

ICDS: A RAY OF HOPE

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Integrated Child Development Services (ICDS) is the programme for Indian children and women. This programme is mainly responsible for health, education and all round development of children, as well as pregnant women and nursing mothers. It can be easily said that Integrated Child Development Services (ICDS) is an influential programme for the welfare of children and the needs of women. This scheme was started on the 106th birth anniversary of Mahatma Gandhi. In the starting Govt. started ICDS projects in 33 blocks in India. At present according to Annual report 2016-17 by Govt. of India there are 7073 sanctioned projects, 7025 operational projects, 1349153 AWCs, 101056 lakh S.N. beneficiaries, 345.44 pre school edu beneficiaries in India. While in Punjab 155 sanctioned and 154 operational projects and 26656 AWCs in Punjab and services under the scheme were being provided to about 460668 beneficiaries consisting of about the 239791 boys and 220877 girls from different rural areas or urban slums

Every child has her/his own environment by the birth. Some children are born in rich families, hence, there is no need of such types of facilities for them. More generation of Indians belongs to middle class families and many are living below poverty line. For these poverty-ridden children, there is a lack of nutritional food, health awareness and pre-school education. Moreover, these families are not fully aware of government policies, which are helpful for child-care. Government is spending large share of Budget on these types of facilities or benefits. Thus, there was a need of such project. Through such projects/schemes/plans government can establish a good rapport with the needy or unprivileged.

Really, Integrated Child Development Services (ICDS) is a unique programme. It was started mainly for children of the age up to 0 to 6 years and women of 15 to 45 years. It is evident that family conditions and environment influence a child's health and education. But, zero to Six years of age is a foundation or base of whole life. Hence, a child should be free from diseases and there should be entertainment, free pre-school education and nutritional diet during these critical years. On the other hand, Lack of these things is very harmful for the development of children. Moreover, for all-round development of these future citizens of the country, it is necessary that younger generation should be free from diseases, and there should be good health, education and moral values. For example, in developed countries like Canada, U.S., and Australia, government is providing free education and health facilities to their citizens; and they are giving more stress on the growth of their future generation. Thus, government of India is also providing free education, free nutrition (SN) and free entertainment to the children from 0 to 6 years of age, through Integrated Child Development Services (ICDS) project. To expand this project government is opening new Anganwadi Centers. Although, it is clear that Indian government is not in the position to provide free education and health facilities up to higher level, because of India being a 'Developing Country'.

Universally saying, children are considered the costliest or most important treasure of human prosperity. Only the people suffering from sterility can know the actual worth of a child. Human future or prosperity is directly linked to our coming generations.

First six years of a child's life-span are most significant. During these years, a child grows physically, psychologically and socially. It's the only time period for his probable versatile or multi-faceted growth. Observing this fact, government has devised and initiated various programmes to ensure the primary health, dietary condition and educational status of the children. Union Government has constructed and started the Integrated Child Development Services (I.C.D.S. scheme) for the all-round development of Indian children. It's a genuine and significant Endeavour to support the society.

According to recent reports of Census-2014 (India), the number of children less than six years in age, out of the total Indian population, is 15.13 percent. The family conditions of these children are not well-to-do. These families have

neither any appropriate knowledge about the health maintenance, nor enough resources to do so. Hence, it is observed that the kids of these families lack proper nutritious food. Thus, they easily get affected by the diseases like *polio*, *chicken pox*, *cholera* and various other viral infections. Dominant members of these families are often laborers, uneducated, poor and *less-aware*. They give little attention towards their offspring, who are less than 6 years of age. Thus, they get less chances of becoming respectable and healthy citizens of the country. They lack proper environment considered fundamental for physical, psychological and cultural growth.

The parents of these kids, who often labour hard, reach their homes very much tired in the late evenings. Therefore, they are comparatively less caring towards their children. We can easily imagine their limitations in this regard. From time to time Union and State Governments design many programmes to improve the condition of such children and their families. Many programmes and schemes are focussed towards the betterment of their future in general. Job orientation plans, MNREGA scheme, *save the girl child* campaign and Integrated Child Development Services (ICDS) scheme are very carefully constructed programme for the betterment of these *under-privileged* children.

Although these schemes were effectively launched by the Union and State Governments, but still 100% results could not be achieved. These programmes have their own limitations or shortcomings. Hence, the main focus of our study is to *explore and highlight* the weaknesses of Integrated Child Development Services (ICDS) scheme that is developed for free food, health facilities and better education. Although, this scheme was inaugurated by the Government on *106th birth anniversary of Mahatma Gandhi*, but this programme was aimed at providing necessary food, education and health facilities to the kids up to 6 years at the nearest place to their homes. Government established many *Anganwadi* Centres at the rural level. An *Anganwadi* worker and a *Helper* were employed to run these *Centres*. Food, medicines and stationary were supplied to these *Anganwadi* Centres according to the number of children enrolled in a Centre.

After visiting the different *Anganwadi Centres*, it has been noticed that there are still some problems; although, these Centres are running smoothly. Government established these *Centres* for the welfare of children and women. First of all, most of these *Centers* are running in *Community buildings* and places of gatherings like village *Dharamshala*, *Primary-School* and other common places. Majority of beneficiaries are related to the labour-class, hence, they are getting full benefit of this project. In the day time, they have to go for labour, as all the family members except old aged persons are earning members. Hence, the children below six years have opportunities of spending time at these AWCs where they can take food, medicine, health facilities and pre-school education. Working time of these *Centers* is 8:00AM to 12.00 PM or 9:00 Am to 1:00PM. Thus, children can productively spend their four hours to five at these AWCs. The schedule of activities at these *Anganwadi Centres* is given below:

- Attendance
- Meals
- Education
- Games (Entertainment)

1.0 Benefits Provided to the Beneficiaries Under ICDS

1.1 Children and Their Pre-School Education:

Presently, the role of Pre-school education in the lives of beneficiary children can not be called influential or remarkable. We endeavoured in our study to examine their level of intelligence through formulating various parameters viz, identification of different vegetables and colours, counting to a particular number, filling colours inside many shapes and objects, holding the crayon and *lesson-briefing* etc. It was observed that the performance of children all over india is same in this regard, hence, implications of the study are almost same at all places in India, or the countries with similar conditions.

1.2 Supplementary Nutrition and Children:

To reduce the child-mortality rate among our children, the *Supplementary Nutrition* is considered highly important for the Integrated Child Development Services scheme. The children of 0-6 years of age, pregnant women and nursing mothers are being provided *Supplementary Nutrition* for 300 days during a year. They all are given the

supplementary nutrition material from their respective AWCs on the regular basis. But, the previous observations reveal adversely that very few beneficiaries receive a regular supply of the supplementary nutrition. Even the AWCs were not supplied this material by their *Higher Level Offices* on the regular intervals. National norms in this regard were not followed properly. Presently, anyone can assume easily that it has become only *Food-guarantee* scheme. It shows that the scheme is fulfilling a crucial role in combating hunger and malnutrition among children as well as women. But, the supply of *Supplementary Nutrition Ration* is not up to the expectations. The condition of delivery of *Supplementary Nutrition* to women and children is almost same in all over India.

1.3 Nutrition and Health Education:

The main objective of Nutrition and Health Education is to empower the women aged between 15-45 years. In this way, they can better look-after their own health, nutrition and growth requirements, as well as of their families or children. It can also improve their food habits, cultural patterns and dietary resources. Nutrition and Health Education *Training programmes* augment their basic health, nutritional status, childcare habits, infant-feeding practices, family-planning, mind-set, sanitation habits, management of diseases and prevention from common infection. Health and Nutrition Education is provided to beneficiaries by *Anganwadi Workers* and ANMs through *inter-personal communication*. For this purpose, expectant and nursing mothers are educated about the services for childcare, monitoring of children's growth, timely immunization or vaccination, breast-feeding, treatment of minor illness, preparation of nutritious food, cleanliness, hygiene, dehydration solution, Iron-Folic supplementation and purification of water.

1.4 Proper Co-ordination:

Proper Coordination between *Head Office* and *Field Level* of Integrated Child Development Services is highly required for the effective implementation of the scheme. An effective co-ordination among Integrated Child Development Services staff is expected to properly implement the Integrated Child Development Services scheme. CDPO, Supervisors, Anganwadi Workers, Health Staff viz., Medical Officers, LHVs and ANMs are considered the Integrated Child Development Services staff at project level. The CDPO functions as the Chief Co-ordinator of the Integrated Child Development Services scheme at the *Project Level*. In the present work, we collected information from Anganwadi Workers of all the three Integrated Child Development Services projects (Chauke, Rampura and Mandi Kalan) to evaluate the co-ordination between *Head-office* and *Field Level Offices*. The responses of Supervisor (From every Integrated Child Development Services project) were collected to assess the co-ordination among CDPO Supervisors, Anganwadi Workers and Medical Staff.

2.0 Implementation of The ICDS Scheme:

Anganwadi Centers (AWCs) play a key role in providing services to Indian children, pregnant women and nursing mothers. To maintain the quality of services; proper implementation of Integrated Child Development Services Scheme, proper co-ordination at various levels, solid material-infrastructure and separate building are required. The buildings constructed to run the AWCs should be separate. These buildings should be located within the access of the population of the area. It should be having a separate kitchen with proper storage space for food items and vegetables. The toilets, drinking water facilities and sanitation arrangement should be proper for the babies and females coming to AWCs. Proper space, furniture and *teaching-learning-aid* should be there for the efficient running of the *Centre*. Regular Check-ups, proper medical aid and medicines of common use are a must thing for every Centre. Safe drinking and filtered water must be available to each beneficiary enrolled at these AWCs.

During the study it was noticed by researcher that only a few *Anganwadi Workers* undertake the *home-visits* as per recommended norms. These home-visits play an important role in educating and guiding the pregnant women as well as nursing mothers about health and nutritional requirements. Previously, it was observed that *Supervisors* rarely go with the *Anganwadi Workers* during the *home-visits* to meet the beneficiaries or probable beneficiaries. The latest studies in this context asserted that CDPOs also go with the Anganwadi Workers to establish rapport with the beneficiaries of the scheme. Majority among the visiting *Officials and Staff* complained that the beneficiaries give them a *passive response*. The co-ordination among *Anganwadi Workers* and *Health Staff* is highly beneficial in achieving the targets of immunization as per *pre-determined schedule*. It was previously reported that ANM has to visit more than two times in a week at the assigned AWC. The lack of regular monthly visits to the AWCs by Supervisors can be considered a serious lapse of the scheme. *Supervisors* are expected to guide the AWCs in

conducting the pre-school education activities. But, the burden of too much *administrative tasks* does not allow them to perform the field activities. Hence, it can be said a crucial barrier in the proper implementation of Integrated Child Development Services (ICDS) scheme. It can be observed that the co-ordination among *Head Office* and *Field Level Staff* is very weak. *Supervisors* and *Medical Staff* do not pay needed monthly visits to the AWCs, as per government guidelines. The condition of co-ordination between Integrated Child Development Services staff is almost same in every state of India. Many studies conducted in different states of India corroborate our views in this context.

Some studies indicate that the emoluments given to *Anganwadi Workers* are extremely low. Previous researchers observed that meager wages may be the reason behind the phenomenon that very few of them were having the services of more than Eight years. Only few centers were being run from their own buildings. But, a majority of AWCs were found to be located within *pakka buildings* which can be considered a good sign. Majority of the *Anganwadi Centers* did not have sufficient rooms/space according to the *National Guidelines*. Water treatment/R.O./filter facility for the children was no-where seen. None of the toilets at different AWCs was considered to be working in good condition. It was helplessness of the children, women and *Anganwadi Workers* of the Center that they were forced by the poor conditions to go to nearby *open spaces* for the urination and other sanitation activities. There was no proper furniture for the seating of *Supervisors* or other *Higher Officials* visiting occasionally at the *Anganwadi Centers*. The level of academic qualification of the *Anganwadi Workers* varied from State to State. The condition of electricity was observed to be poor at majority of the *Anganwadi Centres*. The involvement and participation of the *Community* in Integrated Child Development Services (ICDS) programmes is essential for its success. As the motive of Integrated Child Development Services scheme is to augment the capabilities of the beneficiary children and their parents. Hence, involvement of the *Community* was highly needed for enhancing the quality of life and *well-being* of the child as well as parents. Actually, the Integrated Child Development Services programme is viewed as a *community based programme*. It can help the implementation process by utilizing human resources to their maximum potential. *The voluntary participation* of the community members can bring about social change in the life of the community. Thus, it can increase public-aware ness; bring change in attitudes, beliefs and practices of the beneficiaries. But it was highly disappointing that during the last *Decade* of its functioning, we could not raise the *community involvement* to the *desired level*.

3.0 References

1. Annual Report 2014-2015, Ministry of health and Family Welfare, Development, Govt. of India, New Delhi,P-39,P-40
2. Annual Report 2015-2016, Ministry of Women and child Development, Govt. of India, New Delhi,P-34,P-35.
3. Annual Report 2016-2017, Ministry of health and Family Welfare, Development, Govt. of India, New Delhi.P-30
4. Hand book for Aganwadi worker-NIPCCD-2006 P-2,P-8