Strengthening the Integrated Child Development Services (ICDS)

Building Skills, Strengthening Systems: Insights from the Securing Nutrition, Enhancing Resilience (SENU) Project

















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01 About SENU Project



Fig 1: 3-Days AWW Training on 8 Modules in priority block Islamnagar, Budaun, Uttar Pradesh in the month of November 2024.



Fig 2: 2-Days AWH training in Gauripur block, Dhubri, Assam - 8th batch (13 AWHs).

The India Component of the global development cooperation project 'Securing Nutrition, Enhancing Resilience (SENU)' is funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) under its Special Initiative 'Transformation of Agricultural and Food Systems (SI AGER)'. It is implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH in cooperation with the Ministry of Women and Child Development (MoWCD), Government of India.

Project activities include training, certification, mentoring, and appreciative reviews functionaries of the Integrated Child Development Services (ICDS) in 10 PM Utkarsh Districts: Badaun (Uttar Pradesh), Dholpur (Rajasthan), Madhubani (Bihar), Sheopur (Madhya Pradesh), Gadchiroli (Maharashtra), Koppal (Karnataka), Adilabad (Telangana), Bastar (Chhattisgarh), Dhubri (Assam), and West Singhbhum (Jharkhand), with the implementation partner Jhpiego. The aim is to upgrade competencies and create an enabling environment for performance improvement for various ICDS cadres.

02 Objective



Enhance the capacity of three cadres of ICDS frontline workers- Lady Supervisors (LS), Anganwadi Workers (AWWs), and Anganwadi Helpers (AWHs)- by strengthening their technical knowledge and skillsets. This includes upgrading technical competencies, sharpening problemsolving abilities, and nurturing soft skills such as interpersonal and communication capabilities. The improvement process should be driven through structured certification ongoing mentorship, programs, supportive supervision, and a culture of appreciative review that recognises and reinforces good practices.

Fig 3: 3-Days AWW Training on 8 Modules in priority block Islamnagar, Budaun, Uttar Pradesh in the month of November 2024.

03 SENU Project Components



Fig 4: Trainee (Lady Supervisor) reflecting Kangroo Mother Care as role play in 3-Days MTs training in Dholpur, Rajasthan.



(*AWWs - Anganwadi Worker, AWHs - Anganwadi Helpers)

04 ICDS Frontline Workforce Empowerment Framework:



Fig 5: ICDS Officer conducting training (3-Days AWW Training on 8 Modules in priority block Islamnagar, Budaun, Uttar Pradesh) in the month of November 2024.



05 Why does it matter?







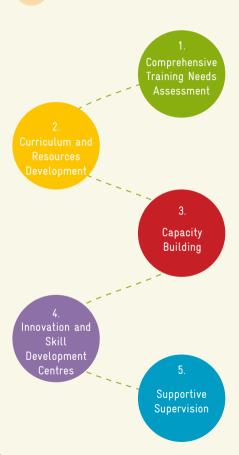
- The SENU project's capacity-building efforts are strategically aligned with
 the Sustainable Development Goals (SDGs), ensuring that grassroots
 interventions contribute meaningfully to global development priorities. The
 ICDS capacity-building initiatives including training, certification, mentorship,
 and appreciative review strengthen the frontline workforce and improve
 service delivery at the grassroots level.
- The curriculum, approved by the National Council of Vocational Education & Training (NCVET), equips Lady Supervisors, Anganwadi Workers, and Helpers with knowledge and skills on nutrition service delivery. This directly contributes to SGD 3 (Good Health and Well-being) by enhancing maternal and child health services, SDG 4 (Quality Education) through structured learning for frontline workers and target beneficiaries.
- The Mentorship and Supportive Supervision Model follows an appreciative review process, which recognises local success stories to promote a culture of positive reinforcement. Under SENU, this model has been tested in 10 PM Utkarsh districts. This way, the project has built leadership among ICDS supervisors to foster continuous improvement in service delivery.
- These efforts also advance SDG 2 (Zero Hunger) by improving the quality of nutrition services delivered through Anganwadi Centres. A well-trained and motivated workforce is better equipped to implement nutrition interventions, monitor child growth, and engage communities in behaviour change.
- Together, these initiatives form a holistic strategy to empower ICDS workers, elevate service quality, and accelerate progress toward multiple SDGs, ultimately improving outcomes for women, children, and communities across India.

06 Who is involved?



- The programme is implemented through a collaborative partnership led by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, in cooperation with the Ministry of Women and Child Development (MoWCD), Government of India, along with state governments and implementation partner, Jhpiego.
- The Healthcare Sector Skill Council (HSSC) along with Jhpiego is responsible for the certification of knowledge and skills across the three ICDS cadres, while the Population Council supports the evaluation of SENU interventions. This multi-stakeholder engagement ensures technical rigour, policy alignment, and effective delivery across all levels of the programme.

07 How does it work?



1. Comprehensive Training Needs Assessment

 A comprehensive Training Needs Assessment is conducted to identify skill gaps across geographies, ensuring interventions are tailored and impactful.

2. Curriculum and Resources Development

- A 60:40 skills-to-knowledge curriculum, approved by National Council of Vocational Education and Training (NCVET) and aligned with Savitribai Phule National Institute of Women and Child Development (SBPNIWCD), has been developed and translated into five regional languages (Hindi, English, Marathi, Telugu, Kannada, and Assamese) for accessibility and contextual relevance for beneficiaries.
- Learning Resource Packages (LRPs) are designed based on assessment findings to address specific needs of LS, AWWs, and AWHs, comprising thematic areas aligned with components of ICDS services.

3. Capacity Building

 Capacity building is delivered through direct training by Jhpiego in intervention blocks and sector-meeting-based sessions in other blocks. These training sessions are conducted with contextualised assets and games. An MIS dashboard offers for real-time tracking of training progress.



Fig 6: Trainee (Lady Supervisor) reflecting Kangroo Mother Care as role play in 3-Days MTs training in Dholpur, Rajasthan.

 Collaboration with HSSC enables standardised assessment and certifications for all three cadres, enhancing quality and competency for quality services.

4. Innovation and Skill Development Centres

 ICDS Prime Ministers Overarching Scheme for Holistic Nutrition (POSHAN) Innovation and Skill Development Centres are set up to provide hands-on practice-based learning, reinforcing technical competencies and encouraging peer learning.

5. Supportive Supervision

 Supportive supervision is strengthened through targeted Lady Supervisor orientation, enabling real-time guidance for the frontline workers and improved nutrition outcomes at the grassroots level.

The model emphasises state ownership, ensuring sustainability and high potential for replication across districts and states.

08 What difference has it made?

Five ICDS Skills Labs:

Five ICDS Skill Labs have been established in Gadchiroli, Dholpur, Ranchi, Dhubri, and Bastar, providing hands-on, skill-based training

Multiple Supervision Visits:

Multiple planned joint supportive supervision visits have been conducted in collaboration with supervisors, reinforcing field-level monitoring, further using data for decision-making.

34,443 ICDS Worker Trained:

A total of 34,443 ICDS workers have been trained under the initiative in one and a half years.

In the 10 PM Utkarsh Districts, training coverage is as under:

- 93% of Lady Supervisors
- 92% of Anganwadi
 Workers
- 82% of Anganwadi Helpers



Fig 7: AWW training practical sessions on Growth Monitroing Devices, Budaun, Uttar Pradesh.

09 How can this be replicated?



Fig 8: 3-Days Master Trainer and Lady Supervisors training in Dhubri, Assam understanding SAM Management and CMAM guidelines.

To replicate the ICDS capacitybuilding model in other districts and states, a structured and locally adaptable approach can be adopted:

- Leverage existing ICDS infrastructure such as Anganwadi Centres, ICDS sector/cluster offices, and District Programme Offices to anchor training and supervision.
- Utilise government funding from the Ministry of Women & Child Development (MoWCD), Ministry of Skill Development and Entrepreneurship (MoSDE), and state-level schemes/programme to support training, certification, and monitoring systems.
- Localise the NCVET-approved curriculum by translating it into regional languages and adapting it to cultural contexts for better comprehension.



Fig 9: Assessment and Certification of Lady Supervisors by HSSC on 1st April at District ICDS Office, Dholpur, Rajasthan.

- Establish regional Skill Labs to provide hands-on, simulation-based training for Anganwadi Workers (AWWs), Lady Supervisors (LS), and Child Development Project Officers (CDPOs).
- Train Lady Supervisors as field mentors using supportive supervision tools to strengthen on-ground implementation and peer learning.
- Deploy Master Trainers strategically to conduct direct training in intervention blocks and sector-level platform-based trainings, ensuring wide coverage and sustainability.
- Engage state-level ICDS leadership to ensure policy alignment, resource allocation, and sustained ownership of the model.
- Document and share best practices from successful districts to inspire replication and adaptation in new regions.

By following this approach, states can build a robust, scalable, and context-sensitive ICDS workforce that is equipped to deliver high-quality early childhood care and nutrition services. The model's success lies in its adaptability, community engagement, and emphasis on continuous learning—making it a powerful blueprint for systemic transformation.

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