Chapter – II

ICDS – POLICY AND PROGRAMME IMPLEMENTATION
The constitution of India both in the directive principles of state policy and as part of the Fundamental Rights has laid down that the state shall direct its policy towards serving the health and strength of workers. Men and women and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age and strength and that particularly children are given opportunities and facilitated to develop in a healthy manner and in conditions of freedom and dignity. Childhood and growth are to be protected against exploitation and against moral and material abandonment. Article 47 of the constitution directs that the state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties.

The National Policy for children adopted in 1974 provided the framework for assigning priorities to different needs of children (both before and after birth) and for responding to them in an integrated manner. Integrated Child Development Services (ICDS) is India's response to the challenge of meeting the holistic needs of the child, launched initially in 33 blocks on October 2, 1975.
Today the Integrated Child Development Services (ICDS) is one of the world's largest and most unique outreach programmes for early childhood care and development. It symbolises India's commitment to its children (DWCD-GOI-96).

ICDS is designated to promote holistic development of the children under six years, through the strengthened capacity of caregivers and communities and improved access to basic services, at the community level. The approximate population in an ICDS project is presented (see table-). The programme is specifically designed to reach disadvantaged and low-income groups, to effective disparity reduction with the following objectives:

- Improve the nutritional and health status of children below the age of six years.
- Lay the foundation for proper psychological, physical and social development of the children.
- Reduce the incidence of mortality, morbidity, malnutrition and school dropouts.
- Achieve effective co-ordination of policy and implementation among various departments to promote child development.
- Enhance the capability of the mothers to look after the normal health and nutritional needs of the child, through proper health and nutrition education.
ICDS is designated to promote holistic development of the children under six years, through the strengthened capacity of caregivers and communities and improved access to basic services, at the community level. The approximate population in an ICDS project is presented (see table-2a). The programme is specifically designed to reach disadvantaged and low income groups, to effective disparity reduction with the following objectives:

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- Lay the foundation for proper psychological, physical and social development of the children.

- Reduce the incidence of mortality, morbidity, malnutrition and school drop outs.

- Achieve effective co-ordination of policy and implementation among various departments to promote child development.

- Enhance the capability of the mothers to look after the normal health and nutritional needs of the child, through proper health and nutrition education.
Table-2a

**APPROXIMATE POPULATION COVERAGE IN ICDS PROJECT**

<table>
<thead>
<tr>
<th>Target Services</th>
<th>Rural/Urban Project</th>
<th>Tribal Project</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population</td>
<td>Target</td>
</tr>
<tr>
<td>Children &lt;6 yrs</td>
<td>Suppl. Nutrition</td>
<td>6800</td>
</tr>
<tr>
<td>Immunization</td>
<td>17,000</td>
<td>17,000</td>
</tr>
<tr>
<td>Health check up</td>
<td>17,000</td>
<td>17,000</td>
</tr>
<tr>
<td>Pre-school Education</td>
<td>8000</td>
<td>4000</td>
</tr>
<tr>
<td>Expectant &amp; Nursing mothers</td>
<td>Suppl. Nutrition</td>
<td>4000</td>
</tr>
<tr>
<td>Immunization (TT&amp;IFA)</td>
<td>2400</td>
<td>2400</td>
</tr>
<tr>
<td>Health check up</td>
<td>4000</td>
<td>4000</td>
</tr>
<tr>
<td>Women (15-45 yrs)</td>
<td>Health &amp; Nutrition Education</td>
<td>20000</td>
</tr>
</tbody>
</table>

ICDS Functionaries: The ICDS Functionaries comprises the Anganwadi Worker, the Supervisors and the Child Development Project Officers. In larger rural and tribal projects, Additional Child Development Project Officers are also a part of the team.

Health Personnel: The Medical Officers (MOs), Lady Health Visitors (LHVs) and ANMs from nearby primary health centres and sub-centres form a team with ICDS in providing health services.

Anganwadi Worker: The Anganwadi Worker is a community based voluntary frontline worker of the ICDS programme. Selected from the community, she assumes a pivotal role due to her close and continuous contact with the people especially women, she works as a crucial link between the village population and the Government Administration, she becomes a centre figure in helping the community to identify and meet the needs of their children and women.

The AWW was expected to monitor and promote the growth of children, with the active participation of communities/mothers. She enhances their capability for preventive and promotive action for child growth - through improved child care and feeding practices. She also enables them to prevent disease infection. The AWW organises supplementary feeding, helps to organise immunisation sessions, distributes vitamin-A supplements and iron and folic acid tablets, treats minor injuries and ailments and refers cases to medical services.

The more visible aspects of her role in making the Anganwadi literally a country yard play centre, nurturing and joyful with playboy activities attracting of children and families. She strengthens the capacity of caregivers - the mothers, family and the community for child care, by building upon local knowledge and practices.
This creates a nurturing physical and social environment for the child, not only at the Anganwadi Centre but also in the family and the community.

Supervisor: The Supervisor is responsible for 17-25 Anganwadies depending upon the nature of the project. She supports and guides AWWs and assists in recording home visits, organising community meetings and visits of health personal and providing on the job-orientation to AWWs.

Child Development Project Officer: The CDPO provides the link between ICDS functionaries and the Govt. Administration. This officer is also responsible for securing anganwadi premises, identifying beneficiaries and ensuring supply of food to centres and flow of health services and monitoring programmes and reporting to the State Government.

At the community level other front-line groups including local women's groups, mahila mandals, youth clubs, local organisations, Panchayat samites also support the AWW.

The ICDS team can help to create partners between front-line workers and community/women groups, facilitating an integrated approach for improving childcare, health, nutritional well being and development.

The Anganwadi Centre: It is the local point for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls. Besides this, anganwadi is a meeting ground where women's/mothers groups can come together with other front-line workers to promote awareness and joint action for child development and women's empowerment.
Population coverage through the Anganwadi is approximately 1,000 in rural and urban areas and 700 in tribal areas.

**Services and beneficiaries:** The child-centred approaches of ICDS is based on the rationale that care, psycho-social development and the child health and nutritional well-being mutually reinforce each other. The beneficiaries under the scheme that is, children below six years, expectant and nursing mothers and Women in the age group 15 to 45 years receive the following services:

- Supplementary feeding
- Growth monitoring and promotion
- Immunization
- Health checkup
- Referal services
- Health and nutrition education
- Pre-school education

In addition, there is coverage of other important supportive services, such as safe drinking water, environmental sanitation, women's development and education programmes.

**Supplementary Feeding:** All the families in the community will be surveyed to identify the beneficiaries from low income families and deprived children below the age of six years, pregnant and nursing mothers and adolescent girls. They avail of supplementary feeding support for 300 days in a year. By providing supplementary
feeding, the Anganwadi attempts to bridge the calorie gap between the recommended dietary intake of children and women in low income and disadvantaged communities. This pattern of feeding aims only at supplementing and not substituting for family food.

The type of food varies from state to state in Andhra Pradesh programme provides ready to eat powder containing the basic ingredients. The expenditure towards supplementary feeding is met by the states under the state plan budget available for minimum needs programme.

Growth Monitoring and Promotion: Growth monitoring and nutrition surveillance are two important activities in operation at the field level in ICDS. Both are important for assessing the impact of the health and nutrition related services.

Children below the age of three years are weighed once a month and children from three to six years are weighed quarterly. In ICDS weight for age growth cards are maintained for all children below six years.

Recently, the concept of community based nutrition surveillance has been introduced in ICDS. A community Growth chart for nutrition status monitoring is maintained at each Anganwadi. This chart reflects the nutritional status of all the children registered with the Anganwadi. This helps the community in understanding what the nutrition status of its children is, why it is so and what can be done to improve it.

Immunization: Immunization is an example of integrating health services in ICDS programme. AWW supposed to help the health personnel by identifying and motivating the beneficiaries towards complete immunization. Primary immunization,
Health and Nutrition Education: Health and nutrition education are a key element of the work of the Anganwadi workers. This has the long term goal of capacity building of women, specially in the age group of 15-45 years, so that they can look after their health and nutrition needs as well as that their children and families. All women in this age group are expected to be covered by this component. Health and nutrition education also promote appropriate prevention and management of diarrhoeal diseases (through ORT and continued feeding) and management of acute respiratory infections to promote child growth.
Table-2

EXPENDITURE AND BENEFICIARIES OVER A PERIOD OF 1975-96
in India

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditure (Rs.)</th>
<th>Beneficiaries (in Lakhs)</th>
<th>SNP</th>
<th>Children</th>
<th>Mothers</th>
<th>Preschool edu.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1975-76</td>
<td>1.54</td>
<td></td>
<td>8.40</td>
<td>8.90</td>
<td>1.50</td>
<td>3.92</td>
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<tr>
<td>1980-81</td>
<td>5.93</td>
<td></td>
<td>69.55</td>
<td>57.24</td>
<td>12.31</td>
<td>30.30</td>
</tr>
<tr>
<td>1985-86</td>
<td>73.75</td>
<td></td>
<td>140.53</td>
<td>117.82</td>
<td>22.71</td>
<td>64.36</td>
</tr>
<tr>
<td>1990-91</td>
<td>254.64</td>
<td></td>
<td>216.34</td>
<td>177.93</td>
<td>38.41</td>
<td>101.15</td>
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<tr>
<td>1994-95</td>
<td>536.87</td>
<td></td>
<td>220.36</td>
<td>182.29</td>
<td>38.07</td>
<td>105.14</td>
</tr>
<tr>
<td>1995-96</td>
<td>568.38</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(Annual Report Part IV DWC D GOI 1996)
Pre-school Education: The early childhood care and pre-school education component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge on the anganwadi. This is also the most joyful play daily activity, visibly sustained for three hours a day. The ICDS focuses on overall development of children. Pre-school education programmes conducted through the medium of play, aims at providing a learning environment for the promotion of social, emotional, cognitive physical and aesthetic development of the child. This component provides necessary preparation for primary schooling and offering substitute care to the younger siblings, thus feeling the older ones especially girls to attend schools.

Realising the benefits and keeping in view of the unique approach, ICDS programme has been greatly appreciated and proposed for expansion of the programme to cover the entire community blocks in the country. The programme has started in 33 community blocks in 1975 and by 1995-96 the number of Blocks increased to more than 5000. For the coming years also Government has proposed to increase the number of Blocks with the financial assistance by World Bank and other bilateral agencies. The expenditure spent on the ICDS programme over the years has given (see table-2).