Mobilising the Community Participation for the Development of Anganwadi

By

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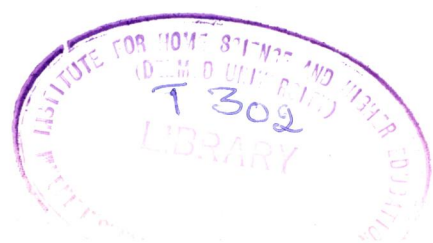

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I INTRODUCTION

Children in India form a large and significant percentage of the population. Of the total national population of 683 million, 270 million or 40 per cent are below the age of 15 and 109 million or 16 per cent are below six years. They are a critical human resource whose growth and well-being will determine the course of India's social and economic future.

Despite the progress achieved since Independence, the quality of life of most children remains sadly below the standards envisaged by national policy makers. This is reflected in key indicators like a high infant mortality rate, high levels of morbitity, a high incidence of malnutrition and nutrition-related diseases leading to temporary or irreversible disabilities, and low literacy rates coupled with high rates of school dropout.

It shall be the policy of the state to provide adequate services to children both before and after birth and through the period of growth, to ensure their full physical, mental and social development.

The state shall progressively increase the scope of such services so that, within a reasonable time, all children in the country enjoy optimum conditions for their balanced growth.

Welfare Services for the young child, therefore, have become an integral part of the country's developmental plans. The thrust of the various nutrition programme initiated in the country has been on the supplementary nutrition for children and their mothers varying degree of importance on related aspects such as food production, health checkup, immunization and health and nutrition education. The major nutrition programmes were the Applied Nutrition Programme ANP (1963), Family and Child Welfare Projects FCWP (1967), Special Nutrition Programme SNP (1970), Balwadi Nutrition Programme BNP (1970), and Integrated Child Development Services ICDS (1975)

To provide the minimum essentials needed for optimal development of children the Government of India launched an Integrated Development Scheme for children called Integrated Child Development Services

(ICDS) scheme in 1975 in 33 rural, tribal and urban blocks on an experimental basis. For more than a decade the Government has been implementing, improving and expanding this community based programme to provide better health, nutrition and learning opportunities to pre-school children and their mothers.

Objectives of ICDS:

The specific objectives are :

i. Improve the nutritional and health status of children in the age group of 0 - 6 years.

ii. Provide environmental conditions needed for physical social and psychological development of children.

iii. Reduce the incidence of mortality, morbidity and malnutrition and school dropout.

iv. Enhance capabilities of mothers to provide proper child care.

v. Achieve effective coordination at the policy and implementation levels among government departments to promote child development.

Since the programme utilises community participation its success and continuity are in the hands of the local people themselves. Hence it is a programme of the people, for the people and by the

people in every sense. The scheme is thus a boon to the under privileged and should help to strengthen their social, economic and educational advancement and bring them into the main stream as active partners and participants in National Development (Devadas, 1983).

The Integrated Child Development Services (ICDS) Programme attempts to initiate and sustain a process of change in the attitudes, beliefs, practices and values of people and this can be acheived only if the community plays a major participatory role. In the context of ICDS, community participation means awareness on the part of the community of the needs and problems of the children in the community, knowledge of the scheme in operation and its objective, services eligibility criteria, agencies and functionaries for the delivery of the services, appreciation of the usefulness of the scheme, and more than all willingness to actively contribute its mite to the successful implementation of the entire programme.

Participation can be obtained possibly through some organised efforts or approaches through youth clubs, womens associations, service clubs and

voluntary agencies in programme planning and its execution. The maximum amount of community participation should be mobilised for the development of preschool. Such participation would include contribution in cash and kind; contribution in terms of voluntary services and contribution towards buildings, equipment and feeding programmes. In addition, local bodies should explore all avenues to raise the resources for pre school and its development (Grewal, 1984).

The Integrated Child Development Services Scheme has been conceptualised as a community based programme, which calls for community participation, decision making, implementation and monitoring. Its objective are not limited to delivery services; the emphasis is on empowering the people and bringing change in the life of the community.

The progressive involvement of the community shall be reflected in increased mobilisation and utilisation of local resources, enhanced contribution and participation of beneficiaries and decreased dependence on governmental support in the programme.

The actual involvement and help provided by community members and local organisations was studied in the present investigation to assess the extent of community participation.

Objectives:

The study was conducted with the following objectives:

1. To measure the overall awareness of the community
2. To study the contribution made by various local organisations like Mahila Mandals, Youth Clubs, Educational Institutions and Service Clubs.

Review of Literature

II REVIEW OF LITERATURE

The literature pertaining to this study were reviewed under the following headings:

A. Importance of Children in National Development.

B. Need for a Preschool Education

C. Integrated Child Development Services Programme

D. Research Highlights of ICDS Programme and

E. Community Participation in ICDS Programme

A. Importance of Children in National Development

Bhandari (1983) says that 'Child is the father of man. The quality of an individual adult depends to a large extent on the opportunities he has to develop and grow as a child'.

Nayyar (1979) suggests that for a peaceful world of tomorrow we must begin with the children today. An investment in children is indeed an investment in the nation's future. A healthy, educated child of today is the active, intelligent citizen of tomorrow. A nation's children are its supremely important asset and the nation's future lies in their proper development (Ramamurthy, 1979).

Childhood is the most critical period in the life of an individual. Special importance is attached to the first six years of a child's life as they constitute the formative period of the child development during which the foundations of the personality structure is laid (UNESCO, 1976).

Muralidharan (1969) says that the preschool age is the most impressionable age in one's life. Moreover the rate of development at this stage is so rapid whatever is learnt at this age gets so deeply embedded in him that it becomes difficult to change it later on. This is the period during which the foundations are laid for all future growth and development and preschool years are the most plastic and impressionable years of an individual life (Misra, 1976).

This is a very sensitive period, involving varied experiences in child-child, child-teachers, child-parents and community relationship (Swaminathan, 1969 and Bhai, 1969).

Preschool period is the most sensitive period of

child's life during which acheivements are marvelously great and this is the period when right and wrong attitudes towards life and the world are formed and the child gets rightly adjusted to his social relations in his little world (Modak, 1968).

Ambron (1975) gives out the suggestion of Scott (1968) that the preschool years are of great important not only for social and emotional one but also for intellectual growth.

Rao 1970 characterises this age group as the most receptive to intellectual stimulation research evidences reveals that these years of the period in which one's level of ultimate development and acheivement is practically fixed.

Bloom (1970) exhorts that the preschool years are the years in which general learning pattern develop most rapidly and failure to develop appropriate achievement and learning in these years is likely to lead to continued failure throughout the life of an individual adversely.

A Nation's children are its supremely important asset and the nation's future lies in their proper

development. An investment in children is indeed on in investment in the Nation's future. A healthy and educated child of today is the active and intelligent citizen of tomorrow (Government of India, 1978).

Effective national policies and plans regarding children can make a decisive contribution to all other long term development activities and particularly to the success of the programmes aimed at raising the quality of life of lower income groups and at building national capacities and self reliance.

The most important economic goal is to strive to protect the health and development of the next generation of young children in poorest regions. It is these children who will essentially lead our country out of economic stagnation and into an era of rapid development (Zeitkin, 1985).

The protection afforded to the mental and physical development of children is an investment in human capital and is the last two decades there has been a growing realisation that human capital formation has perhaps been the neglected factor in the struggle for economic development (Theodore, 1981).

Hans Singer (1985) said at an UNICEF symposium 'Any long term policy of human investment or human capital formation must start with todays children. Malnutrition amongest children has more devasting and more irreversible and more long term effects on the future productivity of children than in the case with adults (Singer, 1985).

Children below five years of age constitute nearly 13 per cent of the population of India (Gopalan, 1987). The future of any nation is dependent on its children. They have to be adequately feed, properly clothed and reasonably sheltered. They have to be provided with cogenial and conductive environment to grow and develop into good citizens. Their talent potentialities must be allowed to flower and blossom by the adult world. Due attention to the proper development of our children in their formative years will ensure speedy progress of the nation on all fronts (Chilans, 1982 and Gangrade, 1982).

B. Need for a preschool Education:

Preprimary education or preschool education is of great significance to the physical, emotional and intellectual development and personality development

of children especially these with unsatisfactory home back grounds, preschool years are the most important and crucial years of determining the future happiness and success. An individuals habits, attitudes, trust in people and the world, his interest etc , are all moulded by his preschool period. For good personality development the early childhood years must be full of learning experiences and challenging. Rich and challenging experiences are best given through early childhood education in preschool. Also a child in the early childhood years needs group experiences. So that he learns to be an effective member of his social group (Kothari Commission, 1982).

Preschools have become a social necessity. Nowadays more and more women go to work and women with children need a place where their children cared for by other close relative in the absence of the mothers are fast disappearing. Hence the mother of the present day nuclear family needs an institution very badly to take care of her child. Preschools are really a boon to such mothers (Devadas, 1984).

Another reason why children have adjustment problem is that they find it difficult to learn 3R's -

reading, writing and arithmatic in the first standard without earlier preparation. The child finds it difficult to learn these three tasks simultaneously. This adjustment problem in children leads to dropping out of school and repeating the same class for than a year. Children attending the preschool get prepared for primary school. Through readiness activioties like drawing, clay modelling, cutting, pasting, learning rhymes, learning stories, read from story books.etc. Children are prepared to read, write and do simple arithmatic. They are also equipped with concepts necessary for school learning (Suriakanthi, 1989).

The commissions on education have emphasized the need to develop preschool education as a base for good school education. Private enterprise comes most relevant to this development. To economise it may be better idea to attach such as a section to every primary school (Kothari Commission, 1982).

The main thing, however remains to understand is the philosophy behind preschool education. Generally the following points are considered relevant:

1. Provision of healthy physical environment
2. Organisation of healthy, happy life
3. Habit formation
4. Opportunities for self expression and creativity
5. Development of Community feeling (Mathur, 1979)

Need for the pre-primary education can be fulfilled through the utilisation of one local resources if prebasic education is adopted. The following reasons support its adoption:

1. It is a national system of education
2. No other system of education can be as economical and effective as this system in rural areas
3. The medium of education is the mother tongue
4. It provides true education in citizenship
5. This system can, to a certain extent compensate for the damage caused by the English system of education (Sindhu, 1982).

The Kothari Commission (1982) recognises the importance of preprimary education and recommends an enrolment of atleast 5% of the age group 5 to 6 years by 1985. This stage should largely be a private

enterprise, with aid from the state and expansion in pre primary stage could be achieved by attaching play centres to preprimary schools.

Early childhood (pre-school) Education was suggested under the sixth plan as a district strategy to reduce the drop-out rate and improve the rate of retention of children in schools. Early childhood education is designed towards improving the children's (Communication) and cognitive (social, emotional, intellectual and personality development) skills as a preparation for entry into primay schools.

Pre-school education and care is now recognised as an agency and necessary for children from economically under privileged families and for children of working mother in order to protect them from neglected and to provide opportunities for better physical and mental development and for imparting parent education for childcare (Kurushetra, 1961).

Grewal (1971) was noticed that children from Adivasi community (at Bordi) did not attend school

inspite of persuasive efforts made by the workers. The only alternative solution which struct to Tarabai and her workers was to organise huts of the tribal children. They were conducted in the courtyard or Angan infront of the hut and the Tarabai introduced a new name Anganwadi. This Anganwadi marked the begining of non formal educational activities at the preschool level.

Anganwadi is a basic institution through which the Integrated Child Development Services (ICDS) Programme is carried out. It is a national programme which aims at improving the status of our children and mothers in the backward areas. The programme provides a package of services to women and children. The package of services includes periodic health checking, referral medical services, monitoring of growth, immunization, supplementary feeding, non formal preschool learning opportunities and nutritiokn and health education for mothers (Suriakanthi, 1989). Each Anganwadi is run by Anganwadi worker and a helper, and usually covers a population of 1000 in rural areas.

Nearly 12 years after its inception, the Integrated Child Development Service (ICDS) still suffers from some very basic weaknesses. A major factor that has hampered its effective implementation is the lack of proper coordination with agencies whose support is crucial to the success of the scheme. This is brought out in a study by the Nutrition Foundation of India on behalf of the scheme, the study points out that it has not been able to establish linkages with the primary health system of which ICDS is an important component. Since ICDS is an "Umbrella" programme, encompassing three major components of integrated resource development - health, nutrition and education its success depends on close co-ordination with various related agencies. But, accordingly to the study this has not happened.

It says that linkages with the primary health system "while good in some places" "require" "considerable improvement" in others. What is particularly important is better interaction between Anganwadi workers (AWW) and those engaged in mother and child care the Axillary Nurse Mid Wife (ANM). In the absense of such interaction, the mother has been pushed "out of focus". One of the major weaknesses of the ICDS is that the mother is somewhat out of focus (whereas) health and nutrition support to the mother during pregnancy and lactation must be the logical cornerstone and starting point of any integrated child development service.

Another weakness of ICDS is inadequate refferal facilities. Since these are no effective linkages between ICDS and the primary health care centres (PHCs), the cases referred by the ICDS volunteers are not always taken seriously by the PHCs. It has been suggested that "an effective system of referrals from Anganwadis be worked out (so that) patients carrying reference slips from the Anganwadis get prompt attention at the PHCs. It may be useful to set up a separate counter manned by a PHC doctor for this purpose.

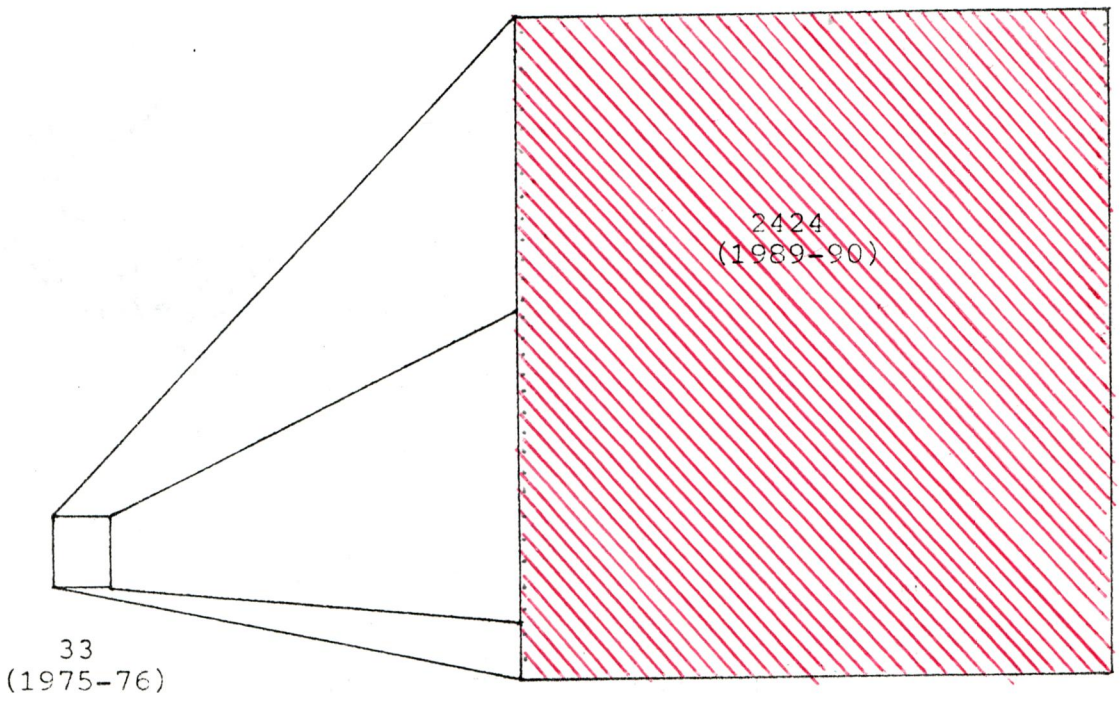
The study based on a survey of over 300 Anganwadis in 16 states, repeatedly stresses the "unique", character of ICDS and points out that despite numerous problems it has made considerable head way. "Today, ICDS covers nearly one third of the 5000 community development blocks in the country and the areas covered include some of the most back ward blocks not a mean achievement for a poor country best with multiplicity of clains of its meagre resources" (Gopalan, 1988)

C. Integrated Child Development Services Programme:

In pursuance of the National Policy for children the Integrated Child Development Services scheme was formulated the blue print for which was drawn by the Ministry of Social Welfare, Government of India in 1975. The scheme called for coordinated and concerned efforts by different ministries, Departments and voluntary organisations considering the magnitude of the task. It was decided to set up 33 projects in 1975 - 1976, 19 rural 10 in tribal and 4 from in urban areas on an experimental basis. Formally launched on October 2, 1975, these projects were later spread to all other states and Union Territory of Delhi with 1605 projects.

The ICDS Programme was launched on October 2, 1975, the 106th birth anniversary of Mahathma Gandhi, the Father of the Nation. Started on an experimental basis in 33 blocks, the programmes, by March 1990 covered 2197 of a total of 5147 tribal/community development blocks in the country. In addition, there are 227 ICDS projects in urban areas. Over 2.70 lakh persons are involved in promoting basic health care and preschool education activities under the scheme (Fig 1).

Expansion Of ICDS Projects



Community Development
blocks under ICDS

Total CD Blocks in the Country 1989-90	5147
Coverage by ICDS so far	2197
Urban ICDS projects.	227

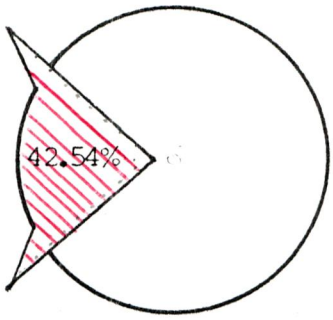


FIGURE 1

Objectives

The objectives of the ICDS are to

- Improve the nutritional and health status of children the age group 0 - 6 years.
- Lay the foundations for proper psychological, physical and social development of the child.
- Reduce the incidence of mortality, morbidity malnutrition and school drop out
- Achieve effective coordination of policy and implementation amongst the various departments to promote child development and
- Enhance the capability of thed mother to look after the normal health and nutrition needs of the child through proper nutrition and health education (Chowdhry, 1984).

Package of services:

The services under ICDS coverage at the same time on the same group of children. This pattern is based on the concept that services for children must operate together for any of them to have durable value, and for their total impact to be more than the sum of their separate efforts. For instance, supplementary feeding for malnourished children becomes effective if accompanied by health check-ups, diarrohea management, clean water, mental stimulation and basic health

education for mothers. In selecting the services, therefore, priority is given to the most urgent needs of children as well as to the mutually reinforcing relationship between the closer services. Cost effectiveness and administrative feasibility are two other important considerations. Thus the package of services includes periodic health check ups referral medical services, monitoring of growth, immunization, supplementing feeding, non formal pre school learning and nutrition and health education for mothers (UNICEF, 1989).

Supplementary Nutrition

Supplementary nutrition means identifying and fulfilling the deficiencies of calories, proteins, minerals and vitamins in the existing diets avoiding cut backs in the family diet and taking other measures for nutritional rehabilitation.

Supplementary nutrition will be given to needy children below six years of age and to nursing and expectant mothers from low income families. Generally speaking, the aim is to supplement the nutritional intake by about 300 calories and 8 - 10 gms of protein

for children below 6 years of age and about 500 calories and 20 - 25 gms of protein for pregnant women and nursing mothers. The supplementary nutrition will be given for 300 days in a year. The average cost of food is estimated as 25 paise per child per day and 50 paise for the pregnant women per day the average cost per day in case of severely malnourished children is estimated as 60 paise per child. Immunization: Right from the birth children are exposed to various health hazards including communicable diseases. ICDS plans to give immunization against tuberculosis, diptheria, whooping cough, tetanus, measles and polio for all children, under one year of age and immunization against tetanus to all the expectant mothers.

Health Check up:

This service includes antinatal care of new borns and care of children under 6 years of age. The health check up and medical care will be rendered by the ANMs and LHVs under the guidance of the PHC primary health care of a simple nature is also supposed to be rendered by the Anganwadi workers (AWWs). For this purpose AWWs are given a medicine kit which would be replenished at regular intervals after checking the expenditure register.

Referral Services:

The purpose of referral services is to provide medical care of an appropriate standard according to the seriousness of the disease as well as follow up care of cases that have been treated or given medical attention.

Prenant mothers and children with problems requiring specialised treatment will be referred by the ANM or LHV to the PHC/upgraded referral hospitals. The cases needing further attention or treatment will be referred by the medical officer of PHC referral hospitals to the Taluk/City/District Hospitals as the case may be. The medical officer incharge of PHC will refer such cases with the referral card prescribed for the purpose. In case of an urban project the cases will be referred of the appropriate health clinics/hospitals.

Nutrition and Health Education:

The nutrition and health education component of the ICDS aims at effective communication of certain basic health and nutrition messages with a view to

enhancing the mothers awareness of the child's needs and her capacity to look after there within the family environment. Nutrition and Health education is required to be given to all women in the age group 15 - 44 years and other members of the family.

Non-formal pre-school education:

Non-formal pre school education is very crucial component of the package of services envisaged under ICDS as it seeks to lay the foundation for proper physical and social development of the child non formal education is imparted to children in the age group of 3 - 5 years at the Anganwadi.

Thus ICDS is a package of interested services for the pre-school child with nutrition pre-school education, immunization, health check up and mothers' education (Fig 2). Health and hygiene are closely related to it. What is required is an integrated approach so that nutrition forms part of the Anganwadi (literally court yard and play centre) a focal point for the delivery of service at the community level (Chowdhry, 1984). Thus the ICDS the biggest child welfare/development programme of the country and has

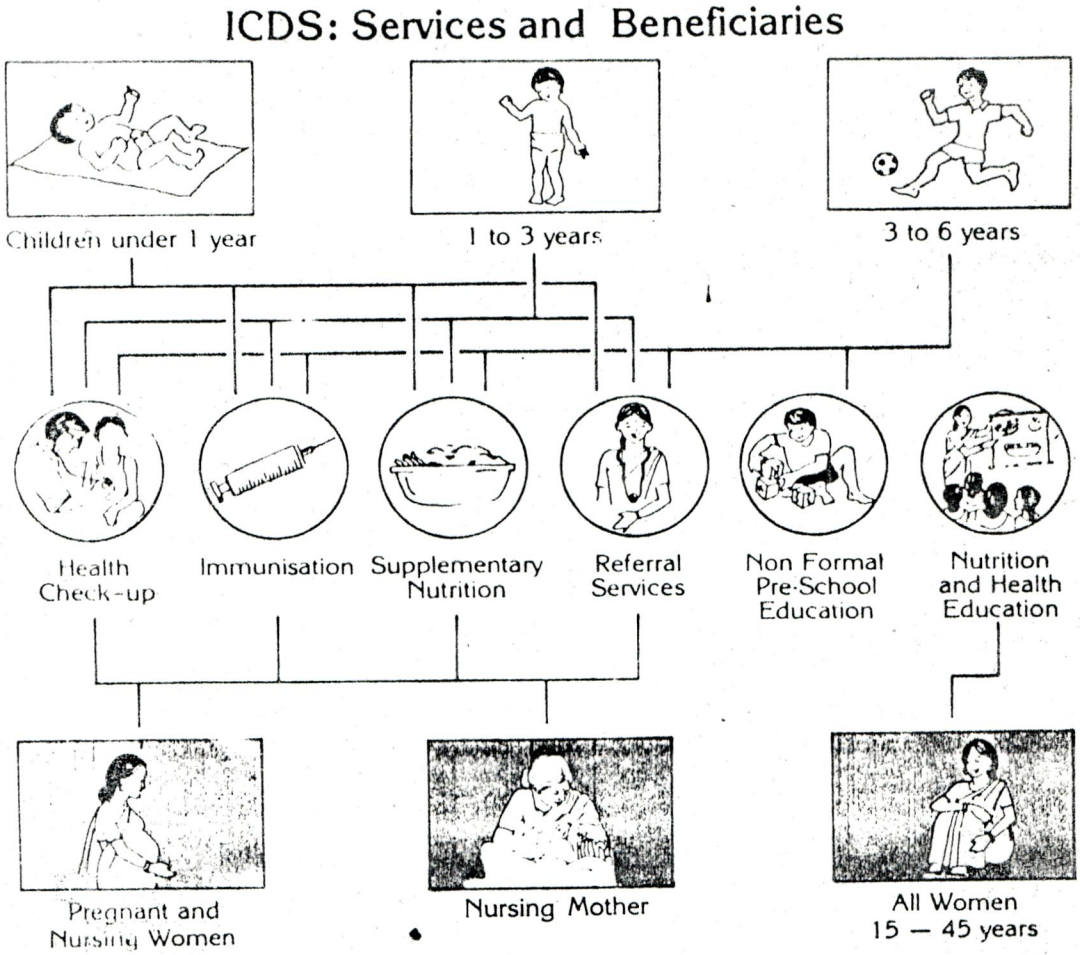

ICDS: Services and Beneficiaries
Children under 1 year
1 to 3 years
3 to 6 years
Health Check-up
Immunisation
Supplementary Nutrition
Referral Services
Non Formal Pre-School Education
Nutrition and Health Education
Pregnant and Nursing Women
Nursing Mother
All Women 15 — 45 years

FIGURE -2

emerged as a single major integrated social development programme of the eighties in the developing countries.

Administrative Set up:

The Ministry of Human Resource Development is responsible for the overall monitoring of the programmes through a central cell established in the development of women and Child Development. (**Fig. 3**)

All services in ICDS are expected to coverage at the same time on the same group of children 50 as to have a desirable impact. This calls for coordination between sectors providing health nutrition and other services in the existing government infrastructure to make it a cost effective programme (NIPCCD, 1987).

The unit for the location of the ICDS project is a Community Development Block in the rural areas, a tribal development block in the tribal areas and a group of slums in urban areas. In the selection of projects, preference is given to areas inhabited by scheduled castes and scheduled tribes, backward areas, drought prone areas, nutritionally deficient areas and areas poor in development of social services.

Integrated Services

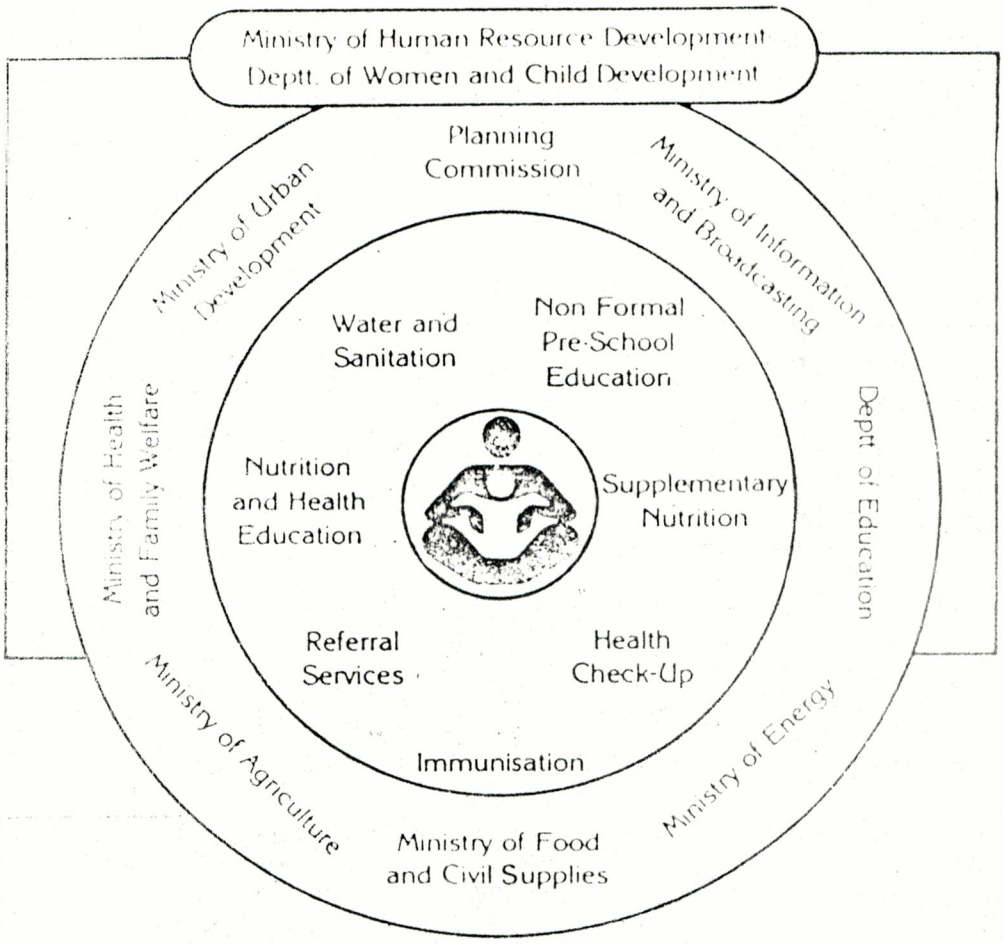


Figure 3

Fig 4 gives the administrative set up of ICDS at various levels.

An Anganwadi is the focal point for delivery of the package of services to children and mothers right in their community in the village or a ward in slum areas.

The responsibilities of the AWW include non-formal pre-schooleducation- for the older children, organisation of supplementary feeding after identifying eligible children and mothers, imparting health and nutrition education to mothers, educating parents by home visits, eliciting community support and participation, primary health care for children and mother andreferring the needy to medical personnel (under the health department) listing with local organisations like mahila mandals and finally maintaining records and furnishing reports.

AWW receive supervision and guidance from a supervisor who normally looks either 20 AWWs. A full time child development project officer is in charge of

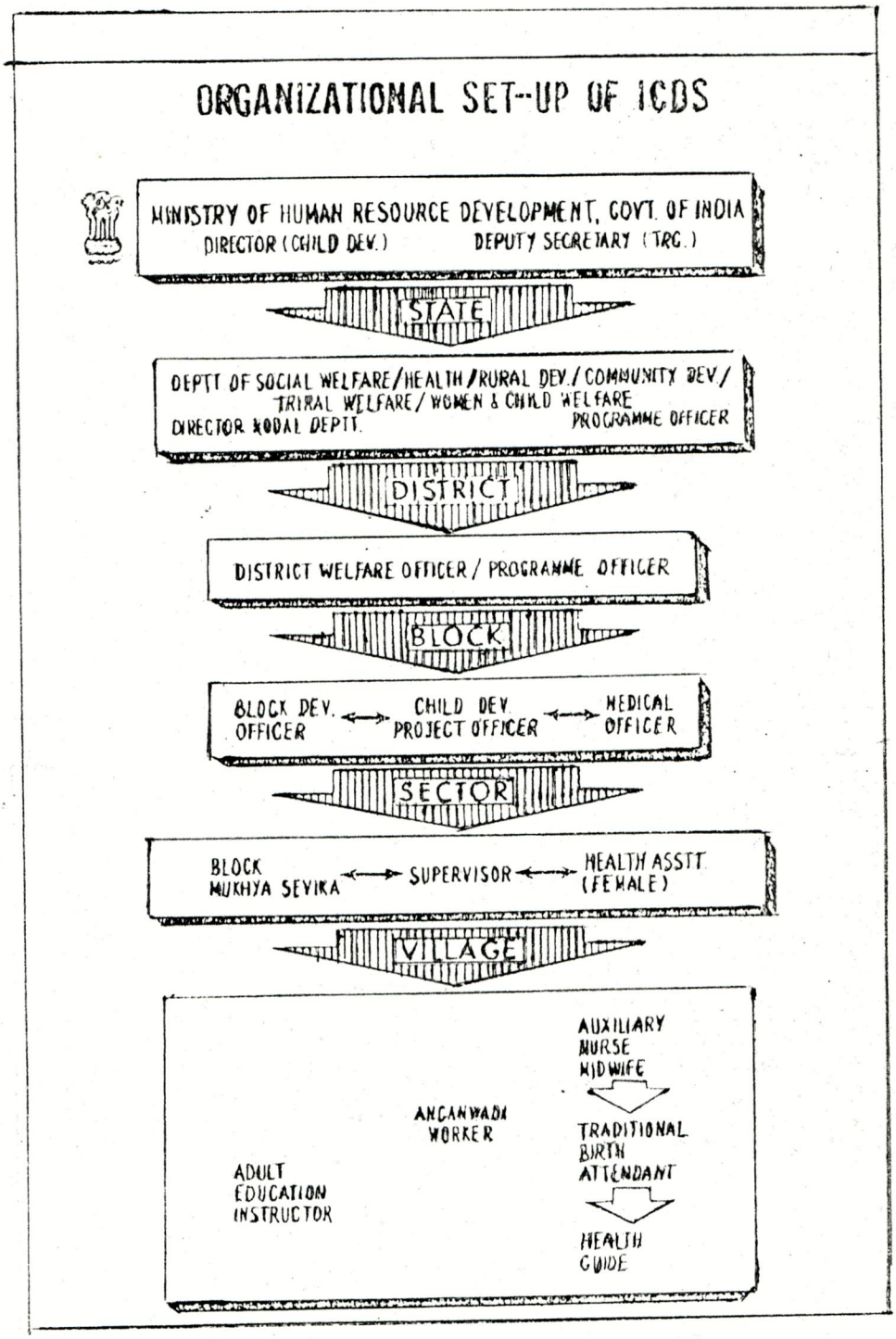

ORGANIZATIONAL SET-UP OF ICDS
MINISTRY OF HUMAN RESOURCE DEVELOPMENT, GOVT. OF INDIA
DIRECTOR (CHILD DEV.)
DEPUTY SECRETARY (TRG.)
STATE
DEPTT OF SOCIAL WELFARE/HEALTH/RURAL DEV./COMMUNITY DEV./
TRIBAL WELFARE/WOMEN & CHILD WELFARE
DIRECTOR NODAL DEPTT.
PROGRAMME OFFICER
DISTRICT
DISTRICT WELFARE OFFICER/PROGRAMME OFFICER
BLOCK
BLOCK DEV. OFFICER
CHILD DEV. PROJECT OFFICER
MEDICAL OFFICER
SECTOR
BLOCK MUKHYA SEVIKA
SUPERVISOR
HEALTH ASSTT (FEMALE)
VILLAGE
AUXILIARY NURSE MIDWIFE
ANGANWADI WORKER
TRADITIONAL BIRTH ATTENDANT
ADULT EDUCATION INSTRUCTOR
HEALTH GUIDE

FIGURE-4

each ICDS project. The Health infrastructure in ICDS is provided by one ANM, one LHV supervise the work of four ANMs and one doctor per block. All these health services are the responsibilities of the Health Department. ICDS is multi departmental endeavour, and its success critically hinges in coordination between the two departments at the local level. Its success also depends to a great extent on the content and quality of training imparted to various functio naries in the programme.

Since ICDS is a multi departmental and inter sectoral endeavour, coordination machinery is set up at all levels. At the district level the Deputy Commissioner or Collector is responsible for coordination. The implementation of ICDS District having four or five ICDS projects have been sanctioned ICDS cells (Miglani, 1986).

At this state level, the secretary of the department of social welfare or the Nodal department as decided by the state government is responsible for implementation.

At the Government of India level, the Department of Women's Welfare, Ministry of Human Resource Development is responsible (Figure 5)5a)

D. Research Highlights on ICDS:

Ever since the inception of ICDS, evaluation studies have been conducted by the programme evaluation of the Planning Commission, All India Institute of Medical Sciences (AIIMS) Home Science Colleges and other Institutions.

The evaluation by the programme evaluation organisation(PEO) of the planning commission conducted in 1976 - 77 and in 1977 - 78 brought out deficiencies relating to coordination, identification of target beneficiaries, supervision of Anganwadis etc,. In the positive side it showed that two thirds of the beneficiaries under different services (Tandon, 1984).

However the World Food Programme (WFP) reported that women beneficiaries formed only 12.5 per cent of the total two million beneficiaries of the programme operated in ten states of the country. The rest were child beneficiaries (NIPPCCD, 1983). The evaluation

THE STRUCTURE OF ICDS

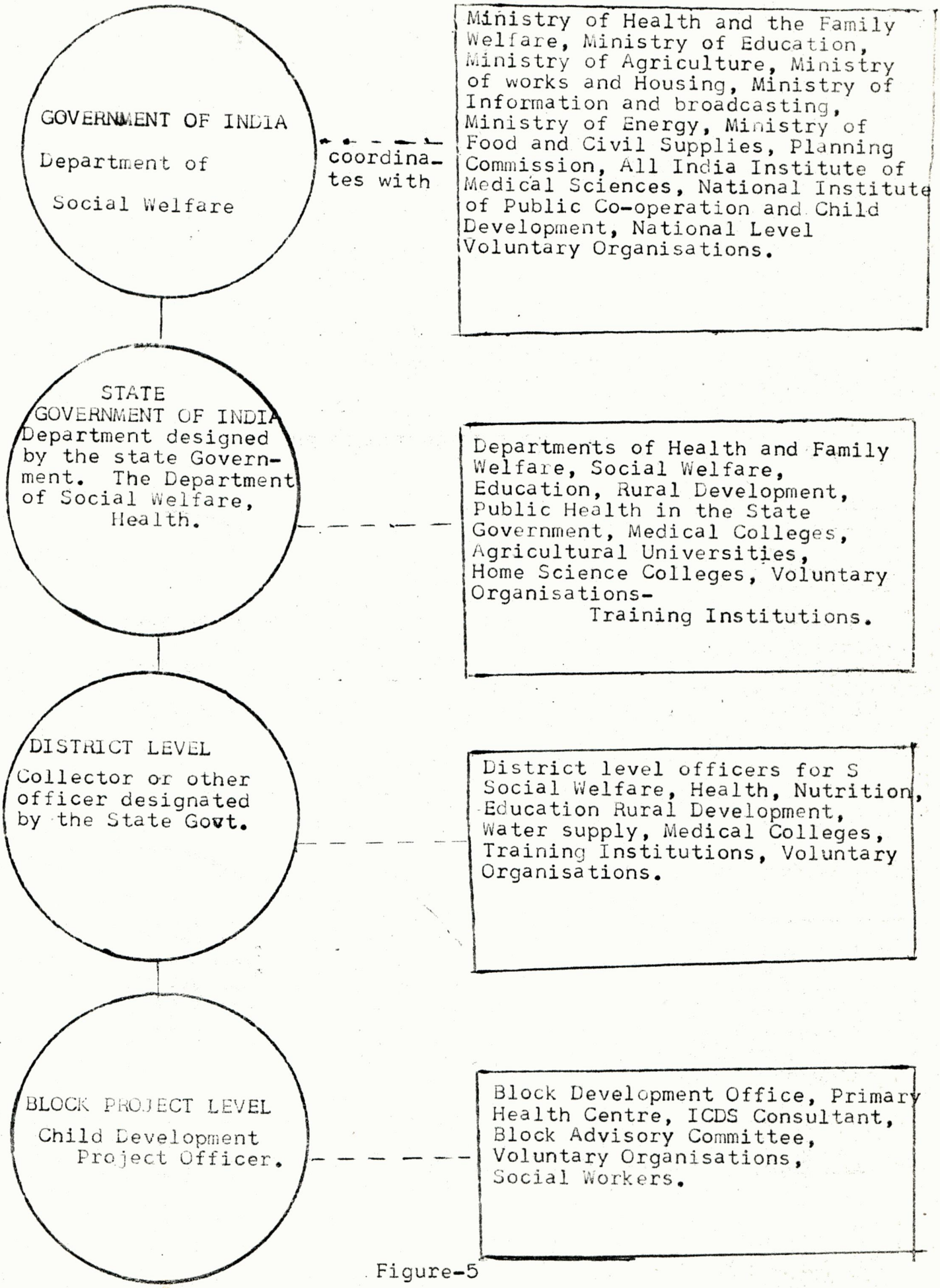


Figure-5

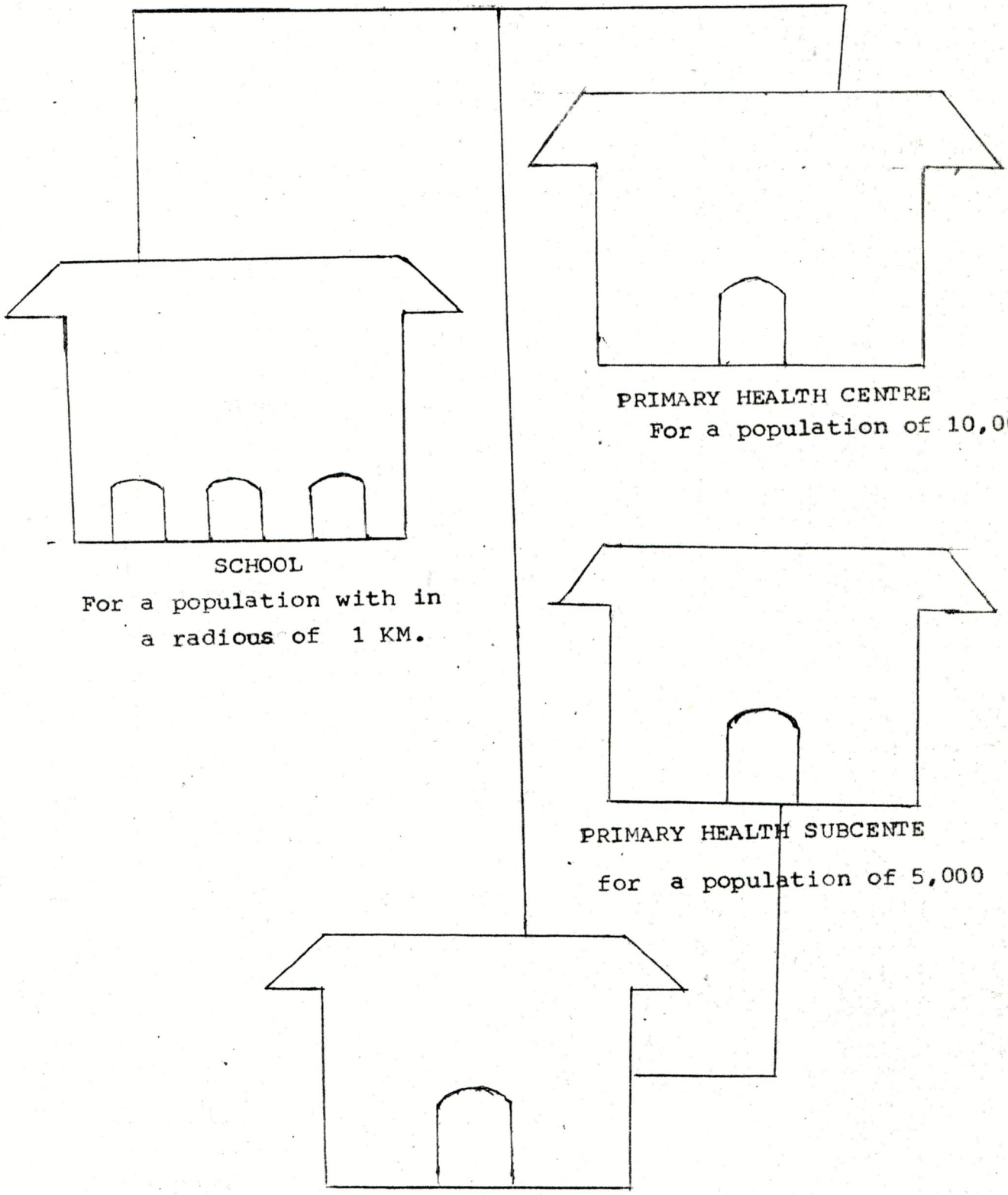

PRIMARY HEALTH CENTRE
For a population of 10,000
SCHOOL
For a population with in
a radious of 1 KM.
PRIMARY HEALTH SUBCENTE
for a population of 5,000
ANGANWADI
For a population of 1,000

Figure-5a

of ICDS conducted by the National Institute of Nutrition (NIN) in nine states of the country also revealed that the participation of women ranged from 11 per cent in Maharashtra to 18 per cent in Orissa with Kerala, Madhya Pradesh and Uttar Pradesh showing 11 to 13 per cent participation and Bihar, Rajasthan and West Bengal showing only about 4 per cent participation of women (Swaminathan, 1983).

The surveys conducted by ANMs have shown progressive improvements in the delivery and utilisation of nutrition and health services through ICDS. For instance, a survey covering a sample of 304 Anganwadis and 43108 children from 89 projects conducted in 1982, showed considerable improvement. In relation to health check-up administration of vitamin A and immunization (Bose, 1986). Mary Anderson (1981) conducted a detailed and painstaking research in two districts of Gujarat and Maharashtra. According to this study the coverage of essential health services for pregnant women such as tetanus typhoid immunisation was very low at 20 per cent,

coverage of DPT for children in the age group of 1 - 3 years was less than 10 per cent and near a half of the severely malnourished under threes were not reached by supplementary nutrition. In brief, this study showed that both health and nutrition coverage of women and children under three was far from satisfactory considering that the incidence of malnutrition is highest among them reaching them inadequately is a major short coming of ICDS.

An action research on the management of severely malnourished children by village workers in ICDS in India was under taken. In 406 Anganqwadis wherein 4292 children with severe protein energy malnutrition were followed up every week for 6 to 12 weeks by 33 consultants.

Eighty five per cent children improved 6.3 per cent had no change 3.6 per cent detoriated. 3 per cent died and 2.1 per cent were list to follow up. Diarrhoea fever and apparent respiratory illness werer contributing to the death in 42.6 per cent, 38 per cent and 34.9 per cent of fatel cases. Prevalence of severe malnutrition and fatality were higher in young children less than 3 years of age compared to older ones between 3 to 6 years of age comparred to older ones between 3 to 6 years of age refered from village centre to larger health facilities was not utilised by

majority of the relatives of the sick children. It is concluded that village level management of severely malnourished children by a local workers is an acceptable and effective approach at low cost (Tandan, 1984)

The largest ICDS evaluation study based on the data collected by the ANMs monitoring cell, was conducted by Tandon (Subbarao, 1989) and this pointed out that the prevalence of severe malnutrition (Grades III and IV) declined as shown below:

Non - ICDS (Baseline 1976)	19%
Non - ICDS (Repeat Survey 1983)	11%
ICDS (1983)	8%
IMRICDS Projects (1982 - 83)	88/100
National average (1981)	110/1000

Compared to the baseline figures ICDS projects do slow lower levels of malnutrition.

Information collected by the monitering cell from 39 ICDS projects on a continuous basis for the years 1978 - 79, 82, 84 and 1984 - 85 revealed that there were three categories.

a. those showing definite improvement in nutritional status

b. those showing no definite trend and

c. those showing definite deterioration

There were also cross-classified according to location viz. rural, urban and tribal. Definite improvement was reported in less than half of the projects whereas in nearly a quarter of the projects, there was an actual deterioration in nutritional status.

Out of the 10 projects with negative results three were tribal and the remaining seven rural which were extremely backward with an irrigation ratio less than 10 per cent, very low levels of overall development and a high proportion of SC and ST population.

The above finding of poor nutritional impact in a significant number of projects based on in direct evidence is confirmed by a recent study done at NIPPCD in 1988 based in direct evidence collected from 26

projects spread over ten states. For example, this study pointed out significant inter-project variation in the number of feeding days ranging from 30 to 300 across projects. Clearly no improvement in nutritional status would be expected if the feeding components were neglected. The practise numbers of projects showing no improvement and the reasons for poor performance will become clearer only when the monitorine cell collects longitudinal information on the nutritional status of children (both beneficiaries and eligible non-beneficiaries) in the same project areas, along with the socio-economic backwards of the hcuseholds. It would then be possible to assess the performance of different components in the same project (abstracting from regional effects) and that of each component across the regions (Sukka Rao, 1989).

In another study 20 Anganwadi centers from each of the four projects in Coimbatore city were studied. The findings are thus

- 84 per cent infants pre-school children and pregnant women and 75 per cent lactating ~~m~~ mothers benefitted from the feeding programme on a regular basis.

- 97 per cent centres carried out the immunisation programme regularly and
- the health check up and referral services were carried out regularly as per the strategy of the ICDS.

However only 44 per cent AWWs were satisfied with the environmental sanitary facilities. All the AWWs suggested immediate construction of toilet, compound wall and drainage facilities (Jaya and Saroja Ben, 1984).

A comparison of 50 Anganwadies in Coimbatore and 50 Wynad District Kerala was made. As for immunization it was 90 and 70 per cent respectively in Coimbatore and Wynad for health check up it was 80 and 100 per cent respectively and 70 per cent of the Anganwadies provided nutrition and health education in both the centres. Home visits were extensively done in Coimbatore as well as Wynad. No formal pre-school education was given regularly in all the anganwadies

studied following a planned programme schedule. Major problems highlighted by the AWWs in Coimbatore were parent's resistance for immunization, insufficient supply of medicines, inadequate aids and materials for educational purposes, lack of spacious building and meagre allocation for fuel, inadequate supply of food vessels, plates, aids, equipment and money for fuel were predominant problem faced by Wynad AWWs (Nalini Devi and Nalini, 1984).

The other important services offered by ICDS have also been evaluated by many scholars. The most recent comprehensive studies being those of NEI (1988) and Sharma (1987). Both these studies were based on large, comprehensive samples drawn from many states. The NFI study pointed out that weaklings with the health infrastructure persisted in most locations. The percentage of trained medical officers to total posted to look after ICDS activities was very low in most states, Thus the evidence suggests that health links appeared weak at all layers of health infrastructure. The referral system was poor. The AWW neither kept satisfactory records nor die they feel

responsible to forward identified cases. The situation could be attributed to under utilisation or non availablity of health services.

Indirect evidence about the quality of ICDS services can also be gained from statistics on the trained personnel and on the supervisory rations. These appear to be significant interstate differences in the distribution of trained workers and supervisors. The per cent of Child Development Project Officers (CDPO) trained varied from a low 31 per cent in Rajasthan to 100 per cent in Orissa, those of supervisors from 53 per cent in Madhya Pradesh to 98 per cent in Kerala. The net study also pointed out that even thought the training manual prepared were good, the actual training carried out in 200 centres spread over the country was apparently of uneven quality.

Bhatnagar and Singhen (1984) studied the knowledge attitude and expectation of women participants towards ICDS programme in two randomly selected villages of Andhra Pradesh. It was found that a majority of the participants had little knowledge of the ICDS programme and on the whole. The respondents had low expectations from the scheme

younger women beneficiaries coming from nuclear families had higher awareness as compared with their older counterparts.

In an urban ICDS project of Andhra Pradesh, Gandhi (1984) assessed the extent of community participation in the programme. He reported that 51.54 per cent of anganwadis were being supported by way of rent-free accomodation by the youth club.

In a study by NIPCCD (1984) the information collected from 42 Anganwadies in Kanjhawala ICDS block showed that there was a lack of communication between AWWs and various local organisation. The community was providing only marginal assistance in Anganwadi activities on the other hand the AWWs had not made a concious effort to establish community contacts.

The study conducted by the Gandhigram Rural Institute shows that the scheme has been well received. The children look smarter and the attendence in schools have improved. Further nearly 1.50 lakhs people mostly rural widows have found jobs as cooks and helper (Bhandari, 1983).

As evaluatory study on the supplementary Feeding Programme for Anganwadi children in the rural areas around Hyderabad the programme and endorsed the need for its continuation since they realised that it has benefited their children. Economic and social status, literacy and availability of time were found to be some of the factors which influenced not only the attitude but also the active participation on the community in the programme.

The experiences of the Ministry of Human Resources Development, Department of Women and Child Development, Government of India, assessed the experiences of ICDS. The facts speack that the studies and surveys made by The Planning Commission, The All India Institute of Medical Sciences and a number of Medical colleges, National Institute of Public Corporation and Child Development, Home Science Colleges and many academicians have also studied the ICDS in depth. To date over 700 surveys, 260 research papers, 125 MD and Ph.D., thesis have been reported.

It made an impact of the remarkable improvements in Child Development indicators. Here are just a few:

E. Community Participation in ICDS Programme:

The success of any welfare programme depends on the support and cooperation it receives from the community. The implementation of the ICDS scheme, it is hoped, will eventually be taken over by the community. The scheme has a built-in-mechanism of involving the community. It is envisaged in the scheme that the key worker would belong to the local community and except for urban areas, she would provide rent-free accommodation for the Anganwadi. Community education which enables community awareness about child care, would be the starting point for its participation. It is in this respect that close contact and periodic meetings between the project functionaries and the community members assume importance. In a significant study, taking an overall perspective of ICDS, conducted by Krishnamoorthy and Nadkarni (1983) on behalf of UNICEF a sample survey was carried out in 124 villages in eight states and one Union Territory where the scheme had been an operation for more than four years. The authors reported that about 92 per cent of the Panchayats surveyed had made some contribution in terms of land, building and firewood. Families, generally did not contribute to the centres - only 10 per cent had made

some contribution. The contribution was in the form of food commodities, firewood and labour and was not on regular basis. Contribution by individuals and philanthropists were negligible. No contributions by voluntary agencies directly to anganwadis were reported.

The community's reaction to the ICDS scheme and the services offered by it in six anganwadis of Kathura ICDS project was studied in another study (Kumar, 1986). The community perceived non formal pre-school education as a mere pre-ponement of formal education. None of the community members considered supplementary nutrition (SNP) as a substitution. The anganwadi workers, however, considered SNP as a springboard for all other activities of pre-school education. A majority of the community members perceived health check-ups in relation to diseases only. The reactions to immunization appeared favourable. The study reported that adult women did not favour involvement in the ICDS activities because of overwork and a busy schedule of household chores, though they all regarded the knowledge of nutrition and child rearing as essential.

Parental participation with special reference to their satisfaction and functioning of anganwadi centres was studied by Agarwal (1984) in nine village of Hissar district. The study revealed that a majority of the parents (70%) were not participating in running the anganwadis. The expectation level of most of these mothers from AWWs was high (56.67%) and medium (39.33%) . A majority of the mothers were somewhat satisfied with the functioning of the anganwadis.

A study with regard to perceptions of women beneficiaries highlighted some interesting findings. In two randomly selected villages of Rajasmand block, the knowledge attitude and expectations of women participants towards ICDS programme were studied by Bhatnagar and Singhal (1984). It was found that a majority of the participants had little knowledge of the ICDS programme and on the whole, the respondents had low expectations from the scheme. Younger women beneficiaries coming from nuclear families had higher awareness as compared with their older counterparts.

In an urban ICDS project of Andhra Pradesh, Gandhi (1984) assessed the extent of community participation in the programme. He reported that 51.54 per cent of anganwadis were being supported by way of rent-free accommodation by the local youth clubs. Besides they participated in nutrition, health check-ups and non formal education. Mahila mandals were also reported to be closely linked with every aspect of ICDS.

Perception and participation of the community in rural urban and tribal ICDS blocks of Maharashtra state was compared by Paranjpe and Bhagwat (1986). They reported that the general level of knowledge about ICDS was poor though it was better in rural block. It was also reported that over 50 per cent potential beneficiaries were not availing themselves ~~or services~~ of services offered. According to authors, the CDPOs and Supervisors were the least known functionaries. Nutrition was the most widely known but not the most appreciated service. Pre-school education was the most widely appreciated service. Participation by way of contribution in terms of time, services, accommodation etc. was totally absent.

A similar attempt was made by Sharma (1986) studying the perception and participation of the community in 26 anganwadis of urban, rural and tribal blocks of Rajasthan. It was reported that the awareness of women respondents, community leaders and project functionaries was the highest for supplementary nutrition, followed by pre-school education and immunization of children. The level of awareness and participation of women respondents and the community leaders was low in all the three projects. A majority of the project functionaries had no clear perception of the importance of community participation.

In a study by NIPCCD (1984) the information collected from 42 anganwadis in Kanjhawala ICDS block showed that there was a lack of communication between Anganwadi workers and various local organisations. The community was providing only marginal assistance in anganwadi activities. On the other hand, the AWWs had not made a conscious effort to establish community contacts.

Community resource mobilization in an ICDS block of Haryana and community's support to health and family welfare programmes in rural ICDS areas of Haryana was studied in two separate studies by Sunder Lal. He reported that the village communities had been able to build a favourable climate for the take-off stage of the ICDS activities. Many mother offered help in weighing of children and distributing supplementary nutrition. The capabilities of mothers had been enhanced by the AWWs. The children coming to the anganwadis were being used as carriers of health and nutrition messages. The panchayats took on the responsibility of renovating the village wells and ponds and constructing manure pits. They had also provided buildings for anganwadis, health centres and subcentres. Male groups had been organized by health guides for environmental sanitation. Traditional birth attendants were being used effectively for deliveries and identification of antenatal cases.

As a part of the project on monitoring and evaluation of the social components initiated by NIPCCD in collaboration with technical institutions. Lata Narayan conducted an indepth study on community participation in Dharavi ICDS project on behalf of TISS (Tata Institute of Social Sciences). The overall

awareness of the community and the nature and extent of community participation was assessed. It aimed at studying the contributions by local organizations, the perception of the project functionaries. Further the capabilities of the project staff were identified which required strengthening. The preliminary findings indicated that the control groups and an experimental group had high utilization of services. The experimental group having low utilisation also ranked the lowest in performance. The level of awareness of beneficiaries was higher in the experimental groups and none of them had any contact with CDPO and Supervisors. Community participation was lacking totally in all the anganwadis.

A critical appraisal of all these researches indicates that the concept of community participation in ICDS is understood differently by different researchers and hence, have been tackled with different emphasis. The non-availability of uniform, sensitive tools for data collection becomes a major constraint for making an objective assessment of the status of the community participation in ICDS. Yet it

is amply clear that ICDS has still not become the people's programme, and many more efforts need to be put in to secure community participation.

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 Sushma, 1986). In a community only 4 per cent respondents could link the scheme with child welfare and only 9 per cent respondents knew that women in the age group 15-44 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 comparitively higher in a rural area than in an urban area (Paranjpa, 1984). The awareness of the community members was maximum regarding supplementary nutrition followed by pre-school education and immunization and that of health functionaries was of immunization followed by supplementary nutrition and prophylaxis programme. (Sharma Susham, 1986)

However, other researchers (Ramdev, 1982; Sharma A 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 Sushma, 1986). It was reported that the community perceived non formal 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 liked service in all the three blocks surveyed as 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, LHVs found HNE more useful than supplementary nutrition. In an urban ICDS project, 90 per cent 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 immunization (Rajesh Kumar, 1984). The level of participation of both beneficiaries and community leaders was low in rural, urban and tribal ICDS block, the highest being in a tribal ICDS block and lowst in an urban project (Sharma 1986) Sharma A. 1986 also observed that participation and involvement of beneficiaries and local organisations in ICDS was minimal. A majority of 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 immunization. However, Paraanjpe, 1984, observ ed the participation by way of giving of accommodation and assistance was totally absent. According to community members, participation in ICDS was limited to utilisation of services rendered. Gandhi, (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 involvement in relation to anganwadi activities was minimal although ICDS functionaries agreed that community participation was essential for effective implementation of the programme. According to CDPOs, there was a higher level of community participation in 40 per cent anganwadis, moderate in 20 per cent and low in 25 per cent 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 (Ramdev, 1982).

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

However, in 15 per cent of 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 per cent of the potencial beneficiaries were not availing the benefits of ICDS scheme because women in the age group 15 - 44 years were not utilising the services anganwadi were at a greater distant from their homes, lack of regular supplies, lack of time, ignorance, poverty, negative attitude of parents towards supplementary food and anganwadis (Paranjpe, 1984; Ramdev, 1982).

Methodology

III METHODOLOGY

The Methodology adopted for the study on "Mobilizing the Community Participation for Pre-school (Anganwadi - ICDS) Development", is as given below:

A. Selection of the Area
B. Selection of the Sample
C. Selection of the Method
D. Selection of the Research Tools
E. Preparation of Research Tools
F. Conduct of the study
and G. Analysis and Presentation of the Data

A. Selection of the Area:

Avinashilingam Institute for Home Science and Higher Education for Women has a rich heritage in Community Service and outreach activities; it has been giving rural bias to the curricular and co-curricular activities and introduced National Service Scheme (NSS) as a core subject in the undergraduate curriculam. For the field work for NSS for the II and III year undergraduate students the focul thrust would be on the anganwadis of the Integrated Child

Development Service (ICDS) Programme in the nearby corporation areas. The institute has adopted 52 anganwadies situated within the limits of Coimbatore Corporation. Each anganwadi is adopted by a group of about 20 - 25 students of a particular class with one staff member (Programme Officer) being responsible.

The profile of the adopted anganwadi at Raju Nagar was studied by the investigator to understand the infrastructure existing for development of pre-school (anganwadi). The investigator set up a Community Welfare Committee consisting of members of Mahalir Manram (Women's Club) and youth club to launch welfare programme in the adopted area at Raju Nagar. Action programmes were planned and chalked with the resources available within the community, government and other agencies with the participation of the Welfare Committee and the Community Leaders.

Keeping in view the present situation and analysis certain specific activities contemplated were as follows:

1. Improving the anganwadi environment
2. Ensuring the cleanliness of children
3. Preparing the low cost toys and teaching material
4. Teaching songs and stories in English
5. Educating on health and nutrition for the parents and children
6. Manual work in improving the physical structure of the anganwadi
7. Helping in the better distribution of food to the children
8. Maintaining records of children's growth and development.
9. Organising/strengthening Mahalir Manram/Youth Club for eliciting their participation
10. Continuing adult literacy for the parents.

In par with the objectives set out of 52 adopted anganwadis in Coimbatore Corporation, Raju Nagar anganwadi was selected for the study because of the easy accesibility and co-operation of the inhabitants, homogenity of the sample and the operation of the ICDS programme. (Fig 6)

FIGURE - 6

LOCALE OF THE PROJECT

B. Selection of the Samples:

The samples selected for the study were one anganwadi worker, 25 parents of anganwadi children, 10 community leaders, 10 youth club members and 10 mahalir manram members.

C. Selection of the Method:

Interview Method was chosen for the study to elicit information with regard to the existing conditions of the anganwadi from the community leaders, anganwadi worker, parents of anganwadi children.

An observation checklist was used to know the conditions of the anganwadi.

Action Programme was carried out with the help of the community leaders, members of mahalir manram, youth club, NSS students and parents of anganwadi children.

D. Selection of the Research Tools:

Separate interview schedules were used to elicit information with regard to anganwadi worker, parents,

community leaders and members of youth club and mahalir manram about their participants for the development of anganwadi.

E. Preparation of Research Tool:

Check list is a simple tool of evaluation. It is easy to make easy to use and yet can be constructed to cover various aspects of any programme (Bhatia, 1980).

A base line survey was conducted on the functioning of the anganwadi (Appendix I). A check list was utilised to observe the actual condition of the anganwadi on various aspects (Appendix II).

Interview was conducted by the investigator with the pretested schedule to the anganwadi worker, community leader, youth club members and mahalir manram members (Appendix III, IV,V).

An action programme involving the local leaders, women and mothers of anganwadi children was drawen in consultation with constituted committee and the programmes were implemented for the improvement of the anganwadi.

F. Conduct of the Study:

It was dealt as follows:

1. Studying the existing conditions of the angan wadi.
2. Developing rapport with the local leaders and parents.
3. Planning the programme for anganwadi improvem ent with the help of local leaders, parents, members of youth club and mahalirmanram and National Service Scheme unit of the Institute
4. Implementing the programme planned and
5. Evaluating the programme.

1. Studying the existing conditions of the anganwadi

The existing conditions of the ICDS programme operating in the anganwadi centre was studied ~~centre was studied~~ through the baseline survey, the check list and the observations made by the investigator. The following problems were found by the investigator.

1. Lack of drinking water facilities
2. Poor sanitary condition (inside the anganwadi)
3. Inadequate sanitary facilities
4. Lack of teaching aids
5. Lack of play equipments

6. Poor health condition of children
7. Lack of store room facilities
8. Smoky kitchen
9. Non availability of equipments (mats,towls etc)
10. Unprotected building without proper fencing
11. Poor attendence of children

The baseline surveyed the checklist revealed the fact that the problems were crucial and needed immediate attention of the authorities concerned.

2. Developing rapport with the local leaders and parents

The investigator visited Raju Nagar area twice in a week for six months and contacted the leaders and the people starting the study. She discussed with the Child Development Project Officer (CDPO), supervisors, anganwadi teacher, parents, local leaders, representative of the local clubs and other people about the purpose of the study. The investigator also attended the CDPO and Supervisors meeting held at District Social Welfare Office. The investigator organised Diwali, Pongal celebrations and Children's Day Celebrations in anganwadi to develop rapport with the authorities and local

leaders. Film shows and exhibitions were arranged on the importance child care, balanced diet, health education, nutrition education, small family norm and wheat food demonstration to orient the local people on the need for proper nutrition and importance of health and sanitation for the development of the growing children and motivated them to send the children to anganwadi (Fig 7).

Parents meetings were organised to develop a good rapport with parents of anganwadi children (Fig 8).

3. Planning the Programme for Improvement of Anganwadi Programme

As a first step towards planning, the Parent Teacher's Association, the Youth Club and Mahalir Manram were strengthend. The association members and club members met the investigator once in 15 days to chalk out the programmes for the improvement of anganwadi. With the guidance given by the NSS programme officer the investigator planned the activities in consultation of the PTA, Youth Club, mahalir manram and community leaders were given below:

FILM SHOW AND EXHIBITION ON ICDS SERVICES

FIGURE 7

PARENTS MEETING

FIGURE 8

1. Strengthen the anganwadi centre amenities
2. Improve the school gardening
3. Ensure the cleanliness of anganwadi children and anganwadi's surroundings
4. Strengthen the attendence of children
5. Preparation of low cost toys and teaching material
6. Manual work in improving the physical structure of the anganwadi and
7. Conduct child care, health and nutrition education

The activities suggested were innovative and simple which would enable close collaborative work of parents, community leaders, youth club and mahalir manram members, NSS students and programme officer towards the improvement of anganwadi's proper functioning.

4. Implementing the Programme Planned

The implementation of the programme had the following aspects

a. Getting donations in kind and in cash for strengthening the amenities of the anganwadi
b. Improving the anganwadi menu with more greens and vegetables.

c. Improving the school garden.

d. Conducting adult education and functional literacy (Fig 9)

e. Educating the Community on the various schemes and programmes which can be utilised for their own uplift.

f. Bringing about alround development of the children and others in the community.

g. Providing the environmental conditions necessary for the mental, physical and social development of the children.

5. Evaluating the Programme:

After implementing the planned schemes, the acti on programme was evaluated in terms of:

A. Impact of Community Participation

B. Utilisation of Various Infrastructurs

C. Views of Anganwadi Worker

D. Impressions of the Parents of the Children

E. Reactions of the Community Leaders and

F. Observation of the Various Aspects of the Anganwadi by the Investigator.

G. Analysis and Presentation of the Data:

The data collected and the action programme carried out are analysed and presented in Chapter IV.

Results and Discussion

IV RESULTS AND DISCUSSION

The results of this study are discussed under the following headings:

A. Impact of Community Participation

B. Utilisation of Various Infrastructure

C. Views of the Anganwadi Workers

D. Impressions of the Parents of the Children

E. Reactions of the Community Leaders and

F. Observation of Various Aspects of the Anganwadi by the Investigator

A. Impact of Community Participation:

1. Organising Motivational Programmes:

The investigator organised various motivational techniques as such as individual contact, group discussion and general meeting with the anganwadi workers, parents, local leaders, NSS volunteers, PTA members and other local people enhance their participation in the improvement of the anganwadi programme.

The activities conducted by the investigator are given in Table I to mobilise Community Participation for pre-school (Anganwadi) development.

TABLE I

PLAN OF WORK FOR MOBILIZING COMMUNITY PARTICIPATION FOR PRE SCHOOL DEVELOPMENT

S.No	Date & Time Place	Topics	Activity	Person Involved	Target	Number of persons attended	Objectives
1	Raju Nagar 1.1.92 10 A.M. 12 Noon	Mobilizing their community participation for preschool Development	Visit	Investigator	50 families and anganwadi	-	To establish rapport to elicit the information
2	2.1.92 10 A.M to 12 Noon	"	Construction of drainage bridge	Municipality workers	"	-	To make the surrounding clean to prevent the stagination of sewage
3	3.1.92 10 A.M to 12 Noon	"	Cleaning the Anganwadi	Women from the community	Anganwadi	5 women	To improve the sanitary condition of the anganwadi
4	4.1.92 10 A.M. to 12 Noon	"	Conducting games	NSS staff and volunteers and investigator	Anganwadi children	48 childern of the Anganwadi	To increase the enrolnment of the children to encourage the children to come to the Anganwadi

S.No	Date & Time Place	Topics	Activity	Person involved	Target	Number of persons attended	Objectives
	~~Rajunagar~~						
5	5.1.92 10 A.M to 12 Noon Rajunagar	Mobilizing the community participation for the preschool development	Prizes distribution	NSS Staff	Anganwadi children	48 children of the anganwadi	To enthusize ther childrrn to participate in the anganwadi activities
6	8.1.92 10 A.M. to 12 Boon Rajunagar	"	Health check up	Anganwadi workers	Anganwadi children	48 children of the anganwadi	To find out the health status of the Anganwadi children
7	9.1.92 10 A.M. to 12 Noon RajunaGAR	"	White washing	NSS Volunteer women youth from the community	Anganwadi centre	-	To improve the condition of the anganwadi
8	10.1.92 10 A.M. to 12 Noon Rajunagar	"	Supplementary feeding	NSS Volunteers	Anganwadi children	48 anganwadi childrdn	To improvethe health and Nutritional status of the children
9	11.1.92 10 A.M. to 12 Noon Rajunagar	"	Demonstration	M.Phil Extension student	Members of the community	40 mothers of anganwadi children and others	To help them to know the preparation and usefulnes of the ORT

S.NO	Date & Time Place	Topics	Activity	Person involved	Target	Number of persons attended	Objectives
10	12.11.92 10 A.M. to 12 Noon Raju Nagar	Mobilizing the community participation for the pre school devel opment	Cleaning cereals	Anganwadi workers	Mothers of the anganwadi Children	10 mothers	To assist the anganwadi worker to reduce her burden in carrying out anganwadi activities
11	18.1.92 10 A.M to 12 Noon Rajunagar	"	Pongal celebrations	Anganwadi children and their parents	NSS staff and anganwadi workers	48 children and their parents	To creat in them awareness to participate and get benefit from anganwadi pro grammes.
12	19.1.92 10 A.M. to 12 Noon Rajunagar	"	Teaching class	Parents of Anganwadi children	Supervisor	30 women and their children of Anganwadi	To communicate health and nutritional messages
13	20.1.92 10 A.M. to 12 Noon Rajunagar	"	Demonstration	Extension M/Phil students	Extension M.Phil students	35 parents of the Anganwadi children	to help them to know the importance of supplementay food

S.No	Date & Time Place	Topics	Activity	Person involved	Target	Number of persons attended	Objectives
14	21.1.92 10 A.M. to 12 Noon Rajunagar	Mobilizing the community participation for the pre school Development	Exhibition	Community members	Extension students	40 members of community	To impart the health and nutrition and hygenic message
15	22.1.92 10 A.M. to 12 Noon Rajunagar	"	Literacy class	Parents of anganwadi children	Investigator and Extension students	25 women	To creat in them awareness to participate in the anganwadi Programme
16	25.1.92 10 A.M. to 12 Noon Rajunagar	"	Film show	Community members	Investigator and class students	community members	To create awareness to participate in the Anganwadi programme.
17	27.1.92 10 A.M. to 12 Noon Rajunagar	"	Eye Camp	Eye defect members of the community	Doctors and nurses	1 child 5 women 1 old man	To improve their eyesight and encourage them To participate in the programme

S.No	Date & Time Place	Topics	Activity	Person involved	Target	Nimber of person attended	Objectives
18	28.1.92 10 A.M. to 12 Noon Rajunagar	Mobilizing the community participation for the preschool development	Providing water pot	Anganwadi	Extension department and NSS staff	-	To provide safe drinking water to the children
19	29.1.92 10 A.M. to 12 Noon Raju Nagar	"	Teaching class	Parents of anganwadi children	Extension student	30 women	To help them to know ~~know~~ how to prepare low cost toys from waste materials
20	2.2.92 10 A.M. to 12 Noon Rajunagar	"	Functional literacy class	Mothers of anganwadi children	M.Phil Extension student	25 women	To encourage them to prepare handi crafts and earn money
21	21.3.92 10 A,M, to 12 Noon	"	Health and sanitary education class	Mothers of anganwadi children	Sanitary Inspector	40 women	To enhance the capabilities of mothers to take care their children
22	4.2.92 10 A.M. to 12 Noon RajunAGAR	"	Manual work Interior decor —ation	Investigator and NSS Volun teers	Anganwadi	-	To improve the anganwadi
23	5.2.92 10 A.M. to 12 Noon Rajunagar	"	Fencing	Anganwadi centre	Donar	-	To protect the anganwadi

Nutrition education, health education, environmental sanitation, child care, adult literacy and demonstrations on low cost indigenous supplementary food were the topics included in the plan of work. Periodical meetings held at Avinashilingam Deemed University with local club presidents and other local volunteers, paved them way for sharing of their experiences and planning innovative programmes. During planery session, they felt recognised and responsible. The most appealing effect of motivation programme was a feeling of togetherness.

2. Effecting Community Participation:

The community participated in varied activities of the anganwadi programme in ICDS anganwadi centre. Table II shows the participation of the community in the improvement of the programme.

TABLE II

PARTICIPATION OF THE COMMUNITY

S.NO	Activities	Community
1.	Donation of vegetables and greens	Mahalir Manram
2.	Construction of soakage pit	Youth Club
3.	Help in teaching	NSS students
4.	Assistance in serving meals	NSS Students & PTA Members
5.	School Gardening	NSS students and Youth club
6.	Tree Planting	NSS Students & Parents
7.	Help to improve sanitation	Youth club and community leaders
8.	Provision of water pots	NSS Students
9.	Provision of play equipments	Service clubs
10.	Construction of fencing	Service clubs (Donors)
11.	Cleaning and white washing	Parents
12.	Ground Levelling	Youth club and community leaders

It is highly rewarding to note the various types of community, participated in various types of activities for pre-school development.

B. Utilisation of Various Infrastructure:

The various infrastructure and potentials in making ICDS programme in an efficient manner were youth club, mahilir manram, PTA and science clubs of Avinashilingam Deemed University.

1. Youth Club:

The youth club members were very active and enthusiastic. The investigator utilised their man power for doing various activities for the improvement of the anganwadi such as laying fencing, constructing soakage pit and tree planting. The involvement of the youth club was appealing (Fig.10)

2. Mahalir Manram:

Mahalir Manram is an organisation can be very effective and potent in promoting community participation. It can also initiate ripple reaction for involving women folk in the programme.

CONSTRUCTION OF DRAINAGE BY YOUTH

FIGURE 10

The members were closely connected with ICDS programme and helped anganwadi worker regularly.

3. Science club of Avinashilingam Deemed University

The science club of Avinashilingam Deemed Univerisity conducted and exhibited various types of science experiments to the children (Appendix VI) The investigator utilised their brain power for planning various constructive programmes for children in improving the intellectual thinking of children.

4. Parent Teacher's Associations:

The investigator first strengthened the PTA with more members and conducted periodical meetings in collaboration with the anganwadi worker. It enabled them to participate in all the constructive programme planned and executed.

5. National Service Scheme of Avinashilingam Deemed University:

NSS volunteers were participated in levelling the ground around anganwadi, cleaning the anganwadi premisis, planting the trees, white washing the anganwadi, gardening, raising nurseries, coaching the

children, preparing teaching aids, telling stories, (Fig-11) teaching songs, organising film show and conducting science experiments. The special camp activities were conducted in imparting nutrition education, health education and better child care. A free eye camp was organised in order to locate the eye patients to give free treatment.

C. Views of the anganwadi workers:

Efficacy of the programme evolved is assessed by the anganwadi teacher after community participation. Table III depicts the assessment of the anganwadi teacher on the efficacy of the programme evolved.

TABLE III

EFFICACY OF PROGRAMME EVOLVED AS ASSESSED BY THE ANGAN WADI TEACHER AFTER COMMUNITY PARTICIPATION

Children:
- Took part with great interest in activities
- Participated enthusiastically
- Understood concepts easily
- Acquired clear concepts
- Sung many songs
- Learnt to read and write
- Enjoyed the activities
-Became social with others
- knew many stories
- indulged in activities in an orderly manner

TEACHING THE ANGANWADI CHILDREN

FIGURE 11

It is heartening to note that the anganwadi teacher viewed that due to the implementation of the variety of the programmes evolved by the investigator and NSS students, the children participated enthusiastically and happily in various activities such as drawing, creative work, painting and learnt many songs, stories and new words. About 80 per cent of the children understood concepts easily, developed imagination and concentration. The teacher confronted that the problems of the children were reduced and they became inclined to behave desirable because of the changes in programme that perhaps symbolised what the children needed and conveyed a deeper sense of the world to the child.

The details of NSS students participation is discussed in terms of the subjects learnt during their participation and the reasons for liking it, the aids used for teaching and the assignments done by them.

1. Subjects learnt during the students participation:

Table IV shows that various subjects learnt by Anganwadi worker and the various reasons for liking it.

TABLE IV

SUBJECTS LEARNT AND REASONS FOR LIKING THE SUBJECTS

S.NO	Subjects	Reasons for liking
1	Nutrition Education	To improve the food habit
2	Health Education	To improve the children's health
3	Adult Education	To improve adult literacy rate, to improve their standard of living
4	Pre school songs	To improve general knowledge and verbalisation
5	Pre school stories	To increase the childrens vacabulary
6	Population Education	To improve their family welfare

The anganwadi worker learnt the subjects on nutrition education and health education as she felt that this would help her in improving the health status of the society. Adult education would help her to increase adult literacy rate, songs and stories are essential to increase the vacabulary of the children and it serves as a media to impart education to children.

2. Teaching aids used:

Table V presents the teaching aids used by the students during their participation and the reasons for liking it by the anganwadi worker.

TABLE V

TEACHING AIDS USED BY THE STUDENTS

S.NO	Aids Used	Reasons for liking
1.	Charts	Self explanative and easy to understand
2.	Flash Cards	Self explanative
3.	Low cost equipment	Less expensive and easy to prepare
4.	Photographs	Easy to present ina sequence
5	Picture Book	Interesting
6	Story Book	Interesting and attractive

Anganwadi worker felt that charts were more explanative than other aids because of self explanative in nature, she had a liking for low cost items as they were less expensive and also waste materials could be used for a creative purpose. She added that books serve as a source of information.

The physical setup of the anganwadi was changed with protected fencing. Picture books made by the NSS students helped the children to identify different concepts. She expressed that she is able to teach new songs with better actions (Fig.12). It is welcoming to note that the anganwadi worker had introduced new creative activities as painting and drawing through observation. Group games were introduced by the anganwadi worker in order to help the physical development of children. She had taken efforts with the help of parents and NSS students to grow more vegetables in the kitchen garden and use it for the meals prepared for the children. She expressed that she regularised activities like health check up, adult education, immunization and maintenance of records as regular aspect of ICDS anganwadi.

D. Impressions of the Parents of the Children:

1. Opinions about the ICDS Programme:

This aspects of the study deals with their impressions about the ICDS programme of the anganwadi after eliciting community participation. The parents opinions about anganwadi programme were given in Table VIII.

NUTRITION AND HEALTH EDUCATION

FIGURE 12

TABLE VIII

OPINIONS ABOUT THE ICDS PROGRAMME OF THE ANGANWADI

S.No	Opinions	N : 25
1.	Good for the children	24
2	Getting nutritious food (at least one meal/perday	24
3	Provide care	18
4	Good for the growth of children	17

It is encouraging to note the majority of the parents stated that ICDS programme was a great boon to the children.

2. Role of parents in the development of the Anganwadi:

Table IX illustrates the role of parents in the development of the pre school.

TABLE IX

PARENTS ROLE IN THE DEVELOPMENT OF THE ANGANWADI

S.No	Role	No 20
1	Teaching nutrition, health and sanitation to the children	18
2	Preparing nutritious diet at home	12

It is noted that the role of the parents stated that teaching nutrition, health and sanitation to the children and preapring nutritious diet at home as the role parents in the developemnt of the pre school which builds a strong home school relationship.

3. Contribution made by the Parents of the anganwadi

Through the motivation made by the investigator and the NSS students made many parents to come forward to help in activities like cooking, distribution of food and imparting preschool education which have provided relief the overburdened worker. The following table gives the type of contribution from the parents of anganwadi.

TABLE X

CONTRIBUTION MADE BY THE PARENTS OF ANGANWADI

S.No	Contribution Made
1.	Cooking and serving food
2	Collecting children for immunization
3	Collecting children for health checkup
4	Identifying referral services
5	Organisation health education activities
6	Cleaning the Groceries
7	Helping in pre school activities
8	Provision of drinking water
9	Contributing fire wood fuel
10.	Contributing food materials

The above table indicates the various types of contribution made by the parents and women in the community. (Fig.13 & 14) such an initiative helps in better coverage of eligible beneficiaries. The help rendered was in those aspects which lead to propagation of the scheme.

CLEANING CEREALS

FIGURE 13

CLEANING THE ANGANWADI

FIGURE 14

4. Dissemination of the knowledge"

Majority of the parents expressed that friendly house visits, participation in functioning of literacy classes and mahalir manram were the main channels of communicating the knowledge of the parents to the others and 75 per cent of the parents stated that discussion was the best method of communication.

E. Reactions of the Community Leaders:

The contribution made by 10 community leaders was encouraging and they were able to render assistance and service than giving help in kind. Obviously the families being poor were unable to contribute fuel, food stuff etc., but found it easy to assist physically and supervising the supplementary food is distributed properly for the eligible.

Table XI points out the frequency of the community leaders supervising the anganwadi feeding programme.

TABLE XI

FREQUENCY OF SUPERVISION BY THE COMMUNITY LEADERS

S.No	Duration	No:10
1	Monthly	1
2	Weekly	4
3	Daily	5

It is encouraging to note that the community leaders spare time to come and see the programme in action though occasionally.

Opinion about the community participation:

The opinion of the community leaders on community participation is given in TABLE XII.

TABLE XII

OPINION ABOUT THE COMMUNITY PARTICIPATION

S.NO	Opinions	N:10
1	Increases the school attendence	10
2	Offers atleast one full meal a day	9
3	Helps the poor children	9
4	Makes the future generation healthy	6
5	Children becoming more active	5

The views of the community leaders indicates the realisation of the great objectives with which the programme is sought.

F. Observation of Various Aspects of the Anganwadi by the Investigator after mobilizing Community Participation

In anganwadi the food served had good appearence, flavour and consistency. The foods included in centre were in accordance with the norms laid down by the government.

In the centre the children washed their hands before and after eating, said prayers before meals were observed, to relish and enjoy the foods served. The kitchen and serving utensils were maintained clean in the anganwadi. They were using clean and safe water for drinking and cooking purposes. The class room was used a store room for storing rice and grocery.

Nutrition education and health education were an integrated part of the anganwadi programme imparted through songs and stories.

Tests administered to children showed a normal level of comprehension and cognitive development. They were able to identify animals, fruits and vegetables, sing songs and in some cases had acquired rudiments of numeracy.

The opinion and knowledge of respondents regarding ICDS was assessed. Nearly 80 per cent of the beneficiaries were aware of the components of ICDS and its benefits. Pre-school education was regarded as a positive step towards formal education by the beneficiaries. The functional literacy programme was also well known. About 75 per cent beneficiaries were willing to contribute to ICDS programme by providing food grains, firehood, and labour.

Summary and Conclusion

V SUMMARY AND CONCLUSION

The study on "Mobilising the Community Participation for the Development of Anganwadi" which is located in Rajunagar a corporation area of Coimbatore District. The results of this study are summarised below:

The investigator orgnised various motivational techniques such as individual contact, group discussion and general meeting with the anganwadi worker, parents, local leaders, NSS Volunteers PTA members and other local people to enhance their participation in the imporvement of the anganwadi programme.

Nutrition education, health education, environmental sanitation, childcare, adult literacy and demonstrations on low cost indigenous supplementary food were the topics included in the plan of work.

Periodical meetings held at Avinashilingam Deemed University with local club presidents and other local volunteers paved them way for sharing

their experiences and planning innovative programmes. During plannery session they felt recognised and responsible. The most appealing effect of motivation programme was a feeling of togetherness.

It is highly rewarding to note that the various types of community participated in various types of activities for anganwadi development

The various infrastructure and potentials in making ICDS programme in an efficient manner were youth club. mahalir manram PTA and Science clubs of Avinashilingam Deemed University.

The youth club members were very active and enthusiastic. The investigator utilised their man power for doing various activities for the improvement of the anganwadi such as laying fencing constructing soakagepit and tree planting The involvement of the youth club was appealing

Mahalir Manram is an organisation can be very effective and potent in promoting community particiption. It can also initiate ripple reaction for involving women folk in the programme The members were closely connected with ICDS Programme and helped Anganwadi worker regularly

The Science Club of Avinashilingam Deemed University conducted and exhibited various types of science experiments to the children. The investigator utilised their brain power for planning various constructive programmes for children in improving the intellectual thinking of children.

The investigator first strengthened the PTA with more members and conducted periodical meetings in collaboration with the Anganwadi worker. It enabled them to participate in all the constructive programme planned and executed.

NSS volunteers were participated in levelling the ground around anganwadi, cleaning the anganwadi premises, planting the trees, white washing the anganwadi, gardening, raising nurseries, coaching the children, preparing teaching aids, telling stories, teaching science experiments. The special camp activities were conducted in imparting nutrition education, health education and better child care. A free eye camp was organised inorder to locate the eye patients to give free treatment.

Efficacy of the programme evolved is assessed by the anganwadi teacher after community participation. It is heartening to note that anganwadi teacher viewed that due to the implementation of the variety of the programme evolved by the investigator and NSS students, the children participated enthusiastically and happily in various activities such as drawing, creative work, painting and learnt many songs, stories and new words. About 80 percent of the children understood concepts easily, developed imagination and concentration. The teacher confronted that the problems of the children were reduced and they became inclined to behave desirable because of the changes in programme that perhaps symbolised what the children needed and conveyed a deeper sense of the world to the child.

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Anganwadi worker felt that charts were more explanative than other aids becuse of self explanative in nature. She had a liking for low cost items as they were less expensive and also waste materials could be used for a creative purpose. She added that books served as a source of information. All the aids were prepared by the NSS students helped the anganwadi worker to function better in their work spot. The prepared aids were used effectively by the anganwadi worker.

The physical set up of the anganwadi was changed with protected fencing. Picture books made by the NSS students helped the children to identify different concepts. She expressed that she is able

to teach new songs with better actions. It is welcoming to note that the anganwadi worker had introduced new creative activities as painting and drawing through observations. Group games were introduced by the anganwadi worker in order to help the physical development of children. She had taken efforts with the help of parents and NSS students to grow more vegetables in the kitchen garden, and use it for the meals prepared for the children. She expressed that she regularised activities like health check up, adult education, immunisation and maintenance of records as regular aspects of ICDS anganwadi.

This aspect of the study deals with their impressions about the ICDS progrmme of the anganwadi after eliciting community participation. It is encouraging to note the majority of the parents stated that ICDS programme was a great boon to the children.

It is noted that the role of the parents stated that teaching nutrition, health and sanitation to the children and preparing nutritious diet at home as the role of parents in the development of the pre-

school which builds a strong home school relationship.

Though the motivation made by the investigator and the NSS students made many parents to come forward to help in activities like cooking, distribution of food and imparting pre-school education which have provided relief the overburdened worker.

Majority of the parents expressed that friendly home visits, participation in functioning of literacy classes and Mahila Manram were the main channels of communicatin the knowledge of the parents to the others and 75 percent of the parents stated that discussion was the best method of communication.

The contribution made by community leaders was encouraging and they were able to render assistance and service than giving help in kind. Obviously the families being poor were unable to contribute fuel, food stuff etc. but found it easy to assist physically and supervising the supplementary food is distributed properly for the eligible.

It is encouraging to note that the community leaders spare time to come and see the programme in action through occassionally.

In the anganwadi the food served had good appearance, flavour and consistancy. The food included in centre were in accordance with the norms laid down by the government.

In the centre the children washed their hands before and after eating, said prayers before meals were observed, to relish and enjoy the foods served. The kitchen and serving utensils were maintained clean in the anganwadi. They were using clean and safe water for drinking and cooking purposes. The class room was used a store room for storing rice and grocery.

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CONCLUSION:

In the end it may be concluded that there is tremendous scope for enhancing the extent of community participation in ICDS. It is felt that the local organisation should continue to be supportive rather than participatory. The infrastructure available in these organisations needs to be utlised for propagating the scheme. Eliciting community participation required specific skills and capabilities which can be obtained by the anganwadi worker during monthly meetings. CDPOS and supervisors have the responsibility of training workers while they are on the job. As they have better access to

new methods or aids and more experience it becomes their responsibility to train workers in their areas. New methods and innovative techniques be evolved to help them solve the problems encountered in promoting community participation.

RECOMMENDATIONS:

The present investigation of mobilising community participation in the ICDS programme has suggested some recommendations which would go a long way in strengthening this component.

There is a need for raising the awareness level of the target beneficiaries about the concept of community participation in the context of ICDS scheme. Continuous efforts on the part of the project functionaries would yield better results indeed, repeated and concreted efforts seem the only solution. Methods adopted for creating or increasing awareness must suit the convenience of target beneficiaries.

The welfare committee with the interestd members should be set up in an effective way so that it eventually owns the ICDS programme itself.

The involvement of local organisations is very important and there is a lot of potential that has so far remained untapped. The functionaries need to make use of the existing infrastructure for providing support to the workers in the implementation of the scheme.

A combination of these factors should positively affect the participation of the local community in day-to-day activities of the anganwadi. Once the community owns the programme, major goal of ICDS will be achieved. It is hoped that varied strategies would be involved to enhance community participation.

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Appendix

APPENDIX - I

AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN (DEEMED UNIVERSITY) COIMBATORE

BASE LINE SURVEY ON THE FUNCTIONING OF ANGANWADI

Background Information:

1. Serial No. of Anganwadi
2. Division
3. Address
4. Area Catered to
5. Population alloted
6. Name of AWW
7. Name of Cook
8. Name of Ayah
9. Name of CDPO
10. Name of Supervisor

A. Building

1. Own
2. Rented
3. Donated
4. Part of primary school

B. Enrolment

1. Allotted Number

2. Enrolement

	Age 2½ - 3	Group 3-4	4-5
Boys			
Girls			

3. What is the average attendence ?

(Previous month)

Boys

Girls

4. Pre-school attendence as observed on the day of visit

Boys

Girls

5. What are the causes of absenteeism ?

C. Non formal Education

Activities conducted

Resources for activities

Problems faced

Suggestions

D. Supplementary Feeding Programme

Beneficiaries in the feeding programme

Categories	Number	Total
Expectant Women		
Nursing Mothers		
XChildern		
0 - 1 year		
1 - 2 twars		
2 - 5 years		

Day's Menu

Do you have garden ?

If yes, name of the products

E. Immunisation/Health Check up and Referral Services

Have all children been immunised ?

Reasons for irregularity ?

When does the ANM visit ?

When does the doctor visit ?

No. of specific cases referred reasons ?

F. Health and Nutrition Education

Who are the beneficiaries of Nutrition and Health Education ?

Fr Frequency of NHE

Average Number of attending NHE

Items taught

Methods used

Follow up

Problems faced in NHE

Suggestion

G. Community Participation

1. No. of parents who visit the centre ?

2. Frequency of visits ?

3. Type of Partiocipation

4. Help received from parents

5. Help received from the community

6. Problems

7. Suggestions

8. What type of help you expect ?

APPENDIX - II

CHECK LIST

STATUS OF ANGANWADI

A. Cleanliness:

1. Indoor Space Adequate Inadequate

2. Floor Rough Smooth

3. Outdoor Space - Neat and clean Unclean

4. If unclean, how?
   a. Uncovered drainage
   b. Cattle shed
   c. Road side
   d. Heaps of Garbage

5. Lighting and Ventilation

   Adequate Inadequate

B. Toilet Facilities

   Available Non available

If available, maintained properly

Yes No

C. Cleanliness in AW's — Clean — Unclean

a. Cooking place

b. Utensils

c. Storage Area

d. AW area

e. Drinking Water Storage

f. Surroundings area

D. Cleanliness of Children — Clean — Dirty

a. Dress

b. Hands

c. Nails

d. Hair

e. Teeth

f. Nose

g. Ear

h. Skin

i. Body parts

E. Storage Facilities

a. Separate storage facilities

Available — Not available

b. Available space

Sufficient Not Sufficient

c. Cooking and Serving Vessels

Adequate Inadequate

F. Teaching Aids and Play Materials

Toys Yes Number No

APPENDIX III

INVOLVEMENT OF ANGANWADI WORKER

Name of the AWW

Age

Marital status

No. of children

Residence AWW lives from AW

Educational Status

How long has been in this AW?

Family Income

1. How many times in a week do you mainly go to the area for home visits?

   a. Does the Ayah accompany you?

   b. How does the ayah help you in contacting the mothers?

2. Last week when did you go?

   Days :

   Time :

   No. of mothers talked to

   (If she didn't go last week, note and ask about week before)

3. Last week what issue did you discuss with the mothers ?

4. What did they want to talk to you about ?

5. In particular, what did you communicate to the pregnant and lactating women ?

6. What did they want to talk to you about ?

7. How often do you have education meetings for the mothers of AW children ?

8. Whom do you inform about the education meeting ?

9. When did you have your last two education meeting?

Days

No. of mothers attended

Place of meeting

Inviters

Issues discussed

Response of mothers

Needs expressed by mothers

1.

2.

3.

4.

10. How do you plan for the education meetings ?

11. In your opinion what are the problems of the households in the area ?

12. Have you taken any measure to overcome these problems ?

13. Whom do you contact to solve their problems ?

14. How were they solved ?

23. What are the problems faced in getting help ?

24. What are the resources/agencies around the AW have you ever contacted them ?

Resources/Agencies	Freq.of contact	Date of last contact	Reason for contact	Success of con tact

25. What are the problems you face in utilizing the resources ?

26. Have you ever received any training in organising a women's group?

27. Have you ever tried to organize a women's group in your area ?

28. If yes how many mothers were you able to involve for the women's group meeting?

No.of registered women	No. of active women	Activities performed	Freq.of meeting

Leader	Place of meeting	Time of meeting	How is it beneficial to AW & the household

EFFECTIVENESS OF AW

1. What percentage of eligible families are beneficiaries in your AW?

	No present in area	At present covered in scheme
Infant (below 2 years)		
children (2-6 years)		
Lactating mothers		
Pregnant mothers		

2. During the last 6 months, how many children and pregnant mothers have been immunized?

	B C G	D P I 1	2	3	1st Booster	Anti Measals
0 - 2 years						
2 - 6 years						
Pregnant mothers						

APPENDIX IV

COMMUNITY LEADERS PARTICIPATION IN AW

1. Do you know under which intervention programme an AW is organised ? (1 point)

2. What do you think an AW is for?

3. Can you mention the activities of the AW?

4. In what way do you think the children of this area have benefited ? (1 for each benefit)

5. In what way do you think the mothers of this area have benefited (1 for each benifit)

6. In what ways does the AWW help mothers, children and other households ? (One point for an answer under each column)

Mothers	Children	Other households

7. How would you rate this AW in the area ? (To be compared with researcher's observations)

Very good

Satisfactory

Not at all satisfactory

8. Reasons (for 7) (1 for each point)

9. How would you rate the personnel working in the AW?

	Very good	Satisfactory	Not satisfactory
Teacher			
Ayah 1			
Ayah 2			

(To be compared with Researcher's Observations)

10. Reasons why (for 9) (1for each point)

11. How would you rate in AW building? (roof, floor windows, door, fence)

Very good

Satisfactory

Not satisfactory

(To be compared with Researcher's Observations)

12. Reasons why (for 11) (1for each point ?)

13. How would you rate the facilities at the AW ?
(Water, drainage, toilet, storage space, light and ventillation) (Compare with Researcher's observations)

Very good

Satisfactory

Not satisfactory

14. How would you rate the play space and play eq uipment in the AW? (CRO)

Very good

Satisfactory

Not satisfactory

15. Reasons (1 point for each reason)

16. How would you rate the programme organised in the AW ? (CRO)

Very good

Satisfactory

Not satisfactory

17. Reasons (1 point for each reasons)

18. Since when have you been working in the capacity of community leader ?

19. Through what process did you become community leader ?

20. If your opinion, what are the main problems of the area ?

21. What have been your efforts to solve these problems ?

22. Do you think the community leader has a responsibilities towards the AW in the area ?

Yes No

23. Please state the responsibilities ?

24. In your opinion, what are the problems of the AWW (1 point for each)

25. How have you involved yourself to overcome the problems of the AW? (1 point for each reason)

26. Can you give some specific examples indicating the sources of help which you utilized to over come the problems of the AW ? (1 point for each example)

27. How often do you visit the AW ?

Never

visits

Frequency

28. When was the last visit made ?

If within the last month ( )

If within the last 2 months ( )

If more than 2 months ( ).

29. What were your observations of the AW at that time (1 point for each observation)

30. Has the AWW ever contacted you during the last six months ?

31. What were the specific issues that you discussed (1 point for each issue)

32. What are the specific actions taken on these issues (1 point for each example)

33. Have you ever tried to encourage mothers become involved in the AW activities ?

YES NO

34. If yes, what strategies or approaches have you used to involve the mothers and fathers? (1 point for each)

35. What are your plans to involve young in the AW in the future (1 for each point)

36. Do you have any suggestions for strengthening the AW ? (1 for each point)

37. Are you in any way involved in the Mahila Mandal in the area ?

YES NO

If yes, How ? (1 point for each method?

38. Have you helped the MM members ?

Yes NO

39. If so, how? (1 point for each method)

40. Have you involved the Mahila Mandal in the AW activities ?

YES NO

41. If No, are you trying or have you tried to start a Mahila Mandal ?

YES NO

42. If Yes, what are your plans to involve the MM in the future to the AW? (1 for each)

For Mahila Mandal Leader only

43. Do you have any suggestions for involving the Mahila Mandal members in the AW activities? (1 point for each).

APPENDIX V

TARGET GROUP'S PERCEPTION OF COMMUNITY PARTICIPATION

Name of the Respondent:

Age

Male/Female

Organisation

1. Since when are you staying in this areas ?

   1. Six months
   2. 1 year
   3. More than 1 year
   4. More than 2 years

2. Are you aware that there is an ICDS Programme in your area ?

   Yes No

3. How did you come to know about it ?

   1. Anganwadi worker/helper
   2. I myself know
   3. Other female friends
   4. Member of my household
   5. Community Leaders

4. Kindly list the services it provides and who are the beneficiaries

   Service Beneficiaries

5. Who are the other project staff ? How often did they contact you?

   a. CDPO

   b. Medical Officer

   c. Supervisor

   d. ANM/Lady Health Visitor

   e. Helper

   f. AW Worker

Daily	Weekly	Fortnightly
Monthly	Occasionally	Never

6. When the Anganwadi was started were you involved

   Yes No

   If yes, how ?

7. Is the Anganwadi located at a place easily accessible for all beneficiaries ?

   Yes No

8. Do you think people of the locality help and participate in the activities of the AW ?

   Yes No

   If yes, how ?

a. land

b. building

c. Food

d. Fuel

e. Labour

f. Cash

g. Provision of safe drinking water

h. Storage facilities for rations/equipment

i. Providing residential accommodation for ICDS functionaries

j. Participation in running the AW activities

k. Organizing pre-school activities

9. What do you think are the reasons for extending or not extending help ?

	Reasons	How
Extending Help		
Not Extending Help		

10. How many times did you approach the AWW/Supervisor CDPO in the ast two months ?

Reasons for contact	CDPO	MS	AWW	Health staff
To know about the child's progress				
For Immunization				
For Health checkup/referral services				
For Nutrition				
Nutrition Education				
Number of times entered in actual				
Number of times met				

11. What help can be given by the women of the community ?

Nature of Involvement	Can be involved	Are involved
a. Work as volunteers in preparation and distribution of food to children		
b. Preparation of toys and teaching aids		
c. Identifying needy children		
d. Environmental sanitation		

Nature of Involvement	Can be involved	Are involved
e. Collection of materials required at AW from the community		
f. Looking after AW when AWW is on leave		
g. Bringing children to and from AW		
h. Supervision and manning of children's pre-school activities		
i. Providing safe drinking water aND TOILET facilities		
j. Providing security for the AW		
k. Helping in kind		
l. Helping to monitor the programme		
m. Any other (s) specify		

Can be involved 1

Are Involved - 2

12. Since how long have you been involved in this kind of participation ?

1, 0 - 6 months

2. 6 months - 1 year

3. 1 - 2 years

4. More than 2 years

13. Did you offer any suggestion to the AWW/CDPO/ Supervisor in implementing the AW activities ?

Suggestions given	Whether implemented

14. Which of the following services is your family utilizing ?

	Extent's of satisfaction Satisfied / Dissatisfied
1. Supplementary Nutrition	
2. Immunization	
3. Health check up	
4. Health and Nutrition Education	
5. Non formal pre-school Education	
6. Parent and community Education	

15. What other services related to children do you think should be provided under ICDS ?

16. What would be your reaction if the AW is closed down ?

Services	Community will suffer	No change	Community will benefit
Supplementary Nutrition			
Immunization			
Health check-up			
Referral Services			
Non-formal preschool education			
Health and Nutrition education			
Parent and community education			

17. Are these other organisations providing services to your community besides ICDS ?

Yes 1 No

18. If yes, What activities does the organization conduct ?

Recreational

Health

Nutrition

Education

Parent Education

Any other (Specify)

19. If yes, of what kind ? (Specify the name)

Government

Private

Voluntary

Local Organisation

Yes No

APPENDIX VI

AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN (DEEMED UNIVERSITY)
COIMBATORE 641 043

SCIENCE WEEK CELEBRATION
SIMPLE EXPERIMENTS FOR PRE SCHOOL CHILDERN

DEPARTMENT OF ZOOLOGY

1. To explain the formation of day and night with the help of a candle light and round ball.

2. Heavy objects sink in water and light objects float in water.

3. Melting of ice to demonstrate a simple experiment

4. Experiment to show magnetic force (Magnet + Iron)

5. Experiment to show that air [O_2] is essential for life.

6. Experiment to show that [O_2] is necessary for burning

7. Simple experiment to demonstrate gravitational force.

DEPARTMENT OF BOTANY

1. Germination of seed in the presence of water, air and light (Three seed experiment)
2. Phototropism - To show the movement towards light Growing a plant near the window. It will peep thro the window and grow towards light

3. Cross pollination of flower by insects - in the field

Department of Physics:

1. Attraction of iron by magnet (using pins in the shape of a chain)
2. Use of magnets for removing magnetic particles from sand mixture
3. Soap bubbles (Colour formation by interferance)
4. Newton's colour disc
5. Spherical shape of a drop(Mercury, water, oil) due to surface tension
6. Melting of ice
7. Paper burning using lens (by focusing sunlight and creating heat)
8. Multiple reflection using mirror
9. Siphon
10. Fire needs oxygen for burning
11. Hydrogen baloon
12. Absorption capacity of chalk and blotting paper
13. Sound Production from string instruments
14. Water - a good solvent
15. Pulley - double, single

Department of Chemistry:

1. Parts of the plant

2. Parts of the Human body

3. Different shapes of the leaves

4. Difference in colour when solutions are mixed