



Scope of the Integrated Child Development Scheme in Ensuring Holistic Development of the Child

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Dear Editor-In-Chief

The Government of India launched Integrated Child Development Services Scheme (ICDS) in the year 1975 to prevent malnutrition in children, reduce infant mortality rate, and empower the mothers to ensure holistic development of the child (1). Currently, the ICDS scheme symbolizes one of the most extensive and the unique initiative for safeguarding early childhood development, catering to more than 100 million under-six year children under the different provisions available in the scheme (2). In other words, ICDS reflects the country's obligation to enhance the pre-school education rates and an effective strategy to break the vicious cycle of malnutrition, infection and mortality (3).

The ICDS scheme was introduced on a nationwide scale to upgrade the nutritional and health status of children (0-6 years); to develop a framework for ensuring adequate physical, psychological and social development of the child; to minimize the incidence of morbidity, malnutrition, school dropout and mortality; to establish effective collaboration between different departments working for promoting child development; and finally to enable mothers to participate actively for meeting the health and nutritional needs of the child through proper nutrition and health education (1,4).

A wide range of services encompassing supplementary nutrition; immunization services; health

check-ups for children less than six years of age; antenatal care of expectant mothers and postnatal care of nursing mothers; referral services to the beneficiaries who are in the need of prompt medical attention; non-formal pre-school education for children in the 3-6 years age group; and nutrition & health education especially for the women in the 15-45 years age group are provided to the beneficiaries (4,5). The rationale to deliver a bunch of services is to mutually enhance the impact of a specific service with the aid of other services in the long-run (2). To exercise the delivery of services Anganwadi centres (AWCs) has been created in all regions of the country. All the AWCs are manned by members from the ICDS team - consisting of Anganwadi helpers, Anganwadi workers, Supervisors, Child Development Project Officers (CDPOs) and District Program Officers (1,4). In the entire country, by the end of June 2013, 1373349 AWCs / mini-AWCs have been sanctioned, of which around 1339410 (97.5%) are operational. As far as the vacancy status is concerned, almost 33.9%, 35%, 7.1%, and 7.2% of CDPOs, Supervisors, Anganwadi workers and Anganwadi helpers posts are still vacant in the country. Furthermore, in the year 2013, around 8.48 crore children and 1.9 crore mothers have utilized the benefit of supplemental nutrition services (2). Monitoring and supervision is an integral component of ICDS scheme and is thus done at

four levels starting from the central, state, block and finally the village level. Overall, the Ministry of Women and Child Development has been given the responsibility to coordinate monitoring at different levels (5). Different indicator such as the number of beneficiaries enrolled in Anganwadi-centre for supplementary nutrition or for pre-school education has been proposed to monitor the implementation of the scheme in different Anganwadi centres of the country (1,5).

Since its launch the scheme has been reformed on the basis of different outcome indicators and evaluation reports (3,4). Findings of a study revealed the positive impact on reducing the levels of anemia in children between 6-60 months in India (6). In another study conducted in rural pocket of Varanasi to evaluate the impact of ICDS on maternal nutrition and birth weight, it was concluded that undernourished antenatal women are definitely benefitted by late pregnancy nutrition supplement (7).

In the mission to enhance and compound the benefit of services delivered under ICDS, Government of India has developed partnerships with the international agencies like United Nations International Children's Emergency Fund (for providing technical guidance in developing need-based training plans; assist in organizing scientific workshops; and in impact assessment on early childhood nutrition and development), Cooperative for Assistance and Relief Everywhere (contribution in the areas of maternal and child health, girl primary education, etc.), and World Food Program (viz. to expand the delivery of services in selected districts of some of the states of the country) (1).

As a part of the capacity building efforts, the Ministry of Women & Child Development has recommended policy related and institutional transformations. The strategy is to develop Anganwadi as a "vibrant early childhood development centre" by giving greater focus on under three years children, strengthening early childhood education, and by ensuring care and counseling of mothers and family. In addition, the Ministry is planning to improve the supplementary nutrition services; creating Anganwadi based crèches centers; intensify monitoring, and training activities; to develop

linkages with different stakeholders such as Panchayati Raj Institutions and ministry of rural development (1).

To conclude, the ICDS scheme is a comprehensive approach for delivering an integrated package of services to bring about a significant improvement in the child related health, care, and nutrition practices of the community.

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