SUMMARY OF THE STUDY
1. Introduction:

The children are the precious resources of the world. Therefore, it is a responsibility of mankind as a whole to save them from deprivation and any possible danger and to think about their all round development. In the inaugural address to the SAARC conference on South Asian children in October 1986 in New Delhi, Former Prime Minister (then Foreign Minister) Mr. P.V. Narasingha Rao said, "Our development is primarily linked with the human factor, namely, the quality of coming generation which is determined by the state of well being of children today and their preparation for life."

Out of 102,7015,247 millions of total population of India, the number of children, below 6 years of age is 163511029, constituting nearly 15.9 percent of India's total population. In Assam too out of 2665528 of total population, children below 6 years of age, accounted for 4498075, which constitutes 16.9 percent of total population.

But unfortunately, a large number of children continue to face unmet challenges in their efforts to survive and develop to their full potential. In addition to this, the rights of children are violated even at their home, as
they are denied the right to basic nutrition and adequate early childhood care. With these, prevalent attitudes, beliefs and age-old practices concerning children are also still the major impediments for promoting child development.

The nation has great responsibility to bring up the large number of children as responsible and capable citizens. Pt. Jawaharlal Nehru said. "If we do not look after children today, we will be creating many more new problems for ourselves in the future". It means society has to give interest, time and value to change the morally unexpectable situation more itself than it has done before to its children, their early period and education.

Early childhood period extends from two years or babyhood and continues up to the age six. It is called the critical period for the child for his growth and development since child's later health and nutritional status and behaviour and personality largely depends on the care, education and intervention received by the child during early years of life.

Hence it is said, "Early child-hood care and education for survival, growth and development is an integrated holistic approach within a rights perspective to ensure proper Child -care leading to the survival, growth, full-development and protection of the young child through child - centred, family focused and community based intervention."

The aim of all the models of ECCE is to be change behaviour of children or transmit information in the most efficient and direct manner.
Particularly, Integrated Child Development Service Programme (ICDS) provides an integrated approach for covering basic services for improved childcare stimulation and learning, health and sanitation targeting young children, pregnant and nursing mothers, women and adolescent girls' group.

It is recognized by the planners all over the world that access to minimum services for children is likely to ensure their optimal development and thus help in preparing socially efficient individual. With this aim in view the Government of India introduced Integrated Child Development Services, (ICDS) - the most comprehensive programme for early-childhood care and development. Launched in 1975 with 33 projects on an experimental basis, ICDS is at present, one of the World's largest and most unique out-reach programmes for early child-childhood care and development. It is major programme channel for addressing the rights of young children as defined in the UN convention on the rights of Child, and address uniquely the interrelated needs of the young child, girls and women by providing equal opportunities for early care for survival growth and development. Early childhood Care and Education component of ICDS which complements and strengthen family based learning and initiating socialization, is especially significant in the rural context of Bodoland Territorial Areas Districts of Assam (BTAD. It is particularly significant for the first generation learners of the tribal society.
Objectives of ICDS

Objectives of the Integrated - Child - Development Service programme have been identified as follows:-

1. To improve the nutritional and health status of children below 6 (six) years.

2. To lay the foundations for proper psychological, physiological and social development of the child.

3. To reduce the incidence of mortality, malnutrition and school drop-outs.

4. To achieve effective coordination of policy and implementation among various departments to promote child-development.

5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper health and nutrition education.

The ICDS programme was introduced in 33 blocks (projects) in 1975. The total number of Projects has increased to 6118 and that of AWCs to about 9.46 lakhs as on 30.09.2006 of which 5724 projects with 7.81 lakh AWCs have become operational (Annual Report - 2006-07 DWC, Govt. of India).

The Anganwadi is run by a caretaker - Anganwadi worker (AWW) - a lady having education at least up to class VII or VIII, is selected from the community. Another older lady - appointed as the helper belonging to the same village. They are all given training to run the AWC.
expanded its coverage. As a result 218 ICDS projects are working in Assam at Block level as on 30-9-06 although the Nos. of sanctioned ICDS projects are 223 as on 14-2-07. Moreover, there are 25225 (30-9-06) operational AWCs under these projects. But numbers of sanctioned AWCs were 37075 as on 14-2-07. Among the ICDS projects of Assam 24 projects are under Bodoland Territorial Areas Districts (BTAD) administration.

In Bodoland Territorial Areas Districts (BTAD), a self Governing Body, created in Bodo inhabited area of Assam, as per Memorandum of Settlement (MOS) signed between Government of India, Government of Assam and Bodoland Liberation Tigers (BLT) have 24 sanctioned ICDS projects. But 21 ICDS projects are operating in 4 districts of BTAD. The numbers of sanctioned and operational AWCs are 3546 and 3137 respectively and these are running in the area through the handful cooperation of equal number of Anganwadi Workers and helpers.

1.2 The title of the study:

The title of the problem under study reads as follows -

"Role of ICDS programme in early child-hood care and education of Tribal Children - An Analytical Study."

Article 366 of the Constitution of India has defined the scheduled tribes as "Such tribes or tribal communities or part of or groups with in such tribes or tribal communities as are deemed under Article 342 to be the scheduled Tribe for the purpose of this constitution."

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Tribal population in Assam is 3,308,570 where numbers of male and females are 16,78,117 and 16,30,453 respectively. The total numbers of children of the age group 0-6 is 5,86,738 where numbers of male and females are 2,94,871 and 2,91,867 respectively (2001). The Bodo tribes of Assam, which constitute the greater part in population, are inhabitant of newly created Bodoland Territorial Areas Districts (BTAD). Through this study the investigator made an effort to study the child care practices of Bodo tribe living BTAD areas.

Like other traditions Bodo society has childcare and education tradition and practices where family has an important role to play, to transform these practices. The techniques adopted by the parents for taking care of their children may be described as child rearing practices which includes care during pregnancy and lactation, care of the new born, feeding, weaning, toilet training, health care, clothing, socialization, recreation and education.

The rural tribal mothers had very poor concept about the immunization of the children. They are very traditional in childcare practices. Moreover, the picture of child education was not satisfactory. So, the educational scenario among the Bodo tribe is not encouraging barring a few tribals of North-Eastern Region. Bodo society is lagging far behind their fellow countrymen due to lack of education. It is largely felt that education as an alternative to child labour can be a well established strategy in the Bodo inhabited BTAD areas. But it will work if people are
conscious enough and they ensure full enrolment and retention of children in the formal education system.

In spite of manifold development programmes, still tribal areas are remained backward. The economic condition, the literacy rate of Bodo society is not satisfactory. Particularly mothers are not conscious to their children's health and nutrition status and they have not acquired scientific knowledge of child-care. As a result children are suffering from different kinds of diseases. So, it is necessary to make the women aware about the pure drinking water, cleanliness and the treatment of the minor illness, proper sanitation, hygienic care for taking preventive measure from certain diseases like malaria, Aids, blindness and diarrhoea etc. for all these they need the light of education which is a process of human enlightenment and empowerment for the betterment and quality life as it enhances man's knowledge, skills competencies, potential, values and attitude and transform his beliefs and thoughts. (Dongaonkard 2004)

ICDS, the single largest out-reached programme with its most comprehensive package of services for meeting total developmental needs of children in the 0-6 age groups has been helping to improve the nutritional and health status of children and women reduction in the incidence of mortality and malnutrition in the BTAD areas. Moreover, it has also been helping the children in development by imparting ECCE through the AWCs
from the inception of the programme. Undoubtedly, it has positive contribution in providing good stimulation to the children and their families. But yet, it has not been able to reach the objectives completely due to some constraints. So, the investigator, attempted to analyse the constraints in the implementation of the programme and to suggest for future improvement so that it can help the child to be healthy and efficient citizen of the country. In addition to this, the objectives of the present study are -

1.3 Objectives of the Study:

The objectives of the study are:

1. To analyse the present scenario of ICDS in relation to-
   (a) Implementation
   (b) Beneficiaries
   (c) delivery and impact of services.

2. To analyse the organizational structure of different components of ICDS specially Early Child-hood Care and Education (ECCE) component.

3. To study the role of Anganwadi Worker in imparting ECCE activities.

4. To study the effect of the programme on tribal children and women.

5. To assess the perception of the tribal (Bodo) community about
the ICDS programme and the extent of support provide by them in implementation of the programme.

1.4 Assumptions:

As per objectives of the present study the following assumptions have been taken up -

1. The ICDS programme implemented in Assam, particularly in different pockets of BTAD have been able to maintain its goal properly.

2. Present organizational structure of pre-school component (ECCE) of ICDS is adequate.

3. Role of Anganwadi Worker (AWW) in delivering the package of services particularly in imparting Child-care and pre-school education (ECCE) is satisfactory.

4. The ICDS programme launched in the state, BTAD has positive effect on children and women.

5. Community's perception towards ICDS is assumed to be favourable.

1.5 Methodology:

In order to find out the truth relating to the undertaken study a well arranged design of the study is essential. The present chapter is an attempt in that direction. It has been developed to discuss the method, the procedure followed in sampling, devices used for collection of data and statistical
measures used for the analysis of data etc. The methodology followed in this study is discussed in detail under following sub-heads-

1.5.1 Population and sample of the study:

The present study aims at assessing role of ICDS programme in early childhood care and education of tribal children in BTAD of Assam. It comprises 4 (four) districts namely Kokrajhar, Udalguri, Baksa and Chirang. It has been mentioned already that in BTAD there are total 24 ICDS projects with 3137 operational AWCs. All the ICDS projects of BTAD constituted the population of the present study. However, the sample was confined to the Chirang and Baksa district of BTAD. Among the 24 (twenty four) ICDS projects of BTAD total 7 (seven) ICDS projects of Baksa and Chirang districts have selected in the sample for data collection. 2 (two) form Chirang (Sidly-chirang, Boobazar) and 5 (five) from Baksa district (Jalah, Gobardhana, Tihu-Baram, Dhamdhana and Baska). With these 140 AWCs were also selected for the study.

Selection of Sample Projects and AWCs, respondents:

The objectives of the study are to analyse the role of ICDS in early childhood care and education of tribal children. Hence, the ICDS projects which cover only the tribal people were selected for the study.

The team of ICDS functionaries namely CDPOs, Supervisor and AWWs comprised an important set of respondents. In addition to this various categories of respondents were children of different age group, women (15-45), pregnant women, nursing mothers, community members
1.5.2 Tools:

An investigator has to employ various tools, devices, techniques for data collection. The study designed and developed certain devices and techniques for the purpose of investigation. These are-

1.5.2. a Questionnaire:

To elicit information about the projects, functionaries beneficiaries, its problems this tool has been developed. Four kinds of questionnaires were used to gather the data. These were meant for AWWs, parents and community members, CDPOs and supervisors.

1.5.2. b Interview Schedule: Interview schedule was prepared by the investigator to collect data from the guardians, parents of the children attended AWC. Through this schedule the investigator aimed to get information on family background of the children in respect to utilization of services such as health, nutrition and education by concerned member of the family.

1.5.2. c Observation Schedule: To cover various categories of beneficiaries namely pregnant, lactating mothers, women in the age-group of 15-45 years, children of 0-3 years and 3-6 years, different schedules were prepared. These were administered to women respondent and mother of children under 6 years of age. The information collected was related to
utilisation of services, perceptions and views regarding ICDS programme.
quality of benefit derived from the concerned ICDS projects etc.

The investigator with this schedule visited various AWCs and
observed daily activities at AWCs which were for the physical, mental.
social, emotional development of the children and thereby ascertained the
quality of pre-school activities.

1.5.3 Data Collection:

In the different monthly meeting the questionnaire meant for AWWs
were distributed among the AWWs and administered to each AWW. Each
question was read-out and explained in Assamese and Bodo language by
the investigator and supervisor (Bodo speaking) for better comprehension.
Sometimes, the investigator visited the home of the supervisors, AWWs
and guardians of the children attending AWCs for getting information.
materials and records. The investigator also attended the project level,
district level, meeting of AWWs. Data were collected from the Directorate
of Social Welfare, Assam; Directorate of Social Welfare, BTC, Kokrajhar:
Secretariat of BTC, Kokrajhar etc. The investigator also consulted libraries
of various institutions like Indian Council of Social Science Research
(ICSSR), New Delhi, NCERT, NIPCCD (Guwahati), New Delhi) NIEPA.
O.K.D. etc. The data were collected through various tools from various
Govt. and Non-Govt. organizations, various published and unpublished
writings, news-papers, magazines etc.
1.6 Data Analysis:

The collected data were processed, studied and analysed. Tabulations and small statistical applications were used wherever possible. In some cases simple statistical measures like frequencies, percentage, average were used for interpretation. An attempt was made to present data graphically wherever possible.

1.7 Summary of the Findings:

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 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 found 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.

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.

Similarly, the analysis of data on role of AWW in imparting in ECCE it was found that under educated AWWs, lack of job and refresher, 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. Moreover, educational backwardness of the children attending AWC showed that role of AWW in imparting childcare and pre-school education is not satisfactory.

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 mother's, 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.

The ICDS programme seems to be very comprehensive. However, for the improvement of the programme, with other measures assessments 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.

1.8 Conclusion:

ICDS is the most comprehensive programme of the Government of India for early childhood care and development. 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 the study. And attempt has been made to suggest to strengthen the implementation of the programme particularity in BTAD area, its constraints in implementation. The investigator is very much aware of the limitations of the present study, yet, the investigator feels that the findings of the present study are interesting, educative and useful and hopes that the suggestions given may be considered useful by the concerned authorities.

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