

## ICDS-INTEGRATED CHILD DEVELOPMENT SCHEME

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**ABSTRACT:** The Integrated Child Development Scheme ICDS comes under the jurisdiction of The Ministry of Women and Child Development which basically works for the hazards to eliminate child health and development. The organisation works to provide services for supplementary nutrition, immunization, medical check-ups, pre-school education and health awareness. ICDS focuses in the amount of calories required for the children of age group of 6-72 months, its cost. Besides it even takes care of the calorie requirement for the nursing mother and the protein requirement of her body. It is not only available to the people living below the poverty line but even undertakes projects to reach to the underprivileged and the SC/ST. The organisation receives schemes and grants from Government of India and also from the Non-Governmental bodies. The three contributors to this organisation are Cooperative for Assistance and Relief Everywhere (CARE), UNICEF and the World Food Programme (WFP). The programme has 6719 operational projects reaching the lactating mothers and underprivileged children along with operational Aanganwadi centres. Studies made in few states of Tamil Nadu, Andhra Pradesh and Karnataka indicated a significant improvement in the mental and social development of all the children irrespective of their gender. Although World Bank has highlighted few shortcomings yet ICDS which was launched in 1975 in accordance with the National Policy for Children in India. The organisation has grown over the years giving its effective results.

Keywords: Mal nutrition, grants, immunization, nutrition

**INTRODUCTION:** The ICDS program is the largest early programme in the world which was initiated with 33 blocks. There were lot of objection as the programme could not tackle problems like health and nutrition of the children at their early childhood, immunization of the children below the age of 3 years. Study have revealed that children who attended the ICDS do not suffer so severely from mal nutrition in comparison to the children of Madhya Pradesh. Research even says that lot of importance is given to the factor of mal nutrition but behavioural issues remain unnoticed. The ICDS programme gives an excellent platform for the developing countries and provides the services in these countries at their doorstep. It aims in having a holistic growth and development of the children but lacks in the operational weaknesses which even includes inadequate emphasis on nutritional and health education activities.. Besides there is hardly any active participation of the mother regarding the health and nutrition of the child. The mothers should have a growth chart to monitor the health of the child.

ICDS even provides safe drinking water, environmental sanitation, women empowerment, providing formal education and adult literacy. There are a lot of problems related to malnutrition. There are hardly any Health Centres and even the ones that are there are few.

## **PROFILE OF ICDS WORKING IN RURAL INDIA**

- 33 blocks launched initially to meet the holistic needs of the children
- ICDS is the World's largest Developmental services that reaches for the early developmental programmes below the age of 6.
- For laying the foundation for proper psychological, physical and social development of the child.
- It functions to reduce the rate of infant mortality, malnutrition and the school dropout children.
- It takes care of the proper nutrition and health education of the children.

### **ROLE OF ICDS:**

#### **Nutrition and Health Education**

The long term goal of the Nutrition Health and Education is to build the capacity of women in the age group of 15-45 so that they can individually take care of their health, nutrition and developments of their children and families.

#### **Supplementary Nutrition**

Supplementary feeding and growth works against vitamin A to control anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They take the feeding support within 300 days in a year. The Anganwadi workers (AWW) tries to reduce the calorie gap intake of women and children of low income community.

- Every child up to the age of 6 must get calories of 300 and 8-10 grms of protein.
- Each adolescent girl must get calories intake of 500 and 22-25 grms of protein.
- Each and every nursing mother should get calories of 500 and 24-25 grms of protein.

#### **Health Check Ups and Immunization**

Children below the age group of 6 years are provided health care along with expectant mothers and postnatal care of the mothers.

In this regards the Anganwadi workers are provided Primary Health Care Centres where they have free health check-ups for the diseases, which includes recording of the height and weight of the children from time to time. These programmes also include immunization, treatment of water borne diseases like diarrhoea, de worming and distribution of medicines required for medication. One of the major function of these Health Centres under the ICDS is to immunize the expecting mothers against preventable diseases and protecting the children from the deadly diseases by vaccinating them against tetanus, tuberculosis and diphtheria and measles.

## Early Childhood Care and Pre School

PSE that is the Non formal Education is considered to be backbone of the ICDS programme as it provides an environmental stimulus and focuses on the total development of the child up to the age of six years to the underprivileged children. These programmes provides and ensures natural and optimal growth and development of the child. ICDS provides care not only to the child but even to his/her sibling. This enables the girls to attend their school.

### Referral Services:

The children suffering from mal nutrition and need proper medical care need immediate attention and hence are referred to the Primary Health Centres.

•Even the AWW also identifies the disability of the child and refers the child to the Primary Health Centre.

Other than the above mentioned services the additional services are provided to implement women empowerment through

- Stree Shakti-empowerment to the rural women.
- Kishori Shakti Yojana for adolescence girls
- Rajiv Gandhi Scheme for the empowerment to girls.
- Indira Gandhi Matritva Sahayog Yojana

## BENEFITS OF THE ICDS SCHEMES

**The ICDS programme means to fight against the malnutrition and poor health of the children which has reached almost a count of 10 crore.**

The study done says that 43 percent of women and children have benefitted. Supplementary nutrition is provided to the children as they suffer from malnutrition. The programme has been launched with purpose of solving three goals:

1. Malnutrition
2. To look into the ill health and holistic development through the Pre School Education and in the age group of the children of 0-6 years. It is even attracted to the attention of social activists, researchers and judiciary.
3. The Anganwadis have been set up to provide settlement to the adolescent girls, expecting and nursing women. The Government of India has sanctioned an amount of
4. Lakhs to make these projects operational.

**CONCLUSION:** ICDS is a flagship which works for the nursing mothers and the underprivileged. It has its own shortcomings and flaws in implementing it. Due to high rate of cases of malnutrition among the children, the Hon'ble Supreme Court has given direction to ICDS that the services have to be universal that is equal. As the number of required Anganwadis in the ministry was inadequate and was not evenly operational. Special reference was given to the Schedule Caste / Schedule Tribe and the weaker section of the society. It was even found that the infrastructure that was required for the

services took more than two decades. The basic amenities like toilets and drinking water was available in unhygienic conditions. There is lack of utensils, furniture and basic amenities are not available. The content of nutrition in the State level provided by the State Minister is not up to the level. It is the World Health Organisation which intervened and mitigated the entire situation. The funds required for Pre School Education had not reached to the desired venues. States could not monitor the task assigned and the reliable data was not available. However ICDS is trying to give a brave front by trying to deliver the services which has been entrusted to it.

## **REFERENCES**

- Child Line India
- Shikaripura Taluk, Shimoga (Dist)
- Thippesh. K & Dr.B.S.Gunja [www.deccanherald.com](http://www.deccanherald.com)

*[saiindia.gov.in/english/home/our\\_products/.../Chap\\_11.pdf](http://saiindia.gov.in/english/home/our_products/.../Chap_11.pdf)*

- Cole Luella : Psychology of Adolescence. Rinehart and Company, Inc.
- Gordon Allport, Personality - A psychological Interpretation, N.Y., Flemming Holt and Co., INC.
- Gururaja S. "A review of research in Social Development of Children," Indian Educational Review.
- Hassan M.K. (1976). Child Rearing Practices and Neuroticism (mimeo), Department of Psychology, Ranchi University 1976.
- Hurlock Elizabeth B. Child Development, N.Y. Mc. Graw Hill Book Company, 1956.