

[https://doi.org/ 10.33472/AFJBS.6.Si2.2024.2073-2085](https://doi.org/10.33472/AFJBS.6.Si2.2024.2073-2085)



African Journal of Biological Sciences

Journal homepage: <http://www.afjbs.com>



Research Paper

Open Access

## **Integrated Child Development Services (ICDS) in Tirunelveli District, India: A Comprehensive Analysis of Child Development Programs and Initiatives**

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Article History

Volume 6, Issue Si2, 2024

Received: 29 Mar 2024

Accepted : 30 Apr 2024

doi: 10.33472/AFJBS.6.Si2.2024.2073-2085

### **Abstract**

Health is a critical socio-economic aspect in the life of every individual, embodying the adage "health is wealth." Recognizing health as a state of complete physical, mental, and social well-being, the World Health Organization emphasizes its fundamental role in achieving peace and security, with the responsibility falling on individuals and states alike. Addressing global health disparities is crucial, and the importance of informed public cooperation cannot be overstated (WHO, 2020). In India, the Integrated Child Development Services (ICDS) program, launched in 1975 and reinitiated during the Tenth Five Year Plan, plays a pivotal role in providing comprehensive services to children under six and their mothers. The study focuses on the ICDS program in Tirunelveli District, with objectives to analyze beneficiaries across age groups, assess the evolution of nutritious meals programs, examine the Noon-Meal for children and older adults, explore various child health initiatives, and provide an overview of budget allocations within ICDS. The research aims to contribute to a comprehensive understanding of the ICDS program, its impact on child development, and the challenges and successes in Tirunelveli District.

**Keywords:** ICDS, child health, noon-meal, nutrition

## **Introduction**

Health is an imported socio-economic aspect of every individual life. It's important evidence in old saying 'health is wealth'. Health is not only basic to lead a happy life for an individual but also necessary for all productive activities in the society. According to the World Health Organization (WHO), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity..." The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition. The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States. The achievement of any State in the promotion and protection of health is value to all. Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger. Healthy development of the child is basic importance; the ability to live harmoniously in a changing total environment is essential to such development. The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health. Informed opinion and active co-operation on the part of the public are the utmost importance in the improvement of the health of the people. Government have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures (WHO, 1995).

Integrated Child Development Services (ICDS) is a government programme in India which provides food, preschool education, primary healthcare, immunization, health check-up and referral services to children under 6 years of age and their mothers (Sachdev, 2001). The scheme was launched by Indira Gandhi, Prime Minister of India in 1975, discontinued in 1978 by the government of Morarji Desai, and then relaunched by the Tenth Five Year Plan. Tenth five-year plan also linked ICDS to Anganwadi centers established mainly in rural areas and staffed with frontline workers. (ICDS GOI, 2019). In addition to fighting malnutrition and ill health, the programme is also intended to combat gender inequality by providing girls the same resources as boys. The Ministry of Women and Child Development received ₹ 24,430 crore for fiscal 2022, which was 0.7 per cent of the budget. In last year, it received ₹ 30,007 crore, which was 0.98 per cent of the budget (Chandra, 2021).

The ICDS programme which now cover almost all development blocks in India is potentially well poised to address some of the underlying causes of persistent under nutrition. The programme adopts multi-sector approach to child well-being incorporating health, education and nutrition interventions and is impended through a network of Anganwadi centers (AWCs) and their helpers provide eight key services to 0-6 years children and mother including supplementary feeding, immunization, health backup and nutrition, education and pre-school education etc. ICDS in India include promoting social

equality due to regular common drinking water, sleep and play and building skills among pre-scholars for school readiness.

### **Function of ICDS**

- Lay foundation for the proper psychological, physical and social development of the child.
- Improve nutritional and health status of children below six years.
- Reduce incidence of mortality, morbidity, malnutrition and school dropouts.

ICDS is today the largest community-based outreach programme for holistic early child development. It is a crucial link between disadvantaged communities both the primary health care and education systems. ICDS scheme is a pioneer scheme taking care of the welfare of the mother and Child. (Wikipedia, 2021). During the 2018–19 fiscal year, the Indian central government allocated ₹16,335 crores to the programme. (Ivaschenko, 2015). It has increased to 19,427.75 in the next fiscal year i.e., 2019-20 (Bhattacharya, 2019).

Today's Children are tomorrow's nation builders and today's adolescent girls are tomorrow's healthy mothers. They are the assets to the nation. Having this as an objective, the Department of ICDS is functioning towards the goal of "Malnutrition free Tamil Nadu". The Government of Tamil Nadu has taken decisive steps to address the nutrition and health needs of children below six years, pregnant women, lactating mothers and adolescent girls. With a strong push towards Universalisation of the ICDS programme, ICDS services have been steadily extended to serve unreached habitations, under-served populations and hard to reach areas of the state (Statistical Handbook, 2020). Through the Integrated Child Development Services Scheme, Tamil Nadu has improved overall nutrition and health status of its young children. (<https://icds.tn.nic.in>).

### **Statement of the problem**

Integrated Child Development Services Scheme is being implemented by the Ministry of Women and Child Development. It is the world's largest programme aimed at enhancing the health, nutrition and learning opportunities of infants, young children (0-6) years and their mothers. The present study fully agrees with the statement of programme evaluation Organization of the planning commission that, "There is no doubt that the ICDS is well conceived and well planned to address the main cause of child under - nutrition". Even poor children attaining health is only due to the unique Anganwadi programmes. India's response to the challenge of providing pre-school education on one hand and breaking the various cycle of malnutrition, mortality and morbidity on the other. Hence, this study focused on Integrated Child Development Services Scheme in Tirunelveli District.

### **Objectives of the study**

The main objective of the study is to analyse the child development programmes in general and integrated child development programme in Tirunelveli district.

- 1) To analyse the beneficiaries of ICDS in the age of 6-36 and 37-60 months.
- 2) To find out the achievements and evolution of nutritious meals programme.
- 3) To examine the Noon-Meal for a Children and OAP.
- 4) To find out the various child health programmes.
- 5) To overview for the budget allocation in ICDS.

### **Methodology**

The good research work requires a clear scientific methodology. This study is based on only secondary data. Ten-year data from 2010-11 to 2019-20 regarding number of ICDS centers, number of beneficiaries and budget allocation for ICDS from 2011 to 2017 data have been collected. The secondary data were collected from World Health Organisation, Ministry of Women and Child Development, NRHM, National Health Mission, Ministry of Finance, Integrated Child Development Services, Tamil Nadu, and District Statistical Handbook of Tirunelveli. Collected data were analysed by the appropriate tools like percentages, trend line, charts etc.

### **Significance of the study**

Health is an essential input for the development of human resources and quality life improvement in health status of the population has been regarded a priority for sustained development, intervention at individual community and national levels. Health facilities and services broadly included expenditure that affects life expediency, strength stamina and vitality of people. ICDS is the only major national programme that address the needs of children under six. It seeks to provide young children with an integrated package of services related to nutrition, health and pre-school education. Because the need of children cannot be addressed in isolation from those of his or her mother. The programme also extends to pregnancy women and nursing mothers.

### **Description of the study area**

The present research is related to the study on integrated child development services in Tirunelveli district.

### **Limitations of the study**

No research work is without limitation. They are as follows:

- 1) The study is confined to only secondary data.
- 2) This study focuses only on Anganwadi centres.
- 3) The area is confined to ICDS in Tirunelveli district.

### **Analysis of the ICDS Scheme**

In this present study is attempted to examine the number of Beneficiaries under Puratchi Thalaiyar M.G.R. Nutritious Meals Programme under the age Group related variables among 0 to 6 years children's.

### Analysis of Data

To analysis ICDS beneficiaries under the age of 0 to 6 years children were selected as participants from Tirunelveli district. The participants were selected by secondary data. To analyze of year wise 2010 to 2020 to beneficiary under the age group of 6-36 months children presented in table 1.

*Table 1 Children Benefitted Under 6-36 Months*

S.NO	YEAR	6-36 Months Children Beneficiaries
1	2019-2020	79594
2	2018-2019	78948
3	2017 - 2018	80350
4	2016-2017	82588
5	2015-2016	82899
6	2014-2015	76750
7	2013-2014	74993
8	2012 - 2013	76482
9	2011 - 2012	72734
10	2010 – 2011	55342

Source: (<https://tirunelveli.nic.in/document-category/statistical-handbook/>).

The above table 1 shows that the beneficiaries under Puratchi Thalaivar M.G.R. Nutritious Meals Programme under the age Group related variables among 6 to 36 months children. Those year of 2019-2020 beneficiaries 79594 and 2018-2019 number of beneficiaries under the age group of 78948. 2017-2018 beneficiaries 80350 the number of age group beneficiaries under nutritious meals programme at the various year 2016 to 2017, 6 to 36 months children's beneficiaries 82588. 2015 to 2016 number of beneficiaries under age group of the 6 months to 36 months children beneficiaries 82899. Number of beneficiaries under the age group of the year 2014 to 2015 under the age group of beneficiaries 76750. 2013-2014 beneficiaries 74993 the total beneficiaries under the age group. 2012-2013 number of the total beneficiaries 76482. 2011 to 2012, 6-36 months beneficiary children 72734 and 2010 to 2011 under the age group of beneficiaries 55342.

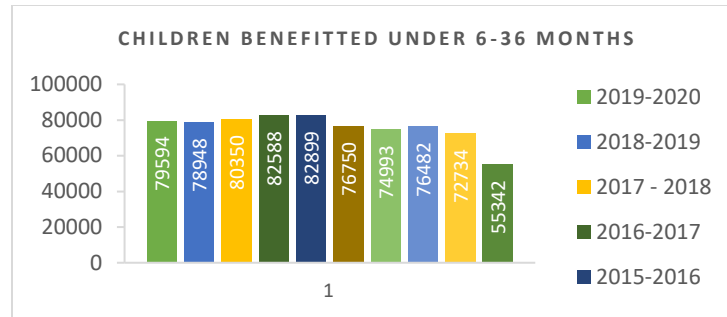


Figure 1 Children benefitted under 6-36 months

The above figure 1 reveals the annual count of beneficiaries aged 6-36 months benefiting from the Integrated Child Development Services (ICDS) program over a ten-year span. Notably, the figures show a consistent increase from 2010 to 2016, reaching a peak in 2016-2017 at 82,588. Following this, there are fluctuations, with a minor dip in 2017-2018 and subsequent stabilization. The sustained high numbers indicate the enduring impact of the ICDS program, suggesting successful outreach efforts. Policymakers may use this data to assess program effectiveness and consider targeted interventions. Variability from year to year may stem from factors like population dynamics or changes in implementation strategies, warranting further investigation for informed decision-making.

#### Beneficiary under the age group of 37-60 Months Children

Table 2. 37-60 Months Children beneficiaries under age Group

S.No	Year	37-60 months children beneficiaries under age group
1	2019-2020	34617
2	2018-2019	33324
3	2017 - 2018	32822
4	2016-2017	47265
5	2015-2016	46744
6	2014-2015	46898
7	2013-2014	61663
8	2012 - 2013	47171
9	2011 - 2012	50500
10	2010 - 2011	55518

Source: (<https://tirunelveli.nic.in/document-category/statistical-handbook/>).

The above table 2 shows that the beneficiaries under Puratchi Thalaivar M.G.R. Nutritious Meals Programme under the age Group related variables among 37 to 60 months children. Those year of 2019-2020 beneficiaries 34617 and 2018-2019 number of beneficiaries under the age group of 33324. 2017-2018 beneficiaries 32822 the number of

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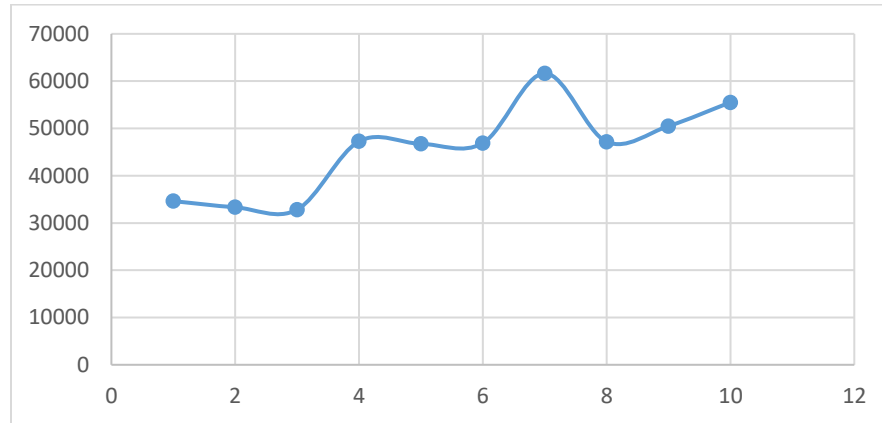


Figure 2. 37-60 Months Children beneficiaries under age Group

Source: Statistical Handbook, Tirunelveli (2011- 2020).

The above figure outlines the beneficiaries under the Puratchi Thalaivar M.G.R. Nutritious Meals Programme in the age group of 37 to 60 months. The data spans from 2010 to 2020, revealing a fluctuating pattern in the number of beneficiaries. In the fiscal year 2019-2020, there were 34,617 beneficiaries, showing a slight decrease compared to the previous year (2018-2019) with 33,324 beneficiaries. Notably, in 2017-2018, there were 32,822 beneficiaries. Conversely, the table indicates a higher number of beneficiaries under the age group of 6 to 36 months in the same years, reaching 47,265 in 2016-2017 and 46,744 in 2015-2016. This suggests a distinct focus on younger children in the Nutritious Meals Programme during these years. The cumulative data from 2010 to 2020, however, shows an overall decrease in the number of beneficiaries under the age group of 37 to 60 months. This observation prompts further examination to understand the factors contributing to this decline and underscores the need for targeted efforts to ensure sustained support for this specific age group in the Nutritious Meals Programme.

### **Puratchi Thalaivar M.G.R. Nutritious Meals Programme centers**

The table 3 shows that the Puratchi Thalaivar M.G.R. Nutritious Meals Programme centers under the age Group related variables among 37 to 60 months children. Those year of 2019-2020 beneficiaries 34617 and 2018-2019 number of beneficiaries under the age group of 33324. 2017-2018 beneficiaries 32822 the number of age group beneficiaries

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under nutritious meals programme at the various year 2016 to 2017, 6 to 36 months children's beneficiaries 47265. 2015 to 2016 number of beneficiaries under age group of the 6 months to 36 months children's beneficiaries 46744.

*Table 3 Puratchi Thalaivar M.G.R. Nutritious Meals Programme centers*

S. No	Year	P.A Noon Meal Centre	No. of Centers
1	2019-2020	2068	4630
2	2018-2019	2072	4634
3	2017-2018	2085	4647
4	2016-2017	2087	4649
5	2015-2016	2088	4650
6	2014-2015	2087	4649
7	2013-2014	2087	4649
8	2012-2013	2082	4644
9	2011-2012	2082	4644
10	2010-2011	2085	4647

Sources: (<https://tirunelveli.nic.in/document-category/statistical-handbook/>).

Number of beneficiaries under the age group of the year 2014 to 2015 under the age group of beneficiaries 46898. 2013-2014 beneficiaries 61663 the total beneficiaries under the age group. 2012-2013 number of the total beneficiaries 47171. 2011 to 2012, 6-36 months beneficiary children 50500 and 2010 to 2011 under the age group of beneficiaries 55518. So, this table 6.3, 2010 to 2020 number of the beneficiaries is too decreased.



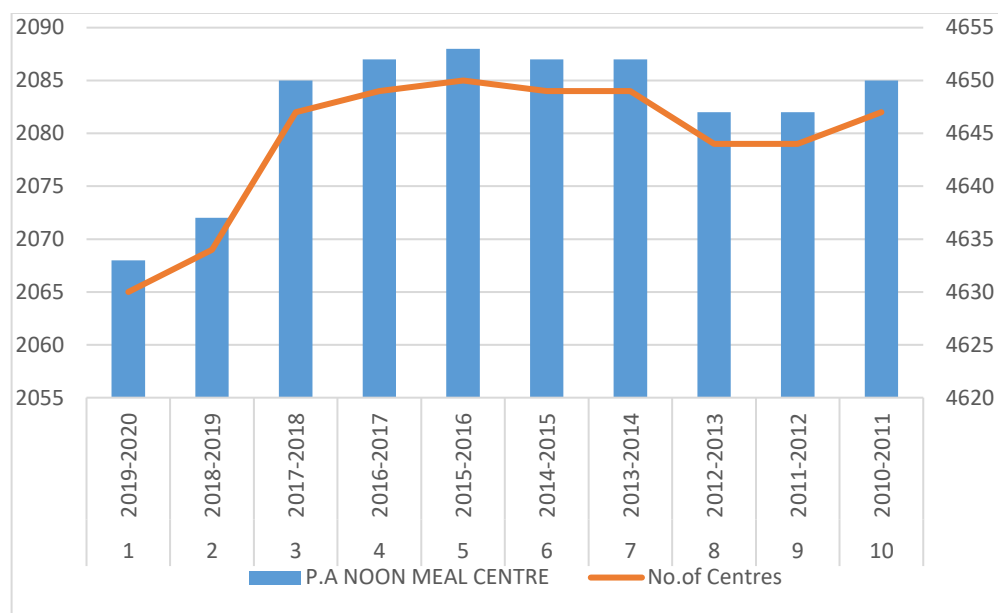


Figure 3 Figure: Puratchi Thalaivar M.G.R. Nutritious Meals Programme centers

Sources: Statistical Handbook, Tirunelveli (2011- 2020).

The chart (Figure 3) depicts the overview of Puratchi Thalaivar M.G.R. Nutritious Meals Programme centers from 2010 to 2020. In the year 2010-2011, there were 2085 P.A Noon meal centers, and the same year witnessed an increase to 4647 centers. The subsequent years, 2011-2012 and 2012-2013, maintained the same number of noon meal centers at 2082 and 4644, respectively. The year 2013-2014 saw a slight increase to 2087 centers, a number that persisted in 2014-2015, along with a total of 4649 centers.

Moving forward, the year 2015-2016 recorded 2088 noon meal centers and 4650 centers, respectively. The subsequent years, 2016-2017 and 2017-2018, maintained a consistent count of 2087 noon meal centers and 4649 centers. In 2018-2019, the number of noon meal centers dropped to 2072. The latest available data for 2019-2020 shows 2068 P.A noon meal centers, with a total of 4630 centers.

Table 4 Per day Noon-Meal for a Children and an OAP

S. No	Commodities	25-60 Months Children	OAP
1	Rice	80 gms	200 gms
2	Dal	10 gms	15 gms
3	Oil	2 gms	1 gms
4	Salt	1.9 gms	1.9 gms
5	Vegetables	0.94 paisa (Tuesday, Friday and Saturday)	1.16 paisa (Monday, Wednesday and Thursday)

Sources: (<https://tirunelveli.nic.in/integrated-child-development-services/>).

Table 4 presents the daily Noon-Meal distribution for both children and older adults, specifying the allocated quantities of rice, dal, oil, salt, and vegetables. The distribution varies based on age groups and specific days. For children aged 25 to 60 months, the allocation per day consists of 80gms of rice, 10gms of dal, 2gms of oil, 1.9gms of salt, and vegetables costing 0.94 paisa (available on Tuesday, Friday, and Saturday). On the other hand, both children and older adults receive 200gms of rice, 15gms of dal, 1gms of oil for older adults, 1.9gms of salt, and vegetables costing 1.16 paisa (available on Monday, Wednesday, and Thursday). This delineates the commodities allocated for the daily Noon-Meal for both children and older adults.

Figure 4 illustrates the beneficiaries of the Integrated Child Development Services (ICDS) in Tirunelveli district across 16 blocks, highlighting the Supplementary Nutrition Programme (SNP) for children, as well as services for Antenatal Care (ANC), Postnatal Care (PNC), Nutritious Noon Meal Programme (NMP), and Old Age Pensioners (OAP).

SNP - The Supplementary Nutrition Programme (SNP) serves as a pivotal component of ICDS, addressing malnutrition concerns. It caters to pregnant and lactating women, along with children aged 7 months to 6 years.

*Table 5 Beneficiaries of ICDS in Tirunelveli district*

S.No	Name of the Block	*SNP for children	*ANC	*PNC	*NMP	1-2 Egg	*OAP
1	Alangulam	6046	864	862	2240	1558	3
2	Ambasamuthiram	5133	745	668	2064	1508	0
3	Cheranmahadevi	5065	691	582	2145	1103	0
4	Kadayam	5379	708	584	2590	1240	3
5	Kadayanallur	6078	841	760	1874	1068	0
6	Kalakadu	4325	635	528	1940	692	0
7	Keelapavoor	8291	1149	1011	3650	2156	0
8	Kuruvikulam	4598	516	447	2025	829	0
9	Manur	6555	864	911	3000	1432	0
10	Melaneelithanallur	5060	571	506	2575	1195	0
11	Nanguneri	4398	566	558	2039	569	0
12	Palayamkottai	6472	790	649	2765	1774	0
13	Pappakudi	4112	497	442	2015	945	0
14	Radhapuram	6830	801	752	3145	1066	0
15	Sankarankovil (R)	4743	486	511	2195	1151	0
16	Sankarankovil (U)	4092	580	487	1265	945	0

*Source: Statistical Handbook, Tirunelveli (2011-2020).*

ANC - Antenatal Care (ANC) is a crucial element in ensuring favorable health outcomes for women and newborns. Nutrition education and counseling play an integral role in ANC, influencing both maternal and child health outcomes. A significant portion of the population, approximately one-fourth, receives nutrition counseling.

PNC - Ensuring early initiation of prenatal care (PNC) is a vital aspect of safe motherhood programs, aiming to enhance maternal and infant health outcomes.

NMP - Under ICDS and SIDA-ICDS, approximately 6 lakh children aged 6 months to 6 years and 1.5 lakh pregnant and lactating women benefit from the Nutritious Noon Meal Programme (NMP). This initiative encompasses 29,309 pre-school child welfare centers, including those under ICDS and TINP, benefiting 12.67 lakh children. OAP - Old Age Pensioners (OAPs) also receive hot cooked meals at ICDS centers, addressing the nutritional needs of elderly individuals.

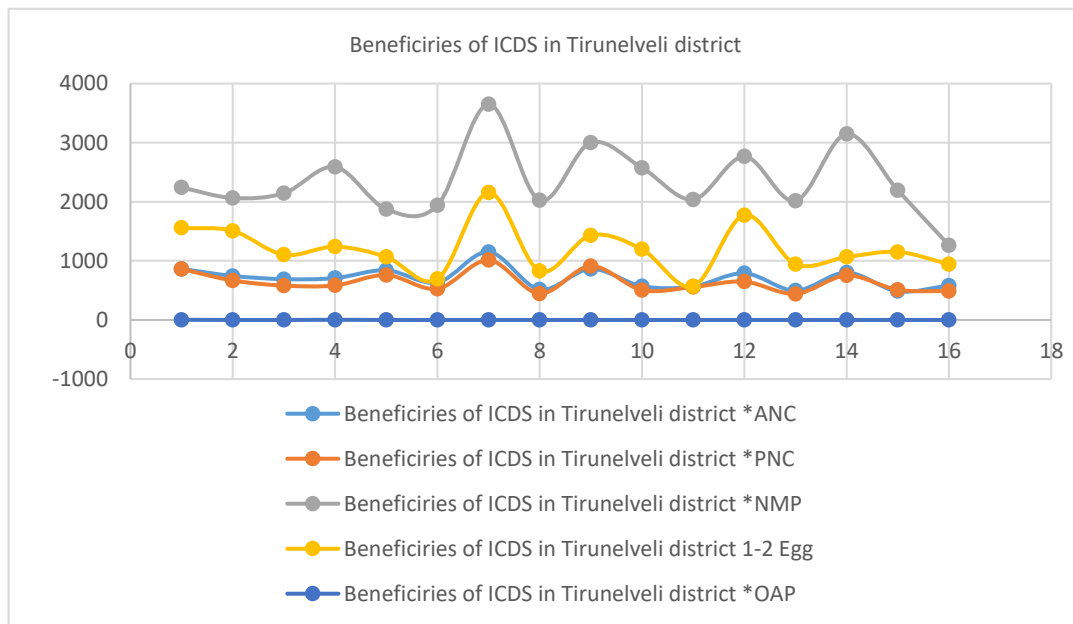


Figure 4 Beneficiaries of ICDS in Tirunelveli district

**BUDGET allocation in ICDS**

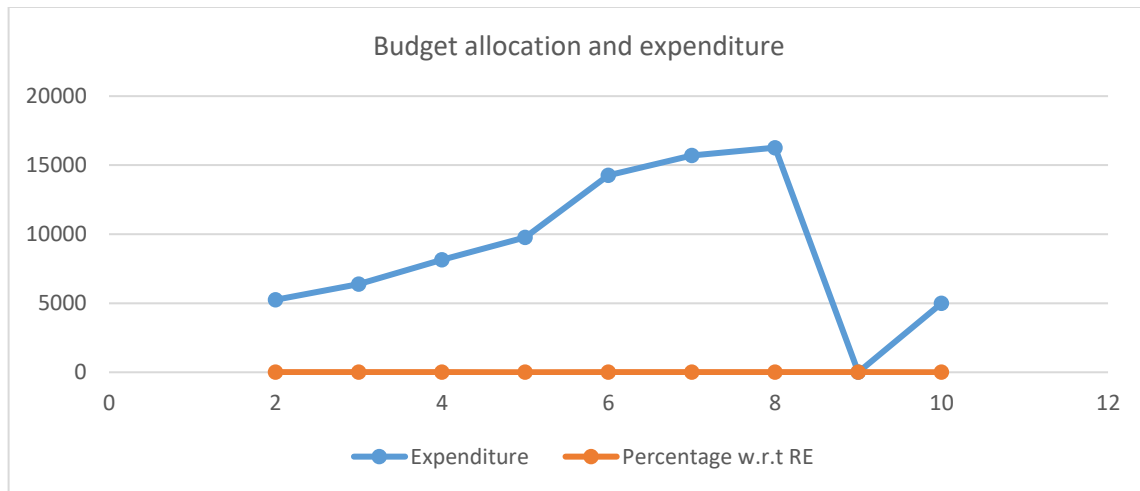
Budget Allocation and Expenditure under ICDS Scheme during the Eleventh Plan and the first 2 years of the XII Plan.

Table 6 Budget Allocation in ICDS

S. No	Year	Budget Allocation (BE)	Budget Allocation (RE)	Expenditure	Percentage w.r.t RE
		(Rs. in Crores)			
1	2007-08	5293	5396.3	5257.09	97.42%
2	2008-09	6300	6300	6379.36	101.25%
3	2009-10	6705	8162	8157.76	99.94%
4	2010-11	8700	9280	9763.11	105.20%
5	2011-12	10,000.00	14048.4	14272.21	101.59%
6	2012-13	15,850.00	15.850.00	15701.5	99.06%
7	2013-14	17,700.00	16,312.00	16267.49	99.73%
8	2014-15	18,195.00	16561	*16581.82	100.12%
9	2015-16 (as on 31.07.2015)	8335.77	--	5001.73	60%

Sources: (<https://icds-wcd.nic.in/icds.htm>).

Above the table 6 budget allocation and expenditure under ICDS scheme during the eleventh plan and the first 2 years of the XII plan to start the year of 2007 to 2016. Budget Allocation 2007-2008 crores of 5293 and that same year of expenditure 5257.09 and the per centage is 97.42%. In 2008-2009 budget allocation 6300 crores and the expenditure 6379.36 and expenditure 101.25%. Budget allocation of 2009-2010, 6705 crores and the expenditure 8157.76 and the expenditure 99.94%. In 2010–2011-year, budget allocation 8700 crores and that period expenditure is 9763.11 at percentage 105.20%. Budget allocation in the period of 2011-2012 crores of amount 10,000.00 and expenditure 14272.21 that same period of percentage value of 101.59%. In 2012-2013 to budget allocation of 15,850.00 and the expenditure 15701.5, percentage 99.06%. The budget allocation of the year 2013-2014 budget allocation in crores 17,700.00 and the expenditure of 16267.49 and percentage 99.73%. In 2014-2015, budget allocation 18,195 in crores and the expenditure 16581.82 to that the percentage 100.12%. Budget allocation and expenditure under ICDS scheme during the eleventh plan and the first 2 years of the XII plan 2015-2016 (as on 31.07.2015) budget allocation 8335.77 crores and the expenditure 5001.73, percentage of 60%.



*Figure 5 Budget allocation and expenditure*

The chart (Figure 5) provides an overview of Budget Allocation and Expenditure under the ICDS Scheme during the Eleventh Plan and the initial two years of the Twelfth Plan, offering insights into expenditures and their respective percentages. In response to programmatic, management, and institutional gaps, as well as to address administrative and operational challenges, the Government has sanctioned the Strengthening and Restructuring of the ICDS Scheme with a substantial allocation of Rs. 1,23,580 crores during the 12th Five-Year Plan. Administrative approval for this initiative was issued to the States/Union Territories on October 22, 2012. To comprehensively analyze this data, tables and figures have been employed to present a holistic view of the objectives and a detailed explanation of the information depicted in the chart and figures.

### Summary and Conclusion

The research on Integrated Child Development Services (ICDS) in Tirunelveli District provides a comprehensive analysis of child development programs from 2010 to 2020. The ICDS scheme, initiated in 1975 and reinstated during the Tenth Five Year Plan, plays a pivotal role in providing comprehensive services to children under six and their mothers. The study focuses on beneficiary analysis, nutritious meals programs, Noon-Meal services, child health initiatives, and budget allocations. It reveals fluctuations in the number of beneficiaries in different age groups, emphasizing the significance of the Puratchi Thalaivar M.G.R. Nutritious Meals Programme. The distribution of daily Noon-Meals for children and older adults is highlighted.

Budget allocations and expenditures under the ICDS scheme during the Eleventh and Twelfth Five-Year Plans are analyzed, reflecting government commitment to child welfare. The research contributes valuable insights for policymakers to enhance the effectiveness of the ICDS scheme, emphasizing the need for sustained efforts to address

child malnutrition and improve overall well-being. In conclusion, the study advocates for continued investment and improvement in child welfare programs, focusing on holistic development and inclusive growth for children and mothers in Tirunelveli District and beyond.

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