Chapter-5
INTEGRATED CHILD DEVELOPMENT SERVICES

Governmental interventions in the realm of child welfare have been varying in accordance with the visions and priorities of the governments at different periods of time. In the past, the gamut of services provided in the name of child welfare remained confined to the basic primary healthcare services offered through the network of primary health centers in different parts of the country. But in the evaluation studies of many of such activities, it was found that the range of services to be provided under the rubric of child welfare needs to be expanded to include such services that provide for a holistic care and development of the child. Thus, the idea of integrated child development services (ICDS) was mooted during the decade of 1970s as a kind of package deal to offer holistic set services that would go to provide for overall health and nutrition of a child. In the contemporary period of time, ICDS has become the mainstay of child welfare services in the country with cent percent coverage of all the nooks and corners in such a way that no child is left outside the coverage of this package in order to ensure the holistic development of each and every child in the country.

The nature of needs and requirements of the children is quite complex and distinct from the needs and requirements of the general populace of the country. Moreover, the tender age of a child during the ICDS seeks to provide for effective intervention is such that the health and the well being of the child is intricately related to the health and well being of his or her mother. In such a scenario, any segmented approach of providing succor only either to the child or the mother could not be viable policy perspective as that would help in achieving only a part of the objective whose final outcome could not be considered to be viable and sustainable. Hence, the ICDS has been proposed as a comprehensive, all inclusive and integrated approach to the development of a child in such a way that none of the vital aspects of the needs and requirements of the child could be left outside the purview of the scheme. Moreover, the integration of the development of a child with the development of the mother has come to be the vital innovation that has made the ICDS work well. This chapter seeks to provide a critical analysis of the different aspects of ICDS as the backbone of child welfare endeavours of different levels of governments in India.
5.1 Genesis

The genesis of ICDS may be traced back to the failures of a number of previous attempts at taking care of the different kinds of needs and requirements of a child in the country. As a matter of fact, ever since independence, it has been consistent endeavour of the government of India as well as different state governments to take care of the various kinds of needs of children owing to the realisation that child is the future of the country. But in the absence of a clear vision as well as plan of action on the part of the government, the child development and welfare policies remained segmented as well as parochial. For instance, in the early days when child mortality rate was alarmingly high in the country, the government thought of conceptualising child development and welfare policies in the country in terms of taking care of the health issues of the child. But very soon it was pointed out in the review reports as well as other policy evaluations of the government by both governmental and other agencies that despite health being the major concern of the child welfare, it cannot be taken as the only core concern of the governmental intervention.

Similarly, for a long period of time, child welfare and development in the country was conceptualised in terms of the educational needs of the child. In fact, when the developmental priorities of the country was being decided, it was thought by the policy makers that the rate of growth and development of the country could not be accelerated unless the human resources of the country are well equipped with the educational skills and other desirable parameters of development. It is quite interesting to note that at that period of time, the basic parameters of development for the people was confined to the basic needs of health and education in such a way that other needs of the people appeared to have got marginalised if not obliterated altogether. In other words, health and educational needs of the people appeared to have overtaken other developmental needs and therefore, most if not all, of developmental priorities in the plans revolved around the issues of health and development. But such a perspective of development could never have been acceptable in the case of a child given the typical and peculiar needs and requirements rooted in his or her tender age.

Though for a long period of time, the developmental imperatives of children in the country remained in the vortex of uncertainty and experimentation, it was indeed felt
incumbent upon the policy makers to reorient the governmental policies and programmes in the wake of the new inputs and insights provided by both national frameworks as well as international perspectives on the growth and development of a child. During this time, the basic argument pertaining to child welfare revolved around the international push for assessing the basic needs and requirements of children before embarking upon drafting the policies and programmes for their growth and development. In this context, the path breaking inputs were obtained from the plight of children in the African countries where the children were found to suffering from a number of health related issues in such a way that their bad health conditions did not allow them to go for any other meaningful enterprise of life. In other words, children were found to be suffering from such a multiplicity of health related issues that other aspects of their life appeared to be irrelevant for the policy makers. This provided the prefect context for the policy makers in India also to reinvent the child welfare policy in the country and go for a holistic policy in the regard.

Thus, the genesis of the ICDS could be conceptualised in the utter failure of the previous policies and programmes aimed at bringing about the overall development and well being of the child. The basic lacuna that plagued the previous policies and programmes for the welfare of the child could be seen in terms of the segregated and compartmental approach to the addressing of the issues and challenges being faced by the child and his or her mother at the very tender age of their survival. The fatal blow to the previous policies was delivered by the inaccurate conception of the welfare of the child and his or her mother as distinct issues that could not be handled in a coordinated and concerted manner. In such a scenario, the net result of the governmental efforts for the welfare of the children failed to provide intended result as the ailment of the mother or the inadequacies in the nutritional status of the mother got reflected in the health and nutrition of the child. Thus, to overcome all such difficulties and lacuna, the idea of ICDS got germinated in the minds of the policy makers to go for a holistic policy on child welfare.

5.2 Origin

In the course of formulating and implementing the successive four five year plans in the country, it was a big challenge before the development planners to plan and
implement such a programme for the welfare of the children that could help them get rid of all the major issues of health and development surrounding them right from their birth. Thus, on the eve of the formulation of the fifth five year plan, the developmental policies with regard to the particular sections of society seemed to be influenced by the global framework for such policies.\(^3\) A number of international agencies by then had already carried out a lot of spade work to offer certain meaningful insights and policy perspectives for a number of developing countries to help them formulate relevant and effective policy for different sections of society. It was in this context that the idea of drafting a integrated policy for the welfare of the child dawned in the minds of the development planners that could go a long way in streamlining the development of such sections of society.

While the global trend in the case of child welfare during the decades of sixties and early seventies revolved around the idea of providing the child much needed protective and promoting incentives relating mainly to their health, the Indian scenario was underpinned by focus on area development programmes the focus of which was the development of a whole region in place of the vulnerable sections of society. However, the limited or negligible results of such an approach for the well being of sections like child and lactating mothers fortunately informed the calculations and mindsets of the policy makers to get over the previous inertia regarding the development of different sections of society and focus on the certain vulnerable sections investing in whom would get rich dividends for the country. As a result, the policy makers tried to reorient the focus of the fifth five year plan by ingraining in it a number of unconventional factors and variables that would help the vulnerable sections get over the long standing problems. Thus, the idea of ICDS entered in to the developmental discourse of the country and helped the policy makers reinvent the child welfare policies in the country in a new perspective.

After much deliberations and feasibility studies, ICDS was launched in the country on 2\(^{nd}\) October 1975 as centrally sponsored scheme of the government of India.\(^4\) The major focus of the scheme, as the name itself suggests, has been on the integrated or holistic development of the child along with the ancillary actors and factors that remain critical in the overall welfare of the children. The most interesting part of the scheme has been the revolutionary transformation in understanding the needs and requirements of the child in the wake of the new findings of both medical science as
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well as the social welfare perspectives of the child. ICDS, conceptually, is based on the understanding that the child is a complex phenomenon whose developmental needs and aspirations could not be visualised in a narrow and restrictive sense of the term.\(^5\) In place of that, a child needs to be considered as holistic idea whose needs and aspirations must be a combination of a number of valuable inputs and support services that could help him or her overcome the developmental needs and grow into a healthy and productive adult in the longer term so as to prove a valuable asset for the society.

An interesting aspect of the origin of the ICDS could be seen in the complex social and political situations that prevailed at the time of its inception in the country. Given that the subject of welfare and development of child and women had been a state subject at that time, it would have become incumbent upon the central government to consult all the states and other stake holders in order to initiate the ICDS. But the imposition of the emergency in the country at that period of time, had almost taken all the states by awe and they did not appear to be in a state of mind to offer their objection or doubts over the veracity of the policy. Thus, the central government at that time had got almost free hand in formulating the policies with regards to different sections of society without much questioning or doubts from the different stake holders including the state governments and other civil society organisations.\(^6\) As a result, the ICDS could be considered as the cent percent enterprise of the central government aimed at bringing about a holistic turn around in the condition of the children in the country.

5.3 Objectives

ICDS typically pertains to the welfare of the children in the age group of 0-6. It has been formulated with a set of precise objectives whose fulfillment is likely to help a great deal in getting rid of the various problems besetting the children of the country. The prime objective of the scheme is to bring about a fundamental change in the health and nutritional status of the children in the country in the defined age group. This objective of the scheme is ordained on the basis of the long standing problem of the country in which the children of a very tender age used to suffer from a number of health and nutrition related diseases and disorders.\(^7\) For instance, polio used to be one of the foremost health hazards for the children of the tender age in the wake of absence of any kind of health intervention and support from any of the stake holders
in the developmental discourse of the country. As a result, a large number of children used to suffer for life in case they get infected by the polio virus and remain dependent on their family or other people for life to fend for their basic needs of life.

Apart from the health and nutrition, another important objective of ICDS has been to provide for a solid background for the psychological, physical and social development of the child. This can be taken as one of the missing links in the previous developmental design for the children in the country for the obvious reason that the policy makers did not seem to be aware of the fact that a child can also have psychological and social needs whose fulfillment could be as important as that of the physical and other needs of the child. Furthermore, the scheme also seeks to achieve the objective of reduction in the incidents of morbidity, mortality, and malnutrition and school dropout in the country. Thus, ICDS has been visualised as a truly package deal for the children in view of the multi faceted challenges faced by in the tender ages of their life. The package of services offered under the ICDS could prove to be the most effective intervention on the part of the society as well as the government that could help them not only get away with the pressing issues and challenges of their development but also help them become a valuable asset for the society.

Another important objective of the ICDS is to achieve the maximum possible extent of coordination and policy implementation on the part of the different stakeholders in the pursuit of child welfare in the country. As a matter of fact, there are a lot of agencies, actors, stake holders, and individuals who are engaged in the protection and promotion of child rights, child welfare and child development. But their initiatives used to suffer in the lack of the proper coordination amongst them. Thus, the ICDS seeks to bring about proper coordination amongst them to the extent possible. Finally, the ICDS also has the objective of enhancing the capability of the mother to look after the normal health and nutritional requirements of the children through proper education and awareness of the needs and requirements of the child. Thus, the ICDS has been conceptualised with a lot of objectives whose accomplishment would surely help in creating a best possible ambience of child welfare and child development in the country. But the moot question in this regards comes with regard to the implementation of the scheme in such a way that these objectives become truly achievable in both the short as well as the long terms.8
In sum, the objectives of the ICDS are unique in three ways. One, they look at the needs and requirements of the children in the best possible way in comparison to the segmental approach towards the issue in the past. For instance, in the tender age just six years, what a child could aspire for is nothing but a healthy life and full need for proper nutrition that could keep him or her perfect in health and fitness. Two, the ICDS also includes the health and other requirements of mother as the most valuable input in the holistic development of a child. It has been proved beyond doubt in the national and international studies and researches that up to the age of six years, the health of the child is intricately dependent upon the health of the mother. So any neglect in the health of the mother could not be become the plausible proposition for the well being of the child. Lastly, the ICDS also aims at bringing about all the stake holders, actors and individuals as well as agencies involved in the well being of the child on a common platform in order to ingrain them a sense of coordinated and concerted action with the common aim of welfare of the child.

5.4 Principles

The conceptualisation of the ICDS at the very early stage has been underpinned by a number of fundamental principles that continue to be guiding principle of the scheme. At the very outset, it needs to be pointed out that the constitutional framework in the country provide for a welfare state that needs to be aware of the needs and aspirations of different sections of society, particularly the vulnerable ones. Such an awareness of the needs and aspirations of different sections of society must in turn transform into the concerted and concrete policy interventions on the part of the states and central governments in terms of variety of policies, programmes, projects, schemes, missions and other interventions. In this it was beyond any kind of argumentation or doubt that the welfare of the vulnerable sections such as marginalised sections, children, women, physically disabled and old age persons must be the priority concern of the government. As a result, the ICDS was conceptualised as the flagship scheme of the government of India for implementation in the entire country with the vision of making children the protected lot from various diseases and illness.

There is no denying the fact the fact that children are the valuable assets for the growth and development of any nation. This gets added emphasis in the case of developing countries like India where the need for mammoth human resources to
carry out the mammoth developmental tasks of the country rest on the shoulders of the healthy and prosperous people. The converse of such a situation is that if the children in the country remain caught in the vicious circle of poverty, healthy issues, malnutrition and stunted growth, the social and economic development of the country could surely not pick up despite the best of the efforts by the government. Hence, what becomes imperative for the government is to provide special focus on the growth and development of the children in such a way that they do not suffer any kind of serious issues or challenges to their life and health. As a healthy citizen with sufficient levels of health and nutrition, such a lot of children could surely become the valuable asset for the country in such a way that they could act as the launching pad for the limitless growth and development of the country.

The unique operating principle of the ICDS has been its demarcation of the catchment age for its beneficiaries between that of 0 to 6. In the developing countries like India, it is quite possible that the children in the upper age groups are able to cope up with the vagaries of nature as well as life by learning a lot of things from their ambience and surroundings. But such a situation could not hold true in the case of the children in the age group of 0-6. Such children are totally dependent upon their mother for all kinds of support and assistance including food, health, and other well beings. Moreover, such children are very much prone to all kinds of diseases and malnutrition that can be prevented only with the active support and assistance of the mother. Hence, the ICDS has based its operational principle in the realm of identifying the children in between the age group of 0 and 6 so as to offer them all kinds of health and nutritional support in conjunction to such support to their mother as well so that they can be saved from all kinds of avoidable injuries to their health, physique and growth.\textsuperscript{10}

At the same time, the unique selling point of the ICDS has been its methodology of work in terms of integrated and comprehensive approach to the issues and challenges of child development in the country. It is quite pertinent to point out in this context the fact that all the previous policies and programmes for child development in the country have been based on segmented and compartmental approach to the issue. In other words, what is being emphasised here is the fact that there did exist a number of policies and programmes for the child welfare in the country in the past as well, but all of these policies and programmes were in the nature of coving an important aspect
of the child welfare with the exclusion of other aspects. Such an approach could not succeed in bringing about a subtle change in the status of child welfare and child development in the country as a result of which the country continued to witness very high rates of child mortality. But the ICDS sought to reverse such an approach and replace that with the international approach of an integrated and package deal for all the issues and challenges facing the child development in the country.

5.5 Services under ICDS

Given that ICDS is offered as a package deal, it consists of a number of vital services that play critical role in the guaranteeing the health and nutritional needs and requirements of the children. Though it consists of a number of ancillary and support services, the core services that are offered under the rubric of the ICDS are six in all. These services cumulatively relate to almost all the necessary or inevitable components of the personality of a child that simply cannot be brushed aside if a child is to be guaranteed a holistic development of his or her personality. In this context, as is obvious, the primary concern of the ICDS is the provision of supplementary nutrition to the children between the age group of 0 to 6. Such nutritional supplement may be considered as the most significant support to the children given the lack of adequate nutritional contents in the food items as well as food choices of the majority of people in the country. By providing for the supplementary nutritional support to the children, the ICDS helps the make up the deficiency in the nutritional intake of the children.  

Another major service offered under the ICDS is the preschool none-formal education to the children across the different parts of the country. The significance of the preschool none-formal can be realised from the fact that health and education are the backbone of the holistic developmental package for the children in the developing countries where the health and educational facilities are not adequate in these countries. As far as India is concerned, there is still glaring inadequacy of the number of the health and education infrastructure in the country despite the rapid strides made by the country over the years. Hence, the ICDS seeks to supplement the health supplement to the children with the proper support of education. As part of the preschool none-formal, the ICDS centers offer the children the basic education in the spheres of the syllabi and course content taught for the children in early stages of their
life. Thus the ICDS truly acts as the holistic support system for the children given its focus on the holistic personality of the children in terms of health and education. This rare combination of services has really done wonders in the country though a number of other efforts have also been mooted to do the needful in this regard.

In addition to providing for concrete support and supplement to the needs and requirements relating to health and education, the ICDS seeks to provide a lot of public advocacy for health and nutrition education to the mothers, fathers, guardians and custodians of the children. As a matter of fact, health and nutrition education seems to be a very important component of the ICDS given the lack of sufficient level of knowledge and awareness amongst the people with regards to the vitality of the health and education in the overall growth of a child. But not to leave the inevitable doable things for the discretion of the guardians, ICDS also seeks to provide the services of immunization to all the children in the age group of 0 to 6 in order to save them from a host of health hazards, diseases, infections, among others to the children. The function of immunization may be considered as a very important policy intervention in the country given the vulnerability of the children to a vast range of health hazards, and infectious diseases that act as crippling factor for the children rendering to helpless for life.

Two other important services offered under the rubric of ICDS are health check up and referral services. With the changing paradigm of health care and protective health framework in the world, the need for preventive health care has become as important, if not more, as that of the treatment provided for any disease. Hence, the ICDS has been designed to provide for routine health check up of all the children within the domain of an ICDS center in order to make sure that they do not suffer from any such disease or health hazard whose treatment could not be provided at a later stage of their life. Furthermore, the ICDS also seeks to provide the referral services to the children for the health issues that cannot be treated in the precincts of the health centre. Conceptually, referral services refer to the set of services whereby the treating doctor at a health centre in the non-specialised or local health centers refer the case of a patient for further treatment at an advanced centre of healthcare. Referral services as part of the ICDS have indeed helped a lot of children suffering from the serious diseases for getting treated at advanced and super specialty hospitals.
5.6 Delivery of Services

The key feature that has been argued to have made the conceptualisation and implementation of the ICDS in the country has been the delivery of services under the scheme. As has already been pointed out, the major thrust of the ICDS has been on the health and education needs of the children between the age group of 0-6. Such services include the unique combination of both preventive as well as the promotional services. But the delivery of such a combination of services has been made more effective by providing for dedicated agencies for the same. Even at the apex level, the services consisting of the education and nutrition are provided by the department of child development and women welfare. But the services relating to the health and hygiene of the children are dovetailed on the shoulders of the ministry of health and family welfare in order to impart the element of expertise in these services. However, all the services clubbed under the rubric of the ICDS are delivered under one roof in the form of the Anganwadi centers that constitute the geographical epicenter of all the activities relating to the welfare of the children and their mother.\textsuperscript{13}

Given the segregation of the health and education related services under the ICDS, a critical factor in the delivery of such services has been the convergence of the different stake holders in the scheme. Conceptually, convergence stands for the common meeting point of different stake holders in any project through which they are able to act in a coordinated and concerted manner in order to guarantee the effective supply of services likely to be provided under the scheme. A number of plans and programmes in the country have suffered in their implementation ostensibly due to the lack of convergence amongst the different stake holders of that programme. Hence, in order to save the ICDS from being an ineffective governmental programme with regard to the welfare of the children, the provision for efficient and effective convergence has been made amongst the different agencies involved in the delivery of services under the ICDS. Accordingly, under the rubric of the Anganwadi centers, the health and education departments of the state as well as the central governments come together to make sure that the necessary services are offered to the children and their mother as per the prescribed specifications of the government. In fact, the successful working of the ICDS in the country owes much to its convergence amongst the different partner agencies.
The delivery of the core service of the supplementary nutrition is provided to both the child and his or her mother in case of the need for one or both of them. But for the delivery of such services some sort of standard operating procedure has been set up which has to be followed by all the Anganwadi centers in the country so as to minimize any kind of deficiency in the delivery of services. Apart from the supplementary nutrition, immunization is also provided to both the children as well as their mother in case of need. The basic workers involved in the delivery of such services are called the Anganwadi workers and helpers who are employed throughout the country with the same specification of qualification and other skills. In addition to these two services, another important services making core of the ICDS has been the preventive health check up to be carried out with regular intervals in order to ensure that none of the stakeholders suffer any kind of fatal or incurable disease in case of their getting infected with that. Thus, the health issues of the children and their mother are taken care of in an effective manner.

It is interesting to note that the services related to the health of the children and their mother is provided by the ministry of health and family welfare as the nodal agency for that service. On the contrary, the services like the supplementary nutrition as well as pre-school education are taken care of by the ministry of women and child welfare as the nodal agency. Besides acting as the nodal agency for providing basic services pertaining to their respective jurisdictions, the two departments also join hands together in providing the common service of nutrition and health education. Such a combined action of the two departments become necessary given the specialised nature of the services. As a matter of fact, nutrition and health are the two core issues that has been sought to be tackled through the scheme of ICDS. But their specialised nature did not allow only one department to take care of both the service in one go itself. As a result, specific provision has been made in the operational manual of the ICDS that in imparting the services of nutrition and health education, both the ministries of women and child welfare as well as health would join hands together to discharge their responsibilities.

**5.7 Funding Pattern**

ICDS has primarily been a centrally sponsored scheme. But the pattern of funding for the centrally sponsored schemes has differed from scheme to scheme depending on
the priorities and concerns showed for them by the government in power. In certain rare cases, if the central government seeks to make a particular scheme more acceptable and universal in its reach and implementation, it generally makes the scheme hundred percent funded out of the central funds. But such schemes are not very common and they come only once in blue moon given the paucity of funds of the central government in making a scheme on the hundred percent funding basis. Usually, the centrally sponsored schemes are implemented on the basis of the something around fifty percent to that of ninety of the total expenses being funded by the central government. But even the ninety percent funding of the centrally sponsored schemes are rare and such schemes are also not launched very often. The standard pattern for the funding of the centrally sponsored schemes has been that of fifty percent basis in which half of the expenses of the scheme are to be covered by the concerned state government.

Insofar as the funding pattern of the ICDS is concerned, it has not been consistent right from its inception and has been varying depending upon the needs and perspectives of the both the central as well as the state governments. For instance, when the scheme was launched in 1975, the general understanding between the centre and the states has been that both the levels of governments would share the expenses of the scheme in an equal ratio. In fact, the expenses of the scheme have been bifurcated into two distinct categories of fixed expenses in terms of the infrastructure, personnel as well as other logistical support in order to make the scheme reachable to all the nooks and corners of the country. Apart from the fixed expenses, the other category of expenses related to the recurring expenses in terms of the basic nutritional materials as well as the health supplies like medical treatment, vaccines, medicines and other related supplies. In such a scenario, the two governments have in fact agreed to fund the total expenses in such a manner that the central government would like to meet the fixed expenses whereas the states would meet the recurring expenses.

In accordance with that agreement, prior to 2005-06, the two levels of government used to share the gross expenses of the scheme in such a manner that the administrative charges of the scheme were shared by the central government whereas the nutritional contents of the scheme fell upon the shoulders of the states. At that time, it was found that the cost of nutritional contents were very limited. The major financial burden in running the scheme was in nature of the infrastructure and
administrative costs that used to be covered by the central government on the hundred percent basis. But despite such a less burden on the shoulders of the states, a number of states were not able to meet their responsibilities in holistic manner.\(^{17}\) What has been unique is the fact that at that time the scheme of ICDS still had not been covered to all the nooks and corners of the country. Thus, the states were required to meet very less amount of expenses. But even such less amount of expenses also become burdensome for them as a result of which the ICDS appeared on the verge of not getting implemented in all parts of the country in a uniform manner.\(^{18}\)

So after 2005-06, the central government changed the funding pattern of the scheme in a differential manner in which different funding patterns have been designed for different parts of the country. For the states and union territories that appeared in the position of providing adequate funds for the ICDS, the central government continued with the fifty percent funding pattern as earlier. But for the stats and union territories that did not appear in a position to support the expenses in the supplementary nutrition, the central government agreed to provide them additional grants as well. But the entire funding pattern of ICDS underwent a sweeping transformation after 2009-10. Given the disadvantageous position of the north eastern states, the central government modified the funding pattern for them to the tune of ninety and ten percent. In other words, while the central government would provide ninety percent of the expenses, the states were required to support only ten percent of the expenses only. But for the other state and union territories, the central government continued with the existing pattern of providing only half of the total recurring expenses that continue to be the norm even today as well.

### 5.8 Coverage of the Scheme

India is one of the vast and divers countries in the world. The vast spatial expanse of the country does not allow for the government to launch any scheme of public welfare at the all India levels in the wake of the paucity of funds as well as logistical support for such schemes. In such a scenario, what the government normally does is to launch a scheme in a phased and gradual manner in order to be able to meet the expenses likely to be incurred on such schemes. Moreover, it tries to identify the most vulnerable parts of the country to a particular problem or challenge and seeks to roll out a scheme in that area or region on a priority basis. This pattern of launching of the
major developmental or welfare schemes in the country has been true for almost all of the schemes and programmes with very few exceptions. As a result, the developmental schemes in the country has always been unfolded in a gradual manner and taken to the all India level in a time period staggering over the long time. The same thing also held to be true in the case of the ICDS in the country.\(^{19}\)

When the ICDS was launched in the country on the occasion of the birthday of the father of the nation Mahatma Gandhi in 1975, the government did not find itself in a position to implement the scheme in a holistic manner and on all India basis. Moreover, it did not appear to be willing to implement the scheme on the all India basis unless it had tried and find out the successful working of the scheme first on a pilot basis in select regions of the country. Hence, the launch of the ICDS in 1975 was confined to just 33 development blocks of the country in which 4891 Anganwadi centers were set up to provide basic nutritional services to the children and women in the selected blocks. The implementation of the ICDS in these blocks had been on experimental basis in which the government tried to find out as to what extent the scheme could help in eradicating the problems and challenges facing the children and the women in these areas. However, very soon the positive results of the scheme had started pouring in where the children and the women chosen under the scheme started showing remarkable progress in their health statuses.\(^{20}\)

Imbued with the positive results of the scheme implemented in the selected blocks, the government decided to expand the working domain of the scheme. Thus, by the end of the ninth five year plan, the government had expanded the reach of the scheme to 5652 development blocks in which more than six lakhs of Anganwadi centers have been opened to provide the basic services under the scheme of the ICDS. As of now, the ICDS has been implemented in all the developmental blocks of the country in such a manner that no part of the country is left outside the purview of the scheme. While looking at the coverage of the ICDS, it is important to look at the unit through which the scheme is implemented. As such, while looking at the state, union territory, district and blocks as the standard units for the implementation of the scheme, what is significant in this regard is the fact that the basic operational unit for the ICDS is that of the Anganwadi centers. It has been the consistent efforts of the government to open these centers in such a way that no habitat is left out of the purview of the scheme.\(^{21}\)
In terms of the people, the ICDS covers three distinct sets of people in the main. There is no denying the fact that the core catchment of the scheme is the children in the age group of 0 to 6. But this scheme also covers two other sets of people having great bearing on the health and nutrition of the children in the said age groups. Such people consists of two sets of women who are or likely to become mother of the child. One set of such women is that of the pregnant women whose health and physical well being becomes of utmost important for the birth of a healthy and fit baby. Hence, such women are offered all kinds of health checkups and other supplementary nutrition so that their nutritional needs are taken care of. Likewise, the lactating mothers are also a very important component of the ICDS given the tender age of the child and the vulnerable conditions of the women. The coverage under the ICDS is universal. In other words, every child, pregnant women and lactating mother could be the target group of the scheme defying any kind of qualifying eligibility criterion.

5.9 ICDS Personnel

It is quite interesting to find out the nature of the personnel employed under the ICDS to carry out the variety of functions and responsibilities endowed upon them under the rubric of the child welfare in the country. The personnel base of the ICDS team has been designed in accordance with the activities to be carried out by the team as part of the broader goal of the welfare of the child and their mother in a locality. Furthermore, as the set of activities under the rubric of the ICDS consists of the health and education, the nature of the team ICDS is such that needs to be all inclusive of the functionaries well versed in the discharge of the responsibilities and roles of the ICDS. Moreover, the ICDS personnel has to be in the nature of a team consisting of all the important stakeholders who has to discharge distinct set of functions in the Anganwadi centers. This team has not only to be well versed in the areas of function they are supposed to perform but also has a deep knowledge of the social and economic conditions of the area so that any kind of misunderstanding does not arise in the wake of the discharge of the services in the ICDS.

Usually, as per the specification given by the central government, the ICDS personnel base has to be construed in the form of a team consisting of a number of personnel and functionaries with distinct and defined sets of functions. The backbone of the ICDS personnel base is the Anganwadi workers. They are supported in their
activities by a large contingent of the functionaries known as Anganwadi helpers, supervisors, child development project officers, and district programme officers. Though the district level officers are supposed to act as the coordinating and cooperating role amongst the different sections of the personnel involved in the discharge of the ICDS services in different parts of the district, the major responsibility of the team is performed by the Anganwadi workers and helpers. As a matter of fact, Anganwadi worker is a local lady selected from amongst the qualified women to work as the community based social worker working on an honorary basis with the ICDS. She is considered to be agent of change in the area and has to carry out her tasks with much dedication and noble visions.

Among the prime tasks for the Anganwadi workers, the most important is the mobilisation of the community to come up in support of the welfare of the young children, girls and ladies, both pregnant and lactating. This needs to be considered as a very important activity given the various kinds of taboos and inhibitions prevailing in the society towards the vulnerable sections of society. For example, in a large part of the country inhabited by the Muslims in majority, a clear call against the polio vaccination was made sometimes made by a section of the Muslim clergies. Their basic argument was that the polio vaccination contains such chemicals and other substances that are likely to turn the child of the community impotent in the long run. They argued that the pulse polio campaign in the country is a ploy of the government to stem the tide of the population growth of the community by making their children impotent through these vaccinations. Similar taboos could also be seen in the case of the women in the society where the general populace does not consider women as the ones to be meriting special attention in terms of their special health needs and requirements.

Nevertheless, the effort of the Anganwadi workers in the area has to be supplemented by the functionaries like the medical officers, Auxiliary Nursing Midwife (ANM), and Accredited Social Health Activist (ASHA). As a matter of fact, much of the health related activities of the ICDS are to be handled by these trained and skilled staff belonging to the medical profession. As far as the distinct functions of each of these workers is concerned, it is important to note that the Anganwadi worker works as the social activist in bringing all the children and women to the Anganwadi centers and get them registered for the services. While ANM offers the services in terms of
facilitating safe and secure birth of a child, the ASHA workers are the ones to make people aware of the need for the health and nutritional education for the sake of good health and nutrition for them. But the referral services and the routine checkups are conducted by the medical officers tasked with the responsibility of ensuring the better health status of both children as well as the women. Thus, the personnel base of the ICDS has been a complex mix of trained and skilled officials and functionaries.

5.10 International Collaborations

It is important to note that the idea of ICDS has come into the realm of the Indian decision making after the concerted global push for the effective and efficient taking care of the health and nutrition of the children and women in the country. As has already been pointed out that the studies and researches by a number of international agencies, independent research groups and concerned individuals had pointed out the wider range of issues and challenges facing the growth, health, nutrition and educational needs of the children in the developing countries of Asia, Africa and Latin America. These studies came out with the startling conclusion that unless the governments and the international community take concerted, coordinated and cooperative measures for the sake of protecting the health and nutrition rights of the children and their mothers, there is no chance that the growth of the children in these countries could be balanced and appropriate. The Indian government also took clue from these findings and decided to join the international move for the protection and promotion of the child rights in terms of their health, educational and nutritional needs in a holistic manner covering all the children in the country.26

Hence when the ICDS was launched in the country, it was appreciated by the international agencies and actors involved in the protection and promotion of child rights. Gradually, the government of India also decided to take the cooperation of a number of international agencies and the foreign governments so as to make the implementation of the scheme more effective and efficient. Accordingly, the government of India has entered into a cooperative agreement with the United Nations Children's Fund (UNICEF) for streamlining the conceptualisation and implementation of the ICDS in a more effective and efficient manner. The major contribution of the UNICEF in the implementation of the ICDS has been in terms of two interventions.27 One the UNICEF has been tasked with the responsibility of discerning the good
practices in different parts of the world and makes the other countries aware of these practices in order to implement in their own countries. Two, UNICEF has also pledged to support the ICDS by way of not only the consultancy but also the financing of the critical components of the scheme by providing financial assistance for the scheme by way of both cash and kinds so as to make the implementation of the scheme more effective and efficient.

Besides the UNICEF, the government of India has also entered into agreements with a number of other international players including foreign governments and United Nations agencies in order to augment the resources and other support for the programme of ICDS. In this regard, a pioneering agreement has been signed with the Department of International Development, government of the United Kingdom in order to obtain financial and logistical support for the ICDS. Under this agreement, the British government has agreed to provide technical support for better implementation of the ICDS in the backward states like Bihar, Odisha and Madhya Pradesh. Further, the government has also signed an agreement with the World Food Programme to have access to the latest researches and innovations in the field of food and nutrition that could be replicated in the country for better nutritional support to the children. Likewise, national civil society organisations are also providing ample assistance to the government in terms of technical and financial support. For instance, Care India has come to the support of the governmental initiative by providing specialised training and skill development for the personnel engaged in the delivery of services under the ICDS.

In the wake of the lack of both financial and technical constraints, the international cooperation in the implementation of the ICDS has really come as a boon in disguise for the cause of women and children in the country. Interestingly, the close interaction of the ICDS programmes with the international agencies has indeed helped it to gain from the good practices in the conceptualisation and implementation of the policies and programmes for the development of the child and associated health and other issues of the women including pregnant women and lactating mothers. This has further been supplemented by the close cooperation between India and different other countries that seem to have helped the ICDS to overcome the financial and administrative constraints in the long run. In the successful working of the ICDS, thus, the efforts and contributions of the international agencies and bilateral
cooperation of India with different countries need not be underestimated. In other words, it would probably not be false to argue that the successful working of the ICDS must be attributed in part to the valuable contributions of the dedicated agencies for the cause of the development of the women and children in a holistic manner.

5.11 Challenges and Reforms

Being the flagship programme for the welfare of the children and the pregnant and lactating women, the ICDS has no doubt faced a number of challenges and problems over its long years of working. As has been pointed out earlier, the basic issues before the ICDS began to emerge when the scheme started getting rolled out in different parts of the country. These issues and challenges have been multifarious and emanated from different sectors and groups of people in the society. For instance, the social stigma attached with a number of social and economic groups of society had tended to prevent the children from these groups to go to the ICDS centers for availing different kinds of services. Even when they were indeed allowed to reach the ICDS centers, many a times, the people manning such centers would not readily extend them the possible helps and support in an unconditional and unflinching manner. Apart from these a number of other challenges also emerged from the perspectives of programme, policies, their implementation, finances, manpower, logistics and many other related things that acted as one of the most important stumbling block in the efficient and effective working of this programme.

The issues and challenges faced by the different aspects of the ICDS have been in the know of the governmental agencies that tried to alleviate them in a befitting manner as and when possible. But the most significant efforts towards mending the loopholes within the ICDS programme came in the wake of the twelfth five year plan that sought to identify and eradicate all these lacunas in an effective manner. The governmental endeavours in this regard came in a holistic manner and with well preparedness so as to make sure that the remedial measures do not fail to make the needful impact on the successful working of the scheme. In other words, the governmental endeavours related to very diverse fields of programmatic managerial and institutional. To make sure that the reforms measures are not proved to be hoax promises, the plan made adequate provisions for the financial resources so as to provide sufficient fund for it. That way, the twelfth plan proved to be an important
landmark in the evolution of the ICDS as it sought to rectify the issues and challenges besieging the effective implementation of the ICDS over the years in the country.

The first set of reforms undertaken in the vortex of the ICDS related to the programmatic nature of the scheme. It tried to identify the loopholes in the ICDS as the basic programme of the child welfare and evolve appropriate measures to plug such loopholes. In this regard, beginning was made with the reposition of the Anganwadi centers as the first center for all kinds of support activities at the village level including health, supplementary nutrition and primary health care to all the stakeholders in the vicinity of the village. The basic purpose for such a rechristening of the center was to make sure that no valuable stakeholder is left without being kept informed of his or her health status which could later on be improved with supplementary nutrition. The programmatic reforms of the ICDS also included issues such as increased cost of the building that housed the center, monetary or other kinds of incentives to the people involved in the effective implementation of the programme, strengthening the training and capacity building measures of the workers with appropriate latest technologies and skill so that they are able to impart the best possible support for the children.

The programmatic reforms were supplemented by the variety of management reforms that went at the root of improving the service delivery to the vital components of the programme. These reforms began with the decentralised planning and programming of the scheme in such a manner that the entire set of activities likely to be performed as part of this programme becomes the responsibility of the local populace. At the same time, the government also set on to improve the accountability and responsibility mechanism of the scheme by not putting only adequate administrative mechanism for the same but also taking recourse to the newest technological innovations such as management information system for online supply and tracking of the implementation of the programme. Similarly, the efforts of the government also boiled down to the widest possible use of the information and communication technology in different aspects of the implementation of the programme so as to make sure that no malpractice of inefficiency is visible in the execution of the programme. The government also tried to fix the financial and administrative autonomy of the different stake holders in such a way that they get sufficient rights to redeploy the men and materials in a suitable manner to obtain maximum results.
A major thrust of the reforms carried out in the realm of the ICDS has been in the nature of the administrative measures that could lay the foundation for the streamlining of the working efficiency of the programme. The basic parameter of the administrative reforms related to the issues of economy, efficiency and effectiveness of the programme. Given that the ICDS has been a capital intensive programme in which the involvement of a large number of components would make the expenditure on the scheme grows manifold, it has been the consistent worry of the government to ensure that the cost effectiveness in the implementation of the scheme is maintained. The cost effectiveness of the scheme has further been strengthened by the matching measures regarding the efficiency of the scheme. The basic premise of the administrative reform was that the efficient implementation of the scheme would automatically make sure that the inherent wastages and misuse of the funds may be minimised. However, such measures need not compromise with the effectiveness of the implementation of the scheme because the core concern of the government was to ensure the welfare of the children and their mothers.

On the whole, the governmental efforts in improving the different aspects of the ICDS have been a holistic measure in which the government tried to make sure that no part of the scheme has any kind of lacuna that could compromise with its effectiveness besides making it a white elephant. It hence began to identify the different kinds of demerits and problems with the scheme beginning with the basic idea behind the scheme and moving around to cover almost all the aspects that had a significant role to play in the implementation of the scheme in an efficient and effective manner. In fact, in the process of the reform measures, the government appeared conscious of the fact that the reform measures do not compromise with the final objective of the scheme. It hence treaded a cautious course insofar as the holistic reforms in the scheme are concerned. Nevertheless, the reforms of the scheme have indeed gone a long way in making sure that the scheme did not become a while elephant for the government on the one hand and it is indeed able to achieve the set objectives for it in a holistic manner without any kind of aberration.
5.12 Working of ICDS

The working of the ICDS in the country has produced a mixed bag of results. One of the central activities of the scheme is providing supplementary food for children and pregnant and lactating women. The expectation is that it would do better than other supplementary nutrition programs, since although supplementary nutrition is the primary use of the ICDS program, the scheme consists of a package of services. The most striking result is the lack of evidence that, at the individual level, the ICDS scheme returns any benefits to beneficiaries. Evidence from various analysis of the ICDS scheme does not support the underlying hypothesis that participation in a supplementary feeding program increases health outcomes and reduces child malnutrition. However, as discussed earlier, it is possible that selection effects may bias these results and my ability to make causal inference of the program’s impact. More specifically, there is a high chance of a negative selection bias where individuals with low nutrition indicators would be beneficiaries of the scheme, whereas those with good health outcomes would not.

Ever since India achieved independence, a number of policies and programmes had been started for the welfare of the children and a set of mechanisms for the monitoring, review and reform of policies, programmes and laws to ensure protection of children’s interests and rights, ensuring child participation and choice in matters and decisions affecting their lives had been started. The above key areas are quite exhaustive. It would be practical and worthwhile if along with the above, all stakeholders including the law enforcement machinery and the Government could strengthen the protective environment for children as well as address the issue of children in conflict with law. Building a protective environment for children would require strengthening of Government commitment and capacity to fulfill children’s right to protection; promoting the establishment and enforcement of adequate legislation; addressing harmful attitudes, customs and practices; encouraging open discussion of child protection issues with all stakeholders; developing children’s life skills, knowledge and participation; building capacity of families and communities who are socially and economically disadvantaged; providing essential services for prevention, recovery and reintegration, including basic health, education and protection; and establishing and implementing continuous and effective monitoring and reporting.
It would be meaningful if Millennium Development Goals could also be kept in mind while working towards child protection. The term ‘children in conflict with law’ refers to anyone under the age of 18 who “comes into contact with the justice system as a result of being suspected or accused of committing an offence. Most children in conflict with law are those who have committed petty crimes or such minor offences as vagrancy, truancy, begging or alcohol abuse. Many are trafficked girls who are being sexually exploited for commercial reasons whereby they are picked-up by the police and put behind bars. There are also some children who have been caught for their criminal behaviour on account of being used or coerced by adults. Many a times, prejudice related to social and economic status may also bring a child in conflict with the law even when no crime has been committed, or result in harsh treatment by law enforcement officials. Studies undertaken across the country, by and large, have shown that children who come in conflict with law are often treated at par with adult criminals. This kind of a situation often harms than improves a child’s chances for reintegration into the society. These children too require focused attention of all stakeholders. The total population of India as per the provisional figures of the Census 2011 is 1.2 billion which renders it as the second most populous country of the world representing almost 17.5% of the world’s population. The country has the highest number of children in the world constituting almost 40% of the nation’s population. Children in the age group 0-14 years comprise of one-third of the total population of India. Every year 26 million children are born in the country.

The decline is sharper in the case of the female child in this age group. Children in 0-6 years of age constitute 13.1 % of the total population. The sex ratio in 0-6 years of age has declined from 927 according to 2001 census to 914 according to 2011 census. Infant Mortality Rate (IMR) is the number of deaths of children less than one year of age per 1000 live births. The country has a very high rate of neo-natal deaths (35%) in the world. According to the Sample Registration System-2010, out of the total deaths reported 14.5% are infant deaths (>1 year). At the national level, the percentage share of infant to the total deaths in the rural areas is 15.8% whereas in the urban areas the same is 9.7%. IMR is 47 at the national level and varies from 51 in the rural areas to 31 in the urban areas. It has declined in the case of males from 78 in 1990 to 46 in 2011 and for females from 81 to 49 during the same period. Female infants experienced a higher mortality rate than male infants in all major states. India accounts for around
40% of the malnourishment of the developing world. According to National Family Health Survey 4 malnourishment is rampant among children in almost all the states. It is highest in the case of underweight mothers, while it is high in the case of illiterate mothers and mothers with less than five years of education. Certain states like Madhya Pradesh, Jharkhand and Bihar have more than 50% children (> 5 years of age) who are underweight. One of the major repercussions of malnutrition is anaemia that leads to a reduction in the number of blood cells and their oxygen carrying capacity. It may be mild, moderate or severe.

According to District Level Health Survey 3 (2007-08) anemia among the male and female children of 6-39 months of age was reported to be 69% and 69.9% respectively. Anemia is more prevalent in Rural Areas (71.5%) than the Urban Areas (63%). Universal immunisation programmes was launched in 1985 to protect children from six childhood killer but preventable diseases. As per the “Coverage Evaluation Survey 2009 in the age group of 12-23 months at the national level 61% had received full immunisation. Nearly 8% of children had not received even a single vaccine. About 75.5% of children of less than one year belonging to the highest wealth group were fully immunised while only 47.3% from the lowest quintile were fully immunised. Full coverage in this age group was highest in Goa (87.9%) and lowest in Arunachal Pradesh (24.8%). There is an increasing trend in the incidences of both Crime against Children’ and ‘Crime committed by Children. There is an “increase of 24% in the crime against children in 2011 as compared to the previous year. The state of Uttar Pradesh accounted for 16.6% of total crime against children at the national level followed by Madhya Pradesh (13.2%) and Delhi (12.8%). Besides ‘crime against children’ and ‘crime committed by children’ another major problem is child labour. Above discussion about the position of children leads us to a conclusion that the children in India are at a disadvantages position as compared to their counterparts in the developed world. The history of child welfare in India is relatively of a recent origin. The only evidence of concern for the needs of children and “care of pre-school child goes back to 1874 with experiments in some missionary schools in different parts of the country

ICDS initially began as a pilot project but was later on ICDS was universalized to provide services to all the children in 0-6 years of age in all the habitations in the country. Following are the six services that are provided through the anganwadis - the
Integrated Child Development Services

child welfare centres under ICDS. Supplementary Nutrition in the form hot cooked meals and energy dense food is provided to malnourished and severely malnourished children in 6 months – 6 years of age, pregnant and lactating mothers, as well as adolescent girls. Further non-Formal Pre-School Education is provided to children in 3-6 years of age. The anganwadi worker is provided medicines for treating minor health problems but if the parents and the worker are not able to handle the health problem then they refer the child to the nearest health centre. The emphasis is on developing cognitive, motor and muscular skill in the children.

The growth of the child is monitored at the anganwadis. Health checkups of the mother and the child are conducted by the functionaries of the Department of Health. Children are immunised against the six killer diseases is to ensure that they do not fall prey to the childhood diseases like diphtheria, measles, polio, hepatitis among others. Pregnant mothers are also immunised at the centre by the functionaries of the Health Department. The activities are performed in a play way method to impart the concept of numbers, colours and alphabets and so on. Nutrition and Health Education: Nutrition and Health Education is provided to pregnant and lactating mothers as well as women in 15-45 years of age to enable them to look after themselves and their children. In order to achieve the objectives, the Programme provided services to all the stakeholders i.e. the pregnant and lactating mothers, adolescent girls – the future mothers, infants in 0-3 years of age, young children in 3-6 years of age.

All the different services i.e. health, nutrition, pre-school education converge at the AWCs to provide services to the target groups at their doorsteps. Through the AWCs these services are provided by the local women to the local children. ICDS programme also empower women at the local level by providing them honorarium for the services rendered by them to the community. Evaluation studies have been conducted by various institutions like National Institute of Public Cooperation and Child Development. Though the studies have shown that ICDS has had a positive impact on improving the position of the children but they have also brought out a number of gaps in programme design and implementation. The problems brought out by these studies are: lack of participation of the community, local leaders, local levels of the government; disruption in supply of food grains for supplementary nutrition; provision of supplementary nutrition for lesser number of days than the prescribed norms; lack of proper infrastructure for the location of the anganwadi centres; lack of basic amenities
like electricity, source of drinking water and toilet facilities in the buildings housing the anganwadi centre; lack of adequate indoor and outdoor space for conducting preschool activities; lack of adequate number of personnel; and ineffective monitoring by the community.

Due to the number of gaps, the government decided to restructure the ICDS programme and take it into a mission mode. Under the restructuring of the programme, the government intends to: convert an anganwadi into a child friendly Early Child Care and Development Centre i.e. a Bal Vikas Kendra; strengthen convergence with other flagship programmes like Sarv Shiksha Abhiyan, and National Rural Health Mission; train and build the capacity of its workforce; increase public accountability by strengthening the role of Panchayati Raj Institutions and urban local bodies; enhance nutritional impact; strengthen Early Child Care and Education; and strengthen civil-society partnership. ICDS is considered to be an ideal vehicle for the provision of child welfare services to children at their doorsteps. The government’s endeavour is to improve the position of children by making an anganwadi centre a vibrant centre for the holistic development of the child. The child in India is not only grappling with multiple problems of malnutrition, anemia, infant mortality and low levels of immunisation but also child abuse, trafficking, child marriages and child labour. Integrated Child Protection Scheme is the second centrally sponsored scheme for the care and protection of the child. This scheme launched in 2009-2010 was a Government – Civil Society Partnership Scheme for the care and protection of the child from a perceived or real danger to his personhood or their childhood. The basic objective of ICPS was to contribute to the improvements in the well being of the children.

5.13 Conclusion

ICDS could be seen as the flagship scheme of the government in India for the overall wellbeing as well as welfare of the children in the country. The scheme was initiated in the wake of the realisation in the government circles that the cost of the maintenance of the health and nutrition of the pregnant women, lactating mothers as well as the children making heavy drain on the national exchequer and the same could be achieved by initiating certain proactive measures. Thus, ICDS began as a pilot project that was very soon extended to all parts of the country. The services provided
under the scheme are a plethora of such services that are critical to maintain the proper health and nutrition of the children and their mothers in the country. Though over the years, the scheme has been a successful intervention on the part of the government in the critical areas of the human development in the country, it has been suffering from a number critical issues and gaps that needed to be plugged if the scheme is to continue as the flagship scheme of the government for the wellbeing and health of the children in the country.
INTRODUCING THE IMAGE HERE

ENDNOTES


5. Ibid


13. Ibid.

14. Himanshu, op. cit., p. 64

15. Gill, op. cit, p. 110


18 Government of India, About the ICDS, available at: [https://icds-wcd.nic.in/icds.aspx](https://icds-wcd.nic.in/icds.aspx), accessed on 17 May 2018


20 Ibid

21 Black, op. cit, p. 71


23 Ibid

24 Government of India, About the ICDS, available at: [https://icds-wcd.nic.in/icds.aspx](https://icds-wcd.nic.in/icds.aspx), accessed on 17 May 2018

25 Ibid

26 Drez, op. cit. p. 19

27 Ibid,


29 Ibid


31 Ibid.