



ICDS PROGRAMME AND CHILD WELFARE SERVICES IN INDIA

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Introduction

The Integrated Child Development Services (ICDS) Programme is one of the most important child welfare initiatives introduced by the Government of India for the holistic development of children and mothers. Launched in 1975, the programme aims to improve the nutritional, health, educational, and psychological status of children below six years of age, pregnant women, and lactating mothers. ICDS provides a comprehensive package of services through Anganwadi Centres, especially in rural, tribal, and economically weaker sections of society. Child welfare services are essential for ensuring the healthy growth and development of children, who are considered the future citizens of the nation. Proper nutrition, healthcare, immunization, and early childhood education play a vital role in reducing malnutrition, disease, mortality, and educational backwardness among children. Through various schemes and programmes, the Government of India has taken several initiatives to safeguard the rights and well-being of children. The ICDS Programme integrates supplementary nutrition, immunization, health check-ups, referral services, pre-school education, and nutrition and health education to promote child development and maternal care. It has become a significant instrument for improving the quality of life of children and women across the country. The Integrated Child Development Services (ICDS) Programme is one of the major child welfare programs launched by the Government of India in 1975 to improve the health, nutrition, and development of children below six years of age, pregnant women, and lactating mothers. The programme is implemented through Anganwadi Centres across rural, urban, and tribal areas

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of the country. The ICDS programme aims to provide an integrated package of services including supplementary nutrition, immunization, health check-ups, referral services, pre-school non-formal education, and nutrition and health education. It plays a significant role in reducing malnutrition, child mortality, school dropout rates, and health inequalities among children and women.

ICDS Programme and Child Welfare Services in India

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Objectives of ICDS Programme

- To improve the nutritional and health status of children below six years.
- To reduce child mortality, malnutrition, and school dropout rates.
- To provide early childhood care and pre-school education.
- To improve the health and nutritional awareness of mothers.
- To ensure proper psychological, physical, and social development of children.

Major Services under ICDS

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

Incorporated Child Development Services (ICDS) Program

India's Integrated Child Development Services (ICDS) is a halfway supported plot that has been the Government of India's (GOI) lead program beginning around 1975. This program was started with a plan to address the comprehensive necessities of the kids and this

program is one of the biggest youngster improvement programs on the planet. This program offers a wide scope of administrations to satisfy the well-being and nourishing requirements of the kids as long as 6 years old. Further, it likewise provides food the medical care needs of pregnant and lactating women and presently the program has additionally been reached out to cover juvenile young women. Simultaneously, ICDS has additionally set out the system for the generally speaking physical and mental advancement of kids 0-6years through giving non-formal preschool schooling to youngsters between 3-6 years and through the arrangement of dietary and well-being training to their moms. It is committed towards breaking the endless loop of hunger, dismalness, debilitation of development and mental turn of events, diminished learning limit and mortality. One more significant angle component of this plan is that under ICDS every one of the administrations are conveyed at the local area level through Anganwadi Centres (AWCs) (Gangbar, Rajan and Gayithri, 2014).

ICDS Policy Overview

Infrastructure: ICDS conveys an exhaustive scope of administrations explicitly centred around well-being, sustenance, and schooling and these administrations are conveyed by Anganwadi Workers (AWWs) at Anganwadi Centres (AWCs) at the local area level. In a space, based on the quantity of recipients AWCs are laid out. According to the standards of AWCs, one AWC is intended to cater the necessities of 400-800 recipients. Notwithstanding, in the areas where it is hard to-arrive at, for example, the North East district of the country, the standards changes for one AWC from 400-800 recipients to 300-800 recipients.

Funding Patterns: Under the ICDS conspire, a hierarchical model is followed for the financing designs what partitioned this program into two significant parts: ICDS General (G), and ICDS Supplementary Nutrition (SN). ICDS (G) is intended to take care of the expenses expected for the activity of the program, while, ICDS (SN) managed the valuable sustenance part of ICDS. The standards that administer the financing of these two parts of the program varied from another and these standards have likewise advanced throughout some stretch of time. From 2009 onwards, ICDS

(G) got 90% of its subsidizing from the Central government and the leftover 10% is being covered by the separate state government. Preceding 2009, 100 percent of the subsidizing for ICDS (G) came from the central government. Notwithstanding, for ICDS (SN) the standards have advanced over the long run. Preceding 2005-06, no central help came for ICDS (SN) and from 2005/06-2008/09 there is a 50:50 Central-State commitment. In any case, this

standard is material across every one of the conditions of the nation, be that as it may, for the North Eastern states from 2009-10 onwards this standard has changed and presently Central-State commitment for valuable sustenance is 90:10.

Nutritional Component: The ICDS (SN) part is one of the fundamental and biggest components of the ICDS program. Every one of the qualified recipients are given strengthening taking care of to 300 days out of each year. The fundamental point of this part is to work on the normal dietary admission of youngsters, juvenile young women and pregnant and lactating women and address the issue of protein-energy hole. The standards for the each day use on each recipient for ICDS (SN) fall under 3 classes: (1) youngsters in the gathering of 6-72 months (2) seriously malnourished kids in the age gathering of 6-72 months and (3) pregnant and lactating women. After 2008 a few modifications have been made in these standards. For class 1 the day to day consumption has been expanded from Rs 2 to Rs 4, while everyday use for classification 2 expanded from Rs 2.7 to Rs 6 and for classification 3 it expanded from Rs 2.3 to Rs 5. Restrictive breastfeeding is stressed for the youngsters for the initial a half year, though kids between a half year to 3 years are given wheat or rice as Take Home Ration (THR). Ultimately, at AWCs youngsters in the age gathering of 3-6 years are furnished with hot prepared dinners.

Strategy Goals and Measurement: The primary target of the ICDS program is to work on the well-being and healthful status of youngsters matured 0-6 years as well as of pregnant and lactating moms and juvenile young women. The critical result marks of the plan are connected with the anthropometric estimations and new born child death rate. In spite of the fact that, ICDS was initially intended to cook the necessities of rustic networks, however presently the presence of ICDS has likewise been significant in the metropolitan regions, especially in the poor metropolitan ghettos and vagrant settlements. In the metropolitan scene, AWCs are assuming a critical part in giving well-being and nourishment administrations to kids as well as women. In the ongoing situation, there is practically close to universalisation of ICDS and out of 7075 supported ICDS projects almost 7067 (99.89 percent) projects are covered under the ICDS plot. Further, practically 13.60 lakh AWCs (97.14 percent) out of 14 lakh across every one of the territories of India are covered under ICDS conspire. Be that as it may, out of every one of these, for metropolitan regions there are only 755 ICDS undertakings and 11, 7411 AWCs endorsed all around the country. Since the earliest reference point, an evident hole in the strategy execution enormously upset the ICDS and its effectiveness, which even today keeps on excess a significant test. At the all-India level it has impacted the general

execution of the program. The elements that are answerable for supported approach execution hole and the successful exhibition of ICDS are: (1) Poor portion of assets (2) Poor administration and (3) Programmatic inadequacies. Because of these previously mentioned difficulties, the Supreme Court of India in the year 2001 gave an in-between time request which expressed that the ICDS program was required to have been universalised and by 2004 the execution of this request become effective (Mohmand, 2012). With the universalisation of ICDS program, another test has been made for the executing groups of the program as extension of the program is required, yet additionally it must be guaranteed that this development is with quality. In an examination on ICDS it has been featured that the universalisation of ICDS and the viability of its execution lays on the quality with which the program is universalised (Drèze, 2006). Different investigations have been directed to evaluate the execution and checking of ICDS program. These investigations featured that there are number of automatic inadequacies, for example youngsters in the age gathering of 0-3 years were ignored, exorbitant spotlight on the Supplementary Nutrition Program, unfortunate inclusion of the program and at the field level overburdened/under-prepared human resources and these lacks bear an immense effect on the quality execution of program. In this way, it is basic to examine the specialized proficiency and successful execution of the ICDS plan and how well the assets are being used by the public authority to accomplish its expected targets, results and results as they connect with ICDS, as well as, the well-being and nourishing status of youngsters and women.

Conclusion

The Integrated Child Development Services (ICDS) Programme plays a crucial role in promoting child welfare and maternal health in India. By providing nutritional support, healthcare services, immunization, and early childhood education, the programme contributes significantly to the physical, mental, emotional, and social development of children. The ICDS Programme has helped reduce malnutrition, child mortality, and educational inequalities among children, especially in rural and disadvantaged communities. It also creates awareness among mothers regarding nutrition, hygiene, healthcare, and child development practices. Through Anganwadi Centres, the programme ensures that essential services reach vulnerable sections of society effectively. Despite its achievements, challenges such as inadequate infrastructure, shortage of trained staff, lack of awareness, and unequal service delivery still affect the effective implementation of the programme in some areas. Therefore, strengthening monitoring systems, increasing community participation, improving

funding, and enhancing awareness programs are necessary for achieving better outcomes. The ICDS Programme and other child welfare services contribute greatly to building a healthy, educated, and productive future generation and play an important role in national development.

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