

ORIGIN AND GROWTH OF INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME

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Children of a nation are the very foundation of its development and future. India is doing its best for the all-round-development of its younger generation or children. Hence, a compatible atmosphere is being created for this purpose by formulating effective policies, plans and programmes.

The Children aged between 0-6 years of age require the greatest attention of the Government. To achieve this sacred aim, it becomes essential to take best care of the pregnant women and nursing mothers. During the previous decades, condition of the children, pregnant women and nursing mothers did not remain upto the expectations. Hence, it became the first priority of the government. to effectively implement the Integrated Child Development Services scheme in India for the betterment of kids and their mothers. Integrated Child Development Services (ICDS) programmes emphasize on the health status, pre-school education, proper immunization and nutritional health of the children, expectant mothers and lactating females. 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 devised by the Indian Government to achieve the highest good.

As per suggestions of the committees or commissions constituted in this regard, all the welfare programmes contain special budget for the facilities like nutrition, diet, pre-school education, books, material and vaccinations etc to the children up to age group 0-6 years as well as pregnant ladies and nursing mothers. After a long period, Indian government started a new programme, named Integrated Child Development Services (ICDS) in 1975.

1.0 Growth of Integrated Child Development Services (ICDS) Programme:

The main aim of Integrated Child Development Services project is to enhance the welfare of children up to the age zero to six years, pregnant women as well as nursing mothers concerned to evolve the concerned community awareness among the people. This needed proper infrastructure and different levels of management, so that nutritious diet, education material and immunization could be delivered to of children and nursing mothers.

Y e a r	No of project	No of oper AWCs	NO of Supplements Nutrition beneficiaries	No of pre-school education beneficiaries
3 0 / 3 / 1 3	7 0 2 5	1 3 , 5 8 , 7 3 2	9 5 6 . 1 2 l a k h s	3 5 3 . 2 9 l a k h s
3 1 / 3 / 1 4	7 0 6 7	1 3 , 4 2 , 1 4 6	1 0 4 5 . 0 9 l a k h s	3 7 0 . 7 1 l a k h s
3 0 / 3 / 1 5	7 0 7 2	1 3 , 4 6 , 1 8 6	1 0 2 2 . 3 3 l a k h s	3 6 5 . 4 4 l a k h s
3 1 / 3 / 1 6	7 0 7 3	1 3 , 4 9 , 5 6 3	1 0 1 0 . 3 1 l a k h s	3 5 0 . 3 5 l a k h s
3 0 / 9 / 1 6	7 0 7 3	1 3 , 4 9 , 1 5 3	1 0 1 0 . 5 6 l a k h s	3 4 5 . 4 4 l a k h s

Source Annual Report 2016-17 by Ministry of women and child development government of India.

According to the In the starting 1975-76, 33 experimental ICDS projects were started in India at present. Annual Report of 2016-17 by Ministry of Women and Child Development, Government initiated 33 projects in rural and urban areas earlier. Presently, there are 7073 sanctioned projects and 7025 operational projects in India. In Punjab, there are 155 sanctioned and 154 operational Projects in progress. The number of Anganwadi Centers in India are 1349153 and 26656 in Punjab. And 1010.56 lakhs sup. Nutrition beneficiaries and 345.44 lakhs pre-school education beneficiaries in India.

2.0 Essential Components of the Scheme:

2.1 Pre-Schooling of Children:

A child starts his primary schooling during the age of 0-6 Years. Hence, in the Integrated Child Development Services (ICDS) project, there is a

Provision of pre-school education before starting the formal schooling . government provides pre-school education material like books, note books, drawings; charts of different color 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. Moreover, there is provision of learning through entertainment that utilizes material like small toys, little boards, games and many more. In this way, children learn something as well as get joy with these materials.

2.2 Health benefits under the Scheme:

Although, all Community Health Centres are responsible for health problems and immunization of children as well as pregnant female. But, under Integrated Child Development Services (ICDS) scheme government organizes the Health Centres and Anganwadi Centers. ANM, Asha-worker and Anganwadi worker work here. While, Anganwadi Worker and her assistant make a record of pregnant ladies as well as new born babies especially. New-born babies are easily affected from diseases like-Diphtheria, Pertussis, Tetanus and Measles.

- Hepatitis B – at 6,10,14 weeks.
- Measles at 9 week.
- DPT+Oral-Polio-18 to 24 months
- DPT-at 5 years.

These services are provided by Government through Public Health Sub-Centre and Anganwadi Centres. Health facilities supplementary nutrition material are also provided by government through Anganwadi Centres to the children up to age of 0 to 6 years and pregnant women or nursing mothers. Total 300 days are fixed for providing diet by the government under Integrated Child Development Services (ICDS) project. All the nutrients are provided by Anganwadi Workers under the department's supervision. The variety of diet is different in every state. Mainly milk, sugar, vegetables, oil and medicines are supplied to the beneficiaries at AWCs.

2.3 Creative and Learning Abilities:

We observed that children were learning collectively a lot in these Centers. Because, most of the Anganwadi Workers have education up to Twelfth and more. Moreover, these days Masters Degree, B.Ed, NTT and ETT holder candidates are also joining the job of Anganwadi Workers. As a result, children are learning pre-school activities like- basic counting, finding colors or body parts easily. Moreover, children are spending their time in the creative activities and new games. Thus, children can easily start their primary education. Therefore, pre-school education at Anganwadi Centres is playing a vital role in the development of country. In these Centres, children can develop their personality; they can speak freely, can apply their energy in all types of activities like-reading simple words, writing basic words, counting numbers and playing with the plastic blocks. There are many toys like dolls, matching cards, stacking rings, shape towers, balls, kitchen set, wheel toys and puzzle-entertainment games. Apart from this, Anganwadi Workers train the children for these various activities.

2.4 ICDS Team:-

ICDS Team, Their Role & job Responsibilities

- A CDPO is an overall in charge of an ICDS Project and is responsible for planning and Implementation of the project.
- A CDPO is supported by a team of 4-5 Supervisors who guide and supervise AWWs.

- In large ICDS projects, where there are more than 159 AWCs in a project, an Assistant Child Development Project Officer is also a part of the term.
- A Supervising has the responsibility of supervising 20, 25 and 14 Anganwadi Workers
- An supervisor guides an AWW in planning and organizing delivery of ICDS services at AWC and also gives on the spot guidance and training as and when required.
- An Anganwadi Worker is a community based frontline voluntary worker, selected from within the local community. The selection is made by a committee at the project level.
- An AWW is mainly responsible for effective delivery of ICDS Service to children and women in the community.
- An AWW is an honorary worker who gets a monthly honorarium.
- At each AWC, a Helper is appointed to assist an AWW.
- Helper is an honorary worker and is paid monthly honorarium.
- Health Services In ICDS are given by a team of Health Functionaries comprising Medical Officer, lady Health Officer, ANM and female Health Workers from primary Health Centre and Sub-centre in the project. At the community level ASHA will be the first port of call for any health related demands of sections of the population, especially, women and children.

source :-Aganwadi handbook-NIPCCD-2006

3.0 The Essential Norms For Establishing an Anganwadi Centre:

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/ Rivertine/ Desert, Hilly projects

300-800 1 AWC

For Mini AWC For Tribal/Desert, Hilly projects

150-300..... 1 Mini AWC

Source: Annual Report 2016-17 Ministry of women and child development, Government of India, New Delhi.

The Rules regarding setting up of an *Anganwadi Centre* are revised by the Government from time to time, according to the population of the concerned area. Presently, the rules regarding establishing an *Anganwadi Center* or *Mini Anganwadi* are as follows:-

- Every *Center* would take care of 400 to 800 (apprx.) people of the rural and urban areas as well as 300 to 800 in the tribal areas.
- Every *Mini-AWC* will take care of 105 to 400 rural or urban residents and 150 to 300 dwellers of the tribal area.

3.1 Supplementary Nutrition Norms according to Indian Govt. Cost of Supplementary Nutrition

Sr. no.	Category	Existing norms w.e.f. 16.10.08 per beneficiary per day	Revised norms w.e.f. per beneficiary per day
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 2016-2017 Ministry of women and child development, Government of India, New Delhi.

Indian Govt. Make a provision of supplementary Nutrition for the ICDS beneficiaries (Children, pregnant women and nursing women). Cost of nutrition for child revised from Rs.4 to Rs.6 where as pregnant women and nursing mothers from Rs.5 to Rs.7. it show that although Indian Govt. revised S.N. cost norms but cost is very low according to present time.

3.2 Nutrition Norm According to Indian Govt.

According to Norms ICDS, beneficiaries (children, pregnant women and nursing women) can get S.N. from the Anganwadi centre. S.N. norms are given in below table:-

3.3 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 months to 72 months)	800	20-25
3	Pregnant women and Nursing mothers	600	18-20

Source: Annual Report 2016-2017 Ministry of women and child development, Government of India, New Delhi.

4.0 Budget Allocation and Expenditure under ICDS scheme during 12th plan -

Budget Allocation (in crore)

S. No	Year	B u d g e t Estimates	R e v i s e d Estimates	Expenditure	Percentage
1	2012-13	15,850.00	15701.50	15701.50	99.06%
2	2013-14	17,700.00	16267.49	16267.49	99.73%
3	2014-15	18,195.00	16581.82	16581.82	100.12%
4	2015-16	8,335.77	15,483.77	15438.93	99.71%
5	2016-17	14000.00	14000.00	12220.73	87.29%

Source Annual Report 2016-17 by Ministry of women and child development government of India.

According to annual report 2016-17 Govt. reserve 17,700.00 crore in 2013-14 , 18,195.00 crore in 2014-15, 8,335.77 crore in 2015-16 and 14000.00 (crore) in 2016-17. where as expenditure were from 2012-13 to 2016-17, 15701.50 crore, 16267.49 crore, 16581.82 crore, 15438.93 crore and 12220.73.

5.0 Progress in the implementation of ICDS of scheme

5.1 Progress in implementation of ICDS

Year Ending	No. of operational projects	No. of operational AWCs	No of supplementary nutrition beneficiaries	No. of pre-school education beneficiaries
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
31.03.2012	6908	13,04,611	972.49 lakh	358.22 lakh
	1079	4,59,868	267.06 lakh(37.85%)	57.41 lakh(19.09%)
31.03.2013	7025	13,38,732	956.12 lakh	353.29 lakh
31.03.2014	7067	13,42,146	1045.09 lakh	370.71 lakh
31.03.2015	7072	13,46,186	1022.33 lakh	365.44 lakh
31.03.2016	7073	13,49,563	1021.31 lakh	350.35 lakh
30.09.2016	7073	13,49,153	1010.56 lakh	345.44 lakh

Source: Annual Report 2016-2017 Ministry of women and child development, Government of India, New Delhi.

According to the annual report 2016-17 there were 6070 operational projects in 2008 and operational projects increased upto 6908 in the year 2012. where as Anganwadi centres increased from 10,13,337 to 13,46,111 AWCs, Number of beneficiaries S.N.from 843.26 lakh to 972.49 lakh. And number of pre-school education beneficiaries from 339.11 lakh to 358.22 lakh.

According to the annual report 2016-17 there were 7025 operational projects in 2013 and operational projects increased upto 7073 in the year 2016. where as Anganwadi centres increased from 13,38,732 to 13,49,153 AWCs, Number of beneficiaries S.N.from 956.12lakh to 1010.56 lakh. And number of pre-school education beneficiaries from 353.29 lakh to 345.44 lakh.

It shows that Anganwadi centres as well as beneficiaries are increasing day by day. It is good sign of progress in the implementation.

6.0 Agenda of Child Development :

Integrated Child Development Services (ICDS) scheme is one of the most significant child development programme in India. It is the biggest *national multi- dimensional* programme in the world. It constitutes major components of development i.e, health, nutrition and education. Taking consideration of the overall progress of the child and pre-natal or post-natal care of mothers, it can be said that the Integrated Child Development Services (ICDS) programme has become a *trend-setter* for the developing countries in just 35 years of its on-going activities. This programme has achieved the higher ranks in improving both the pre-natal and post-natal care of mother as well as child by reducing the chances of deficiencies, decreasing the mortality rate and augmenting their health; providing nutrition and promoting learning process of the children. It is a *boon* for the under-privileged people of the remote tribal or rural areas as well as urban slums.

7.0 Requirements of Children:

The basic requirements of children are relative to the biological needs of their growth; the social setup in which they were born and brought up; as well as the probabilities of adult life for which they were prepared. These requirements differ with the stages of growth of the children's physical and mental health. These various stages have to be viewed carefully in relation to the five major stages of their growth mentioned below:

- Intra uterine age (conception to birth)
- Stage of infancy (birth to one year)
- Stage of toddler (one to 3 Years)
- Pre-school stage (3 to 6 years)
- Primary school stage (6 to 11 years)

Although the biological needs are foundation to the growth of a child, but he imbibes the considerable influence of social environment too. An analysis of health and nutrition requirements of mother and child is highly significant during the different stages of a child's growth process. The survival in the first-few years determines whether he or she will grow-up into an energetic, intelligent and healthy individual.

The first six years of her/his life are the formative years. The nutritional deficiencies can make the petty childhood-diseases extremely troublesome. Prolonged malnutrition can make the child retarded, less-curious or lethargic; and impede his capabilities of learning. Malnutrition, poor-nutrition or under nutrition in these initial years of growth can prevent the child from achieving full genetic potential required for actual growth. Simply speaking, less calories, vitamins and minerals can prevent the child from *full growth*; can leave him or her blind; and can cause an atrophy of the mental faculties. Many childhood diseases can make the baby permanently disabled, handicapped or retarded.

Nutrition is basic to health; and proper nutritional food for the pregnant woman and her child is an essential condition for the healthy growth of the child. In this context, *Ganga Sharan Sinha Committee* observed that hunger and under-nutrition impede the growth process of a child and prevent her/him in later ages from contribution to the society as a productive worker or constructive member. Non-availability of pre-school education to the child results in creating physical or mental handicap. These disabled children become burden on the country and create a wastage of services as well as expenditure. Hence, it is necessary to allocate resources and adopt proper preventive measures for the healthy development of *pre-schoolchild*, so that he/she could become an *asset to the nation*. Child wastage during pregnancy is another big issue in India. It is estimated that the loss of human life and child mortality during *pre-natal* stages in India is probably highest in the world. This loss of human life during pre-natal stage or within one year of birth is a huge wastage of human-resources in terms of the mother's health, social role and emotional energy. It can also lead to the serious drain and become a major barrier to the spread of *Family Planning* awareness.

8.0 Main Focus of the Programme :

Previous experience exhibits that to succeed in child development efforts, a country requires to consider its younger ones in complexity of the biological, psychological and social structure of their personality. *Encyclopedia of social work in India* also says that the child welfare means *the overall well-being of a child*. It consists all the services required to ensure the growth of physical, intellectual, social and emotional faculties of the child. A special attention is needed to the phase when a child gets prepared for the programme regarding his pre-schooling within age group of 0-6 years. It also prepares the pregnant and nursing mothers for the over all development of their children. It is worthy to mention here that the health status of women and children, who embrace of India's population, has never gained the level up to expectations. During any effective programme, all the requirements of mother and child have to meet. A programme that has a long term aim must be provided with the facilities of health, nutrition, education and social well-being of the mother and the child.

Taking a serious consideration of the child welfare, government of India has designed various programmes for the children, viz, Welfare Extension- Project, Border Area project, Applied Nutrition programme (ANP), Integrated Pre-School Project, Family and Child Welfare Project, Special Nutrition Programme (SNP) and *Balwadi, crèches* etc.

9.0 References

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3. Annual Report 2016-2017, Ministry of health and Family Welfare, Development, Govt. of India, New Delhi.P-28,P-29,P-30,P-31
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