Internship
at
ICDS, Gujarat (Integrated Child Development Services, Sabarkantha)

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INTRODUCTION

Launched in 1975, ICDS is a unique early childhood development program aimed at addressing health, nutrition and the development needs of young children, pregnant and nursing mothers. Over 35 years of its operation, ICDS has expanded from 33 community development blocks selected in 1975 to cover almost all habitations (14 lakh) across the country. However, the larger part of expansion (more than 50%) has taken place post 2005. Recognizing that early childhood development constitutes the foundation of human development, ICDS is designed to promote holistic development of children under six years, through the strengthened capacity of caregivers and communities and improved access to basic services, at the community level. Within this group, priority is accorded to addressing the critical prenatal- under three years age group, the period of most rapid growth and development and also of greatest vulnerability. The program is specifically designed to reach disadvantaged and low income groups, for effective disparity reduction. ICDS provides the convergent interface / platform between communities and other systems such as primary healthcare, education, water and sanitation among others. The program has the potential to break an intergenerational cycle of undernutrition as well as address the multiple disadvantages faced by girls and women but with adequate investment and enabling environment.

INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME

India is the nation with high-level of regional inequality, social hierarchy and multicultural society. With high level of economic and social inequality, health and nutrition inequalities are also pervasive and persistent. According to WHO classification of 14 sub regions, India comes in the region of South East Asian Region (SEAR D), which is characterized as high

child and adult mortality (WHO, 2000). Poor status of health and nutrition among the children of deprived group challenging to achieve Millennium Development Goals (MDGs) set forth by United Nation. To combat this situation, the Government of India initiated the Integrated Child Development Service (ICDS) scheme on experimental basis from 2nd October 1975 to reduce the level of infant and child mortality rates. Today ICDS represents one of the world's largest programs for early childhood development .

The main objective of this program is **to cater to the needs of the development of children in the age group of 0-6 years.** Pre-school education aims at ensuring holistic development of the children and to provide learning environment to children, which is helpful for promotion of social, emotional, cognitive development among children. It is one of the largest child care program in the world aiming at child health, hunger, malnutrition and its related issues.

ICDS services are provided a vast network of ICDS centres, it is known as **"Anganwadi".** The word Anganwadi is devloped from the Hindi word "Angan" which refers to the courtyard of a house. In rural areas an Angan is where people get together to discuss, meet, and socialize. The Angan is also used occasionally to cook food or for household members to sleep in the open air. This part of the house is seen as the 'heart of the house'. A network of "Anganwadi Centre (AWC)" literally it is a courtyard play centre, provides integrated services comprising supplementary nutrition, immunization, health check-up, referral services, pre-school education and health and nutrition education. It is a childcare centre located within the village or the slum area itself. It is the central point for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls.

Under the ICDS scheme, one trained person is selected to focus on the health and educational needs of children age 0-6 years. This person is the **Anganwadi worker (AWW).** The Anganwadi worker is the most important functionary of the ICDS scheme. The Anganwadi

worker is a community based front line voluntary worker of the ICDS program. This service will help the children to get into the right from the pre-school age. The Integrated Child Development Service (ICDS) scheme is utilized to help the family especially mothers to ensure effective health and nutrition care, early recognition and timely treatment of ailments. In spite of the ongoing direct nutrition interventions like ICDS, India still contributes to about 21% of the global burden of child deaths before their fifth birthday (UNICEF 2007). They also found little evidence of program impact on child nutrition in villages with ICDS centre. 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.

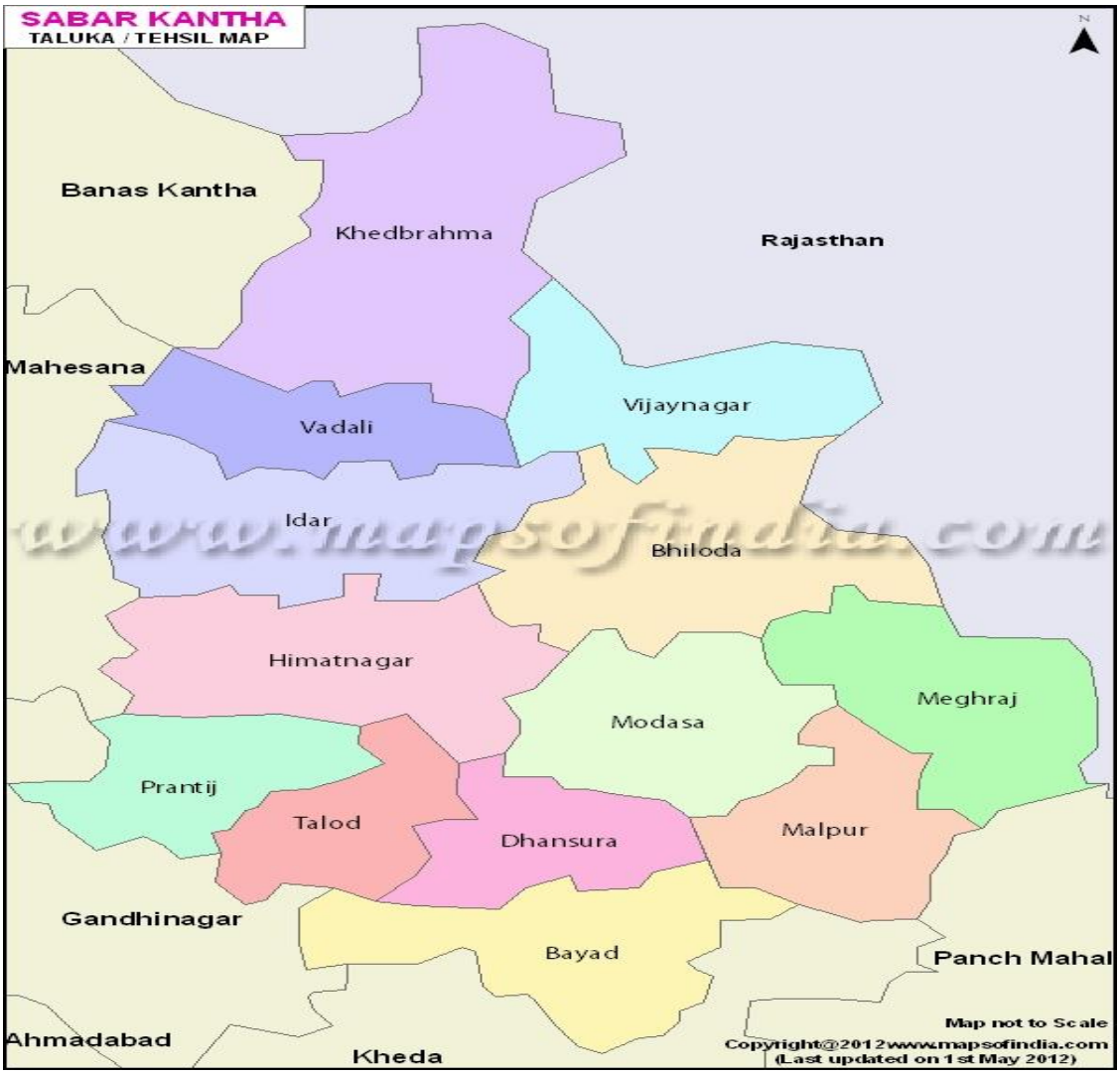
The main objectives of the Integrated Child Development Services (ICDS)

The basic purpose of the ICDS scheme is to meet the health, nutritional and educational needs of the poor and vulnerable infants, pre-school-aged children, and women in their child-bearing years. Its specific objectives are:

- To develop the nutritional and health status of children in the age-group 0-6 years.
- To put the groundwork for proper psychological, physical and social development of the child.
- To reduce the prevalence of mortality, morbidity, malnutrition and school dropout.
- To achieve effective co-ordination of policy and functioning along with the various departments to promote child development
- To improve the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

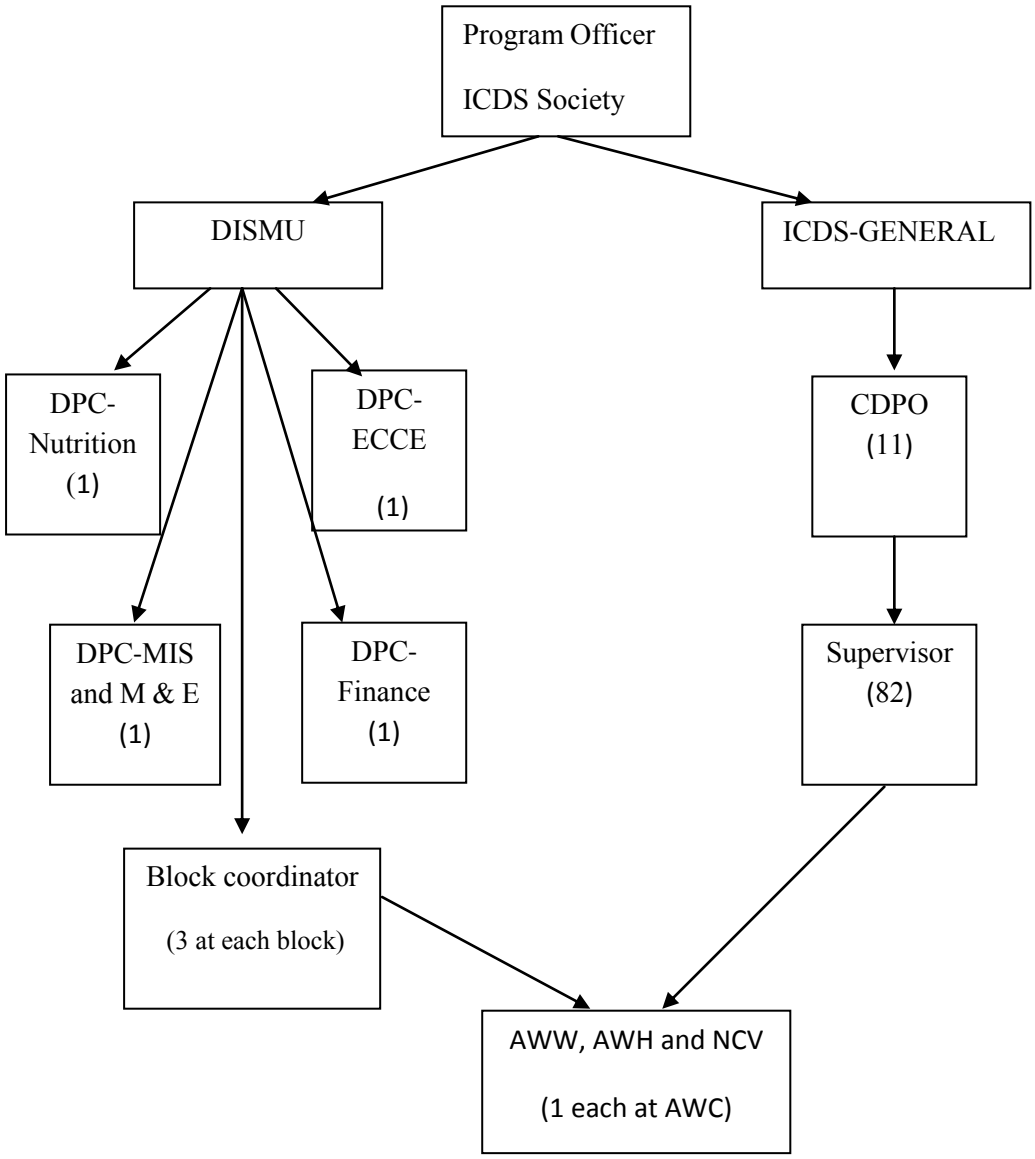
ORGANISATIONAL PROFILE:

ICDS, Sabarkantha is one of 31 projects in Gujarat. Under this, 11 projects are being run in each Block/*ghatak*. Department has basic functioning unit i.e. Anganwadi centre/ Bal Mandir.



There are currently 1880 sanctioned AWCs out of which 1878 are presently functional. Each AWC is being managed by a worker and a helper. At block level, project is headed by Child Development Project Officer (CDPO), assisted by supervisors, block coordinators and clerical staff.

ORGANOGRAM:



ICDS general has been running since the inception of ICDS. District ICDS Society Management Unit (DISMU) has been established as a parallel system to provide managerial and technical inputs to ICDS.

SERVICES PROVIDED

There are six dimensions or services of ICDS scheme which are provided by AWCs:

1. Supplementary Nutrition
2. Immunization
3. Health check-up
4. Referral services
5. Non-formal Preschool education
6. Nutrition and health education

Supplementary Nutrition

Supplementary Nutrition is one of the important factor for balancing the nutrition status of the children. This includes supplementary feeding and growth monitoring; and against vitamin A shortage and control of nutritional anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. Anganwadi workers are advantage of supplementary feeding supports for 300 days in a year. For nutritional purposes ICDS provides 300 calories (with 8-10 grams of protein) every day to every child below 6 years of age. For adolescent girls it is up to 500 calories with up to 25 grams of protein every day.

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 are two important actions 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 find out the growth flattering and helps in assessing their nutritional status. In addition, highly malnourished children are focused with special supplementary feeding and referred to medical services for the betterment.

Immunization

To prevent the child from health related problem, immunization is utmost necessary. Immunization of pregnant women and infants protects children from six vaccine preventable diseases, tetanus, tuberculosis and measles. These are major preventable that helps in preventing the child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces the risk of maternal and neonatal mortality.

Health Check-Up

The health check-up includes children less than six years of age, antenatal care of mothers and postnatal care of nursing mothers. The different health services provided by Anganwadi workers for those children and Primary Health Centre (PHC) staff includes regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, and distribution of simple medicines etc.

Referral Services

During health check-ups of malnourished children and timely medical attention are referred to the Primary Health Centre (PHC) or its sub-centre. The Anganwadi workers have also been oriented that the young children are not capable. She enlists all such cases in a special register and refer them to the medical officer of the PHC.

Non-formal Pre-School Education

Non-Formal Pre-School Education (NFPSE) is a part of the ICDS and it is mostly considered as its backbone, because its services basically cover the Anganwadi. Anganwadi Centre

(AWC) – a village courtyard is the main platform for delivering of the services. These AWCs have been set up in every village of the country. In its functioning, the commitment to the cause of India's children, present government has decided to set up an AWC in every human occupation / 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. Pre-school education (PSE), as considered in the ICDS, focuses on total development of children chiefly six year olds, mainly from the poor groups or those who are mostly needy. **Its programme for the three-to six years old children in the Anganwadi is directed towards providing and ensuring a natural, joyful and motivating environment, with importance on necessary inputs for most advantageous growth and development.** The early learning component of the ICDS is a significant contribution for providing a sound foundation for increasing lifelong learning and development. It also contributes to the universalization of primary education, by providing the necessary preparation for primary schooling and offering alternative care to younger siblings, thus freeing the older ones especially girls to attend school.

Nutrition and Health Education

Nutrition, Health and Education (NHED) is a key element of the the Anganwadi worker. This is a part of the BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women particularly 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.

PROBLEMS IN THE ORGANISATION

- The reporting system is not working properly which lead to under reporting or over reporting.
- Most of the work done is target based. In order to achieve the target the data is manipulated.
- Weighing machines are not in working conditions in some of the Anganwadi Centres due to which weight is not taken properly.
- Most of the Anganwadi Workers are not able to take MUAC. They are not aware about using MUAC tape.
- Time table is not followed in the AWC.
- ECCE material is not properly utilized. AWW is not aware about some of the books given.
- Field visits by supervisors is very less due to which sometimes AWC are kept closed by AWW.

LEARNINGS

- Hierarchical and bureaucratic government system
- Filing system
- Monitoring and supervision at AWC
- Planning of trainings
- Accounting system
- Coordination within the department
- Inter-sectoral coordination
- Reporting system (MPR and Gatishil Gujarat)
- Organizing Governing body and other meetings