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Integrated Child Development Scheme: A Discursive Review

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ABSTRACT:

Integrated Child Development Services was started in 1975 as an effort by the Government to control the widespread mortality, morbidity and malnutrition among children, pregnant and nursing mothers. It is considered as the world's largest development programme. Based on secondary sources of information and available studies, the present paper attempts to provide an overview of the programme. It covers the historical background of the programme, its institutional mechanism and operational structure. It is argued in the paper that the planning of ICDS programme needs to be done with full involvement of the local people ascommunity contribution can generate a fountain spring of enthusiasm for cooperative effort and corporate action in the project area.

Key words: ICDS, Anganwadi worker, women, development

BACKGROUND

At the time of Independence, India inherited an overwhelmingly rural societywith high incidence of poverty, illiteracy and poor infrastructural facilities. The health services, in particular the child care services were very limited and confined to the privileged section of the society. However, some non-governmental organizations played significant role in running welfare and recreation services for children. Prior to independence, organizations like the Indian Council for Child welfare, the Indian Red Cross Society, Children's Aid Society and others were working in the areas of health, nutrition, education and welfare programmes for the pre-school children. Gandhiji's experimentation with pre-basic education, Biju Bhai in Rajkot, Jagat Ram Duve and Tara Bai who started a chain of Bal Mandirs in Gujarat and Maharashtra and organized training for workers are also some of earliest efforts made on child care services in India. The Kasturuba Gandhi National Memorial Trust also organized Balwardis as part of their programmes for women and children in early fifties. As a result, infant mortality and child malnutrition were widespread and alarming across the states. After independence, consequent upon the adoption of new constitution which made provisions for children's welfare and development, the child care services became prime concern of both the central and state governments. The National Children' Board was constituted and National Policy for Children was made in 1974.Besides, a number of expert bodies were set up from time to time to examine the existing child care programmes and services in the country and suggest measures to improve them[1]. In fact, systematic and planned approach to the child welfare was initiated following Planning Commission's emphasis on children's needs in its First-Five-Year Plan. Subsequently, the central social welfare board was set up in 1953 to encourage the voluntary organizations and to mobilize them towards the development of social welfare services for the disadvantaged groups like women and children.

During the first fiveyear plan it was decided that the entire responsibilities of the child and its welfare should be shared by the family, community and the state. The state should provide financial assistance to voluntary organizations who are working in this field and subsequently grant-in-aid were sanctioned to voluntary organizations. The Indian council for child welfare, which was firstof its kind, was established in 1952, with the aim to motivate people to participate in the process of child development. Subsequently the central social welfare board was set up in the national level with the intention to provide cooperation,support and to various social welfare services.

[1] Some of these committees were : the Bhore committee(1943); the Sargent committee (1944);the health survey and planning committee (1959); the child care committee (1960); the committee on programmes for child welfare (1968);and the study Group on the Pre-school Child (1972).

As it was found that most of the welfare organizations were functioning in and around the urban areas, the scheme of welfare extension projects (WEP)launched in August 1954, tried to take the welfare schemes to the interior of the country. Each WEP covered 25,000 to 30,000 of population through five multipurpose welfarecentres which provided maternity and child welfare services, primary medical aid and first aid. Through *balwadies* they provided pre-school education, crèche facilities and supplementary nutrition. Apart from that they provided craft training and social education to women.By the time the first five year plan came to an end, the central social welfare board established 292 welfare extension projects with 1150 centers covering 6000 villages with a population of 5.5million. Subsequently the welfare extension projects in community development blocks were rearranged as coordinated pattern projects. The coordinated pattern projects functioned taking together the staffs and resources of both the community development blocks and the welfare extension projects. The scheme however, had an ambitious goal of reaching to children of pre-school age group with a limited resources by making it less effective. During the review of the programme it was felt that the programme needs improvement and enlargement of its scope to provide better services to the needy. In 1964, an evaluation committee was appointed by the central social welfare board to evaluate the work of welfare extension projects .On the recommendations of the evaluation committee,it was decided to develop an integrated welfare service scheme by utilizing all the resources available for welfare of the women and children . As aresult of which family and child welfare schemewas introduced in 1964.

In 1959, the declaration of the rights of the child was adopted by the general assembly of the UN which was later accepted by the government of India. In 1960, the children's act was passed by the parliament to control child abuse and safeguard the interest of children. During the third five year plan the demonstration projects were converted into family and child welfare projects. But due to financial constraints thisproject could notmaterialize. However , in 1967 a new scheme of family and child welfare was started based on the recommendations of the evaluation committee.

Meanwhile, in 1963, NCERT was started by the ministry of education to conduct research on child study and childhood education. In 1966 the Kothari Commission advised to expand pre-school education facilities in rural and other disadvantaged areas. In 1967, the Ganga Saran Sinha Committee which was set up to study the problems of children, felt the need of an integrated national policy for child welfare to handle the whole problem.

The first family and child welfare(FCW) project was set up in 1967 and consisted of a main centre, located in block headquarters or in a key village of the block having two sections. First, a*balvikas Kendra* to take care of needs of the children up to the age group of 11 years which included the provisions for health checkup, immunization, treatment of ailment, and referral services, supplementary nutrition and informal education etc. Second, *Griha Kalyan Kendras*, stressed on the training of young mothers on subjects like childcare, health and nutritione ducation, personal hygiene, home management, environmental sanitation, etc. The government appointed a committee in 1970 to evaluate the FCW projects and the committee was of the view that the scope of the scheme should be broad based .

Keeping in mind the wide spread malnutrition prevalent among the rural poor, the Government of India with the help of UNICEF, FAO, and WHO developed a nutrition intervention programme to enable the villagers to produce more of essential protective foods by themselves which could be used for their own consumption . Applied Nutrition Programmewas extended throughout the country. Following this the Special Nutrition Programme was launched in 1970-71 with the intention of providing supplementary nutrition to the pre- school children, pregnant women and nursing mothers from the weaker sections of the community in urban slums ,tribal and backward rural areas .

In 1970-71, the Balwadi Nutrition Programme (BNP) was launched bythe government of India to take careof the nutritional deficiency of children by providing one- fourth of daily calorie requirement and one half of protein requirement. National level organizations[2] took the responsibility of implementation of the programme by targeting the children of low-income group families.

A critical review of the selected programmes serving the needs of pre-school children as described earlier would reveal that the experience gained and the lesson learned during the implementation period have led to improvements in the successive programmes and have brought some positive gains to the children of the

[2] Central social welfare board ,Indian council for child welfare , Harijan Sevak Sangh and Bharatiya Adimjati Sevak Sangh.

country. However, over two and a half decades of planning and operation of child care programmes did not make much impact on the problems of children in this country. The incidence of mortality, morbidity and malnutrition among children continued to be alarmingly high. The programmes with inadequate coverage and very limited inputs could not make much dent on the problems of children.None of the health , nutrition, education and other social welfare measures adopted in the past were as effective as the situation demanded. Resource constraints and a basically sectoral and fragmented approach to the need s of children had prevented the development of a coordinated strategy. Attention was, therefore,directed to evolve a model plan which would be able to ensure the delivery of maximum benefit to the children in a lasting manner. Finally in 1972, it was suggested that a scheme for integrated child care services be worked out for implementation in all states. Eight inter ministerial teams were constituted by the Planning Commission who studied the field situation indepth and proposed a scheme for integrated child care services for pre-school children covering supplementary nutrition feeding, immunization, healthcare including referral services, nutrition education of mothers, pre- school education and recreation, family planning and provision of safe drinking water, etc. The steering group of the Planning Commission also endorsed the approach of this proposal. The enunciation of the national policy for children in August,1974 was an landmark in the evolution of the Integrated Child Development Services (ICDS) scheme .

The Policy laysthat thestate shall provide adequate services to children before and after birth and during the period of growth to ensure their full physical,mental and social development .Integrated Child Development Services (ICDS) was evolved to make a coordinated effort for an integrated programme of delivery of a package of such services. The blue print for the schemewas drawn by the Ministry of social welfare of the government of India in 1975. Keeping in view the magnitude of the task, it was decided to set up 33 projects on experimental basis in the year 1975-76. These projects, out of which 19 were rural,10 tribal and 4 urban,were spread overall the 22states and the union territory of Delhi. The Planning Commission on the basis of the evaluation report of its programme submitted inAugust1977, sanctioned 67 additional projects, which were started during the year 1978-79.

Main Objectives of ICDS

The main objectives of ICDS scheme are : (1) to improve the nutritional and health status of children in the age group of 0-6 years;(2) to lay the foundations for proper psychological , physical and social development of the child; (3) to reduce the incidence of mortality,morbidity malnutrition and school drop-out; (4) to achieveeffective coordinated policy and its implementation amongst the various departments to promote child development; and (5) to enhance the capacity of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education .

Selection of projects areas

The administrative unit for an ICDS project is the community development block in rural areas, Tribal development block in predominately tribal areas and a ward (s) or a group(s) of slums in urban areas. In the selection of project areas, preference is to be given to areas predominately in habited by backward tribes or scheduled castes, economically back ward areas, drought-prone areas and in which nutritional deficiency is rampant and is poor in the development of social services. while the demographic and other characteristics may differ from one project to another, it has been broadly divided into following three categories:

Rural projects : A rural project functions in a community development block having a population of 1,00,000 of which 17 percent will be below the age of six years. The number of villages in a rural project is assumed to be 100.

Tribal project: In a tribal development block , a tribal project functions, having a population of 35,000 of which 17 percent will be below the age of six years .the number of villages in a tribal project is assumed to be 50. Urban project : One or more wards\ slums is assumed to have the same demographic characteristics as a rural project .

It was decided that arrangements in every ICDS block should be made in such a manner so as to ensure that all children, pregnant women and nursing mothers are covered under the programme and no child is deprived of the facilities provided under the ICDS programme. The number of anganwadis in each project area may be worked out by the concerned field officer to whom the state government may entrust this responsibility and information sent to the ministry social welfare .

Administrative Structure

The Administrative Setup of the ICDS project is illustrated in Figure 1. The organizational structure of the Ministries / departments connected with ICDS is depicted in Figure 2. Similarly, the organizational structure of the project at the City/ Corporation level as well as at the Rural and Tribal areas is shown in Figure 3 and 4 respectively.

At the central level, the Ministry of Social Welfare, will be responsible for budgetary control and direction of implementation of the scheme of ICDS. The Child Development Division in the Ministry of Social Welfare, headed by the Director, Child Development, will perform the functions on behalf of the Secretary, Ministry of Social Welfare. The attainment of health targets set-up under the scheme of ICDS will be the responsibility of the Ministry of Health and Family Welfare at the Central and State/Union Territory levels. It will also issue guidelines for the delivery of health services as envisaged under the scheme of ICDS.

At the State/Union Territory level, the Secretary of Social Welfare Department or any other department designated by the State Government/Union Territory Administration as the administrative department for the implementation of ICDS, will have the overall responsibility of administering and implementing the scheme. To ensure effective delivery of health services in the ICDS project areas, the existing primary health infrastructure including the provision for staff, medicines etc. will be established accordingly to the approved pattern under the Minimum Needs Programme (MNP) in each ICDS project area.

At the District level, District Collector/Deputy Commissioner/DM/Chief Executive Officer/Welfare Officer will be responsible for administration and implementation of the ICDS scheme. On the health side, the District Medical Officer in-charge or District Health Officer will be exercising administrative control over the project's health personnel. The programme officer (ICDS) of the District-cell would be responsible for ensuring effective delivery of services and the management, monitoring and coordination of ICDS projects. The officers of the District-cell also have an important role in the training of AWWs and Supervisors etc.

At the Block or project level, the Child Development Project Officer ICDPO) will be responsible for implementation and administration of ICDS programme in each project area. In rural and tribal projects, the BDO will provide necessary guidance and support to CDPO for overall responsibility, as per ICDS scheme. However, the CDPO will be directly in-charge of the ICDS scheme and will be responsible for administering and implementing them at the field level. The PHC infrastructure will ensure the effective delivery of health services and attainment of health targets envisaged under the ICDS scheme.

The additional health inputs provided from the funds of the ICDS programme in projects upto 1981-82 will form an integral part of the overall primary health infrastructure and will not function as a separate entity. The MO in-charge of PHC will exercise overall control over the entire health staff including the staff provided under the ICDS prgramme.

The CDPO will act as the leader and coordinator of the ICDS team. The focal point for the delivery of ICDS package of services will be an Anganwadi in every village or urban slum sub-unit with a population of 1,000. Immunization, health check-up and referral services are to be delivered at the Anganwadi through the network of health services in the project arras. The services of supplementary nutrition feeding, nutrition and health education, will be provided through the Anganwadi workers with the support from the functionaries of community development, health an other departments in the ICDS project areas.

The work of AWWs will be supervised by Mukhyasevikas of Supervisors. The Supervisors will be responsible for supervising and guiding the working of the AWWes through regular field visits and staff meetings. They will also be responsible for maintaining effective liaison between AWWs under their control and supervision and the CDPO. The CDPO will make necessary arrangements for procuring, transporting, storing and distributing various supplies. The CDPO will also be responsible for preparing and dispatching monthly and quarterly progress reports to concerned higher officials. These reports will be based on the reports received from the AWWs through their supervisors.

Type of Beneficiaries

The scheme provides an integrated services to the children below the age group of six years as it is the most crucial stage of a child's life and needs special attention for all-round development of the child. Since the mother plays the most important role in the physical, psychological and social development of the child, the health of pregnant and nursing mothers also needs special care. Therefore, women of 15 -45 years are provided some services by ICDS projects. The details of services provided to various categories of beneficiaries are given in Table 1

Management of the Programme

ICDS is a centrally sponsored programme which is implemented through the state government with 100 per cent financial assistance from the central government for inputs other than supplementary nutrition. The state governments provide fund for supplementary nutrition under minimum needs programme. The central social welfare board, voluntary organizations, local bodies, panchayati raj institutions, etc. are involved in this programme for implementation, soliciting community support, etc.

Table 1 Beneficiaries and Services of ICDS

Sr. No.	Beneficiary	Services
1	Expectant and nursing mothers	(i) Health check-up (ii) Immunization of expectant mothers against tetanus (iii) Supplementary nutrition (iv) Nutrition and health education
2	Other women of 15-45 years	Nutrition and health education
3	Children less than 1year	(i) Supplementary nutrition (ii) Immunization (iii) Health check-up (iv) Referral services
4	Children of 1-2+ years	(i) Supplementary nutrition (ii) Immunization (iii) Health check-up (iv) Referral services
5	Children between 3-5 years	(i)Supplementary nutrition (ii)Immunization (iii) Health check -up (iv) Referral services (v) Non formal pre -school education

Since the scheme is based on the strategy of an inter-sectoral approach to the development of children, coordination of the efforts of different ministries and departments at all levels is necessary. The Ministry of Human Resource Development, Department of Women and Child Development, is responsible for budgetary control and administration of the scheme from the centre. At the state level, the secretary of the department of social welfare or the nodal departments as directed by the state government is responsible for overall direction and implementation of the programme. The Central Government has provided assistance for strengthening the state level set-up in the Directorate/Secretariat. At the District level, the District level officer as decided is responsible for coordination and implementation of the scheme. In the districts having five or more projects, the central government has provided assistance to the states for setting up district level ICDS cells.

The child Development Project officer is the head of the project at the block level. The CDPO coordinates with the block development officer. The administrative unit for an ICDS project is a community development block or a tribal development block or a group of slums. The focal point for the delivery of services is an Anganwadi centre in every village or urban slum. The number of Anganwadi centre varies from project to project on the basis of population, topography, communications. Immunization, administration of iron and folic acid tablets, vitamin A solutions, health check-up and referral services is being delivered at the Anganwadi through the network of health services in the project area. The services of supplementary nutrition feeding, nutrition and health check-up and non-formal pre-school education is being provided through the AWCs with support from the functionaries of community development, health and other departments.

The scheme of ICDS project is based on the strategy of an inter sectoral approach to the development of children and women, coordination of the efforts of different ministries and departments at all levels and delivery of a package of inter- related services crucial to the growth and development of young children and women. The ICDS is a centrally sponsored scheme which is implemented through the state governments and union territory administrations with 100 per cent financial assistance from the central government. At the central level, the ministry of social welfare, as a nodal ministry is responsible for budgetary control and direction of the implementation of the scheme. At the state /union territory level, the secretary of the department of social welfare or the concerned department which

has been designated by the state government /union territory administration as the nodal department for the implementation of the scheme, have the overall responsibility for the implementation of the programme. ICDS cells are established at the districts where five or more than five projects operate. The sub- collector is known as the chairman of the project at the district level. At the field level ICDS programme functions with the help of a team of employees headed by a Child Development Projects officer, Supervisors, AWWs and Helpers .Medical and Para medical staffs of the PHCs, sub-centres provide their service during health check-up and immunization. CDPO supervises, monitors and guides and looks into all the administrative affairs at the block level. The supervisors are given the responsibility of supervising some of the AWCs. Each AWW is attached to one centre with one helper to assist her at the grass root level.

Package of Services

ICDS provides a packages of services to the children in the age group of 0-6 years, to the expectant and nursing mothers and to women between 15-45 years of age from the disadvantaged segment of the society. The idea of providing a package of services was developed with an intention that the overall result will be better if the different services are evolved into an integrated manner as the efficiency of a particular service depends upon the support it receives from related services. The main components of the package are: (1) Supplementary Nutrition; (2) Immunization; (3) Health Check- up; (4) Referral Services ; (5) Nutrition and Health check- up; and (6) Non formal Pre –school Education

Anganwadi Workers (AWWs)

The focal point for the delivery of the package of services under ICDS scheme is an AWC. The AWW is the kingpin of the ICDS programme whose success rests to a large extent on her ability and capacity to perform her role and responsibilities effectively. As per the schematic pattern, the number of AWWs has been worked out at the rate of one AWW for a population of 1000 in rural and urban projects and one AWW for a population of 700 in tribal projects, subject to the upper limit of 1000. However, the number of AWCs and AWWs will differ from project to project on the basis of population, topography, communication etc.

The AWW is expected to be a woman in the age group 21-45 years and is to be selected from within the village/local community. She should be a person who is acceptable to the local community. Special care has to be taken in the selection of AWW so that she can effectively serve the pre-school children, pregnant women and nursing mothers and women in the age group 15-44 years of the projects area. She should be able to work with women and children of the Scheduled Castes and Scheduled Tribes and other weaker sections of the community.

The selection of the AWW should be done only after the CDPO and Mukhasevikas are in position. The selection of the AWW should be initiated by the CDPO either during the pre-project phase and/or after her/his joining the project. In other words, the CDPO must be associated with the selection of the AWW.

Since the AWW has to be a local woman, no attempt should be made to select her from outside the project area, particularly through Employment Exchanges or other machinery for recruitment of Government functionaries. AWW in the selected project area may be recruited/enlisted by the CDPO on the recommendations of the village institutions/leaders. In the process of selection, he/she may consult/associate any one or more of the following:

i. Medical Officer.
ii. Block Development Officer (in case of rural and tribal areas).
iii. President of the Taluka Panchayat Committee.
iv. Representative of the Child Development/Training Centre.
v. A representative of the State Social Welfare Advisory Board and
vi. Mukhyasevikas Incharge of the zone (if in position).

The AWW who should be a village level worker would be responsible for the delivery of various services envisaged under the scheme. The AWW is to be an honorary worker and was paid honorarium at the rate of Rs.175 per month if she was a matriculate and Rs.125/-per month if she was a non-matriculate at the starting of the programme and was later increased to Rs.1000/. Recently it is further enhanced by Rs. 1500 from April 2011 (see Appendix I)) It would be preferable to select matriculates as AWW. Alternatively, the AWW should at least have passed standard VIII.

However, where even a standard VIII passed AWW is not available, less educated or even illiterate /semi-literate but intelligent woman from the same village may be appointed as AWW. As such a worker will not be able to maintain records, an amount of Rs.25 per month out of the honorarium of AWW, may be paid to a school teacher or any other

educated person who would be prepared to maintain the records. In such cases, the training of teacher or the educated person who is to maintain the records, may be arranged by the CDPO at the block level. A special training programme may be devised land instituted for this special category of AWW to supplement what they might otherwise lack in terms of specific job skills and capabilities.

The AWW is a crucial functionary for implementing ICDS scheme. Her proper training is, therefore, of special significance. As such, it is necessary that as soon as the selection of AWWs is complete, they are sent for their four months job training course to the training centre identified by the State Government/Union Territory Administration, in consolation with the Ministry of Social Welfare. (For details of training see chapter 6 and for the list of training centres see Annexure VI).

In the case of rural and tribal projects, AWWs are required to come to the Block headquarters for a monthly meeting. They are also required ot come for their short reorientation/refresher courses for 2-3 days whenever organized at the project level.

In order to ensure the necessary assistance and cooperation to the AWWs, system of associating mothers of the children attending Anganwadi and other children getting services of the ICDS should be evolved. This would mean among other, that each such mother would have to take as turn once a month to work in Anganwadi. A part form community participation and educating the mother about child care practices this will pave that way for the community ultimately taking over these activities.

When the AWW goes on causal leave, some of Anganwadi activities, such as supplementary nutrition feeding and play, can be conducted by the Anganwadi helper. In case of prolonged absence of AWWs for reason of illness, marriage or maternity leave etc., it will be necessary to make alternative arrangements. AWWs will not be entitled to honorarium during such absence. The CDPO should engage the services of some other suitable local woman as AWW for running the Anganwadi activities during such period and pay her honorarium. In case a trained AWW leaves for good, the CDPO should appoint some other suitable local woman in her place. The training of such replacement (AWW) should be arranged by the CDPO with the assistance of supervisors and health staff within the project.

Job Responsibilities of the AWW

For effective implementation of the ICDS scheme at the grassroots level, the AWW would be required to perform the following main functions:

a) Supplementary nutrition for children (0-5 years), pregnant women nursing mothers;
b) Non-formal pre-school education to children of 3-5 years;
c) Assisting the PHC staff in the implementation of health programmes;
d) Giving health and nutrition education to mothers;
e) Maintenance of recorded and reports;
f) Community contacts and liaison.

Planning

The planning of ICDS programme has to be done with full involvement of the local people. The selection of the villages for Anganwadi should be done on the basis of certain criteria lain down by the Panchyat Samiti which should have an element of minimum local community participation. The location of AWCs, their number and identification of the places or buildings should also be the local responsibility and not that of a Supervisor or a CDPO or a BDO. Even if the planning process takes little longer, it should be tolerated. Even if some expenditure is to be incurred in the pre-project phase which involves community education, community awareness, community preparation, it should be done. The programme should go at the speed at which the community can move.

Any programme in which community is sought to be involved has to be based on the felt-needs of the local people. Sometimes the community itself may not feel the need for a particular programme or service. Such needs have to be articulated and the community made aware of these. The programme functionaries should start with positive aspects and emphasize those aspects which are closer to the people's needs and aspirations.

Over-enthusiastic planners, bureaucrats and functionaries desiring o fulfill targets within a time-frame may affect the processes of community participation adversely. Therefore, it is necessary that not only the community is educated and motivated but involved in the programme as it is implemented. Therefore, as far as possible over enthusiasm in any development programme, much less ICDS, on the part of the functionaries may prove disastrous to community participation.

Despite the fact that the scheme of ICDS does not sufficiently elaborate on community participation. Yet starting point for community participation is the appointment of a local woman as AWW. Therefore, the whole process of community participation has to be built on this. The AWW has to understand the attitudes, beliefs, practices and values of the community participation, yet starting point for community participation of a local woman as AWW. Therefore, the whole process of community participation has to be build on this.The AWW has to understand the attitudes, beliefs, practical and values of the community in which she is working, a she has very important role to play in the process of change. The AWW has to function as a catalytic agent by using local resources for meeting the basic needs of the children. It is therefore, essential that the concept of local community worker functioning as an AWW is-emphasized and reinforced as this would be the starting point of community participation. This initial contribution from the community can generate a fountain spring of enthusiasm for cooperative effort and corporate action in the project area.

CONCLUSION

ICDS programme is one of the largest elaborate programme in the country with well designedadminitrative structure and institutional mechanisms. The AWWs are the kingpin of the programme and successful implementation of the programme is largely dependent on the active involvement. However, the planning of ICDS programme has to be done with full involvement of the local people. Even if some expenditure is to be incurred in the pre-project phase which involves community education, community awareness, community preparation, it should be done. The programme should go at the speed at which the community can move. Over-enthusiastic planners, bureaucrats and functionaries desiring o fulfill targets within a time-frame may affect the processes of community participation adversely. Therefore, it is necessary that not only the community is educated and motivated but involved. Community contribution can generate a fountain spring of enthusiasm for cooperative effort and corporate action in the project area.

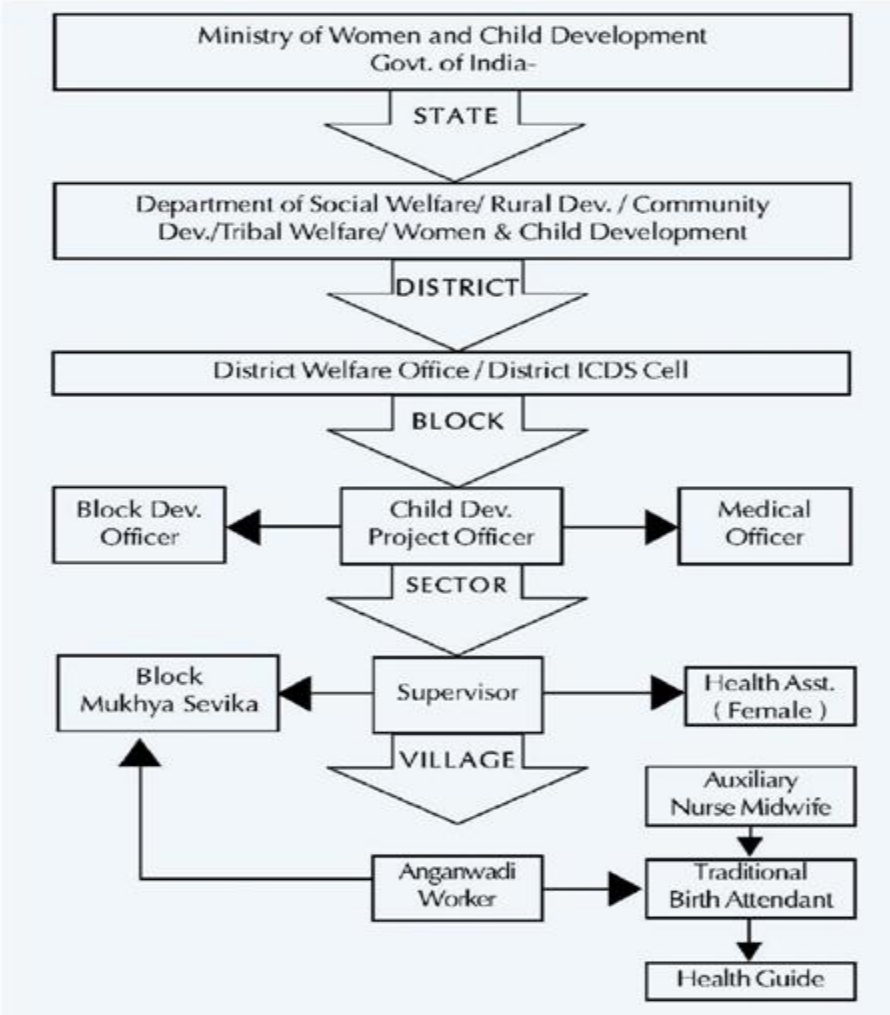

Fig 1: ICDS Projects (Administrative Chart)

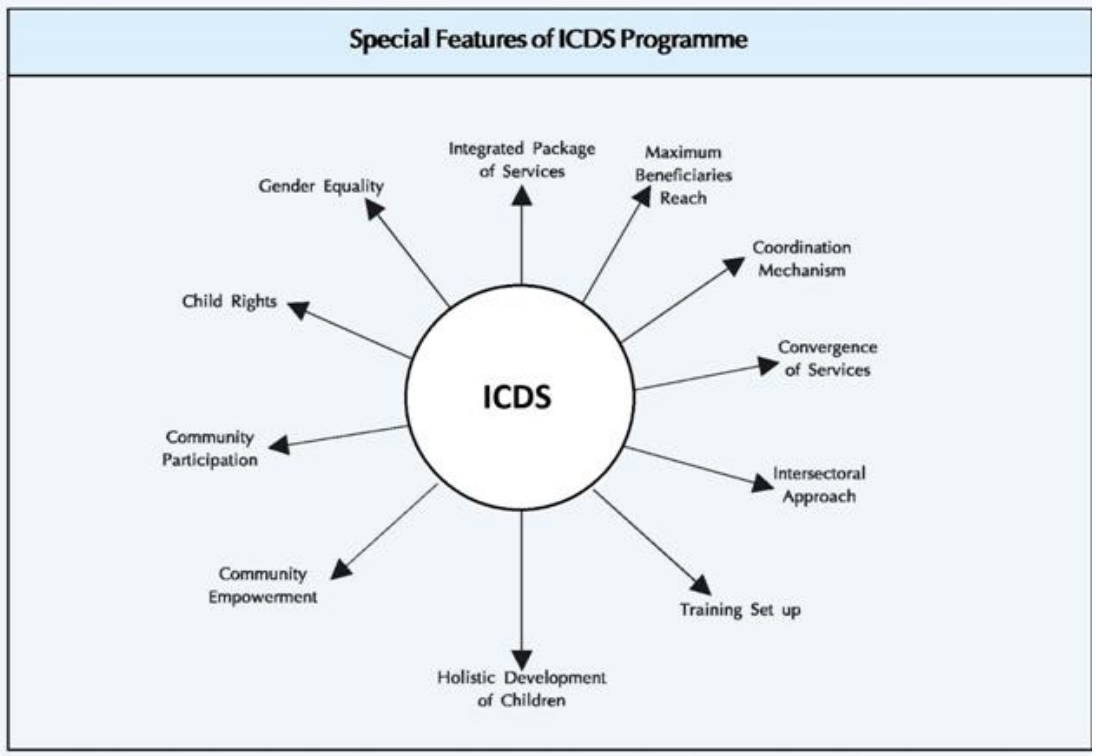

Fig 2: Special Features of ICDS Programme
Source: www.wcdorissa.gov.in/download/Final-1.0-f.pdf

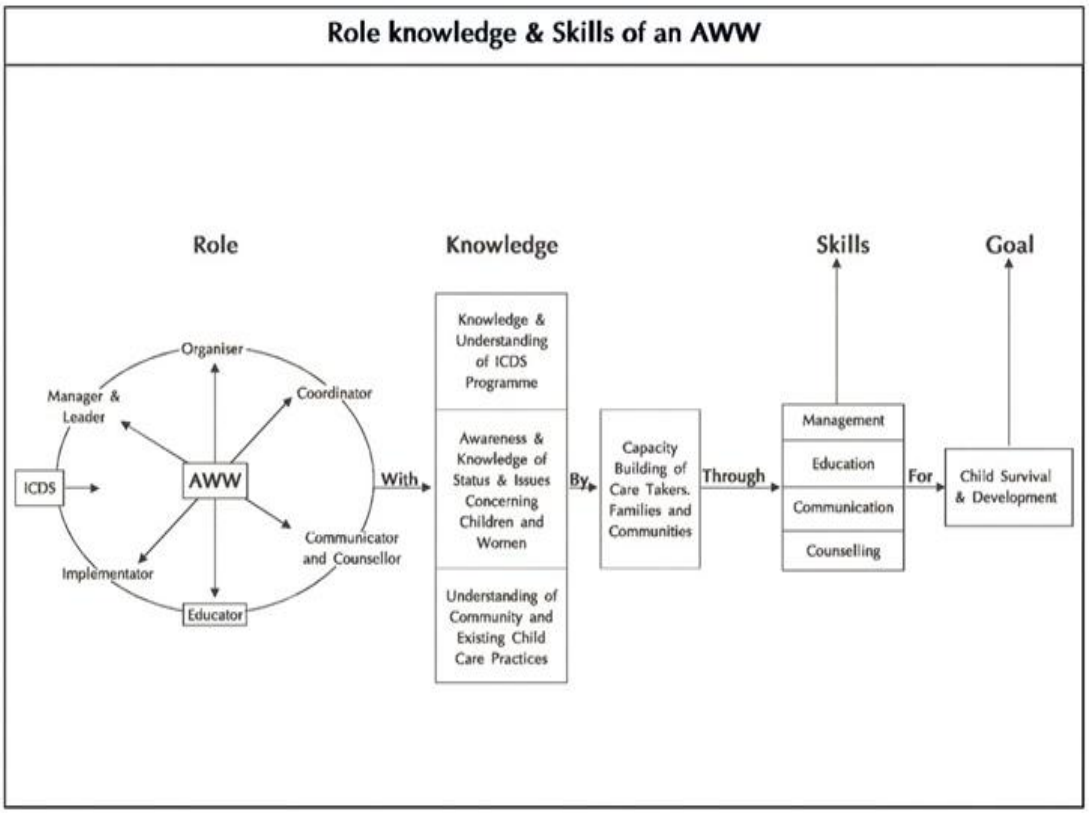

Fig 3: Role of Knowledge and Skills of an AWW

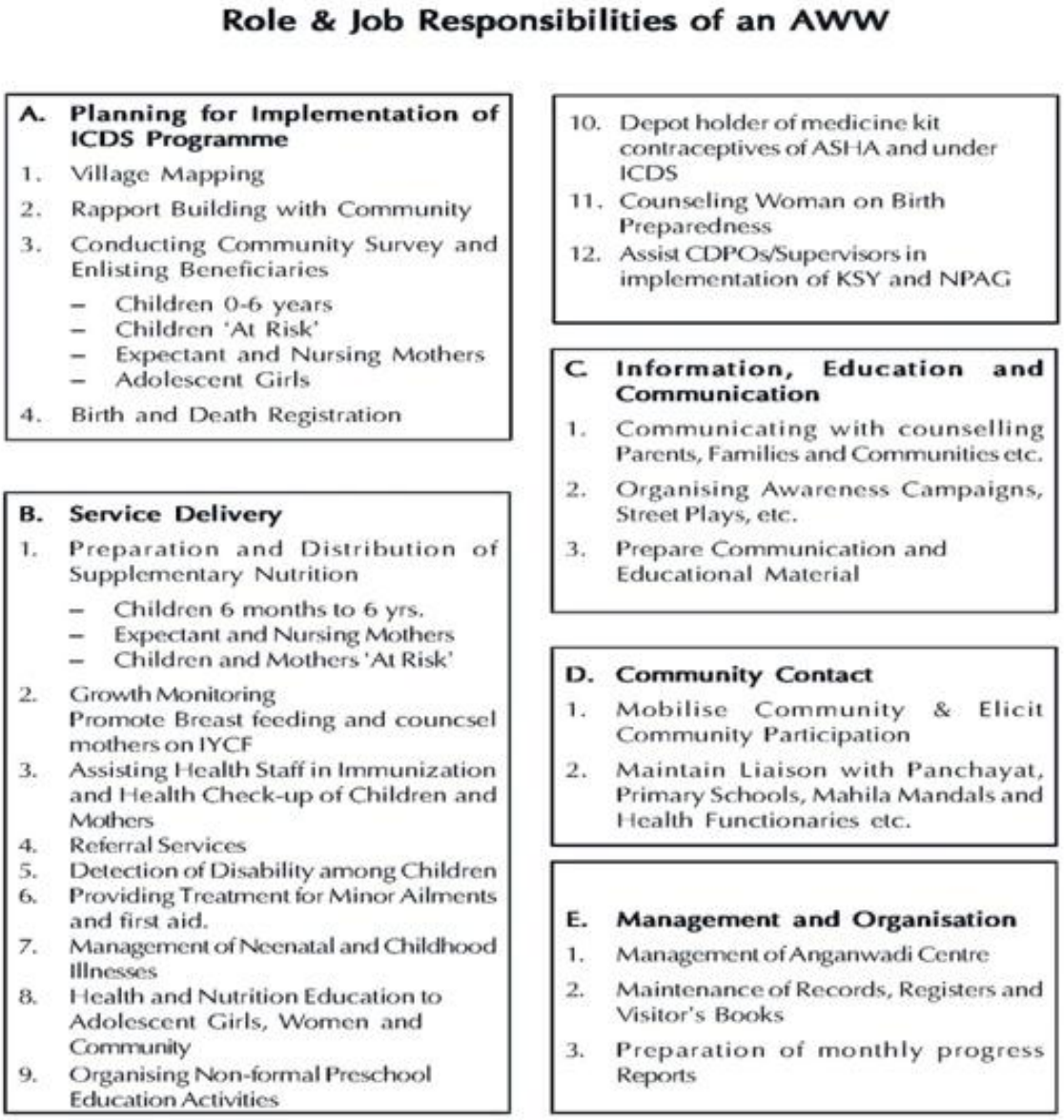

Fig 4: Role & Job Responsibilities of an AWW

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