

Integrated Child Development Services (ICDS) Scheme

Launched on 2nd October 1975, today, ICDS Scheme represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

1. Objectives: The Integrated Child Development Services (ICDS) Scheme was launched in 1975 with the following objectives:

- i. to improve the nutritional and health status of children in the age-group 0-6 years;
- ii. to lay the foundation for proper psychological, physical and social development of the child;
- iii. to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- iv. to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- v. to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

2. Services: The above objectives are sought to be achieved through a package of services comprising:

- i. supplementary nutrition,
- ii. immunization,
- iii. health check-up,
- iv. referral services,
- v. pre-school non-formal education and
- vi. nutrition & health education.

The concept of providing a package of services is based primarily on the consideration that the overall impact will be much larger if the different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from related services.

Services	Target Group	Service Provided by
Supplementary Nutrition	Children below 6 years: Pregnant & Lactating Mother (P&LM)	Anganwadi Worker and Anganwadi Helper

Immunization*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO
Health Check-up*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO/AWW
Referral Services	Children below 6 years: Pregnant & Lactating Mother (P&LM)	AWW/ANM/MO
Pre-School Education	Children 3-6 years	AWW
Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO

*AWW assists ANM in identifying the target group.

Three of the six services namely Immunisation, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare.

2.1 Nutrition including Supplementary Nutrition: This includes supplementary feeding and growth monitoring; and prophylaxis against vitamin A deficiency and control of nutritional anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They avail of supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities.

Growth Monitoring and nutrition surveillance are two important activities that are undertaken. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps to detect growth faltering and helps in assessing nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to medical services.

2.2 Immunization: Immunization of pregnant women and infants protects children from six vaccine preventable diseases-poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. These are major preventable

causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality.



2.3 Health Check-ups: This includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The various health services provided for children by anganwadi workers and Primary Health Centre (PHC) staff, include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc.

2.4 Referral Services: During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre. The anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre.

2.5 Non-formal Pre-School Education (PSE)



The Non-formal Pre-school Education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the anganwadi – a village courtyard. Anganwadi Centre (AWC) – a village courtyard – is the

main platform for delivering of these services. These AWCs have been set up in every village in the country. In pursuance of its commitment to the cause of India's Children, present government has decided to set up an AWC in every human habitation/ settlement. As a result, total number of AWC would go up to almost 1.4 million. This is also the most joyful play-way daily activity, visibly sustained for three hours a day. It brings and keeps young children at the anganwadi centre - an activity that motivates parents and communities. PSE, as envisaged in the ICDS, focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups. **Its programme for the three-to six years old children in the anganwadi is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development.** The early learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalization of primary education, by providing to the child the necessary preparation for primary schooling and offering substitute care to younger siblings, thus freeing the older ones – especially girls – to attend school.

2.6 Nutrition and Health Education: Nutrition, Health and Education (NHED) is a key element of the work of the anganwadi worker. This forms part of BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their own health, nutrition and development needs as well as that of their children and families.



1. **Funding Pattern:** ICDS is a Centrally-sponsored Scheme implemented through the State Governments/UT Administrations. Prior to 2005-06, 100% financial assistance for inputs other than supplementary nutrition, which the States were to provided out of their own resources, was being provided by the Government of India. Since many States were

not providing adequately for supplementary nutrition in view of resource constraints, it was decided in 2005-06 to support to States up to 50% of the financial norms or to support 50% of expenditure incurred by them on supplementary nutrition, whichever is less.

2. From the financial year 2009-10, Government of India has modified the funding pattern of ICDS between Centre and States. The sharing pattern of supplementary nutrition in respect of North-eastern States between Centre and States has been changed from 50:50 to 90:10 ratio. So far as other States and UTs, the existing sharing pattern of 50:50 continues. However, for all other components of ICDS, the ratio has been modified to 90:10(100% Central Assistance earlier).

4. Population Norms:-

The revised Population norms for setting up a Project, Anganwadi Centre and Mini-AWC are as under:

Projects:

(i) Community Development Block in a State should be the unit for sanction of an ICDS Project in rural/tribal areas, irrespective of number of villages/population in it.

(ii) The existing norm of 1 lakh population for sanction of urban project may continue.

Further to this, for blocks with more than two lac population, States could opt for more than one Project (@ one per one lac population) or could opt for one project only. In the latter case, staff could be suitably strengthened based on population or number of AWCs in the block. Similarly, for blocks with population of less than 1 lac or so, staffing pattern of CDPO office could be less than that of a normal block.

Anganwadi Centres

For Rural/Urban Projects

400-800 1 AWC

800-1600 - 2 AWCs

1600-2400 - 3 AWCs

Thereafter in multiples of 800 1 AWC

For Mini-AWC

150-400 1 Mini-AWC

For Tribal /Riverine/Desert, Hilly and other difficult areas/ Projects

300-800 - 1 AWC

For Mini- AWC

150-300 1 Mini AWC

5. Supplementary Nutrition Norms:

5.1 Financial norms:- The Government of India has recently, revised the cost of supplementary nutrition for different category of beneficiaries vide this Ministry's letter No. F.No. 4-2/2008-CD.II dated 07.11.2008, the details of which are as under:-

Sl.No.	Category	Pre-revised rates	Revised rates (per beneficiary per day)
1.	Children (6-72 months)	Rs.2.00	Rs.4.00
2.	Severely malnourished children (6-72 months)	Rs.2.70	Rs.6.00
3.	Pregnant women and Nursing mothers	Rs.2.30	Rs.5.00

5.2 Nutritional Norms:- Revised vide letter No. 5-9/2005-ND-Tech Vol. II dated 24.2.2009

Sl. No.	Category	[Pr-revised]		[Revised]	
		Calories (K Cal)	Protein (g)	Calories (K Cal)	Protein (g)
1.	Children (6-72 months)	300	8-10	500	12-15
2.	Severely malnourished children (6-72 months)	600	20	800	20-25
3.	Pregnant women and Nursing mothers	500	15-20	600	18-20

5.3 Type of Supplementary Nutrition :

Children in the age group 0 – 6 months : For Children in this age group, States/ UTs may ensure continuation of current guidelines of early initiation (within one hour of birth) and exclusive breast-feeding for children for the first 6 months of life.

Children in the age group 6 months to 3 years : For children in this age group, the existing pattern of Take Home Ration (THR) under the ICDS Scheme will continue. However, in addition to the current mixed practice of giving either dry or raw ration (wheat and rice) which is often consumed by the entire family and not the child alone, THR should be given in the form that is palatable to the child instead of the entire family.

Children in the age group 3 to 6 years : For the children in this age group, State/ UTs have been requested to make arrangements to serve Hot Cooked Meal in AWCs and mini-AWCs under the ICDS Scheme. Since the child of this age group is not capable of consuming a meal of 500 calories in one sitting, the States/ UTs are advised to consider serving more than one meal to the children who come to AWCs. Since the process of cooking and serving hot cooked meal takes time, and in most of the cases, the food is served around noon, States/ UTs may provide 500 calories over more than one meal. States/ UTs may arrange to provide a morning snack in the form of milk/ banana/ egg/ seasonal fruits/ micronutrient fortified food etc.

6. Registration of beneficiaries: Since BPL is no longer a criteria under ICDS, States have to ensure registration of all eligible beneficiaries.