IMPACT OF INTEGRATED CHILD DEVELOPMENT SERVICE (ICDS) SCHEME ON BENEFICIARIES IN PARBHANI DISTRICT

BY

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CANDIDATE'S DECLARATION

I hereby declare that the dissertation
Or part thereof has not been
Previously submitted by me
For a degree of any
University or
Institute

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CERTIFICATE I

This is to certify that **MISS. SAWANDKAR DIPALI NAMDEORAO** has satisfactorily prosecuted her course of research for a period of not less than four semesters and that the dissertation entitled **"IMPACT OF INTEGRATED CHILD DEVELOPMENT SERVICE (ICDS) SCHEME ON BENEFICIARIES IN PARBHANI DISTRICT"** submitted by her is the result of original research work and is of sufficiently high standard to warrant its presentation to the examination.

I also certify that she has not previously submitted the dissertation or part there for a degree of any other University.

Place: LATUR
Date : 16 /05/2012

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CERTIFICATE II

This is to certify that the dissertation entitled **"IMPACT OF INTEGRATED CHILD DEVELOPMENT SERVICE (ICDS) SCHEME ON BENEFICIARIES IN PARBHANI DISTRICT"** submitted by **MISS. SAWANDKAR DIPALI NAMDEORAO** to the Marathwada Krishi Vidyapeeth, Parbhani in partial fulfilment of the requirement for the degree of **MASTER OF SCIENCE (Agriculture)** in the subject of **EXTENSION EDUCATION** has been approved by the Student's Advisory Committee after oral examination in collaboration with the External Examiner.

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"Success is to flow like water
Through a road of rocks"

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I shall fail my duties if I do not record my sincere thanks to the respondent ICDS beneficiary's from selected villages of Parbhani district for giving the data during investigation period.

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Place: Latur

Date:16/05/2012

Dipali

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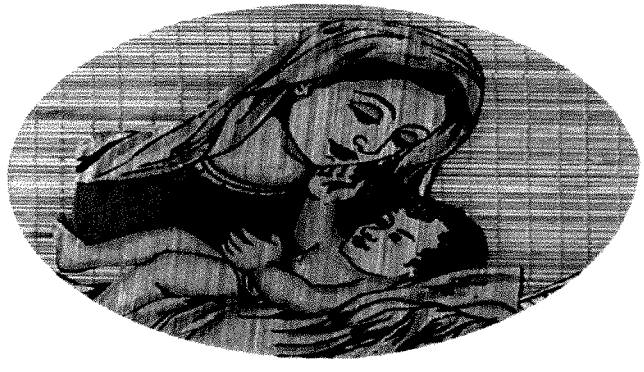
CONTENTS

LIST OF TABLES

LIST OF FIGURES



INTRODUCTION

CHAPTER I

INTRODUCTION

Children are the mirror of a nation and future hope of the world. Unless children develop, no nation can prosper. Hence, investment in child development is the need of the hour. Large numbers of children around the world, particularly in poor countries are found to be undernourished and malnourished. These children are to be supported by food, adequate in quantity and rich in quality. Unless they get right quantity and proper quality of food, their physical and mental development will not be improved. Absence of nutritious food results in several diseases and physical deficiencies among children and this also affects the physical growth and development. Hence, supply of nutritious food is essential for healthy growth and development of children.

Children are the future of a nation. Recognizing the importance of children as a vital human resource, the constitution of India, Directive Principles of State Policy and the national policy for children have addressed the need for ensuring holistic development of the child. Government of India proclaimed a national policy on children in August 1974 declaring children as, "Supremely Important Asset". The policy provided the required framework for assigning priority to different needs of the child. The programme of the Integrated Child Development Services (ICDS) was launched in 2nd October 1975 in 33 community development blocks seeking to provide an integrated package of services in a convergent manner on an experimental basis to commemorate the 106th birth anniversary of the father of the nation Mahatma Gandhi seeking to provide an integrated package of services in a convergent manner for the holistic development of the child.

Today, ICDS represents one of the world's largest programmes for early childhood development. It is now 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 on the other.

In the first five year plan, a planned priority approach to meet the needs of children. In the last two and half decades, many child welfare programmes were launched under the five year plan. During the sixth five year plan (1980-1985), the ICDS would be expanded so as to cover additional 400 blocks, raising the total to 600 blocks by the end of the Plan period. Measures will be taken to improve the working of Anganwadi centres by strengthening training, improving supervision and providing linkages with health, nutrition and other services and socio-economic programmes for women.

In Maharashtra State ICDS have contributed significantly to the developmentof children and mothers. From just 2 ICDS projects in 1975, the State now has 414 operational ICDS projects covering a total of 1,11,556 Anganwadi Centres as against the sanctioned total of 416 ICDS Projects for 1,16,390 Anganwadi Centres. As of March 2011, the total coverage of children up to the age of six years in these Anganwadi Centres was 68,55,487 and that of pregnant and lactating mothers was 12,70,712.

Integrated Child Development Services (ICDS) scheme is the largest national programme for the promotion of the mother and child health and their development in the world. The beneficiaries include children below 6 years, pregnant and lactating mothers and other women in the age group of 15 to 44 years. The package of services provided by the ICDS scheme includes supplementary nutrition, immunization, health check-up, referral services, nutrition and health education and pre-school education. The distribution of iron and folic acid tablets and dose of vitamin A is also undertaken to prevent iron deficiency anaemia and exophthalmia, respectively. The scheme services are rendered essentially through the Anganwadi worker (AWW) at a village centre called "Anganwadi". The ICDS had led to reduction in prevalence of severe grades of malnutrition and better utilization of services of national nutritional anaemia prophylaxis programme and

the national programme for prevention of nutritional blindness due to vitamin A deficiency by ICDS beneficiaries. The ICDS scheme is being modified continuously to strengthen the programme.

The article presents the impact of Integrated Child Development Services (ICDS) on the nutritional status of mothers and of children under 6 years old. ICDS is the first and probably the only programme in the country that aims at the holistic development of an individual. The reduction in prevalence of severe malnutrition is comparatively more significant in ICDS scheme population than in other population groups. There has been an extensive improvement in the nutritional status of children living in rural, urban and tribal areas and in those belonging to depressed sections of the community. The new initiative schemes for supplementary nutrition include: (a) improved monitoring mechanisms, (b) increased and improved norms of nutrition, (c) improved acceptability of supplementary recipes, (d) care of the severely malnourished, (e) the formation of a state level committee of experts, (f) inspection of quality, and (g) the introduction of community growth charts for malnourished children. Professionals, administrators, and politicians should feel obliged to continue making their contributions to the effective implementation of ICDS.

The Integrated Child Development Service (ICDS) Scheme is conceived with an integrated delivery package of early childhood services so that their synergistic effect can be taken full advantage. The scheme aims to improve the nutritional and health status of vulnerable groups including pre-school children, pregnant women and nursing mother through providing a package of services including supplementary nutrition, pre-school education, immunization, health check-up, referral services and nutrition and health education.

ICDS is one of the most ambitious multidimensional welfare programmes to reach millions of the mothers and their children who are caught in the grip of malnutrition, diseases, illiteracy, ignorance and poverty. The scheme was

launched in the country in 1975-76 with only 33 ICDS projects in the country, with the following objectives-

1. To improve the nutritional and health status of the children in the age group 0-6 years
2. To lay the foundations for proper psychological, physical and social development of the child.
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout.
4. To achieve effective co-ordinated policy and its implementation amongst the various departments to promote child development.
5. To enhance the capability of the mother to look after the normal health nutritional needs of the child through proper nutrition and health education.

Services of ICDS

The Scheme provides a package of services to children below six years, pregnant women & nursing mothers as indicated below:

1. Supplementary nutrition
2. Immunization
3. Health check up
4. Referral services
5. Pre-school non-formal education
6. Nutrition & health education.

Pattern of ICDS

The Integrated Child Development Services is a centrally sponsored Scheme where the central Government is responsible for programme planning and operating costs whereas the State Governments are responsible for programme implementation and providing supplementary nutrition out of state resources.

Population norms of ICDS

The guidelines of the scheme envisage one rural or urban project for one lakh population and one tribal project for 35,000 populations, with one Anganwadi Centre for a population of one thousand in rural or urban projects and seven hundred in tribal area.

Therefore, the present investigation entitled "Impact of Integrated Child Development Service Scheme on beneficiaries in Parbhani district" was under taken with the following specific objectives.

Objectives of the study

1. To study personal characteristics of beneficiaries of ICDS.
2. To study the impact of ICDS on beneficiaries.
3. To study the relationship between personal characteristics and impact of ICDS on beneficiaries.
4. To elicit the suggestions by the beneficiaries about ICDS.

Scope of the study

The present study was mainly carried out to find out overall impact in terms of nutritional and health status of the children in the age group 0-6 years. The present study was mainly consult with to study proper psychological, physical and social development of the child, mortality, morbidity, malnutrition and school dropout, effective co-ordinated policy and its implementation amongst the various departments to promote child development, the capability of the mother to look after the normal health nutritional needs of the child through proper nutrition and health education due to ICDS programme. Whatever extent of participation of beneficiaries in the ICDS programme has any influence on variation in impact.

Basically conclusion that would be emerged out from the study would be useful to the Anganwadi Village Workers, Supervisors, Medical Officers and Child Development Project Officers for effective functioning of the scheme.

Lastly, the result of this study also would benefit to the administrators, planners, policy makers, researchers or scientist to add, delete, and refine the recommendations.

Limitations of the study

The study was confined to only three tahsils Parbhani district of Marathwada region of Maharashtra State *viz.*, Manwat, Parbhani and Purna. The results may not be applicable in other place. Therefore, generalizations are based on the limited area of sample.

Organization of thesis

The thesis has been divided in seven chapters. The first chapter deals with brief introduction and objectives of the study. The second chapter devoted to review of literature related to research problem. The third chapter is concerned with details of methodology used for conducting research. The fourth chapter deals with results. Discussion is dealt in fifth chapter. Sixth chapter includes summary and conclusions. Implications and recommendations appeared in seventh chapter.

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

Considering objectives, the review of literature of present investigation has been presented under following heads. Review of literature is an essential aspect which helps the researcher to get more acquainted with the subject matter and direct his efforts towards the desired goal. A comprehensive review of literature has a paramount importance to any research endeavour. The researcher had tried to collect the information pertaining to studies conducted on impact of ICDS on beneficiaries. Looking towards the limited studies available on impact of ICDS on beneficiaries, review of directly and indirectly related studies has been presented in brief under following sub-heads in this chapter.

2.1 To study personal characteristics of beneficiaries of ICDS.

2.2 To study the impact of ICDS on beneficiaries.

2.3 To study the relationship between personal characteristics and impact of ICDS on beneficiaries.

2.4 To elicit the suggestions by the beneficiaries about ICDS.

2.1 The personal characteristics of beneficiaries of ICDS.

2.1.1 Age.

Kingoankar (1989) stated that the percentage of beneficiaries in the middle age category was 55.00 per cent and that on non-beneficiaries it was 40.00 per cent. The age of the 43.00 per cent beneficiaries and 40.00 per cent non-beneficiaries were in 18-30 years age category.

Mahajan (1989) reported that typical mother respondent was relatively young, scheduled caste or Muslim-wife with an average 28 years.

Nandanwankar (1991) revealed that about 59.17 and 61.25 per cent beneficiaries and non-beneficiary respondents were from young age group (18-30 years) respectively.

Wankhade (1997) observed that majority of the beneficiaries of ICDS were (53.63 %) of middle age group and 27.27 per cent were young age group and 19.09 per cent were old age group.

Katole (2001) reported while studying the impact of SHG on their members that, over two third of the respondents of self-help group (67.33 %) were young in age followed by 30.00 per cent of them middle age category.

Saudariya and Ratul (2001) revealed that the beneficiaries being within the age group of 18 to 50 years.

Shobha (2001) reported that the respondents were varied between 10-17 years. A majority of the respondents however, were in the age group of 20 to 40 years.

Padmavathi (2002) revealed that majority (49.05 %) of the entrepreneurs were in the 35 to 39 years of age group followed by 18.90 per cent in 30 to 34 years age group and 10.20 per cent in 40 to 44 years of age group.

Satyanarayana *et al.* (2002) concluded that most of SGSY beneficiaries were found in the middle age group.

Deshmukh *et al.* (2003) observed that majority of trainees were middle age group, while majority of non trainees were middle aged.

Devasia and Antony (2004) revealed that 57.5 per cent of the SHG members were in the age group 21-30 years, more than 36 per cent were between 31-40 and rest 41 years and above.

Aggarwal *et al.* (2005) found that a majority of the children 1022 (96%) were school going in that the 46 children who never attended school, 72% (33/46) were girls.

2.1.2 Education

Mahajan (1989) reported that young age respondents was illiterate, 1.00 per cent respondents were degree holder, more than 60.00 per cent being either illiterate or semi-literate about 20.00 per cent were study beyond matrices and proportion were under matriculates.

Hadimani (1990) stated that 82.58 per cent of the nursing mothers were illiterate while 17.42 per cent of the nursing mothers were belonging to literate group.

Nandanwankar (1991) result indicated that majority of the respondents were from illiterate category. The percentage of beneficiary and non-beneficiary respondents were 55.84 and 46.25 respectively.

Nirmala *et al.* (1991) found that 82.00 per cent of the mothers were illiterate any only 18.00 per cent of mothers were literate.

Bhosale (2000) reported that 35.33 per cent of the goat keepers were illiterate, while 26.67 per cent of them had secondary level of education and 21.33 per cent of them had primary level of education. Only 8.67 per cent and 8.00 per cent of them had higher secondary and college level education respectively.

2.1.3 Size of family

Kakkar and Devi (1987) reported that, size of 50.00 per cent respondent was 5 to 8 and 12.00 per cent of the total respondent belonged to family having members even than 15.

Kingaonkar (1989) stated that 60.00 per cent and 53.33 per cent beneficiaries and non-beneficiaries were large. The small families were observed in case of 40.00 per cent beneficiaries and 46.00 per cent non-beneficiaries.

Nandanwankar (1991) noted that 51.67 per cent beneficiary and 65.00 per cent non-beneficiary respondents had small (up to 5 members) size of families. Further it was noted that 38.33 per cent beneficiaries and 33.75 per cent non-beneficiaries had medium size family. In case of beneficiaries,10.00 per cent had large family.

Wankhade (1997) observed that 70.90 per cent beneficiaries (ICDS) had small family (up to 5) size and 29.99 per cent had (6-9) medium family size.

Ekale *et al.* (1998) observed that maximum 52.00 percentages of the respondents were from small family and 12.67 per cent respondents were from large family.

Katole (2001) found that over three fourth of respondents (80.00 %) of SHG member had medium family size consisting 4 to 6 members.

Kadam (2004) stated in his study that majority of goat keepers of SHG (67.5 %) had medium family size consisting 4 to 6 members.

Kore (2005) reported that majority of the respondents (83.33 %) had medium family size consisting 4 to 6 members.

2.1.4 Type of family

Kingaonkar (1989) stated that 62.66 per cent and 80.00 per cent beneficiaries and non-beneficiaries were having joint families. As compare to non-beneficiaries (20.00 %) the percentage of nuclear families benefiting was high (37.33 %).

Nandanwankar (1991) noted that 61.67 per cent beneficiaries and 75.00 per cent non-beneficiary respondents were having nuclear family. In case of other category, 38.33 per centbeneficiary and 25.00 per cent non-beneficiaries hadjoint family system.

Nirmala *et al.* (1991) reported that, nearly 61.00 per cent of the mothers ware from joint families and 39.00 per cent of the mothers were belonging to nuclear family.

Wankhade (1997) observed that 89.63 per cent beneficiaries (ICDS) were from nuclear family and 16.36 per cent were from joint family.

Suryawanshi (2002) observed that 60.84 per cent of the respondents belonged to nuclear family while 39.16 per cent of them from joint family.

2.1.5 Annual income

Kingaonkar (1989) stated that percentage of beneficiaries having higher income was more as compare to non-beneficiaries.

Nandanwankar (1991) reported that that majority of the beneficiaries (37.50 %) were from higher (above Rs. 9000) income group. Whereas 26.67 per cent non-beneficiaries respondents were from Rs.5000 to 7000 income group. in case of non-beneficiaries respondents were from Rs. 5000 to 7000 income group. In case of non beneficiaries 38.75 per cent and 33.75 per cent had annual income between Rs.5000 to 7000 and Rs.3001 to 5000 respectively.

Chavai (2000) revealed that self employment was found to be beneficial for the majority of the beneficiaries to raise their income by Rs. 5000 to 10000 per annum.

Kulkarni (2003) reported that nearly one third (31.80 %) beneficiary women had annual income between Rs. 25,001 to Rs.50,000 and 25.30 per cent had annual income between Rs. 50,001 to 75000

Nakhate (2006) observed that (53.33%) had lower family income (18,001 to 40,000 Rs.) while (28.00%) of the respondent had medium family income (Rs. 40,001 to 65,000) whereas (26.67%) of respondents had higher family income (above 65,000 Rs.).

2.1.6 Land holding

Kingaonkar (1989) revealed that 60.00 per cent and 30.66 beneficiaries and non-beneficiaries respondents were land holding between 1 to 5 hectares. The percentage of landless families in beneficiaries was more (40.00 %) as compare to beneficiaries (413.33 %).

Nandanwankar (1991) stated that, the beneficiaries (40.67%) and non-beneficiaries (31.25%) had land holding above 1-2 hectares. In case of beneficiaries 15.83 per cent had land holding above 6 hectares followed by 30.33 per cent had 2-4 hectares of land. About 69.00 per cent non-beneficiaries were land less and 31.25 per cent had up to 2 hectares land.

Thombre (1993) reported that near about equal no. of beneficiaries (24.29%) and non-beneficiaries (23.57%) did not possess the land. About one third of the beneficiaries and one fourth of the non-beneficiaries belong to small fame family (1.10to 2.0 ha.) this percentage is reversed in semi medium farmers, possessing land ranging between 2.1 and 6.0 ha. Only 1.43 per cent and 2.86 per cent beneficiaries possessed more than 10 hectares land. The mean land holding of beneficiaries and non- beneficiaries were 2.58 and 2.54 respectively.

2.1.7 Family occupation

Kingaonkar (1989) stated that, about 70.00 per cent beneficiaries were engaged in farming and were also working as labour on farm. The percentage of beneficiaries who were exclusively labours was 70.33. About $1/3^{rd}$ of the non-beneficiaries were engaged in farming and also working as labour. The percentage of non-beneficiaries exclusively working labour was 32.

Nandanwankar (1991) reported that 62.50 per cent and 78.75 per cent beneficiary and non-beneficiary respondents were performing household work. About 38.00 per cent beneficiaries and 21.25 per cent non-beneficiary respondents were engaged in farming and were also working as labourers on farms.

Bhambre (2006) noted that most of the SHG members (69.16 %) were labourers while 20.84 per cent of the SHG members had small scale business whereas, 10.00 per cent of them were labourers and also having small scale business.

Nakhate (2006) observed that 23.33 per cent of respondents were engaged in labourer, business and services. While (16.67%) and (13.34%) were engaged in petty occupation and farming, respectively.

Bansode Smita (2007) reported that most of the respondents 54.00 per cent were engaged in house work, laborer and small scale business, 28.00 per cent were engaged in house work and labour, 9.40 per cent were engaged in house work and small scale business and 8.60 per cent were engaged in only house work occupation.

2.1.8 Social participation

Kingaonkar (1989) noted that no rural women took part in institutions like Grampanchayat and co-operative societies. The percentage of rural women taking part always in CRY, CRS and Bajan mandal was 80.00, 69.33 and 9.33 respectively.

Nandanwankar (1991) observed that majority of the beneficiaries (70.80 %) and non-beneficiaries (78.75 %) did not participated in any social institution. However, 29.17 per cent beneficiaries participation in social institution.

Rathod (1999) noted that 42.50 percent of the respondents had medium social participation while 37.50 per cent of respondents had low level of social participation.

Chavai (2000) in his study found that 74.32 per cent of the beneficiaries had medium social participation while 14.87 per cent and 10.41 per cent beneficiary had high and low social participation, respectively.

Satyanarayana *et al.* (2000) concluded that a majority of the respondents (88.57 %) were not the members in any social organisation and 2.86 per cent of them were members of co-operative society and Karnataka Rajya Adijambo Sangh.

Sonkamble (2000) revealed that a majority (90.00 %) of the IRDP beneficiaries had no social participation 2.60 per cent had medium social participation, while only 1.40 per cent had higher social participation.

Gunjkar (2005) observed that majority of the respondents (76.67 %) had no social participation, followed by one fourth of the respondents (23.33 %) who had low level of social participation.

Kore (2005) observed that more than half of respondents (66.67 %) had participation in social organization to a lower extent.

Nakhate (2006) observed that majority of respondents had lower social participation while (33.33%) of respondents had medium social participation whereas, (3.33%) of respondents had high social participation.

2.1.9 Use of Sources of information.

Antwal (1998) reported that near about equal percentage (16.72 and 13.33 %) of beneficiaries and non-beneficiaries had high level of mass media use. A remarkable percentage of beneficiaries (53.45 %) and a mammoth percentage of non-beneficiaries (80.00 %) were having medium level of mass media use, while 29.81 per cent of beneficiaries and 6.66 percent non-beneficiaries had low level of mass media use.

Deshmukh *et al.* (2003) found that more than half (58.12 %) of the respondents were making medium use of source of information followed by 24.37 per cent respondents were found in low category of use of source of information and only 17.51 per cent respondents had high exposé to source of information.

Rewatkar (2003) observed that majority of the farm women (60.66 %) were placed in medium category of sources of information.

Bansode Smita (2007) found that most of the respondents (59.34 per cent) had medium use of sources of information, 24.00 per cent of SHG members had high

use of sources of information and 16.66 per cent of them were from low use of sources of information category.

2.2 The impact of ICDS on beneficiaries.

Chopdar (1979) noted that the ICDS had a definite impact on the heath status of children and expectant and nursing mother.

Chandraskaran *et al.* (1981) pointed that an overall gain in knowledge of all the thirty respondents were studied. There was positive impact of ICDS training in terms of gain in knowledge of Anganwadi workers. Majority of the respondents (70%) had a fair to good degree of gain in knowledge.

Mehendale *et al.* (1985) concluded that ICDS had definite impact on nutritional status of children as evident from the increase in coverage of services and the decrease in the incidence of malnutrition.

Patel *et al.* (1985) reported that there was a definite impact of ICDS on the health status of children.

Prasad *et al.* (1985) pointed that the ICDS has appositive impact on immunization status of children and prevalence of deficiency diseases.

Agarwal, *et al.* (2000) showed that increased weight gain in pregnancy, length of gestation, caloric intake and term haemoglobin were significantly associated with birth weight.

Bhasin, *et al.* (2001) result revealed that most of the children (59.01%) were non-beneficiaries.

Bagyalakshmi, *et al.* (2002) presented that nutrient intake, anthropometric measurements (height and weight), haemoglobin status and school attendance all improved after enrolment into the programme.

Achala Gakkhar, *et al.* (2003) reported that the knowledge of respondents is independent of their age, education and socio- economic status.

Kavitha.*et al.* (2004) results revealed that ICDS programme had significant impact on motor and mental development of toddlers.

Devi, *et al.* (2006) reported that mother in the intervention group had significantly higher scores on nutrition and health knowledge and hygienic practices that control mothers. The education intervention did not have significant impact on the nutritional status of children.

Dinesh kumar *et al.* (2006) ICDS benefits received by children failed to improve the nutritional status of children.

Bansode smita (2007) reported that medium impact was observed on the majority of the SHG members (55.33 %) followed by low and high impact on the 25.33 per cent and 19.33 per cent members respectively.

2.3 Relationship between personal characteristics and impact of ICDS on beneficiaries.

2.3.1 Age and impact

Kore (2005) reported that the age of respondent show the negative but significant correlation with their overall economic impact of Self Help Group.

Dhayarkar (2007) observed that the association between age of the respondents and their perceived effectiveness was positive but non-significant.

2.3.2 Education and impact

Ahire (2000) showed that education of watershed beneficiaries was positively and significantly correlated with social change.

Katole (2001) found that the education of the members had highly significant relation with change in spending pattern of the respondents.

Devi, *et al.* (2006) reported that the education intervention did not have significant impact on the nutritional status of children.

2.3.3 Family size and impact

Kore (2005) reported that family size had positive and significant correlation with overall economic impact of Self Help Group.

Dhayarkar (2007) revealed that family size has no significant association with perceived effectiveness of the televises.

2.3.4 Family type and impact

Nandanwankar (1991) stated that the age, education, educational status of family, size of the family, type of family, occupation, annual income, land holding, social participation, attitude towards ICDS were positively and significantly correlated with awareness knowledge of health care in case of beneficiary respondents.

2.3.5 Annual income and impact

Puhazendi and Satyasai (2000) reported that the positive impact of SHG on increased the income level of beneficiaries.

Hasamani (2003) attempted to assess the economic impact trough field data collected from the sample beneficiaries revealed that the creation of income generating assets/activities through loan availed from banks had made significant impact on the overall economic status of the group members.

Baljit Singh *et al.* (2005) showed that the SGSY members increased their income from Rs. 19546 during 2002-03 to 27043 during the post-SHG period of 2004-2005.

Bansode Swati (2007) reported that there was no relationship between annual income of the respondent and impact of SHG on socio economic development of their member.

Dhayarkar (2007) revealed that annual income had no significant association with perceived effectiveness of the televiewers.

Khandave Swati *et al.* (2007) reported from the data regarding average employment days and net profit gained that vegetable selling generated 320 days employment and net profit of Rs.27,981/- followed by tailoring 240 days with profit Rs 7275/-, poultry 157 days and Rs.8813/-. Dairy and flour mill found to be more profitable enterprises as profit gained was of Rs. 21,079/- within 80 days and Rs.13,000/- within 127 days respectively.

2.3.6 Land holding and impact

Nandanwankar (1991) stated that the age, education, educational status of family, size of the family, type of family, occupation, annual income, land holding, social participation, attitude towards ICDS were positively and significantly correlated with awareness knowledge of health care in case of beneficiary respondents.

Dhayarkar (2007) revealed that perceived effectiveness of televises and size of the land holding were positive and significantly correlated.

2.3.7 Occupation and impact

Nandanwankar (1991) stated that the age, education, educational status of family, size of the family, type of family, occupation, annual income, land holding, social participation, attitude towards ICDS were positively and significantly correlated with awareness knowledge of health care in case of beneficiary respondents.

Dhayarkar (2007) revealed that the perceived effectiveness of televiewers and majority of occupation were positively and significantly correlated

2.3.8 Social participation and impact

Ahire (2000) observed that social participation was positively and significantly correlated with social change.

Dhayarkar (2007) revealed that the perceived effectiveness of televiewers and social participation were positively and significantly correlated.

2.3.9 Use of sources of information and impact

Patil (2004) showed that mass media exposure both trained and untrained farmers established significantly and positively related with knowledge.

Dhayarkar (2007) found that the correlation of the mass media exposure with perceived effectiveness was positive and significant.

2.4 The suggestion by the beneficiaries about ICDS.

Tandan *et al.* (1980) Observed that success of ICDS programme was due to proper planning of the project based on the experience of specialized nutrition programme and special child relief programme, starting it as a relatively small programme, development of unique system of continued education and monitoring with the involvement of the academic country.

Bhandari *et al.* (1981) started that there should be adequate supervision of Anganwadi centers and more community participation for effective functioning of the scheme.

Bhatngar *et al.* (1982) reported that the AWWs could integrate population education with functional literacy classes, health and nutrition education sessions and during home visits.

Lal (1983) concluded that the ratio broad casting should cover massages related to health and nutrition problems of mothers and young children and the probable questions likely to arise in the minds of the listeners on 34 topics related to child care, infant feeding practices and health care of expectant and nursing mothers.

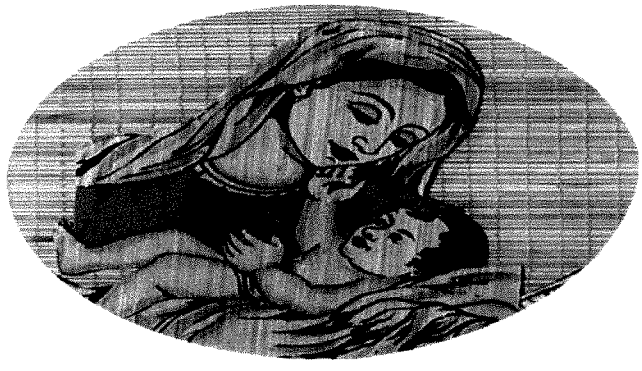
Thombre (1993) revealed that sufficient quantity of the supplementary food should be provided (94.29 %) followed by sufficient carpet strips should be made

available for the children's seating (90.71%), sufficient material should be made available for preschool education (86.49 %), provide the suitable building for running the Anganwadi centres.

Bhasin, *et al.* (2001) the study recommended that there was need to take special care of girls, as well as to continue the special nutrition care at a higher age.

Roma kumara and Bishnoi (2001) they recommended that the authorities involved in planning of supplementary feeding programme should increase it, so that the impact of supplementary feeding on anthropometry might be profound.

Aggarwal *et al.* (2005) suggested that awareness about ICDS services should be increased among community people in rural areas so that they could avail all the benefits.



METHODOLOGY

CHAPTER III

METHODOLOGY

This chapter deals with the description for selection of research site, sampling, designing, preparing schedule, meaning of terms and concepts and statistical methods used in the present study.

In short this chapter deals with 'where' and 'how' of the study was conducted. The chapter also incorporates the explication process for measurement of dependent and independent variables under the study. The methodology adopted for achieving the objectives is described in this chapter under the following heads.

3.1 Locale of the study

3.2 Research design

3.3 Selection of villages and respondents

3.4 Tools used in the data collection

3.5 Variables used in the study

3.6 Measurements of variable

3.7 Statistical methods used for analysis of data

3.1 Locale of the study

The present study was conducted in Parbhani district of Marathwada region of Maharashtra state.

3.1.1 Physiography

The district is situated in the Godavari river basin. Godavari itself drains the Sothern portion of the district forming a fertile valley in the taluka of Pathri, Parbhani and Gangakhed Whereas, Jintur and Purna talukas are drained by Purna river which is tributary of Godavari and Dudna which is tributary of Purna.

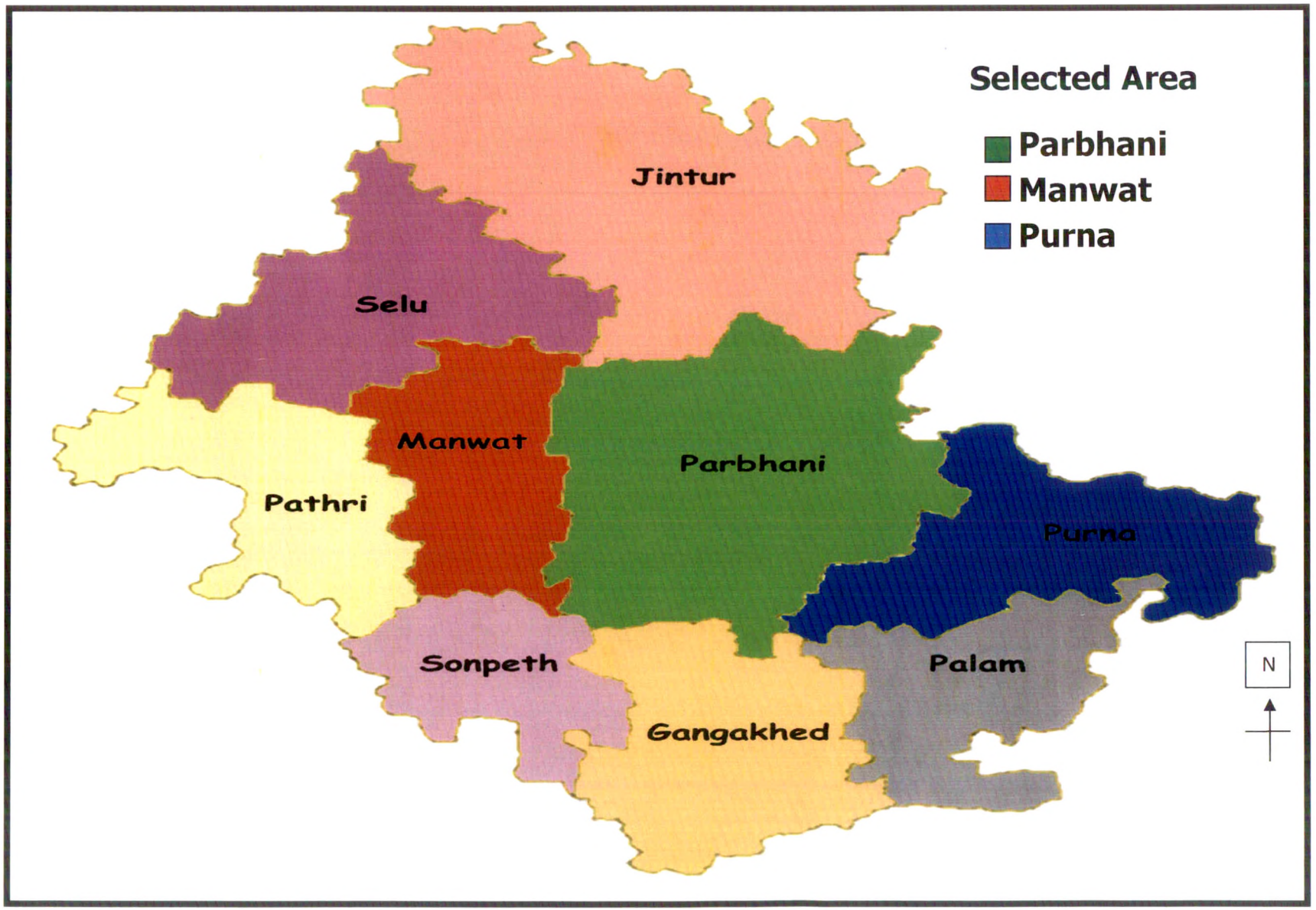


Fig. 1 Map of Parbhani district

The geographical area of the district is 12,261 sq. km. The area under cultivation is 39,000 hectares and 11.160 hectares are under forest. Parbhani district is situated at 408 meter.

3.1.2 Population

Population of Parbhani district is 18,35,982 out of that 8,89,797 is the female population according to census 2011. Parbhani is 24th most populous district out of total 35 districts in Maharashtra and it is 259th most populous district in India.

3.1.3 Soil

The soil of Parbhani district is black cotton soil. The soil varies both in texture and depth of the Northern portion of the district. It is shallow and relatively poor in the South. It becomes deep and fairly rich in Godavari valley, especially with along bank of the Godavari River.

3.1.4 Climate

The climate of Parbhani district is tropical. The year may be divided into three seasons.

1. Moderately warm wet season from June to September
2. A cool dry season from October to February
3. Hot dry season from March to May

The rainy season which starts from June to September are warm and pleasant. During the rainy season the temperature normally ranges between 21^{0}C to 31^{0}C. The winter season is comparatively dry and starts from November and ends in February. January is the coldest month of the year. The hot dry season starts in March and lasts in May. The maximum temperature is in the month of May which may rises even as high as 42.5^{0}C. Hot dry winds prevail occasionally in April and November. During the summer, days are hot and nights are fairly good. Thus, the climate of Parbhani district is pleasant and healthy. The normal rainfall in Parbhani is 900.5 mm, which falls in assured rainfall zone.

3.1.5 Economic activity

The main economic pursuit in which people are engaged is agriculture. The crops grown in kharif season are jawar, bajra, cotton, tur, groundnut, soybean while wheat, jawar, rabi safflower, gram, sunflower are grown in rabi season. Whereas, summer groundnut is grown in summer, where irrigation is available. Cattle and buffaloes are kept for dual purpose via milk and draft. Through farm yard manure is also a secondary purpose, about 70 per cent people depends on agriculture, out of which 55 per cent are small farmer. Sheep, goat and poultry keeping are also subsidiary occupation of agriculturists. Landless laborers are mostly engaged in agriculture and nearby industries.

3.1.6 Cultural activities

The Hindus observe a variety of fasts, feasts and festivals throughout the year. The most important festivals are Diwali, Dasra, Gudipadwa, Eid, Rakhi Pornima, Pola, Ganesh Chaturthi, Holi etc. Urus and Khandoba Yatra are most famous event in Parbhani.

3.2 Research design

Ex-post facto research design was used for the present study. Kerlinger (1964) stated that ex-post facto research design is worthy to apply when the independent variables have already acted upon.

3.3 Selection of village and respondents

Present study was conducted in Parbhani district.The district consist of nine talukas namely Parbhani, Jintur, Selu, Pathri, Manwat, Sonpeth, Gangakhed, Palam and Purna. Out of these Manwat, Parbhani and Purna talukas were selected randomly by lottery method. Four villages from each tahasil and ten respondents from each village were selected randomly on the basis of n^{th} number method to comprise the total sample of 120 respondents for study.

Table 1 : Village wise distribution of respondents

Sr. No.	Taluka	Name of village	Respondents
1	**Manwat**	Kinhola	10
		Rametakii	10
		Wangi	10
		Wazur	10
2	**Parbhani**	Bramhangaon	10
		Jamb	10
		Kodgaon	10
		Sonna	10
3	**Purna**	Aherwadi	10
		Dhanora	10
		Katneshwar	10
		Nandgaon	10
Total	**3**	**12**	**120**

3.4 Tools used in the data collections

3.4.1 Methods of data collection

The data were collected with the help of structured schedule. The respondents were contacted personally at their home.

3.4.2 Preparation of interview schedule

Keeping in view the objectives of the study an interview schedule was prepared which includes relevant questions for seeking reliable information in respect of independent and dependent variables. Efforts were made to formulate a schedule with clear and easy questions. The suitable questions regarding the Impact

of Integrated Child Development Service (ICDS) Scheme were included in the schedule after taking the opinions of the beneficiaries.

3.4.3 Pretesting of the schedule

The schedule was pretested to detect the mistakes and short falls and to achieve clarity and practicability of the schedule by selecting twenty five respondents who were not include in the sample.

3.4.4 Tabulation and analysis of data

The data were carefully examined before tabulation. All the entries in the schedule were checked for their accuracy and completeness and then it was tabulated which was subjected to statistical analysis and interpretation.

3.5 Variables used in the study

The independent variables used in the study were age, education, family size, family type, occupation, land holding, annual income, social participation and use of source of information whereas, the dependent variable was impact.

Variables and their empirical measurement

Sr. No.	Variables	Measurements
A) Independent variables		
1.	Age	Chronological age of the respondents in completed years at the time of interview.
2.	Education	Formal educational of the respondents.
3.	Family size	The total number of members in the family.
4.	Family type	Whether the respondent belongs to nuclear family or joint family.

5.	Annual income	Total income in rupees gained by all members of respondent family from different sources.
6.	Land holding	Number of hectares of land possessed by the respondents.
7.	Occupation	Refers to the profession to which an individual and his family belongs for earning live hood.
8.	Social participation	Individual's involvement in the activities of formal and informal organizations.
9.	Use of source of Information	Schedule was developed.
B) Dependent variable		
1.	Impact	On the basis of objectives of the ICDS.

3.6 Measurement of variable

3.6.1 Measurement of independent variables

3.6.1.1 Age

It was operationally defined as the chronological age of the beneficiaries in completed years at the time of interview. The categories on the beneficiaries were done on basis of Mean $\pm$ Standard Deviation, as below.

Category	Age (in years)
1. Young	Up to 22
2. Meddle	23 to 29
3. Old	Above 29
Mean=25.93	**S.D=3.49**

3.6.1.2 Education

Formal education of the beneficiaries was considered for knowing his educational standards. Following categories were made on the basis of various levels of educational standards.

Education level	Score
1. Illiterate	0
2. Can Read and Wright only	1
3. Primary school (up to IVth)	2
4. Secondary school (Vth to Xth)	3
5. Higher secondary school (XIth to XIIth)	4
6. Graduate (Above XIIth)	5
7.Post Graduate	6

3.6.1.3 Family size

Size of the family was defined as total number of the members in the beneficiary's family. It was categories as under

Category	No of people in family
1. Small	2 to 4
2. Medium	5 to 8
3. Large	Above 8
Mean = 6.39	**S.D. = 2.47**

3.6.1.4 Family type

The family of the beneficiaries has been divided into two categories i.e. nuclear and joint. If the family is nuclear, than two scores were assigned whereas, for joint family, one score was assigned.

Category	Family type
1. Joint	1
2. Nuclear	2
Mean = 1.67	**S.D. = 0.48**

3.6.1.5 Annual income

It refers to the total annual income in rupees obtained from agricultural and her other sources by the respondent and his all family members. The categories were made on the basis of Mean $\pm$ Standard Deviation, as below.

Category	Income(Rs.000)
1. Low	Up to 58
2. Medium	59 to 3,27
3. High	Above 3,27
Mean = 192.8	**S.D. = 135.0**

3.6.1.6 Land holding

In the present study, land holding was defined as the number of hectares of land possessed by the ICDS beneficiaries. ICDS beneficiaries were grouped into five categories according to the standard category made by Government of Maharashtra as below.

Category	Land holding (ha.)
1. Marginal holding	Up to 1
2. Small holding	1.1 to 2
3. Semi-medium holding	2.1 to 4
4. Medium holding	4.1 to 10
5. Big holding	Above 10

3.6.1.7 Occupation

Occupation referred to the professions to which a beneficiaries and her family belongs for earning livelihood.

The scoring pattern followed for this variables was as below

Category	Score
1. House work	1
2. House work + labor	2
3. House work + Agriculture	3
4. House work + Agriculture + labor	4
5. House work + Agriculture+ business	5
6. House work + service	6

3.6.1.8 Social Participation

It was defined as the respondent involvement in the activities of formal and informal organizations as a member or office bearer. Each of the respondents assigned 1 score if she was a member of an organizationand was assigned 2 score for office bearer of an organization. The total score of the ICDS beneficiaries was worked out by multiplying score with total period of participation in one social

organization and summing all the scores. Then they were classified in to the following three categories on the basis of Mean ± Standard Deviation.

Category	Score
1.Low participation	Up to 2
2. Medium participation	3 to 7
3. High participation	Above 7
Mean = 2.69	**S.D. = 1.13**

3.6.1.9 Use of sources of information

It refers to the sources through which ICDS beneficiaries obtained the information about ICDS services. Twenty-three sources of information were included in the schedule, ten individual contact sources of information, six group contact sources of information and eight mass contact sources of information. The beneficiaries were asked to give response to one of the three alternatives *viz.*, regular, occasionally and never. Score three, two, and one was given to these alternatives, respectively.

Thus, the total score for individual respondent was worked out by multiplying score to each ICDS beneficiary's source and summing all the scores. ICDS beneficiaries were grouped in to three categories of use of information sources on the basis of Mean± Standard Deviation, as below.

Category	Score
1. Low	Up to 6
2.Medium	7 to 11
3. High	Above 11
Mean = 9.01	**S.D. = 2.38**

3.6.2 Measurement of dependent variables

3.6.2.1 Impact

The dependent variable in the present study was "Impact of Integrated Child Development Service Scheme on beneficiaries". Impact was operationally defined as the changes occurred in nutritional and health status of the children in the age group 0-6 years, proper psychological, physical and social development of the child, mortality, morbidity, malnutrition and school dropout, effective co-ordinated policy and its implementation amongst the various departments to promote child development, the capability of the mother to look after the normal health, nutritional needs of the child through proper nutrition and health education as a result of being beneficiaries of ICDS.

The Impact was measured by scoring technique. Total 50 score were selected under five objectives. Impact score was calculated by summing up these score of items studied in these entire five objectives. Score one was assigned for knowing the practices completely, zero score was assigned for total lack of impact about the practice. Accordingly, total score of every ICDS beneficiary was worked out. Impact was measured with the help of total score obtained.The total Impact of each beneficiary was calculated on the basis of total score obtained by them with the following formula

$$\text{Overall Impact} = \frac{\text{Total obtained score}}{\text{Maximum possible score}} \times 100$$

Then the ICDS beneficiaries were grouped under three categories made on the basis of Mean $\pm$ Standard Deviation as below.

Category	Total Impact
1. Low impact	Up to 70
2. Medium impact	71 to 90
3. High impact	Above 90

Mean = 80.02 **S.D. = 10.70**

3.7 Suggestion

The problem encountered or perceived by the beneficiaries with regard to impact of ICDS. There are nine statements, In that the scoring of suggestion was assigned 'one' score for yes response and 'zero' score for no response was followed. The recommendation of individual item score obtained was called as suggestion score

3.8 Statistical methods used for analysis of data

The statistical tests used in the present study for analysis of data are given below.

3.8.1 Frequency and percentage

Frequency and percentage were used for making simple comparisons. The frequency of the particular category was multiplied by hundred and divided by total number of ICDS beneficiaries in that particular category to get percentage.

3.8.2 Mean

Mean of sample was calculated by summing all the individual score and dividing it by number of cases. The formula is

$$\bar{X} = \frac{\sum X}{N}$$

Whereas,

$\bar{X}$ = Arithmetic mean

$\sum X$ = Sum of respondent's score

N = Number of cases

3.8.3 Standard Deviation

Standard Deviation is a measure of variability calculated around mean. It was denoted by Greek letter 'δ' (sigma) and calculated with the following formula.

$$\delta = (S.D.) = \sqrt{\frac{N\sum X^2 - (\sum X)^2}{N}}$$

Whereas,

$\delta = (S.D.)$ = Standard deviation

$\sum X^2$= Sum of square of 'X' series

$(\sum X)^2$ = Square of summation 'X' series

N = Number of pomegranate growers

3.4.4 Karl Pearson's coefficient of correlation

This technique was used to find out the relationship between two variables. Following formula was used for computation of 'r' value.

$$r = \frac{\sum XY - \frac{(\sum X) - (\sum Y)}{n}}{\sqrt{\left[\frac{(\sum X^2 - (\sum X)^2}{n}\right] \times \left[\frac{(\sum Y^2 - (\sum Y)^2}{n}\right]}}$$

Whereas,

n = Number of observations.

r = Coefficient of correlation

X = Score of independent variables

Y = Score of dependent variable

3.8.5 Multiple regression analysis

The data were analyzed to know the combined effect of all the independent variables in explaining the variation in the dependent variable. Thus, influence of independent variable was found out by using the equation.

$$Y = a + b_1x_1 + b_2x_2 + \ldots\ldots + b_nx_n + \mu$$

Where as,

Y = Dependent variable

x_1 = Independent variable

b_1 = Partial regression coefficient

a = Constant

n = Total number of variables

μ = Error term

3.8.6 Testing the Significance of 'r'

After computing 'r' its significance was tested by Student's 't' test by using following formula.

$$t = \frac{r}{\sqrt{1 - r^2}} \times \sqrt{n - 2}$$

Where as,

t = Student's 't' value

n = Number of respondents

r = Correlation Coefficient

RESULT

CHAPTER IV

RESULTS

The present investigation aims at focusing the Impact of Integrated Child Development Service scheme on beneficiaries. The data collected for the study have been analysed with appropriate statistical tools and results are presented under the following heads.

4.1 Personal characteristics of beneficiaries of ICDS.

4.2 The impact of ICDS on beneficiaries.

4.3 The relationship between personal characteristics and impact of ICDS on beneficiaries.

4.4 The suggestions by the beneficiaries about ICDS.

4.1 Personal characteristics of beneficiaries of ICDS.

4.1.1 Age

Table.2 Distribution of the ICDS beneficiaries according to their age

n = 120

Category	Frequency	Percentage
1.Young	23	19.17
2. Middle	90	75.00
3.Old	7	05.83
Total	120	100.00

It is revealed from Table 2 that majority of the ICDS beneficiaries (75.00 %) were from middle age group, 19.17 per cent beneficiaries were from young age group and 05.83 per cent of the beneficiaries were from old age group.

4.1.2 Education

Table.3 Distribution of ICDS beneficiaries according to their education

n =120

Education level	Frequency	Percentage
1. Illiterate	12	10.00
2. Can Read and Wright only	06	05.00
3. Primary school (up to IVth)	32	26.67
4. Secondary school (Vth to Xth)	49	40.83
5. Higher secondary school (XIth to XIIth)	19	15.83
6. Graduate (Above XIIth)	02	01.67
Total	120	100.00

The data from Table 3 clearly shows that 40.83 per cent of the ICDS beneficiaries were educated up to secondary school level, 26.67 per cent of them were having primary school level, 15.83 per cent of them were having higher secondary school level while, 10.00 per cent of them were illiterate, while 5.00 per cent were can read and write only, 1.67 per cent of the ICDS beneficiaries were graduate, whereas not a single ICDS beneficiaries was from post graduate.

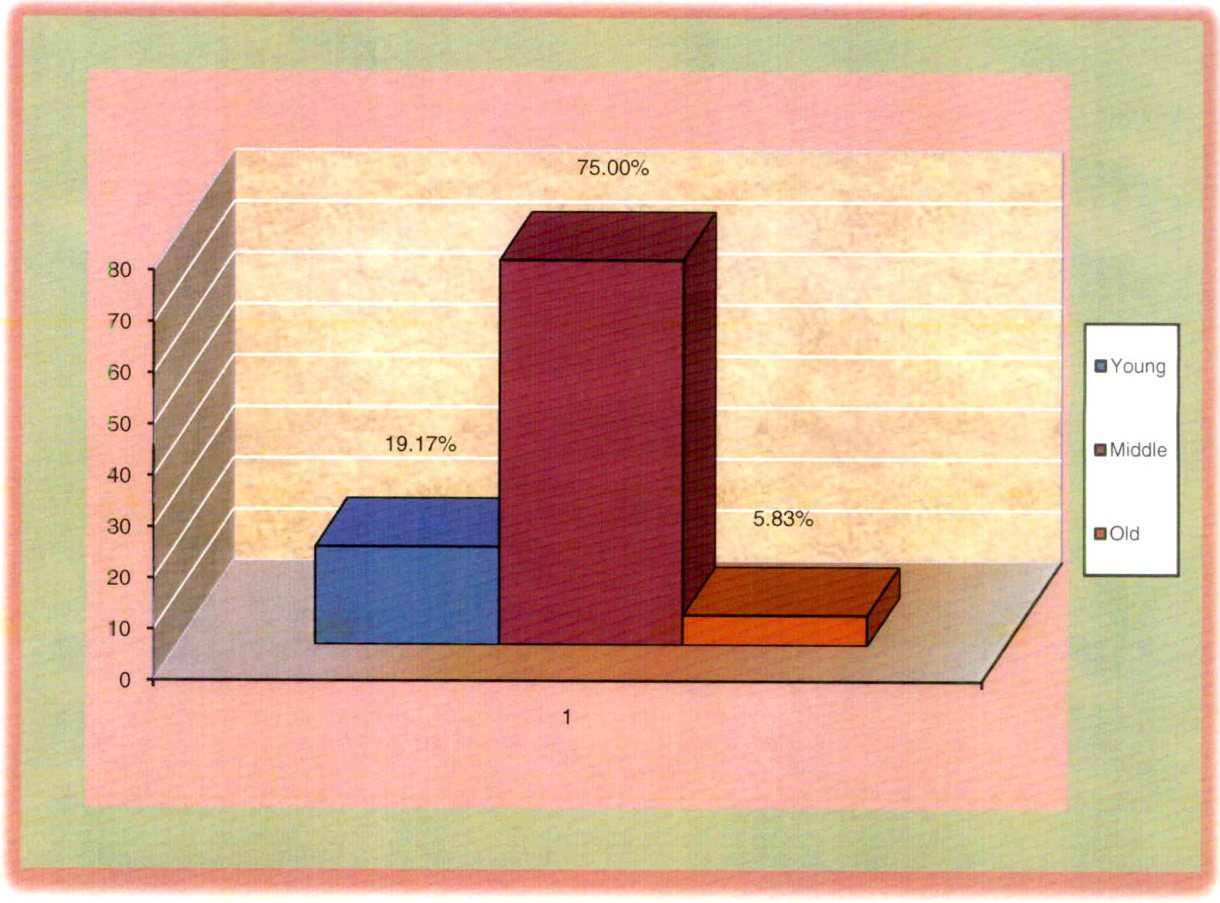


Fig. 2.Distribution of ICDS beneficiaries according to their age

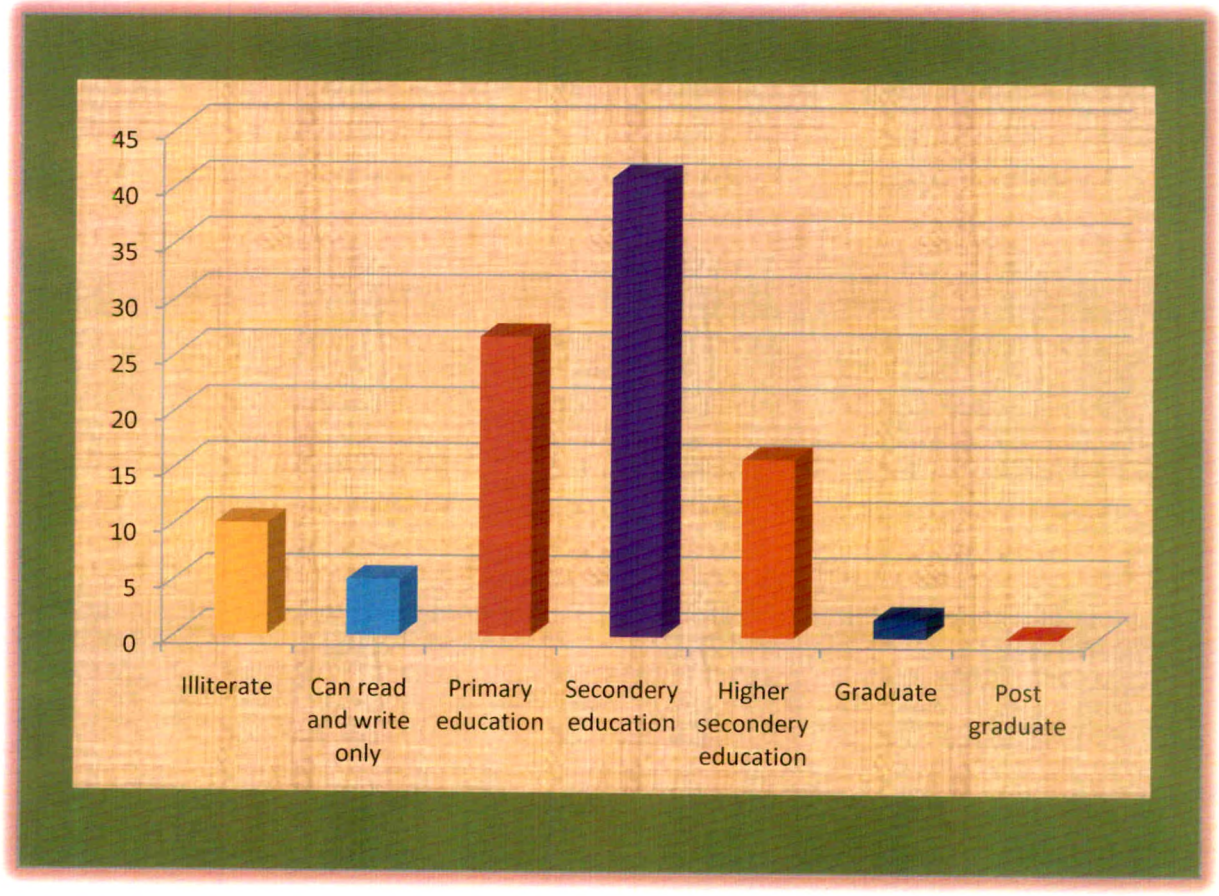


Fig. 3 Distribution of ICDS beneficiaries according to their education

4.1.3 Family size

Table.4 Distribution of ICDS beneficiaries according to their family type

n = 120

Category	Frequency	Percentage
1.Small	35	29.17
2. Medium	54	45.00
3. Large	31	25.83
Total	120	100.00

The data from Table 4 showed that about 45.00 per cent of the ICDS beneficiaries were from medium size family. While 29.17 per cent of them were from small size and 25.83 per cent were belonging to large family.

4.1.4 Family type

Table.5 Distribution of ICDS beneficiaries according to their family type

n=120

Category	Frequency	Percentage
1.Nuclear	41	34.17
2.Joint	79	65.83
Total	120	100.00

The data from Table 5 showed that about 65.83 per cent of ICDS beneficiaries were from joint family, while 34.17 per cent were from nuclear family.

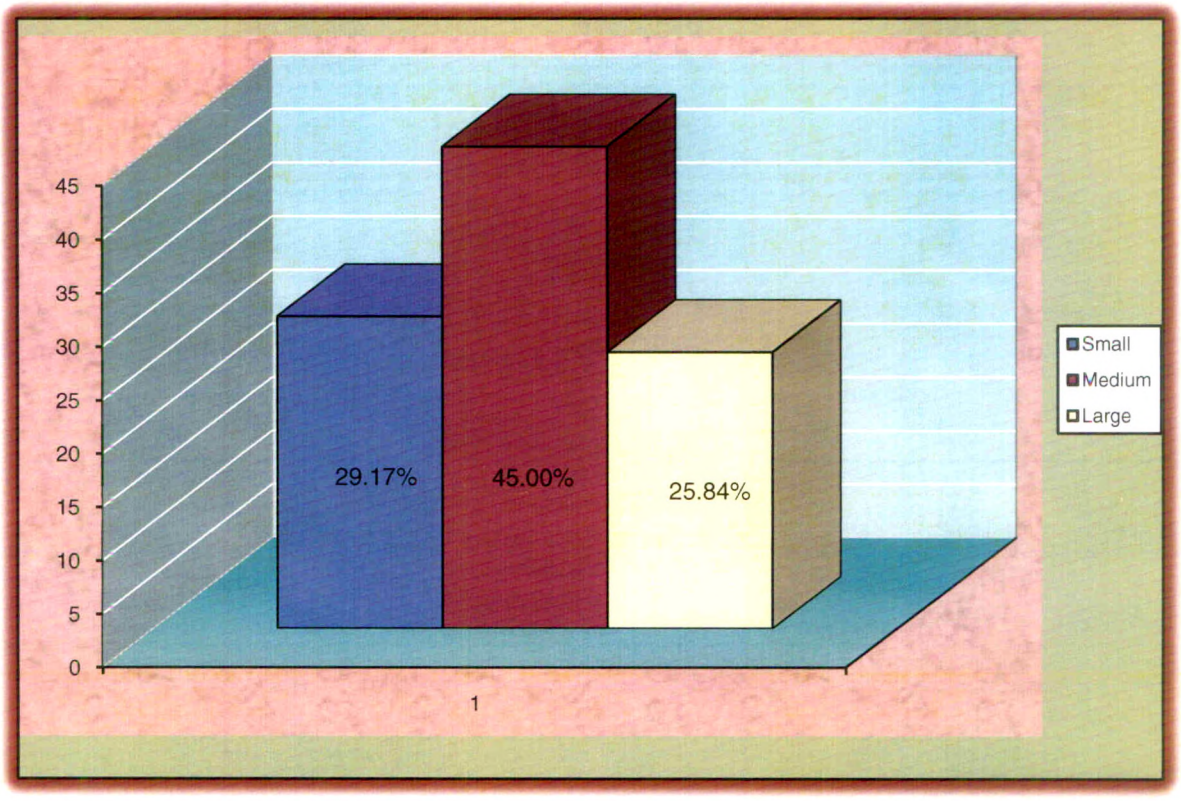


Fig. 4. Distribution of ICDS beneficiaries according to their family size

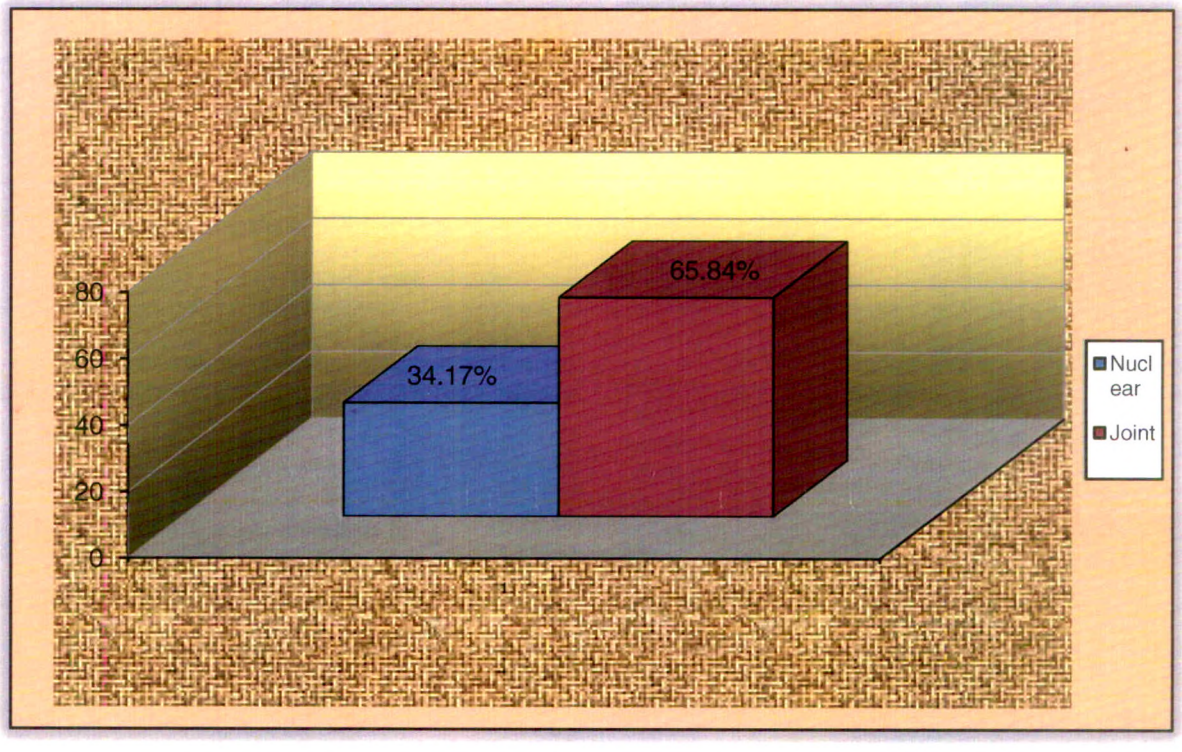


Fig. 5. Distribution of ICDS beneficiaries according to their family type

4.1.5 Annual income

Table.6 Distribution of ICDS beneficiaries according to their annual income

n = 120

Category	Frequency	Percentage
1. Low	17	14.17
2. Medium	81	67.50
3. High	22	18.33
Total	120	100.00

It is observed that from Table 6 that 67.50 per cent of ICDS beneficiaries had medium annual income followed by 18.34 and 14.17 per cent had high and low annul income, respectively.

4.1.6 Land holding

Table.7 Distribution of ICDS beneficiaries according to their land holding

n= 120

Category	Frequency	Percentage
1.Marginal holding	31	25.83
2.Small holding	34	28.34
3. Semi-medium holding	33	27.50
4. Medium holding	21	17.50
5. Big holding	01	0.80
Total	120	100.00

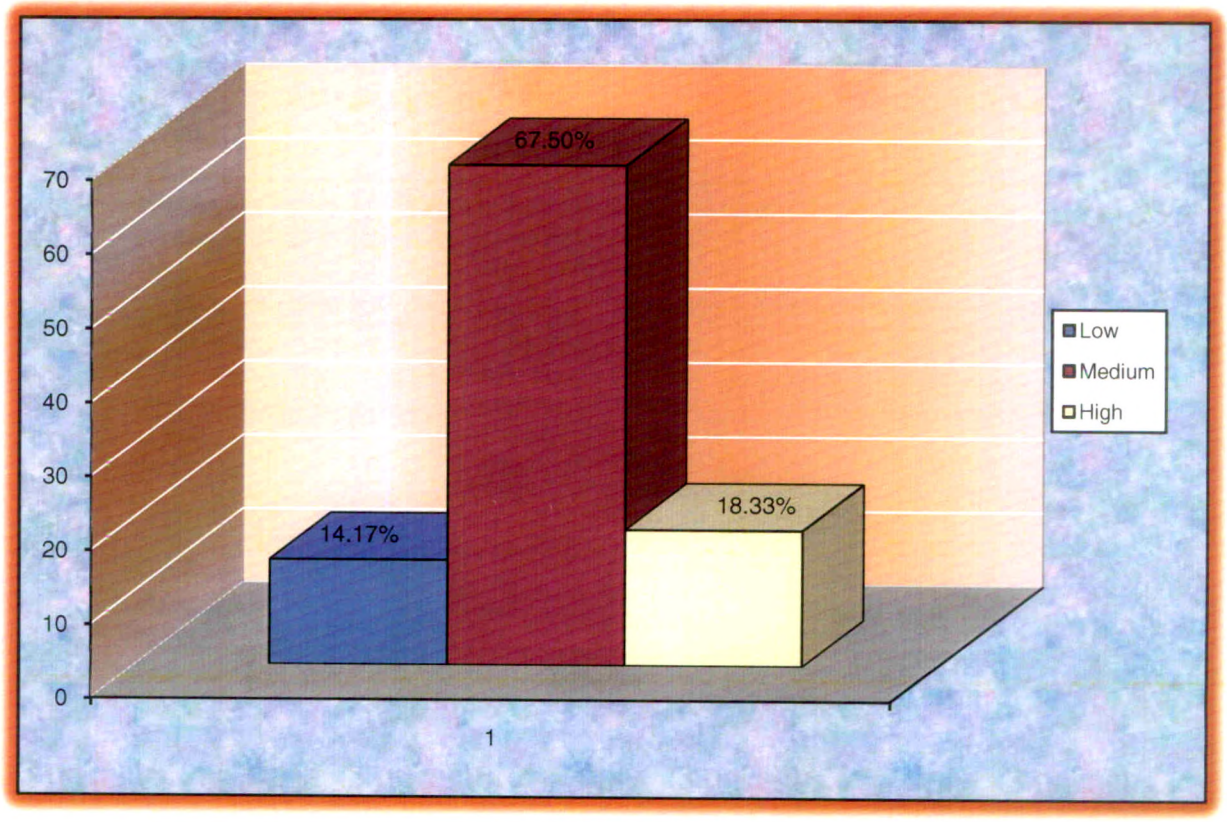


Fig. 6. Distribution of ICDS beneficiaries according to their annual income

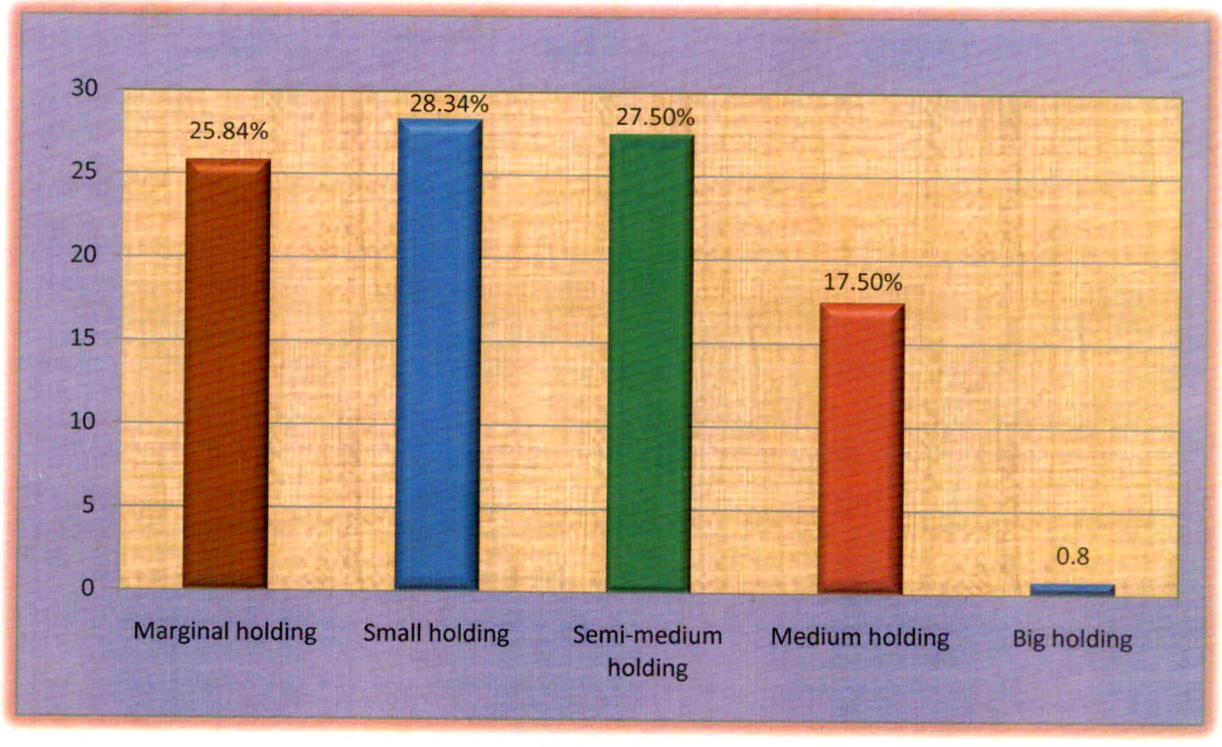


Fig. 7. Distribution of ICDS beneficiaries according to their land holding

As regards with the land holding, it is evident from the Table 7 that higher percentage 28.34 per cent of ICDS beneficiaries were found in small land holding category, 27.50 per cent were from semi-medium land holding category, 17.50 per cent were from medium land holding 25.83 per cent of them from marginal land holding and only 0.80 per cent of the ICDS beneficiaries were found in big land holding category.

4.1.7 Occupation

Table.8 Distribution of ICDS beneficiaries according to their occupation

n=120

Category	Frequency	Percentage
1.House work	05	04.17
2.House work + labour	11	09.17
3. House work + Agriculture	61	50.83
4.House work + Agriculture+ labour	04	03.33
5.House work +Agriculture + business	33	27.50
6.House work + service	06	05.00
Total	120	100.00

The data from Table 8 showed that the occupations of most of the ICDS beneficiaries 50.83 per cent were house work and agriculture, 27.5 per cent were engaged in house work, agriculture and business, 09.17 per cent in house work and labour, 04.17 per cent in house work and labour 03.33, per cent in house work, agriculture and labour, whereas 05.00 per cent performing only house work and service

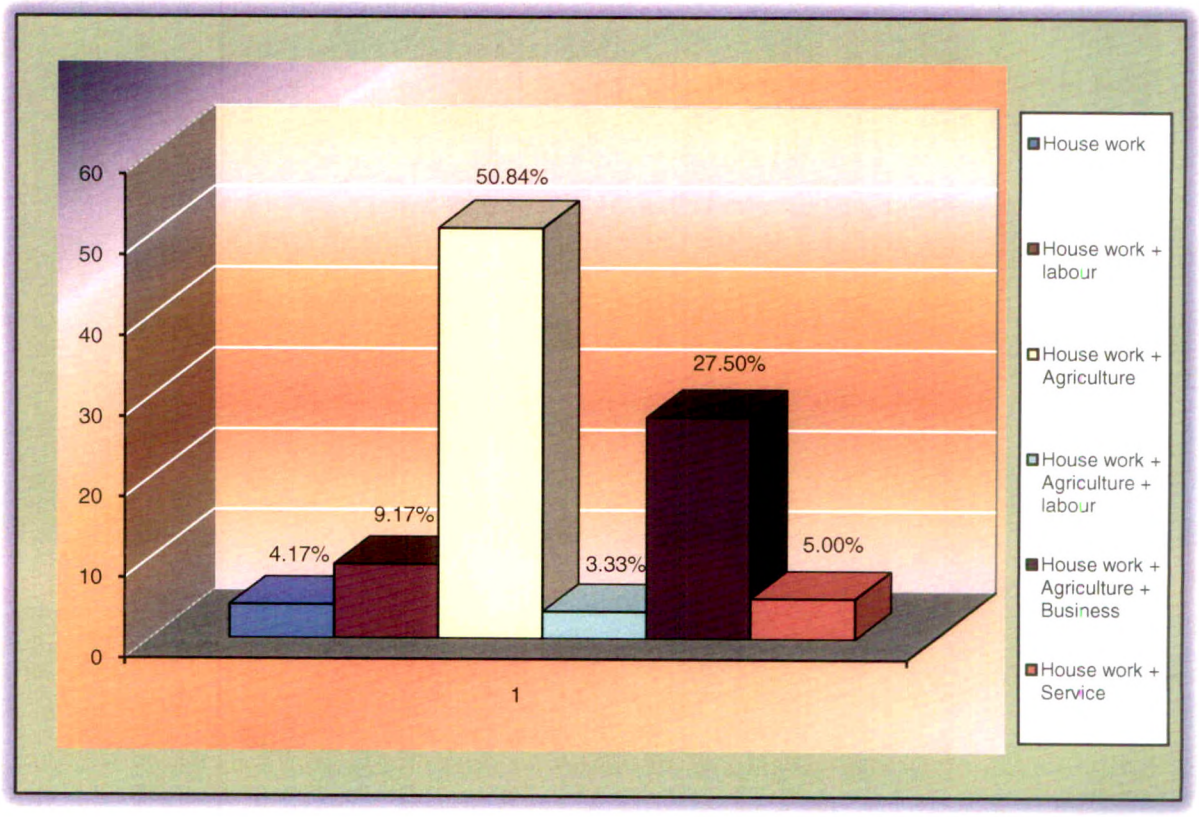


Fig. 8. Distribution of ICDS beneficiaries according to their occupation

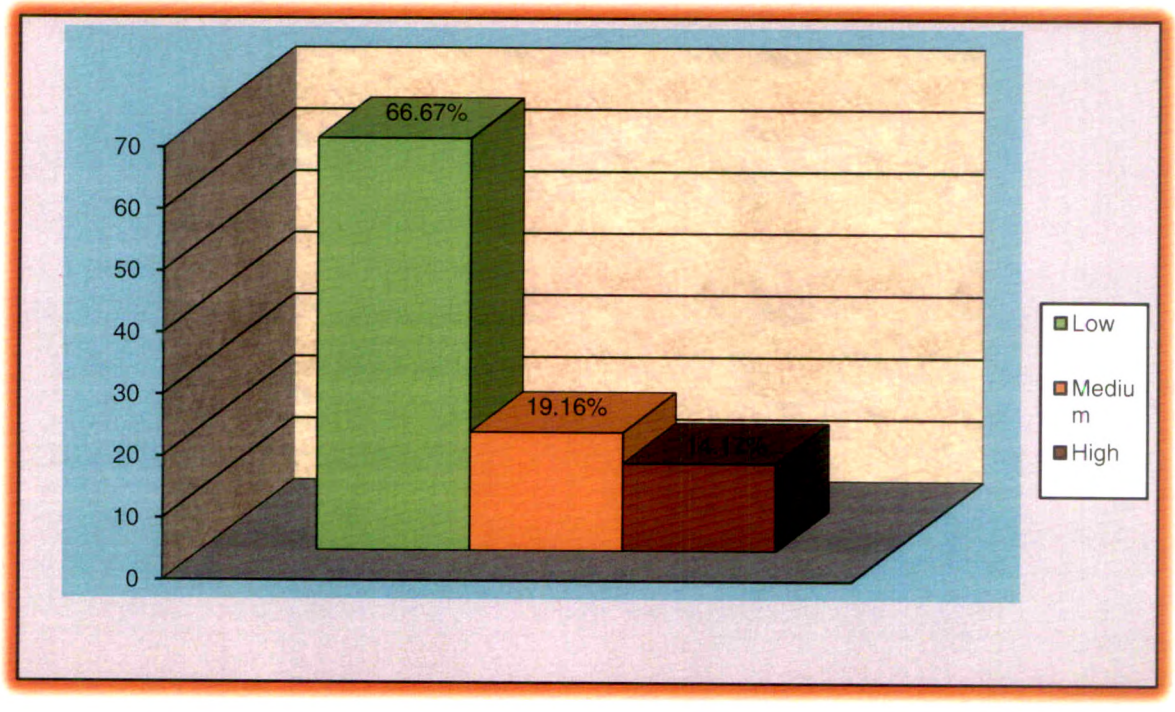


Fig. 9. Distribution of ICDS beneficiaries according to their level of social participetion

4.1.8 Social participation

Table.9 Distribution of ICDS beneficiaries according to their level of social participation

n = 120

Category	Frequency	Percentage
1. Low	80	66.67
2. Medium	23	19.16
3. High	17	14.17
Total	120	100.00

It is elucidated from Table 9 that majority (66.67 %) of the ICDS beneficiaries had low level of social participation while, 19.16 per cent were medium social participation and only 14.17 per cent of ICDS beneficiaries were having high level of social participation.

4.1.9 Use of sources of information

Table.10 Distribution of ICDS beneficiaries according to their use of sources of information

n = 120

Category	Frequency	Percentage
1. Low	31	25.83
2. Medium	77	64.17
3. High	12	10.00
Total	120	100.00

It is revealed from Table 10 that nearly two third (64.17 %) of the ICDS beneficiaries were used medium sources of information while, 25.83 per cent and 10.00 per cent of them were in low and high use of sources of information respectively.

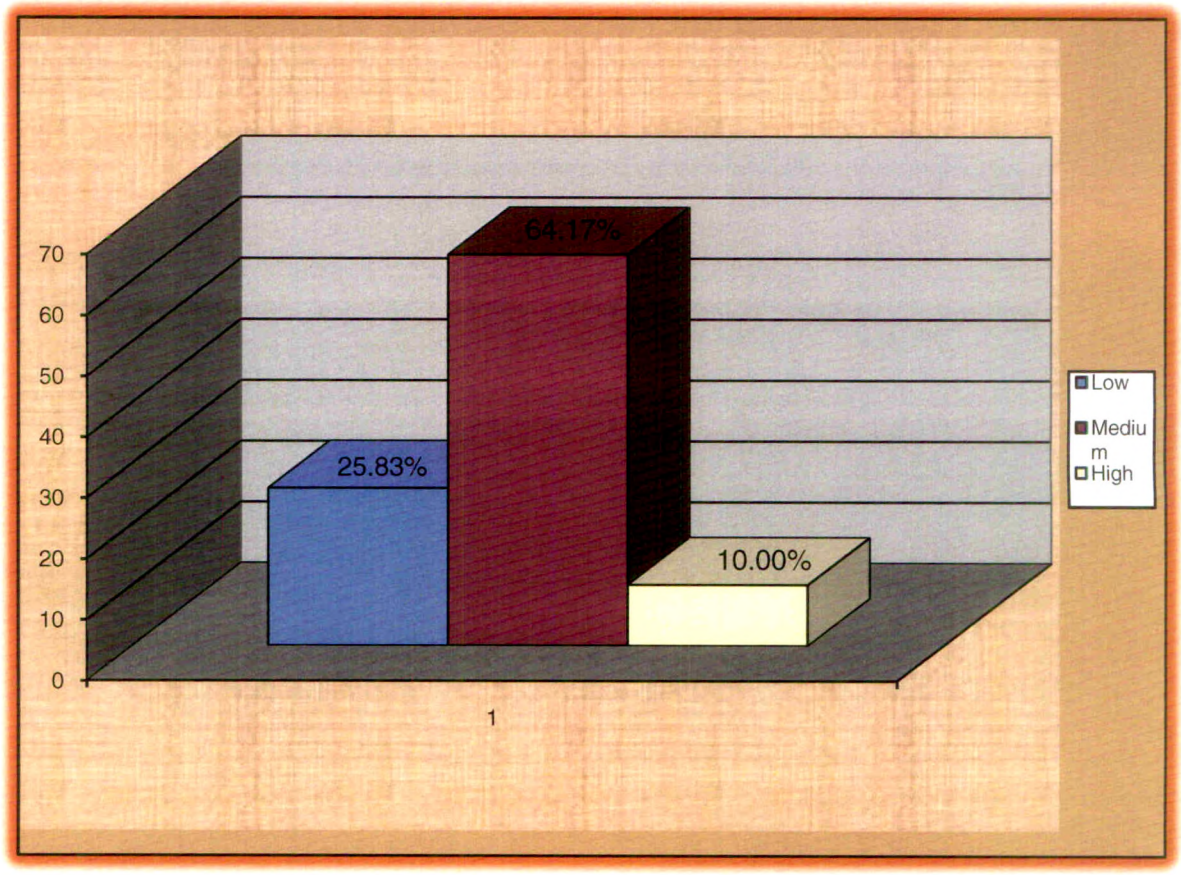


Fig.10.Distribution of ICDS beneficiaries according to their use of sources of information

4.2 Impact of ICDS scheme

4.2.1 Objective wise impact of ICDS on beneficiaries

4.2.1.1 Change in nutritional and health status.

Table 11: Distribution of change in nutritional and health status of the children in the age group 0-6 years.

n = 120

Sl.no	Nutritional and health status change	Frequency	Percentage
1.	Feed the child within half an hour after the birth	103	85.84
2.	Feed the infant continuously up to the six month	120	100.00
3.	Given boiled cow milk to young one	116	96.67
4.	Given nutritious food to malnourished child	116	96.67
5.	Given surplus vitamin A to avoid night blindness to the children	114	95.00
6.	Prefer leafy vegetable in daily diet	87	72.50
7.	Washing leafy vegetables before cutting	60	50.00
8.	Cut vegetables in large size	29	24.17
9.	Use of water in diet, in which vegetables are boiled	69	57.50
10.	Wash rice as less as possible time before cooking it	66	55.00
11.	Using water in which rice and pulses are boiled	91	75.84
12.	Using pulses in much more proportion in diet	108	90.00
13.	Use mix cereals in diet	32	26.67
14.	Mother is unable to feed child than you contact with 'Anganwadi' workers	120	100.00

Table 11 indicate the change in nutritional and health status of the children in the age group 0-6 years. It has been observed that sent per cent beneficiaries feed the enfant continuously up to the six month and mother was unable to feed the child than contact with the 'Anganwadi' workers followed by given boiled cow milk to young one (96.67 %), giving nutritious food to malnourished child (96.67 %) giving surplus vitamin A to avoid night blindness to the children (95.00 %), use of much more pulses more than proportionate (90.00 %), feed the child half an hour after the birth (85.84 %), using the water in which rice and pulses are boiled (75.84 %), prefer leafy vegetables in daily diet (72.50 %), washing of rice as possible time before cooking it (55.00%) washing leafy vegetables before cutting (50.00 %), use mix cereals in diet (26.67 %) and cutting vegetables in large size (24.17 %).

4.2.1.2 Psychological, physical and social development changes

Table 12: Distribution to lay the foundations for proper psychological, physical and social development of the child

n = 120

Sl. no.	Psychological, physical and social development changes	Frequency	Percentage
1.	Have organ movement according to age	76	63.34
2.	Speak efficient as age grows	100	83.34
3.	Have proper weight	75	62.50
4.	Take meal a time according to age	94	78.34
5.	Run according to age	104	86.67
6.	Height/ length in right proportion according to age	113	94.17
7.	Listening ability develop as age grows	120	100.00
8.	He/she concentrate on looking new things	115	95.84
9.	Make loud and noise	119	99.17
10.	Remember what they have seen earlier on seeing a thing again	111	92.50
11.	Take interest in sport	119	99.17
12.	Connect with family members	118	98.34
13.	Like to go outside with the family members	116	96.67
14.	Identify alphabets	105	87.50
15.	Can they read	97	80.84
16.	Identify the picture	111	92.50

Psychological, physical and social developmental changes on the ICDS beneficiaries have been reported in Table 12. It is observed that sent per cent beneficiaries have developed listening ability as age groups followed by making loud and noise and taking interest in sports (99.17 %), connecting with family members (98.34 %), like to go outside with the family members (96.67 %), concentrates on looking new things (95.84 %), identifying the picture and remember what they have seen earlier on seeing thing again (92.50 %), identifying the alphabets (87.50 %), running according to age (86.67 %)speaking efficient as age grows (83.34 %), reading (80.84 %) and organs movement according to age (63.34 %).

4.2.1.3 Incidence of mortality, morbidity, malnutrition and school dropout changes

Table 13: Distribution according to the incidence of mortality, morbidity, and malnutrition and school dropout

n =120

Sl. No	Incidence of mortality, morbidity, malnutrition and school dropout changes	Frequency	Percentage
1.	All deliveries were safe	97	80.84
2.	Approach (hospital) doctor for delivery	92	76.67
3.	Any mentally retarded	07	05.83
4.	Intelligent quotient low	12	10.00
5.	There was problem in growth	08	06.67
6.	Resistant power to contagious disease	87	72.50
7.	Proper appetite	101	84.16
8.	Send child to "Anganwadies"	109	90.84

Table 13 indicate the incidence of mortality, morbidity, malnutrition and school dropout changes on the beneficiaries of ICDS. It was found that highest beneficiaries were observed there was mentally retarded (05.83%), followed by there was problem in growth (06.67%), send child to the Anganwadies (90.84 %), intelligent quotient low (10.00%), proper appetite (84.16%), safe deliveries (80.84%), approaching hospital for delivery (76.67%) and resistant power to contagious disease (72.50 %).

4.2.1.4 Effective co-ordinate policy and its implementation changes

Table 14 Distribution according to achieve effective co-ordinate policy and its implementation amongst the various departments to promote child development.

n =120

Sl. No	Effective co-ordinate policy and its implementation changes	Frequency	Percentage
1.	Ensure sustainable development of your child	97	80.84
2.	Build confidence in child and make them emotionally strong	106	88.34
3.	Promote intellectual curiosity	99	82.50
4.	Try to develop their language skills	110	91.67
5.	Develop the virtues like Sympathy, patience, cooperativeness and Kindness	100	83.34
6.	Research and Development opportunities	69	57.50
7.	Incorporate the feeling of security and of being accepted	110	91.67
8.	Encourage the child to play various games	112	93.34

Effective co-ordinate policy and its implementation changes have been reported in Table 14. It has been found that incorporate the feeling of security and of being accepted (91.67%), encourage the child to play various games and try to develop their language skills (91.67 %), build confidence in child and make them emotionally strong (88.34 %), Develop the virtues like Sympathy, patience, cooperativeness and Kindness (83.34 %), Promote intellectual curiosity (82.50 %), ensure sustainable development of child (80.84 %) and research and development opportunities (57.50 %).

4.2.1.5 Proper nutrition and health education changes

Table 15 Distribution according to the capability of the mother to look after the normal health nutritional needs of the child through proper nutrition and health education.

n = 120

Sl.no	Proper nutrition and health education changes	Frequency	Percentage
1.	Include surplus nutrients in the diet of pregnant and lactating mother	118	98.34
2.	Give large amount of vegetables to pregnant and lactating mother	119	99.17
3.	Having eggs, meat and fish in the diet of pregnant and lactating mothers	42	35.00
4.	Pregnant and lactating mother takes balanced diet regularly	104	86.67

Table 15 revealed the proper nutrition and health education changes among the ICDS beneficiaries. The maximum (99.17 %) gives large amount of vegetables to pregnant and lactating mother followed by inclusion of surplus nutrients in the diet of pregnant lactating mother (98.34 %), pregnant and lactating mother takes balanced diet regularly (86.67 %) and having (35.00 %) eggs, meat and fish in the diet of pregnant and lactating mothers.

4.2.2 Overall impact of ICDS scheme on beneficiaries

Table.16 Distribution of the ICDS beneficiaries according to their impact

n = 120

Impact	Frequency	Percentage
1. Low	12	10.00
2. Medium	93	77.50
3. High	15	12.50
Total	120	100.00

It is portrayed in Table 16 that majority (77.50%) of the ICDS beneficiaries had medium level of impact while, 12.50 per cent of them had high and only 10.00 per cent of the ICDS beneficiaries had low level of impact.

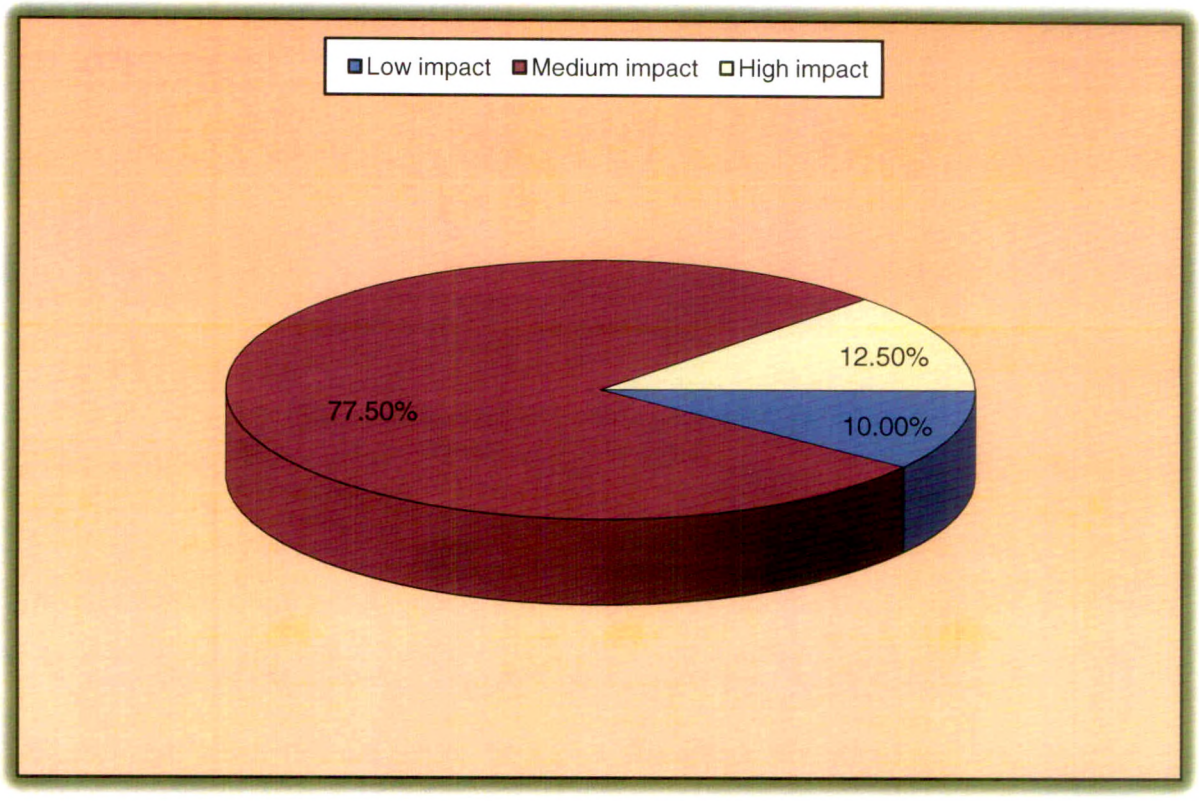


Fig. 11. Distribution of the ICDS beneficiaries according to their impact level

4.3 Relationship between selected independent and dependent variables.

4.3.1. Relationship between personal characteristics of ICDS beneficiaries and impact.

Table.17 Correlation between different personal characteristics of ICDS beneficiaries and impact.

Independent variables	Correlation coefficient ('r')
	Impact
1. Age	-0.058
2. Education	0.663**
3. Family size	-0.000
4. Family type	-0.064
5. Occupation	0.121
6. Land holding	0.124
7. Annual income	0.101
8. Social participation	0.222*
9. Use of sources of information	0.432**

** Significant at 0.01 % level of probability

* Significant at 0.05 % level of probability

NS Non Significant

It is conspicuous in Table 17 that the results of correlation coefficient (r) showed that the independent variables namely education, and use of source of information were positively and highly significantly related with the impact, social participation was positively and significantly related with the impact. Age, family size, family type were negatively related with the impact while occupation, land holding, annual income, were non significantly related with impact of ICDS.

4.4 Suggestions given by beneficiaries of ICDS

Table. 18 Distribution of ICDS beneficiaries' according to suggestion given by them

n = 120

	Suggestions	Frequency	Percent	Rank
1.	There should be proper building for 'Anganwadi'	63	52.50	I
2.	Vaccination campaign should be well managed and implemented on due time.	20	16.66	VII
3.	There should be abundant and good quality medicines available for vaccination.	33	27.75	V
4.	There should be proper supply of supplementary food.	48	40.00	III
5.	For cooking supplementary food, there is necessity of sufficient and well sterilized utensils in kitchen.	43	35.82	IV
6.	There should be availability of stationary for pre-school education.	29	24.16	VI
7.	There should be sufficient availability of mats for seating children.	14	11.66	VIII
8.	The payment given to 'Anganwadi' worker and helper should be incremented.	59	49.16	II
9.	Other instructions	14	11.66	VIII

Table.18 it is noted that 52.50 per cent beneficiaries suggest that there should be proper building for 'Anganwadi'. About 49.16 per cent ICDS beneficiaries suggested that there should be increment in the payment of 'Anganwadi' workers. About 35.00 per cent think that there should be sufficient and well sterilized utensils for cooking supplementary food while 40.00 per cent appreciated the need of proper supplementary food supply. Also 27.77 per cent told that there should be abundant and good quality medicine for vaccination, 24.16 per cent given the priority to have stationary for pre-school education whereas 16.66 per cent beneficiaries think that vaccination campaign should be well managed and implemented on proper time, sufficient mat availability was the need for 11.66 per cent. Adding to this 11.66 per cent beneficiaries think that there should be playground or other facilities.

DISCUSSION

CHAPTER V

DISCUSSION

The present study was undertaken with an object to assess the extent of Impact of Integrated Child Development Service Scheme on beneficiaries. The results of the study presented in previous chapter are discussed in this chapter in following order.

5.1 Personal characteristics of beneficiaries of ICDS.

5.2 The impact of ICDS on beneficiaries.

5.3 Relationship between personal characteristics and impact of ICDS on beneficiaries.

5.4 The suggestions by the beneficiaries about ICDS.

5.1 Personal characteristics of beneficiaries of ICDS

5.1.1 Age

It is revealed from Table 2 that majority of the ICDS beneficiaries (75.00 %) were from middle age group, 19.17 per cent beneficiaries were from young age group and 5.83 per cent of the beneficiaries were from old age group.

Age of the beneficiaries is an important factor in deciding impact of ICDS beneficiaries. Younger women beneficiaries are more energetic, dynamic having more risk bearing capacity. This finding is in the line with the findings of Kingoankar (1989) and Wankhede (1997).

5.1.2 Education

The data from Table 3 clearly shows that 40.84 per cent of the ICDS beneficiaries were educated up to secondary school level, 26.67 per cent of them were having primary school level, 15.84 per cent of them were having higher secondary school level, 10 per cent of them were illiterate, while 5.00 per cent were

can read and write only, 1.67 per cent of the ICDS beneficiaries were graduate, whereas, no one ICDS beneficiaries were from post graduate.

Generally, the villages are having the educational facility up to primary and secondary school level and for getting higher studies one has to go cities which gives rise to different problems. This clearly indicates that large proportion of the ICDS beneficiaries had education up to primary and secondary school level category. This observation is similar with findings of Bhosale (2000).

5.1.3 Family size

The data from Table 4 showed that about 45.00 per cent of the ICDS beneficiaries were from medium size family. While 29.17 per cent of them were from small size and 25.83 per cent were belonging to large family.

In rural area most of the family type is joint that's have medium number of person. The findings are consistent with findings of Kakkar (1987), Katole (2001) and Kore (2005).

5.1.4 Family type

The data from Table 5 showed that about 65.83 per cent of ICDS beneficiaries were from joint family, while 34.17 per cent were from nuclear family.

In our country, rural peoples were live together; hence most of the ICDS beneficiaries were from joint family. This finding is in the line with the findings of Nirmal *et al.* (1991).

5.1.5 Annual income

It is observed that from Table 6 that 67.5 per cent of ICDS beneficiaries had medium annual income followed by 18.33 and 14.17 per cent had high and low annul income, respectively.

Such findings are due to the majority of the ICDS beneficiaries were belonging to medium and small land holding category. Naturally, the ICDS beneficiaries also came from same category of economic condition in large number. This finding is in the line with the findings of Kulkarni (2003).

5.1.6 Land holding

As regards the land holding, it is evident from the Table 7 that higher 28.33 percentage of ICDS beneficiaries were found in small land holding category, 27.50 per cent were from semi-medium land holding category, 25.83 per cent of them from marginal land holding, 17.50 per cent were from medium land holding and Only, 0.80 per cent of the ICDS beneficiaries were found in big land holding category.

The reduction in land holding is due to the continuous fragmentation might be happened that maximum ICDS beneficiaries were from small land holding category. This finding is similar to Thombre (1993).

5.1.7 Occupation

The data from Table 8 showed that the occupations of most of the ICDS beneficiaries i.e. 50.83 per cent were house work and agriculture, 27.50 per cent were engaged in house work, agriculture and business, 9.17 per cent in house work and labour, 4.17 per cent in house work, 3.33 per cent in house work, agriculture and labour, whereas 5.00 per cent performing only house work and service

Most of the ICDS beneficiaries engaged in house work and agricultural activities. This finding is similar to Kingaonkar (1989).

5.1.8 Social participation

It is elucidated from Table 9 that majority (66.67%) of the ICDS beneficiaries had low level of social participation while, 19.16 per cent were medium social participation. Only, 14.17 per cent of ICDS beneficiaries were having high level of social participation.

ICDS beneficiaries were busy in their home management, child, and farming opportunities. They got little leisure time to participate in different social organizations. They participate only when it is an important on the basis of their interest. Therefore, most of the ICDS beneficiaries were noticed from low social participation category. This finding is similar to those of Kore (2005), Nakhate (2006).

5.1.9 Use of sources of information

It is revealed from Table 10 that nearly two third (64.17 %) of the ICDS beneficiaries used medium sources of information while, 25.83 per cent and 10.00 per cent of them were in low and high use of sources of information category, respectively.

The different information sources led through understanding of new information and thereby motivate the ICDS beneficiaries for full impact of ICDS. Similar findings were reported by Deshmukh (2003), Rewatkar (2003).

5.2 Impact of ICDS on beneficiaries

The impact of Integrated Child Development Service Scheme on nutritional and health status of the children in the age group 0-6 years, proper psychological, physical and social development of the child, mortality, morbidity, malnutrition and school dropout, effective co-ordinated policy and its implementation amongst the various departments to promote child development, the capability of the mother to look after the normal health nutritional needs of the child through proper nutrition and health education as a result of being beneficiaries of ICDS, which shows significant, non significant and negatively significant changes with some personal characteristics.

It is portrayed from Table 16 that majority (77.50%) of the ICDS beneficiaries had medium level of impact while, 12.50 per cent of them had high and only, 10.00 per cent of the ICDS beneficiaries had low level of impact. This finding is similar to Bansode (2007).

5.3 Relationship between the personal characteristics of ICDS beneficiaries and impact.

5.3.1Age and impact

The correlation coefficient (-0.058) indicated that there was negative relationship between the age of the beneficiaries and impact.

Most of the ICDS beneficiaries are bound with the norms, traditions, rules, etc. so generally they were not adopted new concept. The findings reported by Kore (2005) are similar to this finding.

5.3.2 Education and impact

The correlation coefficient (0.663) showed that there was a positive and highly significant relationship between the education and their impact level of beneficiaries.

Education has a profound impact on every aspect of life of an individual. It widens the knowledge base of an individual, this leads to widen the vision of an individual. Educated people have greater inclination of new ideas and thus, they are more prone to change, to take risk and have better understanding of subject matter. It was therefore, assumed that, highly educated ICDS beneficiaries might have more impact, as there was a positive and highly significant relation between education and impact. This findings are in line with findings of Ahire (2000), Katole (2001)

5.3.3 Family size and impact

The correlation coefficient (-0.000) indicated that there was negative relationship between the family size and impact of beneficiaries. As members in the family increases, impact of ICDS decreases. This findings are in line with findings of Dhayarkar (2007).

5.3.4 Family type and impact

The correlation coefficient (-0.064) indicated that there was negative relationship between the family type and impact of beneficiaries.

As family type is joint, there are increases in family size. Thus there is lack of care regarding health. Therefore family type is negatively related with the impact.

5.3.5 Annual income and impact

The correlation coefficient (0.101) revealed that there was no relationship between annual income and impact of ICDS on beneficiaries.

There was no relation between annual income and impact of ICDS because there is no effect on acquiring benefits of ICDS Scheme. This finding is supported by the findings of Bansode Smita (2007).

5.3.6 Land holding and impact

The data delineated that land holding (0.124) was not related with the impact of ICDS on beneficiaries.

Total land holding doesn't affect the impact of ICDS because impact is totally depends on the participation of the beneficiaries in ICDS Scheme. The researcher could not found relevant references.

5.3.7 Occupation and impact

The data delineated that occupation (0.212) was not related with the impact of ICDS on beneficiaries.

Occupation of the individual doesn't matter with impact of ICDS, whatever the occupation of the beneficiaries, their participation is important than the occupation. The researcher could not found relevant references.

5.3.8 Social participation and impact

The correlation coefficient (0.222) indicated that the relationship between the social participation and impact was positive and significant.

These findings may be due to the fact of ICDS beneficiaries who participate more in voluntary organization, develop broader outlook. Hence, social participation could establish positive and significant relationship with the impact. Therefore, due to which there was a positive and significant relation between social participation and impact. Similar findings were indicated in the study of Ahire (2000), Dhayakar (2007).

5.3.9 Use of sources of information and impact

The correlation coefficient (0.432) indicated that the relationship between the sources of information and impact of ICDS beneficiaries was positive and highly significant.

An individual gains variety and more amount of knowledge if he has an opportunity to expose with more number of sources of information. ICDS beneficiaries those used more sources of information have higher exposure and enriches the level of impact. Therefore use of sources of information might establish positive and highly significant relationship with impact. Similar results were also noted in the study of Patil (2004), Dhayakar (2007).

5.4 Suggestions given by ICDS beneficiaries

Table15. Illustrated distribution regarding suggestions given by ICDS beneficiaries. It was noticed that 52.50 per cent beneficiaries suggested that there should be proper building for 'Anganwadi'. About 49.16 per cent ICDS beneficiaries suggested that there should be increment in the payment of 'Anganwadi' workers. About 35.00 per cent think that there should be sufficient and well sterilized utensils for cooking supplementary food while 40.00 per cent appreciated the need of proper supplementary food supply. Also 27.75 per cent told

that there should be abundant and good quality medicine for vaccination, 24.16 per cent given the priority to have stationary for pre-school education whereas 16.66 per cent beneficiaries think that vaccination campaign should be well managed and implemented on proper time, sufficient mat availability was the need for 11.66 per cent. Adding to this 11.66 per cent beneficiaries think that there should be playground or other facilities. This finding is supported by the findings of Thombre (1993)

SUMMARY AND CONCLUSION

CHAPTER VI

SUMMARY AND CONCLUSION

Government of India proclaimed a National Policy on Children in August 1974 declaring children as, "supremely important asset". The policy provided the required framework for assigning priority to different needs of the child. The programme of the Integrated Child Development Services (ICDS) was launched in 2nd October 1975 in 33 community development blocks seeking to provide an integrated package of services in a convergent manner for the holistic development of the child. Today ICDS represents one of the world's largest programmes for early childhood development.

The Integrated Child Development Services (ICDS), a countrywide programme of the Government of India, offers a fundamental intervention for addressing the nutrition and health problems and promoting early childhood education among the disadvantaged population of the country. Its basic objectives are:

1. To improve the nutritional and health status of children in the age group 0-6 years
2. To lay the foundation for proper psychological physical and social development of the child
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Among many other welfare programmes for women and children, Government has novel programme. The scheme is being implemented in Maharashtra for about last 35 years. Appraisal of the ICDS scheme felt necessary in light of its objective. A few studies have already been conducted, however the

studies were in general of descriptive nature and lacked in adequate designs. It was therefore felt necessary to undertake an objective study. The study was conducted on following objectives.

1. To study personal characteristics of beneficiaries of ICDS.
2. To study the impact of ICDS on beneficiaries.
3. To study the relationship between personal characteristics and impact of ICDS on beneficiaries.
4. To elicit the suggestions by the beneficiaries about ICDS.

The present study was conducted in Parbhani district. Out of nine talukas namely Manwat, Parbhani and Purna were selected randomly by lottery method, four villages from each tahasil and ten respondents from each villages were selected randomly on the basis of n^{th} number method to comprise the total sample of 120 respondents for study .The data were collected by contacting the ICDS beneficiaries personally with the help of structured interview schedule. The qualitative data were quantified in view of the objectives. Simple percentage was worked out to describe the characteristics of respondents. Total impact score was calculated by summing up the scores of all the items studied in all these five objectives. The beneficiaries were categorized on the basis of Mean $\pm$ Standard Deviation formula. Correlation coefficient was worked out to describe the relationship of personal characteristics of the ICDS beneficiaries with the impact of ICDS on beneficiaries.

6.1 The personal characteristics of the ICDS beneficiaries.

As regard the personal characteristic of ICDS beneficiaries it was observed that majority of the ICDS beneficiaries (75.00%) were from middle age group, while 40.83 per cent of the ICDS beneficiaries were educated up to secondary school level, 45.00 per cent of the ICDS beneficiaries were from medium size family. Farther it concluded that about 65.83 per cent of ICDS beneficiaries were from joint family, 67.50 per cent of ICDS beneficiaries had medium annual income.

It was also observed that 28.34 per cent of ICDS beneficiaries were found in small land holding category, occupations of most of the ICDS beneficiaries i.e. 50.83 per cent were house work and Agriculture, majority (66.67%) of the ICDS beneficiaries had low level of social participation and two third (64.17%) of the ICDS beneficiaries used medium sources of information.

6.2. Impact of ICDS on beneficiaries.

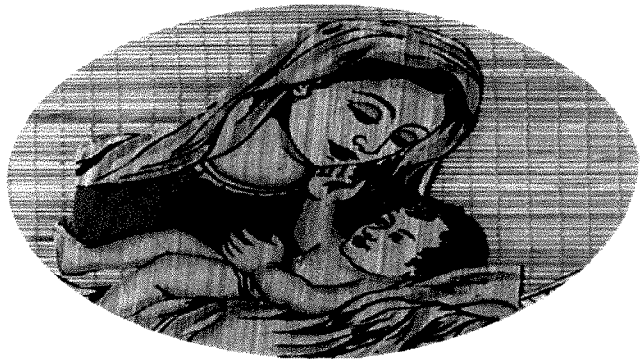
The appraisal of results regarding extent of impact of ICDS on beneficiaries clearly indicates that majority (77.50%) of the ICDS beneficiaries had medium level of impact while, 12.50 per cent of them had high and only, 10.00 per cent of the ICDS beneficiaries had low level of impact.

6.3. The relationship and impact of ICDS on beneficiaries.

Result of correlation coefficient (r) showed that the independent variables namely education, social participation and use of source of information were positively and significantly related with the impact. Age, family size, family type was negatively related with the impact while occupation, land holding, annual income, were non significantly related with impact.

6.4. Suggestion given by ICDS beneficiaries

The results presented in earlier chapter portrayed that most of the ICDS beneficiaries suggested that there should be proper building for 'Anganwadi' and there should be increment in the payment of 'Anganwadi' workers. They also suggest that there should be sufficient and well sterilized utensils for cooking supplementary food, the need of proper supplementary food supply, there should be abundant and good quality medicine for vaccination, given the priority to have stationary for pre-school education whereas some beneficiaries given suggestion that vaccination campaign should be well managed and implemented on proper time, sufficient mat availability, adding to this ICDS beneficiaries suggest that there should be separate playground for playing Chilean or other facilities.



IMPLICATIONS

CHPTER VII

IMPLICATIONS

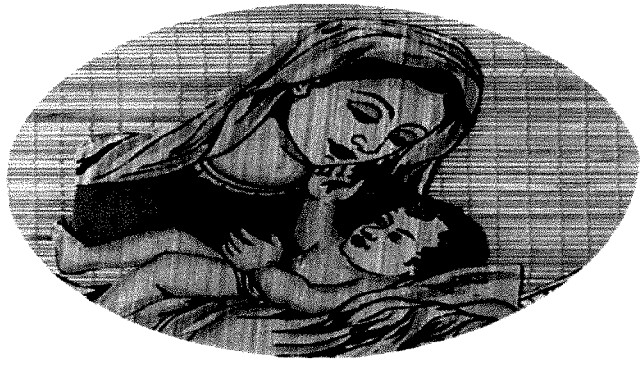
The research study would be useful in understanding the personal characteristics of the ICDS beneficiaries, their impact level about nutritional and health status of the children in the age group 0-6 years, proper psychological, physical and social development of the child, mortality, morbidity, malnutrition and school dropout, effective co-ordinated policy and its implementation amongst the various departments to promote child development, the capability of the mother to look after the normal health nutritional needs of the child through proper nutrition and health education. Moreover, findings of this study will go a long way in helping to the administrators, planners, policy makers, trainers and researchers for assessment and implementation. The study will be helpful to the AWWs, Supervisors M.O., ACDPOs, and CDPOs, planer of the scheme for effective functioning of the scheme. This dissertation however, does not claim to give implications that can be applicable in all places since the social and ecological conditions may not be identical everywhere, as the study is confined to three tahsil of Parbhani district of Marathwada region. The implication emerged out from the present investigation Impact of Integrated Child Development Service Scheme on beneficiaries are listed below.

1. The study has brought about a positive feedback regarding selection of beneficiaries of the scheme. The scheme was found to be successfully reaching the poor section of the population. General picture with respect to impact of ICDS on beneficiaries highlighted that the level of ICDS impact was medium. These findings suggested that there should be proper training to 'Anganwadi' worker which will help to increase impact of ICDS on beneficiaries.
2. It is an encouraging finding that the impact of the scheme was adjudged to be satisfactory as the impact was about 77.50. However the same fact also implies, that there is scope for further improvement in impact of scheme. The supply of required material assets and man power will help in improving the impact of

scheme. The planners need to make adequate provision and the implementers lead to use them effectively.

3. The relationship between independent variables like education, and use of source of information were positively and highly significantly contributors with the impact, social participation was positively and significantly related with the impact of ICDS, It may therefore be suggested that beneficiaries of ICDS should be from higher level of education, use of sources of information, social participation. Government should give required facilities to improve health. Women should be motivated by creating a suitable social environment to participate actively in the different activities of ICDS scheme.
4. Government should use advance communication Medias for effective diffusion of innovations in the society, to the ICDS beneficiaries for convincing them facilities of ICDS.
5. The beneficiary women are not free to take the decision about adoption of mother and child care practises. It is therefore recommended that the Anganwadi workers and Helper should also contact, educate and convince the head of the family in addition to beneficiaries. Infact such a provision may be made in the scheme itself as an inbuilt mechanism.
6. Some suggestion given by ICDS beneficiaries especially that there should be adequate building need to be provided for 'Anganwadi and there should be increment in the payment of 'Anganwadi' workers.
7. There should be sufficient and well sterilized utensils for cooking supplementary food and sufficient supplementary food supply provided to the beneficiaries women and children, there should be abundant and good quality medicine for vaccination, should give the priority to have stationary for pre-school education whereas vaccination campaign should be well managed and implemented on proper time, sufficient mat availability was the need. Adding to this some beneficiaries suggest that there should be playground or other facilities for playing children.

Since, the study was conducted in the limited area of Parbhani district, it is necessary to conduct the similar studies covering other additional aspects also in other locations in order to generalize findings to a great utility for impact of ICDS on beneficiaries.



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THESIS ABSTRACT

"IMPACT OF INTEGRATED CHILD DEVELOPMENT SERVICE (ICDS) SCHEME ON BENEFICIARIES IN PARBHANI DISTRICT"

Name of the student : Miss Sawandkar. D.N. **Research Guide: Dr. B. M. Thombre**

Reg. No. **: 84ML/2010A**

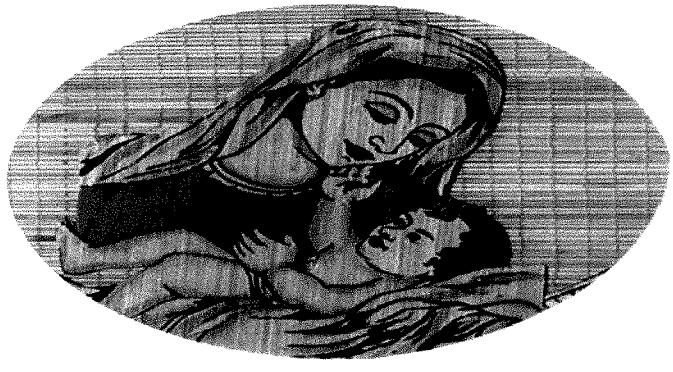
Degree **: M.Sc. (Agri.)** **Major subjects :Extension Education**

Integrated Child Development Service (ICDS) Scheme has significant role to maintain health of a beneficiaries. Integrated Child Development Services (ICDS) scheme is the largest national programme for the promotion of the mother and child health and their development in the world. Children's are the future of a nation. Recognizing the importance of children as a vital human resource, study about ICDS has importance.

The present study was conducted in Parbhani district from Marathwada region of Maharashtra State. Three tahasil was selected randomly by lottery method, four villages from each tahasil and ten respondents from each village was selected randomly on the basis of n^{th} number method to comprise the total sample of 120 respondents for study and they were interviewed, personally to collect the data with the help of structured and pretested interview schedule. The collected data were processed and statistically analyzed. The coefficient of correlation was used to find out the relationship between the selected independent and dependent variables.

The study revealed that higher proportion of the ICDS beneficiaries were middle age between 23-39, educated up to primary and secondary school level, majority of them had annual income up to 58 to 3,20 thousand, majority of beneficiaries had medium size family, use of source of information. Majority of them were from joint family having semi-medium size of land holding, most of them had house plus agricultural occupation, low social participation and medium use of source of information. It was observed that the large majority of the ICDS beneficiaries had medium level of impact. Study revealed that with the increased levels of education, social participation, use of sources of information level of impact also increased.

The study portrayed that the lack of knowledge about nutritional and health status of the children in the age group 0-6 years, proper psychological, physical and social development of the child, mortality, morbidity, malnutrition and school dropout, effective co-ordinate policy and its implementation amongst the various departments to promote child development, the capability of the mother to look after the normal health, nutritional needs of the child through proper nutrition and health education gives low impact.



APPENDIX

APPENDIX-I
DEPARTMENT OF EXTENSION EDUCATION
COLLEGE OF AGRICULTURE, LATUR
MARATHWADA KRISHI VIDYAPEETH, PARBHANI.
-SCHEDULE -

Title : Impact of Integrated Child Development Service (ICDS) Scheme on beneficiaries in Parbhani district.

Name of the Student : Ms. Sawandkar Dipali Namdeorao.

Name of the Guide : Dr. Thombre B.M.

Section-A

1. Name of Beneficiaries: .....

2. Address : **Village**.....**Tahsil**.....**District**.....

3. **Age** : .....years

4. Education : **1.** Illiterate

2. Read and Write only

3. Primary school level (I^{st} to IV^{th})

4. Secondary school level (V^{th} to X^{th})

5. Higher secondary school level (XI^{th} to XII^{th})

6. Graduate (above XII^{th})

7. Post graduate

5. Total family member :

Sr.no.	Category	No of peoples
1	**Small family (2-4 persons)**	
2	**Medium family (5-7 persons)**	
3	**Large family (more than 7 persons)**	

6. **Family type** : Nuclear/ Joint

7 **Occupation** : 1. Main occupation

I .....

II .....

2. Subsidiary occupation.....

I .....

II .....

8 **Land holding** : I Rainfed .....

II Irrigated .....

Total .....

9 **Annual income** :

Sr no	Source of income	Annual income (Rs.)
1	Main occupation	.....
2	Subsidiary occupation	.....
	Total	.....

10. Social participation :

Sr. no	Organization	Members	Office bearer	Period
1	Bhajni mandal			
2	Mahila Mandal			
3	Balwadi			
4	Co-operative service society			
5	Gram panchayat			
6	Panchayat samiti			
7	Agriculture science club			

8	Self help group			
9	Zillha parishad			
10	Youth club			
11	Other (specify it)			

11. Use of sources of information :

Sl.no	Sources of information	Regular	Sometime	Never
A.	**Personal sources of information**			
1.	Friends			
2.	Neighbors			
3.	Relatives			
4.	Block development officer			
5.	Agricultural officer			
6.	Gram Vistarak			
7.	Gramsevika			
8.	Argil. University Scientist			
9.	Local leaders			
10.	Other (specify it)			
B.	**Group contact sources of information**			
1.	Radio			
2.	Television			
3.	Moving picture			
4.	Other written literature			
5.	Books			
6.	Newspaper Other (specify it)			
C.	**Mass contact sources of information**			

1.	Radio			
2.	Television			
3.	Moving picture			
4.	Other written literature			
5.	Books			
6.	Newspaper			
7.	Other (specify it)			

Section-B

1. Change in nutritional and health status of the children in the age group 0-6 years.

Sl.no	nutritional and health status change	Yes/No
1.	Do you feed the child within half an hour after the birth?	
2.	Do you feed the infant continuously up to the six month?	
3.	Do you given boiled cow milk to young one?	
4.	Do you given nutritious food to malnourished child?	
5.	Are you given surplus vitamin A to avoid night blindness to the children?	
6.	Do you prefer leafy vegetable in daily diet?	
7.	Do you washing leafy vegetables before cutting?	
8.	Do you cut vegetables in large size?	
9.	Do you use water in which vegetables are boiled in your diet?	
10.	Do you wash rice as less as possible time before cooking it?	
11.	Are you using water in which rice and pulses are boiled?	
12.	Are you using pulses in much more proportion in your diet?	
13.	Do you use mix cereals in your diet?	
14.	If mother is unable to feed child than you contact with 'Anganwadi' workers?	

2. To lay the foundations for proper psychological, physical and social development of the child

Sl. no.	psychological, physical and social development changes	Yes/No
1.	Do they have organ movement according to age?	
2.	Do they speak efficiently as age grows?	
3.	Do they have proper weight?	
4.	Do they take meal a time according to age?	
5.	Do they run according to age?	
6.	Is height/ length in right proportion according to age?	
7.	Is listening ability develop as age grows?	
8.	Does he/she concentrate on looking new things?	
9.	Do they make loud and noise?	
10.	Do they remember what they have seen earlier on seeing a thing again?	
11.	Do they take interest in sport?	
12.	Do they connect with family members?	
13.	Do they like to go outside with the family members?	
14.	Do they identify alphabets?	
15.	Can they read?	
16.	Do they identify the picture?	

3. **To reduce the incidence of mortality, morbidity, malnutrition and school dropout**

Sr. no	incidence of mortality, morbidity, malnutrition and school dropout changes	Yes/No
1.	If all deliveries were safe?	
2.	Do you approach (hospital) doctor for delivery?	
3.	Is there any mentally retarded?	
4.	Is intelligent quotient low?	
5.	Is there any problem in growth?	
6.	Is there resistant power to contagious disease?	
7.	Is there proper appetite?	
8.	Do you send your child to "Anganwadies"?	

4 To achieve effective co-ordinate policy and its implementation amongst the various departments to promote child development.

Sr.no	effective co-ordinate policy and its implementation changes	Yes/No
1.	Do you ensure sustainable development of your child?	
2.	Do you build confidence in child and make them emotionally strong?	
3.	Do you promote their intellectual curiosity?	
4.	Do you try to develop their language skills?	
5.	Do you develop the virtues like sympathy, patience, cooperativeness and Kindness?	

6.	Are there research and development opportunities?	
7.	Do you incorporate the feeling of security and of being accepted?	
8.	Do you encourage the child to play various games?	

5 To enhance the capability of the mother to look after the normal health nutritional needs of the child through proper nutrition and health education.

Sr.no	Proper nutrition and health education changes	Yes/No
1.	Do you include surplus nutrients in the diet of pregnant and lactating mother?	
2.	Do you give large amount of vegetables to pregnant and lactating mother?	
3.	Are you have eggs, meat and fish in the diet of pregnant and lactating mothers?	
4.	Is pregnant and lactating mother takes balanced diet regularly?	

Section – C

To get good services of Integrated child development service scheme different suggestions given by women beneficiaries

1. There should be proper building for 'Anganwadi'. ( )
2. Vaccination campaign should be well managed and implemented on due time. ( )
3. There should be abundant and good quality medicines available for vaccination. ( )
4. There should be proper supply of supplementary food. ( )
5. For cooking supplementary food, there is necessity of sufficient and well sterilized utensils in kitchen. ( )
6. There should be availability of stationary for pre-school education. ( )
7. There should be sufficient availability of mats for seating children. ( )
8. The payment given to 'Anganwadi' worker and helper should be incremented. ( )
9. Other instructions

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