Chapter 16
Revitalizing ICDS:
India's Flagship Child Care Program

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ABSTRACT

ICDS-Integrated Child Development Services is India's only government program for combating the rampant malnutrition prevalent in young children. In this chapter, the authors aim to examine the need and scope of ICDS scheme, its services and countrywide reach; considering that every fifth child in the world lives in India, this scheme is critical to ensuring that today's children who are our citizens of tomorrow are well nurtured and nourished, thus securing the country's future. Also its efficacy in achieving stated objectives is assessed through analysis of vital parameters such as nutritional status, mortality rates etc. Further, the bottlenecks facing the scheme such as lack of adequate sanitation facilities and supervisory staff etc. are studied and the initiatives taken by the government to revitalize it are also examined. The transformation into Mission Mode has ushered in programmatic, institutional and management reforms and renewed thrust on creating awareness through an Information, Education and Communication (IEC) campaign.

INTRODUCTION

ICDS-Integrated child development services is the world's largest programme that caters to development of young children with the noble objective of investing adequate early childhood care, nutrition and immunization, thus ensuring their health and emotional well being. Launched on 2nd October, 1975 it is one of the most unique programmes for meeting challenges of morbidity, malnutrition, mortality and also providing pre-school education to children. ICDS is a Centrally-sponsored Scheme implemented through the State Governments or UT Administrations.

The services offered by ICDS converge at the AWC(Anganwadi Centre) (a village courtyard), which is the central platform for delivery of services. These AWCs have been set up in every village in the country. Present government is taking steps to set up an AWC in every human habitation/ settlement. The number of AWCs presently reaches almost 1.35 million.

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The anganwadi worker is one of the most important frontline workers who owns a major responsibility for delivering an integrated package of services to children and women and building up capacity of community, especially of mothers for child-care and development.

ICDS provides a host of services which include:

1. Supplementary nutrition,
2. Immunization,
3. Health check-up,
4. Referral services,
5. Pre-school non-formal education and
6. Nutrition & health education

LITERATURE REVIEW

First it is imperative to examine the effectiveness and impact of ICDS in India by analysing data obtained from Family health surveys. Awofeso and Rammohan (2010) made an attempt to examine the various issues plaguing the scheme and suggests strategies for effective capacity building.[1] By examining scheme coverage, malnutrition data and the dynamics of the health workforce, the paper concludes by stating that over the three decades of its existence the scheme has failed to achieve its intended objectives. In spite of government spending for the program increasing from $35 million in 1990 to $170 million in 2000, growing agricultural output and high growth rates of the economy, India accounts for 50% of the world's hungry, and it occupied 134th rank in the UN Millenium Development Goals (MDG) in 2009. The theme is that the management of the scheme is insufficient to achieve its large scale objectives. The lack of safe drinking water and proper sanitation facilities in rural areas is identified as a major cause of child mortality, thus highlighting the need for proper infrastructure to be provided through the scheme. The coverage of the scheme is termed modest with respect to the need and gender inequality in terms of nutritional status also is a persistent issue with substantial increase in nutritional outcomes of boys than that of girls. Further wide regional differences in the compensation or pay structures of Anganwadi Workers(AWW) is seen as being one of the factors leading to demotivation and impaired performance. This is particularly important in view of the minimum wage specifications put in place by the MGNREGA Act. The central government is observed to be isolated in its functioning and decision making from state level bodies and private health players like NGOs, and more emphasis is placed on food supplements to children above the age of three years rather than to newborn infant feeding and maternal care. Lack of timely breastfeeding, coupled with persistent deficiency of crucial vitamins like vitamin A and minerals like Iron lead to diseases like anaemia, causing malnutrition and maternal mortality. The research finally suggests that capacity building of the system is an appropriate solution to the problems facing the scheme and it should focus on structural factors beyond the scheme itself such as tackling the socio-economic, cultural and attitudinal hurdles such as corruption, neglect of girl child etc. Some solutions suggested include decreasing poverty though government programs in areas with high malnutrition (keeping in view the high correlation between poverty and undernutrition), allocating the charge of the supply of ICDS food to local women's groups instead of corrupt contractors, improving the training provided to the AWWs etc.