



## **SIX WELFARE SCHEMES OF INTEGRATED CHILD DEVELOPMENT (ICD) IN INDIA**

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### **Abstract**

*India is the second most populous country in the world after China. As per the latest census report 2011 there are 62 Crores males 58 corer female and 16 Crores (0- 6 year) children. The female and child population faces numerous problem related to their nutrition, health, education etc. against this backdrop the ICDS scheme was started by Govt. of India with the objective of improving nutrition, health & education of women and children. This paper focused on Six Welfare Schemes of ICDS which are: Supplementary nutrition, Immunization, Health checkup, Referral services, Pre-school non formal education and Nutrition & health education. This paper has also given the positive aspects of ICDS in India.*

**Key words:** *Supplementary nutrition, Immunization, Health checkup, Referral services, Pre-school non formal education and Nutrition & health education*

### **INTRODUCTION**



Source: - theindianiris.com

"ICDS - the Integrated Child Development Services - is the best articulation of our dedication for our children. It is today the biggest and one of a child and incorporated project of the world for early child improvement, meeting intercessions for wellbeing, nutritious prosperity, psycho-social and psychological advancement - connected to other style operations for safe drinking water, natural sanitation and women's development."

Children are the most significant resources and the quality of our nation. They are the establishment on which the fate of this nation rests. In this way, the advancement of our

children is a genuine marker of our advancement and of the force of a dynamic majority rules system to satisfy its guarantees to individuals.

Thus ICDS Manual states: "Children are presently perceived as the first in need approach the plan of improvement, not just in light of the fact that this is an attractive societal interest in the country's future human asset advancement additionally on the grounds that early adolescence is a powerless and most urgent period, when the establishments are laid for aggregate life, long learning and human improvement.

To ensure that children get protection against neglect, abuse and exploitation, the department has taken up programmes and schemes to guarantee the basic human rights including survival, development and full participation in social, cultural, educational and other endeavors for their individual growth and well being.

**Child underneath 6 years constitutes 17% of the total populace of India i.e. around 17 crores. As compared to other developed countries, infant mortality rate in our country is very high.** At the beginning of 1980s, 120 out of every 1000 newly born children were dying even before completing one year. Even after 50 years of independence, more than 40% of the Indian population lives below poverty line.

Lack of awareness and absence of education are still widespread among the provincial individuals. Extreme lack of healthy sustenance by virtue of intense neediness which gives space for low-resistance and the weighty early youth sicknesses are the primary driver for this disturbing circumstance.

The emphasis on child development has been on improving the quality of services under Integrated Child Development Services and also to improve the delivery of the programmes, components through the convergence of services meant for women and children (**Women and Child development, 2016**).

### **An Overview of Integrated Child Development Services**

Integrated Child Development Services (ICDS) is an Indian government welfare program which gives nourishment, preschool education, and essential primary healthcare to children under 6 years of age and their mothers. These administrations are given from Anganwadi centers focuses built up principally in rural territories and staffed with cutting edge workers. Notwithstanding battling lack of healthy sustenance and sick wellbeing, the system is additionally expected to battle gender disparity by providing girls the same resources as boys (**Michael and Monica, 2005**)



Source: - recruitmentvoice.com

A recent report found that the ICDS programme was not especially powerful in decreasing malnutrition, to a great extent in light of execution issues and on the grounds that the poorest states had received the least coverage and funding. **Michael and Monica, 2005** says during the 2012–13 financial year, the Indian central government spent 159 billion (US\$2.4 billion) on the programme. According to **Har (2013)** the far reaching system of ICDS has an imperative part in battling ailing health particularly for offspring of weaker groups (**Ideas for India, 2015**)

According to study by **U Kapil (2002)** “The Integrated Child Development Services (ICDS) program is the biggest project for advancement of maternal and child health and sustenance in India as well as in the entire world. The program was propelled in 1975 in compatibility of the National Policy for Children. The program has extended in the last twenty-seven years structure 33 activities to 5171 squares. ICDS is a multi-sectoral program and includes a few government offices. The program services are coordinated at the village, block, district, state and central government levels. The essential obligation regarding the execution of the project lies with the Department of Women and Child Development at the Center and nodal office at the states, which might be Social Welfare, Rural Development, Tribal Welfare or Health Department or an autonomous Department. The beneficiaries are children below 6 years, pregnant and lactating women and women in the age group of 15 to 44 yrs. The recipients of ICDS are to a vast degree indistinguishable with those under the Maternal and Child Health Program. The project gives an incorporated way to deal with focalizing all the essential administrations for enhanced childcare, early incitement and learning, wellbeing and nourishment, water and environmental sanitation aimed at the young children, expectant and lactating mothers, other women and adolescent girls in a community. ICDS project is the impression of the Government of India to adequately enhance the nourishment and wellbeing status of underprivileged area of the populace through direct intercession system. The system

covers 27.6 million recipients with supplementary nourishment. The project administrations and recipients have basically continued as before since 1975. As of late an audit of the plan was held, supported by Government of India, which recommended adjustments in the wellbeing and sustenance part of ICDS plan to enhance the project execution and proficiency”.

### **Background of the Integrated Child Development Services (ICDS)**

“The Integrated Child Development Scheme (ICDS) is the primary nutrition and early child development programme in India, which targets children less than 6 years of age, and pregnant and nursing mothers. The Government of India (GOI) established the ICDS on 2nd October 1975” (Sinha, 2016).

The programme started with only 33 projects in 1975, but rapidly expanded to 1161 projects, covering approximately 23 per cent of the country’s population (Tondon, 1989). ICDS currently has more than 13.8 lakh beneficiaries that utilize services provided by a network of Anganwadi centres that are run by Anganwadi workers (AWW) and helpers (AWH) (WCD, 2014).

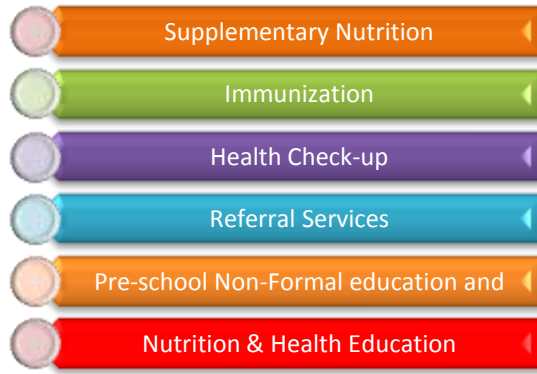
The ICDS, primarily targets low-income areas in urban and rural locations. There is one Anganwadi centre per 800–1000 individual beneficiaries. Although the primary objective of the ICDS is to improve child nutrition, it provides a holistic set of services that target other factors that are strongly correlated to child wellbeing and positive nutritional outcomes. Thus, the objectives of ICDS as laid out by the Union Ministry of Women and Child Development (WCD) include:

- a) laying the foundation for the proper psychological, physical and social development of the child;
- b) Improve nutritional and health status of children below 6 years of age;
- c) Reduce incidence of mortality, morbidity, malnutrition, and school dropouts; and
- d) Enhance the capabilities of the mother to look after the normal health and nutritional needs of children through proper nutrition and health education.

To achieve these objectives, the ICDS provides services targeting nutrition, health and education. The specific services that are provided through the Anganwadi centre include: Supplementary Nutrition Programme (SNP), Immunization, Health Check-ups, Referral Services, Pre-School Education, and Nutrition and Health Education (WCD, 2014)

### **Integrated Child Development Services (ICDS)**

Above mentioned Objectives of ICDS looked to be accomplished through a below package of services including:



The concept of providing a package of services is based primarily on the consideration that the overall impact will be much larger if different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from related services.

S. No.	Services*	Target Group	Service Providers
1	Supplementary Nutrition	Children below 6 years:Pregnant & Lactating Mother (P&LM)	Anganwadi Worker and Anganwadi Helper
2	Immunization	Children below 6 years:Pregnant & Lactating Mother	ANM/MO
3	Health Check-up	Children below 6 years:Pregnant & Lactating Mother	ANM/MO/AWW
4	Referral Services	Children below 6 years:Pregnant & Lactating Mother	AWW/ANM/MO
5	Pre-School Education	Children 3-6 years	AWW
6	Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO

Source: - delhi.gov.in

\* Three of the six services namely Immunization, Health Check-up and Referral Services are delivered through public health infrastructure.

According to the **web portal of delhi.gov.in (Govt. of NCT of Delhi)**

**1) Supplementary Nutrition:** This includes “Supplementary feeding and growth monitoring. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers.



Source: - [www.icdsbih.gov.in](http://www.icdsbih.gov.in)

Source:- [www.wishesh.com](http://www.wishesh.com)

By providing supplementary feeding, the Anganwadi attempts to bridge the calorie gap between the national recommended and average intake of children and women in low income and disadvantaged communities". Some of the main activities undertaken are:

- a) Growth monitoring and nutrition surveillance - Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps to detect growth faltering and helps in assessing nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to medical services.
- b) Supplementary Nutrition is being given to children below 6 years of age in the form of weaning food (for children up to one year), morning snacks and hot cooked meal. The Mother Non Profit Organizations/SHG concerned supply the required quantity of cooked food/weaning food based on the intent of the concerned Anganwadi worker. Anganwadi worker has the responsibility of placing a daily indent for morning snacks, hot cooked meals and a weekly indent for weaning food to their respective NPO. Supplementary nutrition food items are being provided for three hundred days in a year by the respective NPOs/SHGs in each ICDS project. Each SHG has its own separate kitchen to prepare hot cooked meals/morning snacks for the target beneficiaries in their project. The NPOs are regularly monitored and given directions for ensuring safety and hygienic parameters in the kitchens being run by their SHGs in terms of infrastructure, raw material, safe drinking water being used for preparation of supplementary food, and also during the transportation of the food at the doorstep of the AWCs.
- c) Awareness with respect to exclusive breastfeeding is given to all women in the age group of 15-45 years, priority being given to adolescent girls, nursing and expectant mothers. Messages associated with the benefits of breastfeeding & related health aspects are being imparted through home visits, mahila mandals, cooking demonstrations, specially organized courses and campaigns in project areas with the coordination of Food and Nutrition Board, State Unit.
- d) The cost norms for Supplementary Nutrition Programme under " Restructured" ICDS were revised by Government of India (GOI), as per details given below

Target Group	Revised Norms (per beneficiary per day)
Children(7-72 months)	Rs.6.00
Severely Underweight children (7-72 months)	Rs.9.00
Pregnant and Lactating women	Rs.7.00

The nutritive norms for Supplementary Nutrition Programme as prescribed by Government of India (GOI), are as follows

Category	Nutritive values	
	Calories (K Cal)	Protein (g)
Children(7-72 months)	500	12-15
Severely Underweight children (7-72 months)	800	20-25
Pregnant and Lactating women	600	18-20

AWCs are functional in rental accommodation in Delhi and therefore clean drinking water in matkas/pot covered with lid is made available to the target beneficiaries. Cleanliness of Anganwadi Centres and its immediate surrounding areas is always being taken on priority. Directions have been issued to all projects to observe cleanliness in and around the anganwadi centres and to liaise with the concerned MCD for problems related to safe drinking water/sanitation/public toilet/security.

2) **IMMUNIZATION:** Immunization of pregnant women and infants protects children from six vaccine preventable diseases namely, poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality.



Source:- [icds.tn.nic.in](http://icds.tn.nic.in)

Source:-[internationalreportingproject.org](http://internationalreportingproject.org)

“Immunisation of infants protects children from six vaccine preventable diseases, viz. Poliomyelitis, Diphtheria, Pertussis, Tetanus, Tuberculosis and Measles. These diseases are

major and preventable causes of child mortality, disability, morbidity and related malnutrition. Pregnant women are immunised against Tetanus, which reduces chances of maternal and neonatal mortality. The services of immunisation, health check-up and referral services are provided through the public health infrastructure, i.e. Health Sub-Centre, Primary Health Centre and Community Health Centre, as these are the joint responsibility of ICDS and the Ministry of Health and Family Welfare. Immunisation services are delivered by the Ministry of Health and Family Welfare under its Reproductive Child Health (RCH) Programme. The AWW assists the health functionaries in coverage of the target population for immunisation. She helps in the organisation of fixed day immunisation sessions. She maintains immunisation records of ICDS beneficiaries and follows up to ensure full coverage. The Iron and Vitamin "A" Supplementation (IFA tablets) are provided to children and pregnant women under the immunisation programme, which are also delivered under the RCH Programme of the Ministry of Health and Family Welfare” (**Programme Evaluation Organisation Planning Commission, 2011**).

The frequency of various vaccine deliveries under the immunization programme is as follows:

- BCG - at birth
- Oral Polio - at birth, 6,10,14 weeks
- DPT - at 6,10,14 weeks
- Hepatitis B - at 6,10,14 weeks Measles – at 9 week Evaluation Report on Integrated Child Development Services Vol.I 15
- DPT+ Oral Polio - at 18 to 24 months
- DT - at 5 years
- Vitamin A - at 9,18,24,30 and 36 month
- Tetanus Toxoid - to Pregnant Women in different trimesters 1.

**3) Health Check-Ups:** It includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. These services are provided by the ANM, Medical Officers In-charge of Health Sub-Centres and Primary Health Centres under the RCH programme of the Ministry of Health and Family Welfare. Health services include regular health check-ups, recording of weights, immunisation, management of malnutrition, treatment of diarrhoea, deworming and distribution of simple medicines, etc. At the Anganwadi, children, adolescent girls, pregnant women and nursing mothers are examined at regular intervals by the Lady Health Visitor (LHV) and Auxiliary Nurse Midwife (ANM) who diagnose minor ailments and distribute simple



medicines. They provide a link between the village and the Primary Health Care Sub-Centre.



**Source:- leprasociety.org**

**4) Referral Services:** During health check-ups and growth monitoring, sick or malnourished children, who are in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre by AWW. The AWW has also been oriented to detect disabilities in young children. She enlists all such cases and refers them to the ANM and Medical Officer in charge of the Primary Health Centre/ Sub-centre. These cases referred by the AWW are to be attended by health functionaries on a priority basis.

During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre.

**5) Pre-School Education (PSE):** The non-formal pre-school education (PSE) component of the ICDS is one of its most significant components, since all its services essentially converge at the anganwadi – a village courtyard. Anganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services. These AWCs have been set up in each J.J bunch, resettlement province and town. PSE, as visualized in the ICDS, concentrates on an aggregate improvement of the child, in the age up to six years, for the most part from the underprivileged gatherings. The early learning segment of the ICDS is a huge contribution for giving a sound establishment to combined long lasting learning and improvement. It additionally adds to the universalization of essential training, by giving to the tyke vital arrangement for essential tutoring and offering substitute consideration to more youthful kin, in this way liberating the more established ones – particularly young ladies – to go to class.



Source: - [www.thehindu.com](http://www.thehindu.com)

**6) Nutrition and Health Education:** Key element of the work of the Anganwadi workers is a Nutrition, Health and Education (NHE). NHE has the long-term goal of capacity building of women in the age group of 15-45 years so that they can look after their own health, nutrition and development needs as well as that of their children and families. The main objective of education in nutrition is to help individual to establish food habits and practices that are consistent with the nutritional needs of the body and adapted to the cultural pattern and food resources of the area in which they live. NHE comprises basic health, nutrition and development information related to childcare and development, infant feeding practices, utilisation of health services, family planning and environmental sanitation, maternal nutrition, ante-natal care, prevention and management of diarrhoea, acute respiratory infections and other common infections of children. NHE is delivered through inter-personal contact and discussion and involves the following services/activities which are discussed at these meetings: Services for children - taking care and monitoring of child's growth, timely immunisation , knowledge about breast feeding, colostrum feeding, treatment of diarrhoea/minor illness, not to provide home-made medicine during illness, preparation of nutritious food/feeding practices, importance of education of the child, about cleanliness and hygiene, preparation of oral dehydration solution, care of severely malnourished children. Services for Mother - About immunisation during pregnancy, about institutional delivery, about feeding practices during pregnancy and lactating period, about correct posture during pregnancy, correct posture during breast feeding, about self care & health, about diseases **(Programme Evaluation Organisation Planning Commission, 2011).**



Source: - [www.thehindu.com](http://www.thehindu.com)

### **Policy Framework Pertaining To ICDS Scheme**

India has a high level Policy-Making Body - 'The National Children's Board'. The Prime Minister is the President of this Board. The Board provides policy and direction and reviews programmes for children.

It has now been perceived that Physical, Mental and Social improvement that occur in early childhood is pivotal for resulting improvement, and that administrations gave in early childhood are extremely important for the improvement of the children. It has likewise been understood that all fundamental key administrations for the legitimate improvement of the child viz. sustenance, wellbeing what's more, training ought to be given at the same time to children and mothers and right in their own village and ward.

### **Conclusion**

Finally it conclude that the child care programmes with inadequate coverage, sectoral and fragmentary approach to the multi-dimensional needs of children and very little inputs cannot make a dent on the problems of children. The organization of comprehensive and integrated early childhood services was regarded as an investment in the future economic and social development of the country. It was felt that the impact of such a programme would be more than the sum total of the impact of individual services provided through different sectoral programmes to different groups of children”.

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