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SUPPLEMENTARY NUTRITION: ISSUES AND CHALLENGES OF ICDS IN MANIPUR

W. Lata Devi*

* Head, Department of Home Science S, Kula Women's College,
Nambol, Manipur, INDIA
Email id: muhinsingh@gmail.com
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ABSTRACT

ICDS is a very important intervention to ensure the health, nutrition and development of children under six in the state. This research work presents a pathetic picture of the programme in the state. But very luckily the rate under nutrition is not serious when we compare to other states in the sense that most of the parents usually take care of their child and even they do not bother of RTE food. The expectation of the people as well as the aim of the ICDS scheme might have certain difficulties to act accordingly that in various states it is reported that the state of functioning is in the sorry state. In the case of Manipur too, since its inception the state of activities in the centres have not been up to the desire expectation that does not claim the responsibility should be fixed to the Anganwadi centres or government.

KEYWORDS: *Intervention, Expectation, Health*

INTRODUCTION

Supplementary nutrition is a major component of the program in terms of importance and cost. All the beneficiaries who attend the *anganwadi* center are given the feed. (Ramana et. al, 1997) The children in the 3-6 years attend the pre-school and have the lunch provided by the center whereas the expectant and nursing women and children in the 0-2 years age group come to center for their supplementary feed. In some sense self-targeting takes place with regard to supplementary feeding as richer households usually do not prefer to eat this food, however children from these households may attend the pre-school. The food to the children is provided either as ready to eat food or hot cooked meals or sometimes dry ration. The effectiveness in terms of impact has been the maximum for cooked meals as in the other two cases there is tendency for the food being shared by other members of the household. The nutrition supplement is supposed to be provided for 300 days in a year; however, there is a significant variation across the states in the number of days. Tamilnadu is the only state which shows the target days being achieved whereas states like Bihar are at the lower end. (Shariff, 2002)

Perception

Focusing on the perception of health is wealth different strategies are being taken up by the Government of India in which it is worth to mention the scheme of Supplementary Nutrient Programme under the ICDS schem that enable children in the extensive quantum to get feeding important nutrients. Nutrition is the focal point of health and well-being (Joshi, 2001). Nutrition is directly linked to human resource development, productivity and ultimately to the national growth. Malnutrition is a complex phenomenon. It is both the cause and effect of poverty and ill health, and follows a cyclical, inter-generational pattern. It is inextricably linked with illiteracy,

especially female illiteracy, lack of safe drinking water and proper sanitation, ignorance, lack of awareness and ill health. It creates its own cycle within the large cycle of poverty (WCD). Malnutrition in India continues to be at a high level with 42.5% children below the age being underweight and almost 70% being anaemic. 22% children are born with low birth weight. Lack of adequate information on nutritional needs, has been identified as a major factor for the prevailing nutritional situation in the country. Child malnutrition is both the result of economic conditions and poor nutritional awareness. Nutrition education and extension has been recognized as one of the long-term sustainable interventions essential to tackle the problem of malnutrition and to generate awareness and to promote the nutrition status of the country. FNB's major task is to address this major challenge. Monitoring of SNP and Nutrition Education & Awareness for ICDS Functionaries - Anganwadis under different projects are visited to monitor the "supplementary nutrition" and "nutrition and health education" components of the ICDS. The technical staff of CFNEUs, during the visit provides technical support to the functionaries of the AWCs (Prasanti, 2013). The observations are communicated to the respective State Secretaries in-charge of WCD at the headquarter level also.

Objectives of the study

a) To find out whether the scheme is reached out to the target group.

b) To examine the impact of the nutrition and health education components of ICDS on the children and women in the ICDS area.

Hypothesis

- If the ICDS scheme is implemented properly the issue of malnutrition and supplementary food for lactating mother and children may not be appeared.
- Besides, it may have lots of hurdles in different stages of implementation which is proved by the reported news in the local dailies. That proper share of supplementary foods, equipment and other needed material cannot arrive to the anganwadicentres and targeted groups.

REVIEW OF LITERATURE

Sumati and Nidhi (2005) conducted a study about the comparison of the status of the nutrition of children under ICDS project area and non ICDS project area of ReshamGhar, Colony of Jammu and Kashmir State. The sample consists of two groups, one group - 15 pre-school children and their mothers to whom SN ration was delivered in the Anganwadicentres and other group - 15 pre-school children and their mothers to whom SN ration was not delivered in the Anganwadicentres. The finding shows that Children had good health who visited AWC as compared with those who did not visit any AWC. Besides, children under ICDS area had good dietary consumption as compared to their counterparts. An evaluative work was conducted by Balsekar, *et al.* (2005) studied on Child welfare and community participation in Trivandrum district of Kerala. The study attempted to assess the functioning of the Anganwadis at the grass roots level, and it revealed the total absence of severe malnutrition among the children. The AWCs in the remote locations also achieved better outcomes. Lokshin*et al* (2005) presented an article on, Improving Child Nutrition, the Integrated Child Development Services in India. They argued that levels of child malnutrition in India have fallen only slowly during the 1990s, despite significant economic growth and considerable expenditure on the Integrated Child Development Services. This article assesses the programme's placement and its outcomes, using NFHS data from 1992 and 1998. Prinja*et al* (2005) conducted a study on role of ICDS program in delivery of nutritional services and functional integration between anganwadi and health worker in north

India. This study was to ascertain the nutritional status and dietary patterns of 1- 3 year old children in areas served by ICDS program. The study concluded that the problem of under-nutrition continues to persist with low involvement of mother. It suggested that the program needs to be further revamped with a holistic approach towards child development and making the mother responsible for the health of the child.

Dash (2006) analysed on - Impact Assessment/ Evaluation of ICDS Program in the State of Orissa. It was found that supplementary feeding was usually given for 25 days in a month and was considered adequate by over 96% of the mothers of beneficiary children. Over 92% of the beneficiary children received 3 doses of immunization against DPT/ Polio. Finding - Female children (64%) were more malnourished than male children (54%). Kumar *et al* (2006) studied to assess the nutritional status of under-five children and to observe the association of infant feeding practices with under nutrition in anganwadi (AW) areas of urban Allahabad. The factors considered were socio-demographic characteristics, age of children, caste, religion, socioeconomic status (SES), education of mother, infant feeding practices, initiation of breastfeeding, feeding of colostrum, exclusive breastfeeding up to 6 months, complementary feeding, and also information about receipt of ICDS benefits by children. The findings revealed that ICDS benefits received by children failed to improve the nutritional status of children. The study suggested that there is need for promotion and protection of optimal infant feeding practices for improving the nutritional status of children.

Verma*et al.* (2007) argued that children participating in the ICDS in India have high rates of iron and Vitamin A deficiency. This study was undertaken in West Bengal to assess the efficacy of nutritional supply in ICDS. The addition of a fortified premix to khichdi in ICDS AWCs provides an excellent opportunity to provide the needed food. The result suggested that it would be an effective means of meeting the micronutrient malnutrition needs of pregnant and lactating women and of younger children who are consuming solid foods. Dongra, *et al.* (2008) undertaken a study and observed that poor quality of supplementary food, poor cooperation of villagers, poorness, mothers being engaged in farm works, poor health check-up services, poor child protections practices and poor help of officials etc. are the major causes that undermine the success of ICDS Scheme. The researchers also pointed out that most of the AWWs spent more time and work load just doing paper work and attending workshops which remarkably reduce the time devoted to their basic ICDS duties. Dongre, *et al.* (2008a) analysed nutritional status of children under-six year who attending ICDS scheme and to understand AWWs work load and functional problems. Outcomes of the research showed that the overall, prevalence of underweight and severe underweight among children under-six was 53% and 15% respectively. It has suggested to effectively tap the potential of AWWs for decreasing multidimensional problems of malnutrition, ICDS requires to be flexible in designing. Sinha (2008) published an article on 'Child malnutrition and ICDS'. In the article the author addressed some of the issues face by the ICDS like poor ratio of beneficiaries and AWW, poor infrastructure of the AWCs, low budget, and low priority on the issue of early childhood care and development. Further, she has cited a few good practices for better work of ICDS such as additional staffing, better quality and cooked food, longer working hours and better infrastructure in Tamil Nadu model of ICDS.

Shankar (2009) worked on the role of the ICDS programme in delivery of nutritional services and functional integration between Anganwadi and Health worker in Rohtak district of North India. The study aimed to ascertain the nutritional status and dietary patterns of 1-3 years old children in areas surveyed by the ICDS. The study revealed the presence of a large number of incidences of underweight children with the prevalence of moderate to severe malnutrition.

Meghana (2009) studied on health systems research for improving quality of implementation of nutrition services for children below 3 years in NGO managed ICDS in rural Vadodara. To understand NGOs' implementation of ICDS and the factors responsible for impeding and improving the quality of its implementation, using the Health Systems Research (HSR) Methodology becomes crucial mentioned in this study. This study was undertaken with the overall objective to adapt the Health Systems Research methodology to study selected nutrition services Growth Monitoring (GM), Supplementary Feeding (SF), and Nutrition Health Education (NHE) of the NGO managed-ICDS in rural Vadodara. The study results indicate that trained and motivated functionaries can bring about major improvement among mothers and a simple monitoring system can be a valuable tool to track progress. Kumar (2009) studied on nutritional status of under-five beneficiaries of Integrated Child Development Services program in rural Karnataka. It discussed to determine the nutritional status of children aged between 3- 6 years registered in government sponsored maternal and child care Anganwadicentres in India. The findings of this study indicate that malnutrition is still an important problem even among children attending anganwadis.

Sanjay *et al.* (2010) conducted a study in nine ICDS project areas under Indore and Ujjain Divisions in the state of Madhya Pradesh from during 2008/9 to assess the working of the AWCs. They reported that, lack of PSE Kits, inadequacy of food, dearth of medicine kits, lack of regular visits by the ANMs to the centres, non-existence of routine health check-ups of beneficiaries are some of the factors which hinder smooth implementation of ICDS. The research also proposed that, to boost the working of the ICDS scheme, different services delivered in the AWCs should work in collaboration. Trivedi, *et al*. (2013) in their study, explained that the children in the ICDS group were just as likely to be malnourished as those in the control group. For children aged 1-2, BCG vaccination status was 80.2% for the ICDS group and 88.8% for the control group. The control group was significantly more likely than the ICDS group to have received 3 doses of DPT, 3 doses of OPV and the measles vaccine.

Boby (2014) In order to assess the growth and nutritional status of the children up to 5 years of age, the most reliable indicator for both short and long term malnutrition in the community, that is weight-for-age, was used. Due to illiteracy or low level of education and ignorance, the people from the rural areas and remote villages are either not aware about the scheme or their socio-cultural practices restrict them from enjoying the benefits of the services. It has been found that the socioeconomically backward, underprivileged and tradition bound Hajong people, who are living in the two remote isolated villages, remain far from availing the benefits of the ICDS scheme in the true sense. Shanthi (2015) studied the impact of integrated child development scheme on the nutritional and health status of children in Kanyakumari district. It attempted to review the existing child schemes in the district and to study the impact of ICDS on the nutritional and health status of the children. The findings included the rise of malnutrition in children during the first two years of life is indicative of poor infant feeding practices.

Ramana*et al*. (1997) analyze the results from the district profile survey (again for select states only) for the period 1988 to 1996 to get an understanding of the trend within ICDS areas. The main findings are: severe malnutrition level which was below 5 percent in the beginning of the survey period came down to nearly nil levels at the rate of 0.34 percent per year. The total (moderate plus severe) malnutrition levels showed a fall of about 0.69 percent per year. This analysis is mainly based on the northern and north-eastern states. Smritikana (2016) argued that among several other programmes of the government, the flagship programme Integrated Child Development Scheme (ICDS) attempts to offer supplementary nutrition to children aged 0-6

years, along with some pre-school education. However, even with such a prolonged presence of this scheme, child malnutrition has not shown any sign to fall appreciably in India. From the analysis it is clear that policy matrix to reduce child stunting should be region specific, targeting some particular socio-economic groups.

Analytical Observation

The analysis prompts us that it would recall the necessity of good governance in particular to provide supplementary food and health care management through ICDS schemes. Policy planner shall also awake to be taken up urgent need where the lapses are going in the effective implementation. Significantly, it can understand various obstacles and interference facing by the government. Such ineffective and less progress of its kind will draw attention of the central government. On the other, it will give an immense help to the needy persons and scholars in the field.

The expectation of the people as well as the aim of the ICDS scheme might have certain difficulties to act accordingly that in various states it is reported that the state of functioning is in the sorry state. In the case of Manipur too, since its inception the state of activities in the centres have not been up to the desire expectation that does not claim the responsibility should be fixed to the Anganwadicentres or government. It is known to all that various central schemes cannot be implemented in a proper way in the sense that numerous issues are still alive (Patil, 2013). Numerous difficulties have been witnessing that even the unknown armed personals picked up the high ranking officials. Besides, various malpractices are also appeared that seems to failure of just good objectives of ICDS.

The experience we have in the state where most of the anganwadicentres are very free in the sense that they have no much interest on the prescribed norms that they used to manage it for the time being (Balsekar, 2005). It is not the responsibility of the centeres exclusively. With this view, there is a gap between the Anganwadi Workers and the beneficiaries. On the other the state of Anganwadi is at large depend on the cultural habitation of the locality where the centre situated, that the activities of the centre in the urban areas seems to fail while in the remote and rural area the it is quite success. In the rural area, the people of the locality recognized the responsibility of the Anganwadi workers and Helpers, but in the vis versa, urban people have taken the responsibility of the Anganwadi in a very light way, as a result of this success rate is very low in the urban.

On the other the government cannot provide the necessary infrastructure and equipments to the centres. For instance, distribution of the supplementary nutrition, even this is not done in a satisfactory manner. The coverage is low, the distribution of food is irregular and quality is poor. While it is estimated that there are about 315529 (as per record of WCD- 31-12-2009) children (boys & girls) under six years of age in Manipur, the number of children covered by the SNP programme in Manipur might be just 38 % so many children are outside the coverage. No doubt, the Supreme Court order dated 7th October 2004 which was later reaffirmed in the order dated 22nd April 2009 the state government is to ensure provision of hot cooked meals in all AWC centers in a phased manner latest by 31st March 2009. Currently, 9654 as per record found on 31-12-2009 (Ministry of Women and Child Development).ICDS projects are operational in the state of Manipur. Mention may be made that the report of the Government of Manipur that stated in the Governor's address given on the floor of the Manipur Legislative Assembly on Jan. 13, 2010 stated "Under ICDS Scheme, 42 ICDS projects, 9418 AnganwadiCentres, and 234 Mini Anganwadicetres are operational in the state providing supplementary nutrition to lactating

mothers and 0-6 years children" (Assembly 2010).The total no of sanctioned AWC centers are 11510. As per the GO of Social welfare department, government of Manipur had drawn out a plan to implement the order of decentralized food model (hot cooked meal) in a phased manner and also being started. So far the coverage of hot cooked meal is restricted only in some centres.

Of the 33 centers visited only 5 were providing hot cooked meals for more than 15 days in a month (15 to 20 days in a month). 3 centers were providing meals only for 10 days a month, while 6 centers were reported to be providing hot cooked meals for less than 10 days in a month. More than half the centres visited (19 centres) were not providing any hot cooked meals at all. More over the hot meal was also not up to the desire quality with a view of healthy nutrient (Bharti*et al.* 2003). It will have significance to understand the reasons behind this, of which the probable reasons might have certain differences from the rest of other states in the sense that the situation we have in the armed conflict. Some of the main reasons may be highlighted.

The existing system of fund for the hot cooked meals in the Anganwadicentres is not systematic. From time to time it is implemented through direct and indirect method. In some area the needed amount is sanctioned to the self help groups of the locality that constituted by at least ten anganwadicentres. On the other it is also distributed through Supervisors. The distribution system is also very irregular. Besides, in some urban areas most of the beneficiaries ignored to get the facilities or nutrients from the centres that they have less confidence on the quality of the products. The anganwadi worker is not very enthusiastic to take on this responsibility as there is a gap (Amtta, 2002).

Minimal budgetary allocation and irregularities:

The funds allocated for hot cooked meals are very low. Although the Government of India has increased the norms for supplementary nutrition from Rs. 2 per child per day to Rs. 4 per child per day (also mandated by the Supreme Court order of 22nd April 2009) the government of the concern state managed it according to their budgetary position (no doubt it is hundred percent central schemes). The anganwadicentres were supposed to implement the new norms beginning the current financial year. District Programme Officers are aware of the new norms as they have been informed by the government. But as they have not received the increased budget they continue to allocate resources according to past norms. This has affected both the quality and quantity of the food provided in the AnganwadiCentres (Barman 2001).

As per the new guidelines the mothers who has great role in the success of nutrition is still to give awareness contextually. There should be mother committee from the location of AnganwadiCentres. There must be mutual understanding between workers and mother committee to share the responsibility (Himanta, 2018). As such mothers of the locality have no intension to send AnganwadiCentresby seeing the modus operandi of the centres. On the other there is inadequate infrastructure in the centres in terms of sooking materials. The guidelines also cited to handover to the local committee but such practices are seemingly handled by pocketed few. Though mothers' committees have been appointed to monitor the provision of hot cooked meals, in reality their role has been reduced to merely putting their signatures for withdrawal of money. There have been no attempts to actually involve them in the programme or to properly orient them on their role.

Issues challenges

Since the inception of (SHG) Self Help Groups for the purpose of hot cooked meal there are lots of controversies regarding the monetary management as well as work allocation. Management of the cooking are also manage in the equal proportionate and cooked in a particular centre and distributed to all the accompanied centres. All the financial matters and transaction are done through two or three members and allegation leveled each other. Perhaps it might major factor for the failure of such groups in the present context and replaced it by the conventional method. The actuality of hot cooked meal is certainly ineffective when the system changed to direct handling by Supervisor to the Anganwadi workers. Nevertheless, there is also intra conflict in the sense that in most of the Anganwadicentre there is a big gap between the workers and helpers. Various factors may influence the situation but one of the important factors might be the available materials and goods. It is known to all that various items supply from the government like nutrients, edible oil, dal, rice, milk-powder, and other medicinal facilities etc. have even lost where the eligible beneficiaries are very few in number. The situation compelled to use in another way they prefer.

Complicacy and malpractices:

The Supreme Court order of 7th October 2004 bans the use of contractors in provision of supplementary nutrition to ICDS. Village communities, MahilaMandals and Self-help groups should be given the preference for preparing the food to be served in ICDS. Although the Supreme Court has banned the use of private contractors in the procurement and distribution of SNP under ICDS, discussions with anganwadi workers, supervisors, CDPOs and NGOs working in the area revealed that contractors continue to be involved. They are involved in procuring raw materials for hot cooked meals.

Various news reported in the local dailies confirmed that there are lots of confusion in the construction. Mention may be made on the basis of new report Dec. 13, 2009 in the Sangai Express that "a sum of Rs 5 lakhs had been taken as advance in connection with cons-truction of 10 Anganwadi buildings in different parts of Patsoi Assembly Constituency under Imphal West district, no buildings have been ever constructed. Under the Social Welfare Department, a total of 1554 new Anganwadicentres are to be constructed in different parts of the State. Of these 25 new Anganwadi buildings to be constructed in Patsoi Assembly Constituency, the advance amount for construction of 10 buildings at the rate of Rs 50,000 each had been granted in June-July 2009 along with the work order in favour of two agencies proposed by local MLA. It is supposed to complete the construction of the buildings within 3 months of sanctioning the fund. However, till date (Dec., 2009) no sign of any construction work could be seen. Further the news reported that when the Sangai Express went around inspecting the sites where the new Anganwadi buildings are supposed to come up, it was confirmed that indeed there has been no sign of any new building or construction work. (Sangai Express Dec. 13, 2009) Most of the Anganwadicentres in these places are also being operated in private residences and out- houses.

Interacting with The Sangai Express, Anganwadi workers and helpers working in these centres asserted that they have not been informed anything about the construction of new Anganwadi buildings by the local (MLA. However, around one year back, signatures were collected on *blank papers* maintaining that it was for construction of Anganwadi buildings and group photographs clicked along with the workers and helpers at the supposed sites where the Anganwadicentres are to be constructed. After this, nothing had been intimated, the Anganwadi workers and helpers said, while questioning what action the authorities concerned is going to be taken up against the work agencies who have not constructed the Anganwadi buildings in spite of having taken the advance amount. During the course of the investigation, it has also come to

light that there are also some issues which are yet to be resolved like the inability of the workers to decide where the proposed Anganwadi buildings should be constructed and the difference of opinion between the Government and the work agency on the model of the building to be constructed(Sangai Express Dec. 13, 2009). Under the ICDS scheme it is mandatory that every anganwadi center should have a well maintained separate toilet for girls and boys. During this study it was seen that not a single AWC had a separate toilet for girls and boys.

Mention may be made that RTE food used to be supplied from the 2007-08 fiscal has been replaced through provision/ supply of food and cooking materials and the personals/staff engage with the formation of (SHG) self help groups at the local level, however sanction procedure was initiated in the March 2008 for purchase of 7642 vessels along with recommended shap and size in the rate quotation of Rs. 1179. Meanwhile 19 Sanction Orders were reportedly handled by the Social Welfare Department cashier in between March 27 and 28, 2008 for purchase of 7642 vessels. Another clear instance of mismanagement of money was noticed by all in compare to the rate quoted by the government under a specific shape and size that can be available at the market in the range of 500-600 only. It is also revealed that at least Rs. 15-20 was usually deducted by the Department officials as 'stamp charge' from the workers and helpers when their honourarium is paid for every month (Snagai Express, May 25, 2009). There was also strong suspicion fraudulent withdrawal of Rs 89 Lakh as the amount have been withdrawn by submission of bill voucher without checking and maintaining proper record with regard to the items bought(Snagai Express, May 25, 2009). On the other anganwadicentres have not been able to get full quota of rice, that usually five bags of 50 kg., used to be supply for each centres but it is reported that about 24 kg., to even one bag has deducted from each centres when distributed in the name some higher authority (Snagai Express Oct. 25, 2009). In case of demands from extra constitutional bodies, instances of deducting Rs. 1000 by officials from the allocated fund meant for feeding the kids in the Anganwadicentres to meet the demands are very often. Whether the quality of the rice is questionable or not, none of the centres have complain the matter it is still open secret all these years as they have been threaten or cautioned against speaking out (Snagai Express Oct. 25, 2009).

Inefficiency of supplied materials:

The utensils for the cooking are also supply by the contractors. It is worth to mention that news reports analysed the quality of the utensil that was far from the expectation. In such situation none of the centres do not interest on the nutrition of supplementary nutrition programme. On the other there is also controversy on the fund allocation of utensil that the central guidelines have no clarity on the specific matter of utensil for that purpose which is a big loophole. Different manifestations of financial misused that large number of cooking utensils purchased by the department for supplied to Anganwadicentres were found in excess of the existing centres and the expenditure made on the cost of utensils were so notably in-proportionate. It came to light that cooking vessels purchased under the official sanction for use in each of the anganwadicentres exceeded by over 3000 (Snagai Express, May 25, 2009).

Ready to Eat (RTE): issues and challenges:

Where decentralized food model is implementing in some selected areas for supplying weaning food (WF) to children of 6 months to 6 years at 80 gm per child and ready to eat rich energy food (RTE) to pregnant and nursing mothers and adolescent girls at 160 gm per day. One of the big obstacles is that most of the mothers have somewhat negligence to collect the RTE, for their children supplementary nutrition is suppose to be collected by the mothers. Further, the

supplementary nutrition for children under three years of age and pregnant and lactating mothers are given in the form of 'take home rations' once or twice a fortnight. It was seen that this component of the programme is not very effective and children under three are mostly out of the ICDS programme in the state. Significantly even the Supreme Court had decreed special attention for proper implementation of the scheme quality of rice supply by the concern department was sometime very unfortunate in the sense that adulterate food was supplied. Bed *smell, stone* and *charcoals* were also found in the rice bag that usually distributed five bags of 50 kg., to every centres see the following picture. On the other hand Anganwadicentres have not been able to get full quota of the allocated rice as there are lots of intervention from different quarters.

As happening in other states like UP, considering that the age of children under two is the most important for any intervention on malnutrition, this is a gap in the state. On the other 'take home rations' or RTE are un-proportionately distributed to those who interested to it because majority of mothers usually do not care of such things. Besides, due to the absence of need based allocation of RTE food most of the centers had surplus stocks of RTE and weaning foods. This stock was kept in unhygienic conditions mostly at the homes of the anganwadi worker or helper. The new stock was piled on unused stock ignoring the practice of 'first in, first out'. Dust, moisture and insects further reduced the shelf life of these foods. People in the community also complained the stock was illegally being sold as cattle feed. The problem of unused stocks was more acute in urban areas where there was less demand for these foods. These factors and problems have severely compromised the basic component of providing nutrition and tackling hunger for children.

For healthy Lactating mother:

If the anganwadi workers and helper join hand to take up the following suggestive and optimistic view to the specific area of health and nutrition, the existing ICDS scheme will have more sense.

1. To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel.
2. To carry out a quick survey of all the families, especially mothers and children in those families in their respective area of work once in a year.
3. To organise supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.
4. To provide health and nutrition education and counseling on breastfeeding/ Infant & young feeding practices to mothers. Anganwadi Workers, being close to the local community, can motivate married women to adopt family planning/birth control measures.
5. To make home visits for educating parents to enable mothers to plan an effective role in the child's growth and development with special emphasis on new born child
6. To guide Accredited Social Health Activists (ASHA) engaged under National Rural Health Mission in the delivery of health care services and maintenance of records under the ICDS Scheme.

7. To assist in implementation of Kishori Shakti Yojana (KSY) and motivate and educate the adolescent girls and their parents and community in general by organzing social awareness programmes/ campaigns etc.
8. AWW would also assist in implementation of Nutrition Programme for Adolescent Girls (NPAG) as per the guidelines of the Scheme and maintain such record as prescribed under the NPAG.
9. To identify the disability among children during her home visits and refer the case immediately to the nearest PHC or District Disability Rehabilitation Centre.
10. To support in organizing Pulse Polio Immunization (PPI) drives.

CONCLUSION:

ICDS is a very important intervention to ensure the health, nutrition and development of children under six in the state. This research work presents a pathetic picture of the programme in the state. But very luckily the rate undernutrition is not serious when we compare to other states in the sense that most of the parents usually take care of their child and even they do not bother of RTE food. Considering the centers as a place where their children to motivate and to adopt a habitual cultural of learning or school going habit. It is also cleared that most of the anganwadicentres are in a state of function-less in the sense that children turn up to the centre are very poor but at the time of health care day like pulse polio immunization the centre has been taken great role. On the other, some centres being opened once in a while, food not being distributed regularly and the programme of hot cooked meals not even being initiated in most places. But, in the case of reaching out to children below three is one of the major limitations in the implementation of ICDS in the state. As this is the most important age group for any intervention against malnutrition. Providing services to these children involves home visits and meetings by the anganwadi worker for nutrition and health counselling, regular growth monitoring and proper distribution of good quality supplementary nutrition is a big question. None of this is happening properly in any of the anganwadis that investigator visited. Further, the absence of weighing machines and growth charts makes it impossible for even well-intentioned anganwadi workers to do their job well. The system of monitoring and supervision is also very poor. For instance, it is seen that allocations of supplementary nutrition to the anganwadicentres are not made on the basis of the records maintained by the anganwadi workers but in fact is done in quite an arbitrary manner. The supervisors and CDPOs are still need to accentuate. From the findings of this study it is clear that clear that health and well being of children is not really a priority for politicians or for the administration. There is a complete somewhat lack of enthusiasm or effort by the administration to innovate to make the programme more effective.

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