

An Overview of Integrated Childhood Development Services (ICDS) in India

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Abstract: *The Integrated Childhood Development Services (ICDS) scheme is India's foremost program imparting comprehensive and cost-effective services to meet the multi-dimensional needs of children. Following a populist approach, the program has now increased its umbrella coverage to reproductive age, pregnant and lactating women. India has also initiated several programs for the interest of the children. Being a developing country India faces several problem likes poverty, health care, higher dropout rate in school education, infant and child mortality, malnutrition etc. It hampers the process if child development and ultimately human resource development of the country. The paper shows various study related reviews on ICDS. Need to focus on poor infrastructure, coverage and community participation for ICDS services. Immunisation and referral networking is often dysfunctional reflecting the need for enhanced inter-sectoral cooperation. Adapted tools could serve as an effective strategy for evaluating and facilitating need-based improvements.*

Key Words: *ICDS, Importance, Reviews, Indian context.*

1. INTRODUCTION:

A healthy child is the foundation of a healthy nation. The process of development of the country generally depends upon the natural resource of the country. Natural resource contributes towards growth of any country. The natural resource plays vital work in each and every area and the overall development of the country including remunerative, social, artistic and political developments. Any physical or pocket resource cannot yield its asked results if they aren't accompanied by the use of natural wherewithal. The success of any country in any field depends, to a larger extent, upon the natural wherewithal. The philanthropy of natural wherewithal to the nation or institution structure depends upon their education, experience, training, morale, productiveness, station, commitment etc. Hence it's necessary to develop the natural wherewithal fully so that they perform their responsibility satisfactorily. For development of natural capital of the country it's really essential for the country to invest in its youthful generation, which is prerequisite for sustained macro economic growth (Chudasama et al, 2014).

2. REVIEW OF LITERATURE:

Rajpa (2020), this study examines the socioeconomic patterning in service utilization of ICDS in India on several dimensions, including continuum in maternal and childcare. The evidence shows an immense scope of improving service utilization among urban middle and lower middle-class households. These perhaps require quality improvements in the services other than food supplementation, such as health and nutrition education and early childcare (preschool). Meena (2017), the mean coverage of ICDS services was 58.3%. Maximum coverage recorded for Supplementary Nutrition (SN) and minimal for Nutrition and Health Education (NHE). SN, immunization, Pre-school education (PSE) and growth monitoring (0-3 years) were regularly held. Maternal and child health services were unsatisfactory.

Sivanesan (2016) Median duration of absenteeism to anganwadi was five months during the last six months enquired. About 95.9% of registered child beneficiaries utilized supplementary nutrition services and only 48.7% mothers of child beneficiaries were attending nutrition and health education sessions. Among mothers who were aware of growth monitoring, only 73.6% of their children's weight was checked regularly. About 60% of mothers were not happy with the quality of food served to their children in the anganwadi. Among children adherent to anganwadi, 72.5% children's weight remained normal.

Das (2015), The community based cross-sectional study was conducted to assess the utilization of ICDS scheme among children under six years and to study the factors determining the utilization of the ICDS centres by them. The study revealed that 77.40% of the children were utilizing any of the services provided under the scheme; whereas 67.50% children were taking supplementary nutrition and 28.10% children were taking non-formal preschool education. Regarding the reason for non-utilization 53.84% of the non-utilizers cited that they send their children to private nursery school whereas 42.30% parents had no knowledge regarding the services for children bellow 3 years. Age of the children and occupation of the father were found to be significant determinants of utilization of ICDS

scheme. Dwivedi (2013), Child development is key issue for any civil society and it can be achieved through different focused interventions to improve the living standard of poor people so that every mother can take good care of her child. Government of India is also running a flagship scheme ICDS (Integrated Child Development Scheme) to cater child development across the country. The ICDS adopts a multi-sectoral approach to child well being, incorporating health, education and nutrition interventions, and is implemented through a network of Anganwadi centres (AWCs) at the community level.

3. ANGANWADI SERVICES:

The Anganwadi Services Scheme is one of the flagship programmes of the Government of India and represents one of the world’s largest and unique programmes for early non-age care and development. It's the foremost symbol of the country’s commitment to its children and nursing mamas, as a response to the challenge of delivering pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced education capacity and mortality on the other. The devisees under this scheme are children in the age group of 0-6 generations, pregnant women and lactating mamas.

4. OVERVIEW OF THE ICDS INDIAN CONTEXT:

A major part of India’s population around 158 million comprise of children in the age of 0-6 vintages (Census, 2011). The Ministry of Women and Child Development is administering variegated schemes for the well-being, development and protection of children.

Coverage under ICDS - Trends since March 2011

Year ending	No. of operational projects	No. of operational AWCs	No. of Supplementary nutrition beneficiaries	No. of pre-school education beneficiaries
31.03.2013	7025	13,38,732	956.12 lakh	353.29 lakh
31.03.2014	7067	13,42,146	1045.09 lakh	370.71 lakh
31.03.2015	7072	13,46,186	1022.33 lakh	365.44 lakh
31.03.2016	7073	13,49,563	1021.31 lakh	350.35 lakh
31.03.2017	7074	13,54,792	983.42 lakh	340.52 lakh
31.03.2018	7075	13,63,021	892.77 lakh	325.91 lakh
31.03.2019	7075	13,72,872	875.61 lakh	301.92 lakh
30.11.2019	7075	13,77,995	836.25lakh	305.09lakh

Source: Annual Report 2019-20, Ministry of Women and Child Development Government of India

5. DISCUSSION AND SUGGESTION:

According to census 2011, out of the total population of India around 158 million are the children between the age group 0 to 6 ages (2011 Census). It shows that children constitute a important part of the population of our country. Over the two decade India will have the juvenile and largest working age populations in the world. To capitalise exhaustively on the hoped demographic throw-in and enrich productive capacity at global status it's really important to invest in its children diligently. The children in the age group three to six spaces were attending anganwadi centres for a median duration of only 12 months out of awaited 36 months as children in the improved age groups were attending private nursery academies. Amongst the children whose weight was recorded and intrigued verbatim about three fourths children’s weight remained well within average range. The down-and-out eligible children only should be registered and guaranteed that they attend the AWC regularly. The child’s weight recorded and connived by anganwadi workers should be regularly cross checked by the Archons. There's a need to better the quality of food furnished at the AWCs as per the contemplations of adulthood of the mass. Nutrition and health education sessions should be made more participatory so that the mamas will laboriously involve and learn good practices of nutrition.

6. CONCLUSION:

Lack of community transferrable continues to torture variegated public programs. Ineffective mistreatment reflects program performance owing to non transparency and deficient support systems. It's a high time to mull over strategies for course correction to ICDS program notably Regular training, relating alternate help and monitoring options and Securing refined community participation. There is a need to improve the quality of food provided at the

AWCs as per the expectations of majority of the mothers. Nutrition and health education sessions should be made more participatory so that the mothers will actively involve and learn good practices of nutrition in the Indian society.

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