MAJOR FINDINGS, SUGGESTIONS AND CONCLUSION
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In the preceding chapter, introduction of the problems, related literature, developmental perspective of ICDS, methodology of the study, analysis and interpretation of the study were discussed. On the basis of the result obtained from the analysis as described in the preceding chapter the present chapter has been devoted to the major findings of the study. Following are the major findings of the present study organised on the lines of the objectives:

Findings on Implementation:

1. As stated in the page No. 137, the staff position in sampled projects was satisfactory.

2. The percentage of job training in case of CDPOs was 100. But in case of supervisors the percentage was 62.74 in sampled projects. Similarly, it was 65.55 and 48.57 percent respectively in case of AWWs and helpers. (Page No. 138)

3. CDPO's visit to AWCs was below norm as it was only 9.61 percent. The reasons for below norm visit to AWCs as reported by the CDPOs are - inadequate transport facilities, holding additional charge of the district level (since in newly created BTAD area the ICDS programme...
officials are yet to be appointed and organized) non accessibilities of AWCs, burden of administrative works, social problems of BTAD etc.

4. CDPO’s support to AWWs was only administrative. A small number of CDPOs provided demonstration, discussions, suggestion regarding problems and implementation of early-childhood care and development activities.

5. As mentioned in the page No. 140, the major problems faced by the CDPOs in the implementation of the programme are - Inadequate training of functionaries particularly AWWs, Lack of community’s involvement, More administrative work, Political interference, Non-accessibility of AWC, Irregular supply of different materials, Social problems of BTAD, ε₁ε.

Moreover, the problems related to ECCE are - Lack of supervision. Lack of guidance, Irregular supply of teaching materials and food items, Inadequate as well as lack of job-training and also refresher training of AWWs, Non-utilization of services, Lack of awareness of the guardians, Lack of motivation and skills of AWWs etc.

6. In newly created BTAD areas the AWCs are yet to be reorganised. 40 percent supervisors are looking after more than 25 AWCs each of them for which they are not able to fulfil the prescribed norms of supervision. The general problems faced by the supervisors are- Non-availability of transport facilities, Lack of skills of AWWs, Non-
Accessibility of AWCs, Lack of accommodation, Topographical unique nature of the tribal areas, Social problems of BTAD, etc.

Moreover, the problems related to ECCE are - Lack of training of AWWs, Inadequate training of AWWs and helpers, Lack of interest of guardians, Irregular supply of food materials, Inattractive environment of the AWCs, Language problems, Lack of skills and motivation of AWWs, Under educational qualification of AWW.

7. AWWs received assistance from ANM, ASHAKARMI in health check-up, immunization and referral services but less coordination in other activities was found.

8. In the page No. 143 it was mentioned that Anganwadi centres are the only child-care and education centre in the locality. At the Anganwadi centres level, the AWWs received support services from primary schools. Only 23 medical sub-centres are co-ordinating the AWCs. The study also revealed the poor ECCE service in the remote areas of BTAD.

The supervisors felt the need of job and refresher training for AWWs and helpers to improve the quality of ECCE component of ICDS. Moreover, they pleaded for improvement of their service condition.

From the analysis of data regarding implementation of ICDS Programme in BTAD, it was learnt that though staff position in BTAD was satisfactory but training facilities for functionaries were not adequate. Due to various reasons CDPO's and Supervisor's visit to AWC was below
norm. CDPO's support to AWW was only administrative, less coordination was in all health service activities. In BTAD areas the AWCs are not well organized. The study also reveals the poor ECCE service and lack of support services at the AWC level in the remote areas of BTAD. All these show that the ICDS programme implemented in Assam particularly in different pockets of BTAD have not been able to maintain its goal properly. Hence, the assumption 'The ICDS Programme implemented in Assam, particularly in different pockets of BTAD have been able to maintain its goal properly' is not true (1).

**Findings on Beneficiaries:**

9. Beneficiaries were selected in line with the guidelines prescribed in ICDS programme for selection of beneficiaries. About (90%) of the beneficiaries were from below poverty line. They were marginal and landless labours, agriculture labours. A large majority (90%) of the beneficiaries were belonged to Bodo Tribe and 10 percent non-tribal community.

10. As stated in the page No. 147, the AWWs/beneficiaries evaluated the attainment of the AWCs in terms of services in the following way -

1. Health - Poor (90%)  
2. Nutrition - Very poor (100%)  
3. ECCE - Average (85%)  
4. Convergence
   i) Drinking water - poor (85%)  
   ii) Env. Sanitation - poor (85%)  
   iii) Women empowerment - poor (85%)  
   iv) Non-formal Edu.-Very poor (90%)
Findings on nutrition component (SNP, growth monitoring and NHED)

11. Coverage of the target population for supplementary nutrition was adequate. There was shortfall of pregnant women and nursing mothers.

12. Supplementary food was not distributed in the month. As reported by the beneficiaries, AWWs, it was disrupted for year and more than two years in some AWCs. As stated by the functionaries the problems related to supplementary food were- Irregular supply of food materials, Poor quality of food items, Non-availability of fuel. Children taking food home, Community interference, Corruption. Mis-management and also misuse of the food items.

13. In the table No. 5.5, page No. 153, more than 50 percent children were suffering from malnutrition. The percentage of normal children was 49.41, Grade-I 34.41, Grade-II 15.44 and Grade-III 0.73. There was no Grade IV malnourished children.

14. All the AWWs were not able to monitor the growth of children due to non-availability of growth charts, lack of skills in filling growth charts, weighing scales not in working conditions (incase of 58% AWCs), growth monitoring facilities were not available at the AWCs.

15. A participatory approach in planning NHED with the family seemed extremely lacking through home visit.

16. The main problems of NHED are - Non-utilisation of this component
by the target group and lack of follow up of these targeted beneficiaries, Non-involvement of health functionaries in NHED. Lack of teaching aids and lack of funds for nutrition demonstration. Belief in traditional health-practitioner and superstitions in treatment of children.

**Findings on Health Component (Health check-up, immunization, referral Services):**

17. Health check-up was recorded to be not carried out systematically and consistently in all sampled projects.

18. Health check-up were done mostly at the health centre and the AWWs had maintained Register. Health check-up was not being done in all the sampled projects.

19. Medicine kit had not been supplied since long back.

20. Steps had not been taken to diagnose 'at risk' mother and children by the health staff and AWWs. In health check up and immunization services coverage was not satisfactory.

21. Proper health services could not be provided to the beneficiaries due to the reasons such as distance of the AWC from AWWs head-quarter, inaccessibility of AWC throughout the entire year, limited timings of AWW, lack of coordination between CDPO and MO, believe in traditional medicine, superstitions, lack of facilities at the AWC etc.

22. According to the AWWs health check-up facilities at the AWCs are
inadequate. Immunization status of children (below 1 year) for BCG found to be 7.13%, DPT (three doses) 24.03%, Polio (three doses) 17.37% and Measles 0.73% as stated in the Page No. 161.

23. Immunization status of children, (1-3 years) for DPT Booster found to be 2.18%, Polio Booster 2.59%. (Page No. 161)

24. Only 29.26% pregnant women were immunized (below norm). (Page No. 162)

25. As reported by AWWs the reason for below norm of immunization are, – not aware about the need of immunization, immunization facilities are not available and so on.

26. Only limited instances were recorded when the AWW referred the child to the PHC for deeper treatment.

27. Problem areas in health services as stated by the AWWs are- Hospital far-off, Transport facilities not available, Medicines not available. Non-availabilities of medical staff, Absence of follow-up activities. Parents had no time for the activities, Lack of awareness about the referral service ; : ;. Traditional beliefs, etc.

Findings on ECCE component:

28. Only a small percentage (17.85) of AWCs were found to be functioning from their own buildings.

29. As stated in the page No. 169, only 60.71 percent of AWCs were found to be housed in pucca/ buildings (25 Govt. house 60 primary school)
30. More than half of the AWCs were reported of having adequate indoor and out-door space for different activities.

31. Storing facilities in the AWCs were not available.

32. Toilet facilities were not available in 130 (92.85) AWCs.

33. 82 percent AWCs were considered in safe environment, but rests were situated near rivers, ponds, crops field and forest areas of the BTAD.

34. Only 32 AWCs (22.85%) had drinking water facilities.

35. Almost 80 percent AWCs were equipped with basic equipments of the AWC.

36. The AWCs were not found to be equipped enough to cater under-threes.

37. Most of the AWCs were found to be lack of teaching aids like charts, toys, black-boards, and also natural teaching materials.

38. 90 percent of the AWCs were equipped with play materials to some extent but inadequately furnished.

39. The AWWs reported that they conducted ECE activities for 21 days. But the beneficiaries, guardian, community members reported that at best 15 days in a month due to some "Bandha"

40. AWWs conducted classes normally from 7 A.M to 10.00 A.M. But it was found that 75 percent AWWs did not follow the time-table.

41. As reported by the AWWs although AWCs operated at appointed hours but majority of children arrived closer to time of distributing supplementary food when it was available.
42. ECE activities found to be organised only about 40-45 minutes prior to distribution of supplementary nutritions.

43. As reported by the AWWs they "sometimes" used teaching materials.

44. It was found that daily functioning of AWCs was depended on the availability of food supplements.

45. As reported by AWWs they spend 1-2 hours daily in delivering daily activities that included ECE activities, distribution of supplementary nutrition, maintaining record and registers and undertaking home-visits.

46. Enrolment of children for ECE was found to be satisfactory with a total enrolment rate of around 70.35 percent children out of the total population of 3-6 years children. Children of both sexes were found to be registered with a little difference for ECE. (Page No. 174)

47. Children in the age-group of 3-6 years in Anganwadi area 40.73% had registered and 33.5 percent were availing the ECE activities as per office record. But from the enquiry it was found that number of children availing the ECE were less than 33.35 percent. The attendance in the centre was not up to the mark as per guidelines.

48. Only 50% AWWs conducted, activities for physical, cognitive and language, psycho-societal development.

49. The ECE activities did not include a balance of activities for all aspects of development as well as balance between individual and group activities, indoor and out-door activities, vigorous and quite activities and guided by free activity.

(216)
50. Activities for language, emotional, creativity and aesthetic development of children were either absent or inadequate. Moreover, it was not in accordance with the child's stages of development, interests and needs. The AWWs encouraged traditional play and games suited to the local culture. Hyding duster, play with small rocks (Lach Khel) Sound signal, Ludo, Kerom etc. were the common in-door games and kut-kut, train-train, Hyding handkerchief, Bampani, Utha-Boha. Music chair etc. were the out-door games which the AWWs arranged at the AWC.

51. Activities for cognitive, language development included - touching rock and cotton, smelling different flowers, taste of locally available fruits, hearing and identify voice of birds which were very limited.

52. Bagrumba (Bodo folk dance), Ranglini Phol (Rang khelalibalia jao). Megunibari (Pachalir Bagicha), Se, Nui, Them (Ak- Dui,Tini) etc. were the action songs perform by the children. Similarly group games were - Kapalao Gaonai Khela , Dai- Bairi (Bam-pani), How Gudu (Kabadi), Doi bur khur nai (Tekeli Bhanga), Mauji Are Anjor (Nigni Ari Mekuri Khela) etc.

53. A small percent AWW (42.85) emphasised on activities for basic cognitive development.

54. Only 10 AWCs (7.14%) arranged nature walk.

55. Celebration of national days, children days were missing from the AWC's activities.
56. Less importance was given on individual activities.
57. No AWC maintained any record of developmental history, habits and interests, teachers' assessment and health of children.
58. AWCs in BTAD area were also not well equipped with educational materials, play materials and furniture. More numbers blocks, counting beads were necessary.
59. Only trained AWWs used teacher made teaching materials minimally.
60. Activities of AWCs depended mainly on traditional methods of teaching. These were look and say, questions and answers, narration, discussion, demonstration, observation, practical experiences. Only 20% AWWs encouraged the child to use natural items like water, sand, leaves, flowers seeds, folk toys and dramatisation.
61. Limited waste materials were collected by the AWWs for the teaching and 50 percent used readymade teaching materials.
62. As stated by AWW they tried to avoid physical punishment and instead of this they pointed out their mistakes through story telling related to effect of good and bad deeds.
63. The AWWs evaluated the child's growth and development through observing the various activities performed by them at the AWC. The AWW evaluated children's readiness of primary education by recognizing different shapes, forms, sounds, arranging the things in ascending and descending order etc. and at the age of 6 years they left the AWCs.
64. 94 AWWs faced language problems in imparting ECE as their medium of instruction was Bodo. So, they suggested for separate AWC for non-Bodo children.

65. No regular trend was found in case of home-work given to children. Sometimes, they only asked to collect some natural things and waste materials and to bring these to AWC.

The finding on organization of different components of ICDS programme and particularly ECCE showed that poor infrastructure of AWC, irregular supply of food materials, teaching materials, play materials, lack of scientific teaching methods, language problem, mismanagement of various ECE activities made the AWC inattractive for children. As a result, attendance at the AWC was not satisfactory. It showed that organizational structure of ECCE of ICDS was not adequate. Therefore, the assumption (2) in the study 'Present structure of ECCE component of ICDS is adequate' is not true.

Findings on role of Anganwadi Workers (AWWs):

66. AWWs performed initial activities, periodical activities and daily activities. The role of helper in running the AWC was significant.

67. As stated earlier in page No. 192, 75% AWWs were matriculate and above. Average age group of the sampled AWWs were 35 years.

68. About 68% AWWs were Bodo and the rest were non-tribal.

69. 110 AWWs were trained at various AWTCs of Assam for minimum
45 days and above. Some AWWs also trained at different training centres run by various NGOs for less than 45 days. As reported by the AWWs, they were benefited by the training but training for less than 45 days run by NGOs were not adequate and sufficient to run the AWC.

70. Normally, 85.7% AWWs spend 1 - 2 hours in ECE activities in record. 110 AWWs (78.5%) spend \( \frac{1}{2} - 1 \) hours in feeding. 57.14% spend below 1 hour in a day in maintaining records. The study also revealed that a large majority of the workers (85.71%) spend less than (below 1 hour) in home-visit.

71. About 90% AWWs were dissatisfied with organisation ECCE in the areas of infrastructure, academic, organization, teaching materials and they pleaded for improvement in these areas.

72. All the AWWs, parents, teachers, community members admitted that early child-hood care and education activities of the ICDS helped the tribal children in getting primary education and the AWCs as an institution of imparting ECCE had played a significant role in improving education and health status of the tribal society.

Thus, the analysis of data on role of AWW in imparting ECCE it was found that under educated AWWs, lack of job, refresher and periodic training for AWWs created problems in running the AWCs. The study also revealed that method of teaching used by the AWW were not dynamic. A large number of AWWs used readymade teaching materials although
they were trained. A large number of AWWs were not aware about the aims and objective of the AWC's activities. So, they could not reflect these in daily activities. Moreover, educational backwardness of the children attending AWC showed that role of AWW in delivering the package of services particularly in imparting childcare and pre-school education is not satisfactory. Hence, the assumption (3) is not true.

Effect of the ICDS programme on tribal children and women:

73. In spite of all the limitations of nutrition component it is said that NHED of ICDS can be an effective tool for delivering NHED messages to women and AWCs are the focal point to carry out activities related to it. Further, AWWs, despite some limitations had contributed informally in mobilizing the women, The extent of the impact reflected in the absence of severely malnourished children, better nutritional and health awareness of the community and low mortality rate, (As per MPR only 1 children 3-6 years died in the month)

As reported by the AWWs and the community members NHED had influenced child - care practices in ICDS areas of BTAD.

74. Despite non-satisfactory implementation of health component there is a declining trend in IMR and also DDR in ICDS areas of BTAD. It showed the positive impact of health component of ICDS on health and nutrition status of beneficiaries. All the beneficiaries, guardians, parents, community members admitted that health component has
positive influence on creating health environment and has helped in improving health and nutrition status of women and children. It has also helped in creating awareness about health education, child-care. On the basis of this, efforts can be made to improve the quality of health services and can be extended to cover more disadvantaged family of the Bodo society for the survival and development of the children and also mothers.

75. It was also reported by the parents that their children formed habit to attend the AWC which showed the positive influence of ICDS in remote areas of BTAD. All the AWWs, parents, teachers, community members admitted that early-childhood care and education activities helped the tribal children in getting primary education and the AWCs as an only institution of imparting ECE had played a significant role in improving education, health status of the tribal society. They also stated that AWCs could play an important role in improving the scientific child-care knowledge and child education. Almost all the primary teachers agreed with the view that children attending the AWCs were more adjustable with the environment of the primary school.

Findings on Community Participation:

76. Mainly women, community leaders and adolescent girls offered some kinds of help in conducting AWC activity.

77. The contribution as kind was negligible.
78. The helps rendered by the community as mentioned in page No. 203 in running the AWCs were - women in general 78.57%, community leaders 36.42%, adolescent girl 89.28%, youth group 17.85%, teachers 32.14%, village head 28.57%, village panchayat or VCDC 25%.

79. Mahila Committee's help was limited to collecting women for meetings, collecting children for immunization, organizing camps. A small group of women taught AWWs traditional songs and dances.

80. As stated by the community members the AWWs rarely discussed the aspects related to implementation and monitoring of the programme.

81. Among the community representatives, village head, president of women organizations, primary teachers were consulted more often than the other representatives. Which revealed the non-involvement of community representatives in the ICDS programme in BTAD area.

82. As reported by the community representatives they were not aware about the contribution for AWCs. It showed that AWWs were not able to soliciting community involvement.

83. All the community member in the study admitted that ECCE activities of the ICDS programme are helpful in all-round development of tribal children. It helps in promoting enrolment of primary school to some extent. It has increased awareness of mothers. According to the community member AWCs has played significant role in improving
the academic environment of the locality. It showed that Community's involvement in AWC's activities was not in the desired level but community's perception towards ICDS assumed to be favourable.

Community's involvement in various activities of ICDS programme is very important. It is also very important in imparting ECCE activities. But the findings showed that community's involvement was not satisfactory in running the AWC. Inspite of unsatisfactory role played by the AWW it was admitted by the mothers, beneficiaries women, teachers, community members that children attending AWC were able to acquire some good personal health habits. They could adjust with the environment which showed the positive effect of ECCE component. As stated by the community member, guardians, due to inadequate infrastructure, mismanagement, irregular supply of various materials children were not attracted by the AWC and the objectives of AWC are not fulfilled. Thus it can be concluded that there is not a single AWC which is fully equipped with all the necessary equipments required by the AWCs for imparting ECE and performing other activities for child development. The status of ICDS in Assam particularly in BTAD area is not satisfactory. The role of AWW in imparting ECE is also not satisfactory. It needs further attention to improve the knowledge and skills of AWWs to serve the purpose more effectively. Community participation in the programme was not in the desired level. But community's perception towards ICDS is favourable.
Suggestions and Conclusion

The findings of the present study cover only those crucial aspects which were in accordance with the objectives of the study. The analysis chapter and the findings of the study give an idea about the status of ICDS in BTAD. Based on these findings an attempt has been made to give a few suggestions for improving the implementation of the programme particularly for improving the status of ECCE component.

CDPOs can inspire and motivate the AWWs with their guidance, presence at the office as well as at the AWC! Moreover, providing job training, refresher training facilities to AWW can motivate them to work. The AWWs should be compelled to organise frequent training, workshops and seminars at the project level. In short, the project office should be resource centre in the true sense. The implementation and organisation of ICDS depends upon the good organisation and management of CDPO in project level.

In the study it was found that supervisors also had to look after more than 25 AWCs which created problems in their supervision. Their circle area should be reorganized. Provision of substitute supervisor should be made to take the responsibility of extra AWCs. As far as possible, supervisors should stay at the sectoral level to ensure timely and effective supervision of AWCs, and for that supervisors working in the remote areas of BTAD should be given accommodation, facilities and motivated by
some incentives, Moreover, instead of the attending office duty supervising duty should be compulsory.

BTC Authority may be given inbuilt flexibility in designing the package of service so as to cater the local needs. Fund should be timely released by the State Government to BTC Authority so that Authority can release the fund to ICDS Authority in time.

Participation of health staff in referral service, health check-up, home-visits and NHED was found marginal. For the improvement of the service, provision of work assessment report by CDPO or additional incentives may be provided.

Improvement of the supply of the materials are necessary. Particularly, irregularity of supplementary food materials creates various problem like poor attendance, low enrolment, reversal of children to the earlier stage of malnutrition. Moreover, it creates misunderstanding in between AWW and community. So, concerned authority should take appropriate measures since only introduction of child-welfare programme cannot make the child developed - it needs proper implementation. With these, efficiency of the concerned administrative machinaries needs to be improved.

ECCE can improve the enrolment and scholastic performance of children, has positive impact on their cognitive and language development. Keeping in mind the indifference of the guardians and parents for education of children in the present study and for the improvement of the ECCE
component meaningful parent education should be imparted. Parents should be taught about child centred programme like ICDS, playway activity approach of ECCE, holistic development of the child etc. 'Parent education' in this regard may be imparted through –

T.V. and radio talks or panel discussions, publication of articles in local newspapers, various magazines. With this effort should be made to motivated the parents to bring their children to AWCs where by attendance at AWC will improve and children will be benefited. For the all-round development of the children, modern teaching aids such as audio-visual aids, oral aids etc., may be provided for the centre.

Educational tour/ field trip is one of the most important programme in education for expansion of the children's mental horizon. So, keeping in view the important of this, the authority may arrange some programmes like group visit to some important places near by for the children who are attending the AWC. Nature walk should be compulsory for the children attending AWC.

AWWs should be aware of introducing new indoor and out-door activities suitable for different age group of children attending AWC. Rural play and games like- Ghila khel, Dandabata khel, Cilani-cilani khel, Lukaphaku khel, Mughal-pathan khel, Bhagh khel, Pakha khel, Gach-kupati khel, Raza- Rani khel, any other prevalent in rural areas of BTAD should be encouraged among the children at the AWCs. A guide book on traditional games of the BTAD area should be published in local rhymes and materials
Looking to the language problem faced by the AWWs translation of reading material in Bodo language is required to be carried out urgently. Regarding medium of communication in pre-primary stage NCERT's MSPs (1996) and NPE (1992) state "Medium of communication should be the mother tongue/regional language." Moreover, in a seminar on "The Burdened pre-schoolers: Issues and alternatives," communication with mother tongue with gradual exposure to the medium of instruction was suggested. So, all children should be provided the facilities for development with their mother tongue as medium of communication.

ECCE has to be planned and implemented as an integrated activity connecting all related services being provided under the umbrella of ICDS especially through individual contacts during home visits. With improve management and motivation of staff the ECCE activities of ICDS may be taken up for further improvement without bearing much significance financial inputs. Urgent remedial steps are needed on the community basis in BTAD to improve the education status of children.

It is mentionable that subject of "pre-school education" has been allocated to the Ministry of Women and Child Development by an amendment of Allocation of Business Rules, 1961 vide Notification No. Doc. CD - 87/2006 of the Cabinet Secretariat at Dated 16.02.2006. Education being in the current list, States/UTS have been requested to
give feedback regarding the present state affairs of pre-scheme education viz, regulatory framework, syllabus etc., to decide the future course of action (Annual Report DWC 2006-07). Therefore, Deptt. of Women and Child Development and State Government should think about improvement of supervision of these pre-school education institutions.

In proper implementation of the ECCE component AWW can take help of various incentives. Use of teaching learning materials are very important for children of 3-6 years as they are not able to make relation with the abstract stimulus and learn from observation and analysis of the definite things, experienced with sense organs. So the AWW should create adequate environment for learning by hanging different pictures, charts of animals, natural scenery, human body of clay, wooden statue, materials from bamboo tree, hill of cotton, words written by seeds of different sizes. These will give practical experience to children.

Thus, the teaching materials can be collected easily from the environment, but it needs appropriate use. It should be used -

1) According to the demand of the lesson
2) Should be used gradually.

In addition to this, arrangement of competition of teaching-learning materials of AWWs will improve their skills and they will be encouraged. Competition can be arranged in project, district level and thus there will be exhibition of teaching learning materials. Selected AWW will be given
reward. The initiative activities of AWWs make the AWC interesting for children. Introduction of mobile garden at the AWCs, observation of flower garden, near by will create interest for nature. Similarly, for the cognitive development of child with group activities individual activities should be encouraged by the AWW at the AWCs.

In short, dynamic and constructive change is needed in the perception of AWW towards identity of children. ICDS is perhaps the only major plank which can make early childhood education available to Bodo people. But looking to the role played by AWW at present serious thoughts are required to be given to improve the quality of AWW.

Proper attention and care should be taken in selection of this grass-roots level workers. With educational qualification their motivation toward social works-child welfare should be considered. A dynamic person must be appointed as AWW. It is mentionable that in this regard NCERT also states essential and desirable qualification as follows:

i) Essential: should have passed class X with two years training in with ECE or should have passed class XII with one year training in ECE.

ii) Desirable: May be a post-graduate or a graduate with specialization in child-development / ECE.

Syllabi of job training/refresher of AWWs may be modified to include time management, and other aspect of early childhood like behavioural problems and early detection of disabilities, education for exceptional
children. Training of AWW of BTAD should be more related to tribal situations. Bodo music, art and culture should be incorporated in their training programme. More in-service training and refresher courses should be organised for AWWs with special emphasis on quality assurance of training. More refresher courses seminars, conference, workshops for Anganwadi workers are required to be organised at the block-level too. In addition to this, mobile training facilities for the AWWs of remote areas of BTAD should be provided. With this, there is strong need for continuing education of AWW for updating their knowledge and skill related to child-development. Serious thoughts are required to be given on duties and responsibilities of AWW, to raise the honorarium of AWWs. They should be encouraged through some incentives. In short, for quality service of the AWWs adequate infrastructure of AWC and adequate work condition of AWWs is very important. In addition to these, to make them regular in attending AWC and regular in performing ECE activities timely supervision of supervisors and CDPOs are very important.

There were short-fall of pregnant women and nursing mothers which requires appropriate measures. In many cases needy and eligible children and women had been left out of coverage of some important services. Therefore, extensive monitoring by the supervisors and CDPOs of the services are required. With these, there is immediate need of improving the status of health-services. The study showed the positive role played
by ICDS functionaries in promoting coverage of health services. So, it can be suggested that in tribal area of BTAD the implementation of health-service needs to be improved to cover more area.

Supplementary nutrition and growth monitoring, NHED have positive impact on nutritional status of children. So efforts should be made to improve the supply of supplementary nutrition as it is the determinants of attendance at the AWC. With these, efforts should be made to increase the coverage of pregnant women, nursing mothers and under-threes. Food should be prepared according to local taste. On the spot feeding of pregnant mothers should be emphasised.

Considering the unsatisfactory status of NHED, in addition to AWWs supervisors and medical staff may be given the responsibility of arranging the NHED sessions at the AWC level and these should be monitor by the CDPOs and Medical Officers. Prioritisation of messages based on the needs of the beneficiaries and their timely dissemination should be the primary target of NHED and for this the material of NHED needs to be prepared, replenished and carried during home visits. The ICDS functionaries could use the local events, festival for NHED session with folk media of BTAD. The AWW can organised NHED sessions in the evenings only since majority of beneficiaries are engaged in day time in their house hold work. Beneficiaries should be given prior information about NHED sessions. Use of Audio-Visual Aids in NHED session can make it more attractive.
Besides imparting knowledge the need for instilling positive attitude is pre-requisite for achieving the objective of NHED.

Health care facilities are required to be improved during monsoon months as major burden of diseases were recorded during these months in the area. Moreover, infrastructure facilities of the AWCs and also health-care centres should be increased so that the treatment of the children for minor diseases would be possible. With this, effective coordination among various government departments are required to be maintained to promote child development. Supply of drugs and other materials related to health service should be replenished promptly so that faith of the community in the AWW and the health services is maintained. Looking to the prevalence of Malaria and jaundice, pneumonia, diarrhoea it is necessary to take preventive measure for the disease. The quality of ante-natal care needs to be improved. There is also need to create awareness among parents about immunization, referral services, prophylaxis and deliveries through trained dais and health check-up in a more concerted way so that they appreciate the health services of ICDS programme.

Looking to the positive role played by ICDS efforts should be made to improve the quality of various services and can be extended to cover more disadvantaged family of the Bodo society for the survival and development of the children and also mothers. There is an urgent need for a suitable infrastructure especially of building for carrying out the Anganwadi activities. Lack of an Anganwadi building with adequate space
for storage, kitchen, toilet facilities, pre-school activities, was hampering the service delivery. AWC building should be permanent and pucca buildings. Moreover, efforts also should be made for drinking water for the children at every AWCs.

Keeping in view the non-involvement and lack of awareness of the community participation requires to be enhanced for effective implementation of the programme. The first step in this regard would be to raise the awareness of the people about the programme and their perceived role in the implementation of the same. Moreover, more community involvement is needed to decentralise the services of ICDS. AWW should mobilize the community from the very beginning as the programme needs to be owned by the community, which in turn demands more devotion of AWWs to mobilize people and in turn involving them in ICDS activities, particularly, for improving the ECCE component following steps should be taken:

i) Village heads, VCDC President /Secretaries of the rural areas should be trained on implementation of ICDS.

ii) Close and supportive relationship between VCDC and AWCs are required to be established.

iii) Looking to the low involvement of local young special efforts should be made to employ local youth.

iv) Special orientation courses on the importance and methods of specific child-rearing practices should be organised for mothers at the project/ AWC level to increase their knowledge and involvement.
v) AWWs and school teachers can join hands to enhance enrolment rate and reduce drop-out rate in BTAD areas as large number of AWCs are running in the primary school campus.

vi) The block-level functionaries such as Gramsevikas, Mukhyasikas and other extension officers (women and children) are required to be effectively utilized for enriching the programme.

All programmes related to young children have adequate educational inputs. So emphasis should not be laid only on nutrition and immunization. Stress should be given on improving the socio-economic status of the people of BTAD through universal literacy programme. AWWs should educate the parents on up-bringing of their children.

There is also a need to strengthen and increase the involvement of Non-Government organisations of BTAD which could take-up the responsibility of guiding the centres for children. Local-self-help-groups, youth organisations should be involved in child-development activities. Looking to the non-involvement of community in implementation of the programme from the initial stage in the present study, advocacy with local politicians and political parties of BTAD regarding building of awareness and orientation of Government officers about flexible approach of the programme are required to be strengthened too. CDPOs and supervisors also should take initiative in augmenting community involvement as AWWs lacks require skills for the same. With all this, realizing the increasing need of early childhood education for Bodo people coverage and out-reach of service need to be improve. For this ECE programmes needs to be integrated with the orbit of all the community development programmes.

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of BTAD. More number of ICDS centres are required to be established with adequate infrastructure in order to improve the status of mother and children.

The academic institutions of the locality required to be more closely involved in monitoring and strengthening the programme. Moreover, BTAD should be organised adequately to run the programme.

The State Social Welfare Department should at best level try to feel the local scenario and need of the problem. With this to make programme effective and successful corruption should be reduced from all stages of the programme. Assessments of the programme should be made in its effectiveness by adopting certain measures. Before this detailed qualitative study of ICDS in BTAD is required to be undertaken to understand the reason of failure of the programme to device the means to improve the educational status of children attending AWCs. Moreover, periodic assessment of the functioning of the whole system and correction of specific areas of deficiencies are of major requirements to be taken care of immediately.

**Suggestions for future research:**

The findings obtained and on the basis of experiences gained by the investigator in the present study prompted to make the following suggestions for future research on the subject:

1. The present investigation was confined to two districts out of four districts of Bodoland Territorial Areas District of Assam. Moreover, it was confined to only 140 AWCs of the two districts but it is desirable to conduct the study in all four districts and
at least 50% AWCs in operation before any generalization of result are made.

2. Further research needs to be done in the areas of child rearing practices of Bodo tribe, demographic information such as sex ratio, literacy rate, population size, child population, infant mortality, childhood mortality, occurrence of diseases and so on.

3. Research should be conducted on different aspects of ECCE component like training of AWW, enrolment of the children, retention and dropout, teaching aids, adoption of traditional games and play equipments for the use at AWC, time management of AWC and special content for tribal etc.

4. Further research needs to be done in the areas of medium of instruction at the AWCs in BTAD.

5. The present system of monitoring of the programme which is based on information available from monthly progress reports do not have adequate viable indicators for ECCE, therefore, there is an immediate need of a study for developing indicators for effective monitoring of ECCE.

6. More operational research is required to be carried out in relation to ECCE by the educationist for further improvement of the component.

Conclusion:

ICDS is the most comprehensive programme of the Government of India for early childhood care and development. It is a unique programme which encompasses the main concepts of human resource development
namely-health, nutrition and education. It takes a holistic view of the development of the child and attempts to improve both his pre-natal and post-natal environment. All the research studies conducted on ICDS have contributed considerably to the understanding of the programme although these studies have provided only partial information. In the present study also efforts has been made to get information considered crucial for appraisal of implementation of the programme.

Moreover, in the study an effort has been made to study the role of ECCE towards education of tribal children, its impact on women and children, its constraints in implementation etc. In addition to this, in the study an effort has also been made to suggest to strengthen the implementation of the programme particularly in BTAD area. With the above mentioned suggestions the investigator concludes the report of the study. Inspite of being aware of the limitations of the present study, the investigator feels that the findings of the present study are exploring, educative which may be considered useful by the concerned authorities. The wealth of a nation lies not in the nuclear weapons it had amassed, but in the kind of protection we can give our children. A lot of more still needed to be done to safeguard our most precious resource-- our children.

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