

ROLE OF ANGANWADI WORKERS IN IMPLEMENTATION OF INTEGRATED CHILD DEVELOPMENT SERVICES

Prof. Mamta Mokta* & Rajiya Sultan†

Abstract

Aanganwadi is a government sponsored child-care and mother-care center in India. It caters to children in the 0-6 age group. These were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. The Anganwadi system is mainly managed by the Anganwadi worker. She is a health worker chosen from the community and given 4 months training in health, nutrition and child-care. She is incharge of an Anganwadi which covers a population of 1000. Angawadi worker is the main functionaries at the anganwadicentre. She is the person who is responsible for the effective delivery of services under ICDS. Hence, it is imperative that anganwadi worker must perform her duty with sincerity and with responsibility.

1. Introduction

Children are the most important assets of a country because they will be tomorrow's youth and provide the human potential required for a country's development. The strength of the nation lies in having healthy, protected, educated and well-developed children who may grow up to be productive citizens of the country. It is estimated that around 40 per cent of children are vulnerable or experiencing difficult circumstances characterized by their specific social, economic and geo-political situations. All these children need special attention.

* Professor, Department of Public Administration, H.P. University, Shimla,
Email-mamtamokta@yahoo.co.in

† Research Scholar, Department of Public Administration, H.P. University,
Shimla

2. Anganwadi : An Overview

Anganwadi is a government sponsored child-care and mother-care center in India. It caters to children in the 0-6 age group. These were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. The Anganwadi system is mainly managed by the Anganwadi worker. She is a health worker chosen from the community and given 4 months training in health, nutrition and child-care. She is incharge of an Anganwadi which covers a population of 1000. 20 to 25 Anganwadi workers are supervised by a Supervisor. Four supervisors are headed by a Child Development Projects Officer (CDPO). They provide outreach services to poor families in need of immunization, healthy food, clean water, clean toilets and a learning environment for infants, toddlers and pre-schoolers. They also provide similar services for expectant and nursing mothers. According to government figures, anganwadis reach about 58.1 million children and 10.23 million pregnant or lactating women. Anganwadis are India's primary tool against the scourges of child malnourishment, infant mortality and curbing preventable diseases such as polio. While infant mortality has declined in recent years.

3. Anganwadi Worker & Implementation of Integrated Child Development scheme (ICDS)

The Integrated Child Development scheme aims at providing an integrated package of services. These services include supplementary nutrition, immunization, medical check-ups, recommendation services, pre-school non-formal education and nutrition & health awareness. The purpose of providing these services as a package is because each of these issues is dependent on the other. These services are provided through the anganwadi centres established in rural and urban areas of the state. The present study aimed at evaluation of ICDS in Himachal Pradesh in general and in Kangra district of Himachal Pradesh.

Angawadi worker is the main functionaries at the anganwadi centre. She is the person who is responsible for the effective delivery of services under ICDS. Hence, it is imperative that anganwadi worker must perform her

duty with sincerity and with responsibility. Hence, the opinion of the beneficiaries has been collected about working of anganwadi workers and enumerated as under:

4. Role of Anganwadi Workers in Implementation of ICDS

4.1 Attendance of Children

Attendance of children at the anganwadi is the duty of anganwadi workers. To know whether anganwadi worker took attendance of children or not, data have been collected from the sample respondents and presented in Table-1.

Table-1: Opinion about the Attendance of Children

	Block					Total
	Dehra	Fatehpur	Indora	Nurpur	Paragpur	
Yes	34 (68.00)	33 (66.00)	35 (70.00)	38 (76.00)	37 (74.00)	177 (70.80)
No	0 (0.00)	2 (4.00)	1 (2.00)	0 (0.00)	2 (4.00)	5 (2.00)
Don't Know	16 (32.00)	15 (30.00)	14 (28.00)	12 (24.00)	11 (22.00)	68 (27.20)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)

Source: Primary Probe.

Table-1 depicts that in majority of cases anganwadi workers took attendance of children at the AWCs, as 68.00 per cent of respondents in Dehra block, 66.00 per cent in Fatehpur, 70.00 per cent in Indora, 76.00 per cent in Nurpur and 74.00 per cent in Paragpur block held this opinion. Whereas remaining respondents didn't know whether anganwadi worker took attendance or not. In overall, 70.80 per cent of respondents reported that anganwadi workers were taking attendance of the children.

Hence, it can be inferred that anganwadi workers were taking attendance of the children.

4.2 Health Check-up of the Children by AWW

As the children from the age group of 6 to 3 years are coming to the anaganwadi centres. It is the responsibility of anaganwadi worker to check the health of these children. In this regard data have been collected from the sample beneficiaries and shown in Table-2.

Table-2: Health Check-up of the Children by the AWW

Health Check-up	Block					Total
	Dehra	Fatehpur	Indora	Nurpur	Paragpur	
Yes, all the Time	22 (44.00)	28 (56.00)	24 (48.00)	31 (62.00)	27 (54.00)	132 (52.80)
Yes sometime	18 (36.00)	19 (38.00)	17 (34.00)	16 (32.00)	16 (32.00)	86 (34.40)
Not at all	10 (20.00)	3 (6.00)	9 (18.00)	3 (6.00)	7 (14.00)	32 (12.80)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)

Source: Primary Probe.

Table-2 depicts that out of total respondents, majority of respondents (that is, 44.00 per cent in Dehra, 56.00 per cent in Fatehpur, 48.00 per cent in Indora, 62.00 per cent in Nurpur and 54.00 per cent in Paragpur) reported that anganwadi worker was checking the health of the children all the time. While 36.00 per cent in Dehra, 38.00 per cent in Fatehpur, 34.00 per cent in Indora, 32.00 per cent in Nurpur and 32.00 per cent in Paragpur block opined that AWW sometimes checked the health children. The analysis indicates that Nurpur block has the highest percentage where health check-up of the children was done all the time. In other words, AWW regularly checked the health of the children.

In overall, data reveals that out of total respondents, 52.80 per cent of respondents reported that activity of health check-up was performed all the time, 34.40 per cent of respondents opined that it was performed sometimes, while 12.80 per cent of respondents reported that AWW did not check the health of the children. Hence, it can be inferred that in majority of cases AWW checked that health of children regularly to ensure good health and growth of the children.

4.3 Provision of services to Adolescent Girls

Different kinds of services are being providing to the adolescent girls. The responsibility to provide these services are given to the AWWs. These services include supplementary nutrition, health check-up, nutrition and health education, family life education, training on life skills etc. To know whether AWWs are providing these services to the adolescent girls or not, data have been collected and presented in Table-3.

Table-3: Provision of Services to Adolescent Girls

Provision of Supplementary Nutrition						
Response	Dehra	Fatehpur	Indora	Nurpur	Paragpur	Total
Yes	30 (60.00)	24 (48.00)	31 (62.00)	25 (50.00)	34 (68.00)	144 (57.60)
No	12 (24.00)	14 (28.00)	13 (26.00)	14 (28.00)	9 (18.00)	62 (24.80)
Don't Know	8 (16.00)	12 (24.00)	6 (12.00)	11 (22.00)	7 (14.00)	44 (17.60)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)
Nutrition and Health Education						
Yes	24 (48.00)	21 (42.00)	26 (52.00)	25 (50.00)	33 (66.00)	129 (51.60)
No	8 (16.00)	12 (24.00)	15 (30.00)	14 (28.00)	11 (22.00)	60 (24.00)
Don't Know	18 (36.00)	17 (34.00)	9 (18.00)	11 (22.00)	6 (12.00)	61 (24.40)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)
Health Check-up						
Yes	23 (46.00)	24 (48.00)	19 (38.00)	25 (50.00)	22 (44.00)	113 (45.20)
No	11 (22.00)	9 (18.00)	8 (16.00)	10 (20.00)	8 (16.00)	46 (18.40)
Don't Know	16 (32.00)	17 (34.00)	23 (46.00)	15 (30.00)	20 (40.00)	91 (36.40)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)
Family Life Education						
Yes	9	8	5	7	4	33

	(18.00)	(16.00)	(10.00)	(14.00)	(8.00)	(13.20)
No	23 (46.00)	26 (52.00)	34 (68.00)	31 (62.00)	32 (64.00)	146 (58.40)
Don't Know	18 (36.00)	16 (32.00)	11 (22.00)	12 (24.00)	14 (28.00)	71 (28.40)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)
Training on Life Skills						
Yes	1 (2.00)	0 (0.00)	2 (4.00)	0 (0.00)	1 (2.00)	4 (1.60)
No	39 (78.00)	42 (84.00)	38 (76.00)	37 (74.00)	41 (82.00)	197 (78.80)
Don't Know	10 (20.00)	8 (16.00)	10 (20.00)	13 (26.00)	8 (16.00)	49 (19.60)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)

Source: Primary Probe.

The analyses of data regarding provisions of services to adolescent girls elicit the following points:

- First, in relation to the provision of supplementary nutrition, the data show that out of total respondents 57.60 per cent of respondents reported that AWWs were providing supplementary nutrition to adolescent girls, while 24.80 per cent of respondents reported that AWWs were not providing supplementary nutrition to the adolescent girls.
- Whereas 17.60 per cent of respondents were of the opinion that they don't know whether AWWs were providing supplementary nutrition to adolescent girls. Block-wise data show that 60.00 per cent of respondents in Dehra Block, 62.00 per cent of respondents in Indora block and 68.00 per cent of respondents in Paragpur block were of the opinion that AWWs were making provisions for nutrition to adolescent girls. While in Nurpur and Fatehpur blocks the percentage of those respondents who stated that AWWs were providing supplementary nutrition to adolescent girls was 48.00 per cent and 50.00 per cent respectively.

- On the other hand, 24.00 per cent in Dehra, 28.00 per cent in Fatehpur, 26.00 per cent in Indora, 28.00 per cent in Nurpur and 18.00 per cent in Paragpur block AWWs were not providing supplementary nutrition to adolescent girls. Hence, it can be inferred that about 60 per cent of AWWs were providing supplementary nutrition to adolescent girls.
- With regard to nutrition and health education to adolescent girls, data in Table 5.12 reveal that out of total respondents, 51.60 per cent of respondents were of the opinion that AWWs were providing nutrition and health education to the adolescent girls, 24.00 per cent of respondents reported that AWWs were not providing any kind of education to the adolescent girls. Block-wise data reveal that the highest percentage of those respondents who reported that AWWs were providing nutrition and health education to adolescent girls was found highest in Paragpur block (66.00 per cent) and lowest in Fatehpur block (42.00 per cent). The analysis clearly indicates that AWWs were not fulfilling their duty of educating adolescent girls about their health and nutrition.
- Health check-up of adolescent girls is another service being given to the AWWs. In this regard data show that only 45.20 per cent of respondents reported positively while remaining were reported either negatively or didn't say anything. Highest percentage of those respondents who reported that AWWs were making provision for the health check-up of adolescent girls was found in Nurpur block (50.00 per cent), followed by Fatehpur block (48.00 per cent). Data indicate that the percentage of those respondents who said that AWWs did not make any kind of provision for the health check-up of adolescent girls was found highest in Dehra block (22.00 per cent) and lowest was in Indora and Paragpur block (that is, 16.00 per cent each).
- Data clearly reveal that the percentage of those respondents who didn't know anything in this regard was found highest in Indora block (46.00 per cent) and lowest in Nurpur block (30.00 per cent). Hence, it can be concluded that AWWs were not making provision for the health check-up of adolescent girls. It was observed that those respondents who said

'don't know', personally reported that AWWs were not performing their duty of making provision for the health check-up of adolescent girls.

- Another services which is to be provided to adolescent girls is family life-education. In this regard figures in table depicts that out of total respondents, 46.00 per cent in Dehra block, 52.00 per cent in Fatehpur, 68.00 per cent in Indora, 62.00 per cent in Nurpur and 64.00 per cent in Paragpur block reported that AWWs did not impart family life education to the adolescent girls. While the percentage of those respondents who reported positively was found very low. It was remained below 16.00 per cent.
- In overall, out of total respondents, 13.20 per cent of respondents were of the opinion that AWWs were providing family life education, 58.40 per cent of respondents said that such type of education had not been provided by the AWWs, and 28.40 per cent of respondents did not responded on this questions. Hence, it can be inferred that majority of cases AWWs were not providing family life education.
- In relation to the training on life skills, it was found that this service was ignored by the AWWs, as 78.80 per cent of respondents in overall reported that AWWs were not giving or making provision for training on life skills to adolescent girls. Block-wise data also reveals that same fact. It was found that majority of respondents in all the blocks were of the opinion that AWWs were not fulfilling their duty of making provision of training on life skills to adolescent girls.

5.4 Precaution and Prescription Related to Disease

There so many diseases that affect the human beings. These diseases include diarrhea, dysentery, fever, cough/cold, rapid breathing, etc. Children are more prone to these diseases. Hence, it is the duty of the AWWs to advice the local residence about the precautions be taken by them to minimize the attack of these disease. The data related to this have been given in Table-4.

Table-4: Precautions and Prescription about the Diseases

Response	Block					Total
	Dehra	Fatehpur	Indora	Nurpur	Paragpur	
Always	45 (90.00)	42 (84.00)	48 (96.00)	43 (86.00)	49 (98.00)	227 (90.80)
Sometimes	5 (10.00)	8 (16.00)	2 (4.00)	7 (14.00)	1 (2.00)	23 (9.20)
Not at all	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)

Source: Primary probe.

Data related to precautions suggested and prescription given by the AWW show that out of total respondents, 90.00 per cent in Dehra, 84.00 per cent in Fatehpur, 96.00 per cent in Indora, 86.00 per cent in Nurpur and 98.00 per cent of respondents in Paragpur block reported that AWW always suggested precautions and give prescription about the diseases. While remaining respondents reported that AWW sometimes do this.

Hence, it can be inferred that almost all the respondents opined that AWWs were doing their job of suggesting precautions and prescription about the diseases either always or sometimes.

5.5 Distribution of Iron Supplements

The deficiency of iron among adults and children is a widespread phenomenon. To end this deficiency, iron supplements are distributed among people by AWWs. The data have been collected from the sample respondents that whether these supplements reach the people or not. The collected data have been presented in Table 5.

Table-5 indicates that AWWs were distributing the iron supplement among the people. Out of total respondents, 92.80 per cent of respondents reported that AWW always distributed the iron supplements. While 7.20 per cent of respondents held that AWWs sometimes distributing the iron supplements.

Table 5: Distribution of Iron Supplements to the People

Response	Block					Total
	Dehra	Fatehpur	Indora	Nurpur	Paragpur	
Always	48 (96.00)	50 (100.00)	45 (90.00)	42 (84.00)	47 (94.00)	232 (92.80)
Sometimes	2 (4.00)	0 (0.00)	5 (10.00)	8 (16.00)	3 (6.00)	18 (7.20)
Not at all	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)

Source: Primary probe.

Block-wise data show that in Fatehpur block hundred per cent of respondents reported that they always get iron supplements from AWCs. In Dehar, Indora, Nurpur and Paragpur block, this percentage was 96.00 per cent, 90.00 per cent, 84.00 per cent and 94.00 per cent respectively. Therefore, it can be said that AWWs were distributing the iron supplements to the people with great zeal.

5.6 Celebration of Special Days at the AWCs

Various special days are celebrated at the AWCs for spreading awareness and imparting education about important issues. Mainly swachhata diwas, bal diwas, poshahar diwas and mahila diwas are celebrated at the AWCs. To know whether these special days are celebrated or not, data have been collected and presented in Table-6.

Table 6: Celebration of Specials Days

Response	Block					Total
	Dehra	Fatehpur	Indora	Nurpur	Paragpur	
Swachhata Diwas						
Yes	28 (56.00)	32 (64.00)	35 (70.00)	38 (76.00)	33 (66.00)	166 (66.40)
No	22 (44.00)	18 (36.00)	15 (30.00)	12 (24.00)	17 (34.00)	84 (33.60)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)
Bal Diwas						
Yes	24 (48.00)	19 (38.00)	21 (42.00)	27 (54.00)	22 (44.00)	113 (45.20)

No	26 (52.00)	31 (62.00)	29 (58.00)	23 (46.00)	28 (56.00)	137 (54.80)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)
Poshahar Diwas						
Yes	42 (84.00)	45 (90.00)	43 (86.00)	48 (96.00)	47 (94.00)	225 (90.00)
No	8 (16.00)	5 (10.00)	7 (14.00)	2 (4.00)	3 (6.00)	25 (10.00)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)
Mahila Diwas						
Yes	29 (58.00)	31 (62.00)	29 (58.00)	33 (66.00)	36 (72.00)	158 (63.20)
No	21 (42.00)	19 (38.00)	21 (42.00)	17 (34.00)	14 (28.00)	92 (36.80)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)

Source: Primary Probe.

Table-6 depicts that out of total respondents, 66.40 per cent of respondents reported that swachhta diwas was celebrated by the AWCs in their area and 33.60 per cent respondents reported that swachhta diwas was not celebrated. Block-wise data reveal the same facts. The highest percentage of those respondents who were of the opinion that AWWs celebrated the swachhta diwas was found in Nurpur block (76.00.00 per cent) followed by Indora block (70.00 per cent).

With regard to the celebration of bal diwas, the table depicts that in majority of cases, that is, 54.80 per cent, bal diwas was not celebrated. Out of total respondents, 48.00 per cent of respondents in Dehra block, 38.00 per cent in Fatehpur, 42.00 per cent in Indora, 54.00 per cent Nurpur and 44.00 per cent of respondents in Paragpur block reported that Bal diwas was celebrated.

With regard to the Poshahar diwas, Table 5.21 depicts that out of total respondents, 90.00 per cent of respondents reported that poshahar was celebrated by the AWCs in their area and 10.00 per cent respondents reported that it was not celebrated. Block-wise data reveal the same facts. The highest percentage of those respondents who were of the opinion that

AWWs celebrated the poshahar diwas was found in Nurpur block (96.00 per cent) followed by Paragpur block (94.00 per cent).

With regard to Mahila diwas, the data reveal that out of total respondents, 58.00 per cent in Dehra, 62.00 per cent in Fatehpur, 58.00 per cent in Indora, 66.00 per cent in Nurpur and 72.00 per cent of respondents in Paragpur block opined that mahila diwas was celebrated by the AWWs in their area. In overall data, out of total respondents 63.20 per cent of respondents reported that mahila diwas was celebrated.

Hence, it can be concluded that the special days, such as, swachhta diwas, bal diwas, poshahar diwas, mahila diwas, were celebrated with great pump. During field study it was observed that as and when these days come, the AWWs inviting all the residents of the area and celebrate these days together. On these days, AWWs provide information related to the importance of these days and also disseminate and share different information with the

5.7 Opinion about the Behaviour of AWWs

The provision and delivery of services under ICDS largely depends on the behavior of AWWs, as they directly interact with the women, children and people of the area under their AWCs. Hence, it is important to know the opinion of the beneficiaries about the behavior of AWWs of their area. The collected information have been analyzed in Table 7.

Table-7: Opinion of Sample Beneficiaries about the Behaviour of AWWs

Behavior	Block					Total
	Dehra	Fatehpur	Indora	Nurpur	Paragpur	
Very Cooperative	21 (42.00)	26 (52.00)	28 (56.00)	30 (60.00)	24 (48.00)	129 (51.60)
Cooperative	26 (52.00)	24 (48.00)	22 (44.00)	18 (36.00)	26 (52.00)	116 (46.40)
Not cooperative	3 (6.00)	0 (0.00)	0 (0.00)	2 (4.00)	0 (0.00)	5 (2.00)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)

Source: Primary probe.

Table-7 depicts that out of total respondents, 51.60 per cent in overall were of the opinion that the behavior of AWW was very cooperative, 46.40 per cent of respondents opined that the behavior of AWW was cooperative and mere 2.00 per cent of respondents held that the behavior of AWW was not cooperative. Block-wise data reveal the same fact. It was found that AWWs in all the blocks were either very cooperative or cooperative.

It implies that AWWs are working effectively and efficiently in their respective AWCs and interact with the people in coordinated and cooperative manner.

5.8 Opinion about the Working of AWC

All the services under ICDS is provided by the AWCs. The success and failure of the programme depends on the working of AWCs. It is important to know that how people rate the working of AWCs. Data in this regard have been shown in Table-8

Table-8: Opinion about the Working of AWC

Working	Block					Total
	Dehra	Fatehpur	Indora	Nurpur	Paragpur	
very good	19 (38.00)	20 (40.00)	21 (42.00)	22 (44.00)	23 (46.00)	105 (42.00)
good	23 (46.00)	23 (46.00)	24 (48.00)	21 (42.00)	22 (44.00)	113 (45.20)
average	8 (16.00)	7 (14.00)	5 (10.00)	7 (14.00)	5 (10.00)	32 (12.80)
poor	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
very poor	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Total	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	50 (100.00)	250 (100.00)

Source: Primary probe.

Data indicate that out of total respondents, majority of respondents, that is, 46.00 per cent each in Dehra and Fatehpur block, 48.00 per cent in

Indora block, 42.00 per cent in Nurpur block and 44.00 per cent of respondents in Paragpur block rate the working of AWC as 'good'. While 38.00 per cent in Dehra block, 40.00 per cent in Fatehpur block, 42.00 per cent in Indora block, 44.00 per cent in Nurpur block and 46.00 per cent in Paragpur block rated the working of AWC as 'very good'. And remaining respondents rated it as 'average'. Hence, it can be concluded that AWCs in the study area are working effectively and efficiently and providing the services under ICDS to the beneficiaries in good manner.

Conclusion:

Children are the first call on agenda of human resource development - not only because young children are the most vulnerable, but because the foundation for lifelong learning and human development is laid in these crucial early years. It is now globally acknowledged that investment in human resources development is a pre-requisite for economic development of any nation. Early childhood (the first six years) constitutes the most crucial period. In life, when the foundations are laid for cognitive, social, emotional, physical/motor development and cumulative lifelong learning. Child survival, growth and development, has to be looked at as a holistic approach, as one cannot be achieved without the others. There have to be balanced linkages between education, health and nutrition for proper development of a child.

The key workers of ICDS at grass root level are Anganwadi workers. The overall efficiency of the scheme depends on the effective functioning and knowledge of Anganwadi worker who are posted at different centers aims at improving the nutritional and health status of vulnerable groups including pre- school children, pregnant women and nursing mothers by providing a package of services including Supplementary Nutrition, Pre-school Education, Immunization, Health Check-up, Referral Services, and Nutrition and Health Education. Apart from children below six years of age, ICDS also takes care of the essential needs of pregnant women and nursing mothers residing in socially and economically backward villages and urban slums.

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