Chapter-II

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INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) IN INDIA

According to the reports of the Department of Social Welfare, Government of India (1968), in spite of some of the gains, the fact remains that over five and half decades of planning is over the administration of women and child welfare programmes has not been able to make the desired impact on the problems of women and children. Needs of the children are related to the biological requirements of their growth, the social environment in which they are born and brought up and the expectations of adult life for which they are to be prepared. The needs vary with the different stages of growth of child and have to be viewed in relation to the five main stages, i.e.,

- Intra-uterine stage, from conception to birth
- Infancy, from birth to one year
- Toddler stage, from 1 to 3 years
- Pre-School stage, from 3 to 6 years
- Primary School stage, from 6 to 11 years

Although the biological requirements are basic to growth of the child, they are influenced considerably by the social environments. An assessment of the health and nutritional needs of the mother and of the child is extremely important during the various stages of child development. Whether an individual survives the first few years and how, it determines whether he or she will grow up into an energetic and productive adult.

The first six years of life are the formative years. Malnutrition can make mild childhood diseases fatal. Prolonged poor nutrition can leave the child retarded or lacking in curiosity, energy and capacity of learning.

Under nutrition and malnutrition is of a certain kind of, especially shortage of protein during these critical years. It prevents children from attaining the full genetic potential for development. In other words, lack of calories, vitamins and minerals, prevent the child from growing fully or makes him or her blind. Many of the childhood diseases leave the individual permanently crippled or ill.

While stressing that nutrition is basic to health and adequate nutrition food for the expectant mother and the child is a necessary condition for the healthy growth of the child, the committee headed by the Ganga Sharan Sinha mentioned "Hunger and malnutrition undermine and stunt the growth the child and prevent him in later life from making his full contribution as a productive worker.

Neglect of the pre-school child results in developing physical or mental handicaps, which in turn, place a burden on the nation and exhaust its resources through expenditure on curative and rehabilitative services required for the handicapped. So it is beneficial to allocate resources and design preventive programmes for healthy development of the pre-school children so that it may, in due course, become an asset to the nation.

It is estimated that the loss of human life in terms of total wastage of pregnancies and infant and child mortality in India is probably the highest in the world. This loss of life prior to and within one year of birth is a tremendous waste of human resources in terms of the mothers' health and of

social and emotional energy. This also leads to a serious drain on resources and places a constraint on the spread of the family planning concept.

Having regard to their vast number in India and the serious consequences of these problems are neglected by our welfare administration authorities. The care of children up to the pre-school age in particular has always been a matter of urgent necessity. Experience has shown that for success in any child development effort, the inherent unity of the child's personality and the need to consider the young in their complexity and in all the biological, psychological and social dimensions of their personality has to be recognized. The Encyclopaedia of Social Work in India also pointed out that "child welfare refers to the total well-being of the child. It therefore includes all services which are needed to ensure the fullest development of physical, intellectual, emotional and social potentialities of the child.

The Government of India became conscious of child welfare need and since realising the need a number of programmes for children had been in existence, i.e., Welfare Extension Projects, Border Area Projects, Applied Nutrition Programme, Integrated Pre-School Projects, Family and Child Welfare Projects, Special Nutrition Programmes, Balwadis, Creches, etc.

As early as October 1960, realizing the need to study the problem of child care and child welfare, the Central Social Welfare Board (CSWB) at the instance of the then Union Ministry of Education appointed a committee to prepare a comprehensive plan for the care and training of children in the age group of 0-6 years.

After a long time, more than two and half decades, in 1975-76, 33 experimental Integrated Child Development Services (ICDS) Projects were launched in India. The number of Projects rose considerably since then and

further rapid expansion was envisaged in the Eighth Five Year Plan. Till January 1996, the Integrated Child Development Services (ICDS) Projects sanctioned in India were 5584.

Besides Integrated Child Development Services (ICDS), the scheme of Functional Literacy for Adult Women was introduced in Integrated Child Development Services (ICDS) Project areas in July, 1976. It was also a programme of Ministry of Social Welfare, Government of India. It aimed at providing non-formal education to all women in the age group of 15-45 years in the field of health and hygiene, food and nutrition, home management and child care, vocational and occupational skills and civic education. The emphasis was not on the three R's but on functional aspects.

Backward and rural areas and urban slums in particular have been more extensively covered by the programme with nearly 75 percent of the projects in rural areas. 36 new projects sanctioned during 1992-93 were earmarked for entrusting to Non-Governmental Organisations (NGOs). Another 30 ICDS Projects sanctioned during 1993-94 were also earmarked for NGOs.

As a service delivery programme, the Integrated Child Development Services (ICDS) has certain unique features which constitute its area of strength which are as follows:

- The programme is largely village based and conducted by Anganwadi workers and helpers who are normally residents of the same village.
- The Anganwadi worker tries to maintain close contact with individual household of the village, thus taking away the

impersonal bureaucratic approach generally found in Government run programmes.

- The programme enlists the active help and participation of voluntary organization, social activists, academic and medical institutions and professionals.
- There is a built-in scope for convergence of health, nutrition and childhood education services, etc. at the Anganwadi level.
- Two-third of the population covered by the ICDS Programme comprises scheduled castes, scheduled tribes and other backward communities.
- 62% of children benefiting from the programme are from the low income group household, i.e., income below Rs.2,000/- per annum.

During the Ninth Five Year Plan only 408 additional projects, out of 1452, could actually become operational by the end of the Ninth Plan. In the Tenth Five Year Plan also, a few numbers of Integrated Child Development Services (ICDS) Project were approved for implementation within the sanctioned 5652 projects only with no expansion due to resource constraints. The remaining 1044 ICDS projects which were non-operational at the beginning of Tenth Plan, become operational by 31.03.2006.

Along side expansion of the scheme, the budget allocation of the scheme has also increased significantly. The current Five Year Plan outlay is Rs.4543 core against Rs.2167.44 core in 2004-2005. Thus the allocation for the scheme was gone up by 100 percent in the last two years. Moreover, the financial norm of Re.1/- per beneficiary per day for supplementary nutrition under the ICDS Project, fixed way back in 1991 has also been doubled in October, 2004. The earlier criteria for selection of beneficiaries

of supplementary nutrition are no longer confined to the beneficiaries of Below Poverty Line (BPL) families only.

During the last five years (2002-2006) although the total number of child beneficiaries has increased significantly, there still exists a wide gap in reaching out the services to all children under six years in the country. As per Census 2001, there are 15.79 core children in the age group of 0-6 years, of those 4.67 core children (6 months to 72 months) only are covered under the supplementary nutrition component of the Integrated Child Development Services (ICDS) Project (as on 31.06.2006).

The Norms and Components of Integrated Child Development Services (ICDS) Programme

The Integrated Child Development Services (ICDS) Programme takes care of children below six years of age and of essential needs of pregnant and nursing mothers residing in socially backward village and urban slums. The Integrated Child Development Services (ICDS) provide the following package of services;

- Supplementary nutrition
- Immunization
- Health Check-up
- Referral Services
- Non-formal Pre-School Education

The focal point for the delivery of ICDS services is an Anganwadi—a child care centre located within the village or slum area itself. Each Anganwadi is run by an Anganwadi Worker (AWW) and a helper usually

covers a population of 1000 in rural and urban areas and 700 in tribal and hilly areas.

The Objectives of the Integrated Child Development Services (ICDS) Programmes

The Integrated Child Development Services (ICDS) aims at human resource development by providing an integrated delivery of essential services to children and women in their vulnerable life period. Thus laying the foundation for their proper psychological, physical and sociological development and to reduce the incidence of mortality, morbidity and malnutrition and school dropout, the Integrated Child Development Services (ICDS) Scheme has been laid on ground with the following objectives:

- To improve the nutritional and health status of children in the age group of 0-6 years.
- To lay foundation for proper psychological, physical and social development of the child.
- To reduce the incidence of mortality, morbidity, malnutrition and school dropout etc.
- To achieve effective coordination of policy and implementation amongst the various departments to promote child development.
- 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.

Since the mother has a key role in the physical, psychological and social development of the child, nursing and expectant mothers have to be brought into any programme focussed at the welfare of the child. Attention is given to mothers and therefore, women of 15-45 years have been brought

within the ambit of Integrated Child Development Services (ICDS). And of late, attention is also focussed on the adolescent girls as they are would be mothers.

Adolescent Girls (11-18 years) scheme

The Department of Women and Child Development, Ministry of Human Resources Development, Government of India(1995) took up activities for adolescent girls as an additional thrust area under Integrated Child Development Services (ICDS) Programme and for this purpose the authorities had conceptualized in September 1991 two distinct activities as follows :

- Girls to Girls Approach
- Balika Mandals

It was envisaged that the scheme for Adolescent Girls is to be treated as a part of the Integrated Child Development Services (ICDS) Programme. The Central Government would fund all expenditure except that on supplementary nutrition, while the State Government concerned will be responsible for the supplementary nutrition component. Therefore, for the first time in India, a special intervention had been devised for the adolescent girls (11-18 years) using the Integrated Child Development Services (ICDS) infrastructure.

As described by the Department of Women and Child Development, the scheme for Adolescent Girls was devised to focus on school drop-out girls in the age group of 11-18 years and made attempt to meet their Nutrition, Health, Education, Literacy, Recreational and Skill Development needs. The scheme has been conceptualised to put thrust to make the

Adolescent Girl for a better mother in future and tap their potential as a social animator. The scheme relied on centre-based infrastructure, training camps and hands on training.

Delivery of Services

Supplementary Nutrition

Supplementary Nutrition is given to children below 6 years of age and to nursing and expectant mothers from low income families. Special attention is paid to the delivery of supplementary nutrition to children below 3 years of age. The amount of nutrition varies according to the age of the child. The type of food depends upon local availability, type of beneficiary, location of the project, administrative feasibility etc. First priority, however, is given to locally available food. Supplementary nutrition is given for 300 days in a year. Children who are found, as a result of health check-up, to suffer from third degree of malnutrition are given enhanced supplementary nutrition (therapeutic food) based on their physical needs as recommended by the doctor. On average, the effort is to provide daily nutritional supplements to the extent of 300 calories and 10 gms. of proteins per child, 500 calories and 15-20 gms. of proteins for pregnant women/nursing mother, and 600 calories and 20 gms. of proteins for each severely malnourished child.

Nutrition and health education is given to all women in the age group of 15-45 years with priority to nursing and expectant mothers. A special follow-up is made for mothers whose children suffer from malnutrition or from frequent illness.

Table 1: Nutritional needs of different beneficiaries (under the ICDS Programmes

Sl. No.	Recipients	Calories	Grams of Protein
1.	Children up to 6 years	300	10-12
2.	Adolescent Girl	500	20-25
3.	Pregnant and Nursing Mothers	500	20-25
4.	Malnourished Children	Double the daily supplement provided to the other children and/or special nutrients on Medical recommendations	

The selection of beneficiaries for to be covered under supplementary nutrition under the Integrated Child Development Services (ICDS) programme was clarified and reiterated by the Government of India in January 1990 by outlining the following.

Pregnant women and nursing mothers are eligible for supplementary nutrition. In the case of pregnant women, supplementary nutrition is admissible now from the day of pregnancy is detected up to the date of delivery. The nursing mother is eligible for supplementary nutrition for the first six months of lactation. However, all pregnant women and nursing mothers are not eligible for this facility. Families belonging to the landless agriculture labourers, schedule castes and schedule tribes, families having a total monthly income not exceeding Rs.500/- per month, and the pregnant women and nursing mothers who is enlisted by the Auxiliary Nurse Midwife (ANM) or by the Medical Officer on medical grounds.

Immunization

Immunization against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis and Tuberculosis of all infants (by first birth day) is undertaken in the project area. Immunization against measles is given if the local epidemiological situation warrants it. Children of 5 to 6 years of age (school entry) receive booster dose for Diphtheria and Tetanus (DT) and two doses of typhoid vaccination. As tetanus among new born babies is common and is usually fatal, all expectant mothers are immunized against tetanus.

Health Check-ups

This includes health care of children under less than six years of age, antenatal care of expectant mothers and post natal care of nursing mothers. These services are generally provided by the Auxiliary Nurse Midwife (ANM). Medical Officer in charge of Health Sub-Centres and Primary Health Care Centres under the Reproductive Child Health (RCH) Programme of the Ministry of Health and Family Welfare is consulted as and when necessary. The various health services include regular health check-up, immunization, management of malnutrition, treatment of diarrhoea, de- worming and distribution of simple medicines, etc.

Pre-school Education

This component for the three to six years old children in the Anganwadi Centre is directed towards providing and ensuring a natural, joyful and stimulating environment with emphasis on necessary inputs for optimal growth and development. The early learning component of the Integrated Child Development Services (ICDS) is a significant input for

providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalisation of primary education, by providing to the child the necessary participation in Primary Schooling and offering suitable care to younger siblings, thus freeing the older ones especially girls to attend school.

Referral Services

During health checkups and growth monitoring, sick or malnourished children in need of prompt medical attention are referred to the Primary Health Centres or its sub centres. The Anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases and referred them to Auxiliary Nurse Midwife (ANM) and medical officer in charge of the Primary Health Centres/Sub-Centres. The cases referred by the Anganwadi workers are to be attended by health functionaries on priority basis.

Nutrition and Health Education

Nutrition and Health Education (NHE) is a key element of the work of the Anganwadi worker. This forms the part of Behaviour Change Communication (BCC) strategy. This has a long term goal of capacity building of women especially in the age group of 15-45 years, so that they can look after their own health, nutrition and development needs as well as that of their children and families.

Responsibilities of the Anganwadi Worker

- Non-formal pre-school education, i.e., organizing pre-school activities in an Anganwadi for about 40 children in the age group of 3-5 years, the Anganwadi workers play a leading role.

- Organising supplementary nutrition feeding for 6 months to 5+ years children and expectant and nursing mothers; in planning the menu, the priority is given to locally available food and local recipes.
- Giving health and nutrition education to mothers.
- Making home visits for educating parents, particularly in the case of children attending the Anganwadi so that the mother of the child can be enabled to play an effective role in child's growth and development.
- Enlisting community support and participation in running the programme.
- Assisting the Primary Health Centre Staff in the implementation of the health component of Integrated Child Development Services projects, viz., immunization, health check-up, referral service and health education.
- Maintaining routine files and records to enable measurement of the impact of the services.
- Reporting to the Child Development Project Officer, the developments in the Project Area which require further attention.
- Maintaining liaison with other institutions in the village which have relevance to her functions (Mahila Mandal).
- Maintaining liaison with the lady school teacher for assistance in organizing pre-school activities and for participation of primary and middle school girls in the programmes of the Anganwadi, thus enabling the girls to acquire work experience.

Number of Beneficiaries in a Project

The demographic and other characteristics vary significantly from block to block, yet the numbers of beneficiaries are considered in a project are as follows:

A Rural Project (a community development work) is assumed to have a population of 100,000 of which 17 percent i.e., 17,000 are less than 6 years, 3 percent i.e., 3,000 are less than 1 year, 6 percent, i.e., 6,000 are 1-2 years and 8 percent, i.e., 8,000 are 4-5 years; the number of women in the age group 15-45 years is estimated at 20,000 of this, the number of nursing and expectant mothers at any point of time is estimated at 4,000.

The number of villages in a rural project is assumed to be 100.

An urban project (one or more wards / slums) is assumed to have the same demographic characteristics as of a rural project.

A Tribal Project (a tribal development block) is assumed to have population of 35,000 of which 17 percent, i.e., 5950 are less than 6 years, 3 percent, i.e., 1,050 are less than 1 year, 6 percent, i.e., 2,100 are 1-2 years and 8 percent i.e., 2,800 are 3-5 years; the number of women 15-45 years is estimated 7,000; of this the number nursing and expectant mothers at any point of time is estimated at 1,400. The number of villages in a tribal project is assumed to be 50.

Integrated Child Development Services (ICDS) Projects under Non Governmental Organisations (NGOs)

As per the reports of the Government of India (1995) on Integrated Child Development Services Scheme, it has decided to involve the Non-Governmental Organisation (NGOs), on much larger scale, in the implementation of the Integrated Child Development Services (ICDS) programme with the basic aim of improving the mass awareness and community participation. In line with the decision, 36 Integrated Child Development Services (ICDS) projects sanctioned during 1992-1994 and 16 Integrated Child Development Services (ICDS) projects sanctioned during 1993-1994 were specially earmarked for entrusting to the motivated Non Governmental Organisations (NGOs). Efforts were made to operationalise 36 Integrated Child Development Services (ICDS) projects for Non Governmental Organisations (NGOs) during 1994-1995 with same terms and conditions.

Revised Population Norms

An Inter-Ministerial Task force was set-up in 2004 to review the existing population norms for sanction of an Integrated Child Development Services (ICDS) project / Anganwadi Centre (AWC) and suggested revised norms. The Task Force submitted its reports / recommendation in May 2005. The Revised Population norms are as follows:

Anganwadi Centre for Rural Project

Population 500-1500, One/AWC

For Urban project

Population 500-1500, One/AWC

For Tribal / Hill Area Project

Population 300-1500 One/AWC

For habitation with less than 150 population specific proposal should be submitted by the State Government for consideration and appropriate decision by the Government of India.

On 31st March, 2007, the total number operational ICDS Projects all over the Country is 5,829.

The Genesis of the Project

The urban slum development programme has a special position in the history of child development programme so far initiated by the Loka Siksha Parishad, Ramakrishna Mission, Narendrapur, South 24 Parganas, West Bengal, because this particular programme actually launched by Loka Siksha Parishad (LSP) more than four decades ago. It has a unique success story in the annals of slum development. Nowadays, Rambagan which was then a prurient slum and red light district of Calcutta having full of squalor, alcoholism and prostitution, has now emerged into a modern day tenement with internationally known cane and bamboo product centre where the rich and the famous congregate come to collect vintage art and craft splendour in cane and bamboo. Later on the Loka Siksha Parishad has undertaken the implementation of Integrated Child Development Services since 1986 in 16 slums of North Calcutta which includes the biggest red light area of the city of Kolkata.

Cultural Aspect of the Slum Dwellers

According to Ramnna(2002) culture refers to the social heritage of a group of people. It consists of the shared behaviour, beliefs and material objects belonging to a society, or a part of society. It is the more or less organized and persistent patterns of habits, attitudes and values which are transmitted from generatioin to generation. It is such values in which human attitudes towards various issues such as religion, morality, marriage, science, family planning and prostitution and so on are reflected. Human values concerning private property, fundamental rights, representative government, romantic love, etc. are influenced by our culture. Human goals of winning the race, understanding others, attaining salvation being obedient to elders and teachers, being loyal to husband, being patriotic etc are different attributes and all set forth by our culture. All are being socialized on these ways.

The present study deals with the socio-cultural aspect of the Hindu-Muslim slum dwellers. Specific stress has been given how far Hindu and Muslim women are aware about child care; nutrition and immunization under ICDS programme and practices the same in spite of their cultural influences and practices.

Here an attempt has been made to describe briefly the life style of the Muslim inhabitants in the slum as the researcher selected all 19 Anganwadi centre under Integrated Child Development Services (ICDS) Programme from 5 numbers of slums where all are inhabited by the Muslim population comprising of both Bengali Muslim and Bihari Muslim and 19 centres from 5 numbers of Hindu slums where all are inhabited by Hindu population comprising of Bengali Hindu and Bihari Hindu.

The Muslims

In the Muslim community as soon as a child is born, elders say, the word 'Allah' sounds in the ears of the new born child with the notion that the first word the child hears should be that of the Almighty. They give natural birth to the child and the mother after 9th day of delivery and they consider that after 40 days of delivery they become pure. Depending upon their status, they celebrate the naming ceremony as also hair cutting ceremony. For boys within the age of 5-14 years for boys "Sunti" function is celebrated. It is a must for every Muslim boy. Previously it was done by an experienced Muslim and now a doctor (preferably Muslim) is called upon to do this in certain cases, but most of the cases are done by the local experienced Muslim "Hakim" (degreeless practitioner). Sometimes Anti-tetanus injection is given and antibiotics and ointment are used to heal the wound. There are some local Muslim Practitioner (Hakim) in Narkeldanga Slum and Rajabazar bustee, who often attend them for this purpose. After the wound is healed, functions are performed. When a girl matures, special functions are performed. Most of the marriages are arranged, but once they are fixed, it become customary for the boy and the girl to see and meet each other frequently. No marriage is fixed without arranging face to face interview, though they may not talk to each other, but definitely they look at each other. The boys' side come to girls' side and ask for the girl to give opinion in marriage. The practice of dowry is very much prevalent unlike Muslim girls as most of the Muslim girls in the slum work hard for earning and save money for their marriage, to be used as bride price to be paid to the boy's side. In addition to cash, items like bicycle, gold ring, scooter, table fan, dressing table, cot, etc. are demanded by the boy's side depending upon the economic status of the girl's side. Mike is must for any marriage which

runs throughout the day with latest Hindi Cinema songs. They consider there is no fun of marriage without playing of the songs.

Muslim calls their marriage "nikah". Marriage among Muslim regarded not as a religions sacrament but as a secular bond. The important objectives of Muslim marriage are control over sex, ordering of domestic life, procreation of children and perceptual increase of family, and upbringing of family.

Sankar Rao (2008) refers marriage is a civil contract in Islam, a proposal for the marriage and the acceptance of the proposed are essential. The bride-groom makes a proposal to the bride just before the wedding ceremony in the presence of two witnesses and a "maulavi" or "kazi" (Muslim priest) conducts the necessary proceedings. The proposal is called "ijab" and its acceptance is called "Qubul". These two words must be uttered clearly before the assembled persons by the bride and the bride groom or by their agents of sound mind, and then the "Sahi Nikah" take place or completed.

A Muslim woman cannot marry second time as long as she has a living husband who has not divorced her. A man cannot marry also the fifth women as long as the first four are alive and not divorced. A Muslim can have four wives. No Muslim woman is allowed to marry a man as long as she is undergoing "ideate".

"Maher or dower" is a practice associated with Muslim marriage. It is the sum of money or property which a wife is entitled to get from husband in consideration of the marriage. As per the Muslim law, dower is an obligation imposed upon a husband as a mark of respect for wife. Its main

purposes are to put a check on the husband to give divorce to his wife and to enable women to look after herself after her husband's death or divorce.

As per the Muslim law, divorce can be obtained directly in two ways without the intervention of civil court. They are "Khula/Mubarat" and "Talaq". In the first case husband and wife can obtain divorce by mutual consent either by "Khula" or by "Mubarat". In "Khula" divorce is initiated at the instance of wife. In "Mubarat", since both the parties desire separation, the initiative may come either from the wife or from the husband. The later one "Talaq" represent one of the ways according to which a Muslim husband can give divorce to his wife as per the Muslim law without intervention of the court. In Talaq, the husband has the right to dismiss his wife by repeating the dismissal formula thrice. The Talaq may be affected either by orally by making some pronouncement or in writing by presenting "talaqnama".

Whenever a marriage takes place in the slum, all Muslim families are insisted and by custom one person from each household attends the function and present cash ranging from Rs.10/- to Rs.50/- (sometimes more) as gift to the bride or bridegroom as the case may be. 'Nikah' and other customary functions precede marriage. Whenever a death takes place in the slum, all healthy male adults go to pay their respect to the deceased. They carry the body to the burial place with the Koran which is read by the members of the family or 'Mulabi'. All these explain that Muslim follow their religious practices in their daily lives in the slum as in other areas.

Muslims are known for two cultural practices, namely purdah and polygamy. Muslim women go for work, marketing and movies without Purdah as the practices of Purdah is on decline. But it cannot be said that the

system has completely disappeared. Whenever they are travelling by bus or train from one place to another place to attained marriage or for any function purdah is followed. This means that purdah is observed within the group and there in group behaviour is totally different from their out group behaviour.

As regards polygamy there are few cases of polygamy, however, many of the respondents told that their husband's father and grandfather (who are no more now) had 2 or 4 wives. In one case, even though the father-in-law is dead, her two mother-in-laws are staying in the household. Thus, the practice of polygamy is slowly disintegrating among the Muslims in urban slums. Similarly divorce is not easy, though there are few cases of divorce (Talaque) in these areas. Largely, if any martial dispute arises, it is the Mosque committee that resolves matters for they hardly go to courts. If the partner cannot adjust, they like to remain separated rather than taking divorce. But Islam has permitted limited polygamy to protect the modesty of women who cannot find a husband to marry by which she cannot be a public property.

With regards to the food, Islam enjoys mercy and compassion for all living creatures. At the same time Islam maintains that Allah has created the earth and its wonders are flora and fauna for the benefit of mankind. It is up to mankind to use every resource in this world judiciously as a 'nayamat' (divine blessing) and 'amanat' (trust) from Allah. Moreover, non-vegetarian food is a good source of excellent protein.

Muslims in these slums are also known for their superstitious beliefs. There are some old men in the slums known as 'Pir baba' who gives 'Taisdulu-(Tabiz, and water for treatment) thread or cord that bring good

luck to cure various ailments. It is observed that there is a rush outside his (Pir Baba) house on Sunday. He charges Rs.10/- to Rs.25/- for each Tavidu (Tabiz) and water whenever any misfortune occurs to them, they keep saying that their fate is not good and some evil force is at work.

Framed photographs of "Haji Malang Dargah" (tomb) are commonly found inside many household. Muslim saints or 'Pirs' or 'Mulavi' local or regional, are also quite popular among the Muslims, many of them use to visit the Dargah of Haji Malang Baba, situated at Narkeldanga, Kalabagan, Belgachia, Nagerbazar, if a particular wish of someone is granted. In the project area of North-Calcutta, during Muharram, the month of mourning for Muslims, many youths install the 'Panja', a metallic impression of the right hand, said to be symbolic representation of Prophet Mohammad's grandsons. Hassan and Husain, who were martyred at Karbala.

The Hindus

The slum dwellers that we have chosen for study are mostly rural folk who have had been migrated into an urban setting for earnings and have been living there for a long time. Before their migration into urban slums these rural people mostly followed, in varying degree, the two aspects of Hinduism consisting of rituals and beliefs relating to Brahminical gods and goddesses on the one hand, and beliefs and rituals relating to folk gods and goddesses, i.e., village deities with regional variation on the other. Now it is common that slum dwellers are not as religious as rural people who strongly uphold many religious practices as it is believed that religion is more important to the poor than to the rich because the poor are helpless and hence derive solace from religion.

The worship of the Brahminical deities differs widely from the worship of the village deities. In the first place, the former is the outcome of Philosophic reflections on the universe as a whole, while the latter symbolizes only day to day facts of village as well as family life. They are related, not to great world force but to such simple facts of daily life as cough, cholera, small pox, and cattle diseases and others. In high Hinduism the male deities are predominant, with the female deities occupying a subordinate position.

As Hindus, the slum dwellers believed that God is a 'Shakti', a power, a supreme being made up entirely of human elements. If they serve this power through worship and sacrifice, the God will look after them and fulfil their needs.

Dishonesty, robbery, driving a hungry man away from one's door, feeling jealous of other people's happiness, wishing ill for someone, earning money by fraudulent means, depriving another of his money or property by trickery and falsehood and the like are considered as 'Pop' or 'Sin'. The opposite of all these is considered as bringing 'Punya'; or religious merit. They also believe whenever they do well to others or harm to others, it will always come back to them in manifold. If they look after their children well, they will also look after them in their old age, but if they do not do so, their children in their return, will pay them back in the same coin. These are some of the supreme values which the Hindu slum dwellers believe in. Every morning before setting out to work the head of the many slum families or sometimes an elderly women, take bath and waves aggravates (incense sticks) in front of sacred photograph of God and Goddesses. However, those slum dwellers who own small shops, tea stall, selling fish, vegetables, flower, etc. never begin the day's business before the day's worship is done.

Elaborate ritualistic worship and fasting are almost absent among the slum dwellers. but some elderly women (widows) observe a fast once a week either, Tuesday, Thursday or Saturday or Monday and on every Ekadashi. We also encountered some slum women and young girls who were successfully completed the 'Santoshi Mata Vrat' a vow undertaken by women to fast on sixteen Fridays in return for a moon. The women were taken up the fast in order that the goddess Santoshi, perhaps the latest addition to the Hindu Pantheon, will fulfil their desire.

During Durga Puja, a five-day festival is held in almost every parts in Kolkata and all most all people wearing new dresses throng the puja pandal in the morning and from evening to well past midnight. There are also other pujas celebrated by the Hindus, namely Kalipuja, Lakshmi Puja, Jagadhatri Puja, Saraswati Puja, Annapurna Puja, Basanti Puja, Chandi Puja etc. A committee is formed to chalk out details of worship and subscriptions are collected from all people living this area, rich and poor. The slum dwellers sometimes go to Dakshineswar, Kalighat and Belurmath to worship goddess Kali and offer their respect to Sri Ramakrishna, Ma Sarada and Swami Vivekananda.

While religion, for the slum dwellers, seems to remain somewhat, in the background during the normal course of life, it comes into somewhat sharper focus in critical times like birth, death and marriage. Among the slum dwellers, religions, rituals do not play an important role at the birth of a child. On the seventh day, a black rope is tied on the wrist of the child to ward off the evil eye. Pollution is observed for twenty one days by the family in which the birth has taken place. During the period of pollution, neither they visit others nor other call on them with the exception of those who belong to the same clan as that of the family in which the child is born.

On the twenty first day, the whole house including cloths, utensils, etc. are washed, signifying the end of the period of pollution. Sweet rice is prepared on that day if the family can afford for it. Marriage among the slum dwellers is more a social contract than a religious sacrament, because the witnesses to the marriage are friends, relatives and neighbours, and not Gods.

N. Rao. (1990) describe that among the Hindu slum dwellers there are certain rites which must be performed for marriage to be completed. After negotiation of marriage is completed in presence of the people gathered for the marriage, the 'names, gotra, kul, rashi', etc. of the bride and bridegroom are announced along with the announcement that they are ready for marriage. The ritual is known as "Panigrahana Sankalpa". During the marriage "Home" rituals are observed and fried grains dipped in ghee are offered to fire (that is, to Lord Agni) by the couple with a prayer to the God requesting him to bless them with progeny and prosperity. Followed by Kanyadaana, it is the ceremony of giving away the bride as a gift to the bridegroom in presence of the sacred fire and in presence of the people gathered 'Saptapadi'. It is the ritual in which the bride and bridegroom go "seven steps" together. The husband makes the bride step forward in the northern direction seven steps with the words "one step for sap, two for justice, three for wealth, four for comfort, five for cattle, six for seasons, friend be with seven steps, united to me". This ritual is important from the legal point of view for the Hindu marriage as it is regarded legally complete only after it is performed. The rights are performed by a Brahmin priest in the presence of the sacred fire and are accompanied by the Vedic mantras.

At no time in human life does religion come as sharply into focus in case of death, the worst crisis in life. Not only relatives and friends but even those who have not been friendly of late with the deceased or his family, all

make their way to his house and stay there till the body is removed for cremation. Many even accompany the body to the burning ghat.

When the word of the passing away of a near one, relative or friend, reaches after the day's work has begin, work is suspended for few hours or for the day if it is late enough, so that all those who wish can go and pay their last respect to the departed soul and lend a helping hand in preparing for the final rites.

Men and women both accompany the funeral procession. The slum dwellers believe that the soul of the dead does not leave this world immediately after death but hovers round the place where death has taken place. For two days, an oil lamp is kept burning where the body had been laid out previously. If the dead is cremated, on the second day, the principal mourners proceed to cremation ground to collect the ash which is gathered in a cloth before being taken for immersion. Before it is gathered, an offering of food and water is placed where the body had been cremated the day before.

On the thirteen day after death shraddha ceremony is organized and a feast, usually far beyond the capacity of the poor and all the relatives who were present for the funeral are invited for this occasion. On this day, a set of new cloths are offered to the departed.

The Selected Integrated Child Development Services (ICDS) Centres

Slum is associated with Industrial progress and slowly it became a part and parcel of urban life and resulted in an influx of migrants into cities in search of livelihood. For the people who have migrated into the city, a place of living has become the necessity and finding no proper place, people started living anywhere and everywhere possible and this human struggle for shelter resulted in growing of slums. Slum is a harsh reality of urban life and slum living is something painful, inevitable and makes everyone cautious that though something is being done to improve it, yet much more are needed to be done. Slums are generally inhabited by poor unorganised people and though not all, many of them live under poverty conditions.

Slums are known by different terms in different places of India as – Katras, Gallis, Juggi-Jhopris, Chawls, Ahatas, Bustees, Cheris, Keris, Petas, etc. In Calcutta, slums are called Bustee. In Calcutta it is observed that bustees are in all respect well integrated social units of the community. They have vital links both economic and social with the surroundings in the city. Most of the bustees are not disorganized areas, they have not come into existence to cater the needs of vagrant, criminals, prostitutes, and the chronic alcoholics, and drug addicts in need of rehabilitation. They are on the other hand more in the nature of the segregated areas of the less privileged than anything else who suffers from discrimination, rejection and lack of integration rather than disintegration. Kolkata Municipality Corporation (KMC) lives in the slums. As per the Kolkata Municipality Development Authority's Report (KMDA) the total area under Kolkata Municipality Corporation (KMC) is 185 square kilometre (71 square miles) and more than 11 million people living in Kolkata and over 2000,000 are

homeless children. According to 2005 Kolkata Municipality Development Authority (KMDA) reports, the population has increased 15 million and more than 1.7 million people, who constitute about a third of the city's population live in 2,011 registered and 3,500 unregistered slums. The population of Calcutta roughly near about or more than 5 million. The sex ratio is 928 females per 1000 males – which are lower than national average, because the working males come from rural areas, where they leave behind their families. Kolkata's literacy rate is 18%, exceeds the all India average of 80%, Bengali comprises the majority of Kolkata's population i.e. 55%, and among them 70% are Hindu, 28% are Muslim and only 1% belongs to other religion. Slum dwellers earnings mostly ranged from Rs.800-2500/- per month and the household size is five to six persons. According to the reports of the Ramakrishna Missoin Loka siksha Parishad (2003) a brief description of the slums is as follows:

Goabagan

Goabagan is located in the North-East side of Bethune College and North-side of Scottish Church College of the North Kolkata. Total population of the slum is 6,450, among them 3,341 are male and 3,109 are female. There are 1,292 families living in the slum and household size is 5.5. All the slum dwellers belong to the Hindu community and most of them are Bengali. Some Bihari Hindu family and Oriya families also live in this slum. It is one of the largest slums in North Calcutta. Most of the slum dwellers earn their livelihood by selling various items in footpath of Hatibagan and Shyambazar areas. Some of them use to sale vegetables, other condiments food items in the street. Daily wage labour is also another source of maintaining livelihood. Hawking cloths and readymade garments in different markets is also another source of income. A noticeable section

of women work as a domestic helper. The Hindu Oriya habitants are engaged themselves mostly in cooking in various ceremonies of Hindu Bengali family and few of them having Pan and Cigarette shops, tea stall in that area. Bihari Hindus are mostly engaged as a Thelawala, Rickshaw Puller, Coolie, etc. Some of them use to work in the Government offices also. Loka Siksha Parishad running five Anganwadi Centres in these areas for the betterment of the children between 0-6 years of age as well as their mothers.

Hatibagan (Darjipara Bustee)

Hatibagan or Darjipara Bustee is situated in frot of Scottish Church School and northern side of bethune College of North Kolkata. This Bustee covers the large area of North Kolkata starting from Beadon Street in the South, Central Avenue in the West, Town school to Shyampukur in the North and Acharya Prafulla Chandra Bose Road in the West. There are 7,850 slum dwellers are living in this large area among them 4,109 are male and 3,741 are female. 1,427 families live in this slum and average household size is more or less 5.5. Most of the inhabitants are Bengali, followed by Oriya, Bihari and few Marwari families also live in this Bustee. Main occupation of this slum dwellers are selling various items in the footpath of Hatibagan and Shyambazar which is well known for Hawking. Some of them engaged themselves as daily wage earners by exploiting physical labour in the construction work, working in the shops as a helper, having first food stall, tea stall, working in the hotel and restaurant with very low salary. Bihari Hindu and Oriya Hindu inhabitants are mostly engaged in Rickshaw Pulling (two wheels man pulling rickshaw) and hand cart pulling. Some of them are working as daily wage earners under government licensed

contractors. There are six Anganwadi Centres in this area for taking care of children and mothers.

Bagbazar

The slum of Bagbazar located in the Western Side of the Sister Nivedita Girls' School, an Educational Institution of Sarada Math and Mission and Balaram Mandir, a unit of Ramakrishna Math and Mission, Belurmath. The slum is extended to the bank of the river Ganges which include Nimtala Burning Ghat, Ahiritola and in North upto Bagbazar Tram Depot. The total population of the slum is 6,750 and the male-female ratio is 55:45. Population density in the slum is very high and there is an acute shortage of space. Often with one room being rented to one family with veranda being rented to another. There are 1,350 families live in the slum including some Bihari Hindu and Oriya Hindu families. Most of the inhabitants are Bengali Hindu and they are working as a manual labour in the informal sector, some of them engaged in hawking. Most of the Bihari hindus are engaged as a thelawala to carry goods to the different part of the city, and rest are engaged in pulling two wheeler wooden rickshaws. Females are engaged as domestic servants, piece rate work in nearby manufacturing units. Income categories include per house hold per month @ Rs.1500-5000/-, Rs.800-2500/-, Rs.500-1500/-, 80% percent of the population in both types earn between Rs.800-1700/-. 3 (three) Anganwadi Centres of Integrated Child Development Services (ICDS) Programmes are running in this area.

Bartala

This slum starts from Southern part of Ultadanga Khanna Cinema Hall Road Crossing to R.G. Kar Canal East. Total population of the slum is

5,450 and among them number of male population is 2,830 and female is 2,620. There are near about 1,100 households in the slum. Most of the families are Bengali Hindus, rest of the households are Bihari hindu and Oriya hindu, Most of the slum dwellers are engaged in daily casual labour work under labour contractor, some of them work in welding work in informal sector. Biharies are engaged as thela puller, manual laboures and two wheeler rickshaw pullers. A noticeable section of the Bengali hindus are engaged in selling readymade garments in the 'Harisahar Hat' which starts from 6.00 A.M. to 12.00 Noon on every Wednesday and Sunday in front of 'Khanna Cinema'. Most of the women are engaged as domestic helpers, price rate workers in nearby manufacturing units etc. The average income of the slum dwellers ranged between Rs.800 to Rs.2500 per month and there are few families, whose monthly income is near about Rs.5000/- per month. The Lokasiksha Parishad (LSP) is running three Anganwadi Centres in this area for the children between 0-6 years of age group and their mothers.

Kathgola Slum

This slum is located in the southern side of the R.G. Kar Medical College and beside the Canal. They are extended from B.T. Road Tala Bridge to Dalpatti Crossing of the R.G. Kar Road. The population of the slum is 6,830 and 3,670 are male and remaining 3,160 are female. More than 1,300 hundred households comprise the total population of this area. Moreover another slum on the backside of the Shyambazar and Tram Depot also has been covered under the Integrated Child Development Programme (ICDS) Programme. Most of the inhabitants are Bengali Hindus and few are Oriya and Bihari hindus. All the slum dwellers are engaged in various types of work such as selling ornamental fish, flower, plant, seeds, fertilizer,

various types of birds, small domestic animals (dog, rabbit) in the Gallif Street on every Sunday to maintain their livelihood. In this area Lokasiksha Parishad (LSP) is running 4 Anganwadi Centres for the children.

Rajabazar

Rajabazar slum is situated in South Eastern part of Rajabazar Science College and backside of Rajabazar Tram Depot. Narkeldanga Road goes through this area and meets V.I.P. Road near Salt Lake Yuba Bharati Kriangan. It is predominantly inhabited by the Muslim community. It has 607 households with a total population of 3,642 individuals. Among them 1,942 are male and 1,700 are female. The religious composition of slum households are 98.4% percent Muslim followed by near about 2% from other communities. It is known that Muslim slum dwellers are well-knit organized in social and political life. But at the same time, there are many disorganised, disintegrated families live in the slum. Most of the Muslim dwellers have various small business activities on the foot path, some of them use to sale vegetables, fruits in Sealdah station. A noticeable section of the slum dwellers use to work in the Park Circus area in various shops owned by the rich Muslim family. Females are engaged as a domestic helper in the nearby localities. The Lokasihsha Parishad (LSP) is running three Anganwadi centres in this area.

Narkeldanga

It is another slum which is predominantly inhabited by the Muslim and the area spread over from Canal East to Railway Bridge in the East. Total population of this slum is 8,270 and the sex ratio is 980 females for 1000 males. Near about 1,521 households comprise this slum. Most of the slum dwellers earn their livelihood as daily wage labourers, fruit and

vegetable vendors in the Sealdah station and others petty traders. Few slum dwellers have opened small shops on the footpath and sell cheap quality of chocolates and biscuits and make an earning out of the sale. The average monthly income of the households ranges between Rs.1700-Rs.2500/- per month and few of the households having little higher income but not exceeds Rs.6000/- per month. There are five centres run by Lokasiksha Parishad (LSP) in this area.

Ultadanga Slum

Ultadanga slum comprises of Basanti Colony and Muchibazar bustee. Basanti Colony is located near the Ultadanga Railway Station where 90 percent are Muslims in religion and Muchibazar is situated opposite to State Transport Depot where 70 percent are Muslims and 30 percent are Hindu. Total population of this slum is 6,800 and among them 3,654 are male and 3,246 are female. All the slum dwellers are engaged in various types of activities like other slum dwellers to maintain their livelihood and their income ranges between Rs.1500/--Rs.3000/- per month. Lokasiksha Parishad (LSP) running 3 Anganwadi Centres at Muchipara slum and 2 centres at Basanti Colony.

Jyotinagar Colony

This slum is situated near the bank of river Ganges in Kashipur area, North Kolkata. This is a Muslim dominated slum and 90 percent of inhabitants are of Muslim religion and rest are Bengalis and Bihari hindus. It has 504 households and total population is nearly 3,000. The sex ratio is 981 females to 1000 males. The slum is over congested and living condition is not good, the drain water is over flowing at places and then going into Bagbazar canal near the entry of the slum with untreated sewerage and of

course accumulated garbage. The slum dwellers are very poor and monthly income ranges between Rs.1000/--Rs.2000/-.

Phoolbagan

It is another slum situated in the northern part of Beleghata 80 percent of the slum dwellers are Muslim in religion and rest of them are Hindus. Total population of the slum is 5,860 and among them 2,957 are male and rest are female. The inhabitants of the slum are engaged in various types of activities like other slum dwellers and their income is almost same like others. The Lokasiksha Parishad (LSP) is running 3 Anganwadi Centres for the slum children.

Evaluation of Integrated Child Development Services (ICDS)

The term evaluation is understood to mean a process by which programme inputs, activities and results were analysed and judged against explicitly stated norms. The norms are the stated programme objectives, work schedule, budget, etc.

Evaluation is not just to locate lapses but rather to present objective data on various aspects of the programme and thus serve as an aid to decision making. Evaluation is also intended to add to the theoretical knowledge base relating to social change and social action provides invaluable clues for social policy and future strategies. Besides, an important use of constant evaluation helps in identification of the vulnerable points in the Integrated Child Development Services (ICDS) Programme to be used by administrators and also as teaching material in orientation / training programmes.

Though there is remarkable success of Integrated Child Development Services Programme, yet some areas needed greater attention to make its administration and benefits for the children and mothers more effective.

Rigidity in the Programme

It is felt that there is a need of flexibility in the ICDS Programme to suit the ecological factors. According to the schematic pattern as laid down by the Ministry of Women and Child Development (DWCD), Government of India, the suggested structural pattern is suited more for rural areas which is often found inadequate for urban areas. The flexibility in the schematic pattern is required so that it could be adapted to meet local needs. As in urban areas, the slum pockets are usually scattered throughout the city. In

Kolkata, the total population of the city is 45 lakhs, of these 16 lakhs i.e. about one third of the live in the slums. There are 2011 registered and 3500 unregistered slums in Kolkata. Again in Kolkata, there are two broad categories of slums; those that are officially authorised are called bustees. There are large numbers of squatter settlements, which are not authorised. These squatter settlements have grown up by the side of canals, large drains, garbage dumps, railway tracks and road sides. The living conditions of these people are very worst. In such cases a smaller unit of 50,000 or more or less population would be more viable.

Anomaly in the Urban Infrastructure of the Programme

There is a norm that each urban Integrated Child Development Services (ICDS) Project would have 1 Medical Officer and 4 Lady Health Worker or Auxiliary Nurse Midwife (ANM), irrespective of population covered under Integrated Child Development Services (ICDS). One Auxiliary Nurse Midwife (ANM) has to cover about 12,000 populations in urban areas, whereas the norms for rural areas are 5,000 populations per Auxiliary Nurse Midwife (ANM). This shows the lacuna created due to rigidity of the programme structure.

Lack of Proper Accommodation

Adequate accommodation for Anganwadi Centres in urban slums is a common burning problem in almost of all slums in Kolkata. Children are made to sit in a small room with insufficient light and air. This often gave rise to spread of infection because of congestion and close contact, leave aside minimum space required for play and other activities. Even they do not have adequate space for cooking.

Sanitary Latrines at Anganwadi Centres (AWC)

Most of the Anganwadi Centres in urban slums do not have proper latrines and the beneficiaries went round somewhere on the street or outside in open for attending the natural call, thus making the surroundings unhygienic especially in Muslim belt. Girls and the female staff faced additional problems.

Status of Anganwadi Building

As regards the status of Anganwadi building, irrespective of own or rented, near about 21 percent of Anganwadi Centres are running in pucca building, 46 percent or more in semi-pucca building and rest in kutcha building.

Workload of Anganwadi Workers (ANW)

It is found that the Anganwadi workers (AWCs), are over burdened with time consuming record keeping chores. The number of records to be maintained by the Anganwadi workers is too much that they cannot find time for proper childcare, their education, home visit, discussion with mothers, etc.

Role of Effectiveness

The role of effectiveness of key personnel in Integrated Child Development Services (ICDS) projects needed to be evaluated due to its importance in programme administration. The time task analysis is all the more necessary in the case of Anganwadi worker who is entrusted with numerous responsibilities.

Enhance the Honorarium to Anganwadi Workers and Helpers

After reviewing the daily routine of the Anganwadi workers and the helpers at the Anganwadi Centres (AWCs) it is found that they do in fact have quite a lot of work and responsibility entrusted to them under the Integrated Child Development Services (ICDS) Programme. There are also added extra assignments they are asked to undertake from time to time or their help are generally sought sometimes for additional record keeping of some other schemes.

These two key grassroots level functionaries were at the cutting edge of the programme and their job satisfaction from the financial angle need serious consideration.

Medical Knowledge of Anganwadi Workers

The Anganwadi workers are lack in simple medical knowledge required for such programme. It is learnt that a child who had died 2 months after delivery was registered as still birth. It is felt necessary that simple medical knowledge should be imparted to the Anganwadi workers.

Selection of the Supplementary Nutrition

In the beginning supplementary food items are comprised of mainly local recipes like "Khichri" prepared of Dal, Rice, Condiments and Oil introduced by some innovators of the programme are cooked at the Anganwadis by Helper and served to children, expectant & lactating mothers. But under newly introduced system ready-to-eat items like snacks, sweet bread, fruits etc. have been introduced, which the smaller children generally find hard to bite and chew. And then there also was a view that some items looked like "Cattle Feed" and it is visually unattractive and

unacceptable as a food item for young children. It is evident that there had been a comparatively greater acceptance of former freshly cooked local recipes among the children.

Attendance in Anganwadi Centres (AWCs)

It is also learnt that the number of beneficiaries present is less than what is shown in the attendance registers. A reason which came to light was that there had been a rapid growth of private nursery schools where the parents felt there was a better teaching. Most of them perceived Anganwadi in the same manner, even illiterate parents preferred to send their children to such schools.

Programme of Infant Mortality

That the programme has made a major change on infant mortality seems to be doubtful. The number of children in the age group of 0-1 year covered under the programme is very small because in most of the Anganwadi centres in the slums the type of supplementary food available cannot be eaten by the children. Doctors seldom visit urban slum Anganwadis to project the sick children from Killer disease, Polio, and Tuberculosis, against which immunization is provided, are not the major killers in the slum areas covered under the study and till recently the programme has very little place for diarrhoea control, which is a major killer of infants in these areas. Moreover, except for tetanus toxied and supply of iron and folic acid Tablets the Integrated Child Development Services (ICDS) programme does not go further in achieving its goals under ante-natal health care of pregnant women. Therefore, we cannot convincingly say that Integrated Child Development Services (ICDS) is a major factor in

urban slums responsible for the reduction of infant mortality rates in the areas under its coverage.

Health Care

The Integrated Child Development Services (ICDS) guideline list a series of periodical examination of the health of the children and pregnant and lactating mothers. However, such examination hardly takes place. The programme is supposed to intervene in health care services along in three lines – (i) health check-up of children and pregnant and lactating mothers (ii) supplementary nutrition for children and pregnant and lactating mothers (iii) health education to women in the 15-45 years age group.

The doctor visits an Anganwadi and when he does, so in most of the cases he asks the mothers of sick children to come to his dispensary or chamber. He has a little or no time for pregnant and lactating women.

Moreover the Anganwadi workers are not able to maintain the records of age and date of birth of children properly in most of the cases due to proper supervision.

Supplementary Nutrition

Supplementary nutrition has become the backbone of Integrated Child Development Services (ICDS). However, though the guidelines say that special food may be given to the severely undernourished children the doctor never prescribe any special food in the project under study. In spite of the fact that the need for supplement nutrition is greater for children between 1-3 years than those in the 3-6 years age group, more children from

the latter age group are covered under ICDS. The reason is obvious. It is not easy to send 1-3 year old child alone in an Anganwadi, and because some parents in the slum areas now want their children in the 3-6 year age group to have pre-school education provided in an Anganwadi.

Pregnant and Lactating Women

The fact that the Indian average for the number of pregnant and lactating women per Anganwadi is 12.54 and in Kolkata unauthorized slums areas where the mortality rate indicates for women and infants are extremely high and it is learnt that the programme has left out a large number of such women. The situation is much worse in the unauthorized slums of Canal East area in Kolkata where only 5 to 6 women utilizing supplementary nutrition at each Anganwadi. Although the lactating women feed their children for more than a year and are generally under fed and anaemic, they are not given supplementary nutrition beyond six months after delivery.

Micro-Nutritional Deficiencies

Although deficiencies of micro-nutrients like vitamin A, the B group of vitamins and iodine manifest slowly, they have severe handicapping consequences for the growing children. Thirty thousand children become blind every year owing to vitamin A deficiency. Integrated Child Development Services (ICDS) covers only 7 percent children in the age group 0-6 years, and none beyond. It is too small efforts to solve the gigantic problem of preventable blindness. Moreover, no Vitamin B group tablets are given in the ICDS network although it is known that most of the children suffer from parasitic infection which decreases haemoglobin levels, and the only effective way out is a combination of iron and folic acid and anti -helminthics therapy. It is time to look into it.

Pre-School Education

This is still a very weak component of ICDS. It is known that the Anganwadi workers are not knowledgeable enough to arouse interest among children. There is no scientific base behind pre-school teaching method at present.

Nutrition and Health Education

According to the reports of the National Institute of Public Cooperation and Child Development (1992) that the Nutrition and Health Education component are rather weak. The main objectives of the programme are (i) to improve the nutritional status of children 0-6 years (ii) to reduce child morbidity and mortality rates (iii) to reduce school dropout rates through early stimulation programme for children of 3-6 years old (iv) to provide the environmental conditions necessary for the mental, physical and social development of the child (v) to enhance mother's capability to look after the health and nutritional needs of the child through nutrition and health-education and (vi) to achieve effective coordination in the policy and in the process implementation among various governmental departments to promote child development programmes.

But if the workers are sufficiently trained, there are very little nutrition and health education materials available, and much of it is irrelevant. There are some old charts and posters displaying the four food groups which have hardly any relevance to nutrition and health education. The workers have inadequate knowledge regarding the feeding of young children, significance of breast-feeding, introduction of semi-solid foods etc. There is hardly any referral source in which they could search out health and nutritional advice. The practical and task oriented message regarding

feeding during pregnancy and lactation, prevention of diarrhoea, importance of adequate fluid and food during diarrhoea and other infection, personal hygiene, sanitation, etc. seemed to be lacking.

Community Participation

Though Integrated Child Development Services (ICDS) is a mostly government programme, it envisages community participation in its implementation and depends on utilization of the local resources. One of the main objectives of Integrated Child Development Services (ICDS) is to improve the capabilities of parents to take care of the child within family environment; thus self-help is encouraged by providing opportunity to people to participate in their own development.

But the local coordination committees which are supposed to involve the community in the programme are non-existent in all most all cases. It has been learnt that both participation and involvement of the community in Integrated Child Development Services (ICDS) is minimal, it is confined to utilization of services only.

On the whole it has been an innovative effort over the past 33 years to bring the country's population, through mothers and children, into the mainstream of the development process. The state has come a long way with considerable success in the venture, but there are still miles to go, as the ideal will always be miles further.