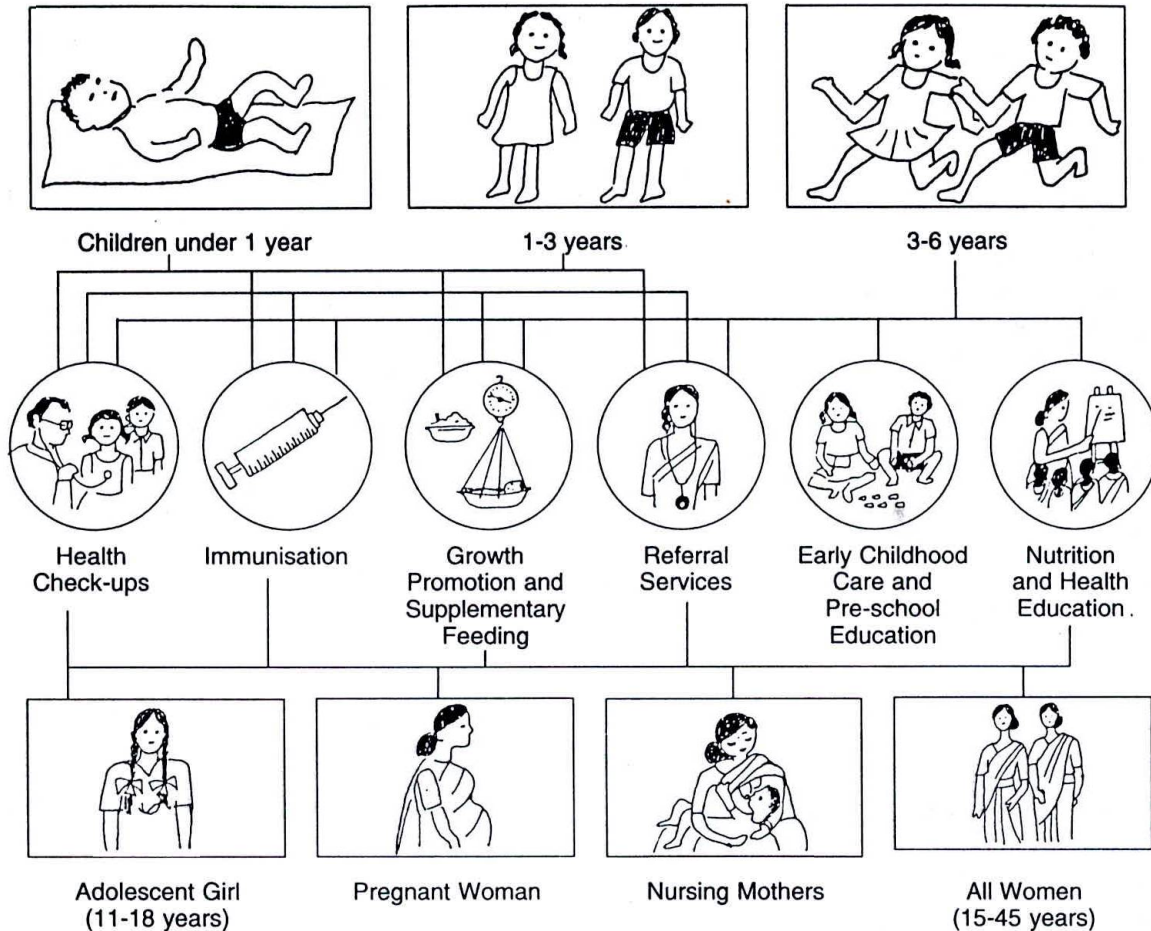
Any programme that aims at the holistic development of the child also includes increased opportunities for promoting health, nutritional well-being, care and self development of women and particularly pregnant or nursing mothers.

Approximate Population Coverage In An ICDS Project

Target Group	Services	Rural/urban project (Population 100,000: villages 100)			Tribal project (Population 35,000: villages 550)		
		Total population	Target population	Per cent coverage	Total population	Target population	Per cent coverage
1. Children below 6 years	0-6 years						
	Supplementary nutrition		6,800	40		4,462	75
	Immunisation	17,000	17,000	100	5,950	5,950	100
3-6 years	Health check-up		17,000	100		5,950	100
	Non-formal pre-school education	8,000	4,000	50	2,800	2,100	75
2. Expectant and nursing mothers	Supplementary nutrition	4,000	1,600	40	1,400	1,050	75
	Health check-up	4,000	4,000	100	1,400	1,400	100
	Immunisation against tetanus (expectant mothers)	2,400	2,400	100	910	910	100
3. Women (15-45) years	Health and nutrition education	20,000	20,000	100	7,000	5,250	75

Source: Ministry of Human Resource Development, Department of Women and Child Development, Government of India. *Integrated Child Development Services, New Delhi, 1982. p 16-17.*

Services And Beneficiaries



ICDS is unique because all basic sectoral services, related to early childhood care, pre-school education, nutrition and health converge, through a community-based childcare worker, that is, the Anganwadi worker, on the same group of children, adolescent girls, pregnant and nursing mothers. Convergence of services is essential to address the inter-related needs of children and women, in a comprehensive and cost-effective manner. The child-centred approach of ICDS is based on the rationale that care, psychosocial development and the child's health and nutritional well-being mutually reinforce each other.

The principal beneficiaries under the scheme, that is, children below six years, expectant and nursing mothers and women in the age group 15 to 45 years receive supplementary feeding, growth monitoring and promotion, immunisation, health check-ups, referral services, nutrition and health education and early

childhood care and pre-school education, as specified in the diagram. In addition, there is coverage of other important supportive services such as safe drinking water, environmental sanitation, women's development and education programmes.

In order to enhance the outreach of these services, particularly to the disadvantaged groups, and ensure their better utilisation, the AWW mobilises support from the community. All families in the community are surveyed by the Anganwadi Worker to identify pregnant and nursing mothers, adolescent girls and children below six years of age from the low income families and deprived sections of society.

This ensures early registration of pregnant women leading to better utilisation of key health services, as well as better care and counselling for improved maternal nutrition. It also promotes a healthy pre-natal and post-natal environment for the young child, and is likely to

reduce the incidence of low birth weight, thereby promoting child survival and development.

Health

The Health component of ICDS comprises health check-ups, immunisation and referral services.

Health check-ups

This includes healthcare of children under six years of age, antenatal care of expectant mothers and post-natal care of nursing mothers. The various health services provided for children by AWWs and PHC staff include regular health check-ups, recording of weight, immunisation, management of malnutrition, treatment of diarrhoea, deworming and distribution of simple medicines, etc.

At the Anganwadi, children, adolescent girls and pregnant women and nursing mothers are examined at regular intervals by the Lady Health Visitor (LHV) and Auxiliary Nurse Midwife (ANM) who also diagnose minor ailments and distribute simple medicines. They provide a link between the village and the

Primary Health Care Sub-centre. Maternal and child health facilities are geared towards providing adequate medical care during pregnancy, at the time of child birth and subsequently. It is aimed at reducing complications during pregnancy and reducing perinatal mortality.

Immunisation

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

PHC and its subordinate health infrastructure carries out immunisation of infants and expectant mothers as per the national immunisation schedule. Children are also given booster doses. The AWW assists the health functionaries in coverage of the target population for immunization. She helps in the organisation of fixed-day immunisation sessions. She maintains immunisation records of ICDS beneficiaries and follows up to ensure full coverage.

Referral Services

During health check-ups and growth monitoring, sick or malnourished children in need of prompt medical attention are provided referral services through ICDS. 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. The effectiveness of this service depends on timely action, cooperation from health functionaries and the willingness of families to avail of

these services. The Health Department in States/UTs identifies one hospital at the district level, which attends to the referral cases coming from ICDS areas.



Recipients

Children up to 6 years
Adolescent girls
Pregnant and nursing mothers
Malnourished children

Calories

300
500
500
Double the daily supplement provided to the other children (600) and/or special nutrients on medical recommendation

Grams of Protein

8-10
20-25
20-25

Nutrition

This includes supplementary feeding; growth monitoring and promotion, nutrition and health education; and prophylaxis against vitamin A deficiency and control of nutritional anaemia.

Supplementary Feeding

All families in the community are surveyed, to identify low income families and deprived children below the age of six years, pregnant and nursing mothers and adolescent girls. They avail of supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities. This pattern of feeding aims only at supplementing and not substituting for family food. It also provides an important contact opportunity with pregnant women and mothers of infants and young children, to promote improved behavioural actions for the care of pregnant women and young children. Specifically, it serves to reinforce the key message to promote appropriate and timely complementary feeding at home, starting among infants who are four to six months of age, with a full diet for young children by one year, and continued breastfeeding up to two years.

The type of food varies from State to State, but usually consists of a hot meal cooked at the Anganwadi, containing a varied combination of pulses, cereals, oil, vegetables and sugar. Some States provide a ready-to-eat meal, containing the same basic ingredients. There is flexibility in the selection of food items, to respond to local needs. The expenditure towards supplementary feeding is met by the State under the plan budget, available for Minimum Needs



Programme.

Food supplements are provided to pregnant women and nursing mothers (up to six months of nursing), to help meet the increased requirements during this period. This provides a crucial opportunity to counsel pregnant women enabling utilisation of key services, that is, antenatal care, immunisation, iron folic acid supplementation and improved care, adequate extra family food and rest during pregnancy. Pregnant women and nursing mothers are also counselled to promote exclusive breastfeeding of infants up to four to six months of age, timely immunisation and for the promotion of appropriate and timely complementary feeding at home, starting among infants at four to six months of age, with a full diet by one year and continued breastfeeding up to two years.

Special care is also taken to reach children below the age of two years, and to encourage parents and siblings to either take home ration or to bring them to the Anganwadi for supplementary feeding. The take-home ration is a contact opportunity for growth monitoring and promotion of children under two years of age and nutrition counselling of mothers, for improved childcare and feeding practices.

The national prophylaxis programme for prevention of blindness caused by vitamin A deficiency, and control of nutritional anaemia among mothers and children, are two direct interventions integrated in ICDS. Dietary promotion is an important part of nutrition health education and targeted supplementation is also provided. At nine months of age, 100,000 International Units (IU) of vitamin A solution is administered to infants, along with immunisation against measles. Children in the age group of one to five years receive 200,000 IU of vitamin A solution every six months, with priority to children under three years of age.

Tablets of iron and folic acid are administered to expectant mothers for prophylaxis and treatment and to children with anaemia. These supplements are dispensed by AWW/ANM, and their utilisation is monitored by them. The usage of only iodised salt is promoted, especially in the food supplement provided.

Growth Monitoring And Promotion

Growth monitoring and nutrition surveillance are two important activities that are in operation at the field level in ICDS. Both are important for assessing the impact of the health and nutrition related services.

Children below the age of three years are weighed once a month and children from three to six years are weighed quarterly. Fixed-day immunisation sessions or days when mothers come to take home rations for younger children (below two years of age) can be used as opportunities for growth monitoring and promotion of younger children. In ICDS, weight-for-age growth cards are maintained for all children below six years. Their growth is charted both to detect growth faltering and also to assess their nutritional status.

Growth monitoring and promotion helps the mother/family and AWW/ANM in taking timely, cost-effective preventive action, to arrest any stagnancy or slipping down in weight, through early detection of growth faltering. Through discussion and counselling, growth monitoring also increases the participation and capability of mothers in understanding and improving childcare and feeding practices, for promoting child growth. It helps families understand better the linkages between dietary intake, healthcare, safe drinking water, environmental sanitation and child growth. Growth monitoring and promotion can thus also be an effective entry point for primary healthcare.

Identified severely malnourished children (those placed in grade III and IV), are given special supplementary food which may be therapeutic in nature, or just double ration, and are also referred to medical services.



Recently, the concept of community-based nutrition surveillance has been introduced in ICDS. A community chart for nutrition status monitoring is maintained at each Anganwadi. This chart reflects the nutritional status of all children registered with the Anganwadi, at any given point of time — helping the community in understanding what the nutrition status of its children is, why it is so and what can be done to improve it. This mobilises community support in promoting and enabling better childcare practices, contributing local resources and in improving service delivery and utilisation.

Nutrition And Health Education

Nutrition, Health and Education (NHED) is a key element of the work of the Anganwadi worker. 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 and nutrition needs as well as that of their children and families. All women in this age group are expected to be covered by this component.

The components of NHED comprise basic health and nutrition messages, related to childcare, infant feeding practices, utilisation of health services, family planning and environmental sanitation. NHED is imparted through sessions, home visits and demonstrations.

Anganwadi workers use fixed-day immunisation sessions, mother-child days, growth monitoring days, small group meetings of mothers/Mahila Mandals, community and home visits, village contact drives and other women's groups meetings (DWCRA, Mahila Samakhya, etc), local festivals/gatherings for nutrition and health education. Presently there are nearly 100,000 Mahila Mandals which are actively involved in extending nutrition and health education activities.

All efforts are made to reach out to women, including pregnant women and nursing mothers, to promote improved behavioural actions for care of pregnant women and young children, at household and community levels, and to improve service utilisation. Sustained support and guidance has to be provided in the period spanning pregnancy and early childhood, to mothers of young children, building upon local knowledge, attitude and practices. This helps promote antenatal care, maternal nutrition, exclusive breastfeeding of infants up to four to

six months of age, timely immunisation, introduction of timely and appropriate complementary feeding at home, starting in infants at four to six months of age, with a full diet by 12 months of age and continued breastfeeding up to two years. NHED also promotes appropriate prevention and management of diarrhoeal diseases (through ORT and continued feeding) and management of acute respiratory infections, to promote child growth.

Early Childhood Care And Pre-school Education

The Early Childhood Care and Pre-school Education (ECCE) component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge on the AW. This is also the most



joyful playway daily activity, visibly sustained for three hours a day. It brings and keeps young children at the Anganwadi centre — an activity that motivates parents and communities. ECCE, as envisaged in the ICDS, focusses on the total development of the child, in the age range of up to six years, from the underprivileged groups. It includes promotion of early stimulation of the under-threes through intervention with mothers/caregivers. Its programme for the three- to six-year-old child in the AW is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development. Child-centred playway activities which build on local culture and practices, using local support materials developed by Anganwadi workers, through enrichment training, are promoted. The early childhood pre-school education programme, conducted through the medium of play, aims at providing a learning environment for the promotion of social, emotional, cognitive, physical and aesthetic develop-

ment of the child. Through ICDS, 10.2 million children (three to six years of age), from disadvantaged groups, are participating in centre-based pre-school playway activities.

The ECCE component of the ICDS is a significant input for providing a sound foundation for development. It also contributes to the universalisation of primary education, by providing to the child the necessary preparation for primary schooling and offering substitute care to the younger siblings, thus freeing the older ones — especially girls — to attend school.

For this, improved coordination and between the Anganwadi centres and primary schools, in terms of timings, location and supportive linkages between the Anganwadi worker and primary school teacher — are being promoted.

Adolescent Girls Scheme

ICDS, with its opportunities for early childhood development, seeks to reduce both socio-economic and gender inequities. In order to better address concerns for women and the girl child, it was necessary to design interventions for adolescent girls. This is aimed at breaking the intergenerational life cycle of nutritional disadvantage, and providing a supportive environment for self development.

For the first time in India, a special intervention has been devised for adolescent girls, using the ICDS infrastructure. This intervention focusses on school drop-outs, girls in the age group of 11-18 years, to meet their needs of self development, nutrition, health, education, literacy, recreation and skill formation.

This scheme attempts to mobilise and enhance the potential of adolescent girls as social animators. It also seeks to improve their capabilities in addressing nutrition and health issues — through centre-based instructions, training camps and hands-on learning as well as sharing of experiences.

This scheme has been sanctioned in 507 blocks covering all the States and UTs.



The ICDS Team

The ICDS team comprises the Anganwadi helpers/Anganwadi Workers (AWWs), the supervisors and the Child Development Project Officers (CDPOs). In larger rural and tribal projects, Additional Child Development Project Officers (ACDPOs) are also a part of the team.

The medical officers, the lady health visitors and female health workers from nearby primary health centres and sub-centres form a team with social welfare/women and child development department functionaries to implement ICDS.

The AWW is a community-based voluntary, frontline worker of the ICDS programme. Selected from the community, she assumes a pivotal role due to her close and continuous contact with the people, especially women, she works with. As a crucial link between the village population and the Government administration, she becomes a central figure in helping the community identify and meet the needs of their children and women.

The AWW is expected to monitor and promote the growth of children, with the active participation of communities/mothers. She enhances their capability for preventive and

promotive actions for child growth — through improved childcare and feeding practices. She also enables them to prevent disease infection. The AWW organises supplementary feeding, helps organise immunisation sessions, distributes vitamin A supplements and iron and folic acid tablets, treats minor injuries and ailments, and refers cases to medical services.

The more visible aspect of her role is in making the Anganwadi literally a courtyard play centre — nurturing and joyful — with playway activities attracting and sustaining the participation of children and families. She strengthens the capacity of caregivers — the mother, family and the community — for childcare, by building upon local knowledge and practices. This creates a nurturing physical and social environment for the child, not only at the Anganwadi centre but also in the family and the community.

The Supervisor (Mukhya Sevika) is responsible for 17-25 Anganwadis, depending upon the nature of the project. She supports and guides AWWs and assists in recording home visits, organising community meetings and visits of health personnel, and providing on-the-job orientation to AWWs.

The CDPO provides the link between ICDS functionaries and the Government administration. This officer is also responsible for securing Anganwadi premises, identifying beneficiaries, ensuring supply of food to centres and flow of health services, and monitoring programmes and reporting to the State Government.

At the community level, other frontline workers, including the Gram Sevika, primary school teachers, also link with the Anganwadi worker. Local women's groups, Mahila Mandals, youth clubs, local organisations, panchayat samitis and Baal Vikas Mahila Samiti members also support the Anganwadi worker. Examples include DWCRA/Mahila Samakhya groups, Nehru Yuvak Kendra and Total Literacy Campaign volunteers.

The ICDS team can help create partnerships between frontline workers and community/women's groups, facilitating an integrated approach for improved childcare, health, nutritional well-being and development.

ICDS Team: Status Of Training

Year*	CDPOs Trained	Supervisors Trained	AWWs Trained
1979	30	133	2937
1980	28	130	2880
1981	108	473	10594
1982	134	581	12750
1983	402	1227	20615
1984	654	2349	47537
1985	824	3616	81592
1986	930	4466	101951
1987	1230	5520	127368
1988	1741	7936	154597
1989	2359	10346	189818
1990	2778	12678	221422
1991	3164	13060	234741
1992	3468	14136	276936
1993	3803	15150	306175
1994	4220	15918	343332
1995	4513	16821	375040

* Denotes March of that year.

Training

Training is the most crucial element in ICDS, since the achievement of programme goals depends upon the effectiveness of frontline workers in empowering communities for improved childcare practices, as well as effective intersectoral service delivery. Recognising this, from the inception of the programme itself, the Government of India formulated a comprehensive training strategy for different functionaries involved in the programme, such as the Anganwadi Workers, Supervisors, Additional Child Development Project Officers (ACDPOs), Child Development Project Officers (CDPOs), Medical Officers (MOs) and Para-medical staff. Training institutions include the National Institute of Public Cooperation and Child Development (NIPCCD), its three regional centres, 18 Middle Level Training Centres (MLTCs) and 283 Anganwadi Workers Training Centres (AWTCs), run by voluntary organisations — in cooperation with State Governments.

NIPCCD is designated as the apex body for the training of ICDS functionaries. The functions of the Institute include planning, coordina-

tion, monitoring the training of ICDS functionaries, formulation of training strategies, development and updation of training methodologies, aids, curriculum and materials (such as manuals, guide books, handbooks), training of State and district level officials, CDPOs and trainers.

Since April 1988, the Central Technical Committee also — now renamed as Central Technical Committee – Integrated Mother and Child Development (CTC – IMCD) — is also engaged in training of MOs and CDPOs of ICDS projects, on all national programmes for the promotion of mother and child development, including Child Survival and Safe Motherhood.

A broad outline of the schematic pattern of the training of ICDS functionaries is shown in Table 1.

Training Of Anganwadi Workers/Helpers

For imparting training to AWWs, the grassroots level functionaries of the scheme, there are 283 Anganwadi Workers Training Centres (AWTCs) in the country. Of these, 150 AWTCs are being run by State Governments, 116 by the Indian Council for Child Welfare,

and 17 by the Uttar Pradesh Bharat Scouts and Guides.

Anganwadi Workers initially received three months' basic job training, followed by monthly visits from a medical team and subsequent refresher courses. Refresher training is imparted after one-and-a-half years. A milestone in AWW job training was the finalisation of the new 'sandwich training curriculum'. In January 1995, the Government of India decided to introduce this in all new ICDS projects — replacing the existing three-month institutional job training. The new sandwich training curriculum consists of:

- Phase I: two-month institutional training (in-

Table 1: Training Of ICDS Functionaries

Category	Batch	Duration	Location
A. PRE-SERVICE TRAINING			
1. Anganwadi helpers (Orientation)	50	13 Days	AWTC
2. Anganwadi workers			
New sandwich pattern:40 (1995 onwards)			
Phase-I		2 Months	AWTC
Phase-II		4 Months	Field
Phase-III		1 Month	AWTC
Old pattern (Job course)	45	3 Months	AWTC
3. Supervisors	30	65 days	MLTC
4. CDPOs/ACDPOs	25	2 Months	NIPCCD
B. REFRESHER TRAINING			
1. Anganwadi helpers	50	7 Days	AWTC
2. Anganwadi workers	50	15 Days	AWTC
3. Supervisors	30	7 Days	MLTC
4. CDPOs/ACDPOs	30	7 days	NIPCCD

cluding 12 days supervised field placement plus a two-day wrap-up).

- Phase II: four-month community contact and field work in actual AWC/village location.
- Phase III: back in the institution, experience sharing/learning and completion of training content areas.

This is aimed at making training more participatory, field-based and locally relevant. This incremental approach also reduces the 'learning load' burden on an AWW. It allows her to build up her understanding, at her own pace, starting with priority concerns. The four-month period of community contact and field work is also designed to fit in with the overall 'Plan for Introduction of Services' (PIS), through which new ICDS projects are to be initiated with greater community involvement in local needs assessment, identification of families and AWC site location.

New approaches to participatory field-based refresher training for AWWs have also emerged in different States. Notably in Karnataka, where the innovative refresher training package was developed through a participatory process. It used the district training teams' approach, replacing the existing institutional AWW refresher training in selected districts in a phased manner.

Training Of Supervisors

For imparting training to Supervisors, the middle-level functionaries of the scheme, there are 18 Middle Level Training Centres in the country, which are academic and professional institutions, in the Government or voluntary sector. They function under the administrative control of the NIPCCD and also include the three regional centres of NIPCCD at Lucknow, Guwahati and Bangalore, which act as MLTCs. Training is imparted to Supervisors to help them acquaint themselves with various components of the scheme, and in developing appropriate skills in supervision and programme management. Refresher training is imparted after one-and-a-half years.

Training Of Additional Child Development Project Officers (ACDPOs)/ Child Development Project Officers (CDPOs)

The training of CDPOs/ACDPOs is conducted by NIPCCD at its headquarters at New Delhi and at its three regional centres. On joining

Innovative Initiatives

In order to clear the huge backlog of AWW refresher training in a time-bound manner, an innovative mode of refresher training was experimented with on a pilot basis in the State of Karnataka. This was done with the aim of enabling AWWs to respond to emerging programme thrusts, for achieving State goals for improved child nutrition and health. Under this, the workers received refresher training in their own districts from District Level Core Training Teams, consisting of one Assistant Director, one Medical Officer, one CDPO, one Instructor of the AWTC and one Supervisor. The main features of this innovative training programme include:

- Participatory approach
- Condensed course
- Field level staff of different sectors and from different levels as trainers
- Decentralised field-based training and team-building
- Focus on jointly analysing field situations and experiences
- Development of training material suited to local needs.

service, CDPOs/ACDPOs are given job training of two-months, followed by a refresher training of a week's duration, on completion of two years' service. During the training, efforts are made to familiarise them with various aspects of the ICDS scheme, including organisational and administrative structures, with special emphasis on field training and placement in rural, tribal and urban ICDS projects.

Joint ICDS Health Training

This is coordinated and guided by the Central Technical Committee with a network of 134 senior faculty members and 35 junior consultants, located in nearly 100 medical colleges of the country. About 143 ICDS consultants from various medical colleges conducted 508 courses (one-day and two- to five-days) during April 1993-March 1994. About 7,130 medical officers, 1,030 CDPOs and 8,816 other categories of ICDS functionaries were trained during 1993-94.

Table 2: Training Of Instructors

NIPCCD also conducts courses for orientation/refresher training for instructors of MLTCs. MLTCs conduct training for instructors of AWTCs. This is as shown below:

Course	No of courses per year	Duration of each course	No of trainees per course
Orientation course for instructors of AWTCs	1	22 days	20
Refresher course for instructors of AWTCs	1	8 days	20
ICDS workshops	1	5 days	50

During 1994, emphasis was placed on integrated training inputs for the Child Survival and Safe Motherhood programme. In 1993-94, the Junior Consultancy System was initiated on an experimental basis in Orissa, Rajasthan, MP and UP, to support more field-based training and supportive supervision. This is now being extended.

Another initiative taken at this time was to elicit the participation of principals of Health and Family Welfare Training Centres (HFWTCs) as honorary ICDS faculty members. Orientation on ICDS has since been included in in-service training courses organised by HFWTCs for different categories of health functionaries.

The existing joint ICDS/ health training, monitoring and supportive supervision strategy has proved to be very cost-effective. It utilises existing infrastructure and locally available technical expertise, promoting sustained teamwork at the field level.

Training Methodologies And Curriculum

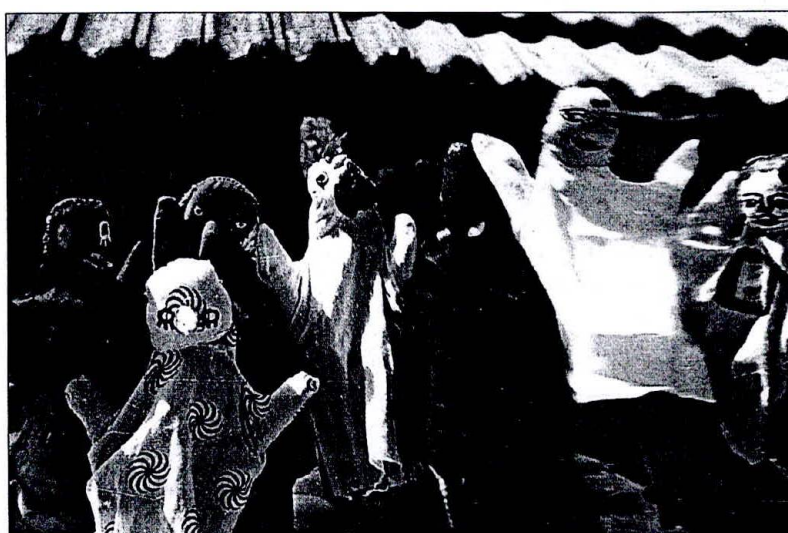
The methodologies and curriculum for training/ orientation/continued education have been carefully developed and are continuously reviewed in the light of field experience. The emphasis on field-based training has increased. Major modifications have been carried out in the syllabus for the training of all

level of functionaries. Skill training of trainers has also been emphasised.

The effort is to make training an experiential two-way process and more effective, lively and enjoyable. Different training methodologies used — brainstorming, buzz sessions, group discussions, role play, mock demonstrations, field assignments, quiz and culture specific forms of creative expression. A variety of training aids such as charts, flannel boards, graphs, flip books and slide stories/film strips and video films have been developed to support such processes.

Enrichment Training For Early Childhood Care And Education (ECCE)

The National Council for Education Research and Training (NCERT) and State Councils for Education Research and Training (SCERTs) in several States have contributed significantly,



over the years, to strengthening the early childhood care and education component of ICDS training. This has been through the National and State Resource Centres on early childhood education. These are located in Madhya Pradesh, Tamil Nadu, Uttar Pradesh, Maharashtra, Rajasthan, Orissa, Karnataka, Bihar, Nagaland and Goa. Gujarat and Andhra Pradesh have State resource centres in two educational institutions. Through field-based try-outs and participatory processes, region-specific ECCE training modules, resources and support materials have been developed and disseminated through training of ICDS trainers and personnel at different levels. Over 2,000 CDPOs in the country have been reached with ECCE core trainers kits, mostly through orientation programmes, to enable them to conduct field-based refresher training of ICDS frontline workers on ECCE, to improve the quality of this input in ICDS. Decentralised training capability is being created through district core teams, linking District Institutes of Education and Training (DIETs) and AWTCs, NGO support

groups with ICDS frontline workers and primary school teachers.

A Perspective

ICDS is probably the world's largest programme for early child development, involving training of functionaries on a scale which is unparalleled. The proposed universalisation of ICDS will only add to the tremendous challenge ahead. The challenge includes creation of decentralised training capability through district training teams, linking different sectors, and the realisation of the rich potential role of CDPOs/LS and AWWs themselves as trainers.

The challenge is also to mobilise and orient community representatives of panchayati raj institutions, Baal Vikas Mahila Samiti members and Mahila Mandal pradhans through such field/team-based approaches. A beginning has been made with the development of a comprehensive training programme for Mahila Mandal pradhans. It is through community partnerships that goals for child survival and development will be achieved and sustained.

Monitoring And Evaluation

Management Information Systems

The ICDS programme is characterised by a built-in monitoring system for promoting assessment, analysis and action at different levels, at which data is generated. The Department of Women and Child Development (DWCD), Ministry of Human Resource Development (HRD), has the overall responsibility of monitoring, using its extensive network for gathering community level information on programme implementation. A central cell established at the Department collects and analyses periodic work reports. Based on this, programme strategies are refined, and timely interventions made — ensuring effective programme planning, implementation and monitoring. A national ICDS Management Information System (MIS) working group facilitates this process. Major partners in the monitoring efforts are represented in the group. Each State Government also has an MIS coordinating cell. Districts with more than five projects also have an ICDS monitoring cell, at the district level, to facilitate programme monitoring.

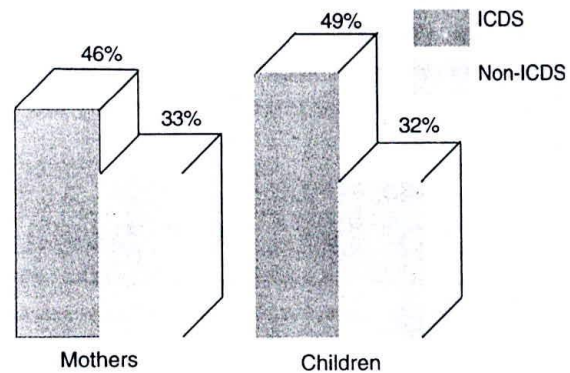
MIS ensures a regular flow of information and feedback between each Anganwadi and the project, between the ICDS project and the State Government, and between the State Government and the Government of India. The flow of information is not only upwards — it is a two-way process and constitutes the basis for discussion and improved action, at the level at which it is

generated. This is done through a Monthly Progress Report (MPR) and a Monthly Monitoring Report (MMR).

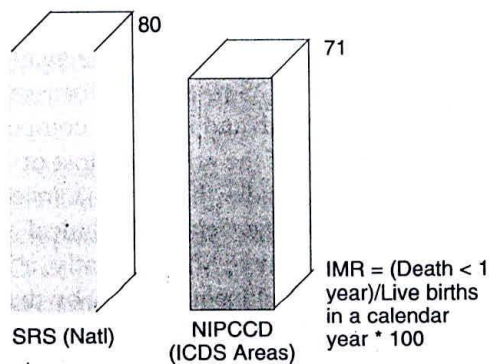
Under the national plan to monitor ICDS, Anganwadi workers compile standardised monthly and half-yearly reports based on their register data. These reports are forwarded through supervisors to Child Development Project Officers (CDPOs) who are responsible for forwarding the reports (MPRs) to the State and Central ICDS cell at the Department of Women and Child Development. MPRs quantify the status of key input, process and output indicators pertaining to the major components of ICDS service delivery, which can be used to manage operations.

These indicators include the status of operationalisation, staffing and training status, feeding days, beneficiary coverage and invento-

Impact Of ICDS: Immunisation Coverage

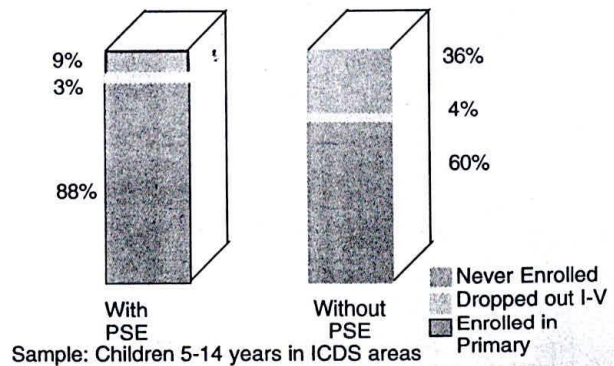


Impact of ICDS: Infant Mortality Rate (IMR), 1990



Source: National Evaluation of ICDS, NIPCCD, 1992.

Impact Of Pre-School On Educational Status



ry of supplies and equipment. The MPR also includes impact or lead programme indicators, for example, the percentage of severely and moderately malnourished children in different age groups, (for example, under one year of age), percentage of fully immunised infants, etc. Increased usage of data for action at all levels, especially at community level, also leads to improved data quality and relevance. Efforts are underway to make monitoring more community-based, through structures such as Baal Vikas Mahila Samitis and mechanisms such as community charts for nutrition status monitoring. Only then will assessment and analysis effectively lead to action in a sustained manner. With adequate data quality assurance measures, MPRs constitute a rich data source — especially for trend analysis of impact indicators and area specific planning.

The basic report on health aspects, the MMR, also originates at the Anganwadi level. The report relates to nutrition and health outcomes as well as health services, for example, staff in position, orientation and training in the health sector, supplies of medical and health items. The MMR is also a tool for motivating health functionaries, for improved linkages and supportive supervision of health and nutrition aspects of ICDS. These are consolidated by the

Central Technical Committee for Integrated Mother and Child Development. The national cell forwards the points of importance to health and State nodal departments of ICDS.

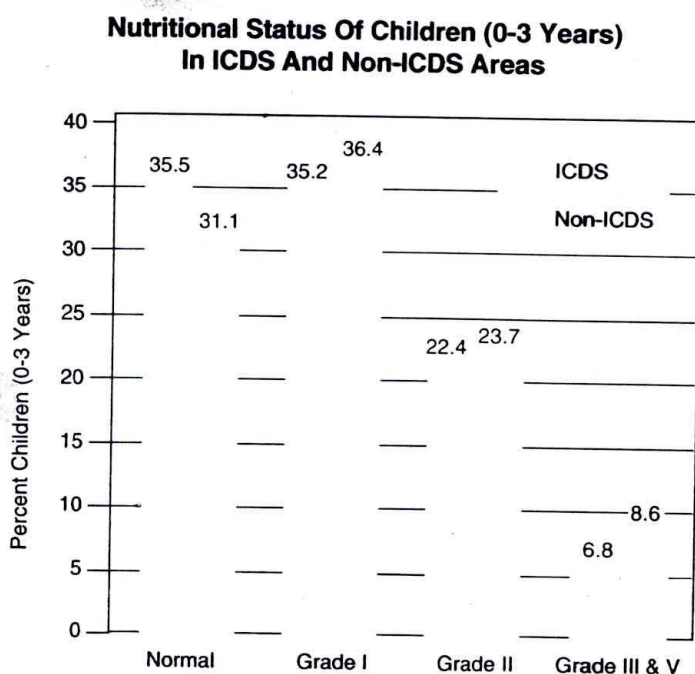
Through monthly review meetings of ICDS and health functionaries at various levels — block, district, division and State — both MMRs and MPRs are discussed, for promoting joint action. Efforts are underway to strengthen this process further.

DWCD compiles computerised quarterly monitoring reports from the CDPOs. A State-level performance statement is prepared on eight indicators, comparing the performance of each State with the national performance. Copies of these reports are also sent to the Planning Commission, Prime Minister's Secretariat, Central Technical Committee, National Institute of Public Cooperation and Child Development (NIPCCD) and other Ministries and organisations involved in the ICDS programme. Quarterly status reports and performance reports are sent to the States' nodal departments for taking necessary corrective action.

Evaluation And Research

Since its inception, the programme has generated interest among academicians, planners, administrators and those responsible for its implementation. Consequently, a large number of research studies have been conducted to evaluate and assess the impact of the programme. The Programme Evaluation Organisation (PEO) of the Planning Commission conducted a baseline survey of ICDS in 1976 and a repeat survey during 1977-78. Subsequent expansion of the ICDS was based on the positive results of these evaluations.

A major chunk of the available ICDS research is focussed on health and nutrition components of the scheme. Most of these studies have been carried out by the Central Technical Committee. More recently, a joint multicentric study by the National Institute of Nutrition and CTC (1995) highlights the impact of ICDS on psychosocial



Source: Report on National Evaluation of ICDS conducted by NIPCCD, New Delhi, during 1990-92; p 98.

Highlights Of The National Evaluation Of ICDS, 1992

- The profile of households was in line with the guidelines prescribed in the ICDS scheme for selection of beneficiaries.
- There was a definite improvement in the educational qualifications of women appointed as AWWs.
- A higher percentage of babies had low birth weight in non-ICDS areas as compared to ICDS areas. In tribal areas, the difference was even more marked.
- The coverage of children for immunisation was found to be higher in ICDS areas as compared to non-ICDS areas.
- The utilisation of health services was also better, indicating the effective role played by ICDS in mobilising the health system and linking the community and the health system.
- The nutritional status of children in ICDS areas was better than that of children in non-ICDS areas. A decline in the percentage of severely malnourished children was reported. Twenty-five per cent nursing mothers in ICDS areas had introduced semi-solids to their infants before six months of age; indicating a positive effect on complementary feeding practices.
- Fifty per cent mothers in ICDS areas got their children (below three years) medically examined as against 38 per cent of their counterparts in non-ICDS areas.
- Infant Mortality Rates (IMR) recorded for ICDS samples were 81.4; 74.0 and 66.6 for urban, tribal and rural projects, respectively. These figures were lower than the national SRS estimates for 1989.
- The findings clearly indicated the positive role played by Early Childcare and Pre-school Education in promoting enrolment in primary schools, a reduction in the dropout rate and greater retention.

development. In addition to the above large scale studies, several micro-level researches, surveys as well as post graduate and doctoral dissertations have attempted to study the implementation of the programme and evaluate its impact on the beneficiaries. A review of these research studies indicates that ICDS has had a positive impact on beneficiaries and has the potential of enhancing child survival and development. Definite improvement has been reported in major indicators of health and nutrition such as IMR, nutritional status, morbidity pattern, immunisation coverage and utilisation of health services.

National Evaluation

The DWCD, Ministry of Human Resource Development of the Government of India, in 1992, entrusted NIPCCD with the task of undertaking an evaluation of ICDS at the national level, covering 98 districts in 25 States and one Union Territory. The study was aimed at ascertaining the impact of the scheme on

children and women, identifying problems and bottlenecks in the implementation of the programme, and evolve strategies for further improvement. The data was collected from ICDS projects spread over 98 districts, 25 States and one Union Territory. The findings indicated the positive impact of health, nutrition and pre-school education services, and led to several recommendations to further improve the implementation of the ICDS programme.

Community Partnership

Mobilising Community Support: Panchayati Raj Institutions

The 73rd and the 74th constitutional amendments have created vibrant new partnerships — to reach the most disadvantaged and underserved — and the most vulnerable young child. Elections for panchayati raj bodies have taken place in a majority of States. It is estimated that there will be approximately three million elected peoples' representatives (gram panchayat samitis, block panchayat samitis and zila parishad samitis in the country) when all the bodies are in place. Of these, 33 per cent will be women. In some States, devolution of powers to panchayati raj institutions has also involved the transfer of some functions for managing and monitoring ICDS to district zila parishads, block panchayat samitis and gram panchayats.

This constitutes a major opportunity for rooting development programmes more firmly in the community with the active participation

of women. The gram panchayat can help create a supportive environment for childcare, by enlisting better team work from frontline workers (ANM, AWW, school teachers, etc) to ensure the convergence of services. It can also help promote the participation of communities in understanding the needs of children and women as well as finding local ways to respond to them.

The department has recently initiated steps for the constitution of Baal Vikas Mahila Samitis at village, block and district levels, with representations from women panchayat members, NGOs and ICDS functionaries. This is for integrated community-based monitoring of all programmes for women and children — especially ICDS. The gram panchayat and Baal Vikas Mahila Samitis would play an increasingly crucial role in ICDS. Similarly, in the urban setting, peoples' representatives of urban local bodies play a major role.

Community Participation

- **Pre-project activities:** This includes identification of volunteers, potential AWWs, locating possible AWC sites.
- **Start-up activities:** Village mapping, community/self survey to identify most disadvantaged groups and mobilising community resources for AWC.
- Identifying and following-up of vulnerable groups.
- Tying up vulnerable groups/women with other development programmes (DWCRA, IRDP, other thrift and credit schemes, etc)
- Volunteer arrangements to care for, or bring children from, scattered hamlets (based on local women's work pattern)
- Ensuring early registration of pregnancies/births.
- Help organise fixed-day immunisation sessions/mother-child day for growth monitoring and promotion, focussed on children under two years of age.
- Organising nutrition and health education sessions (Mahila/Balika Shivirs), especially for women/adolescent girls.
- Promoting better childcare and feeding practices.
- Improving environmental sanitation and availability of safe drinking water.
- Ensuring that ORS is available in the village.
- Converging sectoral services at the AWC.
- Contribution of community resources to AWCs. This could include:
 - Local material for making toys and conducting playway activities.
 - Local nutritious foods and developing a kitchen garden around the AWC.
 - Transporting pregnant women requiring urgent medical care to hospital.
 - Transporting sick children for timely referral.
 - Contributing during crisis such as floods/droughts.
- Promoting consumption of only iodised salt.
- Community-based monitoring, using simple checklists and community charts for nutrition status monitoring.

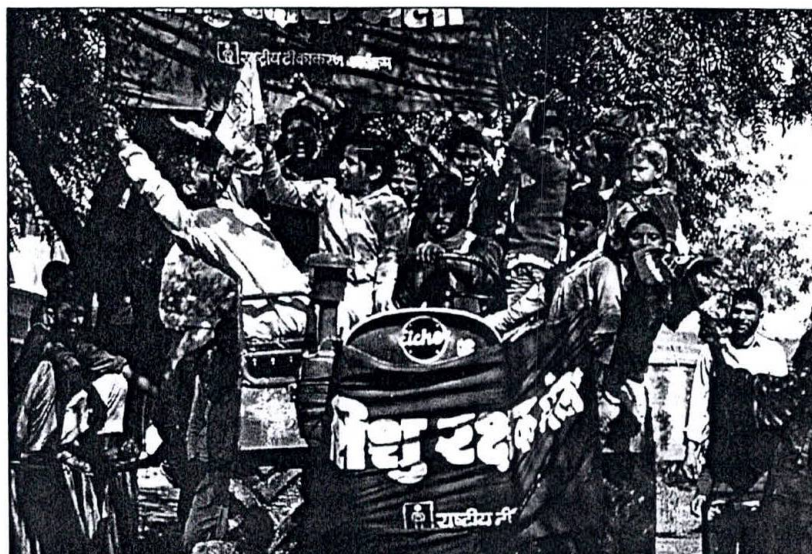
Beginnings have been made in some States where members of panchayati raj institutions are being oriented, for example, Karnataka, West Bengal and Madhya Pradesh, and Baal Vikas Mahila Samitis are also in the process of being set up in most States.

Strengthening Processes For Women's Empowerment

Mobilising women for promoting their own health, nutritional well-being and self development as well as that of their children is an underlying principle of ICDS. This was furthered by the introduction of the ICDS adolescent girls' scheme in 507 blocks. Breaking the life cycle of intergenerational nutritional disadvantage for women, adolescent girls and the girl child continues to be a long term challenge. This calls for approaches emerging from women themselves, evolving through their own sharing and collective understanding, at their own pace and rhythm of learning.

With the recently launched Indira Mahila Yojna (IMY), new possibilities are unfolding for ICDS to promote processes for women's empowerment. The Indira Mahila Yojna has three components: convergence of inter-sectoral services; awareness creation; and income generation activities. It will cover 200 ICDS blocks in 1995-96. Homogeneous women's groups will be constituted, forming a registered society — Indira Mahila Kendra (IMK), at village/AWC level. The Anganwadi worker would be the Secretary of the Indira Mahila Kendra, which will have an elected executive body/president. There will be an Indira Mahila Block Society (with the CDPO as Secretary), at the block level, linked to the district zila parishad. The IMY provides for activities based on the felt needs of women's groups, identified through their participation in the planning process and direct access to resources. IMY will provide an umbrella cover for all sectoral programmes, including non-formal education, training, family welfare and minimum needs programme.

The IMY will also help create a supportive



environment for greater participation of adolescent girls in Balika Mandals in ICDS areas. Some States have initiated steps in this direction, with the training/orientation of women's groups becoming an important element of interventions related to ICDS, for example, in Kerala, Tamil Nadu and Rajasthan.

Promoting Community-based Approaches

Efforts to increase the participation of voluntary agencies in ICDS have been underway to identify and replicate innovative, community-based sustainable approaches. Presently, over 150 NGOs have been entrusted with the implementation of ICDS projects, with a distinct increase since end-1993. Demonstration models, using different types of community-based support structures — NGOs, Mahila Mandals/ other women's groups and panchayati raj institutions — are also being developed in some States such as Madhya Pradesh and Rajasthan. The project plans of action are being developed through consultation with community groups. Other emerging support structures include youth clubs — Nehru Yuvak Kendra in Uttar Pradesh, where division/district specific tagging is being attempted; Total Literacy Campaign volunteers for example in Karnataka; and women's groups from programmes such as WDP, Mahila Samakhya, DWCRA. In future, yet another community support structure model could emerge — the Indira Mahila Kendra.

Experience sharing, documentation and dissemination of innovative strategies is being promoted through an NGO networking project, coordinated by NIPCCD.

New Initiatives

✧ ICDS Training

- Introduction of sandwich training curriculum for training of Anganwadi workers.

- Alternative field-based refresher training approaches being tried out.

✧ Preventing malnutrition (in children under two years of age)

- Through strengthened integration with health and usage of immunisation contact points.

- Focus on 'promoting complementary feeding and Oral Rehydration Therapy (ORT)', during the 20th year of ICDS.

- Age and gender specific analysis of MPR for improved action.

- Community-based monitoring of nutrition status, using community charts.

- Making supervisors directly responsible for monitoring and follow-up of malnourished children.

- Upward revision of cost norms for supplementary feeding.

✧ Early Childhood Care and Education

- Strengthening project level resource centres at CDPO's Office.

- Coordination of AWC timings/location with primary schools.

- District training teams approach.

- ✧ Strengthening of the ICDS Management



Information System.

- ✧ Community-based monitoring and mechanism — Baal Vikas Mahila Samitis with participation of panchayati raj institutions.

- ✧ Convergence of intersectoral services and Indira Mahila Yojna.

- ✧ State-specific initiatives, demonstration models and exploratory try-outs encouraged.

- ✧ Involvement of voluntary organisations/NGOs in ICDS.

- ✧ Focus on backward and most disadvantaged areas — 180 focal districts with adverse female-male ratio and child labour concentration.

- ✧ Plan for Introduction of Services (PIS) in new blocks.

- ✧ Strengthening of basic infrastructural facilities under social safety net (including storage facilities for supplementary food).

Preventing Malnutrition In The Young Child (Under Two Years Of Age), With Emphasis On The Crucial First Year Of Life

- Universal early registration of pregnancy — enabling utilisation of key services, that is, Antenatal Care (ANC), immunisation against Tetanus Toxoid (TT) and Iron Folic Acid (IFA) supplementation, and improved care and counselling of pregnant women, to ensure appropriate and adequate food and rest. This is also likely to reduce the incidence of low birth weight.
- Promoting the practice of exclusive breastfeeding of children from birth to four to six months of age, timely immunisation and counselling for appropriate care of low birth-weight babies.
- Promoting appropriate and timely complementary feeding, with the use of local household resources, starting among infants at four to six months of age (with continued breastfeeding up to two years).
- Improving coverage of nine-month-old children, with measles immunisation and vitamin A supplementation, and checking that each nine-month-old child receives at least four complementary feeds per day.
- Improving the management of diarrhoeal



- diseases (with ORT and continued feeding) and acute respiratory infections at home, through Anganwadi centres and through health facilities.
- Strengthening growth monitoring and promotion of young children (especially under two years of age), with the participation of mothers/communities.
 - Promoting consumption of only iodised salt.

Learning From Experience

The ICDS experience since 1975 has taught several valuable lessons with a larger applicability to programmes for the development of human resources:

- Community-based women workers can be effective and viable instruments of human resource development, if these workers are supported with training guidance and the necessary material inputs.
- An integrated approach, including a package of mutually supportive services, is more cost effective and efficient than individual services delivered separately.

The Flow Of Integrated Services

- The ICDS type of network makes it feasible and easier to apply new, simple technology on a larger scale.
- The flow of human and material inputs has to

be planned in detail and monitored very carefully, with community participation.

- Collaboration with academic research institutions is very useful in providing low cost objective feedback on the programme and continuing education to workers. The educational process in academic institutions is also enriched with the field experience of the programme.
- Field experience needs to be continuously reviewed and utilised for strengthening training.
- Need for continuous enrichment of training and development of standardised training material with focus on core items.

The experience of ICDS during the last two decades indicates that it has the potential of bringing about a silent revolution — a profound instrument of community and human resource development.

Integration Of Services

