Internship
at
Integrated Child Development Scheme,
Surat

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Contents

INTRODUCTION

Started by the Government of India in 1975, the Integrated Child Development Scheme (ICDS) has been instrumental in improving the health and wellbeing of mothers and children under 6 by providing health and nutrition education, health services, supplementary food, and pre-school education.
The ICDS national development program is one of the largest in the world. It reaches more than 34 million children aged 0-6 years and 7 million pregnant and lactating mothers.

GOAL OF ICDS

The primary goal of ICDS is to break the inter-generational cycle of malnutrition, reduce morbidity and mortality caused by nutritional deficiencies by providing the following six services as a package through the network of *Anganwadis*.

- Supplementary nutrition (SNP)
- Non-formal pre-school education (PSE)
- Immunisation
- Health check-up
- Referral services
- Nutrition and Health Education (NHE)

The three services, viz. immunisation, health check-up and referral, are designed to be delivered through the primary health care infrastructure. While providing SNP, PSE and NHE are the primary tasks of the Anganwadi Centre, the responsibility of coordination with the health functionaries for provision of other services rests with the *Anganwadi* worker(AWW).

ICDS is designed to provide services to children, pregnant women (PW), lactating mothers(LM) and adolescent girls (AG). While services to children are expected to yield results in theshort run by contributing to reduction in child mortality and morbidity, those provided toPW are aimed at reducing the Maternal Mortality Rate (MMR) in the short run. The inclusion of LM is intended to address the high rate of Infant Mortality Rate (IMR), while the programmes for AGs address malnutrition with a long-term perspective.

In this way, ICDS is expected to contribute to attainment of the following Millennium Development Goals
(MDGs):

- Reduction in severe to moderate malnutrition among children (MDG-1)
- Reduction in IMR, CMR, MMR (MDG 4,5)
- Increase in enrollment, retention rates and reduction in dropout (MDG-2) by laying foundation at AWC.

Govt. Programs	**Contributing to MDG Goal**	**Concerned Departments**

NREGS, ICDS, PDS etc	1- Eradicate Extreme Poverty and Hunger 2- Promote Gender equity and empower women 3- Reduce child mortality	PR & RD, WCD, Food & civil supplies Corp.

TABLE 1-GOVTand MDG

OBJECTIVES

- To improve the nutritional status of preschool children 0-6 years of age group.
- To lay the foundation of proper psychological development of the child
- To reduce the incidence of mortality, morbidity malnutrition and school drop out
- To achieve effective coordination of policy and implementation in various departments to promote child development
- To enhance the capability of the mother to look after the normal health and nutritional needs of of the child through proper nutrition and health education.

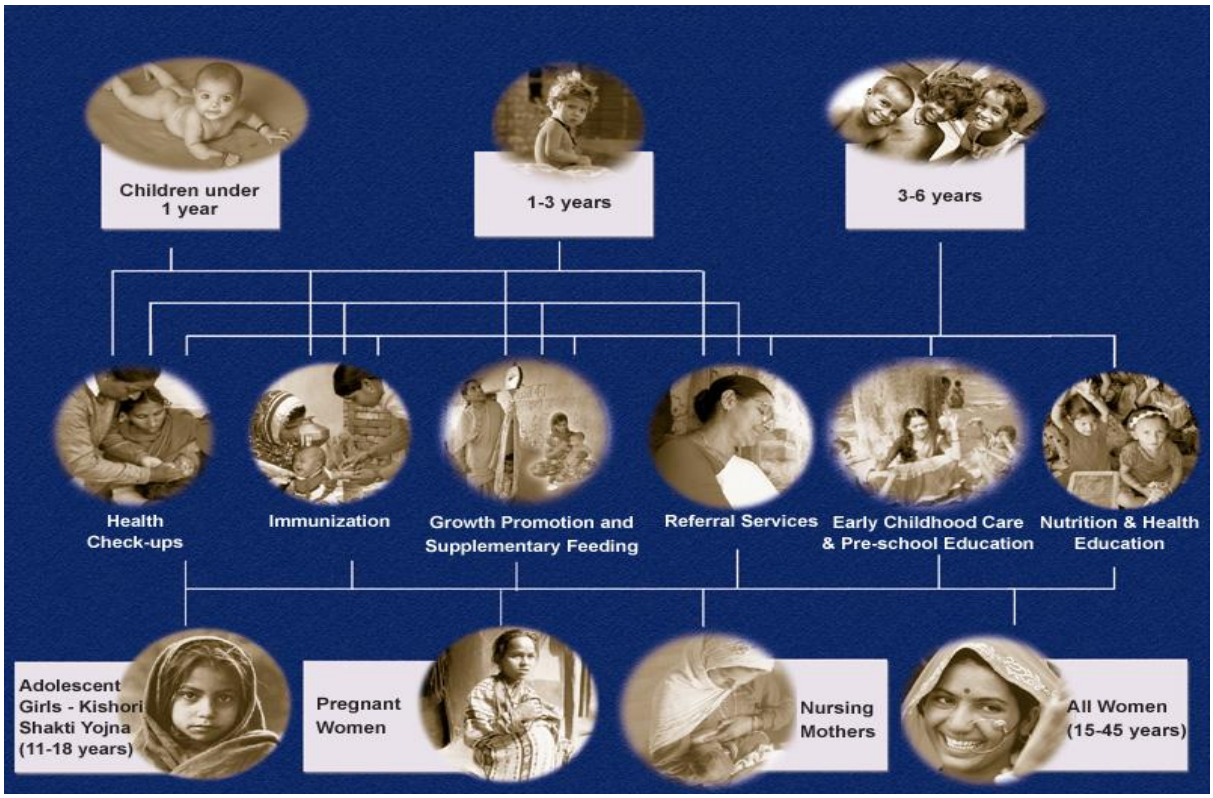

FIGURE 1

COMPONENTS

- Health Check-ups.
- Immunization.
- Growth Promotion and Supplementary Feeding.
- Referral Services.
- Early Childhood Care and Pre-school Education.
- Nutrition and Health Education

1) NON FORMAL PRE SCHOOL EDUCATION

The Non-formal Pre-school Education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the anganwadi – a village courtyard. Anganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services. These AWCs have been set up in every village in the country. In pursuance of its commitment to the cause of India's Children, present government has decided to set up an AWC in every human habitation/ settlement. As a result, total number of AWC would go up to almost 1.4 million. This is also the most joyful play-way daily activity, visibly sustained for three hours a day. It brings and keeps young children at the anganwadi centre - an activity that motivates parents and

communities. PSE, as envisaged in the ICDS, focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups. Its programme 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

2)SUPPLEMENTARY NUTRITION

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This includes supplementary feeding and growth monitoring; and prophylaxis against vitamin A deficiency and control of nutritional anemia. 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

caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities.
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 quarterly. 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 medical services.

3) IMMUNIZATION

- Immunization of pregnant women and infants protects children from six vaccine preventable diseases-poliomyelitis, 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

4) 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 in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre

5) HEALTH CHECKUPS

- Record of weight and height of children at periodical intervals
- Watch over milestones
- Immunization
- General check up for detection of disease
- Treatment of diseases like diarrhea, ARI
- Deworming
- Prophylaxis against vitamin A deficiency and anemia
- Referral of serious cases

.

PROGRAM MONITORING

CENTRAL LEVEL

- Supplementary Nutrition : No. of Beneficiaries (Children 6 months to 6 years and pregnant & lactating mothers) for supplementary nutrition;
- Pre-School Education : No. of Beneficiaries (Children 3-6 years) attending pre-school education;
- Immunization, Health Check-up and Referral services : Ministry of Health and Family Welfare is responsible for monitoring on health indicators relating to immunization, health check-up and referrals services under the Scheme

STATE LEVEL:

- Various quantitative inputs captured through CDPO's MPR/ HPR are compiled at the State level for all Projects in the State.
- No technical staff has been sanctioned for the state for programme monitoring.
- CDPO's MPR capture information on number of beneficiaries for supplementary nutrition, pre-school education, field visit to AWCs by ICDS functionaries like Supervisors, CDPO/ ACDPO etc.,
- information on number of meeting on nutrition and health education (NHED) and vacancy position of ICDS functionaries

BLOCK LEVEL

- Child Development Project Officer (CDPO) is the in-charge of an ICDS Project. CDPO's MPR and HPR have been prescribed at block level.
- a supervisor,under the CDPO is required to supervise 25 AWC on an average.
- CDPO is required to send the Monthly Progress Report (MPR) by 7th day of the following month to State Government. Similarly, CDPO is required to send Half-yearly Progress Report (HPR) to State by 7th April and 7th October every year.

VILLAGE LEVEL

- At the grass-root level, delivery of various services to target groups is given at the Anganwadi Centre (AWC).
- The Monthly and Half-yearly Progress Reports of Anganwadi Worker have also been prescribed. AWW is required to send these Monthly

Progress Report (MPR) by 5th day of following month to CDPO' In-charge of an ICDS Project.

- Similarly, AWW is required to send Half-yearly Progress Report (HPR) to CDPO by 5th April and 5th October every year

YOJNA UNDER ICDS

1) SUPPLEMENTARY NUTRITION PROGRAM

A package of various Nutrition services is being provided through ICDS. ICDS is a beneficiary focused Nutrition programme. With a view to combat malnutrition among children under 6 years, pregnant women, nursing mothers and adolescent girls State Government is implementing the Nutrition Programme. Supplementary Nutrition equivalent 500 calories and 12-15 gram protein is providedto normal children under 6 years and 800 calories and 20-25 gram protein to severely underweight children under 6 years. Pregnant women, nursing mothers and adolescent girls are given SNP food with 600 calories and 18-20 gram protein.

As on April 2014, 52043 Anganwadi centres are operational. 1911 new Anganwadi centres have beensanctioned in the year 2012-13, and operationalization of the same is under process. Out of 336 sanctioned block 80 blocks are tribal, 23 are urban and 233 blocks are rural. In total 51.15 Lakhs beneficiaries are covered in supplementary nutrition program out of them 32.30 Lakh children 6 months to 6 years of age, 10.81 Lakh Adolescent Girls and 8.00 Lakh Pregnant & Lactating women was provided Supplementary Nutrition.

Schemes under Supplementary Nutrition Programme :

1. ***Balbhog*** **:Energy Dense Micronutrient Fortified Extruded Blended Food (Balbhog)** is provided as Take Home Ration (THR) to children 6 months to 3 years (7 packets per month, i.e. 3.5kg) and underweight children 3-6 years (4 packets per month i.e. 2kg) on MamtaDiwas. Each packet weighs 500 gms. The shelf life of these premixes is 4 months. It can be easily prepared by mixing it with hot milk or water. Approximately, 17.80 lakhs children in age of 6 months to 3 years, and 14.49 Lakh children of age 3 year to 6 years received Balbhog as Take Home Ration. 7 Packets of Balbhog is being given to normal weight children and 10 packets to severe underweight children of 6 month to 3 years of age. Severely underweight children of 3 to 6 years of age

are being provided 4 packets of Balbhog per month

2. ***Extruded Fortified Blended Premix*** **:**Dense Micronutrient Fortified Extruded Blended Take Home Ration (THR) like Sukhdi (1 packet of 1 kg per month), Sheera (3 packets of 500 gm each) and Upma (2 packets of 500 gm each) are provided to pregnant women, nursing mothers and adolescent girls. 8.00 lakhs pregnant and lactating mothers and 10.81 lakhs adolescent girls received THR in 2014 (as per the ICDS MPR).
   The supplementary food as micronutrient fortified extruded blended food is presently implemented in 19 districts of Gujarat. In 7 district, (Rajkot, Bhavnagar, Porbandar, Amreli, Jamnagar, Junagadh, Surendranagar) raw ration is given as Take Home Ration to the beneficiaries as per the nutritional norms of GOI dated 2009.

3. ***Nutri-Candy*** **:**enriched with micronutrients and vitamins (Iron-7mg, Vitamin A – 300 IU, Ascorbic Acid- 10mg, Folic Acid -15 mcg) is given to children in the age group of 3 to 6 years in addition to regular food supplement in Anganwadis. Nutri-candy has a weight of 3 grams and is processed by a manufacturing unit and procured and supplied through Gujarat State Civil Supply Corporation.

4. ***Demonstrative Feeding*** **:**With an aim to enhance and ensure the consumption of Supplementary Nutrition among children of 6months to 3 years and to provide age appropriate nutrition counselling to mothers, State Government has introduced demonstrative feeding for 6months to 3 years children. Demonstrative feeding is given to children of 6months to 3years at AWCs through their parent/guardians in morning timing 9:30am to 10:30am. Younger children 6months to 1 year are given ‘Raab’ (in semi liquid form) and older children 1-3 years are given ‘Sukhadi’ which is prepared by mixing jaggery to THR-Balbhog. The incentive of 25 paisa per child per day to AWW and AWH each is given for ensuring consumption of the demonstrative feeding and IFA syrup. In year 2013-14 the expenditure of Rs

6.78 crores have been spent for demonstrative feeding from state budget.

5. ***Breakfast by SHGs*:** Hot cooked breakfast is provided through 49,456 MatruMandals and SakhiMandals,catering to14.49 lakhs children in the age group of 3-6 years.MatruMandals and SakhiMandals are involved in the Supplementary Nutrition Program topromote community participation and in maintaining the quality of food. They prepare the supplementary food and provide to the beneficiaries at the Anganwadi centres six days a week at Anganwadi.
6. ***Hot Cooked after noon Meal:*** 80 gram of freshly prepared hot cooked meal within limit of Rs 3 / day / beneficiary is prepared by AWW and AWHs and provided to 3 – 6 years children at the AWCs. In order to fortified meal with protein, tuver dal, chana dal, soya flakes is incorporated in cyclic menu of AWCs. The daily menu of the same has been detailed in Menu schedule of the AWCs. The whole wheat, rice, oil is provided through Gujarat State Civil Supplies Corporation for preparation of the afternoon meal. Additionally, there is provision of money for addition of Bengal gram whole/Tuver dal, green leafy vegetables, groundnut/til, jaggery, spices etc. in the recipes for local purchase.

7. ***Third Meal*:**Third Meal' as 'Carry Away Meal' in form of ladduis given to moderate and severely underweight children among 3-6 years (yellow and red zone according to WHO Growth chart) in order to increase Calorie and Protein as SNP for weight gain among those children within the cost of Rs 3.00 per day per beneficiary. Third meal would have shelf-life of at-least two days so that child can consume at any time after going home. In the year 2013-14, expenditure of Rs. 39.15 croreshas been made in the State Budget for providing an extra supplementary meal to all underweight children. Third Meal is prepared and provided through Gram Panchayat by selected Matru-Mandal / Self Help Group.

8. ***DoodhSanjeevaniYojana*** :The State has also initialled 'DoodhSanjeevaniYojana' in selected 10 Blocks of 6 Tribal districts, wherein, 100 ml fortified,

flavoured, double pasteurized milk is provided to children 3-6 years twice a week. In year 2013-14, around 40828 children were benefited from this scheme from 1Anganwadi centres. This initiative is being implemented with the help of local Dairies

9. ***Fruit through MatruMandal*:** Additionally the State Government is also providing fruits (seasonal) to 14.49 Lakh children in the age group of 3-6 years, twice a week (Monday and Thursday) at the Anganwadi centres. A provision of Rs.10/- per month per child is made under State budget.

10. ***Sukhadi (THR):*** Approximately 18.81 Lakhs pregnant women, lactating mothers and adolescent girls are being provided freshly prepared 'Sukhadi" (desi sweet prepared from Wheat flour, oil and jaggery) as Take Home Ration through MatruMandal and SakhiMandal

2) ADOLESCENT GIRLS SCHEME(KISHORI SHAKTI YOJNA)

In the year 2000, the MWCD, GoI, came up with a scheme called Kishori Shakti Yojana (KSY), which was implemented using the infrastructure of the ICDS. The objectives of this scheme was to improve the nutrition and health status of girls in the age group of 11 to 18 years, to equip them to improve and upgrade their home-based and vocational skills, and to promote their overall development, including awareness about their health, personal hygiene, nutrition and family welfare and management.

- General health check ups
- Immunization
- Treatment of minor ailments
- Deworming
- Prophylactic measures against anemia, IDD, vitamin deficiency
- Referral

3) RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS (SABLA) GUJARAT

Initiated on 30-9-2010 piloted in 9 selected districts (134 blocks) of Gujarat viz. Banaskantha, Dahod, Kutch, Panchmahal, Narmada, Ahmedabad, Jamnagar, Junagadh, Navsari.

Target group:11-18 years Adolescent Girls(AGs)

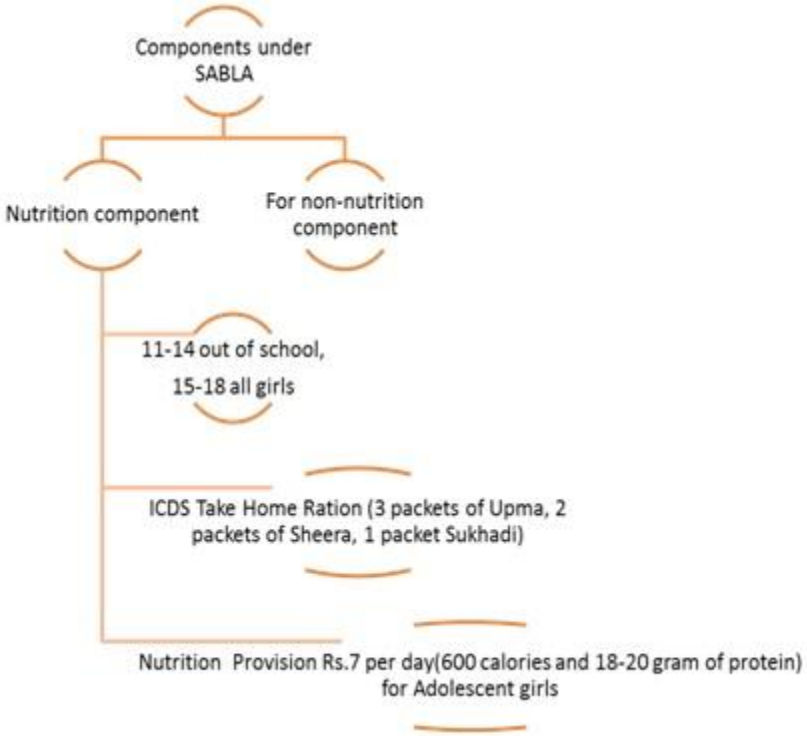

FIGURE 2

LEARNINGS FROM FIELD VISIT

- Almost all AWC were proper in terms of cleanliness and maintenance of hygiene.
- registers were seen incomplete at most of AWCs
- Recently time for AWC have changed , now its is 8:30 am to 2 pm , but usually they dont open till 10 am and gets closed around 1pm
- 8:30 to 9:30 am was usually time for children of 1-3years, they have to come along with their mothers for Baal Bhog , but this practice was also not followed.
- Proper training to AWW was given . Orientation training was given to AWW and AWH before joining AWC , Apart from this , timely refresher trainings were given to them . Also , Rasoi Shows were organized for AWW and AWH so they can cook nutritious food for children
- proper ECCE activities were seen to be followed at AWCs.
- Children of 3-6 years were weighed on solter scale and marked on growth chart (pink for girls and blue for boys. Also , medical checkups were undertaken on Mamta diwas (every wednesday)

- Once in a month , AWW distributes premixed packets to adolescent girls and pregnant women
- Children from 3-6 years were given flavored milk (100ml) by sumul and ICDS twice a week i.e. Tuesday and Friday.
- According to Growth Chart , children were graded into green(normal) , yellow(moderately malnourished) , and red (Severely malnourished) zone.
- Mukhya Sevika was not going to visits timely.
- Immunization of children was done on mamta diwas, for which incentive was given.

WORK WITH ORGANIZATION

- Made presentations and presented same for Gatisheel Gujarat under which milk was given to children of 3 to 6 years for reducing malnutrition.
- Part of Beti Bachao Abhiyaan i.e for saving girl child
- Also, active member of Dhoodh sanjeevani Yojna .
- Done all the documentation for Intensive Nutrition Care Centres for Severely malnourished children