Integrated Child Development Scheme (ICDS)

India is home to the largest child population in the world with 158 million children, 15.42% of population below 6 years. The ICDS works to resolve issues hindering holistic child development.

**Extent of the problem**

- According to the World Health Organization, 1.3 million children die of malnutrition every year in India.
- 50% of children are underweight, 45% have stunted growth and 75% are anemic.
- Infant Mortality Rate is 44 per 1000 live births while under 5 mortality rate is 56 per 1000 live births.
- 1.67 million children are still out of school.

**Objective**

ICDS was launched in 1975 to provide a well-integrated package of services through community level Anganwadi Centers to children, and women with the following core objectives:

- Improve the nutritional and health status for children from 0-6 years
- Lay the foundation for proper psychological, physical and social development of children
- Reduce the incidence of infant mortality rate (infant deaths per 1000 births less than 1 year of age), morbidity (death due to malnutrition), child malnutrition (determined on the basis of height to weight ratio)
- Achieve effective coordination of policy and implementation amongst the various departments to promote child development

**Sub-Schemes**

The ICDS focuses on providing comprehensive care to the mother and the child through its six sub-schemes. The schemes try to address the multi-faceted needs of child development as well as reach out to different beneficiaries. Following are the core focal areas of the sub-scheme:

- Pre-school Education
- Supplementary Nutrition
- Immunization
- Health Check and Referral Services
- Nutrition and Health Education

Following is a snapshot of the sub-schemes:
Pre-School-Education (PSE): The objective of this sub-scheme is to focus on total development of the child, in the age up to six years, mainly from the underprivileged groups.

Implementation
- Beneficiaries between the age groups of 3 to 6 are to be provided Pre-School Education, before they enter class 1.
- It is provided at the Anganwadi Centre, by the Anganwadi worker and includes non-formal education and playful activities.

Monitoring
- Records of procurement of pre-school kits, required to impart non-formal education, is maintained at the Anganwadi level.

Supplementary Nutrition: The objective of the sub-scheme is to focus on supplementary feeding and growth monitoring for prevention of Vitamin A Deficiency & Nutritional Anemia. It targets children below the age of 6 and pregnant and lactating (P&L) mothers.

Implementation
- Beneficiaries are to be provided Supplementary Nutrition (difference between recommended dietary allowance and average dietary intake) for 300 days in an year at the Anganwadi Centre (AWC).
- Severely malnourished children are to be given special supplementary feeding and referred to Health Sub-Centers, Primary Health Centers, etc.

Monitoring
- Weight-for-age growth cards are maintained for all children below 6 yrs.
- Children below the age of three years of age are weighed once a month.
- Children 3-6 years of age are weighed quarterly.

Immunization: The objective of the sub-scheme is to focus on immunization of pregnant women and infants to protect them from six vaccine preventable diseases i.e., poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles.

Implementation
- Beneficiaries are immunized on specific days in public health infrastructures (such as sub-enters, primary care centers).
- The Iron and Vitamin "A" Supplementation (IFA tablets) are provided to children and pregnant women under the immunization programme.

Monitoring
- Diligent records are maintained by Anganwadi workers.
Health Check and Referral Services: The objective of the sub-scheme is to focus on providing health care to children, antenatal care of expectant mothers and postnatal care of nursing mothers.

Implementation

- At the Anganwadi, children, adolescent girls, pregnant women and nursing mothers are examined at regular intervals by the Lady Health Visitor (LHV) and Auxiliary Nurse Midwife (ANM) who diagnose minor ailments and distribute simple medicines.
- The Anganwadi Worker has also been oriented to detect disabilities in young children.

Monitoring

- Due records are maintained and referred to the medical officer of the Primary Health Centre/ Sub-center.
- During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-center.

Nutrition & Health Education: The objective of the sub-scheme is to focus on Behavior Change Communication (BCC) strategy for women so they can look after their own health, nutrition and development. Focused on women in the age group of 15-45 years, the program is implemented by Anganwadi workers who disseminate information on:

- Knowledge about breast feeding (colostrum feeding)
- Treatment of diarrhea/minor illness (either list out minor illnesses or write diarrhea and other illnesses),
- Preparation of oral dehydration solution
- Preparation of nutritious food
- Importance of education of the child,
- About cleanliness and hygiene,
- Immunization during pregnancy,
- Institutional delivery,

Convergence with other Centrally Sponsored Schemes

ICDS machinery works in convergence with other schemes such as Food Security Mission, MNREGA, Reproductive Child Health (RCH) and Mid-day Meal Scheme (MDMS). The Ministry of Health and Family Welfare, under the Reproductive Child Health (RCH) delivers immunization services. The Anganwadi workers assist the health functionaries in coverage of the target population for immunization and maintain immunization records. Auxiliary Nurse Midwives (ANM) and Medical Officers of Primary Health Centers under the RCH programme, provide health check-up services. Under ICDS they are able to provide these services through Anganwadi who serve as the link between the Primary Health Centre and the village. The Pre-school education provided by Anganwadis serves to prepare children before they join school aiming to increase the enrollment ratio, an objective under Sarva Shiksha Abhiyan (SSA). Also, in order to ensure the supply of nutritious food, a common Chula/ cooking arrangement is maintained in convergence with Mid Day Meal Convergence with National Rural Drinking Water Programme(NRDWP) is envisioned in the supply of drinking water facility to Anganwadis. Secretaries in charge of ICDS in States/UTs are required to coordinate with Secretaries in charge of rural water supply departments in the state for provision of drinking water facility. The National Food Security Act, 2013 entitles free meal through local the Anganwadi to every pregnant woman and lactating mother, during pregnancy and 6 months after childbirth, and children in the age group of 6 months and 6 years.
Best Practices

- **Geographic Monitoring & Information System (GMIS):** On the ground level the monitoring of flagship schemes is always a challenge; a few states have taken positive steps to curtail these gaps. Andhra Pradesh has initiated GMIS, to improve the accountability and programme effectiveness in ICDS with support of technology. This is a unique pilot project because the Anganwadi level to track the beneficiary uses technology. It is being implemented with support of an NGO called CARE in three districts viz. Hyderabad, Vizianagaram and Kurnool covering 200 ICDS projects. The Anganwadi worker enters beneficiary wise data in a laptop using a customized software, which generates reports for the AWWs such as due list for immunization, home visit list to vulnerable and at risk families and any other consolidations that the AWWs requires. The data is uploaded to the central server where Child Development Project Officer uses the information for tracking the progress and developing action plans.

- **Increasing Coverage:** While the Anganwadi norms differ based on geographic locations (to ensure better coverage for hilly terrains and tribal populations), but to address the need of constrained manpower in such center, a few state governments have initiated special programmes. Government of Gujarat has started **Mobile Anganwadi Vans** to provide services to the socially and geographically excluded population mostly in the remote interior areas, using the State’s Budget. In Haryana ‘**Bhatta Patshala**’ mobile AWCs are operational with the help of NGOs for providing preschool education to children of migrant laborers.

Delivery Mechanism

At the **Central Level**, the Department of Women & Child (DWCD) Development is responsible for budgetary control and implementation of the program. At the **State Level**, the nodal department (generally the Department of Woman and Child Development) designated by the state is responsible for the implementation of the programme. Within the State the administration of Anganwadis is decentralized. At the **District Level**, the district officer (Collector/District Development and Programme Officer/Deputy Commissioner) is responsible for coordination and implementation of the scheme. The administrative unit of the ICDS within the districts is called an ICDS project. An ICDS project covers a community development block in a rural area, a tribal development block in a tribal area, and a group of slums in an urban area. At the **Block level**, the Child Development Project Officer (CDPO) is in overall charge of implementing the programme at the block level. Each block has, on an average has 100 AWCs. At the **Village level**, the package of health, nutrition and educational services are provided at the Anganwadi center (AWC) located in the village or urban slum area.

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<thead>
<tr>
<th>Central Level</th>
<th>Department of Women and Child Development</th>
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<td>State Level</td>
<td>Secretary of Department of Women and Child Development of the State</td>
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<td>District Level</td>
<td>District Magistrate (DM/ District Development Officer</td>
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<tr>
<td>Block Level</td>
<td>Child Development Project Officer (CDPO)</td>
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<tr>
<td>Village Level</td>
<td>Anganwadi Worker &amp; Health Officials – Medical Officer (MO), Auxilliary Nurse Midwife (ANM)</td>
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Funding Mechanism

ICDS is an ongoing centrally sponsored scheme implemented through the State Governments with 100 per cent financial assistance from the Central Government for all inputs (except the supplementary nutrition component). For the supplementary nutrition component, central assistance is provided for up to 50 per cent of actual expenditure by the States or cost norms (the estimation is done on the basis of expected expenditure per beneficiary and the total number of expected beneficiaries), whichever is less. The cost norms for Phase 2 ICDS are Rs 6 per beneficiary per day for children 6 months to 6 year, Rs 9 for severely malnourished children 6 months to 6 year and Rs 7 for Pregnant and Lactating Mothers.

Phase 2: Modifications in ICDS

In order to overcome existing challenges and incorporate improvements, the Government has approved the proposal for Strengthening and Restructuring of ICDS Scheme with an over-all budget allocation of Rs. 1,23,580 crore during 12th Five Year Plan. The Administrative Approvals in this regard have since been issued to the States/UTs.

The key features of Strengthened and Restructured ICDS are as follows:

Programmatic Reforms

- Repositioning the AWC as a vibrant, child friendly center (Baal Vikas Kendra) which will ultimately be owned by women in the community. This would involve establishment of Anganwadi Management Committees which would be headed my mother’s/women groups and would have untied funds for local action.
- New component of Child Care and Nutrition Counseling for mothers of children under three years. Unlike Nutrition and Health Education this would involve one to one counseling.
- Early Childhood Care and Education (ECCE) by redefining ICDS non-formal preschool education to ECCE. This component will be based on a new ECCE policy, training and curriculum framework, which is evolving through a Core Committee including both MWCD and MHRD and will improve the quality of early learning and its continuum across families, Anganwadi centers and schools.

Management Reforms

- Programme design will now be more locally responsive with the introduction of outcome oriented Annual Programme Implementation Plans (APIPs) at state level, progressively later at district levels, moving towards village habitation based planning.
- Civil society partnerships will be strengthened for operating up to 10% of the ICDS projects. Flexibility will be provided to States to decide upon this, as reflected in State Annual Programme Implementation Plans.
- Increased public accountability by strengthening the role of PRIs, urban local bodies and village level functionaries in overseeing AWC functioning - Village Health Sanitation and Nutrition Committees (VHSNCs) as Sub-committee of PRIs to be actively engaged in the management and supervision of the ICDS programme.

Institutional Reforms

- Capacity Development with professionalization of technical and management support at different levels and inter district sharing of innovative models/best practices and learning. High performing districts will be treated as “Living Universities” – for learning by other districts.
- Memorandums of Understanding between Central/ State governments, and APIPs with agreed state specific monitor able outcomes for preventing under nutrition, promoting early child development; milestones of achievement and shared policy, programme and resource commitments.
Restructured and Strengthened ICDS will be rolled out in all the Districts in three years as per following details:

- In 200 high burden districts in the first year (2012-13); such as Bhagalpur (Bihar), Chatra (Jharkhand), Barwani (Madhya Pradesh), Bastar (Chattisgarh), etc.
- In additional 200 districts in second year (2013-14) (from 1\textsuperscript{st} April 2013) including districts from special category States and NER;
- In remaining districts in third year (2014-15) (from 1\textsuperscript{st} April 2014).