Chapter – VI

SUMMARY
AND
CONCLUSIONS
In the present study detailed information on utilization of ICDS services with reference to block wise and socio-economic profile of the villages and house holds and Nutritional status of children (6m to 6years) was collected.

A total of 38 villages (with AWC) from both the blocks were surveyed. The sex ratio of block II was observed to be unfavourable (945) to the females. Villages in block II had better transport facilities that about 85% of villages had bus stops with in the village. Villages in both the blocks more or less had equal proportion of educational facilities. There are multiple sources of drinking water was observed and bore well seems to be the major source of drinking water in both the blocks (89% in block I and 100% in block II).

About 65% of villages in block I had telephone facility, which is best example of communication development. The corresponding percent of villages in block II was 28%. Availability of health care facilities with in the villages was observed more in block II (35%) than in block I (11%). About 20% of villages in block II had government buildings to run A.W. centres, where as there is no Govt. buildings in the villages of block I.
Majority of the households belonged to Hindu religion in both the areas (89% and 63% respectively). The proportion of scheduled community was more or less equal in both the blocks (27% to 31% in block I and II respectively). Nuclear family structure was observed among majority of the households (66% and 55% in block I and block II respectively). About 739 households in both the areas was covered to obtain literacy status. The percent of illiteracy among male heads was observed more in block II (53%) than block I (45%). Illiteracy among mothers was observed very high in both the blocks. (79% and 83% respectively)

Land was observed to be the main source of substance in both the blocks. About 34% to 40% households respectively stated that their major occupation was Agricultural labour.

Participation of women in social and economic development programmes such as Mahila mandals, Women working Group was very poor. Women in block II were better in participation. About 13% in block II was members of Mahilamandals against 0.8% in block I

With regard to utilisation of ICDS services, however Anti Natal check-ups were above the target of 50% (96% and 59%). About 96% of pregnant women in block I and 82% in Block II were immunized with T.T. supplementary nutrition, the major component of ICDS fail to reach the pregnant women, only 36% and 40% in I and II utilised the SNP as against a target of 80%. Receiving of Iron and folic acid tablets is short fall of its target (90%). 83% of pregnant women in block I and 71% in block II were received IFA tablets.
Utilisation of Referral services by pregnant woman was almost nil. Pregnant received disposable delivery kits was much higher in block I (85%) than block II (19.2%). In respect of supplementary nutrition, a majority lactating women were not receiving. Only 35% in block I and 26% in block II were getting supplementary nutrition. It was warring fact that none of the lactating mothers in both the blocks received post partum vitamin-A. in case of children, in blocks I, the percent of children fed with vitamin-A mega dose was much higher 85% than in block II (14%).

Supplementation of Iron and Folic acid tablets for lactating mothers got little response in block II (17%) than block I(86%), the same trend was observed among children (6-36m). Only 4% in block I. Children (36-60 months) were too not receiving IFA tablets properly about 53% in block I and 7% in block II were received.

About 81% of women in block I stated that they received health and nutrition education, 52% in block II responded as above.

Coverage under primary immunisation was better in both the blocks. (94% and 85% respectively). De-worming for children (6-36) was the another area of concern, where the particular service was utilised by very small proportion of the beneficiaries. About 19.2% of children were under went de-worming and among children (36-72 months) 53% were got de-wormed in block I. None of the children from both the ages utilised the above service.

Growth monitoring a key component of ICDS programme was half the way in block II (54% in 6-36m) and 60% in 36-72 months, however this was better in block I (77% and 74%) in both the ages.
The major set back that observed in supplementary nutrition for children was sharing of supplements with other family members. It was observed that only 2% of 6-36 months age group in block II were consuming supplements on the spot. The percent of children receiving supplementary nutrition was higher among 36-72 months children in both the blocks. (74% and 42% in 6-36 months, 80% and 70% in 36-72 months).

The utilisation of services for treatment of minor ailments was very poor, in general only 2% of sick children were utilised the services from AWC.

Use of ORS during diarrhoea which is attributed to behavioural change of parents in treating diarrhoea was higher in block I (100%) than in block II (40%). Health inputs through ICDS such as treatment of ARI has got better utilization by the beneficiaries. About 100% and 82% of sick children block I and II were utilized the services by receiving tablets/ syrup during ARI. Utilisation of referral services was almost Nil in both the blocks.

Utilisation of pre-school education component of ICDS was 66% in block I and 56% in block II, percent of irregularity for pre-school was high in block II (9%) than in block I (4.9%).

However nutritional status of children in block II was observed better (50.3% normal) than block I (42.7% normal). The prevalence of severe under nutrition was high in block I (4.7%) than in block II (2.0%). The same trend was observed among children 36-60 months. The proportion of normal children was higher in block II (41.0%) than in block I (25.6%). In case of prevalence of sever under nutrition block II had a slight higher percent (3.1%) than block I (2.6%)
Conclusion:

on the strength of the analysis and findings of the present study the following broad conclusions are drawn.

Our first conclusion is that the ICDS programme intervention is rightly planned this is evident from the socio-economic conditions of the project implementation area, which reveals predominance of vulnerable, backward and deprived sections of the general population.

Our second conclusion is that longer the duration of intervention of programme better is the utilisation of its services. The ICDS services were better utilised in areas where the ICDS project was in operation for more than ten years, in other words what is means is that consistent and continuous services can be expected from the longer duration intervention projects and therefore, the vulnerable sections of the population who are generally sceptic, shed their sencism and come forward for the utilisation of its services.

Our third conclusion is that gender discrimination persist even in the areas of ICDS. The percentage of girl child of severe under nutrition is more than boys. However, the happy situation is that by and large the severity of under nutrition is appreciably controlled on account of ICDS intervention. This is evident from the very small percentage of severe malnutrition among children.
Our fourth conclusion is that project areas which enjoy the benefit of the large
duration of ICDS intervention received positive response from the beneficiaries and
yield perceptible differences between long and short duration project areas in the
utilisation practices. The beneficiaries of longer duration project areas are more
consistent in the utilisation of ICDS services. This is evident from very high
percentage of utilisation of ICDS services by the beneficiaries of the longer duration
project area.

The final conclusion of our study is that in a socio-economic scenario when
vast majority of backward and weaker sections of population suffer with poverty,
access to services and opportunities the intervention programmes need to be of longer
duration in nature so as to yield positive fruitful and sustainable impact.