



ICDS – Protecting early childhood

Key Features of ICDS

- ✓ ICDS scheme aims to provide for nutritional care to young children, lactating and pregnant women
- ✓ According to World Health Organization (WHO), 1.3 million child deaths are caused by malnutrition every year in India.
- ✓ ICDS provides for the whole corpus of nutritional, immunization and pre-school educational need for the young child.

“I was not aware that services offered at the AWC would include supplements also, it aided me during my pregnancy as I definitely felt better as compared to my last pregnancy when I didn't take any supplements “.

Sitabati Reang
Kathalbari VC, Dhalai, Tripura

The demographic dividend of India has been identified as one of its key strengths for economic development. About 65 % of our population lies in the working age group of 15-64 years. Moreover, the working age population is only expected to grow, by 2020 the median age of population in India would be 29 years. As the quality of human capital is one of the key determinants of economic growth, health care and particularly child health care becomes a key policy concern. A holistic approach is needed to protect and enhance the health of the children which will enable the country to reap the benefits the demographic bounty.

Keeping in mind the objective of early child care for future economic development, the Integrated Child Development Service (ICDS) scheme is one such programme which has been functioning since 1975, to provide for the basic and supplementary nutrition needs of young children between the years of 0-6 years. It is a centrally sponsored project which began with 33 block and 4891 Anganwadi Centres (AWC). The scheme has progressed at a tremendous pace; in 2015 fourteen lakh AWCs have been sanctioned. In this brief we provide a general overview of the scheme, including an emphasis on the service provided at the AWC.

There are five critical services which are offered under this scheme, all of which centre around the AWC. These sub schemes cover all the critical aspects of early child care i.e. nutrition, health care and early education. The scheme, due to its wide ambit of activities is spread across two ministries i.e. Ministry of Women and Child Development (MWCD) and Ministry of Health and Family Welfare (MHFW). Two components, immunization and Health checkups including referrals are implemented by MHFW, the rest of the services are provided by MWCD.

1 Pre-School-Education (PSE)



As the early years of the child are most critical for her/his motor and mental development preschool education (PSE) is provided to ensure adequate cognitive growth of the child in the later years. The objective of this sub-scheme is to focus on early development. Children 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 (AWWs) and includes non formal education and formative play activities like building blocks. Every year, each AWC is allotted Rs. 3000 to procure a PSE kit which could include flash cards, building blocks, stuffed toys, simple puzzles among other components. An activity book and an assessment card per child are to be maintained by the AWWs to record the progress of the children.

2 Supplementary Nutrition



This sub scheme focuses on supplementary feeding and growth monitoring for prevention of Vitamin A deficiency & Nutritional Anaemia. Beneficiaries, children and pregnant and lactating (P&L) women are to be provided Supplementary Nutrition which is the difference between Recommended Dietary Allowance (RDA) and Average Dietary Intake (ADI) for 300 days in a year at the AWC.

In order to make sure that children are provided with the nutrition which is suited to their developmental requirements, children at the AWC are weighed regularly to track the amount and form of nutrition they need. Children between the ages of three and six are weighed quarterly and those below three years are weighed monthly. For 300 days of the year, all children are given supplementary nutrition consisting of 500 calories of energy and 12-15 grams of protein which, is provided in varied forms like Take Home Ration (THR), hot cooked meal or milk and fruits. Underweight children are provided with food consisting of 800 calories of energy and 20-25 grams of protein. P&L mothers, children between the ages of 6 months and 3 years and underweight children are provided with THR in the form of Micronutrient Fortified Food.

3 Immunization



The objective of the sub-scheme is to provide immunization to pregnant women and infants in order to protect them from six preventable diseases i.e., **poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, tuberculosis and measles**. Beneficiaries are immunized on specific days in public health infrastructures (such as sub-centres, primary care centres).

Iron and Vitamin "A" Supplementation (IFA tablets) are provided to children and pregnant women under the immunization programme. Record maintenance of the activities has to be done by the AWW.

4 Health Check and Referral Services



The objective of the sub-scheme is to focus on providing health care to children, antenatal care for expectant mothers and postnatal care for nursing mothers. 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 diagnoses minor ailments and distributes simple medicines. **An ANM/LHV is supposed to visit each AWC at least once a month, to check up on all the children and women of the centre.**

5 Nutrition & Health Education:



The objective of the sub-scheme is to develop a Behaviour Change Communication (BCC) strategy for women so they can take care of their own health, nutrition and development requirements. Focused on women in the age group of 15-45 years, the program is implemented by AWWs who disseminate information about breast feeding colostrums feeding, treatment of diarrhoea/minor illness, preparation of oral dehydration solution, importance of education and institutional delivery amongst other health and social issues.

Anganwadi Centres (AWCs) – Cornerstone of ICDS

Anganwadi Centres have undergone a massive increase in number through ICDS. The AWC is instituted as a first stop for fulfilling the health and nutrition requirements of the women and children. An AWC is constructed based on the population requirement of the area. **In rural and urban areas, one AWC is allotted to every population set of 400-800. Subsequently, 2 AWCs are allotted to population between 800-1600 and 3 AWCs are allotted to a population between 1600-2400. Thereafter, one AWC is added with each population set of 800.** A mini AWC can also be set up for a population for 150-400. In rural communities and slum areas, a demand for AWC can be made in cases where forty or more than forty children under the age of six inhabit a settlement. The demand can be made to the District Programme officer appointed under the ICDS.

A strengthened and improved ICDS was approved in 2012, which created provisions for construction on Anganwadi through the scheme. A provision has been made for the construction of 2 lakh buildings, at the rate of Rs. 4.5 lakhs per building. The cost of the building would be shared in the ratio of 75:25 between the Centre and the State. In North Eastern (NE) regions, the cost distribution between the Centre and the State is 90:10. A building can also be rented for running an AWC, the rent paid in such a case would be Rs. 5000 per month.

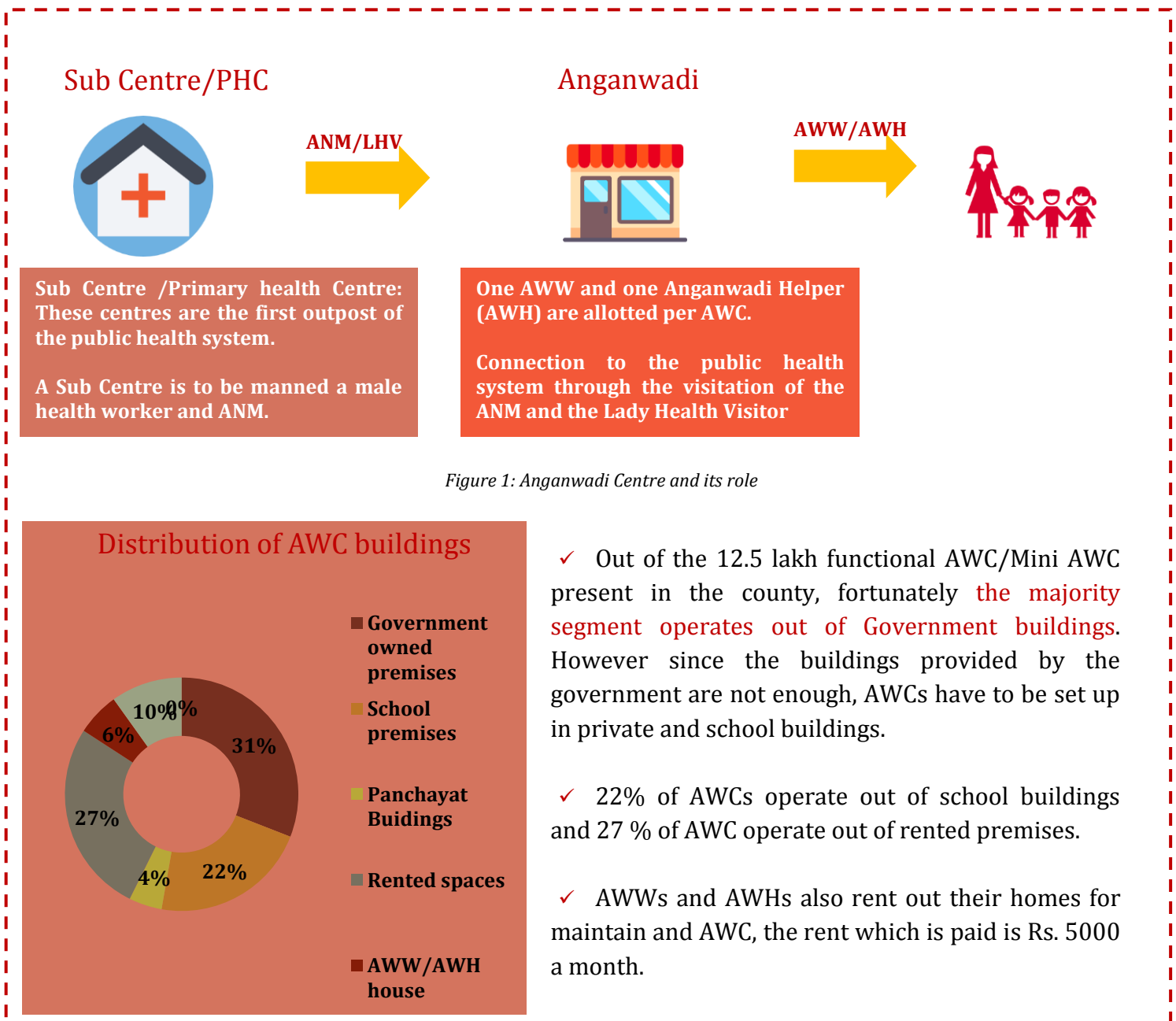


Figure 1: Anganwadi Centre and its role

Convergence of ICDS and Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)

According to certain estimates, about 2 lakhs* AWCs are functioning without pucca buildings. Children and pregnant/lactating women who use the facilities of an AWCs require a safe and strong structure to conduct their activities. In order to construct pucca building for AWCs, convergence has been sought between ICDS AND MGNREGS. An AWC, constructed under the convergence, would be of the size of 600 square feet. The entire expenditure would be under MGNREGS. The cost ratio for construction followed under MNREGS is 60:40, denoting payment of wages to material cost respectively. This cost ratio has to be maintained under the convergence. No contractual labour can be utilized for the construction; the work has to be carried out through the assigned implementing agency with job card holders of MNREGS. **The maximum cost for the construction would be Rs. 5 lakhs; cost over and above the aforementioned amount would have to be provided by the ICDS.** Funds from other sources like State Finance Commission, Scheduled Castes Sub Plan (SCSP), Tribal Sub Plan (TSP), 14th finance commission and any other scheme can also be utilized to complete the construction of the AWCs. Under this convergence model, 50 000 AWCs are to be constructed especially in the districts of West Bengal, Assam, Odisha and Telangana.

Implementation Structure of the scheme

The scheme functions through a five tiered implementation model involving the Centre, state, district and the block departments. The grass root activities are carried out by the AWC through AWW & AWH.

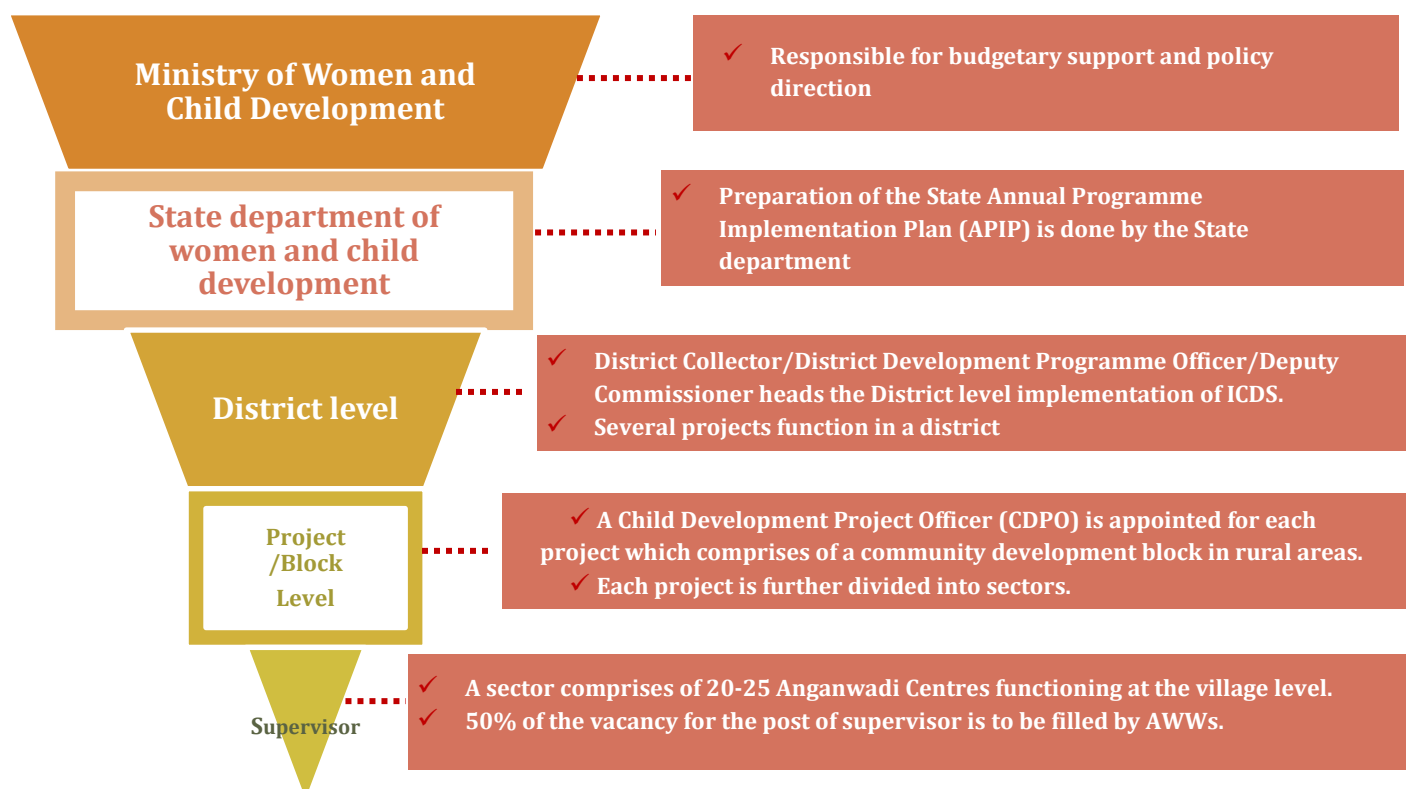


Figure 2: Implementation model of ICDS

Apart from ICDS, the AWC serves as the base for the implementation of two other schemes which are critical for maternal health and the well being of young adolescent girls.

1 Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) (SABLA): This scheme offers **nutritional, health, skill development, hygiene support** to the adolescent girls (AGs) between the ages of 11-18. Given below is the complete list of services which are to be provided by SABLA. Many of these services are facilitated by the AWW or are rendered at the AWC. Health cards of each (Ag) are also maintained at the AWC, the health cards contain information regarding the height, weight, nutrition intake and BMI of the concerned girl.

Service	Details	Service Provider	Target Age Group
Nutrition : Supplementary Nutrition	Supplementary nutrition containing 600 gms calories, 18-20 grams of protein in the form THR, for 300 days of a year	AWC	Out of school girls-(11-15) All girls (15-18)
Iron Folic Acid Supplementation	100 IFA to be supplied to each beneficiary on specific days of the year	AWW/ANM would give information about iron deficiency and how to combat it	All girls (11-18)
Health Check-up and Referral Services	Health check up of every (AG); height and weight to be recorded	Medical Officer/ANM Weighing scales to be provided by AWC	11-18
Nutrition and Health education	Information about balanced diet, nutritious food, cleanliness, healthy cooking	Imparted at the AWC by AWW/NGOs/Community Based Organizations (CBO)	11-18

Guidance on family welfare, Adolescent and Reproductive Sexual Health (ARSH), Child care, Home management	Reproductive and Sexual health, family welfare, legal rights, child care practices	Provided at the AWC through AWW/ANM/CBOs	Age appropriate information to 11-15 and 15-18
Life Skills and Accessing Public Services	Development of soft skills, general awareness, functional literacy, critical thinking	Convergence with Ministry of Youth Affairs, to be impacted by involvement of CBOs/NGOs	11-18
Vocational Training	Beneficiary to be imparted with minimum one trade related skill which should be relevant to the local surroundings	Through Ministry of Labour and Employment	16-18

Involvement of AWC in SABLA: Apart from the activities mentioned above, the AWC also supports SABLA through other methods like record keeping, provision of training kits and community mobilization. **With each AWC, 15-25 girls are organized into a group which is known as a samooch. The samooch elects their peer leaders.** Each samooch can assist the AWW in providing supplementary nutrition and preschool education (ICDS). **This would partly fulfill the Guidance on family welfare, child care and home management component of SABLA.** A training kit is also provided in each AWC, to make the girls understand key concepts of health, nutrition in an open and informal manner. The kit would contain interactive games and activities. The peer leaders overlook these activities. They also fill out the health cards of the girls, under the supervision of the AWW.

The AWW and AWH acts as key facilitator of this scheme on the ground and is assisted in the implementation of the scheme by peer leaders, representative of NGOs/CBOs. Similar to ICDS, at the block level, the implementation of the scheme is the responsibility of the CDPO.

Mobilization activities at the AWCs to promote healthier practices



Village Health & Nutrition Day (VHND): In each village, a day is devoted to health and nutrition has to be organized at the AWC, once every month. On the VHND, the AWWs along with other health functionaries encourage all the inhabitants, especially women and children to collect at the nearest AWC. At these assembly points, ANMs along with other members of PRI and the public health department are present. Villagers interact with the health officials; ask them for information regarding health issues. Services are also provided on those days which include registration of pregnancies, birth, and referral for ante natal care, immunization, booster shots, family planning counseling, contraception distribution and many more. Essentially, the VHND provides all the facilities especially for maternal and child care at one place, at one time for the whole community. The other aim of VHND is mobilize the community around health issues, so that more people are made aware of the available health services and consequently demand those services for their region/community. VHNDs are held on Wednesdays of a month, in order to bring about uniformity.



Kishori Diwas: A day is taken aside every three months, whereby all the adolescent girls provided a general health check up. The IFA supplement to the girls is provided on this day. The iron supplement is supplied by the AWC, under the CDPO. All the health cards are updated on this day, with fresh information regarding the height, weight and BMI of the girls. This day could also be used to generate awareness about the requirements of adolescents amongst the community at large.



Early Childhood Care and Education (ECCE) day: One day a month is to be organized as ECCE day at the AWC. On this occasion, the parents interact with the AWWs to discuss the progress of their child. This is also an opportunity for the worker to sensitize the parents and the community at large about the requirements of the early childhood and how to meet them. The projects of the children will be displayed, and the children could also participate in an activity for the benefit of the parents

- 2 **Indira Gandhi Matritva Sahyog Yojana (IGMSY):** The scheme focuses on promoting healthy pregnancies through monetary incentives. Pregnant women during their pregnancies and after birth are provided with some monetary benefit after fulfilling certain health requirements like checkups and intake of iron tablets. Only P&L women, who are 19 years and above can take advantage of this scheme for their first two live pregnancies, at present, the scheme is active in 53 districts of the country.

The monetary incentive is given in the form of direct transfer to the bank account/POS of the beneficiary the total monetary incentive which is given under the scheme is Rs. 6000 in two installments.

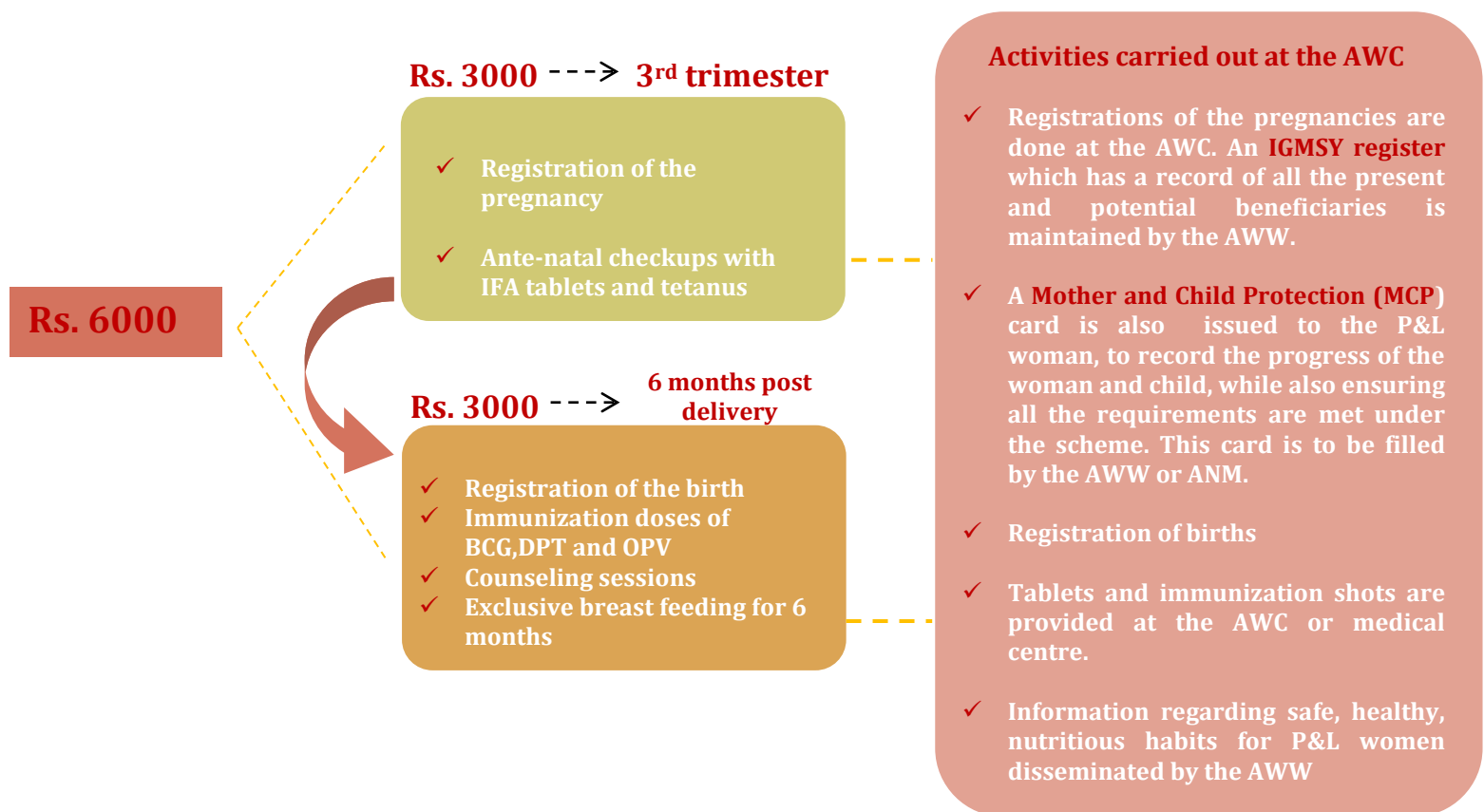


Figure 3: IGMSY and the role of AWC

Human Resource convergence between ICDS and IGMSY: In order to incentivize AWWs & AWHs to promote IGSMY, each AWW is awarded Rs. 200 for the successful completion of all the steps by a beneficiary in the schema provided under IGSMY. The AWH also receives an amount of Rs. 100 per beneficiary for assisting the AWW. The records maintained by the AWW have to be checked by the Supervisor of the ICDS team and then forwarded to the CDPO for disbursal of cash transfer.

An Anganwadi Centre is envisaged as the focal point or the convergence of the all these scheme. All the services merge into each other to offer a holistic package for healthy development of women and children. A more concentrated effort is needed to strengthen the network of the AWCs, by augmenting infrastructural and human resource demands of these centres so that they can function as the focal point for fulfilling the health and nutritional requirements of the women and children. As far as human resource demands are concerned, it is all the more important to appreciate the work done by the AWWs and AWHs. They are the front line workers of the health system, supporting the women and children in

the critical periods of their lives. A range of activities are performed by the AWWs & AWHs which include record keeping, information dissemination, medical assistance and many more. It is clear that the grass root health structure is kept upright by the AWC through the AWWs; consequently awareness needs to be created about the importance of their role.

Swaniti experience with Strengthening AWCs in Kathalbari VC

Tripura is one of the few states, which has done well in the health sector, ensuring successful functioning of Anganwadi Centres (AWCs) under ICDS in a short span of time. Progress has been witnessed in districts like South Tripura and West Tripura but the same has not been observed in North Tripura and Dhalai due to difficult topography. Swaniti Initiative, in partnership with Mr. Jitendra Chaudhury, the Honourable MP representing Tripura East Constituency in Lok Sabha has launched the SAGY Development Programme (SDP) in Kathalbari Village Committee (VC) in Dhalai District. The team visited Kathalbari VC to interact with various stakeholders across the habitations to understand the health care system prevalent in Kathalbari VC, major health issues of the region and functioning of AWCs.

At present, there are nine functional AWCs in Kathalbari VC, which cover all seven habitations. All the AWCs remain open from morning 7:00 am to 11:30 am. The team identified few gaps during their visit in the AWCs. Out of 9 AWCs, only one has a functional toilet and can procure water from the pipeline. Four AWCs do not have Kitchen Sheds. All the AWCs have weighing machines, some medicines for immediate health needs and provide daily meal to children, pregnant women and lactating mothers. There are 18 AWWs and AWHs, who are in-charge of all 9 AWCs in Kathalbari VC.

The team during their visit to Chandkumar Para AWCs observed that the centre does not have any additional health aids for first aid requirements such as Dettol anti-septic liquid, cotton, hand wash etc. Accordingly, the team requested the District Inspector of Social Welfare and Education (DISE)-ICDS Mr. Jyotinmoye Debnath to provide the followings to AWCs in Kathalbari VC as an initiative under SAGY village. Mr. Jyotinmoye Debnath submitted the proposal on the request from Swaniti for providing additional health aids for maintaining cleanliness and hygiene in AWCs like Dettol hand wash, antiseptic liquid to all AWCs in Kathalbari to Chief Minister and State Director of ICDS. The CM and Director approved the proposal and allocated Rs 650 every three months to avail these aids. The government order which states the allocation is attached in the annexure. The Anganwadi workers (AWWs) have received the amount from ICDS and purchased the items listed in the document as per their need. The team also advised the AWWs to conduct monthly meetings and discuss issues pertaining to their AWC.

*http://wcd.nic.in/sites/default/files/DOC020915%20cdi01092015_1.pdf

Annexure A: Order from Chief Minister to Maintain Cleanliness and Hygiene in all AWCs

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No.F.1 (3-61)-ICDS/SWE/2013/3427(71) Dated, Agartala, the..26/9/2016

MEMORANDUM

In order to maintain cleanliness and hygiene of the children in the Anganwadi Centers, the Department of Social Welfare & Social Education, Govt. of Tripura has decided to provide the following materials to each of the Anganwadi Center during the financial year 2016-17.

Sl. No.	Item	Quantity	Purpose
1	2	3	4
1	Hawai Chappal [Bata or equivalent quality, Size as per average need]	2 (Two) Pairs	For using while going to toilet / urinal point by children of AWC.
2	Hand Towel [Cotton Thread] 2 ft X 1.5 ft	1 (One) Pairs [for 3 months]	For using after washing hands.
3	Liquid Hand wash [Dettol or Lifeboy or equivalent quality] - 215 ml.	1 (One) bottle [for 3 months]	For washing hands.
4	Herpic - Toilet cleaner - 1 Lt.	1 (One) bottle [for 3 months]	For cleaning toilet
5	Toilet Brush	1 (One) No.	For cleaning toilet
6	Plastic Bucket - 12 Lt.	1 (One) No.	For keeping water in toilet
7	Plastic Mug - 1 Lt.	1 (One) No.	For using at the toilet

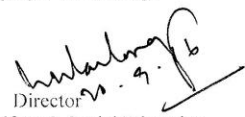
These are the contingency expenses of Anganwadi Centers which are to be made directly by the Anganwadi Workers for their Anganwadi Centers. There should be no central purchase by the CDPOs for their ICDS Project.

In this connection, all the CDPOs are requested to provide **Rs.650/-** (Rupees Six Hundred Fifty) only to each Anganwadi Worker with instruction to purchase above mentioned materials as per quantity for their respective Anganwadi Center **within 10 days** from the date of issue of this Memorandum. The above items should be available in the AWCs immediately after 'Durga Puja' holidays.

The CDPOs are also requested to send a report to the DISEs/DPOs immediately after completion of the above by the concerned Anganwadi Workers and ensure this through inspection/visit of the respective Anganwadi Centers through Supervisors.

The DISEs/DPOs & Addl. P.O. (SW & SE), TTAADC are requested to send compiled report of their respective District to this Directorate immediately after thorough proper monitoring.

Matter Most Urgent.


 Director
 Social Welfare & Social Education
 Tripura

