Pratidhwani the Echo
A Peer-Reviewed International Journal of Humanities & Social Science
ISSN: 2278-5264 (Online) 2321-9319 (Print)
***Impact Factor: 6.28** (Index Copernicus International)*
Volume-IX, Issue-I, October 2020, Page No. 160-176
Published by Dept. of Bengali, Karimganj College, Karimganj, Assam, India
Website: http://www.thecho.in

Evaluation study of Integrated Child Development Service Scheme in Ramnagar Village, Birbhum District

Annyatama Basu
Research Scholar in Women's Studies Department, Visva-Bharati University,West Bengal

Abstract:

Integrated Child Development Services scheme, launched by the Govt. of India on 2nd October 1975, was also adopted simultaneously in the State of West Bengal with specific objective of improving the nutritional and health status of children in the age group of 0-6 years and enhancing the capabilities of mother to look after the normal health and nutritional needs of the child. This scheme is being implemented in all the community blocks of the State. Under this scheme, a package of services, consisting of supplementary nutrition, immunization, health check-up, referral services, health education and non–formal pre–school education is provided to children below 6 years of age and pregnant women and nursing mothers in the age group of 15-45 years in an integrated manner.

Earlier various evaluation programmes regarding Integrated Child Development Service (ICDS) was done by various department either it is Government or Non-Government or Private Agencies. These evaluation studies of the programme was undertaken to assess the working, performance and impact of the various services provided under the programme. These study also shows follow up action taken by ICDS depart. The study has brought into focus certain bottlenecks/shortcomings in the implementation of the programme, corrective measures have been suggested to cover/minimize these short-comings. It is hoped that the findings/recommendations contained in the study report would prove useful to the policy makers and implementing departments.

Introduction: In India approximately 60 million children are underweight. In 1998-99, 47% of children under the three were underweight or severely underweight, and a further 26%were mildly underweight such that, in total, underweight afflicted almost three-quarters of Indian children. Levels of malnutrition declined modestly during the 1990s, with the prevalence of underweight among the children under three falling by 11% between 1992-93 and 1998-99, but lagged far behind that achieved by countries with similar economic growth rates. According to WHO 2000, UNICEF 2003, MI 2004, more than 75% of preschool children suffer from iron deficiency anaemia(IDA), 57% have sub clinical vitamin A deficiency(VAD), iodine deficiency in anemia in 85% of districts.

The Integrated Child Development Service (ICDS) Scheme providing for supplementary nutrition, immunization and pre-school education to the children is a popular flagship programme of the Government. It is one of the world's largest programs providing for an integrated package of services for the holistic development of the child. The child welfare is important for the child himself or herself for the family and the society where he or she is belongs to.

ICDS launched in the year 1975 (5^{th} plan period).This is under the Ministry of Women and Child Development. Over the past three decades, the reach of the project has expanded from 33blocks to 5671 blocks in the country. ICDS is sponsored by central Government funding pattern. The GOI is responsible for programme planning and operating costs. The state Government is responsible for programme implementation and supplementary nutrition cost. In pursuance of National policy for children which emphasized on the integrated delivery of early childhood services and services for expectant and nursing mothers based on the recommendations of the Inter Ministerial Study Team set up by the planning commission, the scheme of ICDS was evolved to make co-ordinated effort for an integrated of delivery of a package of services.

Some Major Programmes before Launching of ICDS Programmes: For the development of the children and mothers Govt of India launched several important programmes. There are-

1. a) Welfare Extension Project(1953-54) original pattern
b) Welfare Extension Project (1957-58) co-ordination pattern
c) Welfare Extension Project (1958) urban
d) Welfare Extension Project in border areas.
2. Applied Nutrition Programme(ANP 1960)
3. Intergrated Preschool Project urban neighbourhood(1961-62)
4. Tamil Nadu Preschool Project (1962)
5. Indo Dutch Project
6. Family and Child welfare Project
7. Comprehension Rural Health Project (1970)
8. Child welfare programme of CINI, West Bengal (1974)

Services provided by the ICDS:

Target Group of ICDS programme:

Today ICDS scheme represents one of the world's target and the most unique programme for early childhood development. The scheme covers-

- **The children below 6 years**
- **Pregnant women**
- **Nursing mothers**

According to World Health Organization (WHO), this group of population is considered to be "At Risk".

Government of India establish the goals of ICDS keeping view of some specific objectives these are-

i. to improve the nutritional and health status of children in the age-group 0-6 years;

ii. to lay the foundation for proper psychological, physical and social development of the child;
iii. to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
iv. to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
v. to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The ICDS provides following packages of services:

▪Supplementary nutrition
▪Immunization
▪Health check up
▪Referral services
▪Non-formal pre-school education
▪Nutrition and Health education

Supplementary Nutrition: The selection of beneficiaries of supplementary nutrition under the ICDS programmme was clarified and reiterated by the govt. of India in January 1990. Pregnant women, nursing women/mothers and children in the age group of 0-6years are eligible for supplementary nutrition.

Required supplementary nutrition intake and amount per beneficiary per day

Sl. No.	Class	Amount allotted per beneficiary per day		Pre-revised		Revised	
		Pre-revised	Revised	Kcal	Protein (Gram)	Kcal	Protein (Gram)
1	Children (6month to 6 Year)	Rs. 2.00	Rs. 4.00	300	8 to 10	500	12 to 15
2	Severely malnourished children(6month to 6 Year)	Rs. 2.70	Rs. 6.00	600	20	800	20 to 25
3	Pregnant and Nursing Mother	Rs. 2.30	Rs. 5.00	500	15.2	600	18 to 20

Source: Ministry of Women and Child Development, GOI

Supplementary nutrition includes supplementary feeding and growth monitoring; measures are taken against vitamin A deficiency and control of nutritional anemia. Supplementary nutrition is available in 300days a year. Anganwadi attempts to bridge protein energy gap between the recommended dietary allowance and average dietary intake of children and women. Growth monitoring is a very important activity of ICDS. Children below 3years of age are weighed once a month and children in the age group of 3-6years are weighed every quarter weighed for age, curves are analyzed and cards are maintained for all children below 6yrs. Severely malnourished children are given special supplementary feeding and refer to health sub centers, PHC as an when required. The Anganwadi worker

plots the weights against age of the children in a chart containing growth curves to access the nutritional grades of the children.
1.Children whose weights fall above the first curve on the weight, growth charts are normal.
2.Children weights fall below the first curve of the weighed, growth charts are identified as a slightly malnourished.
3.In case such weighed fall below the second curve on the growth chart, the children are identified as moderately malnourished.
4.Children whose weights fall down the third curve, the children are identified as severely malnourished and are eligible for double ration for supplementary nutrition.
5.Children whose weights fall below the fourth curve of the growth chart, are identified as disastrously malnourished and to be advised for immediate hospitalization for nutritional rehabilitation. Supplementary nutrition is to continue to such children discharge from hospital.

Immunization: Immunization is the best method of preventing the incidence of disease among the pre-school children. Under ICDS scheme all the children at the age group of 0-6yrs are to be given complete immunization including booster doses against Diphtheria, Tetanus, Typhoid, Whooping cough and polio. This also includes Hepatitis-B, Measles. Immunization against TT is to be given to all pregnant mothers.

Schedule of Vaccinations for Children:

1.	1.5 month	BCG injection DPT-1st dose(Diphtheria,Pentusis,Tetanus) Polio oral drop (1st)
2.	2.5 month	DPT- (2nd dose) Polio-(2nd dose)
3.	3.5 month	DPT-(3rd dose) Polio- (3rd dose)
4.	9 month	Measles injection
5.	16-24 month	DPT Booster injection Polio booster
6.	5 years	DT injection
7.	9months,18months, 24months,30months,36months	Vitamin-A
8.	10years,16 years	TT(tetanus toxide) 1dose

Scheduled of Vaccinations for Prenant Women

1. The minimum interval between two doses of Tetanus Toxide (TT) injection should be at least one of month.
2. The 2nd doses of TT should be given two weeks before the expected date of delivery.

16-20 weeks of pregnancy	T.T-1
After taking T.T-1(22-24weeks)	T.T-2 or Booster injection
Within 3yr of child birth	T.T-3

- At the time of pregnancy Iron Folic Acid(IFA) tablet is given to the mothers.
- Total number of the Iron tablet course is 90/100.

Health Check Up

Children: The objective of health checkup is to detect diseases and other infections, disability, and evidence of malnutrition checkup should be given every 3months.

Pregnant Women:

Pre-Natal:

- Four physical examination during pregnancy.
- Last checkup should be given after 36 weeks of pregnancy.
- More visits for complicated cases
- Encourage the would be mother to breastfeed her bay and teacher. The advantages of breast feeding.

Post-Natal

- Two visits within 10days of delivery.
- The final; post natal examination must be conducted at the health clinic.
- A mother should be made aware of the importance of infant care immunization.
- The Anganwadi worker the MO and ANM should emphasize the need for additional food for the lactating mother.

Refferal Services: In Anganwadi centers PHC is given for common diseases like cough and cold, round warm infection(piperazine),fever, malaria, sore eyes(sulphacetamide), sty(tetracycline eye ointment), boils(gentian violet), wound(Tincture iodine), scabies(benzyl benzoate), diarrhea(oral rehydration solution home recipe ors). In serious cases however the children may be refer to PHCs district headquarters or hospitals, cases referred by AWW are to be attained by the health functionaries or priority basis. The cases are referred with a referral slip. The AWW gives oral rehydration solution(ORS) in the case of acquit diarrhea or as an when needed. The Anganwadi keeps in store common medicines as required.

PRE-SCHOOL EDUCATION

PSE at Anganwadi centers given a sound foundations for universalization of primary education. The target group is children aged 3-6yrs. The provider of this service is AWW.

The Objectives of Pre-School Education:

1. Make children feel wanted.
2. Give children a sense of belongingness.
3. Developed in children a sense of trust and confidence.
4. Help children to develop various skills.
5. Train up the children so that they can think on their own.
6. Try to satisfy the curiosity of the children and channel it in a creative direction.

7. Teaching and learning should be flexible and children should be encouraged to grow up at their own space. Skills should be developed-

•Visual discrimination of the objects.
•Recognizing and identifying color, texture, size, weight, shape, height, volume etc.
•Perceiving whole part relationship.
•Pattern making skills, i.e. balls, triangle etc.
•Auditory discrimination- sound pattern, identifying the sources of sounds(animal, vehicle, voices, objects etc). Understanding condition of sound high, low, soft, loud etc
•Verbal association skills- participation is conversation, comprehending, information from stories, movies, discussions etc.
•Identifying food items
•Developing thinking skills i.e. making statement about pictures, creating a short story etc.
•Identifying and producing motion- up-down, in-out, stop-go, run-walk

Nutrition and Health Education: Anganwadi worker is supposed to organize meetings of the women aged 15-49yrs in the village and trained them up about the meaning and need of nutrition. This is done so that both girls and the mothers of the village can take care of their health and also bring up their children properly.

The methods of carrying the message of health and nutrition are as follows:-

1. Use of mass media and other forms of publicity.
2. Special campaigns at suitable intervals in the project area.
3. Home-visit by the Anganwadi worker.(AWW)
4. Specially organize health training programme in the village about 300 women at a time. Demonstration of cooking and feeding.

Objectives of The Study: The objective of the study is to evaluate the functioning of the ICDS in the 'RAMNAGAR' village of Birbhum district of West Bengal in respect of following objectives of the ICDS programmes :

- To examine the benefits derived from the schemes.
- To assess the impact of the schemes with reference to generation of incremental income.
- To figure out the impact of the scheme on income, employment levels, health condition, livelihood and asset position of the beneficiary household.
- To study the socio-economic conditions of the beneficiary household before and after implemented of the scheme.
- To examine the awareness among the villagers and how far they are participating in the system.
- To examine that the actual beneficiary is getting the benefit or not?

Profile of the Study Area:
Climate:

The village Ramnagar village in Birbhum district experiences extreme climate. In the summer season the climate is very dry with unbearable heat foolowed by heavy monsoon and chilling winter.

Temperature: In summer season the maximum temperature is 46 c. During winter season the temperature ranges from 6c-12c. Rainfall ranges 1234mm in Birbhum district.

Topography: The soil type of this village is red and moram. The land is slopy,up and down in nature.

Flora: The different types of flora that are found in Ramnagar village are Bamboo to large extend along with Shirish, cactus, small herbs etc.

Fauna: The fauna found in this village are majorly pet animals of the villagers along with roadside or locally dogs and cats. The pets are- cow, buffelow, goats, sheep, pigs, bullocks, hens and ducks.

Village Pattern: The houses in this village are majorly build in linear pattern, but some houses are also found to be built in cluster pattern. Often some houses are so closly build that lacks common space in between.

Road Pattern: There is only one paccha concrete raod outside the village which connects the village with Sriniketan at one side and Elambazar on the other. There is no pukka or pitch road inside the village. All are kuccha and roads.

Household Pattern: The houses of Adivasi para are of hut pattern either one stored or two stored which is rarely found. The wall and the floor of the huts are mud made whereas the roops are either thached or made up of tiles(tali) or tin or asbester.

Boundary of the village: The village Ramnagar is under Illambazar grampanchayat under Illambazar samiti. The area of 3kms is covered from north to south and east to west is 2kms. Primary school is last boundary at south by vested land on west.

Demographic Aspect: The demographic aspects consists of criteria namely age, sex, marital status, status of fertility birth, mortality, employment etc. The distribution of population, sexwise is even to lagre extend in Adivasi Par. As par as marital status is concerned along with married men and women a number of widow as well as separated women are found if not legally divorced. The people of Adivasi Para are majorly agriculture labourers. Few works in potato fields, resturant banalaksmi as well as rajmistri. The literacy level among the children in Adivasi para is below moderate level.

Social Aspect: The ethnic composition, cultural differentiation, forms of marriage caste, class, creed, occupational difference, position of women etc. deals with the social aspects. In the Ramnagar village there is Adivasipara composed of Adivasi santhals, colony which is composed of migrated people of Bangladesh.In Adivasis are different from the rest of population on terms of culture, customs, form of marriage etc. The adivasi women enjoys almost equal position in the society as men practises same occupation. People of this para belong to schedule caste and tribe.

Economic Aspect: The economic aspects deals with occupation , income, employment etc. In Ramnagar village we find variety of occupation oriented people i.e. chasi, kamar etc. lives in forms of a cluster form as kamarpara, chasipara etc. Concentrating on the Adivasipara, the male, female members both agricultural labourers in majority. A section of

the population is Rajmistri. A good number of people work in Banalakshmi Restrurant. The subsidiary occupation of the people of Adivasipara is making leaf plates with sal leaves. A very small section of people their own land or land through patta system, therefore they work on others land. Only three members of entire adivasipara are engaged in service sector.

Area of the Study: Study of evaluation of Integrated Child Development Services (ICDS) has been conducted in **Ramnagar village of Raipur-Supur panchayat under Illambazar Block of Birbhum District.** This village has basically tribal based village and above 80% of the community belongs to Tribal origin. Total Ramnagar village has two ICDS centre, one has general people oriented and another is basically backward class people oriented. I have given my focus on this backward class oriented ICDS centre, and my total observation is based on this backward community oriented ICDS centre.

Methodology:

Selection of Sample: For this fieldwork it was decided that the required information would be collected from the beneficiary women who are belongs to different age group of females, mothers of the children (0-6Years) and from the worker and helper of the particular ICDS for 3 month (August 2012 to September 2012). These specific techniques have to be followed in view of the primarily exploratory nature of the present study as well as time constraints.

Tools and Techniques of the Study: In view of the nature of the study and its flexible research design the primary research tools used for the purpose of the study at hand in a questionnaire that often has been used as an interview schedule too. The questionnaire is both structured as well as unstructured at the same time. The questionnaires are contains different sections containing different items.

Tools of the Study:

Schedule A: Canvassed from Anganwadi workers.

Schedule B: (Beneficiary Schedule)-"Canvassed from pregnant women and nursing mothers".

Schedule C: (Beneficiary Schedule)-"Canvassed from mothers of the child" of 6month-3 & 3-6years.

Process of Investigation: While investigating the study the present research did not rely on any person. So, after preparing the questionnaires the present research had to meet with the respondents and they assist to the present researcher to fill up the questionnaire.

Collection of Primary Data and Secondary Data: Through the interview schedule the primary data is being collected from the beneficiaries under ICDS of **Ramnagar** village by following interview method, and several secondary data was collected from the worker of ICDS center, from the various journals and by using internet.

Processing of Data: After collections the primary data the next work at this field work was to process the data. It is very important for conducting the whole work because the next slip would be analysis and in interpretation of the data, and without proper processing it

becomes meaningless. Each data was minutely processed it was not very difficult because most of the questions were close ended.

Tabulation of Data: The data is tabulated as per statistical methods. Tables are constructed depending upon the processed data. The tables are very helpful for comparative analysis of the responses of the respondent.

Analysis of The Data: The tabulated data is analyzed and according to this analysis the conclusion of the work a made. The prepare tables of the study are analyzed as far as possible; the analysis of the tabulated data gives the clear picture of the collected opinion and in formations and suggests a general trend over and above. The objectives in made efforts to analyzed the obtained tabulated primary data can only be successful them.

A Brief Note of ICDS Of Ramnagar Village.

Community Participation on ICDS: As because of population of Ramnagar village is basically backward class people, so it is observed that the community participation on ICDS center is very much low, pregnant and nursing mothers are come only for taking food, Gurdians are not worried about for the health and nutrition of their family members.

Anganwadis Building Status:

Anganwadi building of Ramnagar village is not so much well build, it has only a mud house and the roof made of tin. There is permanent signboard, only a broken sign board hanging on the wall, all the Time AWW used to sit with the children at the Veranda. It has only one room, no separate room for storage, Registers, Raw materials etc kept in this single room.

Maintenance of Anganwadis Record:

In my sampled anganwadi attendance registers was maintained properly. However stock register, visitor book, immunization register and weight book etc. were found well maintained.

General Opinion about ICDS scheme:-

It is concluded that after gathering general opinion from parents of child and Pregnant/lactating mothers about the working process, policies implementation & service facilities provided by ICDS department, it was found that scheme is being implemented satisfactorily in the block with some unavoidable problems which if taken care of, with the help of Public Health Department/Gram Panchayats in particular, can be sorted out for successful implementation of this scheme. And according to their opinion this ICDS centre helping these backward people in various ways like taking care of pregnant and lactating mother, children's (0 to 6 years of age), their education, nutritional status etc.

Basic Strata of Anganwadi Workers:

a. Academic Qualification of Anganwadi Workers:

The worker of ICDS centre of Ramnagar village has completed her post graduation (M.A) in political from Bardhwan University. She is about 39yrs old. She joined this centre about 3yrs ago. She is responsible and efficient in her work. On the other hand helper of this centre is about 42 years old and she is Eight passed.

b. Training/Refresher courses of AWWs & Helper:

The Anganwadi worker is fully trained while helper was not trained. Refresher course was not provided to the anganwadi worker and helper did not get such refresher courses. So it

would be liked to recommend ICDS department that such refresher courses should be given to all workers and helpers so that intended benefits of the scheme may be taken.

Detailed Number of various levels Beneficiaries (3 month observation):

Within 3 month of observation total number Pregnant and lactating mother, children 6month to 3 years and 3 years to 6 years of age under Ramnagar ICDS has been given below.

a. Number of Pregnant and Lactating Mother enrolled in ICDS centre from Aug to Sep.

Sl. No.	Month	Pregnant Mother			Lactating Mother		
		ST	SC	Total	ST	SC	Total
1	August	5	1	6	2	2	**4**
2	September	4	1	5	3	2	**5**
3	October	5	2	7	3	1	**4**

Source: Secondary data

This data shows that the distribution of pregnant and lactating mother from Aug to Sept.

b. Number of Children (6month to 3 year) enrolled in ICDS centre from Aug to Sep.

Sl. No.	Month	Children (6month to 3 year)					
		ST			SC		
		Male	Female	Total	Male	Female	Total
1	August	7	5	12	5	4	**9**
2	September	7	4	11	4	4	**8**
3	October	6	4	10	4	4	**8**

Source: Secondary data

This table shows that the distribution of child beneficiaries at the age group of 6-3yrs according to their caste from Aug to Sept. In this table, total no of beneficiaries of children are 58 in the village Ramnagar. Out of this 33 belong to the Schedule tribe, 25 belong to the Scheduled caste.

c. Number of Children (3 year to 6 year) enrolled in ICDS centre from Aug to Sep.

Sl. No.	Month	Children (3 year to 6 year)					
		ST			SC		
		Male	Female	Total	Male	Female	Total
1	August	3	8	11	9	4	**13**
2	September	4	9	13	8	3	**11**
3	October	3	9	12	10	3	**13**

Source: Secondary data

This table shows that the distribution of child beneficiaries at the age group of 3-6yrs according to their caste from Aug to Sept. In this table, total no of beneficiaries of children are 73 in the village Ramnagar. Out of this 36 belong to the Schedule tribe, 37 belong to the Scheduled caste.

Results and Discussions:

d. Number of Children getting supplementary nutrition in ICDS centre in Aug:

Caste	Fully immunized		Continuing		Total	
	Male	Female	Male	Female	Male	Female
SC	5(55.55%)	2(50%)	4(44.44%)	2(50%)	9	4
ST	2(66.66%)	5(62.50%)	1(33.33%)	3(37.50%)	3	8

Source: Secondary data

It is evident from the above data that the percentage of male and female of sc caste received full immunization is 55.55% and 50% respectively and the percentage of male and female who continuing immunization is 44.44% and 50% respectively. The percentage of male and female of st caste received full immunization is 66.66% and 62.50% respectively and the percentage of male and female who still receiving the immunization is 33.33% and 37.50% respectively.

e. Number of Children getting supplementary nutrition in ICDS centre in Sept:

Caste	Fully immunized		Continuing		Total	
	Male	Female	Male	Female	Male	Female
S C	5(62.5%)	1(33.33%)	3(37.5%)	2(66.66%)	8	3
ST	2(50%)	5(55.55%)	2(50%)	4(44.44%)	4	9

Source: Secondary data

It is evident from the above data that the percentage of male and female of SC caste received full immunization is 62.55% and 33.33% respectively and the percentage of male and female who still receiving immunization is 37.50% and 66.66% respectively. The percentage of male and female of ST caste received full immunization is 50% and 55.55% respectively and the percentage of male and female still receiving is 50% and 44.44% respectively.

f. Number of Children getting supplementary nutrition in ICDS centre in Oct:

Caste	Fully immunized		Continuing		Total	
	Male	Female	Male	Female	Male	Female
SC	7(70%)	1(33.33%)	3(30%)	2(66.66%)	10	3
ST	1(33.33%)	4(44.44%)	2(66.66%)	5(55.55%)	3	9

Source: Secondary data

It is evident from the above data that the percentage of male and female of SC caste received full immunization is 70% and 33.33% respectively and the percentage of male and female still receiving is 30% and 66.66% respectively. The percentage of male and female of ST caste received full immunization is 33.33% and 44.44% respectively and the percentage of male and female still receiving is 66.66% and 55.55% respectively.

g. Number of children has received BCG vaccination:

MONTH	**BCG**				**Total**			
	SC		**ST**		**SC**		**ST**	
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**
AUG	9	4	3	8	9	4	3	8
SEPT	4	9	8	3	4	9	8	3
OCT	3	9	10	3	3	9	10	3

Source: Secondary data

This table shows that Immunization status against BCG vaccination according to their caste distribution have been achieved fully.

h. Number of children has received POLIO vaccination:

MONTH	**Polio**				**Total**			
	SC		**ST**		**SC**		**ST**	
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**
AUG	9	4	3	8	9	4	3	8
SEPT	4	9	8	3	4	9	8	3
OCT	3	9	10	3	3	9	10	3

Source: Secondary data

This table shows that Immunization status against BCG vaccination according to their caste distribution have been achieved fully.

i. Number of Children getting D.P.T in ICDS centre in Aug:

Caste	**Fully immunized**		**Continuing**		**Total**	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
SC	5(55.56%)	3(75%)	4(44.44%)	1(25%)	9	4
ST	2(66.67%)	4(50%)	1(33.33%)	4(50%)	3	8

Source: Secondary data

It is evident from the above data that the percentage of male and female of SC caste received full immunization is 55.56% and 75% respectively and the percentage of male and female still receiving is 44.44% and 25% respectively. The percentage of male and female of ST caste received full immunization is 66.67% and 50% respectively and the percentage of male and female still receiving is 33.33% and 50% respectively.

j. Number of Children getting D.P.T in ICDS centre in Sept:

Caste	Fully immunized		Continuing		Total	
	Male	Female	Male	Female	Male	Female
SC	4(50%)	2(66.67%)	4(50%)	1(33.33%)	8	3
ST	3(75%)	4(44.44%)	1(25%)	5(55.56%)	4	9

Source: Secondary data

It is evident from the above data that the percentage of male and female of SC caste received full immunization is 50% and 66.67% respectively and the percentage of male and female still receiving is 50% and 33.33% respectively. The percentage of male and female of ST caste received full immunization is 75% and 44.44% respectively and the percentage of male and female still receiving is 25% and 55.56% respectively.

j. Number of Children getting D.P.T in ICDS centre in Oct:

Caste	Fully immunized		Continuing		Total	
	Male	Female	Male	Female	Male	Female
SC	6(60%)	2(66.66%)	4(40%)	1(33.33%)	10	3
ST	2(66.66%)	5(55.56%)	1(33.33%)	4(44.44%)	3	9

Source: Secondary data

It is evident from the above data that the percentage of male and female of sc caste received full immunization is 60% and 66.66% respectively and the percentage of male and female still receiving is 40% and 33.33% respectively. The percentage of male male and female of st caste received full immunization is 66.66% and 55.56% respectively and the percentage of male and female still receiving is 33.33% and 44.44% respectively.

k. Number and time of education continued by the children from Aug to Sept:

Caste	Name	Sex		Continuation of education		
		Male	Female	(0-4)	(4-5)	(6-7)
SC	Dipanjan Halder	M		4month		
ST	Rakhakali Soren		F		5month	
ST	Debnath Kisku	M				7month
ST	Rudra Tudu	M		4month		
SC	Surajit Mondal	M		5month		
SC	Kamal Mondal	M				7month
ST	Parameshwar Hembrom	M				6month
SC	Jit Halder	M				7month
SC	Palash Halder	M			5month	
ST	Rina Halder		F			6month

Source: Secondary data

From the above table it is evident that, male dropouts are more than female dropouts due to the lack of interest among the guardian as well as children and also due to the lack of infrastructure in AWC.

l. Reason for drop out among SC's and ST's.

Sl. No	**Caste**	**Reason for drop out.**									
		Lack of interest of guardian.		**Lack of equipments of AWC.**		**Lack of interest of the children.**		**Maintenance of siblings**		**Total**	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1	SC	3	0	1	0	1	0	0	0	5	0
2	ST	2	1	0	0	1	0	0	1	3	0

l. Number of health checkup received by the pregnant mother from Aug to Sept:

Month	**CASTE**		**Checkup received from ANM**		**Checkup received from MO**	
	Total ST	**Total SC**	**ST**	**SC**	**ST**	**SC**
AUG	5	1	4	1	3	0
SEPT	4	1	3	0	2	1
OCT	5	2	4	1	3	2
Total	14	4	11	2	8	3

Source: secondary data

This table represents the distribution of pregnant mothers in different caste according to their health checkup. Total pregnant mothers of this ICDS centre are 18. Out of this 14 pregnant mothers belong to ST and 4 belongs to SC. From the ST population 11 pregnant mothers received services from ANM and 8 pregnant mothers received services from MO. Same as the previous in SC 4 pregnant mothers received services from ANM and 3 pregnant mothers received services from MO.

m. Number of health checkup received by the lactating mother from Aug to Sept:

Month	**CASTE**		**Checkup received from ANM**		**Checkup received from MO**	
	Total ST	**Total SC**	**ST**	**SC**	**ST**	**SC**
AUG	2	2	1	1	1	1
SEPT	3	2	3	1	2	1
OCT	3	1	2	1	3	0
Total	8	5	6	3	6	2

Source: secondary data

This table represents the distribution of lactating mothers in different caste according to their health checkup. Total pregnant mothers of this ICDS centre are 13. Out of this 8 lactating mothers belong to ST and 4 belongs to SC. From the ST population 6 lactating mothers received services from ANM and 6 mothers received services from MO. Same as the previous in SC 5 lactating mothers received services from ANM and 2 lactating mothers received services from MO.

Findings of the study:

1. According to the rules of ICDS, Mother should be provided with double meals a day but these are not usually abided by the ICDS centre.
2. Lack of proper infrastructure which is evident from the absence of latrine in ICDS centre.
3. Absence of first aid kit in the centre.
4. Proper non formal education is not provided by ICDS workers.
5. People belonging to ST class are more interested in sending their children to the ICDS centre as they are largely engaged in Agriculture. So they keep their children in ICDS centre for safety but the Schedule caste people prefer to admit their children in primary school.
6. Foods provided to the children are of low quality.
7. Articles normally provided to the children for informal education are inadequate.
8. There is no availability of drinking water in the ICDS centre, so the children used to take drinking water away from the centre.

Case Study: Suresh Soren, a boy of 4 years old lives in santhal para of Ramnagar village, who born as a malnourished child, his mother is Muni Soren, she got married at 20 years of age, when she got pregnant her weight was only 39 kg, usually Suresh born with malnourishment. And as because of they belong from tribal community they did not focus on this malnourished child, which results ill health for Suresh. One day Muni heard about ICDS (Anganwadi Center) from someone in a ration shop, and she also came to know about all the facilities available in ICDS centre, she decided to send her child to this ICDS centre, and after 2 year now Suresh is fit and he is not underweight now and also a fully nourished child, Suresh is also brilliant in education now. He wants to be a doctor in future and when someone asked him he replied with great joy- *"Ami bolo hoa dactar hobo".*

Shortcomings/Bottlenecks:

The study has highlighted certain shortcomings/bottlenecks as per observation during the field survey in the smooth execution of the scheme which include

(i) lack of trained helpers,
(ii) lack of systematic and seasonal supply of SNP items,
(iii) lack of storages arrangements,
(iv)lack of drinking water, sanitary and electricity facilities,
(v) lack of holding of meetings of coordination committees as per prescribed norms,
(vi) lack of proper anganwadis buildings
(vii)lack of 100% coverage of health checkup of the beneficiaries under the scheme,

(viii) lack of staff in PHC/CHC of health deptt. i.e. ANM, LHV & MO,
(ix) lack of involvement of local elected persons.

Recommendations:

On the basis of various findings and observations the following recommendations have been proposed for qualitative improvement in the implementation of the scheme-

1. Women and Child Development department should construct anganwadi buildings to ensure 100% coverage of the functioning of the anganwadis.
2. Prescribed posts of health staff i.e. ANM, LHV, M.O. in all PHC/CHCs should be filled in by
Health Department immediately to get the intended benefits of the scheme.
3. All the anganwadi helpers must be trained to get better results of scheme.
4. All helpers in anganwadis should be given refresher courses /training.
5. Honorarium should be increased both of AWWs and Helpers because entire functions of the scheme are being done by them.
6. AWWs and helper should make more efforts to achieve targets keeping in view the enrollment of children, expecting women and nursing mothers under various activities of scheme. In this regard special attention is needed in order to achieve 100% coverage.
7. Some more efforts are required in T.T. for mothers.
8. Inspections by POs and CDPOs should be increased so that working process of the scheme may be improved to get intended benefits.
9. The record of special component plan i.e. SC and ST beneficiaries should be maintained properly.
10. Meeting of co-ordination committees should be held as per prescribed norms.
11. Facilities like, drinking water, electricity and sanitary should be provided in each and every anganwadi. This can be proved as remedy instrument for successful implementation of the scheme.

Conclusion: The study shows that among the all-male children the health status among the S.T female children is quite less rather than male categories (mainly 0-3yr age group). Because of it is that, the mothers of these children are working outside the village and the children not in the position to eat other food by themselves. And they do not get adequate breast feeding for it.

In the case of immunization, parents of SC, ST are more aware about immunization of their babies. But some mothers are fully unaware about their immunization.

In the case of supplementary nutrition, AWW have to face several problems like-

1. Govt. has paid only for rice, salt, mustard oil per day per beneficiary and AWW purchases, vegetable, soybean and egg but the govt. pays for these items after completing the month. Due to this AWW faces severe problems.
2. Most of the pregnant mothers and children come to the ICDS at the time of food distribution.

- In case of health checkup, the lady health visitor and MO are quite irregular in their field visits. Due to this, the beneficiaries are bound to Daronda sub health centre for routine checkup.
- The condition of preschool education is very poor. Out of 49 children, maximum 8-9 children take part regularly in pre-school education. Because most of the children and their parents are not interested to send them at pre-school education system.
- The attendance in the ICDS centre is not so bad. Out of 60 beneficiaries, 35-40 beneficiaries attend the centre regularly.
- The attendance of the pregnant mothers is good in the ICDS centre.

Bibliography:

1. Rao, V.G; Yadav Rajib; Dolla C.K; Kumar Surendra; Bhondeley M.K and Ukey Mahendra. *Under nutrition and childhood morbities among tribal preschool children.*
2. Baig, Tora Ali oue children, Public division, Govt. of India, New Delhi.
3. Das Gupta, Monica. *The second daughter*; *'neglect' of female children in rural Punjab.* Working paper no.9, National Council for Applied Economic Research, April 1987.
4. Kannan, K.P. *Health status in rural Kerala. A study of the linkages between socio-economic status and health status.* Integrated Rural Technology Centre of the Kerala Sastra Sahitya Parishad, February 1991.
5. Gragnolati, Michele; Bredenkamp, Coryn; Dasgupta, Monika; Lee, Yi-Kyoung; Shekar, Meera; Special articles- *ICDS and President under nutrition strategies to enhance the impact;* Eoconomic and Political weekly March 25,2006
6. Dixit, Sanjoy; Sakalle, Salil; Patel, G.S; Taneja, Gunjan; Chourasiya, Snjoy; Article- *Evaluation of functioning of ICDS Project areas under Indore and Ujjain divisions of the state of Madhya Pradesh.*
7. www.google.com
8. Yojana
9. Encyclopedia
10. Kurukhshetra..vol.58 No.4 February,2012
11. Eoconomic and Political weekly: September 15,2012 vol.xlvii no.37
12. Kurukhshetra. vol 34 No. 3 september,2010