A study on the status of Integrated Child Development Service (ICDS)

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Abstract

Integrated Child Development Scheme (ICDS) is a Unique Public Health Program in India. ICDS is currently the most significant government intervention program for reducing the maternal and childhood nutrition. Despite the considerable expansion and additional investment made after 2005 (and Following the Supreme Court Orders for ensuring ICDS universalization and quality) progress has been slow. ICDS being the so important institution to look into the matter of child development ineffective resource allocation, inappropriate monitoring mechanism and the lack of proper execution in the operation of the institution put a question mark on the development of the future nation.

Introduction:

Children are the first call on agenda of development – not only because young children are the most vulnerable, but because the foundation for lifelong learning and human development is laid in the crucial early years. It is now globally acknowledged that investment in human resources development is a per-requisite for economic development of any nation. The first six years of a child's life are most crucial as the foundations for cognitive, social, emotional, physical, motor and psychological development are laid at this stage. As per Census of India 2001, there are 157.86 million children below six years of age, and many of them have inadequate access to health care, nutrition, sanitation, child care, early stimulation, etc.

Table 1: Status of Children in India

	Population (0-6 years) 2001-2011 in India		
	Children (0-6 yrs) in millions	Total population (in millions)	Share of children (0-6 yrs) to the corresponding population.(%)

	Total	Male	Female	Total	Male	Female	Total	male	Female
Census 2001	163.84	85.01	78.83	1028.74	532.2	496.5	15.93	15.97	15.88
Census 2011	158.79	82.95	75.84	1210.19	623.72	586.47	13.1	13.3	12.9

Source- Census, Office of Registrar General of India, 2011 [1]

In 2011, the total number of children in the age-group 0-6 years is reported as 158.79 million which is down by 3.1% compared to the child population in 2001 of the order of 163.84 million. The share of children (0-6 years) to the total population is 13.1% in 2011 whereas the corresponding figures for male children and female children are 13.3% and 12.9% .To ensure that all young children, even those from vulnerable sections of society have access to their basic rights, Integrated Child Development Services (ICDS) was launched in 1975 to provide a package of services to ensure their holistic development. ICDS provides health, nutrition, immunization, preschool education, health and nutrition education, and referral services to young children and their mothers. ICDS also supposed to empowers mothers to take better care of their children. There has been significant progress in the implementation and the outreach of ICDS services during X plan XI plan in terms of increase in number of operational projects and

Table 2: Anganwadi Centers (AWCs) and coverage of beneficiaries as indicated below

Year Ending	No. of operational projects	No. of Operation AWCs	No. of Supplementary nutrition benefits.	No. of pre-school education beneficiaries
31.03.1976	33	4891		
31.3.1985	1130	162061		
31.03.1995	3397	375801		
31.03.2002	4608	545714	375.10 Lakh	166.56Lakh
31.03.2007	5829	844743	705.43 lakh	300.81 Lakh
Achievement During X plan (additional)	1221(additional)	299029 (additional AWCs)	330.33lakh (88.06%increase over previous period)	134.25lakh (80.60% increase over previous period)
31.03.2008	6070	1013337	843.26 lakh	339.11 lakh
31.03.2009	6120	1044269	873.43lakh	340.60 lakh
31.03.2010	6509	1142029	884.34 lakh	354.93 Lakh
31.03.2011	6722	1262267	959.47 lakh	366.23 Lakh
31.12.2011	6779	1303300	967.42 lakh	358.06 lakh
Achievement	950 (additional)	458557	261.99 lakh	57.25 lakh

During XI the Plan (up to 31.12.2011)		(additional AWCs)	(37.14% increase over previous period)	(19.03% increase over previous period)

Source- Annual Report 2011-12, Ministry of women and Child Development, GOI, p- 41 [2]

Also there are several initiatives were taken to improve the quality of services, the goal being universalization with quality. Government of India increased the budgetary allocations for ICDS so that more Projects could be started in hitherto unreached areas, and World Bank, UNICEF, CARE India, USAID and other international agencies provided support in many ways. According to 2012 women and child development report, there are 1370914 AWC have been sanctioned, 1318912 are in operational and total 52002 are still pending. As Jean Dreze observe, **"**because children have no "voice in the system, there is no self-correction mechanism whereby implementation failures leads to outspoken protest and timely redressal**"** [3] Under the recent UNICEF's latest report on "State of the world's children 2012", India is ranked among the 50 nations with highest under-five child mortality rate. It has been placed 46 in the list of 193 countries. ICDS being the so important institution to look into the matter of child development the lack of proper execution in the operation of the institution put a question mark on the development of the future nation. The present study attempts to assess the efficacy of the ICDS delivery system, status of infrastructure, human resource and training and to identify the drawbacks in the implementation of the project. To study the ICDS mainly secondary sources of information and data has been used. Secondary source of data includes govt. reports and its websites, various research journals and other literatures.

Integrated Child Development services (ICDS)

In India, Integrated Child development Service (ICDS) is currently the most significant government intervention programme for reducing the maternal and childhood malnutrition. In the broadest perspective the goal of the ICDS programme is to improve the quality of human resources in India by addressing the most vital and vulnerable section of the population- women and children. Based on the Directive Principle, The government of India started the ICDS programe in 1975 with support from UNICEF. ICDS was launched in 33 community

Development Blocks**.** ICDS is India's response to the challenge of breaking a vicious cycle of malnutrition, impaired development, morbidity and mortality in young children. ICDS programme provides a well integrated package of service through a network of community level Anganwadi centers (AWC). [4]

"In December 2006, the court directed the Government to sanction and operationalise a minimum of 14 Lakh AWCs by December 2008 in a phased and even manner. The court also directed the GOI to ensure that population norms for opening of AWCs must not be upwardly revised. The Ministry, in turn, revised the population norms for setting up new AWCs**"** [5]

Table 3: Norms for setting up of New AWCs

Period	Rural and urban Projects	TribalProjects/hilly /desert/ravine areas.
	One AWC could be set up for a population of	
Prior to November 2005	1000	700
Revision of norms for November 2005	500-1500	300-1500
Revised norms since March 2007	400-800	300-800

Source- CAG report on ICDS. , 2012-13 [6]

"A mini AWC can be set up for the population of 150-400 (150-300 in tribal /hilly/ravine areas. The Supreme Court order dated 13 December 2006 stipulated that there is Anganwadi on Demand where the settlement has at least 40 children under six but no Anganwadi. The Lackadaisical approach of various stakeholders such as State Governments, Block level Coordination Committee etc. resulted in non-implementation of the novel concept of Anganwadi on demand for the habitations not covered under the scheme. Thus, the goal of Universlaisation of the Scheme is yet to be achieved.**"** [7] **"**In 2012 Govt. of India and world bank signed $106 million agreement to improve the nutrition among 8 low income states implemented by the ministry of women and Child development.**"** [8] The Sub Group Report on Nutrition plan for eleventh year has suggested and incorporated to expand the outreach of AWWW centre but there is a contradictory in the promise and practice.

Challenges facing by ICDS

Since the motive behind ICDS is for the inclusive growth and development of women and children. To make this vulnerable section more prominent this potential institution is facing a lots of challenges which includes:

Fund Allocation

"The funding pattern of ICDS prior to 2005-06, providing supplementary nutrition was the responsibility of the States and administrative cost was provided by the government of India as 100% central assistance. It was decided in 2005-06, to support the states/UTs up to 50% of the financial norms or to support 50% of the expenditure incurred by them on supplementary nutrition, whichever is less. In 2009-10, Government of India further modified the sharing pattern of the ICDS Scheme between the Centre and the 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 ratio. In respect of other States and UTs, the existing sharing pattern in respect of supplementary nutrition in the ratio of 50:50 continues. However, for all other component of ICDS, including the administrative cost, the ratio has been modified to 90:10 which was 100% Central Assistance earlier. The budgetary allocation of the scheme has been increased over the years. During 10th Five year Plan the budgetary allocation for ICDS was Rs. 10391.75 Crore, which has been increased up to Rs. 44, 400 Crore in XIth Plan period. Details of the Budget Allocation and Expenditure for the year 2007- 2008 to 2009-10 in respect of ICDS (General) and supplementary nutrition are given below.**"** [9]

Table 4: Budget Allocation and fund release. (In lakh)

S.No	Year	Budget allocation (Rs. In lakh)	ICDS (General)	Supplementary nutrition
1.	2007-08	529300.0	310803.27	206231.05
2.	2008-2009	630,000.00	401319.16	228131.33
3.	2009-10	670500.00	177894.15	182001.76

Source- http://wcd.nic.in/icds.htm [10]

Table 5: Mid-Term Review of schemes in the Eleventh Plan – Financial Statement.

(Rs. In Crores)

2007-2012 NDC approved 11th Plan	2007-2008 Annual plan outlay	2007-2008 Expenditure	2008-2009 Annual Plan Outlay	2008-2009 Annual Plan	2008-2009 Expenditure	2009-2010 Annual Plan	2009-2010 Exp. App. As on (31.3.2010)	Outlay for 2010-11
44,400.00	5,293.0	5,257.22	6,300.0	6,300.0	6,376.94	6,705.00	8,155.44	8,700.0

Source- http://planningcommission.nic.in/plans/mta/11th_mta/chapterwise/chap11_women.pdf [11]

Poor Infrastructure: To ensure the smooth functioning of ICDS services, it must have its basic infrastructure. It is necessary for AWCs to be reflected as first Village/habitation post for health, nutrition and early learning platform on which two new scheme of SABLA or Rajiv Gandhi Scheme for Adolescent's Girls and IMGSY (Indira Gandhi Matritva Sahyog Yojana) also being implemented. The ICDS Scheme does not provide for construction of AWC buildings except in the North-Eastern states. States have been requested to tap funds for construction of AWCs. From various schemes such as MPLADS, MLALADS, BRGF, Panchayati Raj , MGNREGA, Tribal affairs, Under SSA, Finance Commission, Under Integrated Action plan etc.

Table 6: Status of Infrastructure

	Kutcha	**Pucca**	**Total**
Total AWCs Reporting			1113166
Govt. Own Building	2.24%	24.64%	26.88%
Community			
School	1.51%	17.98%	19.49%
Panchayat	0.01%	5.27%	5.28%
Others	3.72%	7.13%	10.85%
Open Space	0.99%	0.30%	1.29%
Rented			
AWWs/AWHs House	2.40%	6.44%	8.84%
Others	15.00%	12.37%	27.37%

Total	25.87%	74.13%	
(Other Facilities): • 57.48% AWCs have drinking facilities within the premises. • 46.61% AWCs have toilet facilities • 25.18 % AWCs have separate kitchens.			

Sources- Annual Report 2011-12, Ministry of women and Child Development, GOI, p- 46 [12]

Table 7: Total number of Sanctioned, Operational and pending ICDS projects, updated on 22.10.2012

	No. of ICDS Projects			No. of Anganwadi Centres.		
All India	Sanctioned	Operational	Pending	Sanctioned	Operational	Pending
	7075	7005	70	1370914	1318912	52002

Sources- http://wcd.nic.in/ [13]

Poor Human Resource: The effective delivery of ICDS services at village level, depend upon the right from CDPOs/ ACPOs to AWHs. In spite of supreme court order to fill the vacant position of front line health workers still the there is huge backlog of vacancies.

Table 8: No. of post of AWWs sanctioned and in position on 30.09.22012

	Sanctioned by GOI	In position	Vacant
No. of CDPOs/ACPOs	9036	6134	2902
No. of Supervisors	54103	35702	18401

Source- wcd.nic.in [14]

Table 9: No. of Post Sanctioned and in position of AWWs and AWHs

	Sanctioned by GOI	In position	Vacant
No. of AWWs	1370718	1262692	108222
No. of AWHs	1253870	1155880	97990

Source- wcd.nic.in [15]

The Consistent absence of critical staffs at operational projects indicated that the expansion of ICDS to more and more new areas was ineffective. In ICDS the role of anganwadi workers, Helpers and supervisors are more important. **"**Government position in social sector should have an adequate representation of women. In some states, such as Rajasthan, the cadre of CDPOs is

not reserved exclusively for women, with the result that 88% of the serving CDPOs are male. They are often on deputation from other departments, which reduces their sense of ownership with the ICDS. In most States, avenue for promotion for AWWs and supervisors are limited, and stagnation sets in their mid- career. It would be better if all supervisors can be promoted as ACDPOs." [16]

Lack of Training and New Updates:

Achievement of the ICDS programme goals largely depends upon the training and continuous capacity building of ICDS functionaries. The ICDS programme in India had been uses IAP (Indian Academy of Paediatrics) standards for monitoring the growth of children aged under 6 years. All major national surveys carried out in India by the National Nutrition Monitoring Bureau, the National Family Health Survey and the District Level Household Survey has used IAP standards to estimate the prevalence of under nutrition. Furthermore, in clinical settings weight for age is a widely used indicator, and most clinicians use IAP standards. However, we observed substantial discrepancies in underweight prevalence estimates when using IAP versus WHO Child Growth Standards. (http://www.who.int/bulletin/volumes/87/2/08-051789/en/) In 2008 the Government of India decided to introduce the new WHO Growth standards through ICDS and NRHM. The standard of weight-for-age has been adopted by India. The new WHO standards, globally used, prescribed how children should grow with optimal nutrition and health care. With these new standards, parents, communities, child care workers, programme managers, health and care advocates will know when the nutrition and care needs of children are being compromised. The NFHS-3 Report has also incorporated the new growth standards and brought out the revised levels of malnutrition in the country is 42.5% and severely underweight children are 15.8%. It has also been seen that still most of the AWCs are not using WHO growth standard.

Supplementary Nutrition

The supplemental Nutrition Program is a vital part of India's efforts to improve childhood nutrition. This program provided supplementary food to children between 6 months and 6 years old and to pregnant and breastfeeding women. A hot meal is served every day at the centers to children age 3 and above. Take home food is given to pregnant women and children from 6 months to age 3. In spite of the benefits of this program, there have been many problems, including irregularities to the food supply, lack of delivery to target individuals, lack of

awareness among mothers about their children's eligibility for the food, and failure of program workers to notify mothers when food supplies are available. There is also the main reason behind the poor performance of AWWs to not curbing the malnutrition among children is to not properly identifying the nutritional status of children. Some of the Anganwadi Centers (AWCs) on nutritional status of children belong to old growth standards and the remaining were as part of new World Health Organization (WHO) child growth standards. Apart from all these discrepancies the basic problem persists in most of the AWCs is the distribution of sub-standard and infected food to the children. **"**A recent evaluation of ICDS in Gorakhpur by the National Human Rights Commissions showed that despite Supreme Court orders to provided hot cooked meals, all centers supplied only packaged ready- to eat food, which had only 100 calories, as against a norm of 500 calories, and 63 percent of food and funds were misappropriated. The food being unpalatable, half of it ends up as cattle feed. The AWWs are deeply involved in corruption and share Rs 2,000 per centre every month with their supervisors routinely. However, such reports, though few, are never discussed in the state assemblies." [17]

Pre-School Education

Non- formal pre-education may well be considered as the backbone of the ICDS scheme. Non – formal pre-school education is provided at the age of 3-6 years children in a play way method for preparing them for formal/primary schooling. Keeping this in mind ICDS guidelines (July 2000) stipulated State/UT for the procurement of PSE kits and distribution thereof to AWCs on yearly basis. This kit is used as tool for the best suited pedagogy for the growing children. The ministry also provided funds Rs 500 for each kit and the it has been enhanced up Rs 1000 for each kits to distributes in states/UT. It has been seen that most of the states are still not used the funds for kits. **"**The third round (2005-06) of National Family Health Survey data (IIPs, 2207) shows that around 56% of children in pre school are enrolled in Anganwadis (ICDS Centres) for early childhood care and education. Among them only 31% of children are attending the centers regularly. A large variation is also found in access to early childhood care and education across the states." [18]

Community mobilization

ICDS is basically a community based program and its success depends on active community participation. It the responsibility of this institution to make aware of their facilities being provided to women and children. IEC (Information education and Communication) plays a strong role in creating awareness among the mass. The State government used to prepare annual

implementation plan after assessing communication needs for a particular community/region and accordingly formulate IEC strategy. Having in place an effective national system of information, education and communication on care practices is essential for the effective functioning of ICDS. Different channels of communication must be utilized to ensure that parents, panchayat members, communication leaders, ASHA and others have easy access to the necessary information. The role of AWW is to educate, mobilize and organize the community so that they can participate in the ICDS program actively for the cause of child survival and development. To ensure the involvement of the community, every anganwadi centre should have a mothers' committee that meets regularly to review and monitor the functioning of the centre. Below given a good practices in heath by community mobalisation.

Good Practices

Bimla Devi: Health messages and hymns

Bimla Devi, a young dalit woman from Nagal Teju village in Haryana, has managed to ensure safe motherhood and deliveries in her village. She has got the upper and lower castes drinking water from the same tap. She has prevented a child marriage. And she has spread awareness about gender equality and panchayati raj.

Every afternoon in Nagal Teju village in Rewari District in Haryana, a group of about 20 young women get together and sit and chant the name of god. No, they do not belong to any religious sect and nor are they part of a music troupe. Instead, these women are brought together by a Dalit woman, Bimla Devi, ostensibly to take part in a kirtan (hymn-singing session). Her aim: To share information with them about reproductive and sexual health and laws that affects them. At the same time these women are also told about the importance of voting in elections, the significance of economic empowerment and gender equality. Says 29-year-old Bimla who is helping this group of Dalit women under the Haryana state government scheme called Sanjivani: "Women in our villages have time for everything but for looking after their health. Moreover, ours is a very closed society where women don't talk openly about their health problems. But I saw women going to the temple on every Tuesday to pray and I thought of having a prayer meeting in my house every week." [19]

Conclusion:

Designed in 1975, ICDS is one of the most important public health programmes in India. Both the original objectives of ICDS as well as comprehensive package of six services offering care to the young child remain extremely relevant. However evaluation from the above information's shows a number of gaps in the delivery of ICDS. **First** the government should take the full cognizance of the Supreme Court that mandates the Universalization of ICDS- namely "extending all ICDS services (supplementary nutrition, growth monitoring, nutrition and health education, immunization, referral and pre-school education) to every child under the age of six

years, all pregnant women, and lactating mothers and all adolescent girls." **Second**, the functions of ICDS have to be separated, with a specialized person to provide pre-school education and another trained worker to take charge of the health and nutrition aspects of the programme. Further, there must be coordination between the health and education departments to provide these services efficiently. **Third** the ICDS should be well equipped with basic infrastructure like separate kitchen, physical space to operate efficiently and effectively and **Fourth** the AWWs and AWHs should be recognized as part of government employee and there should be a proper management information system (MIS) regarding effective functioning of ICDS. **Fifth** Public health Acts, which constitute the legislative framework for public health service provision, have not been updated and rationalized, need to be updated as per time demand.

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