CHAPTER ONE

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PREAMBLE

The developing countries like India have realized that improving the conditions of its children is the most effective strategy for developing and building its human resource. A major proportion of our population lives at subsistence level and is beset with illiteracy, unemployment & disguised employment, socio-cultural imbalances that are not conducive to the growth processes of children. In India, childcare and development became a complex phenomenon because of the prevailing religious factors, traditional beliefs and superstitions associated with the upbringing of children.

Indian Government has taken various efforts and introduced a number of programmes towards accomplishing the goal of child development. Intervention of this kind is essential to compensate children from the deprived sections of the society for such missed efforts that are necessary for development during the initial years. It is viewed as a beginning towards equalization of opportunities and an effort to bridge gross inequalities in the social system founded in the conviction that these “programs can become catalysts for social change and service as entry point for improving the quality of life of present and future generations of the disadvantaged”. (UNICEF, 1984)/

* Every chapter in this thesis carries an alphabetized bibliography at the end of each chapter. Thus, except on pages where it is found essential, the report does not carry footnote as a rule.
The National Children’s Policy was adopted in 1974 in order to protect and augment the development of the country’s over 100 million children under the age of six. The policy statement focuses on preventive and promotive aspects of child health and nutrition and education. The programs consequently sought to cater to the needs of the vulnerable sections of the society by providing services aimed at preventing infant mortality, physical handicaps, malnutrition and inadequate development of mental capabilities. At the heart of this endeavor lies the Integrated Child Development Services (ICDS).

The Integrated Child Development Services (ICDS) program seeks to provide a package of services including periodic health check-up, referral and medical services, monitoring of growth, immunization, supplementary feeding, non-formal & pre-school education, nutrition and health education of mothers. The most significant feature of the scheme is to improve the capabilities of the parents to take care of their child and thus, involve the community by encouraging self-help in improving the quality of life of the child and the family.

In the last two decades, Tamil Nadu has created a network for child development services at village level that are unmatched for its spread and depth of services by any other state in the
Indian subcontinent. Integrated Child Development Services (ICDS) with the assistance from Government of India (GOI) was introduced in three pilot areas in 1976 and today, there are 67 rural, two tribal and 44 urban ICDS projects that are fully operational in the State. The Tamil Nadu Integrated Nutrition Project - I (TINP-I) (1980-1989) covered children under three years was operational in 173 blocks at 11 districts. A second World Bank assisted Nutrition Project -(TINP-II) was started in 1991 and covered all non-ICDS blocks (318 blocks) in 24 districts. In continuation of this project, second World Bank assisted Nutrition Project- (TINP-III) was started in 1997 in 24 districts.

Childcare and education is the responsibility of the family by convention. However, that situation has changed because of the social change and as a result, the quality of childcare has suffered. It made the intervention in the form of institutional care crucial. It has two-fold purpose: (i) to provide a child with best possible motivation that a home is unable to provide for realization of his potential and (ii) to free the mother for work and the elder siblings for school to improve the socio-economic levels of the family. However, the understanding indicates that the child development programs can only become successful if all the beneficiaries become an associate in the various program activities.
If greater part of the people are involved in the program, they demonstrate authentic capacity to stimulate change jointly with the Government. Community participation is advocated not only to smooth the progress of delivery of services or to assist in bringing down costs but also because it cultivates a sense of belongingness and aids in integration of the community. It presents an opportunity to the local people to play a positive role in their own development. Community participation is not sheer utilization of services or contribution made by individual members or organizations but that promotes the inherent feeling of self-sufficiency. To quote Que “Participation of people in their own development brings about new social energies and enhances the realization of developmental goals and essential to people’s determination and autonomy (Que, 1981).

The positive impact of participatory approaches in improving community involvement are not for to seek, they can be roughly outlined in the following words of Alistair T. White (1978):

® *Goals will be accomplished* as community’s energies will be harnessed and it will take action to provide for themselves leading to self-reliance.

® *Services can be provided at lower costs* due to maximum utilization of local resources in an effective manner.
Participation has an intrinsic value for participants, which may be difficult to measure but helps in the long run and avoids feeling of alienation and powerlessness.

Catalysts for further development effort - the organizational structure created once for participation within the community can be utilized for subsequent programs or projects.

Participation leads to a sense of responsibility for the project - if a community is involved in initial stages of planning and the implementation there is a sense of responsibility on the part of community members to see that the project is implemented effectively and is completed.

Participation guarantees that the felt need is involved - it might be considered that if community agrees to participate, gives contribution, it is sufficient to establish that the felt needs are involved in the program.

Participation ensures things are done the right way - the involvement of the community helps in adapting the project inputs according to the cultural milieu and other social traditions.

Use of indigenous knowledge and expertise - local participation makes it possible to use indigenous resources and expertise and in adapting the new technology to the
advantage of local conditions and promoting the acceptance of the components of the program.

© *Freedom from dependency on professionals* - community participation envisages that a community should become self-reliant in meeting all its needs at the local level. A cadre of Para-professionals like teacher, volunteer workers, community workers, ANMs, if oriented and trained can make community autonomous and reduce dependence on professionals who are few in number and costly to train.

© *Conscience creation* - community participation results in sensitizing the community about its rights and needs. It helps close targeting of program benefits to weaker sections. It brings the masses into picture and restores balance in the local power structure.

The distinct advantage of using participatory approach under ICDS program could be described as follows:

The focus of the ICDS program is the community. ICDS is a program of building community awareness and enhancing the capability of parents to look after the nutritional and health needs of their children. The *Anganwadi* worker is recruited from the community and is presumed to elicit community participation. Over the years, the ICDS operations have resulted in some kind of
community participation, some elements of which can be measured, but others cannot. It can be said in general that ICDS has raised the level of awareness of the community in areas like immunization, pre-school education, nutrition and early childhood diseases and care of young children, their feeding, etc. The extent of awareness has been of a varied order (Lai, 1985 and Government of India, 1985). The movement of awareness initiated by the ICDS system needs to be strengthened and supported by all the sectors particularly the health, development and education sectors. The following constraints were identified while eliciting community participation in ICDS program (Gupta and Bhatnagar, 1988).

- ICDS is a Government run-program except for the Anganwadi workers, all other functionaries are Government servants.
- Village panchayats are faction ridden and group rivalries dominate.
- The workers consider the involvement of the people to be a kind of interference.
- ICDS objectives in relation to the extent of community participation are not very clear.
However, the community is not very articulate about the objectives of the scheme, as these may have not been explained well to the community.

The status of community participation was studied by Sharma A. (1987) and he found that the various elements of community participation were far below the desired level and some of the reasons were:

1. The beneficiaries have a low awareness of the scheme, its components and the possible benefits they can get from it. Beneficiaries’ perception about ICDS has suggested that perception of parents in relation to their goals in child upbringing do not match with the objectives of the scheme.

2. The local coordination committees that are supposed to involve local representatives in decision making and overseeing implementation of the scheme are non-existent in most cases. Wherever committees have been set up, the frequency of their meeting and their interest in ICDS is far from what is needed. The composition of this committee is the old story of power vested with the privileged and the struggle between the haves and have nots continues. The drawing of masses and the real beneficiaries in the process of decision making has not taken place nor has been attempted.
3. There is a brief or no preparatory phase before the scheme is initiated or launched in a specific community. The community has not been able to identify the difference between the objectives of other Governmental programmes and ICDS. It has unfortunately been perceived as any other ‘dole’ programme blunting the essence of community participation- a crucial feature of the scheme.

4. Though all the project functionaries have received job training in eliciting community participation which also forms an integral part of their curriculum, they are found to have inadequate skills in mobilizing the community. They have also been unable to translate theoretical concepts of approaching the community and in eliciting their involvement into actions.

5. The Supervisors and CDPOs are by-and-large, unable to provide the needed support to the AWW in involving community or establishing contact with the beneficiaries.

6. The scheme has not been adapted to the ecological set up. It does not have the cultural touch. The flexibility in implementation is rarely exercised. The package is a standard set of services delivered irrespective of the priorities and needs of the community.
7. It has been observed that a few isolated motivated individuals have only come forward to participate and contribute in the programme, but the involvement of the total community, voluntary organisations and local groups has not taken place in most cases.

8. There are no incentive and support for the grass-root worker to involve the community. She is slowed down by her routine activities. In some cases or instances, such an attempt on her part is discouraged as the local communities suffer from conflicts, rivalries, and factionalism and the workers find themselves engulfed, in the local politics. The reports of the functionaries have indicated that instead of helping, the local organisations tend to interfere and hamper in the functioning of the Anganwadis.

9. The ways and means in which the community participation is expected in the scheme have also been found to be unrealistic. The poor vulnerable group is always preoccupied with activities around their survival and making both ends meet. To give their time or contribution in the form of cash or kind is beyond their capabilities. The site building is all controlled by the elite well-off in the community and they are rarely interested in, the program of upliftment of the poor. The worker has limited abilities to use innovative ways of motivating the community.
All these factors get combined and very little participation from the community is forthcoming. It has resulted in ICDS becoming another service delivery program.

10. The existing infrastructure of various local organizations has not been used due to lack of coordination and little or no initiative taken by the CDPOs and Supervisors. The help rendered by representatives of local organizations is limited to the propagation of the scheme or in promoting enrolment that too in a few blocks.

There is, obviously, a tremendous scope of enhancing the extent of community participation. Involvement of the community is considered essential for successful implementation of any development program. Participatory Learning and Management is one of the successful strategies to sensitize the community and mobilize their efforts. The Participatory Learning and Management (PLM) techniques facilitate the village people to assess, analyze their problems related to health and nutrition and identify their potentialities for solving their problems mostly by themselves. To ensure active participation of the community in assessing their problems, needs and take action, Participatory Learning and Management (PLM) techniques are adopted in villages in an experimental manner. Participatory Learning and Management (PLM) exercises conducted last year by the District Communication
Officers of the project in various villages on pilot basis have yielded successful results.

© Community leaders and others were able to solve some of their problems related to Health and Nutrition issues when properly sensitized and facilitated. It also ensured active involvement of the community in project activities.

® Facilitated for boosting up the image of the worker, *Anganwadi* centre and the project.

® Reduced public criticism about the scheme.

It becomes necessary, first, to impart training on Participatory techniques to block level supervisors, who will in turn train and supervise the field functionaries. Both of them will, then, jointly organize participatory learning and management exercises in the villages.

Based on this, all the Community Nutrition Instructors (CNIs) and Community Nutrition Supervisors (CNSs) were given training on Participatory Learning and Management (PLM) techniques in three institutions namely, Gandhigram Rural Institute, Gandhigram Institute of Rural Health & Family Welfare Trust and State Institute of Rural Development. All the PLM training programs were completed about one year back. Now its time for evaluating the training program.
The researcher having been one of the team members felt the urge to know the field level impact of PLM training undergone by the personnel of WB-ICDS. Thus, the researcher has undertaken a study among all the grassroot level supervisors trained by the PRA team of Gandhigram Rural Institute. An attempt in this study has been made on

(i) identification of areas of successes and failures.
(ii) appraisal of efficacy of methods adopted.
(iii) possible fresh approaches for restructuring of the programs to attain the desired objectives.

The problems connected with socio-economic development programs are multi-dimensional and hence, for a meaningful evaluation, an in-depth probing and analysis of the factors for successful implementation, evaluation becomes essential. Keeping this in mind, the present research work has been envisaged. The next chapter deals with the review of related literature.
REFERENCES


