

Critical Evaluation of Integrated Child Development Services (ICDS)

Shameem Ahamad Ganayee¹ and Mubashir Ahamad Shah²

¹Research Fellow, University of Kashmir

²Research Scholar, University of Kashmir

E-mail; ¹ahmadnazir19@gmail.com, ²mubashirshah224@gmail.com

Abstract—The average Indian child has a poor start to life. Both infant and under-five mortality rate for Indian children are higher than the developing country average. One in four newborns is underweight. Only about one in three is exclusively breastfed for the first six months. Nearly one in two children less than five years of age suffer from moderate or severe malnutrition, only one in three has the opportunity to be in an early learning programme, about one in five is protected against vitamin A deficiency, pervasive discrimination against girls and lactating mothers is reflected in a range of adverse indicators, including nutritional and educational outcomes, and the declining ratio of girls to boys, predominantly at younger age groups. In opposition to this environment the Government has supported a monumental effort to improve the life chances of children through; Integrated Child Development Services (ICDS) in India, world's largest integrated early childhood program, with over 40,000 centers nationwide. Since its inception in 1975, the program has matured and expanded, despite difficulties in adapting to the vastly different local circumstances found on the Indian subcontinent. The program was launched with certain correlated object : To improve the nutritional status of pre- school children 0-6 years of age group, to lay the foundation of proper psychological development of child, to reduce the incidence of mortality, morbidity malnutrition and school dropout, and to enhance the capability of the mother to look after the normal health and the nutritional needs of the child through proper nutrition and health education. The aim of this paper is, to analyze the working of ICDS and its achievements, to find out how the ICDS has succeed in controlling the problem of malnutrition in children and to assess the nutritional and health status of the children with a critical evaluation.

KEYWORDS; CHILD, MORTALITY, EDUCATION, DISCRIMINATION, MALNUTRITION,

Introduction

It is now globally acknowledged that investment in human resources development is a requirement for any nation state for economic progress, child survival, growth and development have to be looked as human resource and must have a holistic approach, as one can't be achieved without the others. Children's in the age group 0-6 years constitute around 158 million of the population of India (2011 census) constituting 15.42% of the population below 6 years, a significant proportion of them lives in economic and social

environment of poverty, poor environmental sanitation, disease, infection, inadequate access to primary health, inappropriate child feeding and practices, impeding the child's physical and mental development. These children's are the future human resource of the country. Majority of children in India have underprivileged childhood's starting from birth. The infant mortality rate of Indian children is 32 deaths per 1000 live births, compared to the global average of 29, Neonatal mortality rates show 24 per live births,(census,2011), 25% of new born children are under weight, among other nutritional, immunization and education deficiencies of children figures for India are substantially worse than the developing country average. The above data from 2011 census shows the present scenario; we can understand better how the situation would have been before 1975. There have to be balanced linkages between education, health and nutrition for proper development of a child. Children are the source of human resource of the nation state and for this reason; the minister of women and child development implemented various schemes for welfare, development and fortification of children. Integrated child development programme (ICDS) was one of them. Keeping this in view, the Government of India (GOI) launched ICDS on 2nd Oct 1975 .The ICDS has long-drawn-out over the years and is now one of the world's largest and unique outreach programme responding to the challenges of meeting the holistic requirements of a child. The programme was launched with certain correlated object: To improve the nutritional status of pre- school children 0-6 years of age group,(for nutritional purposes ICDS provides 300 kcal with 8-10gms of protein every day to every child below 6 years of age, for adolescent girls it is up to 500 kcal's with up to 25gms of protein every day) to lay the foundation of proper psychological development of child, to reduce the incidence of mortality, immunization (The services of immunization health checkup and referral services delivered through public health infrastructure under minister of health and family welfare.), morbidity malnutrition and school dropout, and to enhance the capability of the mother to look after the normal health and the nutritional needs of the child through proper nutrition and health education. ICDS is the world's most exceptional and

largest programme for early childhood development programme, which is being operated from 1975. In India, ICDS is currently the most significant government intervention for reducing maternal and childhood malnutrition, incidence of mortality, immunization, morbidity, school dropout and has emerged as the world's largest programme of its class. The service provided under ICDS have had a positive impact on the health and nutritional state of children, helped in reducing infant mortality and created awareness in the community on many issues. At present ICDS is running all across India, beneficiaries of different services provided by Anganwadi centers and ICDS group's interventions are stratified but they are still not much aware of different provisions of ICDS (Ritesh Dwivedi and Pooja Khare, 2013). With the passage of time the programmes set targets remained unachieved, much research's conducted by different scholar's reveals, it is hard time for Government and civil society for intervention and restructuring of this programme. The general hygiene and academic performance of children who had availed Anganwadi services regularly were similar to those who had not availed these services with few differences in Raipur Rani ICDS Block of district Panchkula in Haryana. (Aggarwal et al.2000). Over the years the program has undergone many transformations in terms of scope, content and implementation, but the primary goal of breaking the inter generational cycle of malnutrition, reducing morbidity and mortality caused by nutritional deficiencies, reaching out to children , pregnant women , lactating mothers and adolescent girls have remaining unaltered. To curb these concerns of a nation, in addition, the program is also intended to combat gender inequality by providing girls the same resources as boys. United Nations (UN) International Childers emergency fund (UNICEF) has provided essential supplies for the ICDS scheme since 1975; World Bank has also assisted with the financial and technical support for the program

1. ICDS AND ITS SERVICES; A CRITICAL EVALUATION

The scheme is centrally sponsored with the state government The program was launched with certain correlated object : To improve the nutritional status of pre- school children 0-6 years of age group, to lay the foundation of proper psychosomatic development of child, to reduce the incidence of mortality, morbidity malnutrition and school dropout, and to enhance the capability of the mother to look after the normal health and the nutritional needs of the child through proper nutrition and health education.

1.1 ICDS and nutritional service;

India has a serious problem of child under nutritious. Reduction of child under nutritious is imperative, since it has enormous consequences for child and adult morbidity, mortality as well as productivity under nutrition directly affects many aspects of child's development, retarding physical and cognitive growth and increasing success ability

to decrease. . It is estimated around 55 million, or 1/3 of the world's underweight children live in India .As per 3rd national family health survey around 45% of under 5 are under weight. Integrated Child Development Services (ICDS) scheme is the largest national programme for the promotion of the mother and child health and their development in the world. The beneficiaries include children below 6 years, pregnant and lactating mothers, and other women in the age group of 15 to 44 years. The package of services provided by the ICDS scheme includes complementary nutrition, immunization, health check-up, referral services, nutrition and health education, and pre-school education. The distribution of iron and folic acid tablets and megadose of vitamin A is also undertaken, to prevent iron deficiency anaemia and xerophthalmia respectively. The scheme services are rendered essentially through the Anganwadi worker (AWW) at a village centre called "Anganwadi". The ICDS had led to (i) reduction in prevalence of severe grades of malnutrition and (ii) better utilization of services of national nutritional anaemia prophylaxis programme and the national programme for prevention of nutritional blindness due to vitamin A deficiency by ICDS beneficiaries. The ICDS scheme is being modified continuously to strengthen the programme. The beginning years of the ICDS have achieved the basic target (Nutrition), but with the passage of time the interference of corrupted officials and the deferred services became constraint to provide the basic nutritional services. That is why half of the Indian children are under weight. Lack of storage facilities and proper management is also an issue with the programme.

1.2 ICDS and pre schooling;

National Policy on Children's in August 1974 declaring children as, supremely important asset. Early years shape children's future success at school, in their lives and nation's life at large. Children play a very important role for building up of nation. Pre schooling is one of the basic objectives of ICDS programme. Samridhi Arora, found significant difference in the cognitive ability of ICDS and non ICDS children in their sample of Jammu and Kashmir, cognitive abilities of ICDS children were found to be better than that of non ICDS children. The program of ICDS, seeking to provide an integrated package of services in a convergent manner for the holistic development of country. Mohan Rao in his article (2010) found that the Government of India has given very high priority to the ICDS and significant accomplishment have been registered in this area e.g., the numbers of children (3-6) years attended Anganwadi centers for pre-school education have increase of 60 percent during the period from March 2004 to January 2008. Non formal pre-school education is imparted to children in the age group of 3 to 6 years; it takes a holistic view of the development of the children and attempts to improve both their pre natal and postnatal environments. Pre-school education is very important activity of the ICDS Program. This focuses on the total development of the children up to 6 years. Children 3-6 years have the benefit of non formal preschool education through the institution of

Anganwadi set up in each village. Good pre-school education increases cognitive abilities, school achievements and improve class behavior among children. Roy C. Mathew (2001) found that the ICDS program succeeded in attaining the goals set for it, but majority of the AAW (Anganwadi workers) having only matriculation and lacks the basic training, with this there remains deficiency with child. As per the provisions (in the ICDS guidelines), Rs. 500 is earmarked for the non-formal preschool material on an annual basis per AWC, but Programme Officer mentioned that such funds were not released regularly.

2. STRUCTURING OF ICDS; A CRITICAL EVALUTION

2.1 Recruitment

The procedure envisages that all AAWs should be local people residing in the same area where AWC is located. In the recent report on ICDS, It was observed that this guideline were followed, but since most the AAWs at the time of recruitment are young unmarried girls, however, once they get married, they migrated to the husband's village. The migration of the AAWs due to the marriage which resulted in the dislocation of the AAWs. It was practical that some of the non-local AAWs used to commute to the centers from a distance of 5-50 kms. The CDPOs mentioned that most of the non-local Anganwadi workers belonged to highly rich and politically influential families. Under these circumstances, the CDPOs were not in a position to easily affect the accountability. The CDPOs also mentioned that AAWs got an honorarium of Rs. 1400 but had to spend around Rs. 300-400 on transportation. Besides, they consumed a lot of time on shuttling between their places of habitation and places of postings. Consequently, it was not possible for them to do justice with their work. Already engaged AAWs lacks a basic skill which directly impacts the children's upbringing. Now govt should make a proper recruitment policy for selecting the AAWs, that policy should be based on merit, and also already engaged workers should provide training which can overcome their lacking things"

2.2 Location

As per guidelines, the AWCs (Anganwadi centers) should be located at a central place and most preferably close to a primary school. It was noticed that this guideline was rarely been followed, because AWCs did not have independent buildings and the AWHs (Anganwadi helpers) had provided the accommodation facility free of rent. The identified location centers usually lack the infrastructural facilities, and essential services viz pure water facilities. Community involvement should be prioritized during identification of location, because favoritism is mostly followed by the officials.

2.3 Funding pattern.

ICDS is centrally sponsored scheme implemented through the state governments /union territory administration. The ICDS, though a centrally sponsored programme with a top heavy hierarchy of administrative structure, needs restructuring A 2005 study found that the ICDS programme was not particularly effective in reducing malnutrition, largely because of implementation problems and because the poorest states had received the least coverage and funding.(Michael Lokshin; Monica Das Gupta; Michele Gagnolati and Oleksiy Ivaschenko (2005).

2.4 Monitoring, supervision and support

A regular and planned monitoring, supervision and support is essential for effective delivery of the ICDS with provisions of mid way corrections. As per the guidelines envisaged under ICDS, the Supervisors are supposed to visit regularly each of the AWCs – at-least one visit every month to each AWC to support the AAWs with practical approach to build their capacities and confidence, but the supervisor's hardly visits to any centre. The CDPO (Child development project officer) as the leader and co-coordinator of the ICDS team has to supervise and guide the work of the Supervisors and the AAWs through periodical field visits and staff meetings. He has also to make essential arrangements for obtaining, transporting, storing and distributing various supplies. The CDPO has to maintain liaison with block level medical staff, PHC/health staff and other project level functionaries and organizations. He is also required to act as the Convener or Secretary of the Block/project level co-ordination committee. The CDPO also has to make efforts for obtaining local community's involvement and participation in implementing ICDS programme. He is responsible for preparing and dispatching periodical reports to the concerned higher officials. The success of the working of the AWCs depends upon the effective Supervision o f the supervisory staff and convergence with other schemes of related departments. Data revealed from secondary sources shows the attitude of CDPO with AAW and AWH is as such problem.

CONCLUSION

ICDS is the leading pictogram of India's dedication to her children, India's reaction to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnourished, morbidity, reduce and mortality on other, early childhood (0-6yrs) is the most crucial period in the life of a child; it is during this period that the foundations are lead for the cognitive, collective, emotional, physical/mental improvement of the child. Evaluation studies have found that nourished ICDS beneficiaries' attained not more than developmental scores than nourished children who were not enrolled in the programme, and most Programme Officers reported that the supplies issued to them did not last for more than 100 days and consequently they were not in a position to provide nutrition for more than 100 days in a year. Bridging

the gap between policy intentions of ICDS and its actual implementation is probably single biggest challenge in India. Already engaged AAWs lacks a basic skill which directly impacts the children's upbringing. Now govt should make a proper recruitment policy for selecting the AAWs, that policy should be based on merit, and also already engaged workers should provide training which can overcome their lacking skills. The capacities of the human resource working in the ICDS projects should be regularly improved as any compromise on this issue will affect the quality of performance. There is a need to consider ways and means to improve the existing workspace and location of ICDS centers; this will help in improving delivery of the services. Anganwadi workers are over burdened, underpaid, and mostly unskilled. There is no security of job for most of them. The recent demonstration and strikes of these workers bear testimony to this. Their recruitment procedure and service condition need restructuring. The ICDS, though a centrally sponsored programme with a top heavy hierarchy of administrative structure, also require restructuring.

REFERENCES

- [1] P. Usha Rani, A. Laxmi Devi (2004), Integrated Child Development Services – A Study of Job Performance of Supervisor, Discovery Publishing House, New Delhi.
- [2] <http://wcd.nic.in/icds>
- [3] Vijay Kumar (2009), Encyclopedia of Child Welfare and Protection, Anmol Publication Pvt. Ltd., New Delhi.
- [4] V. Mohan Rao (2009), ICDS Taking Care of Nutritional Needs of Children, Kurukshetra, 58 (4): 9-12.
- [5] Annual Report 2012-2013, Ministry of Women and Child Development, Government of India, New Delhi, p. 223.
- [6] Vijay Rattan (1997) Integrated Child Development Services Program Administration, Vol-1, S. Chand and Company Ltd., New Delhi.
- [7] S.L. Goel, (2004), health Care System and Management, Deep & Deep Publication Pvt. Ltd., New Delhi.
- [8] Samridhi Arora, ShavetaBharti and Sarita Sharma, Comparative Study of Cognitive Development of ICDS and Non-ICDS Children (3-6years) n Jammu and Kashmir, 2007. <http://wcd.nic.in/icds>, accessed on 3rd March, 2010
- [9] Roy C. Mathew (2001), a Critical Analysis of the Problems and Prospects of Integrated, Child Development Services (ICDS)
- [10] Aggarwal, A. K., Kumar, R. (2000), Long Term effects of ICDS Services on Behavior and Academic Achievements of Children, India Journal of Community Medicine. 25 (3): 124-128.
- [11] Manisha Jain (2013), Strengthening and Restructuring of ICDS Scheme, Yojana, 57 (1): 64-65.