Integrated Child Development Services (ICDS) 

Introduction

Integrated Child Development Services (ICDS) scheme, described as India's gift to her children, is a unique scheme that has aroused world wide interest, especially in most of the Third World countries. It is most ambitious and comprehensive survival and child development scheme for enhancing the health, nutrition and learning opportunities for pre-school children and their mothers by simultaneously providing all the requisite services at the village level. The significant factor is that the deprived and underprivileged children are the target group of this scheme.

Drawing on the resources of the Centre, States, Voluntary Organisations and the Communities themselves, the scheme was launched in the country in 1975 against the grim background of high infant mortality rate, high levels of morbidity, high incidence of malnutrition and nutrition-related diseases, temporary or irreversible disabilities, and low literacy rates, which was starting at millions of under-six years children in India. Since the last one-and-a-half decade of its functioning, the scheme has helped in reducing the incidence of child deficiencies, increasing the child survival rate and enhancing the health, nutrition and learning opportunities of pre-school children. It is hoped that the programme will reach every child under the age of six by the turn of the century.

ICDS cares for children below six years of age. It also takes care of essential needs of pregnant women and nursing mothers residing in socially backward villages and urban slums, ICDS provides:

* Supplementary nutrition
* Immunisation
* Health check-ups
* Referral service
* Treatment of minor illness
* Nutrition and health education
* Pre-school education (to children in the age group of 3-6 years)
* Convergence of other supportive services, like water supply, sanitation, etc.

At present, there are 2696 sanctioned ICDS projects in the country. With the ultimate aim of reaching every needy child under the age of six, the Government of India is committed to child development and is steadily expending the ICDS programme.
ICDS Objectives

* Improve the nutritional and health status of children in the age group 0-6 years.
* Lay the foundation for proper psychological, physical and social development of the child.
* Reduce the incidence of mortality, morbidity, malnutrition and school dropouts.
* Achieve effective coordination of policy and implementation among various departments to promote child development.
* Enhance the capability of the mother to look after the normal health and nutritional needs of the child, through proper health and nutrition education.
ICDS: Growth and Development

The ICDS programme was launched on October 2, 1975, the 106th birth anniversary of Mahatma Gandhi, the Father of the Nation. Started on an experimental basis in 33 blocks, the programmes, by March 1992 covered 2461 of a total of 5153 tribal/community development blocks in the country. In addition, there are 235 ICDS projects in urban areas. Over 5 lakhs persons are involved in promoting basic health care and pre-school education activities under the scheme.

Expansion of ICDS Projects

Community Development Blocks under ICDS

Total CD Blocks in the Country as on 1-1-1990: 5153
Coverage by ICDS so far: 2461
Urban ICDS projects: 235
The Anganwadi: Caring for Children, Adolescent Girls and Mothers

The focal point for the delivery of ICDS services is an Anganwadi—a child-care centre, located within the village or slum area itself. Each Anganwadi is run by an Anganwadi Worker (AWW) and a helper, and usually covers a population of 1000 in rural and urban areas and 700 in tribal and hilly areas.

Restricting the coverage to children of less than six years is based on the consideration that the pre-school age is the most vulnerable and critical phase in a person’s overall development, when 75 per cent of the Physical, mental and social potential is determined.

Women between 15 and 45 years have also been brought within the ICDS ambit, since the mother plays the key role in the overall development of the child. Therefore, any scheme that aims at the welfare of the child may logically include the welfare of the mother, particularly when pregnant or nursing.

Adolescent Girls Scheme

For the first time in India, a special intervention has been devised for Adolescent Girls using the ICDS Infrastructure. The schemes for adolescent girls focus on School drop-out girls in the age-group of 11-18 years and attempt to meet the Nutrition, Health, Education, Literacy, Recreational and Skill Development needs of the Adolescent Girls. It attempts to make the Adolescent Girl a better future mother and tap her potential as a social animator. The scheme relies on centre-based instructions, training camps and hands-on training.

The Schemes for Adolescent Girls have been sanctioned in 450 blocks covering all States and Union Territories in addition to 57 blocks where the schemes are already under implementation with the foreign assistance i.e. World Bank etc.
ICDS: Services and Beneficiaries

Through the Anganwadi, the ICDS services converge at the same time on the same adolescent girl group of children, as well as on pregnant women and nursing mothers. This pattern is based on the concept that services for children must operate together for any of them to have a durable value and lasting impact.

For instance, supplementary feeding for malnourished children becomes more effective if accompanied by health check-ups, immunisation, diarrhoea management programmes, clean water, mental stimulation and basic health education for mothers.

The ICDS package provides: Health Check-ups, Treatment of minor ailments, Referral services.

Supplementary nutrition; Pre-school education (to children in the age group of 3–6 years), Nutrition and health education and Convergence of other supportive services like water supply, sanitation etc.

Health

At the Anganwadi, children adolescent girl and pregnant women and nursing mothers are examined at regular intervals by the Lady Health Visitor (LHV) and Auxiliary Nurse Midwife (ANM) who also administer diagnose minor ailments and distribute simple medicines. They provide a link between the village and the Primary Health Care sub-centre.
Immunisation
All children in the project area are immunised against diphtheria, whooping cough, tetanus, poliomyelitis tuberculosis and measles. All pregnant women are immunised against tetanus.

Supplementary Nutrition
All families in the community are surveyed to identify the poorest and deprived children below the age of six, and expectant and nursing mothers for three hundred days a year, food is given to them at the Anganwadi. The type of food varies from state to state but usually consists of a hot meal cooked at the Anganwadi, containing a varied combination of pulses, cereals, oil, vegetables and sugar. Some states provide a ready-to-eat snack containing the same basic ingredients. Special care is taken to reach children below the age of three and to encourage parents and siblings to bring them to the Anganwadi for feeding. By providing 300 calories a day of children under 6 years, the Anganwadi attempts to bridge the caloric gap between the national average intake of 810 calories and the required 1200 calories per day. Additionally, specific micro-nutrients are supplied to offset regional or individual deficiencies: Vitamin A, iron, iodine, etc.

<table>
<thead>
<tr>
<th>Recipients</th>
<th>Calories</th>
<th>Grams of Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children up to 6 years</td>
<td>300</td>
<td>10-12</td>
</tr>
<tr>
<td>Adolescent girl</td>
<td>500</td>
<td>20-25</td>
</tr>
<tr>
<td>Pregnant and nursing mothers</td>
<td>500</td>
<td>20-25</td>
</tr>
<tr>
<td>Malnourished Children</td>
<td></td>
<td>Double the daily supplement provided to the other children and/or special nutrients on medical recommendation</td>
</tr>
</tbody>
</table>
Growth Monitoring
All children below the age of six are weighed or their mid upper arm circumference measured periodically. Weight for-age growth charts are maintained to identify malnourished cases. Those suffering from severe malnutrition (Grades III and IV) are given special supplementary nutrition and acute cases are referred to the medical services.

Non-formal opportunities for pre-school learning
Pre-school education in a non-formal setting forms the backbone of the ICDS programme as all services converge at the Anganwadi—the pre-school centre. Children between the ages of three and six attend the Anganwadi for about three hours a day. The main objective of the pre-school education component is to stimulate and satisfy the curiosity of the child, rather than follow any rigid learning curriculum. Children are taught songs and games. Toys are indigenous and imaginatively produced from inexpensive, locally available materials. There is no formally structured curriculum, and flexibility is encouraged.

Nutrition & Health Education
Non-formal education in nutrition and health is organised at the Anganwadi for mothers and pregnant women. All women between 15 and 45 are invited, and special care is taken to ensure attendance of pregnant and nursing mothers and mothers of children who suffer from repeated illness or malnutrition. Several methods are employed to reach mothers: home visits by the Anganwadi Worker (AWW), special campaigns, informal gatherings and audio-visual presentations.
The implementation of ICDS is closely monitored at regular intervals. The emphasis is on functional monitoring. Corrective actions at different levels flow from such monitoring. Monitoring continues to evolve and improve the quantity and quality of the feedback and to generate prompt and appropriate action. Like implementation, monitoring and evaluation too are done by the health and social welfare sectors. In both the sectors, these functions are carried out at the project, district and state levels.

The Department of Women and Child Development installed a word processor in 1982. This compiled quarterly monitoring reports from the Child Development Project Officer’s (CDPOs). The word processor has since been replaced by micro-computers. A state level performance statement is prepared on eight indicators, comparing the performance of each state with the national performance. Copies of these reports are also sent to the Planning Commission, PM’s Secretariat, Central Technical Committee at AIIMS, National Institute of Public Cooperation and Child Development (NIPCCD) and other Ministries and organisations involved in the ICDS programme. Quarterly status reports and performance reports are sent to the states nodal departments for taking necessary corrective action.

With the expansion of ICDS, the Central Technical Committee’s Cell at All India Institute of Medical Sciences began computerised processing of the monthly monitoring reports relating to:

* health staff
* orientation and training in the health sector.
* supplies of medical and health items.
* vital events like birth rate and infant mortality rate.
* morbidity data on diarrhoea.

The data, originating at the Anganwadi, is compiled at the project level and then sent to state and national levels. The deficiencies and problems in the system are periodically discussed at the block level and the district level, and appropriate action taken. The Cell communicates points of importance to the Health and Social Welfare/Nodal Departments of the States every month.

An evaluation was conducted by the Planning Commission in 1975-78. The positive results of this evaluation formed the basis of the Government’s decision to accelerate the expansion of ICDS in 1982. UNICEF supported an independent assessment in 1983 which clearly established the cost-effectiveness of the programme. Impact evaluations have been conducted by several academic and medical institutions, some of which are analysed later.
ICDS: Looking Ahead

Convergence of Services

* Dwackra
* Hand pumps
* Nutrition Education Training.
* Production and distribution of more and better training materials, manuals and guidebooks are undertaken.
* Training facilities are regularly reviewed, upgraded and streamlined.
* Ways of producing appropriate, pulverised foods for supplementary nutrition are explored.

Based on the numerous evaluation and monitoring efforts, following steps have been taken to streamline the implementation of the programme.

* Efforts are constantly underway to improve the organisational capacity. Monitoring cells at the state and district levels show the way.
* Review of training curricula and orientation of instructors are undertaken periodically.
Learning from Experience

ICDS experience since 1975 has taught several valuable lessons with a larger applicability to programmes for the development of human resources:

* Community level, honorary, female workers can be effective and viable instruments of human resource development if these workers are supported with training guidance and necessary material inputs.

  to be planned in detail and monitored very carefully.

* Collaboration of academic institutions is very useful in providing, at low cost objective feedback on the programme and continuing education to workers. The educational process in the academic institutions is also enriched with the field experience of the programme.

Integrated Services

* An integrated approach, including a package of mutually supportive services, is more cost effective than individual services delivered separately.

* The ICDS type of network makes it feasible and easier to apply new, simple technology on a larger scale.

* Flow of human and material inputs has

* Large scale expansion of human resources development activities requires considerable delegation of administrative and financing decision making to lower levels of administration. Delegation has to be real authority commensurate with responsibility—so that it improves administrative capacity for implementation.
* Field experience should be continuously reviewed and utilised for improving man-power development activities.
* Large scale efforts are needed to produce standardised material on a carefully selected mix of core items.
* Continuous monitoring and independent evaluation are essential to prevent deterioration during the expansion phase.

The experience of ICDS during its first seventeen years (1975-92) indicates that it has the potential of bringing about a silent revolution—a profound instrument of community and human resource development.

**Making an Impact**

Since its inception, there have been many independent evaluations of the effects of the ICDS programmes by:

* The Planning Commission.
* Unicef
* Nutrition Foundation of India.
* The All India Institute of Medical Sciences and number of medical colleges.
* The National Institute of Public Cooperation and Child Development.
* Home Science colleges.
* Many academicians, who have also studies the ICDS in depth.

To date, over 1428 surveys, 278 research papers and 130 MD and PhD thesis have been reported.

---

**Evaluation and Research Studies in ICDS on Nutrition and Health Components**

<table>
<thead>
<tr>
<th>Evaluation &amp; Research Studies</th>
<th>1428 (March '92)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thesis submitted for MD/Ph.D</td>
<td>130 (Dec. '91)</td>
</tr>
<tr>
<td>Papers published in National and International Journals</td>
<td>130 (Dec. '91)</td>
</tr>
<tr>
<td>Papers presented at National and International Conferences</td>
<td>125 (Dec. '91)</td>
</tr>
<tr>
<td>Publications by ICDS Central Cell</td>
<td>23 (March '92)</td>
</tr>
</tbody>
</table>