Integrated Child Development Service (ICDS)

The Integrated Child Development Service (ICDS) Scheme providing for supplementary nutrition, immunization and pre-school education to the children is a popular flagship programme of the government. Launched in 1975, it is one of the world’s largest programmes providing for an integrated package of services for the holistic development of the child. ICDS is a centrally sponsored scheme implemented by state governments and union territories. The scheme is universal covering all the districts of the country.

The Scheme has been renamed as Anganwadi Services.

Objectives

- To improve the nutritional and health status of children in the age-group 0-6 years;
- To lay the foundation for proper psychological, physical and social development of the child;
- To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- 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.

Beneficiaries

1. Children in the age group of 0-6 years
2. Pregnant women and
3. Lactating mothers

Services under ICDS

The ICDS Scheme offers a package of six services, viz.

1. Supplementary Nutrition
2. Pre-school non-formal education
3. Nutrition & health education
4. Immunization
5. Health check-up and
6. Referral services

Three of the six services viz. immunization, health check-up and referral services are related to health and are provided through National Health Mission and Public Health Infrastructure. The services are offered at Anganwadi Centres through Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHS) at grassroots level.

All components of ICDS except Supplementary Nutrition Programme (SNP) are financed through a 60:40 ratio (central : state). The Supplementary Nutrition Programme (SNP) component was funded through a 50:50 ratio. The North East states have a 90:10 ratio.

Under SNP, beneficiaries are given hot meals along with take-home rations. For children, the quantum of rations and meals received depends on their malnutrition levels. SNP is provided for 300 days at the rate of Rs 8 per day for children and Rs 9.50 per day for pregnant and lactating
mothers. Severely malnourished children are allocated Rs 12 per day. Adolescent Girls (11-14 years out of school) are allocated Rs 9.50 per day.

**ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP)**

The overall goal of the project is to improve **nutritional and early childhood development outcomes** of children in India. Key objectives of Phase 1 are to support the GoI and the selected States to **strengthen the ICDS policy framework**, systems and capacities, and facilitate community engagement, to ensure greater focus on children under three years of age in the project districts; and strengthen convergent actions for improved nutrition outcomes in the stipulated districts.

The project will be **implemented in identified 162 districts** having higher proportion of child under - nutrition **across eight States**, viz. Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Uttar Pradesh and Andhra Pradesh. Besides, urban pilots will be undertaken in and around NCR of Delhi and convergent nutrition actions pilots in some selected districts in two non-project States viz., Odisha and Uttarakhand.

**ANGANWADI**

- Anganwadi is a type of rural mother and child care centre in India.

- They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition.

- A typical Anganwadi centre provides basic health care in Indian villages.

- It is a part of the Indian public health care system. Basic health care activities include contraceptive counseling and supply, nutrition education and supplementation, as well as pre-school activities.

- The centres may be used as depots for oral rehydration salts, basic medicines and contraceptives.

**Anganwadi Worker responsibilities:**

- The Ministry of Women and Child Development has laid down guidelines for the responsibilities of Anganwadi workers (AWW).

**These include:**

1. Showing community support and active participation in executing this programme.

2. To conduct regular quick surveys of all families.

3. Organize pre-school activities.
4. Provide health and nutrition education to families especially pregnant women on how to breastfeed, etc.

5. Motivating families to adopt family planning.

6. Educating parents about child growth and development.

7. Assist in the implementation and execution of Kishori Shakti Yojana (KSY) to educate teenage girls and parents by organizing social awareness programmes etc.

8. Identify disabilities in children, and so on.

**Anganwadi Worker functions:**

- They need to provide care for newborn babies and ensure that all children below the age of 6 are immunized.

- They are expected to provide antenatal care for pregnant women and ensuring that they are immunized against tetanus. In addition to this they provide post-natal care to nursing mothers.

- Since they primarily focus on poor and malnourished groups, they provide supplementary nutrition to children below the age of 6 and nursing and pregnant women.

- They ensure that regular health and medical check-ups for women 15- to 49-years-old take place and that all women and children have access to these check-ups.

- They work toward providing pre-school education to children who are between 3 and 5 years old.

- Anganwadi Worker (AWW) guides ASHA in performing activities such as organising Health Day once/twice a month at Anganwadi Centre and orientating women on health related issues such as importance of nutritious food, personal hygiene, care during pregnancy, importance of immunisation etc. Anganwadi worker is a depot holder for drug kits and will be issuing it to ASHA.

**Supervision:**

- Every 40 to 65 Anganwadi workers are supervised by one Mukhya Sevika. They provide on-the-job training.

- In addition to performing the responsibilities with the Anganwadi workers, they have other duties such as:

  1. Keeping track of who are benefiting from the programme from low economic status — specifically those who belong to the malnourished category.

  2. Guide the Anganwadi workers in assessing the age and weight of children and how to plot their weights.

  3. Demonstrate effective methods, for example, in providing health and nutrition education to mothers.
4. Maintain statistics of Anganwadis and the workers to determine what can be improved.

• The Mukhya Sevika then reports to the Child development Projects Officer (CDPO).