

Integrated Child Development Services

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Country India

Launched 2 October 1975; 43 years ago

Integrated Child Development Services (ICDS) is a government programme in India which provides food, preschool education, primary healthcare, immunization, health check-up and referral services to children under 6 years of age and their mothers.[1] The scheme was launched in 1975, discontinued in 1978 by the government of Morarji Desai, and then relaunched by the Tenth Five Year Plan.

Tenth five year plan also linked ICDS to Anganwadi centres established mainly in rural areas and staffed with frontline workers.[2] In addition to fighting malnutrition and ill health, the programme is also intended to combat gender inequality by providing girls the same resources as boys.

A 2005 study found that the ICDS programme was not particularly effective in reducing malnutrition, largely because of implementation problems and because the poorest states had received the least coverage and funding.[2] During the 2018–19 fiscal year, the Indian central government allocated ₹16,335 crores to the programme.[3] The widespread network of ICDS has an important role in combating malnutrition especially for children of weaker groups.[4]

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Background

Majority of children in India have underprivileged childhoods starting from birth. The infant mortality rate of Indian children is 34[5] and the under-five mortality rate is 39[6] and 25% of newborn children are underweight among other nutritional, immunization and educational deficiencies of children in India. Figures for India are substantially worse than the country average.[7]

ICDS was launched in 1975[1] in accordance to the National Policy for Children in India.[8] Over the years it has grown into one of the largest integrated family and community welfare schemes in the world.[7] Given its effectiveness over the last few decades, Government of India has committed towards ensuring universal availability of the programme.[9]

Scope of services

The following services are sponsored under ICDS to help achieve its objectives:[10]

Immunization

Supplementary nutrition

Health checkup

Referral services

Pre-school education(Non-Formal)

Nutrition and Health information

Implementation

For nutritional purposes ICDS provides 500 kilocalories (with 12-15 gm grams of protein) every day to every child below 6 years of age.[11] For adolescent girls it is up to 500 kilo calories with up to 25 grams of protein everyday.

The services of Immunization, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health and Family Welfare.[1] UNICEF has provided essential supplies for the ICDS scheme since 1975.[10] World Bank has also assisted with the financial and technical support for the program.[9] The cost of ICDS program averages \$10–\$22 per child a year.[9] The scheme is Centrally sponsored with the state governments contributing up to ₹1.00 (1.4¢ US) per day per child.[11]

Furthermore, in 2008, the GOI adopted the World Health Organization standards for measuring and monitoring the child growth and development, both for the ICDS and the National Rural Health Mission (NRHM).[1] These standards were developed by WHO through an intensive study of six developing countries since 1997.[1] They are known as New WHO Child Growth Standard and measure of physical growth, nutritional status and motor development of children from birth to 5 years age.[12]

Impact

By end of 2010, the programme is claiming to reach 80.6 lakh expectant and lactating mothers along with 3.93 crore children (under 6 years of age).[10] There are 6,719 operational projects with 1,241,749 operational Aanganwadi centres.[1] Several positive benefits of the programme have been documented and reported

A study in Andhra Pradesh and Karnataka demonstrated significant improvement in the mental and social development of all children irrespective of their gender.[9]

A 1992 study of National Institute of Public Cooperation and Child Development confirmed improvements in birth-weight and infant mortality of Indian children along with improved immunization and nutrition.[9]

However, World Bank has also highlighted certain key shortcomings of the programme including inability to target the girl child improvements, participation of wealthier children more than the poorer children and lowest level of funding for the poorest and the most undernourished states of India.[13]