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# **Original Research**

# Training Need assessment of Anganwadi Workers of District Srinagar of Kashmir valley

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#### **Abstract:**

**Background:** Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India for early childhood care and development. Anganwadi worker (AWW) is a frontline worker of Anganwadi centres (AWC). Training is the most crucial element in the ICDS Scheme, as the achievement of the programme goals depends upon the effectiveness of frontline workers in improved delivery of packages under ICDS. The importance of training and continuous capacity building of the ICDS functionaries in ICDS is well recognized as vital for success of the programme. Since the success of programme depends upon the knowledge and capacity of AWWs, the present study was conducted among the AWW of District Srinagar.

#### **Material and Methods:**

A cross sectional study was conducted in district Srinagar. Training workshops were conducted by the department of Social and Preventive Medicine, Govt. Medical College in collaboration with ICDS Srinagar for three days in the month of January 2017. After seeking the verbal consent, a predesigned self-administered questionnaire was given to the participants both at the beginning (pre-test) and end of the workshop (post-test).

**Results:** Among the 110 AWWs, 77% had experience in the range of 5-20 years with 29.1% had done graduation and post graduation. Regarding the post training assessment, there was an improvement of nearly 15% in the level of knowledge about the different components of ICDS services and others. More than 70% of the participants graded sessions of workshop as very good and none of them reported them as bad or very bad.

#### **Conclusion:**

Although job and refresher trainings are provided to all the Anganwadi workers under ICDS but the same is not being reflected in the knowledge assessment of anganwadi workers. It indicates the need to strengthen Integrated Child Development Services scheme training programme. Refresher courses for Anganwadi workers should be organized frequentlyalong with the timely supply of educational material.

## Key Words: Knowledge, ICDS, Anganwadi workers, Training, Srinagar, Kashmir.

#### **Introduction:**

Children are the future human resource of country. Children (age group 0-6 years) constitute around 158 million of India's population. 1 Children are important assets of nation and a lot has been done to safeguard their health and rights. Ministry of Women and Child development has implemented various schemes for welfare, development and protection of children. Launched on 2<sup>nd</sup> October, 1975, the Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development.<sup>2</sup> It is the foremost symbol of country's commitment to children and nursing mothers. ICDS provide a package of services like supplementary nutrition, non- formal education, Health check-ups, referrals etc in collaboration with different ministries. The ICDS team consists of Anganwadi workers (AWW), Anganwadi Helpers, Suervisors, Child development Program Officers (CDPOs)

and District Programme Officers (DPOs). AWW is a frontline worker of Anganwadi centres (AWC). Training is the most crucial element in the ICDS Scheme, as the achievement of the programme goals depends upon the effectiveness of frontline workers in improved delivery of packages under ICDS. The importance of training and continuous capacity building of the ICDS functionaries in ICDS is well recognized as vital for success of the programme. Since the success of programme depends upon the knowledge and capacity of AWWs, the present study was conducted to assess the knowledge and training needs of AWWs of District Srinagar of Kashmir valley.

### **Material and Methods:**

A cross sectional study was conducted in district Srinagar. A total of 817 Anganwadi centres are registered in District Srinagar<sup>4</sup>. Training workshops were conducted by the

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department of Social and Preventive Medicine, Govt. Medical College in collaboration with ICDS Srinagar for three days in the month of January 2017. Each group comprising of 50 AWWs, 2 Anganwadi Supervisors and CDPOs were trained over a period of 3 days. Confidentiality of participants was maintained. After seeking the verbal consent, a predesigned self-administered questionnaire was given to the participants both at the beginning (pre-test) and end of the workshop (post-test). The questionnaire consisted of multiple choice questions related to the topics discussed with participants during the workshop. For each question the percentage of correct answers was calculated as a representative of their knowledge. At the end of the workshop, outcome evaluation of sessions and workshop was done by using Likert scale.

Statistical Analysis: The data was expressed in percentage

and was analyzed using descriptive statistics.

#### **Results:**

Among the 110 AWWs, 77% had experience in the range of 5-20 years with 29.1% had done graduation and post graduation. 80% of them had received refresher training in between (table 1).Regarding the training outcome; there was an improvement of nearly 15% in the level of knowledge about the different components of ICDS services and others, after the workshop. It was found that there was a gain of 20.9% and 23.9% in the knowledge of services provided by AWCs and knowing the age group of adolescent beneficiaries. The awareness regarding danger signs of pregnancy increased to 15.4% after the workshop (Table 2). More than 70% of the participants graded sessions of workshop as very good and none of them reported them as bad or very bad (Table 3).

Table no. 1: Socio Demographic Characteristics of Anganwadi workers interviewed:

Number (n)	Percentage (%)	
9	8.1	
23	20.9	
35	31.8	
27	24.5	
16	14.7	
23	20.9	
55	50	
32	29.1	
74	68	
88	80	
	9 23 35 27 16 23 55 32	

Table no.2: Assessment of the knowledge of Anganwadi Workers interviewed:

	Correct Answers In	Correct Answers In	Total Improvement (%)	
	Pretest (%)	Posttest (%)		
Role of AWW	69	69 90		
AWW has to run how many AWC for how many hours	50.9	60.9	10	
Services provided by AWCs	68.1 89		20.9	
Population Covered by AWC	56.3 80		23.7	
Immunization Schedule	49 54.5		5.5	
Frequency of Growth Monitoring	70	80.9	10.9	
Interpretation of Growth Chart	61.8	75.4	13.6	
Number of times a child under one year should be weighed	64.5	78.1	13.6	
Response to Malnutrition	65.4	5.4 77.2		
Minimum Antenatal check ups	80.9 87.2		6.3	
Danger Signs of Pregnancy	60	75.4	15.4	
IFA tablets should be taken from which month of	50.9	56.3	5.4	
pregnancy				
Advise on diet to be given to a mother when the child is	73.6	81	7.4	
suffering from Malnutrition				
Knowing the age group and services of adolescent	60.9	84.8	23.9	
Medicine kit at AWC	49	55.4	6.4	
Number of registers to be Maintained	79	83.6	4.6	

Table no. 3: Outcome evaluation of sessions to determine effectiveness of training workshop:

V.Good	Good	Medium	Bad	V. Bad
73(66.3)	27 (24.5)	0 (0)	10 (9.2)	0 (0)
81 (73.6)	29 (26.4)	0 (0)	0 (0)	0 (0)
100 (90.9)	9 (8.1)	1 (1)	0 (0)	0 (0)
105 (95.4)	4 (3.6)	0 (0)	2(1)	0 (0)
102 (92.7)	5 (4.5)	3 (2.8)	0 (0)	0 (0)
96 (87.2)	14 (12.8)	0 (0)	0 (0)	0 (0)
	73(66.3) 81 (73.6) 100 (90.9) 105 (95.4) 102 (92.7)	73(66.3) 27 (24.5) 81 (73.6) 29 (26.4) 100 (90.9) 9 (8.1) 105 (95.4) 4 (3.6) 102 (92.7) 5 (4.5)	73(66.3) 27 (24.5) 0 (0) 81 (73.6) 29 (26.4) 0 (0) 100 (90.9) 9 (8.1) 1 (1) 105 (95.4) 4 (3.6) 0 (0) 102 (92.7) 5 (4.5) 3 (2.8)	73(66.3) 27 (24.5) 0 (0) 10 (9.2)   81 (73.6) 29 (26.4) 0 (0) 0 (0)   100 (90.9) 9 (8.1) 1 (1) 0 (0)   105 (95.4) 4 (3.6) 0 (0) 2 (1)   102 (92.7) 5 (4.5) 3 (2.8) 0 (0)

#### **Discussion:**

The study was carried out to assess the knowledge of Anganwadi workers of District Srinagar and to find out whether the current methods of training are adequate to foster the knowledge of AWWS. In the present study, we found that 65% of the participants gave correct answers in the pre-test which increased to nearly 80% in the post-test. The knowledge about various aspects of ICDS scheme was good among the anganwadi workers. Similar results were reported by Kanchan Thakur et al( 2015) in Himachal Pradesh. Only 68% of them were aware of the services to be provided by them and 50% were aware about the National Immunization Schedule, Age group of Adolescents and their services, medicine kit availability at AWCs. Almost similar results were reported by other investigators across India. 6, 7, 8,9,15

As far as the work experience of AWWs is concerned, 77% of them had experience in the range of 5-20 years. Similar observations were reported by other authors. 5, 6, 8, 10, 11, 12, 13

70% of AWW were educated upto matriculation and higher secondary which is consistent with many other studies. <sup>12</sup> but not in sink with others. <sup>14</sup>

Induction training was provided to 68% of AWWs whereas only 7% AWWs got induction training in a study done by Chudasama RK et al in Gujarat and others.<sup>8, 12, 15</sup>

Regarding the feedback about the quality of training provided, more than 4/5<sup>th</sup> of AWWs agreed that training programme was very informative and a good learning experience. Similar observations were reported by other author.<sup>16</sup>

# **Conclusion:**

There is a provision of job and refresher trainings for all the Anganwadi workers under ICDS but the same is not being reflected in the knowledge assessment of Anganwadi workers. The results of current study clearly indicate the need to strengthen Integrated Child Development services scheme training programme. Refresher courses for Anganwadi workers should be organized frequently along with the timely supply of educational material.

#### **References:**

- 1. Population statistics. Available from <a href="http://censusindia.gov.in/2011-prov-results/data\_files/mp/">http://censusindia.gov.in/2011-prov-results/data\_files/mp/</a> 07Literacy.pdf. Last accessed on 1-08-2017.
- **2.** Integrated Child Development Services (ICDS) Scheme . Available from <a href="http://icds-wcd.nic.in/icds/icds.aspx">http://icds-wcd.nic.in/icds/icds.aspx</a>. Last accessed on 1-08-2017.
- ICDS training Programme. Available from http://icdswcd.nic.in/icds/icdsworldbank/Training/Overview\_ICDS\_Training.doc. Last accessed on 1-08-2017.
- Integrated Child Development Services (ICDS) Scheme. AWC list Project wise. Available from <a href="http://icds-wcd.nic.in/icds/icds.aspx">http://icds-wcd.nic.in/icds/icds.aspx</a>. Last accessed on 1-08-2017.
- 5. Kanchan Thakur , Hoshiar Singh Chauhan, Nand Lal Gupta, Dipender Malla. A Study to Assess the Knowledge & Practices of Anganwadi Workers & Availability of Infrastructure in ICDS Program, at District Mandi of Himachal Pradesh.International Multidisciplinary Research Journal, 2015;2(1).
- 6. Patil SB, Doibale MK. Study of Profile, Knowledge and Problems of Anganwadi Workers in ICDS Blocks: A Cross Sectional Study. Online J Health Allied Scs. 2013; 12(2):1.
- **7.** Gopaldas T, Christian PS, Abbi RD, Gujral S. Does growth monitoring work as it ought to in countries of low literacy? J Trop Pediatr. 1990;36:322-327.
- 8. Bhawana Sharma and Shashi Jain. Impact of ICDS Trainings on Nutritional Knowledge of Anganwadi Workers. 2015.Indian Res. J. Ext. Edu. 15 (4).
- Manhas, S. & Dogra, A. (2012). "Awareness among Anganwadi Workers and the Prospect of Child Health and Nutrition: A Study in Integrated Child Development Services (ICDS), Jammu and Kashmir". Anthropologist, vol. 14:171-175.

- 10. Nagaraja G, Ravishankar S. A Sociological Study of Children Irregularity and Dropout from Anganwadi Centre of Kolar District, Karnataka State. IJHSR. 2014; 4(3): 23-28.
- **11.** Madhavi L.H, Singh H.K.G. Nutritional Status of Rural Pregnant Women. People's Journal of Scientific Research. 2011 Jul; 4(2): 20-23.
- 12. Chudasama RK, Patel UV, Verma PB, Vala M, Rangoonwala M, Sheth A, Viramgami A. Evaluation of Anganwadi centres performance under Integrated Child Development Services (ICDS) program in Gujarat state, India during year 2012-2013. J Mahatma Gandhi Inst Med Sci 2015;20:60-5.
- **13.** Kapil U, Sood AK, Gaur DR, Bhasin S. Assessment of knowledge and skills about growth monitoring amongst multipurpose workers in an ICDS project. Indian Pediatr. 1991;28:895-899.
- **14.** Vasundhara MK, Harish BN. Nutrition and health education through ICDS. Indian J Matern Child Health. 1993;4:25-26
- **15.** Lalit Kant, Amrish Gupta, S. P. Mehta. Profile of anganwadi workers and their knowledge about ICDS. Indian J Pediatr (1984) 51: 401
- 16. Impact evaluation of 1000 days training to assess the skills and knowledge of frontline providers (ASHA, AWW and ANM) and Supervisors for better training and use of data to improve service provision across Health and Nutrition. Department Of Women And Child Development ,Government Of Odisha. Available from <a href="http://www.nrhmorissa.gov.in/writereaddata/Upload/Documents/19.%20Impact%20Evaluation%20of%201000%20days%20Training%20to%20Assess%20the%20Skills%20and%20Knowledge%20of%20Frontline%20providers%20.pdf">http://www.nrhmorissa.gov.in/writereaddata/Upload/Documents/19.%20Impact%20Evaluation%20of%201000%20days%20Training%20to%20Assess%20the%20Skills%20and%20Knowledge%20of%20Frontline%20providers%20.pdf</a> Last accessed on 29-07-2017.