

CHAPTER – V

ANALYSIS AND INTERPRETATION

This chapter is mainly devoted to analysis and interpretation of data. The data for the study were collected from June, 2011 to July, 2012; preceding thirteen months were the reference period for acquiring information on specified items. The data comprising to 44 Anganwadi Centres, 264 Beneficiaries of the ICDS, 97 Project functionaries were randomly selected for the purpose of the study.

As the present study also aims at ascertaining the role of mass media in ICDS of Assam : with special reference to Rupahi Development Block in Nagaon District, a survey was also conducted through home visit, personal interviews and observation. For this purpose three sets of interview schedules i.e. Beneficiaries, Anganwadis and Functionaries at different level and also one set of observation sheet have been prepared for the study. In a preparatory stage research hypotheses have special importance through which the facts are confirmed or rejected. Thus, as per objectives of the present study, the hypotheses have been formulated. These are i) The role of mass media in ICDS programme is very limited, ii) That the percentage of people's awareness and participation towards the use of mass media programme is assumed to be unfavourable. Regarding this, the data were classified in different ways and put into the tabular form and analysed. Tabulation was also subjected to suitable statistical analysis like frequency and percentage. The analysis and interpretation of the study are presented in this chapter and has been organized through analysis of interview schedule and observation under the following sections :

1. **Assessment of background of the Beneficiaries and Anganwadis.**
2. **Awareness and Participation of the Beneficiaries towards the Programme.**
3. **Impact of media in existing programmes at Anganwadis.**
4. **Attitudes of Beneficiaries towards the ICDS programme.**
5. **Role of mass media in ICDS team.**

5.1 ASSESSMENT OF BACKGROUND OF THE BENEFICIARIES AND ANGANWADIS :

5.1.1 ASSESSMENT OF BACKGROUND OF THE BENEFICIARIES :

This aspect includes details such age, educational status, type of family, religion, occupation, media ownership of the selected beneficiaries and also the reasons given by the mothers for sending their children to AWC, role of media played in existing programme on ICDS etc.. These factors are taken into consideration and have been discussed thoroughly so as to have a clear understanding of the background of the beneficiaries and to see whether the programme and services is essential for optimum results.

5.1.1.1 AGE GROUP OF BENEFICIARIES :

Age is the important factor in the whole schematic design of the ICDS programme. Although thoughts, ideas of different age groups are not expected to be the same but a common zeal for improving the health and nutritional status is expected to be equally develop in the beneficiaries irrespective of age.

As such, the distribution of the beneficiaries according to their age group is given in the table 5.1 and table 5.2 respectively.

TABLE - 5.1**AGE - WISE DISTRIBUTION OF PREGNANT AND NURSING MOTHERS**

Sl. No.	Age Group	No. of Beneficiaries (N = 176)	Percentage (%)
1	Below 25 Years	9	5.11%
2	25 years - 30 years	47	26.70%
3	30 years - 40 years	114	64.77%
4	Above 40 years	6	3.40%

From the above table it is clear that out of the total 176 respondents majority of beneficiaries (64.77 percent) were age group between 30-40 years and 26.70 percent of beneficiaries were in the age group of 25 - 30 years. Only 5.11 percent of beneficiaries below 25 years and 3.40 percent beneficiaries were above 40 years of age.

The table 5.2 depicts the age-wise distribution of the Children.

TABLE - 5.2**AGE - WISE DISTRIBUTION OF CHILDREN**

Sl. No.	Age Group	No. of Children (N = 88)	Percentage (%)
	Below 3 Years	20	22.72%
	3 - 5 years	43	48.86%
	5 - 6 years	25	28.40%

The above table revealed that majority of children (48.86 percent) was in the age group between 3-5 years and 28.40 percent of them were in the age group of 5-6 years. Only 22.72 percent children were below the age group of 3 years.

5.1.1.2 EDUCATIONAL LEVEL OF WOMEN BENEFICIARIES :

Education is an important variable, which affects demographic behaviour of people concerning fertility, mortality, morbidity, malnutrition etc. Hence, it is necessary to examine the educational status of women beneficiaries to analysis the problem related to the implementation of ICDS programme.

Table 5.3 reveals the educational level of women beneficiaries.

TABLE - 5.3

EDUCATIONAL LEVEL OF WOMEN BENEFICIARIES

Sl. No.	Educational level	No. of Beneficiaries (N = 176)	Percentage (%)
1	Illiterate	16	9.09%
2	High School	142	80.68%
3	HSLC Passed	14	6.25%
4	HSSLC and above	4	5.26%

From the above table it is revealed that out of the total 176 respondents only a small percentage i.e. 9.09 percent of women were illiterate, majority of women i.e. 80.68 percent were studied up to High School and 6.25 percent women were completed H.S.L.C. and rest of them 5.26 of women were studied up Higher Secondary. This is diagrammatically represented in the form of bar diagram (Figure – 5.1)

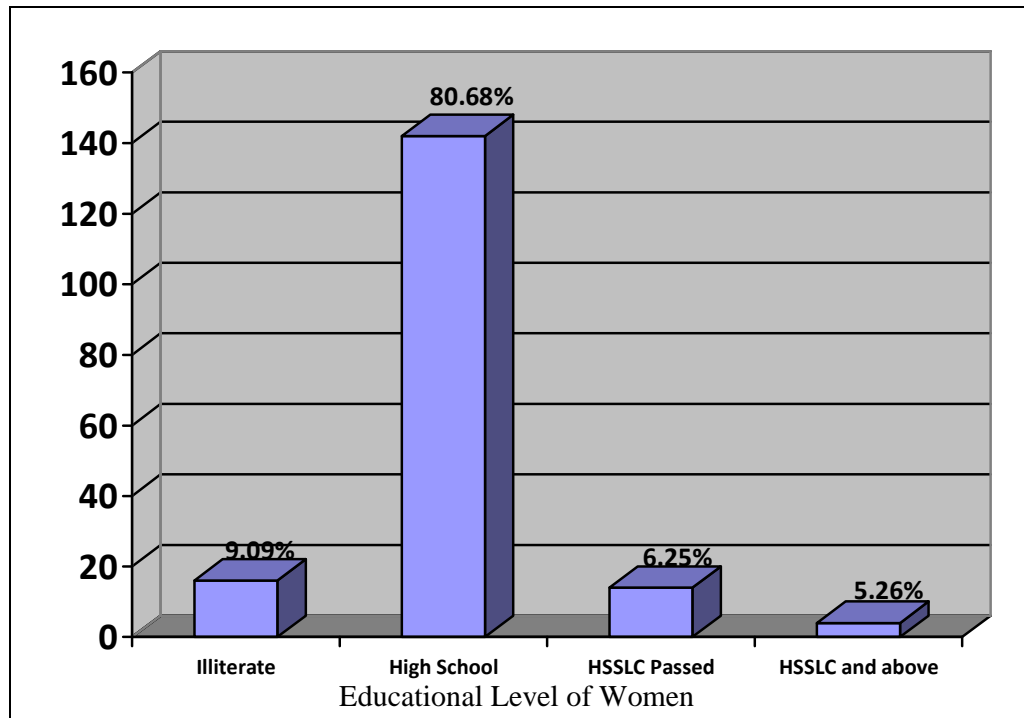


Figure 5.1 Educational Level of Women Beneficiaries

5.1.1.3 TYPE OF BENEFICIARIES HOUSEHOLD :

The nature of the family of two types i. e. Joint and Nuclear. The children who are grown up in nuclear families have different influences, as compare to the children of Joint families, because their experience of the family life is different.

Table 5.4 indicates the type of the family of the beneficiaries.

TABLE - 5.4

TYPE OF THE FAMILY

Sl. No.	Name of the family	No. of Beneficiaries (N = 264)	Percentage (%)
1	Nuclear	123	46.59%
2	Joint	141	53.40%

Regarding the type of the family it was found that the majority of the beneficiaries consisting 53.40 percent were from joint families while 46.59 percent of beneficiaries were from the nuclear type family.

5.1.1.4 SIZE OF THE FAMILY :

The dimension of family size deals with a view to assessing its relation with illiteracy. In this context, size of the family reforms to the number of the family members in the family of the beneficiaries.

TABLE - 5.5

SIZE OF THE FAMILY

Sl. No.	Size of the Family	No. of Beneficiaries (N = 264)	Percentage (%)
1	4 or less than 4	38	14.39%
2	5-8 members	145	54.92%
3	8 and above	81	30.68%

From the above table it is revealed that the majority of the beneficiaries household constituting 54.92 percent had family member 5-8, whereas 30.68 percent beneficiaries had a family size more than 8 members and only 14.39 percent beneficiaries had the family member 4 or less than 4 members.

5.1.1.5 RELIGION OF BENEFICIARIES :

Religion has an important role to play in the life of an individual in society as it affects the demographic behaviour of individuals in social life, thought and ideas of beneficiaries are determined to a large extent by religion.

The following table 5.6 shows the religion of the beneficiaries.

TABLE - 5.6**RELIGION OF BENEFICIARIES**

Sl. No.	Religion	No. of Beneficiaries (N = 264)	Percentage (%)
1	Islam	242	91.66%
2	Hinduism	22	8.33%

Table 5.6 shows that out of total 264 beneficiaries, the majority of beneficiaries i.e. 242, (91.66 percent) beneficiaries were minorities i.e Islamic religion while rest of them were belonged to Hindu religion.

5.1.1.6 INCOME DISTRIBUTION :

Income of the occupation is another important index of the socio-economic background. It plays an important role in one's life.

Table 5.7 indicates the income range of the families.

TABLE - 5.7**MONTHLY INCOME OF THE FAMILY**

Sl. No.	Income (Rs/month)	No. of Beneficiaries (N = 264)	Percentage (%)
1	Below Rs. 6000	52	19.7%
2	Rs. 6001 - Rs. 8000	145	54.92%
3	Rs. 8001 - Rs. 10000	36	13.64%
4	Rs. 10001 - and above	31	11.74%

The above table reveals that 19.69 percent of beneficiaries had monthly income range below Rs. 6000/- and the majority constituting 54.92 percent of

beneficiaries had monthly income Rs. 6001/- - Rs. 8000/-, 13.63 percent beneficiaries had the monthly income range between Rs. 8001/- - Rs. 10000/- and only 11.74 percent of beneficiaries had monthly income of above Rs. 10001/-

This is diagrammatically represented in the form of bar diagram (Figure- 5.2)

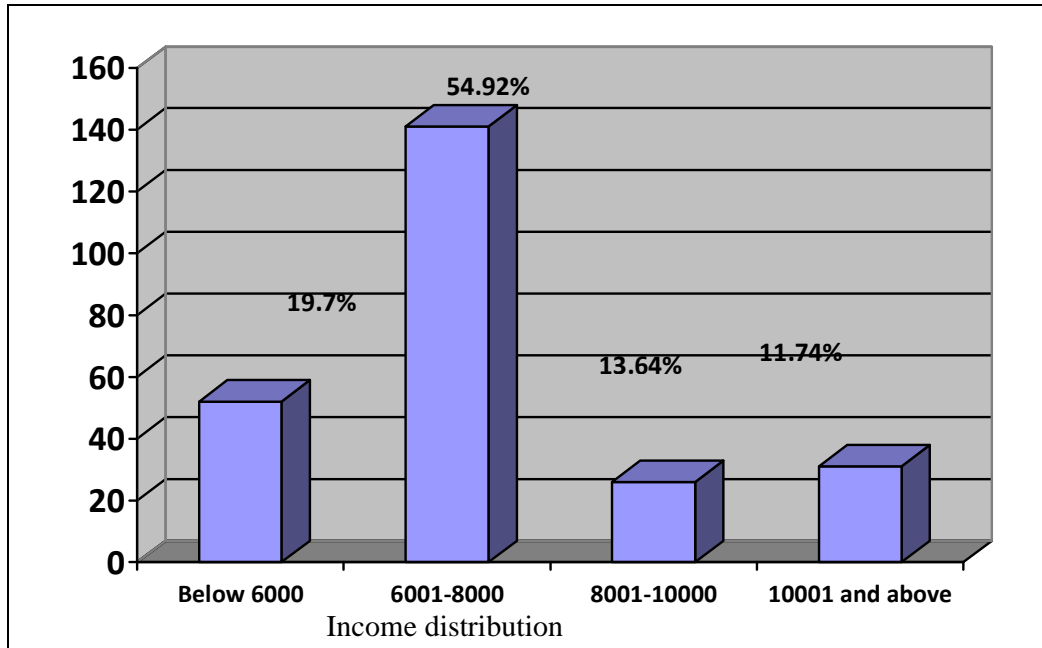


Figure- 5.2 Monthly Income of the Family

5.1.1.7 OCCUPATIONAL PATTERN OF BENEFICIARIES HOUSEHOLDS :

Occupation determines to a great extent one's mode of living, thinking and behaviour etc. Therefore, it is felt necessary to ascertain about the employment position of the beneficiaries family members has been shown in the following table.

Table 5.8 reveals occupational pattern of the beneficiaries household.

TABLE - 5.8

OCCUPATIONAL PATTERN OF BENEFICIARIES HOUSEHOLD

Sl. No.	Occupation	No. of Beneficiaries Household (N=264)	Percentage (%)
1	Agriculture	147	55.68%
2	Service	36	13.63%
3	Business	40	15.15%
4	Any other	41	15.5%

From the above table 5.8 it reveals that majority of the beneficiaries household i.e. 55.68 percent belonged to cultivation. Out of them, 15.15 percent of beneficiaries belonged to business family and 13.63 percent beneficiaries households were engaged in services. It was also observed that about 15.5 percent beneficiaries household belonged to the families were fishing and also casual labour.

5.1.1.8 OCCUPATIONAL PATTERN OF BENEFICIARIES :

Regarding the occupational pattern of the beneficiaries it was found that majority of the beneficiaries housewives. Remaining 9.5 percent beneficiaries were working as colies and rest of them i.e. 11.6 percent were engaged in other activities.

5.1.1.9 REASONS FOR SENDING THEIR CHILDREN TO THE ANGANWADI :

Regarding the reasons for sending their children to the Anganwadi, it was found that majority of the beneficiaries i.e. 34.9 percent had sent their children to develop good habits. Only 16 percent mothers sent their children for mid day meals. Since, 9.5 percent beneficiaries were working, they left their children at the Anganwadi to be taken care of, whereas 31.7 percent beneficiaries felt that leaving the children at the Anganwadi gave them time to do their domestic chores.

5.1.1.10 AWARENESS OF THE ANGANWADI PROGRAMMES FOR WOMEN AND CHILDREN :

Table 5.9 indicates the awareness of the Anganwadi programmes for women and children by the beneficiaries.

TABLE - 5.9

BENEFICIARIES AWARENESS ABOUT THE PROGRAMME CONDUCTED

Sl. No.	Indicator	No. of Beneficiaries (N = 176)	Percentage (%)
1	Aware	102	57.95%
2	Not aware	74	42.04%

The above table shows that out of the total 176 beneficiaries the majority of them i.e. 57.95 percent were aware about the programmes conducted at the Anganwadis. Only 42.04 percent were not aware about all the programmes of the Anganwadi except pre-school education.

5.1.1.11 OPINION OF THE BENEFICIARIES ABOUT MEDIA :

This section deals with the opinion of the beneficiaries about media :

TABLE - 5.10

OPINION OF BENEFICIARIES ABOUT MEDIA

Sl. No.	Key Indicator	No. of Beneficiaries (N = 246) *	Percentage (%)
1	Newspaper/ Magazine/ Pamphlet/leaflet / Bulletin	8	4.54%
2	Radio	34	19.38%
3	Television	114	64.77%
4	Internet	0	0%

* Multiple response

The table 5.10 showed that majority of the beneficiaries i.e. 114 (64.77 percent) had their own T.V. sets, the majority of them were using only for entertainment but few of them were using both for entertainment and other welfare programmes. Out of them i.e. 34 (19.38 percent) had radio at home. They are also using only for entertainment. A very few of them i.e. 8 (4.54 percent) used to read newspaper, bulleting etc. regularly and none of them had internet facility.

5.1.1.12 SOURCES OF INFORMATION ABOUT OF THE ANGANAWADI PROGRAMME :

Table 5.11 reveals the main sources of information about the Anganwadi programme.

TABLE - 5.11

SOURCES OF INFORMATION ABOUT ANGANWADI PROGRAMME

Sl. No.	Information Source	No. of Beneficiaries (N = 176)	Percentage (%)
1	Extension	20	11.36%
2	Research	--	---
3	AWW/Fellow person	75	42.61%
4	Electronic media	46	26.14%
5	Print media	14	7.96%
6	Traditional media	21	11.93%

The data given in Table-5.11 revealed that sources of information about the AWC programme a vast majority of the beneficiaries 42.61 percent were got information from fellow person or Anganwadi workers followed by extension 11.36 percent electronic media 26.14 percent and print media 7.96 percent while 11.93

percent beneficiaries were from traditional media. This is diagrammatically represented in the form of pie diagram (Figure- 5.3)

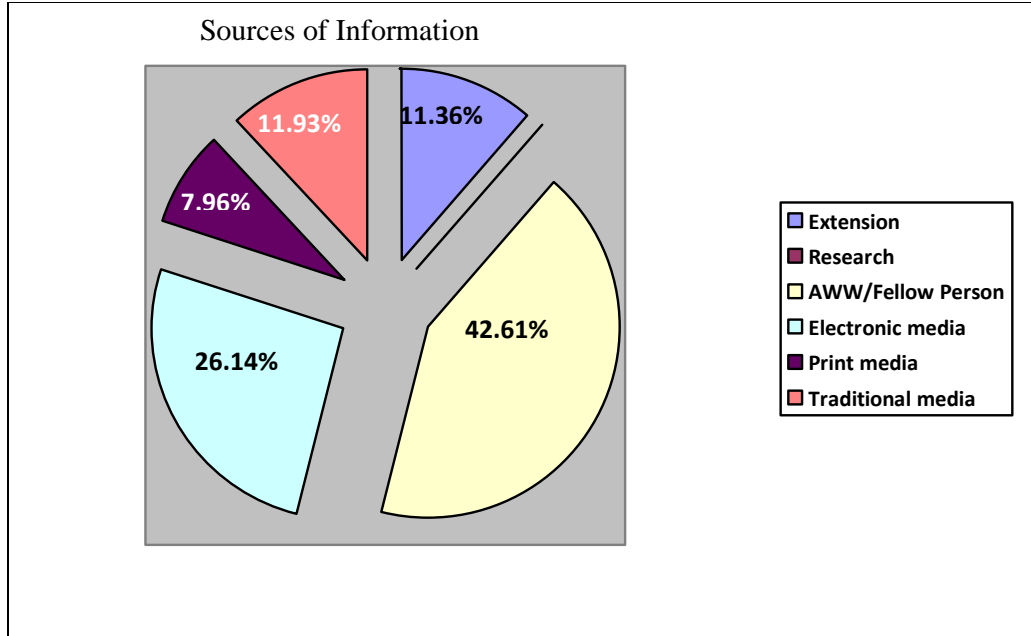


Figure – 5.3

Sources of Information about the Anganwadi Programme

5.1.1.13 ROLE OF MEDIA PLAYED IN THE FIELD OF CHILDREN ISSUES :

This section deals with the viewpoints of the beneficiaries on the basis of the role played by the media regarding children issues.

TABLE - 5.12**ROLE OF MEDIA PLAYED IN THE FIELD OF CHILDREN ISSUES**

Indicator	A*	D*	N*
Role of media played on ICDS programme	25%	60	15%
Encouraging beneficiaries towards health issues	4%	74%	22%
Urge to provide information about the preventable disease	25%	65%	10%
To orient about the referral services at high risk cases for special care	0	90%	10%
To aware about the supplementary nutrition	7.5%	70%	15.5%
Educate beneficiaries about the Nutrition Education	0	86%	14%
To encourage pre children towards non-formal education	30%	68%	2%

*** A-agree, D-disagree, N-neutral**

From the above table 5.12 it has cleared that 30 percent believed that the media played to encourage pre-school children towards non-formal education, while 68 percent disagree with it. Whereas, 25 percent of the beneficiaries agreed with that media provide information about the preventable diseases, remaining 70 and 86 percent of them disagreed about the supplementary nutrition and nutrition education respectively.

5.1 ASSESSMENT OF THE ANGANWADIS :

5.1.1.14 PHYSICAL SET UP OF ANGANWADIS :

The various aspects such as location of Anganwadi Centers, condition of surroundings, availability of safe drinking water, proper application of mass media / teaching aids, indoor/outdoor space provision were taken into account for assessing the physical set up of Anganwadi Centers. The above mentioned aspects were considered important for the effective delivery of services and implementation of the scheme.

5.1.1.15 LOCATION :

Location is an important indicator in the physical set up of Anganwadi Center. An Anganwadi normally covers a population of 1,000 in rural areas and 700 in tribal areas. While selecting the places for Anganwadi Center, it should be noticed that it should cover the actual population as well as easily accessible by the beneficiaries.

TABLE - 5.13

ASSESSIBILITY AND SURROUNDINGS OF ANGANWADIS

Sl. No.	Indicator	No. of Anganwadi Center (N = 44)	Percentage (%)
1	Accessibility within 1 km distance	24	54.55%
2	Accessibility beyond 1 km distance	7	13.63%
3	In non-congested area	4	9.09%
4	Clean Surroundings	9	20.45%

From the above table 5.13 it is revealed that out of the total 44 Anganwadi centers, the majority of them constituting 54.55 percent were located within 1 Km distance from the beneficiary's household. Only 13.63 percent Anganwadi Centers were located beyond the 1 km distance. Rest of them a very few 9.09 percent Anganwadi Centers were located in non-congested area and 20.45 percent Anganwadi Centre were located in clean surroundings.

5.1.1.16 AVAILABILITY OF AMENENITIES :

The Anganwadi Center is the front line for delivery of a package of services to children and their mothers. Therefore, the Anganwadi Center should have provide safe and clean drinking water, proper sanitary facilities to children and mothers for keeping their good health.

Table 5.14 depicts the amenities available at Anganwadi Centers.

TABLE - 5.14
AMENITIES AVAILABLE AT ANGANWADIS

Sl. No.	Indicator	No. of Anganwadi Center (N = 44)	Percentage (%)
1	Sources of Water		
	Tap	0	0.0%
	Well	14	31.81%
	Hand Pump	22	50.00%
	Pond	8	18.18%
2	Toilet Facilities		
	Adequate	20	45.45%
	Not Adequate	24	54.54%

The above table 5.14 it is found that 31.81 percent Anganwadi Centers was using water from the well. Majority of Anganwadi Centers i.e. 50 percent were using water directly from the hand pump. Only a few i.e. 18.18 percent Anganwadi Centers were using water from the pond. It was dishearting to note that majority of Anganwadi Centers constitutes 54.54 percent had no adequate toilet facilities. Only 45.45 percent Anganwadi Centers had adequate toilet facilities.

5.1.1.17 AVAILABILITY AND PROPER UTILIZATION OF MEDIA :

Media is an important indicator for improving and implementation of ICDS programme. It educates people by giving information about food, health, housing, sanitation, agriculture, environment etc. It also brings about greater awareness among the masses about men and materials.

The table 5.15 shows the availability of in-home media like charts, posters, print advertisement on immunization session, family planning, health, nutrition, audio-visuals visuals for T.V and visuals for leaflets, booklets and radio etc. and out-home media like film show, T.V. , folk media on various issues through street plays, mobile theater etc.

TABLE - 5.15

AVAILABILITY OF IN-HOME AND OUT-HOME MEDIA

Sl. No.	Indicator	No. of Anganwadi Center (N = 44)		Percentage (%)	
		Adequate	Inadequate	Adequate	Inadequate
1	Traditional media	10	34	22.72%	77.27%
2	Print media	12	32	27.27%	72.72%
3	Electronic media	3	41	1.13%	15.53%

From the above table 5.15, it is clear that out of the total sample of 44 Anganwadi centres, the majority of them i.e. 77.27 percent and 72.72 percent were inadequate equipped with in-home and ex-home media respectively. Only a very few percentage constitutes 27.27 percent and 22.72 percent were adequately equipped with ex-home media respectively. And a very few i.e. 03 (1.13 percent) had adequately equipped with electronic media.

5.1.1.18 STATUS OF ANGANWADI CENTRE :

Normally, it is expected that local community school provide accommodation for the Anganwadi centre free of rent. It is interesting to note that majority of the AWCs were functioning in permanent structure, that were constructed from the grant of the ICDS scheme.

5.1.1.19 INDOOR AND OUTDOORS SPACE :

All the ICDS services are provided through the Anganwadi Centre in an integrated manner. For this the Anganwadi should have some indoor and outdoor space and storage space for carrying out the Indoor and Outdoor activities as well as storing of rations, play materials, teaching materials etc. The criteria for adequate indoor space is, space available per child to sit comfortably enough to accommodate forty (40) children at a time whereas, the criteria for adequate outdoor space is, availability of play space for about 10-15 children to play at a time.

The table 5.16 shows the availability of Indoor and outdoor space in Anganwadi centers.

TABLE - 5.16**AVAILABILITY OF INDOOR AND OUTDOOR SPACE**

Sl. No.	Indicator	No. of Anganwadi Center (N = 44)	Percentage (%)
1	Indoor Space	23	52.27%
2	Out Door Space	21	47.72%
3	Storage Space available	0	0

From the above table it is seen that the majority of Anganwadi Centers constitutes 23 (52.27 percent) had adequate indoor space while 21 (47.72 percent) Anganwadi had adequate outdoors space.

5.2 AWARENESS AND PARTICIPATION OF BENEFICIARIES :

Any human development strategy begins with the welfare of children. It is needed to be recognized by the planners all over the world that access to minimum services for children is likely to ensure their optional development and their help in preparing socially efficient individual with this aim in view the government of India introduced ICDS programme and its focuses to fostering Child Development.

Therefore, Anganwadi Worker should involve the family and community in the programme For this, beneficiaries should aware about the objectives of the ICDS programme and the services available to them and they should also aware about the role played by media so as to get information its policies and programmes on Radio and Television and other forms of print media. Their participation and their action are very important for the success of the ICDS programme in the villages. The community should feel that it is their programme and is meant for the benefit of children and mothers in the villages. They also realized that print advertisement on

family welfare programmes, immunization session, health, nutrition etc. through the different forms of media such as booklets, pamphlets, newsletter, audio-visual media (TV and Radio) etc. also helped them to provide necessary information about the benefit of the programme for the whole community.

5.2.1 BENEFICIARIES PERCEPTION OF ICDS PROGRAMME :

It is needless to say that when the beneficiaries involved in various activities of the programme, they made aware about the various aspects of the programme. The views of beneficiaries enrolled in the Anganwadis were taken to assess their awareness about the ICDS programme. The findings in this area shows that a higher percentage of women were aware about the need of this programme.

This section deals with the analysis of the responses of women beneficiaries regarding their awareness about the need of ICDS programme. In this regards while querying about the view points of the respondents about the need of the ICDS programme that are appended in the Table 5.17 below:

TABLE - 5.17

BENEFICIARIES PERCEPTION OF ICDS PROGRAMME

Sl. No.	Indicator	No. of Beneficiaries Reported (N = 264)	Percentage (%)
1	Need of ICDS Programme	171	64.77%
2	Awareness of activities towards the programme	93	35.23%

The above table shows that 64.77 percent beneficiaries made aware about the need of ICDS programme while only 35.22 percent beneficiaries were aware about the various activities of ICDS programme.

Although the majority of beneficiaries found that ICDS programme was needed for the development of the children but most of them were ignore about the various activities that were carried out at Anganwadi centers. This is diagrammatically represented in the form of bar diagram (Figure- 5.4)

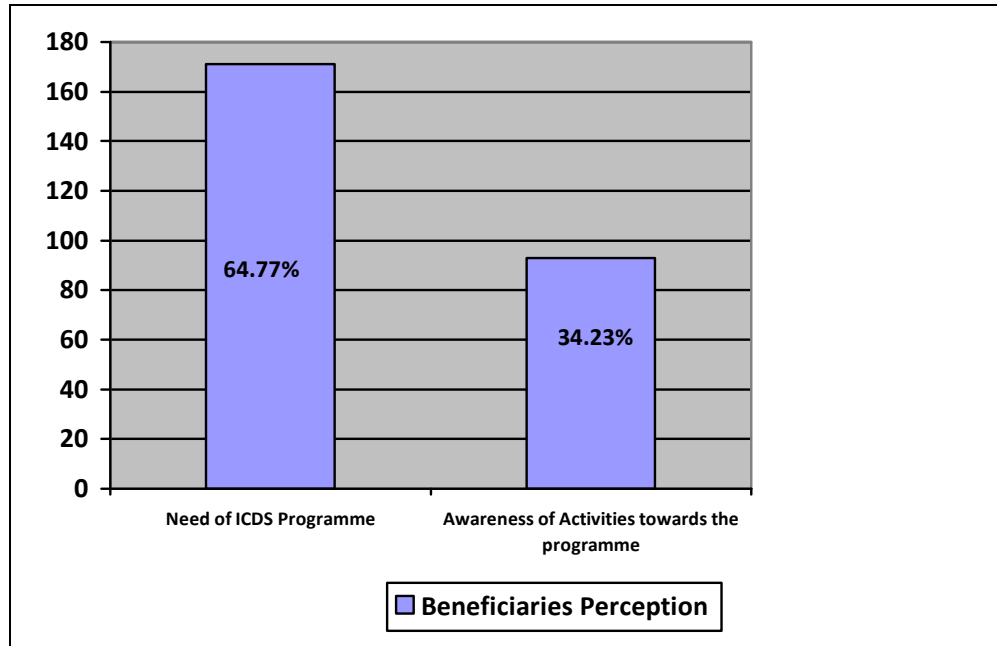


Figure – 5.4 Beneficiaries perception of ICDS Programme

5.2.2 BENEFICIARIES PERCEPTION REGARDING PRE-SCHOOL EDUCATION :

With regard to Pre-school Education, it was found that there was an increase awareness of the importance of Pre-school Education among the mothers. Further, on the basis of the assessment made by the investigator regarding the implementation of Pre-School Education and the rating assigned to the implementation of Pre-school Education programme in the Anganwadi Center showed in following table.

TABLE - 5.18**BENEFICIARIES VIEWS ON PRE-SCHOOL EDUCATION PROGRAMME
IN ANGANWADI CENTERS**

Sl. No.	Indicator	No. of Beneficiaries Reported (N = 264)	Percentage (%)
1	Unsatisfactory	19	7.19%
2	Satisfactory	64	24.24%
3	Good	113	42.80%
4	Nutral	68	25.75%

The above table reveals that out of the total 264 sample beneficiaries, only 7.19 percent beneficiaries rated the implementation of Pre-school Programme in their Anganwadi Centers as unsatisfactory, whereas 24.24 percent of beneficiaries rated it as satisfactory, Majority of beneficiaries rated the implementation of Pre-school programme in their Anganwadi Centers as good while 25.75 percent beneficiaries could not give any answer in this respect.

5.2.3 BENEFICIARIES PERCEPTION ON HEALTH SERVICES :

The beneficiaries views were taken regarding the implementation of Health Services under ICDS and its influence on the status of health of their children. The impact of Health Services will depend not only the acceptance of these services by the beneficiaries, but also their total involvement in the programme. Better health and nutrition awareness can improve the health condition of their children without additional expenditure. The findings emerged about various aspects of Health

Services and utilization of these services by beneficiaries that is presented in the following table- 5.19.

TABLE - 5.19

BENEFICIARIES PERCEPTION ON HEALTH SERVICES

Sl. No.	Indicator	Total No. of Beneficiaries	No. of Beneficiaries reporting	Percentage (%)
1	Keeping Good Health	162	130	80.25%
2	Awareness of Immunization	264	260	98.48%
3	Got duly immunized	162	158	97.53%
4	Good Health provided by –			
	* Supplementary food		156	59.09%
	* Immunization	264	164	62.12%
	* Health Check-up		77	29.16%
5	Sources of Information			
	* AWW	264	95	35.98%
	* Media		81	30.68%

From the above table it was revealed that 80.25 percent reported their children were keeping good health under ICDS programme. The awareness regarding the need for immunization was highest women constitutes 98.48 percent children got duly immunized.

Mother views on the health status of their children could be improved through various services i.e. Health Check-up, Immunization and Supplementary food. Out of the total beneficiaries majority of them i.e. 62.12 percent, good health provided by immunization. 30.68 percent beneficiaries recognized the role played by media in

improvement in their health status. Further 35.98 percent beneficiaries told that sometimes the Anganwadi Worker also act as a source of information on health.

The results indicated that the health service specially health check-up of ICDS are not meeting the desired standards as far as utilization and implementation is concerned. Administrative steps and rigorous monitoring and media efforts only can bring about an improvement.

5.2.4 BENEFICIARIES VIEWS ON MEDIA :

This section deals with the awareness and participation of beneficiaries in ICDS views on media organizations among the beneficiaries.

TABLE - 5.20
BENEFICIARIES VIEWS ON MEDIA

Sl. No.	Indicator	Media Used	No. of Beneficiaries Reported (N = 176)*	Percentage (%)
1	Immunization	Print, traditional, audio-visual	44	25.0%
2	Health Check-up	Audio-visual, Print media	08	4.54%
3	Pre-school education	Electronic media, Print, Traditional	53	30.01%
4	Referral Services	--	--	--
5	Nutrition Education	--	--	--
6	Supplementary Nutrition	Print, traditional media	13	7.5%

* Multiple response

From the above table it is clear that out of 176 sample beneficiaries majority of the beneficiaries i.e. 53 (30.01percent) had aware of pre-school education. Only 44 (25.0 percent) of them had aware of immunization though print, traditional and audio-visual media respectively. A very few of them i.e. 8 (4.54 percent) and 13 (7.57 percent) had aware about health checkup and Supplementary Nutrition only through print and traditional media respectively. None of them heard about referral services and Nutrition Education.

5.2.5 BENEFICIARIES ASSESSTMENT OF ANGANWADI CENTER :

Here, the investigator tried to sketch about the beneficiaries assessment on the functioning of Anganwadi Centers of their villages. Whether the Anganwadi Centers of their village were running unsatisfactory, satisfactory, excellent or neutral.

This section deals with the viewpoints of the beneficiaries regarding Anganwadi Centre.

TABLE - 5.21

BENEFICIARIES ASSESSMENT OF ANGANWADI CENTRE

Sl. No.	Indicator	No. of Beneficiaries (N = 264)	Percentage (%)
1	Unsatisfactory	35	13.25%
2	Satisfactory	84	31.81%
3	Excellent	74	28.03%
4	Neutral	71	26.89%

The above table shows that out of the total 264 beneficiaries, a small percentage constitute 13.25 percent rated the Anganwadi Centers as unsatisfactory,

the majority of beneficiaries i.e.31.81 percent rated their Anganwadi Centers as satisfactory running. According to 28.03 percent beneficiaries, the Anganwadi Center were running in their village as excellently and 26.89 percent beneficiaries could not give any answer regarding this aspects.

5.2.6 BENEFICIARIES PARTICIPATION IN ICDS :

Beneficiaries participation in the activities of ICDS is very important. They can be involved in every activities of Anganwadi Center like conducting Pre-school Activities, collecting their children to the Non-formal Pre-school Education, Organizing Pre-school Activities, helping in distributing supplementary food and print media like leaflets, booklets, pamphlets etc. regarding existing programmes at Anganwadis, listening or watching child care services on Radio, T.V. etc. The responses of women beneficiaries regarding their participation in Pre-school Education component, when analyzed revealed a disappointing situation. The following table shows this aspect.

TABLE - 5.22

BENEFICIARIES PARTICIPATION IN PRE-SCHOOL EDUCATION PROGRAMME

Sl. No.	Areas of Participation	No. of Beneficiaries	No. of Beneficiaries helping	Percentage (%)
1	Conducting Pre-school education	264	22	8.33%
2	Collecting Children to the Anganwadi Center	264	14	5.30%
3	Organizing pre-school	264	13	4.92%

	activities			
4	Distributing of print media (leaflets, booklets, pamphlets etc.)	264	23	8.71
5	Listening/watching child care services on Radio/TV	264	04	1.51%
6	Distributing of Supplementary food	264	35	12.5%

From the above table it is found that out of the total 264 sample beneficiaries, only 8.33 percent helped the Anganwadi workers in conducting Pre-school Education, 5.30 percent beneficiaries helped Anganwadi workers in collecting children to the Anganwadi centers, a very few i.e. 4.92 percent beneficiaries helped the Anganwadi workers in organizing Pre-school activities. Out of them 12.5 percent and 8.71 percent helped the Anganwadi worker in distributing Supplementary food and print media like leaflet, booklets etc. among the mothers of the children and also helped in listening child care services on Radio/TV etc. This is diagrammatically represented in the form of bar diagram (Figure- 5.5)

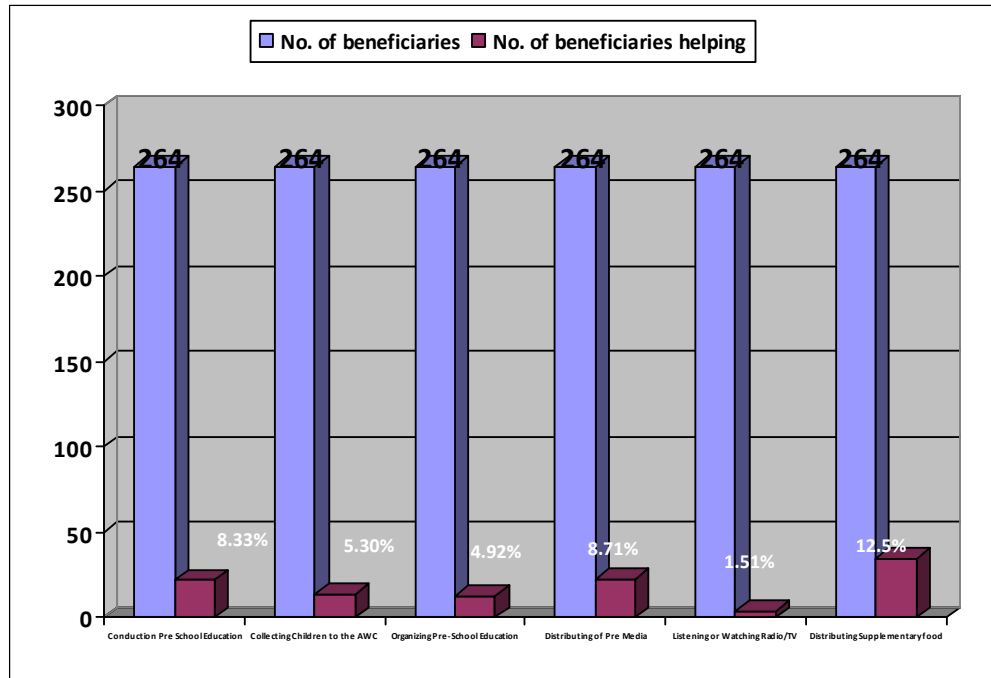


Figure – 5.5 Beneficiaries participation in pre-school education

5.3 IMPACT OF MEDIA IN EXISTING PROGRAMME AT ANGANWADIS :

ICDS is unique because all basic sectoral services, related to early childhood care, pre-school education, nutrition and health converge, through a community based child care worker, that is, the Anganwadi Worker. Coverage of services is essential to address the interrelated needs of the children and women in a comprehensive and cost effective manner.

The principal beneficiaries under the scheme, that is, Children below six years, Expectant and Nursing mothers and Women in the age group of 15-45 years receives Supplementary Nutrition, Immunization, Health Check up, Referral Services, Nutrition and Health Education and Early Childhood care and Pre-school Education. In addition, there is coverage of other important supportive services such safe

drinking water, environmental sanitation, women's development and education programmes.

In order to enhance the outreach of these services and ensure their better utilization, the Anganwadi Worker mobilizes support from the community as well as media. All families of the community are surveyed by the Anganwadi worker to identify pregnant and nursing mother, children below six years of age from the low-income families. Thus, media is an important indicator for improving and implementation of ICDS programme. The media can be played a significant role in facilitating the implementation of ICDS programme. Since, the government uses media to disseminate information about its package of services of ICDS .

It educates people by giving information about food, health, housing, sanitation, agriculture, environment etc. It also brings about creates awareness among the masses about man and materials. Communities awareness and participation are very important factor for the success of ICDS programme. There is tremendous scope for enhancing the extent of community participation in ICDS. The Govt. also stressed for planning up strategies and activities through the different media agencies for implementation of the programme.

The print media which includes the various News papers such as Asomia Protidin, Amar Asom, The Assam Tribune etc. and also leaflets, booklets, pamphlets etc. Audio-visual media, which include private News Channel like NE TV, Rang, Ramdhenu, News Live, DY365, New Times Assam and Doordarshan various FM and AIR are provided necessary information for the success of the programme. Therefore the Anganwadi worker should organized a meeting to make every family member aware about the ICDS programme before its implementation. After all, the ICDS

programme aims at total development of the child and seeks to deliver all basic essential services describe below:

5.3.1 HEALTH :

The health component of ICDS comprises Health Check-ups, Immunization Referral services, Supplementary Nutrition and Health and Nutrition Education.

5.3.1.1 HEALTH CHECK-UP :

This services includes antenatal care of expectant mothers and post-natal care of nursing mothers care of new borns and also care of children less than six years. The various health services provided for children by Anganwadi Worker and PHC (Primary Health Centre) staff include regular health check-ups, recording to weight, immunization, management of malnutrition, treatment of diarrhoea and distribution of simple medicines, etc.

At the Anganwadi, the Lady Health Visitor (LHV) examines Children, Pregnant women and Nursing mother at regular intervals and Auxillary Nurse Midwife who also identifies minor ailments and distribute simple medicines. They provide a link between the village and the Primary Health Care sub-center. The ICDS programme focuses on the community as a unit for fostering Child Development. Therefore, Anganwadi worker should involved the family and community in the programme. This programme is imparted through –

- Print Advertisement on Health check-up.
- Community meeting.
- Home visit
- ASHA Radio programme.

It aims at reducing maternal mortality and infant mortality.

5.3.1.2 IMMUNIZATION :

ICDS has played a central role in improving the immunization states of children in pregnant women and nursing mothers through the introduction of immunization programme against six vaccine-preventable diseases - Poliomyelitis, Diphtheria, Tetanus, Tuberculosis and Measles - protects children from these diseases. These are major causes of child mortality, disability, morbidity and related malnutrition. The publicity of this programme is carried out by using different forms of media. These are –

- Print Advertisement (leaflets, booklets, pamphlets, new letters) on immunization schedule.
- Group meeting.
- Home visit.
- Demonstration.
- Audio-visual for TV and Radio.

Primary Health Center and its subordinate health infrastructure carry out immunization of infants and expectant mothers as per the national immunization schedule. The Anganwadi worker assists the health functionaries in coverage of target population for immunization. She maintains immunization records of ICDS beneficiaries and follow up to ensure full coverage.

5.3.1.3 REFERRAL SERVICES :

Referral services are provided to both mothers and children and high risk cases are sent to referral hospitals for special care. The Anganwadi Worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer. Usually, each and every state the

health department identifies one hospital at district level which attends to the referral cases coming from ICDS areas.

The effectiveness of this service depends on timely action, cooperation from health functionaries and the willingness of families to avail these services. The Government agencies are also the most responsible for implementation of the programme and therefore, required to organize some publicity campaign through media agencies to create among the beneficiaries for the benefit of the programme.

5.3.1.4 SUPPLEMENTARY NUTRITION :

Supplementary Nutrition is given to malnourished children below six years of age identified on the basis of weight for pregnant and nursing mothers belonging to poorer socio-economic groups. Supplementary nutrition aims at filling the gap between the actual food intake at home and the total food requirement. Supplementary Nutrition at the Anganwadi Center is intended to fill this gap so that children below six years, pregnant women and nursing mothers get their total daily food requirement for their growth and maintenance. Supplementary Nutrition should provide :

- 300 calories and 10-12 grams of protein to malnourished children below six years;
- 600 calories and 18-20 grams of protein to severely malnourished children;
- 500 calories and 20-25 grams of protein to pregnant women and nursing mothers.

Supplementary Nutrition is given to severely malnourished children and pregnant women and nursing mothers should be twice the quantity given to moderately malnourished children. The type of food usually supplementary Nutrition, the different kinds of food – foods for energy, foods for growth and foods for protection. These food contains a varied combination of pulses, cereals, vegetables,

oil, fruits and sugar. The expenditure of the supplementary nutrition is met by the state under the plan budget available for minimum needs programme. This programme also try to carry out through home visit, advertisement on print media, community meeting and Radio programme.

5.3.1.5 HEALTH AND NUTRITION EDUCATION :

Health and Nutrition education is a key element of the work of the Anganwadi worker. This has the long-term goal of capacity building of women so that they can look after own health and nutrition needs as well as their children and families. The component of Health and Nutrition Education comprises basic health and nutrition messages, related to child care, infant feeding practices and utilization of health services, family planning and environmental sanitation. Health and Nutrition Education is imparted through home visits, group meetings, immunization sessions and demonstration.

5.3.2 EARLY CHILDHOOD CARE AND PRE-SCHOOL EDUCATION :

The Early Childhood care and Pre-school Education (ECCE) component of the ICDS may be considered as the backbone of the ICDS programme, since all its services essentially converge on the AWC. It brings and keeps young children at the Anganwadi Center - an activity that motivates parents and communities. The Early Childhood Care and Pre-school Education, focuses on the total development of the child, in the age range of up to six years. The early childhood pre-school education programme, conducted through the medium of play, aims at providing a learning environment for the promotion of social, emotional, cognitive, physical and aesthetic development of the child.

The Early Childhood Care and Pre-school Education component of the ICDS is a significant input of providing a sound foundation for all round development. It

also contributes to the universalization of primary education, by providing to the child the necessary preparation for primary schooling and also enhancement of mothers' capability to look after the health and nutritional needs of their children.

The Government should be played a significant role to enhance the outreach of this service and ensure their better utilization through the different forms of media and the Anganwadi worker also mobilizes support from the community.

In this section an effort was made to assess the services of ICDS programme that the achievement made so far by the beneficiaries. The data and findings of this study pertaining to the delivery of various services of ICDS as well as the achievement of these services are also reported of this section.

5.3.3 ASSESSMENT OF SUPPLEMENTARY NUTRITION :

This is an important component of ICDS scheme and aims at improving nutritional and health status of children and women. It is hoped that Supplementary diet would help the children from disadvantaged sections of the society to combat the adverse effects of malnutrition.

While assessing this aspect it was seen that the distribution of food at the Anganwadi Centers were great attraction. It almost served all specific categories of beneficiaries of different age group. Acceptance of this scheme in fact rests on the effective implementation of this component. It was found that when there was no ration in the Anganwadi Centers, the beneficiaries were not coming to the Anganwadi Centers. The scheme has provided very clear guidelines for serving supplementary nutrition to specific categories of beneficiaries. Since most of the Anganwadi workers being from the same community could not give to some and deny others, whatever the justification. Anganwadi workers are the frontliners. The Anganwadi worker tried to

give information about this component to all beneficiaries to come forward and enjoy the benefits of the programme.

The following table 5.23 reveals the number and percentage of beneficiaries receiving the Supplementary Nutrition.

TABLE - 5.23

BENEFICIARIES RECEIVING SUPPLEMENTARY NUTRITION

Sl. No.	Indicator	Total No. of Beneficiaries	No. of Beneficiaries receiving Supplementary Nutrition	Percentage (%)
1	Pregnant women	88	46	52.27%
2	Lactating women	88	30	34.09%
3	Children	88	88	100.00%
	Total	264	164	62.12%

From the above table it is seen that out of the total 264 beneficiaries, the majority of beneficiaries numbering 164 i.e. 62.12 percent were receiving supplementary food. Among them, 52.27 percent pregnant women, 34.09 percent of lactating women and 100 percent children received supplementary food registered at the Anganwadi Centers during the study period.

The data on coverage of beneficiaries showed that the distribution of supplementary food had a better coverage on children than Pregnant Women and Nursing Mother.

The table 5.24 shows about the general information of receiving supplementary nutrition.

TABLE - 5.24**GENERAL INFORMATION OF RECEIVING SUPPLEMENTARY
NUTRITION**

Sl. No.	Indicator	No. of respondent (N = 264)	Percentage (%)
1	Staff of AWC	90	34.09%
2	Fellow person	20	7.57%
3	Print media	16	6.06%
4	Electronic media	4	1.51%
	Any other	--	--

From the above table 5.24, it is found that sources of information about supplementary nutrition the majority of the beneficiaries were i.e. 34.09 percent got information from staff of AWC and rest of them were from fellow person i.e. 7.57 percent. The percentage of print and electronic media was 6.06 percent and 1.51 percent respectively, which was relatively lower as compared to other beneficiaries. This is diagrammatically represented in the form of bar diagram (Figure-5.6)

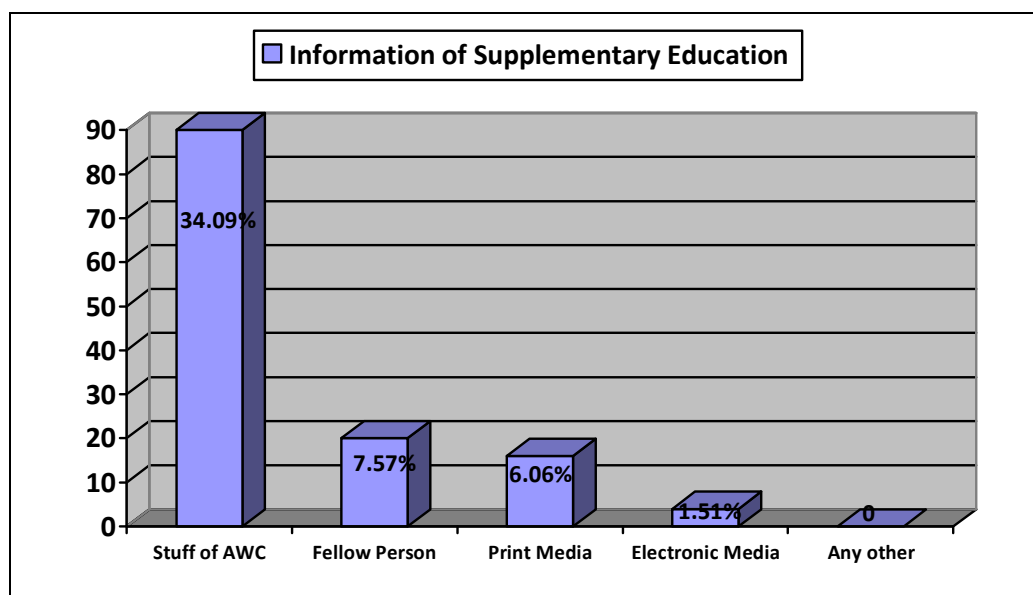


Figure – 5.6 General information of receiving supplementary Nutrition

Further, from the investigation it was found that the planning and implementation of feeding programme i.e. preparation of food was inadequate in Anganwadi Centers. Only raw foods are distributed. Therefore, the women beneficiaries were asked to comment on the quantity of food distributed to them.

This section deals with the quantity of supplementary nutrition among the beneficiaries.

TABLE - 5.25

QUANTITY OF SUPPLEMENTARY NUTRITION

Sl. No.	Indicator	No. of respondent (N = 264)	Percentage (%)
1	Adequate	67	25.37%
2	Not adequate	197	74.62%

The above table shows that majority of beneficiaries constituting 74.62 percent reported that Supplementary food was inadequate for them and only 25.37 percent beneficiaries reported it was adequate. Beneficiaries did not complain about the mis-utilization of rations and other malpractices. The CDPO only mentioned these problems. So, some strict controls and ways should be evolved to check these malpractices.

5.3.4 ASSESSMENT OF HEALTH CHECK-UP :

Health Check-up is an important services provided to children and mothers. These consists of pre-natal care or pregnant women, post natal care of nursing mothers and care of nursing mothers and care of children under 6 years of age. The health staff of Primary Health Center provides this service. Anganwadi have an important role to play in providing these services to children and mothers. The Anganwadi workers is expected to identity pregnant women, nursing mothers and children and refer such cases to the doctors at the Primary Health Center who may further refer them to the specialists if needed. The table 5.26 shows the implementation of Health Check-up in Anganwadi Centers.

TABLE - 5.26

ASSESSMENT OF HEALTH CHECK-UP IN ANGANWADI CENTERS

Sl. No.	Indicator	No. of Anganwadi Center (N=44)	Percentage (%)
1	Satisfactory organization and management	6	13.63%
2	Satisfactory record maintenance	4	9.39%

3	Satisfactory implementation of the service	6	13.63%
4	Satisfactory regarding appropriate used of media	2	4.54%
5	Not satisfactory	26	59.09%

From the above table it is seen that out of the total 44 Anganwadi Centers, only 6 (13.63 percent) Anganwadi Centers have satisfactory organized and managed the services of Health Check-up. Out of them 4 (9.39 percent) Anganwadi Centers maintained the records satisfactorily regarding this aspects and the overall implementation of Health Check-up were found to be satisfactory only in 6 (13.63 percent) and 2 (4.54 percent) for appropriate used of media respectively in Anganwadi Centers and 26 (59.09 percent) Anganwadi Centers were not satisfactorily implemented this services at all.

Therefore, it can be concluded that the implementation of Health Check-up was not satisfactory in majority of Anganwadi Centers constitute 59.09 percent and a few i.e. 13.63 percent Anganwadi Centers had satisfactorily implemented this service and remaining 4.54 percent Anganwadi centers had satisfactorily implemented through the appropriate used of media.

5.3.5 ASSESSMENT OF REFERRAL SERVICES :

There was no data available regarding this service. The family itself took the case to the doctor. The Anganwadi workers also complained that if they referred any case to the doctors, they were not interested to provide these services at free of cost. Therefore, this referral services in Anganwadi Centers of Rupahi Development Block were not implemented effectively for the benefit of beneficiaries. Media also has not

played any significant role to promote referral services. In this regard the government agency are responsible to organize some publicity campaign through media agencies to create awareness among the beneficiaries.

5.3.6 ASSESSMENT OF IMMUNIZATION SERVICES :

Immunization is another important service provided to Children and Pregnant Women in the ICDS Project. Anganwadi worker has an important role in providing immunization to Children and Pregnant women. Anganwadi worker should be used appropriate media as to educate women about the importance of immunization to be given to the children.

While assessed this aspects it was found that the Anganwadi workers were more actively involved in this services. The awareness regarding the need for immunization was highest among the beneficiaries. The following table shows the percentage of beneficiaries covered under immunization.

TABLE - 5.27

PERCENTAGE OF BENEFICIARIES COVERED UNDER IMMUNIZATION

Sl. No.	Indicator	Total No. of Beneficiaries	No. of Beneficiaries covered under Immunization (N=117)	Percentage (%)
1	Pregnant women	88	53	60.22%
2	Children (0-6years)	88	64	72.72%

The above table shows that 60.22 percent women received tetanus toxoid at five (5) and eight (8) months of pregnancy and the children 72.72 percent received immunization against BCG, DPT and TT.

But when the investigator assessed regarding this aspect it was found that the implementation of Immunization programme among the beneficiaries were more effective.

The Anganwadi Teachers, fellow person, media etc. are the main sources of information regarding the need for immunization.

The following table shows about the main sources of information for implementation of immunization programme.

TABLE - 5.28
MAIN SOURCES OF INFORMATION FOR IMPLEMENTATION OF
IMMUNIZATION PROGRAMME

Sl. No.	Indicator	No. of beneficiaries (N=176)	Percentage (%)
1	AWC	126	71.59%
2	Print media	32	18.18%
3	Electronic media	12	6.81%
4	Fellow person	30	17.04%
5	Research	--	--
6	Any other	--	--

The above table 5.28, it is revealed that sources of information about immunization programme majority of the beneficiaries were i.e. 71.59 percent got

information from AWC and followed by fellow person 17.04 percent while the remaining percentage of print and electronic media of beneficiaries were 18.18 percent and 6.81 percent respectively.

5.3.7 ASSESSMENT OF HEALTH AND NUTRITION EDUCATION :

Health and Nutrition Education is the package of services provided by the ICDS programme with better Health and Nutrition awareness. Many parents can improve the health condition of their children even without additional expenditure through this education. One of the objectives of ICDS programme is to enhance the capability of the mothers to look after the normal nutritional and health needs of their family through proper Health and Nutrition Education. So, Anganwadi worker should organize the nutrition education classes at least once in a month. She should be provided the message through lectures, discussion, demonstration, print media like leaflets, booklets and also Audio-Visual media.

But when the investigator assessed regarding this aspect, the Anganwadi worker told that collecting women in a group at a particular time was a very different task and unless there were other attraction or motivation, the women, by the large, were not likely to come to the Anganwadi center as they were too busy in their household chores.

A few women beneficiaries were attending the Health and Nutrition session when they came for collecting Supplementary food or to taking back their children from Non-formal Pre-school Education. The percentage of beneficiaries household covered under Health and Nutrition Education are presented in the table 5.29.

TABLE - 5.29**BENEFICIARIES COVERED UNDER HEALTH AND NUTRITION
EDUCATION**

Sl. No.	Indicator	No. of respondent (N=87)	Percentage (%)
1	Pregnant women	26	29.54%
2	Nursing women	23	26.13%
3	Mothers of pre-school children	38	43.18%

Table 5.29 shows that 29.54 percent pregnant women were received Health and Nutrition Education while only 26.13 percent nursing women were received it and 43.18 percent mothers of pre-school children received Health and Nutrition Education information from Anganwadi worker.

So, it can be concluded that out of the total sample beneficiaries of 264, the majority of beneficiaries constitute 43.18 percent receiving Health and Nutrition Education were mothers of Pre-school children. Only a small percentage i.e. 26.13 percent Nursing women were received this education through Anganwadi workers.

5.3.8 ASPECTS OF HEALTH AND NUTRITION EDUCATION :

Women beneficiaries were asked to recall the aspects on which they had received some information and guidance from the workers. Their responses are presented in the table 5.30.

TABLE - 5.30**ASPECTS OF HNE AS REPORTED BY WOMEN BENEFICIARIES**

Sl. No.	Indicator	No. of Beneficiaries received HNE (N=87) (N=87)	Percentage (%)
1	Family planning	42	48.27%
2	Immunization	87	100.00%
3	Breast-feeding	32	36.78%
4	Cleanliness and hygiene	87	100.00%
5	Diet for pregnancy and lactating mother	34	39.08%
6	Diet for pre school children	87	100%

From the above table it is clear that out of the total number of beneficiaries who attended the Health and Nutrition Education classes, 48.27 percent beneficiaries reported that the content of Health and Nutrition Education was on family planning, while 36.78 percent of beneficiaries reported it was on breast-feeding and cent percent beneficiaries reported it was on immunization, cleanness and hygiene, and diet for pre-school education. A very few i.e. 39.08 percent beneficiaries reported it was on diet for pregnancy and lactating mothers.

Therefore, it was found that a higher percentage of women received education on immunization and cleanliness, diet for pre-school children followed by breast-feeding and family planning and diet for pregnancy and lactating mothers.

5.3.9 ASSESSMENT OF NON-FORMAL PRE-SCHOOL EDUCATION :

Non-formal Pre-school Education is an important component of ICDS programme. This is essential for all round development of the children, which is an important objective of ICDS programme. Pre-school Education is provided to children in the age group of 3-6 years. For this purpose Anganwadi worker organizes some pre-school activities for the development of the children.

As per objectives of the study, the Non-formal Education component was assessed on the basis of enrolment, attendance pattern, availability of facilities in the form of aids and materials, uses of media, responses of children to the programme and the content of the programme. Finally, the skills of the Anganwadi workers in planning and conducting the pre-school activities were also taken into account.

5.3.9.1 ENROLMENT :

There had been seen wide variation of enrolment in Anganwadi Centers. The investigators recorded the total number of children enrolled in 44 Anganwadi Centers. The average attendance range was also calculated from 44 Anganwadi Center. The table 5.31 shows the enrolment status in Non-formal Pre-school Education in Anganwadi center.

TABLE - 5.31

ENROLLMENT OF CHILDREN IN NON-FORMAL PRE-SCHOOL EDUCATION IN ANGANWADIS

Sl. No.	Enrollment in 44 Anganwadi Center	Frequency	Percentage (%)
1	Estimated number of Enrollment	1400	100.00%
2	Total number of Enrollment	1378	98.43%
3	Average attendance	997	71.21%

From the above table it is seen that the estimated number of enrollment of children in 44 Anganwadi Center were 1400 according to the official records. During the period of study, the total number of children enrolled in 44 Anganwadi Centers were 1378 i.e. 98.43 percent of the estimated enrollment and it was also found that the average attendance percentage of children in 44 Anganwadi centers were 71.21 percent.

This is diagrammatically represented in the form of bar diagram (Figure- 5.7)

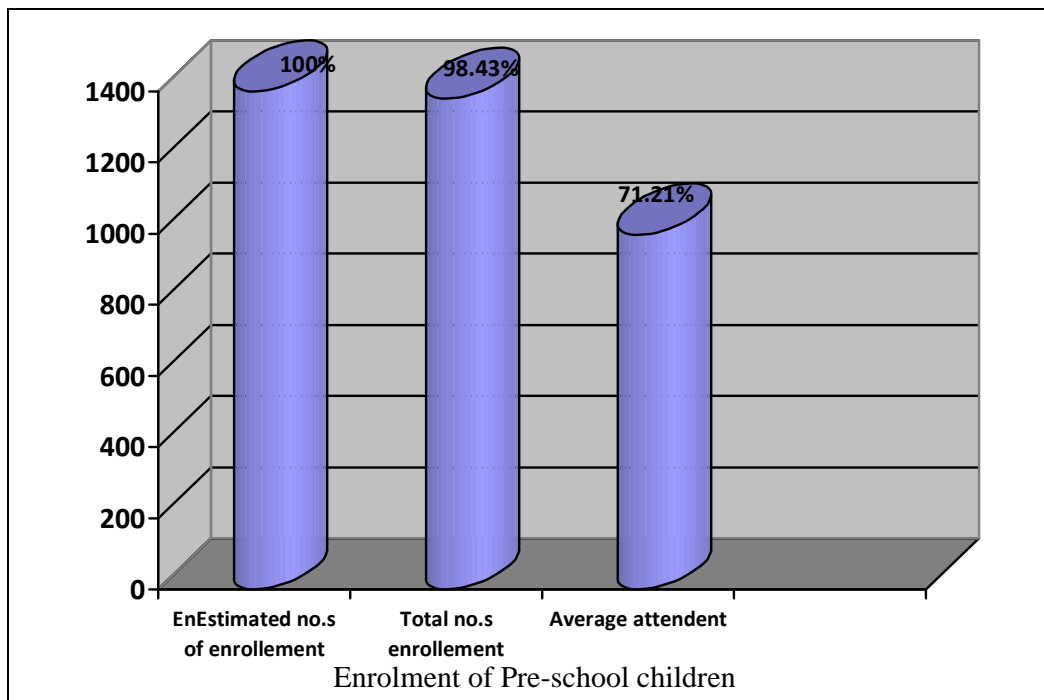


Figure – 5.7 Enrolment of Pre-school children

The investigator observation on availability of aids/media and play materials at the Anganwadi centre revealed that only 29.65 percent had adequate aids and play materials. Other 71.35 percent AWCs were inadequately equipped aids and play materials.

5.3.9.2 SKILLS AND ABILITIES OF ANGANWADI WORKER :

The investigator observed and rated the skills and abilities of the works while they planned and conducted the pre-school activities. To assess the skills in conducting Pre-school Education aspects like lying out of activities, methods and aids used, ability to provide guidance and instruction availability and proper utilization of media through listen to radio, watch T.V. and also to provide the different forms of media such as leaflets, booklets pamphlets for getting information regarding this aspect were also observed.

The data regarding this aspect are shown in the table 5.32.

TABLE - 5.32
ANGANWADI WORKERS SKILLS IN PLANNING PRE-SCHOOL
EDUCATION

Sl. No.	Planning Pre-school Education	No. of Anganwadi Center (N=44)	Percentage (%)
1	Unsatisfactory	5	34.09%
2	Satisfactory	31	47.72%
3	Good	8	18.18%

From the above table it is cleared that out of the total sample of 44 Anganwadi workers, a very few i.e. 5 (34.09 percent) Anganwadi workers showed unsatisfactory rating while majority i.e. 31 (47.72 percent) Anganwadi workers showed satisfactory ratings in planning the Pre-school Education and 8 (18.18percent) Anganwadi workers had good skill in planning Pre-school education.

5.4 ATTITUDES OF BENEFICIARIES TOWARDS THE ICDS PROGRAMME :

In this chapter the investigator tried to examine the attitudes of the beneficiaries towards the programme. The investigator conducted an open discussion with each one of the beneficiaries to know about their attitudes towards ICDS programme. Beneficiaries were given a chance to give their opinion willingly about the programme. They were asked to give their views regarding different services; through appropriate method of teaching, uses of media etc. they were asked about their satisfaction in participating the programme.

5.4.1 BENEFITS GAINED FROM ICDS :

The present study gave emphasis on the objectives of ICDS programme with special reference to the utilization of services. The study was mainly confined to the beneficiaries of Anganwadi Center located at Rupahi Development Block. The various aspects which the beneficiaries views were taken from which we can find how they benefited from this programme are shown in the table 5.33

TABLE - 5.33

BENEFITS GAINED FROM THE PROGRAMME

Sl. No.	Indicator	No. of respondents reporting (N=264)*	Percentage (%)
1	Improving health status of the family	130	49.24%
2	Reducing the incidence of mortality and morbidity	80	30.30%
3	Developing children in physical social and intellectual level	48	18.18%

4	Film show on small family norms	65	24.62%
5	Diet for pregnancy and lactating mothers	80	30.30%
6	Adequate diet for pre-school children	84	31.81%
7	Do not know	6	2.27%

* Multiple response

The table 5.33 is reflection of the opinion of the beneficiaries regarding the efficacy in the implementation of the ICDS programme. It revealed that majority of the beneficiaries have been benefited from the ICDS programme in one way or the other. The table showed that 49.24 percent of beneficiaries accepted the programme as beneficial in improving the Health status of the family. The table further revealed that 30.30 percent of the beneficiaries numbering 80 have been benefited in reducing the incidence of mortality and morbidity. It would be seen from the table that about 18.18percent of the beneficiaries 48 were benefited in developing their children in Physical, Social and Intellectual level. It also would be seen from the table that about 24.62 percent of the beneficiaries 65 were benefited regarding small family norms. The table also revealed that 30.30 percent and 31.81 percent of the beneficiaries have been benefited in terms of adequate diet for pregnancy, lactating and pre-school children respectively. It was only 2.27 percent of beneficiaries who did not know whether they could derive any benefits from the programme.

5.4.2 USFULNESS OF THE ICDS PROGRAMME :

The ICDS programme is very important because this programme provides an integrated approach for converging basic services for improved child care, early stimulation and learning, health and nutrition, water and environment sanitation –

targeting children and expectant and nursing mothers. Accordingly, all basic essential services should be provided simultaneously to children and mothers and right in their own villages.

Table – 5.34 shown the responses of the beneficiaries regarding the usefulness of the programme.

TABLE - 5.34

USEFULNESS OF THE PROGRAMMES

Sl. No.	Indicator	No. of respondents reporting (N=264)*	Percentage (%)
1	Useful	166	62.87%
2	Partially useful	72	27.27%
3	Not useful	13	4.92%
4	Do not know	13	4.92%

Table – 5.34 shows that out of the total 264 beneficiaries, 166 i.e. 62.87 percent stated it was useful. 72 i.e. 27.27 percent beneficiaries felt it was partially useful. 13 i.e. 4.92 percent of beneficiaries had no concept about this programme. Only their names were enrolled in the centre. So, they found it was not useful. 13 i.e. 4.92 percent of beneficiaries could not give any answer regarding the usefulness of this programme.

5.4.3 SUGGESTIONS OFFERED BY BENEFICIARIES :

The beneficiaries were aksed for their personal suggestion regarding the implementation of the programme. 50 percent beneficiaries did not respond at all. But the remaining 50 percent beneficiaries enthusiastically gave their suggestion. Their suggestions have been presented as below:

- The Anganwadi Center should be located in well ventilated separate room with storage facilities and also it should be nearer to the place of residence;
- More media exposure should be used for strengthening the ICDS programme;
- Supplementary food should be regular;
- Health Check-up and Referral Services should be provided in Anganwadi Center;
- More Exhibition and discussion should be organized for Nutritional Education;
- Camps/Demonstration should be organized for Health and Nutrition Education;
- Organization Pre-school Activities should be strengthening more;
- Audio-Visual media such as TV, Radio should be organized for proper functioning of AWC;
- Regarding the usefulness of the ICDS programme, the different forms of media such as charts, leaflets, booklets, pamphlets etc. should be provided to all the beneficiaries;
- To carry out the programme successfully more media technology should be used during the training period of AWWs;

5.5 ROLE OF MASS MEDIA IN ICDS TEAM :

This section proposes to deal with the role of mass media in ICDS team for the implementation of the programme. Media's impact on our society is immeasurable. It can be spread throughout the country as early as possible. If this potential is utilized properly in spreading awareness about the welfare programmes specially, ICDS

programme. It can bring a vast change in the lives of millions of vulnerable children in our country. It is true that the proper utilization of Media especially audio-visual and different forms of print media have to provide appropriate information about its policies and programmes successfully. Media play many different roles for the audience. Therefore, depending on whose perspective and which role to be focused on that might be seen a media picture.

The basic one are – a) to inform the target audience about the objectives of the ICDS programme and the services available to them, b) to create awareness among the beneficiaries that they should feel that is their programme and beneficial for the whole community, c) to campaign about the health issues such as immunization session, health check-up, nutrition education, family planning etc. are important issues in the implementation of the programme.

Since, the heart of the ICDS is the Anganwadi-literally, the courtyard which is given or cheaply rented as centre for information and help with child care. It is a national programme which aim at improving the status of our children and mothers in backward areas. On the other hand, the aim is to highlight the role of project functionaries on the quality of services, need to be somehow evaluated in an objective manner. The ICDS team comprises the Anganwadi worker, the Supervisors and the Child Development Project Officer (CDPO). The Anganwadi worker is a community based voluntary frontline worker of the ICDS programme. Supervisors support and guide the Anganwadi worker. The CDPO provides the link between ICDS functionaries and government administration. This officer is also responsible for securing Anganwadi Premises, Identifying beneficiaries and ensuring supply of food monitoring programme and reporting to the State Government.

The ICDS team plays a significant role in planning and implementation of ICDS programme. There has to be a significant roles to be performed by the functionaries. It is therefore, necessary to clearly find out the principles and guidelines of the ICDS team describing their respective roles. This would ensure reliable information and also to facilitate the process of follow-up action.

5.5.1 PROFILE OF ANGANWADI WORKER :

The Anganwadi worker is a grass-root level functionary of ICDS programme, selected from the community. She assumes a pivotal role due to her close and continuous contact with the community people. As a crucial link between the village population and government administration. She becomes a central figure in helping the community identity and meets the needs of their children and women. The Anganwadi worker is expected to monitor and promote the growth of children, with the active participation of communities.

The more visible aspect of her role is in making the Anganwadi literally a courtyard play center nurturing and joyful with play way activities attracting and sustaining the participation of children and families.

Since, the Anganwadi worker is a women selected from within the local community. As committee at the project level makes this selection. The Anganwadi worker, is an honorary worker and gets monthly honorarium. She is responsible for organizing non-formal pre-school education and supplementary nutrition for children, pregnant women and nursing mothers; giving health and nutrition education to mothers; making home visits for education of parents; eliciting community support and participation assisting the Primary Health Centre staff in the implementation of health component of ICDS; maintaining liaison with other institution in the village; bringing to the notice of the CDPO any development in the village which requires

further attention weighing each child every month, use referral card for referring cases; maintaining records relating to delivery services for children and mothers. So, information regarding Anganwadi workers including their motivation, training, difficulties faced, attitude towards the programme, is an integral part of this aspect of the study. A peripheral profile was prepared about the background Information relating to forty four (44) Anganwadi worker on variables like age, cast, educational level, type of training, work experience and duration of service etc.

5.5.1.1 AGE-WISE DISTRIBUTION :

This section deals with the age wise distribution of the Anganwadi worker.

TABLE - 5.35

AGE-WISE DISTRIBUTION OF ANGANWADI WORKER

Sl. No.	Age-group	Frequency (N=44)	Percentage (%)
1	Below 30 years	6	13.63%
2	30-40 years	17	38.63%
3	40 years and above	21	47.72%

The above table revealed that majority of Anganwadi workers constitute 47.72 percent were in the age-group of 40 years and above, 38.63 percent Anganwadi workers were in the age-group between 30-40 years and only 13.63 percent Anganawdi workers below the age group of 30 years and only 13.63 percent Angawadi workers below the age group of 30 years.

5.5.1.2 TYPE OF FAMILY :

This section deals with the type of family of the Anganwadi workers. It is shown in Table 5.36.

TABLE - 5.36
TYPE OF FAMILY

Sl. No.	Type of family	Frequency (N=44)	Percentage (%)
1	Nuclear	12	27.27%
2	Joint	32	72.72%

Form the above table it was found that majority of the Anganwadi workers constitutes 72.72 percent had from joint family system and remaining 27.27 percent Anganwadi workers belonged to the nuclear family.

5.5.1.3 MARITAL STATUS:

The table 5.37 shows that marital status of the Anganwadi workers.

TABLE - 5.37
MARITAL STATUS OF THE ANGANWADI WORKERS

Sl. No.	Indicator	Frequency (N=44)	Percentage (%)
1	Married	36	81.8%
2	Unmarried	08	18.18%

The table 5.37 revealed that majority of the Anganwadi worker i.e. 81.8 percent were married while only a very few of them i.e. 18.18 percent were unmarried

this trend may help unmarried. This trend may help in reducing the turnover of the functionaries, as there is a tendency to leave the job after marriage.

5.5.1.4 EDUCATIONAL LEVEL:

Education as a process of imparts knowledge and skills that prepare a man to face the problems and challenges of day to day living and to become advance. The Anganwadi workers, therefore have a need for more qualified women to improve the skills and abilities so that they could be able to planned and handled efficiency in conducting the various services of ICDS programme. The table 5.38 shows the educational level of the Anganwadi workers.

TABLE - 5.38

EDUCATIONAL LEVEL OF ANGANWADI WORKER

Sl. No.	Educational level	No. of Anganwadi Worker (N=44)	Percentage (%)
1	High School (8 th -10 th)	3	6.81%
2	HSLC Passed	26	59.09%
3	HSLC and above	15	59.09%

From the above table is it seen that 3 (6.81 percent) Anganwadi workers had studied upto High School. They were required as an Anganwadi worker from the beginning of the implementation of programme. The majority i.e. 59.09 percent Anganwadi workers had HSLC passed and only fifteen Anganwadi workers had HSLC and above.

5.5.1.5 TRAINING AND WORK EXPERIENCE OF ANGANWADI WORKERS :

The requirement of trained manpower has received due emphasis since the inception of ICDS. However, due to unprecedented expansion of the scheme, training institution could not provide the requisite personnel for all ICDS projects and many untrained workers were posted without pre services training and were sent for it only at a later stage. The table 5.39 shows the training status of the Anganwadi worker.

TABLE - 5.39

TRAINING STATUS OF ANGANWADI WORKER

Sl. No.	Indicator	Anganwadi worker (N=44)	Percentage (%)
1	Untrained	2	4.55%
2	Job trained	36	81.81%
3	Specially trained	6	13.64%

The above table shows that out of total 44 Anganwadi workers, only two 4.55 percent had untrained till the period of study. The majority of Anganwadi workers constitutes thirty six, 81.81 percent were job trained and six, 13.64 percent Anganwadi workers had specially were trained by NIPCCD (National Institute of Public Corporation and Child Development) for 21 days through the use of media technology. Knowledge inputs in this training were about child-care, organization of non-formal pre-school education, preparation of educational game, proper utilization of media etc. Although this training orients the worker towards Child-care and different aspects of the Child Development, it is not the context of ICDS. It has also

been found the majority of the Anganwadi workers had work experience more than 10 years. This is diagrammatically represented in the form of pie diagram (Figure-5.8)

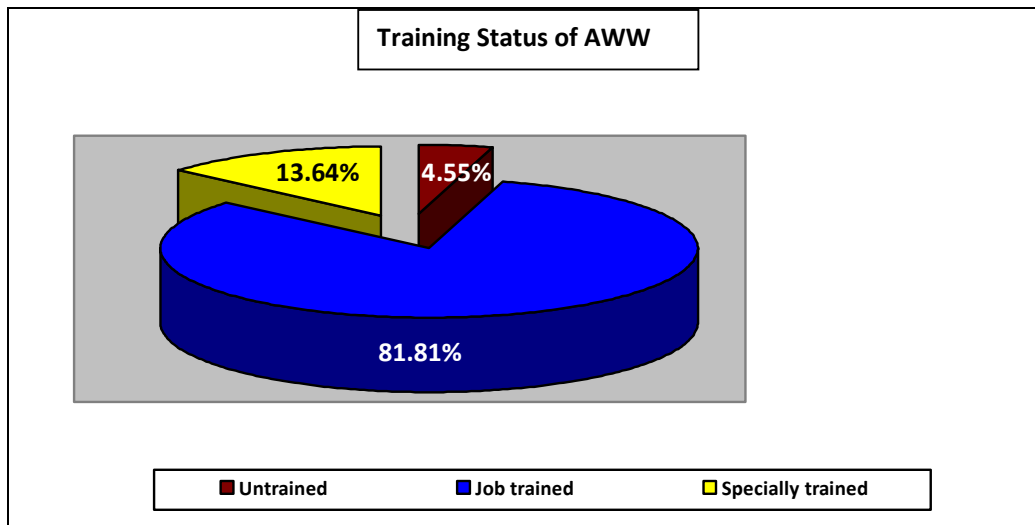


Figure – 5.8 Training status of AWW

5.5.1.6 EFFORTS OF ANGANWADI WORKER TO ENROLL THE BENEFICIARIES :

One of the job responsibilities of the Anganwadi worker is to contact beneficiaries to promote the utilization of the scheme and to elicit their participation. She is expected to make home visit and use other modalities for achieving the goal. Parents visited to the Anganwadi Center were also used as a method of establishing contact. The following table shows the efforts of Anganwadi workers to enrolled the beneficiaries.

TABLE - 5.43**EFFORTS OF ANGANWADI WORKER TO ENROLL THE BENEFICIARIES**

Sl. No.	Indicator	Frequency (N=44)*	Percentage (%)
1	Home visit	34	77.27%
2	Conducting meeting in the Community	4	9.09%
3	Organising lecture cum demonstration on family and child welfare programme through Audio-Visual media	16	36.36%
4	Parents visit to the Anganwadi Center	6	13.63%
5	Organising Parent Teacher association	8	18.18%

* Multiple response

From the above table it is seen that majority of the Anganwadi workers i.e. 77.27 percent made the efforts to enroll beneficiaries through Home visit. Only 4 (9.09 percent) Anganwadi workers conducted meetings in their respective communities to make aware about the ICDS programme to the beneficiaries and sixteen (36.36 percent) Anganwadi workers informed the beneficiaries about the various services of ICDS programme on child welfare through Audio-Visual media and six, 13.6 percent and also eight, 18.18 percent of Anganwadi workers informed

the beneficiaries about ICDS when they sometimes visited to the Anganwadi centres and attended parent teacher association meeting respectively.

5.5.1.7 DIFFICULTIES FACED BY ANGANWADI WORKERS :

The Anganwadi workers faced many problems in running the Anganwadi Center, which were related from indentifying beneficiaries to the solving problems of beneficiaries.

The following table 5.41 shows different nature of difficulties faced by them :

TABLE - 5.41

DIFFICULTIES FACED BY THE ANGANWADI WORKER

Sl. No.	Indicator	No. of Anganwadi Worker (N=44)*	Percentage (%)
1	Identifying Beneficiaries	36	81.81%
2	Location of the Center	17	38.63%
3	Non-cooperation of Community	24	54.55%
4	Solving problems of beneficiaries	6	13.63%
5	Non availability of appropriate media	8	18.18%

* Multiple response

From the above table it is revealed that 36 (81.81 percent) Anganwadi workers faced difficulties in indentifying beneficiaries, it was because of non-cooperation of the people. The Anganwadi workers i.e. 17 of them 38.63 percent were faced difficulties for the location of the center. They were carried out the services of ICDS were in permanent buildings. They told that they required not only permanent

building with all facilities and also should be nearer to the beneficiaries place of residence.

Twenty four 54.55 percent Anganwadi workers faced difficulties in respect of non-cooperation from the people of the Community. The Anganwadi workers had to go to the beneficiaries houses to get them to the Anganwadi Centers.

Six, 13.63 percent Anganwadi workers faced difficulties in solving problems of beneficiaries. Some times Anganwadi worker were asked question of the beneficiaries, which were unable to answer.

Eight, 18.18 percent Anganwadi workers faced difficulties in respect of non-availability of appropriate media. The Anganwadi worker tried to use media in teaching whenever necessary, but they cannot be used due to non-availability of print or audio-visual media. This is diagrammatically represented in the form of bar diagram (Figure-5.9)

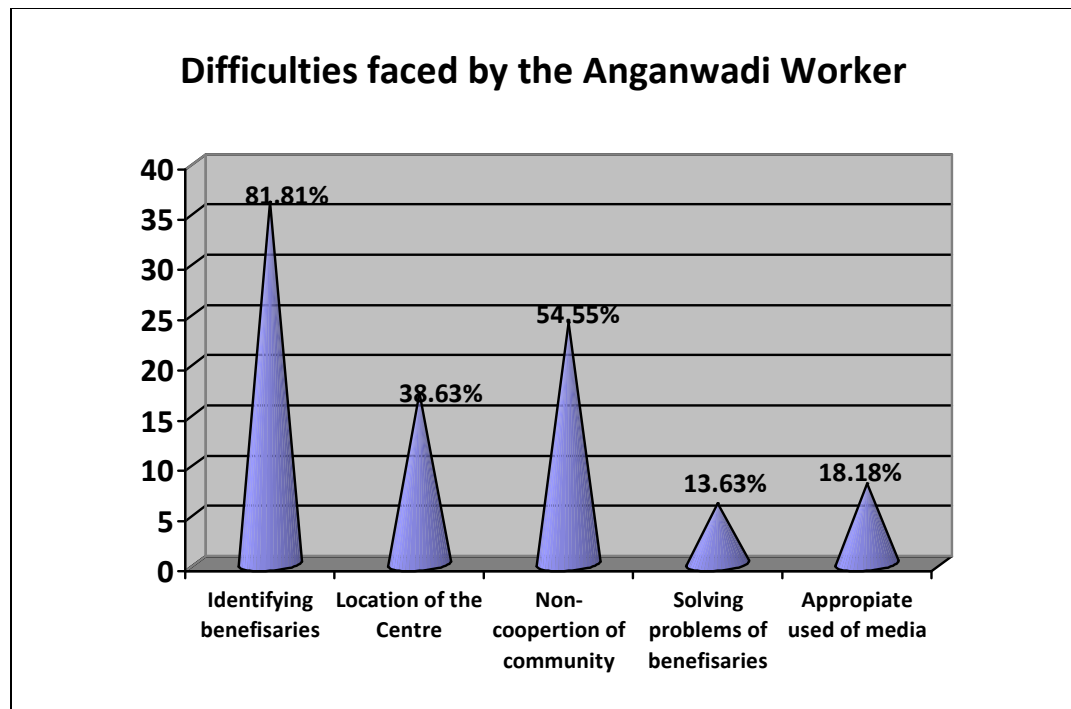


Figure – 5.9 Difficulties faced by the AWW

5.5.1.8 ALLOCATION OF TIME TO VARIOUS SERVICES :

The Anganwadi workers responses as if she had enough time to attend to various activities of ICDS, indicated that they were able to attend the activities such as Non-formal Pre-school Education, Supplementary feeding, Record Keeping, Contacting beneficiaries and officials without much difficulty. The following table shows the allocation of time of Anganwadi workers to the various activities in terms of hours spent per week.

TABLE - 5.42

ALLOCATION OF TIME TO VARIOUS ACTIVITIES

Sl. No.	Indicator	Time spent for hour in a week	No. of Anganwadi worker (N=44)	Percentage (%)
1	Pre-school education	12-15 hours	42	95.45%
2	Record Keeping	2-4 hours	23	52.27%
3	Meeting Beneficiaries	8-12 hours	43	97.72%
4	Contacting officials	3-6 hours	41	93.18%
5	Exhibition cum demonstration	1-3 hours	10	22.72%
6	Nutrition Education	3-4 hours	08	18.18%

The above table reveals that out of the total sample of 44 Anganwadi workers, majority i.e. 95.45 percent Anganwadi worker devoted 12-15 hours in a week in planning and conducting Pre-school Education. Generally, they did it between 7 am to 9 am.

23 Anganwadi workers constitute 52.27 percent spent 2-4 hours in record keeping. All workers appeared anxious and concerned about completing the records. Despite this, the investigator's assessment indicated that in only about twenty three numbers of Anganwadi worker records were maintained properly. This shows that the Anganwadi workers require specific training / orientation to develop Record keeping skills.

The majority of the Anganwadi workers constitutes 97.72 percent devoted time in meeting beneficiaries. Contacting beneficiaries was one of the job responsibilities of the Anganwadi worker to promote the utilization of the scheme, and to elicit their participation. They were spent 8-12 hours per week in contacting with beneficiaries.

An analysis on data gathered on the time, devoted by the workers in meetings officials for getting work done showed that 93.18 percent Anganwadi workers were spending 3-5 hours per week in Contacting Officials. The health staff and other officials were also contacted once in a while.

10 Anganwadi workers constitute 22.72 percent spent 1-3 hours in a week exhibition cum demonstration through the use of media technology to promote the utilization and to elicit the beneficiaries participation towards the scheme.

A few of the Anganwadi workers i.e. eight 18.18 percent spent 3-4 hours per week in Nutrition Education class for the beneficiaries. Usually every Wednesday they did it.

On analysis on this aspect of allocation of time in terms of hours spent per week showed that most of the working hours in a week were spent by Anganwadi workers in organizing pre-school activities; It has been seen that time spent on the activity was not related to the quality of Pre-school programme imparted.

The time indicated them did not refer to conduct Pre-school Education activities but to the time during which the center was kept open for delivery of all services. The useful method adopted by the Anganwadi workers was to distribute supplementary food to all beneficiaries during the period only.

5.5.2 PROFILE OF ANGANWADI HELPER :

Each Anganwadi is to have a helper to assist the Anganwadi workers a local elderly woman, who will generally assist the Antganwadi worker in running various activities. She is engaged at an honorarium of Rs. 500/- per month. Her duties include gathering beneficiaries for receiving the services, preparing and distributing food supplement, laying out activities for Non-formal Pre-school Education and keeping the Anganwadi center and its surroundings clean. Occasionally, she has to substitute the Anganwadi worker whenever the latter is on leave or goes out of the Anganwadi Center for work related to ICDS.

In the present investigation, all helpers were from the local community. Majority of them from the age group between 30 years to 40 years and were married. The majority of the helpers constitutes 90 percent in the 44 sample had an educational background is studied upto High School, only few percentage i.e. 9.50% had studied up to HSLC. Out of the total 44 sample, only few constitutes helpers had received a three days orientation training under refresher training programme for Pre-school Education. Their service experienced was above 20 years.

5.5.3 ADMINISTRATIVE SUPPORT :

In the administrative set-up in the ICDS, the CDPO (Child Development Project Officer) at the block level is the principal executive functionary. The CDPO provides the link between ICDS functionaries and Government administration. One of the job responsibilities is to supervise and guide the other functionaries - the

Supervisor and the Anganwadi worker. Through periodic meetings and visits, he/she expected to provide technical and professional inputs and imparts training to the team of workers of his/her block. Besides, he/she arranges procurement, transportation, storage and distribution of supplies and other materials such as audio-visual media so as to promote utilization of the scheme through better participation of the beneficiaries. He/She ensured co-ordination amongst various department and local institutions. The CDPO is also responsible for monitoring programmes and reporting to the State Government. The information obtained regarding the CDPO is mentioned in the following way.

5.5.3.1 ROLE OF CDPOs :

There was only one CDPO who looked after the whole ICDS programme at the Rupahi Development Block. She was interviewed. She had 20 years of experience in this service. She had received both job training and refresher training and also received the functional literacy training.

5.5.3.2 VISIT TO THE ANGANWADI CENTER :

Information regarding the frequency of CDPO's visit to the Anganwadi Centers indicated that it was possible for her to visit the Anganwadi Centers only once in three months. The problems faced by her in visiting the Anganwadi Centers were too much administrative work load, transportation problems and holding additional charge etc.

5.5.3.3 SUPPORT PROVIDED BY THE CDPO :

An attempt was made to obtain information about the support provided by the CDPO during her visit to Anganwadi Center. The CDPO indicated various aspects of the scheme for which she usually provided guidance. She was attended to the activities where it was purely administrative like verification of stocks, checking

records and overseeing diary. Supportive and Educative Training Activities like participation in the activities of Anganwadi Center, appropriate media used in demonstrating activities to the Anganwadi worker, discussing problems and supervising delivery of services were also carried out by the CDPO.

5.5.3.4 PROBLEMS FACED BY THE CDPO :

CDPO during the course of interviewed were asked to elaborate on the problems faced by her in implementing the programme. There were few common problems articulated by CDPO. These were no-accessibility of Anganwadi centers, lack of community involvement, too much Administrative work, transportation problems, lack of media used in teaching and demonstration for proper functioning of Anganwadi centre, inadequate training of Anganwadi workers etc.

5.5.3.5 OPINION OF CDPO :

CDPO agreed that many Anganwadi centers were not functioning properly. She mentioned that the reason for poor functioning of Anganwadi Centers were lack of motivation and skills of Anganwadi workers, low levels of literacy of Anganwadi workers, lack of supervision, lack of sufficient aids / media for proper functioning of AWC, supplies not available on time, inadequate training of Anganwadi workers and non utilization of services etc.

CDPO were also asked to suggest for developing of the programme and making it more practical and effective. The CDPO were mentioned some of constructive steps to strengthen the ICDS programme. Her responses indicated her motivation and willingness to improve the existing situation. The suggestions given by her are an listed below :

- The job responsibility of the ICDS functionaries should be clearly defined.

- Specific abilities of Supervisors must be developed for giving guidance to the Anganwadi workers.
- Beneficiaries participation and awareness should be strengthened by using audio-visual and print media.
- More exposure to practical and field situations is required.
- Developing the skill of Anganwadi worker for maintenance of records needs to be stressed upon.
- Proper functioning of the Anganwadi centers, job training should developed by using media technology.
- More exposure to media is required for existing services.
- Play way techniques to impart Non-formal Pre-school Education should be strengthened.
- Holding frequent meetings with functionaries and beneficiaries.
- Strengthen the print advertisement on immunization session, health components, Referral services etc.
- Initiating Income-generating activities for poor women beneficiaries.
- Publicity of the ICDS programme should be carried out by using audio-visual media, print media, home visit etc.

5.5.4 ROLE OF SUPERVISORS :

The middle level worker of the scheme called the ‘Supervisor’ has a vital role to play. Being a graduate with a job training of four-month duration, she is supposed to provide constant support and back up to Anganwadi workers. 5-10 Anganwadi Centers are normally assigned less than one supervisor. She is expected to keep close

contact with the Anganwadi workers and visit the Anganwadi Centers assigned to her at least once a month.

In order to get information on the role played by Supervisor in ICDS programme, eight (8) Supervisors concerned with each six Anganwadi Centers included in the study were interviewed. Results pertaining to selected indicators like frequency of visits to the Anganwadi Center and support provided by them to Anganwadi worker are discussed below:

5.5.4.1 VISIT TO THE ANGANWADI CENTER :

The quality of guidance and supervision is directly related to the number of Anganwadi Center assigned to a Supervisor. As per norms, 5-10 Anganwadi Center should be assigned to a Supervisor. The Supervisor is expected to provide a supportive role to the Anganwadi worker by building up her capabilities through continuous on-the-job education and guidance. The frequency of the visit to the Anganwadi Centers by the Supervisor assessed by investigators is tabulated in the table 5.43

TABLE - 5.43

VISIT TO THE ANGANWADI CENTER

Sl. No.	Indicator	No. of Supervisors (N=8)	Percentage (%)
1	Once in two months	2	25.00%
2	Once in a month	6	75.00%
3	Once in two week	0	0.0

The above table shows that out of the total sample of eight (8) Supervisors, majority of the Supervisors visited the Anganwadi Centers once in a month. Only few Supervisors i.e. 25 percent were visited the Anganwadi Centers once in two months.

5.5.4.2 SUPPORT PROVIDED BY THE SUPERVISORS :

Eight (8) Supervisors included in the sample reported to have helped the Anganwadi workers in various ways. The areas in which the Supervisors claimed to have provided help are presented in the table 5.44

TABLE - 5.44

SUPPORT PROVIDED BY THE SUPERVISORS

Sl. No.	Indicator	No. of Supervisors (N=8)	Percentage (%)
1	Growth Monitoring and HNE	7	87.50%
2	Planning Pre-school education	6	75%
3	Organizing monthly meetings	6	75%
4	Organizing demonstration through audio-visual media	6	75%

The above table showed that out of the total sample 7 (87.50 percent) Supervisors provided help to the Anganwadi workers were in Growth Monitoring and Health and Nutrition Education, 6 (75 percent) Supervisors helped in planning and conducting Pre-school Education, 6 (75 percent) Supervisors helped to organizing Monthly meeting and 6 (75 percent) Supervisors helped in organizing demonstration through audio-visual media in any matter if Anganwadi woker organized in

Anganwadi Center. This is diagrammatically represented in the form of bar diagram.

(Figure-5.10)

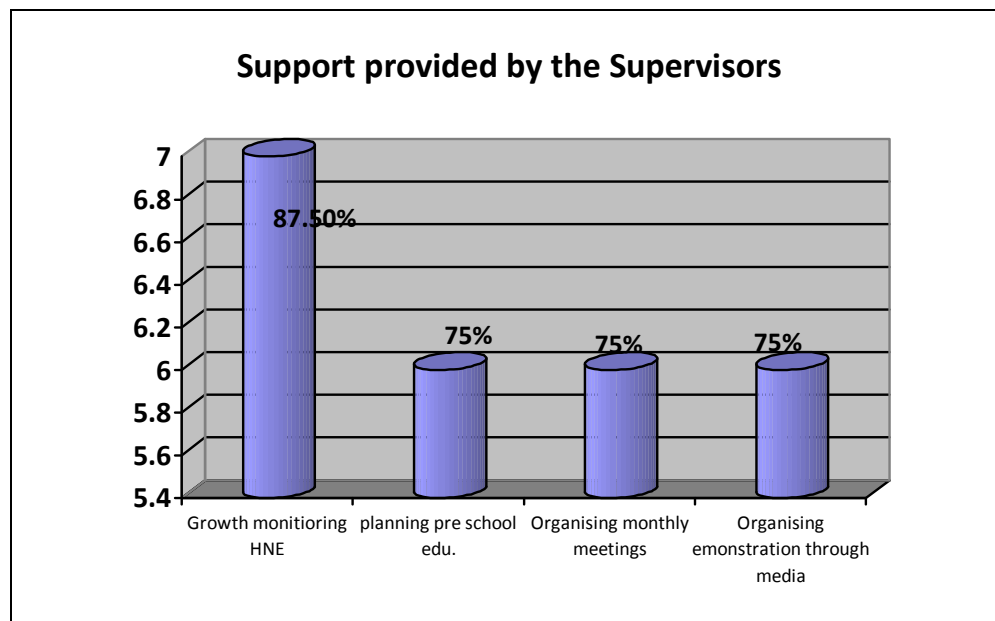


Figure – 5.10 Support provided by the Supervisors

5.5.4.3 PROBLEMS FACED BY THE SUPERVISORS :

An analysis of the problems reported to be faced by the Supervisors are presented in the table 5.45. Indicated that lack of community involvement was a major constraint, followed by lack of skills in handling field situation. However majority of Supervisors expressed general satisfaction over the co-operation received from Anganwadi workers in the implementation of the Scheme.

TABLE - 5.43**PROBLEMS FACED BY THE SUPERVISORS**

Sl. No.	Indicator	No. of Supervisors Faced difficulties (N=8)	Percentage (%)
1	Lack of interest/involvement of community	8	100%
2	Administrative problems	6	75%
3	Lack of cooperation from Anganwadi worker	4	50%
4	Transportation problems	6	75%
5	Lack of interest of proper utilization of media	6	75%

* Multiple response

The above table shows that all supervisors had complained about the lack of interest and involvement of Community people, 6 i.e. 75 percent Supervisors faced difficulties regarding administration. Four (4) Supervisors constitutes 50 percent reported about the lack of co-operation from the Anganwadi Workers and 6 i.e. 75 percent faced transportation problems. Six (6) Supervisors faced difficulties regarding lack of interest proper utilization of media for implementation of the programme.