



## EVALUATION OF INTEGRATED CHILD DEVELOPMENT SCHEME IN INDIA: AN ANALYTICAL STUDY

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### Abstract

The Integrated Child Development Scheme (ICDS) is one of India's most effective initiatives for improving the physical and dietary health of women and children. The Integrated Child Development Services (ICDS) Programme was to be implemented across all of India's States, according to a 1972 Planning Commission recommendation. This initiative offers a variety of services, including as non-formal early childhood education, assistance with referrals, health education, and supplemental dietary habits, to young children, expecting women, and nursing mothers between the ages of 15 and 45. The level of nourishment for kids has not changed significantly despite India's remarkable economic growth over the previous 20 years. Integrated Child Development Services (ICDS), a program that hasn't yet been successful in lowering child malnutrition, serves less than one third of the children. Significant operational difficulties, like a lack of monitoring, also confront ICDS.

**Keywords:** Integrated Child Development Scheme, Nutrition, Pregnant women, Nursing Mothers

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**DOI:** - 10.48047/ecb/2023.12.si10.00185

## Introduction

Malnutrition in children has always been a problem for the country. Occasionally, the Government of India's (GOI) numerous vertical health efforts did not effectively reach the intended community. India implemented a comprehensive national programme for children in 1974. This kind of thinking influenced the choice to create a comprehensive multicentric plan with a small set of services. Integrated Child Formation Services (ICDS) program, India's exceptional human resource development initiative, created due to decision.

The Programme, introduced in 1975, now has 5614 programs, addressing over 60 million children, 10 million women, and 2 million lactating mothers. It has evolved over the past 25 years (Sachdev, 2001). In the past, evaluation studies have been carried out to determine the facts, relevance, effectiveness, outcome, and impact of the ICDS plan. Factors connected to inadequate programme implementation have been broadly categorized into three categories by prior research on ICDS: poor resource management, poor governance, and programmatic shortcomings. A recent planning commission study found that the quality and coverage of ICDS services were both subpar (41%). It was discovered that the majority of AWWs were overworked, underpaid, and untrained, which had an impact on the program's overall efficacy. There have been complaints of inadequate ICDS service coverage nationwide for several services, including Immunisation (10-65%), NFPSE (20-40%), SN (48.3-60.7%), and health referrals (8.3-30%) Meena et al. 2017).

## Aims of the Integrated Child Development Scheme (ICDS)

These objectives of the ICDS are given below. It is fairly evident that the expectations from the ICDS are quite unrealistic, far too lofty, and therefore not likely to be met with the available resources, labour, and infrastructure. But the declared objectives are:

1. To ensure the general development of 0–6-year-old children and promote their nutritional and physical well-being by offering essential services at the local level.
2. To prioritize the care of the most vulnerable age group, which includes infants and children up to three years old.
3. To build the foundation for a child's ideal physical, mental, and social growth.
4. To make deaths, illnesses, and starvation less frequent.

5. To eliminate inequalities between groups (the plan was to focus on the underprivileged and disadvantaged sectors of society).
6. To work at the convergence interface between other elements including sanitation, health care, and education.
7. To end the multi-generational cycle of undernutrition
8. To address issues affecting women and adolescent girls
9. To ensure that adolescent girls receive the education and training they need, as well as regular physical and mental health examinations, to become educated, healthy, informed, and capable women and mothers in the future.

(They should also be in good bodily and mental health when they get pregnant to be able to give birth to healthy children. Adolescent females were given additional nourishment, a health checkup, training, and initiatives for empowerment under the Rajiv Gandhi Sabala Yojana, which was conducted for this reason through the ICDS. But now, this plan is ineffective.)

10. Providing additional nourishment for expectant mothers, immunizations, health examinations, a balanced diet, safe delivery, institutional delivery, and delivering the first milk or colostrum to the baby are all important.

Despite the ambitious objectives, it appears impossible to do all of this without a reliable system for ensuring that the plan is being implemented properly. Whatever should be done, for instance, to improve the sanction of monetary support in cases of financial scarcity? It's also necessary to keep an eye on how the approved funds are being used. Additionally, routine surveys must be carried out to assess the state of operational Anganwadis, the delay in building new centres, the hiring and training of personnel, and any instances of corruption and nepotism that may or may not have been recorded.

The International Child Development Study (ICDS) aims to develop a comprehensive intervention program with a child-centred approach, focusing on integrating services to increase overall impact. The program focuses on utilizing all available governmental services at the project level, fostering functional connections between sectors, and ensuring optimal project-by-project utilization of existing infrastructure. The ICDS collaborates with other programs like Antodaya, Micro-Credit schemes, and rural development, education, environmental science, and technology to better meet the needs of young children, adolescent girls, and women from underserved communities.

### Implementation Of ICDS

The ICDS provides 500 kcal (with 12 to 15 g of protein) for nutritional purposes to every kid between the ages of 6 months and 6 years. The monthly food grain allowance for teenage girls between the ages of 10 and 19 is 6 kilogrammes. The Public Health Infrastructure of the Ministry of Health and Family Welfare offers vaccination, health evaluation, and referral services. Since 1975, UNICEF has provided the required money for the ICDS initiative. The World Bank has also provided the programme with financial and technical support. The annual cost per child for the ICDS programme ranges from \$10 to \$22. State governments contribute up to \$1 (1.3 US) per day for each kid to the project, which is nationally funded. In addition, for both the ICDS and the National Rural Health Mission (NRHM), the GOI recognised the WHO's standards for evaluating and monitoring child growth and development in 2008. The WHO performed considerable research on six

developing nations starting in 1997 before creating these criteria. From birth to age five, a child's physical development, nutritional status, and motor function are evaluated using the New WHO Child Growth Standard.

### Services under ICDS

There are six services which are under ICDS.

- Supplementary Nutrition
- Pre-school non-formal education
- Nutrition and health education
- Immunization
- Health check up
- Referral services

The National Health Mission and Public Health Infrastructure provide services related to health, including immunisation, health checks, and referrals. Anganwadi workers and Anganwadi helpers in the villages provide the services at Anganwadi centers.

**Table 1.1** Services under ICDS

Services	Target Group	Services provided by
Supplementary Nutrition	Infants younger than six years old, expectant mothers, and nursing mothers.	Ministry of Women and Child Development Anganwadi workers and Anganwadi helpers.
Immunization	Children younger than six years old, expectant mothers, and nursing mothers.	Health and Family Welfare Ministry.
Health Check-up	Infants younger than six years old, expectant mothers, and nursing mothers.	Health and Family Welfare Ministry.
Referral services	Infants younger than six years old, expectant mothers, and nursing mothers.	Ministry of Health and Family Welfare.
Nutrition and health education	women aged 15 to 45	Ministry of Health and Family Welfare, and Ministry of Women and Child Development.
Pre-school Education	children aged 3-6	Women and Child Development ministry.

### Problems of ICDS

**Lack of Education and Training:** The majority of anganwadi employees have low literacy level. They discovered that using a child's weight rather than another measurement makes it simpler to monitor a child's development. The NITI Aayog recommended as well that these centres receive the necessary staffing, whose abilities should be continually improved through training.

**Demotivating Service Conditions:** Frontline employees at Anganwadi Centres, including as Anganwadi Workers (AWWs), ASHAs, and ANMs, do not have adequate working conditions or possibilities for future employment. Typically, women from low-income households work as the officers and their helpers in Anganwadis. Unlike other government employees, these people do not have stable careers with full retirement benefits. When they hadn't received a month's worth of pay since the lockdown, ASHAs and AWWs in various Indian states protested a few months into the pandemic.

**Lack of basic amenities:** Only 36% of functioning AWCs have toilets, and nearly 50% lack access to drinking water. The NITI Aayog proposed increased power supply, basic medical supplies, and improved sanitation and drinking water facilities for the AWCs in 2015.

**Inadequate learning environment:** AWCs don't seem to provide the kind of learning environment that would entice parents to leave their children at these institutions. Pre-school educational resources like creches and top-notch recreational and learning areas are only found in a limited percentage of AWCs.

### Solutions to the problems

**Anganwadi Infrastructure Improvement:** The key to enhancing the project still lies in anganwadi infrastructure improvement and capacity enhancement. The country's 2.5 lakh such institutions are to be upgraded as part of the Saksham Anganwadi Scheme.

**Training and capacity building:** Significant improvements in AWW capacity building have been accomplished by the POSHAN Abhiyaan of the Central Government. It is crucial to have a more reliable system for identifying and filling knowledge gaps on a regular basis.

**Aligning processes to community demand:** Higher standards must be applied to all Anganwadi services. The demands of the neighbourhood and the programming staff must be met by anganwadi centre.

**Adopting a Montessori curriculum that is activity-based and environment-integrated:** The value of the play-based learning strategy in children's cognitive development has been shown through studies. The best teaching strategies combine an outstanding supplemental nutrition plan with motivating pedagogical strategies.

### Conclusion

Recently, ICDS has been evaluated by numerous agencies, which has led to numerous revisions to meet the objectives. Since 1975, there have been more ICDS blocks, although a number of them are not functioning at their best. The extent of supplemental nutrition must be broadened while maintaining a consistent supply, and infrastructures and basic utilities should be upgraded. Additionally, it is important to consider food quality. It is necessary to examine important issues regarding the offering of either uncooked or cooked meals. Regional tastes should be considered while serving food, and food safety regulations must always be followed. The training component of the ICDS scheme has to be reevaluated. Reorienting the workforce is necessary. The plan's most important element is accountability. It is necessary to strengthen the elements of supervision and monitoring.

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