CHAPTER VIII

CURRICULUM, ITS TRANSACTION AND EVALUATION PRACTICES

Indian Council for Child Welfare has prescribed a period of four months for the training of Anganwadi Workers. There is a large backlog of untrained anganwadi workers in Himachal Pradesh. In view of this, the training period has been reduced to three months by the Himachal Pradesh Council for Child Welfare, who has been assigned the responsibility of training of Anganwadi Workers by a specified time.

The analysis of the curriculum as shown in the document "Manual for Anganwadi Workers Training" shows that the following subjects have been prescribed for this training:

1. General Orientation
2. Child Development and Non-Formal Pre-School Education
3. Nutrition
4. Health
5. Population Education
6. Organisation and Management
7. Community Contact and Communication
8. Parents and Community Education
Weightage to Different Subjects

The Council has decided the following weightage to be given to each subject to be taught within the duration of three months.

Table 8.1

Weightage to different Subjects

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Subject</th>
<th>Classroom teaching (Hours)</th>
<th>Practical &amp; fieldwork (Hours)</th>
<th>Total (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>General Orientation</td>
<td>9</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>2.</td>
<td>Child development and non-formal pre-school education</td>
<td>35</td>
<td>57</td>
<td>92</td>
</tr>
<tr>
<td>3.</td>
<td>Nutrition</td>
<td>38</td>
<td>65</td>
<td>103</td>
</tr>
<tr>
<td>4.</td>
<td>Health</td>
<td>37</td>
<td>57</td>
<td>94</td>
</tr>
<tr>
<td>5.</td>
<td>Population education</td>
<td>5</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>Organisation and Management</td>
<td>9</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>7.</td>
<td>Community contact and communication</td>
<td>18</td>
<td>39</td>
<td>57</td>
</tr>
<tr>
<td>8.</td>
<td>Parent and community education</td>
<td>19</td>
<td>10</td>
<td>29</td>
</tr>
<tr>
<td>9.</td>
<td>Evaluation/Examination</td>
<td>-</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>170</td>
<td>262</td>
<td>432</td>
</tr>
</tbody>
</table>

The above table shows that a total of 170 hours have been kept for classroom teaching and 262 hours for practical and fieldwork. 16 hours have been fixed for evaluation and examination. The total working hours came out to be 432. The
duration of each working day is 6 hours. Thus the total working days within this period of training came out to be 72.

Table 8.1 is further indicative of the fact that out of these 432 hours, 103 hours have been allotted for the subject nutrition, 94 hours for the subject health, 92 hours for child development and non-formal pre-school education and 57 hours for the subject community contact and communication. The other remaining subjects are given a few working hours.

This analysis indicates that the subjects namely nutrition, health and child development and non-formal pre-school education are accorded high priority in the curriculum of anganwadi workers training programme.

Further, the subject-wise analysis of the curriculum and its transaction is discussed as under:

8-1 General Orientation

A look at the content of the subject general orientation in the Manual for Anganwadi Workers Training shows that the document is silent on the theoretical part of this subject. However, the following topics are covered in the classroom teaching which have taken from the ICDS Manual to give orientation to the workers:

1. Child Population in India
2. Importance of Child Development Programme
3. Major Child Care Programmes
   i) Nutrition Programme
ii) MCH Programme

iii) Family Welfare

iv) Safe Drinking Water

v) Creche and Balwadi

4. Objectives and Scope of the ICDS Scheme

5. Role of AWWs in the ICDS Scheme

In the document, visits to Block Headquaters, PHC/ Urban Health Centres, ICDS Projects have been suggested under the practical/field work.

8-1.1 Achievement of Objectives

As far as the achievement of the objectives of this course is concerned, the opinions of the instructor and trainees are given in following table.

Table 8.2

Achievement of Objectives

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Activities</th>
<th>Instructors</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Supplementary Nutrition</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
</tr>
<tr>
<td>2.</td>
<td>Non-Formal Pre-School Education</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>3.</td>
<td>Immunisation</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
</tr>
<tr>
<td>4.</td>
<td>Health check-up</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>5.</td>
<td>Referral services</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>6.</td>
<td>Treatment of minor diseases</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
</tr>
<tr>
<td>7.</td>
<td>Clean drinking water</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
</tbody>
</table>
Majority of the instructors opined that they make the trainees to achieve these objectives. Majority of the trainees opined that they have been fully oriented in non-formal pre-school education, immunization, health check-up, referral services, treatment of minor diseases and arranging clean drinking water.

However as per the views of 61.44 per cent trainees they were not well oriented in supplementary nutrition.

From this it may be said that the trainees were well oriented in the different components of general orientation except supplementary nutrition.

Transaction

The transaction of this part of the curriculum takes place through lectures by the instructors and the principals of the training centres. For giving practical knowledge/field work experience the instructors arrange visits to block headquarters/PHCS/urban health centre and ICDS projects for observation of programme components and getting aware about their role therein. The visit were arranged by the instructor/principal and use of slides and a film was made to acquaint the workers about various components of ICDS.

8-2 Child Development and Non-Formal Pre-School Education

Although the curriculum document does not mention the topics to be covered in classroom teaching of this course, yet the instructors/principals have taken the following topics prescribed for 4 months training in the ICDS Manual:

1. Meaning and growth of development;
2. Role of parents in understanding and satisfying the needs of children;
3. Aspects of child development - physical and motor, emotional, social, intellectual and language development;
4. Need, importance and objectives of non-formal pre-school education;
5. Individual differences in the rate and pattern of development;
6. Importance of play for overall development of the child, play as a medium of instruction, needed equipment and materials, their arrangement both indoor and outdoor role of pre and organised play;
7. Types of activities in pre and organised play, such as: i) Activities for physical and motor development, ii) Activities for social development, iii) Activities for emotional development, iv) Activities for intellectual and language development;
8. How to plan an AWW programme;
9. Functional pre-requisite for an Anganwadi: (i) site, (ii) work place, (iii) equipment and material, (iv) AWW services to be provided, (vi) involvement of parents and community;
10. Days and means of educating mothers about their involvement in organising pre-school education activities;
11. Educating the mothers in activities at home for stimulating and guiding children;
12. Education of community on aims, objectives, and programme of pre-school
education.

The trainees are required to perform the practicals/fieldwork and prepare a kit. During practicals, preparation and use of aids for games, both indoor and outdoor for dramatization and role play, use of toys from indigenous and low cost materials, use of audio-visual aids for story telling, puppets, flash cards, charts, flannel graphs, sand tray techniques, rollograph etc. Developing songs, rhymes, group games, planning activities for physical development, social development, emotional development, sensorial development and intellectual development etc. have been suggested.

In the practical/field work part of the course the following activities to be performed are listed as:

Visit to community, an Anganwadi, other model of school like Balwadi, mobile Creche, Nursery Schools, to observe the children in such setting, conduct meetings of parents/community for educating them about the need and objectives of pre-school education.

The material prepared by trainees during practicals forms part of the kit. The trainees are required to develop simple story telling aids-puppets (paper, finger), flash cards, picture cards, masks, toys from card board, clay, paper mache and other scrap material like jute, coconut fibre, mango seed, coconut shell, straw etc. Card for numbers, alphabets, birds, animals etc., scrap book to be prepared on birds animals and pictures of alphabets. Different aids to teach concepts of number, colour, size.
shape and texture are as: (a) number: beads, stones, cards; (b) colour: Flowers, leaves, coloured papers, (c); size: Big, small articles; (d) shape: geometrical cut outs with cardboard etc.; (e) Texture: smooth paper, sand paper, etc.

Nursery stories, rhymes, songs, dramatisation to be carried out and painting books, paper work files are to be prepared.

Transaction

8-2.1 Training in the Preparation of Audio-Visual Aids

The responses of instructors and trainees about the training in the preparation of audio-visual aids are given as under:

Table 8.3
Training in the Preparation of Audio Visual Aids

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Audio-Visual Aids</th>
<th>Instructors</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Drawing</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>2.</td>
<td>Painting</td>
<td>1 (20%)</td>
<td>4 (80%)</td>
</tr>
<tr>
<td>3.</td>
<td>Story description</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>4.</td>
<td>Songs description</td>
<td>2 (40%)</td>
<td>3 (60%)</td>
</tr>
<tr>
<td>5.</td>
<td>Plays description</td>
<td>1 (20%)</td>
<td>4 (80%)</td>
</tr>
<tr>
<td>6.</td>
<td>Dolls &amp; garlands making</td>
<td>1 (20%)</td>
<td>4 (80%)</td>
</tr>
<tr>
<td>7.</td>
<td>Clipping and pasting pictures</td>
<td>2 (40%)</td>
<td>3 (60%)</td>
</tr>
<tr>
<td>8.</td>
<td>Form sets</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
</tr>
<tr>
<td>9.</td>
<td>Form pattern</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>10.</td>
<td>Form orders</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
</tbody>
</table>
The table indicates that majority of instructors and trainees had responded that training in preparation of audio-visual aids such as drawing, story description, forming sets, patterns, orders, shapes, and pictures etc. in imparted whereas training is rarely provided in songs description, plays description, dolls and garland making, clipping and pasting pictures etc.

8-2.2 Training in Activities for Motor Skill Development of Child

The responses of instructors and trainees regarding training in the activities for motor skill development of child are given as under:

Table 8.4

Training in Activities for Motor Skill Development of Child

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Activities</th>
<th>Instructors</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>1.</td>
<td>Open games</td>
<td>1 (20%)</td>
<td>4 (80%)</td>
</tr>
<tr>
<td>2.</td>
<td>Racing</td>
<td>1 (20%)</td>
<td>4 (80%)</td>
</tr>
<tr>
<td>3.</td>
<td>Skipping</td>
<td>2 (40%)</td>
<td>3 (60%)</td>
</tr>
<tr>
<td>4.</td>
<td>Sand play</td>
<td>2 (40%)</td>
<td>3 (60%)</td>
</tr>
<tr>
<td>5.</td>
<td>Taking children for walking</td>
<td>-</td>
<td>5(100%)</td>
</tr>
<tr>
<td>6.</td>
<td>Lion and goat play</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
</tr>
</tbody>
</table>

It is evident from the Table 8.4 that training in motor skill development of child is not being provided to trainees namely the activities helpful for open games.
racing, skipping, sand play, taking children for walking etc. which the training is imparted in lion and goat play.

It can be concluded that training in activities which are helpful for motor skill development of child is not provided in AWTCs except lion and goat play.

8-2.3 Training in Activities for Language Development in Children

The responses of instructors about training in activities which are helpful for language development in children are given as under:

Table 8.5

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Activities</th>
<th>Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>1.</td>
<td>Story Narrating</td>
<td>5 (100%)</td>
</tr>
<tr>
<td>2.</td>
<td>Songs &amp; Poems Narrating</td>
<td>5 (100%)</td>
</tr>
<tr>
<td>3.</td>
<td>Open conversation</td>
<td>3 (60%)</td>
</tr>
<tr>
<td>4.</td>
<td>Hearing efficiency</td>
<td>-</td>
</tr>
<tr>
<td>5.</td>
<td>Plays</td>
<td>-</td>
</tr>
<tr>
<td>6.</td>
<td>Riddles</td>
<td>-</td>
</tr>
<tr>
<td>7.</td>
<td>Puppet plays</td>
<td>5 (100%)</td>
</tr>
<tr>
<td>8.</td>
<td>Language related play</td>
<td>-</td>
</tr>
</tbody>
</table>

Above table shows that majority of instructors had opined that training in activities namely story narrating, songs and poems and puppets plays which are helpful for language development in children was being provided to the trainees.
The training in activities like learning efficiency, plays, riddles and language related play is not given to the trainees.

8-2.4 Training in Activities for Psychological Development in Children

The responses of Instructors and trainees regarding training in activities which are helpful for psychological development in children are given below in following table.

Table 8.6
Training in Activities for Psychological Development in Children

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Activities</th>
<th>Instructors</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Controlling aggressiveness and destruction</td>
<td>-</td>
<td>5(100%)</td>
</tr>
<tr>
<td>2.</td>
<td>Sensitivity towards others</td>
<td>-</td>
<td>5(100%)</td>
</tr>
<tr>
<td>3.</td>
<td>Courage, tolerance, truthfulness and unbiasedness</td>
<td>-</td>
<td>5(100%)</td>
</tr>
</tbody>
</table>

Whole of the population of instructors and trainees was of the view that no training is given in the activities which are helpful for psychological development in children.

8-2.5 Training in Planning Activities for Different Development

The responses of instructors and trainees about training in planning activities for different types of development are as under:
Table 8.7
Training in Planning Activities for Different Development

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Development</th>
<th>Instructors</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Physical</td>
<td>5(100%)</td>
<td>-</td>
</tr>
<tr>
<td>2.</td>
<td>Social</td>
<td>5(100%)</td>
<td>-</td>
</tr>
<tr>
<td>3.</td>
<td>Intellectual</td>
<td>5(100%)</td>
<td>-</td>
</tr>
<tr>
<td>4.</td>
<td>Emotional</td>
<td>5(100%)</td>
<td>-</td>
</tr>
</tbody>
</table>

All instructors as well as trainees opined that training in how to plan activities for different developments like physical, social, intellectual and emotional is given to the trainees.

8.3 Nutrition

The aim of the ICDS programme is to improve the nutritional and health status of children in the age group 0-6 years to reduce incidence of mortality, morbidity and malnutrition. In view of this primary importance is given to the teaching of various nutritional aspects.

As far as theoretical teaching is concerned, the document does not say anything about this part. However, the following topics are taught by the instructors which they have taken from the ICDS Manual:

1. Importance and function of food, basic food groups, mixed diets.
2. Importance of adequate diets food requirements for different age groups.
infants, pre-school children, pregnant and lactating mothers.

3. Breast feeding and its advantages; disadvantages of artificial feeding.

4. Introduction of supplementary foods into a baby's diet.

5. Locally available foods, food habits, food fads and fallacies and infant feeding practices.

6. Recipes of food articles in daily use in the area, their nutritive value, ways and means of enriching diets using locally available foodstuffs.

7. Proper methods of preparation and cooking for maximum retention of food value.

8. Food hygiene, spoilage and proper methods of food storage.

9. Assessment of nutritional status and identification of 'at risk' children and mothers and their referral services.


11. Proper selection of beneficiaries with special emphasis on coverage of 'at risk' and children under 3 years, organisation and management of supplementary feeding, importance of on the spot feeding.


13. Relation between nutrition and health, common childhood diseases like
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diarrhoea and fever and diet during sickness.

14. Nutrition education - how to plan and organise nutrition education in daily activities, different participatory methods of imparting nutrition education, use of communication aids and their preparation.

15. Importance and need for maintaining records and register.

16. Utilization of existing resources of the area.

17. Creating awareness of the nutrition component of the ICDS scheme - interpreting criteria of selection of beneficiaries to parents and the need and importance of supplementary nutrition.

The following aspects are covered in the practicals under each of these heads:

1. Weighing the child, recording the weight on the growth card and interpreting child growth pattern from the weight.

2. Use of tricolour tapes for measurement of mid arm circumference to assess child nutritional status. Use of child’s Bangle for detection of under nutrition.

3. Preparation of low cost recipes from locally available foods and actual feeding of children.

4. Preparation of diets for various age groups.

5. Menu planning.


7. Enlisting the advantages of breast feeding and disadvantages of bottle feeding
and discussion on the same.

8. Artificial feeding and sterilization of feeding equipment, explaining the methods of overcoming the risks in artificial feeding.


10. Discussion on ways to make food nutritious.

11. Enlisting the basic messages on health, nutrition dos and donts and discussions on the same.

12. Discussion on the importance of diet during pregnancy and enlisting the foods that should be taken by pregnant and nursing mothers.

In the field work following activities have been suggested:

1. Visit to slums, village community:
   i) to survey and identify at risk malnourished children by weight and arm circumference,
   ii) to identify the main nutritional problems of the community,
   iii) to identify children with anaemia and vitamin A deficiency,
   iv) Collect information about local foods.

2. Visits to Hospitals for detection of nutritional deficiency.

3. Organising supplementary feeding programme for the children of the slum/village.

4. Visits to ICDS projects to observe and participate in the feeding programme.
to observe the charts/aids they have on nutrition, to weigh the children and scrutinize the growth cards maintained at the Anganwadi.

5. Visits to nearby Balwadis and creches for observation and participation.

The kit to be prepared by the each trainee must consist of the following:

1. Sample growth card with instructions for use.
2. Sample tricolour tape with instructions for use.
3. Charts on different forms of malnutrition and enlisting how to manage the same.
4. Charts/poster on prevention of common nutritional deficiency diseases.
5. Charts on beliefs which are nutritionally right and beliefs which are wrong.
6. Nutritive value of different foods.
7. Simple nutrition messages.
8. Low cost nutritions, recipes and a sample weekly menu, for supplementary feeding.
9. Chart on diet for various age groups.
11. Chart on breast feeding, enlisting advantages and disadvantages.
12. Chart on diet during pregnancy.
8-3.1 Training in Activities for Checking and Interpreting Child Growth Pattern

The responses of the instructors and trainees about the training in activities for checking and interpreting child growth pattern are given as under:

Table 8.8

Training in Activities for Checking and Interpreting Child Growth Pattern

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Activities</th>
<th>Instructors</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Use of bar scale for weighing child</td>
<td></td>
<td>5 (100%)</td>
</tr>
<tr>
<td>2.</td>
<td>Use of salter spring scale for weighing child</td>
<td>5(100%)</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Preparing growth chart</td>
<td>5(100%)</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Identification of malnourished child</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
</tr>
<tr>
<td>5.</td>
<td>Identifying children with anaemia and vitamin-A deficiency</td>
<td>3 (60%)</td>
<td>2 (40%)</td>
</tr>
<tr>
<td>6.</td>
<td>Knowledge about nutrition for pregnant and lactating mothers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Majority of instructors and trainees opined that training in the activities namely use of salter spring balance for weighing child, preparing growth chart for checking and interpreting child growth pattern is imparted identifying malnourished child, identifying children with anaemia and vitamin-A deficiency was imparted. The knowledge about nutrition for pregnant and lactating mothers is also given.
However the training in the use of bar scale for weighing child was not imparted.

The trainees were taken to village community where they surveyed and identified at risk malnourished children by weight and arm circumference, identified the main nutritional problems of the community, identified children with anaemia and vitamin-A deficiency, organised activities of developments and visited nearby Balwadis and creches for observation and participation.

The trainees had prepared sample charts on various aspects of nutrition for kits.

8-3.2 Training in Educating Lactating Mothers

The responses of instructors and trainees about training in educating lactating mothers are as under:

Table 8.9

Training in Educating Lactating Mothers

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Activities</th>
<th>Instructors</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Weaning foods, feeding children during illness and types of food for a balanced diet, importance of leafy vegetables</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>2.</td>
<td>Importance and need for introducing semi solid food from the 5th month</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>3.</td>
<td>Awareness about Wrong methods of cooking</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>4.</td>
<td>Explanation the importance of growth chart to mothers</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
</tbody>
</table>
From the above table it can be observed that majority of instructors and trainees were of the view that training in educating lactating mothers about weaning food, feeding children during illness and types of food for a balanced diet, importance of leafy vegetables, importance and need for introducing semi solid foods from the 5th month, awareness about wrong methods of cooking, and explaining the importance of growth chart to mothers was provided to the trainees.

8-4 Health

The health component has been given priority in the curriculum. The document has emphasized that local medical colleges, hospitals and PHCs should be involved in imparting training. The following topics have been taken by the training centres from the ICDS manual in the theoretical component:

1. Health status of Indian children
2. Vulnerability of children
3. National Health Programmes.
   i) MCH Scheme
   ii) Family Welfare Programme
   iii) PHC - its structure and functions.
   Expanded programme of immunization.
5. Minor ailments of children and how to treat them:
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i) Common cold, sore throat, fever,

ii) Skin, eye and ear infections,

iii) Worm infestation

iv) Diarrhoea and dehydration,

6. Prevention and treatment of Simple accidents and injuries - Wounds, burns, sprains, bites, stings, drowning, etc.

7. Pregnancy and importance of ante natal and post natal care.

8. Common childhood diseases - Measles, chickenpox, polio, whooping cough, tetanus, typhoid, diphtheria, cholera, TB, Jaundice, Malaria, Mumps etc.


10. Milestones in development.

11. Early detection of childhood disabilities leading to physical and mental handicap.

i) Mental impairments

ii) Vision, speech, hearing and muscular defects, accidents.

12. Personal hygiene - care of children in the Anganwadi with reference to eyes, ears, nose, teeth, skin, nails, hair, including health habits in children.

13. Environmental hygiene:
i) Importance of fresh air, sunlight and good ventilation,

ii) Importance of safe water supply. Purification and storage of water in the home.

iii) Ways of collecting and deposing refuse,

iv) Disposal of human excreta and wastes,

v) Drainages,

vi) Pest control.

14. Referral services; role of LHVS and doctors, co-ordination with the health staff, infrastructure.

15. Health education - importance and methods of imparting health education.


17. Enlisting the expertise of block level health functionaries in present education programmes.

In the practical part following activities have been suggested:

1. Management of diarrhoea and preparation of rehydration mixture.

2. Preparation of an immunization schedule and discussion on the importance of vaccinating the mother before infants birth, role play sessions on convincing mothers on immunization.

3. Discussion and demonstrations on how to cure common ailments at home.

4. Demonstration on first aid.
5. **Dos and donts during pregnancy.**

In the field work, the training centres must take the trainees for:

1. **Visits to hospitals, public health centres to know about deficiency diseases, infections etc.**
2. **Visit to institutions for handicapped to learn about various disabilities and how to prevent them.**

The kit to be prepared by each trainee must consist of the following:

1. **Immunization chart,**
2. **Sample health card,**
3. **Depicting the various causes of infants and maternal mortality and how to present them,**
4. **Charts on nutritional blindness and vitamins,**
5. **Charts on common communicable diseases and their prevention,**
6. **Malnutrition and deficiency diseases in children,**
7. **Do’s and don’ts during pregnancy,**
8. **Causes of various disabilities and their prevention,**
9. **Treatment of pregnant women for anaemia, nutrition deficiency and pre-delivery problems, protection against tetanus,**
10. **Fifty universal health messages.**

**Transaction**

As per the requirements of the curriculum, local medical colleges, hospitals
and PHCs are to be involved for imparting training in health component of curriculum. As all the training centres are located in the rural areas and also away from the medical college, the following personnel were invited and they delivered lectures on the topics shown against each:

Table 8.10
Speakers and their Topics/Subjects

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Speaker</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Medical Officer</td>
<td>Mal-nutrition diseases fever and other diseases</td>
</tr>
<tr>
<td>2.</td>
<td>Lady Health Visitor</td>
<td>Pregnancy, look after family planning</td>
</tr>
</tbody>
</table>

8.4.1 Visits for Practical Training

The responses of instructors and trainees about the visits to different places for practical training are given as under:
Table 8.11
Visit to Various Institutions

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Activities</th>
<th>Instructors</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Visits to hospital and PHC for detection of nutritional deficiency and infectious diseases etc.</td>
<td>1 (20%)</td>
<td>4 (80%)</td>
</tr>
<tr>
<td>2.</td>
<td>Visit to institution for handicapped to learn about various disabilities and how to prevent them</td>
<td>-</td>
<td>5 (100%)</td>
</tr>
<tr>
<td>3.</td>
<td>Preparing rehydration solution to diarrhoea</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>4.</td>
<td>Awareness about pregnancy</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>5.</td>
<td>Immunization</td>
<td>5 (100%)</td>
<td>-</td>
</tr>
<tr>
<td>6.</td>
<td>Identifying malnourished children</td>
<td>3 (60%)</td>
<td>2 (40%)</td>
</tr>
</tbody>
</table>

The above table is indicative of the fact that it was in only one institution that a visit was arranged to hospital and in none a visit was arranged to institution of handicapped children.

Further, all trainees were trained in preparing rehydration solution, identifying malnourished children, immunization and creating awareness about pregnancy.

8-5 Population Education

Like other subjects the theory of population education has no mention in Manual for the Anganwadi Workers Training.
As 5 hours have been kept for classroom teaching the following topics are covered in theoretical teaching in all the training centres:

1. Methods of family planning.
2. Dealing with problems encountered in the use of family planning methods.
3. Role of AW - Motivation, information to PHC about acceptors, contraception depots.

Further the curriculum shows the following activities to be undertaken under practicals:

1. Role playing session on family counselling.
2. Group education, group counselling, preparation of communication aids, to explain the community, the relation of population problem to health, nutrition education, housing, environment and employment.

Under field work the trainees are required to visit family planning centres. The kit must contain:

i) Chart, showing cause of infant and maternal mortality, relating population problem to health, nutrition education etc.

ii) Charts, posters, showing the need for spacing the children and having a small family.

Inspite of the inclusion of practicals and field work under this subject, no time has been kept for these activities in curriculum. Further, no activity/field work, of this subject was undertaken in any of the training centres.
8-6 Organisation and Management

As 9 hours have been suggested for theoretical teaching of this subject, the trainees are imparted instruction on the following topics:

1. Criteria for selecting an Anganwadi and proper maintenance of Anganwadi premises.
2. Procurement and storage of stocks and supplies.
3. Report writing (monthly reports and daily diary).
4. Maintenance of stock registers and other records.
5. Supervision of helper.
7. Formal and informal methods of coordination.

In the practical part, the trainees are required to have acquaintance with:

1. Registers kept by the AWW of attendance of women and children at feeding, immunization, pre-school education, vitamin-A and iron/folic acid services.
2. Family records.
3. Children’s arm circumference and weight charts.
4. Married women’s card for recording pregnancy status and weight gain.

Transaction

8-6.1 Training in Maintaining different Records

The responses of the instructors and trainees about the training for maintaining different records are shown in the following table:
Table 8.12
Training in Maintaining Different Records

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Register</th>
<th>Instructors</th>
<th></th>
<th>Trainees</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Food register</td>
<td>5 (100%)</td>
<td>-</td>
<td>126 (82.35%)</td>
<td>27 (17.65%)</td>
</tr>
<tr>
<td>2.</td>
<td>Stock register</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
<td>139 (90.84%)</td>
<td>14 (9.16%)</td>
</tr>
<tr>
<td>3.</td>
<td>Immunisation register</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
<td>125 (81.70%)</td>
<td>28 (18.30%)</td>
</tr>
<tr>
<td>4.</td>
<td>Birth and Death register</td>
<td>3 (60%)</td>
<td>2 (40%)</td>
<td>132 (86.27%)</td>
<td>21 (13.73%)</td>
</tr>
<tr>
<td>5.</td>
<td>Non-formal pre-school education register</td>
<td>5 (100%)</td>
<td>-</td>
<td>127 (83%)</td>
<td>26 (17%)</td>
</tr>
<tr>
<td>6.</td>
<td>Attendance register</td>
<td>5 (100%)</td>
<td>-</td>
<td>135 (88.24%)</td>
<td>18 (11.76%)</td>
</tr>
<tr>
<td>7.</td>
<td>Preparing daily diary &amp; counter signed from principal</td>
<td>-</td>
<td>5 (100%)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Above table shows that majority of instructors and trainees had responded that training was imparted in maintaining different records like food register, stock register, immunisation register, birth and death register, non-formal pre-school education register and attendance register, whereas no training was imparted for preparing daily diary in any of the institutions.

8-7 Community Contact and Communication

19 hours have been kept for classroom teaching of the theory of this subject. The following topics have been taken from ICDS manual for making the trainees to have acquaintance with:
1. Methods of collecting information and conducting simple surveys:
   
i) Observation,
   
ii) Art of interviewing,
   
iii) Use/Administration of family and community survey schedules,

2. Working with individuals
   
i) Individualisation of the child and its physical, social and emotional needs,
   
ii) Identifying social disabilities of individual child and relating them to services required.

3. Working with groups:
   
i) Need and importance of working with groups,
   
ii) Understanding group interaction and how to work with groups,
   
iii) Working with existing groups of children and women (Mahila Mandals/Local Committees),
   
iv) Utilising group situation for health, nutrition and population education,
   
v) Encouraging Mahila mandals, other social groups to emphasize rights of women,
   
vi) Associating with existing social groups, such as youth clubs, farmers’ organisations etc.

4. Working with the community:
   
i) Understanding the local community and its needs,
ii) Methods of motivating the community, enlisting community participation and, identifying areas of community participation,

iii) Information of available community resources and utilising them for child development services,

iv) Information and utilization of available services for children especially handicapped children.

5. Communication:
   i) Need and importance of communication,
   ii) Barriers in communication and how to reduce them,
   iii) Types of communication,
   iv) Steps in communication,
   v) Importance of audio - visual aids in communication,
   vi) Types of aids and selection of communication aids in different situations.

6. Organisation of exhibitions and Bal Melas and community gatherings.

The following practicals have been suggested in the curriculum:

1. Problem solving and role playing session for developing understanding of the requirements of individual situation.

2. Preparation of communication aids, mock sessions in communicating ideas using audio-visual aids.

3. Preparation and use of simple media aids with the help of local materials, to
learn the selection of different types of aids in different situations.

4. Preparation of aids for meetings, organising exhibitions, mela in the village/slum to learn to organise exhibitions, a Balmela and a community gatherings.

Further, the workers are supposed to do the following field work:

1. Visit to village/urban slum, to get practical experience in using family schedules for collecting data in the village/urban slum.

2. Visit to community, making home visits for contacting people, local leaders and other functionaries.

3. Arranging mock sessions in organising and conducting meetings of mothers at Mahila mandals, parents etc. for specified purposes.

4. Attending Mahila mandal meetings and parents meetings in the village/urban slum.

   (a) Parents meeting for understanding group interaction and as to how to work with groups.

   (b) To gain experience of working with existing groups of children and women (Mahila mandals/ local communities).

   (c) Learning to utilize group situations for health, nutrition and population education.

   (d) Encouraging Mahila mandals and other social groups, to emphasize "rights of women".
(e) Association with existing social groups, such as youth clubs, farmers organisations etc.

5. Field visit to Panchayat office, Block Development Centres etc. to attend the meetings of representatives of local community, to meet the Advisory Committee of Block Development.

6. Visit to B.D.O.'s office, to get information of available community resources and utilising them for child development services.

Transaction

To meet the objectives of this course, the training is imparted to the trainees. The responses of instructors and trainees with regard to training in different activities helpful for interaction with public are given in the table as below:

Table 8.13
Different Activities for Interaction with Public

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Activities</th>
<th>Instructors</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Organising exhibition</td>
<td>-</td>
<td>5(100%)</td>
</tr>
<tr>
<td>2.</td>
<td>Use of audio-visual aids</td>
<td>5(100%)</td>
<td>-</td>
</tr>
<tr>
<td>3.</td>
<td>Role play</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
</tr>
<tr>
<td>4.</td>
<td>Mutual discussion</td>
<td>-</td>
<td>5(100%)</td>
</tr>
<tr>
<td>5.</td>
<td>Visit to houses</td>
<td>-</td>
<td>5(100%)</td>
</tr>
<tr>
<td>6.</td>
<td>Folk medium</td>
<td>-</td>
<td>5(100%)</td>
</tr>
<tr>
<td>7.</td>
<td>Using posters, slides and other methods</td>
<td>1 (20%)</td>
<td>4 (80%)</td>
</tr>
<tr>
<td>8.</td>
<td>Delivering speech</td>
<td>-</td>
<td>5(100%)</td>
</tr>
</tbody>
</table>
It is evident from Table 8.13 that training was imparted in the use of audio-visual aids, role play and organising of games for children in the community. However, the training in other aspects of community contact and communication was not imparted in majority of the institutions.

8-8 Parents and Community Education

The document is also silent on the theory part of this subject. The following topics are covered during the 19 hours of classroom teaching allotted for this subject:

General

1. Ways of motivating mothers and community to take active part in parents and community education activities in Anganwadi.

2. Planning and organising programmes for parents and community education.

3. Identifying community resources for conducting literacy.

4. Formation of cooperative societies.

5. Organising socio-economic programmes for women, acquainting them with assistance available from different sources.

6. Methods of creating awareness about the ICDS programme among the parents
and community so as to seek their active help and support to make it a community based programme.

**Home and Family Life**


2. Methods of saving time, labour, energy and money.

**Economic Improvement**

1. Methods of saving by curtailing some unnessary expenditures i.e. on marriage, child birth, festivals etc.

2. Operating small saving accounts in post office and banks.

3. Methods of supplementing family income through cottage industries like knitting, other local crafts and methods of marketing.

4. Developing kitchen gardens, planting fruit trees, fruits preservation, poultry keeping etc.

**Environmental and Civic Orientation**


2. Problems relating to women and children in deprived sections of community.

3. Factors adversely affecting women’s social and economic status e.g. dowry, illiteracy, child marriage, repeated pregnancies etc.

4. Social, economic and legal rights and responsibilities of women.

5. Constitutional provisions and safeguards, equality of opportunity and basic
6. Social activities for women outside home.

7. Need and importance of education of children specially girls and importance of adult education and enabling mothers to take advantages of on going projects of adult education.

The practical and field work part includes the selection, preparation and use of communication aids for parent and community education, mock sessions in creating awareness about the ICDS programme among the parents and community so as to seek their active help and support to make it a community based programme, planning and organising programmes for parent and community education.

**Transaction**

The trainees were taught about the content of this course with the help of lecture method only. No practicals or field work was undertaken in any of the training centres.

**8-8.1 Teaching in the Use of Different Teaching Methods during Field Placement**

The responses of the Principals and instructors regarding the training in the use of different teaching methods by the trainees during field placement are given as under:
Table 8.14
Training in the Use of Methods during Field Placement

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Methods</th>
<th>Principal</th>
<th></th>
<th></th>
<th>Instructors</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Learning by doing</td>
<td>4 (100%)</td>
<td>-</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Learning by discovery</td>
<td>3 (75%)</td>
<td>1 (25%)</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Personal Teaching</td>
<td>-</td>
<td>4 (100%)</td>
<td>-</td>
<td>5 (100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Activity methods</td>
<td>4 (100%)</td>
<td>-</td>
<td>5 (100%)</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Story telling</td>
<td>4 (100%)</td>
<td>-</td>
<td>5 (100%)</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Play way method</td>
<td>3 (75%)</td>
<td>1 (25%)</td>
<td>5 (100%)</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Group teaching</td>
<td>4 (100%)</td>
<td>-</td>
<td>5 (100%)</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Any other</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From the above table it is evident that the trainees were trained in the use of the teaching methods namely learning by doing, activity method, story telling, play-way, and group teaching during their field placement whereas they were not trained in the use of personal teaching.

8-9 Evaluation Practices

The evaluation of the trainees under going training in the Anganwadi Workers Training Centres is based on assignments during the course, practicals, field work, written tests and viva-voce. The weightage given to each activity is as under:
Table 8.15

Activities for Evaluation

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Activity</th>
<th>Weightage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Assignments during the Course</td>
<td>20%</td>
</tr>
<tr>
<td>2.</td>
<td>Practicals</td>
<td>20%</td>
</tr>
<tr>
<td>3.</td>
<td>Field Work</td>
<td>30%</td>
</tr>
<tr>
<td>4.</td>
<td>Written Test</td>
<td>10%</td>
</tr>
<tr>
<td>5.</td>
<td>Viva-Voce</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The evaluation process begins from the early stages of training and the trainees who lag behind are identified and necessary improvements are suggested.

The external examiners are invited for theory and practicals evaluation. Only those examiners are invited who in addition to their qualifications have experience and familiarity with the functions of Anganwadi Training, the contents of the course and its transaction.

In case, the Anganwadi Worker does not complete the training satisfactorily, she is given a certificate to the effect that she has attended the course. Such candidate is not allowed to continue in the project. However, if the candidate so desires, she is given the option to appear for the examination during the next session.