5.1 Introduction

The Launching of the Adolescent Girls’ Scheme of ICDS was a landmark development in the history of service delivery to the adolescent age group girls in the country. Over the last twenty years since its incubation, the scheme underwent lots of changes and modifications. At this juncture, it is worth while to look at the scheme implementation in detail to see what has been happening in its implementation over the years, especially in the state of Kerala. The researcher after analysing the various data from the primary and secondary sources and also from her experience of working in the ICDS and in the mental health development fields would like to propose certain suggestions for improved service delivery to adolescent girls through the ICDS network. A model training programme for the capacity building of the ICDS functionaries has been developed, field tested and presented here as an initial step.

5.2 Objectives of the study

Objectives of the present study were:

1) To evaluate the implementation of the nonnutritional component of the adolescent girls’ scheme of ICDS.

2) To understand the ICDS functionaries need perception for a training programme on adolescent development.
3) To develop and implement a feasible training programme on adolescent development for the anganwadi centres

4) To assess the utility of the training programme on adolescent development.

5) To check the feasibility of the training programme on adolescent development.

6) To suggest suitable measures to improve the service delivery of anganwadi centres to adolescent girl beneficiaries.

In the first part of this study available secondary data on the adolescent girls’ scheme implementation was surveyed, to collect relevant information on the current functioning of the scheme. Subsequent to this, field level data regarding the ICDS functionaries need perception for a training programme for their capacity building was taken. In the next phase of the study a model training programme was developed and the same was field tested for its utility and feasibility.

The study used a quasi experimental control group design. Pre post evaluation was done, to find the feasibility and utility of a training programme, developed for the use of the ICDS functionaries to train the adolescent girl beneficiaries at the anganwadi level.

The following four hypotheses were formulated and tested as part of this study.

1. Compared to the control group, the experimental group adolescents will have better knowledge on healthy living subsequent to training.
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2. Compared to the control group, the experimental group adolescents will have better self awareness subsequent to training.

3. Compared to the control group, the experimental group adolescents will have better knowledge on growth and development subsequent to training.

4. Compared to the control group, the experimental group adolescents will have better relationship perception subsequent to training.

Objective wise analysis of the results along with the conclusions drawn from them are presented below.

5.3. Objective I

Evaluation of the implementation of the non nutritional component of the adolescent girls’ scheme of ICDS showed the following picture.

5.3.1 AG Scheme implementation at the national level.

Available data on the implementation of the scheme at the national level showed that there were many problems in its implementation. Though the scheme was introduced on a pilot basis in 1991, up till 1996 many of the projects did not start the programme. An evaluation study done by NIPCCD in the year (2002) identified several problems ranging from non beneficiary friendly nature of the programme, to the inadequacy of the scheme, in addressing the varying needs of the adolescents representing different regions of the country.

Since participation of the primary stake holders in programme planning did not happen in the initial stages, there were many practical difficulties in the implementation of the project. Many of the objectives that
were spelt out in the initial documents remained on paper. Even the functionaries were not clear about what the scheme is and how to go about implementing it. Since the groundwork for implementation was not carried out properly, cooperation from the public and coordination with other departments suffered. Lack of proper orientation to the service providers (ICDS functionaries) created a situation in which the beneficiaries were misused in the form of cheap labourers at the anganwadi level, instead of benefiting them. Apart from all these since the implementation programme suggested were not suiting the needs and convenience of the beneficiaries, many of them failed to avail the services. The functionaries’ lack of awareness made the scheme benefits less available to the most needy i.e the tribal and other backward community adolescents did not make use of the services to the desired extent as reported by the NIPCCD study 2002.

Subsequent to the suggestion by this study group, the scheme got modified with content enrichment and expansion. The revised guidelines for implementation of the scheme came in the year 2000. During this period the scheme was expanded to 2000 blocks. However, with this expansion also, the scheme covered a mere 0.3% of the beneficiaries [Centre for Human Rights Initiative, Training and Research Association (CHITRA), n. d].

One of the key components of this revision was the freedom given to the states to implement region specific programmes if they wished so. However apart from issuing these guidelines, there was no follow ups done from the centre to ensure that the scheme is implemented. Even the fund allocation was happening along with the other central assistance year marked for ICDS purposes till 2005-06. Many of the states (nearly 14%) did not start implementing the scheme till 2006. Less that 50% of the total fund allocated
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got utilised for the scheme implementation in the year 2003-04 and 2005-06. In the year 2004-05 only there was a marginal increase in expenditure (it was 64.7% during that year). All these pictures show that the existence of the scheme was for name sake up till 2006.

In the tenth plan period the scheme got expanded to all the projects. Since then, the central assistance to states started coming through a separate head of account and the states were asked to submit an annual progress report of the progress in the implementation of the programme to the centre. However this periodic report took into account only limited information regarding its implementation. Data regarding beneficiaries of supplementary nutrition, training and skill development and IFA/De-worming supplementation only got reported to the centre. Details about the innovations in the implementation (more specifically the non nutritional component) of the scheme were not reported to the centre periodically. This has resulted in some deviations from its core ideology, while implementing the programmes. One such example is the implementation of the scheme through schools as it was tried in the state of Kerala since 2008-09.

Available data on implementation of the scheme since 2006 also shows a fluctuating picture. The mere fact that no progressive trend was observed in the beneficiary coverage and the fund utilisation during this period itself indicate problems in its implementation. The new proposal to revise the scheme in 2010 also reiterates this fact.

Capacity building of the functionaries was neglected all along. Various innovative ideas for training the beneficiaries were discussed in the scheme outline. However no concerted efforts were made to prepare a module for the
training of the functionaries neither the beneficiaries. Even when the ICDS owns a huge training infrastructure of its own, this delay and neglect are unexplainable. All these show that, adolescent girls continue to be an ignored section under the ICDS scheme as rightly pointed out by Prempati & Suman (2010).

This neglect is seen in the provision of supplementary nutrition also. As per the report published by Prempati, & Suman (2010) the budget allocation of ICDS is sufficient to provide supplementary nutrition to 19.4 Lakh adolescent girls when the total number of adolescents in the 11-18 year category as per 2001 census report is approximately 844 lakhs. Of late, after the re revision of adolescent girls scheme in the year 2010, many newer promising suggestions have come up.

5.3.2 Critical appraisal of the new proposal.

The following are some of the welcome initiatives proposed in the revised guidelines. 1) A clear dichotomy of services under nutritional and non nutritional component has come up with separate fund allocation for each. Recommendations have come up, to give strong focus on the non nutritional component implementation and the budget provision for this has been increased, from Rs 1.10 lakhs/annum per project to Rs 3,80,000/project/year. 2) The selection of Sakhi and Saheli and taking their help as peer educators is another modification. Compared to the earlier girl to girl approach which created a situation where the adolescents were exploited as cheap labourers at the anganwadi, the new proposal attaches more respect to them and there is more clarity about their role. The proposal to give acknowledgement to their services is another good suggestion. The proposal to prepare and supply a
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training kit for the use of, peer educators at the anganwadi level is one other welcome initiative. 3) The proposal to prepare a training module for the use at the anganwadi and the proposal to give training to the functionaries is still another welcome initiative, 4) Celebrating Kishori Diwas has been proposed in the new guidelines, however to implement this, cooperation of the health functionaries is an essential requirement. 5) Dividing the beneficiary group into two categories for appropriate service delivery is still another change. 6) The recommendation says that all the services stipulated in the guidelines should be provided which again would ensure good service delivery.

Proposals that may cause some problems are the following 1) It will be difficult to follow the time table as it is proposed now in a state like Kerala where school drop out adolescents are much less.(As per the new proposal, meetings have to be arranged two hours at least three days a week ).However fortnightly meetings can be done 2) Health check ups will remain in paper unless strict orders are issued to the health department functionaries, as to how to implement it and a time schedule may be prepared for the same. 3) Some more flexibility in implementing the programmes apart from what is already suggested may have to be given to the states, especially in deciding the programmes and the timing of the scheme etc.

5.3.3 AG Scheme implementation in the state of Kerala.

Available data on the AG scheme implementation showed that after the successful piloting of the scheme in 13 projects of the Northern districts in Kerala, it was expanded to all the projects. However this was done with some modifications. Instead of starting the tailor made programme which was not suitable to the Kerala condition, AG clubs were formed at all the anganwadi
centres. This was conceptualised as a platform for the girls in the community to come together for their development.

Providing supplementary nutrition to eligible adolescent girls was one service that was implemented without any interruption. Implementation of the nonnutritional component faced many problems due to dearth in resources, both money, man and material. Monitoring and evaluation of the scheme was also poor. Activities of the AG scheme depended to a large extent on the motivation of the filed level ICDS functionaries. At the lowest level, some of the anganwadi workers took extra ordinary effort to organise adolescent girls in their locality and they used to conduct awareness classes, celebration of local festivals, arranging kitchen gardens at the anganwadi, forming thrift and credit units, collecting reading material from the locality for the use of adolescent girls, and even publishing manuscripts prepared by adolescents. In some of the projects, the supervisors provided good support and encouragement to these activities of the anganwadi workers. Some of the supervisors took active interest, getting involved in the activities of the clubs by working as resource persons at education sessions of the AG clubs. In few of the projects through the incessant effort of the Child development project officers, funds from the local self governments where released for the implementation of various programmes for the adolescents which included organising residential camps for the overall development of the adolescents (Eg: one such camp was organised at the Parakkadavu ICDS project in the year 2006,) organising reading clubs at the anganwadi by upgrading selected anganwadi centre in the project as resource centres (Eg: Reading clubs were formed at Champakkulam ICDS project of Alleppey district in the year 2007).
All these sporadic activities took place largely due to the great initiative shown by the functionaries.

During this period, adolescent girls’ club meetings were to be organised fortnightly. Anganwadi workers had the responsibility of organising these meetings and the minutes of this meetings had to be prepared and kept in a separate register. Workers faced many problems in conducting these meetings. In many of the places, they did not receive support from the supervisors and the health functionaries who were the only resource persons available free of cost. To give quality input to the adolescents, resource persons had to be arranged from outside which often did not happen due to monetary constraints. This situation brought down their motivation level to organise activities for the AG clubs. Hence the activities of the AG clubs were dormant in most of the projects until 2006.

From 2006 some shift was seen in the programme implementation. From then onwards specific target oriented programmes were organised, using the fund allotted by the central government for the implementation of the KSY programme. This could revitalise the AG club activities to a large extent. When we analyse the available data on the implementation of the scheme since then, it shows that programmes for the year 2006-07 was planned and chalked out well with SPAC 2004(State plan of action for the child in Kerala 2004) objectives in mind. However programme planning for the next year i.e 2007-08 was an extension of the previous years programme. Purchase of sports kits for selected AG clubs and conducting training sessions for the AGs at the project level were other activities done in that year, as per the official documents of the Department of Social Welfare, Government of Kerala (n.d).
In the year 2008-09 onwards, the entire focus of the programme got shifted to schools. With this shift, the role of the ICDS functionaries was limited as far as Adolescent girls’ scheme implementation was concerned. Service of the counsellor was available to the restricted number of beneficiaries who were studying in one particular selected school in the project area. Monitoring of the activities of the counsellors was not done properly as neither the school nor the ICDS had any role in it. The scheme failed to make use of the expertise of these professionally trained people fully for ICDS services. The scheme is underway in this way for the last two years.

The KSY implementation over the last few years in Kerala shows an array of programmes many of which were very promising. However there is lack of evaluation of the effectiveness of the innovative attempts made over the last few years. This has resulted in trying out newer projects every year without any proper direction. The potentials of the anganwadi AG clubs in organising the adolescent girls in the community were left underutilised when the psycho social counselling services through schools got started.

A revamping of the scheme as per the SABLA guidelines issued in the year 2010 is awaited in some of the selected projects in Kerala which in paper appears to be a promising project.
5.4 Objective II

The ICDS functionaries need perception for a training programme on adolescent development showed the following results.

The opinion of the functionaries about the AG scheme implementation presented here are based on their experience of implementing the scheme up till 2006 only. The same is discussed below.

5.4.1 Workers’ opinion.

The anganwadi workers report showed that majority of the beneficiaries of the AG scheme belonged to 11-14 year category. The 15-17 year age group came second highest in the beneficiary category. As per the workers’ report, there was significant difference in the number of AGs enrolled and those who attended the services. Reasons for the poor participation of the adolescents in AG club activities as reported by the workers were lack of time due to their busy academic schedule (88.89%), lack of expert resource persons to conduct sessions(73.33%), lack of knowledge of the worker in handling adolescent education sessions (44.44%) , non cooperative attitude of the parents(43.33%) and lastly lack of interest of the children(40%) to attend AG club activities. Majority of the workers reported that it is impractical to conduct AG club sessions fortnightly (91.1%).73% of them conduct sessions once in a month. Workers reported that nearly 63% of the adolescents voluntarily participate in club activities.

Workers when asked to list out the different problems that they see in the adolescent age group gave the following list. Majority of them see reproductive health related concerns of the adolescents as their main problem (63.33%). 22.22% believed that interpersonal relationship issues with those of
the opposite gender are an area of stress for the adolescents. 16.67% of them believed that identity and self image related issues are an important concern of the adolescents. Problems in the family and abuse related issues (13.44%) were also cited as significant problems of the adolescents. 11.11% mentioned beauty related concerns and 8.89% mentioned the study related stress of the adolescents. From the above analysis, it is clear that workers’ knowledge about the problems of the adolescents are patchy and superficial.

Training exposure of the anganwadi workers on adolescent development showed that they have attended some basic orientation course on adolescent issues. However capacity building of the workers as adolescent girl trainers have been neglected. 97.78% of them said that, generally they themselves handle the AG sessions at the anganwadi. Resource persons from the Health department (67%) and other external resource persons also reportedly assisted them in conducting sessions. Only 31% reported that the supervisors also participate in club activities as resource persons.

By way of suggestion to improve the AGs education sessions 61.11% of workers said that, special training sessions by experts should be arranged by the department for the adolescent girls every now and then. 32.22% said that workers need to be trained for improved service delivery. 28.89% said that teaching aids like charts, audio visual aids etc should be made available to them and 16.67% said that they should have enough reference material to conduct sessions for the adolescents. Some of them said that if some reading materials can be made available at the anganwadi centre for the adolescents, that also would be of use.
To improve AG club functioning the workers gave the following suggestions. Setting aside some flexi fund every year at the disposal of the anganwadi centres to conduct adolescent girls’ activities was one of the suggestions given by the workers (40%). Including an element of vocational training as part of the club activity was another important suggestion given by the workers (33.33%). Other suggestions include recreational activities and tour programmes for the club members and giving supplementary nutrition for all the needy adolescents in the locality, instead of limiting it to few.

5.4.2 The Supervisor’s opinion.

Among the supervisors 76% of them were of the opinion that the AG club functioning is poor in the state. On further enquiry about the reasons for poor performance, they gave the following reasons. i.e first, lack of time for the adolescent girls to participate in the club activities after their regular studies. Secondly, non availability of expert resource persons in the locality to conduct useful education sessions, while their fortnightly meetings are conducted. Third, lack of expertise of the anganwadi workers to handle the adolescent girls issues. The fourth reason they reported was monotony, since the girls see anganwadi worker as the only person who talk to them and that too the same topic they get bored and the last reason they pointed out was the laziness of the workers to organize meetings for the adolescent girls on a regular basis.

Majority of the supervisors (82.35%) attend only one adolescent girls’ club meeting in a month. Only three of them from among the 17 said that they attend an average of two club meetings every month. Regarding the training received on adolescent issues, all of them said that they have attended 1-2 hour
session on the topic adolescence while doing their in-service refresher training. These sessions had the adolescents’ physical, mental, and social problems as its focus. Eleven (64.70%) of supervisors said that the anganwadi workers are their first choice while considering capacity building of the functionaries for educative sessions for the AG club members. Six of them (35.30%) said that it is they (i.e. supervisors themselves) who need to be trained first and then the workers.

The supervisors gave the following suggestions to improve the education sessions of the AG clubs. Six of them (35.29%) said that the ICDS functionaries need to be trained properly on how to handle such sessions. Three of them (17.64%) said that availability of experts to take classes for the adolescents should be ensured. Three others (17.64) thought that inclusion of vocational training as part of the adolescent girls’ club activity would increase the participation of the girls more. Instead of limiting the discussions to certain selected topics, diversification of topics is essential they said. Use of AV aids and demonstration classes would attract the attention of more children said the supervisors.

They also said that organizing an annual day function, celebration of special days, organizing cultural and sports events for the girls etc are methods to increase the participation of the adolescents. All the adolescent girls in the anganwadi area should be encouraged to take part in the activities of the AG clubs instead of limiting it to some beneficiaries who belong to any one particular category. (i.e. BPL, those with low body mass index etc) said the supervisors.
5.4.3 Project officer’s opinion.

All the three project officers also agreed that the AG club functioning is poor. Lack of motivation on the part of the anganwadi workers to conduct AG club activities and the difficulties in getting qualified resource persons to conduct sessions for the adolescents etc were sighted as the reason for poor performance. In places where the cooperation between the health department and the ICDS functionaries are poor, it is difficult to get their help as resource persons to conduct AG club sessions. They also sighted that the workers are under informed to conduct an AG club training sessions. This makes the sessions by the workers uninteresting for the adolescent girls.

In their opinion, it is better to train the anganwadi workers if capacity building of the functionaries is planned. They preferred workers over the supervisors because workers are more readily available to the beneficiaries than the supervisors.

To improve the AG club functioning, they suggested that more focus needs to be given to the scheme implementation. Capacity building of the functionaries at all levels need to be done. There should be a definite plan of action for the implementation of the scheme along with strict monitoring and evaluation. Those workers who are doing the activities of the club well can be given some incentives. More funds need to be allocated for implementing the non nutritional component. It is desirable to make use of a portion of the funds given to local self governments every year for the implementation of programmes for the adolescents girls scheme of the anganwadi as well (As it is done in the case of projects for women children and the disabled). Life skill education should be made part of the training of the adolescents.
From the above discussions one can conclude that AG club activities of the anganwadi centres were not keeping up with the expected level as reported by the functionaries. Many reasons have been sighted by functionaries at various levels. It included lack of time for the beneficiaries to participate, lack of resources both man and money, lack of proper training to the functionaries and lastly poor motivation on the part of functionaries themselves etc have been reported as reasons.

In their opinion the AG club sessions need to be organised with the help of experts. Capacity building of the functionaries, primarily the anganwadi workers has been sighted as the other method to improve the education sessions for adolescent girls. Among the suggestions made by the functionaries, giving stress to vocational training and providing flexi fund at the disposal of the anganwadi centres to conduct AG sessions and programme planning with long term goals in mind etc have been suggested by the functionaries.

**5.5. Objective 3**

**Utility of the training programme conducted by the anganwadi workers on adolescent development**

A training programme was developed for capacity building of the anganwadi workers on adolescent development. This training was imparted to selected workers to function as master trainers. Experimental group adolescent girl beneficiaries received training from the master trainers Performance of this group on various study variables were compared with that of a control group before and after intervention. Utility of this training was assessed, using
various tools designed for the pre and post evaluation. The results of this are presented below.

Socio demographic profile of the respondents showed that the mean age of the experimental group respondents were 14.87 and that of the control group were 15.16. Comparison of the ages of both the groups using t test showed that the two groups were comparable. Religion wise analysis of the sample showed that majority of them in both the groups belonged to Hindu religion (66.25% in experimental and 56.25% in control group) followed by Christians (32.50 and 41.25% respectively). The Chi square test for homogeneity was used to compare the control and experimental groups with respect to religion. Results showed homogeneity of religion in experimental and control groups.

Monthly income of the family of the respondents showed that majority of them in both the groups (65% in the experimental and 63.75% in the control group) belonged to the Rs 1000-3000 category. 21.25% in both the groups have income up to Rs 5000. These figures indicated that majority of the respondents in the present study were from poor families. The Chi square test for homogeneity was used to compare the control and experimental groups with respect to their income level. No significant difference was observed between the two groups in their monthly family income level. Self reported academic performance level of the groups also showed a similar distribution in both the groups.

Education level of the fathers of the sample respondents showed that 23.38% in the control group and 21.25% in the experimental group have below 7th standard education. 55.84% in the control group and 57.5% in the
experimental group reported that their fathers were educated up to 10\textsuperscript{th} standard. 18.18% in the control and 17.5% in the experimental group have fathers with pre degree or degree level education. In both the groups only a small percentage (2.6% in the control and 3.75% in the experimental group) have post graduation or technical education.

53.25% in the experimental group and 55.84% of them in the control group reported that their fathers are daily wage earners. 33.77% of fathers’ in the control group and 31.17% in the experimental group were having agriculture as their occupation. 10.39% in the experimental group and 7.79% in the control group reported that their fathers were working in the government sector and even a lesser percentage (2.60% in the control and 5.19% in the experimental group) have their fathers doing business. Education and the occupation level of the fathers of the sample respondents, clearly showed that the beneficiaries of the anganwadi centres belonged to poor families and majority of them have below tenth standard education and were working as daily wage earners.

The education level of the mothers of the sample respondents showed that 12% in both the groups have studied up to the 7\textsuperscript{th} standard. 44.30% in the control and 53.75% in the experimental group reported that their mothers are educated up to the 10\textsuperscript{th} standard. 41.77% in the control and 31.25% in the experimental group have their mothers educated up to the degree level or the pre degree level. Only small percentages have studied up to post graduation or have technical qualifications. Regarding the occupational status of mothers, majority of them in both groups (89.74% in the control and 77.92% in the experimental) said that their mothers were home makers. Both the groups were
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comparable with respect to education and occupation level of their fathers and mothers.

Descriptive data on the various study variables at the pre test in both the groups showed the following results.

Pre test scores of the level of self awareness of the experimental group showed that 73.80% had good self awareness and 26.30% showed average level of self awareness. In the control group 25% had average level of self awareness and 75% had good self awareness. There was no one in both the groups with poor self awareness. The overall scores of the two groups showed that 74.4% had good self awareness and the rest of them had average level of self awareness. Mean self awareness score of the experimental group was (68.33) slightly better than that of the control group (67.30). These values indicated that the self awareness level of the total sample is good. Comparison of the self-awareness scores using t test showed, that before the intervention the self awareness levels of both the groups were comparable

Similarly relationship perception in both the groups showed that 57.50% and 41.30% of the experimental group respondents were having good or average level of relationship perception. The control group data showed that 48.80% and 51.30% had good and average level of relationship perception. Total scores showed that only 53.23% have good relationship perception and, 46.25% had an average score on relationship perception. Mean relationship perception score of the experimental group was found to be 54.38 and that of the control group was 55.41. Mean values of both the samples indicated that they both are in the average category as far as relationship perception was concerned. The t-test was used for the comparison of the control and
experimental groups with respect to their scores on relationship perception. Results showed no significant difference between the pre test scores of the two groups.

Pre test scores on the knowledge level of the experimental group respondents on healthy living showed that 55% had good knowledge and 20% had very good knowledge on healthy living. Similarly in the control group also 62% had good knowledge and 29% had very good knowledge. Total knowledge scores of both the groups together showed that only 24.36% had very good knowledge on healthy living, and 46.25% had good knowledge. 16% showed poor or very poor knowledge on healthy living. When we look at the mean values of both the groups, it is seen that the control group had better knowledge (14.08) on healthy living at the pre test when compared to the experimental group (12.76). The t-test showed that this variation is significant at 1% level. At the baseline, both the groups seem to have fairly good knowledge on healthy living.

The knowledge level of the total sample on growth development at the pre test level showed that 53.13% had good knowledge and 35% had poor or very poor knowledge. Among the experimental group respondents, 51.30% had good knowledge, and about 46% had poor or very poor knowledge on growth and development. In the control group 55% had good knowledge and 21% had very good knowledge. About 24% had poor or very poor knowledge on growth and development aspects. Mean values of the two groups showed that, the control group had better knowledge on growth and development at the pre test (12.85) when compared to the experimental group (10.76). Base line knowledge scores of both the groups showed that, respondents level though fell in the good category were still in the lower limit. The t-test was
used to compare the control and experimental groups with respect to their knowledge level on growth and development. Results showed significant difference ($p<0.001$) between the pre test scores of the two groups. The control group had better scores than the experimental group at the pre test.

Comparison of the post test scores of the two groups on various study variables.

Four hypotheses were formulated to check the utility of the training intervention offered by the anganwadi workers. These were tested and the results showed that

Comparison of the post test values of control and experimental groups with respect to their scores on self awareness, showed that the post test scores of the control and experimental groups differed at 1% level of significance. Hence the null hypothesis that there is no significant difference between the control and experimental groups with respect to their scores on self awareness after intervention at the post test was rejected. The t-test was used to compare the gain scores of both the groups. This result also confirmed that the experimental group had significant improvement in their self awareness level after intervention compared to the control group.

Comparison of the post-test values of the control and experimental groups with respect to their scores on relationship perception showed that the post test scores of the control and experimental groups differed at 1% level of significance. Hence the null hypothesis that there is no significant difference between the control and experimental groups with respect to their scores on relationship perception after intervention was rejected. There was significant
difference between the gain scores of both the groups. From the above findings one can clearly infer that after intervention there was a significant positive shift in the relationship perception of the experimental group, which was found to be absent in the control condition.

Comparison of the post test values of the control and experimental groups with respect to their scores on knowledge level on healthy living showed that the post test scores of the control and experimental groups differed at 1% level of significance. Hence the null hypothesis that there is no significant difference between the control and experimental groups with respect to their knowledge level on nutrition after intervention was rejected. After intervention the experimental group showed significant improvement in their knowledge and their scores were better than that of the control group at the post test. Gain scores of both the groups were calculated and compared which again confirmed the findings.

Comparison of the post test values of control and experimental groups with respect to the scores on their knowledge level on growth and development showed that the post test scores of the control and experimental groups differed at 1% level of significance. The control group had better scores at the pre test. After intervention this trend reversed and the experimental group showed significant improvement in their knowledge score. Gain scores calculated also showed significant difference between the two groups with the experimental group performing better than the control group.

The above presented results show that the training intervention made by the workers were able to produce the desired change in the experimental group.
5.6. Objective 4

The fourth objective of the current study was to check the feasibility of the training programme developed for adolescent education.

The process evaluation report from the trainers’ showed that they could conduct the training well. For all the sixteen sessions the majority of the trainers expressed a high level of satisfaction with their performance. Even after giving a margin for the possible positive self appraisal, it seems that the sessions were successfully completed.

While looking at it the point view of the girl participant we definitely get the impression that the trainers were effective in bringing about desired changes.

This is evident from the following comments made by the participants:

‘We could learn things easily. We never felt boredom. It was fun attending the sessions. I liked the teachers; they were so good with us. I got many good friends.’

‘I would like to attend more of such sessions in the future. In my opinion more children should have been given the opportunity to attend the classes.’

Gain in knowledge in the specified areas is evident. All of them reported gain in knowledge as the most important use of attending the training. This is evident from the following comment:
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“I could learn many things from these classes. Lots of new information which we cannot get from our home were discussed in the class. This class was a good preparation for my future.”

Even though participatory teaching methodology is new to the trainers they could execute the training well. This is evident from the following observation made by one of the participant.

“I liked the way the classes were dealt with. After completing an activity, the teachers made us discuss the activity and tell the message of it and that was very good. I enjoyed the role play exercise very much. It was interesting to learn the menstrual cycle through activity. What things we need to keep in mind while interacting with friends and strangers all these we learned from this class.”

Trainers were effective in imparting not just knowledge but some behavioural changes were also brought in. Participants comment that though they were familiar with some of the topics that were dealt in the class, however they reported that they could gain more clarity in the topic. This shows that the training programme was useful in making them think deeply about the subject matter.

“The classes were very good. I could learn many new things. Some of the information I already knew in which I gained more clarity after attending the class. This was a good learning experience in that sense. I could interact with many new friends. The session on healthy living was very interesting. I would like to attend more such sessions in future.”
“Through this class ‘I learned how a girl should be’. I got many new friends and new information. If I had missed this class that would have been a big loss for me.’

“This training was a turning point in my life. How a girl should be in today’s society this is what I learned from this class. I could understand the importance of good character and personality in life.”

Attitudinal changes were also visible in the participants which is evident from the following comments:

‘In today’s society innocence and ignorance are often exploited. We could get rid of our ignorance to a great extent through this class. I learned how important it is to give attention to my health, as well as development in the social and psychological levels’

‘Now I am aware of the changes that I need to make in my life to be a good friend’

‘I gained more clarity about my goal, and the importance of having a personal goal’

‘I know how a girl should be in today’s society’.

‘my motivation to achieve my goal increased after attending the session on goals’

Trainers also have reported visible changes in the participants. This included increased level of participation in discussions, role play activities, increased number of questions and doubts raised by the participants etc.
The following comments made by the trainers indicate that there was high level of participation from the adolescents.

‘I was surprised to see the response from the participants. Open discussions were so motivating and encouraging. Participants used to raise some of the issues left out by me through their discussions.’

‘Doubts and concerns raised by the participants made me to think about my own young days’ commented one of the trainers.

‘during my first session, participants were not that active, but during the subsequent sessions the situation changed. Their responses were beyond my expectations.’

The following responses made by the participants also substantiated the trainers report i.e

‘I gained confidence to discuss things in a group’

‘I enjoyed the group sessions’

‘I made many new friends’

‘I got an opportunity to express my views.’

The below given critical comments made by the participants show that, some of the trainers had problems with the participatory training methodology.
“Trainers should ensure participation of all in the discussions.”

“Trainers should explain and link the activity done with the theme in discussion”.

“Trainers should re-examine and see if the participants understood a concept fully”. etc…..

Since the exposure of the trainers as non-formal pre-school educators at the anganwadi level, a different teaching style has been built in them. A sudden shift to participatory methodology used in the module was a real challenge for many. Some of them reported difficulties in finding ideas for discussion and difficulties in answering doubts raised by the participants all of which are indicators of this.

When we look at the workers/trainers evaluation of the module, it show that none of them have raised any major problems about the practicality of the methodology and age appropriateness of the content of the module. Majority of them had problems in managing the time slot. One reason for this could be lack of experience in doing such sessions. Since the researcher had insisted on strict adherence to the timing, many of them were under pressure to finish the sessions as per schedule. Probably this also would have added to the problem.

Participation in the training programme, as well as their role as trainers, have reportedly improved the workers’ self confidence and motivation levels. They also have reported a definite improvement in their knowledge and skill as trainers of the adolescents. They also reportedly learned programme planning and implementation. This training programme
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made them think about the importance of time management and collaborative working style said the trainers. Many of them while attending the training said that the process of learning became more interesting when interactive and participatory teaching methodology was used.

Observers evaluation of the training showed the following results.

One of the observer reported that the workers could handle the sessions well. Participant girls were very active and their participation level was very high as reported by the observers. Participants request to have more such sessions in the future and their suggestion to include all the adolescent girls in the anganwadi area for such classes etc have been sighted as the proof of the quality of the session.

One problem observer saw in the training process was that some of the trainers often looked at the handout while doing the session. She felt that this affected the continuity of the sessions at times and the trainers lost connection with the participants. Those who did not make adequate preparation had problems in explaining certain things when doubts were raised. Some of the trainers failed to elicit response from all the participants. Many of them had problems in time management.

Overall evaluation made by the participants, the trainers and the observers indicate that the workers were successful in conducting the sessions thus proving the feasibility of the training programme.
5.7 Implications of the study

The study needs to be evaluated from three perspectives.

1) Any preventive and developmental interventions targeting adolescents have special relevance in today’s social situation which is growing complex every day. The Adolescent development education programme developed for the present study assumes significance in that sense.

   National and state level efforts to address adolescent development issues through education and skill building interventions are scanty and sporadic. When there is ample opportunities to access the adolescent girls at least through the ICDS network, which has wide coverage and access to the underprivileged, the rural and even the out of school adolescent girls that is being underutilised. In this context it is worthwhile to attempt a model adolescent development education programme through the existing ICDS network, which if successful can be replicated at other places also.

2) The second consideration is the potential impact of the capacity building endeavour of the grass root level functionaries of ICDS which was achieved through the participatory teaching methodology. The participatory teaching methodology was new to the anganwadi workers. However the process evaluation done at the end of the study showed that the training could bring in positive changes in the trainers. Many of them reported increased self confidence, improved motivation apart from significant changes in their knowledge level and skill as trainers.

3) The third thing is that the study proved that it is possible to implement adolescent development education through the anganwadi workers provided
they are given proper training and orientation. This is a model that can be replicated in other parts also. Since the training infrastructure of the ICDS is vast this can be done easily. This kind of training would be sustainable and more practical. This does not mean to suggest that the workers’ training with the proposed adolescent development education programme would be a substitute for any other interventions planned through the adolescent girls’ scheme. Rather it would add strength to the existing programme. Implementation of the ongoing programmes for adolescent education can be strengthened through this. Apart from this, specific target oriented programmes can be planned with the help of expert resource persons once or twice in a year as it was done earlier.

5.8 Suggestions to improve the AG scheme implementation

Since the revised proposal to implement the AG scheme is in progress in the country, it is worth while to suggest modification based on these guidelines.

1) Since the out of school adolescents are less in Kerala the timing of the programme may have to be rescheduled. Instead of organising 6 hour session every week as it is proposed now, these girls can be called for education sessions once or twice in a month. It is preferable to arrange this on Saturdays when schools have holiday. Anganwadi workers should be free from other ICDS related duties on that day. During this time various activities can be organised depending upon the availability of the resource persons. Along with the peer educators, if the anganwadi workers and the health department functionaries can also be utilised to impart training on the topics nutrition health education, family welfare
and child care, ARSH (adolescent reproductive and sexual health) and home care etc. that would take care of one part of the nonnutritional component implementation. In this way the quality of training sessions can be improved and continuity can be ensured. The scarcity of resource persons will not be felt as we see now. Apart from these training sessions various other activities can also be arranged which include celebration of local festivals, competitions, cultural programmes etc.

2) Vocational skill training activities, life skill training activities, accessing public services etc have to be organised with the help of NGOs. These can be planned during summary holidays of the schools during which time adolescents will have more time to spare. Training of the Sakhi and Saheli also can be planned during this time. Vocational skill training must have the objective of empowering the girls, and this should be based on their needs.

3) As suggested by the sub group report of the Working Group on Development of the Children for the Eleventh Five Year Plan (2007-2012), capacity building of the anganwadi worker should be undertaken, so that she is made aware of the special needs of young girls and adolescents. Capacity building of the different level of functionaries to impart skill training to the adolescents can be tried instead of using an outside resource person. For this a cascading model of training can be planned, where CDPOs can be trained to be the master trainers. They can give TOT to the supervisors in their sector. They in turn can train the anganwadi workers and the peer educators. This would be a more sustainable model than trying a different set of resource persons from outside every year.
4) To ensure cooperation from the health department specific orders should be issued by the government and the same should be enforced. Clear instruction should be given to the health functionaries, regarding their functions in the implementation of the adolescent girls’ scheme. This is a very essential pre requisite as nearly half of the services delivered through the AG scheme requires cooperation from the health department.

5) Since the current model of the adolescent health programme in ICDS needs explicit focus on communication needs of the adolescents in vital areas of reproductive health, literacy, behaviour change and adoption of a healthy life style as proposed by NIPCCD (2002), all the information education communication (IEC) activities of the health department related to ARSH in the case of AG’s should be channelised through the ICDS network.

6) More awareness and publicity should be given to the scheme to sensitise the personnel in the other departments and the public. This would ensure better cooperation from them.

7) Some special incentive should be given to the anganwadi workers for the implementation of the AG club activities. The proposal to give certificates to the peer educators on successful completion of their work is a welcome initiative in the new SABLA guidelines.

8) Providing a small amount as flexi fund at the disposal of the anganwadi worker for the implementation of the fortnightly meetings at the anganwadi can also be thought of.

9) Clear cut plans with long term goals should be made for the implementation and there should be some mechanism to ensure
uninterrupted fund flow. This is very important because many a time’s adolescents are available for varied training input during vacation time. Since the summer vacation falls in the beginning of the financial year, none of the programmes can be implemented due to technical delay in getting administrative sanction from the government during this period. This situation should be avoided.

10) Strict monitoring should be done to ensure effective implementation. Periodic evaluations studies can also be done to ensure the progress which can be done with the help of NGO’s.

11) Along with the central assistance state funds and funds from the LSG bodies can also be mobilised for implementation of various special programmes under the AG scheme.

12) Awards can be given to the best functioning AG clubs in the state.

13) The anganwadi should be the focal point of service delivery. One anganwadi centre or the project office can be structured as a resource centre for the AG club functioning.

14) Innovative activities happening in the adolescent girls clubs needs to be documented.

15) Supplementary nutrition can be restricted to those who have nutritional and health deficits and those who are not attending schools, since most of the adolescents girl beneficiaries in Kerala are eligible to get mid day meal from the schools.

16) Region specific problems should be addressed through the training interventions. Immediate steps should be taken by the state to identify these issues and intervention modules need to be modified with the help
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of experts in this area. The proposed adolescent development education programme though not very comprehensive has tried to address these issues to some extent.

17) Programmes can be planned with a positive youth development frame work in mind. More opportunities can be provided to these girls for pro social engagement e.g. getting involved in environmental protection, service activities etc.

18) Strengthen the fortnightly AG club activities which are the vital points for organising the adolescent girls in the community. As proposed by the working group for the eleventh plan even N Y K(Nehru Yuva Kendra) activities can be organised through AG clubs of the anganwadi centres.

19) Even though many of the interventions for the adolescent age group can be channelised through schools, there is immense scope for organising the adolescents girls through the AG clubs of ICDS. This potential needs to be utilised fully.

5.9 Policy and programme level implications

This study shows that the adolescents continue to be a neglected age group in our policy frame work. Only by recognising them as a separate age group that needs specific target oriented intervention, will the problems of this age group be solved. We are yet to begin any large scale preventive interventions, in adolescent care. In line with the newer developments in the adolescent intervention field, more and more national level programmes with positive adolescent development focus need to be planned. Lessons from the experience of other developed nations will guide us in this process. Unlike the situation in western countries, in India, family continues to be an important
influence in the lives of the growing adolescent. Programme interventions targeting at strengthening the family unit especially the parent adolescent relationship needs concerted attention.

At present different Ministries have various interventions for the adolescent girls, in order to achieve better results a programmed approach should be adopted. A Steering Committee needs to be constituted at the National level in order to coordinate the efforts of the Ministries/Departments. (Sub Group Report on Girl Child in Eleventh five year plan. (2007-2012).

5.10 Implications for social work practice

Strength based perspective suggested by Saleebey (1996) which is used in this study offers a promising framework in social work practice. The strengths perspective demands a different approach in individual, family and community care all of which are seen in the light of their capacities talents etc…Empowerment is one concept that is very much related to the strengths approach (Schriver, 1998). Empowerment means assisting individuals, families and communities in discovering and using the resources and tools within and around them (Saleeby, 1996).This project is an example for the practice of the empowerment principle in ICDS service delivery.

Empowerment of the anganwadi workers assumes importance due to many reasons. ICDS functionaries are at a disadvantaged edge when service delivery through the AG scheme is concerned. Many of the functions of the ICDS programmes depend on the health department for their success. The role of the AWW is to act as a motivator and a link person between the community and these services (Sinha, 2006 August, 26). Training of the ICDS functionaries for capacity building in adolescent development are often
neglected due to this reason. Where the coordination between the two sectors is poor service delivery suffers. All these things create a situation of powerlessness which will bring down the functionaries motivation to work. Capacity building can be one means to empower them in some such situations. (Cox and Pawar, 2006).

Potentials of the human capital available with the ICDS was under utilised so far in adolescent care. No efforts were made to empower the functionaries through capacity building. Strengthening and empowering the functionaries will go a long way in effective service delivery.

From the adolescent girl beneficiaries’ perspective also the current project has used a strength based developmental frame work. This programme aimed to improve their competence, knowledge, skills, value base and bonding. All these are expected to act as ‘assets’ that protect them from developing problems when they are faced with challenging situations in future. In positive youth development frame work Assets are defined as important relationships, skills, opportunities and values that help guide adolescents away from risk behaviour, fostering resilience, and promoting thriving. Internal assets comprise a set of individual qualities—values, skills, and self-perceptions—thought to help the young person become effectively self-regulating: commitment to learning; positive values; social competencies and positive identity. Adolescents reporting more assets are likely to engage less in risky behaviour and show more positive social competencies. (Scales, Benson, Roehlkepartain, Sesma, and Dulmen, 2006).

Collaboration of ICDS with NGOs has enriched the ICDS service delivery. Social workers play a major role in the service delivery through the
NGOs. They work in various capacities ranging from programme planners and implementers, community organisers, programme evaluators, and expert resource persons etc. In the revised proposal for implementation of the AG scheme also, the role of NGOs have been highlighted.

5.11 Implications for social work practice with the adolescents

The national level intervention programmes with a focus on mental health of the adolescents are absent. It is high time we focus our attention on developing interventions with a positive youth development frame work. Considering the fact that in India a girl child’s, life is a constant fight for survival, growth and development from the time she is conceived till she attains 18 years. Hence specific intervention targeting this population is very essential. Key issues to be tracked while formulating a care plan for the girl child in India are the following 1) Survival of the girl child and her right to be born—prevention of female feticide/infanticide 2) Health and nutrition 3) Enabling education for the girl child 4) Gender sensitization of educational system 5) Abolition of child marriage 6) Prevention of girl child abuse, exploitation and violence 7) Welfare and development of adolescent girls(Sub Group Report on Girl Child in Eleventh five year plan. (2007-2012).

Legislative, advocacy, education and community awareness programme inputs are necessary to tackle these issues and social work as a profession has a major role in this. Interventions targeting the adolescents per say, need to focus on their empowerment. Schools, anganwadi AG clubs, NYK etc can be the delivery point for such services. An array of programmes can be planned ranging from IEC strategies, adolescent mentoring programmes, counselling services, providing opportunities for more pro-social involvement are few
such programmes, which will instill necessary confidence in them to take a lead role in society.

5.12 Implications for social work research

Evidence based practice models for working with the adolescents need to be developed in the Indian context. Social work research has a major role to play in this. So also, systematic evaluation of the existing schemes and programme initiatives need to be done. This would pave the way for the future programmes and policies. The social work profession needs to take a leading role in this.

5.13 Limitations of the present study

- Since the first part of this study focused on getting some preliminary information on the non nutritional component implementation, this was limited to a very small sample. Hence the observations cannot be generalized.
- The study sample was not blind to the fact that the pre and post evaluations were done to find the effectiveness of the intervention programme.
- Though evidence from the present study supports the feasibility and utility of the programme developed, this need to be subjected to more a rigorous empirical analysis with a larger sample.
- Since there was no post post evaluation the sustainability of the intervention effect could not be ascertained.
- Since the study has used a quasi experimental design, with resultant problems in interpreting results, process evaluation and the independent observer’s reports were collected. It is expected that it
would add strength to the quantitative data collected at pre and post intervention level.

5.14 Recommendations for future studies

1) This experiment can be repeated using a larger sample.

2) More such modules can be developed with specific focus in mind Eg. Leadership training, teaching goal setting, etc

3) A follow up of the study can be planned to assess the sustainability of the intervention and also to check, if there is any improvement in the functioning of the AG clubs, subsequent to the capacity building of the workers.

4) A participatory action research project plan can be planned to find out the best suited model of service delivery to the adolescent girls through the ICDS network.

5) Capacity building training can be given to different levels of functionaries to see the relative impact of it on the AG club functioning.

5.15 Conclusion

Various interventions aimed at addressing the developmental demands of the adolescents are in progress in many parts of the country. ICDS with its unique service delivery programme to the adolescents has immense potential to serve the underprivileged youth in the country. However this has been underutilised due to many reasons, one of which was the lack of capacity building of the functionaries. This study experimented with an intervention programme for the capacity building of the grass root level ICDS functionaries. It showed that it is possible to implement such a programme and
hence it has been presented as a model to be adopted for the modification of the AG scheme implantation for better service delivery to the adolescent girls in the country.