



Minor Research Project

In Public Administration

Entitled
**“THE ROLE OF ANGANWADI IN THE
INTEGRATED CHILD DEVELOPMENT
SERVICES (ICDS): A CASE STUDY OF
LATUR TALUKA”**

Submitted to

The Joint Secretary

UGC (Western Regional Office),

Ganeshkhind, Pune - 411 007

UGC Reference No.: File No.:23-445/12 (WRO)

Dated: 15th March 2013

By

Dr. Trembak Nivrati Magar

(M. A., M. Phil., Ph. D.)

Head, Department of Public Administration

Smt. Sushiladevi Deshmukh Mahila Mahavidyalaya,

Khadgaon Road, Latur - 413 531 (M.S)

University Grants Commission
Western Regional Office
Ganeshkhind, Pune – 411007

File No: 23-445/12(WRO)

Phones: (020) 25691477,
25691178, 25696897
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The Accounts Officer
University Grants Commission
Ganeshkhind, Pune-411007.

15 MAR 2013

**Subject: Financial assistance to college teachers for undertaking Minor Research Projects –
Release of first installment during XIIth Plan.**

Sir/Madam,

The UGC on the recommendations of the Expert Committee has approved the Minor Research Project in the subject of **Public Administration** entitled "The Role of Anganwadi in the Integrated Child Development Services (ICDS) A case study of Latur Taluka" to be undertaken by Dr. Magar T. N. of SMT. SUSHILADEVI DESHMUKH MAHILA MAHAVIDYALAYA, KHADGAON ROAD, LATUR, LATUR-413 512. The financial assistance of the UGC would be limited to Rs. 80000/- (Rupees Only) for a period of two years. An amount of Rs. 60000/- (Rupees Only) is presently being sanctioned as the first installment.

Non-Recurring Grant for Two years	Amount (Rs)	Recurring grant	1 st Year Amount	2 nd Year Amount	Head of a/c
Books & Journals	10000	Contingency	5000	5000	4(iv)b (For General)
Equipment	30000	Special Need	0	0	1.B(i)h(i)b (For SC)
		Travel/Field work	15000	15000	1.B(i)h(i)b (For ST)
		Chemicals & Glassware	0	0	
		Others	0	0	
Total (Rs.)	40000		20000	20000	

Total amount for the project: Rs. 80000/-

The grant is subject to the terms and conditions as mentioned below.

1. A Certificate of Acceptance of the conditions governing the research project should be sent immediately to this office.
2. The amount of the grant shall be drawn by the Accounts Officer (D.D.O), University Grants Commission on the grant-in-aid bill and shall be disbursed to and credited to the above-mentioned institute through D.D./ RTGS Confirmation No/ NEFT/ Transfer No.
3. The sanctioned amount is debatable to the Major Head 4(iv)b(For General), 1.B(i)h(i)b (For SC), 1.B(i)h(i)b (For ST) and is valid for payment during the financial year 2012 -2013 only.
4. The grant is subject to adjustment on the basis of Utilization Certificate in prescribed proforma submitted by University/College/Institute.

NOTE:

1. The grant shall not be used self-financial/ non-grant/unaided courses & teachers.
2. Date of implementation will be the date of sanction of first installment.
3. The researcher is required to submit an Acceptance Certificate of the project in the enclosed format to the affiliating university, which would then be sent to UGC (WRO) in a bunch by the University.

23-445/12(WRO)

4. Please send one copy of the project completion report to Director, INFLIBNET, Gujarat University Campus, Navrangpura, Ahmedabad for record.
5. The statement of expenditure incurred and brief academic progress report relating to the above project is to be sent in the prescribed format to this office after completion of one year. Audited utilization certificate of full-allocated amount, audited statement of expenditure and final project report be submitted immediately after completion of the project.
 6. The assets acquired wholly or substantially out of UGC grant shall not be disposed off or encumbered or utilized for purposes other than those for which the grant was given, without proper sanction of the UGC, Western Regional Office, Pune- 07 and should at any time the college cease to function, such assets shall revert to U.G.C.
 7. A register of the assets acquired wholly or substantially out of the grant shall be maintained by the University/College in the prescribed form.
 8. The University/College shall strictly follow all the instructions issued by the Govt. of India from time to time with regard to reservation of posts for SC/ST/OBC.
 9. The interest earned by the University/College/Institute will be treated as additional grant and it is required to be incorporated in the U.C./Statement of Expenditure submitted to UGC, (WRO).
 10. The University/College shall fully implement the office Language Policy of the Union Govt. and comply with the official Language Act, 1963 and Official language (use for official purposes of the Union) Rules, 1976 etc.
 11. The sanction issues in exercise of the delegation of powers vide Commission office order No.5/92 dated may 01, 1992.
 12. The funds to the extent are available under the scheme.
 13. The grantee institution shall ensure the Utilization of grants-in-aid for which it is being sanction /paid. In case non-utilization/ part utilization, simple interest @ 10% per annum amended from time to time on unutilized amount from the date draw/to date of refund as per provisions contained in general financial Rules of Govt. of India will be charged.

Yours faithfully,

(Dr. G. Srinivas)
Joint Secretary

18/03/12

Copy to:

1. THE PRINCIPAL
SMT. SUSHILADEVI DESHMUKH MAHILA MAHAVIDYALAYA,
KHADGAON ROAD LATUR, LATUR -413 512.
2. DR. MAGAR T. N., SMT. SUSHILADEVI DESHMUKH MAHILA
MAHAVIDYALAYA KHADGAON ROAD, LATUR, LATUR -413 512.
3. DIRECTOR (BCUD), S.R.T.M.UNIVERSITY, DNYANTEERTH
GAUTAMI NAGAR, PB NO. 87, VISHNUPURI, NANDED- 431606
4. DIRECTOR, HIGHER EDUCATION, CENTRAL BLDG, PUNE - 01
5. ACCOUNTANT GENERAL, MAHARASHTRA STATE, MUMBAI
6. GUARD FILE.

(Dr. G. Srinivas)
Joint Secretary



College Code - 306

Manjara Charitable Trust, Latur

Est. 29-5-1990

Smt. sushiladevi Deshmukh Mahila Mahavidyalaya, Latur

Khadgaon Road, Latur (Maharashtra) 413 531 Phone (Off.) 02382-221426 Fax (02382) 221426
Ph. (Resi.) 02382-224918 Mob. 9422469586 E.mail - sdm.college123@yahoo.co.in

Permanently Affiliated : Swami Ramanand Teerth Marathwada University, Nanded

Shri. Diliprao Deshmukh (MLC)
President

Dr. Asha Munde
I/C.Principal

Ref. No Ssdmm/ 141/2016-17

Date : 29/ 11 /2016

To,
The Joint Secretary
UGC – Western Regional Office,
Ganeshkhind,
Pune


Subject: Submission of Minor Research Project Completion Report in Public Administration.

Reference: UGC-WRO, Pune file No: 23-445/12/WRO, Dated 15 March 2013.

Respected Sir / Madam,

With reference to the subject cited above, UGC-WRO Pune approved the Minor Research Project entitled "THE ROLE OF ANGANWADI IN THE INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS): A CASE STUDY OF LATUR TALUKA " in the subject – Public Administration has been completed by Dr. Trembak Nivrati Magar, Head, Dept. of . Public Administration. The MRP has been submitted along with all the enclosed documents for your perusal.

You are requested to accept the same and oblige us.
Thanking you.


Sincerely Yours,
Principal

Smt. Sushiladevi Deshmukh
Mahila Mahavidyalaya, Latur



College Code - 306

Manjara Charitable Trust, Latur

Est. 29-5-1990

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Permanently Affiliated : Swami Ramanand Teerth Marathwada University, Nanded

Shri. Diliprao Deshmukh (MLC)

President

Dr. Asha Munde

I/C.Principal

Ref. No Sadmm/ 141-1/2016-17

Date : 29/ 11 /2016

To
Director,
Board of College and University Development,
Swami Ramanand Teerth Marathwada University,
NANDED.

Subject : Submission of Minor Research Project Completion Report in
Public Administration
Reference : UGC-WRO, Pune File No: 23-445/12/ WRO Dated 15 March
2013.

Dear Sir,

With reference to the subject cited above, UGC-WRO Pune approved the Minor Research Project entitled "THE ROLE OF ANGANWADI IN THE INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) : A CASE STUDY OF LATUR TALUKA " in the subject - Public Administration has been completed by Dr. Trembak Nivrati Magar. The MRP has been submitted to you along with the enclosed documents for your perusal.

You are requested to accept the same and oblige us.

Thanking you.


Sincerely Yours,
Principal

Smt. Sushiladevi Deshmukh
Mahila Mahavidyalaya, Latur

Enclosed:

1. Audited Utilization Certificate in prescribed proforma.
2. Statement of Expenditure in prescribed proforma.
3. Annexure III, IV, V, VI, VIII Duly filled in prescribed proforma.
4. Final Report of the MRP Work.
5. Executive Summary of the Project Work with its Soft Copy.
6. Accession Certificate.
7. Assets Certificate.

Copy to :

1. The Joint Secretary, UGC-WRO, Pune.
2. The Director, INFLIBNET, Gujrat University Campus, Ahmadabad.



College Code - 306

Manjara Charitable Trust, Latur

Est. 29-5-1990

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Permanently Affiliated : Swami Ramanand Teerth Marathwada University, Nanded

Shri. Diliprao Deshmukh (MLC)
President

Dr. Asha Munde
I/C.Principal

Ref. No Ssdmml/ 141-2/2016-17

Date : 29/11/2016

CERTIFICATE

This is to certify that the Minor Research Project of Principal Investigator (PI) **Dr. Trembak Nivrati Magar** has uploaded the executive summary of the project on the college website, the URL link is

<http://www.ssdmml.org/uploads/2016/Dr.TrembakNivratiMagar.pdf>

This certificate is as per the requirement under Minor Research Project guidelines.

- 1) Total amount approved: 20,000/- (Twenty thousand only)
- 2) Total expenditure: 21,000/- (Twenty one thousand only)
- 3) Report of the work done: (Please attach)
- 4) Total objective of the project: (Please attach)
- 5) Work done so far and result achieved and resulting from the work (Please attach of the report and name of the journal in which it has been published is: No)
- 6) Has the progress been according to original plan of work and towards achieving the objective: Yes
- 7) Please indicate the difficulties, if any experienced in implementing the project: No
- 8) If project has not been completed, please indicate the approximate time by which it is likely to be completed. A summary of the work done for the period (annual report) may submit in the continuation of the report (attach: (Project completed))
- 9) If the project has been completed, please submit a summary of the findings of the study. (Attach attached)

Principal

Smt. Sushiladevi Deshmukh
Mahila Mahavidyalaya, Latur

UNIVERSITY GRANTS COMMISSION

Final Report of the work done on the Minor Research Project

1. Project Report No.1st/2nd/3rd Final :**Final**
2. UGC letter Reference No. : **File No.23-445/12 (WRO),
Date 15 March, 2013**
3. Period of Report from : **1st April 2013 to 31st March 2015**
4. Title of Research Project : **THE ROLE OF ANGANWADI IN THE
INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS): A CASE STUDY OF LATUR
TALUKA ”**
5.
 - a) Name of the Principal Investigator : **Dr. T. N. Magar**
 - b) Department & College where work has progress : **Smt.Sushiladebvi
Deshmukh Mahila Mahavidyalaya, Khadgaon Road,Latur**
6. Effective date of starting of the Project : **1st April 2013**
7. Grant approved and expenditure incurred during the period of the report.
 - a) Total amount approved: **80,000/-(Eighty thousand only.)**
 - b) Total expenditure:- **83,609.50/-(Eighty three thousand six hundred
nine Rs. & fifty Ps.)**
 - c) Report of the work done : **(Separate sheet attached)**
 - ol style="list-style-type: none;"> - i) Brief objective of the project : **(Sheet attached)**
 - ii) Work done so far and result achieved and publications, if any
resulting from the work (Give details of the papers and name of the
journal in which it has been published in : **No**
 - iii) Has the progress been according to original plan of work and
towards achieving the objective : **Yes**
 - iv) Please indicate the difficulties, if any experienced in implementing
the project : **No**
 - v) If project has not been completed, please indicate the approximate
time by which it is likely to be completed. A summary of the work
done for the period (annual basis) may submit to the commission
on the separate sheet : **(Project completed)**
 - vi) If the project has been completed, please enclose a summary of
the finding of the study : **Sheet attached**

- vii)** Any other information which would help in evaluation of work done ne the project. At the completion of the project. The first report should indicate the output, such as (a) man power trained (b) Ph.D.awarded (c) Publication of results (d) Other impact, if any not applicable.

Signature of the
Principal Investigator

Principal
Smt.Sushiladevi Deshmukh
Mahila Mahavidyalaya,Latur

Sheet for Annexure-III, Point No-7

C- i) Brief objectives of the project.

- i) To study the services provided by the Anganwadis to the children and the women.
- ii) To understand the role of Anganwadi in the children's intellectual and educational development.
- iii) To study the structure and functions of the concern institutions to Anganwadi.
- iv) To study the various projects implemented by the government for the welfare of the children.
- v) To evaluate the Integrated Child Development Services Scheme.

Principal Investigator

Dr. T. N. MAGAR

Pertaining Point No. 7-VI

Summary of Work Completed

Final Report of Minor Research Project

'The Role of Anganwadi in the Integrated Child

Development Services (ICDS):

A Case Study of Latur Taluka'

**A summary of work done for the period
from 1st April 2013 to 31st March 2015**

This Project is divided into five chapters

Chapter – I

Introduction :

The Child development is very ancient concept. Socrates, Plato, Aristotle, Pestolotsi, Frable, Robert Owen, Oberdin, and others had tried their hands for the child development. They opined that, “development means incensement in emotional, intellectual, and behavioural efficiency”. If there is overall development in the child, there will be possible development in the humans. Hence, Charles Darwin started the study for child development considering age, weight, height and physical development in the child in 1840. Furhter, Singman Fried, Ana Fried and Jin Piajett had studied the child development scientifically. They directly studied this concept through observation and making dialogue with the children.

After Independence, Indian Government had taken an important step ahead taking child development policy for the children in August 1974. According this Policy, it was assumed that the children are the real wealth of the nation. So, it was announced that their nourishment and development is solely on the nation. The said inspiration had come from the Indian Constitutional Guidelines and announcement made by the United Nations Organization for the child right. Thorough this policy the efforts were taken to lessened the child mortality due to anemia and iodine deficiency. More ever, the states should have to provide the all the services regarding prenatal and post natal like as emotional, mental, intellectual, physical and social development services. According to this policy, to give ample services to the child Integrated Child Development Services had launched on October 2, 1975 through 33 projects.

It is an important project taken by Indian Government targeting to achieve nutrition, health and education availing for the children through ICDS. This project has important role in developing interest among the children. Because of this project, it is an opportunity for the drop outs children to take education. This project completely tried to give all the benefits to the beneficiary.

The Objectives of the ICDS :

1. To upgrade the standard of nutritional and health of the 0 to 6 years children .
2. To lay the foundations for proper psychological, physical and social development of the child.
3. To reduce the incidents of mortality, morbidity, malnutrition and school dropouts.
4. To achieve effectively coordinated policy and its implementation amongst the various departments to promote child developments.
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child thorough proper nutrition and health education.

Delivery of Services :

1. Supplementary Nutrition
2. Nutrition and Health Education
3. Immunization
4. Health Check – ups
5. Referral Services
6. Non-Formal, Pre-School Education
7. Health and Nutritional Education for Women aging between 15-45
Under this scheme, the beneficiaries are breast mothers and pregnant mothers of the families belonging to Schedule Caste, Schedule Tribe , Below Poverty Line and Daily Wagers. The above services are delivered through Anganwadi. This project created the centre Anganwadi for providing services.

Definations :

1. “ Anganwadi means to give services to the rural, urban and tribal children, mothers free of cost at place”.
2. “ Anganwadi means the child welfare centre for the children”.

Origin of The Research Problem : From the world’s point of view, India has been facing many problems such as poverty, illiteracy, superstition, social and economic inequality, population growth, unemployment are such

problems existed in India since ages. Among these problems children and women's problems are permanent. The society and the government have not given much importance to these problems. When the UNO declares the child rites, than the government started their focus to the child development.

To know the Indian government's policy and the programmes and to understand the structures and functions of the women and the child development department of government of Maharashtra, to make available the pre informal education for the poor parent and labours to the know the financial condition of Anganwadi and to study the services provided to the children and the mothers.

So, it is necessary to find out the scientific truths, the problem – “ The Role of Aganwadi in the ICDS is chosen the special reference to the Latur Taluka”.

Interdisciplinary Relevance: The concept of child welfare has been emerged in the western countries for the child's social, physical, intellectual, mental and emotional development. No single country had the solution to these problems in the UNO. United Nations for International Child Emergency Fund had given importance to the problems of the children. It had declared the children's rights. With the declaration of the children' rights, all nations in the world are working towards the child welfare.

International Status:

Due to Industrial Revolution in 18th century, there was a great change taken place in the world. Specially, in the World War I and IInd, the great damage had been done to many nations. The human life was disturbed. There was incensement in the contagious diseases, draught, scarcity of food, scarcity of food grain and poverty. Consequently, the mortal rate of child was increased. To solve these problems and to continue the life cycle the child has to be alive, the European countries started thinking in those directions. To survive the child, it is necessary to provide them the shelter, food, medicines and health services. The concept of Child Welfare had come into exist to fulfill physical, intellectual, mental, emotional and social needs. No single country is able to solve these problems of the children. These

problems have to be solved through coordinative among the countries. To establish peace and stability, UNO has been formed. Under this UNO, so many small organizations have been formed. UNICEF is one the organizations has been established. This focused on child development. This organization has provided financial and medical support to the poor countries of the world. The most beneficiaries of this UNICEF are the countries from Asia and Africa because of there was a great mortal rate of the child due to malnutrition. Taking inspirations from this, many countries have been trying to achieve the child development with the availability of their resources.

National Status:

After 70 years of Independence, India has developed in the field of science and technology, atom energy, space and defense. Yet, India has not succeeded in the development of poverty, illiteracy, education, health and agriculture as expected. After observation and analysis, it is found that due to large population, poverty and lack of education, every five year plan has not succeeded in targeting the goals. The centre government has started program me. The centre government and the state government have started the various programmes for the removal of poverty such as Garibi Hataav, Family Welfare Programme.

The role of women is an important in the overall development of the nation. Keeping this view, to wipe out the secondary status of women in the society, the government has arranged the financial budget in the five year plan for the women and the child. Through these funds, various programmes have been started for the children and the women. Yet, the expected success has not been obtained. Hence, the government has begun to take important step towards the overall development of the women and the children. Two Crore Eleven Lakh children have been died under five years in India. To decrease in the deaths of pregnant women, the government has launched the new programme of Integrated Child Development Services. At first, the focus is on the rural areas of the country. India has become the first nation in the world that has taken the initiative towards the women and the children. “Giving equal opportunity in diverse situations crates inequality”. Taking

this view, the government has implemented this programme to reduce the malnutrition and social inequality and to provide the referral services in the tribal and rural areas. Initially, this programme has started in some selected states and selected districts as a pilot project. The government has extended this project due to enough success in the pilot project gradually. Now this project has been working in the rural, tribal and urban areas. “ **Vasti tethe Anganwadi**” this programme has successfully been working. There are 13 lakh 50 thousand Anganwadis functioning in the country and in Maharashtra in particular 97 thousand 462 Anganwadis through which various services has been provided. The complementary nutritious food is given to 10 Crore beneficiaries, and informal pre educational education is given to 3 and half core children. In the eleventh five year plan, 44400 crores have been arranged and expended. Still, out of the malnutrition population of the world, 1/3 population remained in India alone.

The Importance of the Study:

The World Health Organization (WHO) has been established in order to protect the human health from various diseases. The function of this organization is continuously going on. To find out the symptoms of different diseases and reasons and treatment on the diseases, this organization did the planning on it. It is found that the human life has been extended due to operational system of this organization.

The problem of poverty, unemployment, illiteracy and malnutrition have found in large numbers in Africa and Asian countries. The world organization funded to solve these problems to these countries. The children of any country are the future pillars of that country. It is necessary to nourish and develop of the children. As realization, UNICEF has funded to the poorer countries of the world. To this, India, developing country is also not an exception. The mortal rate of the child in India is 63 per thousand. It is greater than developed countries comparatively.

Even still today the women and the children of the Indian society are denied due to their secondary status, so their overall development is essential. To reduce the social problems like malnutrition mothers mortality

and the child mortality, efforts have been taken at all levels. Strong and healthy children are the future pillars of the nation. This thought is needed to be implemented in the society. 'The child centered family' accepting the new concept, the government has decided to make the child centered society.

The ideal planning methods of India has greatly changed in the social and economic structures. But in the process of social and economic development, mostly scheduled castes, scheduled tribe, the children and the women belonging to low income families are far away from the development. So, the government had undertaken the important step for the development the concerned. To imbibe the good culture among the children, to make avail the opportunities for them in games, art, and education and their health and protection from the day to day life's injuries the responsibility lies on the shoulder of the parents and the society. To make aware of this responsibility, the WHO announces "Healthy environments for Children". It focused on the overall development of the children.

Even today, the millions of children are died due to not enough nutritious food, lack of healthy facilities, and healthy atmosphere. The children are ignored due to poverty, illiterate, and superstitions and having more children. Definitely the children can be developed only when the breast, vaccination, nutritious food, good culture, love from all the members of the family, clean air in the home as well as in the school, enough sunlight and facilities of the sports. The reformation is essential of the society to focus on the above problems of the children. For the development of the children not only food, cloth and shelter are required but also their intellectual, mental and physical development. For this awareness among the people is essential.

The common man can understand the importance of this project taking into account the services provided by the project and the scope of the I.C.D.S. This project has launched on October 2nd, 1975. But the real progress of this project found after 1986. It is necessary to protect the human resources of the country. It is mandatory to imbibe the physical, mental and social realization in the initial stage of the children. To understand the need

of the problems of breast feeding mothers, pregnant mothers and the uncongenial development of the children.

In this project, the role of Anganwadi is an important in providing the services for the women and the children. Hence, the Anganwadi is considered to be the soul of the ICDS. These services are provided through the Anganwadi to the beneficiaries. It is possible to give all the services at a time to the children because of they come to Anganwadi. The lessons of cooperative social life are given at the centre. Though these lessons, they shape their future attitude. To provide all these services directly to the beneficiaries from the project officer, the role of Anganwadi worker is very important.

Objectives of the Study:

1. To study the services provided by the Anganwadis to the children and the women.
2. To understand the role of the Anganwadi in the children's intellectual and educational development.
3. To study the structure and functions of the concerned institutions to Anganwadi.
4. To study the various projects implemented by the government for the welfare of the children.
5. To evaluate the Integrated Child Development Services Scheme.

Hypothesis:

1. The education in Anganwadi is useful to shape the future of the children.
2. Due to the nutritional food of the Anganwadi, there was reduction in the malnutrition.

Latur Taluka – an Overview:

In 1905 it was merged with surrounding areas, renamed Latur Taluka, and became part of Osmanabad district, which until 1948 was a part of Hyderabad state under the Nizam. The chief of Nizam's Razakar army Qasim Rizwi was from Latur. After independence and the merger of Hyderabad with the Indian Union, Osmanabad became part of Bombay Province. In 1960, with the creation of Maharashtra, Osmanabad was one of its districts. On August 15, 1982, a separate Latur district was carved out of Osmanabad district.

Latur district is in the Marathwada region in Maharashtra in India, located between 17°52' North to 18°50' North and 76°18' East to 79°12' East in the Deccan plateau. It has an average elevation of 631 meters (2070 ft) above mean sea level. The district may be divided into two regions the Balaghat plateau and the northeastern region consisting of Ahmadpur and Udgir. The entire district of Latur is on the Balaghatplateau, 540 to 638 meters from the mean sea level. It is bound by Nanded District to the northeast; the state border with Karnataka to the east and southeast; Osmanabad District to the south-west; Beed District to the west; and Parbhani District to the northwest. On 30 September an earthquake struck Latur. It is the 16 largest city in Maharashtra. It is also the fastest growing city in ASIA.

Administratively the district is divided into five subdivisions namely Latur, Nilanga, Ausa, Ahmadpur and Udgir, and further divided into ten Talukas & ten Panchayat Samitis. These are Latur, Udgir, Ahmadpur, Ausa, Nilanga, Renapur, Chakur, Deoni, Shirur Anantpal and Jalkot. Latur city is the administrative headquarter of the district. There are around 945 villages & 786 Gram Panchayats in the district. Latur

Taluka is a Taluka (an administrative subdivision) of Latur District in Maharashtra, India. In the 2011 census, there were 109 panchayat villages in Latur Taluka. The main river in the Taluka is the Manjara River, together with its tributary the Tawarja, which originates near Murud. Latur city is the head quarter of the Latur Taluka.

Latur Taluka is in the western part of Latur District, with Renapur Taluka to the north, Chakur Taluka and Shirur Anantpal Taluka to the east, Ausa Taluka to the south, Osmanabad District to the southwest and west, and Beed District to the northwest. There are two constituencies for the Maharashtra Legislative Assembly (*Vidhan Sabha*) in Latur Taluka, Latur City and Latur Rural. The Latur Rural Constituency also covers other Talukas.

City also has great political background. The ex CM of Maharashtra State Late Vilasrao Deshmukh belonged to this constituency. City is also famous for Ganjgolai as the central market place of the city. Faiyajuddin prepares the plan for the Ganjgolai Chowk. The main building was constructed in the year 1917. There are 16 roads connecting to this Golai and along these roads separate markets, selling all kind of traditional local ware. The city has beautiful Siddheshwar Temple built by King Tamaradwaj. The Darga of Surat Shahvalli also deserve mention as the beautiful monuments of the city.

Research Methodology:

Taking into account the grave problem of the child development, the Indian government had undertaken many projects to remove the poverty, superstitions, mother mortality, and the child mortality after independence. Among these, the important project is ICDS. This project is functioning to provide the services to pregnant mothers, breast feeding

mothers and the children belonging from 0 to 6 years. Therefore, the subject of research is selected from “**The Role of Anganwadi in the Integrated Child Development Services: A Case Study of Latur Talulka**”.

For accomplishing the objectives of the study and to conduct the investigation both primary and secondary data will be collected. For collecting primary data survey method will be adopted from published and unpublished materials and office records.

Research Design:

The present research is designed into five chapters. They are as following:

1. Introduction
2. ICDS : Structure, Nature and Function
3. The Policies of the Child Development
4. Analysis and Synthesis of the Data Collection
5. Findings, Conclusions and Suggestions

Chapter II

ICDS : Structure, Nature and Functions

The responsibilities of the Integrated Child Development functions are thrown on the shoulders of all the States and Union territories by the Indian governments. The Social welfare department of each states functioning for this project. In Maharashtra, to give priority to the problems of the children and the women the state has started 'Women and Child Development Department in 1991-92.

This project is working at different levels structurally just as The Centre, The State, The Division, The District and The Block level.

The Centre Level:

Under the Human Resource Development Ministry, The Women and Child Development Department has formed to provide the services to the beneficiaries.

The State Level:

In each state of the country, social welfare department is working for this project, but in Maharashtra particular 'Women and Child Development Department' is working. At administrative level, there are secretary, additional secretary, joint secretary, section officer and other staff functioning.

The Division Level:

There are six administrative divisions in Maharashtra. These divisions are functioning under the commissioner. The commissioner of women and child development is I.A.S. Cadre Officer. To assist him, there are other senior and junior staffers.

The District Level:

The responsibilities of ICDS project mostly on the collector, the chief executive officer and the social welfare officer at district level. Moreover, the accountability of this project mainly on the deputy chief

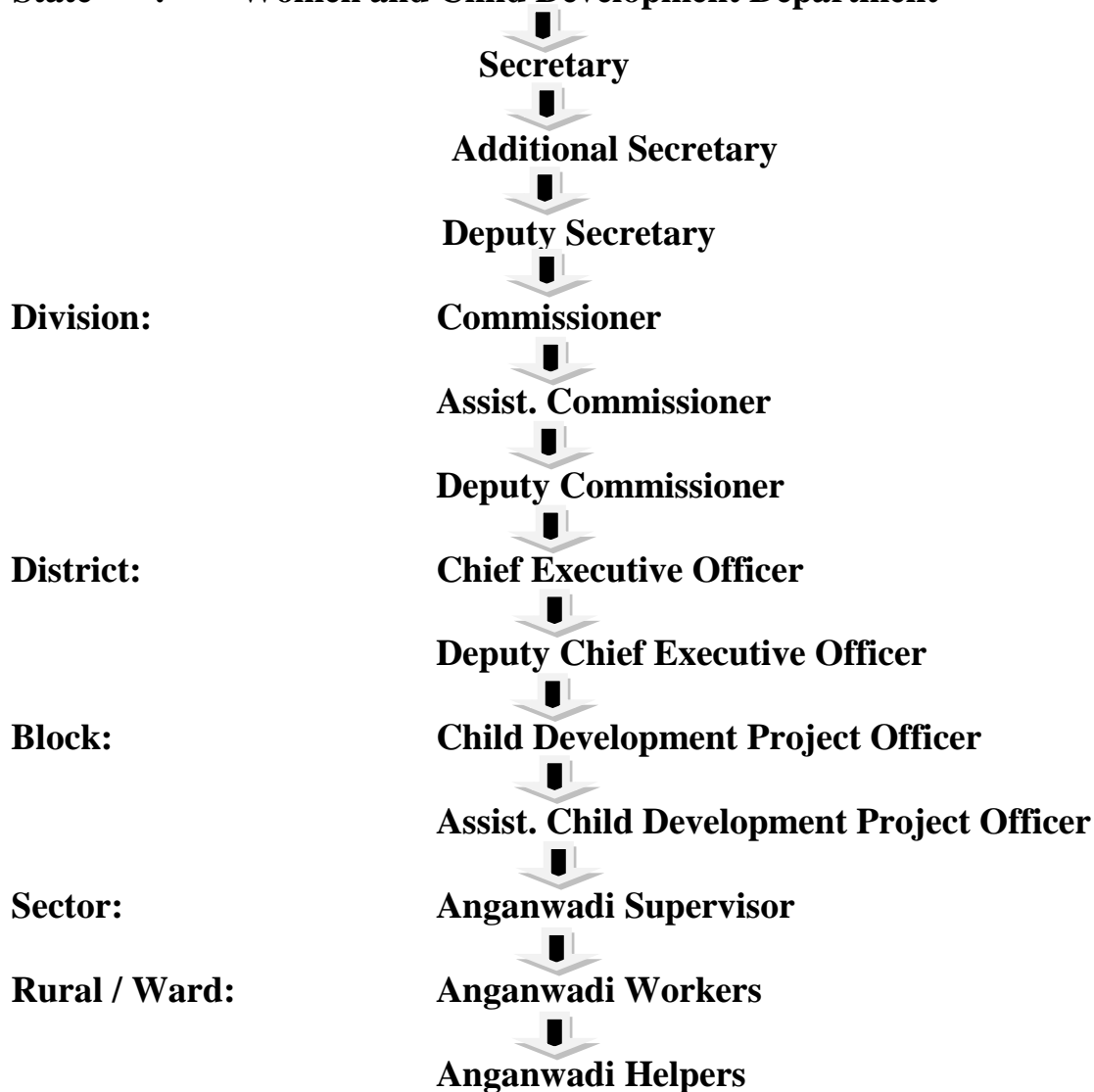
executive officer (Women and Child) Zilla Parishad. To assist him, there are other senior and junior staffers.

The Block Level:

To implement the ICDS at root level the responsibility lies on the shoulder of Child Development Project Officer at project level. To assist him there is Assistant Child Development Project Officer. To provide services to the beneficiaries there are chief Anganwadi supervisor and Anganwadi workers.

The Administrative Structure of Women and Child Development Department in Maharashtra

State : Women and Child Development Department



(Reference: Government of Maharashtra, Budget Program – 2004-05, Women and Child Development Department, Government Publication, Wai - 2004)

The Selection and Function of the Staff:

Child Development Project Officer: The CDPO is an important and key functionary whose dynamism and skills, decides his educational qualification, will determine the pace and direction of ICDS. The recruitment of CDPO should, therefore, made by the State Government. The CDPO, preferably a lady should have a master's degree in any of the following disciplines Child Development, Social Work, Home Science, Nutrition etc.

The CDPO is the key functionary of the schemes of ICDS and Functional Literacy Adult Woman. He is responsible for the organization of services as also for the administration and implementation of these schemes at the field level. These CDPO's have to be suitably trained for their role. He will be in charge of the ICDS project and will hold responsibility of implementing the programme and supervising day-to-day administration. He allocates monthly and yearly budgets to each Anganwadi centers and will release funds for running Anganwadi activities. He functions as a Supervisor and Guide the work of the entire project team, including supervisors and Anganwadi Workers.

Supervisors: The number of supervisors required in the project can be worked out on the basis of one supervisor for 25 Anganwadis in urban projects, 20 Anganwadi in rural projects and about 17 Anganwadis in tribal projects. The supervisor should be a female between 21 to 45 years and should be a graduate from Social Work, Home Science or related fields. She should have an aptitude to work in rural, tribal or urban slums areas and should possess the capabilities and skills to supervise the work of the grassroots level works.

The supervisor will play an important role in guiding and supporting the Anganwadi Workers under her charge and building up their capabilities though continuous on the job education and guidance. She keeps records of all births and deaths in her areas. She will help Anganwadi Workers in planning the programme of Anganwadis.

Anganwadi Workers : The focal point for the delivery of the package of services under ICDS and flow schemes is an Anganwadi centers. Anganwadi worker is the kingpin of the ICDS whose success rests to a

large extent on her ability and capacity to perform her role and responsibilities effectively. As per the schematic pattern the number of Anganwadi Workers have been worked out at the rate of Anganwadi Worker for a population of 1 thousand in rural and urban projects and 1 Anganwadi Worker for a population of 700 in tribal projects, subject to the upper limit of thousand however, the number of Anganwadis and Anganwadi Workers will vary from project to project on the basis of population, topography, communications etc. The Anganwadi Worker is expected to be a woman in the age group 21- 45 years and is to be selected from within the village/ local community.

She does the survey of community and enlists the beneficiaries. The community to be covered should be surveyed to find out the number of children below six years of age, pregnant and nursing mothers. Data about the number of families, family members and income should be obtained. Vital statistics particularly of new births and deaths (specially child and maternal deaths) should be recorded. Handicapped, exploited and destitute children should also be listed. Supplementary feedings are given to 0 to 6 years of children and pregnant and nursing mothers. Health and nutrition education is given to woman, children and the community and population education to woman etc.

Helpers: The helper is to be selected by the CDPO consulting the local leaders from the ward/village. Each Anganwadi is to have a helper to assist the Anganwadi Worker in cooking and serving the food to children and mothers, cleaning the Anganwadi premises daily, fetching the water, looking after cleanliness of young children, and collecting children at the Anganwadi. In each Project, there is a post of steno – typist.

Although all the above machineries are working for the effective implementation of the project, the PHC provides the services like Health Check-up, Immunization, Referral Services and Health and Nutrition Education alongside.

Office Staff: One post of assistant has been made available as mentioned earlier for the CDPO'S office in each rural, tribal and urban project under the ICDS Scheme. Besides, one post of assistant / statistical assistant has been provided under scheme. In addition to these, Two Assistants , a post of typist in each.

Chapter – III

The Policies of the Child Development

The Central Government has undertaken so many policies for the welfare of the children, pregnant mothers and nursing mothers. They are as following.

Welfare Extension Projects: To assist voluntary organization and mobilize their support and cooperation in the development of social welfare services, especially for woman and children, the government of India established the central social welfare board. A provision of 40 million was made in the first plan for the board's programmes. The board in its survey of the voluntary field in India found that most of the voluntary welfare organizations were concentrated in and around urban areas in order to carry welfare services to woman and children living in rural areas.

Co-ordinated Welfare Extension Projects: Under the coordinated pattern, central social welfare board continued to organize and supervise the programmes for the woman and children. However, certain changes were introduced in coverage staffing pattern, financial arrangements and organizational structure. Each welfare extension projects of the coordinated pattern covered 100 villages.

Demonstrations Projects For Integrated Child Welfare Services: The programme for woman and children developed by the central social welfare board in rural areas during the First and Second Plans was reviewed and it was felt that the programme needed through reorganization in order to improve and enlarge its scope so that woman and children in rural areas could be better served.

Family and Child Welfare Projects: In 1964 the central social welfare board appointed an evaluation committee on welfare extension projects. The committee reviewed the programme and made some recommendations. It was considered necessary to revise the services already existing in the rural areas under different patterns and to develop a countrywide programme of integrated welfare services for the children with particular reference to the pre- school child by utilizing fully all

available resources including those of the family and the talents of mothers for this purpose.

Applied Nutrition Programme : Nutrition plays a vital role in the physical, mental and emotional development of a child. Recognizing the abject poverty conditions in which a large sections of the population live and the young child suffering the worst impact of poverty and ignorance by deprivation of his essential nutritional intake the government of India, in cooperation with UNICEF, FAO, and WHO developed a nutrition intervention.

Special Nutrition Programme: The special nutrition programme was launched by the government of India in 1970-71 with the object of providing supplementary nutrition to pre-school children, pregnant woman and nursing mothers from the weaker sections of the community in urban slums, tribal and backward rural areas. This programme was developed to control protein – calories malnutrition among young children, expectant woman and nursing mother living in depressed and relatively inaccessible areas.

Balwadi Nutrition Programme : The Balwadi nutrition programme was also started in 1970-71 with the object of providing supplementary nutrition to children in Balwadis in order to meet one- fourth of their daily calorie requirement and about one – half of the daily protein requirement.

National Policy for Children: The adoption of resolution on the national policy for the children by the government of India in August, 1974 was one of the most significant developments in the field of child welfare and marked a watershed in the child welfare movement in India. The policy resolution recognized children as the nation's supremely important asset and declared that the nation is responsible for their nurture and solicitude. It derived its inspiration from the provisions for the children enshrined in the constitution of India and endorsed the United Nation's declarations of the rights of the child. The policy lay down that the state shall provide adequate services to children before and after birth and during the period of growth ensure their full physical, mental and social development.

Apart from these above central policies for the woman and children, the state has also undertaken some policies for them. As the state is collaborative partner of the ICDS, therefore, the state made some policies to the need of the children and the woman. These policies are as following.

Health

Education and Entertainment

Defense

Observatories

Child Homes

Orphanage

Child Nurturing

Rural woman and children disease diagnosis camp

New Life Policy

Above all the policies and programmes are launched for the woman and the child development.

Chapter – IV

Analysis and Synthesis of the Data Collection

In the present research, the objective is to understand the role of Anganwadi in the ICDS project. The detailed information of the project is to be given in the earlier chapters. The scope of the research is limited with Latur Taluka. There is no single tribal and urban project in the Latur Taluka, so that its data is not included in the present research. The numbers of Anganwadis are 357 in, the number of beneficiaries 33505, the age belonging 0 to 6 years 28864, pregnant woman 2387, breast feeding mothers 2254. The surveyed method is used for the collection of data for the present research. As per sample selection 20 Anganwadis are selected from each centre, 40 beneficiary parents, 2 CDPO. The data is collected by using questioner and interviews of the concerned. The analysis and synthesis is done as per CDPO, Anganwadi Workers and beneficiaries. As per the government rule the Anganwadi Centers should be inspected per month. But the fact was different at the root level. Only 50 % Anganwadi Canters meet the objectives of the government. Through data of 2012 – 13, it is found that the child mortality in Latur district is 22.78 %, mother mortality 0.32 % and in Latur Taluka particularly the percentage of child mortality is 25.08. It is obvious that there is great percentage of child mortality in Latur Taluka. The main reason of this child mortality is malnutrition. The main reasons of malnutrition are poverty, illiterate, and superstition and there is no nutritious food to pregnant woman and children in initial days. There are immense efforts are taken in at different levels to wipe out malnutrition but it is found that 152 children are found malnutrition and 261 children are grave malnutrition. The data cleared that food supplied through Angwadi Centers is nutritious. It is found that malnutrition takes place in earlier two years of the children and this fact is ignored. That's why; there is no removal of malnutrition in Latur. Taking this factor into account, the focus is on 0 to 3 years age group sensibly. At some extent there is decline in the malnutrition but not up to 0. 60 % parents are satisfactory and 40 % are unsatisfactory. But in reality, it is found that

food is not healthy. The researcher found that beneficiaries are giving answers to the questionnaires positively.

81 % parents are agreed to the objectives set by the government of the ICDS. But 19 % parents are not agreed due to the physical availability of Anganwadi Centre, those Anganwadis that are commenced in open. The children are future pillars of any nation. Their well upbringing lies on the shoulder of not only parents but also the on the government. However, it is found that 92 % Anganwadi Workers are striving for the physical, intellectual, linguistic, social, emotional and creativity of the children. The researcher found that by implementing such programmes, cleanliness, discipline, cooperative qualities and regular attendance of the children are developed.

Chapter - V

Summary and Conclusion

The Integrated Child Development Services (ICDS) Scheme was launched by the government of India in 1975. Today this scheme is working through 1350000 Anganwadis in the nation. In Maharashtra, blocks are 553 and Anganwadis are 88272 are functioning. Its aim is to provide an integrated service package of basic health, nutrition and pre-school education to children under six and to pregnant and lactating women, through an Anganwadi worker, the main grass roots level service provider, based at an Anganwadi centre in each village. The coverage, village level outreach, focus on the most vulnerable sections of the population give the programme a tremendous potentials for reducing poor maternal and child health and malnutrition in the country.

During the last 40 years the programme has been extensively studied. However, the large value of research basically relates to one or more service components and often suffers from methodological limitations. While sometimes, conflicting results highlights the wide variability in performance at the state, Block and Anganwadi levels, they also confirm the potential of the programme to improve the health and well-being of children and their mothers.

This study, conducted in April 2013 to March 2015 seeks to look at the ICDS programme in selected villages in Latur Taluka, Maharashtra, Where the programme has been operational since 1975. Purposely the villages are selected from Latur Taluka. In addition, greater insights into the programme have been obtained by study it from the view point of both the beneficiary and the service provider.

While ethnic, social and economic criteria are largely similar in both sets of the study villages, the Latur population in general, has certain positive features such as greater access to water, electricity and modernization through its proximity to a major town, which give its children an advantage in terms of health, nutrition and education levels. As such, the result of this study may be interpreted as providing a

conservative idea of differential in the condition of children's position in Latur.

In short, the result of this analysis are not very encouraging the conclusion is that the situation of children in Latur continuous to be poor. When we consider health, nutrition and education levels in Latur, we find that the situation of children does not reflect the benefits of 40 years of ICDS. However, when we look at inter- Block differentials, especially in light of the generally better socio-economic conditions in Latur, we observe clear signs in the areas of malnourishment and school enrollment that children in Latur are better off than those in Latur.

To begin with, the selected villages share certain common features. The levels of infants and child mortality as well as fertility are distinguishingly high, and prolonged breast feeding and delayed weaning practices are universal. The largely rural populations continue to follow traditional health and medical practices, maternal knowledge of health and hygiene, and treatments and prevention of common childhood diseases is poor. In fact, mothers in areas report low, yet virtually identical levels of child immunization. In the area is also characterized by the low position of women and gender bias in maternal attitudes to female infants as well as children in regard to nutrition, education and preference for early marriages of girls, though not in the case of immunization and morbidity. Mothers in scheduled castes moreover received ICDS inputs rather than mothers of other sections of the society. There is a lack of co-ordination between Anganwadi Worker and Helper. It is found that worker belongs to lower castes and helper belongs to upper castes. Most of Anganwadi workers are desolated, divorcee and farming workers. In the ICDS, there are obstacles in meeting the goals of the project such as shortage of vehicles, employees, additional works etc. This study brings to light a glaring limitation of the programme – continuing ignorance among women of the integrated nature of ICDS on the one hand and of basic health, nutrition and hygiene on the other hand. This is attributed to many factors – caste barrier, reluctance to absorb new ideas and practices, and limited nature of the educational inputs.

Suggestions : The findings of the study, though not very encouraging, provide an insight into the functioning of the ICDS programme in Latur as assessed by selected performance indicators as well as beneficiary and service provider perspectives and indicate several areas for introducing positive change.

1. ICDS cannot be really effective in the absence of concomitant changes in other areas, particularly those of safe drinking water and sanitation. The better sanitary conditions and access to water and electricity have probably contributed partially to the better morbidity conditions of children in the non ICDS area compared to Latur. It is important that these amenities are improved in Latur.
2. The health and nutrition education component requires priority, messages must be simple, locally relevant and convincing so that they are easily understood and accepted by the women. An effective educational component would not only help build up the capabilities of mothers to look after the health of their children but also to break away from the traditional practices which continue to dominate the treatment and prevention of childhood diseases, antenatal care and breast feeding behavior.
3. There is an urgent need to upgrade worker knowledge of treatment and prevention of childhood disease and malnutrition including the rehabilitation and treatment of severely malnourished children and the linkages between environment and health, as well as to develop skills in imparting messages in a way which will have an impact on an illiterate, rural audience.
4. Since deliveries are usually domiciliary and attended by the untrained dais, this important group of traditional birth attendance should be trained and antenatal and infant care activities should be co – ordinate with them.
5. Monitoring of nutrition for girls providing them additional supplementary diet and more intensive efforts at enrolling girls aged six in primary school need to be considered. Issues of female status in general, including equal feeding and education for boys and girls rising

the age at marriage and so on must be persistently advocated again through locally relevant messages.

6. The lack of co – ordination between workers and mothers calls for a close involvement of mothers in the activities of their children by discussing educational mile stones as well as observations on growth levels and health, special feeding practices and so on where necessary. The provision of a duplicate growth card to be retained by mothers may help in involving families in the development of children.
7. Worker and supervisor skills in local level monitoring need considerable up gradation, the importance of accurate recording and reporting must be fully understood.
8. Interactions between workers and supervisory staff tents to be limited. Supervisory staff must observe the full functioning of the Anganwadi at least once a month and build report with the community.
9. Regular quarterly meetings between supervisory staff and the local community might help in airing grievances and differences and resolving underlying antagonism if any between the community and the Anganwadi worker before the children are withdrawn from the scope of Anganwadi services.
10. 100 % Anganwadis should have the building of government aided. They should not be commenced on the open. They should be decorative to attractive to fetch the attention of the children. The buildings should be well designed and well planned.
11. The food served in the Anganwadis should be nutritious. It must be delivered by the government machineries. To wipe out malnutrition 100 % , the government should have undertaken special programme.

To implement any policy and programme of the government successfully, there co – operation of the society is needed. If there is no enough participation of the people, the programme would not be successful. Through the meaningful establishment of relation due to Panchyati Raj, the ICDS is functioning properly. It is found that it had greater influence on the children and women development.

DR. T.N. MAGAR

UNIVERSITY GRANTS COMMISSION

UTILIZATION CERTIFICATE

Certified that the grant of Rs.80,000/- (Rs. Eighty thousand only) received from University Grants Commission, under the scheme of support for Minor Research Project entitled **"The Role of Anganwadi in The Integrated Child Development Services (ICDS): A Case Study Of Latur Taluka** . in the subject Public Administration vide letter No.file No. 23-445/12(WRO) dated 15th March 2013 has been fully utilized for the purpose for which it was sanctioned and in accordance with the term and conditions laid down by the University Grants Commission.

Signature Of The
Principal Investigator

Principal
S.S.D. Mahila Mahavidyalaya, Latur

Seal And Signature Of Auditor

UNIVERSITY GRANTS COMMISSION

STATEMENT OF EXPENDITURE IN RESPECT OF MINOR RESEARCH PROJECT

1. Name of Principal Investigator : Dr. T.N. Magar
2. College : S .S.D. Mahila Mahavidyalay ,Latur
3. UGC Approval No. : File No.23-445/12(WRO) dated 15th March 2013
4. Title of the Research Project : “The Role of Anganwadi In The Child Development Services (ICDS): A Case study Of Latur Taluka
5. Effective date of starting the project : 15st March 2013
6. (a) Period of Expenditure : From 1st Apr 2013 to 31st March 2015.
(b) Details of Expenditure :

Sr.No.	Item	Amount Approved Rs	Expenditure Incurred Rs.
i)	Books & Journals	10,000/-	10,836
ii)	Equipment	30,000/-	31,762.50
iii)	Contingency	10,000/-	10,111
iv)	Field work/Travel (details in the preformed at Annexure-vi)	30,000/-	30,900
v)	Hiring Service	--	
vi)	Chemical & Glassware	--	
vii)	Overhead	--	
viii)	Any other items	--	
	Total	80,000/-	83,609.50

(c) Staff : Not Applicable.

1. It as a result of check or audit objective, some irregularly is noticed, later date, action will be taken to refund, adjust or regularize the objected amounts.
2. Payment @ revised rates shall be made with arrears on the availability of additional funds.
3. It is certified that the grant of Rs.80,000/- (Rupees Eighty thousand only) received from the University Grants Commission under the scheme of support for Minor Research Project entitled “The Role of Anganwadi in the Integrated Child Development Services(ICDS): A Case Study Of Latur Taluka ” vide UGC letter No. File No.23-445/12(WRO) dated 15th March 2013 has been fully utilized for the purpose for which it was sanctioned and in accordance with the terms and conditions laid down by the University Grants Commission.

Signature Of The
Principal Investigator

Principal
S.S.D. Mahila Mahavidyalaya,Latur

Seal And Signature Of Auditor

Utilization of the Minor Research

Entitled

“The Role Of Anganwadi In The Integrated Child development Services(ICDS) :
A Case Study Of Latur Taluka”

F.No.23-445/12 (WRO) dated 15.03.2013

**Principal Investigator :
Dr. T.N. Magar**

Statement showing Income and Expenditure of MRP

Income		Actual Expenditure	
Particulars	Amount in Rs.	Particulars	Amount in Rs.
Grants Actually received from UGC	60,000	Books & Journals	10,836
Balance Grant to be received from UGC	20,000	Fieldwork & Travel	30,900
Contribution of Principle Inv	3,609.50	Contingency	10,111
		Equipment	31,762.50
Grants Sanctioned from UGC	83,609.50		83,609.50

Principal Investigator

Principal of College

Statutory Auditor

ANNEXURE – VI

UNIVERSITY GRANTS COMMISSION

STATEMENT OF EXPENDITURE INCURRED ON FIELD WORK

Name of the Principal Investigator : **Dr. T.N.MAGAR**

Name of the School/College : **Smt. Sushiladevi Deshmukh Mahila**

Mahavidyalaya, Khadgaon Road, Latur

Name of the place visited	Date of the visit	Mode of Journey	Expenditure incurred (Rs.)
Latur Taluka area	Aug. 16,2013	By Car	2510/-
Latur Taluka area	Oct.14,2013	By Car	2510/-
Latur Taluka area	Dec.22,2013	By Car	2510/-
Latur Taluka area	Feb.16,2014	By Car	2510/-
Latur Taluka area	Apr.13,2014	By Car	2510/-
Latur Taluka area	May 04,2014	By Car	2510/-
Latur Taluka area	June 13,2014	By Car	2640/-
Latur Taluka area	Aug.17,2014	By Car	2640/-
Latur Taluka area	Oct.12,2014	By Car	2640/-
Latur Taluka area	Nov.16,2014	By Car	2640/-
Latur Taluka area	Jan 18,2015	By Car	2640/-
Latur Taluka area	Mar.22,2015	By Car	2640/-
Total			30900/

Certified that the above expenditure is in accordance with UGC norms for Minor Research Projects

**SIGNATURE OF PRINCIPAL
INVESTIGATOR**

PRINCIPAL

UNIVERSITY GRANTS COMMISSION

PROFORMA FOR SUBMISSION OF INFORMATION AT THE TIME OF SENDING THE FINAL REPORT OF THE WORK DONE ON THE PROJECT

1. NAME AND ADDRESS OF THE PRINCIPAL INVESTIGATOR: Dr. T.N. Magar
2. NAME AND ADDRESS OF THE INSTITUTION : S.S.D.M Mahavidyalay,Latur.
3. UGC APPROVEL NO. AND DATE : F.NO. 23-445/12 (WRO)
Dated.15 March 2013
4. DATE OF IMPLEMENTATION : 1ST April 2013.
5. TENURE OF PROJECT : 24 Months.
6. TOTAL GRANT ALLOCATED : 80,000/-
7. TOTAL GRANT RECEIVED : 60,000/-
8. FINAL EXPENDITURE : 83609.50/-
9. TITLE OF THE PROJECT : “The Role Of Anganwadi In The
Integrated Child development
Services(ICDS) ”A Case Study Of
Latur Taluka
10. OBJECTIVE OF THE PROJECT : Sheet Attached.
11. WHETHER OBJECTIVE ARE ACHIEVED : Sheet Attached.
12. ACHIVEMENTS FROM THE PROJECT : Sheet Attached.
13. SUMMARY OF THE FINDING : Sheet attached.
(In 500 words)
14. CONTRIBUTION TO THE SOCIETY : Sheet Attached.
(Give Details)
15. WHETHER ANY Ph.d. ENROLLED / PRODUCED : No.
(Out of the Project)
16. NO. OF PUBLICATION OUT OF THE PROJECT no (Please attach Re-prints)

Signature Of The
Principal Investigator

Principal
S.S.D. Mahila Mahavidyalaya,Latur

Seal And Signature Of Auditor

Sheet for annexure -VIII, Pertaining point

No-10

OBJECTIVES OF THE PROJECT

- i) To study the services provided by the Anganwadis to the children and the women.
- ii) To understand the role of Anganwadi in the children's intellectual and educational development.
- iii) To study the structure and functions of the concern institutions to Anganwadi.
- iv) To study the various projects implemented by the government for the welfare of the children.
- v) To evaluate the Integrated Child Development Services Scheme.

Annexure - VIII Pertaining Point No.11

DETAILS OF ACHIVED OBJECTIVES

I have achieved the following objectives:

1. I have studied the concept of Integrated Child Development Services.
2. I have studied thoroughly contribution of Anganwadi in the Integrated Child Development Services.
3. I have studied the nature, structure and function of Anganwadi in the Integrated Child Development Services.
4. I understand the contribution of Anganwadi in the Integrated Child Development Services in Latur Taluka
5. I have studied the function and the role of Anganwadi in the Integrated Child Development Services.

Signature of Principal
Investigator
Dr. T.N. Magar

Sheet for annexure - VIII, Pertaining point No.13

EXECUTIVE SUMMARY OF THE FINDINGS

"THE ROLE OF ANGANWADI IN THE INTEGRATED

CHILD DEVELOPMENT SERVICES (ICDS):

A CASE STUDY OF LATUR TALUKA"

During the last 40 years the programme has been extensively studied. However, the large value of research basically relates to one or more service components and often suffers from methodological limitations. While sometimes, conflicting results highlights the wide variability in performance at the state, Block and Anganwadi levels, they also confirm the potential of the programme to improve the health and well-being of children and their mothers.

This study, conducted in April 2013 to March 2015 seeks to look at the ICDS programme in selected villages in Latur Taluka, Maharashtra. Where the programme has been operational since 1975. Purposely selected villages in Latur Taluka. In addition, greater insights into the programme have been obtained by study it from the view point of both the beneficiary and the service provider.

While ethnic, social and economic criteria are largely similar in both sets of the study villages, the Latur population in general, has certain positive features such as greater access to water, electricity and modernization through its proximity to a major town, which give its children an advantage in terms of health, nutrition and education levels. As such, the result of this study may be interpreted as providing a conservative idea of differential in the condition of children's position in Latur.

In short, the result of this analysis are not very encouraging the conclusion is that the situation of children in Latur continuous to be poor. When we consider health, nutrition and education levels in Latur, we find that the situation of children does not reflect the benefits of 40 years of

ICDS. However, when we look at inter-Block differentials, especially in light of the generally better socio-economic conditions in Latur, we observe clear signs in the areas of malnourishment and school enrollment that children in Latur are better off than those in Latur.

To begin with, the selected villages share certain common features. The levels of infants and child mortality as well as fertility are distinguishingly high, and prolonged breast feeding and delayed weaning practices are universal. The largely rural populations continue to follow traditional health and medical practices, maternal knowledge of health and hygiene, and treatments and prevention of common childhood diseases is poor. In fact, mothers in areas report low, yet virtually identical levels of child immunization. In the area is also characterized by the low position of women and gender bias in maternal attitudes to female infants as well as children in regard to nutrition, education and preference for early marriages of girls, though not in the case of immunization and morbidity. Mothers in scheduled castes moreover received ICDS inputs rather than mothers of other sections of the society. There is a lack of co-ordination between Anganwadi worker and helper. It is found that worker belongs to lower castes and helper belongs to upper castes. Most of Anganwadi workers are desolated, divorcee and farming workers. In the ICDS, there are obstacles in meeting the goals of the project such as shortage of vehicles, employees, additional works etc. This study brings to light a glaring limitations of the programme – continuing ignorance among women of the integrated nature of ICDS on the one hand and of basic health, nutrition and hygiene on the other hand. This is attributed to many factors – caste barrier, reluctance to absorb new ideas and practices, and limited nature of the educational inputs.

Suggestions : The findings of the study, though not very encouraging, provide an insight into the functioning of the ICDS programme in Latur as assessed by selected performance indicators as well as beneficiary and service provider perspectives and indicate several areas for introducing positive change.

- 100 % Anganwadis should have the building of government aided. They should not be commenced on the open. They should be decorative to attractive to fetch the attention of the children. The buildings should be well designed and well planned.
- The food served in the Anganwadis should be nutritious. It must be delivered by the government machineries. To wipe out malnutrition 100 % , the government should have undertaken special programme.
- ICDS cannot be really effective in the absence of concomitant changes in other areas, particularly those of safe drinking water and sanitation. The better sanitary conditions and access to water and electricity have probably contributed partially to the better morbidity conditions of children in the non ICDS area compared to Latur. It is important them that these amenities are improved in Latur.
- The health and nutrition education component requires priority, messages must be simple, locally relevant and convincing so that they are easily understood and accepted by the women. An effective educational component would not only help build up the capabilities of mothers to look after the health of their children but also to break away from the traditional practices which continue to dominate the treatment and prevention of childhood diseases, antenatal care and breast feeding behavior.
- There is an urgent need to upgrade worker knowledge of treatment and prevention of childhood disease and malnutrition including the rehabilitation and treatment of severally malnourished children and the linkages between environment and health, as well as to develop skills in imparting messages in a way which will have an impact on an illiterate , rural audience.
- Since deliveries are usually domiciliary an attended by the untrained dais, this important group of traditional birth attendance should be trained and antenatal and infant care activities should be co – ordinate with them.
- Monitoring of nutrition for girls providing them additional supplementary diet and more intensive efforts at enrolling girls aged six in primary school need to be considered. Issues of female status in

general, including equal feeding and education for boys and girls raising the age at marriage and so on must be persistently advocated again through locally relevant messages.

- The lack of co – ordination between workers and mothers calls for a close involvement of mothers in the activities of their children by discussing educational mile stones as well as observations on growth levels and health, special feeding practices and so on where necessary. The provision of a duplicate growth card to be retained by mothers may help in involving families in the development of children.
- Worker and supervisor skills in local level monitoring need considerable up gradation, the importance of accurate recording and reporting must be fully understood.
- Interactions between workers and supervisory staff tents to be limited. Supervisory staff must observe the full functioning of the Anganwadi at least once a month and build report with the community.
- Regular quarterly meetings between supervisory staff and the local community might help in airing grievances and differences and resolving underlying antagonism if any between the community and the Anganwadi worker before the children are withdrawn from the scope of Anganwadi services.

To implement any policy and programme of the government successfully, there co – operation of the society is needed. If there is no enough participation of the people, the programme would not be successful. Through the meaningful establishment of relation due to Panchyati Raj, the ICDS is functioning properly. It is found that it had greater influence on the children and women development.

Annexure - VIII Pertaining Point No.14

CONTRIBUTION TO THE SOCIETY

The various contributions made to society by Minor Research Project are as following :

- 1 More than 60 % Indians are living in the villages and facing many difficulties and problems. Because of they are living in remote areas, the government's schemes and programmes are failing short to meet the needs of people in the villages. So that I have some solutions to these problems at some extent.
- 2 I have studied that people's participation is poor in any programme of the government, particularly in case of Integrated Child Development. There is ignorance toward literacy, nutrition, pregnant woman, pre- school education and immunization. My project will definitely help the government machinery to enhance the role of Anganwadi in the ICDS.
- 3 If Anganwadi works effectively, the problem of malnutrition will be reduced up to 0 in the society.
- 4 I have made some suggestions to improve the status of Anganwadi in the ICDS.
- 5 The role of Angawadi is pivotal in implementing the ICDS on the large scale.

Signature of Principal
Investigator
Dr. T.N. Magar

**U.G.C. - WRO, Pune
Minor Research Project**

Accession Certificate

Name of Investigator : **Dr. T.N. Magar**
College Name : **Smt. Sushiladevi Deshmukh Mahila
Mahavidyalaya, Khadgaon Road, Latur**
Date of starting of project : **1st April, 2013**

It is certified that book and subscribed issues of the journal purchased from the Minor Research Projects Grant have been handled over to the college central library. The accession numbers are from **15996** to **16052**.

Date : 22/10/2016

**Investigator
Principal**

Librarian

U.G.C. - WRO, Pune
Minor Research Project

Assets Certificate

Name of Investigator : Dr. T.N. Magar
College Name : **Smt. Sushiladevi Deshmukh Mahila
Mahavidyalaya, Khadgaon Road, Latur**
Date of starting of project : 1st April, 2013

It is certified that the equipment have been handed over to the college.

1) Computer : 01

Date: 22/10/2016

**Principal
Investigator**

Principal

UNIVERSITY GRANTS COMMISSION
BAHADUR SHAH ZAFAR MARG
NEW DELHI – 110 002.

Annual/Final Report of the work done on the Minor Research Project.
(Report to be submitted within 6 weeks after completion of each year)

1. Project report No. 1st : 1st
2. UGC Reference No.F : 23-445/12 WRO Dt.15 March 2013
3. Period of report: from : 01/04/2013 to 31/03/2014
4. Title of research project : The Role of Anganwadi in the Integrated Child Development services (ICDS): A Case Study Of Latur Taluka
- 5.(a) Name of the Principal Investigator : Dr. T.N. Magar
- (b) Deptt. : Public Administration
- (c) College where work has progressed : Smt.Sushiladevi Deshmukh Mahila Mahavidyalaya , Latur
6. Effective date of starting of the project : 01/04/2013
4. Grant approved and expenditure incurred during the period of the report:
- a. Total amount approved Rs. : 60,000/-
- b. Total expenditure Rs. : 62,000/-
- c. Report of the work done : conceptual framework Data collection & analysis
- i. Brief objective of the project : (separate sheet attached)
- ii. Work done so far and results achieved and publications, if any, resulting from the work : NO
- iii. Has the progress been according to original plan of work and towards achieving the objective. if not, state reasons: Work Is on going

iv. please enclose a summary of the findings of the study. One bound copy of the final report of work done may also be sent to the concerned Regional Office of the UGC :

v. Any other information : **no**

SIGNATURE OF THE PRINCIPAL INVESTIGATOR

PRINCIPAL

(Seal)

I st Progress report point no 7 (I)

Brief objectives of the project.

- i) To study the services provided by the Anganwadis to the children and the women.
- ii) To understand the role of Anganwadi in the children's intellectual and educational development.
- iii) To study the structure and functions of the concern institutions to Anganwadi.
- iv) To study the various projects implemented by the government for the welfare of the children .
- v) To evaluate the Integrated Child Development Services Scheme.

Principal Investigator

Dr. T. N. MAGAR

UNIVERSITY GRANTS COMMISSION
BAHADUR SHAH ZAFAR MARG
NEW DELHI – 110 002.

Annual/Final Report of the work done on the Minor Research Project.
(Report to be submitted within 6 weeks after completion of each year)

1. Project report No. 1st /Final : 2nd & final
2. UGC Reference No.F : 23-445/12 WRO Dt. 15 March 2013
3. Period of report: from : 01/04/2014 to 31/03/2015
4. Title of research project : The Role of Anganwadi in the Integrated Child Development Services (ICDS): A Case Study Of Latur Taluka
- 5.(a) Name of the Principal Investigator : Dr. T.N. Magar
- (b) Deptt. : Public Administration
- (c) College where work has progressed : Smt.Sushiladevi Deshmukh Mahila Mahavidyalaya , Latur
6. Effective date Of starting of The Project : 01.04.2013
7. Grant approved and expenditure incurred during the period of the report:
- a. Total amount approved Rs. : 20,000/-
- b. Total expenditure Rs. : 23,250/-
- c. Report of the work done : (separate sheet attached)
- iv. Brief objective of the project : (separate sheet attached)
- v. Work done so far and results achieved and publications, if any, resulting from the work : NO
- vi. Has the progress been according to original plan of work and towards achieving the objective. if not, state reasons: Work Is on going

iv. please enclose a summary of the findings of the study. One bound copy of the final report of work done may also be sent to the concerned Regional Office of the UGC : yes

v. Any other information : no

**SIGNATURE OF THE PRINCIPAL INVESTIGATOR
DR. T. N. MAGAR**

PRINCIPAL

(Seal)

IInd & Final Progress Report Point No.7 (IV)

SUMMARY OF THE FINDINGS

“THE ROLE OF ANGANWADI IN THE INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS): A CASE STUDY OF LATUR TALUKA”

During the last 40 years the programme has been extensively studied. However, the large value of research basically relates to one or more service components and often suffers from methodological limitations. While sometimes, conflicting results highlights the wide variability in performance at the state, Block and Anganwadi levels, they also confirm the potential of the programme to improve the health and well-being of children and their mothers.

This study, conducted in April 2013 to March 2015 seeks to look at the ICDS programme in selected villages in Latur Taluka, Maharashtra. Where the programme has been operational since 1975. Purposely the villages are selected from Latur Taluka. In addition, greater insights into the programme have been obtained by study it from the view point of both the beneficiary and the service provider.

While ethnic, social and economic criteria are largely similar in both sets of the study villages, the Latur population in general, has certain positive features such as greater access to water, electricity and modernization through its proximity to a major town, which give its children an advantage in terms of health, nutrition and education levels. As such, the result of this study may be interpreted as providing a conservative idea of differential in the condition of children's position in Latur.

In short, the result of this analysis are not very encouraging the conclusion is that the situation of children in Latur continuous to be poor. When we consider health, nutrition and education levels in Latur, we find that the situation of children does not reflect the benefits of 40 years of

ICDS. However, when we look at inter-Block differentials, especially in light of the generally better socio-economic conditions in Latur, we observe clear signs in the areas of malnourishment and school enrollment that children in Latur are better off than those in Latur.

To begin with, the selected villages share certain common features. The levels of infants and child mortality as well as fertility are distinguishingly high, and prolonged breast feeding and delayed weaning practices are universal. The largely rural populations continue to follow traditional health and medical practices, maternal knowledge of health and hygiene, and treatments and prevention of common childhood diseases is poor. In fact, mothers in areas report low, yet virtually identical levels of child immunization. In the area is also characterized by the low position of women and gender bias in maternal attitudes to female infants as well as children in regard to nutrition, education and preference for early marriages of girls, though not in the case of immunization and morbidity. Mothers in scheduled castes moreover received ICDS inputs rather than mothers of other sections of the society. There is a lack of co-ordination between Anganwadi Worker and Helper. It is found that worker belongs to lower castes and helper belongs to upper castes. Most of Anganwadi workers are desolated , divorcee and farming workers. In the ICDS, there are obstacles in meeting the goals of the project such as shortage of vehicles, employees, additional works etc. This study brings to light a glaring limitations of the programme – continuing ignorance among women of the integrated nature of ICDS on the one hand and of basic health, nutrition and hygiene on the other hand. This is attributed to many factors – caste barrier, reluctance to absorb new ideas and practices, and limited nature of the educational inputs.

Suggestions:

The findings of the study, though not very encouraging, provide an insight into the functioning of the ICDS programme in Latur as assessed by selected performance indicators as well as beneficiary and service provider perspectives and indicate several areas for introducing positive change.

1. ICDS cannot be really effective in the absence of concomitant changes in other areas, particularly those of safe drinking water and sanitation.

The better sanitary conditions and access to water and electricity have probably contributed partially to the better morbidity conditions of children in the non ICDS area compared to Latur. It is important that these amenities are improved in Latur.

2. The health and nutrition education component requires priority, messages must be simple, locally relevant and convincing so that they are easily understood and accepted by the women. An effective educational component would not only help build up the capabilities of mothers to look after the health of their children but also to break away from the traditional practices which continue to dominate the treatment and prevention of childhood diseases, antenatal care and breast feeding behavior.
3. There is an urgent need to upgrade worker knowledge of treatment and prevention of childhood disease and malnutrition including the rehabilitation and treatment of severely malnourished children and the linkages between environment and health, as well as to develop skills in imparting messages in a way which will have an impact on an illiterate, rural audience.
4. Since deliveries are usually domiciliary and attended by the untrained dais, this important group of traditional birth attendance should be trained and antenatal and infant care activities should be co-ordinated with them.
5. Monitoring of nutrition for girls providing them additional supplementary diet and more intensive efforts at enrolling girls aged six in primary school need to be considered. Issues of female status in general, including equal feeding and education for boys and girls rising the age at marriage and so on must be persistently advocated again through locally relevant messages.
6. The lack of co-ordination between workers and mothers calls for a close involvement of mothers in the activities of their children by discussing educational milestones as well as observations on growth levels and health, special feeding practices and so on where necessary. The provision of a duplicate growth card to be retained by mothers may help in involving families in the development of children.

7. Worker and Supervisor skills in local level monitoring need considerable up gradation, the importance of accurate recording and reporting must be fully understood.
8. Interactions between workers and supervisory staff tents to be limited. Supervisory staff must observe the full functioning of the Anganwadi at least once a month and build report with the community.
9. Regular quarterly meetings between supervisory staff and the local community might help in airing grievances and differences and resolving underlying antagonism if any between the community and the Anganwadi worker before the children are withdrawn from the scope of Anganwadi services.
10. 100 % Anganwadis should have the building of government aided. They should not be commenced on the open. They should be decorative to attractive to fetch the attention of the children. The buildings should be well designed and well planned.
11. The food served in the Anganwadis should be nutritious. It must be delivered by the government machineries. To wipe out malnutrition 100 %, the government should have undertaken special programme.

To implement any policy and programme of the government successfully, there co – operation of the society is needed. If there is no enough participation of the people, the programme would not be successful. Through the meaningful establishment of relation due to Panchyatiraj, the ICDS is functioning properly. It is found that it had greater influence on the children and women development.