

New Draft

by Ritika Singh

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1. Abstract:

India continues to face challenges in improving maternal health as about five women die every hour in India from complications developed during childbirth. Utilization of healthcare services is an important issue in India with significant proportion of home deliveries and mothers not receiving adequate antenatal care. To make maternal healthcare more equitable, the Maternity Benefit Programme has been implemented in all districts of the country in accordance with the provision of the National Food Security Act, 2013. The programme is called as “Pradhan Mantri Matru Vandana Yojana” (PMMVY). NIPCCD (National Institute of Public Cooperation and Child Development), an autonomous organization under the aegis of Ministry of Women and Child Development along with its Regional Centre’s has been organizing trainings, either through cascade model or vertical training. NIPCCD has also included the PMMVY training in its regular job and refresher training courses of all field functionaries under the scheme. The present study is an attempt to measure the efficacy of the training course on PMMVY scheme for district child protection officers and health officials to strengthen the utilization and effective implementation of the scheme.

2. Introduction of the study:

Under-nutrition is still affecting adversely to large number of women in India. As per the Ministry of Women and Child Development statistics, every third woman is under nourished and every second woman is anemic. (MWCD , 2017). Due to economic and social conditions many women usually work for the livelihood of their family till the last days of pregnancy. Moreover, they continue working after childbirth, despite the fact that their bodies might not allow it, hence stopping their bodies to get recovered soon. The maternal mortality rate (MMR) which is maternal deaths due to birth or pregnancy related complication per 100,000 live births, may be on a decline, every hour about five women die in India from complications developed during pregnancy. As per Registrar General of India (RGI) Maternal Mortality Rate (MMR) is 167 per 1,00,000 live births in 2013-2014. In the Same way, according to the latest report of Sample Registration System (SRS) Infant Mortality Rate is 34 per 1,000 live births in 2016-2017. It is sure that India has already missed the Millennium Development Goal (MDG) for reducing maternal mortality. Hence, from 01.01.2017, the programme has been implemented in all districts of the country. The programme is called as **“Pradhan Mantri Matru Vandana Yojana” (PMMVY)**. The same programme was initiated in 2010 named as Indira Gandhi Matritva Sahyog Yojana (IGMSY). Later the name has been changed to Matritva Sahyog Yojana in 2014 and Pradhan Mantri Matru Vandana Yojana (PMMVY) in 2017. The scheme is implemented by the Ministry of Women and Child Development. The scheme is a cash transfer scheme with conditions for pregnant mothers of 19 years of age or above for first child birth. It gives wages but partially to those women who have deprivation in their wages during their pregnancy period and childcare & provides conditions for good nutrition and safe delivery. From 2013, the programme was included under National Food Security Act, 2013 to provide maternity benefit in terms of cash

of Rs 6,000 as per the Act. As of now, the scheme is currently running on a pilot basis in 53 districts and it will cover 650 districts of the country. The programme will be implemented using Anganwadi services scheme under Umbrella ICDS under Ministry of Women and Child Development in respect of states/ UTs implementing scheme through Women and Child Development Department/ Social Welfare Department and through Health system in respect of States/ UTs where programme will be implemented by Health & Family Welfare Department. In whole country, a central Web Based Software application will be used to implement the scheme. CDFI is supporting execution of plan through their innovation environment with the assistance of Bill and Melinda Gates Foundation. On CDFI supported platform Sunidhi, the Software is constructed that mentions about end-to-end operations of benefit processing, as per the government rules. The PMMVY Scheme will be go through PMMVY-CAS Software to keep up straightforwardness and auspicious disbursal of advantages.

3. Background of the scheme: Pradhan Mantri Matru Vanadana Yojana

3.1 Objectives of PMMVY:

- Providing partial compensation as cash incentives for the wage loss so that the woman can take proper rest before and after delivery of the first living child.

-The cash incentive would take a lead towards improved health seeking behavior amongst the Pregnant Women (PW&LM). (MWCD , 2017)

3.2 Target beneficiaries:

- All Women when pregnancy, barring the individuals who are general worker with Central or State Governments or the individuals who get comparable favorable position under any law for the present.

-All PW & LM who gets pregnant on or after 01.01.2017.

3.2.1. Case of Miscarriage/ Still Birth:

- A recipient would have the capacity to get the plan benefits just once.

- The recipient would have the capacity to state the left finished portion.

- Thus, subsequent to getting first portion, she would have the capacity to gather just second and third portion if there should arise an occurrence of future pregnancy regard to satisfaction of qualification criteria and states of the plan. Additionally, if the recipient has an unnatural birth cycle or still birth in the wake of getting first and second portions, she would have the capacity to get just third portion if there should be an occurrence of future pregnancy regard to satisfaction of qualification criteria and states of the plan. (MWCD , 2017)

3.2.2. Case of Infant Mortality:

- If a lady has officially gotten every one of her portions under PMMVY prior then she won't have the capacity to assert benefits under the same.

¹
- Pregnant and Lactating AWWs/AWHs/ASHA can likewise assert the advantages under PMMVY in view of satisfaction of states of the plan.

3.3. Benefits under PMMVY:

- Cash motivating forces in three portions i.e. to start with portion of ¹1000/- on early enlistment of pregnancy at the Anganwadi Center (AWC)/affirmed Health Facility as might be perceived by the overseeing State/Union Territory, second portion of 2000/- following a half year of pregnancy on accepting no less than one stake natal registration (ANC) and third portion of 2000/- after enrollment of labor has done and kid has given the first round ¹of BCG,OPV,DPT and Hepatitis-B, or its proportionate.

- Under Janani Suraksha Yojna conspire, a ladies would get the motivating forces for institutional conveyance and impetuses would be considered as maternity benefits with the goal that a recipients gets Rs 6000/- on a normal.

3.3.1. Conditionalities and Instalments:

Table 1 depicting conditionalities and instalments of the scheme

Installment	Conditions	Amount (In INR)
Registration/First Installment	<ul style="list-style-type: none">✓ Requires mother to:-<ul style="list-style-type: none">▪ Register her pregnancy at any field functionary center along with required documents.▪ Register her pregnancy within 150 days	1,000
Second Installment	<ul style="list-style-type: none">▪ At least one Ante Natal Check Up▪ Can be claimed post 180 days of Pregnancy	2,000
Third Installment	<ul style="list-style-type: none">▪ Registration of child after his/her birth▪ Child has been given first round of immunizations of BCG,OPV,DPT and Hepatitis B.▪ Aadhaar is mandatory in all states except for J&K, Assam, Meghalaya.	2,000

Source: Ministry of Women & Child Development

- ⁶ - Remaining Cash incentive as per the conditions of maternity benefit programme under Jnani Suraksha Yojana would be received by eligible beneficiaries, after institutional delivery.

¹ 3.4. Roles and Responsibilities of Officer at Block/Project level implementing PMMVY

¹ Project under Anganwadi services will be the center unit for entering data into IT system for the States/ Union Territories implementing the scheme through WCD/Social Welfare Department

Health block will be the center unit from where data will be entered into the system for the States/Union Territories ¹ implanting scheme through Health and Family Welfare Department.

An officer may be designated to the States/Union Territories ¹ at Health Block level for administering the scheme. ¹ In case of States/UTs implementing the scheme through WCD/social welfare department, the officer at project level (CDPO), and ¹ in case of States/UTs implanting scheme through Health/Health and Family Welfare Department ¹ medical officers designated at the level of health block ¹ will be the sanctioning authority for the amount to be credited in account of beneficiaries.

3.4.1. General Responsibilities

- a) Planning and administration of plan to be operational at the piece/Project level.
- b) Its accessibility frameworks (¹ Hardware and Internet Connectivity), qualified work force for information passage, and Stationery (Beneficiary Form(s), PMMVY Registers and so forth.) at the square level to administrators and Anganwadi focuses ought to be guaranteed.

c) Proper and general preparing given on the plan to every one of the individuals who are related with the framework ought to be guaranteed.

d) Performance and patterns in advantage payment ought to be checked on.

e) Preparing of ¹ budgetary projections for their square/venture and submit it to the separate area nodal officer.

f) Coordinating with every one of the partners at the Block/P Level to guarantee the accomplishment of the plan and to guarantee every one of the exercises of the Block Level PMMVY Cell are completed appropriately or not.

g) Facilitating adjustment of any information blunders coming about because of framework crash or break or security rupture for their square, according to concurred conventions.

h) Informing the ¹ District Nodal Officer in the event of leaves of nonattendance, so as to keep up tight control of access to the product arrangement.

¹
3.4.2. Collection of Form(s) from supervisor/ ANM

a) Consolidating the form(s) from the chiefs and arranging them in Anaganwadi/Health office astute groups for simplicity of information section.

b) Form(s) ought to be properly marked by the bosses and every required report ought to be appended before information passage. On the off chance that a frame isn't marked, the shape must be instantly come back to the administrator for finishing and re-accommodation.

¹ 3.4.3. Data Entry in PMMVY System

- a) Ensure the entering of the information from the form(s) into the framework.
- b) The information ought to be entered from the photocopies joined quite far, particularly Aadhaar/ID Number, Bank Office/Post Office account number.
- c) In instance of any uncertain irregularity between the filled form(s) and the photograph duplicates, must be come back to managers/ANMMs for remedial activity.
- d) In case just frame 1-B or shape 1-C of a non-enrolled recipient is gotten, restore the form(s) to the director/Auxillary Nurse Midwife ¹ with the reason of inadequate reports. It is obligatory to fill Registration Form for any new recipient under the plan without asserting of the Installment.
- e) In instance of re-enrollment of a recipient (instances of still birth or some ¹ other reason), watch that the spouse name and ID is the same as recorded in the framework. If not, the shape must be rejected.
- f) Before endorsing, the subtle elements might be rechecked and refresh the errors assuming any.

¹ 3.5. Roles and Responsibilities of State/ UT Nodal Officer (SNO)

The states/UTs may allocate an officer at State/UT level as State Nodal Officer (SNO).

The parts and duties of the SNO as follows:

3.5.1. General Responsibilities ¹

- a) SNO will be the central individual for the plan at the State/UT level.
- b) Planning and controlling the plan at the State/UT level.
- c) Make beyond any doubt of the opportune and sufficient accessibility of work force, IT and different assets for the smooth activities and accommodation of month to month ¹ report in Form 5-A.

- d) In-profundity investigation of the plan execution ought to be directed and give direction to locale inside their State/UT that are lingering behind to guarantee elite levels, with specific regard for deferred, off base and non-installments.
- e) Managing the work distribution of locale nodal officers amid nonappearance and handover/takeover to guarantee tight control of access to the product arrangement.
- f) Facilitating and dealing with the impetus installments to the Field functionaries.
- g) Authorize correction of any information mistakes (and follow up activities subsequently) coming about because of framework blunder or break or security rupture for their State/UT, according to concurred conventions.
- h) Mention any issues emerging from the old MBP (IGMSY) plan and rollover of the cases to PMMVY according to plot rules.
- i) In the occasion of dealing with over of charge, appoint the new officer who might assume control over the duty regarding this position. (MWCD , 2017)

3.5.2. Initial Activities for launch of PMMVY

- a) Obtaining important endorsements and open the State/UT Escrow Account.
- b) Planning and executing intensive preparing of all field faculty with respect to the PMMVY Scheme and PMMVY-CAS, including recognizable proof of ace mentors at the State/UT level and getting them designed for state level preparing and specialized help.
- c) Provide refreshed ace information for the PMMVY-CAS.
- d) Setting up of District level User for State/UT clients in the PMMVY-CAS.
- g) Setting up of and planning all exercises of the State/UT level PMMVY Cell.
- h) Setting up of and operationalizing the State/UT level specialized helpdesk for PMMVY-CAS. (MWCD , 2017)

3.6. Roles and Responsibilities of Central Nodal Officer

3.6.1. General Responsibilities

- a) CNO will fill in as the central individual for the plan at the national level.
- b) Do Planning and overseeing the plan at the national level by organizing with separate State/UT Implementing Departments for Implementation of PMMVY Scheme.
- c) Make beyond any doubt of the auspicious and satisfactory accessibility of all Central IT Infrastructure and Human Resources for the smooth activities.
- d) Make beyond any doubt of the nearby coordination with the accompanying organizations:
 - i. NIC, UIDAI, PFMS, DBT Portal, SDA (Software Development Agency) for smooth working of the PMMVY-CAS.
 - ii. Respective State Implementing Departments for Implementation of PMMVY-CAS.
- e) In-profundity investigation of the plan execution and give direction to the States/UTs to guarantee focused on execution levels ought to be led. (MWCD , 2017)

3.6.2. PMMVY IT Solution related responsibilities

- a) Providing direction from the utilitarian tasks side if there should arise an occurrence of routine upkeep, any significant framework issue as well as security breaks.
- b) Sanction every one of the progressions to the PMMVY-CAS and refresh the reserve discharge on PMMVY-CAS.
- c) Allocate framework administration login ID and secret key to specialized staff who is taking care of the IT arrangement and their standard observing.

d) Mention any issues identified with the outside offices ¹ for the smooth working of the PMMVY-CAS.

e) Approve correction of any information mistakes (and follow up activities subsequently) coming about because of framework blunders or break or security rupture requiring consideration at the national level in counsel with States/UTs, according to concurred conventions. (MWCD , 2017)

4. **Capacity Building**

All authorities of PMMVY from State/Union Territory level up to essential laborers should know on PMMVY. NIPCCD has incorporated the PMMVY preparing in its timetable and instructional classes for all field authorities under the plan. Thusly, the primary target of the preparation program is to:

- Orient the participants about different provisions of the scheme
- Discuss the roles and responsibilities of different stakeholders in the scheme
- Introduce and gives hands on experience of PMMVY- Common Application System (CAS) for implementation of the scheme effectively; and
- Provide further training to other ICDS functionaries in the district on PMMVY and CAS

5. AIM AND OBJECTIVE

AIM

To evaluate the perception of District Child Protection Officers and Health Officials regarding training programme on Pradhan Mantri Matru Vandana Yojna (**PMMVY**) – and **PMMVY-CAS** software.

OBJECTIVE

- To identify the effectiveness of the training programme
- To know the satisfaction level of DCPO/Health Officials on training programme of PMMVY-CAS Software
- To suggest corrective and remedial measures.

6. Review of Literature

A review of studies on the subject has revealed that there is not much theoretical research, case studies and documentations existing which highlight the performance of प्रधान मन्त्री मातृ वन्दना योजना (PMMVY) and CAS Software. Previously the programme called as Indira Gandhi Matritva Sahyog Yojna (IGMSY). There have been some studies available which have thrown light on the performance of IGMSY. The following is an attempt to review previous literature on the IGMSY programme and its related issues.

A study titled ³ **Review of Government Programmes for Women and Children in India: Implications for Nutrition During the Thousand, Day Period** shweta **Khandelwal** et al conducted a SWOT analysis of IGMSY which indicates that monitoring and evaluation records of administration of IFA tablets and Nutrition counseling are kept in the individual records of beneficiaries each time they visit anganwadi centre but records of exclusive breast feeding and intake of complimentary foods could be misreported as it was not done in the anganwadi centre and was just recorded on the basis of mothers opinion. (Khandelwal, 2014)

An investigation led by Center for Equity Studies titled Report on the Study of the IGMSY, Vanita Leah Falcao et al expresses that IGMSY was presented as a pilot plot in 53 locale to draw gaining from pilot and utilize them in up scaling. The areas were picked on their composite score in view of six maternal and youngster wellbeing pointers. 146 A request was passed on 1.12.2010 by the ¹ **Ministry of Women and Child Development** (MWCD) guiding the States and the UT's to direct the standard overview for this new plan. (Falcao et al, 2015) The gauge study showed that the square officer and the CDPO assume a noteworthy part in the usage of the IGMSY. The square authorities are

frequently the primary purpose of grievance and illumination for the group level specialists. Regardless of this, the IGMSY rules don't assign any piece level posts. Authorities in both MP and Chhattisgarh communicated the requirement for assigned IGMSY staff at the piece level. Varun Nagesh, DPO, state, said that more gifted staff is required at the square level in light of the fact that the workload has expanded. Chhindwara's DPC stated, "Additional staff is required at the Block level. It is an enormous issue. Record of each lady must be kept up. Extra staff is seriously required." Increasing duties of existing group level specialists, staff and authorities without tending to their worries, for example, being exhausted, come up short on or insufficiently prepared sets up the IGMSY for disappointment from the begin.

An evaluation study was conducted on **Indira Gandhi Matritva Sahyog Yojna (IGMSY)** by **Development Monitoring & Evaluation Office, Niti Aayog**. The study was conducted in 15 selected States, and the reference period was 2015-16 for 14 States except for in Uttar Pradesh where it was two years – 2014-15 and 2015-16 – since IGMSY funds were not disbursed to the beneficiaries during 2015-16 in the State. (Niti Aayog, 2017)

From each State, one District was selected on simple random sample basis by the concerned Regional DMEO (RDMEO). From each District, 3 Blocks were selected on simple random sample basis by the concerned RDMEO. From each Block, four villages were selected on simple random sample basis by the concerned RDMEO. In case of the non-availability of the required number of villages in the selected Block, the sample villages were substituted from the adjacent Blocks. From each village, 10 beneficiaries were selected on simple random sample basis by the concerned RDMEO. In case of the

non-availability of required number of beneficiaries in the selected village, the required samples were substituted from the adjacent villages. From each village, five non-beneficiaries (targeted women who had not received monetary benefit under IGMSY) were selected on simple random sample basis by the concerned RDMEO. In case of the non-availability of required number of beneficiaries in the selected village, the required samples were substituted from the adjacent village. From each village, one FGD was constituted by taking members from Panchayat Raj Institutions (PRIs), the village heads, knowledgeable persons, along with beneficiaries and non-beneficiaries to ascertain aggregative and consensus on the implementation process and impact of IGMSY.

A purposive stratified random sampling methodology was adopted for selecting States, Districts, Blocks, Villages, AWCs, Beneficiaries, Non-Beneficiaries, Health Representative (ASHA/ANM/Midwife), and Focused Group Discussions (FGDs).

Study found out that in Himachal Pradesh, even the beneficiaries were not aware of the installments and the amount they received under the scheme as the authorities credited the payment of installments in the account of beneficiaries without intimating them. Similarly, in Madhya Pradesh, most of the beneficiaries reported that they were not informed of the transfer to their account as the banks did not issue pass books to the beneficiaries. 100% and 70% beneficiaries in Odisha and Karnataka respectively, were not aware of all the conditions to avail benefits under IGMSY.

In Bihar, 26% beneficiaries had registered their pregnancy after 4 months. Similarly in Tamil Nadu, 11% beneficiaries had registered after 4 months.

An article on IGMSY titled **“Realising Universal Maternity Entitlements”** by sinha et al says that there was a delay in cash transfer and fund flow since the scheme was launched. Issues with transfer of funds are not limited to only payment of beneficiaries. Fund flow from the state to subsequent administrative levels is also a lengthy and bureaucratic process. The process begins with women registering at the AWC. The AWW then compiles the data for the entire month and gives it to the supervisor. The supervisor in turn collates the data of her sector and submits it at the block office, where it is entered into a computerized database. The block-level data is then sent to the district level where yet again the data is compiled and sent to the state level. Funds are released only after state approval is obtained. This process takes approximately 45 days. (Sinha et al, 2016) The state releases funds to the districts or blocks on a quarterly or half-yearly basis.

7. Methodology

Research Question: What is the perception of District child protection officer and Health Officials regarding training programme on Pradhan Mantri Matru Vandana Yojna and PMMVY-CAS software held at NIPPCD, MWCD, New Delhi ?

Study Period: March 2018-April 2018

Study Design: Descriptive Qualitative study

Study area: National Institute of Public Cooperation and Child Development (NIPCCD), New Delhi

Study Group: The sample for the present study comprises of 55 DCPO & Health officers belonging to 9 states i.e Karnataka, Telangana, Tamil Nadu, Kerala, Delhi, Himachal Pradesh, Haryana, Punjab and Rajsthan. The study was carried out with the deputy director (Trainer of the programme) consent and cooperation.

Type of sampling: Purposive sampling

Tools Applied: Open ended questionnaire was used as a tool for data collection with questions framed to know the perception of DCPO & Health Officials regarding training programme on PMMVY & CAS software

Data Collection: Qualitative study design was followed to collect the information on evaluation of the training programme on PMMVY & CAS software. Data were collected from primary sources as questionnaire was distributed among the DCPO & Health officers.

Data Analysis: The data obtained was compiled and tabulated using the Tableau software along with Microsoft Excel where require

8. Finding and Analysis:

Characteristics of the Respondents

Table 2 depicting characteristics of the respondents/participants

Characteristics	Number of Respondent (N=24)
Age of DCPO/Health Officer	
18-29	5
30-39	13
40-49	18
50-59	19
States of DCPO/Health Officer	
Tamil Nadu	2
Karnataka	6
Telangana	6
Kerala	10
Delhi	9
Himachal Pradesh	8
Haryana	6
Punjab	4
Rajasthan	4
Gender of DCPO/Health Officer	
Male	27
Female	28
Type of Project of DCPO/Health Officer	
Urban	25
Rural	34
Tribal	1
Both Urban & Rural	1

a) Respondents perception regarding Training on CAS

The purpose of Hands on Training on CAS is to upskill the users about the Pradhan Mantri Matru Vanadana Yojana (PMMVY) Internet Based Software. PMMVY CAS runs on Internet Explorer, Google Chrome, Firefox Mozilla etc. available on Desktop/Laptop and do not support android on mobile. An attempt has been made in study to know the perception of users regarding the Hands on Training on CAS provided at NIPCCD, New Delhi during the training programme on PMMVY. As shown in figure 1 below, it is observed that Only 16% respondents perceived that the hands on training on CAS was adequate whereas 15% users said inadequate. Rest of the users i.e. 69% users had not responded this question.

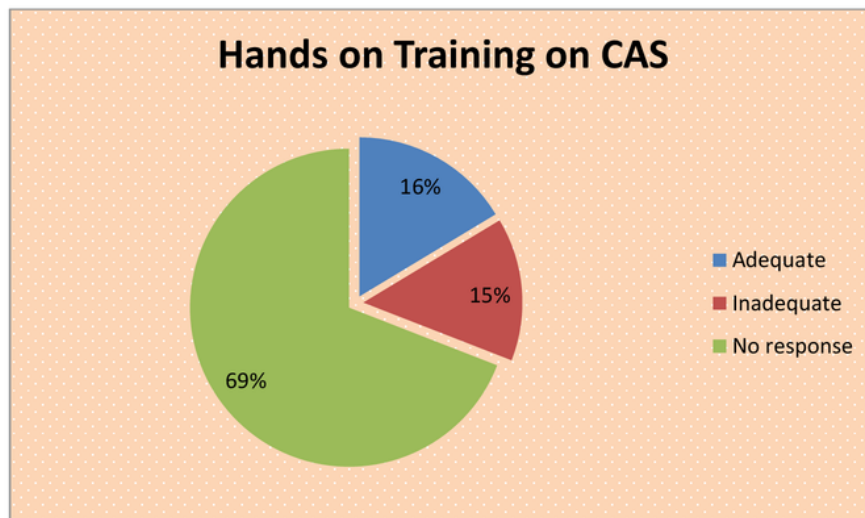


Figure 1 shows the pie charts showing the perception of the DCPO/Health officers regarding Hands on Training on CAS Software

b) Respondents Perception regarding Fulfilling of the Objectives of Training Programme

The main objectives of the programme were to orient the participants about different provisions of the scheme, discuss the roles and responsibilities of different stakeholders in the scheme, introduce and gives hands on experience of PMMVY- Common Application System (CAS) for implementation of the scheme effectively and provide further training to other ICDS functionaries in the district on PMMVY and CAS. As figure 2 shows, 87% respondents said that the objectives of the training programme were fulfilled whereas 13% respondents said that the objectives of the training programme were not fulfilled.

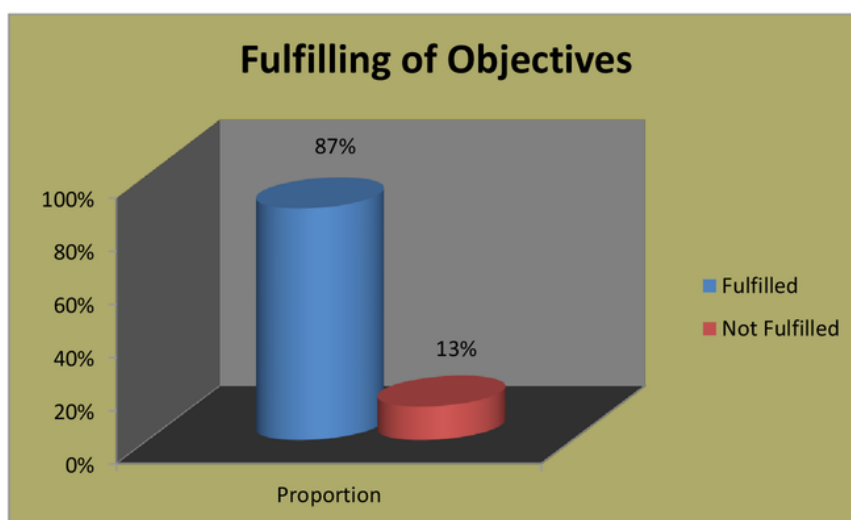


Figure 2 showing the perception of DCPO/Health Officials regarding the fulfilling of the objectives of training programme

c) Respondent Perception regarding Duration of the Programme

The duration of any training programme plays a vital role for the programme effectiveness & its impact on the success of the programme. Thus the duration of the training programme on PMMVY-CAS was of 2 days from 5th march 2018 to 6th march 2018. As the figure below shows that 89% respondents feels that duration of programme was adequate and rest 25% respondent's feels that the duration of the programme was inadequate.

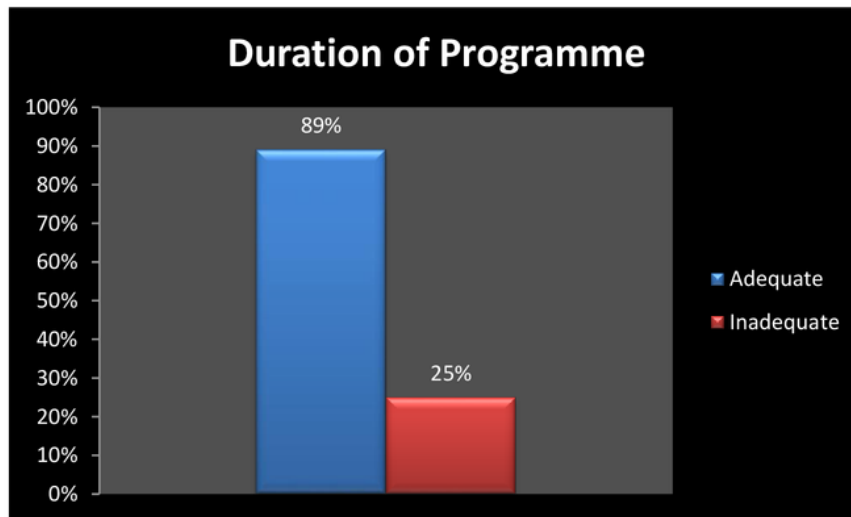


Figure 3 showing the perception of respondents regarding duration of the training programme on PMMVY-CAS

d) Respondent perception regarding Methodology of training programme

The preparation program was adapted towards learning and utilized participatory methodologies however much as could reasonably be expected. An assortment of approaches was utilized, including address/introduction, exchanges, aggregate work, video talks, question and replies, shows, commonsense sessions (hands-on training), little and substantial gathering activities and pretends. As figure 4 shows only 16% respondents rated satisfactory to the methodology of training whereas 51% respondents rated good, 27% respondents rated very good and 5% had no response to the methodology of training.

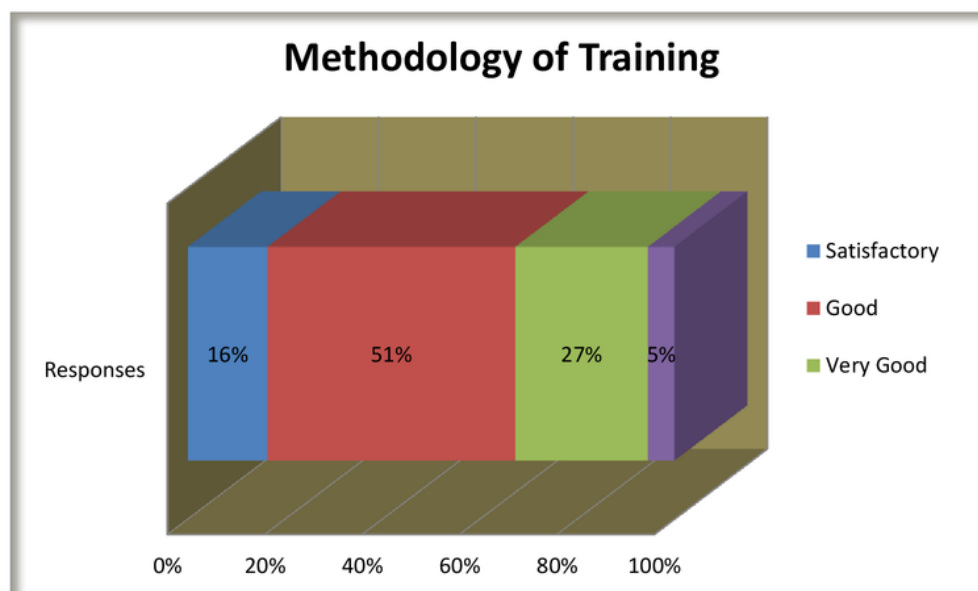


Figure 4 showing the perception of respondents regarding methodology of training programme

c) Respondent perception regarding content of the programme

⁴ Training is considered as the process of improving the existing skills, knowledge, exposure, and abilities in an individual. ² In measuring the overall effectiveness of the training program there is the need to also consider the content of the training program. This will help the organization know whether there has been effectiveness in terms of content of the training programme. Figure below shows that 60% participants had a positive response while 13% had negative response and 27% participants were neutral in response of content of the training programme.

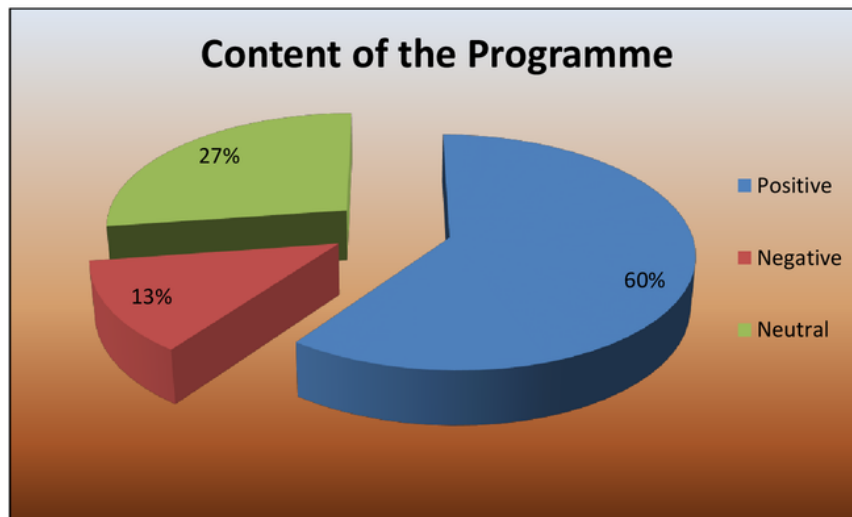


Figure 5 showing the perception of respondents regarding content of the training programme

f) Respondent perception regarding new things learnt during the training programme

Participants had different perception and ideas regarding the things learnt during the training programme. It is broadly divided into four categories i.e Salient features & implementation of the programme, new terms like Niti Aayog, PFMS, nutritional & social aspects of PMMVY and maintaining of data. 51% participants talked about salient features & implementation of the scheme whereas 20% participants mentioned about maintaining of data in CAS software and 15% respondents learned new terms like NITI Aayog, PFMS and nutritional & social aspects of the scheme during the training programme.

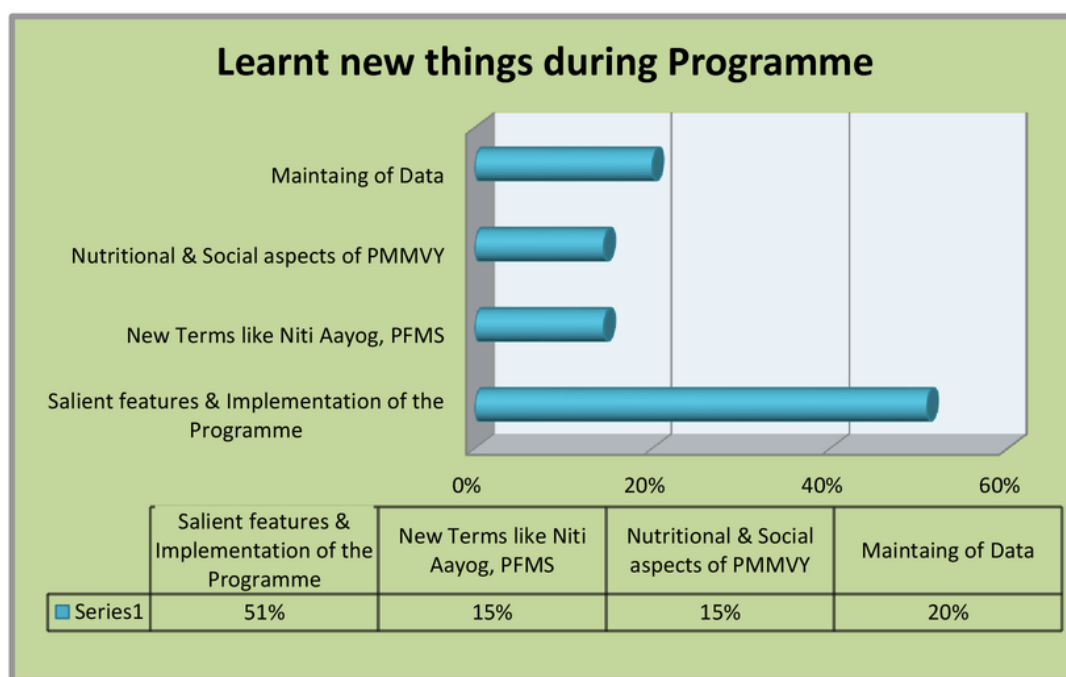


Figure 6 showing the respondents learning's learnt during the training programme

9. **Recommendation:**

1. Requirement of more hands on training on CAS software to the district child protection officer and health officials.
2. Requirement of one day session with CAS officials to rectify the technical issues while working on software application.
3. Provide PMMVY training to AWW/AWH/ASHA and other field functionaries of ICDS as well.

10. Conclusion

The study findings highlight that 69% respondents had no response and 15% felt inadequate regarding hands on training on CAS software. In terms of perception regarding fulfilling of objectives of the training programme, 87% respondents said that the objectives were fulfilled. 89% respondents felt that the duration of the training programme was adequate. Almost 51% of respondents perceived methodology of training as good whereas 27% respondents said very good for the same. Regarding the perception about content of the programme, 60% respondents felt positive about it and 51% respondents said that they learned salient features & implementation of the programme and 20% mentioned about maintaining of data as a new concept to them during the training programme for 2 days.

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