

# **Integrated Child Development Services (ICDS) Scheme**

## **1. Introduction**

Children are the first call on agenda of human resource development – not only because young children are the most vulnerable, but because the foundation for life long learning and human development is laid in these crucial early years. It is now globally acknowledged that investment in human resources development is a pre-requisite for economic development of any nation. Early childhood (the first six years) constitutes the most crucial period in life, when the foundations are laid for cognitive, social, emotional, physical/motor development and cumulative life long learning. Child survival, growth and development, has to be looked at as a holistic approach, as one cannot be achieved without the others. There have to be balanced linkages between education, health and nutrition for proper development of a child.

India is the home to the largest child population in the world. *“The development of children is the first priority on the country’s development agenda, not because they are the most vulnerable, but because they are our supreme assets and also the future human resources of the country”*. In these words, our Tenth Five Year Plan (2002-07) underlines the fact that the future of India lies in the future of Indian children – across income groups, geographical locations, gender and communities.

As per 2001 census, India has around 157.86 million children, constituting 15.42% of India's population, who are below the age of 6 years. Of these 157.86 million children, 75.95 million children are girls and remaining 81.91 million children are boys. The sex ratio among children (0-6 years) as per Census 2001 is 927 i.e. 927 females per 1000 males. A significant proportion of these children lives in economic and social environment which impedes the child's physical and mental development. These conditions include poverty, poor environmental sanitation, disease, infection, inadequate access to primary health care, inappropriate child caring and feeding practices etc.

Government of India proclaimed a **National Policy on Children** in August 1974 declaring children as, "supremely important asset". The policy provided the required framework for assigning priority to different needs of the child. The programme of the **Integrated Child Development Services(ICDS)** was launched in 1975 seeking to provide an integrated package of services in a convergent manner for the holistic development of the child.

## **2. Integrated Child Development Scheme**

Launched on *2<sup>nd</sup> October 1975 in 33 Community Development Blocks*, ICDS today represents one of the world’s largest 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.

It is an inter-sectoral programme which seeks to directly reach out to children, below six years, especially from vulnerable and remote areas and give them a head-start by providing an integrated programme of early childhood education, health and nutrition. No programme on Early Childhood Care and Education can succeed unless mothers are also brought within its ambit as it is in the lap of the mother that human beings learn the first lessons in life.

### 3. Objectives of ICDS

- Lay the foundation for proper psychological development of the child
- Improve nutritional & health status of children 0-6 years
- Reduce incidence of mortality, morbidity, malnutrition and school drop-outs
- Enhance the capability of the mother and family to look after the health, nutritional and development needs of the child
- Achieve effective coordination of policy and implementation among various departments to promote child development

### 4. Services

The Scheme provides an integrated approach for converging basic services through community-based workers and helpers. The services are provided at a centre called the 'Anganwadi'. The Anganwadi, literally a courtyard play centre, is a childcare centre, located within the village itself. A package of following six services is provided under the ICDS Scheme:

- Supplementary nutrition
- Non-formal pre-school education
- Immunization
- Health Check-up
- Referral services
- Nutrition and Health Education

*The three services namely immunization, health check-up and referral are delivered through public health infrastructure viz. Health Sub Centres, Primary and Community Health Centers under the Ministry of Health & Family Welfare.*

### Target Groups & Service Provider

Services	Target Group	Services Provided By
Supplementary Nutrition	Children below 6 years; pregnant and lactating mothers	Anganwadi Workers (AWW) & Anganwadi Helper (AWH)
Immunization*	Children below 6 years; pregnant and lactating mothers	ANM/MO
Health Check-ups*	Children below 6 years; pregnant and lactating	ANM/MO/AWW

## mothers

Referral	Children below 6 years; pregnant and lactating mothers	AWW/ANM/MO
Pre-School Education Nutrition & Health Education	Children 3-6 years Women (15-45 years)	AWW AWW/ANM/MO

\* AWW assists ANM in identifying and mobilizing the target group

### 4.1 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 protein energy gap between the recommended dietary allowance and average dietary intake of children and women*.

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 every quarter. 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 health sub-centres, Primary Health Centres as and when required.

### Supplementary Nutrition Norms

The effort is to provide, on an average, daily nutritional supplements to the extent indicated below:

Beneficiaries	Calories (cal)	Protein (g)
Children below 3 years*	300	8–10
Children 3-6 years	300	8–10
[Severely malnourished Children on medical advice after health check-up]	(double of above)	
Pregnant & Lactating (P&L) Mothers	500	20–25

\* Provisions regarding promotion of breast-feeding as recommended in Infant and Child Feeding (IYCF) guidelines are relevant.

## Financial Norms

The cost of supplementary nutrition varies depending upon recipes and prevailing prices. However, the Central Government issues guidelines regarding cost norms from time to time. The latest guidelines have been issued vide letter No. 19-5/2003-CD-I (Pt.) dated 19.10.2004, the details of which are as under:

	<b>Old Rates</b>	<b>Revised Rates</b>
(i) Children (6 months to 72 months)	95 paise per child/ per day.	Rs.2.00 per child/ per day.
(ii) Severely malnourished Children (6 months-72 months)	135 paise per child/ per day	Rs.2.70 per child/ per day.
(iii) Pregnant women and Nursing mothers/Adolescent Girls (under KSY).	115 paise per beneficiary per day.	Rs.2.30 per beneficiary per day.

## 4.2 Pre-School Education

This component 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.

## 4.3 Immunization

Immunization of pregnant women and infants protects children from six vaccine preventable diseases-polio, 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. This service is delivered by the Ministry of Health and Family Welfare under its Reproductive Child Health (RCH) programme. In addition, the Iron and Vitamin “A” Supplementation to children and pregnant women is done under the RCH Programme of the Ministry of Health and Family Welfare.

Vaccine	Age				
	Birth	6 Weeks	10	14 Weeks	9
<b>Primary Vaccination</b>					
BCG	√				
Oral Polio	√ <sup>1</sup>	√	√	√	
DPT		√	√	√	
Hepatitis B <sup>2</sup>		√	√	√	
Measles					√
<b>Booster Doses</b>					
DPT + Oral	18 to 24 months				

## Polio

DT 5 Years

Tetanus Toxoid At 10 Years and again at 16 years

Vitamin A 9,18,24,30 and 36 month

Tetanus Toxoid - 1<sup>st</sup> Dose As early as possible during pregnancy after 1st trimester

Pregnant Women 2<sup>nd</sup> Dose 1month after 1st Dose

3<sup>rd</sup> Dose If previously vaccinated within 3 years

1. In all institutional deliveries and in all endemic areas
2. In piolt areas. A dose at birth is recommended for babies born in health care institutions
3. Vaccination schedule may get modified if newer vaccine is introduced in future under National Immunization programme.

### 4.4 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. These services are provided by the ANM, Medical Officers in charge of Health Sub-Centres and Primary Health Centres under the RCH programme of the Ministry of Health and Family Welfare. The various health services include regular health check-ups, immunization, management of malnutrition, treatment of diarrhoea, deworming and distribution of simple medicines etc.

### 4.5 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 and refers them to the ANM and Medical Officer in charge of the Primary Health Centre/ Sub-centre. These cases referred by the Anganwadi worker are to be attended by health functionaries on priority basis.

### 4.6 Nutrition and Health Education

Nutrition and Health Education (NHE) 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.

## 5. Allocation of funds

The Government of India has embarked upon a programme of expansion of ICDS Scheme with emphasis on Quality. Against the expenditure of Rs. 26012.8 million in the Eighth Five Year Plan (1992–1993 to 1996–1997) the Allocation of funds increased to Rs 116845 million in the Tenth Five Year Plan (2002–2007) for the Scheme.

**Figure showing the increase in Financial allocations for ICDS.**

(Rs., million)

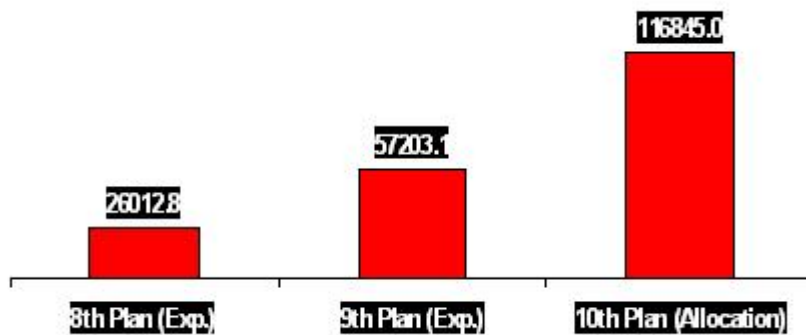
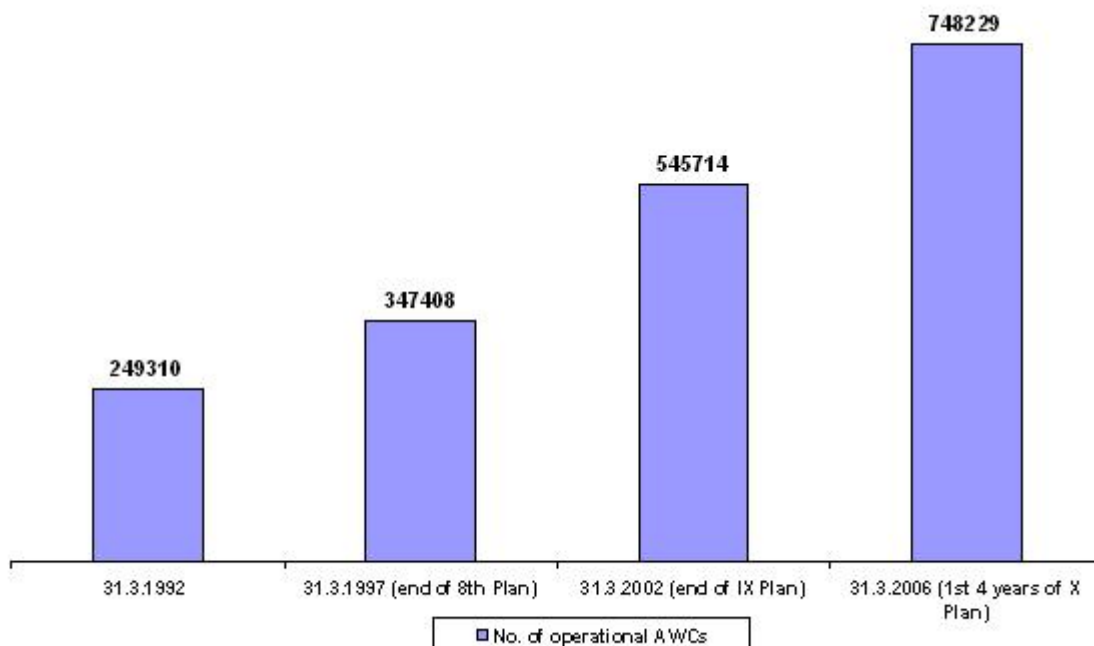
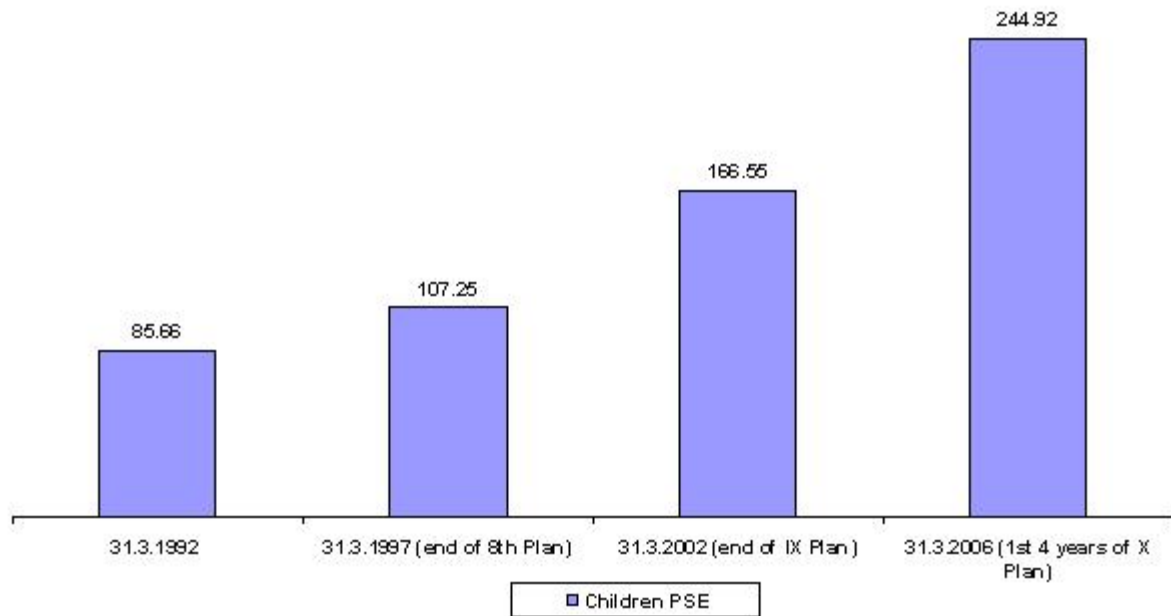


Figure showing increase in coverage of the Scheme (No. of Operational Anganwadi Centres 1992, 1997, 2002, 2006)



Increase in beneficiaries for pre-school at the Anganwadis  
(in lakhs)



## 6. The ICDS Team

The ICDS team comprises of the anganwadi helpers, anganwadi workers, supervisors, Child Development Project Officers (CDPOs) and District Programme Officers (DPOs). Anganwadi Worker, a lady selected from the local community, is a community based frontline voluntary worker of the ICDS Programme. She is also an agent of social change, mobilizing community support for better care of young children, girls and women. Besides, the medical officers, the lady health visitors (LHVs) and Auxillary Nurse Midwife and female health workers from nearby primary health centres (PHCs) and Heath Sub-Centre form a team with the ICDS functionaries to achieve convergence of different services.

## 7. Financing Pattern

ICDS is a Centrally-sponsored Scheme implemented through the State Governments/UT Administrations with 100% financial assistance for inputs other than supplementary nutrition which the States were to provide out of their own resources. From 2005-06, it has been decided to extend support to States up to 50% of the financial norms or 50% of expenditure incurred by them on supplementary nutrition, whichever is less. This Central assistance has been proposed to ensure that supplementary nutrition is provided to the beneficiaries for 300 days in a year as per nutritional norms laid down under the Scheme.

## **8. Population norms**

### **8.1 Existing**

**8.1.1** The ICDS Scheme envisages that the administrative unit for the location of ICDS Project will be the CD Blocks in rural areas, tribal blocks in tribal areas and ward(s) or slums in urban areas. For the purpose of working out the estimated number of beneficiaries, *a rural/urban Project is assumed to have a population of 1 lakh and tribal project 35,000. One Anganwadi Centre normally caters to 1000 population in a rural/urban project and 700 population in a tribal project*, with suitable adjustments, wherever necessary, in the light of local conditions.

### **8.1.2 Sparsely populated hilly/desert areas**

In respect of sparsely populated hilly/desert areas, there is provision for setting up an Anganwadi in every village or hamlet having a population of 300 or more. Very small villages/ hamlets with a population of less than 300 are covered by the adjoining Anganwadi.

### **8.1.3. Mini-AWCs**

The existing instructions also provide for setting up of Mini-Anganwadis to cover the remote and low populated hamlets/ villages in tribal blocks having a population between 150 to 300.

### **8.2.1 Revised Population Norms**

An Inter-Ministerial Task Force was set up in 2004 to review the existing population norms for sanction of an ICDS Project/AWC and suggest revised norms. The Task Force submitted its reports/recommendations in May 2005. The revised population norms recommended by the Task Force are as follows:

**Project:** CD 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.

[The Task Force has been further requested to consider whether it would be appropriate/feasible to sanction a ICDS Project for CD Block which has a population of less than 5000 or so].

### **Anganwadi Centre (For Rural Projects) Population**

500 – 1500 - 1 AWC

150 – 500 - 1 Mini AWC

### **For Tribal Projects Population**

300 – 1500 - 1 AWC

150 – 300 - 1 Mini AWC

[For habitation with less than 150 population, specific proposal should be submitted by the State Governments for consideration and appropriate decision by the Government of India.]

## **Urban Projects Population**

500 – 1500 - 1 AWC

**These norms are proposed to be followed for next phase of expansion of the Scheme.**

### **9. Registration of beneficiaries**

While the remaining 5 services under the ICDS Scheme are extended to all the beneficiaries, irrespective of the income of the family to which they belong, supplementary nutrition was supposed to be given to the beneficiaries of low income group families only. However, BPL is no longer a criteria for providing supplementary nutrition under ICDS. States have to ensure registration of all beneficiaries for supplementary nutrition also.

### **10. Coverage**

#### **10.1. Projects**

The ICDS Scheme was introduced in 33 Blocks (Projects) in 1975. It was gradually expanded to 6118 Projects as on 31.3.2006. Out of 6118 Projects, 5659 Projects became operational as on 31.3.2006.

#### **10.2. Beneficiaries**

Currently, services under the scheme are being provided to about *562.18 lakh beneficiaries*, comprising of about *467.18 lakh children (0-6 years)* and about *95 lakh pregnant and lactating mothers* through a network of about *7.48 lakh Anganwadi Centres*.

### **11 Supreme Court Order**

In a Public Interest Litigation (WP No. 196/2001) filed by PUCL the Supreme Court has given the following directions by order dated **28-11-2001** with regard to the ICDS Scheme:

**I** We direct the State Governments/Union Territories to implement the Integrated Child Development Scheme (ICDS) in full and to ensure that every ICDS disbursing centre in the country shall provide as under:

- Each child up to 6 years of age to get 300 calories and 8–10 grams of protein;
- Each adolescent girl to get 500 calories and 20–25 grams of protein;
- Each pregnant woman and each nursing mother to get 500 calories and 20–25 grams of protein;
- Each malnourished child to get 600 calories and 16–20 grams of protein;

Have a disbursement centre in every settlement.

**II** It is the case of the Union of India that there has been full compliance of its obligations, if any, under the Scheme. However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.

In its further order dated **29.04.2004** the Supreme Court has given the following directions to **Government of India** with regard to the ICDS Scheme:-

(i) We direct the Government of India to file within 3 months an affidavit stating the period within which it proposes to increase the number of AWCs so as to cover the 14 lac habitations.

(ii) We notice that norm for supply of nutritious food worth Re. 1 for every child was fixed in the year 1991. The Government of India should consider the revision of the norm of Re. 1 and Incorporate their suggestion in the affidavit.

In its subsequent order dated 07.10.2004, the Apex Court has, inter-alia, issued the following directions to **Government of India** with regard to the ICDS Scheme:

"Efforts shall be made that all SC/ST hamlets/inhabitations in the country have Anganwadi Centres as early as possible.

All the State Governments/Union Territories shall allocate funds for ICDS on the basis of norm of one rupee per child per day, 100 beneficiaries per AWC and 300 days feeding in a year, i.e. on the same basis on which the Centre make the allocation.

BPL shall not be used as eligibility criteria for ICDS".

## **12. The National Common Minimum Programme (NCMP)**

of the Government also envisages that attempts will be made to universalize the ICDS Scheme to provide a functional Anganwadi in every settlement and ensure full coverage of all children.

## **13. Expansion of the ICDS (1<sup>st</sup> phase)**

**13.1.** To comply with directions of the Supreme Court and to implement the National Common Minimum Programme (NCMP) of the Government, all States/UTs were requested to furnish their requirement of additional projects and/or Anganwadi Centres as per the existing population norms of the Scheme (one AWC for 1000 population in rural/urban areas and 700 population in tribal areas). Requirement of 467 additional Projects and 1,88,168 additional Anganwadi Centres was received from all the States/UTs. Thus, 466 new Projects and 188,168 new AWCs have been sanctioned by Government of India during 2005–2006. Expansion of the scheme involved financial implications of about Rs.476.00 crore per annum.

## **13.2 Further expansion of ICDS (2<sup>nd</sup> phase)**

To ensure coverage of all uncovered habitations/settlements, population norms for sanctioning an AWC have been relaxed. States were asked to furnish requirement of additional Projects/AWCs based on revised population norms. Requirement of 173 additional Projects, 107274 additional AWCs and 25961 Mini-AWCs has been received from States/UTs on the basis of which the memorandum for the EFC was circulated to concerned Ministries/Departments for their comments. Meeting of the EFC has since

been held On 25.8.2006. The proposal is under process for obtaining the approval of the Cabinet.

#### **14. World Bank assistance**

The World Bank has supported efforts to improve nutrition in India, in general, since 1990 through five projects. Support to ICDS, in particular, has been provided in overlapping phases during the period 1990-2006 [TINP-II, ICDS-I, II, III and ICDS-APER Projects] with a total IDA assistance of over US\$ 650 million.

##### **14.1. ICDS II Project (1993-2002)**

The ICDS II Project, which ended on 30.9.2002 was in operation in 461 new Blocks in the States of Bihar, Jharkhand, Madhya Pradesh & Chhattisgarh. These Projects were later on covered under the restructured ICDS III Project.

##### **14.2. ICDS-III Project (1999-2004)**

World Bank assisted ICDS-III Project was being implemented in 318 Projects in the States of Kerala, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh.

##### **14.3. Restructuring of ICDS-III**

Due to delayed and slow implementation of ICDS-III in the initial years and due to depreciation of Indian Rupee viz-a-viz. US \$, some savings/ additionality were anticipated. In March 2003, the Government approved restructuring of the ICDS III Project. The restructured ICDS-III, inter alia, includes **i.** covering the erstwhile ICDS-II Projects (in Bihar, Jharkhand, Chattisgarh & Madhya Pradesh) in ICDS-III from 1.10.2002-30.9.2004 **ii.** Expansion of ICDS-III to two other States (Orissa & Uttranchal from 1.10.2002-30.9.2004) **iii.** Construction of Model Anganwadi Buildings for 4496 Anganwadi Centres in States which have not been provided civil works under ICDS Projects and **iv.** Payment of additional honoraria of Rs. 500 per month to AWWs and Rs.240 per month to AWHs in World Bank assisted projects w.e.f 1.4.2002.

The Women & Child Development (ICDS-III) Project has ended on March 31, 2006 after 6.5 yrs of implementation.

##### **14.4. UDISHA – The ICDS Training Programme (1999-2004)**

UDISHA is a World Bank assisted country-wide training programme for all ICDS functionaries. It has three main components, viz. **i.** Regular Training (wherein basic job training is provided to ICDS functionaries), **ii.** Other Training (wherein innovative, area specific trainings are provided) and **iii.** IEC, etc.

**14.5** The Ministry has formally requested for IDA assistance for:

(i) next phase of nutrition project, and

(ii) pre-school education

through a combined project (ICDS-IV).

The World Bank Team completed their Identification Mission recently. Preparation of the Project is underway.

The Nutrition component of the proposed project under ICDS would, among other issues, specifically focus on the following:

*Coverage of nutritionally backward States/districts*

*Strategic child development planning at the district level*

*Country wide capacity building of ICDS functionaries*

*Micronutrient Supplementation/Fortification*

*Information, Education and Communication*

*Monitoring & Evaluation*

## **15. Support to States for Supplementary Nutrition**

### **15.1 Support by the GOI**

It has been decided that from 2005-06, the GOI will support States up to 50% of the financial norms or 50% of actual expenditure incurred by them on supplementary nutrition, whichever is less.

### **15.2 Wheat Based Nutrition Programme (WBNP)**

The Government of India allocates food grains (wheat and rice) at BPL rates to the States for providing supplementary nutrition to beneficiaries under the ICDS Scheme. The total quantity of food grains allotted to various States/UTs is as under:

2003-04	534912 MTs
2004-05	447690 MTs
2005-06	411891 MTs
2006-07	523096 MTs

**Total quantity of food grains allotted, State-wise, during last 3 years to various States/UTs.**

## **16. External support**

### **16.1 Cooperative for Assistance and Relief Everywhere (CARE)**

CARE, an international voluntary organization has been providing food aid namely Refined Vegetable Oil (RVO) for supplementary nutrition under the ICDS Scheme in 747 Projects in the States of Andhra Pradesh (70 Projects), Bihar (36 Projects), Jharkhand

(125 Projects), Madhya Pradesh (29 Projects), Chattisgarh (96 Projects), Orissa (104 Projects), Rajasthan (64 Projects), Uttar Pradesh (132 Projects) and West Bengal (91 Projects). The food aid by CARE is now limited to Refined Vegetable Oil (RVO) and the States have to bear the costs in respect of custom clearance and transportation. Besides, CARE is also implementing some non-food Projects in areas of maternal and child health, girls' primary education, micro-credit etc. **Details of such projects**

## 16.2 World Food Programme (WFP)

WFP, a UN Agency has been providing supplementary nutrition in some ICDS Projects in the States of Madhya Pradesh (19 Projects), Orissa (32 Projects), Rajasthan (20 Projects) and Uttaranchal (16 Projects), covering about 8.65 lakh beneficiaries. State-wise commitment of food commodities and number of beneficiaries covered under World Food Programme for the last 3 years is given below:

S.No.	State	2003-04		2004-05		2005-06	
		Qty of FC	Ben	Qty of FC	Ben	Qty of FC	Ben
1	Madhya Pradesh	8402	2.97	8402	2.97	6382	3.22
2	Orissa	7644	2.49	7644	2.49	10236	3.93
3	Rajasthan	7084	2.32	7084	2.32	7084	2.32
4	Uttaranchal	2632	0.88	2632	0.88	4128	1.54
	<b>Total</b>	<b>25762</b>	<b>8.66</b>	<b>25762</b>	<b>8.66</b>	<b>27830</b>	<b>11.01</b>

FC: Food Commodities in MTs

Ben: Beneficiaries in lakhs

WFP has also been providing assistance for intervention for adolescent girls in Uttaranchal.

## 16.3. UNICEF support to ICDS

Ever since the launch of ICDS Scheme in 1975, UNICEF has been extending support for ICDS in terms of supplies viz. vehicles, weighing scales, photocopying machines, typewriters, growth charts, IFA tablets and technical support. At present, UNICEF supplies weighing scale, photocopying machines and growth charts as per the requirement received from the States in this regard.

## 17. Special Focus on North East

Keeping in view the special needs of North Eastern States, the Central Government sanctioned construction of 4800 Anganwadi Centres at a cost of Rs.60 crore in 2001-02, 7600 Anganwadi Centres at a cost of Rs.95.00 crore in 2002-03 and 7600 AWCs in 2004-05. In the wake of expansion of ICDS Scheme in 2005-06, it has been provided in the Scheme itself that GOI will support construction of AWCs in NE States. The cost of construction has also been revised from Rs.1.25 lakh per Centre to Rs.1.75 lakh per center in 2005-06. Construction of all AWCs sanctioned prior to expansion of the Scheme last year has been approved.

State-wise and year wise details of Anganwadi centers sanctioned for construction and funds released since 2001–2002

**17.1** While approving the expansion of the ICDS Scheme in 2005-06, it has also been decided to construct AWCs in NE States on regular basis to the extent of utilization of residual funds out of 10% of Department's mandatory allocation for NE States.

### **18.1 Panchayats and Women's Self-help Groups**

Consequent to Seventy-third (Constitution) Amendment Act, Panchayats are actively involved in the implementation of ICDS Scheme in many States. Instructions have been reiterated that PRIs may be involved as much as possible in implementation, monitoring and supervision of the Scheme.

**18.2.** Women's self-help groups have also emerged as a vehicle for economic & social empowerment of women; accordingly, synergy between women's self-help groups and the ICDS programme would be an emerging aspect in the coming years.

### **19. Status of Anganwadi Workers and Helpers**

**19.1** The ICDS Scheme envisages the Anganwadi Workers (AWWs) and Helpers (AWHs) as "**honorary workers**" from the local community who come forward to render their services, on part-time basis, in the area of child care and development. Anganwadi Workers & Helpers are the grass roots functionaries to implement the Integrated Child Development Services (ICDS) Scheme. AWWs & Helpers, being honorary workers, are paid a monthly honoraria as decided by the Government from time to time.

### **19.2 Facilities/benefits extended to Anganwadi Workers (AWW)/Helpers:**

#### **19.2.1. By the Govt. of India**

#### **Job Chart of AWW/ Helper**

**Honorarium:** At the beginning of the Scheme in 1975, the Anganwadi Worker was paid honorarium of Rs.100/- per month (Non-Matriculate) and Rs.150/- per month (Matriculate) and Helper was paid Rs.35/- per month. Govt. has increased their honorarium from time to time, as indicated below:

<b>Qualification/Year</b>	<b>1975-76</b>	<b>1.4.78</b>	<b>1.7.86</b>	<b>2.10.92</b>	<b>16.5.97</b>	<b>1.04.02</b>
Non-Matriculate	100	125	225	350	438	938
Matriculate	150	175	275	400	500	1000
Non-Matriculate With 5 year exp	-	-	250	375	469	969
Matriculate With 5 year exp	-	-	300	425	531	1031
Non-Matriculate With 10 year exp	-	-	275	400	500	1000
Matriculate With 10 year exp	-	-	325	450	563	1063
<b>Honorarium of Helper:</b>	<b>35</b>	<b>50</b>	<b>110</b>	<b>200</b>	<b>260</b>	<b>500</b>

**Leave:** They have been allowed paid absence on maternity at par with women employees of organized sector.

**Insurance cover:** The Govt. of India has introduced 'Anganwadi Karyakartri Bima Yojana' to Anganwadi Workers/Anganwadi Helpers w.e.f.1.4.2004 under Life Insurance Corporation's Social Security Scheme.

**Award:** In order to motivate the Anganwadi Workers and give recognition to good voluntary work, a Scheme of Award for Anganwadi Workers has been introduced, both at the National and State Level. The Award comprises Rs.25,000/- cash and a Citation at Central level and Rs.5000/- cash and a Citation at State level.

### **19.2.2 By the State Governments**

In addition to the honorarium being paid by the Govt of India., many States are also giving monetary incentives to AWWs/AWHs out of their own resources for the additional functions assigned under other Schemes of the State/Central Government.

#### **Details of additional honorarium being paid by the States/UTs over and above that paid by the GOI**

**19.2.3** Besides, State Governments have also been requested to:

consider the services rendered as AWWs as additional qualification for being recruited as Primary School Teachers, ANMS and other such village based posts;

to recruit at least 25% of Supervisors under ICDS Scheme from matriculate AWWs with 10 years' experience;

setting up Anganwadi Workers and Helpers Welfare Fund at the State/UT level out of the contribution from Workers/helpers and State/ UT Governments;

setting up Grievances Redressal Machinery at the State/UT level and Districts level for prompt redressal of grievances.

### **20. Existing Monitoring System under ICDS Scheme:**

Ministry of Women and Child Development (DWCD) has the overall responsibility of monitoring the ICDS scheme, using its extensive network for gathering community level information on implementation. A Central Cell established in the Ministry collects and analyses the periodic work reports in prescribed formats received from the State Governments. The existing Management Information System ensures a regular flow of information and feedback between each Anganwadi and the project, between each ICDS project and the State Government, and between the State Government and the Government of India.

A comprehensive Management Information System (MIS) for ICDS has been in existence for a long time. Records are maintained at every Anganwadi Centre (AWC) relating to the number of children and pregnant women and lactating mothers in every family, a record of immunization of every child in the catchment's area of the AWCs, a register for supplementary nutrition for children and pregnant and lactating mothers. Selected information from the Anganwadi level is included in the MIS to the block, district, state and national levels. This information helps to monitor the number of children and women receiving supplementary nutrition, pre-school education, immunization as well as information relating to nutritional status of children.

The flow of information is not only upwards but also downwards through the State Governments. The data generated in all the AWCs are recorded in the prescribed records and registers maintained at the AWCs. Supervisor is responsible for the collection of various periodic reports from the AWCs. On an average 25 AWCs are supervised by a Supervisor. Every month Supervisors collect the prescribed monthly progress reports (MPRs) from these AWCs and submit to the Child Development Project Officer (CDPO), in-charge of the Project at the Block level. Various quantitative inputs are first gathered from Anganwadi Centres and are compiled at the project level. The Child Development Project Officers (CDPOs) at the project level then consolidate this information. District where five or more than five ICDS Projects are operationalised, there exists an Office of District Programme Officer. CDPO/DPO are required to take necessary corrective measures for effective implementation of the Programme. CDPO/DPO send the prescribed CDPOs MPRs to the State Governments every month. State Government, in-turn, sends the consolidated reports on selected indicators to Government of India.

Government of India is reviewing the Status of Implementation with all States regularly by conducting the State Secretaries meeting and also address the issues to the State Government which require urgent action for the smooth functioning of the ICDS Scheme in the country.

## **21. Impact of the Scheme**

To reduce the incidence of mortality, morbidity, malnutrition and school dropout is one of the objectives of the ICDS Scheme. Infant Mortality Rate (IMR) has declined from 110 in 1981 to 58 per thousand live birth in 2004. Similarly, under-5 mortality has declined from 161 in 1983 to 87 in 2003 [Source: Sample Registration System]. The surveys have revealed that there has been significant impact of the scheme.

### **21.1 Evaluation of ICDS Scheme**

A number of evaluation studies on implementation of ICDS Scheme have been conducted in the past viz., Programme Evaluation Organisation of the Planning Commission in 1982, National Evaluation of ICDS Scheme conducted by National Institute of Public Cooperation and Child Development (NIPCCD) in 1992, Evaluation Results of Annual Survey during 1975-1995, published by Central Technical Committee on Integrated Mother and Child Development on completion of 20 years of ICDS and Nationwide Evaluation of ICDS by National Council of Applied Economic Research (NCAER)

conducted a Nationwide Evaluation of ICDS covering nearly 60,000 Anganwadi Centres and 1.8 lakh beneficiary households in the country. Main findings of report (1996-2001) are as follows :

i) Most of the AWCs across the country were located within accessible distance (100-200 meters) from beneficiary households. A majority of the beneficiary households was within 100 metres of the AWC. Another 10 per cent were about 150-200 meters away. The rest were beyond 200 meters. Thus, the factor of distance of beneficiary households from the AWC was unlikely to affect attendance at the AWC during inclement weather;

ii) Most of the AWCs in the country, except those in Tamil Nadu, Kerala, Karnataka and Orissa were functioning from community buildings. The type of building plays an important role in safeguarding against any natural hazards. Of those sampled, about 40 per cent were functioning from pucca buildings.

iii) Nearly 50 per cent AWCs reported adequate space, especially for cooking.

iv) One out of two AWWs was found to be educated at least up to matriculate level across the country. In all central and southern states, less than 50 per cent of the AWWs were 'at least matriculate'; more than 75 per cent of AWWs were matriculates in the northern and eastern states of the country. Gujarat and Rajasthan reported lowest percentage of matriculate functionaries.

v) Though about 84 per cent of the functionaries reported to have received training, the training was largely pre-service training. In-service training remained largely neglected.

vi) The day to day functioning of the AWC is a critical indicator of the effectiveness of the ICDS programme. An assessment of on-going activities of sample AWCs through observations, record reviews and personal interviews with the AWWs revealed that, on average, an AWC functioned for 24 of 30 days in a month. On a given day, the AWC functioned for about 4 hours. By and large, environmental factors did not affect the functioning of the AWC.

vii) On average nearly 66 per cent of eligible children and 75 per cent of eligible women were registered at the AWCs. This indicates lack of motivation on the part of the AWW in identifying and registering the entire eligible population.

viii) Community leaders were generally positive about the functioning of the AWCs (more than 80 per cent in all states) while more than 70 per cent found the programme to be beneficial to the community;

ix) Participation of beneficiary women and adolescent girls in AWC activities was reported to be low. These two segments of population form the foundation for any child care programme and their involvement is imperative for successful implementation of the ICDS Services.

## **21.2 Rapid Facility Survey of Infrastructure at Anganwadi Centres (RFS-AWCs) by NCAER**

The National Council of Applied Economic Research (NCAER) conducted a Rapid Facility Survey on ICDS infrastructure in 2004. The report submitted by NCAER in February, 2005. The primary objective of the RFS-AWC was to provide national-level and state-level data on infrastructure available at the anganwadi level. The report submitted by NCAER, covering 2,87,684 AWCs, inter-alia, brought out that :

More than 40 per cent AWCs (Anganwadi Centres) across the country are neither housed in ICDS building nor in rented buildings. One-third of the anganwadis are housed in ICDS building and another one-fourth are housed in rented buildings;

As regards the status of anganwadi building, irrespective of own or rented, more than 46 per cent of the anganwadis were running from pucca building, 21 per cent from semi-pucca building, 15 per cent from kutchha building and more than 9% running from open space;

It is quite encouraging to observe that average number of children registered at the anganwadi centre is 52 for boys and 75 for girls;

The survey data reveal that more than 45 per cent anganwadis have no toilet facility and 40 per cent have reported the availability of only urinal;

Of the 39 per cent anganwadis reporting availability of handpumps, half of the handpumps were provided by the Gram Panchayat and 12 per cent provided by the ICDS;

Regarding the provision of services at the anganwadi centres, more than 90 per cent Centres provided supplementary food, 90 per cent provided pre-school education and 76 per cent weighed children for growth monitoring;

Only 50 per cent anganwadis reported providing referral services, 65 per cent health check-up of children, 53 per cent for health check-up of women and more than 75 for nutrition and health education;

Average number of days in a month in which services are provided at the anganwadi centres are 24 for supplementary food, 28 for pre-school education and 13 for Nutrition and health education;

More than 57 per cent of anganwadi centres reported availability of ready-to-eat food and 46 per cent availability of uncooked food at the anganwadi centres;

Nearly three-fourth of the anganwadis have reported the availability of medical kits and baby weighing scale. On the other hand adult weighing scale has been reported only by 49 per cent of the anganwadis.

### **21.3 Fresh Evaluation by NIPCCD**

NIPCCD has conducted quick selective evaluation of the Scheme (150 Projects) in 2005-06. The preliminary findings of the appraisal conducted by NIPCCD, are as under:

- The number of children in the age group 6 months to 3 years registered for supplementary nutrition has increased from 45% to 57% between 1992–2006 of which 78% of the children are actually availing of supplementary nutrition;
- In the case of children in the age group of 3–6 years, number of children registered increased from 56% to 63.5% out of which about 75% are actually availing the benefit of supplementary nutrition. As regards pregnant and lactating mothers, the increase in the number of those registered and availing of supplementary nutrition increased from 78% to 87% and from 78% to 89% respectively between 1992–2006.
- The percentage of children with low birth weight decreased from 41 in 1992 to 29 in 2006.
- The percentage of severely malnourished children in the age group 0–3 years reduced from 7% in 1992 to 1% in 2006 and in case of children in the age group 3-5 years it reduced from 4% in 1992 to 0.8% in 2006.

The report is presently being reviewed by a team of experts.

## **22. Major initiatives**

### **22.1. Enhancement in Honoraria of Anganwadi Workers & Helpers**

In recognition of the significant services being provided by these critical grassroots-level functionaries in the ICDS set-up, the honoraria being paid to Anganwadi Workers & Helpers has been almost doubled with effect from 1<sup>st</sup> April 2002.

**22.2.** Anganwadi Workers & Helpers have also been allowed paid absence on maternity for a period of 135 days.

### **22.3. Anganwadi Karyakartri Bima Yojana**

In line with the aim of the Government to provide risk coverage for workers in the unorganized sector, a benefit has been extended to Anganwadi Workers and Helpers through an insurance scheme under the Life Insurance Corporation's Social Security Group Scheme. The Scheme is optional for the target group. As per information received from the States, 413229 Anganwadi Workers and 267931 Helpers have joined the scheme as on 16.8.2005.

### **22.4. Awards**

To motivate the Anganwadi Workers, a Scheme of Awards for exemplary work done by them has been introduced. The awards consists of Rs.25,000/- cash and a citation at Central level and Rs.5000/- cash and a citation at State level.

### **22.5. Convergence**

There has been emphasis on convergence of services under various schemes/programmes

viz. health, education, safe drinking water so as to achieve the desired impact. States have been requested to activate/set up Coordination Committees at State, district/block and village level to ensure proper delivery of services at Anganwadi level by concerned line functionaries of various Departments.

## **22.6 Expansion of the ICDS Scheme**

The Scheme has been expanded to 466 additional projects and 188,168 AWCs.

## **22.7. Supplementary nutrition**

The GOI has decided to share with the States 50% cost of supplementary nutrition as prescribed.

## **22.8 BPL no longer a criteria**

As per the earlier instruction supplementary nutrition under the Scheme was confined to beneficiaries hailing from low income (BPL) family only. In super session of all previous instructions in this regard it has been clarified that supplementary nutrition is not to be confined to beneficiaries of BPL families only.

## **22.9 Coverage of ICDS to include SCs/STs/Minority**

Instructions have been issued to all the States/UTs to give priority in location of Anganwadi Centres in areas predominantly inhabited by SCs, STs and Minorities.

## **22.10 Setting up of a Review Committee for examining the current levels of honorarium and related issues of Anganwadi Workers and Helpers**

As directed by Hon'ble Prime Minister, a Review Committee for examining the current levels of honorarium and related issues of Anganwadi Workers and Helpers has recently been set up by this Ministry.

## **23. Achievements**

There has been significant progress in the implementation of ICDS Scheme during the last 3 years both, in terms of increase in number of operational projects and Anganwadi Centres (AWCs) and coverage of beneficiaries as indicated below:-

<b>Year</b>	<b>No. of operational projects</b>	<b>No. of operational AWCs</b>	<b>No. of Supplementary nutrition beneficiaries</b>	<b>No. of pre-school education beneficiaries</b>
31.03.2002	4608	545714	375.09 lakh	166.56 lakh
31.03.2003	4903	600391	387.84 lakh	188.02 lakh
31.03.2004	5267	649307	415.08 lakh	204.38 lakh
31.03.2005	5422	706872	484.42 lakh	218.41 lakh
31.03.2006	5659	748229	562.18 lakh	244.64 lakh
31.03.2007	5829	844743	705.43 lakh	300.81 lakh