

AN EVALUATION STUDY OF INTEGRATED CHILD DEVELOPMENT SERVICES PROGRAMME WITH REFERENCE TO SALAGAME HOBLI HASSAN TALUK AND DISTRICT

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Abstract: Integrated child development services (ICDS) programme continues to be the world's most unique early childhood development programme, which is being satisfactorily operated since more than 3 decades of its existence. Recognizing the need for early intervention to ensure the development of a young child's body, mind, and intellect to its maximum potential, the Government of India started the ICDS, a centrally sponsored scheme, which is a step toward responding to the child's needs in a comprehensive and holistic perspective. The Integrated Child Development Services (ICDS) in India comprises of health, nutrition, education and human resource development. It is carried out in 1745 rural, 716 tribal, and 235 urban projects in about 45% of community development blocks of the country. The services sponsored under Integrated child development services (ICDS) to help achieve its objectives are Immunization, Supplementary nutrition, Health checkup, Referral services, Pre-school non formal education and Nutrition and Health information. The beneficiaries of the programme include Children in the age group of 0-6 years, adolescent girls, pregnant women and Lactating mothers. The services are extended to the target community through an Anganwadi centre located within an easy and convenient reach of the community. In this purview, the researcher conducted a study to comprehend the success of Integrated child development services (ICDS) programme and hence evaluate the same with reference to Salagame Hobli Hassan Taluk and district.

Keywords: Integrated child development services, Anganwadi workers, nutrition

INTRODUCTION:

Integrated child development services (ICDS) program continues to be the world's most unique early childhood development program, which is being satisfactorily operated since more than 3 decades of its existence. Launched on 2nd October 1975, today, ICDS scheme represents one of the world's largest and the most unique programs for early childhood development. ICDS is the foremost symbol of India's commitment to her children-India's response to the challenge of providing preschool education (PSE) on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other(Chudasama,2016). The ICDS scheme is a long term development program for community and all efforts should be continued to strengthen to make it more successful. It is a programme which provides food, preschool education, and primary health care to children less than 6 years of age and their mothers. The scheme was however launched in 1975 but Morarji Desai Government discontinued it in 1978 but however from Tenth five year plan the central Government started focusing more on its objective and re-launched it.

The scheme was launched on 2 October 1975 in 33 (4 rural, 18 urban, 11 tribal) blocks. Over the last 25 years, it was expanded progressively and at present it has 5614 (central 5103, state 511) projects covering over 5300 community development blocks and 300 urban slums; over 60 million children below the age of 6 years and over 10 million women between 16 and 44 years of age and 2 million lactating mothers

The Integrated Child Development Services (ICDS) in India comprises health, nutrition, education and human resource development. It is carried out in 1745 rural, 716 tribal, and 235 urban projects in about 45% of community development blocks of the country. The nutrition programme in general aims to provide health and nutrition inputs to expectant mothers throughout the gestation period in order to prevent low birth weight babies; the nutrition supplement distribution has improved, but chronic malnutrition among pregnant mothers persists. The ICDS programme provides regular health checkups, immunization, detection of malnutrition, treatment of diarrhea, and de-worming of and for children. These services have contributed to improved health among children in ICDS areas.

Objectives of the programme:

The objectives of the programme are:

- Improvement in the health and nutritional status of children 0-6 years and pregnant and lactating mothers.
- Reduction in the incidence of their mortality and school drop out
- Provision of a firm foundation for proper psychological, physical and social development of the child.
- Enhancement of the maternal education and capacity to look after her own health and nutrition and that of her family
- Effective co-ordination of the policy and implementation among various departments and programmes aimed to promote child development.

Beneficiaries

The beneficiaries are:

- i) Children 0–6 years of age
- ii) Pregnant and lactating mothers
- iii) Women 15–44 year of age
- iv) Since 1991 adolescent girls up to the age of 18 years for non formal education and training on health and nutrition.

Services

The programme provides a package of services facilities like:

- i) Complementary nutrition
- ii) Vitamin A supplements
- iii) Iron and folic acid tablets
- iv) Immunization
- v) Health check up
- vi) Treatment of minor ailments
- vii) Referral services
- viii) Non-formal education on health and nutrition to women
- ix) Preschool education to children 3–6 year old and
- x) Convergence of other supportive services like water, sanitation etc. (Tandon, 1995).

Implementation

The Integrated Child Development Services (ICDS) is been implemented through Anganwadi centers. The Anganwadi is a part of the Indian public health care system. Basic health care activities include contraceptive counseling and supply, nutrition education and supplementation, as well as pre-school activities. The Ministry of Women and Child Development has laid down guidelines for the responsibilities of Anganwadi workers (AWW). These include showing community support and active participation in executing this programme, to conduct regular quick surveys of all families, organize pre-school activities, provide health and nutrition education to families especially pregnant women on how to breastfeed, etc., motivating families to adopt family planning, educating parents about child growth and development, assist in the implementation and execution of Kishori Shakti Yojana (KSY) to educate teenage girls and parents by organizing social awareness programmes etc., identify disabilities in children, and so on.

The Anganwadi workers are provided training on-the-job by one Mukhya Sevika who supervises 40-60 anganwadis. In addition to performing the responsibilities with the Anganwadi workers, they have other duties such as keeping track of who are benefiting from the programme from low economic status — specifically those who belong to the malnourished category; guide the Anganwadi workers in assessing the age and weight of children and how to plot their weights; demonstrate effective methods, for example, in providing health and nutrition education to mothers; and maintain statistics of Anganwadis and the workers to determine what can be improved. The Mukhya Sevika then reports to the Child development Projects Officer (CDPO).

Below table depicts the delivery services to the beneficiaries through the Integrated Child Development Services (ICDS).

TABLE 1: DELIVERY OF SERVICES TO THE BENEFICIARIES

Services Target Group Service provided by	Services Target Group Service provided by	Services Target Group Service provided by
(i) Supplementary Nutrition	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	Anganwadi Worker and Anganwadi Helper (Ministry of Women and Child Development (MWCD))
(ii) Immunization	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	ANM /MO Health system, Ministry of Health and Family Welfare (MoHFW)
iii) Health Check-up	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	ANM/MO/AWW (Health system, MHFW)
(iv) Referral Services	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	AWW/ANM/MO (Health system, MoHFW)
v) Pre-School Education	Children 3-6 years	AWW (MWCD)
(vi) Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO (Health system, MoHFW & MWCD)

*AWW: Anganwadi Worker *ANM:Auxiliary Nurse Midwifery * MWCD:Ministry of Women & child Development * MoHFW: Ministry of Health and Family Welfare

The provision of supplementary nutrition under ICDS Scheme prescribed for various categories of beneficiaries is as follows:

Children in the age group of 6 months to 3 years: Food supplement of 500 calories of energy and 12-15 gms. Of Protein per child per day as Take Home Ration (THR) in the form of Micronutrient Fortified Food and/or energy-dense food marked as 'ICDS Food Supplement'.

Children in the age group of 3-6 years: Food supplement of 5calories of energy and 12-15 gms of Protein per child per day. Since a child of this age group is not capable of consuming of meal of 500 calories in one sitting, the guidelines prescribed provision of morning snack in the form of milk/banana/seasonal fruits/Micronutrient Fortified Food etc. and a Hot Cooked Meal.

Severely underweight children: Food supplement of 800 calories of energy and 20-25 gms of Protein per child per day in the form of Micronutrient fortified and/or energy dense food as Take Home Ration.

Pregnant Women and Lactating Mothers: Food supplement of 600 calories of energy and 18-20 gms of Protein per day in the form of Micronutrient Fortified Food and/or energy dense food as Take Home Ration.

Several studies reported association of improved nutritional status and immunization status of less than 3 years age, with ICDS services and others reported no such association. Even after more than 3 decades of implementation, the success of ICDS program in tackling maternal and childhood problems still remain a matter of concern. According to National Family Health Survey-3, countrywide though 81.1% children under age 6 years were covered by AWCs, children who received any service from AWC were only 28.4 %.(Chudasama 2015). The need for revitalization of ICDS has already been recommended toward better maternal and child health (MCH) especially in rural areas. Various studies attempted at evaluating its impact for nutritional status and child morbidity, but the status of these AWCs and their service constraints are not assessed much. The present study was conducted to assess issues related to AWW and AWC, evaluate the accomplishment of the programme in Salagame Hobli, Hassan TQ and District including infrastructure facilities.

RESEARCH METHODOLOGY

The study of methodology facilitates understanding of social scientific inquiry. By understanding, we mean describing, analyzing and evaluating of various methods, specifying their assumptions, identifying their strengths and weaknesses and suggesting new application. In the present study, this segment deals with the methods that will be adopted by the researcher to evaluate ICDS programme in Salagame Hobli, Hassan Taluk and District.

PROBLEM FORMULATION:

India is in the curious position of having very high levels of malnutrition despite large stocks of food grains resulting from increased agricultural productivity. (Allen, 2001). The country experienced rapid economic growth during the 1990s, but this has been accompanied by a very modest decline in child malnutrition. There are two factors responsible for this outcome. Firstly, a significant proportion of the population remains unable to buy enough food; secondly, the whole population is vulnerable to becoming malnourished due to exposure to diseases, in particular, diarrheal diseases and parasitic infections resulting from poor sanitation and living conditions and malnutrition in turn increases future susceptibility to disease. (Lokshin, 2005). It was in this context, the government of India has developed several major programmes for increasing access to food. The ICDS programme aims to monitor child growth and provide supplementary feeding and pre-school education to young children, along with some basic health services to young children, pregnant women and lactating mothers. With support from UNICEF and other donors, it has emerged from small beginnings in 1975 to become India's flagship programme in these areas. The problem here lies in the effective implementation and outreach of the programme. Through review of related literatures, the researcher found that in many areas, the programme has not been properly implemented due to several reasons; the honorarium given to the Anganwadi worker is low, the food supply is not delivered on time, and in some areas people are less aware of the benefits and beneficiaries of the programme. In this background, the researchers decided to conduct an evaluation study of the ICDS programme with a multi-dimensional approach.

SIGNIFICANCE OF THE STUDY:

The Integrated Child Development Services ICDS programme is implemented in India to provide services to children, pregnant and lactating mothers and adolescent girls in close coordination with the health services for improvement of health status and overall holistic development of children and other beneficiaries. However there remains an uncertainty on its effectiveness in delivering desired services. The following investigation tries to explore the effectiveness of the programme in Salagame Hobli, Hassan Taluk. The significance lies in the results of the study wherein the researchers can contribute to the community by bringing in the attention of the concerned populace on impact of implementation of ICDS programme and resolve the setback if any so that the principal objective of the programme is fulfilled and reach the beneficiaries precisely.

AIM OF THE STUDY:

The study aims to evaluate the ICDS programme, its effectiveness and drawbacks in Salagame Hobli, Hassan Taluk.

OBJECTIVES OF THE STUDY:

- To evaluate the Success of ICDS programme in the study area.
- To identify the drawbacks in the effective implementation of the programme, if any
- To examine the positive changes in the beneficiaries of the programme in the study area.
- To measure the role of ICDS in the growth and development of rural children.

RESEARCH DESIGN:

A research design is the set of methods and procedures used in collecting and analyzing measures of the variables specified in the research problem research study. For the present study, the Researcher adopted descriptive research design.

UNIVERSE:

Salagame Hobli, Hassan Taluk and District consist of 73 Villages, of which 50 villages are having Anganwadi centers. These 50 Anganwadi centers formed the universe for the study.

SAMPLING:

The method of selecting for studying a portion of the universe with a view to draw conclusion about the universe is known as sampling. In other words, a sample is a subset of a large population. All the 50 Anganwadis were selected for the study. All the 50 Anganwadi workers working for

ICDS programme and 50 beneficiaries' one each from one Anganwadi. 25 Pregnant women and lactating mothers, 10 mothers of Anganwadi children and 15 Adolescent girls were taken for the study. Also the opinion of 50 community members was taken.

Below table 2 depicts the sample taken for the study.

TABLE 2: SAMPLE FOR THE STUDY

Sl No.	RESPONDENTS	N
1	Anganwadi workers	50
2	Pregnant Women and Lactating mother	25
3	Mothers of Anganwadi children	10
4	Adolescent girls of the village	15
5	Community members	50
	TOTAL	200

INCLUSION AND EXCLUSION CRITERIA:

The study includes the beneficiaries of ICDS programme along with Anganwadi workers who are responsible for distributing the benefits. Inactive Anganwadi centers are excluded.

TOOLS FOR THE STUDY:

Anything that becomes a means of collecting information for the study is a research tool. For the study, the researchers framed a structured interview schedule. The schedule for Anganwadi workers consisted of 31 questions, schedule for mothers of Anganwadi children consisted of 10 questions, schedule for pregnant women and lactating mothers consisted of 15 questions and schedule for adolescent girls consisted of 10 questions. The researchers also interviewed the surrounding community to know the functioning of the Anganwadi centers which was also an interview schedule consisting of 10 questions.

METHOD OF DATA COLLECTION:

PRIMARY DATA:

For collecting primary data, the researchers first obtained permission from CDPO Office, Hassan District. According to the information collected, there are 63 Anganwadi centers in Salagame Hobli out of which 13 Anganwadis are inactive because of various reasons. Accordingly, the researchers visited 50 Anganwadi centers that come under Salagame Hobli. Then, the researchers collected data from the ICDS project supervisor at the block level in which information regarding the impact of the ICDS programme and training procedure for Anganwadi workers were discussed. The researcher also attended a one-day meeting of Anganwadi workers at CDPO office CDPO Hassan district on January 4th. With the help of interview schedule, the researchers met the 50 Anganwadi workers and collected data about ICDS programme, facilities available, diet chart, beneficiaries, impact of the programme and issues related to effective implementation of the programme. Then in the next stage, the researchers went on to meet the 15 mothers of Anganwadi children and gathered information regarding the types of food supplied, quality of food grains and working of the Anganwadi centers. The researchers also attended a meeting of mothers of Anganwadi children, which is held once in 15 days. In the next stage data was collected from 25 pregnant women and lactating mothers. The researchers first collected the list of pregnant women and lactating mothers from the respective Anganwadi centers and visited the respondents at their homes. Questions about quality of food, vaccination, facilities provided during delivery, arrangement of medical checkups in every trimesters and post-natal care were inquired. The researcher visited the households of 10 Adolescent girls who were the beneficiaries of ICDS project and gathered the data. The researcher then interacted with the community people to know about their levels of awareness and working of Anganwadis in the implementation of ICDS programme.

SECONDARY DATA

References of other research studies, information gathered from the child development project office, Govt. records, and sources from internet, books, journals, research papers, magazines and published /unpublished documents served as secondary data.

ANALYSIS OF DATA:

Data Analysis is the process of systematically applying statistical and/or logical techniques to describe and illustrate, condense and recap, and evaluate data. It is one of the most important aspects of research and is a highly skilled and technical job. For the study, percentage analysis and simple descriptive statistics was used.

OPERATIONAL DEFINITIONS:

ICDS programme: Integrated child development services is a Government of India programme which provide food, pre-school education and primary health care to children under 6 years of age and their mothers. The programme also includes nutrition of lactating mothers and adolescent girls.

Anganwadi worker: The Anganwadi workers are the basic functionaries of ICDS who run the Anganwadi centers and implement the ICDS scheme in co-ordination with the functionaries of the health, education, rural development and other departments. Their services include looking after children below 6 years, food and nutrition for pregnant women, nursing mothers and adolescent girls.

Hobli: A Hobli, nad or mágani is defined as a cluster of adjoining villages administered together for tax and land tenure purposes in the states of Karnataka and Andhra Pradesh, India. This clustering of villages was formed mainly to streamline the collection of taxes and maintenance of land records by the revenue department of the state. Each *hobli* consists of several villages and several *hoblis* together form a *taluk*.

RESULTS

The following segment discusses the results of the study. All the results are represented in tabular form

TABLE 3: Opinion of Anganwadi workers about ICDS programme

SI No.	Anganwadi workers opinion on ICDS programme(N=50)	N=50	%
1	Very good	38	76
2	Good	11	22
3	Neutral	1	2
4	Bad	0	0
	TOTAL	50	100

The above table illustrates the opinion of the respondents. 76% of the respondents have a very good opinion about the programme, while 22% of the respondents have a good opinion and 2% of the respondents remained neutral

TABLE 4: Transformation in Beneficiaries according to the Anganwadi Worker

SI no.	Anganwadi Worker	Opinion of the Anganwadi worker: N=50			
		Yes	%	No	%
1	Decline in Malnutrition among rural children	49	98	1	2
2	Decline in the Rate of maternal death	50	100	00	00
3	Improved health of adolescent girls	40	80	10	20
4	Regular Vaccinations and medical checkups for pregnant women and lactating mothers	50	100	00	00

In the opinion of the respondents, there is definitely a decline in the rate of maternal deaths and also Regular Vaccinations and medical checkups for pregnant women and lactating mothers are given. But the programme for adolescent girls needs an intervention.

TABLE 5: Opinion of Pregnant women and Lactating mothers about the services provided through ICDS Scheme

SI no.	RESPONDENTS	Opinion of Pregnant women and Lactating mothers: N=25			
		Yes	%	No	%
1	Awareness about mathrupoorna scheme	20	80	5	20
2	eradication of malnutrition under mathrupoorna programme	20	80	5	20
3	Timely vaccinations	25	100	00	00
4	Regular Medical check-ups	20	80	5	20
5	On time Supply of food and food grains	20	80	5	20
6	Effectiveness of the Anganwadi workers	20	80	5	20

In the opinion of pregnant women and Lactating mothers, timely vaccinations are provided. All other activities have some 80% drawbacks.

TABLE 6: Opinion of mothers of Anganwadi Children about the services provided through ICDS Scheme

SI no.	RESPONDENTS	Opinion of Pregnant women and Lactating mothers: N=10				TOTAL
		Yes	%	No	%	
1	Awareness About Akshayapatra Scheme	10	100	00	00	10
2	Holding of monthly meetings for mothers	8	80	02	20	10

3	Effectiveness of the Anganwadi workers	5	50	05	50	10
4	On time Supply of food and food grains	7	70	03	30	10

The mothers of the Anganwadi children are aware of the Akshayapatra scheme. 80% of the respondents agree that monthly meetings are held and food is supplied on-time. Also they have a mixed opinion about the effectiveness of the Anganwadi workers.

Table 7: Opinion of Adolescent girls about the services provided through ICDS Scheme

Sl no	RESPONDENTS	Opinion of Adolescent girls N=15				TOTAL
		Yes	%	No	%	
1	Awareness on kishory shakthi yojana	8	54	7	47	15
2	On time Supply of food and food grains	10	67	5	33	15
3	Services for menstrual hygiene under kishoryshakthi yojana	9	60	6	40	15
4	Effectiveness of the Anganwadi workers	10	67	5	33	15

Table 8: Opinion of the community members about the services provided through ICDS Scheme

Sl No.	Community members opinion on ICDS programme(N=50)	N=50	%
1	Very good	20	
2	Good	15	
3	Neutral	15	
4	Bad	0	0
	TOTAL	50	100

In the opinion of the community members, maximum respondents are very much satisfied with the services and implementation ICDS scheme in their area. Some respondents remained neutral. No negative opinion was found.

DISCUSSION

The present study aimed at evaluating ICDS programme in Salagame Hobli, Hassan Taluk and District.

Recognizing the need for early intervention to ensure the development of a young child's body, mind, and intellect to its maximum potential, the Government of India started the ICDS, a centrally sponsored scheme, which is a step towards responding to the child's needs in a comprehensive and holistic perspective. Now the programme covers various other aspects like adolescent girls, pregnant women and nursing mothers.

For the survey, Salagame Hobli was selected which consists of 63 Anganwadi centers out of which 13 Anganwadi centers are not working because of reasons like lack of well-trained Anganwadi workers, no proper infrastructure, lack of proper supply of food materials and in two of the centers, there are no children enrolled to the Anganwadi. The present study reports that, earlier the beneficiaries got just 50% of the benefits from ICDS programme and now, it is almost 85%. The Anganwadi workers and the respective officials are striving to attain 100% outreach of the programme in the study area. In the opinion of the Anganwadi workers, the programme is 100% effective but the setback according to them is about the higher authority. Some of the workers opined that the officers at the block level, village level and supervisor level do not take much interest in giving frequent visits to the centers.

To evaluate the success, the researcher adopted a multi-dimensional approach. For this, the researcher first checked with the records maintained at the Anganwadi centers. In those records, the weight and health status of the beneficiary when they first enrolled to the center were examined and compared with the present status. The researchers then visited primary health care centers and met the Doctor and other health care professionals. According to them, the programme is successful in aiding proper nutrition for the beneficiaries but the benefits are often misused. The reasons for this maybe carelessness, lack of awareness and in some peculiar cases, the beneficiaries sell the food materials they receive. Also, in some centers, food materials and medicines are not supplied on time.

In the next step, the researchers inspected the food materials distributed among the beneficiaries. For this, the researchers went for home visits to check with the quality of food. The Asha workers act as mediators between the pregnant women and lactating mothers and the Anganwadi centers. They have to take good attention about the medications, food, vaccinations given to the beneficiaries. In some of the Anganwadis, these Asha workers were not found so actively working.

On the analysis of the results, the researchers came to know that almost 90% of the community members are aware about the programme, benefits and scope. But some of the respondents where the Anganwadi centers are not working have negative reviews. They blame for not properly implementing the programme in their respective areas. And also in some other areas, there were mixed responses about the

implementation of the programme. Some opined that the Anganwadis are not effective, some say the higher authority does not intervene in proper implementation and others said that the facilities provided by the programme are often being misused. In this context, the researchers discussed with these problems with the higher authorities. According to them, people are not so concerned about receiving the benefits so easily. People do not observe the advertisements of various kinds given by the department through various media and hence are not aware about the benefits and various programmes of the department. Also, the department conducts meetings in Anganwadis once in two months but very less or no participants of the community attend the meetings. They opined that in some centers, the Anganwadi workers and Asha workers were not actively working in their respective centers by not distributing materials properly, not creating awareness among the community and misusing the benefits, which hindered the outreach of the programme.

The Kishori Shakthi Yojana meant for adolescent girls is the programme which has received denied responses. The beneficiaries of this programme do not come forward to take the benefits. When enquired about this, the respondents said that the quality of food materials was not good and the sanitary pads provided were not hygienic.

The concerned officials need to address the issues which require their immediate attention for proper and effective implementation of the programme and rectify the setbacks. Also The performance of Anganwadi workers, and maternal and child health services delivered by the Anganwadi centers still need improvement. The study has reported gaps in terms of proper infrastructures in some of the centers, required manpower, training for workers, on-time supply of materials, awareness among community people, maintenance of records etc. which needs to be addressed. Infrastructure facility such as separate storage and kitchen facilities, giving different trainings, coverage, supply, and provision of foods to the beneficiaries, recording of immunization, regular health check-up of beneficiaries, and referral of sick children, which need to be swiftly addressed.

SOCIAL WORK INTERVENTION

Social Work is primarily practice-oriented. Social work practice includes interventions with various sections of the population, especially the marginalized sections, who are more in need. The nature of relationship between theory and practice in Social Work can be analyzed with reference to any area of social work intervention like social work practice in hospital settings, community settings, practice with the disabled, women-centric social work, social work practice with notified and de-notified tribes, etc. One such area of social work intervention chosen for analysis in this study is women and child development in rural areas.

Healthy Mother and Child are important by-products of processes leading to development of any nation. Their health is being monitored globally as markers of human development. It is a hard truth that India is a home to the largest numbers of malnourished children and is also the largest contributor to global infant and maternal mortality indicators in spite of so many interventions taken by the Government. The problem lies in the proper implementation and follow up. Also lack of awareness, irresponsibility of the community people, lack of proper interference of higher authority etc have their share in the problem. In this context, the Social workers can implement the methods of social work. The major utilization can be made of community organization practice. Models of community organization like locality development model and social action model can be adopted. For addressing individual problems, case work can be conducted. The Social worker can also work with SHG's or other village level groups in creating awareness or addressing issues. The worker can also highlight issues and bring in the attention of policy makers and higher authority in renovating the system and immaculate the issues if any. Social Work models like problem-solving model, task-centered model and crisis intervention model can be used by the social workers to effectively handle the problem and thus make the whole community thrive towards development. The worker can make people mentored and prepared for the future challenges and thus facilitate their full integration into the social and economic life of the community.

CONCLUSION:

The conclusion drawn from the study is that small interventions at grassroots level can change the scenario as well as the fruits of involving beneficiaries in delivery mechanism of scheme itself. This participation and intervention will improve the community in achieving the major objective of the ICDS Scheme and will result in better and healthy children and hence work towards a better India.

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