7.1 RESEARCH FINDINGS

7.1.1 Research Findings Based on Secondary Data

The Integrated Child Development Services (ICDS) scheme provides an integrated comprehensive package of services comprising mainly supplementary nutrition, health checkup, immunization, referral services, preschool nonformal education, nutrition and health education etc. In 30 years of operation it has covered almost all rural and urban areas in India and it represents one of the world’s largest programmes and unique for childhood developments. In India there are 7073 projects and 1304611 Anganwadi centres operating and 35821706 boys and girls are beneficiaries of preschool education and 79005328 are beneficiaries of supplementary nutrition, while 18243484 mothers are benefiting from supplementary nutrition provided in the scheme.

The Integrated Child Development Services scheme is a centrally sponsored one implemented through State governments. In Tamil Nadu most of the areas are covered under the scheme and there are 54439 Anganwadi centres and 4246201 children within 434 projects/blocks. At present in Tiruchirappalli district there are 16 projects/blocks and 1808 Anganwadi centres operating.

The District programme officer (DPO) and Child development project officer (CDPO) are incharge of the Integrated Child Development Services scheme and are responsible for planning and implementation of the projects. A supervisor who works under the child development project officer guides and supervises Anganwadi workers and Anganwadi helpers. In Tiruchirappalli district
there are 12 CDPOs, 15 Grade I Supervisors and 25 Grade II Supervisors in position.

In Tiruchirappalli district 1000 Anganwadi centres are functioning in government buildings, 206 in rented buildings and 602 in rent free private buildings.

The nutritional values of supplementary foods have been revised to the extent of 500-800 kcal per day and 12-20 g of proteins per day.

The children of 0-36 months age are weighted every month regularly to monitor their growth and after 3 years they are weighted quarterly. Supplementary food is given to children of 6-36 months who have not attained sufficient weight corresponding to the age. Supplementary food is also given to mothers from 6th month of pregnancy up to six months after delivery.

Children of 2-6 years are provided noon meal and special foods (Every Monday, Wednesday and Thursday boiled eggs are given to the preschool children and every Monday one boiled egg is given to the children in the age group of 1-2 years, Tuesday Bengal Gram 20g or Green gram 20g and every Friday 20g potatoes).

All the children and mothers are provided with health checkups and those in need of prompt medical attention are referred to the primary health centres. Also the children with disabilities are referred to the medical officers of the primary health centres. All the children and pregnant women are also provided with immunization.

Preschool education is considered as the backbone of Integrated Child Development Services scheme and it focuses on total development of children mainly from the underprivileged groups. It contributes to the universalisation of
primary education by providing the necessary preparation for primary schooling. Health education given for preschool children brings about attitudinal changes in their health habits and food habits.

Children in the preschools are given opportunities to play indoor and outdoor games. Suitable play materials and equipments provided to them have been effectively utilized by them.

The integrated child development scheme has significantly improved the nutritional status of children and mothers.

It is found that 64 per cent of the beneficiary families are below poverty line.

The Low Birth Weight (LBW) ratio has decreased.

The IMR and MMR rates have also decreased.

In rural areas pregnant women are well aware of the integrated child development services scheme.

Pregnant women have received the basic immunization through the Anganwadi centres.

In urban area highly educated and urbanized people do not aware about the scheme

In the study area most of the respondents are well aware of their children’s nutritional status.

It is found that 64 per cent of the respondents are in the age group of 26 to 35 years
The housing and environment of the living area of the people are influencing the health status of mothers and children.

The literacy levels of parents determine the nutritional status of children.

Occupations of respondents also determine the economic status and nutritional status of children.

Illiterates and poor people have availed the benefits of the scheme.

It is found that 45 per cent of the buildings of Anganwadi centres are old and damaged.

In Anganwadi centres infrastructure facilities like water, space, utensils etc are in poor condition.

The medical checkups by the government through Anganwadi centres are not regular and satisfactory.

In Tiruchirappalli district there are uncovered urban areas under ICDS scheme.

Urban rich people do not send their children to the Anganwadi centres.

In the research area Anganwadi centres require some basic infrastructure facilities like water, toilet, electricity and pucca buildings. In some children centre buildings are very old and damaged. So the government should allocate more funds to the Anganwadi centres for the improvement infrastructure.
7.1.2 Major Findings Based on Primary Data

The distribution of respondents is found to be very interesting. Around 65 per cent are from village panchayats, about 14 per cent from town panchayats, 16.5 per cent from the corporation and about 5.0 per cent are from municipality areas in Tiruchirappalli district. This shows that the scheme is much utilized in rural areas.

Regarding agewise distribution of respondents it is seen that about 65 per cent of them are in the age group of 26-35 years. Children in the age group of 31-40 months have derived maximum benefit out of the Integrated Child Development Services scheme.

Around 30 per cent respondents are in the literacy level of 9-12 standards while others have completed middle school or primary school or they are illiterates.

Considering the sizes of families of the respondents it is found that about 66 per cent of them belong to medium (4-5) sized families.

In view of the monthly incomes of the households it is found that around 64 per cent of respondent households are below poverty line, but incur monthly expenditures in the range of `1000 – 3000.

Assessment of the Qualities of the Activities and Services of Integrated Child Development Services scheme by Respondents

The respondents have assessed the quality of activities and services rendered by the Integrated Child Development Services scheme towards health status and nutritional status of beneficiaries, preschool education and noon meal scheme. It is observed that around 77 per cent respondents are highly satisfied with the nutrition and weaning food provided to the beneficiaries around 75 per
cent respondents are highly satisfied with the preschool education, about 83 per cent respondents are highly satisfied with the noon meal and special food provided to the children in the study area. It is also seen that about 80 per cent respondents are satisfied with the health status of the beneficiaries and the sanitary conditions of the Anganwadi centres. Around 78 per cent respondents are satisfied with the overall activities and services provided by the Anganwadi centres through the Anganwadi workers and helpers.

The study shows that there is an overwhelming public support and cooperation for the Integrated Child Development Services scheme according to the assessment of 81 per cent respondents. Around 77 per cent respondents are satisfied with the local community contribution for the success of the scheme. They feel that the Integrated Child Development Services scheme is spreading happiness and satisfaction among the children and mothers in the study area.

**Findings from Analysis of Hypotheses**

In order to investigate the impact of the scheme on the respondent mothers and children six hypotheses have been framed and statically analysed and the summary of the results are given below.

The analysis of hypothesis 1 shows that there is a significant association between health status of the beneficiaries and the monthly incomes and occupational status of respondents and there is no significant association between health status and age levels of children, literacy and age levels and family sizes of respondents.

Statistical tests on hypotheses 2 indicates that there is a significant difference in the health status of beneficiaries due to variation in occupational status of respondents while there is no significant difference in the health status of
beneficiaries on account of variations in age levels of parents, age levels of children and literacy levels, monthly incomes and family sizes of respondents.

The statistical inferences derived with respect to the third hypothesis indicate that there is a significant association between the quality of Integrated Child Development Services scheme activities and services and the household incomes of respondents, while there is no significant association between the quality of Integrated Child Development Services scheme activities and services and age levels, literacy levels, family sizes and occupational status of respondents and the age levels of children.

The differences in the quality of Integrated Child Development Services scheme activities and services due to variations in other variables have been investigated as the 4th hypotheses. The results show that there is a significant difference in the quality of Integrated Child Development Services scheme activities and services due to variations in monthly incomes and occupational status of respondents, but there is no significant difference in the quality of Integrated Child Development Services scheme activities and services due to variation in age levels, literacy levels and family sizes of respondents and the age levels of children.

The testing of 5th hypothesis reveals that there is a significant association between the overall success of Integrated Child Development Services scheme and the monthly incomes of respondents, but there is no significant association between the overall success of the scheme and variables like age levels of parents, age levels of children, literacy levels of parents, family sizes and occupational status of parents.

The tests performed on the 6th hypothesis reveals that there is a significant difference in the overall success of the Integrated Child Development Services
scheme due to variations in age levels, occupational status and monthly incomes of parents, while there is no significant difference in the overall success of the scheme due to variations in age levels of children, literacy levels of parents and family sizes.

7.1.3 Findings on General Social and Economic Aspects

Development of Children in Integrated Child Development Services scheme areas

The study shows that there is significant improvement in the intellectual abilities of the children who have received preschool education when compared to those in non Integrated Child Development Services scheme villages who did not have access to the preschool education. The Integrated Child Development Services scheme beneficiaries are found to have significantly higher intellectual abilities than the non ICDS group of children. This fact clearly highlights the useful role that preschool education of the Integrated Child Development Services scheme.

7.1.4 Findings on Income Aspects

Family’s income determines the life style of people. Only people in slum areas of towns and village people send their children to the Anganwadi centres because they are very poor.

7.1.5 Findings on Education and Employment Aspects

The study reveals that children’s education is improved in primary level and the basic education improves the children’s knowledge. The scheme provides employment opportunity for weaker sections of the society particularly widows and destitutes. The Government selects these candidates on the basis of their economic conditions and family status at the time of interview.
7.1.6 Findings on Women Beneficiaries

The study reveals that the Integrated Child Development Services scheme has exerted a strong influence on the health awareness nutritional practices and hygienic conditions of women in the age group of 15 to 45 years.

As can be seen from the Integrated Child Development Services scheme indicators 89 per cent of the pregnant women take proper medical checkups during their pregnancy period. Similarly referral facilities are utilized by pregnant mothers in the study area.

The analysis also shows that women in the study areas make use of nutritional health education facilities. The Anganwadi workers identify the pregnant mothers and register the pregnant mothers within 3 months. As per the study 89 per cent of mothers are registered within 3 months.

The study reveals that the ICDS programme’s one of the recent components like Kishori Shakti Yojana(KSY) empowers adolescent girls so as to enable them to grow and develop.

7.1.7 Findings on Community Participation

We want to ensure that the marginalized poor section of the society also enjoy the fruits of development through Department of ICDS with the aid of community participation. To improve the infrastructure facilities of the Anganwadi centres, community participation plays on important role. In the study area, some people donated so many things like furniture, table, baby chairs, clock, television, Utensils, water purifier, uniform, learning kits, chapel stand, indoor and outdoor game materials etc. Particularly the researcher sees in Anthanallur Block that all the Anganwadi centres have water purifiers through community participation.
7.1.8 Findings based on Anganwadi Workers and Centres

The majority of the Anganwadi workers considered preschool education as an important activity.

The attitudes of anganwadi workers in terms of being pleasant, encouraging and patient with children were satisfactory.

Communication skill of most of the Anganwadi workers was good and effective.

Anganwadi workers had a good knowledge of the different aspects involved in the growth monitoring process.

Anganwadi workers had a through knowledge about the angawadi centres village areas, families, family’s members, etc. She is an village guide. She knows everything in the village.

Anganwadi workers kept growth chart for all children, mother child card (MCH card), mother health check up and weight record and recorded all the details regularly. They also know the type of attention to be given to a risk mothers and under nourished children.

Storage facility for food materials in some centres is not satisfactory according to some Anganwadi Workers.

In some Anganwadi centres buildings are much damaged; these buildings are threatening the children. These buildings were built before 25 years and also the roofs are made of asbestos sheets.

There is no electricity connection in 85 per cent of the Anganwadi centres in the study area.
The public and mothers complain against Angawadi workers that they sell the weaning food, rice and eggs.

Anganwadi workers complain about the overwork, frequent meetings at Child development project officer’s office, maintaining of lot of registers and the low honorarium.

Anganwadi helpers complain that there is no leave for them (except national holidays’).

Supervisors supervising the Anganwadi centres do not supervise all the aspects of the scheme.

7.2. RECOMMENDED SUGGESTIONS

The government must provide stable pacca buildings to the centres and also the Anganwadi centres should be easily assessable to the children.

The government should provide electricity connection to all Anganwadi centres.

Maintenance of records and registers is found to be tedious for the Anganwadi workers and it affected their teaching time. Elimination of certain records or a simpler way for maintaining them should be substituted.

The Anganwadi centres physical infrastructure should be improved.

For assessing intellectual, social and physical development, a preschool evaluation scale should be incorporated in the training curriculum of Anganwadi workers and supervising staffs.
The pay given to Anganwadi workers, Angawadi helpers should be revised as the low honorarium works against the sustained interest and motivation of the workers and helpers in the long run.

Use of mass media like television, radio, and the newspapers to create awareness in parents and communities about the Anganwadi centres, the method of teaching and the services rendered through it: and its importance in improving overall development of children.

Nutrition and health education can be made more effective by including experts. Home science students can take classes for Angawadi workers and also for the community through anganwadies. They will be equipped with innovative training methods and aids than other social scientists. The home science colleges as part of their extension activities could effectively do this work. These efforts will minimize the expenditure of the programme.

7.3 RECOMMENDED POLICY IMPLICATIONS

The research work has resulted in some significant findings which are very relevant to the children as well as to the parents and the scheme implementing agencies. A summary of the salient findings is presented and inferences are drawn and the implications for the betterment of children along with policy measures are presented.

On the basis of the analysis of primary and secondary data the researcher proposes the following policy measures.

- **Improving Staff Strength and Quality of Training**

  Poor staff strength and poor quality training have, impeded the efficiency of Integrated Child Development Services scheme. This is a basic handicap which needs to be corrected. There is evidence of a backlog in the staff training and it is
urged that this may be cleared by the drive initiated by the Department of Women and Child Development to further streamline training of ICDS functionaries. A substantial backlog for refresher training of functionaries at all levels is a matter of concern. It is imperative for functionaries to receive refresher training periodically for upgrading their skills.

It is also felt that it needs to be experimented with some new innovative methods for imparting refresher training. Involving academic and technical institutions in strengthening continuing education through peripatetic training in the field needs to be explored. The feedback on involvement of medical colleges in training health functionaries of ICDS shows that their involvement would add to the efficacy of the programme. Hence a method of promoting such interactions needs to be explored.

- **Improving Eligibility Criteria**

  It is suggested that eligibility criteria for recruitment of Anganwadi workers may be raised to degree level with suitable incentives and promotion avenues for integrating them into the ICDS infrastructure as it facilitates improving the efficiency of the scheme. The government should take severe action against malpracticing Anganwadi workers, supervisors and other staffs in the scheme.

- **Increasing Public Awareness and Cooperation**

  It should be mandatory for the project officers to organize frequent training workshops at the project level. A resource centre at Child development project officer’s office may be very useful for ensuring public awareness and co-operation for the effective implementation of the scheme. Hence it is a must that a resource centre be started at every Child development project officer’s office.
Other Measures Recommended

- The government should give weekly one day leave to the Anganwadi helpers.
- The government should give raw packed weaning food in the prescribed quantity to adolescent girls, ANCs and PNCs.
- The government must form a village level committee to watch Anganwadi centres.
- The government should change the supplementary feeding pattern as the children do not like weaning food given at present, and they like some changes. So the government in future may give milk, milk powder, micro nutrient biscuits, an apple or banana.
- The government may also appoint one health nurse for a group of five Anganwadi centres and also may appoint one doctor for one Block/Project.
- The government may also provide a television set to the Anganwadi centre for entertainment and for knowledge development of the children.
- The governments should allocate more funds for the implementation of integrated child development scheme as there is escalation of prices of food and other materials through the annual budgets.
- The government should procure more play materials and preschool education materials for the use of children in Anganwadi centres.

7.4 CONCLUSIONS

The study helps to establish the fact that the Integrated Child Development Services scheme has succeeded in attaining the goals set for it. The components of the programme help to achieve the total effect expected of the Integrated Child Development Services scheme.

The study reveals that the Integrated Child Development Services scheme has exerted a strong influence on the health awareness of children and women, and objectives as nutritional practices.
The study shows that the Integrated Child Development Services scheme through its component of preschool education has helped to reduce school dropout rates in the areas covered by the study. Also it has facilitated the enrolment of children in primary schools in the select areas and their retention.

The researcher concludes that the scheme is very helpful to the children of the poor families. The scheme has reduced the number of undernourished and malnourished children in the study area. Also Infant mortality rate and maternal mortality rates are reduced.

The supervision of the scheme is poor, due slackness and least interest in supervising the scheme among the supervisors and higher functionaries. So the government should take steps to increase the supervising capacity of the supervisors and higher authorities.

* * * * *

* * * * *