

Aims of Integrated Child Development Services

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ABSTRACT

The Integrated Child Development Services Scheme, a Centrally Sponsored Scheme, was first launched in 1975 in 33 Projects in the Community Development Blocks and 4891 Anganwadi Centres on a pilot basis keeping the need to holistically address health, nutrition and education needs of children. It was launched in accordance to the National Policy for Children in India. ICDS is a unique child development programme in India and the biggest country-wide multi-sectorial programme in the world, which covers the main components of sustainable human development, viz, health, nutrition and education. By its success in taking a holistic view of the development of child and care of its mother, ICDS has become a pace setter in the developing world with several developing countries evincing keen interest in it. India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

Key notes:

ICDS- Integrated Child Development Services
Anganwadi- school of small children below the age 5yrs
MHRD- Ministry of Human Resource Development
AWWs- Anganwadi Workers .

Integrated Child Development Services

The Integrated Child Development Scheme with its network of Anganwadis covering more than 3,000 Community Development Blocks in the country is perhaps the largest women and child development programme being implemented anywhere in the world. The scheme is a typical vertical programme and implemented in a uniform manner throughout the country. The Department of Women and Child Development, Government of India, has drawn up strict guidelines for implementation of the programme. The Central Government also provides funds to Departments of Social Welfare in the different States for its administration. A strict system of monitoring progress has also been set up.

The Integrated Child Development Services Scheme, a Centrally Sponsored Scheme, was first launched in 1975 in 33 Projects in the Community Development Blocks and 4891 Anganwadi Centres on a pilot basis keeping the need to holistically address health, nutrition and education needs of children. It was launched in accordance to the National Policy for Children in India. ICDS is a unique child development programme in India and the biggest country-wide multi-sectorial programme in the world, which covers the main components of sustainable human development, viz, health, nutrition and education. By its success in taking a holistic view of the development of child and care of its mother, ICDS has become a pace setter in the developing world with several developing countries evincing keen interest in it. India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. It has expanded tremendously over its 35 years of operation to cover all Development Blocks and major slums in the country. It is world's largest community based outreach programme which offers a package of health, nutrition and education services to children below 6 years and pregnant and nursing mothers. Over the years it has grown into one of the largest Integrated family and community welfare schemes in the world.

Within a few decades of its functioning, the programme has achieved a breakthrough in improving both pre-natal and post-natal environment of the child through reduction in deficiencies, increasing in child survival rate, enhancing its health and providing nutrition and learning opportunities, specially for the under privileged sections in the rural and tribal areas and urban slums.

Objectives of the Programme

The objectives of the ICDS scheme can be enunciated as under

1. To improve the nutritional and health status of children in the age group of 0-6 years.
2. To lay the foundation for a 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 policy and implementation amongst the various departments aimed at providing child development.
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

This programme utilizes all the available services in a coordinated manner to achieve the maximum effect. In the beginning, the programme was started with the collaboration of few Ministries like Health, Education and Rural Development, but seeing the success of the programme, many other technical departments and ministries like Water Supply, Urban Development, Information and Broadcasting also came forward to support it.

The Department of Woman and Child Development, Ministry of Human Resource Development, Government of India, plays the nodal role in the area of child development in general and ICDS in particular in the country by effective coordination of the efforts among different sectors in this area. At the apex level, the Department is entrusted with the primary responsibility of overseeing the implementation of the ICDS Programme, which earlier was used to be under the Department of Social Welfare, Ministry of Social Welfare and then as a result of re-organization in 1985, the Ministry of Human Resource Development (MHRD), was set up and a separate Department of Women and Child Development was created and placed under the Ministry of IHRD. The Department of Women and Child Development in its nodal capacity formulates plans, policies and programmes, enacts or amends legislation, and coordinates the efforts of both Governmental and non-Governmental organizations

working to improve the status of women and children in the country. The Department adopted a strategy to ensure that the benefits of development from different sectors do not bypass women and children. For this the department kept a strict vigil through effective coordination and monitoring of various sectoral programmes, besides implementing certain child and women innovative programmes so as to compliment and supplement the other general development programmes.

The provision of supplementary nutrition would not improve the health of the child if the child continued to be exposed to diarrhoeal diseases and other infections or unprotected drinking water supply. The package of services was not created in a vacuum, but with utmost care on the basis of four vital considerations- Need for the services, Inter-dependence and mutual support relationships, Cost incurred and Administrative feasibility. The package consist of Non-formal pre-school education, immunization, health check-up, supplementary nutrition, Medical services and Nutrition and health education for women.

These services are provided to the pregnant mothers, lactating mothers, and preschool children and are delivered in a planned way. The criterion of age under this programme was decided in the consideration that the pre-school age is a definite phase in the development of the child. So the service given financial and other effort to promote the sound development of children in the 0-6 age group.

This programme also classifies early childhood into different age groups so that services could be delivered in accordance with the differential needs of the children. The emphasis was also laid on the role of mother in the success of the programme. the scheme also brought under its purview women in the age group of 15-45 years and adolescent girls.

Advantages of the Services

As a service delivery programme, the ICDS has certain unique features. The programme is largely village based and conducted by Anganwadi Workers and Helpers, who are normally residents of the same village. The AWWs tries to maintain close contact with householders, thus taking away the impersonal bureaucratic approach generally found in Government programmes. This Programme also encourages the active help and participation of voluntary organizations, Social activists, Academic and Medical institutions and Professionals. There is a built in scope for convergence of Health, Nutrition and Child hood Education Services at the Anganwadi level. Two-third of the population covered by the ICDS programme comprises of socially backward communities and children belonging to economically backward families.

ICDS is clearly reflected in significant decline in the levels of severely malnourished and moderately malnourished children and Infant Mortality Rate in the country. The administrative unit for the location of an Integrated Child Development Services project is a community development block, a tribal development block or a group of slums. Anganwadi is the focal point of delivery of the services in every village.

Target Group

Restricting the coverage of ICDS programme to children less than 6 years is based on the consideration that preschool age can be considered as a definite phases in the development of the child for which a suitable strategy should be formulated. The programme also includes pregnant, lactating mothers who when properly cared can have positive effect on the child. Recently, the Government initiated a special intervention programme for the girls in the age group of 11- 18 years under the ICDS infrastructure. This programme aimed at meeting their nutrition, health, education, literacy, recreational and skill development needs Women's empowerment programmes were also later included under the ICDS

programmes, by which women's groups are encouraged to undertake meaningful income generating activities.

The ICDS programme provides food supplements through the Anganwadis to bridge the gap between the Actually Dietary Intake (ADI) and the Required Dietary Intake (RDI), on the basis of nutritional status, children can be classified into five states- Normal, I grade, II grade, III grade IV grade. For the normal I and II grade children, the Anganwadis provide 300 calories and 12 – 15 gms of protein whereas for pregnant and lactating mothers and also for lower grade children like Grade III and Grade IV, supplementary food consisting of 500 calories and 25 gms of protein is provided. This type of supplementary feeding should be provided for 300 days in a year and not less than 21 days in a month.

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