Short Communications

Suggestions by the Beneficiaries about Integrated Child Development Service (ICDS) Scheme in Parbhani District

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ABSTRACT

Integrated Child Development Service (ICDS) Scheme has significant role to maintain health of a beneficiaries. 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. Majority of beneficiaries suggested that there should be proper building for ‘Anganwadi’, there should be increment in the payment of ‘Anganwadi’ workers, there should be sufficient and well sterilized utensils for cooking supplementary food.

Key words ICDS, Impact, Child development

Introduction

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.

Basically suggestions of ICDS beneficiaries 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 suggestions of beneficiaries of this study
also would benefit to the administrators, planners, policy makers, researchers or scientist to add, delete, and refine the recommendations.

**Materials and Methods**

Present study was conducted in Parbhani district. Total sample of 120 respondents were studied. The data were collected with the help of structured schedule.

The respondents were contacted personally at their home. Keeping in view the objectives of the study an interview schedule was prepared which includes relevant questions for seeking reliable information. Efforts were made to formulate a schedule with clear and easy questions.

The suitable questions regarding the suggestion of beneficiaries about Integrated Child Development Service (ICDS) Scheme were included in the schedule after taking the opinions of the beneficiaries. The problem encountered or perceived by the beneficiaries with regard to 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.

**Frequency and percentage**

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

\[
\text{Total obtained score} \times 100 \quad \text{Percentage} = \frac{\text{Total obtained score}}{\text{Maximum possible score}} \times 100
\]

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

Table 1: Distribution of ICDS beneficiaries’ according to suggestion given by them
Research finding

Table 1 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.

References

Aggarwal, Arun Kumar and Rajesh Kumar. 2005. Long term effects of ICDS services on behaviour and academic achievements of children. Post Graduate Institute of Medical Education and Research, Dept. of Community Medicine. 6 p, Chandigarh.


