

TAKING CARE OF CHILDREN THROUGH INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) PROGRAM

Sarbjit Singh**

The Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children, pregnant women and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. ICDS was launched on 2nd October 1975, on the auspicious occasion of the 106th birth anniversary of Mahatma Gandhi, the Father of the Nation.¹ In the initial stages ICDS was implemented in 33 selected community development blocks all over India. ICDS has expanded considerably in subsequent years and at present there are 7076 sanctioned projects, 7025 operational projects in India and 155 sanctioned and 154 operational projects in Punjab. Services under the scheme are being provided through a net-work of about 1331076 operational *Anganwadi* centers in India as well as 26656 operational *Anganwadi* centers in Punjab.² Vijay Ratta³ in his book (1997) gave details about genesis, growth, components of ICDS and described a package of seven services comprising supplementary nutrition, immunization, health check-ups, and referral services' treatment of illness, Nutrition and health education and non-formal pre-school education which are provided under ICDS. Regarding it, S.L. Goel⁴ observed that the ICDS scheme aims to improve the nutritional and health status of pre-school children, pregnant women and nursing mothers through providing a package of services including supplementary nutrition, pre-school education, immunization, health checkups, referral services and nutrition and health education. Manisha Jain⁵ rightly pointed out that the objectives of the ICDS

** Mr Sarbjit Singh, Assistant Professor in Public Administration, Guru Gobind Singh College, Sanghera(Barnala)

mission would be to institutionalize essential services and strengthen structure at all level. There is a plan to roll out strengthened and restructured ICDS in three years beginning with 200 high burden districts in the first year 2012-13 and so on.

Objectives

The ICDS Scheme has the following objectives:-⁶

- 1 To improve the nutrition and health status of the children aged between 0-6 years.
- 2 To lay the foundation for proper psychological, physical and social development of the child.
- 3 To reduce the incidence of mortality, morbidity, malnutrition and school dropout.
- 4 To achieve, effective co-ordination of the policy and implementation among various departments to promote child development.
- 5 To enhance the capacity of the mother to look after the normal health and nutrition needs of the child through proper nutrition and health education.

Beneficiaries

The programmed beneficiaries are children below 6 years, pregnant and lactating mothers for supplementary nutrition, immunization, health check ups, referral services. Women in the age group of 15-45 years and adolescent girls up to the age 18 years for health and nutrition education and children from three to six years of age are beneficiaries for non-formal pre-school education. All children below 6 years of age, pregnant women and lactating mothers are eligible for availing of services under the ICDS Scheme. BPL is not a criterion for registration of beneficiaries under ICDS. The Scheme is universal for all categories of beneficiaries and in coverage.⁷ The focal point for the delivery of ICDS services in an *Anganwadi*⁸-a child care center located within the village or slum area itself. Each *Anganwadi* is run by an *Anganwadi* worker (AWW) and a helper. Different beneficiaries of programe are shown in Table 1.

Table 1

Different beneficiaries of ICDS programme

Services	Target Beneficiaries	Service Provided by
Supplementary Nutrition	Children below 6 years, Pregnant & Lactating Mother	Anganwadi Worker and Anganwadi Helper
Immunization	Children below 6 years, Pregnant & Lactating Mother	Auxiliary Nurse Midwife and Medical Officer
Health Check-up	Children below 6 years, Pregnant & Lactating Mother	Auxiliary Nurse Midwife and Medical Officer and Anganwadi Worker
Referral Services	Children below 6 years, Pregnant & Lactating Mother	Auxiliary Nurse Midwife and Medical Officer and Anganwadi Worker
Pre-School Education	Children 3-6 years	Anganwadi Worker
Nutrition & Health Education	Women (15-45 years)	Anganwadi Worker, Auxiliary Nurse Midwife and Medical Officer

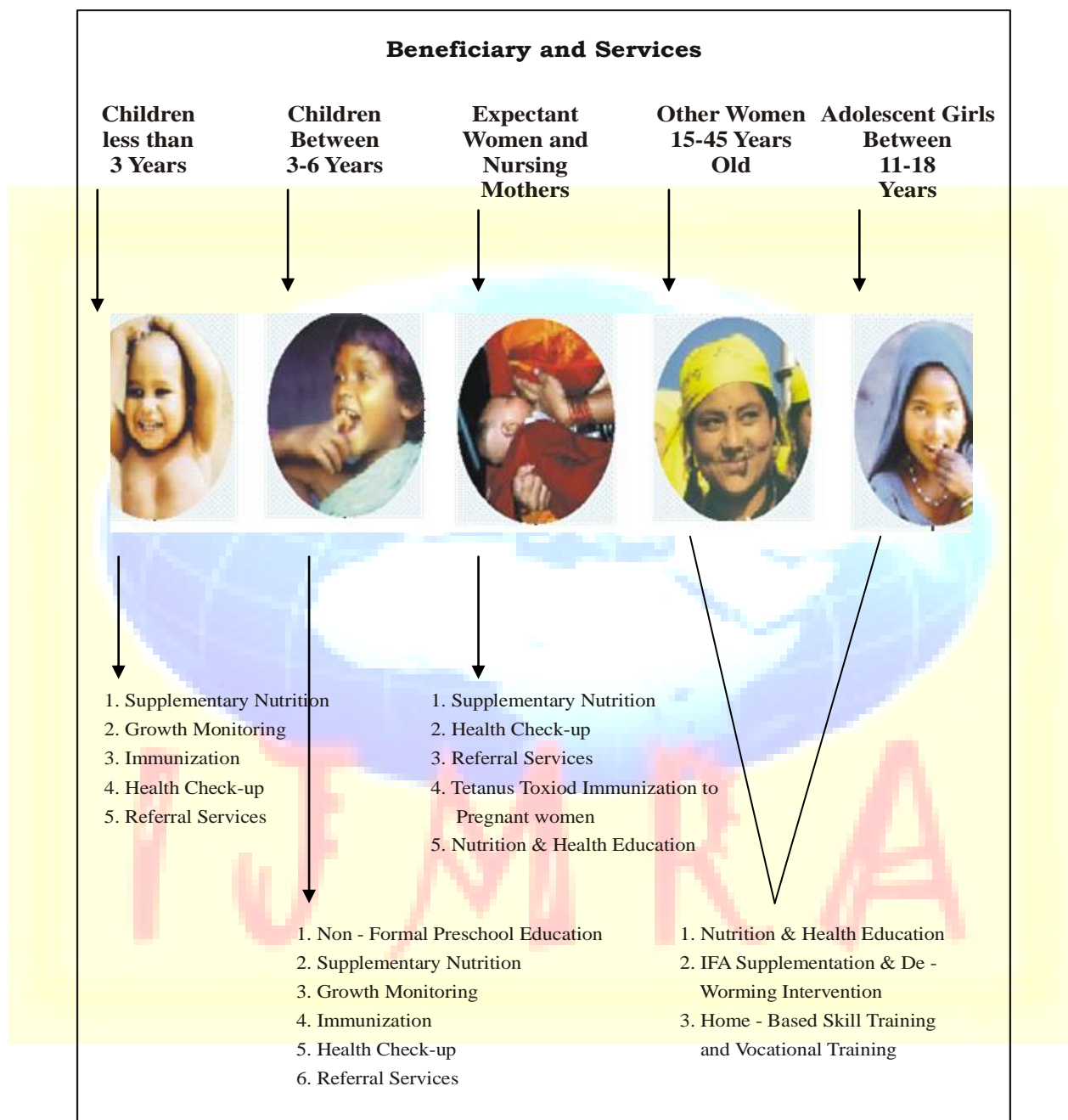
Source: <http://wcd.nic/icds.hmt>

Services

A package of six services, viz supplementary nutrition, pre- school education, nutrition and health education, immunization, health check-ups and referral services depicted in Figure 1 are provided under the ICDS Scheme. The first three services are provided by Ministry of Women and Child Development, Government of India and last three services are related to health and are provided by Ministry of Health and Family Welfare.⁹

Figure 1

ICDS Beneficiaries and Services



Source: Hand book for Anganwadi Workers, NIPCCD, 2006.

Population Norms

The revised population norms for setting up an *Anganwadi* center and mini AWC are as; each Anganwadi Centre (AWC) looks after a population of approximately 400-800 in rural and urban areas and 300-800 in tribal areas. Each Mini AWC looks after a population of approximately 150-400 in rural and urban areas and 150-300 in tribal areas.¹⁰ The population norms of the ICDS scheme are as under in Table 2.

Table 2

Population Norms under ICDS

For Anganwadi Centres in Rural and Urban Projects		
400-800	-----	1 AWC
800-1600	-----	2 AWCs
1600-2400	-----	3 AWCs
Thereafter in multiples of 800 1 AWC		
For Mini Anganwadi Centres in Rural and Urban Projects		
150-400	-----	1 Mini-AWC
For Tribal/Riverine/Desert, Hilly Projects		
300-800	-----	1 AWC
For Mini- AWC For Tribal/Riverine/Desert, Hilly Projects		
150-300	-----	1 Mini AWC

Source: Annual Report 2008-09, Ministry of Women and Child Development, Government of

India, New Delhi

Supplementary Nutrition Norms

Provision of supplementary nutrition under the ICDS Scheme is primarily made to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) of children and pregnant and lactating women. The detail of financial norms and nutritional norms presented below:

(a) **Financial norms:** The Government of India has recently, revised the cost of supplementary nutrition for different category of beneficiaries. Revised cost for Children (6-72 months) is Rs.6.00; for severely malnourished children (6-72 months) is Rs.9.00 and for pregnant women and Nursing mothers is Rs.7.00 for per beneficiary per day. Revised cost of supplementary nutrition is as described under Table 3.¹¹:

TABLE 3

Cost of Supplementary Nutrition

Sr. No.	Category	Existing norms <i>w.e.f</i> <i>16.10.08</i> per <i>beneficiary</i> per <i>day</i>	Revised norms <i>w.e.f</i> <i>22.10.2012</i> per <i>beneficiary per day</i>
1.	Children (6-72 months)	Rs.4.00	Rs.6.00
2.	Severely malnourished children (6-72 months)	Rs.6.00	Rs.9.00
3.	Pregnant women and Nursing mothers	Rs.5.00	Rs.7.00

Source: Annual Report 2012-2013, Ministry of Women and Child Development, Government of India, New Delhi

(b) **Nutritional Norms:** Revised norms of supplementary nutrition for Children (6-72 months) is 500 calories and 12-15 gram protein; for severely malnourished children (6-72 months) is 800 calories and 20-25 gram protein and for pregnant women and Nursing mothers is 600 calories and 18-20 gram protein for per beneficiary, as indicated below in Table 4.¹²

TABLE 4

Norms of Supplementary Nutrition

Sr. No.	Beneficiaries	Calories (Cal)	Protein (g)
1.	Children (6 months to 72 months)	500	12-15
2.	Severely malnourished children (6 month to 72 months)	800	20-25
3.	Pregnant women and Nursing mothers	600	18-20

Source: Annual Report 2012-2013, Ministry of Women and Child Development, Government of India, New Delhi

Funding Pattern

Prior to 2005-06, providing of supplementary nutrition was the responsibility of the States and administrative cost was provided by the Government of India as 100% central assistance. The nutrition costs were meagre and coverage of the programme in all villages/habitations was also limited and not universal. Since many States were not providing adequately for supplementary nutrition in view of resource constraints, it was decided in 2005-06 to support the States/UTs up to 50% of the financial norms or to support 50% of expenditure incurred by them on supplementary nutrition, whichever is less. Since 2009-10, Government of India has modified the sharing pattern of the ICDS Scheme between the Centre and States. The sharing pattern of supplementary nutrition in respect of North-Eastern States between Centre and States has been changed from 50:50 to 90:10 ratios. In respect of other States/UTs, the existing sharing pattern in respect of supplementary nutrition i.e., 50:50 continues. However, for all other components of ICDS including the administrative cost, the ratio has been modified to 90:10 (100% Central Assistance earlier)

Expansion of ICDS

The Number of operational projects increased from 5829 at the end of X Plan to 6908 at the end of XI Plan. The Number of operational Anganwadi Centres increased from 8, 44,743 at

the end of X Plan to 13, 04,611 at the end of XI Plan. Number of beneficiaries (Children from 6 months to 6 years and pregnant & lactating mothers) for supplementary nutrition increased from 705.43 lakh at the end of X Plan to 972.49 lakh at the end of XI Plan meaning thereby an increase of 37.85%. Number of beneficiaries (Children from 3-6 years) for pre-school education increased from 300.81 lakh at the end of X Plan to 358.22 lakh at the end of XI Plan meaning thereby an increase of 19.09%.¹³ There has been significant progress in the implementation of ICDS Scheme during XI Plan in terms of increase in number of operational projects, Anganwadi Centres and coverage of beneficiaries as indicated in Table 5.

Table 5

Trends in coverages

	Year ending	No. of operational Projects	No. of operational AWCs	No. of Supplementary nutrition beneficiaries	No. of pre-school education beneficiaries
During X Five Year Plan	31.03.2002	4608	5,45,714	375.10 lakh	166.56 lakh
	31.03.2003	4903	6,00,391	387.84 lakh	188.02 lakh
	31.03.2004	5267	6,49,307	415.08 lakh	204.38 lakh
	31.03.2005	5422	7,06,872	484.42 lakh	218.41 lakh
	31.03.2006	5659	7,48,229	562.18 lakh	244.92 lakh
	31.03.2007	5829	8,44,743	705.43 lakh	300.81 lakh
During Xi	31.03.2008	6070	10,13,337.	843.26 lakh	339.11 lakh
	31.03.2009	6120	10,44,269	873.43 lakh	340.60 lakh
	31.03.2010	6509	11,42,029	884.34 lakh	354.93 lakh
	31.03.2011	6722	12,62,267	959.47 lakh	366.23 lakh

Five Year Plan	31.03.2012	6908	13,04,611	972.49 lakh	358.22 lakh
Achievement during XI Plan		1079	4,59,868	267.06 lakh (37.85%)	57.41 lakh (19.09%)

Source: Annual Report 2012-2013, Ministry of Women and Child Development, Government of India, New Delhi

As on 31 January 2013, 7025 projects and 13,31,076 AWCs are operational across 35 States/UTs, covering 927.66 lakh beneficiaries under supplementary nutrition and 346.66 lakh 3-6 years children under pre-school component.

Financial progress

With wider spread of the Scheme, the plan allocation, which stood at 44,400 crore during the XI Plan period, has now increased to 1,03,003 crore for the XII Plan (2012-2017). For the 1st year of the XII Plan i.e. for 2012-13, 15,850 crore has been allocated for ICDS Scheme. As on 8 March 2013, an amount of 14,550.86 crore (92% of allocation) has been released to the States/UTs under ICDS Scheme during 2012-13. This includes an amount of 8,729.95 crore for ICDS general and 5,756.64 crore for the supplementary nutrition component.¹⁴ An amount of 29,434.25 crore comprising 24,958.39 for ICDS general and 4,475.86 for the supplementary nutrition distributed to Punjab state under the ICDS scheme during 2012-2013. Financial achievement under ICDS during the XI Plan is as under in Table 6.

Table 6

Financial progress under ICDS during XI Plan

Financial Year	Budget Estimate	Revised Estimate	Expenditure	Percentage
2007-08	5293.00	5396.30	5256.46	97.40%

2008-09	6300.00	6300.00	6378.55	101.30%
2009-10	6705.00	8162.00	8154.52	99.94%
2010-11	8700.00	9280.00	9763.11	105.20%
2011-12	10,000.00	14048.40	14272.21	101.59%
Total	36,998.00	43,186.70	43,824.85	101.48%

Source: Annual Report 2012-2013, Ministry of Women and Child Development, Government of India, New Delhi.

ICDS Team

The ICDS team functionaries are the AWWs, AWHs at village level, and Supervisors at circle level, Child Development Project Officer (CDPO) at project level and Program Office (PO) at district level. AWW, a lady selected from the local community is a community based frontline honorary worker of the ICDS program. She is also an agent of social change, mobilizing community support for better care of young children, girls and women. Besides it, the Medical Officer (MO), Lady Health Visitor (LHV), Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) also form a team with the ICDS functionaries to achieve convergence of different services.¹⁵

Conclusion

ICDS is a very unique and old program, which encompasses the main components of human resource development namely health, nutrition and education. Launched in 1975 in 33 projects, it has spread over more than 7076 sanctioned projects and 7025 operational projects in India and 155 sanctioned projects and 154 operational Projects in Punjab. Services under the scheme are being provided through a net-work of about 1331076 operational *Anganwadi* centers in India as well as 26656 operational *Anganwadi* centers in Punjab. The number of beneficiaries for Supplementary Nutrition in all over India was 92765522 comprising of about 74680932 children from six months to six years of age and 18084590 pregnant and lactating women and in Punjab

the number of beneficiares for Supplementary Nutrition was 1349816 comprising of about 1061498 children from six months to six years of age and 288318 pregnant and lactating women, up to 31 January 2013. The number of beneficiares for Pre-school education in all over India up to 31st March 2013 was 34665683 comprising of about 17673362 boys and 16992321 girls and in Punjab services under the scheme were being provided to about 460668 beneficiaries comprising of about the 239791 boys and 220877 girls from three to six years of age

References

- ¹ T.Mamata and D.Sarada, *Child Right*, Discovery Publishing House Pvt. Ltd., New Delhi, 2009, p. 6.
- ² *Annual Report 2012-2013*, Ministry of Women and Child Development, Government of India, New Delhi, p. 223
- ³ Vijay Rattan, *Integrated child Development Services Program administration*, S.Chand and company Ltd, New Delhi, 1997.
- ⁴ S L. Goel, *Health Care System and Management*, Deep & Deep Publication Pvt. Ltd., New Delhi, 2004.
- ⁵ Manisha Jain, *Strengthening and Restructuring of ICDS Scheme, Yojana*, Vol. 57, No.1, January, 2013, pp. 64-65.
- ⁶ *Annual Report 2008-09*, Department of Women and Child Development, Ministry of Human Resources Development, New Delhi, p.43.
- ⁷ *Annual Report 2012-2013*, Ministry of Women and Child Development, Government of India, New Delhi, p. 223.
- ⁸ Garden", (*Angan* mean Courtyard and *wadi* mean garden). The expression *Anganwardi* was first used officially in the report of Mina Swaminathan committee on pre school education in 1972, appointed by the then Ministry of Education an Social Welfare.
- ⁹ *Annual Report 2012-2013*, Ministry of Women and Child Development, Government of India, New Delhi, p. 41.
- ¹⁰ *Annual Report 2008-09*, Ministry of Women and Child Development, Government of India, New Delhi, p. 45.
- ¹¹ *Annual Report 2012-2013*, Ministry of Women and Child Development, Government of India, New Delhi, p. 43.
- ¹² Ibid.
- ¹³ *Ibid.* p.44.
- ¹⁴ Ibid. p. 45.
- ¹⁵ <http://wcd.nic.in/icds.htm>