INTRODUCTION
CHAPTER - 1

INTRODUCTION

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1.1 PREAMBLE

"The building up of a nation depends on building men and women and the process of building men and women depends very considerably on what is done to children. It is therefore of high importance that we pay attention to the well-being and growth of children", stated the India's First Prime Minister, Late Sri Jawaharlal Nehru.

An emphasis on child has again been made by Sri P.V. Narasimha Rao, former Prime Minister of India, in the South Asian Association for Regional Co-operation (SAARC) Conference of South Asian Children by stating that, "Our development is primarily linked with human factor, namely the quality of coming generation which is determined by the state of well being children today and their preparation for life".

1.1.1 IMPORTANCE OF CHILD

It is indeed futile to consider child survival in isolation of maternal health and from other health problems, which in turn are influenced directly and indirectly by the overall social and economic development. The problem of child survival is directly related to the physical, mental, social and spiritual health of not only the mother in the family but also others within and outside the family children.

1.1.2 CHILD POPULATION

According to a report by the UNICEF (1990), India has got the second largest child population in the world. The total population of India has reached of 818.8 millions. From
this, about 319.3 millions (i.e., 40% of the population) are the children under 16 years of the age and the children under five constitute about 14% of the population i.e. 112.4 millions.

Significant achievements have been made in India in the first four Five Year Plans in all spheres with substantial development from which children have benefited more. Nevertheless, various problems concerning the child welfare are still fairly large in dimension. The incidence of mortality, morbidity and malnutrition among children continues to be high. Although the infant mortality rate varies in different parts of the country and has actually been influenced by the physical, geographical, economic and social factors and the level of socio-economic development, it is more than 100 per thousand in most parts of the country. Various surveys have indicated a fairly high incidence of malnutrition among pre-school children. Vitamin-A deficiency is reported to be common among the children and is considered as a major contributing factor to the large incidence of blindness in India. The occurrence of diarrhoea, dysentery, parasitic infection, skin diseases, respiratory infections, whooping cough, measles, etc., is also fairly common. Physical growth (height and weight according to age) and the development of mental capacity of children are, therefore, consequently affected. Unsatisfactory dietary habits (both in terms of choice of food as well as the preparation), weaning practices, poor knowledge of nutrition, health and hygiene, reliance on charms and spirits and on treatment prescribed by quacks, aggravate the problem.

There has, for some time been, an awareness of the importance of organising early childhood services for the future development of the child, though resource constraints, basically a sectoral approach to the needs of children had prevented the development of a coordinated strategy. However, it is now realized that any deferment of action will be detrimental to the development of country's human resource which becomes a key factor in development. It is in the early childhood that the foundations for physical, psychological and social development are to be laid and if suitable range of services are provided particularly to
the weaker and vulnerable sections of the community, wastages arising from infant mortality, physical handicaps, malnutrition, stagnation in school and poor development of mental capacities can be considerably minimized and positive contribution to the social and economic development of the country is made through the all round development of an individual. The organisation of early childhood services should, therefore, be regarded as an investment for the future economic and social progress of the country.

1.1.3 SITUATION OF CHILDREN IN INDIA

An analysis of the profile of Indian children (Table 1.1) presents a paradoxial mixture of desperation, bright prospect and great potential. Problems of Indian children are many and varied. Death, disability and disadvantage seem to be the three major sources of concern in most of the Third World countries. They arise from controllable as well as non-controllable causes, macrolevel and microlevel determinants, society based and family based situations. The scenario is complex, representing the background of poverty, illiteracy and uneven growth of the economy. One can find thousands of children dying everyday due to malnutrition, starvation, diseases and neglect. Most of these deaths are indeed avoidable by taking necessary care in providing proper nutrition and immunization.

1.1.4 STRATEGY OF DEVELOPMENT OF EARLY CHILDHOOD SERVICES

The South Asian Association for Regional Co-operation (SAARC) is the first of its kind in the world, with developmental goals for children. SAARC represents a historic initiative by the political leadership contributing substantially to the development of children in the region. The SAARC (1986) Conference on South Asian Children has recommended certain principles and public policies for the welfare of the children. They are: (a) children should be given first priority; (b) programmes should be based on the needs of the community; (c) proper planning is necessary to meet the multiple needs of children;
(d) programmes should enrich the mother-child life-cycle; (e) special attention needs to be focused on the adolescent girls; (f) expansion of immunization measure; (g) effective programmes to reduce infant mortality; (h) efforts to reduce malnutrition in children; (i) early childhood care and education; (j) access to safe drinking water and (k) creation of good social environment for children.

Table 1.1: The profile of Indian children

<table>
<thead>
<tr>
<th>S. No</th>
<th>Indicators</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Total population (thousands) 1996 (Census)</td>
<td>944580</td>
</tr>
<tr>
<td>2.</td>
<td>Population under five years of age (thousands), 1996</td>
<td>111216</td>
</tr>
<tr>
<td>3.</td>
<td>Infant mortality rate (under one year), 1996 (The annual no. of deaths per thousand live births)</td>
<td>73</td>
</tr>
<tr>
<td>4.</td>
<td>Mortality rate (Under five years), 1996 (The annual no. of deaths per thousand live birth)</td>
<td>111</td>
</tr>
<tr>
<td>5.</td>
<td>Percentage of infants with low birth weight (1996)</td>
<td>33</td>
</tr>
<tr>
<td>6.</td>
<td>Percentage of children (1990-97) suffering from moderate and severe underweight (0-4 years)</td>
<td>53/21</td>
</tr>
<tr>
<td>7.</td>
<td>Percentage of population with an access to safe water (1990-96)</td>
<td>81</td>
</tr>
<tr>
<td>8.</td>
<td>Percentage of population with an access to adequate sanitation (1990-96)</td>
<td>29</td>
</tr>
<tr>
<td>10.</td>
<td>Percentage of one year old children immunized with DTP vaccine (1995-96)</td>
<td>89</td>
</tr>
<tr>
<td>11.</td>
<td>Percentage of one year old children immunized with polio vaccine (1995-96)</td>
<td>90</td>
</tr>
<tr>
<td>12.</td>
<td>Percentage of one year old children immunized with measles vaccine (1995-96)</td>
<td>81</td>
</tr>
<tr>
<td>13.</td>
<td>Percentage of children enrolled in Primary Schools (1990-95)</td>
<td>102</td>
</tr>
<tr>
<td>14.</td>
<td>Percentage of pregnant women immunized against tetanus (1995-96)</td>
<td>78</td>
</tr>
</tbody>
</table>

Some of the major welfare programmes for the children in India are: Welfare Extension Projects, Maternal and Child Health Services, Integrated Pre-School Projects, School Health Programme, Minimum Needs Programme, National Expanded Programme of Immunization, Balwadi Nutrition Programme, Special Nutrition Programme, Crèches for the Children of Working and Ailing Mothers, Early Childhood Education Centers and Integrated Child Development Services (ICDS). These programmes provide immunization, education, nutrition, recreation and health services to women and children. The ICDS programme, the largest and most widely acclaimed delivers its package of services through an Anganwadi worker who is a female from the local community.

1.1.5 TOWARDS INTEGRATION OF EARLY CHILDHOOD SERVICES

A critical review of the selected programmes serving the needs of pre-school reveals that the experience gained and the lessons drawn during implementation of each programme has led to some improvements in the successive programmes and have brought some positive gains to the children of the country. These schemes have created greater awareness of the needs and problems of children in the sphere of health, nutrition, education and welfare. The Government, voluntary organizations (Non-Governmental Organisations - NGOs) and the local communities have realised and recognised the importance of child welfare much today than at any time in the past. One important result of these programmes has been the creation of an organisational and institutional infrastructure for child welfare programmes in rural and tribal areas. However weak or ineffective these might be at the moment, they could be strengthened as launching pads for future child care programmes of greater magnitude. Similarly, institutional infrastructure for the training of different level of functionaries of childcare programmes has also been created. Accordingly, the Planning Commission constituted eight Inter-Ministerial Study Teams. The teams proposed for Integrated Child
Care Services for pre-school children covering supplementary nutrition feeding, immunization, health care including referral services, nutrition education of mother, preschool education and recreation, family planning and provision of safe drinking water. The Steering Group setup by the Planning Commission to advice on the formation of the Fifth Five Year Plan also endorsed the approach of this proposal.

1.2 INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

1.2.1 BACKGROUND

The ICDS has its own background. It has not emerged in a day or two. Its roots go back to the Child Welfare Services envisaged in the Five Year Plans.

In all the Five Year Plans, considerable emphasis was laid on providing child welfare services throughout the country. In the First Five Year Plan (1952-57), the major responsibility of developing childcare services was placed on voluntary organizations. Among the childcare services, child health, nutrition, infant mortality, education and family planning were considered as most important. Schools, voluntary organizations and other child welfare agencies were asked to distribute supplementary food to children and to examine the changes in the value system associated with food. The Central Social Welfare Board came into existence in 1953 and started “Welfare Extension Projects” for women and children in the rural areas with more facilities for pre-school education.

The Second Five Year Plan (1957-1962) reiterated that voluntary efforts in the field of social welfare would have to be supplemented by the central, state and local authorities. The Welfare Extension Projects were expanded and facilities for the blind and deaf children; and provision of scholarships for handicapped children was made in central and state plans. The plan highlighted nutrition as the single most important factor in health maintenance and
vulnerable of the population were accorded priority in the matter of nutritional services. Maternal and Child Health (MCH) centers were expanded and educational programmes to achieve the constitutional goal of providing free, compulsory and universal education for children of 6-14 years were strengthened.

The **Third Five Year Plan** (1962 – 1967) re-emphasized the importance of Child Welfare Programmes. In addition to continue the work initiated in the Second Plan, it was suggested that each state and union territory initiate one pilot project in child welfare including services like medical and public health, educational and social welfare. Maternal and child health services were integrated with Primary Health Centers (PHC). Training programmes for Balasevikas and improvement of Balwadis was also given priority in the plan. Six Balasevika Training Centers (BSTs) were opened and the Balwadi scheme was expanded.

In the **Fourth Five Year Plan** (1967 – 1972) the scheme of Family and Child Welfare was further strengthened. Family planning programmes were accorded top most priority and were integrated with maternal and child health services. In this regard, the following services were provided:

- Immunization of infants and pre-school children with DPT
- Immunization of expectant mothers against tetanus and prophylaxis against nutritional anemia for mothers and children
- A nutritional programme for the control of blindness due to vitamin-A deficiency in the children. In the field of pre-school education, Government efforts were confined to training of leaders and evolving suitable guidelines for teachers. Another important development in the Fourth Plan was the organization of rehabilitation services for the destitute women, children and the handicapped.
The **Fifth Five Year Plan** (1972 – 1977) brought with it a new era in the area of child welfare. The Government of India enunciated the ‘National Policy for Children,’ in August, 1974. It recognized children as ‘Nation’s supremely important asset’ and declared that the nation is responsible for their ‘nurture and solicitude’. It affirmed that it shall be the policy of the state to “provide adequate services to children before and after birth and during the period of their growth to ensure their physical, mental and social development”.

Based on the recommendations of eight Inter-Ministerial Study Teams setup by the Planning Commission, the Government of India formulated a scheme of Integrated Child Development Services (ICDS) during the Fifth Five Year Plan and introduced it on 20th October 1975.

By 1977, it proved very successful in all the projects. Therefore in the **Sixth Five Year Plan** (1977-1982), the ICDS was considered a major scheme for developing a child in India. So, measures were taken to improve the working of the Anganwadis. Emphasis was also laid on the development of monitoring system at the state and the project levels. The existing programmes of creche/day-care centers and Balwadis were integrated. The Balwadi programme and the welfare extension projects were merged with ICDS. The country adopted the policy of “Health for all by 2000 A.D” enunciated in the Alma Ata Declaration in 1978. The strategy followed highlighted:

- Shift in emphasis from curative to preventive health services
- One PHC for every 30,000 population and one-sub-center for every 5,000 population
- Provision of a 30 bed hospital for every one lakh (1,00,000) population.
- Co-ordination of various welfare programmes
- Training of adequate medical and para-medical manpower
The various health and nutrition services for children included are:

- Immunization through the Expanded Immunization Programme
- Prophylaxis against vitamin-A and iron deficiencies
- Supplementary nutrition to children through SNP or ICDS
- Nutrition education of the community including nutrition education to children in the schools
- Integration of nutrition programmes with those for safe drinking water, literacy, environmental hygiene and sanitation
- Intensive educational programmes for the prevention of accidents.

The ICDS imparted educational and vocational training to the disabled. Their functional ability was improved by equipping them with proper aids and appliances.

In the Seventh Five Year Plan (1982-1987) ICDS occupied a pride of place among the development schemes. It was expanded so as to cover 600 blocks by 1985. Further, during the Seventh Plan, serious efforts were made to involve voluntary agencies in various developmental programmes, including the ICDS.

In the Eighth Plan (1987-1992) the ICDS got a high priority over other schemes. Having proved its success, the ICDS was extended to 2696 projects by the end of March 1992. Out of these, 2428 were fully in operation. The ICDS covered the children belonging to the poor and underprivileged sections of population and provided basic minimum child development services. It emphasized integration and convergence of services and effective coordination among health, family planning, education, social welfare, nutrition, water supply and sanitation programmes at all levels. It utilized the local resources and institutions, designed the area and specific beneficiary schemes. It was judicious in monitoring the
efficiently and cost effectiveness of different services. Through non-formal modes of learning it enhanced the capabilities of the families, especially mothers, to look after the basic health, nutritional and emotional needs of children in the age group 0-6. Through a massive campaign, it effectively countered social discrimination against the girl child.

1.2.2 **OBJECTIVES**

The objectives of the Integrated Child Development Services are:

- to improve the nutritional and health status of children in the age group of 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school drop-outs;
- to achieve effective coordination of policy and implementation among various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of child through proper health and nutrition education.

To achieve these objectives an integrated package of early childhood services comprising supplementary nutrition, immunization, health check-up and referral services for children in the age group of 0-6 years and for expectant and nursing mothers, health and nutrition education to mothers; and non-formal pre-school education to the children in the age group of 3-6 years was introduced.

The concept of providing a package of services is based primarily on the consideration that the overall impact will be much large if the different services develop in an integrated manner as the efficiency of particular service depends upon the support it receives
from related services. For instance, the provision of supplementary nutrition alone is unlikely to improve the health of the child, if the child continues to be exposed to diarrhea infections or supply of unprotected drinking water.

1.2.3. **SCHEME**

To constitute the package of Integrated the Child Development Services scheme, the selection of services is based on the following considerations:

- need for the service;
- inter-dependence and mutual support relationship;
- cost; and
- administrative feasibility

The package of services is rendered essentially through an Anganwadi worker at the village center or ward called ‘Anganwadi’. An ‘Anganwadi’ is the center or place (a small house with surrounding open space), selected in the village or ward in urban-slum area for functioning of the Anganwadi worker to deliver the package of services to children, nursing mothers and pregnant women in ICDS programme.

The ICDS projects are located in rural, urban and tribal areas. The administrative unit for the location of the project is community development block in rural areas, tribal development block predominantly in tribal areas and slums or ward(s) in urban areas.

In the selection of projects in rural areas priority consideration is given to the following factors.

- **areas predominantly inhabited by tribes, particularly backward tribes;**
- **areas inhabited predominantly by the scheduled castes;**
backward areas;

drought-prone areas;

nutritionally deficient areas; and

areas poor in development of social services.

In the selection of ward(s) in urban areas for urban projects, priority considerations are given to the following factors;

location of slums; and

areas predominantly inhabited by scheduled castes.

1.2.4 ORGANIZATION

The ICDS is a Central Government sponsored scheme and it is implemented through state Governments. It gets cent percent financial assistance for recurring and non-recurring expenditure from the Central Government while the state sector provides funds under the Minimum Needs Programme for Supplementary Nutrition. At the center, the Department of Women and Child Development and Ministry of Human Resources Development are responsible for policy planning and financial control of the scheme and for issuing directions to the state Governments concerned for its effective management and implementation. At the State/Union Territory level, the Department of Women and Child Development, Department of Social Welfare, and Directorate and Development and Nutritional Services implement the scheme. At the district level, the Collector/Deputy Commissioner/Chief Executive Officer/Social or Women Welfare Officer is made responsible for implementation of the scheme.
The Child Development Project Officer (CDPO) is the administrative head of the ICDS project at the block level. The Anganwadi worker (AWW) is responsible for implementing the ICDS programme at the grass-root level. She is assisted by a helper. Both the AWW and helper are local women and generally come from the same area where the Anganwadi is located. There are four to five Supervisors in each project, each supervising and guiding the work of 15-20 Anganwadi centers.

The Anganwadi center is the focal point for the delivery of services in each village or ward in urban slum, each with population of one thousand. The health related services, which include immunisation, health check-up and referral services are provided through a Primary Health Center (PHC) and its sub-centre in the block or these are provided by the maternity and Child Health (MCH) Centers under municipalities or corporations.

The scheme adopts an inter-sectoral and co-ordinated approach for the delivery of services involving the Government Departments of Social Welfare, Health, Education, Rural Development, Tribal Department etc; local Government institutions such as Panchayats and Municipalities. Participation of local community groups like mahila mandals (women organisations) and yuvak mandals (youth clubs) and beneficiaries themselves have been emphasized as important strategic components for effective implementation of programmes.

Keeping in view the inter-sectoral and co-ordinated approach, several coordination committees at the state, district and village levels are setup for effective coordination and cooperation among the Government departments, local bodies and community groups involved in the implementation of the scheme.
1.3 COMMUNITY PARTICIPATION: ORIGIN, CONCEPT, MEANING AND DEFINITION

The concept of development is now being concerned as an integrated process of economic and social development with social justice. It is an interrelated process of change involving not only economic and social but also cultural and human factors. It demands the active and conscious participation of all people. The Fifth International Action for Development/FFHC conference stressed that development can only be a reality with the involvement of the people. Development cannot be imposed, but it must come from within.

Origin of the Concept

Although the concept of participation gained importance and widely used in recent times, its origin can be traced to Aristotle, the ancient Greek scholar (Cohen and Uphoff, 1977). He, while analyzing the city-states for the arrangements that would mostly contribute to human happiness and good life, was of the opinion that participating in the affairs of the state as a citizen was essential to the development and fulfillment of the human personality. He considered that to be excluded from politics means, that one did not develop fully the faculty of reasoning, a sense of responsibility for other's welfare and a disposal towards prudent and balanced judgement. At societal level, Aristotle found a clear relationship between the extent of participation and the creation of the good life. According to him the best state was one where there was broad participation with no class dominating the others. However, Aristotle's analysis showed some relationship between the participation and development. He mentioned that some conditions of development at the societal level were necessary for productive participation, yet such participation was needed for development at the individual level. The relationship is complex because participation has economic, social and political dimensions.
Midgley (1986) points out that the current concept of community participation is based on a rich legacy of ideas and practical agendas such as western ideologies and political theories of late 1940's. The influence of community development movement of 1950's/1960's and the contributions of western social work and community radicalism have facilitated the formation of present day proposals for the involvement of local people in social development.

The importance and the need for people's participation in development activities was being stressed in the successive plan documents of the Government of India. In fact the revised Sixth Plan document (1980-85) placed more emphasis on people's participation than the previous ones. It states the planning process in a democratic country can acquire full meaning and depth if the people not only associate themselves in planning for their development but also participate consciously in plan implementation. The successive five-year plans have emphasized the need for promoting people's organizations to secure the end. The very raison d'être of Panchayat Raj was to ensure people's participation in local planning and implementation. Likewise, the emphasis through the plans on building up cooperatives was to strengthen people's involvement in the management of their economic development. Panchayat Raj and cooperative institutions though people's organizations are, however, creations of Government through various statues. What is of equal importance is the promotion of purely non-governmental organizations formal or informal in nature, which could motivate and mobilise people in specific or general development tasks. Experiences suggest that the task of education and mobilising people in this direction is more effectively accomplished when it is institutionalised. Individual action though important, can only be sporadic in nature. Whereas the institutionalised action can be distinctly more effective in mobilising local resources, articulating needs and coordinating the development tasks undertaken by the people.
The term ‘participation’ has its origin from Latin word ‘participare’ that means ‘taking part’. "Encyclopedia of Psychology (Eysenck, 1972) describes participation as (i) taking part of involvement in an activity, and (ii) greater involvement of personnel in policy decision which affect them directly". A common theme found in these expressions is the focus on “taking part” in an activity/involvement or sharing the benefits and hence "taking part" is the key word. In the larger context, it can be viewed that the people for whom the programmes are meant should take part in the various stages of the plan-processing and programme planning in order to derive the fruits of development.

Participation has been very often understood in terms of financial contributions, giving one’s own labour, i.e. 'Shramadan' and donation of materials by the people in the implementation of programmes. However a 'genuine' participation leading to self-reliance and continuity of the community-based programmes grow with people's involvement from the first phase, namely, the problem identification through the design of ultimate implementation, monitoring and evaluation. The recognition of the importance of participation performs dual function viz., (a) promoting the delivery and utilization of basic services and (b) promoting equity and self-reliance in the development. Hence, participation may be conceptualised as a commitment on the part of the individual towards all forms of actions by which the individual can take part or play a role in the operation (functions) without being conscious of any socio-economic barriers to achieve certain common goals in a group situation. This involvement or commitment would be influenced only if he or she is effectively appraised about the situation so as to enable him to form an attitude based on his own perception of the situation. This implies that for effective participation, people of all classes and castes should be involved in the planning stage (Santhanam et al. (1982)).

In spite of its importance, in most of the present rural development strategies, the element of people's participation is left a shade nebulous. There is a confusion and vagueness
regarding the understanding of the concept. According to Jagannadhan (1979) "involvement" may be a more appropriate term and a more acceptable concept than "participation". He elaborates by stating that while participation implies sharing, involvement connotes a "sense of belongingness".

WHO Report (1978) points out that in the old ideology, involvement was conceptualised as an effort on the part of the individuals to assist in the implementation of plans already made the target set. This kind of involvement, prescribed passive acceptance of changing societies demand much more than acceptance, allegiance and unpaid labour. The report further states that new type of involvement envisages that the development process required identification with the movement itself. This means that people involve themselves in thinking need of identification, finding priorities of needs, planning, decision-making, implementing and evaluating the socio-economic programmes. The people should mentally prepare to take active part in the process of development.

In the area of health, WHO (1982(a)) describes participation as community involvement in that "people who have both the right and duty to participate in solving their own health problems, have greater responsibilities in assessing the health needs, mobilising local resources and suggesting new solutions as well as creating and maintaining local organisation". In another context, WHO (1982 (b)) describes participation "as the process in which individuals, families or communities assume responsibility for their own health and welfare and develop the capacity of contribute to their own and communities and development".

In his paper on the 'psychological aspects of community development', Muthayya (1973) pointed out that the idea of participation emphasizes on a process of social action, in which the people of the community organise themselves for identifying their common needs and problems, course of action with maximum reliance upon community resources and
supplement the resources when necessary, with service and material from Governmental and Non-Governmental agencies outside the community. He further stated that participation, in the real sense, should involve people in any programme based on mutual respect. It involves a capacity to identify oneself with others in the community without being conscious of any socio-economic barriers.

Cohen and Uphoff (1977) describe the participation as "people's involvement in decision-making process, about what would be done and how; their involvement in implementing programmes and decisions by contributing various resources or cooperate in specific organizations or activities; their sharing in the benefits of development programmes; and/or their involvement in efforts to evaluate such programmes. Taken together, these four kinds of involvement appear to encompass most of what would generally be referred to as participation in development activities".

Further, they regard participation as "generally denoting the involvement of a significant number of persons in situations or actions which enhance their well-being, e.g., their income, security or self esteem".

According to Baetz (1975) "participation in development means how community members can be assured of the opportunity for contributing to the creation of the communities, goods and services".

The creation of opportunities enables all the members of a community and the larger society to actively contribute to and influence the development process and to share equitably in fruits of development (UN, 1981).

According to Rao (1982), community participation takes several forms in different situations. It includes, but is not limited to, receiving information and services providing labour for the construction of the infrastructure required for carrying out development programmes. However, genuine community participation leading to self-reliance and
continuity in community based social service grows out of people's involvement from the first phase of problem identification and data collection, through programme design, to ultimate implementation, management and evaluation.

According to Alastair (1982), participation has the following three dimensions.

- The involvement of all those affected in decision making about what should be done and how

- Mass contribution in development efforts, i.e. to the implementation of the decisions.

- Sharing the benefits of the programme

At other places, the expression community involvement has been used and defined as, "a dynamic process of participation in all stages of activity analysing the situation, defining goals, identifying a course of action and the resources available, directing, monitoring and evaluation and activity" (Our Own Health, 1984).

In the final analysis community participation is essentially an educational and empowering process in which the people in cooperation with those who are able to help them, identify the problem and needs, the increasingly assume responsibility to organize and implement the project.

Seth (1991) said the participation was possible only when the rural poor were able to pool up efforts and resources in pursuit of objectives and goals set.

The above cited literature reveals that participation is a complex phenomenon and implies so much of diversity. However, a common view of participation points out to active process of involvement of the beneficiaries in deciding the activities of the programmes, fixing up the priorities, taking initiative and executing the programme as partners along with their ideas, interest, money, land, labour, time and sharing the benefits equitably thereon.
1.3.1 CONCEPT OF COMMUNITY PARTICIPATION IN ICDS SCHEME

Paul Chowdary (1981) defines the community participation in the context of ICDS as:

- Community awareness about the needs and problems of children
- People's knowledge about the scheme in operation, their objectives, services, eligibility criteria, agencies for delivery of services etc.
- Clarity about expectations of the scheme in terms of community participation/support.
- Community's conviction about efficacy or usefulness of the services.
- Receptivity for new knowledge and adoption of new attitudes and innovative practice having local relevance.
- Active involvement/participation of people, their leaders, institutions and organisations in the formulation, implementation and monitoring of the scheme.
  (a) Adoption of alternative strategies and practices.
  (b) Desire to adopt new practices of child care.

Adarsh Sharma (1987) defines community participation in terms of active involvement of individuals, local leaders, institutions and organisations in providing support in running the programme. The level of the local community involvement will be the function of contribution made by them in the form of land, building, food, fuel, labour and cash for the implementation of the programme. The progressive involvement of the community shall be reflected in increased mobilization and utilization of local resources, enhanced contribution and participation of beneficiaries and decreased dependency on Government support.

Nagendranath and Subasis Roy (1993) in their case studies defined that the term community participation as the process offering opportunities to the people including beneficiaries particularly from weaker sections residing in the village/ward for involvement
in the decision-making in the running of the programme, contribution in the implementation of these decisions; making maximal use of the benefits of the programme and in supervision and monitoring of the programme.

Based on the review of the available definitions, the researcher defines the community participation for the purpose of the present study as "the process of empowering the individuals so that they may exert their own influence, independent of external direction in decision-making and related activities concerning developmental programmes in particular ICDS scheme".

1.3.2 MODES, PURPOSES AND MODELS OF COMMUNITY PARTICIPATION

According to Hollensteiner (1973) there are six modes of people's participation. "The first mode involves, only the educated and moneyed people in the community without the participation of the 'grass-roots' of the beneficiaries. Where as in the second mode, the people are asked to legitimize or ratify the project identified and formulated by the Government. In the third mode of participation, the people are consulted about the projects but they don't actively participate in the planning and management of the project, while in the fourth mode, the people are consulted from the very start and they actively participate in the planning and management of the projects. In the fifth mode, the people or beneficiaries are represented in the highest policy making body of the agency. Finally, the sixth mode, ensures that the representatives of the people control the highest policy making body of the agency".

**Purposes**

Based upon our observations, let us mention the important purposes that can be served by encouraging people's participation (Fig.1.1).
COMMUNITY PARTICIPATION

- MEANS
  - ESTABLISHING PUBLIC SUPPORT
    - INFORMATION
    - EFFECTIVE IMPLEMENTATION
    - RESULTING INTO
      - EFFECTIVE EVALUATION
      - SELF-GENERATING SOCIAL WELFARE PROGRAMME

- REDUCTION OF COSTS AND MOBILISATION OF PUBLIC RESOURCES
  - QUICKEN THE PROCESS OF IMPLEMENTATION
  - GENERAL FAVOURABLE PUBLIC OPINION
  - REALISTIC MONITORING
  - DEVELOPING LOCAL LEADERSHIP

SELF-MOTION OF THE COMMUNITY

BIRTH OF A WELFARE STATE

Fig. 1.1 Meaning and Process
Creating will, a determination among the members of the community for improvement in their present and future life.

Identification and development of the local resources, thereby generating self-reliance among the community.

Achieving integrated area co-ordination among various agencies interested in social welfare measures.

Mobilizing the available man power for productive and useful activities.

Keeping the members of the community constantly informed about the developments in the area.

Arranging functional literacy programmes which can help them in understanding new technology.

Organizing various clubs of youth, women, to serve as centre of discussion and development.

Providing an open forum for the community to discuss its problems and find indigenous solutions, which may be efficient and economical.

To develop local leaders who can further educate and mobilize the people in the area.

Encouraging the people to adopt modern changes, which can accelerate their socio-economic development.

Arranging extra-curricular activities to generate social awareness through well-designed publicity.

Encouraging the people to develop themselves rather than depend upon the Government for all activities and thus become self-reliant which is the key to development.
To quote Brook Adams (1993), "administration is the capacity to coordinating many, and often conflicting, social energies in a single organism, so adroitly that they may operate as a unity". The most conspicuous and essential quality, which the new social welfare administrator would require, is the sense of identification with the people. It is this identity, which has been responsible for the success of eminent social administrators and reformers of the past like Raja Ram Mohan Roy, Mahatma Gandhi and others in winning the confidence and affection of the people, whom they had served. Hence, there should be harmonious and intimate relationships between the social administrators and people.

Models of Community Participation

The following five important models are available for community participation, bureaucratic, missionary, participative, promotive and chain participation.

Bureaucratic Model

In bureaucratic type of participation, the major input directives and resources are from the Government, which is interested in accomplishing the goals. The norms, values and rules of this system are generally disassociated and are different from those of the community people. This effectively reduces the opportunities for promoting public participation inspite of the desire to do so. It seems some flexibility in specific areas of the programme.

Such bureaucratic models sometimes retard the growth of the programme. Therefore, there is a need to use this model with caution and with proper training to the bureaucracy.

Missionary Model

In this model some charismatic leaders create institutions, which do useful social welfare programmes for the uplift of the poor. For example, Rama Krishna Mission founded by Ramakrishna is doing tremendous work in promoting the welfare of the people. The
problem in such institutions is that these are mixed with different religious and sectoral feelings.

**Participative Model**

Community participation begins when the organisers start motivating, involving and mobilizing more and more individuals in the planned social welfare action and utilising the local resources. Gupta (1985), has rightly said that, "the process takes on to its natural course when the community starts participating in planning and decision-making as well as taking leading role in accomplishing the set goals directed to the welfare of the community and improvement of the quality of life. At this stage, the dependence of the community will especially be on the outside initiators and the initiators withdraw gradually and the key persons or the core group of the community take over their position and carry on the operation assigned. This situation becomes very crucial as it enables the individuals to take collective decisions".

**Promotive Model**

In this model, the bureaucracy and the political elite may encourage the people to participate. Most of the people in the villages do not understand the ways and methods of their participation and its value. Once they are encouraged, then they would move themselves and thus lead to "self-motion". The recent example of people's participation in encouraging the units of India through cultural exchange among different states, known as Apna Utsav, has been a great success. This has encouraged people's participation under the patronage and guidance of state and its agencies. Rajinder Singh (1986) rightly said that "community participation, being purely in the nature of action for common cause and social benefit comes in the nature of collaborating, campaigning and contesting. In the developed countries, although people show lack of interest, they are generally aware of what is good if certain action is taken. However, in developing countries with rampant illiteracy, poverty, ignorance,
etc., a process calls for not only an active participation but also creating awareness among the community”.

*Chain-Participation Model*

When there is complete apathy, ignorance of even opposition to the method of solving problems like illiteracy, alarming population growth, diseases, etc., the people are sought to be influenced by publishing the good points of social change in view. For instance, people in the rural areas still think that educating children would affect their work in the field or family trade. They presume that reading and writing is a useless pursuit for their children. However, persistent efforts by the authorities and social reformers have created an effective awareness among them on the utility of education. People see reason and also persuade other to follow their example. As a result the awareness on the importance of education has been increased in recent times.

In the present study, bureaucratic and participative types of participation were seen. The major inputs were given by the Government to the community in accomplishing the ICDS scheme. The community participation was initiated by the project personnel in creating awareness, perception, motivating and involving people by utilizing the package of services given under the ICDS scheme.

1.4 COMMUNITY PARTICIPATION IN ICDS

1.4.1 *PRE-REQUISITES OF COMMUNITY PARTICIPATION*

Community participation and involvement of the people in the ICDS programme, or for that matter any other development programme, has certain pre-requisites. Awareness or knowledge of the programme, perception or the right understanding of the objectives and the content of the programmes along with a clear concept of the roles and responsibilities of the
functionaries/community, in programme planning and implementation are some of these essential pre-requisites. Awareness about ICDS can go a long way in its smooth implementation, quick internalization, and delicate maneuvering for harnessing greater participation of people in the programme.

The perception of community members, local leaders and functionaries about the programme is of paramount importance as it has been observed that when an outside agency undertakes a developmental programme in an area, a social contact develops among the people of the area and the agency. This social contact has the elements of mutual expectation of roles and responsibilities, which are often unstated and implicit. Sometimes this also results in unrealistic expectations from the side of project operators and the community. Such expectations can also cause a possible damage in the implementation of the project. In these situations, greater awareness and correct perceptions on the part of community and also on the project functionaries can provide the requisite inputs for successful implementation of the programme and can lead to a greater participation by the community.

It has been realized that for any sustainable development of the community through the ICDS services, it is imperative to involve the whole community in its planning and implementation. It is also necessary to systematically and consciously ensure the involvement of people so that they can contribute positively to the process of canalization of resources for the poor and under privileged. A combination of factors seems to facilitate or hinder people's participation in developmental efforts. Some are related to the entry points of the programme while the others concern strategies adopted to ensure participation while initiating the programmes. Awareness about the programme and clear perceptions motivate the community members and the leaders to actively participate in the activities of the programme. Once, people get involved in the programmes, they realize their needs and demand the services
required to fulfill those needs. Thus awareness, perception, involvement and action are sequential phases of participation.

1.4.2 THE NEED FOR COMMUNITY PARTICIPATION

The need for community participation was considered inevitable in the context of ICDS in order:

- to make the programme suited to the needs and requirements of the beneficiaries in the community;
- to develop local resources and expertise for continuation of the programme;
- to reduce administrative and operational cost of the programme;
- to target the benefits to weaker and needy sections;
- to make the programme self-sustaining after the sponsors have withdrawn;
- to create awareness about the rights and needs;
- to accomplish more with limited resources but with more participation because, participation has intrinsic value and helps in decentralization of power; authority and responsibility;
- to make it as a catalyst for further development;
- to promote self-reliance, social sensitivity and social competence among the people;
- to develop initiative, resourcefulness and leadership among the people;
- to inculcate a sense of belongingness and make it people's programme;
- to help in integration of the community; and
- to adopt the programme according to cultural milieu and other social traditions.
1.4.3 COMMUNITY PARTICIPATION IN ICDS

The community plays a pivotal role in the success of developmental programmes aimed at bringing about change in the life of its people. In order to empower people and to optimally utilize their potential, it is imperative that the people be actively involved in planning, implementation and monitoring of the programme.

The ICDS is community based developmental programme with the widest coverage. In almost all developmental programmes initiated by the Government, an element of community participation is often built-in, although the procedures for evolving community participation have mostly remained ill-defined and illusive. It is often left to the individual administrator to elicit the same with some broad guidelines.

The guidelines laid down for implementing the ICDS scheme have made provisions for involving the beneficiaries, the community members and the local functional groups such as mahila mandals and yuvak mandals, in the implementation of Anganwadi activities/programmes. By promoting participation through these guidelines the Government expects to make the community self-reliant in organizing developmental services for children. The community should also provide the resource for the same and it should be implemented with minimum Governmental support. Communities interest and participation in solving their own problems including taking care of the developmental needs of their children is not only a clear manifestation of social awareness but also an important factor ensuring success of a developmental programme.

People's participation gains still more importance in view of the fact that it will be a stupendous task for the Government to provide services for 124 million children (0-6 year) in the country on a continuous basis. On the basis of past experience with developmental programmes, it has been realized that community participation is not an automatic process. It however, can consciously be promoted and stimulated through proper management,
education and systematic planned effort by the planners, administrators and implementors of these programmes. The functionaries implementing any development programmes have a crucial role in creating awareness about the objectives and benefits of the programme. In the ICDS scheme, the Anganwadi worker plays the role of a catalyst at the grass-root level in creating awareness about the needs and problems of women and children in the community. She can be the key agent in involving them in the Aganwadi activities. Anganwadi worker (AWW) being a local is expected to be familiar with the community. This enables her to assess the needs and problems of women and children of her village more realistically.

The scheme also provides for involvement of village leaders including representatives of the statutory village panchayats, representatives of community groups in the village and representatives of the project level co-ordination committees constituted to monitor and guide the implementation of ICDS programme (Nagendranath et al. 1993).

1.4.4 PROCESS OF PARTICIPATIVE MANAGEMENT IN ICDS

An understanding of the community is the first ingredient of the process of participative management because it helps us in assessing the positive as well as the negative factors that will influence the success of the participation process. This analysis must be done on scientific lines and efforts should be made to locate the informal leaders through the process of sociometry who can be helpful in changing heterogeneity into homogeneity to avoid the wastage that would result from the friction among the different groups.

The ICDS workers design the programmes, which meet the priority needs of child development within the community. The design involves the opinion of leaders, both formal and informal.

The ICDS workers implement the design with the approval from the concerned authorities. First, they educate the people through formal and informal channels so that they
become aware of the potentialities of the programme. Second, they also assess the resources which can be tapped locally with no cost or very little cost so that the people can manage the welfare programme later on themselves. Finally, they focus their attention on their own leadership role.

The most important step in the process of participative management is the leadership role of social welfare workers; that is why they insist on giving adequate training to social welfare workers in the art and science of participative management. The success or failure of participative management would thus depend to a great extent upon the administrative capability, leadership and motivation of social welfare workers. Administrative capability is an important means of converting programme inputs into outputs with economy and efficiency. It has been mentioned by Gabriel (1973) that, what makes the leadership variables so crucial in the implementation process is its dynamic, not passive quality, i.e., its capability to act and react on these critical inputs. It is this administrative and transferring quality of leadership that could significantly determines the administrative capability of implementing the process of participative management (Fig. 1.2).

In dealing with the ICDS schemes, the social welfare workers must have vision, initiative and desire to achieve the operational goals with dedication and perseverance. In the words of Sri Jawaharlal Nehru (1955), "No administrator, I suppose, or any one else for that matter of that, can really do first class work without a sense of function, without some measure of a crusading spirit. I am doing this, I have to achieve this, as a part of great movement in a big cause. That gives a sense of function not the sense of individual, narrow approach of doing a job in an office for a salary or wage, some thing connected with your life's out look or anything, perhaps being interested, as people inevitably are, on one's personal preferment in that particular work".
Understanding the attitudes and practices of the people in the community—positive as well as negative

Educating the people through formal and informal channels to make them aware of the programme and utilizing the resources available with them

Kindling the generating interest among the people to keep up to the momentum through the provision of resources not available locally

Leaving the programme to the care of the people with aided guidance

Occasional follow-up to sort out any problem

Birth of a permanent community managed social welfare programme

Birth of a welfare state

Fig 1.2 Process of Participative Management
It is also very important for social welfare workers to encourage the people to run the ICDS programme without their help, i.e., the social welfare workers must become intentionally passive and monitor the interest of the people. This will give a feeling to the people more sense of responsibility and confidence.

The social welfare workers should occasionally see the running of the programmes to sort out any problem that the people may have experienced, while implementing these programmes. Such problems in different areas can be political, religious, social, economic, psychological or administrative. The social welfare worker should provide their seasoned guidance to sort out such problems. A social worker should work on the proverb "A stitch in time saves nine".

In this way, the programme of social welfare should take deep roots into the soil of the community, which should continue till there is a need of such programme by the community (Fig.1.2).

Mayron Weiner (1977) has rightly pointed out "India's forte is one of the crisis management, leadership instincts are to cope up, rather than innovative, and to work within an existing frame work not only of this institutions but of ideas as well".

The ultimate objective of the ICDS programme is to convert these programmes into people's programme with Government's assistance where necessary. Most of the people interviewed from the area of the project were of the view that this is a Government programme and the people are getting a charity. The respondents indicated that they were not clear about the objectives of this programme; simply by stating, it is going to be people's programme. It requires educating the persons concerned constantly to make them aware of this basic assumption. Setting up of local committees can be effective step in this direction. It was suggested by the NIPCCD (National Institute of Public Cooperation and Child Development (1984(a)) that the project staff should try to work out not only with the
structured leadership or established power groups but should also identify, strengthen and work with new, latent or potential leadership which can be of considerable help in implementing the project programme. Primary school teachers, village dais, gramsevaks (village worker) and sevikas (village women workers), balwadis, women sarpanchas, traditional caste leaders, members of village panchayats, block samitis, mahila mandals, youth clubs, cooperative societies, farmer's clubs, leaders of political parties should be educated and mobilized to assist the delivery of various services of ICDS projects.

1.5 ROLE OF VOLUNTARY ORGANIZATIONS (NGOS) IN DEVELOPMENT WITH PARTICULAR REFERENCE TO ICDS

In India, a voluntary organisation is a Non-Governmental Organisation (NGO). It comprises of an independent, autonomous and vibrant section with a potential to contribute constructively towards efforts aimed at meeting the needs of the community by mobilising resources available within and outside. Community participation is key component in all developmental programmes. However, due to the lack of necessary knowledge about the communication mechanisms and techniques, the desirable level of community participation in the programmes has not been achieved. It is therefore, essential to appoint personnel for voluntary organizations.

A voluntary agency is a group of persons who have organised themselves as a legal cooperative body. It is initiated spontaneously and governed by its own members without any external control. It may be initiated by the individual groups having paid or unpaid workers. The voluntary agencies are committed to the concept of planned and directed social change through people's participation. Hence, the real and everlasting socio-economic development of rural people has been put into practice in the areas where they are engaged to fulfill their commitment.
The process of rural development must start from the people spontaneously by taking stock of the problems, micro-planning with the systematic assessment of the resources of people themselves stimulated through voluntary agencies. The fulfillment of basic needs of the people and creation of community infrastructure must be given top priority. To do this, the people must be brought under the fold of social action groups like youth clubs, mahila mandals (women associations), small farmer development societies, agricultural labour welfare societies, rural artisans' guild etc., through the efforts of voluntary agencies. The basic principle of voluntary agencies towards rural development is to help the people themselves, not merely give relief but to facilitate the realization of potentialities of the people. To that extent voluntary agencies play the roles of an enabler, helper, facilitator, transformer and catalyst. Voluntary agencies arouse social consciousness, educate the people and create a favorable environment for people's collective and cooperative action, identify socio-economic problems and needs of the rural people. The voluntary agencies can organize new programmes to meet the new needs and better ways of meeting old needs and experiment with new techniques in bringing about change in people's belief, faith, practices, attitudes etc.

Knowing the vastness of problems and inadequacies of the official agencies, several top administrators have invited and appreciated the involvement of voluntary sectors, Non-Governmental Organizations (NGOs) in the delivery of health care. The Government has recognized them as indispensable allies because they supplement Government resources by way of publicity, raising money and volunteers, and also they are close to people. They are responsive to the community needs and able to act quickly; they are innovative and flexible; not inhibited by rigid programming. Their fund raising activities call attention to real community needs. Today there are numerous community development projects organized by committed health workers in various parts of India.
The document, 'Health for all by 2000 A.D' proposed by the Ministry before the meeting of the Central Council of Health contains two issues, which highlight the role of voluntary organization and the Government support could provide a rendering comprehensive health care in the rural areas.

Voluntary action in the area of child development has not been a recent one in origin. The pre and post-independence era have seen several voluntary movements and efforts in order to improve the condition of Indian children. Such effort was originally inspired by Mahatma Gandhi. Gradually, the area of child development has attained a professional status. Training institutes and balwadis have been setup for grama sevikas (village workers) and bala sevikas (child workers). Balwadis setup in the 1950s is run by voluntary organisations with financial support from the Government. The voluntary organizations definitely have the advantage of getting the confidence of the community and therefore the programmes are a great success. Indian Council for Child Welfare (ICCW) has been running approximately 2000 balwadis and creches all over the country. Voluntary agencies can play an important part in streamlining the pioneering ideas and in bridging some of the gaps, which prevail upon the Government health care system (Vidyaben Shah, 1988).

Role of Voluntary Agencies in ICDS

Voluntary agencies can take different degrees of responsibilities in ICDS. Gill (1981), the former Secretary for the Social Welfare had proposed that any voluntary agency can take over the responsibility for a complete ICDS project and to implement it with an appropriate modification, keeping in mind the objectives of the programme. It is a difficult challenge thrown to the voluntary agencies. Voluntary agencies can consider their contributions in the following areas:
Establishment of voluntary women's organization in each of the villages with Anganwadi and their monitoring so that they really function well.

Organizing nutrition and health education programmes on regular basis and formal pattern.

Stimulating community participation through a planned approach

Stimulating coordination between different Government and Non-Government sectors connected with the ICDS.

Mother's capabilities to provide appropriate milieu for an optimal development of the children are crucial. ICDS should ensure that these capabilities are developed in every woman at the child-bearing age. This can happen only if there is a continuous and persistent effort by the local women who organize themselves into small voluntary groups. These groups can interact with the voluntary organisations for all types of mutual help. Many Government and Non-Government establishments have been thinking on these lines. Unfortunately, however, there is very little action taken to establish voluntary women's organizations in the villages.

The greatest weakness of the nutrition programmes is the absence of educational activities at large. There is rarely any organised nutrition and health education programme with monitoring and evaluation. It is high time that it is developed with joint effort of voluntary agencies and the ICDS establishments.

1.6 SCHEMATIZATION

This thesis has been presented in six Chapters. The first chapter devotes to general 'Introduction'. The second Chapter deals with a 'review of literature' related to the investigation. The third Chapter explains the statement of problem, objectives, hypotheses
and limitations of the study. The fourth Chapter encompasses the methodology and procedures that are used in the measurement of variables such as selection of respondents, techniques of data gathering and statistical tools employed to analyze the data. The fifth Chapter describes the analysis and interpretation of data. Chapter six summarizes the study and presents the conclusions.