

**National Convention on Regularisation of ICDS  
VP House Lawns, New Delhi**

**26<sup>th</sup> April 2005**

**RESOLUTION**

This National Convention on Regularisation of ICDS welcomes the announcement of the government on opening 1,88,168 new anganwadi centres in the current year and on doubling the supplementary nutrition norms along with the commitment that half of it would be borne by the Government of India. But the number still falls far short of the number required to be opened as per the Supreme Court judgment, which requires opening of anganwadi centres in all the habitations. At present 6,49,000 anganwadi centres are functioning, while a total of around 14,00,000 anganwadi centres would be required to cater to all the needy children, pregnant and lactating mothers in the country.

At the same time, it is unfortunate that the government has not taken any measure to institutionalise the Integrated Child Development Services Scheme and strengthen it for the overall development of children and women.

Children constitute our future human resources, upon which the development of the country depends. They have to be nurtured to develop as physically, mentally and socially healthy citizens. But unfortunately today, around one third of children in our country are born with low birth weight. In the rural areas more than half of the children are born under weight. The high incidence of prematurity, low birth weight and neo natal and infant mortality can be attributed to poor nutritional conditions of the mothers. The most crucial period in a child's growth is the first six years of life, when around 40% of its physical and 80% of mental growth are believed to take place. It has been established that the poorly nourished child grows less rapidly – both physically and mentally. Malnutrition during the growing periods of infancy and childhood leaves some physical and psychological damages in later years of life. Hence, it is of utmost importance to give top priority to the overall development of children and the nutrition and health of the pregnant and lactating mothers to develop a healthy future population fit to develop the country as an advanced nation.

In India majority of women do not get proper nutrition and health care during their pregnancy. In some states 60- 75% pregnant women in some districts received no antenatal care at all. More than 85% of women in rural areas and 95% in the remote areas give birth at home. Only 42% have access to safe delivery facilities. It is necessary to create awareness among the rural population on the benefits of planned pregnancies, need of antenatal care and

safe institutional deliveries. Along with this, it is of utmost importance to make available antenatal care and safe delivery facilities to the poor in the rural areas. Fully equipped and manned health facilities should also be made available in case of any complications. It is also necessary to ensure proper transport facilities. Creating awareness among the community about the harmful affects of such social and cultural practices like early marriage and pregnancy, recurrent pregnancies at frequent intervals, neglect of the girl child, female foeticide and infanticide etc needs to be taken up at the grass root level.

For India to take its due place in the world, it is necessary to take urgent steps to develop its vast human resources by ensuring health and education to all its peoples particularly focussing on the health and education of the women and children.

The ICDS Scheme was started experimentally in 1975 to achieve these objectives. The Scheme has been repeatedly evaluated by several agencies including the All India Institute of Medical Sciences (AIIMS), the National Council for Applied Economic Research (NCAER) and UNICEF etc and has been found to be one of the most useful and successful of the Central Government Schemes. As a result, the Scheme has been expanded and it was decided to universalise the Scheme during the Ninth Plan period but this has not been accomplished till now. The Supreme Court also has directed the Government to ensure that the Scheme covers all the habitations in the country.

Because of the close relationship of the anganwadi employees with the people, their services are today being utilised for the implementation of various other schemes and programmes of the Government under the health, education, revenue, and Panchayat Raj departments. They are involved in jobs related to the Health and Family Welfare departments like creating awareness on ORS, Upper Respiratory Infections, Directly Observed Treatment System for Tuberculosis, AIDS awareness, motivation and education on birth control methods etc; to the Education department like Total Literacy Programmes, Sarva Siksha Abhiyan, DPEP, Non Formal Education etc. In some States they are also involved in the promotion of small savings, group insurance, in forming Self Help Groups, in conducting surveys to identify BPL families, Leprosy survey, Filariasis survey, cattle census etc. Though as per the ICDS scheme, they are supposed to work for only four and half hours in a day, in practice, they have to work for more than 6-7 hours in a day to fulfil all these responsibilities entrusted to them. Their involvement in these additional activities, which are sometimes unrelated to the objectives of the ICDS, not only increase their work load several times but also create difficulties and hurdles in the proper functioning of the anganwadi centres.

At the same time, the increasing utilisation of the anganwadi centres and the services of the anganwadi workers and helpers in providing a large number of non ICDS services for the benefit of the people, shows that in practice, the

anganwadi centres over years, have evolved into effective delivery centres for a variety of services benefiting the population covered by them.

As the services provided through the ICDS as well as many of the other services provided by the anganwadi workers and helpers from the anganwadi centres are important and essential for the development and welfare of the women and children in the area, they need to be continued on a regular basis to achieve integrated and comprehensive development of women and children. Hence, it is high time that the ICDS is institutionalised and converted into a regular department or an integral part of the Women and Child Development Department of the Government, instead of as a scheme. The anganwadi centres must be further strengthened from where the various programmes of the Government for women's empowerment, and for the overall development of children and women in the area should be carried out. The anganwadi workers and helpers, who are already involved in providing these services should be regularised as employees of the department and provided all the benefits and facilities due to them.

Hence this National Convention demands that:

- Anganwadi centres should be developed as crèches cum day care centres
- Government of India should increase its budget allocation to the Women and Child Development department. The decision to promote gender based budgeting and to allocate at least 40% of all funds for the development of women should also be implemented to ensure that the department is provided enough funds for the overall development of women and children.
- The services of the anganwadi workers should be regularised in Grade III posts and those of the helpers in Grade IV posts; pending this, they should be paid wages at par with Grade III and Grade IV Government employees.
- The local bodies should be directed to recognise the records of birth provided by the anganwadi workers as valid for the purpose of issuing birth certificates.
- Primary schools should be directed to recognise the certificates issued by the anganwadi workers as transfer certificates, while admitting the children leaving an anganwadi, in their schools.
- Anganwadi centres should be developed into centres for promotion of awareness among women against superstitions, to promote scientific temperament; to create awareness on women's rights, against domestic violence, sati, against child marriages, dowry, sexual harassment, killings in the name of witches etc, which will help in women's empowerment.

- Anganwadi centres should help create awareness against discriminatory social practices like untouchability and other forms of social oppression and against child labour, which is widely prevalent in rural areas.

This National Convention extends its heartfelt gratitude to the overwhelming response of the beneficiaries of the ICDS to the above demands, which is reflected in the collection of around 1 Crore signatures from beneficiaries all over the country on the memorandum to the Hon'ble HRD Minister Shri Arjun Singh with the above demands. It assures them that anganwadi employees all over the country will carry forward the campaign to achieve these demands and looks forward to their continued support.

The National Convention calls upon all the anganwadi workers and helpers in the country to unite and launch campaigns and struggles on the demand for Regularisation of ICDS. The National Convention also appeals to all the trade unions, organisations of women, agricultural workers, peasants and other sections of the people and all sections of society to support the above demands and the struggles of the anganwadi employees to achieve these.