

Evaluation Of Integrated Child Development Service Scheme in Mandi District

Dushma Kumari¹, Sunil Kumar²

¹Assistant Professor (Guest Faculty), Department of Public administration Sardar Patel University, Mandi (India) 175001

²Ph. D Research Scholar, Department of Sociology and Social Work Himachal Pradesh University, Shimla (India) 171005

Abstract—Purpose: ICDS being the world's largest programme for development of young children, has had many researchers investigate various aspects of it. This paper has summarized the salient findings and recommendations of the research studies. Keeping this in view, the Government of India launched ICDS in 33 projects on 2nd October 1975. ICDS has expanded over the years, and now is one of the world's largest programmes working for the holistic development of young children. The services provided under ICDS have had a positive impact on the health and nutritional status of children, helped in reducing infant mortality, and created awareness in the community on many issues. The present study has been an attempt to appraise the performance of the integrated child development service scheme in Mandi district using both secondary and primary information. The non-availability of secondary data on some issues resulting from inconsistent record keeping as a limiting factor as past records have not been computerized. Although there had been a vast increase in ICDS blocks, it was seen that there is a lack of infrastructure and basic amenities. Though immunization activities under ICDS have appreciable credibility, however, non-formal pre-school, nutrition and health education are not fully functioning in the way they were planned to be. **Conclusion:** The ICDS has a huge potential as a platform to provide comprehensive maternal and child services. Although there is a wide coverage under the ICDS blocks, many of them are not functioning optimally. Infrastructure and basic amenities, and training components need to be strengthened.

Index Terms—ICDS, MDG'S,

I. INTRODUCTIONS

Human resource development is a vital factor in the overall socio-economic and political development of a nation, which is well documented (see for example Sears, 1957). The quality of human resources affects the social, economic and political strength of a nation, which ultimately has a bearing on the determination of the relative position of a country in the global community. Consequently, investment in human resource development is of paramount importance. This is because it yields good returns to the economy over time and also has a significant impact in minimizing if not eliminating, human suffering by reducing the incidence of poverty, malnutrition, disease and illiteracy and increasing the level of happiness and prosperity by ensuring a healthy and dignified life. However, latter studies challenged this view by allowing for the effect of environmental interventions on human development and conceived development complexities as the accumulation of behaviors at different stages.

It is the stage in which the foundation for physiological, social, mental and psychological development of a person is laid. Deficiency in any of the above spheres may emerge as a challenging problem to the human personality, family and the society as a whole. It is pertinent to provide an environment cognizant to the development of a child so as to ensure healthy adulthood in terms of physique, psyche and intellect etc. It is in early childhood that language, cognitive and speech development is ensured. The importance of early child-care also emerges and an inadequacy in this regard, causes

various psychological disorders such as hypermetric syndrome, disturbance of conduct and emotion specific fears, neurotic conditions and scholastic backwardness. Besides that, it may also cause malnutrition related diseases and lack of social qualities. Similarly, there is a considerable body of work that has indicated that intelligence is not finally decided at birth, rather it is a function of interaction between the genetic potentials and the environment, the child is exposed to, thus, significance of early child care and its role in human resource development is of paramount importance.

Child Care and Millennium Development Goals

Hunt (1961) stated that development of human resource, particularly child development has become a worldwide consideration of prime importance to develop overall society rapidly. Thus, Governments worldwide, have introduced schemes and projects for this purpose under which, funds in enough quantity, are being invested in a well-managed manner. The provisioning of adequate facilities for children to realize their full potential is the reason why the decision to add reduction in the proportion of underweight children by half by the year 2015 to the list of Millennium Development Goal (MDGs) was taken. Consequently, this became the fourth MDG (United Nation Development Programme Report, 2011)

Child Care in India

Murlidharan and Kaur (1993) stated that child care has been given great attention in India. Although, the issues related with the child-care such as methods of child-care and problems related to child-care, have not been applied in uniformly over time. In ancient India, the family was an agency for providing child-care, and the role of women, was as a care given, which was clearly defined. Similarly support of grandmothers were always available in joint families.

ICDS in Himachal Pradesh

The administrative unit for the location of an Integrated Child Development Services Project is a Community Development Block in the rural areas, a Tribal Development Block in the tribal areas and a

group of slums in urban areas. Anganwari is the local point for delivery of the package of services to children and mothers right at their door step i.e. in the village or ward. An Anganwari Worker normally covers a population of about 700 in rural/urban areas and 400 in tribal areas. The Anganwari is run by the workers who are assisted by lady helpers. Integrated Child Development Service Scheme is implemented by “Child and Women Development Department” of Government of India through to the Child Development Department or through Social Welfare Department of the State Government an Integrated Child Development Services Scheme project generally includes an areas of a Community Department Block at the grass-roots level, the services of Integrated Child Development Services Scheme are provided through Anganwari Centre to the children and women.

The area under Integrated Child Development Service Scheme project is divided into parts named as supervisory circle, which consist of 20 to 25 Anganwari Centre. There is provision to appoint one supervisor for a circle whose function is to guide the Anganwari Workers in providing services. For co-ordination of the supervision and management of the project, a field executive named as Child Development Project Officer is responsible for entire management of this project. The health functionaries, who are also honorary Integrated Child Development Service functionaries under the scheme, provide health related services such as immunization, health check-up and health education etc. Demographic status and child development seen of Himachal Pradesh.

Objective Allocated to ICDS Scheme

- (1) To improve the nutritional and health status of children below the age of six years.
- (2) To lay the foundations for proper psychological, physical and social development of the child.
- (3) To reduce the incidence of mortality, morbidity, malnutrition, and school dropout.
- (4) To achieve effective coordination of policy and implementation among various departments to promote child development and
- (5) To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper health and nutrition education.

Table No.1 Rates of Per Beneficiaries under ICDS in Himachal Pradesh

| Category of beneficiaries | Since 1991 to 2004-05 | Nutrition Rate (2009-10) | Revised Norms (per beneficiaries per day) as per phased roll out (2015-16) |
|---|-----------------------|--------------------------|--|
| Children | ₹0.95 | ₹4.00 | ₹6.00 |
| Pregnant and lactating mothers/ BPL Adolescent girls | ₹1.35 | ₹5.00 | ₹7.00 |
| Severely malnourished children | ₹ 1.35 | ₹6.00 | ₹9.00 |
| BPL adolescent girl | - | ₹5.00 ₹5.00 | ₹5.00 |

Source: Department of Women and Child Development in Himachal Pradesh, Shimla, (2016).

Table No. 2

| Sr.No. | Beneficiary | Diet |
|--------|---|---|
| 1. | Children (6 months to 3 year) | 1. Nutrimix 2. Sweets 3. Khicharu |
| 2. | Children (3-6 years) | 1. Nutrimix 2. Khichari 3. Sweet Dalia 4. Sprouted |
| 3. | Pregnant and lactating mothers | 1. Khichari 2. Sweet Dalia 3. Sprouted Gram |
| 4. | BPL adolescent girls-out of School girls School Going girls from 9th to 10+2 | 1. Khichari 2. Sweet Dalia 3. Sprouted Gram |

Source: Department of Women and Child Development of Himachal Pradesh, Shimla, (2016)

II. REVIEW OF LITERATURE

Sharma, Soni and Sharma, (2013) in their study, “Assessment of Coverage of Services Among Beneficiaries Residing in Area Covered by Selected Anganwari in Urban Project I and II of Raipur City”, made an attempt to find out the coverage deficit in scheme provided by Anganwari centers to the eligible beneficiaries residing under urban project of Raipur district. Anganwari Centers were visited and their infrastructure, facility and beneficiaries’ registers were checked and beneficiaries were interviewed to confirm and identify coverage gap.

Thakur, Chauhan, Gupta, Thakur, and Malla (2015) in their study titled, “A Study to assess the Knowledge & Practices of Anganwari Workers & Availability of

Infrastructure in ICDS Programme, at District Mandi of Himachal Pradesh”, found that Integrated Child Development Services Scheme in Anganwari Centers were the focal point for delivery of services. The purpose of the study was to assess the knowledge of Anganwari workers (AWWs) and assess adequacy of infrastructure for AWC under ICDS. This cross-sectional study was conducted on covered 60 AWCs and 60 AWWs of selected ICDS blocks of District Mandi, Himachal Pradesh. Observation and questionnaires yielded responses from the AWWs. Athira and Maneesh (2016) conducted a study titled, “Adolescent girls development and ICDS: A case study of Anganwari Centres in Kannur District, Kerala” using both primary and secondary data. The secondary data were collected from published and

unpublished sources. The primary data were collected from 50 randomly selected BPL adolescent girls of ten Anganwari Centres. The study observed that adolescent girls were facing many health problems such as anemia, being underweight and malnourished. Most of the adolescent girls were found to be actively participating in the nutritional classes. The study recommended that the 'facilities should be provided for the improvement of ICDS activities and more modules should be developed with specific focus in mind, example, leadership training, teaching, goal setting etc'.

Patil, Meenal and Kulkarni (2016) in their study titled, "Knowledge and Utilization of Integrated Child Development Services Scheme Among Women in an Urban Slum a Community Based Study", aimed at obtaining information about the knowledge, level of awareness and utilization of the services provided under ICDS among women living in the urban slum. It is also pertinent to mention that the most relevant aspect i.e. finance is largely ignored and investigation of financial aspects of Integrated Child Development, well serve to fill this research gap.

III. RESEARCH DESIGN

Since implementation of Integrated Child Development Service Scheme in 1975 in Himachal Pradesh, funds have been spent by the Central Government, State Government and agencies such as UNICEF. By 2016, about ₹33 cores was being budgeted every year under this scheme and 550672 beneficences comprising children below the age of 6 years, pregnant women and lactating mothers in Himachal Pradesh, have been reached. The need is to evaluate the fund utilization are under Integrated Child Development Service Scheme.

Need and Scope of the Study

This is relevant because Integrated Child Development Service Scheme completed forty-Nine years in 2022 and expectedly, large sums of money have been spent for provisioning health, education, hygiene and nutrition to children etc. The achievements from the experimental stage in Karsog Block of District Mandi to coverage of the entire state need to be examined. The present study has been designed in order to ascertain the extent of success of this scheme over four decades. The present study also

fulfills the need to assess the overall delivery of such services to the beneficiaries in the relatively less researched state of Himachal Pradesh. In addition, the study is also needed to provide insights into the financial aspects of the Integrated Child Development Services performance at the district level. This study also fulfils the need to consolidate data/information on ICDS in the state of Himachal Pradesh as such data/information has hitherto not been compiled. The present study is an endeavor to cover all districts of Himachal Pradesh with a view to assess some aspects of the Integrated Child Development Services Scheme. This study includes aspects of Integrated Child Development Service Scheme such as physical performance of the scheme, fund utilization, empirical examination of operational issues and impact of the scheme etc. The time period covered is forty years that is since the inception of this scheme till date. However, in the case of some district level indicators the time period covered is somewhat less due to non-availability of coherent data.

IV. OBJECTIVES

1. To analyze the blocks wise performance of Integrated Child Development Service Scheme in Himachal Pradesh.
2. To study the district wise interrelations between financial inputs and performance indicators of Integrated Child Development Service.
4. To suggest measures for augmentation of services and overcome any shortcoming.

Hypotheses

- 1: That the expenditure on ICDS in Himachal Pradesh has led to improvement in the wellbeing of children in the age group of 0 – 6 years
- 2: That utilization of financial resources is directly correlated to performance of ICDS.

V. RESEARCH METHODOLOGY

The research methodology of the present study has been framed to systematically utilize methods for advancement and enhancement of knowledge and effectiveness in analysis. The information needed for the purpose of study, has been obtained largely through secondary sources and some primary data/information was also generated to achieve better understanding.

Sampling Design

The study is based on a sample of 100 beneficiaries of the Integrated Child Development Service scheme. Selection of Districts Random purpose sampling Selection yielding districts Mandi. Selection of 50 % blocks randomly selected in district Mandi block Chhayot and in district Mandi Karsog blocks purposively selected to facilitate only rural areas 25 per cent AWCs (50) were randomly selected from them: 1 per cent of all Beneficiaries from selected AWCs were further selected yielding a total of 100 beneficiaries. One cercle has been selected in each block for study and each cercle constitutes 15 Anganwadi center. Anganwari Workers and Anganwari Helpers In the first stage of sampling one district namely, Mandi was randomly selected. In the study area i.e. one Rural Blocks (Chhayot and Karsog) a list of AWCs was obtained from Child Development Project office. Cluster sampling was used for selection of ten per cent rural AWCs and random sampling was used to select ten per cent urban AWCs. Primary data were collected using social categorization as the descriptive category. Social category was the defining categorization of beneficiaries and not the standard income categories since ICDS accepts beneficiaries without any consideration of their income group. Consequently, beneficiaries were characterized as belonging to either the General or the SC category, as obtained in the study area. This was necessary so as to ascertain whether the benefits of ICDS accrue uniformly across social categories or not.

Findings

The Governmental intervention through different departments though useful often caused overlapping of activities and an integrated approach was thought to be the solution. This was the genesis of the Integrated Child Development Services (ICDS) Scheme which was presented at the sixth conference of the Indian Association for the Pre-School Education in October 1972 at Bangalore. Since the Government of India's modification in the financial year 2009-10, the share of funding between Centre and states for SNP is 50:50, (except in the case of the North Eastern states where the funding is still 90:10). It also provides a protective environment for young children-including care and protection of the young and adolescent girl child. Himachal Pradesh is one of the more progressive states of the Indian union, where the demographic indicators are mostly better when compared the all-

India average. Here the Integrated Child Development Services Scheme was initialed in 1975 when Pooh Block in district Kinnaur was covered at the very beginning. At present the scheme covers all 12 districts through 78 projects and is a supply driven scheme.

Problems of Beneficiaries

Maximum Large family size and Economic backwardness reinforcing under nourishment Illiteracy reinforcing lack of knowledge and Heavy workloads leading to lack of time Gender-based disadvantages faced by women Traditional birth behaviors Prevalence of Superstitions Rural residence, location disadvantage- distance of Anganwadi Centers Premature delivery.

Problems in Delivery of ICDS

Poor functioning of Anganwadi Centers in every center and Inadequate referral services

They have non-availability of vaccine schedule and Lack of concern with school dropouts

Incidence of low birth weight. Lack of sanitation facilities and inadequate seating arrangement in the AWC. Inadequate health and nutrition education among AWC staff. Nutrition and health education is not satisfactory. Immunization, non-formal pre-school, nutrition and health education are not fully functioning.

findings of the Field Survey: Problems Identified

It is pertinent to report the findings of the primary investigation carried out as part of the present study. This is because the field work carried out recorded the beneficiary as well as the field functionary perspective and the same are presented component-wise. In keeping with the format of components Health Checkup and Referral Services are presented together. The Primary study concluded has provided evidence that from the point of view of the beneficiaries, the ICDS programme components are uniformly available to all beneficiaries and no distinctions are made on grounds of social class or location (urban/rural). As evident from the foregoing analysis of urban beneficiaries are far more discerning as compared to their rural counterparts who are more dependent on the services provided by ICDS since alternates do not exist. Nevertheless, mainly rural beneficiaries reported that physical proximity to the Anganwari Centre is an added advantage as daily as well as seasonal workloads prevent travel over long distances. In addition to the findings show the Anganwari Workers

and Anganwari Helpers also reported some additional problems that hamper their performance. The key problem is the inadequate honorarium in relation to the heavy workload they bear. Similarly, uncertainty of the visits by Health and Family Welfare department personnel disrupts, for example, the immunization schedule and shows the AWC in poor light. Findings showing a summary of the problems identified from the field and on the basis of this it is concluded that Anganwari Workers and Anganwari Helpers need their competence upgraded through technical inputs. In each case the null hypothesis was accepted and it was confirmed that the educational, economic and occupational profile was similar across the study area and there was no difference by location, rural or urban. Performance of ICDS in Himachal Pradesh

the performance of integrated Child Development Services Scheme in Himachal Pradesh described the findings of the primary study in respect of beneficiaries and grassroots functionaries. This was on account of the fact that the first project (Balh Block in District Mandi) was an experiment whose results took time to assess. An evaluation of the health check-ups component of the scheme, revealed that 50 per cent of children and mothers attending Anganwari Centres remained without health check-ups coverage during 2000-2002 to 2019-20. This low performance was largely due to lack of co-ordination among implementing agency and health department as well as due to lack of administrative control of the implementing agency of this scheme over health functionaries as also confirmed through field work. According to previously report there were founded that out of total 6,16,102 rural children in Himachal Pradesh 4,49,811(72.97) per cent had been registered to receive care under this scheme. participation where ever forthcoming and harnessed, has also yielded positive results. Also, the Pre-school education component in rural areas is well received in the absence of alternate options. The delay in operationalization of sanctioned projects resulting from delay in receipt of funds from the Centre calls for better synchronization of activities between Centre and State.

It is also concluded that ICDS operates in an environment that is characterized by the following Opportunities. The opportunity for Anganwari Centres to innovate in rural/tribal areas due to low and scattered populations, less availability of options for

pre-school education in nursery schools is indicative of scope for improvisation. Under ICDS the highest expenditure on wages has been incurred in district Kangra during the time period under investigation. This was due to larger numbers of workers on part time and daily wages under Integrated Child Development Services Scheme in district Kangra. The lowest expenditure on wages was incurred in District Lahul & Spiti, because of the relatively smaller number of workers on part time and daily wages under projects and this district has only two projects. Higher expenditure incurred on travelling was evidenced in district Mandi as compared to other districts due to higher proportion of scattered rural population under Integrated Child Development Services here. It may be concluded that ICDS attempts to provide better office facilities to department personnel. In respect of district wise expenditure on rent under Integrated Child Development Services during the period 2015-16 to 2020-2022 it was observed district Mandi was ranked one over the study period and it was followed by districts Kangra, Sirmaur, Chamba, Kullu and others. The year-wise expenditure on rent has the state shows that the after year 2015-16, expenditure on rent is increased continuously as better rented accommodation to home their AWCs, offices and residence is being made available. District wise expenditure on hospitality /entertainment under Integrated Child Development Services during the period of 2015-16 to 2020-2022 shows that the district Kangra accounted for the highest percentage expenditure on hospitality/entertainment during all years, which was highest at 21.15 per cent in the year 2014-2015 and it was followed by districts Mandi, Shimla and other districts respectively.

VI. SUGGESTIONS

Although, the entire state of Himachal Pradesh has been covered under the Integrated Child Development Services Scheme yet the coverage of children under this scheme in the state is 72 per cent. Thus, there is scope to set up more Anganwadi Centers to ensure 100 per cent coverage of the beneficiaries The new centers should be located at a central/more convenient location to ensure easy access. In the large sized village where more than one Anganwadi Centre needs to be opened to avoid duplicity of memberships, cards could be given to children which will also be easy to

monitor. Efforts must be made to locate Anganwadi Centers near primary schools and health institutions so as to attain synergy effect in delivery of services under this scheme. Effective mechanism for financial monitoring and control must be exercised rather than treating this as a routine head of expenditure for the government. Project wise annual audits will be beneficial. This will help with the detection of any disregard of economy. Administrative expenses should be largely reduced so as to make more funds available programme expenses. For increasing the effectiveness of Supplementary Nutrition Programme, it is suggested that there should be seasonal change in nutritional recipes which should also contain adequate vitamin contents besides protein as are required under the present system. Introduction of ready to eat items may also save the time of functionaries in Anganwadi Centers for other activities. The ratio of nutrition to the beneficiaries should also be increased. The helpers involved in cooking of nutritional recipes should be imparted special trainings as regards cooking and hygiene considerations. Considering the huge percentage of mal-nourished children (0.14 per cent) in the state, the malnourished children should be given utmost attention by regular health check-ups of children by child specialists from the health department. Special nutrition to children according to their grade of malnutrition will ensure quick reduction in malnutrition. Though overall, in Himachal Pradesh ICDS gets the approval of beneficiaries, it is largely on account of the SNP component where the beneficiaries 'get' tangible benefits (ration). This is a key finding of the present study and to reemphasize, SNP is a very important component of ICDS or stated differently, it is suggested that the other five components need to be reexamined and all loopholes plugged. For augmentation of Pre-School Education component of ICDS, it is suggested that the minimum qualification for Anganwadi Workers should be ten plus two along with being nursery teacher trained. Frequent refresher courses on latest technique of pre-school education through training institutions or research institutions must be inbuilt into this component. There is also need to provide adequate and state-of-the-art pre-school teaching materials and aids along with audio/ visual aids for enhancing the quality of pre-school education in Anganwadi Centers. Pre-school material may also be procured locally from the self- help groups engaged in these activities. This will boost community

participation. Health check-up component of ICDS should be improved by appointment of related specialists directly under the organization of Integrated Child Development Services. As health functionaries are not under the administrative control of executives of implementing agencies of the scheme, the lack of accountability is the major cause for poor performance under this component. annual targets of Nutritional Health and Education Camps (NHED) for health functionaries, increasing capabilities of Anganwadi Workers through training, refresher courses and work-shops on nutritional health and education and by supply of latest nutritional health and education material to Anganwadi Workers and health functionaries.

VII. CONCLUSION

The present study has been an attempt to appraise the performance of the Integrated Child Development Service Scheme in Himachal Pradesh using both secondary and primary information. The non-availability of secondary data on some issues resulting from inconsistent record keeping was a limiting factor as past records have not been computerized. It is acknowledged that beneficiaries are also affected by other welfare programmed of the State and consequently attributing changes therein only to ICDS may be an oversimplification.

BIBLIOGRAPHY

- [1] Agarwal K.N, (2000), "Impact of the Integrated Child Development Services on Maternal Nutrition and Birth Weight in Rural Varanasi. Indian Pediatrics, Vol.37 (12), P: 27.
- [2] Alim and Jahan (2012), "Assessment of Nutritional Status of Rural Anganwari Children of Aligarh under the ICDS and Rural Health", Department of Home Science, Aligarh Muslim University, Aligarh, Uttar Pradesh, India PP: 96-98. Arun, C. and David N, (1981), "Physical Parameters of the Newborns in Western Orissa", Indian Pediatrics, PP: 467-471.
- [3] Athira and Maneesh (2016), "Adolescent Girls Development and ICDS: A Case Study of Anganwari Centres in Kannur District, Kerala" Indian Journal of Economics and Development, Vol. 4 No. 2, PP: 1-5. Bai, K. Indira, Prasad, K.

- Ragva and Srinath, B, (1984), "Assessment of Food and Nutrition Intake of Rural Children", *Journal of Tropical Pediatrics* Vol.30 No.4, PP: 4-6.
- [4] Baru R.V, Dasgupta R, Deshpande, M., and Mohant, A., (2008), "Full Meal or Package Deal", *Economic and Political Weekly*, Vol. 43, No. 24, PP: 20-22.
- [5] Bhatnagar and Bhadra, (2015), "Study of Service Provisions of Anganwari Workers and Views of Mothers about Integrated Child Development Services Scheme", *IJAHS*, Vol.1 No.3, P: 8.
- [6] Chawda S., S., (2015), "SWOT Analysis: Examples, Templates and definition," *Specialization in Engineering Vertical*, New Delhi India, P: 1.
- [7] Department of Health and Family Welfare Annual Report (2012-13), Government of Himachal Pradesh.
- [8] Gupta (2013), "Integrated Child Development Services (ICDS) Scheme: A Journey of 37 years", *Indian Journal pediatrics*, Vol.25 No.1, P: 30.
- [9] Karne, M. (2013), "The Evaluation of ICDS in Maharashtra," *Jharkhand Journal of Social Development*, Vol. V, No.1 & 2 PP: 1-11.
- [10] Kumar, S, and Banerjee, S, (2015), "Integrated Child Development Services (ICDS) Programme in the Context of Urban Poor and Slum Dwellers in India: Exploring Challenges and Opportunities," *Indian Journal of Public Administration* Vol. LXI. No. (1) January-March 2015 PP.95-105.
- [11] Kularni, M.N, (2005), "Budgeting for Health", *Economic and Political Weekly*, Vol 40, No 19, May 7-13, PP:1922-2008.
- [12] Palriwala, Rajini and Neetha, N, (2010), "Care Arrangements and Bargains: Anganwari and Paid Domestic Workers in India", *International Labor Review* Vol.149. No. 4 PP: 511-527.
- [13] Patil, K.S, Meenal, V, and Kulkarni, (2016), "Knowledge and Utilization of Integrated Child Development Services Scheme Among Women in an Urban Slum a Community Based Study", *Indian Journal of Forensic and Community Medicine*, Vol. 3No.4, PP:267-271.
- [14] Patil, Gothankar, and Vaidya (2013), "Assessing Anganwari Workers Knowledge on HIV/ AIDS by Using Case Studies: An Innovative Approach", *Global Research Analysis*, Vol.2 Issue.3 PP: 186-187.
- [15] Patil and Doibale (2013), "Study of Profile, Knowledge and Problems of Anganwari Workers in ICDS Blocks: A Cross-Sectional Study", *Online Journal of Health and Allied Sciences*, Vol. 12 No.2, PP: 1-3.
- [17] Sandhyarani and Rao (2013), "Role and responsibilities of Anganwari workers, with special reference to Mysore district", *International Journal of Science, Environment and Technology*, Vol. 2, No 6, PP: 1277-1296.
- [18] Saxena N.C. (2004), "Hunger, Under-Nutrition and Food Security in India", *Indian Institute of Public Administration, Chronic Poverty Research Centre*, New Delhi, India PP: 4-10.
- [19] Singh, Gaur and Sharma (2013), "Performance Evaluation of Anganwari Workers of Jaipur Zone, Rajasthan", *International Journal of Engineering Science Invention*, Vol. 2, No.8, Issue, 4 PP: 28.
- [20] Sinha, S. (2006), "Infant Survival: A Political Challenge", *Economic and Political Weekly*, and Vol. 41, No. 34. PP: 3657-3660.
- [21] Sood, N., (2003), "Planning and Management of Early Childhood Education-A Case of Himachal Pradesh", *National Institute of Education and Planning and Administration 17-B, Aurobindo Marg*, New Delhi, India P: 3.