Chapter - 4

Review of Literature

4.1 General Introduction

Since its inception, the programme has generated interest among academicians, planners, administrators and those responsible for implementing the programme. Consequently, a large number of research studies have been conducted to evaluate and assess the impact of the programme on the beneficiaries.

The Programme Evaluation Organisation (PEO) of the Planning Commission conducted a baseline survey of ICDS in 1976 and a repeat survey during 1977-78. Subsequent expansion of ICDS was based on these evaluations. Another significant study taking an overall perspective of ICDS was carried out by Krishnamurthy and Nadkarni in 1983 for UNICEF. It studied the outreach of the programme in 16 ICDS projects spread over 8 States and one Union Territory. The findings were based on observations, secondary data and interviews of the beneficiaries/mothers of children below six years. It reported positive attributes of the scheme such as substantial enrolment of the Scheduled Caste and the Scheduled Tribes as beneficiaries.

NIPCCD also carried out a pilot study in 13 ICDS blocks spread over 6 States and one U.T. during 1985-86 to develop a system for monitoring social components namely, pre-school education, nutrition and health education and community participation. While the main objective of the study was to identify
the key indicators for monitoring social components, it also provided useful insights into the implementation of ICDS scheme.

It studies the perception and views of beneficiaries from 195 AWs and 8,076 households regarding the programme. The findings provided comprehensive, empirical information on the efficacy of the delivery of services and the extent to which the objectives of the scheme were being achieved. The long-term benefits of the scheme were also ascertained on selected outcome indicators.

Some of the health aspects of the programme have recently been investigated by Nutrition Foundation of India. The study acclaimed its contribution towards preventive and promotive aspects and recommended expansion of ICDS as a powerful ally to the existing health system.

In addition to the above large-scale studies, several micro-level researches, surveys, postgraduate and doctoral dissertations have attempted to study the implementation of the programme and evaluate its impact on the beneficiaries.

An attempt has been made by NIPCCD to compile and review the widely scattered research on ICDS in the document ‘Research on ICDS: an Overview’. The two volumes included abstracts of around 300 research studies.

There are comparatively fewer studies available on pre-school education component. However, these do indicate improvement in enrolment and scholastic performance of ICDS children in primary schools. Pre-schoolers attending AWs performed better on language, cognitive, conceptual and personal behaviour parameters as compared to their counterparts in non-ICDS areas. It has also been found that exposure to ICDS raises the level of mothers'
awareness about the value of pre-school education, and health and nutrition needs of their children.

4.2 Effectiveness of Pre-school Education

The need for an environment conducive to early learning during pre-school age has been recognised increasingly. Pre-school education (PSE) or early childhood education provides stimulating experiences to children, which facilitate optimal cognitive development. It aims at developing competencies required for formal education, particularly in children from vulnerable sections of the population, in which first generation learners predominate. PSE is considered as a distinct strategy to reduce dropouts and increase retention in school system. Accordingly, as early as the sixties, pre-school centres called ‘balwadis’ were started in the rural areas. These are either a part of Government welfare schemes or are run by voluntary organisations.

ICDS has non-formal pre-school education as an important component in its package. PSE is imparted to children in the age group 3-6 years at AWs through non-formal play-way methods of learning. With consistent expansion of ICDS, considerably large number of disadvantaged children have benefited from the programme. Currently 80.46 lakh children are receiving PSE under the programme.

The National Policy on Education (1986) placed high priority on early childhood care and education (ECCE). It was considered as a feeder and support programme for primary education. It suggested integration of ECE with other child development programmes, particularly ICDS. ICDS thus, has become a major plank for providing pre-school education to the poor.
Pre-school education brings about an improvement in various interrelated dimensions of child development such as social, emotional and cognitive development Adhish (1985), Chaturvedi (1985), Paranjpe (1985). Children attending Anganwadis have been found to be better than non–ICDS children in the development of motorskills, language skills and psycho-social behaviour Anandalakshmy (1986), Devadas, (1986), Mistry (1986), Sood (1986), Tarapore (1986), Bilquees (1987). It is also observed that children attending Anganwadis performed significantly better tasks of listening comprehension, object vocabulary, sequential thinking and time perception Sahni (1984), Khosla (1985).

The role of pre-school education in improving scholastic performance has also been reflected in the study conducted by Sunderlal (1981). It was observed that pre-school education results in higher primary school enrolment. Seventy percent children who had received pre-school education were enrolled in primary schools. At school, a majority of these children were better adjusted as compared to other children. A series of studies on PSE conducted as a part of NIPCCD’s pilot project (1987), pointed out that mere exposure to PSE is not enough to result in positive development of aspects discussed above. Unless an input is of good quality, children may not develop and demonstrate the competencies intended to be promoted through PSE.

The feedback on quality of PSE component of ICDS has not been very positive. It presents a grim scenario of children in large numbers flocking at AWs to collect supplementary food. The set up at AWs is dull and drab, devoid of play material and other learning equipment NIPCCD (1987). AWWs also possess limited skills in implementing PSE component. It is observed that Anganwadis are not organising any creative activities. These are geared
towards rote learning, and are monotonous and repetitive in nature Khosla (1985), Sharma (1987). Supervisors also do not provide the required guidance and support to AWWs. During the last few years, several efforts have been made to strengthen this component through training of Helpers in PSE, revision of syllabi of functionaries, preparation of manuals and guide books, etc. The revised MPR has introduced relevant indicators to monitor quality of PSE activities and use of appropriate play and learning material at AWs to facilitate cognitive development of children.

AWWs are organising pre-school education activities in most of the projects. It has been observed that there is an improvement in physical growth, language and mental ability of children as a result of pre-school education imparted Bahl (1983), Goriawalla (1983), Saroja Devi (1984), Singh (1984), Sethi (1985), Nalini (1989), Murthy (1989). The constraints in organising these activities are poor attendance, non-availability of teaching aids, lack of space and supervision etc.

Sunderlal (1981) observed that pre-school education resulted in higher enrolments as 70 percent children who had received pre-school education were enrolled in the primary school. The enrolment of male children and those from higher castes was slightly better than female children and those from lower castes. Once in school, the majority of these children were well adjusted as compared to other children.

Study also observed that pre-school education also brings about an improvement in the various interrelated dimensions of child development such as social, emotional and cognitive development. Hunshal (1979) observed that cognitive and social development of urban children was comparatively better
than that of rural children and it was related to variables like educational, occupational level of parents.

Seshama (1986) observed that play has its own importance in the life of a child. It enables physical, intellectual, emotional, social, aesthetic, motor, language and attitudinal development. It is through play that children learn to explore, construct, create and also destroy.

Abrol (1985) found that on an average three children per Anganwadi exhibited symptoms of behaviour problems and they were more among girls (54%) than boys (46%). It was also reported that to reduce the severity of these problems there is a need to educate parents to enable them to identify the signs and causes of deviant behaviour in their children and seek timely treatment. The major problems identified were speech, slow learning and mental retardation, shyness/withdrawal, aggressiveness, hyper activity, hearing problems, temper tantrums, bedwetting, thumb sucking, physical problem, visual and poor motor co-ordination.

Rahgir (1984) found that children studying in ICDS Anganwadis showed a significant improvement and progress in their learning activities after receiving the pre-school education programme.

Shrivastava (1985) studied the effect of pre-school education component of ICDS on symbolic play and observed that there was no significant difference in total actions of the children of the two groups with respect to their age. It may be concluded that ICDS scheme does not exercise much influence on the total number of actions performed by the children while manipulating the toys.

Kanithi Shrivastava (1985) studied the impact of ICDS on the problem solving ability of the children and made the following observations.
ICDS has a definite impact on the problem solving ability of the children. The average time taken for the successful completion of the task was 4.7 minutes for ICDS children and 6.2 minutes for non-ICDS children.

The level of achievement of children in ICDS group was 1.2 and in non-ICDS group it was 7.2.

Ranjini assessed the impact of ICDS on the school enrolment and dropout rate of children. It was found that over 90 percent children from all the ICDS pre-schools were admitted to schools immediately after leaving the Anganwadi and there was no difficulty in getting admission.

The children from the rural ICDS block showed better progress in school than their counterparts in the non-ICDS area.

The percentage of children willing to attend school enrolment was comparatively better for ICDS children than those from the non-ICDS area.

4.3 Effectiveness of Nutrition and Health Education

A major chunk of the available ICDS research is focussed on health and nutrition component of the scheme. Most of these studies have been carried out by the consultants of CTC. Around 624 baseline/repeat surveys and 250 research studies have been collated, in a document ‘ICDS Evaluation and Research (1975-88)’ prepared under the auspices of CTC. Both these documents are an excellent source of information consisting of micro-level studies on ICDS.

A review of these research studies indicates that ICDS has had a positive impact on beneficiaries and has the potential of enhancing the child survival rate. Definite improvement has been reported in major indicators of health
nutrition like IMR, nutritional status, morbidity pattern, immunisation coverage and utilisation of health services.

Researchers have however indicated a need to strengthen delivery of two components of ICDS, namely, nutrition and health education and referral services. Community participation, which is so vital for the success of the programme is confined only to a passive acceptance of ICDS services. The community in most projects has been involved only marginally. The low level of participation has been attributed to lack of awareness and knowledge of ICDS scheme, poverty, lack of time on the part of beneficiaries and inability of the project functionaries to augment community participation.

Providing Nutrition and Health Education to women is an important job responsibility of AWW. However, very few studies have reported that the component is being implemented satisfactorily Saroja Devi (1982), Nalini Bahl (1983), Sethi (1985), Coonar (1985), Bhattacharjee (1985), Rane (1989). By and large, the feedback indicates that NHE is neither being carried out as often as required nor is imparted effectively Sharma (1987).

The independent studies by Nair (1988) and Begum (1988) both found that the health and nutrition practices in a community were affected by level of education, income and types of occupation of the respondents. Rajagopal (1985) observed that in an urban ICDS block, use of Oral Re-hydration Solution and management of diarrhoea was influenced by literary rate and traditional beliefs and taboos prevalent in society. He also observed that health education imparted to mothers by private practitioners was more effective than that given by neighbours and primary health workers.

Sunderlal (1978) observed that when local leaders were involved in the programme, the public was more receptive to health education. He also found
that only 15 percent of AWWs were imparting NHE with enthusiasm while the performance of others was either average or they had indifferent attitude towards work.

Sharma (1986) observed that to a large extent, successful delivery of NHE component depends upon the attitudes and skills of ICDS functionaries. He also observed that NHE was rarely conducted by AWWs. Only a small percentage of AWWs were rated satisfactory on skills, times and promotion of literacy. He also concluded that health education regarding ORT should be imparted through mass media and through non-formal local community leaders and elder members of the family who should be motivated to give ORS to children during diarrhoea.

Seshadri (1986) observed that the mothers who had received NHE were neither aware of the value of the growth charts in monitoring the health of the child nor of oral re-hydration therapy for diarrhoea diseases. Knowledge regarding immunisation schedule was poor. Breast-feeding was universally practised and most of the mothers were aware that breast-feeding is indispensable in the planning and implementation of NHE.

Pramila found that tremendous efforts were required to motivate ICDS functionaries to organise methodical health programme in order to get full co-operation from the public. She also found that the public was more receptive to health education when local leaders were involved in the programme.

Booma Rajagopal (1985) observed that in urban areas, awareness and administration of ORS were directly proportional to the literacy rate. In the rural ICDS awareness and administration of ORS was high, i.e., nearly three times the literacy rate. Late weaning and inadequate feeding of toddlers was also observed in the community. Mothers also lacked knowledge regarding
causes, symptoms and prevention of major nutritional diseases prevalent in the community.

The knowledge of the mother improved after training, specially in the areas like management of diarrhoea and use of ORS.

Sunderlal (1984) observed that NHE imparted through mass media has a significant impact in enhancing knowledge.

Gupta studied the impact of ICDS on the feeding practices, growth and development, prevalence of malnutrition and utilisation of health care services. It was found that the breast feeding practices were comparatively better in ICDS areas than non-ICDS areas.

The weight of male children in ICDS block was more than that of children in non-ICDS block at all ages except in the case of children below three months of age.

Khalkdina studied the impact of:

Health and Nutrition Services on the status of children;
Pre-school education on the development status of children; and
Functional literacy programme on the information and level of knowledge of ICDS women beneficiaries.

It was observed that there were no significant differences in the health and nutritional status and pre-school abilities of children in ICDS and non-ICDS areas. In both the areas there were 50 percent malnourished children.

It was also observed that there was no significant difference in the level of knowledge of women in both ICDS and non-ICDS areas. However, literacy and numeracy knowledge of ICDS women was better than that of non-ICDS women.
Mehandale conducted a study on an urban ICDS project in Pune. The object of the study was to assess the health, nutritional and immunisation status of children, to find out the extent of utilisation of health and nutrition services by them and to compare the findings of the baseline and repeat surveys.

The major findings of the study was that the nutritional and immunisation status of children and the utilisation of services by them were that nearly 81 percent children in the baseline surveys and 83 percent in the repeated survey were showing one or more clinical signs of malnutrition.

It was observed that nutritional grading by weight for age chart could help in detecting malnourished children who did not have visible symptoms of Marasmus or Kwashiorkor.

It was concluded that ICDS had a definite impact on the health and nutritional status of children as evident from the increase in the coverage of services and the decrease in the incidence of malnutrition.

Subramonian conducted a study in 1987 to assess the impact of ICDS on immunisation, supplementary nutrition, non-formal education and family size in a community.

It was found that ICDS scheme had a positive impact on the immunisation status and supplementary feeding of children.

It was also found that non-formal education raised the level of knowledge regarding breast-feeding (92%), family planning (81%) and immunisation (90%).

Tandon has undertaken a study on ICDS to evaluate the health and nutrition services provided under the scheme. He observed that there has been significant improvement in the utilisation of essential health services in ICDS project areas.
It was further observed that the distribution of nutritional supplement to children and expectant and nursing mothers also improved significantly. There was marked improvement in the percentage of expectant mothers receiving antenatal check-up, tetanus toxoid injections and iron and folic acid tablets.

The percentage of nursing mothers receiving postnatal services increased significantly.

4.4 Efficacy of Scheme Implementation

The above mentioned research efforts have contributed considerably to the understanding of the programme and have helped in identifying bottlenecks and lacunae in the implementation of the scheme. Nonetheless, the studies have provided only piecemeal information and have not taken systematic stock of the delivery of inputs vis-à-vis the outputs; nor have these investigated the impact of services on the target groups in a comprehensive manner. These studies have also not been able to illustrate the interdependence of various variables related to implementation of the scheme.

A visible research indicates lack of interdepartmental co-ordination, and reports that various committees in most projects are not functioning to the desired level. Even when the committees meet, the problems faced by ICDS functionaries are rarely discussed Krishnamurthy (1983), Coonar (1985), Satiamurthy (1989), Panda (1990). Further, AWWs, contrary to the envisaged role, have little interaction with local level organisations Bahl (1983), Bhowmik, (1990). The need to improve functional links among ICDS functionaries and between ICDS and health functionaries has been stressed by several micro-level studies Vasundhara (1982), Planning Commission (1982), Bahl (1983), Parameswaran (1984), Visvesvaran (1985), Murthy (1989),
Chetna (1989), Ray (1989). Constant efforts are being made by the Department to improve convergence and co-ordination. During 1991, a status paper titled ‘Fifteen Years of ICDS’ indicating specific steps to be taken was prepared for the National Conference.

Though ICDS has well defined eligibility criteria for the recruitment of staff, there are variations in following these norms in States. Studies have indicated that low level of literacy of AWWs imposed serious constraints on their performance and skill required for the job Philips (1986), Jain (1989), Panda (1990), Khosala (1991). In some of the studies, it has been recommended to reconsider the criteria for the recruitment of the Supervisors and CDPOs. It was suggested that preference should be given to candidates with home science or social work background and there should be less varied qualifications for the recruitment of these functionaries Raina (1983), Bhualla (1986), CRD (1988). The Department of Women and Child Development has given due consideration to such recommendations and has issued guidelines for eligibility and recruitment criteria to States from time to time.

To avoid stagnation and frustration among the functionaries, avenues of promotion for both AWWs and Supervisors have been created. Matriculate AWWs with ten years of experience and Supervisors with adequate experience are being considered for appointment against the posts of Supervisors and CDPOs respectively. The delay in recruitment and long period for which these posts remained vacant was found to be a factor hampering smooth implementation of ICDS Mehta (1985). A number of studies have also reported that the poor performance of AWWs can also be attributed to the low honorarium paid to them Indira Bai (1980), Bandari (1980), Rane (1980) Singh
The Government has been equally concerned about these issues and has taken up appropriate steps. The case of creating a cadre for Anganwadi workers are under consideration. The deviation from original conceptualisation of the grassroots workers being voluntary seems the main constraint in absorbing AWWs in the government set up. It changes the profile of the programme, which has a unique feature of being community based.

ICDS scheme spells out clearly the job responsibilities of various ICDS functionaries. A number of studies support the fact that functionaries are well aware of their role and responsibilities. AWWs, due to multifarious responsibilities, have a multidimensional role.

It is found that most of the time of AWWs is being spent on preparation and distribution of supplementary food. In spite of this, beneficiaries were found to be dissatisfied with the food provided Bhal (1983), Saroja Devi (1984), Visvesvaran (1985), Philips (1986). Further, it has been reported that food was not given to malnourished children as required in the scheme Nalini (1984), Saroja Devi (1984). The problems faced by AWWs in providing supplementary nutrition are irregular supply of food, inadequate storage space, fuel shortage etc.

In spite of all the above responsibilities, AWWs are able to elicit community participation Vasundhra (1982), Bhal (1983), Visvesvaran (1985), Philips (1986), Rane (1989), Ray (1989). However, the involvement of the community is limited and is mostly restricted to bringing children to AWWs, giving toys, etc. The main constraint in eliciting community participation has been identified as inadequate skills of the functionaries in mobilising the


Training of ICDS functionaries though rigorously monitored, has not been evaluated comprehensively. Micro-level studies have however recommended the need to critically evaluate and revise the training of AWWs Kant (1984), Murthy (1984), Kishore (1984), Jayanthi (1984), Verma (1985), Sharma (1986) and to make training of Supervisors more practically oriented with a focus on development of supervisory skills Khan (1983), Sharma (1987), CRD (1988), Chetna (1989). Further, an evaluation of CDPOs training suggested revision and examination of the syllabus so as to improve the quality
of training imparted to CDPOs Bhalla (1986). Over the years, concerted efforts have been made by NIPCCD to modify the training syllabus of all categories of ICDS functionaries based on informal and formal feedback of monitoring and evaluation of research. Besides this, periodic workshops and seminars are held to review the implementation of the programme, to identify gaps, and to work out strategies to improve training.

Effective functioning of an Anganwadi is dependent on a harmonious balance between various administrative factors, its infrastructure, job responsibilities, job satisfaction, job performance, training of functionaries, etc. Many socio-economic factors like age, marital status, educational background, type and size of family etc., have direct effect on the job performance of ICDS functionaries Singh (1984), Bhattacharjee (1985), Sharma (1987).

Further, most of the studies undertaken so far were limited in coverage and therefore making generalisation became difficult. Besides, many methodological limitations were also observed in these studies. The samples by and large, were small and not representative. The conceptual understanding of researchers varied of great deal with respect to different components of ICDS. Studies relating to knowledge, attitudes and practice (KAP) and views of beneficiaries were not planned and executed in a methodologically sound manner. This was particularly true of the research on community participation and nutrition and health education.

4.5 Community Participation

People’s active participation and co-operation is the key to the success of a social and development programme which is aimed at bringing about a change in the life of the people. To ensure people’s participation to the
maximum, it is imperative that they are involved in the programme right from its inception and the objectives and services of the programme are interpreted in a manner that enables them to perceive the programme as the one based on their felt needs. Community participation is not an automatic process. It moves at its own pace and requires systematic planned efforts on behalf of the social workers to stimulate and motivate people to actively participate in it.

In ICDS programme, community participation is an essential built-in component. The Anganwadi worker is expected to elicit community participation in running the programme, not only to minimise the operational cost, but also to make the people aware of the special needs of children and their mothers, and enhance their capabilities in taking care of them in the family environment.

Community participation, a social component of ICDS, is not subjected to evaluation very easily. The findings of the limited research studies indicate that participation of the community is only marginal or low in most of ICDS blocks and needs special efforts on behalf of ICDS functionaries to elicit community participation to make ICDS programme a success. In the research available, community participation has been mostly assessed by the knowledge of the beneficiaries about ICDS, their perception and extent of participation in the programme. The data available from the research studies is not given in a systematic manner and is also inadequate.

Community members can fully participate in ICDS only when they are aware of the objectives and services provided and have full knowledge of its beneficiaries and mode of implementation. It was observed that women and community leaders had low level of awareness regarding ICDS programme Sharma (1986), Sushama (1986). In a community only 4 percent respondents
could link the scheme with child welfare and only 9 percent respondents knew
that women in the age group 15 – 45 years were also among the beneficiary
group. They also had limited knowledge about ICDS functionaries and their
job responsibilities. However, AWWs and helpers were better known than
CPDOs. Further, the level of knowledge was comparatively higher in a rural
area than in an urban area Paranjpe (1984). The awareness of the community
members was maximum regarding supplementary nutrition followed by pre-
school education and immunisation and that of health functionaries was of
immunisation followed by supplementary nutrition and prophylaxis programme
Sharma (1986), Sushama (1986).

However, other researchers Ramdev (1982), Sharma (1986) found that
people were aware of the scheme and had fairly adequate information regarding
ICDS functionaries and various categories of beneficiaries but had low
knowledge about the activities of other voluntary organisations. Variables like
age, caste, type of family and literacy level had a significant effect on the
knowledge of respondents about ICDS (Bhatnagar).

A majority of ICDS functionaries were not able to perceive the
importance of community participation Sharma (1986), Sushama (1986). It
was reported that the community perceived non-formal pre-school education as
learning of counts though AWWs considered pre-school education as a better
way to acquire good habits and moral values. It was found that ANMs and
LHVs had not understood the purpose of pre-school education Rajesh Kumar
(1984). In another study, it was observed that pre-school education was the
most linked service in all the three blocks surveyed as it inculcated good habits
and children could get admission in schools easily Paranjpe (1984). Community leaders considered supplementary nutrition only for supplementing
the diet of the beneficiaries. However, all AWWs, ANMs, LHV found NHE more useful than supplementary nutrition. In an urban ICDS project, 90 percent beneficiaries felt that their children did not benefit by supplementary nutrition Paranjpe (1984). In another ICDS block the community members had a favourable attitude towards health check-up and immunisation Rajesh Kumar (1984).

The level of participation of both the beneficiaries and community leaders was low in rural, urban and tribal ICDS blocks, the highest being in a tribal ICDS block and the lowest in an urban project Sharma (1986). He observed that participation and involvement of beneficiaries and local organisation in ICDS was minimal. A majority ICDS functionaries had no concept of the importance of community participation. They were of the view that the community could be involved in giving accommodation or motivating people for immunisation. However, Paranjpe (1984) was of the view that in an ICDS block, mahila mandals and youth clubs were actively involved in implementing ICDS programme. They were helping AWWs regularly in all the activities. But Sharma (1986) found that very few women were members of mahila mandals and those who were, did not attend the meetings regularly. Ramdev (1982) found that community’s development in relation to Anganwadi activities was minimal although ICDS functionaries agreed the community participation was essential for effective implementation of the programme. According to CDPOs, there was a higher level of community participation in 40 percent Anganwadis, moderate in 20 percent and low in 24 percent Anganwadis.

ICDS functionaries felt that low level of community participation was attributed to lack of awareness and knowledge of ICDS scheme, ignorance,
poverty, lack of time on the part of the villagers, inadequate training of AWWs, lack of transport facilities etc. Ramdev (1982).

The factors considered crucial for strengthening and promoting community participation were skills of the worker in eliciting community participation, existence of co-ordination committees, frequency of their meetings and the involvement of local organisations Sharma (1986).

However, in 15 percent Anganwadis the community did not participate due to inefficiency of AWWs and negative attitude of Pradhans and members of mahila mandals Ramdev (1982). Over 50 percent of the potential beneficiaries were not availing themselves of the benefits of ICDS scheme because women in the age group 15 – 45 years were not utilising the services.

Anganwadis were at a greater distance from their homes. There was besides lack of regular supplies, lack of time, ignorance, poverty, negative attitude of parents towards supplementary food and Anganwadis Ramdev (1982), Paranjpe (1984).

To sum up, the research conducted in this area is too meagre to come to any significant conclusions. There is a need to draw the attention of researchers towards this important social component of ICDS. There are certain constraints which restrict community participation in ICDS and there is lack of clarity about the concept of community participation. It is important to develop an operation definitional definition of community participation and identify the indicators to measure this social component of ICDS to enable ICDS functionaries and researchers to promote and analyse it effectively. There is also a need to have constant feedback from the community to strengthen this component.
Suman Agarwal and Prem Lata (1985) studied about parental participation with special reference to their satisfaction and functioning of Anganwadi Centres and it was found that a majority of mothers had a high level of expectation from AWWs. It was also observed that though they were somewhat satisfied with the Anganwadi services, yet they were not participating in ICDS programme. However, the relationship between expectations and satisfaction and expectations and participation was not found satisfactory. Moreover, the centres that were functioning satisfactorily had a positive correlation both with the participation of the parents and their level of satisfaction. Gandhi (1984) assessed the extent of community participation in the urban ICDS project Vizag, Andhra Pradesh and it was found that in ICDS project area there were 82 mahila mandals, 95 yough clubs and 97 ACWs. The other important findings were:

Mahila mandals were closely connected with ICDS programme and helped AWWs regularly. They were also running sewing centres (15.5%) and were associated with middle level functionaries training (15.5%), non-formal education (63.9%) and nutrition and health programme (63.9%).

Although mahila mandals were evincing a keen interest in functional literacy and pre-school education programmes, the number of women attending the literacy classes declined marginally from 2148 to 2137 and the number of children from 4,283 to 3,851 from April 1981 to September 1983. The reason for the lack of progress were non availability of inputs like audiovisuals and teaching aids, class room, type of training with particular emphasis on attendance and preference for mothers’ education rather than functional literacy.
Youth clubs helped in providing 51.5 percent Anganwadis with rent free accommodation.

They also participated in other activities of ICDS like supplementary nutrition (49.5%), health check-up (49.5%) and non-formal education (49.5%).

Rewati Bhagwat (1984) conducted a study of perception and participation of the community in ICDS in Maharashtra and it was found that the respondent's knowledge about ICDS scheme was poor. Only 4.2% of them could link the scheme with child welfare.

She also observed that the best known beneficiary group was of pre-school children (85%), followed by expectant and nursing mothers (45%). Only 9 percent respondents knew that women in the age group 15 – 45 years were also among the beneficiary group. The respondents in the rural block were comparatively well informed about the beneficiaries compared to the urban block.

The respondents in the rural block were the most well informed about services provided to women and children. The most known service was supplementary nutrition (77%) followed by pre-school education (75%), health check-up (23%), immunisation (14%), referral services (8%) and health and nutrition education (6%).

The knowledge about ICDS scheme was obtained through informal channels like observation or casual discussions with AWWs or neighbours. Campaigns or meetings were not mentioned as source of information.
Perception & Participation:

**Beneficiaries**

Most of the respondents felt that the visits of AWWs to their houses were irregular. The common places of meeting were village streets, bazar or wells. The topics discussed revolved around child’s health (47%), child’s progress at the Anganwadi (36%) and the health of the mother beneficiaries (20%).

Thirty-three percent respondents were never invited by AWW to attend a meeting or a function, 29 percent always went to the Anganwadi if invited, 10 percent never went and for 29 percent respondents it was a matter of convenience.

Supplementary nutrition was the most appreciated service. The utility of nutrition programme was felt by 45 percent of the rural and 21 percent of the urban population. However 90 percent of the urban respondents categorically stated that their children did not benefit by supplementary nutrition.

Pre-school education was widely appreciated in all the three blocks because it helped in inculcation of good habits (40%) and admission in schools (28%).

Health check-up was considered a useful service by 50 percent respondents and immunisation and referral services were rarely utilised by the respondents.

Health and Nutrition Education programme which centred around nutritive value of foods and diet for expectant and nursing mothers had an impact on very few respondents.

Over 50 percent of potential beneficiaries (1,218/2,273) were not availing themselves of the benefits of ICDS scheme. The number of non-
beneficiaries was high because of non-utilisation of service by women in 15-45 years age group, children above six years in the families, parents did not approve the food served in the Anganwadis, parents preferred private balwadis and Anganwadis located at a greater distance from their homes.

Computation of the data collected for the second time showed that 55 percent of the eligible families in the urban block and 60 percent in the rural block were utilising the services provided under ICDS.

Participation by way of contribution in terms of time, service, accommodation, etc., was totally absent. The ladies of the mahila mandals refused to help AWWs in their routine activities. The people in the community had inadequate awareness about ICDS scheme which led to their low level of participation.

**Prominent Persons**

Prominent persons like Sarpanchs or Gramasevaks who were exposed to ICDS scheme by virtue of their office had some knowledge and understanding about ICDS programme. The contribution of office bearers of the local bodies was limited to giving advice or arranging accommodation for the Anganwadi or AWW. Lack of participation was attributed to lack of awareness as participation for them primarily meant utilisation of services.

No conclusion should be drawn regarding the understanding of the term participation by ICDS functionaries because questions asked were open-ended. These were answered on different dimensions and did not yield adequate data. However, from the available data it could be stated that the functionaries did not grasp the full meaning of the term participation, especially Supervisors and AWWs. Participation was linked with attendance and very little efforts were made to seek participation of the community. Bhagvat (1984).
Sunderlal (1984) conducted a study of Community's reaction to the scheme of ICDS and its package of services in a rural ICDS block. The objective of the study was to know the community's perception and reaction to various components of ICDS; and to find out the extent of involvement of adult women to promote ICDS. It was observed that the community regarded non-formal pre-school education component of ICDS as preponement of traditional school education in which emphasis was laid on counting and alphabets. AWWs considered pre-school education as a better way of acquiring good healthy habits and moral values.

Ram Dev (1982) conducted a study on monitoring and evaluation of community participation in an ICDS project. The specific objectives were:

The nature and extent of community participation in an ICDS block;
The nature and functions of various community organisations and institutions existing in the area;
AWWs knowledge and perception of community participation,
The effort being made by the project staff to elicit community participation; and

The ways and methods to improve community participation in ICDS.

It was found that most of the AWWs had no information regarding the establishment, registration, membership and activities performed by the local organisations and had very little contact with them.

At the time of establishment of the Anganwadis, mahila mandals and co-operative societies held organised activities. There were eight balwadis run by voluntary organisations in the area. Supplementary nutrition was being provided to the children regularly.
Services were also being provided to women at the time of establishment of the Anganwadis. Adult education centres were imparting education, organising activities and assisting women. It was found that 56 percent women were benefiting from these activities. In the dispensaries, health check-up and immunisation services were provided to expectant and nursing mothers.

AWWs were also aware that health check-up and immunisation services were being provided to children (0-6 years) regularly through government organizations and dispensaries.

Thirty percent AWWs stated that the level of awareness of the community regarding various categories of beneficiaries (except children) was fairly high. However, the reasons for lack of awareness were low level of education, lack of time and short time span since the inception of the programme.

According to the Supervisors and CDPO, people were somewhat aware of ICDS scheme. The level of awareness corresponded with the frequency of visits of the project in charge, the attitude of the Pradhans, the existence of mahila mandals and the efficiency of AWWs. However, the youth were not aware of the programme.

It was observed that less than 50 percent children in the age group 0 – 3 years and more than 50 per cent in 3-6 years age group benefited from ICDS. Supplementary nutrition was the most utilised service. Expectant and nursing mothers benefited from NHE (56.7%), supplementary nutrition (74.9%), immunisation (60.7%) and health check-up (56.1%). The reasons given for lack of utilisation of the services were inadequate facilities, lack of regular supplies and lack of time.
All the Supervisors and CDPO agreed that community participation was essential for effective implementation of ICDS programme and the community should be involved in the programme right from its inception. However, the community’s involvement in relation to Anganwadi activities was minimal. Community’s assistance was in the form of building for dispensary (45.2%) and clean water supply (59.5%).

The reasons given by AWWs for low level of community participation were lack of awareness and knowledge of ICDS scheme, ignorance, poverty and lack of time on the part of villagers. Supervisors stated that there was moderate to low level of participation due to inadequate knowledge and interest in ICDS programme. According to CDPO there was high level of community participation in 40 percent Anganwadis, moderate in 20 percent and low in 25 percent Anganwadis.

In 15 percent Anganwadis the community did not participate due to inefficiency of AWWs and negative attitude of Pradhans and members of mahila mandals.

Other reasons given by Supervisors and CDPO for low level of community participation were lack of training of AWWs, infrequent contact with the community due to lack of transport facilities, caste rivalries, party politics and inadequate efforts by ICDS functionaries to motivate the community to participate.

Supervisors and AWWs (50%) stated that local organisations provided no help/resources in terms of money, food grains and fuel. But CDPO was of the view that mahila mandals had contributed in kind in 20 percent Anganwadis.
AWWs, Supervisors and CDPO were making efforts to increase the involvement of the community in ICDS programme. AWWs were making frequent door-to-door visits to propagate the aims, objectives and activities of ICDS. They were also imparting basic message of health and nutrition to expectant and nursing mothers and enrolling children in the age group 3 – 6 years for pre-school education and 0 – 6 years for supplementary nutrition.

The Supervisors and CDPO were seeking the help of village Pradhans, mahila mandals and DDO to propagate the benefits of ICDS. They were also organising community meetings, puppet shows and exhibitions to make people aware of various components of ICDS.

Gayatri Chand (1986) conducted a study of perception and participation of the community in ICDS to find out the perception of the community and its participation in ICDS, to study the perception of the project staff regarding community participation, to analyse the impact of ICDS in terms of attitude and response of local community towards different components; and to suggest modifications, if required to enhance community participation.

It was found that the level of awareness and participation of women respondents and community leaders was low in all the three blocks. Within the blocks it was lowest in the urban area and highest in the tribal project.

The awareness of women respondents, community leaders and project functionaries was the highest for supplementary nutrition followed by pre-school education and immunisation.

The functionaries perceived ICDS as a programme for children and expectant and nursing mothers. Their awareness about women in a reproductive age group as a beneficiary group was low. Consequently, this group was not adequately covered.
A majority of the functionaries were not able to perceive the importance of community participation clearly. Involvement of community was sought only in case of difficulties.

In the urban block participation of the community was negligible. In the rural and tribal blocks the involvement of local organisations was evident in their providing accommodation for the Anganwadis.

The project functionaries were of the view that community could be effectively involved primarily in providing accommodation for the Anganwadis while for medical and paramedical functionaries indicated that the probable area of community participation could be motivation of the other members of the community for immunisation.

The findings reflected in these studies have covered several valuable insights; nevertheless, the need for a comprehensive investigation to assess ICDS at the Kottayam District level has been felt for a long.

Conclusion

The above mentioned studies clearly indicate that the implementation of the ICDS project in the various rural, tribal and urban slums have significant impact on the development of women and children belonging to the weaker and vulnerable sections; the impact shows variations from group to group. The scheme broadly facilitates intellectual, social and psychological development among children below 6 years of age. The Pre-school education also contributed a great deal in child development and has encouraged school enrollment and retention. The non-formal nutrition and health education given by the anganwadi worker empower the women in the age group 15-45 years, to enable them to look after their own health and nutrition needs as well as that of their children and families. Some of the above studies clearly reveal that community participation is a vital element for ensuring the success of an ICDS project.