

Capacity Building of Frontline Workers of the ICDS in Odisha - A Needs Assessment

Part II - Needs Assessment of ICDS Frontline Workers in Odisha



Government of Odisha,
Azim Premji Philanthropic
Initiatives, Public Health
Resource Society



September 2017

Public Health Resource Society

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Acknowledgements

Public Health Resource Society (PHRS) acknowledges the valuable contributions of several persons and institutions in carrying out the assessment titled *Capacity Building of Frontline Workers of the ICDS in Odisha*. This report, *Needs Assessment of the ICDS Frontline Workers in Odisha* is Part Two of the larger report. The assessment has been commissioned by Azim Premji Philanthropic Initiatives (APPI) and is fully supported by the Government of Odisha.

We thank the WCD officials of Odisha for their active cooperation. We would like to specifically thank Shri Vishal Dev, former Secretary WCD, and his colleagues, Shri. D Prasanth Kr. Reddy (Director, ICDS), Shri. Rashmi Ranjan Nayak (Dy. Secy, ICDS), Ms. Chhanda Rani Mohanty (AD- cum- Under Secy) and Sh. Baishanab Ch. Rath (Former Training Manager, SPMU) who supported us in every step of this assessment.

We would also like to thank the District Social Welfare Officers and other officials of the six districts that were covered under the assessment, for their support and cooperation.

We thank APPI for the help they have given us in carrying out this assignment. We would like to thank their team, especially Mr. Devjit Mitra and Ms. Meenakshi Devi for periodically reviewing our work and giving their feedback and comments. They have also facilitated the collection of primary and secondary data.

We thank Dr. Sandeep Sharma for providing valuable support in data analysis.

We acknowledge the support of Ms. Radha Holla who has helped us in language editing, designing and formatting this report.

We appreciate the efforts of the field team who contributed to the assessment- Mr. Girish Chandra Dash, Mr. Manikeshwar Mishra, Ms. Madhumita Pati, Mr. Sarat Kr. Das, Mr. Priyabrata Padhi, Ms. Rashmita Behera, Mr. Satyabrata Padhi, Ms. Rajlaxmi Mohanty, Ms. Sasmita Naik, Mr. Manas Ranjan Padhi, Mr. Rajendra Mishra, Mr. Siba Prasad Mishra, Mr. Subrat Mallick and Mr. Asit Kr. Sahoo.

We also thank Mr. Satya Patnaik for his help and support in the assessment.

We express our immense gratitude to each of our respondents who were part of our assessment and who have patiently responded to our questions.

The PHRS assessment team of Ms. Swati Priyambada Das (Principal Investigator), Mr. Gouranga Mohapatra (Research Coordinator), Dr. Vandana Prasad (Principal Advisor) and I are responsible for conceptualising, designing and conducting the study, analysing the data and writing the report.

Dr. Ganapathy Murugan
Executive Director
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Abbreviations

ADSWO	Additional District Social Welfare Officer	MADA	Modified Area Development Approach
ANC	Ante Natal Care	MIS	Management Information System
ANM	Auxiliary Nurse Midwife	MLTC	Middle Level Training Centre
ARI	Acute Respiratory Infection	MUAC	Mid Upper Arm Circumference
ASHA	Accredited Social Health Activist	MWCD	Ministry of Women and Child Development
AV	Audio Visual	NGO	Non-Government Organisation
AWC	Anganwadi Centre	NIPCCD	National Institute of Public Cooperation and Child Development
AWH	Anganwadi Helper	NOP	Nutrition Operation Plan
AWHTC	Anganwadi Helper's Training Centre	ORS	Oral Rehydration Solution
AWW	Anganwadi Worker	PSE	Pre-School Education
AWTC	Anganwadi Worker's Training Centre	PHC	Primary Health Centre
AYUSH	Ayurveda Yoga and Naturopathy Unani Siddha and Homoeopathy	PRI	Panchayati Raj Institutions
BPL	Below Poverty Line	SAM	Severe Acute Malnutrition
CDPO	Child Development Project Officer	SC	Scheduled Caste
CHC	Community Health Centre	SHG	Self Help Group
DSWO	District Social Welfare Officer	SNP	Supplementary Nutrition Programme
DWCD	Department of Women and Child Development	ST	Scheduled Tribe
ECCE	Early Childhood Care and Education	TC	Training Centre
FGD	Focus Group Discussion	THR	Take Home Ration
GoI	Government of India	TSP	Tribal Sub-Plan
GoO	Government of Odisha	TT	Tetanus Toxoid
ICDS	Integrated Child Development Services	TOT	Training of Trainers
IFA	Iron Folic Acid	WSHG	Women Self Help Group
IYCF	Infant and Young Child Feeding	VHND	Village Health and Nutrition Day
KSY	Kishori Shakti Yojana		
LS	Lady Supervisor		

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Capacity Building of Frontline Workers of the ICDS in Odisha – A Needs Assessment

Part II- Needs Assessment of ICDS Frontline Workers in Odisha

Executive Summary

The assessment on Capacity Building of Frontline Workers of the ICDS in Odisha – A Needs Assessment attempted to examine the existing capacity building programme for ICDS functionaries to identify gaps in the curriculum, pedagogy and assess the needs for capacity building. Part One of the assessment had examined the capacity building process at the state level as well training institutions across the state. This report entitled Part Two- Needs Assessment of ICDS Frontline Workers in Odisha is the second and final part of the report. This part of the report focuses on the assessment of ICDS functionaries at the District, Block and Anganwadi level through systematic observation of delivery of selected services, to understand their capacity, role and performance and their capacity building needs. The assessment also carried out observations at the AWCs.

The key findings of Part Two of the Assessment are as follows:

1. The overall coverage of the training programme was seen to be good, with almost 90% of respondents at all levels having received some or the other training.
2. However all training received/imparted was not systematic and as desired/per norms. Significant gaps were observed in the number and interval of trainings.
3. This is accentuated by the lack of an individualized tracking mechanism which would be possible if a functional database/MIS for training was in place. Recommendation for such an MIS has already been placed in Part One of the report.
4. It was felt that the quality and frequency of training needs to be improved and increased. It was observed that although respondents had received most trainings, retention of knowledge /training received was found to be lacking.
5. Overall score of AWWs in the skills and assessment test was low, also adding to the fact that the maximum score was attained by only 1 AWW hinting to the fact that AWWs' knowledge and skills could be a result of their experience of working, learning on the job or their exposure to issues, rather than being linked to whether they have received training.
6. Use of English language in the transaction of sessions and materials during training caused problems in understanding topics.
7. Disruptions and delays in fund flows to the training institutions led to AWWs having to bear cost of their food. Most times this posed a problem as they didn't carry adequate money with them.

8. Infrastructural inadequacies at the TCs including shortage of hostel facilities, basic amenities, added to the problems faced by participants during their stay at TCs, negatively affecting their experience of (going for) training.
9. Infrastructure and facilities at AWC were found to be in poor and dismal conditions. New AWC buildings also lacked electricity connections in many places.
10. Lack of indoor space at AWCs, basic equipment like salter scale, weighing machine, MUAC tape, growth charts were found to be causing difficulties for AWWs in carrying out their duties.
11. Lack of transport and communication facilities, especially in difficult terrains were seen to be causing major hindrance for the LS and CDPOs in carrying out their monitoring and supervision duties.

Major Recommendations

- The development of a suitable MIS incorporating database of individual workers/ personnel's training status so as to capture those 'left out' from the training process, as was recommended in Part One of the report, earlier.
- A total quality management (TQM) / quality assurance (QA) process needs to be established for the training process to ensure quality as well as outcomes.
- Standard process should be established for pre and post tests conducted after every training in the TCs, and its analysis should be documented and shared further.
- Proper coordination between state, district, block and the facility level is urgently needed for the efficient and smooth running of the training programme.
- Staff in DSWO office should be increased or appointed as per norms.
- Fund flows to the TCs for training programmes should be provided in advance.
- Infrastructure and facilities at TCs need to be improved. All TCs should have electricity connection, availability of water and adequate toilet facilities, mess and canteen services, proper hostel accommodation, first aid and medical facilities.
- Language used in training should be the mother tongue especially in AWH training and the training material must be translated into local dialects.
- A system of taking feedback regarding training from all participants needs to be established.
- Adequate and timely disbursement of travel allowance to the AWWs, LS and CDPOs should be made.
- Infrastructure and facilities of AWCs need to be upgraded urgently.

Malnutrition continues to be a focus area for intensive action for the Government of Odisha. The gaps observed in the capacity building processes in the ICDS during the current assessment, resulting in gaps in the understanding of the AWWs and Helpers, can be reduced by systematic monitoring and corrective action. The Government of Odisha

has already initiated some reforms for the same and a continued rigour would help to bridge these gaps.

The Government of Odisha has also taken significant steps towards strengthening the ICDS in the state with initiatives like the introduction of Jaanch Committees in every AWC and the decentralised supplementary nutrition programme. However, this study suggests that major investments are still required to improve the infrastructure and thus the quality of services to be provided by the ICDS system.

1 INTRODUCTION

This is the second part of the report on *Capacity Building of Frontline Workers of the ICDS in Odisha – A Needs Assessment*. This part of the report focuses on the assessment of ICDS functionaries. It involved assessment of ICDS frontline workers through systematic observation of delivery of selected services, to understand their capacity, role and performance in carrying out their duties.

1.1 Methods of Assessment

The present study was conceptualized with the purpose of conducting an institutional capacity assessment of the existing capacity building programme for ICDS functionaries in the state. The assessment has examined the capacity building programme in its entirety in order to identify gaps in the institutional processes along with those in the curriculum, pedagogy and would also assess the felt needs for capacity building.

1.2 Objectives

The main objectives of the study are:

1. To assess the existing capacity building programme for ICDS functionaries in Odisha state.
2. To assess all Training Centres for ICDS functionaries in the state (MLTC, AWTCs, and AWHTCs)
3. To observe and assess the Anganwadi Worker (AWW,) Anganwadi Helper (AWH) and Lady Supervisor (LS) to understand their capacity, role and performance and identify gaps and challenges perceived by them.

Part One of the report included the assessment of training centres. In this part of the report, we shall discuss the assessment of ICDS personnel to understand their capacity, role and performance and identify gaps and challenges perceived by them (objective 3).

The assessment included interviews with AWHs, AWWs, LS, and Child Development Project Officers (CDPOs) and was carried out in a total of 12 blocks from 6 selected districts. Sampling criteria is discussed in the sections given below.

1.3 Sampling Strategy

From each of the 6 selected districts, 2 blocks were selected, based on the level of ease of accessibility (from the district headquarter).

While a ‘Difficult block’ was defined as located more than 40km away from the district headquarter and in difficult geographic conditions in terms of forest coverage and hilly terrain, an ‘Easy Access Block’ was defined as within 40km and easily accessible. Table 1.1 shows the blocks selected in each of the six districts.

Fig. 1: Study Sites

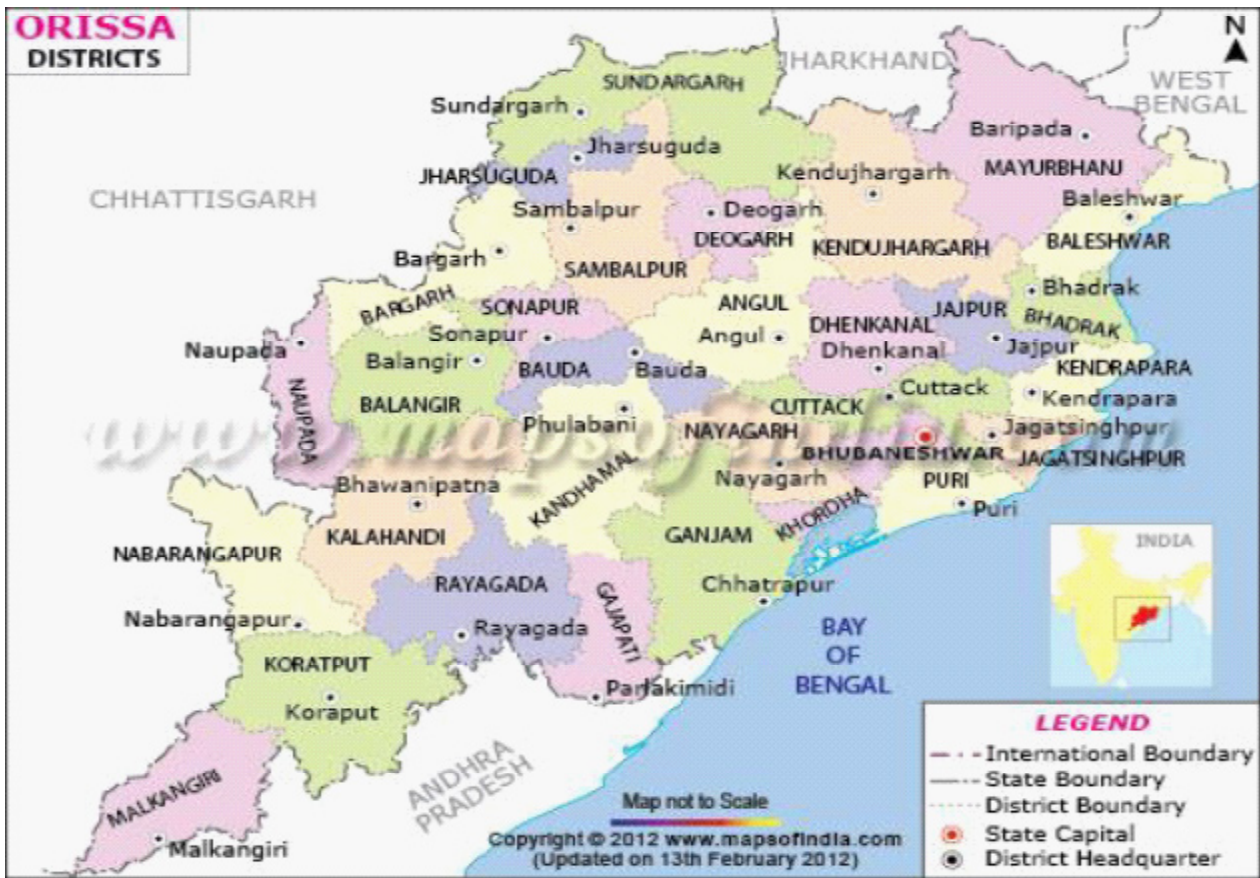


Table 1.1 Blocks selected in each district

Districts	Block I	Block II
	Difficult and Inaccessible Block	Easy and Accessible Block
Boudh	Kantamal	Boudh
Cuttack	Banki	Mahanga
Jharsuguda	Lakhanpur	Jharsuguda
Keonjhar	Ghatagaon	Banspal
Malkangiri	Korkkonda	Khairput
Gajapati	Kashinagar	R. Udayagiri

1.4 Selection of Respondents

From each district, 15 AWWs were to be selected, totaling 90 AWWs from the 6 districts. Hence we selected 8 AWWs from the first block, and 7 AWWs from the second block (numbers being based on convenience). Apart from the 90 AWWs, 15 AWHs, 15 CDPOs, 6 LS and 6 DSWOs were also to be covered in the assessment.

We had initially sought blockwise data on status of AWWs, AHWs and LS for certain

parameters such as training status, AWC rank as per district ranking etc., from the respective DSWOs (Criteria format attached). However, it was found that none of the DSWOs' offices maintained such data. The DSWOs in turn, asked for this data from either NOP managers where available, or from concerned CDPOs.

We faced considerable delay in getting this data as no systematic database relating to training of workers is maintained even at the CDPO level. At best, some CDPOs maintained some data relating to the job course training.

As there was no uniformity in the criteria for ranking of AWCs across the six districts, or no ranking done in some districts, this variable was dropped. Also, in the database required, some districts could not give us data on when the last training was attended by the AWWs or how many refresher trainings were attended.

1.4.1. Criteria for selection of AWWs, AWHs and LSs

The AWWs were, thus, selected according to the following criteria:

1. AWWs with more than 15 years of experience, and most trained (higher number of trainings attended) - Select 2;
2. AWW with more than 15 years of experience, and least trained (lower number of trainings attended) - Select 2;
3. AWW with more than 15 years experience, and last training received before 10 years (if not available then select one whose last training was received before 5 years) - Select 1;
4. AWW appointed within 5 years, and received highest number of trainings -Select 1;
5. AWW, appointed before 4 years, and not received job course training - Select 1;
6. AWW appointed before 15 years, not received job course training (if available) - Select-1.

At some places, we found that information/data given was not accurate, or that it was not possible to get the required number of AWWs in the assigned categories. In such cases, we took more from the categories available.

Criteria for selection of AWHs

1. Higher number of trainings attended---Select 1
2. Lowest number of trainings attended -Select 1
3. Most experienced, without job course training- Select 1 (in one block)

Criteria for selection of LS

1. Promoted LS with higher number of trainings attended -1
2. Directly appointed LS with higher number of trainings attended-1
3. Most experienced without job course training -1 (optional)

Table 1.2 List of Sampled AWCs

Sr. No.	District	Block	Panchayat	Village	Anganwadi Centre Name	
1	Boudh	Kantamal	Similipadar	Lokapada	Lokapada-1	
2			Similipadar	Lokapada	Lokapada-2	
3			Kuntigora	Ashregaoon	Ashregaoon AWC	
4			Ambagaon	Dedhmal	Dedhanmal-1	
5			Barangora	Loisingha	Loisingha AWC	
6			Khuntigora	Barhakalu	Barhakalu	
7			Sundhipadar	Sundhipadar	Sundhipadar AWC	
8			Katkatia	Damamunda	Damamunda	
9			Sundhipadar	Baulapur	Baulapur	
10		Boudh	Boudh	Mrusundhi	Gambharipadar	Gambhari padar AWC
11				Badhigaon	Badhigaon	Badhigaon-1
12				Baghiapada	Kanakpur	Kanakpur AWC
13				Ainlapali	Ainlapali	Ainlapali AWC
14				Manupali	Jamatangi	Jamatangi-1
15				Khaliapali	Rugudigada	Rugudigada
16				Badhigaon	Badhigaon	Badhigaon AWC-II
17	Cuttack	Banki	Puincha	Kadhamala	Kadhamal(1) AWC	
18			Balabhadrapur	Gopinathpur	Gopinathpur	
19			Kalapathar	Kalapathar	Kalapathar(I) AWC	
20			Anuary	Maizari	Maizari	
21			Brahamapur	Brahamapur	Brahamapura-2	
22				Brahamapura	Baurisahi	
23				Kiapalla	Kiapalla Sabarsahi	Jeapur sabar sahi AWC

24			Jaleswarpur	Kanhupur	Kanhupur-1 AWC
25			Jaleswarpur	Jaleswarpur	Jaleswarpur-4
26		Mahanga	Umar	Umar (Puruna matha)	Umar-1
27			Kurjanga	Kusunpur	Kusunpur
28			Bhera	Bhera	Bhera
29			Basudaypur	Banapur	Banapur-1
30			Chanapada	Chanapada	Chanapada-1
31			Palisahi	Dharoshamsundarpur	Dharoshamsundarpur-2
32		R. Udayagiri	R. Udayagiri	R. Udayagiri	R. Udayagiri-2
33			R. Udayagiri	Mahendragada	Mahendragada-1
34			Mahendragada	Khamarisahi	Khamarisahi
35			Sheligada	P. Sailam	P. Sailam
36			Parisala	Sindranse	Sindranse
37			Mahendragada	Ranalai-2	Ranalai-2
38			Mahendragada	Kusapalli-1	Kusapalli-1 AWC
39			R. Udayagiri	Luburusingh	Luburusingh
40			Allada	Allada	Allada
41			Siali	Karni Bhadra	Karni Bhadra
42		Siali	Kolla	Kolla	
43		Kashinagar	Khandaba	Khandaba-2	Khandaba-2
44			Khandva	Purutigada	Purutigada-2
45			Kharada	Tadava	Tadava
46			Sidhamandali	CH Laxmipur	Ch Laxmipur
47			Sripura	Sripura	Indra Colony
48			Sripura	Sripura	Sripura-2
49		Jharsuguda	H. Katapali	H. Katapali	H. Katapali -1
50			H. Katapali	H. Katapali	H. Katapali Awc

51			Talapatia	Talapatia		
52			Talapatia	Talapatia	Old Talapatia	Talapatia Awc
53			Patrapali	Patrapali	T. Mundapada	T. Mundapada
54			Baghamunda	Baghamunda	Patrapali	Patrapali-2
55			Baghamunda	Baghamunda	Baghamunda	Baghamunda-1
56			Lakhanpur	Lakhanpur	Ranpur	Ranpur Mini AWC
57		Lakhanpur	Belpahad Municipality	Khukhalmala	Pikol	Pikol
58			Kusratoy	Baragad	Baragad	Baragad Mini Caenter
59			Kadamdihi	Betajharan	Betajharan	Betajharan AWC
60			Palsada	Palsada	Palsada	Palsada-1
61			Palsada	Nachenmurue	Nachenmurue	Nachenmurue
62			Tondapalli	Tondapalli	MV-16	MV-16
63			Sikhapali	Sikhapali	MV-17	MV-17
64			Bodli	Bodli	MV-40	MV-40
65			Matapaka	Matapaka	Matapaka	Matapaka
66			Nalkanlru	Nalkanlru	MV-51	MV-51
67			Duraguda	Duraguda	RSC-2	Rsc-2
68			Gunthapada	Gunthapada	Haripur	Haripur
69			Karukonda	Karukonda	MV-34	MV-34
70			Podaghat	Podaghat	Kalapalli	Kalapalli
71			Rasibeda	Rasibeda	Mundiguda	Mundiguda
72			Gobindapali	Gobindapali	Maliguda	Maliguda
73			Gorinapalli	Gorinapalli	Govindapalli	Govindapalli
74			Padgata	Padgata	Puspally	Puspally
75			Padgata	Padgata	Bangkitiguda	Bangkitiguda
76			Govindapalli	Govindapalli	Khemaguru	Khemaguru
77			Mudulipada	Mudulipada	Bandigudi	Bandigudi

78							Dumurdihi
79						Banshpal	Hatapada Mini AWC
80						Saharpur	Saharpur AWC
81						Bayakumufia	Talakaipur
82						Kuanra	Kuanra (B) AWC
83						Singhpur	Kushalkala
84						Taramakant	Uppar Birikala
85						Phuljhari	Dhaladihi
86						Ruiguda	Upar ruigada(A)
87						Purumunda	Gayalmunda
88						Purumunda	Asanbahali
89						Muktapur	Dalangapan
90						Rvtisila	Rvtisila AWC
91						Gadadharpur	Bataharichandanpur
92						Upardiha	Upardiha
93						Balipokhar	Sagadpata

1.5 Details of Tools Administered

As mentioned before, the assessment included individual interviews with selected ICDS workers at various levels, focused group discussions, facility survey at the AWCs and Village Health and Nutrition Days (VHNDs), and home visits to interview selected beneficiaries. A knowledge and skills assessment test was also administered to the AWWs after the interviews. Table 1.3 gives details of the tools administered in the assessment.

1.5.1 Tools:

The tools used in the assessment are as follows:

1. Facility Checklist (AWC, VHND)
2. Survey interviews/ individual interviews
3. AWW knowledge assessment format
4. FGD
5. Key Informant Interviews
6. Discussions with mothers, district level officials

The tools were translated into Odia language.

All the questionnaires were reviewed and field tested and minor revisions of tools were carried out based on findings of the field testing before finalization.

1.6 Key Respondents:

The key respondents in the assessment are as follows:

1. DSWOs
2. CDPOs
3. LS
4. AWWs
5. AWHS

In addition, discussions with mothers/beneficiaries and consultations with NOP managers and other officials where required, were conducted for data.

1.7 Recruitment

Recruitment of investigators was completed by the 27th March, 2017. Fourteen field investigators were recruited. Two teams of five members each, and one team of four members were in place to conduct fieldwork across the six districts. Each team was assigned a team leader for coordinating the team's activities.

1.8 Orientation and Training

An orientation workshop was held for the investigators from 31st March- 2nd April 2017 at CYSD, Bhubaneswar and at the PHRN state office, Bhubaneswar. The objectives, design and tools of the assessment were discussed with the team. In-depth discussion of

Table 1.3 Details of Tools Administered

Zone	District	Block	Individual Interviews				Key Informant Interview	FGDs	Skill Assessment	Facility Survey		Home Visits
			AWH	AWW	LS	CDPO				AWC	VHND	
Zone I	Cuttack	Mahanga		8	1		1		8		1	
		Banki	2	7	2	1		2 (AWW)	7	1	3	
	Gajapati	R. Udayagiri	2	8	1		1	1 (LS)	8	1	1	
		Kashinagar		7	1	1			7		1	
Zone II	Keonjhar	Banspal	2	9	1	1	1	1 (LS)	9		2	
		Ghatagaon	1	7	1				7		1	
	Jharsuguda	Jharsuguda	2	7	1		1		7		2	
		Lakhanpur	1	8	2	1		1 (AWW)	8		1	
Zone III	Boudh	Kantamal	2	9	1			1 (LS)	9		1	
		Boudh	1	7	2	1			7	1	2	
	Malkangiri	Karukonda	1	8	1		1		8	1	2	
		Khairput	1	8	1	1	(ADSWO)	1 (AWW)	8		1	
Total			15	93*	15	6	5	93	4	18		

Note: * 93 AWCs were covered under the assessment, instead of 90.

** Post of Malkangiri DSWO is lying vacant. Interview with DSWO, Boudh couldn't take place due to non availability during the field assessment.

*** We had to conduct 2 FGDs of AWWs at Cuttack, as CDPO had informed number of AWWs to be present for the FGDs.

the tools was carried out.

1.9 Field Testing and Field Orientation

Field orientation of the investigators was done through administering the tools under guided observation. Field testing was conducted on 1st April, 2017, at the four AWCs of Balipatana block, Bhubaneswar:

- AWC, Athantara 1, Bhubaneswar
- AWC, Garedipanchana 2, Bhubaneswar
- AWC, Garedipanchana B, Bhubaneswar
- AWC, Saratsasan, Bhubaneswar

Tools administered at the four AWCs were AWC checklist, AWW Interview, AWW Knowledge Assessment, Sahayika (AWH) interview.

Feedback from the field testing was discussed on the third day of training and revisions in the formats were carried out and tools were finalized.

Data collection began from the second week of April (11th April, 2017).

2. FINDINGS FROM THE FIELD ASSESSMENT

2.1 Status of AWCs

All the 93 AWCs were surveyed and assessed using the AWC Checklist tool, to determine how they fared in terms of infrastructure and facilities and other materials. During the time of field assessment, the timing of the AWC had changed to the summer timings, i.e., 6.30 AM - 9.30 AM. Thus many AWCs were not open at the time the team visited them.

2.1.1 Location:

In the assessment, 50 out of 93 AWWs were found to be located in the middle of the village, 19 at the entrance of the village and 8 at the end of the village. Six (6) AWCs were located near the main road (Table 2.1)

Table 2.1 Location of AWCs

Location	No. of AWCs
Middle in the village.	50
Entrance of village	19
End of the village	8
Outside of the village	1
Near main road	6
	84

2.1.2 Building

The team found that 68 AWCs have their own building, 3 were functioning from rented accommodation, 3 from the AWWs' houses. It was noted that 17 AWCs were functioning from other accommodation which included in school building/verandah of school building (3AWCs), village club, 'Kothar ghar', etc. (Table 2.2)

Table 2.2 Buildings of AWCs

Building	No. of AWCs
Own Building	68
Rented	3
AWW's Home	3
School premises	11
Others (Kotha Ghar, Mahila Samiti's campus, other AWC, club house)	5
	91

In the assessment, we found the state of buildings and infrastructure to be in very poor condition. It was also observed that a few AWCs were housed/located with another AWC/ at the same building, as their own building was damaged and was undergoing construction.

When AWCs shared space with schools, it was difficult to maintain the utensils, materials, registers, etc., due to lack of space. Toilets were also shared with school, in some cases.

2.1.3. Condition of AWCs

We found 52 out of the 93 AWCs visited needed repairs. Only 43 centres were found to be water proof. Table 2.3 gives details of the conditions of the AWCs.

Table 2.3 Condition of AWCs

Condition of the AWC	No.of AWCs
Good condition	51
Needs repair	52
Water-proof	43
Well ventilated	73
Adequate light	66
Boundary wall	26

2.1.4 Infrastructure and Facilities Available

Table 2.4 Facilities Available

Facilities	Available
Electricity	14
Telephone/mobile/Sim (AWW's)	62
Clean, safe drinking water in the premises	62
Toilet	40
Functional toilets	24
Baby Pan / toilet	2
Indoor Activity Space for preschool	78
Kitchen / separate space for cooking	64
Cooking Chullah	85
Storage facilities for food	68
Adequate space for the Immunisation	60
Adequate space for VHND	67

2.1.4.1 Toilets:

Although toilets are available in 40 AWCs, in 16 AWCS, they are damaged and are not being used; only 24 are actually functional, and of these, only 8 were considered to be in a good condition.

2.1.4.2 Kitchen/separate space for cooking:

Only 64 out of 93 AWCs had a separate kitchen or cooking space. We observed that even when separate kitchen was provided, the use of wood/mud chullah caused smoke to enter the room, which caused discomfort to the children.

Cooking facility/Chullah:

Only 5 centers have gas facility; the rest use wood/mud chullahs. 7 AWWs cooked either

in own house or in another person's house.

Indoor activity space for preschool:

Only 68 out of 93 AWCs had space to conduct preschool activity.

2.1.5. Equipment and Materials

The assessment looked at the availability, condition and usage of equipment and materials. the details are given in Table 2.5

Table 2.5 Availability, Condition and Usage of Equipment and Material

Equipment/ Materials	Available	Used	Good Condition
First aid box	10	4	2
Salter Scale	83	76	59
Adult Weighing Scale	60	50	42
MUAC Tape	75	64	50
Hygiene Kit	36	29	23
PSE Kit	67	48	41
Nua Arunima	87	74	60
Vessels for Cooking	85	82	45
Vessel for Storing Drinking water	69	66	42
Utensils for serving hot cooked meals	71	68	53
Mats for children to sit on	76	69	41
Growth charts (separate for boys and girls)	68	59	43
Community growth chart	64	42	33
Posters / IEC Material	82	76	40
Take Home Ration Stocks	55	54	36
Record keeping Registers	80	78	65

2.1.5.1 Salter scale, Weighing Scale, MUAC tape, Growth charts:

The assessment found that 83 AWCs had salter scales, and 76 AWWs answered that they use it. In the case of adult weighing scales, 60 AWCs had the weighing scale, and 50 said they used it. MUAC tape and growth charts were available in 75 and in 68 AWCs.

It is of great concern that even with regards to basic equipment required for weighing and maintaining growth charts, 100% availability cannot be ensured.

In general it can be said that the infrastructural and material requirements of AWCs are not being met; this has highly significant repercussions on nutrition and malnutrition.

2.2 Status of Training

The assessment's findings relating to training of the various levels of ICDS personnel is presented and discussed in this section. The findings are based on interviews with the Anganwadi Helper/Shaayika (AWH), Anganwadi Worker (AWW), Lady Supervisor (LS) and CDPO as well as on FGDs with AWWs and LS.

This section first looks at the status of these ICDS workers in terms of their education, number of years of experience and training. It also discusses, for each category of workers, the transaction of training, topics covered, method adopted in training, problems face during training, future trainings needs, and so on.

We conducted a knowledge and skills assessment test for the AWWs in the study. The results of the same are discussed in a separate section.

2.2.1 Anganwadi Helper/Sahayika (AWH)

In the assessment, interviews were conducted with 15 AWHs across the six districts, selected as per criteria described in section X earlier. The number of AWHs interviewed from the district are as shown in Table 2.6

Table 2.6 Districts and No. of AWHs interviewed

District	No. of AWHs interviewed
Boudh	3
Cuttack	2
Gajapati	2
Jharsaguda	3
Keonjhar	3
Malkangiri	2

2.2.1 1 Profile of AWHs

Of the 15 AWHs interviewed, 13 had education levels below matric and 1 was a graduate. Five out of them had 20-29 years of service, 3 had 10-19 years of service, and 4 were comparatively new, having 1-9 years of service. (Table 2.7)

Table 2.7 Profile of AWHs

Education	No. of AWHs
Not educated	1
Below matric	13
Graduate	1
No. of years of Service	No. of AWHs
1-9 years	4
10-19 years	3
20-29 years	5

2.2.1.2 Training Received:

Out of 15 AWHs, 13 had received training, and 1 had not. The types of training received is given in Table 2.8

Table 2.8 Types of Training Received

Type of Training	No. of AWHs	
	Received	Not received
Induction training	11	3
Refresher Training	7	7
Thematic trainings	9	6

Eleven out of 15 had received their induction training, 7 had received refresher training and 9 had received thematic trainings.

2.2.2 Anganwadi Workers (AWWs)

A sample of 93 AWWs from across 2 blocks in each of the 6 districts were interviewed for this study. The AWWs were selected on the basis of the sampling criteria as mentioned in section 1.4.1. In this section, certain factors like education, number of years in service, training received and so on are discussed.

2.2.2.1 Educational Qualifications

The minimum educational qualification for recruitment as AWW is matriculation, as per DWCD, GoO directives. However, this is relaxed in the context of tribal areas and MADA¹ areas where the required qualification is Std. 8 pass. Table 2.9 shows that 38.7 % of the AWWs interviewed were matriculates, while 35.5 % were below matric.

Table 2.9 Educational Qualifications of AWWs

Education	No. of AWWs	% of AWWs
Below matric	33	35.5
Matric	36	38.7
Class 12	11	11.8
Graduate	11	11.8
PG	1	1.1
Any Other	1	1.1
Total	93	100

2.2.2.2 Number of Years in Service

In terms of experience, the majority of Angawadi workers (43%) are falling in the 16-25 years of service range with one fifth falling in the 1-5 years category.

¹ MADA – Modified Area Development Approach. MADA scheme has been operating since the Sixth Plan for the total development of the dispersed tribal population residing outside TSP area, which are contiguous smaller areas having a population of 10,000 or more, with 50% tribal concentration. 46 such MADA pockets in 47 blocks in 17 districts having 5.68 lakh tribal population (2001 census), are functioning in the State (Annual Activity Report 2015-16, ST and SC and Minorities and Backward Classes Welfare Department, GoO

Table 2.10 .No. of Years in Service

No. of Years in Service	No. of AWWs	% of AWWs
1 to 5	22	23.7
6 to 10	12	12.9
11 to 15	3	3.2
16 to 20	12	12.9
21 to 25	29	31.1
26 to 30	5	5.3
31 to 35	10	10.8
Total	93	100

2.2.2.3. Training Received

As we had seen in Part One of this report, there are three types of regular training for AWWs – orientation/induction, job course and refresher training.

Typically an AWW is to get an orientation/induction training of 2-3 days' duration soon after appointment to help her in work before she is able to go for the job training. The job course is for a period of 32 days, given once during her service period, and ideally to be given within 1 year of her being appointed. However, as we have noted already during our assessment of Training Centres in the first phase of the study, this is not the case and many times it is seen to be delayed.

In addition, thematic training on certain subjects/themes have been given from time to time, when required. In our study, we also found that in Odisha, there were certain other trainings that some AWWs had undergone like training on SHGs and Swacch Bharat that had been conducted by other departments or other agencies.

Table 2.11 Any Training Received

Training	No. of AWWs	% of AWWs
Received	88	94.6
Not received	5	5.4
Total	93	100

No training received We found that some of the AWWs had answered in the negative when first asked if they had received any training. These AWWs seemed to exclude project/block level thematic training or other trainings that they had received at the block level. Most often, these trainings are conducted through discussion of some topics at the block meeting, and hence AWWs haven't considered them as separate trainings.

The five AWWs, who answered that they had not received any training, were from Jharsuguda, Malkangiri and Cuttack districts. **One had joined 7 years back, 4 had joined between 2½ -3 ½ years back.** While the state seems to be achieving coverage of trainings well in general, the absence of a tracking mechanism allows workers who could easily be identified and trained to be left out.

None of these AWWs had received the orientation, job, or refresher training, but had

received block or Project level training that was thematic or others. All of them had been unable to go for training because they were pregnant at that time, and the opportunity for training was not available a second time till the time of survey. Anonymised details are available below and the list of the AWWs will be made available to the training coordinator.

Profile of the Five AWWs who had said that they have not received training

1. AWW 1: She is from Lakhanpur, Jharsuguda and joined 7 years ago. **This AWW has received neither job course nor refresher training as she was pregnant at the first time call, and at the second time no other participants required training from her project.** She has received training at Project level on Nua Arunima in 2013, on MIS on 2013 and MUAC .
2. AWW 2: From Korkunda block of Malkangiri, this AWW joined 3 years ago. **She has neither taken job course nor refresher course training due to pregnancy;** however, she has taken four trainings at project level (MIS, MUAC, Counseling, Nua Arunima and Sakti Varta); the last training was on 20.3.17 on SNP and THR preparation.
3. AWW 3: This AWW is from Khairput, Malkangiri and has joined 2½ years back. She has **not taken job and refresher course training due to pregnancy.** She has taken only two project level trainings on MIS and Nua Arunima.
4. AWW 4: This AWW from Khairput block of Malkangiri joined 2½ years back. She belongs to the primitive tribe 'Bonda'. **She has not taken job and refresher course training due to pregnancy. She has had only one project level training** but she could not tell us the topic of the training and could not recall the date of training. **It is evident that a worker like her needs to be supported even more in her work and trained accordingly.**
5. AWW 5: From Mahanga block, this AWW joined 3½ years ago. She has **not taken either job or refresher training; due to pregnancy she could not attend the Job course training.** She has taken one day training on WHO growth standards at district level (2015), 4 days training on MIS (2015) and one day training on SHG (2016). When asked what suggestions she would give, she mentioned that she would like to get job training as soon as possible.

As can be seen, as many as four years elapse before any training is imparted to these workers and this too awaits a general plan for a particular theme.

2.2.2.4. AWWs and Types of Training Received

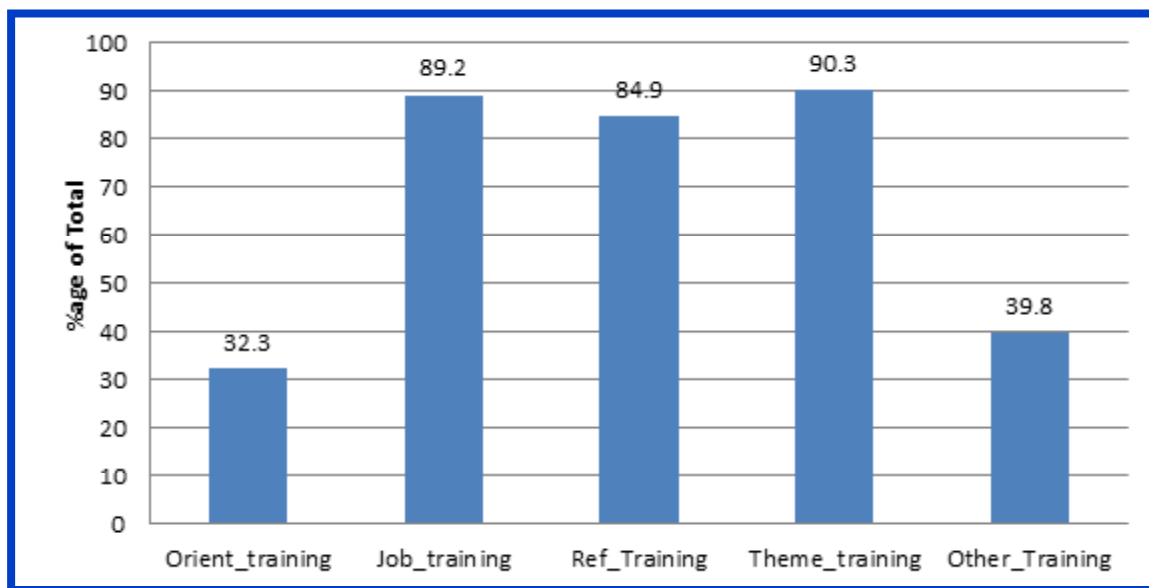
Although all AWWs in the assessment have received some form of training, this does not necessarily mean that they received all the required training in a systematic manner.

To examine the status of AWWs with regards to training, we have first looked at the number of AWWs who have received each kind of training (Table 2.12)

Table 2.12 Type of training received

Type of Training	No.AWWs who have received training	% of AWWs who have received training(n=93)
Orientation	30	32.3
Job	83	89.2
Refresher	79	84.9
Thematic	84	90.3
Others	37	39.8

Figure 2.1: Training by Type



With regard to orientation training, it was observed that just a little above 30 % of the AWWs had received it, while close to **90% had received job course training and a little above 84% had received refresher training; thematic training had the highest share with 90% AWWs having received it, and 40 % had received other trainings.**

In the section below, we see the different combinations in which AWWs in the study have received training.

A. Orientation and Other Trainings

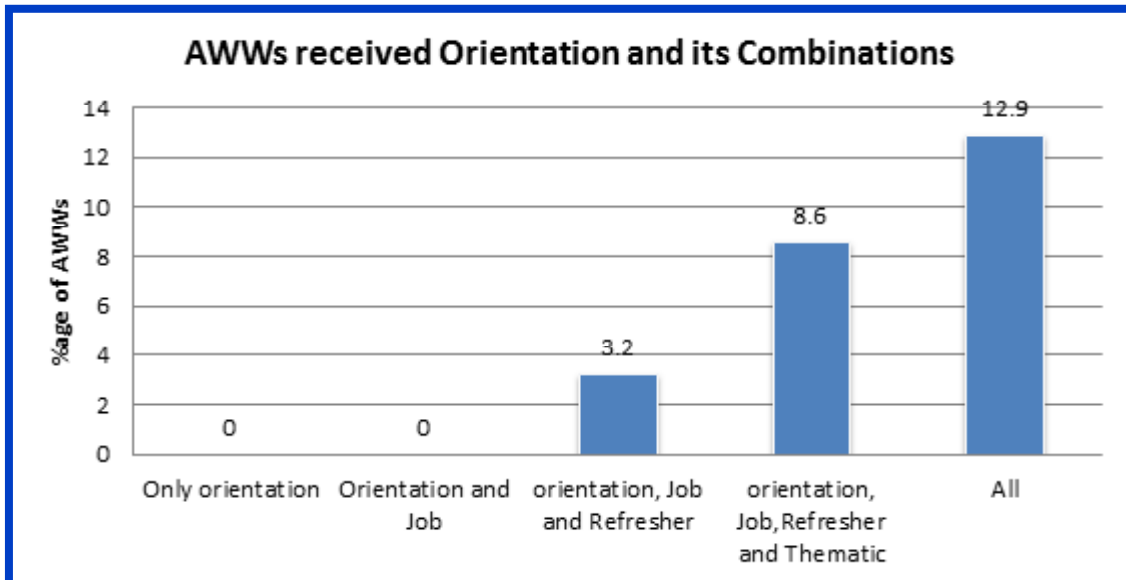
Orientation training is the first training that is given to AWWs soon after appointment, followed by all the other trainings. We wanted to examine how many AWWs have received it, either as stand alone or in combination with successive trainings.

In the assessment, as mentioned earlier, just a little above 30% of the AWWs had received orientation training, however we found that none of the AWWs had received only orientation, or orientation and job course alone.

Around 3% had received orientation, job and refresher, a little more than **8% received orientation, job, refresher and thematic trainings. Only 13% of AWWs (12 out of 93)**

had received the whole package of training comprising of orientation, job, refresher, thematic and any other training (Fig. 2.2).

Figure 2.2: Orientation and Combinations



Of the 93 AWWs interviewed, 63 reported not receiving orientation training. Further classification of data with number of years in service, shows that 18 AWWs with 1-5 years of service have not received orientation training, and 19 AWWs in the 21-25 years group have not received orientation training. (Table 2.13)

Table 2.13 No. of years in Service and Orientation Training Received

No. of Years in Service	Received Orientation Training		Total
	Yes	No	
1 to 5	4	18	22
6 to 10	6	4	10
11 to 15	2	1	3
16 to 20	4	8	12
21 to 25	9	20	29
26 to 30	0	5	5
31 to 35	5	7	12
Total	30	63	93

Out of 18 in the 1-5 years category, who have not received orientation, 5 have also not received job course training. This implies that five workers are working for 1-5 years without any orientation or job course training.

B. Job Course Training

Job course training is of pivotal importance as it introduces the AWW to the whole gamut of services that she is to deliver during her service period. To be given once in her service period, it attempts to build her knowledge and skills on diverse subjects and themes, ranging from nutrition and health of children to preschool education, distribution of THR, growth monitoring, immunization, maintaining records, MIS, involving community, and so on, in the course of 1 month.

As per norms, the job course training is to be given within 1 year of service. In the assessment, we see that out of the 83 AWWs who have received job course training, 76 have given information on when they received it.

Table 2.14: Year When Job Course Training Was Received

Job Course Received	No. of AWWs	% of AWWs From actual (n=76)
First Year	53	69.7
Second Year	7	9.2
Third Year and more	16	21.1
Total	76	100

When we compared the year of appointment with the year when they received the job training, we saw that **53 out of 76 (69.7%) received it within the first year of joining, as per the norms. 7 (9.2%) received it in the second year, and 16 out of 76 (21.1%) received it after three or more years.**

There were 4 AWWs who received job training after 9 years (1), 10 years (1), and after 17 years (2) one of whom received job course training in 2015 after receiving orientation in 1998!

The share of job course, in the overall types of training given to AWWs, in the assessment, is around 90% as seen earlier (section 2.3.1). While that is appreciated, we examined it further to see how many have received refresher, thematic and other trainings along with the job course, which would be ideally desirable as per departmental policy.

Figure 2.3: Job Training and Others

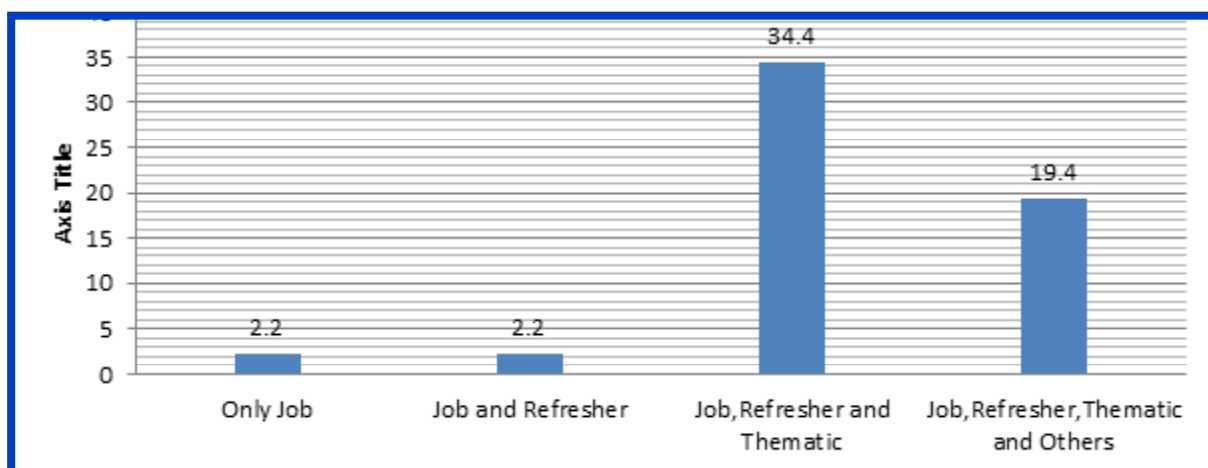
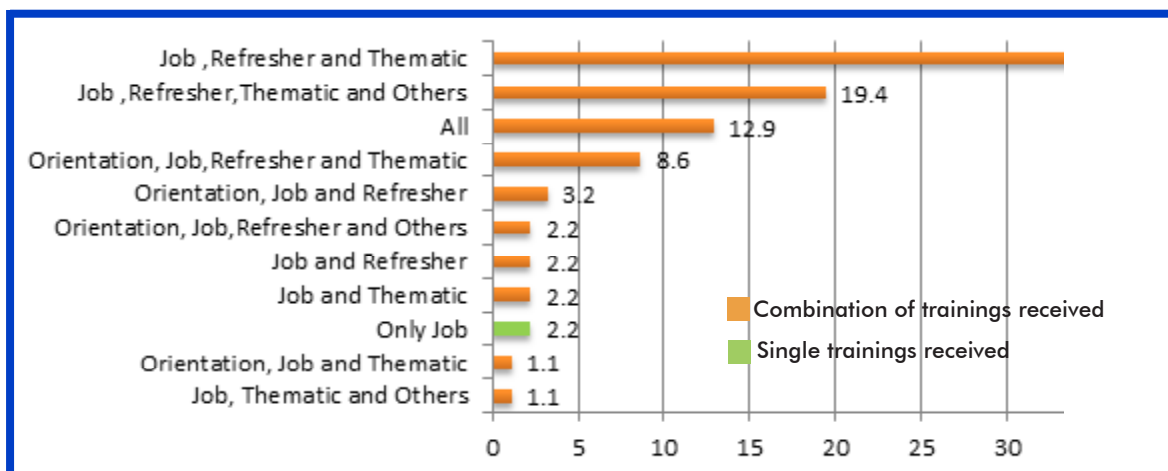


Figure 2.4: Job Training and Other Trainings Combination



Most AWWs who have received job training, have received it in combination with other trainings (Fig.). A small fraction have received only job training (2.2%). **Close to 35% have received job course, refresher and thematic trainings, followed by 18% who have received job, refresher, thematic and other trainings.**

Out of 93 AWWs, only 10 have not received job course training. Out of these 10, 7 have 1-5 years of service, and 3 have been in service for 6-10 years.

Table 2.15: No. of Years in Service and Job Training Received

No. of Years in Service	Received Job Training		
	Yes	No	Total
1 to 5	15	7	22
6 to 10	7	3	10
11 to 15	3	0	3
16 to 20	12	0	12
21 to 25	29	0	29
26 to 30	5	0	5
31 to 35	12	0	12
Total	83	10	93

These 10 AWWs have, however, received some or the other trainings. Amongst them, five are such who have neither received orientation nor refresher training, in addition to not having received job course training (as discussed above, in section 2.2.1.3). Details for the rest 5 are given in box below.

C. Refresher Trainings

As mentioned earlier, **82%** of the AWWs have received refresher training. Refresher trainings are ‘in-service trainings’ conducted to refresh workers’ skills and knowledge from time to time. Ideally, they are to be given once every 2 years. These trainings are held at AWTCS/ AHTCs and generally are of 7 days’ duration for AWWs and 5 days’ duration for AWHs, as was discussed in Part One of the report.

Profile of AWWs who have not received job training

AWW 1: From Jharsuguda district, she joined 7 years back (in 2010). She has received orientation, thematic (twice) and other trainings on SHG (2016) and on ration card (2015). She has not received any refresher trainings. **She told us she faced problems in maintaining growth chart, taking MUAC measurements and maintaining cashbook, in the absence of training.** She takes help from other AWWs and her Supervisor to overcome these problems.

AWW2: She is from Lakhanpur block of Jharsuguda district, and has been working since 2015. She has received orientation training, thematic training once, in 2016 and training on SHG (2 days). **She is unable to carry out preschool activities, faces problem in register maintenance and in plotting on growth chart.** She takes the help of AWW of the nearby village.

AWW 3: Also from Lakhanpur, Jharsuguda, this worker has been working since the last 10 years now. She has received orientation, thematic (MIS, PSE, Immunization) last in 2015 and training on SHG in 2016. No refresher trainings received.

AWW 4: This AWW is from Kantamal, Boudh and joined 5 years back. She has not received orientation and job training, but has only received thematic training in 2013. **She told us she learnt her work by watching other AWWs and contacting her Supervisor.**

AWW 5: From Ghatagaon block of Keonjhar district, she joined 5 years back. This worker has received orientation and two refresher trainings, although no job training. She has received thematic training 5 times on topics such as WHO new growth chart (2012), MUAC (2012), Counseling (2015), Arunima (2015).

Table 2.16 presents classification of AWWs with refresher training and number of years in service.

Table 2.16 No. of years in Service and Refresher Training Received

No. of Years in Service	Received Refresher Training		
	Yes	No	Total
1 to 5	13	9	22
6 to 10	6	4	10
11 to 15	3	0	3
16 to 20	12	0	12
21 to 25	28	1	29
26 to 30	5	0	5
31 to 35	12	0	12
Total	79	14	93

It shows higher number of AWWs in the 16-25 years category as having received the

training. In the 1-10 years category, 13 have not received refresher training. Of these, 8 have also not received job training, and 5 have neither received orientation.

Refresher trainings are to be given every two years, as per norm. As seen above, 79 out of the 93 workers have received refresher training. Table 2.17 shows the number of such trainings received by these 79 AWWs categorized according to the number of years in service.

Table 2.17: No. of Years in Service and No. of Refresher Trainings Received

No. of Years in Service	No. of AWWs having received 2 and more Refresher Trainings
1 to 5	6
6 to 10	5
11 to 15	1
16 to 20	7
21 to 25	21
26 to 30	3
31 to 35	6
Total	49

49 out of the 79, have received 2 or more than 2 refresher trainings. 21 AWWs in the 21-25 years of service have received 2 or more than 2 refresher trainings, but only 3 in the service group of 26-30 years received two or more than two such trainings.

D. Thematic Training

Thematic training was seen to have the highest share in the type of training received with 84 out of 93 AWWs reported having received thematic training.

The thematic trainings most cited by the AWWs was predominantly seen to be those which had been conducted by Nutritional Operation Plan (NOP) support from 2013-2016. However, these NOP trainings are not to be conducted periodically, they were only a time endeavour.

Table 2.18 Types of Thematic Trainings

Type of Thematic Trainings	No. of AWWs Received Training
Training on Revised MIS	83
Training on New WHO growth standards	81
Training on MUAC and Community Growth Chart	78
Training on Counseling	73
Training on Nua Arunima	21

While training on revised MIS was reported to be received by the maximum number of AWWs (83), only 22% of AWWs had received training on Nua Arunima. Other topics,

such as new WHO growth charts, MUAC and Community Growth chart presented a better picture.

The Nutrition Operation Plan (NOP) was implemented from 2010 for a period of 5 years, by the Dept. of Women and Child Development, Govt. of Odisha with financial support by DFID (Department for International Development, UK) to accelerate the pace of underweight reduction in Odisha. It was launched focusing on the 15 'High Burden' districts of Odisha viz. Angul, Bhadrak, Bolangir, Guajarati, Jharsuguda, Kalahandi, Kandhamal, Keonjhar, Koraput, Malkangiri, Nawarangpur, Nuapada, Rayagada, Sambalpur and Sundargarh. It supported convergent health and nutrition services at the grass root level, and one of its main strategies was to develop and support skill development and capacity building of functionaries at all levels on key issues of health and nutrition like IYCF, hygiene practices, immunization, etc.

The DWCD, GoO conducted a number of thematic trainings from 2013 till 2016 for ICDS functionaries at all levels and for members of the community, with support from the

E. Other Trainings

37 out of 93 AWWs (40%) reported receiving other trainings such as Shakti Varta, Swacchh Bharat, SHG and trainings to conduct BPL survey, ration card survey, etc. These were block level trainings, and usually of 1 or 2 days.

2.2.3 Lady Supervisors (LS)

A total of 15 LS were interviewed for this assessment. Apart from interviews, we also conducted three focus group discussions with LS in Keonjhar, Boudh and Gajapati districts. Table 2.19 presents the blocks and districts from where the 15 LS were interviewed.

Table 2.19: Locale of LS interviewed

District	Block	No. of LS interviewed
Boudh (3)	Kantamal	2
	Boudh	1
Cuttack (3)	Banki	2
	Mahanga	1
Gajapati (2)	Kashinagar	1
	R Udaygiri	1
Jharsuguda(3)	Lakhanpur	2
	Jharsuguda	1
Keonjhar(2)	Ghatagaon	1
	Banspal	1
Malkangiri(2)	Korkonda	1
	Khairput	1

2.2.3.1 Profile of LS

Table 2.20 Profile of LS

No.of years in service as LS	No.of LS
6-9 years	6
22-25 years	9
Educational Qualifications	
Matric	5
Post Graduate	9
Post Graduate with B.Ed.	1
Recruitment	
Direct	7
Promoted	7
Others (Contractual)	1

2.2.3..2 Training

Trainings received: All 15 LS have received training. The types of training received are detailed in Table 2.21.

Table 2.21 Type of Training Received

Type of Training	No. of LS received
Job course	15
Refresher	12
Thematic	15

Table 2. 22 When Was Job Course Training Received

When job course received after joining	No. of LS
1-3 months	6
4-8 months	3
1 year	2
2 years	2
6 years	2

Out of the 15, 6 had received training within 3 months of joining, 3 received it within 8 months. 2 LS each received it after 1 year, 2 year as well as 6 years. The LS who received training after 1 year, mentioned facing problems regarding organizing and conducting meetings, verifying records making, as she had no knowledge of job responsibility of AWWs.

2.2.4 CDPOs

For the assessment, 1 CDPO from each of the 6 districts were interviewed. Their profile is presented in Table 2.23.

Table 2.23 Profile of CDPOs

Educational qualification	No. of CDPOs
Graduate	3
Post Graduate	3
Mode of Recruitment	
Promotion	6

Out of the 6 CDPOs, 3 were found to be graduates and rest three were post graduates. All 6 were appointed through promotion.

Number of years in service. All CDPOs except 1 have over 20 years of experience in ICDS. The CDPO of Banspal block, Keonjhar is the most experienced with 28 years of service. The CDPO of Jharsuguda, with ICDS experience of a little more than 8 years, was the least experienced.

With regards to number of years in this position, 3 of the 6 CDPOs had 2-4 years in the same position, 1 had 7 years. Of the six, CDPO Khairput, Malkangiri, had the maximum experience (11 years) in the same post.

Table 2.24: Years of ICDS Experience of CDPOs

Block, District	Overall experience in field	No. of years working as CDPO in this project
Boudh	27 years and 3 months	2 years 3 months
Cuttack	26 years and 6 months	3 years, 6 Months
Gajapati	24 years	4years
Lakhanpur, Jarsuguda	8 years 7 months	7 yr
Banspal, Keonjhar	28 years	2 years
Khairput, Malkangiri	23 years	11years

2.2.4.1 Training

All 6 have received training before becoming CDPOs. The types of training and year when attended are given in Table 2.25:

Table 2.25 Types of Training and when received

Sr. No.	CDPO	Joined as CDPO	Received job course	Received refresher training	Skills training (Type and Year Received)
1	CDPO Boudh	2014	2014		2017
2	CDPO Banki, Cuttack	2013	2013	2015	
3	CDPO Gajapati	2011	2012		ECCE,
4	CDPO Jharsuguda	2010	2010	2016	IYCF, 1000 Days, PSE, Education, 2010-11
5	CDPO Banspal, Keonjhar	2015	2016		ECCE,2017; MIS 2016

6	CDPO Malkangiri	2006	2006		Accounting, 2007; Welfare of Women and Children, 2007; Disaster Management and PRI's functioning, 2015; Formulation of district Disaster Management Plan 2016; KSY Training 2016, Training on mother tongue, 2016.
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It is seen that all CDPOs received their job course training in the year they joined as CDPO, or within the first year itself, as per norms. With regard to refresher training, only 2 out of 6 CDPOs reported receiving it, one within 2 years and the second after 6 years. Only 1 CDPO has not received any skill training.

2.3 Transaction of Training

We next look at how training has been transacted. We asked our respondents about the topics that were covered in the trainings they attended, the methods used, and methods they felt were most effective, quality of the training, materials and aids used and whether they faced any problems in going for and during the training.

2.3.1 Topics of All Training

Table 2.26 Topics of training for AWH

Topics covered	AWHs responded (unprompted)
Supplementary nutrition	15
Nutrition and health education	5
Role and responsibilities	10
Basic Hygiene	10
Feeding colostrum to the newborn	1
Antenatal care	5
Post-natal care	4
Caring of children suffering from diarrhea	2
Caring of a child with ARI	1
Pre-school education	6
Weighing of children	3
Immunization	2
Protocol for preparing SNP	5
Other	3

Table 2.27 Topics of training for AWW

Topics covered	AWWs responded (unprompted)
Supplementary nutrition	60
Nutrition and health education	42
Health check-ups	41
Exclusive breastfeeding	18
Interpersonal skills counseling	31

Feeding colostrum to the newborn	24
Antenatal care	75
Post-natal care	67
Monitoring of weight of pregnant women	22
Giving IFA tablets to women, children and adolescent girls	19
Importance of Iodized salt consumption by pregnant women	5
Caring of children suffering from diarrhea	10
Caring of a child with ARI	4
Pre-school education	86
Community management malnutrition	0
Weighing of children	62
Registration of pregnant women	14
Referral Services	20
Immunization	67
Roles in Leprosy Programme	5
Roles in Malaria Programme ,V. Roles in Tuberculosis	5
Roles in Tuberculosis	6

2.3.1.1. Topics Covered in Training on '1000 Days'

Out of the 93 AWWs interviewed, 40 reported receiving training on the significance of 1000 Days.

We asked these AWWs what were the topics that were covered in this training. Most (36 out of the 40) mentioned 'New born care', 34 out of 40 mentioned Health and Diet in pregnancy, 30 out of 40 mentioned breastfeeding - especially the need for exclusive breastfeeding and colostrum feeding.

Table 2.26 Topics covered in 1000 Days Training (n=40)

Topics Covered	No. of AWWs said (unprompted)
Age span from conception to age 2	24
Health and diet in pregnancy	34
Newborn care	36
Breastfeeding (exclusive, colostrum feeding)	30
Complementary feeding	7
HNWASH	4
Don't Remember	7

2.3.2 Quality of all Trainings

2.3.2.1 Anganwadi Helper

Most (12 out of 15) rated the training as good or excellent. With regards to last training, all except one rated the quality as good or excellent.

Training on 1000 Days

The training on “First 1000 days in life” is being implemented in Odisha, particularly aimed at frontline workers and their supervisors. The two-days training programme, being run in a cascade model is designed to address knowledge and training gaps amongst ASHAs, ANMs and AWWs about different milestones during the first 1000 days of life, government schemes and programmes, skill building on the application of information to practice, and targeting of children under-two years to mainstream populations who are left out/ unable to access government services due to inequity or their remote location of stay.

The model uses a Training of Trainers (TOT) approach: Master trainers train district-level personnel, district personnel then train block-level personnel (in this case block-level personnel are ICDS supervisors and ayush doctors); and finally the FLWs get trained by block-level personnel.

(From Pre post training knowledge assessment of FLWs under 1000 days training and post training follow up assessment, TMST)

2.3.2.2 Anganwadi Worker

Most AWWs (80.6%) rated the quality of all training received as good, while 18.3 % felt it to be average.

Table 2.27: Quality of Training

Quality of all training			Quality of training on '1000 Days (n=40)	
	Frequency	%	Frequency	%
Good	75	80.6	32	80
Average	17	18.3	6	15
Total	92	98.9	38	95

Similarly, amongst the AWWs who had received training on Significance of 1000 Days, 80% rated the quality as good, while 15% felt it was average.

2.3.2.3 Lady Supervisors

Job course training: 4 out of 15 LS found the job course training that they received to be of fair/average quality.

Refresher training: 5 out of 15 LS said that the refresher training they attended was of fair/average quality.

Thematic trainings: With regards to the thematic trainings, all LS had received trainings on revised MIS, new growth charts, MUAC, community growth, counseling and new Arunima (except 1). 10 out of 15 LS had received training on Significance of 1000 Days. **6 out of 15 found thematic training to be of fair/average quality.** (Table 2.28)

2.3.3 Methods Adopted

We asked our respondents (AWH, AWW, LS and CDPO) about the teaching methods e

Table 2.28: Quality of Training of LS

Sr.No.	Type of Training	No. of AWWs responding to Quality of Training (n=15)	
		Good	Fair/ Average
1	Job Course Training	11	4
2	Refresher Training:	10	5
3	Thematic Trainings	9	6

used in the last training that they attended. Since last trainings differed from worker to worker, the methods used would also differ, depending on what training was ongoing, what topic was being taught, where training was taking place, etc.

Different methods were cited as used in the last training, as was also seen in observation of sessions that was a part of the assessment of training centres (Part One of the Report).

2.3.3.1 Anganwadi Helper

With regards to methods adopted during training, lecture (13) and role play (10) were most cited. 5 AWWs each also cited the use of AVs and demonstration and practice session as methods adopted.

Table 2.29: Methods Used in Last Training Conducted for AWWs

How was the training conducted	No. of AWWs
Lecture	13
Participatory Learning Approach	3
Role Play	10
Use of AVs	5
Demonstration and Practice Session	5
Other	2

2.3.3.2 Anganwadi Worker

It was seen that, as in the first part of the report, lecture method was predominantly reported to have been used/adopted as one of the methods in the last training attended by AWWs (64.5%). The use of role play (52.69%) and use of AV aids (47.31%) in the training was also cited. The total adds up to more than 100% because of multiple answers.

Table 2.30: Methods Used in Last Training Conducted for AWWs

Training Method Used	Nos	Share
Lecture	60	64.5
Participatory Learning Approach	17	18.2
Role Play	49	52.69
Use of AVs	44	47.31
Demonstration and Practice Sessions	26	27.95
Other	13	13.95

2.3.3.3 Lady Supervisor

Amongst the LS also, lecture method was cited by almost all (14 out of 15) as method adopted in the training attended. Use of AV aids, and role play were also reported by 11 and 10 LS respectively.

Table 2.31 Methods Used in Last Training Conducted for LS

Methods Adopted	Numbers
Lecture	14
Participatory Learning Approach	5
Role Play	10
Use of AVs	11
Demonstration and Practice Session	6
Others (Charts and Poster, Group Discussion)	5

In the next section, we will see what methods were considered most effective by the respondents.

2.3.3.4 Most effective methods

Anganwadi helper: AWHs considered a variety of methods as most effective methods. These included role play and use of AV methods (3, 3); group discussion and learning through actions (2) were felt to be most effective methods. Learning through singing and dancing were also cited.

Anganwadi worker: **Role play, mentioned by 47 AWWs topped the list of most effective method of teaching/training, followed by group discussion (20 out of 93) and then the use of AV aids and acting and singing.** This is important as it is evident that learning by doing is a more effective way of conducting training, as participants are involved and engaged and they seem to have better memory of what was taught.

Table 2.32 Most Effective Training Methods by AWW

Methods	No. of AWWs response
Role Play	47
Group Discussion	20
Audio Visual	12
Acting and singing	11
Demonstration	2
Counseling	1

Table 2.33: Problems During Training

Problems faced during Training	AWH (15 nos.)	AWW (93 nos.)	LS (15 nos.)
Duration		Long duration, travel time also long	1 LS said the job course (old pattern) of 3 months was very long and 'boring'.
Transportation	Two said that travel allowance was less and that proper travel arrangement was not made.	Travel allowance not given	
Accommodation Facilities (Toilet, water, acco.)	One reported that lodging was not good (food and rest)	13 reported poor and inadequate sanitation facilities. 16 reported problem related to availability of water. 4 reported inadequate and poor living/sleeping facility	
Food	One reported that food was not good	14 out of 93 reported problems with the food. Have to spend money on purchasing food during training. Some reported that they have to prepare food themselves.	
Understanding Instructress			Language problem was cited by 3 LS. 1 mentioned that ECCE training was in English although talking about mother tongue , and she found it difficult to follow. Instructress was not able to answer participants' questions. One said English was being used, and that the instructress was very fast, and that there was no recap session so difficult to remember another said that Bengali and Hindi had been used.
6. Materials, References used in training	4 AWHs reported language problems. English was used as reported by two AWHs. One AWH said that she faced problem understanding the terms both Odiya and English used in the charts.		

2.3.3.5 Role in the Training Process

We wanted to look at the role of the LS and the CDPO in the training process.

Lady supervisor: When asked about their role in the training process of AWWs and AWHs, all but 1 responded that their role included preparing the list of eligible participants and providing it to the CDPO and informing the AWWs, AWHs about the date of the training. 13 out of the 15 LS also said that they maintain the database of the trained workers which remains at the local level. **However, only 7 out of 15 said that they take feedback from the workers when they return from the training.** Another task that the supervisors have to undertake, as per norms, as we found out during the first phase of this Assessment, is escorting the participants to the Training Centres and accompanying them back when their training gets over. This was mentioned by only 4 out of the 15 LS.

Table 2.34: Role of LS in Training Process

Sr. No.	Role in training process	No. of LS
1	Provide list of eligible participants to CDPO	14
2	Inform workers/Sahayikas about date of training,	14
3	Get feedback from workers after they come from training	7
4	Maintain database of trained/workers,	13
5	Escorting participants(AWWsand AWHs)to and from training centres	4

Two LS mentioned that they also have to take care to see that the logistic and accommodation arrangements at the TCs are made.

CDPO: All 6 CDPOs have given training at various levels. The topics and methods of training are given in Table 2.35.

Table 2.35 CDPO's Training Topics and Methods

District	Topics on which she has given training	Methods adopted for training
Boudh	Eradication of malnutrition, survey of SAM children, positive deviance, all AWC services, revitalization of WSHGs	Audio visual, Chart poster, Study materials
Cuttack	All topics covered during jobcourse, refershers training.	Lecture methods, using audiovisual, chart poster posters,
Gajapati	SNP- Hot cook meals, Mamata, installment and family survey.	Local language like Odia for Odia AWW and Telugu for Telugu AWW. Group discussion lecture, arrangement.
Jharsuguda	WHO growth chart, Counselling, MIS, Preschool, SHG, Nua Arunima ,etc.	Group discussion, Role Play, demonstration method.
Keonjhar	Maintenance of Registers , Nua Arunima	Projector use, CD, open discussion, group discussion, demonstration.
Malkanagiri	Nua Arunima	Interaction, Group discussion, lecture method

Table 2.36: Role of CDPOs, Selection, Training and Skills Imparted to AWWs and AWHs,

Districts	As CDPO, what is your role in the training process (for AWW and Sahayika)?	How are AWWs, Sahayikas selected for training? (job/refresher/thematic etc.)	What are the main skills imparted in the initial training
Boudh	Management of training programme, Monitoring process.	No selection process followed. All are eligible for training.	Roles and responsibility, activities related to the job, way of talking, coordination with community and villagers.
Cuttack	Have to play a role since the planning of the training. To follow the guidelines given by the dept. and monitoring.		
Gajapati	To follow the guidelines given by the dept. and monitoring.	Selection board select the workers.	Record maintain, survey, pre school, counselling etc.
Jarsuguda	How to give training on worker/Sahyika is properly maintaining.	First priority is given to the ones who have not been given any training.	To speak in Odia and teaching in Odia language.
Keonjhar	The training programme is prepared by management committee.	To send the letter of DSWO, regarding how many AWWs and AWHs are to receive the training, At Quarterly sector meeting presentation and list of training topics done. In the sector meeting discussion on who has not attended the meeting. Then select those and send them to training programme.	First how to conduct survey, maintain register, ICDS work, and six services.
Malkangiri	To convince the AWW to attend the training.	First selects those have not attended AWW or have not taken the trainings. After that according to the norms after two years, AW are being sent for refresher training.	Counselling has been given

Apart from giving training, CDPO's role in the training process includes getting the list of workers prepared for forwarding to the training coordinator, and preparing for sending workers/Sahayika. Table 2.36 gives the responses from the CDPOs of all 6 districts regarding their role in the training process, how AWWs and AWHs are selected, and the main skills imparted in initial training.

2.4 Knowledge and Skill Assessment

Apart from the interview, all AWWs underwent a knowledge and skill test wherein questions on different aspects relating to their job were asked. A total of 20 questions were asked in the assessment to the AWWs relating to different categories of their service. The assessment was carried out to observe levels of basic knowledge and skills required for their daily work. The objective was not to rank the AWWs, but to make an assessment of levels of their knowledge and skills in order to be able add to their capacity building in future.

One set of questions was related to growth monitoring and provision of SNP/THR. A second set was related to knowledge of childhood illnesses and identifying danger signs of the same. Another set of questions was regarding knowledge of IYCF practices and immunization. Some questions pertaining to ANC and identifying danger signs in pregnancy were also asked.

The total score for the assessment was 40. 36 questions carried 1 mark each. 4 questions that required a combination answers to be deemed fully correct were marked accordingly. (Detailed marking scheme and scoring sheet is annexe as annexures 1 and 2).

The results of the test are presented in Table 2.37.

Table 2.37 Results of Skill and Knowledge Assessment of AWWs

Total Score	40
Highest marks attained	31
Lowest marks attained	14
Average score	23
Std. Deviation	3.6

The average score was 23, while the lowest marks obtained was 14 out of 40. Most (54%) of the AWWs' scores were clustered around 21-25 marks (Fig.2.5).

We further classified the scores against years of service (Table 2.38). The average score was highest among AWWs with 6 to 10 years of experience. The inequality ratio of the score derived from maximum and minimum score was least in the category of 26-30 years of service, and the highest was observed in the 1-5 years category.

2.4.1 Correlation of performance with training

Performance on the assessment test did not show any specific correlation with the training received. It was seen that there was not much difference in the scores of AWWs who had received training and AWWs who had not received training. However, this has to be juxtaposed with the fact that very small numbers were high scorers or low scorers, and achieving correlations was not a part of the sampling strategy or methods.

Figure 2.5: Classification of Scores Against Years of Service

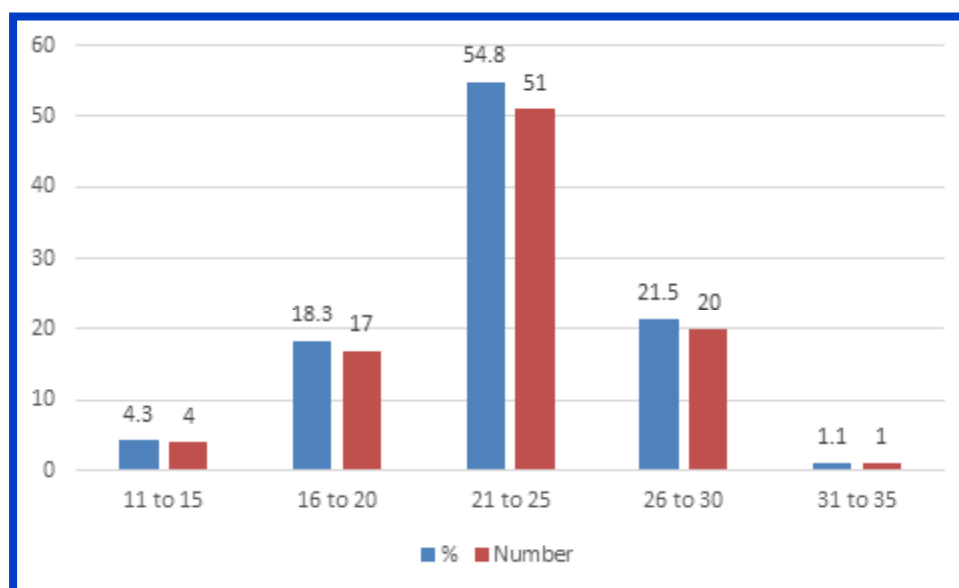


Table 2.38: Years of Experience and Average Score

Years of Service	Mean	Minimum	Maximum	Inequality (Max/Min)
1 to 5	20.9	14	29	2.10
6 to 10	25.5	19	31	1.63
11 to 15	21.2	17	28	1.65
16 to 20	23.6	14	28	1.94
21 to 25	23.1	17.3	28.4	1.64
26 to 30	23.0	21.5	26.0	1.21
31 to 35	22.3	17.2	25.5	1.48
Overall average	23.8	14	31.4	2.10

2.4.2. Performance on individual questions/sections (Test and score sheet annexed, see annexures 3 and 4)

All AWWs could correctly identify the lines on the Salter scale.

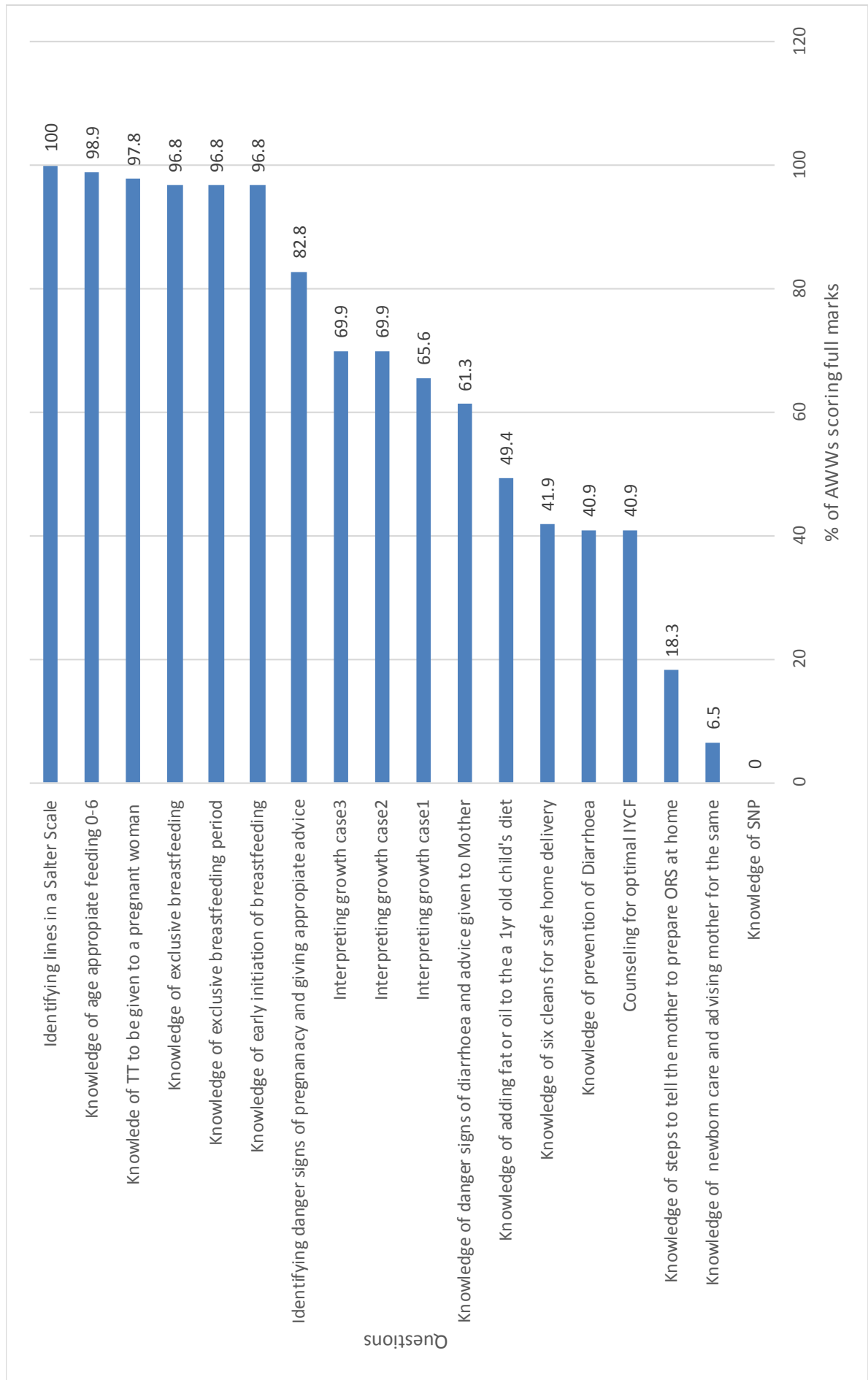
Only 2 out of the 93 AWWs could report the correct amount, approximately or partially, of calories and proteins to be given in SNP to a children in the 6 months-3 years age group or to severely malnourished children in the same age group.

2.4.2.1 Individual Questionwise Responses

We present below how the AWWs in our study responded to the different questions asked in the skill and knowledge assessment test. This section gives the responsewise percentages.

Fig. 2.6 depicts the percentage of correct answers/full marks attained in each question. For some questions a combination of options was required to be marked correct and given full marks. And this section gives the number and percentage of AWWs responding with each of the response.

Figure 2.6: Performance on individual questions



Q.No.1. Identifying Danger signs of pregnancy

Response	No. of AWWs responded	% of AWWs responded
Immediate referral to SHC/ PHC/ CHC/ DH	63	68
Immediate Referral to private facility	7	8
Referral to SHC/PHC/CHC/DH at woman's convenience	26	28
Referral to private facility at woman's convenience	7	8
Ensure regular ANC	15	16
Motivate for institutional delivery	6	6
Notify ANM/ HW	29	31
Others	19	20

Most AWWs seemed to be able to identify the danger signs of pregnancy as they answered correctly saying they would advise immediate referral to SHC/PHC/CHC/DHC (68%) or would notify the ANM/HW (31%) in this case.

Q.No.2. Six Cleans for Home Delivery

Response	No. of AWWs responded	% of AWWs responded
Ensure Clean hands	82	88
Ensure Clean surface	80	86
Ensure Clean new blade	82	88
Ensure Clean cord	71	76
Ensure Clean cord stump	42	45
Ensure Clean cloth	81	87
Others	8	9
Don't Know and No Response	4	4
Mentioned all 5/6 cleans	39	42

Around 80% mentioned the 3 out of 6 cleans that need to be ensured in case of safe home delivery. With regards to all (5 to 6) cleans that are to be ensured, around 42% could answer. Hence, in the graph above (Fig. 2.6), it is seen that only 42 % have given the correct answer for all 5/6 cleans, although a much higher number (80-85%) are able to give 2-3 of the correct answers.

Q.No. 3 Advice for newborn care

Between 60-80% AWWs gave 3 of the important messages for newborn care. However, only 6.5 % AWWs were able to include other important key messages, and thus scored higher marks. Hence, graph above may seem to depict a different picture.

This information has implications on neonatal survival and malnutrition and should be targeted for a better score.

Response	No. of AWWs responded	% of AWWs responded
Counsel for colostrum feeding	74	80
Early initiation of breastfeeding	58	62
Advice for keeping the baby warm	69	74
Advice on immunization of the child	38	41
Advice on birth registration	12	13
Not to give immediate bath to the newborn	59	63
Advice on exclusive breastfeeding for 6 months	48	52
Weighing of the child	33	35
Don't know	1	1
Others	10	11
All 7 measures for newborn care	6	6.5

Q.No. 4 How many TT to be given to a woman who is pregnant for 1st time

No. of TTs	No. of AWWs responded	% of AWWs responded
1	1	1
2	91	97.8
3	1	1
	93	100

Almost all AWWs (97.8%) answered this correctly.

Q.No. 5 What all should be given to new born alongwith breastmilk from time to time?

Response	No. of AWWs responded	% of AWWs responded
Water		0
Dal and rice	2	2
Nothing except breastmilk	90	97
Missing	1	1

Majority (97%) answered this correctly.

Q.No. 6 How soon after birth should breastmilk be initiated?

Response	No. of AWWs responded	% of AWWs responded
Within half hour of birth	80	86
After mother has taken proper rest and nutritious diet	1	1
Within 1 hour of birth	10	11
Others	4	4

Q.No. 7 What do you think about adding fat or oil to the diet of 1 year old child?

Response	No. of AWWs responded	% of AWWs responded
Not desirable	19	20
Highly desirable	46	49
Must be done somehow	26	28
Desirable but cannot be done	2	2

Only 49% AWWs felt that fat or oil should be added to the food of a 1 year old child. This is a basic and easy message that would help the prevention and management of malnutrition.

Q.No. 8 For how many months should the mother exclusively breastfeed the child?

Response	No. of AWWs responded	% of AWWs responded
2 months	1	1
4 months	0	0
6 months	90	97
1 year	0	0
Don't Know and Other	1	1

Q.No. 9 What activities would you advise for promotion of optimal infant and young child feeding practices?

Response	No. of AWWs responded	% of AWWs responded
Exclusive breastfeeding for six months	43	46
Timely initiation of complimentary feeding after 6 months	69	74
Ensure registration of child at AWC	21	23
Ensure registration of child at AWC for growth monitoring and supplementary food	11	12
Mentioned both options(1,2)	38	40.9

Q.No. 10 One year old is passing frequent watery stools and has not been passing much urine. She is also very lethargic. What advice would you give the mother?

Around 62% of the AWWs were able to recognize the urgency of immediate referral in the case of acute diarrhoea and severe dehydration. 92.5% responded that they would give ORS, and 46% reported that they would advise the mother to continue feeding the child, while around 41% said they would advise giving the child extra fluids.

Response	No. of AWWs responded	% of AWWs responded
Continue feeding the child	43	46
Give ORS	86	92
Give extra fluids (dal water, etc.)	38	41
Advise boiled water for drinking	22	24
Immediate Referral to nearby public health facility	58	62
Immediate referral to the private provider	1	1
Referral after some time	10	11
Don't know	4	4
No response	2	2

Q.No. 11 Which one option out of the following would you advise to prevent recurrent diarrhea?

Response	No. of AWWs responded	% of AWWs responded
Promotion of hand washing before cooking and feeding the child	38	40.9
Reduce the amount of sweets / sugar in the child diet	3	3.2
Keeping surroundings clean	6	6.5
Bathing the child daily	0	0
Combination of options	46	46

In this question, 40% responded that they would promote washing of hands before cooking and feeding the child. A higher percentage (46%) responded with option 1 and 2.

Thus, it was seen that although AWWs performed well in some areas, knowledge and skills in certain key areas (growth charts, counselling mothers, SNP, child care, red flags for referrals) need to be strengthened.

3. Key Findings

3.1 Training

3.1.1 Coverage

Overall training coverage was seen to be good, with almost 90% of AWWs/ respondents at all levels having received (some or the other) training. Most respondents in all posts, were found to have received their respective job course training, in the assessment. Refresher trainings and thematic and skill training were also seen to have been received by most, with thematic training being the most received. **However, this doesn't mean that all training imparted were systematic and as per norms.** Significant gaps were observed in the number and interval of trainings. For instance, we found 2 AWWs who received their job course training after 17 years of joining service! Ten AWWs have never received job training at all, which is the basic training for their work. Five AWWs have received no training at all apart from thematic trainings, though they have been at work for 1-5 years. These are all easily avoidable situations. In addition, it was seen that not all of the respondents had received the desired number of refresher training as per norms (once every two years), considering their total years in service. **This points to the lack of an individualized tracking mechanism which would be possible if a functional database or an MIS for training was in place. Recommendation for such an MIS has already been placed in Part One of the report.**

3.1.1.1 Lack of Training Database

It was seen that there was no database maintained that kept track of each individual worker's training, although an LS would be prepare a list of eligible workers at the time of training.

3.1.2. Quality

3.1.2.1 Quality and Frequency Inadequate

While training appears to be well placed in terms of coverage, it is felt that the quality and frequency of training needs to be improved and increased. It was observed that although respondents had received most trainings, retention of what was taught and the important messages that need to be remembered and conveyed to the community and mothers during counseling, were not seen. **How AWWs fared in the skills and assessment test reinforced this point.** The overall score was low, also adding to the fact that the maximum score was attained by only 1 AWW. Most AWWs' score clustered around 21-25 marks, out of a total of 40, irrespective of whether they had received training or not received training. This hints to the fact that AWWs' knowledge and skills could be a result of their experience of working, learning on the job and their exposure to issues, rather than being linked to whether they have received training. This hunch is reinforced by the fact that the highest range is found amongst the newest recruits; either they have done well as a result of recent

and better training, or they have fared poorly perhaps since they have not picked up enough on the job.

3.1.2.2 Transaction of sessions, language and materials used:

It was found that some respondents reported that they had problems in understanding the instructress because of the language used - English. Some reported that the instructress was very fast while teaching, and could not clear participants' doubts.

3.1.3 Management Problems Related to Training:

3.1.3.1. Information about training

Some workers said that prior information (at least a week's time) about date and venue of training, etc., should be given before reporting for training, so that necessary arrangements for household work, care of children, etc., can be made.

3.1.3.2. Advance money:

It was seen that advance money for travel was reported to be inadequate many a times. **It was also reported by many AWWs that they had to pay for their food when they arrived at the training centres, for the course of their stay at the centre. Most times this posed a problem as they didn't carry adequate money with them.**

3.1.3.3 Accommodation Arrangements

Facilities at the training centres were reported to be poor and inadequate by the respondents, especially AWWs. Shortage of water and toilets and inadequate and poor living/sleeping facilities were reported by many of the respondents. Three TCs (AWTC, **Bhubaneshwar, Stayabhamapur and Chowdhar**) were particularly mentioned.

3.1.3.4. Food

As mentioned earlier, some AWWs reported that they had to pay for their food, for the duration of their stay, upon their arrival (in most cases). Some AWWs mentioned that they had to cook their food themselves at some of the TCs as no other facility was available.

3.2 AWC Infrastructure and Facilities

3.2.1 Building and Infrastructure

It was found that many AWCs didn't have their own building (68). Some shared space with the school campus, some were functioning from school verandahs. The physical environment in and around most AWCs were found to be unhygienic. There was lack of ventilation, which caused smoke to fill the AWCs and lack of toilet facilities. Electricity connection was available only in 14 AWCs.

Even in the ones that had their own building, many were found to be in dismal and dilapidated conditions, requiring urgent repairs. Functional toilets were found only in 24 of the AWCs. Separate kitchen, cooking facilities were not available in many AWCs.

3.2.2 Facilities and Materials

Indoor space for preschool activity was seen in 78 out of 93 AWCs only. Proper storage

facilities were not available in many AWCs. Availability of even basic equipment like salter scale, weighing machine, MUAC tape, growth charts was not ensured in all AWCs. Clean drinking water facilities was available in 62 AWCs.

3.3 Monitoring and Supervision by LS and CDPO

Monitoring and supervision by both the LS and CDPO were found to be lacking. It was seen that supervision of AWCs situated near the headquarters was comparatively better by both CDPO and Supervisor, whereas those located at a distance were rarely visited. This was also accepted by some of the personnel themselves. Lack of transport and communication facilities, especially in difficult terrains, was a major hurdle for the LS and CDPOs in carrying out their duties.

District wise observations made by the Research Teams

Sr. No.	District	Observations
1	BOUDH	Overall, AWCs were opening around 7-7.30 AM. All activities were covered, lunch was given in time. PSE going on well.
2	CUTTACK	6 sectors, but only 2 LS (LS1 has 132 AWCs under her; LS2 has 51 AWCs under her) Mahanga-not all activities covered. Only lunch is given. Reimbursement of expenditure had not been issued to some AWCs from Kusumpur in Mahanga after their training at HETC, Bhubaneswar (21 st Nov-22 nd Dec, 2016) Banki- No PSE happening. No. of children marked were more than actually present. AWW Jengapur Sabal Sahi belonged to the category of AWCs with highest number of trainings, but AWC was in very unhygienic conditions CDPO Banki was not aware of what thematic trainings were. Materials, utensils not adequate. TLM kit not given.
3	KEONJHAR	Morning snacks and lunch given in most places. Open late, attendance is a problem. PSE happening well in most AWCs.
4	JHARSUGUDA	
5	GAJAPATI	Older AWCs who had undergone the 3 months job course were able to respond, answer even if service delivery carrying out duties might be problematic. New AWCs were not responding much. Field exposure during the training period was far greater for the older AWCs, than for the newer AWCs. Practical demonstration of record keeping, filling up registers is not done/ practiced at the block level training. PSE very poor; observed in only 4 AWCs out of the 31 AWCs combined in both the districts.
6	MALKANGIRI	AWC P Sitom, R Udaygiri, Gajapati – Centre has not opened since contractor has not been paid and he has kept it locked. AWW not been regular since the past 3 months. Korkonda- Mostly Bengali AWCs – active, but have language problems during training. Gajapati- Telugu AWCs- face language problems during training Monitoring by LS not happening. AWCs from the tribal communities can't read or write. Local language / dialect should be used. Nua Arunima- designed in the Kava language, but scripted in Odia language, AWCs don't use it because they are not literate and can't read.

4. Recommendations

- A functional database of individual workers/personnel's training status needs to be developed that would help to capture those 'left out' from the training process. A suitable MIS for the same needs to be created. This would provide information on what kind of training an AWW/other ICDS worker has already received, and what training is still required.
- A total quality management (TQM) / quality assurance (QA) process needs to be established for the training process to ensure quality as well as outcomes. Outcomes need to be measured routinely after each training through pre and post evaluations. It should be noted that in Part I of this report we had observed that although pre and post tests are conducted after every training in the TCs, no standard process is followed for that and neither is its analysis documented nor shared any further. The MIS should thus, cater to the programmatic requirements as well as coverage and administrative indicators. It should be noted that GOI is already planning that "each State will implement a **Performance Management and Quality Improvement (PMQI)** program" under the ISSNIP programme . Odisha has the opportunity to pioneer such a process.
- There is an urgent need to have proper coordination between state, district, block and the facility level with regards to the efficient and smooth running of the training programme right from the point of informing participants in advance, providing funds to training centres well in time, ensure participation from all eligible workers etc.
- Staff in DSWO office should be increased or appointed as per norms.
- Funds for training programmes should be provided in advance to the training centres.
- Infrastructure and facilities at TCs need to be improved. All TCs should have electricity connection, availability of water and adequate toilet facilities, mess and canteen services.
- All TCs should have proper hostel accommodation with the basic facilities like adequate number of toilets, water supply, first aid and medical facilities. Warden should be appointed and residing in the hostel at all TCs. Transport facilities for medical emergencies should be available at all TCs.
- A system of taking feedback regarding training from all participants needs to be established.
- Adequate and timely disbursement of travel allowance to the LS and CDPOs to be made in order for them to carry out their monitoring and supervision duties to all AWCs concerned
- Travel allowance to AWWs and LS should be adequate and given in advance.

- Language used in training should be the mother tongue especially in AWH training and the training material must be translated into local dialects.
- Infrastructure and facilities of AWCs need to be upgraded urgently.

Malnutrition continues to be a focus area for intensive action for the Government of Odisha. The gaps observed in the capacity building processes in the ICDS during the current assessment, resulting in gaps in the understanding of the AWWs and Helpers, can be reduced by systematic monitoring and corrective action. The Government of Odisha has already initiated some reforms for the same and a continued rigour would help to bridge these gaps.

The Government of Odisha has also taken significant steps towards strengthening the ICDS in the state with initiatives like the introduction of Jaanch Committees in every AWC and the decentralised supplementary nutrition programme. However, this study suggests that major investments are still required to improve the infrastructure and thus the quality of services to be provided by the ICDS system.

Annexure 1

Format for Collecting Data of AWWs

Name of District								Anganwadi Worker (AWW)						
Sl. No	Name of the Block	Name of the GP	Name of the Village	Name of AWC/No (if any)	Distance from district Head Quarter	Name of AWW	Performance according to district ranking	Date of Joining	No. of Refresher train ing completed	Job course training attended (Yes / No)	No. of thematic training attended	Total No. of training attended (AWW)	Last training attended (Year)	

Annexure 2

Marking Scheme for Knowledge and Skill assessment

Q. No.	Questions	
1	What does the Long line, Medium line and Short line depict in a Salter scale	3
2	Explain the growth curve (Case 1)	1
3	Explain the growth curve (Case 2)	1
4	Explain the growth curve (Case 3)	1
5	How much calorie and protein should be provided under SNP for children between 6 months to 3 years	1
6	How much calorie and protein should be provided under SNP for children who are severely malnourished between 6 months to 3 years	1
7	A 5 months pregnant woman, aged 26 years has been experiencing severe headaches, nausea and generalized odema since last week. What advice would you give to this woman?	1
8	A 22 yr old pregnant woman is unwilling to go for institutional delivery and has decided to have a home delivery. What are the six cleans to be followed for a safe home delivery?	1
9	What advice would you give to mother for newborn care?	7
10	How many TTs to be given to a woman who is pregnant for 1st time?	1
11	What all should be given alongwith breastmilk from time of birth?	1
12	How soon after birth should breast feeding be initiated?	1
13	What do you think about adding fat or oil to the diet of a 1-year old child?	1
14	For how many months should the mother exclusively breastfeed the child?	1
15	Which activities do you advise for promotion of optimal infant and young child feeding practices?	1
16	According to the age, what type of food, how many times & how much is to be provided to child (0to6) ?	1
17	1 yr old is child is passing frequent watery stools and has not been passing much urine. She is also very lethargic. What advice would you give to the mother?	2
18	Which one option out of the following would you advise to prevent recurrent diarrhoea?	1
19	How do you tell the mother to prepare ORS at home? List the steps in order.	2
20	Can you tell at what age the following vaccination is to be given to a child? Put a tick mark in each of the relevant columns.	
a	BCG	1
b	OPV (Polio)	1

c	Hepatitis B	1
d	Rotavirus	1
e	Pentavalent	1
f	IPV	1
g	Measles	1
h	Vitamin A	1
i	Japanese Encephalitis	1
j	DPT booster	1
k	TT	1

Annexure 3

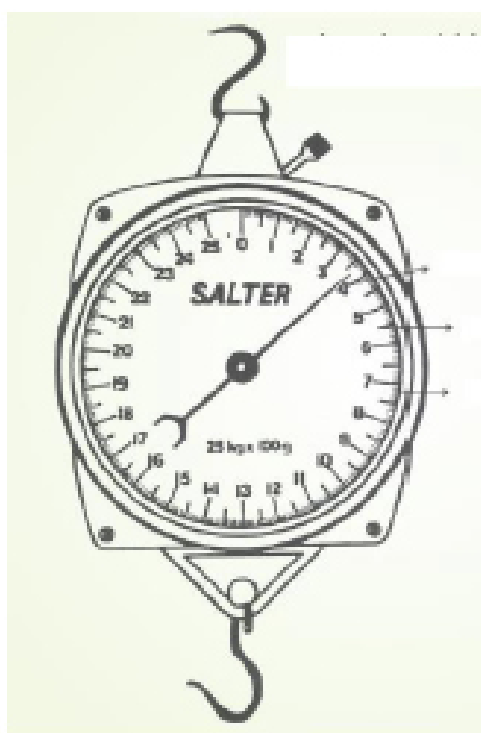
Assessment of Capacity Building of Frontline Workers in the ICDS in Odisha ଓଡ଼ିଶା ଆଇ.ସି.ଡି.ଏସ୍.ର ଆଗାଧୀନି ଜର୍ମୀକ ତତ୍ତ୍ଵର ବୁଝି ଆବଳନ ପ୍ରଶ୍ନାବଳୀ

AWW's Knowledge Assessment ଅଙ୍ଗନବାଡ଼ି ଜର୍ମୀକ ଜ୍ଞାନର ଆବଳନ

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ANGANWADI CENTRE (AWC) DETAILS ଅଙ୍ଗନବାଡ଼ି କେନ୍ଦ୍ରର ବିବରଣୀ	
District ନାମ	Block ବ୍ଲକ୍
Panchayat Name ପଞ୍ଚାୟତ ନାମ	Village Name ଗ୍ରାମ ନାମ
Anganwadi Centre / Mini AWC Name ଅଙ୍ଗନବାଡ଼ି କେନ୍ଦ୍ର / ମିନି ଅଙ୍ଗନବାଡ଼ି କେନ୍ଦ୍ର ନାମ	
Anganwadi Centre / Mini AWC Code No. ଅଙ୍ଗନବାଡ଼ି କେନ୍ଦ୍ର / ମିନି ଅଙ୍ଗନବାଡ଼ି କେନ୍ଦ୍ର କୋଡ୍ ନଂ.	
Date of Starting Operation ଅଙ୍ଗନବାଡ଼ି କେନ୍ଦ୍ର/ମିନି ଅଙ୍ଗନବାଡ଼ି କେନ୍ଦ୍ର କାର୍ଯ୍ୟ ଆରମ୍ଭର ତାରିଖ Date _____ Month _____ Year _____	
Name of the AWW ଅଙ୍ଗନବାଡ଼ି କର୍ମଚାରୀ ନାମ	Mobile No. ମୋବାଇଲ୍ ନଂ.
Date of Visiting AWC ଅଙ୍ଗନବାଡ଼ି କେନ୍ଦ୍ର / ମିନି ଅଙ୍ଗନବାଡ଼ି କେନ୍ଦ୍ର ଯିବାର ତାରିଖ _____	
Investigator's Name ଉପାଧ୍ୟକ୍ଷକ ନାମ _____	
Starting Time ଆରମ୍ଭର ସମୟ	Ending Time ଶେଷର ସମୟ

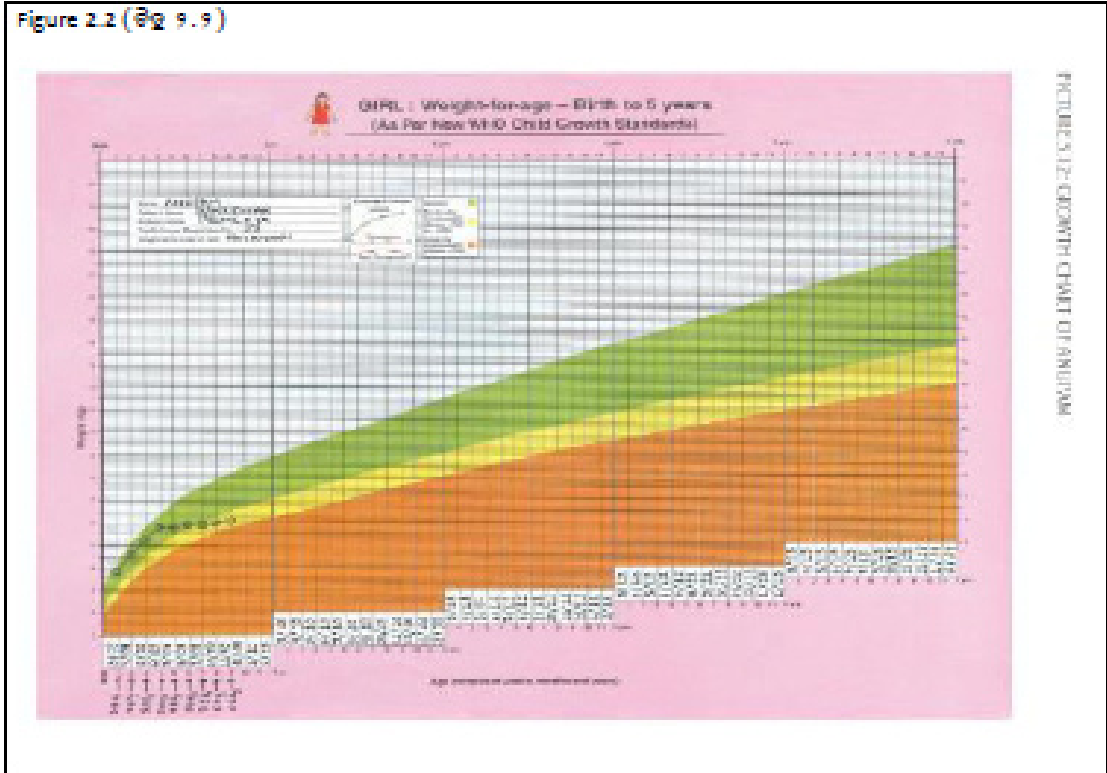
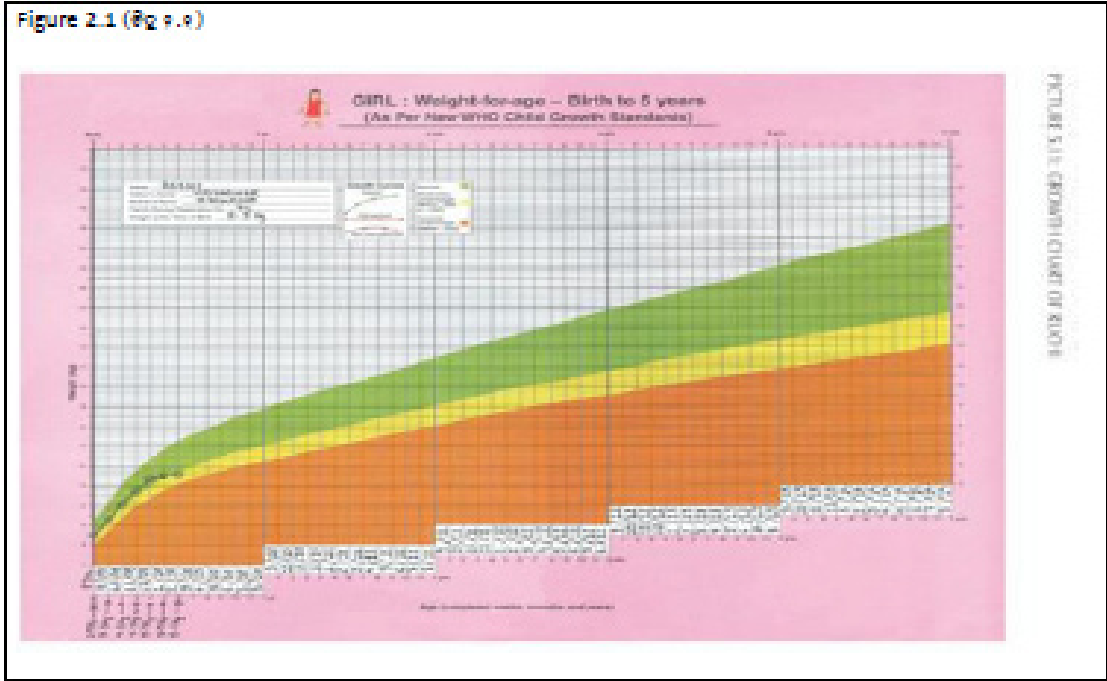
1. What does the Long line, Medium line and Short line depict in a Salter scale (weighing scale)? କେଉଁ କେଉଁ (କମ୍ପେସ୍) କେଉଁ କେଉଁ, ମଧ୍ୟମ ଓ ଛୋଟ ରେଖା କଣ ଦର୍ଶାଏ ?



Long line ଓର୍ଡ଼ି ରେଖା	
Medium line ମଧ୍ୟମ ରେଖା	
Short line ଛୋଟ ରେଖା	

Assessment of Capacity Building of Frontline Workers in the ICDS in Odisha
 ଓଡ଼ିଶା ଆଇ.ସି.ଡି.ଏସ୍.ର ଆଗାଧାରି ଜର୍ମାଳ ଉତ୍ତରା ବୃଦ୍ଧି ଆବଳନ ପ୍ରଣାଳୀ

2. Explain the growth curve in the following four cases ଚିତ୍ରରେ ଥିବା ଚାରୋଟି କେସର ଉପରେ ବ୍ୟାଖ୍ୟା କରନ୍ତୁ



Assessment of Capacity Building of Frontline Workers in the ICDS in Odisha
 ଓଡ଼ିଶା ଆଇ.ସି.ଡି.ଏସ୍.ର ଆଗାଧାରି ଜର୍ମାନ ତତ୍ତ୍ୱର ବୃଦ୍ଧି ଆବଦନ ପ୍ରସ୍ତାବନା

Figure 2.3 (ଫିଗ୍ ୨.୩)

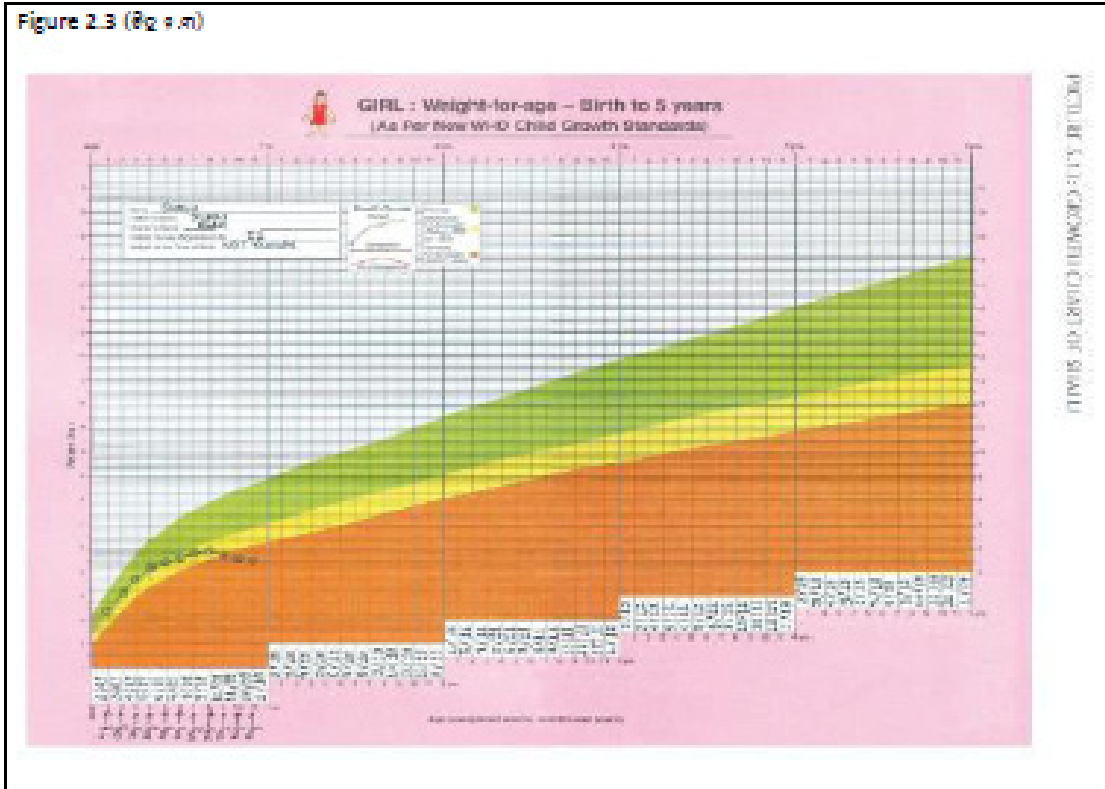
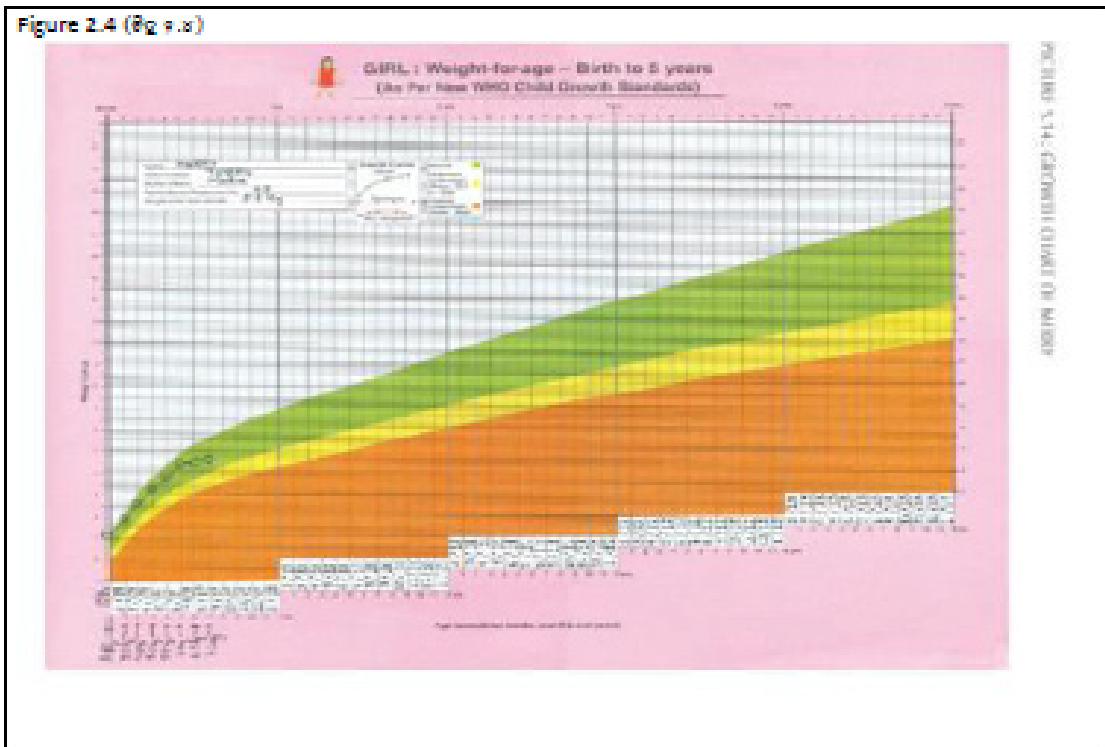


Figure 2.4 (ଫିଗ୍ ୨.୪)



Assessment of Capacity Building of Frontline Workers in the ICDS in Odisha
ଓଡ଼ିଶା ଆଇ.ସି.ଡି.ଏସ୍.ର ଆଗଧାଡ଼ି ଚର୍ଚ୍ଚାଳକ ତରଫର ଦୃଷ୍ଟି ଆବଳୀର ପ୍ରାୟୋଗ

3. SNP (ଏସ୍.ଏନ୍.ପି.)			
3.1 How much calorie and protein should be provided under SNP for children between 6 months to 3 years? ଏ ନାଲୁ ନ ଚର୍ଚ୍ଚି ଶରୀର ବିକାଶ କରିବାର ପ୍ରତିକ୍ଷା ଥିବା ବୟସ୍କମାନଙ୍କ ଖୋରାଣ (କର୍ମି) ର ସ୍ତର କିମ୍ବା (ପ୍ରତିକ୍ଷା) ବିଧାନ କରନ୍ତୁ ?			
_____ Calories ଖୋରାଣ _____ gms Protein ପ୍ରତିକ୍ଷା (ଗ୍ରାମ୍)			
Correct / ଠିକ୍ -1; Incorrect / ଭ୍ରମ -2; Don't know / ଜାଣିନାହିଁ -3	(Calories) <input style="width: 50px;" type="text"/>		
Correct / ଠିକ୍ -1; Incorrect / ଭ୍ରମ -2; Don't know / ଜାଣିନାହିଁ -3	(Protein) <input style="width: 50px;" type="text"/>		
3.2 How much calorie and protein should be provided under SNP for children who are severely malnourished between 6 months to 3 years? ଏ ନାଲୁ ନ ଚର୍ଚ୍ଚି ଶରୀର ବିକାଶ କରୁ ନଥିବା ଶିଶୁ ବିକାଶ କରିବାର ପ୍ରତିକ୍ଷା ଥିବା ବୟସ୍କମାନଙ୍କ ଖୋରାଣ (କର୍ମି) ର ସ୍ତର କିମ୍ବା (ପ୍ରତିକ୍ଷା) ବିଧାନ କରନ୍ତୁ ?			
_____ Calories / ଖୋରାଣ _____ gms Protein/ ପ୍ରତିକ୍ଷା (ଗ୍ରାମ୍)			
Correct / ଠିକ୍ -1; Incorrect / ଭ୍ରମ -2; Don't know / ଜାଣିନାହିଁ -3	(Calories) <input style="width: 50px;" type="text"/>		
Correct / ଠିକ୍ -1; Incorrect / ଭ୍ରମ -2; Don't know / ଜାଣିନାହିଁ -3	(Protein) <input style="width: 50px;" type="text"/>		
4. AWW Knowledge/ଆଇ.ଏସ୍.ଏସ୍.ର ଜ୍ଞାନ			
4.1	A 3 month pregnant woman aged 26 years has been experiencing severe headaches, nausea and generalized odema since last week. କେତେକ ମାସ ଶାରୀର ଚଳିବା, ମାସ ଶରୀର ଚଳିବା, କେତେକ ମାସ ଶରୀର ଚଳିବା, କେତେକ ମାସ ଶରୀର ଚଳିବା ଓ ଶରୀର ଚଳିବା ଚଳିବା ଚଳିବା		
4.1.1	<table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> What advice would you give to this woman? ତାହା -ର ବିକାଶ କି ଚଳିବା ଚଳିବା ? Don't read out options. Circle all responses given by the AWW ବିକାଶ କରନ୍ତୁ କରନ୍ତୁ, କେତେକ ମାସ ଶାରୀର ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା </td> <td style="width:50%; vertical-align: top;"> <ol style="list-style-type: none"> 1. Immediate referral to SHC/PHC/CHC/DH ଓ ଶରୀର ଚଳିବା / ଶରୀର ଚଳିବା / ଶରୀର ଚଳିବା ଚଳିବା 2. Immediate Referral to private facility କେତେକ ଶରୀର ଚଳିବା ଚଳିବା 3. Referral to SHC/PHC/CHC/DH at woman's convenience ଚଳିବା ଚଳିବା ଚଳିବା ଓ ଶରୀର ଚଳିବା / ଶରୀର ଚଳିବା ଚଳିବା / ଶରୀର ଚଳିବା ଚଳିବା 4. Referral to private facility at woman's convenience ଚଳିବା ଚଳିବା ଚଳିବା କେତେକ ଶରୀର ଚଳିବା ଚଳିବା 5. Ensure regular ANC checkups ବିଧାନ କରନ୍ତୁ ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା 6. Motivate for institutional delivery କେତେକ ଶରୀର ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା 7. Notify ANM / HW -କେତେକ ମାସ / ଶରୀର ଚଳିବା ଚଳିବା 8. Others (Specify) କେତେକ (କେତେକ) _____ </td> </tr> </table>	What advice would you give to this woman? ତାହା -ର ବିକାଶ କି ଚଳିବା ଚଳିବା ? Don't read out options. Circle all responses given by the AWW ବିକାଶ କରନ୍ତୁ କରନ୍ତୁ, କେତେକ ମାସ ଶାରୀର ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା	<ol style="list-style-type: none"> 1. Immediate referral to SHC/PHC/CHC/DH ଓ ଶରୀର ଚଳିବା / ଶରୀର ଚଳିବା / ଶରୀର ଚଳିବା ଚଳିବା 2. Immediate Referral to private facility କେତେକ ଶରୀର ଚଳିବା ଚଳିବା 3. Referral to SHC/PHC/CHC/DH at woman's convenience ଚଳିବା ଚଳିବା ଚଳିବା ଓ ଶରୀର ଚଳିବା / ଶରୀର ଚଳିବା ଚଳିବା / ଶରୀର ଚଳିବା ଚଳିବା 4. Referral to private facility at woman's convenience ଚଳିବା ଚଳିବା ଚଳିବା କେତେକ ଶରୀର ଚଳିବା ଚଳିବା 5. Ensure regular ANC checkups ବିଧାନ କରନ୍ତୁ ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା 6. Motivate for institutional delivery କେତେକ ଶରୀର ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା 7. Notify ANM / HW -କେତେକ ମାସ / ଶରୀର ଚଳିବା ଚଳିବା 8. Others (Specify) କେତେକ (କେତେକ) _____
What advice would you give to this woman? ତାହା -ର ବିକାଶ କି ଚଳିବା ଚଳିବା ? Don't read out options. Circle all responses given by the AWW ବିକାଶ କରନ୍ତୁ କରନ୍ତୁ, କେତେକ ମାସ ଶାରୀର ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା	<ol style="list-style-type: none"> 1. Immediate referral to SHC/PHC/CHC/DH ଓ ଶରୀର ଚଳିବା / ଶରୀର ଚଳିବା / ଶରୀର ଚଳିବା ଚଳିବା 2. Immediate Referral to private facility କେତେକ ଶରୀର ଚଳିବା ଚଳିବା 3. Referral to SHC/PHC/CHC/DH at woman's convenience ଚଳିବା ଚଳିବା ଚଳିବା ଓ ଶରୀର ଚଳିବା / ଶରୀର ଚଳିବା ଚଳିବା / ଶରୀର ଚଳିବା ଚଳିବା 4. Referral to private facility at woman's convenience ଚଳିବା ଚଳିବା ଚଳିବା କେତେକ ଶରୀର ଚଳିବା ଚଳିବା 5. Ensure regular ANC checkups ବିଧାନ କରନ୍ତୁ ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା 6. Motivate for institutional delivery କେତେକ ଶରୀର ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା 7. Notify ANM / HW -କେତେକ ମାସ / ଶରୀର ଚଳିବା ଚଳିବା 8. Others (Specify) କେତେକ (କେତେକ) _____ 		
4.2	A 22-year old pregnant woman is unwilling to go for an institutional delivery and has decided to have a home delivery. ଏକ ମାସ ଶରୀର ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା		
4.2.1	<table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> What are the six cleans to be followed for a safe home delivery ? ବିଧାନ କେତେକ ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା </td> <td style="width:50%; vertical-align: top;"> <ol style="list-style-type: none"> 1. Ensure Clean hands ଚଳିବା ଚଳିବା ଚଳିବା 2. Ensure Clean surface ଚଳିବା ଚଳିବା ଚଳିବା 3. Ensure Clean new blade ଚଳିବା ଚଳିବା ଚଳିବା 4. Ensure Clean cord tie ଚଳିବା ଚଳିବା ଚଳିବା 5. Ensure Clean cord stump ଚଳିବା ଚଳିବା ଚଳିବା 6. Ensure Clean cloth ଚଳିବା ଚଳିବା ଚଳିବା 7. Other (Specify) କେତେକ (କେତେକ) _____ 8. Don't know ଜାଣିନାହିଁ </td> </tr> </table>	What are the six cleans to be followed for a safe home delivery ? ବିଧାନ କେତେକ ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା	<ol style="list-style-type: none"> 1. Ensure Clean hands ଚଳିବା ଚଳିବା ଚଳିବା 2. Ensure Clean surface ଚଳିବା ଚଳିବା ଚଳିବା 3. Ensure Clean new blade ଚଳିବା ଚଳିବା ଚଳିବା 4. Ensure Clean cord tie ଚଳିବା ଚଳିବା ଚଳିବା 5. Ensure Clean cord stump ଚଳିବା ଚଳିବା ଚଳିବା 6. Ensure Clean cloth ଚଳିବା ଚଳିବା ଚଳିବା 7. Other (Specify) କେତେକ (କେତେକ) _____ 8. Don't know ଜାଣିନାହିଁ
What are the six cleans to be followed for a safe home delivery ? ବିଧାନ କେତେକ ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା ଚଳିବା	<ol style="list-style-type: none"> 1. Ensure Clean hands ଚଳିବା ଚଳିବା ଚଳିବା 2. Ensure Clean surface ଚଳିବା ଚଳିବା ଚଳିବା 3. Ensure Clean new blade ଚଳିବା ଚଳିବା ଚଳିବା 4. Ensure Clean cord tie ଚଳିବା ଚଳିବା ଚଳିବା 5. Ensure Clean cord stump ଚଳିବା ଚଳିବା ଚଳିବା 6. Ensure Clean cloth ଚଳିବା ଚଳିବା ଚଳିବା 7. Other (Specify) କେତେକ (କେତେକ) _____ 8. Don't know ଜାଣିନାହିଁ 		

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4.2.2	<p>What advice would you give to mother for newborn care? କେଉଁ ଶିକ୍ଷା ଦିଆଯିବ ଯାହା ନିଉ ବର୍ନର ଚେଷ୍ଟା କରେ ?</p> <p><i>Don't read options and Circle all responses given by AWW</i> ବିକଳ ପଢନ୍ତୁ ନାହିଁ, କେବଳ ଯେଉଁ ଉତ୍ତର ଦିଆଯାଇଛି ତାହା ଚିହ୍ନଟିକା କରନ୍ତୁ</p>	<ol style="list-style-type: none"> 1. Counsel for colostrum feeding କୋଲୋଷ୍ଟ୍ରମ ଖାଇବା ପାଇଁ ପରାମର୍ଶ 2. Early initiation of breast feeding ଶୁଭ ସମୟରେ ଖାଇବା ଆରମ୍ଭ 3. Advise for keeping the baby warm ଶିଶୁ ଉଷ୍ମ ରଖିବା ପାଇଁ ପରାମର୍ଶ 4. Advise on immunization of the child ଶିଶୁ ଖାଇବା ପାଇଁ ଚେଷ୍ଟା 5. Advise on birth registration ଶୁଭ ଗଣନା ପାଇଁ ଚେଷ୍ଟା 6. Not to give immediate bath to the new born ଉପରାଜ୍ୟ କେଉଁ ସମୟରେ ଶିଶୁ ଚିକିତ୍ସା ପାଇଁ ଚେଷ୍ଟା 7. Advise on exclusive breast feeding for 6 months ମାତ୍ର ୬ ମାସ ଖାଇବା ପାଇଁ ଚେଷ୍ଟା 8. Weighing of the child ଶିଶୁ ଉପରାଜ୍ୟ ପାଇଁ 9. Don't know କଣ ନାହିଁ 10. Others (Specify) ଅନ୍ୟ (କହିବୁ) _____ 	
4.2.3	<p>How many TT to be given to a woman who is pregnant for 1st time ? କେତେ ଟିଏଟି ଦିଆଯିବ ଯେଉଁ ମହିଳା ପ୍ରଥମ ଥର ପାଇଁ ଗର୍ଭାବସ୍ଥାରେ ଅଛନ୍ତି ?</p>	<ol style="list-style-type: none"> 1. _____ 1 2. _____ 2 3. _____ 3 4. _____ 4 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="text"/>
4.2.4	<p>What all should a new born be given along with breastmilk from the time of birth? ଶୁଭ ସମୟରେ ନିଉ ବର୍ନ ସହିତ କେଉଁ କିଛି ଦିଆଯିବ ?</p> <p><i>Read the options and Circle all responses given by the AWW</i> ବିକଳ ପଢନ୍ତୁ, କେବଳ ଯେଉଁ ଉତ୍ତର ଦିଆଯାଇଛି ତାହା ଚିହ୍ନଟିକା କରନ୍ତୁ</p>	<ol style="list-style-type: none"> 1. Water କିଛି 2. Dal and rice କିଛି ଖାଇ 3. Nothing except breast milk ନିଉ ବର୍ନ ସହିତ କିଛି ଦିଆଯିବ ନାହିଁ 4. Jaggery or sugar Water ଉପରାଜ୍ୟ କିଛି ଦିଆଯିବ 5. Honey water ଉପରାଜ୍ୟ କିଛି ଦିଆଯିବ 6. Bottle milk କେବଳ ଖାଇ 7. All of the above କେଉଁ କିଛି ଦିଆଯିବ 	
4.2.5	<p>How soon after birth should breast feeding be initiated? କେତେ ସମୟ ପରେ ଶୁଭ ସମୟରେ ଖାଇବା ଆରମ୍ଭ କରାଯିବ ?</p> <p><i>Read the options and Circle all the responses given by AWW</i> ବିକଳ ପଢନ୍ତୁ, କେବଳ ଯେଉଁ ଉତ୍ତର ଦିଆଯାଇଛି ତାହା ଚିହ୍ନଟିକା କରନ୍ତୁ</p>	<ol style="list-style-type: none"> 1. Within half hour of birth ଶୁଭ ସମୟରେ ଖାଇବା ଆରମ୍ଭ 2. After mother has taken proper rest and nutritious diet ମାତୃକା ଶୁଭ ସମୟରେ ଖାଇବା ଆରମ୍ଭ କରନ୍ତୁ 3. Three days after birth ଶୁଭ ସମୟରେ ଖାଇବା ଆରମ୍ଭ 4. Within 1 hour of birth ଶୁଭ ସମୟରେ ଖାଇବା ଆରମ୍ଭ 5. Four hours after the birth ଶୁଭ ସମୟରେ ଖାଇବା ଆରମ୍ଭ 6. Don't Know କଣ ନାହିଁ 	
4.2.6	<p>What do you think about adding fat or oil to the diet of a 1-year old child? ଏକ ବର୍ଷର ଶିଶୁ ଖାଇବା ପାଇଁ ତେଲ ବା ଚର୍ବି ଯୋଡ଼ିବା ଉପରେ କଣ ଚିନ୍ତା କରନ୍ତୁ ?</p> <p><i>Read the options and circle only one of the options given as response</i> ବିକଳ ପଢନ୍ତୁ ଏବଂ କେବଳ ଗୋଟିଏ ଉତ୍ତର ଚିହ୍ନଟିକା କରନ୍ତୁ</p>	<ol style="list-style-type: none"> 1. Not desirable କେବଳ ନାହିଁ 2. Highly desirable ଉପରାଜ୍ୟ କେବଳ 3. Must be done somehow କେବଳ କିଛି କିଛି କରିବାକୁ ପଡ଼ିବ 4. Desirable but cannot be done କେବଳ ଶୁଭ ସମୟରେ ଖାଇବା ଆରମ୍ଭ 	
4.2.7	<p>For how many months should the mother exclusively breastfeed the child ? ନିଉ ବର୍ନ କେତେ ମାସ ଖାଇବା ଆରମ୍ଭ କରିବ ?</p> <p><i>Don't read options ବିକଳ ପଢନ୍ତୁ ନାହିଁ,</i></p>	<ol style="list-style-type: none"> 2 months ୨ ମାସ _____ 1 4 months ୪ ମାସ _____ 2 6 months ୬ ମାସ _____ 3 1 year ୧ ବର୍ଷ _____ 4 Don't know କଣ ନାହିଁ _____ 88 Other (Specify) ଅନ୍ୟ (କହିବୁ) _____ 5 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="text"/>

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4.2.8	<p>Which activities do you advise for promotion of optimal infant and young child feeding practices? କିଏ ଓ ବିଶେଷ କାର୍ଯ୍ୟକ୍ରମକୁ ପ୍ରୋତ୍ସାହିତ କରିବା ପାଇଁ କଣ କଣ କରାଯାଇପାରେ ତାହା କହିବାକୁ କହିବେ ?</p> <p>Don't read option. Circle all responses given by AWW ବିଶେଷ କଣକି, ଉପଯୋଗୀ କଣକି କହିବେ ତାହା କରାଯାଇପାରେ ତାହା କହିବେ ।</p>	<ol style="list-style-type: none"> 1. Exclusive breast feeding for six months ଏ ମାତ୍ର କର୍ମ କରାଯାଉ 2. Timely initiation of complimentary feeding after 6 months ଏ ମାତ୍ର କରାଯାଉ କିମ୍ପାକ୍ଷର କରାଯାଉ 3. Ensure registration of child at AWC for growth monitoring and supplementary food ପରିଚାଳନା କରାଯାଉ ଓ ପରିଷ୍କାର ପ୍ରଣାଳୀ କରାଯାଉ କିମ୍ପାକ୍ଷର କରାଯାଉ କିମ୍ପାକ୍ଷର କରାଯାଉ 4. Others (specify) କଣକି (କହିବେ) _____ 			
4.2.9	<p>According to the age, what type of food, how many times & how much is to be provided to child ବୟସ ଅନୁଯାୟୀ କିଏ କଣକି, କେତେ ସମୟ ଓ କେତେ ପରିମାଣରେ ଖାଇବାକୁ ଦିଆଯାଉ</p>	Texture କଣକି	Frequency କେତେ (କେତେ ସମୟ)	Quantity ପରିମାଣ	
	0 - 6 months ୦ - ୬ ମାସ				
	6 - 9 months ୬ - ୯ ମାସ				
	9 - 12 months ୯ - ୧୨ ମାସ				
	12 - 24 months ୧୨ - ୨୪ ମାସ				
4.3	<p>1-year old child is passing frequent watery stools and has not been passing much urine. She is also very lethargic. ଏକ ବର୍ଷ ବୟସର ଶିଶୁ ପ୍ରାୟତଃ ଜଳିଳା ଘଣ୍ଟି ଓ ଘଣ୍ଟି ଘଣ୍ଟି ଓ ଘଣ୍ଟି ଘଣ୍ଟି । ତାହା ମଧ୍ୟ ଘଣ୍ଟି ଘଣ୍ଟି ।</p>				
4.3.1	<p>What advice would you give to the mother? କଣକି କହିବାକୁ କହିବେ ?</p> <p>Don't read options. Circle all the responses given by AWW ବିଶେଷ କଣକି, ଉପଯୋଗୀ କଣକି କହିବେ ତାହା କରାଯାଇପାରେ ତାହା କହିବେ ।</p>	<ol style="list-style-type: none"> 1. Continue feeding the child ବିଶେଷ କଣକି କହିବେ 2. Give ORS କଣକି କହିବେ 3. Give extra fluids (dal water etc) କଣକି କହିବେ (କଣକି କହିବେ) 4. Advice boiled water for drinking କଣକି କହିବେ କଣକି କହିବେ 5. Immediate Referral to nearby public health facility କଣକି କହିବେ କଣକି କହିବେ 6. Immediate referral to the private provider କଣକି କହିବେ କଣକି କହିବେ 7. Referral after some time କଣକି କହିବେ କଣକି କହିବେ 8. Don't know କଣକି କହିବେ 8. Others (Specify) କଣକି (କହିବେ) _____ 			
4.3.2	<p>Which one option out of the following would you advise to prevent recurrent diarrhoea? କଣକି କହିବାକୁ କହିବେ କଣକି କହିବେ କଣକି କହିବେ ?</p> <p>Read the options and circle only one option ବିଶେଷ କଣକି କହିବେ କଣକି କହିବେ କଣକି କହିବେ ।</p>	<ol style="list-style-type: none"> 1. Promotion of hand washing before cooking and feeding the child କଣକି କହିବେ କଣକି କହିବେ କଣକି କହିବେ କଣକି କହିବେ 2. Reduce the amount of sweets / sugar in the child diet ବିଶେଷ କଣକି କହିବେ / କଣକି କହିବେ କଣକି କହିବେ 3. Keeping surroundings clean କଣକି କହିବେ କଣକି କହିବେ 4. Bathing the child daily କଣକି କହିବେ କଣକି କହିବେ 			

Assessment of Capacity Building of Frontline Workers in the ICDS in Odisha
ଓଡ଼ିଶା ପା.ସି.ଡି.ଏସ୍.ର ପାଖାପାଖି କର୍ମୀଙ୍କ ଦକ୍ଷତା ବୃଦ୍ଧି ଆବଳୀ ପ୍ରସ୍ତାବନା

4.3.3	<p>How do you tell the mother to prepare ORS at home? List the steps in order ପାଣିର ଚୋରା ଚିନି ଓ ଗୋ.ସା. ଚିନି କିମ୍ପା କରନ୍ତୁ, ତାହା ପ୍ରସ୍ତୁତ କରନ୍ତୁ ।</p>																																																																																																																																																																																																																																										
4.3.4	<table border="1"> <thead> <tr> <th data-bbox="295 891 638 1104">Can you tell at what age the following vaccination is to be given to a child? Put a tick mark in each of the relevant columns ବିଭିନ୍ନ ବିଭିନ୍ନ ଖାସ ଚୋରା ଚିନିର ଚିକିତ୍ସା କି : ଯେ କିମ୍ପା ତାହା କି ଚୋରା</th> <th data-bbox="638 891 702 1104">At birth (Within 2 Weeks)</th> <th data-bbox="702 891 742 1104">At 6 Weeks</th> <th data-bbox="742 891 782 1104">At 10 Weeks</th> <th data-bbox="782 891 821 1104">At 14 Weeks</th> <th data-bbox="821 891 861 1104">At 9 Months</th> <th data-bbox="861 891 901 1104">16 - 24 Months</th> <th data-bbox="901 891 941 1104">At 18 Months</th> <th data-bbox="941 891 981 1104">At 24 Months</th> <th data-bbox="981 891 1021 1104">At 30 Months</th> <th data-bbox="1021 891 1061 1104">At 36 Months</th> <th data-bbox="1061 891 1101 1104">At 42 Months</th> <th data-bbox="1101 891 1141 1104">At 48 Months</th> <th data-bbox="1141 891 1181 1104">At 54 Months</th> <th data-bbox="1181 891 1220 1104">At 60 Months</th> <th data-bbox="1220 891 1260 1104">5 - 6 Years</th> <th data-bbox="1260 891 1300 1104">10 Years</th> <th data-bbox="1300 891 1340 1104">16 Years</th> </tr> </thead> <tbody> <tr> <td data-bbox="295 1104 638 1149">1. BCG ବି.ବି.ବି.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1149 638 1193">2. OPV (Polio) ଓ.ପି.ପି. (ପୋଲିଓ)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1193 638 1238">3. Hepatitis B</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1238 638 1283">4. Rotavirus</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1283 638 1328">5. Pentavalent</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1328 638 1373">6. IPV</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1373 638 1417">7. Measles ବି.ବି.ବି.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1417 638 1462">8. Vitamin A</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1462 638 1507">9. Japanese Encephalitis (JE)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1507 638 1552">10. OPV booster/ଓପିପି ବୁଷ୍ଟର</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1552 638 1597">11. DPT booster/ଡିପିଟି ବୁଷ୍ଟର</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td data-bbox="295 1597 638 1641">12. TT/ଡି.ଡି.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	Can you tell at what age the following vaccination is to be given to a child? Put a tick mark in each of the relevant columns ବିଭିନ୍ନ ବିଭିନ୍ନ ଖାସ ଚୋରା ଚିନିର ଚିକିତ୍ସା କି : ଯେ କିମ୍ପା ତାହା କି ଚୋରା	At birth (Within 2 Weeks)	At 6 Weeks	At 10 Weeks	At 14 Weeks	At 9 Months	16 - 24 Months	At 18 Months	At 24 Months	At 30 Months	At 36 Months	At 42 Months	At 48 Months	At 54 Months	At 60 Months	5 - 6 Years	10 Years	16 Years	1. BCG ବି.ବି.ବି.																		2. OPV (Polio) ଓ.ପି.ପି. (ପୋଲିଓ)																		3. Hepatitis B																		4. Rotavirus																		5. Pentavalent																		6. IPV																		7. Measles ବି.ବି.ବି.																		8. Vitamin A																		9. Japanese Encephalitis (JE)																		10. OPV booster/ଓପିପି ବୁଷ୍ଟର																		11. DPT booster/ଡିପିଟି ବୁଷ୍ଟର																		12. TT/ଡି.ଡି.																	
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Annexure 4

Score Sheet

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Sl.No.	District	Block	Name of AWW	Marks Scored
1	Boudh	Kantamal	Kunti Behera,	11
2	Boudh	Kantamal	Anita Pradhan	12
3	Boudh	Kantamal	Sangita Sahoo	11
4	Boudh	Kantamal	Sajan Jhanear	12
5	Boudh	Kantamal	Santoshini Bagha	12
6	Boudh	Kantamal	Manju Rana	11
7	Boudh	Kantamal	Santilata Dipa	11
8	Boudh	Kantamal	Suryakanti Pradhan	11
9	Boudh	Kantamal	Puja Bhoi	8
10	Boudh	Boudh	Pravasini Amat	13
11	Boudh	Boudh	Susila Rana	12
12	Boudh	Boudh	Sobharani Bhoi	12
13	Boudh	Boudh	Mahima Naik	18
14	Boudh	Boudh	Bagabati Bagha	13
15	Boudh	Boudh	Manjali Pradhan	13
16	Boudh	Boudh	Chandra Kala Majhi	14
17	Cuttack	Banki	Rasmi Rekha Nayak	13
18	Cuttack	Banki	Manaroma Behera	13
19	Cuttack	Banki	Sujata Sahoo	13
20	Cuttack	Banki	China Delai	11
21	Cuttack	Banki	Manjulata Maharana	11
22	Cuttack	Banki	Dipanjali Parmanik.	13
23	Cuttack	Banki	Rishnarani Des	10
24	Cuttack	Mahanga	Swarnlata Malik	11
25	Cuttack	Mahanga	Sujata Maharan	12
26	Cuttack	Mahanga	Madhusmita Sethy	16
27	Cuttack	Mahanga	Laxmipriya Bhuyan	9
28	Cuttack	Mahanga	Tukuni Malick	13
29	Cuttack	Mahanga	Rajeswari Mohanty	13
30	Cuttack	Mahanga	Rashmibala Mohanty	14
31	Cuttack	Mahanga	Harapriya Mohanty	10
32	Gajapati	R. Udayagiri	Puspanjali Ghadai	11
33	Gajapati	R. Udayagiri	Bishnupriya Tarasin	12
34	Gajapati	R. Udayagiri	Jamuna Raita	13
35	Gajapati	R. Udayagiri	Brundabati Kanjee	12
36	Gajapati	R. Udayagiri	chandram Parichha	12
37	Gajapati	R. Udayagiri	Binodini Singh	14
38	Gajapati	R. Udayagiri	Purnima Pattnayk	12
39	Gajapati	R. Udayagiri	Vsharani Nayk	13
40	Gajapati	Kashinagar	Surabhi	12

41	Gajapati	Kashinagar	Neelaveni Ganta	11
42	Gajapati	Kashinagar	Kanchan Namulipuri	11
43	Gajapati	Kashinagar	S. Shanti Kumari Patnayak	11
44	Gajapati	Kashinagar	Nabakumari Bodu	12
45	Gajapati	Kashinagar	Sabita Kumari Panda	11
46	Gajapati	Kashinagar	Padmavati Nayak	9
47	Jharsuguda	Jarsuguda	Jayanti Majhi	13
48	Jharsuguda	Jarsuguda	Sarita Tipathy	14
49	Jharsuguda	Jarsuguda	Dolamanjan Tandia.	10
50	Jharsuguda	Jarsuguda Shadar (Rural)	Purnima Patel.	13
51	Jharsuguda	Jarsuguda Shadar (Rural)	Rajeswari Mahannanda	12
52	Jharsuguda	Jarsuguda	Padmini Kido	11
53	Jharsuguda	Jarsuguda	Nemila Manjari Pradhar	12
54	Jharsuguda	Lakhanpur	Puspanjali Saho	15
55	Jharsuguda	Lakhanpur	Sunita Majhi	12
56	Jharsuguda	Lakhanpur	Pnkajin Sa	12
57	Jharsuguda	Lakhanpur	Sunita Patra	11
58	Jharsuguda	Lakhanpur	Mithila Bhoi	14
59	Jharsuguda	Lakhanpur	Sanjibani Kendhubura	11
60	Jharsuguda	Lakhanpur	Kusum Pasayat	12
61	Jharsuguda	Lakhanpur	Hirabati Barik	11
62	Keonjhar	Ghatagaon	Sumati Juanga	8
63	Keonjhar	Ghatagaon	Kumkumbala Palei	13
64	Keonjhar	Ghatagaon	Janavi Dei	11
65	Keonjhar	Ghatagaon	Droupadi Naik	10
66	Keonjhar	Ghatagaon	Jambi Banara	10
67	Keonjhar	Ghatagaon	Saraswati Palei	14
68	Keonjhar	Ghatagaon	Subhasmita Nayak	7
69	Keonjhar	Banspal	Jayshree Dei	11
70	Keonjhar	Banspal	Gelhi Patra	12
71	Keonjhar	Banspal	Taramani Patra	10
72	Keonjhar	Banspal	Jayanti Dehuri	14
73	Keonjhar	Banspal	Santilata Panda	9
74	Keonjhar	Banspal	Dimboderi Mahanta	11
75	Keonjhar	Banspal	Josoda Dalei	14
76	Keonjhar	Banspal	Bhuanumati Mahanta	12
77	Keonjhar	Banspal	Premalata Dash	12
78	Malkangiri	Karukonda	Sumitra Chaudhury	13
79	Malkangiri	Karukonda	Reba Rani hira	11
80	Malkangiri	Karukonda	Prabharani Mandal	10
81	Malkangiri	Karukonda	Gangi Medhi	10
82	Malkangiri	Karukonda	Harilaxmi Das	11

83	Maikangiri	Karukonda	Rasmita Khara	9
84	Maikangiri	Karukonda	Laxmi Khara	8
85	Maikangiri	Karukonda	Sobharani Bain	9
86	Maikangiri	Khairaput	Manjula Sahu	12
87	Maikangiri	Khairaput	Anitakumari Khillo	8
88	Maikangiri	Khairaput	Arnapurna Sah	12
89	Maikangiri	Khairaput	Mohini Kumari Patnayak	11
90	Maikangiri	Khairaput	Draupadi Nayak	11
91	Maikangiri	Khairaput	Jyotimaye Susama Dukhi	15
92	Maikangiri	Khairaput	Bhagabati Khara	14
93	Maikangiri	Khairaput		11

