CHAPTER TWO

REVIEW OF LITERATURE
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2.1. PREAMBLE

In this chapter, literature related to the study is reviewed. The review has been made under different headings. Besides baseline and repeat surveys, research studies on other related aspects have been conducted by many Consultants. Most of them have been multicentric studies. Many theses have been written by postgraduate students covering different areas of ICDS. The studies advanced in the literature have been classified, arranged and reviewed.

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 Wadlicarni in 1983 for UNICEF. It studied the outreach of the programme in 16 ICDS projects spread over 8 States and one Union Territory (UT). The findings were based on observations, secondary data and interviews of the beneficiaries/mothers of children below six years. The study 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 of monitoring social components namely, pre-school education, nutrition and health education and community participation.

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 tool 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 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 for about 300 research studies.

There are comparatively 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.

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 motor skills, language skills and psycho-social behaviour Anaedalakshmy (1986), Bevadas (1984), 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) and Khosla (1985).

The role of pre-school education in improving SC holastic performance has also been reflected in the study conducted by Sunderlal (1981). It was observed that pre-school education results in higher primary school enrollment. Seventy per cent 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 mild 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 do not offer any creative activities. These are geared than that of rural children and it was related to variables like educational, occupational level of parents.

Seshadri(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 were more among girls (54%) than boys (46%). It was also reported that
to prevent/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 sub learning and mental retardation, shyness/withdrawal, aggressiveness, 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.

Kan thi 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.

Rita assessed the impact of ICDS on the school enrollment 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 enrollment was comparatively better for ICDS children than those from the non-ICDS area.

2.2. Effectiveness of Nutrition and Health Education (NHE)

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/report 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 axe an excellent source of information consisting of micro-level studies on ICDS.
A review of these research studies indicate 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 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 AWWs. However, very few studies have reported that the component is being implemented satisfactorily Saroja Devi (1982), Kami Mini Davi (1984); Sethi (1985), Coonar (1985), Bhattachaxjee (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) 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 (ORS) and management of diarrhea was influenced by literacy 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 level staff were involved in the programme, the public was more receptive to health evaluation. He also found causes, symptoms and prevention of major nutritional diseases prevalent in the community.

The knowledge of the mother improved after framing, specially in the areas like management of diarrhea 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 per cent 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.

Mehendale 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 study, 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 clinicalisations 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.

Subramanian 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 anti-natal check-up, tetanus toxoid injections and iron and folic acid tablets. The percentage of nursing mothers receiving post-natal services increased significantly.

2.3. General Impact of ICDS Programme

Vivek Adhishi, et. al, conducted a study on acceptability of ICDS programme among different socio economic groups of the community. The study revealed that ICDS programme was well accepted by lower social classes. It was found that only 60 per cent children from social class II and 63.3 per cent from social class III were attending the *anganwadis* as compared to 82.1 per cent belonging to social class IV. None one of the children included in the sample belonged to social classes I and V. The reasons given by respondents for non participation in mahila mandals and ICDS programme were lack of time, programme was not useful, husbands
were reluctant to allow them to work, lack of knowledge, lack of interest, groupism and distance of the centre from home.

Anjina Raima in his study on impact of ICDS on its beneficiaries recommended that ICDS programme can be strengthened by providing adequate training to AWWs who would strengthen immunization and nutrition and health education components.

Research studies (Mefaendale, 1982; Masood, 1984; Tandon, 1982; Gupta 1978; Krishnamurthy, 1983) reviewed under the Nutrition section have indicated that malnutrition was prevalent in ICDS blocks and was attributed to poor socioeconomic conditions. Poverty, ignorance of the special needs of children, faulty weaning practices, inappropriate beliefs, etc. have often resulted in providing children with inadequate and poor quality diet by families. Unsatisfactory environmental sanitation combined with limited knowledge of nutrition and health further contributed to the high incidence of infectious diseases, which in turn adversely affected the utilization of nutrients. In almost all ICDS blocks supplementary nutrition was provided but its acceptability and quality has not been fully assessed. ICDS programme has certainly brought about reduction in the prevalence of malnutrition. It can be said with confidence that though PEM is prevalent in India, it is comparatively less in ICDS blocks. Further, studies have
demonstrated conclusively that nutritional status of children in ICDS areas is better than those in non-ICDS areas. The scheme has brought significant change in the nutritional status of children and has the potential to enhance it further. Gupta (1982) observed that though the mean values of all the anthropometries measurements of children in ICDS and non-ICDS group were lower than ICMR standard, the values in non ICDS group were the lowest. Devadas (1982) found significant improvement in the height and weight of children during a repeat survey. Tandon (1978) and Mehendale (1982) reported that in area where ICDS was already functioning there was a definite improvement in the nutritional status of children.

The impact of ICDS on the health status of the beneficiaries can be assessed through indicators like mortality and morbidity, service coverage, use of service and changes in the knowledge, attitude and practices of the community. ICDS has brought a positive change in IMR, the most important measure of health status. The impact studies have revealed that IMR in ICDS areas was low as compared to that in non-ICDS areas. Age specific and sex-wise variations were observed in the incidence of infant mortality. It was greater in the age group one month to one year with whom AWWs had hardly any contact (Chhikara). The female infant mortality rate had declined considerably in ICDS areas
though it was much higher (142) as compared to the male (130). The major factor responsible for the decline was better delivery of health and nutrition services to infants and expectant and nursing mothers (Tandon, et al; 1985)

Vidya Prakash, 1984; Kishorte, 1983; Sunder Lai, 1981 in their studies concluded that IMR was influenced by many factors like poor environmental sanitation, low socio-economic status, illiteracy, malnutrition, age of mothers, birth order, birth interval, income of parents, cultural constraints, etc.

In a study conducted by Tandon (1983) IMR was found to be higher in an urban ICDS Project (80.2) as compared to the national figure (65). It was probably due to location of the project in a slum area, where malnutrition, insanitation, poverty and infections were widely prevalent.

Comparison of maternal mortality rate in ICDS and non ICDS area were reported in studies conducted by Chandra MLR (1985) and Chhikara (1982). The first study reported MMR to be 1.8 in a non ICDS area whereas in the second research study it was 20.0 in an ICDS area and 21.0 in a non ICDS area. The major causes of MMR as reported by Chhikara (1982) were child birth and pregnancy, fever and disorders of circulatory and central nervous system.
2.4 Evaluation of ICDS

ICDS scheme started in 1975 comprising only 33 projects, was first evaluated by the Planning Commission in 1976. The results of the evaluation led to the successful expansion of the programme. Since then ICDS has been subjected to evaluation from time to time. Most of the research studies have evaluated one aspect of ICDS or the other but there are very few studies that give the total evaluation of the scheme at regular intervals. ICDS has been evaluated by a few researchers only. An effort has been made to collate the research findings on the evaluation of ICDS.

The research findings available support the fact that ICDS programme has considerably improved its capacity to reach the children in the vulnerable age group (Krishnamoorthi). The highest percentage of children attending anganwadis was in tribal blocks (63.2%) followed by urban areas (49.7%). A substantial number of these children were from Scheduled Castes and Scheduled Tribes and the poorer sections of society. Similarly, a large number of expectant mothers also availed themselves of the services. However, Ketkar (1982) reported that the percentage of beneficiaries receiving services was small. This was attributed to the shortage of AWWs, low literacy rate and lack of interest among community. It was observed by Sharma that though Anganwadies were functioning satisfactorily, beneficiaries had a low awareness of the scheme.
In their study on Evaluation of Integrated Child Development Services in Pondicherry, Narayan Nair, R.D. and Barasal observed that due emphasis was not given to community participation. Community participation in the selection, supervision and maintenance of staff should be ensured by forming and involving village health committee.

A. Sharna, N. Bano, V. Mistry in their study titled evaluation of functioning of selected *anganwadi* centres of Baroda urban project observed that AWWs lacked skills in involving the community and in utilizing community resources. The community was aware of the functioning of *anganwadis* but they were not involved in its activities as they regarded it the duty of AWW alone. The study recommended that a nominal contribution should be taken from the community to ensure their interest and involvement. Participation and involvement of beneficiaries and local organizations was minimal although their cooperation was considered crucial for strengthening and promoting community participation.

The Other findings of the study are as follows:

- existence of coordination committee at AW level
- Frequency of holding meetings of coordinating committee
Active involvement of mahila mandal, any other organisation in AW

© AWW’s skill in eliciting community participation.

Community representatives should be involved in monitoring certain aspects of the scheme. This would promote community participation and provide objective information.

While imparting training to ICDS functionaries, emphasis should be laid on practical and field experiences to improve their skills. Innovative training techniques should be adopted for preparing training material and it should be incorporated in job training.

The syllabi and curriculum of job training should be modified to strengthen utilization and management of space, adequate information on selection and preparation of appropriate play material, proper handling and management of communication aids and enhancement of capabilities of project functionaries to elicit community participation.

2-S. COMMUNITY PARTICIPATION

In a study on community participation in the urban ICDS project Vizag Andhara Pradesh, T.B. Gandhi observed that 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 2,148, to 2137 and the number of children from 4238 to 3851 from April 1981 to September 1983. The reasons for the lack of progress were non availability of inputs like audio visual and teaching aids, class room type of training with particular emphasis on attendance and preference for mothers education rather than functional literacy.

A study of perception and participation of the community in ICDS in Maharashtra by Rajini K. Faranjpe, Rewali Bhagwat found that Participation by way of contribution in terms of time, service, accommodation, etc., was total 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.

Rajeslt Kumar, Vidya Prakash, Simdar Lal in their study titled A study of community's reaction to the scheme of ICDS and its package of services, found that all the Supervisors and CDPOs 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. 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. In 15 per cent 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, inadequate efforts by ICDS functionaries to motivate the community to participate. Supervisors and AWWs (50%) stated that local organizations provided help/resources in terms of money, food grains and fuel.

A study on perception and participation of community in ICDS by Susma Sharam, Gayatri Chanda revealed 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 immunization. Among medical and paramedical functionaries, awareness was the highest for immunization followed by supplementary nutrition and minimum of prophylaxis. A majority of the functionaries were not able to perceive the importance of community participation clearly.
2.6. Studies on Participatory Approach and Practices

Of other spaces’ Situating participatory practices: a case study from South India by Emma Jones (2001) analyses the particular approach to participatory development developed by SPEECH, an NGO working in Tamil Nadu, India. We explore the extent to which SPEECH’S approach transformed gender relations in the communities where they work. The analysis suggests that SPEECH’S approach is shaped by the particular way that their staff members understand participation, as well as by the understandings of local actors who take part in participatory development activities. Through documenting two situated examples of participatory processes, the problems inherent in promoting a generalised picture of how participation works and the social changes it can engender have been highlighted. It is only through such detailed, contextualised analysis of what approach work and do not work, and for whom, that understandings of the realities of participation will develop, and its impacts for marginalised individuals and groups improve.

Kimanzi Muthengi, Melanie Speight and Christine Kilal (2001) conducted a study on World Neighbors' Experience of Going Beyond PRA in Kenya. It is a case study of the way that World Neighbors used PRA in a process of community development in one sublocation in Kenya. The paper gives some background as to the
practices of World Neighbors, the conditions in the community, and the role of government in the area. It then explains how PRA was used with a representative body at the sublimation level for analysis and planning. The PRA discussions led to development activities that had impacts on the physical well being of community members, as well as less tangible social effects. The social effects included new modes of operating for the village leadership, changed relationships between community members, and supportive attitudes of local government officials for community led development activities. By presenting the specific approach taken by World Neighbors, the case study raises a number of general strategic choices facing other non-governmental organisations using PRA. In what way does the approach to PRA attempt to affect relationships between community groups and government? What new forms of social inclusion and exclusion, intended and unintended, are produced by the way organisations apply PRA? What compromise is struck between representation and direct participation in PRA by different groups of community members, and what are the implications? Does an organisation’s approach to PRA create temporary or more enduring openings for different people to participate in decision-making processes? How does the NGO introducing PRA adjust its strategy to the organisational context in the community? What responsibilities for different actors to provide development resources are implied by the approach.
taken to PRA? The case study presents the strengths and weaknesses of the strategies chosen by WN in relation to these questions, given its specific working context. The paper thus presents a challenge to other organisations to think through how they respond to the same questions in their own work.

Andrea Cornwall (2001), Samuel Musyoki and Garett Pratt in their staff working paper entitled ‘Search of a New Impetus: Practitioners’ Reflections on PRA and Participation in Kenya’ narrate the following: From tentative beginnings in the late 1980s, Participatory Rural Appraisal (PRA) has spread through Kenya like a bushfire’. In response to growing demand for ‘doing participation’, PRA has been popularized and marketed to such an extent that, as one Kenyan practitioner put it, ‘everyone is doing something and calling it PRA’. PRA has become a routine requirement for development organisations, many of which have done little to change their ways of operating to accommodate a more participatory approach. Discussions with Kenyan PRA practitioners attest to a growing sense of unease: a feeling that something has gone wrong. The paper explores some of the different visions and versions of PRA as it has taken shape in the Kenyan context, highlighting differences that are rooted in the different pathways that have brought practitioners to use PRA, and in the enduring development institutions that have shaped practice. It suggests that
the sheer variety of meanings and practices associated with PRA pose a serious challenge for efforts to enhance the quality of participatory practice. Practitioners focus on consensus building and peer pressure as a means through which to articulate and uphold ‘good practice’. Given tensions between different schools of practice, and differences in the ways, in which people conceive of PRA, this raises the question of whether it would be possible to arrive at a single vision of what PRA is or ought to be. It also makes it difficult to see how to enforce any quality standards that might be agreed upon. But, the paper argues deliberation on these issues is in itself valuable - even if no clear agreement is reached. Particularly where it extends beyond small circles of practitioners to those who fund and use PRA, such a process of deliberation can open up space for alternatives to be articulated and debated. This in itself may serve to build new understandings and alliances that can be ‘the new impetus’ for which Kenyan practitioners are looking.

*Tim Holmes* (2001), in his study on ‘Participatory Approach in Practice: Understanding Field workers’ Use of Participatory Rural Appraisal in ActionAid’, made in-depth analysis on participatory approaches. The prime Enquirer was to find as why do field workers use participatory approaches as they do? This study uses a case study of field workers’ use of Participatory Rural Appraisal in
ActionAid the Gambia to address this question. Original empirical material that focuses on field workers' perception of the factors that influence them is examined through the conceptual framework of structuration theory. The paper argues that the practice of a participatory approach emerges from a complex process of negotiation where fieldworkers are subject to unique combinations of competing influences from the organisation they work for, the communities they work with and their own personal characteristics. It suggests that fieldworkers can actively pursue personal agendas and can also be involved in changing the structures that condition their actions. However, the paper concludes that elements of the organisational structure can leave little room for fieldworkers to use their agency positively. Managers need to change this structure if the gap between the policy and practice of participatory approaches is to be reduced.

A Paper on Practitioners’ Critical Reflections on PRA and Participation in Nepal, submitted by Garett Pratt (2001). Presents a diversity of views held by Participatory Rural Appraisal (PRA) practitioners in Nepal about the history of PRA, the challenges facing PRA practice and participation in development today, and the ways forward for participation in the future. It is intended to provoke further discussion and reflection about PRA by making this diversity of views available to a wider audience. The paper begins by
explaining the Nepali context into which PRA has been introduced, then it presents the views of practitioners about PRA as a tool for use within the project cycle framework, including its strengths and weaknesses when used in this way. Finally, practitioners raise three key challenges for the future of PRA practice in Nepal: continuing innovation; improving learning and training about PRA; and critical reflection on PRA as a means for further learning and improving.

Tim Holmes and lan Scoones (2000) in their staff working paper on Participatory Environmental Policy Processes: Experiences from North and South documented the participatory policy process experiences. The paper emphasises that there is a growing recognition across the world that citizens should play a role in informing and shaping environmental policy. But how should this be done? This paper explores one route, where opportunities ‘from above’ are created often, but not exclusively so, by the state, and often through local government policy and planning processes. A set of approaches — known collectively as Deliberative Inclusionary Processes (DIPs) - is explored in different settings through thirty-five case studies from both North and South. Through an examination of lessons emerging from the case studies, both practical issues and methodological questions are considered. The latter questions arise from asking ‘who convenes the process?’, ‘who defines the questions?’, and ‘how are multiple forms of expertise
accommodated?’. The paper shows how power relations and institutional contexts critically affect the outcome of DIPs processes. Without linking such processes to broader processes of policy change - including connections to conventional forms of democratic representation - DIPs may simply be one-off events, and so their considerable potential for transforming environmental policy processes would go unrealised.

Rosemary McGee with Andy Morton (2000) submitted a staff working paper on Participation in Poverty Reduction Strategies: A Synthesis of Experience With participatory Approaches To Policy Design, Implementation and Monitoring’. The Paper observes that the World Bank and International Monetary Fund recently endorsed the preparation and implementation of Poverty Reduction Strategy Papers (PRSPs) by borrower countries seeking to benefit from the enhanced HIPC (Highly Indebted Poor Countries) initiative. Civil society participation in the adoption and monitoring of the PRS is viewed as essential for their sustainability and effectiveness. The purpose of this synthesis is to review the experience to date in applying participatory approaches to macro-level policy formulation, implementation and monitoring, with a view to supporting country-led facilitation of inclusive and high-quality participation in the PRS process. The participatory experiences reviewed are drawn from research initiatives, donors
country strategies, aid coordination processes, policy advocacy campaigns, institutional change processes, budgetary analysis and formulation, and citizens’ monitoring mechanisms. Sections are organised around key themes which crystallised in the course of reviewing these experiences. This synthesis is directed to a range of actors involved in PRSP processes. In the South, it aims to serve governments responsible for leading the process, and civil society organisations wishing to engage with it at various levels. In the North, it aims to guide and inspire bilateral and multilateral donor agencies, non-governmental development organisations and other civil society organisations seeking to play a supporting role as their Southern partners engage in national PRS processes. The document outlines the significant challenges which must be overcome in the course of establishing participatory, sustainable, country-owned poverty reduction strategies. It testifies to the existence of many competent participation advocates and practitioners, and to a considerable wealth and depth of experience, on which governments can draw to overcome these challenges.

Public Participation in Health: Making People Matter, a working paper by Rene Loewenson (1999) discusses that participation of communities is widely argued to be an important factor in improving health outcomes and the performance of health systems. This paper uses a review of past experience of participation in Zimbabwe's health system to propose that
participation be strengthened along two dimensions: Creating realistic expectations between communities and health services in their contributions towards health, and in the governance of health systems. Various examples are outlined of the relationship between social participation and control and health outcomes. The paper also outlines the features of and factors in building participation in governance of health systems. It argues for a wider inclusion of social groups from civil society, elected leadership and health systems in structures and processes that set and audit health policies and priorities. It discusses issues to be addressed in enhancing participation, including the information, processes, capabilities and resources required. Finally, it reviews the proposals for and issues to be addressed in enhancing participation and accountability in Zimbabwe's health sector at district, referral hospital and national level.

‘A paper on Who Counts Reality? Participatory Monitoring and Evaluation: A Literature Review’, by Marisol Estrella and John Gavem(1998) reviews that with more and more opportunities to promote broad-based participation in development, there is increased recognition that monitoring and evaluation should also be participatory. This paper presents a literature review of experiences in participatory monitoring and evaluation (PM&E) from around the world, used in differing contexts and involving all kinds of
stakeholders - NGOs, donors, research institutions, government, people’s organisations, and communities. It introduces the key principles of PM&E, its applications for differing purposes, and a number of tools and methods used, including participatory learning methodologies as well as more conventional approaches. Finally, it raises key issues and broad challenges emerging from the literature, and outlines potential areas for future research.

In his article on Interaction for Irrigation: How Analysis Guided a Construction Project in Peru’ Vasa Bijk (1999), describes the analysis that took place during different stages in the rehabilitation of a small-scale irrigation system in the Peruvian Andes. The experience shows that if participation is constantly emphasised in all phases of the project - and not only in the appraisal and planning phases - local people will increasingly become the owners of the changes they propose.

Simanowitz (1999), discusses the adoption of participatory approaches to poverty targeting through the work of the Small Enterprise Foundation, a micro-finance NGO working in the Northern Province of South Africa. He considers the benefits of participatory wealth ranking and finds the process to be more inclusive and transparent than the visual targeting methods previously used to identify levels of poverty.
Noponen, (1999), in his article describes an “internal learning system” (ILS) designed to build capacities of grassroots NGO programme staff to think critically about programme operations and make strategic changes through a participatory monitoring and evaluation system. The medium for the internal learning system is a set of pictorial diaries suited to illiteracy and poverty conditions in developing country contexts.

Mukasa, G. and Mugisha, G (1999), analyses about issues Matrix. The Issues Matrix is a table which captures, in summary form, all the issues of concern that arise out of the initial application of PRA methods by interest groups. The article explores how Redd Bama Uganda uses the Issues Matrix in the facilitation of independent discussions of different gender and age groups, in order to arrive at communal conclusions. Using examples from different communities, it highlights the process of developing an Issues Matrix, showing its use as an analytical, planning and monitoring tool, and its benefits and challenges.

Guijt, Irene; Braden, Su (1999), introduces the theme of the issue of how to make sense of the information derived from participatory approaches. The theme explores who is involved in analysing information at different stages and discusses how critical reflection can and should become part of any participatory process.
Gibbon, M. and Flmbert, M. Barriers (1999), raise concerns about the quality and follow-up of PRA training in Nepal, emphasising that PRA is not used on a systematic basis within organisations that have received PRA training. In his response, Michel Pimbert stresses that whilst good personal practice of trainers is essential, the process should be supported with affirmative action from the NGO and donor communities to institutionalise good practice.

Cornwall, A. (1999), argues in favour co-learning though participatory assessment. Conventional health needs assessment generally involves the collection and analysis of quantitative data by 'expert' researchers. Shifting the frame from analysis by health researchers to a process of co-learning with community members involves a number of challenges, which this article seeks to address. It draws on experience with Participatory Well being Assessments in the London Boroughs of Sutton and Merton over the last few years.

Chase, ML Price, J. Swaby, S. Braden, S (1999), discuss a method known as 'Global Voices', used by Oxfam with the aim to bring the voices of the real experts on poverty - the poor themselves - during a strategic review in Davenport, one of the poorest regions in the UK. The process involved training Oxfam's local partners in the uses and processes of participatory video. The account given
here examines the Davenport experience, the training processes, the ways in which they were used by the local partners, and the analysis that resulted.

Braden, S. Nelson, ¥(1999), Observe that villagers of the study villages contributed to the Malawi government policy on rural energy and natural resource management by presenting their video-based research. This article discusses some of the steps in a progressive sequence of reflection involving different participants and audiences over a 14 month period.

Batchelor, Kim (2000), the philosophy behind participatory research that was presented in workshops for HIV prevention workers in Dallas, Texas and for health educators taking on HIV as a new issue in New Mexico and Arizona. The workshops incorporated several activities, including mapping exercises, Chapati diagrams, Casual flow diagrams and problem solving techniques.

William J. Fielding and Janet Riley (2000), discuss some ways in which ranking techniques can be misleading and limiting, and suggest some solutions. Robert Chambers points out that, the discussion process involved in any scoring/ranking method may be more informative than the numbers which are collected.
Gordon, Gill; Phiri(2000), describes a holistic sexual and reproductive health (SRH) project in the Eastern Province of Zambia. It focuses on participatory approaches used, gender issues, male involvement and the integration of SRH issues at community and clinic levels. The article aims to demonstrate the opportunities and challenges faced by a government programme that uses participatory approaches in its everyday work to achieve the vision committed to at the International Conference on Population and Development held in Cairo in 1994.

Lammermk, Mark P. Post humus, Braun Van Weperen, Willem (2000), in their paper, report the results of the 'Dare-to-Share Fair' held in The Hague, The Netherlands on the 13th and 14th October 1999. The subject of the event was sharing experiences around participatory approaches to development and learning from the field how to assist people in their development in such a way that they actually own the process.

Lynn, Helen et.al (2000), in their experiment on 'Putting Breast Cancer on the Map' tried to body map the diseases that grew out of the work on polluting chemicals in the UK over the last ten years. The project developed out of a need identified by women to participate in positive action to bring about change in the minds of the government and medical establishments, as well as society at large, about the way in which breast cancer is viewed, treated and
politicised in the UK. The project focused on new ways of collecting information in a participatory, non-threatening and empowering way, using the network that had already begun to form.

'Safely through the Night' by Smith, Aim; Howson, John (2000), is a review prepared for the Department for International Development (DFID), UK, by CAFOD and four of its partner organisations in 1998. Organisations participated in a preparatory workshop where questions for the review were formulated and participatory techniques for exploring these questions were designed and practiced. The fieldwork findings were shared at a second workshop and in written reports. The fieldwork was conducted by each organisation among one community where they work and within their own organisation, between March and May 1998. This article illustrates the results of this fieldwork.

2.7. Weed FOR PLM IN ICDS

ICDS functionaries were not satisfied with the training being imported, to them. A majority of ICDs functionaries felt that the job training received was theoretical and did not equip them with enough skills to cope with the field situation. As a result, ICDS was not being implemented effectively.
It was reported that though AWWs were aware of all the objectives of ICDS scheme, yet while implementing the programme their focus was on nutrition and health component. About 50 per cent CDPOs visited *anga.nwa.clis* once a month and these visits were more of an inspection and the training inputs were rarely introduced. Supervisors visited AWWS once in 15 days and, they were not taking action to implement the suggestions made in the visitor’s book. To enable the supervisors to provide back up support and on the spot job training to AWWS there is a need to impart appropriate supervisory skills to them and to modify the syllabi of the job training to promote utilization of services and to enhance capabilities of project functionaries to elicit community participation (Sharma, 1986).

Community participation had not received due emphasis in ICDS programme (Nair). There was a tremendous scope for enhancing community participation to make the programme successful (Sharma, 1986). It was observed that participation and involvement of the beneficiaries and local organizations was minimal. Contribution by the Panchayats and families to the programme was in the form of land, building, firewood, equipment, and food commodities. Urban poor were unwilling or were not able to contribute anything in kind to the centre. Even AWWs lacked skill in involving the community and utilizing the community
resources (Sharma. 1986; Krishnamurthy, 1983). The factors considered crucial for strengthening and promoting community participation were skills of the workers, existence of coordination committees, frequency of their meetings and the involvement of local organisations. It was also felt that a nominal contribution if taken from the community may ensure their interest and involvement (Sharma, 1986).

2.8. Conclusion

There has been very limited studies, which focus on both participatory approach and impact of training in participatory approach given to the ICDS staff. The present study is undertaken to fill the gap. In order to elicit community participation in the ICDS programme training programmes to its block level supervisors were organised. The prime aim of the training programme was to bring changes in the attitude of the staff towards the community (ie) community does have a say in the project, the community members do have knowledge and skill that can be utilised for the project, their participation should count high etc.,. The present study is an enquiry into the impact of such training particularly on enhancing community participation in ICDS.
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