



Awareness of Anganwadi Workers about the Integrated Child Development Services (ICDS)

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Received : November 2016

Accepted : March 2017

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Abstract : “Anganwadi”, a courtyard shelter, is an initiative of the Govt. of India to overcome the crucial condition of malnourishment, hunger and illiteracy. Despite spending millions on the services provided by the Anganwadi Centres, still the stipulated objective of ICDS could not be achieved. The present study investigates the awareness of Anganwadi Workers of the Integrated Child Development Services provided at the Anganwadi Centres by Anganwadi workers, and their profiles to develop an understanding of their age, qualification, experience etc. An Interview schedules have been prepared with both closed-ended and open ended questions to explore the requisite facts needed for the present study. The study is based on the 40 Anganwadi workers as a sample chosen from the two Blocks of Patna districts. The

study also gives an insight into the working of the Anganwadi Centres in combating the malnourishment through supplementary feeding and vaccination, both to the mother and the child at proper intervals, which not only protect from Polio, Chicken Pox and other deadly infections, but also provide proper supplementary nutrition. The knowledge assessment of Anganwadi workers reveals that they have adequate knowledge of vaccination, growth monitoring and supplementary nutrition of the malnourished child and pregnant women. The study also explores the problems of the Anganwadi workers at their work place.

Keywords: Integrated Child Development Services, Anganwadi worker, Awareness.

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Introduction :

India is home to a large population of malnourished and hunger-stricken people and of children, leading to high infant and maternal mortality. To combat this situation, the Government of India in 1975, initiated the Integrated Child Development Service (ICDS) scheme which operates to address the health issues of small children, all over the country. It is one of the largest child care programmes in the world aiming at child health, hunger, malnutrition and related issues. Under the ICDS scheme, one Anganwadi worker is allotted to a population of 1000 in urban and about 800 in rural and tribal areas to focus on the health and educational needs of the children aged 0-6 years.

The term Anganwadi, derived from the word “Angan”, which means courtyard (a central area in and

around the house where most of the social activities of the household take place). The Anganwadi worker and the helper are the basic functionaries of the ICDS who run the Anganwadi centre and implement the ICDS scheme in coordination with the functionaries of the departments like Health, Education, and Rural Development. Their services also include the health and nutrition of pregnant women, nursing mothers, and adolescent girls. Today in India, about 2 million Anganwadi workers are reaching out to a population of 70 million women, children and sick people, helping them in achieving good health and education. Anganwadi workers are India's primary tool against the child malnourishment, infant mortality, illiteracy, community health problems and in preventing deadly diseases. They provide services to rural and urban poor families and sick people across the country. It helps them to access the health care services. Their main consideration areas are immunization, healthy food, hygiene, and providing a healthy learning environment for those children up to six years of age coming mostly from the underprivileged sections of the society.

Services provided through ICDS by Anganwadi centre

The programme aims at benefitting the children below six years of age, pregnant, and lactating mothers. The package of services delivered by the scheme includes:

1. Supplementary nutrition
2. Immunization
3. Health check-up services
4. Referral services
5. Pre-school non-formal education
6. Nutrition and health education

Present status of Anganwadi in Bihar

The Social Welfare Department (SWD), Government of Bihar, is responsible for implementing a whole range of programmes and schemes for the social upliftment of the poorest of the poor people in Bihar, especially women and children. ICDS, the largest welfare programme in the state targeted at children up to the age of 6 years, pregnant women and new mothers (and now adolescent girls too). In Bihar, the ICDS programme today reaches out to more than four million children under six years of age and around one million

expectant and nursing mothers. Of these, nearly 2 million children (between the ages of three to six) also participate in centre-based preschool education activities. These expectant and nursing mothers and children under the age of 6 are reached through around 88,000 Anganwadi Centers (AWCs). Each AWC has a trained, community-based Anganwadi Worker (AWW) and an equal number of Anganwadi Helpers (AWH). About 20-25 Anganwadi workers are supervised by a supervisor called "Mukhyasevikas". Four Mukhyasevikas are headed by a Child Development Project Officer (CDPO) at block level. Patna as the capital of Bihar has 13,389 Anganwadi Centers altogether in its six divisions.

Rationale and significance of the topic

The research taken up by us is significant in itself as it shows the awareness level of Anganwadi workers in respect to their age, qualification and experience. Some of the importance of the current research project has been given below:

1. The study helps to understand the awareness level of Anganwadi workers with respect to their different age groups.
2. It helps to understand the difference of knowledge score of Anganwadi workers with respect to their qualification.
3. The study helps us to understand the difference of knowledge score of Anganwadi workers with respect to their experience.
4. The study also helps us to understand the problems faced by the Anganwadi workers at their workplace.

Review of literature

A review of literature gives an insight into different aspects of the problem under the study. It helps the investigator to design the framework develop the methodology and tools for data collection and plan the analysis of data. Various studies in the recent past have revealed that Implementation of services under ICDS are not up to a satisfactory standard and still more efforts are needed for successful achievement of expected targets (Barman, 2001).

In the opinion of some scholars, the achievement of ICDS programme goals depends heavily upon the effectiveness of Anganwadi workers which depends

upon their knowledge, attitude and practices (Sharma 1987, Chattopadhyaya 1999).

Parikh (2011) found that only 40% of ICDS Aww had correct knowledge and perception for promoting Complementary food practices.

Many of the studies done in the past had emphasized the need of improved knowledge and awareness among Anganwadi workers, which was unfortunately the most underrated aspect of their job profile (Kant et al 1984 Gopaldas et al 1990 Bhasin et al 2001).

Kant et al (1984) showed that majority of Anganwadi worker (92.71%) could not even tell the extended form of ICDS. Most of them could not enumerate all the services being provided by them or list out their job responsibilities.

Kapil, U. (2002) the ICDS programme is the reflection of the Government of India to effectively improve the nutrition and health status of underprivileged section of the population through direct intervention mechanism.

Objectives :

1. To find out the difference between the knowledge score of intermediate and non-intermediate workers.
2. To find out the difference in the knowledge score on account of their experience as Anganwadi workers.
3. To find out the difference in the knowledge score of Anganwadi workers aged below 35 years and above 35 years.
4. To find out the problems faced by Anganwadi workers at their workplace.

Hypotheses:

The hypothesis corresponding to the first, second and third objectives of the present study are as follows:

H₀₁:-There is no significant difference between the knowledge score of Intermediate and non-Intermediate Anganwadi workers about ICDS services.

H₀₂:-There is no significant difference between the Knowledge score of the Anganwadi workers having experience above 5years and those having less than 5 years.

H₀₃:-There is no significant difference of knowledge score between those aged up to 35 years and those aged above 35 years.

Our fourth objective was concerned with the problems faced by the Anganwadi workers at their workplace. To find out their problems certain questions have been framed in the interview schedule. Hence, no hypothesis was required.

Definition of variables used in the study

The independent variables used in the study are:

1. **Qualification of Anganwadi workers:** In the present study the qualifications of Anganwadi workers have been divided into two parts – intermediate and non intermediate, ie Matric, Anganwadi worker.
2. **Age of Anganwadi worker:** in the present study the age of Anganwadi workers has been categorized into two broad categories of age >35 years and <35 years of the Anganwadi workers.
3. **Experience of the Anganwadi worker:** In the study the experience of the respondent as an Anganwadi Worker is categorized into two parts, i.e. those having experience less than 5 years and those having more than 5 years.

The dependent variable used in the present study is:

Knowledge Score: The verbal responses of the questions given by the Anganwadi workers.

Delimitations of the Study :

The study is delimited to the two Blocks Patna Sadar -1 and Patna Sadar -2 of Patna district. From each urban block, 20 Anganwadi workers have been chosen from 20 Anganwadi Centres. The study is delimited to the awareness of Anganwadi Workers about the vaccination, growth monitoring, distribution of THR, identification and treatment, supplementary food and medicine for children and pregnant women and breast feeding mothers. The findings of the study help the investigator to get a deep insight into the recommendations and practical implementations of the Integrated Child Development Services through Anganwadi workers.

Research Method :

The Descriptive survey method is chosen for the investigation of Anganwadis in Patna region.

Population: All the trained Anganwadi workers present at the time of survey within the chosen area of Patna Sadar 1 and Patna Sadar 2 of urban Patna. Patna Sadar is one of the sub divisions of Patna division, which is divided into 5 areas named Patna Sadar 1, Patna Sadar 2, Patna Sadar 3, Patna Sadar 4 and Patna Sadar 5. Total number of Anganwadi centres in Patna Sadar is 756, out of which 159 Anganwadi centres are in Patna Sadar 1 and 184 in Patna Sadar 2. Anganwadis surveyed for the research purpose falls under the Rajapur, Dujra and Buddha colony areas in Patna Sadar 1 and Boring road, Punaichak and R. Block area in Patna Sadar 2.

Sample size: 40 Anganwadi centres were purposely selected, 20 each from Patna Sadar 1 and Patna Sadar 2. The sample comprises 40 Anganwadi workers, one from each of 40 Anganwadi centres.

Tools :

The present study is an investigation of the knowledge of Anganwadi workers about the ICDS services, hence the researcher prepared a semi-structured interview schedule for the collection of data. It consists of three parts, viz:-Part A consists of personal information about the Anganwadi workers, Part B consists of the Knowledge indicators assessing the awareness of Anganwadi workers about the ICDS services rendered by them, Part C consists of questions to know the problems of Anganwadi workers. It consists of both open ended and closed ended questions.

The Interview schedule consisted of 45 items, of which the first 17 questions constituted Part A, 18 questions constituted Part B and 10 questions constituted Part C.

Collection of Data :

Personal visits to the Anganwadi Centres for interviewing the Anganwadi workers was done for primary source of data and the secondary data was collected from official records, published reports of similar projects, journals and literature from the social science discipline.

For the Anganwadi worker's knowledge assessment, a scoring system was developed as

depicted in Table No. 1. The knowledge assessment score from each AWW was calculated on the basis of the responses to the questions in the Interview schedule containing 18 questions as knowledge indicators to estimate the mean knowledge score related to six domains of ICDS services. The questions were so framed as to assess their knowledge on every aspect of services provided through the Anganwadi center. It included questions on supplementary nutrition, vaccination, of the malnourished child. For the correct responses, 1 mark was given while 0 marks was given for a wrong response or unanswered question. The knowledge of each AWW was scored out of 18. Workers with a score of less than 10 were categorized as having inadequate knowledge, while those with a score of 10 and above 10 were labeled as having adequate knowledge. So the individual knowledge score will vary from 0 to 18. The total knowledge score is estimated by adding the individual scores of each response. The knowledge score for an individual (i) = Score of (q1+ q2+ q3++q18) where i=1, 2,18

Findings :

Socio demographic characteristics of Anganwadi Workers

- **Age of Respondent:** The data shows that 82.50% of respondents belong to the age group of 31 to 40 years and 8% belong to 20-30 years, An equal 5% of respondents are both from the age group of 51 to 60 years and of 2.50% are from 41-50 age group.
- **Religion of the Respondents:** In most of the Anganwadi Centres visited almost 92.50% were Hindus and 7.5% were Muslims.
- **Caste of the Respondents:** out of 40 Anganwadi workers, 25% of workers belong to the general category, and the majority of the workers are OBC category which is 58%. 12.5% workers belong to SC category and 5% workers belong to ST category.
- **Work experience of Anganwadi worker:** -fig 1.4 shows that the maximum number of workers are highly experienced as they have been working more than 5 years in the Anganwadi Centre. 75% workers are experienced for more than 5 years and 30% of the workers are experienced up to 5 years.

- Educational qualification of the Respondent: Table 1.6 brings out the education levels of the Anganwadi workers. The researcher has classified the Anganwadi workers in only two categories because now the basic eligibility has been decided by the government as Intermediate. According to the table the maximum workers are intermediate qualified with 80%, and 20% of the workers are non intermediate.

Awareness in the Anganwadi workers of ICDS services:

The first objective of our study was to find out the difference between the knowledge score of intermediate and non-intermediate workers. The Table No. 2 shows the average knowledge score of the 40 Anganwadi workers which shows a high level of awareness with the mean value of 14.05 and SD 1.55 among the 40 Anganwadi workers in which the mean value of knowledge score for Intermediate Anganwadi worker (32) was 23.31 and the mean value of non-Intermediate Anganwadi worker (8) was 9.25 as depicted by Table No. 3.

Hypothesis related to the 1st objective:

H₀₁:-There is no significant difference between the knowledge score of Intermediate and non-Intermediate Anganwadi workers for ICDS services.

Mann-Whitney test was applied to observe the differences of the knowledge score between the intermediate and non-intermediate Anganwadi workers.

- (a) **Grouping Variable:** Qualification
- (b) **Not corrected for ties :** Table No. 4 shows that there is a significant difference in knowledge score of intermediate and non-intermediate Anganwadi workers about the ICDS services. The null hypothesis stands rejected at the significant level of .05 with the U value =38. It can be inferred that Anganwadi workers who are qualified at the intermediate level have more knowledge of ICDS services than the non-intermediate Anganwadi workers.

As mentioned in the methodology section, 18 variables are considered to estimate the total knowledge score of correct responses. Table -1. shows the 18 Indicators of knowledge to assess the knowledge of Anganwadi workers regarding ICDS services.

The second objective of the study was to find out the difference in knowledge score on account of their experience as Anganwadi workers

Hypothesis related to the 2nd objective

H₀₂:-There is no significant difference between the Knowledge score of the Anganwadi workers having experience above 5 years and those having less than 5 years.

Mann-Whitney test applied to observe the differences of the knowledge score between the experience up to 5yr and above 5yr Anganwadi worker as depicted by Table No.5.

The Table No. 5 shows that there is no significant difference between the knowledge score of Anganwadi worker on the basis of their experience up to 5 years and above 5 yrs. The value derived by the Mann Whitney Test shows that at the significance level .05 the null hypothesis that there is no significant difference between the Knowledge score of the Anganwadi workers having experience above 5 years and those having less than 5 years stands true with P = .279 and U = 143.5.

The third objective of the present study is to find out the difference in knowledge score of Anganwadi workers aged below 35 years and above 35 years

Hypothesis related to the 3rd objective

H₀₃:-There is no significant difference of knowledge score between those aged up to 35 years and those aged above 35 years.

The Mann Whitney Test was applied to observe the differences of the knowledge score of Anganwadi workers aged up to 35 years and above 35 years as depicted by Table No. 7.

Table No. 7 shows that there are no significant difference between the knowledge score of Anganwadi workers between those aged up to 35 years and those aged above 35 years. The value derived by the Mann Whitney Test shows that at the significance level of .05 the null hypothesis there is no significant difference of knowledge score between those aged up to 35 years and those aged above 35 years stands true with P value = .915 and U value = 195.

The fourth objective of the study is to find out the problems faced by the Anganwadi workers at their workplace:

The investigator found that instead of the adequate knowledge score the Anganwadi workers are not able to work effectively at the Anganwadi centres due to various reasons. The findings regarding the infrastructural facilities are as follows:-

- The data shows that out of 40 Anganwadi centres 75% centres have a supply of water but 25% of the centres don't have this facility.
- Out of 40 Anganwadi centres 37.5% of these centres have 2 rooms for accommodation of children and 60% of the centres have 1 room for accommodation. 1.4% of the centres have 3 rooms for accommodation.
- The data shows that out of 40 Anganwadi centres 60% of the centres have playing area for the children but 40% of the centres don't have any playing area.
- Out of 40 Anganwadi workers the maximum number of workers takes feedback from the parents about the functioning of the centre by Grih Bhraman i.e. 65%. Some of the workers take feedback from Mahila Mandal i.e. 25% and others take feedback from both the methods and it is only 10%.

Conclusions Limitations and Suggestions :

The present study shows that the Anganwadi workers have a different demography which is observed with respect to their age, qualification, religion, caste, and their marital status.

1. Data reveals that 82.50 % Anganwadi workers are in the age group of 31 to 40 years and only 5% of Anganwadi workers fall under the age group of 51 to 60 years.
2. A majority of Anganwadi workers in both the blocks were Hindu (92.5%) and around 7.5% were Muslims. The representation of OBC caste was maximum around 58% General caste representation of Anganwadi workers was 25%, S.C Caste representation was 12.5% and Anganwadi workers who belong to the S.T castes were only 5%. It was also found that Anganwadi workers interviewed in the two blocks were all married women.

3. At each Anganwadi Centre they have to take 40 children but data reveals that out of 40 Anganwadi workers 32.5% confirms that 30 to 35 children everyday come to the centre, 67.50% confirms that 36 to 40 children are present every day. It shows that though the ICDS has made all the provisions for 40 children, at only a few Anganwadi Centres they turn up regularly.
4. The prescribed timing for the Anganwadi workers is four hours every day but due to some extra work assigned to them by the ICDS like, Grih Bhraman, Take home Ration (THR), and vaccination and sometimes they are also being involved in the elections duty and Census, for which they have to stay longer. However, the one convenience for them was that all the Anganwadi workers were working within their own colonies.
5. Anganwadi workers have to take 1 month training at the time of joining and after one week in-service training for 7 days provided to them. The data received revealed that 55% Anganwadi workers got 7 days training, and 45% says that they got 30 days training .It shows that they are least aware of their training programmes and could not speak affirmatively about their training received before and after their joining .
6. It is found that there is also variation in the evaluation after the completion of training of Anganwadi workers at the time of joining. 47.5% Anganwadi workers said that their evaluation was done on the basis of both Test and Observation and 32.50 % Anganwadi workers were evaluated on the basis of observation by the observer and only 20% Anganwadi worker had taken a Test at the completion of their training.
7. Though the knowledge score of all the Anganwadi workers computed shows that their mean of knowledge score is 78.05% the average Anganwadi workers knowledge about the ICDS services is high and they are capable in performing their tasks effectively.

8. However, due to lack of infrastructural facilities and other problems they could not perform their work as expected and failed to motivate parents to send their children to the Anganwadi centres every day.
9. The responses of the Anganwadi workers show that around 5% Anganwadi Centres do not have toilet facilities and children have to use unhygienic places for these purposes.
10. Around 25% Anganwadi centres do not have regular water supply which makes it very difficult for them to prepare food and serve it in clean utensils. For drinking water facility, a water purifier is provided at every centre.
11. ICDS has fixed the number of 40 children at each Anganwadi Centre and has made the provision of two rooms with separate kitchen and toilet but the actual data shows that only 37.50% Anganwadi centres have 2 rooms facility and about 60% Anganwadi workers said that they are accommodating the children in a single room. Throughout the prescribed timing it was observed that the workers were involved in some or other activities with the children for which they need some more place and are open area. Only single large plastic mats are provided for the children to sit on which sometimes are found small for them to adjust, even for 20 children.
12. Sahayeeeka (Anganwadi Helper) is the only person to assist Anganwadi workers in conducting various activities. Along with Sahayeeeka the Anganwadi worker has to meet with the parents of every child once in a week under various weekly programmes like, Grih Bhraman and Mahila Mandal to orient the parents about the child's activity and health.

Educational Implications :

The findings of the present study have great significance in the field of education. These are mentioned below:-

1. Anganwadi workers are primarily concerned with the children in the age group of 0 to 6 years. According to the NCERT position paper the motor development in a child starts during their pre-natal stage and a child develops its

control over the body at the age of six. The child starts emotional control from his very birth. A child also starts building up vocabulary and logic at the age of one year. Anganwadi workers know the nutritional standard and health problems of every child coming to their centre. Maintaining proper nutrition and health standards helps the child for good mental, emotional and social development.

2. Anganwadi workers work for the under privileged sections of the society. They also work for bringing awareness to the child's parents for proper upbringing of their child so that their growth monitoring can be done both at the centre and at their homes
3. The Anganwadi workers prepare the child for formal schooling. The study shows that the knowledge level of the Anganwadi workers regarding ICDS services is good and they can train the child for formal schooling as the basic hygiene practices like washing hands, wearing neat clothes, greeting Anganwadi workers, toilet manners and others.

Limitations of the Study :

After a retrospective view of the whole study, it was found by the investigator that there are a few limitations in this study. The limitations are as given below:-

- The data was taken only from two blocks of Patna limited to the 40 Anganwadi workers, which restricted the scope of valid generalization.
- The Anganwadi workers were not interested in giving the correct information sometimes, which affected the results to some extent.

Suggestions for Further Research :

For further research and enhancement of study in a scientific and systematic way the following suggestions may be given:-

- Further research may be conducted on the larger sample representing different blocks.
- The study can be extended to Anganwadi workers' different activities regarding educational and community awareness programmes.

LIST OF TABLES

Table No. 1. Knowledge Indicators to assess the correct knowledge about ICDS services

S.No	Questions	Responses	Correct responses
Supplementary nutrition:-			
1	What quantity of supplementary food (THR) provided to malnourished child?	a) 2.5kg rice & 0.87kg pulse b) 2.5kg rice & 1kg pulse c) 2kg rice & 0.875kg pulse d) 2kg & 0.875kg pulse	a) 2.5kg rice & 0.87kg pulse
2	What quantity of supplementary food (THR) provided to pregnant-lactating women?	a) 3kg rice & 2kg pulse b) 3kg rice & 1.5kg pulse c) 3.5kg rice & 2.5kg pulse d) 3kg rice & 1kg pulse	b) 3kg rice & 1.5kg pulse
3	At what age a child should start giving supplementary food apart from mother's feed?	a) 3-4 month b) 5-6 month c) 6month &above d) other	c) 6month & above
4	At the age of 6 months what quantity of food should be given to a child?	a) >100grams b) >300 gm c) >500gm d) other	a)>100gm
Non Formal pre-school education & growth monitoring:-			
5	Growth monitoring should start from?	a) from birth b) 3 month c) 4month d) 6 month	a) from birth
6	What is the average increase in the weight of a child from 1year to 3 years?	a) 1 kg b) 2 kg c) 3 kg d) 4 kg	c) 3 kg
7	What is the earliest symptom of vitamin A deficiency in Children?	a) inability to read b) night blindness c) Lacrimation d) none of these	b) night blindness
8	At what age measles vaccine are given to the children?	a) 6month b) 9 month c)1year d) none of these	b) 9 month
9	What is the gap between two successive doses of DPT vaccine in children?	a) 1 week b) 4 week c) 8 week d) none of these	b) 4 week
10	What is the side effect of DPT vaccination?	a) fever b) convulsion c) soreness d) none of these	a) fever
11	What is the name of vaccine that is given to pregnant ladies?	a) Tetanus b) DPT c) BCG d) none of these	a) Tetanus

Health checks up:-			
12	How to identify malnourished children?	a) Low weight b) Repeated infection c) Improper breast feeding d) Illness during pregnancy	a) low weight
13	How to do identification of risk pregnant woman?	a) under weight b) repeated infection c) >18 or<35 yrs of age d) other	a) under weight
14	What is the gap between 2 successive doses of vitamin A?	a) 2month b) 4month c) 6month d) 1 year	c) 6 month
15	What kind of diet that should be given during diarrhoea, to the child from 3 to 6 years?	a) Only liquid b) Light and nutritious food c) diet should be withheld d) all	a) only liquid
16	What are the sources of vitamin A?	a) pulse b) rice c) yellow fruit d) milk	c) yellow fruit
17	ORS should be discarded if not used completely after?	a) 4 hr b) 24 hr c) 48 hr d) 36 hr	a) 4 hr
18	What are high risk pregnancies?	a) low weight b) anaemia c) tuberculosis d) other	b) anaemia

Table No. 2. Description of Sample

	N	Mean	Std. Deviation	Minimum	Maximum
Total	40	14.05	1.552	10	16

Table No. 3. Description of Ranks

	Qualification	N	Mean Rank	Sum of Ranks
	Non Intermediate	8	9.25	74.00
Total	Intermediate	32	23.31	746.00
	Total	40		

Table No. 4. Result of Mann-Whitney U Test

Test Statistics of Intermediate and Non-Intermediate Workers	
	Total
Mann-Whitney U	38.000
Wilcoxon W	74.000
Z	-3.151
Asymp. Sig. (2-tailed)	.002
Exact Sig. [2*(1-tailed Sig.)]	.001

Table No. 5

Description of Ranks

	Experience	N	Mean Rank	Sum of Ranks
Total	Less than 5	14	23.25	325.50
	Above 5 years	26	19.02	494.50
	Total	40		

Table No. 6

Results of Mann-Whitney U Test

	Total
Mann-Whitney U	143.500
Wilcoxon W	494.500
Z	-1.130
Asymp. Sig. (2-tailed)	.258
Exact Sig. [2*(1-tailed Sig.)]	.279 ^b

Table 5.3

Table No. 7
Description of Ranks

	Age	N	Mean Rank	Sum of Ranks
Total	Above 35	21	20.71	435.00
	Upto 35	19	20.26	385.00
	Total	40		

Table No. 8
Results of Mann-Whitney U Test

	Total
Mann-Whitney U	195.000
Wilcoxon W	385.000
Z	-.126
Asymp. Sig. (2-tailed)	.900
Exact Sig. [2*(1-tailed Sig.)]	.915 ^b

LIST OF FIGURES

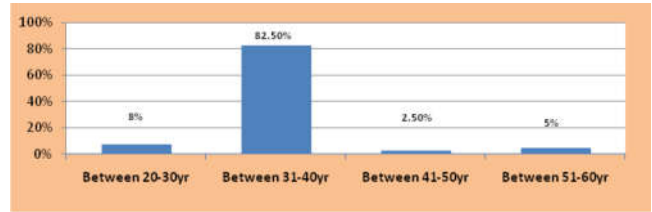


Fig. 1.1

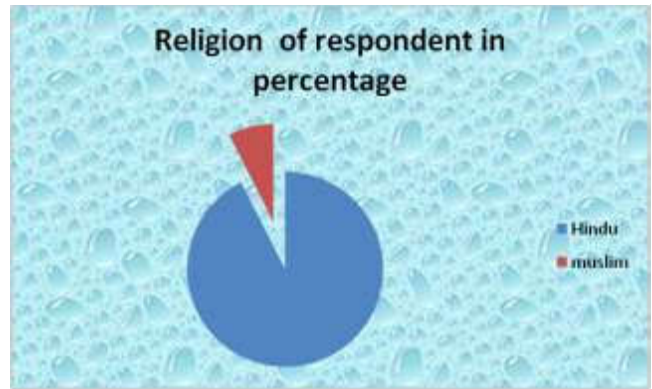


Fig. 1.2

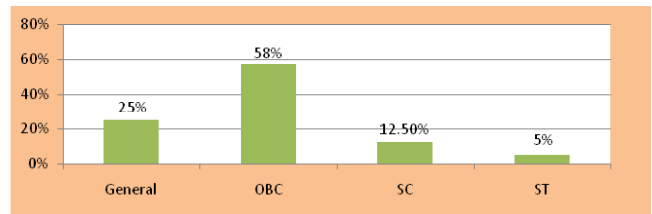


Fig. 1.3

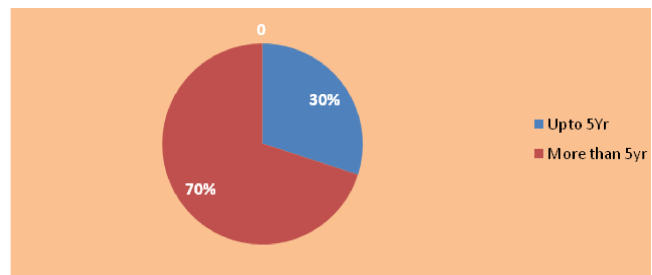


Fig. 1.4

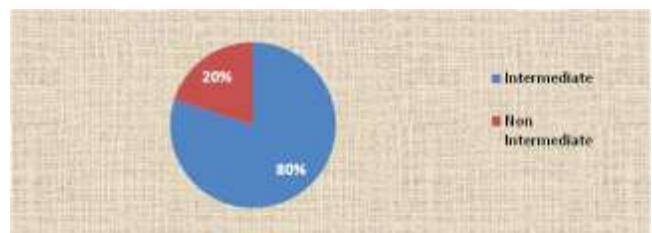


Fig. 1.5

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