PROBLEMS AND PROSPECTS OF IMPLEMENTING ICDS IN THE STATES OF TAMIL NADU AND ASSAM

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Abstract

Integrated Child Development Services (ICDS) Scheme was launched on 2nd October 1975 as a centrally sponsored scheme with a view to improve the health condition of Children and pregnant and lactating women. The researcher will make a comparative study of two states of India, namely Assam and Tamil Nadu on the performance and development of scheme in these states. The paper will study the facilities provided to the anganwadis workers and helpers in both the states. Taking leakages as one of the common practices of various schemes which prevents the scheme from proper implementation, the paper makes note on issues and concerns of ICDS to reach the Millennium Development Goal. The study will reveal the facts about the limitations of the states while performing this scheme. The researcher has planned to use basic statistical tools as a part of analysis. The objectives of the study are a) To analyse the performance of ICDS in Tamil Nadu and Assam in terms of existing Number of centres, appointing number of Anganwadis workers and its beneficiaries since 11th Plan till current year. b) To describe the constraints in delivering the health services in terms of nutritional coverage and pre-school services provided by the ICDS in both states of Tamil Nadu and Assam and c) To suggest suitable policy measures to overcome the issues in performing ICDS and its prospects in the selected study area.

Key Words: *Anganwadi Centres, ICDS, Nutrition, Malnutrition, Health*

Introduction

Poverty in India has been the biggest concern since independence. Implementing poverty alleviation programmes such as free education to poor, providing proper health care facilities, nutritious foods to the poor and developing the living condition through proper sanitation and infrastructure facility has helped India to reduce the rate of poverty to a large extent. However, these policies have failed to remove poverty from the grass-root level. Since India is one of the poor performer in terms of Human Development Index with 135th rank, high infant mortality and morbidity rate, and higher percentage of stunted, malnutrition and under-weight children born in India, the government of India has implemented Integrated child development service scheme with a view to improve the health condition of the child and expected mothers for proper delivery of the child.

Integrated Child Development Service (ICDS) was initiated on 2nd October 1975 under Ministry of Women and Child Development, Government of India for providing special health care in terms of health services and nutrition to children under the age group of 0-6

years and for pregnant and lactating women. The scheme is flagship programme which is worldwide popular as the largest and unique programme for the early childhood care and development. This scheme is aimed to improve the health condition of the children by providing nutritious cooked food to pre-primary school children during lunch hours. The scheme also provides medical facilities such as providing tablets for fighting against vitamin and iron deficiency aimed to reduce malnutrition. Pregnant and lactating women are also provided with cooked nutritious food and also by providing medical facilities necessary during pregnancy period focusing on reducing anaemic. The scheme also provides educational services regarding health care and hygiene by the appointed workers. The scheme has opened various Anganwadi Centres (AWC) under which several Anganwadi workers (AWW) and Anganwadi Helpers (AWH) are appointed for looking after the scheme ICDS has its own objectives. They are: a) to improve the nutritional and health status of the children in the age group of 0-6 years; b) to lay the foundation for proper psychological, physical and social development of the children; c) to reduce the incidence of mortality, morbidity, malnutrition and school drop-outs;) to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and to enhance the capability of the mother to look after the normal health and nutritional needs of the children through proper nutrition and health education.

ICDS has played an important role in the development of health of child and women in India. According to the World Bank Report 2015, Infant Mortality Rate (IMR) has been reducing since 2010. It also reveals that the rate has been reduced from 46 per 1000 life birth of child in 2010 to 39 per thousand life birth in 2014.In connection with Maternal Mortality Rate (MMR) was targeted to reduce from 220/1,00,000 lives to 190/1,00,000 during the corresponding period. The reduction of IMR and MMR is the result of the proper working of ICDS and other related schemes (World Bank, 2015). In India, there are currently 7075 ICDS projects sanctioned. Out of this, Tamil Nadu and Assam covers 434 and 223projects respectively (ICDS Report, 2015). During the ongoing Twelfth Five Year Plan, the Ministry of Women and Child Development have sanctioned a sum of 10,382 crores out of which 8,754 crores have been allocated to ICDS scheme. This allocation is nearly 3-fold of the amount sanctioned in the Eleventh Plan. Tamil Nadu's progress of health services through ICDS has been improving at an increasing rate (ICDS Report 2015). The provision of various facilities to the AWWs and AWHs has given a remarkable response in terms of enrolment into the scheme. Tamil Nadu government has provided all kind of facilities for its workers such as proper uniforms to the workers of the ICDS and also ensured pension and job guarantee. It also noted for the same report that the number of beneficiaries under the scheme has been increasing from 23 Lakhs in 2001 to 32 Lakhs in 2015. On the other hand, the allocation of sanctioned AWCs in Assam is almost half of sanctioned AWCs in Tamil

Nadu. The performance of ICDS in Assam is growing at a faster pace. The Supplementary Nutrition services provided has increased from nearly 10 Lakhs in 2001 to 40 Lakhs in 2015. ICDS has thus a positive impact on health in the two states (ICDS Report, 2015).

Significance of the study

ICDS has played an important role in improving the health status of the children and women in India at macro level. The current study will show us a micro analysis of two states namely Tamil Nadu and Assam which will explain about the existing scenario of the ICDS. In every state, the method of implementation of ICDS is different. The study will help to know about the steps taken by the Government of Tamil Nadu and Assam to implement the programme effectively. This will help to understand the drawbacks in implementation of ICDS in both states. Since each state is allocated certain number of sanctioned ICDS projects, the researcher would like to study about the variations in sanctioning the projects in the two states. In each projects, a certain number of Anganwadi Centres are opened and these centres engage particular number of Anganwadi Workers. It was found in different studies that large amount of vacancies still exist in the states. The researcher would like to know about the reasons behind the vacancies in the selected states. Political party plays an important role in the running of the scheme. Proper governance would result to reduction in leakages of fund to reach the Anganwadi centres and also prevents misuse of food supplies and medicines provided to AWCs for providing cooked food and medical facilities to the Children and Women. The researcher will find out the reason behind the leakages and deficits from the allocated funds.

Review of Literature

The researcher has given the earlier noted studies pertaining to the problem identified and are listed in this part. The report of Comptroller and Auditor General of India on Assam, 2014 reported that the performance of ICDS in Assam is poor. There has been massive leakages in providing funds to the AWCs. Moreover, the monthly salary that needs to be allocated to the Anganwadi Workers should be a minimum of 1000 per month. It was also found that these workers are paid an amount of 900 per month. Moreover, the report also mentioned that large number of Anganwadi Centres are not operational even though it was reported functioning without any barriers. There were many primary schools who have marked present for the children in spite of the children being absent in order to gain funds from the government.

Anuradha (2006), in her study entitled “Tamil Nadu: ICDS with a Difference” reveals that the ICDS in Tamil Nadu gives away highlighted facts about the various practices used by the government which has resulted towards the successful implementation of the programme. The author pointed out that there are six factors behind the success the story

of ICDS. Firstly, politically exerted pressure from above has forced Tamil Nadu to perform well. Secondly, since the programme is popularised, there is a pressure from the below resulting difficulty in closing the Anganwadi centre without immediate enquiry. Third, with pressure from below, it has led to retention of political will over time. Fourth, visible public feeding centres, the workers are forced to open the centres throughout. Fifth, near universalisation contributed to de-facto child rights to nutrition. Sixth, Near-universalisation resulted to other positive achievements such as ready 6 years old child for school and social equity.

Dorothy and Reddy, 2010 their study on Health status of children in North Eastern states of India explains about the health aspects about the children in northeast in contrast to all India comparison. The author showed the history of immunisation practices made by the Government of India on the form the time of independence till today. The study is based on the National Family Health Survey-2 and National family Health Survey-3. The author says that the health status of Children in India is characterised by High infant and under six mortality rate, under-nutrition and malnutrition. The infant mortality rate (IMR) and under five Mortality rate has been used as measures of children's wellbeing for many years. However, in India, the declinations of these factors are very slow along with widespread infant and child malnutrition and slow progress in complete immunisation. In the 11th Five Year Plan, document of North East Council, it was highlighted that inadequate health facilities in the states is one of the impediments which needed an additional thrust. Also, the North Eastern States also faces problem such as inadequate water supply, insufficient infrastructure facility and low manpower which has resulted to poor health care delivery system. The study explains that apart from Assam, the other North Eastern states are better off in terms of the health status of Neo-natal. Meghalaya is performing better than any other North Eastern states in terms of neo-natal and malnutrition. The study also reveals that in terms of immunisation, where all India is not able to perform well, other states of North East, except that of Assam, Arunachal Pradesh and Meghalaya, the remaining states are performing well. It author states that most of the death is caused by diseases which can be prevented by providing vaccination such as pneumonia, measles and neo-natal tetanus, diphtheria, whooping cough, and tetanus. Stunted, wasted and underweight are highest in North East as compared to India. There has been reduction in these three factors in Assam from 50 per cent in Stunted in the NFHS2 to 35 per cent in NFHS-3. There has been increase in malnutrition in Assam from 36 per cent to 40 per cent in NFHS-2 and NFSH 3 respectively. Children with Anemia is highest in Assam with 69.6 per cent followed by Meghalaya. The author has put emphasis by saying that in terms of breast feeding, the North-eastern states are performing well that other states in India.

Shiva Kumar, A.K., (2007) explains about the reasons behind the slow improvement in malnutrition. The author has studied has done the research based on the NFHS-3 by taking the three measurements of child health namely, Undernutrition, Stunted and Wasting. The measurement of child health is done by using standard deviation units (z-scores) from median for international reference population. Those children who are more than two standard deviation below the reference period of median on any indices are considered to be undernourished, children more than three standard deviation below the reference period is considered to be severely undernourished. The report says that malnutrition among the children, stunting and wasting are higher in rural areas than urban areas. Immunisation for children has reached only 44 per cent of the children between 12-23 months. Even after spreading awareness about breastfeeding for improving the health of children, the awareness have reached only 23 per cent of children under three years were breastfed within one hour of birth and less than half the babies with 46 per cent aged 0-5 months were exclusively breastfed. The data from NFSH 3 reveals only 26 per cent were diarrhoea were given Oral Rehydration Solution salt (ORS) and barely two third (64 per cent) of children were suffering from acute respiratory infection of fever were taken to the health care services. The author revealed that the proportion of stunted was lowest in Kerala and Tamil Nadu and highest in Gujrat and Bihar. The extent of wasting in children were minimal in Punjab, Andhra Pradesh and Assam and maximum in Bihar, Jharkhand and Madhya Pradesh. Tamil Nadu has lowest proportion of Under-weight. The author has categorised the paper into two categories namely high performing states and poor performing states. The author analysed the performance of these two states and found out that it is not necessary for the poor performing states to have high rate in all the factors. In between 1989-2006, on one hand, the proportion of Stunt has reduced in all the states, except Karnataka, and on the other hand, child malnutrition in proportion of underweight has worsen in seven states namely Gujrat, Kerala, Bihar, Jharkhand, Assam, Madhya Pradesh and Haryana. These poor performing states, like Assam and Bihar have relatively larger reduction in the proportion of the poor. Also, among the poor performers, states such as Assam and Haryana have relatively low Infant Mortality Rate. In the set of good performers are Jammu and Kashmir, Orissa and Chhattisgarh, it was found that they have a poor literacy rate than the poor performers such as Assam and Haryana where female literacy rate is much higher. To conclude, the author explained that poor performance in rural areas are resulted due to insufficient fund and allocation of proper infrastructure and manpower. Malnutrition is the result of unavailability of proper child care services in the poor performing set of states.

Objectives

1. To analyse the existing available facilities of ICDS in terms of number of centres, appointing number of Anganwadis workersand performance in terms of its beneficiaries under ICDS in Tamil Nadu and Assam since 11th Plan till current year.

2. To describe the constrains in delivering the health services in terms of nutritional coverage and pre-school services provided by the ICDS in both states of Tamil Nadu and Assam
3. To suggest suitable policy measures to overcome the issues in performing ICDS in the selected study area of the selected states

Methodology

This paper basically depends on the secondary sources of data which are collected from the reports of Ministry of Women and Child Development, Government of India. The researchers have conducted the study under the time frame of from Eleventh Five Year plan to the current year. The study comprised of Geographical analysis as the researchers will have a comparative study in two states namely Tamil Nadu and Assam. The researchers have used appropriate statistical tools to study the performance of ICDS in both the states. Cumulative frequency method have been used in order to find out the rate of increase in the sanctioning of ICDS projects and the related variables. The researchers have analysed the variables related to ICDS such as number of Anganwadi centres, Appointment of Anganwadi workers in both the states, provision of nutritional foods by the Anganwadi workers to the children and pregnant women during the time frame of 2007 to 2015. The paper also described the various constrains in delivering the services and reasons behind the variation in performance on the two states.

Table 1

Number of Operational ICDS Programmes in Tamil Nadu and Assam

Year	No. of sanctioned ICDS			Tamil Nadu			Assam		
	INDIA	Tamil Nadu	Assam	Target under TPP-86	Reporting	Interrupted	Target under TPP-86	Reporting	Interrupted
2007	6284	434	223	434	434	0	214	196	29
2008	5671	434	223	434	434	0	223	223	205
2009	7073	434	228	434	434	0	223	223	79
2010	7012	434	231	434	434	0	223	223	65
2011	7015	434	231	434	434	-	223	223	-
2012	7075	434	231	434	434	-	223	223	-
2013	7075	434	231	434	434	0	231	230	95
2014	7075	434	231	434	434	0	231	230	39
2015	7075	434	231	434	434	0	231	230	-

Source: ICDS Report (2007-15), Ministry of Women and Child Development

The above table reveals about the total number of ICDS programmes operating in India, Tamil Nadu and Assam. It was found that where Tamil Nadu had no political interruption, Assam had political interruption which was a high as 205 projects in the year 2008. Assam's interruption persist almost every year during the data period. Tamil Nadu has performed extremely well during the time frame with no interruption and 100 per cent reporting from all sanctioned projects. In Assam during 2007, only 196 projects were reporting and the remaining were interrupted due to political problems.

Table 2
No. of Operational Anganwadis Centres in Tamil Nadu and Assam

Year	No. of Sanctioned ICDS Projects			No. of AWC sanctioned in India	NO. of AWC added every year	Tamil Nadu			Assam		
	INDIA	Tamil Nadu	Assam			Sanctioned	Operational	Reporting	Sanctioned	Operational	Reporting
2007	6284	434	223	908414	-	45116	45116	45726	30743	30743	25447
2008	5671	434	223	1089467	181053	50433	47365	47265	37082	37082	36849
2009	7073	434	228	1356027	266560	54439	50939	50433	59695	36849	34564
2010	7012	434	231	1366624	10597	54439	54439	50433	62153	52275	35986
2011	7015	434	231	1366776	152	54439	54439	54439	62153	55642	55642
2012	7075	434	231	1370718	3942	55020	54439	54439	62153	57656	57656
2013	7075	434	231	1373349	2631	54542	54439	54439	62153	62153	57367
2014	7075	434	231	1374935	1586	55542	54439	54439	62153	62153	60906
2015	7075	434	231	1400000	25065	54439	54439	54439	62153	62153	60906

Source: ICDS Report (2007-15), Ministry of Women and Child Development

The above table explains about the Total number of Anganwadi centres (AWC) sanctioned every year. In India, there were overall 1400000 AWC sanctioned out of which Tamil Nadu carries 54439 and Assam carries 62153 AWCs. In 2007, Tamil Nadu was reporting more than the total sanctioned AWCs. 100 per cent achievement was recorded in 2015. Assam, on the other hand is not able to achieve 100 per cent. Even though Assam is operating all the sanctioned AWCS, but the reporting is always less than operating and sanctioned AWCs. Tamil Nadu's operational and reporting AWCs were 100 percent from

2011 onwards. When the researcher found out the cumulative frequency of AWCs sanctioned in India, it was found that during 2011, only 152 AWCs were added to the existing number previously sanctioned. However, in 2015, the total numbers of AWCs added were as many as 25065 numbers.

Table 3 Details about Age Wise Beneficiaries of Supplementary Nutrition Project under ICDS in Tamil Nadu and Assam between 2007 and 2015

YEAR	INDIA	No. of Service Supplementary Nutrition Project Beneficiaries													
		Tamil Nadu							Assam						
		0-3 years	3-6 Years	Total Children	Average per AW	Mother total	Average per AW	Total Children and mother	0-3 years	3-6 years	Total Children	Avg. per AWW	Mother total	Average per AW	Total Children and mother
2007	70543419	668507	1193698	1862205	40.73	522741	11.43	2384946	533418	380951	914369	-	116735	59.02	1031104
2008	84326815	975571	1195794	2171365	43.05	530114	10.51	2701479	152525	166631	319156	-	654502	18.30	3846071
2009	97343813	1177228	1121574	2298802	45.58	522996	10.37	2821798	104404	117407	221812	-	492796	62.43	2710918
2010	88434952	1201266	1127815	2329081	42.78	537477	9.87	2866558	887251	103930	192655	-	435411	42.69	2361967
2011	36622551	1308190	1138831	2447021		536565		2983586	120674	132958	253633	-	528881		3065212
2012	35821706	1602832	1123973	2726805		338180		1123974	151209	173161	324371		647700		3891441
2013	95612264	1697196	763953	2461149	45.21	674329	12.39	3135478	101540	119559	221100	70.50	400115	12.76	2611117
2014	104508817	1741727	699610	2441337	44.85	688683	12.65	3130020	131283	169205	331088	57.94	691237	12.10	4002122
2015	102233029	1750851	701289	2452140	45.04	670337	12.31	3122477	161283	169805	331088	57.94	691237	12.10	4002122

Source: ICDS Report (2007-15), Ministry of Women and Child Development

The table shows the number of supplementary nutrition project beneficiaries in context of India, Tamil Nadu and Assam. The Supplementary Nutrition programme has three categories namely age group of 6 months to 3 years, 3-6 years, and pregnant mothers. It is remarkable that nearly 10 crores targets are benefited from the programme. In Tamil Nadu, a total of 6.7 lakhs children and women are benefited in 2015 and Assam with total beneficiaries of 40 Lakhs. The table reveals that total average children benefited from the programme in Assam is more than Tamil Nadu. The average per anganswadis worker serving women in both the state is almost same in both the states. The highest beneficiary of cooked food and health support for mother was reported in 2009 by Assam with an average

of 62 women served by each Anganwadi worker. The correlation between total beneficiary in India and Tamil Nadu and Assam is positively related with +0.667. It infers that there is a direct relationship between increase in the total beneficiaries in India and in Tamil Nadu and Assam.

Table 4
Details of Pre-School Education Beneficiaries in Tamil Nadu and Assam in Comparison to all India Level

YEAR	INDIA	No. of AWC providing PSE		Service Pre-School Education											
				Tamil Nadu						Assam					
		Tamil Nadu	Assam	Boys	Average Per AW	Girls	Average per AW	Total	Average Per AW	Boys	Average Per AW	Girls	Average per AW	Total	Average per AW
2007	3008146	45726	24446	605429	13.24	588269	12.87	1193698	26.11	431739	17.66	418851	17.31	850590	34.79
2008	3391087	50433	34793	604502	11.99	591292	11.72	1195794	23.71	635976	18.28	636453	18.29	1272429	36.57
2009	3406022	50433	34145	571051	11.32	550523	10.92	1121574	22.24	704562	20.63	654678	19.17	1359241	39.61
2010	3549358	54439	34439	568336	10.44	559479	10.28	1127815	20.72	729454	19.33	712825	18.89	1442279	38.22
2011	3662255	54439	55642	575231	-	563600		1138831	-	833252	-	813992	-	1647244	-
2012	3582170	55020	62153	572158	-	551816		1123974	-	870817	-	861888	-	1732705	-
2013	3532903	54439	40656	595912	10.95	574469	10.55	1170381	21.50	612120	15.06	602280	14.81	1214400	29.87
2014	3707098	54439	76131	560692	10.30	549456	9.98	1104148	20.28	909118	11.94	892323	11.72	1801441	23.66
2015	3654399	54439	57141	563710	10.35	544638	10.00	1108348	20.36	909118	15.91	892323	15.62	1801441	31.53

Source: ICDS Report (2007-15), Ministry of Women and Child Development

The above table explains on the Pre-school Education services in India, Tamil Nadu and Assam. In 2007, India had only 30 lakh AWC providing service in Pre-School Education. This has increased to almost 10 fold by 2015 to 3.6 Crores. This contribution was made by both Tamil Nadu and Assam with a share of 11 Lakhs and 18 Lakhs respectively. It is to be

noted that Assam's performance in this category is better than Tamil Nadu. There are altogether 54439 centres in Tamil Nadu and 57141 centres in Assam providing Pre-School Education Services. It should also be noted that average boys per Anganwadi Workers served in Tamil Nadu is 13.34 and in Assam is 17.66 which is a vast difference. On the other hand, around 12.86 girls are served under Tamil Nadu and 17.31 girl child are served in Assam. The co- efficient of variation with respect to total number of Pre-School beneficiaries in Tamil Nadu and Assam is 32.9 per cent and on the other hand, the co-efficient of variation of Pre-School Education beneficiaries of Assam and Tamil Nadu is 24.3 per cent. This implies that the performance of Assam under Pre-school education beneficiaries is better than that of Tamil Nadu as the beneficiaries in Assam has less variation in comparison to Tamil Nadu.

Table 5
Details of Anganwadi Workers in Tamil Nadu and Assam

Year	No. of Sanctioned ICDS Projects			No. of AWW sanctioned in India	Tamil Nadu			Assam		
	INDIA	Tamil Nadu	Assam		Sanctioned	In Position	Vacant	Sanctioned	In Position	Vacant
2007	6284	434	223	1052638	47265	43946	1789	37082	24443	7632
2008	5671	434	223	1052638	52265	45086	2179	37082	36849	233
2009	7073	434	228	1356027	54436	46225	8214	59695	36849	22846
2010	7012	434	231	1356027	54439	45722	8717	59695	52280	7415
2011	7015	434	231	1366776	54439	48138	6301	62153	55642	6511
2012	7075	434	231	1370718	55020	47091	929	62153	57656	5497
2013	7075	434	231	1373349	55542	47531	8011	62153	58118	4035
2014	7075	434	231	1374935	55542	46557	7882	62153	62153	0
2015	7075	434	231	1400000	54439	44037	10402	62153	62153	0

Source: ICDS Report (2007-15), Ministry of Women and Child Development

The above table shows the total number of Anganwadi workers sanctioned by the Government of India in Tamil Nadu and Assam. The scheme is providing employment to nearly 14 Lakh workers. Vacancies in this area will prevent the country from implementing the scheme properly. In Tamil Nadu, the vacancy in AWW is increasing in comparison to 2007 by 7174 in 2015. In 2007, there was employment vacancy of only 1789. However in the year 2009, there was a sharp increase in vacancy with 8214 vacant positions. Even though 2014 showed a fall in the number of vacancy,in 2015, the vacant position under this category was again rose to 10,402. Similarly in Assam, on the other hand, had vacancy as low as 233 in the year 2008. However, the report reveals that the next year had vacancy for

Anganwadi workers up to almost 23,000. The reason behind the huge vacancy in 2009 is because during this year, total number of sanctioned Anganwadi centres and Mini-Anganwadi workers was risen to 59700. Nevertheless, after employing a huge number of people under this category, the vacancy fell to 7415 numbers. In 2015, the report says that 100 per cent employment was prevailing in the state of Assam.

Suggestions

From the above discussion, the researchers suggest that there should be increase in the number of Anganwadi Centres in Assam to reach the health services extended by ICDS in every corners of Assam. Tamil Nadu is performing well but the beneficiaries under the category of Supplementary Nutrition Programme and Pre-School Beneficiary programme under the scheme should be increased. In order to reduce the interruption in the performance of the ICDS scheme, the researchers strongly suggest that intervention of politicians should be strictly kept away from the ICDS practices in the state of Assam. In order to strengthening the monitoring mechanism of ICDS, the existing system must be constantly inspected by the governing bodies. There must be proper training to the Anganwadi workers in both the states which facilitate to improve the performance of health services under the scheme. The government should initiate the steps towards the inclusive of all under-privileged sections of the society including tribal in hilly regions whom of them are excluded so far under the coverage of the ICDS scheme and thereby the benefits are divided equally in both the states of Tamil Nadu and Assam.

Conclusion

To conclude, with a view to improve the health condition of children and women, India has taken several steps which led to development of the health condition. Tamil Nadu has performed well in various aspects in comparison to Assam. In Tamil Nadu, due to less interruption from the politician side. The performance of ICDS in both the states deserve to get appreciation in overall by its evaluation. However, the state of Tamil Nadu as it is in the remarkable place in the case of providing health care services, it needs to enhance the number of beneficiaries under the ICDS schemes exclusively in order to retain the first rank among the states of India. Assam, on the other hand, needs to improve the performance by avoiding interruption by the politicians. If Assam can increase the number of Anganwadi Centres, there will be a large number of uncovered people who lacks in getting proper care, they can be included under its wings. This will help to improve the health status of the people in general and women and child in particular in both states of Tamil Nadu and Assam in the performance of the ICDS scheme.

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