

CHAPTER – I

EXECUTIVE SUMMARY

INTRODUCTION

Commitment towards the cause of children is as old as India's civilisation. But over the years during the pre-independence era, due to various socioeconomic and cultural reasons, the importance given to the child was substituted by neglect, abuse, and deprivation especially in the poverty-stricken sections of the society. However, India's Independence puts a new hope in the field of child welfare and development. Child Welfare is taken as a social responsibility worldwide. International organizations, including the United Nations Agencies, are making efforts to make the child welfare schemes compatible with their resources and with the assistance of other developed nations. The government of India on its part have initiated and implemented projects such as Integrated Child Development Services (ICDS), Sarva Shiksha Abhiyan (SSA), Midday meal, Mission Indhradhanush, etc. with the corporation of state governments and local bodies, towards the wellbeing of the child. Though the spread of the programme is nationwide and inclusive, the fund allotted and used is not compatible with the demand.

India is the nation with high-level of regional inequality, social hierarchy and multicultural society. With high level of economic and social inequality, health and nutrition inequalities are also pervasive and persistent. According to WHO classification of 14 sub regions, India comes in the region of South East Asian Region (SEAR D), which is characterised as high child and adult mortality (WHO, 2000). In India, mortality for children less than 5 years of age is currently around 74 per 1000 live births (NFHS-3, 2005-06). Poor status of health and nutrition among the children of deprived group challenging to achieve Millennium Development Goals (MDGs) set forth by United Nation. To combat this situation, the Government of India initiated the Integrated Child Development Service (ICDS) scheme on experimental basis from

2nd October 1975 to reduce the level of infant and child mortality rates. Today ICDS represents one of the world's largest programmes for early childhood development.

Around 158 million of the population of India are children in the age group 0 - 6 years. As per the World Bank, Early Childhood Programs improve the health, nutrition and educational outcomes of children. Integrated Child Development Services (ICDS), an Early Childhood Development Program is one of the largest and oldest social sector schemes of the Government of India. It provides an integrated approach for converging six essential services for improved childcare, early stimulation and learning, health and nutrition, education, primarily targeting young children (0-6 years), expectant and nursing mothers. Besides, nutritional and health services are provided targeting, in general, all women in the age group 15 to 45 years. Anganwadis are the primary delivery points and operational units of ICDS at habitation level managed by an Anganwadi worker (AWW) and an Anganwadi Helper (AWH). ICDS is a people's programme, and its success depends on the participation of the community. In the Report of the Inter-Ministerial Group on ICDS Restructuring, by adopting a lifecycle approach to early childhood care and development, Anganwadi would be transformed to vibrant, child - friendly Early Childhood Development (ECD) centre which will ultimately be owned by the women in the community.

ICDS services are provided a vast network of ICDS centres, it is known as "Anganwadi". The word Anganwadi is developed from the Hindi word "Angan" which refers to the courtyard of a house. In rural areas an Angan is where people get together to discuss, meet, and socialize. The Angan is also used occasionally to cook food or for household members to sleep in the open air. This part of the house is seen as the 'heart of the house'. A network of "Anganwadi Centre (AWC)" literally it is a courtyard play centre, provides integrated services comprising supplementary nutrition, immunization, health check-up, referral services, pre-school education and health and nutrition education. It is a childcare centre located within the village or the slum area itself. It is the central point for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls. Under the ICDS scheme, one trained person is selected to focus on the health

and educational needs of children age 0-6 years. This person is the Anganwadi worker (AWW). The Anganwadi worker is the most important functionary of the ICDS scheme. The Anganwadi worker is a community based front line voluntary worker of the ICDS programme. This service will help the children to get into the right from the pre-school age. The Integrated Child Development Service (ICDS) scheme is utilized to help the family especially mothers to ensure effective health and nutrition care, early recognition and timely treatment of ailments.

In spite of the ongoing direct nutrition interventions like ICDS, India still contributes to about 21% of the global burden of child deaths before their fifth birthday (UNICEF 2007). They also found little evidence of programme impact on child nutrition in villages with ICDS centre. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality. World Bank has also highlighted certain key shortcomings of the programme including inability to target the girl child improvements, participation of wealthier children more than the poorer children and lowest level of funding for the poorest and the most undernourished states of India (World Bank, 2011).

Supplementary Nutrition is one of the important factor for balancing the nutrition status of the children. This includes supplementary feeding and growth monitoring; and against vitamin A shortage and control of nutritional anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. Anganwadi workers are advantage of supplementary feeding supports for 300 days in a year. For nutritional purposes ICDS provides 300 calories (with 8-10 grams of protein) every day to every child below 6 years of age. For adolescent girls it is up to 500 calories with up to 25 grams of protein every day. By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities. Growth Monitoring and nutrition are two important actions that are undertaken. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps to

find out the growth flattering and helps in assessing their nutritional status. In addition, highly malnourished children are focused with special supplementary feeding and referred to medical services for the betterment.

The community's active participation and co-operation is the key to the success of any social and development programs, but not much research has been done to show the extent of community participation and its effectiveness in many of the programs initiated. This research studies the ICDS scheme alone taking into account the Human Resource Development components like education, nutrition, and health and also considers the importance of Early Childhood Development. ICDS, being the largest women and child development program implemented anywhere in the world, having completed 42 years of existence demands a study regarding the achievement of its primary goal through community participation.

The services are extended to the target community at a focal point 'Anganwadi' (AWC) located within an easy and convenient reach of the community. AWC is managed by an honorary female worker 'Anganwadi Worker'(AWW). who is the key community level functionary. She is a specially selected and trained woman from the local community, educated upto high school. She undergoes 3 months training in child development, immunization, personal hygiene, environmental sanitation, breastfeeding, ante-natal care, treatment of minor ailments and recognition of 'at risk' children. She gets a small honorarium as an incentive. The presence of AWW in the community has a synergistic effect as she liaises between health functionaries and the community. Convergence with health helps achieve better maternal and child health, enhances awareness regarding family planning services, treatment of morbidity and reduction of mortality. AWC serves as a central point for immunisation, distribution of vitamin A, iron and folic acid tablets and treatment of minor ailments and first aid. AWC is also the venue for health related activities carried out by auxiliary nurse-midwives (ANM)

The purpose of the study being community participation in ICDS, the people above the age of 14 who constitutes the community (Beneficiary, Functionary, and other Community Stakeholders) are considered as the respondents. The field of the study

was Kannur district in the state of Kerala, India. The data collection instruments consisting of both Quantitative (Questionnaires, Interview Schedule), and Qualitative were employed to collect the primary data from the respondents.