

---

## Role of Integrated Child Development Services (ICDS) Scheme in India

K. KRISHNA PRIYA

Department of Economics  
St Thomas College,  
Ranny, Pathanamthitta, Kerala, India.

*Investing in children is a decision a nation makes for improving the quality of life of its future citizens, and embarking on a path of planned development. Keeping this in view, the Government of India launched ICDS (Integrated Child Development Services) in 33 projects on 2nd October 1975. ICDS has expanded over the years and now is one of the world's largest programs working for the holistic development of young children. It is instrumental in enabling mothers to care for their young children, by providing those services and appropriate information support and guidance. The services provided under ICDS have had a positive impact on the health and nutritional status of children, helped in reducing infant mortality, and created awareness in the community on many issues. 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.*

Keywords: Child Development Services, Women, Malnutrition.

### Introduction

Children below the age of 18 years' account for nearly 40 per cent of India's population. This gives India a comparative advantage of a younger work force compared with countries with ageing populations. But with the largest number of malnourished children in the world - over half the children in the country are moderately or severely malnourished and 30 per cent of new-born are underweight - India faces a challenge in terms of investing in its large and growing young population. While infant mortality rates have declined to 50 deaths per 1000 live births, those who survive have nearly a 1 in 10 odds of dying before they reach their fifth birthday.

### Effectiveness ICDS scheme in India

The ICDS is the largest programme of its kind in the world, with over 1.2 million centres nationwide – Launched in 1975, the Integrated Child Development Services (ICDS) is the only major national programme that addresses the needs of children under the age of six years. The main objectives of the programme are to improve the health, nutrition and development of children. It offers health, nutrition and hygiene education to mothers, non-formal pre-school

education to children aged 3 to 6, supplementary feeding for all children and pregnant and nursing mothers, growth monitoring and promotion services, and links to primary healthcare services such as immunisation and vitamin A supplementation. These services are delivered in an integrated manner at an Anganwadi or childcare centre.

Each centre is run by an Anganwadi Worker and a helper. The Anganwadi Worker undergoes a one-time induction training of 8 days, job orientation training of 32 days and refresher training of 7 days, while the Helpers undergo a one-time job orientation training of 8 days and a refresher training that lasts 5 days. Three of these services, namely, immunisation, health check-up and referral services, are delivered through the public health infrastructure i.e. the Health Sub Centre and Primary and Community Health Centre under the Department of Health and Family Welfare. The remaining three services are delivered through the Anganwadi Centres (AWCs). According to this report the ICDS which was launched in 1975 has been working diligently to eliminate hazards to child health and development.

### Objectives of ICDS

- To advance the nutritional and health standing of children in the age-group 0-6 years.
- To create a system that tackles the proper psychological, physical and social development of the child.
- To fight the rate of mortality, morbidity, malnutrition and school dropout.
- To have all the various ministries and departments work in a coordinated fashion to achieve policy implementation and create an effective ECCE system.
- To support the mother and help her become capable of providing of the necessary nutritional and development needs of the child and aware of her own needs during pregnancy.

The scheme aims at providing an integrated package of services. These services include supplementary nutrition, immunization, medical check-ups, recommendation services, pre-school non-formal education and nutrition & health awareness. The purpose of providing these services as a package is because each of these issues is dependent on the other.

By providing supplementary feeding, the Anganwadi attempts to bridge the protein energy gap between the recommended dietary allowance and average dietary intake of children and women. Children below the age of three are weighed once a month and children in the age group of 3 to 6 are weighed every quarter. Weight-for-age growth cards are maintained for all children below six years. This helps to detect growth faltering and helps in assessing nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to health sub-centers, primary health centers as and when required.

### Pre-school Education

Under ICDS scheme, children are provided pre-school education, besides supplementary nutrition, health-checkup and immunization. Around 3.39 crore children are at Anganwadis. Innovative methods are used to provide pre-school education to the children in the age group of 3 to 6 at Anganwadis. Moreover, children feel comfortable as their mothers accompany them. This component for the children is directed towards providing and ensuring a natural joyful and

stimulating environment with the emphasis on necessary inputs for optimal growth and development. The early learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalization of primary education by providing to the child the necessary preparation for primary schooling and offering substitute care to younger siblings, thus freeing the older ones, especially girls to attend school.

### Social Security

The government has introduced Anganwadi Karyakartri Bima Yojana to Anganwadi workers and Anganwadi helpers with effect from April 2004 under the Life Insurance Corporation's Social Security Scheme. In order to motivate Anganwadi workers and give recognition to good voluntary work, a scheme of award has been introduced both at the national and state levels. The award comprises of Rs 25,000 cash and a Citation at Central level and Rs 5,000 cash and a Citation at state level. The remuneration of Anganwadi workers has been increased to Rs 1500/- from the existing Rs 700/- and that of the Anganwadi workers to Rs 750 from the existing Rs 500/- with effect from April 2008. The government has also decided to provide uniform to the Anganwadi staff. This will benefit over 18 lakh staff.

### ICDS Services

- Services Target Group Provided in AWC through Supplementary Nutrition
- Children below 6 years; pregnant and lactating mothers, Adolescent girls Anganwadi Workers (AWW) & Helpers
- Immunization Children below 6 years; pregnant women ANM Health Check-up  
Children below 6 years; pregnant and lactating mothers Doctors/ANM/ AWW
- Referral Children below 6 years; pregnant and lactating mothers, adolescent girls  
Doctors/ANM/ AWW
- Pre-School Education Children 3-6 years AWW
- Nutrition & Health Education Women (15-45yrs), adolescent girls AWW/ Health / FNB personnel

### Challenges

- The reduction in the proportion of undernourished children in India over the past decade has been modest and slower than what has been achieved in other countries with comparable socioeconomic indicators. While aggregate levels of under nutrition are shockingly high, the picture is further exacerbated by the significant inequalities across states and socioeconomic groups – girls, rural areas, the poorest and scheduled tribes and castes are the worst affected - and these inequalities appear to be increasing.
- Child malnutrition is mostly the result of high levels of exposure to infection and inappropriate infant and young child feeding and caring practices, and has its origins almost entirely during the first two to three years of life.
- The ICDS program, while successful in many ways, has not made a significant dent in child malnutrition. This is mostly due to the priority that the program has placed on food

---

supplementation, targeting mostly children after the age of three when malnutrition has already set in.

### Way Forward

The ICDS program should be redirected towards the younger children (0-3 years) and the most vulnerable population segments in those states and districts where the prevalence of under nutrition is higher.

The ICDS program should aim at:

- Improving mothers' feeding and caring behaviour with emphasis on infant and young child feeding and maternal nutrition during pregnancy and lactation.
- Improving household water and sanitation. Strengthening the referral to the health system with emphasis on prevention and control of common child diseases including acute malnutrition.
- Providing micronutrients.
- Urgent changes are needed to bridge the gap between the policy intentions of ICDS and its actual implementation.

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. 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.

### Reference

Three Decades of ICDS-An Appraisal. National Institute of Public Cooperation and Child Development (NIPCCD), 2006. Available from: <http://nipccd.nic.in/reports/icdsvol3.pdf>. Accessed January 15, 2014.

Agarwal KN, Agarwal DK, Agarwal A, Rai S, Prasad R, Agarwal S, et al. Impact of integrated child development services (ICDS) on internal nutrition & birth weight in rural Varanasi. *Indian Pediatr.* 2000; 37:1321

Saiyed F, Seshadri S. Impact of the integrated package nutrition & health services. *Indian J Pediatr.* 2000; 67:322-8.

Bhasin S K, Bhatia V, Kumar P, Aggarwal OP. Long term nutritional effects of ICDS. *Indian J Pediatr.* 2001; 63:211-6.

Michael Lokshin; Monica Das Gupta; Michele Gragnolati and Oleksiy Ivaschenko (2005). "Improving Child Nutrition? The Integrated Child Development Services in India" (PDF). *Development and Change.* 36 (4): 613–640. Retrieved 11 February 2015.

"India's infant mortality rate drops". The Times of India.

"UNICEF - Respecting the rights of the Indian child". UNICEF. Retrieved 22 March 2011.

Kapil, U. (July 2002). "Integrated Child

Development Services (ICDS) scheme: a program for holistic development of children in India".  
Indian J Pediatr. Indian Journal of Pediatrics. 69 (7): 597–601. Doi: 10.1007/bf02722688.  
PMID 12173700.

"Infant mortality rate shows decline". The Hindu.

"The Integrated Child Development Services (ICDS)". UNICEF. Retrieved 22 March 2011.

"Supreme Court Commissioners". Sccommissioners.org. Retrieved 22 March 2011.

"The WHO Child Growth Standards". World Health Organization. Retrieved 22 March 2011.

Dhar, Aarti (1 March 2013). "11.7 % increase in funds for Integrated Child Development Services". The Hindu. Retrieved 11 February 2015.

"Has the ICDS helped reduce stunting in India?" www.ideasforindia.in. Retrieved 2015-10-09.