

## **Five Decades of Integrated Child Development Programme: A Holistic Journey Towards Child Development in India**

**Neha Katoch<sup>1</sup> & Nidhi Katoch<sup>2</sup>**

1. Research Scholar (SRF), Deptt of Public Administration

Panjab University, Chandigarh

2. Research Scholar (Public Policy and Sociology), Indian Institute of Management, Sirmaur

### **Abstract**

Healthy children are the foundation of a healthy future for any nation. Various countries have implemented schemes to improve children's development. After Independence, the Government of India implemented multiple programs and projects. The Integrated Child Development Scheme (ICDS) is the result of all these programs. The paper discusses the ICDS program's success over the past five decades. Secondary data from various sources, such as government websites, research papers, and newspaper articles, has been utilised. The paper also discusses the programme's objectives, services, and challenges.

Keywords: ICDS, Nutrition, Anganwadi Centres, Maternal and Child Health.

### **Introduction**

It is a well-known fact that life success, health and emotional well-being have their roots in early childhood. Thus, investing resources to support children in their early years of life brings long-term benefits to them and to the whole society. Early childhood development outcomes are important markers of the welfare of children, and can predict future health and well being of human race. Children are the future pillar of every country. The well being of a child begins before the birth of a child, i.e. when he/she is in mother's womb. The lives of children and women are the true indicators of the strength of communities, societies and nations. Number of specific programmes have been conceptualised and implemented since early fifties in India. These were gradually replaced by broad, multi sectoral and developmental programmes with inter-sectoral coordination resulting in Integrated Child Development Services (ICDS) Scheme. The **Integrated Child Development Scheme (ICDS)** is a unique programme which was started with the objectives of improving women and child health care, nutrition and development. The ICDS programme was launched by

GOI on 2<sup>nd</sup> Oct 1975. Initially this programme was launched on experimental basis in few selected blocks of the country. The success of the scheme motivated the GOI to extend the programme all across the nation. ICDS is the prime malnutrition control program for more than four decades.

### **Historical Evolution of ICDS in India:**

So many programmes have been conceptualized and implemented since early fifties in our country. Various agencies and non-govt. Organisation were involved in providing supplementary nutrition and other activities. But from various surveys and studies it was revealed that these programmes don't have desired impact on maternal and child care due to inadequate resources, education, skill constraint and fragmented approach. In order to ensure that all young children, pregnant and lactating mother from all section of society have access to their basic rights the ICDS (Integrated Child Development Scheme) was launched on 2<sup>nd</sup> Oct, 1975 (5<sup>th</sup> Five year plan) in pursuance of National Policy.

ICDS is a centrally sponsored scheme launched by Department of Women and Child Development (Now fully fledged Ministry) and Ministry of Human Resource (Now Ministry of Education) of GOI.

Since its inception ICDS has grown rapidly and expanded its scope all across the nation. Today the ICDS programme has reached to all tribal areas, rural areas and slum areas of our country.

### **Objectives of ICDS:**

India's ICDS programme was established in 1975 with the objectives which are following

1. To lay the foundation for the physical, psychological and social development of children.
2. To Improve the nutritional and health status of children in the age group 0-6 years
3. To reduce the incidence of mortality, sickness, and malnutrition and school dropout.
4. To enhance, through improved health care and education, the ability of mothers to look after the normal needs of their children.

5. To achieve effective co-ordination of policy and implementation among various departments responsible for child development.

### **Services and Schemes Under ICDS:**

ICDS programme is designed and framed to provide basic education and health services to pregnant and lactating women and children below 6 years of age. These objectives are achieved through combining these six services:

- a) Supplementary Nutrition Programme (SNP)
- b) Non-formal Pre-School Education (PSE)
- c) Nutrition and health education
- d) Immunisations
- e) Health check-ups
- f) Referral services.

These facilities are provided to the beneficiaries free of cost. Indians living below poverty line are the maximum beneficiaries of this scheme. Government is working seriously for women and children of this under-privileged section of the society. Hence, a number of plans, policies and programmes are designed and implemented by the Indian Government to achieve the objectives of removing malnutrition and generating health and nutrition education among children and women.

Under the Directorate of Women and Child Welfare at State level ICDS projects are set up in the blocks with each block having **Anganwadi centres**.

The administrative unit of an ICDS project consist of:

- **Community Development Block in rural areas,**
- **Tribal Development Block in tribal areas**
- **Group of slums in urban area.**

As per Evaluation Report by Planning commission (Now NITI Aayog) The literal meaning of “Anganwadi Centre (AWC)” is a courtyard play centre located within the village or slum area, which is the main focus point of delivery of services at community level to children below 6 years of age, pregnant woman, nursing or lactating mothers and

adolescent girls. Anganwadi worker is in charge of anganwadi centre and she is selected from the same community /village where the anganwadi centre is located.

### **Human Resources:**

The program is executed by cadre of female workers named Anganwadi workers (AWWs), who are chosen from the local community. She is in charge of an AWC. The worker is assisted by other female helper who works with AWW and helps in executing day to day activities at AWC. The ICDS functionaries' team comprises of AWWs, supervisors, Child Development Project Officers (CDPOs) and District Programme Officers (DPOs) from grass root level to the district level.

Also the people from health department form teams with ICDS functionaries to achieve the convergence of different services like

- Health check up activity which includes care of all children below 6 years, ante-natal care of pregnant ladies and post-natal care of lactating mothers.
- AWW and Primary Health Centre (PHC) staff work together in order to carry out regular check-up, body weight recording, immunization, management of malnutrition, treatment of diarrhoea and other minor ailments.
- At AWC, children, adolescent girls, pregnant ladies and lactating mothers are examined at regular intervals by the lady health worker and ANM nurse.
- Children who are severely and acutely malnourished are provided referral services through ICDS. All such cases are recorded by the AWW and referred to the medical officer.

### **TARGET GROUP**

The pre-school age is considered to be the most critical phase in the overall development of an individual, so **children up to 6 years** form the main target group. It is understood that child's health and nutritional status is affected to a very large extent by the mother's health status during pregnancy and lactation as well as by the attention and care given by the mother during childhood. **That is why women in the reproductive age (15-45 years)** are also included in the programme with special attention to the nutritional and health needs of pregnant and lactating mothers.

### **Beneficiaries**

The beneficiaries are:

- Children 0–6 years of age

- Pregnant and lactating mothers
- Women 15–44 year of age
- Children of 3-6 years
- Adolescent girls up to the age of 18 years- *non formal education and training on health and nutrition. (since 1991)*

### **Key Components of ICDS**

#### **Supplementary Nutrition Programme:**

In pursuance of provision in National food security act (NFS Act) 2013, ministry has introduced the Supplementary nutrition to regulate the entitlement specified under provisions of NFS Act for every pregnant lady and lactating mother till 6 months after child birth, and every child in the age group of 6 months to 6 years (including those suffering from malnutrition) for 300 days in a year.

The Supplementary Nutrition provided to the Anganwadi Services beneficiaries at Anganwadi Centres (AWCs) . The nutrition varies from place to place depending upon the locally available foods and food preference/habits of the local population.

#### **POSHAN Abhiyan:**

The PM's Overarching Scheme for Holistic Nourishment, previously known as the National Nutrition Mission,

The Hon'ble Prime Minister launched 'Suposhit Bharat' as a mission mode. Mission Poshan 2.0 (Saksham Anganwadi and Poshan 2.0) is an integrated nutrition support program announced in the Budget 2021-2022. It aims to improve nutritional content, delivery, outreach, and outcomes, with a focus on promoting health, wellness, and immunity. The Anganwadi Services, Scheme for Adolescent Girls, and Poshan Abhiyaan have been reorganised under Mission Saksham Anganwadi and Poshan 2.0 to improve nutritional outcomes. Poshan 2.0 aims to improve maternal nutrition, infant and young child feeding norms, MAM/SAM treatment, and wellness through AYUSH practices, reducing wasting and underweight prevalence and stunting.

### **Pre-School Education/ Early Childhood Care & Education (ECCE):**

ECCE was launched by GOI on 12<sup>th</sup> Oct 2013. This Policy provides the way forward to a comprehensive approach towards ensuring a sound foundation for survival, growth and development of child with focus on care and early learning for every child.

It recognises the synergistic and interdependent relationship between health, nutrition, psycho-social and emotional needs of the child.

Govt. provides pre-school education kit like books, note books, drawings; charts of different colour pictures of animals, vegetables, fruits, body parts, alphabets; and pencils, pens crayons etc.

With the help of Anganwadi Workers, children can learn easily to the basic knowledge about different colours, family members, alphabets and counting. It helps in children's overall mental development.

### **Immunisation:**

All Community Health Centres are responsible for health problems and immunization of children as well as pregnant female. Integrated Child Development Services (ICDS) scheme brings the Health Centres and Anganwadi Centres together. ANM, Asha-worker and Anganwadi worker work jointly in health camps.

Anganwadi Worker and her assistant make a record of pregnant ladies as well as new born babies especially to ensure complete coverage.

AWW helps organise fixed day immunization sessions.

The frequency of various vaccine deliveries under the immunisation 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

### **Nutrition and health education (NHE):**

Nutrition & health education is the services provided by ICDS functionaries to adolescent girls, pregnant ladies and lactating mothers. NHE comprises of education and awareness related to basic health, nutrition and development, childcare, infant feeding practices, utilisation of health services, family planning and proper sanitation, personal hygiene, maternal nutrition, ante-natal and post-natal care, prevention and management of diarrhoea, respiratory infections and other common infections among children.

NHE is delivered through inter-personal contact, meetings and discussions. NHE has a long term vision for capacity building of women from 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 families.

- Evaluation Report of ICDS by Planning commission (NITI Aayog) reveals that only one quarter of women is attending these educational meetings.
- A quick review of working of ICDS in Rajasthan by Ministry of human Affairs in 2005 shows that there is lack of active participation by rural women in meetings related to nutrition and health education.

#### **Health check-ups & Referral services:**

It includes care of all children below 6 years, ante-natal care of pregnant women and post-natal care of lactating mothers. AWW and Primary Health Care (PHC) staff work together and carry out regular check-up, body weight recording, immunization, management of malnutrition and other minor ailments.

#### **Schemes for Women**

##### **Pradhan Mantri Matru Vandana Yojana (PMMVY)**

The Pradhan Mantri Matru Vandana Yojana (PMMVY) will be implemented nationwide with approval from the Indian government on January 1, 2017. Under the plan, women from economically and socially disadvantaged groups will receive maternity benefits totalling at least 5,000 rupees, paid in two installments. A woman can receive the benefit for her first two surviving children as long as the second is a girl. The first child will receive rupees 5,000 in two installments, and the second child will receive rupees 6,000 in benefits, provided the second child is a girl, in one installment following delivery. However, registration during

pregnancy will be required in order to receive benefits for a second child. This would help to enhance the Sex Ratio at Birth and to prevent female feticide.

### **Use of Technology- Poshan Tracker Mobile App:**

Ministry of Women and Child development has developed a “**Poshan Tracker**” mobile app to track daily functioning of Anganwadis including preparing hot cooked meal for children as well as complete supply chain management of Take Home Ration (THR). The complete details of children registered with Anganwadi center will be captured to help ascertain whether they are malnourished or normal. The main aim of this app is to replace the offline records available at grass root level to online records of beneficiaries to ensure real time management and monitoring of services by the duty bearers at all levels.

According to news article published in THE HINDU, AWW are facing numerous challenges in using the POSHAN TRACKER app like

- Government is not providing the expenses for mobile recharge since most of AWW belongs to BPL category.
- Most of AWW are not trained properly, how to use the app.
- As of now AWW s has to maintain record in both their registers and Poshan Tracker app. It has resulted in two or three fold increase in their workload.

### **Conclusion:**

Since 1975 the ICDS programme has grown rapidly. Today AWW are playing major role in maintain proper records of all the pregnant ladies, lactating mothers and children. These workers are responsible for providing all the necessary services to beneficiaries at grass root level. Use of technology in ICDS programme has directly connected the grass root level with top level but it has also come with so many hurdles and problems for field level functionaries. The lack of proper training to AWWs deserves desirable and serious consideration of the concerned authorities. There is improvement in the scenario of malnutrition and anaemia in our country but the situation is still worrisome which requires the attention of authorities. It is not wrong to say that ICDS has immense potential to provide comprehensive child and maternal services. There is need to strengthen the training component. Only through this we can hope that ICDS will fulfil its all objectives properly as it was envisaged during its inception.



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