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THE IMPLEMENTATION OF INDIA'S INTEGRATED CHILD DEVELOPMENT SCHEME: ANALYSIS & ANGANWADI PERFORMANCE

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ABSTRACT

After thirty years of sustained operation, the Integrated Child Development Services (ICDS) program continues to be the most distinctive early childhood development initiative globally. The program's package of services encompasses supplementary nutrition, immunisations, health checkups, and referral services for children under six, as well as for expectant and nursing mothers. Children between the ages of three and six undergo non-formal preschool education, whilst women aged fifteen to forty-five participate in health and nutrition education.

The initiative prioritises on the needs of the most vulnerable children under three by improving carers' capacity to provide engaging activities and superior early childhood care. This study evaluates the successful performance of the ICDS within our sociocultural framework over recent years, focussing on ensuring children's rights to survival, growth, protection, and development, as well as their active participation in their surrounding environment.

This study will analyse the function of Anganwadis in Lucknow, as per the ICDS program, in enhancing the health and nutritional condition of children in rural regions, with an emphasis on evaluating their performance concerning funding from five-year plans.

This study will conclude with an assessment of the project's implementation success aimed at achieving universal health and education in the rural districts of Uttar Pradesh for developmental purposes. It additionally provides recommendations for the execution of the ICDS and the performance of Anganwadis. The project will be executed successfully and efficiently with the assistance of the government, semi-government entities, and other stakeholders to achieve the Government of India's Millennium Development Goals. This study will be descriptive and will mostly utilise secondary data obtained from government statistics, official websites, journals, magazines, and other sources..

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1. INTRODUCTION

In India the development in the scale of rural area is still on its lower level, but the Indian government is working since independence. The major problem behind this is low level of education amongst the people in rural area. But government has launched several schemes in order to take up this level to satisfactory level. The Integrated Child Development Services (ICDS) Scheme – the Anganwadi Services Scheme is one of the most important schemes. The scheme was Initiated on October 2, 1975, the Integrated Child Development Services (ICDS) Scheme, also known as the Anganwadi Services Scheme, is among the largest global initiatives for early childhood care and development. The ICDS system epitomises India's dedication to its children and nursing mothers. The initiative addresses the core challenges of child development by a) promoting cognitive growth through pre-school nonformal education and b) enhancing physical development by breaking the cycle of malnutrition, illness, diminished cognitive ability, and mortality. The Integrated

Child Development Services (ICDS) Scheme, namely the Anganwadi Services Scheme, provides six essential services to children aged 6 months to 6 years, as well as to pregnant and breastfeeding mothers. The services include: a) Supplementary nutrition, b) Nonformal pre-school education, c) Nutrition and health education, d) Immunisation, e) Health checkups, and f) Referral services. Numerous research investigations, however, determine that ICDS is deficient in service delivery and has produced only marginal effects on child health and well-being.

Initially, despite a comprehensive program focus, the ICDS is predominantly seen as an initiative aimed at addressing the pervasive issue of undernutrition in India. Undernutrition is a multifaceted issue influenced not just by nutritional intake and dietary diversity but also by significant behavioural, socio-economic, and contextual factors. The incorporation of some aspects into the framework necessitates a reassessment of ICDS tactics, activities, and opportunities for innovation.

Secondly, supplementary nutrition constitutes 47% of the entire federal allocation for ICDS (Rs. 19,928 Crore, 2019-20). The funding is sub-optimally utilised because to numerous concerns concerning SNP production, quality, preferences, coverage, and distribution. Enhancing the governance and oversight frameworks for supplementary nutrition is essential to maximise the effectiveness and impact of given expenditures. This also suggests that the ICDS take-home ration and hot-cooked meal should embrace a progressive approach to enhance dietary diversity and coverage.

Third, early childhood care and development (ECCD) or pre-school non-formal education has thus far been an overlooked component of ICDS, both in terms of funding and human resources. The enhancement of ECCD is highly pertinent due to the growing evidence indicating its beneficial effects on future learning and productivity results. The effect is facilitated by a meticulously crafted curriculum implemented with the assistance of an on-site instructor. The quality of ECCD is hence becoming a significant criterion for assessing the relevance of the ICDS. Moreover, it is essential for ICDS to adapt to the evolving needs and ambitions of the community, especially in metropolitan areas where families are increasingly attracted to dynamic pre-schooling options in the private sector.

The deficiencies and shortcomings in ICDS financing, infrastructure, and human resources adversely impact service delivery. Electrification of Anganwadi Centres (AWC) has not yet become a compulsory component of AWC infrastructure. A significant proportion of positions for CDPOs and Supervisors remain unfilled, with 30.1% of sanctioned CDPO postings and 27.7% of sanctioned Supervisor posts empty nationwide as of 2018-19. The community's diminishing faith is resulting in a progressive reduction in the number of beneficiaries covered by ICDS. While some states perform better than others, substantial inter-state variances in service delivery and infrastructural provisions indicate major heterogeneities in program implementation and impact.

For the fiscal year 2023-24, the Ministry has received an allocation of Rs 25,449 crore, reflecting a 6% increase compared to the revised projections of 2022-23.Approximately 99.8% of the Ministry's overall expenditure constitutes revenue expenditure.

OBJECTIVES OF THE SCHEME: The Integrated Child Development Services (ICDS) Scheme was launched in 1975 with the following objectives:

1. To enhance the nutritional and health condition of children aged 0-6 years;
2. To establish the groundwork for appropriate psychological, physical, and social development of the child;
3. To diminish the prevalence of mortality, sickness, hunger, and school attrition;
4. To attain efficient coordination of policy and execution across the many departments to foster child development; and
5. To augment the mother's ability to attend to the child's standard health and nutritional requirements through appropriate nutrition and health education.

SERVICES: The above objectives are sought to be achieved through a package of services comprising:

- supplementary nutrition,
- immunization,
- health check-up,
- referral services,
- pre-school non-formal education and
- Nutrition & health education

BENEFICIARIES UNDER THE ICDS SCHEME

Target Group	Health check-ups and treatment	Nutrition related services	Educational services
Children below 3 years	• Health check-ups • Immunisation • Deworming • Basic treatment of minor illnesses • Referral services for more severe illnesses	• Supplementary feeding • Growth monitoring (Mon h y weighing, weight recorded on the growth chart) • Take-home rations (THR)	
Children aged 3-6 years	• Health check-ups • Immunisation • Dewor • Basic treatment of minor illnesses • Referral services for more severe illnesses	• Supplementary feeding • Growth monitoring (Quarterly weighing, Weight recorded on the growth chart)	• Early Childhood Care (Day-care) • Pre-school education • Nutrition and health education
Adolescent girls aged 11-18 years	• Health check-ups • Treatmentof minor illnesses • Referral services for more severe illnesses	• Take-home rations (THR)	• Non-f rmal education focusing on home-based and vocational skills • Nutrition and health Education

Pregnant Women	• Health check-ups • Immunisation • Referral services	• Take-home rations(THR)	• Nutrition and health Education
Nursing Mothers	• Health check-ups • Referral services	• Take-home rations(THR)	• Nutrition and health Education
All women (15-45 years)			• Nutrition and health Education

Source: Evaluation Study on Integrated Child Development Schemes (ICDS) Vol. 1, Govt. of India. 2011

ANGANWADI & ANGANWADI CENTRE

Anganwadi and Anganwadi centres are rural childcare facilities in India. Initiated by the Indian government in 1975, it is part of the Integrated Child Development Services program aimed at addressing child hunger and malnutrition. In English, "Anganwadi" translates to "courtyard shelter."

An Anganwadi institution typically offers fundamental health care services in a village. It constitutes a component of the Indian public healthcare system. Fundamental health care activities encompass contraceptive counselling and provision, nutritional education and supplements, in addition to pre-school initiatives. The centres may serve as depots for oral rehydration salts, essential medications, and contraceptives. As of 31 January 2013, 1.33 million (a lakh is 100,000) Anganwadi and mini-Anganwadi centres (AWCs/mini-AWCs) are active out of 1.37 million sanctioned AWCs/mini-AWCs. These clinics offer supplementary nutrition, informal pre-school education, nutrition and health education, immunisation, health check-ups, and referral services, with the latter three delivered in collaboration with public health systems. As of 31 March 2021, 13.87 lakh Anganwadi and mini-Anganwadi centres (AWCs/mini-AWCs) are active out of 13.99 lakh sanctioned AWCs/mini-AWCs, as detailed in the quarterly report.

1. State/UT wise details of growth monitoring in Anganwadi Centers - Total children: -89.1+ lakh
2. Total No. of AWCs/Mini-AWCs with Drinking water facility: -11.9+ lakh
3. Total No. of AWCs/Mini-AWCs with toilet facility: -10+ lakh
4. Other miscellaneous on rented/govt. buildings, nutritional coverage, pre-school education, vacant/in-position/sanctioned posts of AWWs/AWHs/CDPOs/Supervisors, etc.[3]

The Anganwadi worker (AWW) serves as the community-based voluntary frontline worker for the ICDS program. Chosen from the community, she has a crucial position owing to her intimate and ongoing engagement with the recipients. Her educational attainment and understanding of nutrition significantly influence her success in anganwadi centres. Three The efficacy of the ICDS plan significantly relies on the profile of the primary functionary, namely the anganwadi worker, including her qualifications, experience, abilities, attitude, and training.

Despite substantial government expenditure on the ICDS program, its influence remains markedly ineffective. The majority of the study focused on the dietary and health status of the participants of ICDS. There has been a diminished emphasis on evaluating the knowledge and understanding of AWW concerning the suggested ICDS programs, despite

their role as primary resource individuals. This study was designed to evaluate the knowledge of anganwadi personnel and their challenges in the urban field practice region of Lucknow city.

OBJECTIVES OF THE STUDY:

- To find out the current status of ICDS.
- To analysis the contribution of Aganwadi workers towards implementation of ICDS.
- To study the sociodemographic profile of Anganwadi workers.
- To assess the awareness among Anganwadi workers regarding the health and nutritional services of ICDS programs.
    - To analysis the future prospective of ICDS program.

2. LITERATURE REVIEW

Rajpa (2020) analyses the socioeconomic patterns in the utilisation of ICDS services in India across various dimensions, including the continuum of maternity and childcare. The findings indicates a significant potential for enhancing service utilisation among urban middle and lower middle-class households. These may necessitate enhancements in services beyond food supplements, including health and nutrition education and early childhood care (preschool). According to Meena (2017), the average coverage of ICDS services was 58.3%. Supplementary Nutrition (SN) achieved maximum coverage, while Nutrition and Health Education (NHE) attained limited coverage. SN, immunisation, preschool education (PSE), and growth monitoring for children aged 0-3 years were consistently conducted. The maternal and child health services were inadequate.

Sivanesan (2016) The median period of absenteeism from anganwadi was five months over the past six months examined. Approximately 95.9% of registered child beneficiaries availed themselves of supplementary nutrition programs, however only 48.7% of mothers of these beneficiaries participated in nutrition and health education sessions. Among mothers knowledgeable about growth tracking, merely 73.6% of their children's weight was consistently assessed. Approximately 60% of moms expressed dissatisfaction with the quality of food provided to their children in the anganwadi. Among children enrolled in anganwadi, 72.5% maintained a normal weight.

Das (2015) A community-based cross-sectional study was done to evaluate the utilisation of the ICDS system among children under six years and to examine the factors influencing their use of ICDS centres. The analysis indicated that 77.40% of the children were availing themselves of the services offered under the system; conversely, 67.50% were receiving supplementary nourishment, and 28.10% were participating in non-formal preschool education. Of the non-utilizers, 53.84% reported that they enrol their children in private nursery schools, while 42.30% of parents were unaware of the facilities available for children under three years of age. The age of the children and the father's work were identified as key factors influencing the utilisation of ICDS.

Dr. Horen Goowalla (2015), Volume 4, Issue 3 A study conducted in Jorhat district concerning the issues and functions of anganwadi workers revealed that 20 percent of parents visit the centre solely to accompany their child without taking them home, while 10 percent visit to obtain information regarding their child's performance. The current study reveals that 60 percent of parents who do not visit the anganwadi centre are predominantly illiterate and uninformed about the services offered there. Additionally, 60 percent of anganwadi workers do not conduct home visits, and 60 percent possess educational qualifications only up to the tenth standard.

Dr. Shazia Manzoor et al. (October 2014) A study conducted in the Ganderbal area of Kashmir revealed that 70% of Anganwadi workers possess extensive knowledge regarding supplementary nutrition, whereas their understanding of preschool education, immunisation, and nutrition and health education is very limited. Fifty percent of the respondents were aged between 31 and 35 years; seventy percent were matriculates with over ten years of experience. The results indicated that employees had grievances over insufficient honorarium, absence of community support, delays in supplementary nourishment, heavy workload, and challenges in record maintenance.

Surwade Jitendra B et al. (2013), International Journal of Recent Trends in Science and Technology, Issue 3 A cross-sectional research was performed in Latur District to assess the utilisation of the ICDS system in both urban and rural areas. Five hundred youngsters were recruited, comprising two hundred fifty from urban areas and two hundred fifty from rural areas. Anganwadi centres were randomly selected to encompass 250 children in each areas. A total of 254 children were enrolled in the rural block and 252 children in the urban block. In urban areas, 48.03% of children utilised supplementary nutrition services satisfactorily, whereas in rural areas, only 37.7% of children availed themselves of the service. Non-formal preschool education services were more effectively utilised in urban areas at 57.72% compared to 53.79% in rural areas. The utilisation of health check-up facilities was greater in rural areas at 25% compared to urban

areas at 21.65%. The utilisation of immunisation services in urban and rural areas was 90.95% and 94.44%, respectively. The prevalence of malnourished children was 46.46% in urban areas and 55.56% in rural areas. The prevalence of malnutrition was 50.99%, with a higher proportion of malnourished children in rural areas at 55.56% compared to 46.46% in urban areas.

Jawahar Preethy et al. (2011), Volume 3, Issue 2 A study performed in Udupi District, Karnataka, concerning the knowledge and utilisation of Integrated Child Development Scheme (ICDS) services. Among Females Among 225 women, 49.3% exhibited average awareness and 46.7% shown inadequate knowledge concerning ICDS. Among pregnant women, the utilisation of supplementary nutrition was 74.1%, whereas the utilisation of immunisation was 7.4%. Among lactating moms, there was a 76.2% utilisation of supplementary nutrition and a 4.8% use of health education. Among mothers with children, 71.1% utilised supplementary nutrition, 58.3% accessed health checkups, 69.3% engaged in non-formal preschool education, 26.7% received full immunisation, and 50.5% received partial immunisation services. The primary reasons for not utilising ICDS services were household responsibilities (43%), distance from the anganwadi (40%), and lack of awareness (13%).

3. RESEARCH METHODOLOGY

RESEARCH DESIGN: - A cross sectional study

SOURCES OF DATA: - Secondary data sources from Google scholar, Google websites, government sites, company sites, magazines, textbooks, newspapers etc. Primary survey from online digital survey through Google form, or through offline survey have used for approaching the target audience.

DATA COLLECTION METHOD:

PRIMARY SURVEY METHOD

Population: Aganwadi workers in the Lucknow of Uttar Pradesh.
Sampling Method: Convenience sampling
Sample size: 76
Data Collection Instrument: Questionnaire; Structured Schedules; Personal interviews

STUDY VARIABLES:- The expertise and qualifications of anganwadi workers were evaluated through interviews conducted using a pretested, predesigned questionnaire. To ascertain their profile, fundamental information regarding the worker was gathered, including her name, age, education, and experience as an Anganwadi worker. A grading system was employed to test the knowledge of Anganwadi personnel. The knowledge assessment score for each AWW was determined from their responses to a 30-question questionnaire. The questionnaire was meticulously crafted to encompass enquiries regarding all facets of services offered by the Anganwadi institution. The assessment encompassed enquiries regarding several facets of AWW operations, including immunisation, supplementary nutrition, non-formal preschool education, growth monitoring, health check-ups, referral services, and nutrition and health education. A right response received one mark, whilst no marks were awarded for incorrect responses or unsolved questions. The individual knowledge score ranged from 0 to 30. The total knowledge score was calculated by summing the individual scores of each response. The knowledge of each AWW was evaluated on a scale of 30. Workers scoring below 15 were classified as possessing inadequate knowledge, and those scoring 15 or more were designated as having acceptable knowledge.

4. LIMITATIONS OF THE STUDY

- Data was collected only from Lucknow
- There was limitation of time.
- In future further research should be done with more varied samples and in detail with more geographically spread.
- As the data is collected through the questionnaire on online mode there may be possibility of they may not fully loyal in answering the questions.

5. DATA ANALYSIS

urrent status of ICDS (*Budget Allocation in 2023-24)*

In 2023-24, the Ministry has been allocated Rs 25,449 crore, a 6% increase over the revised estimates of 2022-23. About 99.8% of the Ministry's total expenditure is revenue expenditure.

Table 1: Budget allocations for the Ministry of Women and Child Development (in Rs crore)

	2021-22 Actuals	2022-23 RE	2023 24 BE	% change from 22-23 RE to 23-24 BE
Revenue	21,655	23,911	25,444	6%
Capital	-	2	5	154%
Total	21,655	23,913	25,449	6%

Note: BE- Budget Estimates; RE- Revised Estimates Source: Demand No. 101, Ministry of Women and Child Development, Union Budget 2023-24; PRS. Government is continuously increasing the budget regarding women and development in order to strengthen the weak ends of their development and growth. From the table.1 we can see that the government has revised their budget upto 6%.

MALNUTRITION INCREASED AMONGST CHILDREN IN CERTAIN STATES/UTS

The Standing Committee on Education, Women, Children, Youth and Sports (2022) emphasised the significance of the successful execution of Mission POSHAN 2.0 in tackling nutritional concerns. The Committee noted a considerable rise in malnutrition among children in 22 states/UTs between 2015-16 to 2019-20. Essential metrics for assessing child malnutrition encompass the proportion of children under five years who are: (i) stunted (inadequate height for their age), (ii) wasted (insufficient weight for their height), and (iii) underweight. Thirteen of the twenty-two states and union territories evaluated indicated a rise in child stunting from 2015-16 to 2019-20.

A primary objective of POSHAN Abhiyan is to reduce the prevalence of stunting among children aged 0-6 years from 38% to 25% by 2022.Three The National Family Health Survey - 5 (2022) indicates that 36% of children under five years old are stunted. The survey indicated that stunting is indicative of chronic under nutrition in children.

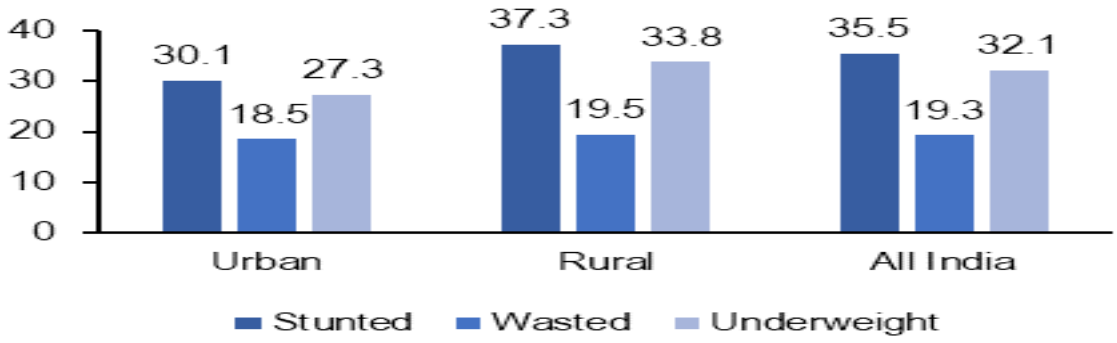

Figure: Key indicators of child (0-5 years of age) malnutrition (2019-21)

Utilisation of funds by states/UTs under POSHAN Abhiyaan (funds released from 2017-18 to 2020-21) in Uttar Pradesh.
Source:-Primary data source

DEMOGRAPHIC PROFILE OF ANGANWADI WORKERS IN THE REASON OF UTTAR PRADESH

Table 1: Socio-demographic characteristics of Anganwadi workers (n=76).

	No.	Percentage (%)
Age in years		
20- 30	10	13.2
31 – 40	35	46.0
41 – 50	20	26.3
51 – 60	11	14.5
Education		
Primary School	7	9.2
Secondary School	37	48.7
Collegiate	32	42.1
Working Experience in years		
< 5 years	34	44.7
5 - 10 years	26	34.2
11 - 15 years	5	6.5
16 - 20 years	6	7.8
> 20 years	5	6.5

Among 76 anganwadi workers, 35 (46.0%) were aged 31-40 years, 37 (48.7%) had attained secondary education, and 34 (44.7%) possessed fewer than 5 years of experience (Table 1).The data indicates that the majority of anganwadi

personnel have completed their education up to the secondary level, which should be enhanced to improve their service delivery. It appears that very few anganwadi workers have maintained their employment for over 20 years, indicating their discontent with the job.

Table 2: Knowledge of AWWs regarding different aspects of health services provided.

S.No	Type of questions	No. of questions asked	No. of AWWs	Total questions	Correct response		Incorrect response	
					No.	%	No.	%
1	Immunization	8	76	608	550	90.4	58	9.539
2	Supplementary nutrition	3	76	230	210	91.3	20	8.69
3	Non-formal preschool education and growth monitoring	6	76	456	383	83.99	73	16.01
4	Prophylaxis against blindness	6	76	456	404	88.6	52	11.4
5	Referral services	2	76	152	69	45.39	83	54.6
6	Nutrition & health care	5	76	380	331	87.1	49	12.89
	Total	30	76	2282	1947	85.31	335	14.68

From the **Table 2** it was found that the majority of anganwadi workers provided accurate responses about supplementary nutrition and immunisation, with rates of 91.3% and 90.4%, respectively. It appears they possess superior understanding of these terms. However, for referral services, the score is just 45.39%, indicating a significant lack of understanding in this area.

6. CONCLUSION

Despite a clearly defined purpose to achieve inter-sectoral coordination, ICDS has yet to realise the potential benefits of governance reforms and convergent action. The governance challenges encompass critical ICDS services, significant financial categories, human resources, monitoring, and infrastructure. From a convergence standpoint, new initiatives and efforts exist, although they mostly target peripheral difficulties; thus, enhanced commitment from Central and State Governments is essential to tackle fundamental issues in service delivery. This study aims to assess the principal processes in ICDS governance and implementation to identify possibilities and obstacles for improving coverage, efficiency, and impact. The central government has implemented steps by augmenting the funding and expanding the workforce through the recruitment of Anganwadi personnel. Aganwadi staff are significantly devoting their efforts to enhance the effectiveness of this plan. We have determined that the Aganwadi worker possesses substantial understanding on immunisation and supplementary nutrition, resulting in commendable performance. However, regarding referral services, their understanding is somewhat limited. Therefore, periodical training camps should be conducted for AWWs to enhance their expertise on various topics, including growth monitoring and supplementary nutrition.

CONFLICT OF INTERESTS

None.

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