

Vol 5 Issue 6 Dec 2015

ISSN No :2231-5063

International Multidisciplinary Research Journal

Golden Research Thoughts

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RNI MAHMUL/2011/38595

ISSN No.2231-5063

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AN EVALUATION OF INTEGRATED CHILD DEVELOPMENT SCHEME OF INDIA

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ABSTRACT

Child malnutrition is one of the biggest challenge our country is facing today even when the economic is said to be surging ahead .48% of Indian children under 5 are categorized as moderately and severely malnourished .(WHO-Report 2012).The world bank estimate that India is ranked 2nd in

the world of number children suffering from malnutrition. 2011 Global hunger index report also ranked India 15th amongst leading countries with hunger situation.

KEYWORDS :Child malnutrition , Child Development Scheme , mental development.

INTRODUCTION

According to UN's standing committee on Nutrition situation (5th report)malnutrition at early age leads to reduced physical and mental development. In such way various report has proved that the situation of child malnutrition is worst in India and has effect on economic development of country the reason is that Children are the first call on the agenda of human resource-development.Adequate nutrition is essential in early



childhood to ensure healthy growth, proper organ formation and function, a strong immune system, and neurological and cognitive development. Economic growth and human development require well nourished populations who can learn new skills, think critically and contribute to their communities¹⁰. It is now globally acknowledged that investment in human resources development is a pre-requist for any nations economic development¹.For this reason the Ministry of Women and Child development implemented various schemes for welfare development and protection of children. ICDS was one of them. It is world's most unique and largest program for early child hood development program.

The importance of program like ICDS is realized when we consider some a facts regarding the

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child population of India. India is home to largest child population in the world with 158 million children. A significant proportion of them live in an economic and social environment of poverty, poor environmental sanitation, disease, infection, inadequate access to primary health care etc. 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 and also early childhood (0-6 years) is most crucial period in life of child. Thus their development plays significant role in human resource development. As India is rich in human resource which can be utilized efficiently through reducing cycle of malnutrition by various government interventions like ICDS and helps to achieve economic development by developing human resources in India.

The government of India launched the Integrated Child Development Services in 1975 in recognition of importance of early childhood care as foundation of human development. ICDS (Integrated Child Development Scheme) is a centrally sponsored scheme implemented by Ministry of human resources development. It is one of the largest child intervention programs in the World. The ICDS scheme integrates several aspects of early childhood development and provides six services to children below six years of age as well as expecting and nursing mother. Additionally, it offers non-formal pre-school education to children in the 3-6 age group and health and nutrition education to women in 15-45 age group.

OBJECTIVE OF ICDS PROGRAM:

- To improve the nutritional and health status of children in the age group of 0-6 years;
- Lay the foundation for psychological, physical and social development of the child;
- Reduce the incidence of mortality, morbidity, malnutrition and school drop-out;
- Achieve effective coordination of policy and implementation amongst the various departments to promote child development
- Enhance the capability of mothers to look after normal health and nutritional needs through proper nutrition and health education.

To achieve above objectives the ICDS aims at providing a package of services through the network of Anganwadi center, consisting of Supplementary nutrition (SNP), Non-formal pre-school education (PSE), Immunization, Health check-up, Referral services, Nutrition and Health Education (NHE).

SIGNIFICANCE OF THE STUDY:

ICDS contributes to the human resource development through improving health and nutritional status of children, pregnant and nursing mother. Child malnutrition is one of the biggest challenges our country is facing today even when the economy is said to be surging ahead. 48% of Indian children under 5 are categorized as moderately and severely malnourished. (WHO-World Health Organization). Malnutrition in children indirectly affects human development which is an indicator of economic growth, therefore ICDS scheme needs to evaluate frequently for tackling Malnutrition problem effectively. Taking into consideration the importance of objective of the scheme and situation of malnutrition and health status of children in India, it becomes essential to evaluate ICDS. The present evaluation study would help to know whether services of ICDS are efficiently provided or not? what are the problems in providing services? the evaluation study would also help the policy maker and implementing agencies to introduce necessary intervention to enhance the efficiency of programme thereby reduce malnutrition to greater extent and to ensure better utilization of the resources. Large number of families in rural areas of the country live below poverty line and some sections of society are

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scheduled cast people .In spite of significant progress in the economic sphere, these section of society are not in position to provide due care and security needed for normal growth of their children, even today. In such situation the evaluation study will help to provide better service to economically weaker section of society through enhancing its efficiency.

There are no of schemes for children development but ICDS is one of largest program with over 4000 anganwadi centers nationwide. It reaches more than 34 million children and 7 millions pregnant and lactating mothers' through anganwadi centers. As ICDS is largest scheme it has great scope to reduce malnutrition to great extent evaluation study of such large program would help to find the problems in its implementation and thus helps to enhance its efficiency and thereby play significant role in reducing malnutrition among children

MALNUTRITIONAL STATUS IN INDIA:

Malnutrition limits development and the capacity to learn. Malnutrition in early childhood has serious, long-term consequences because it impedes motor, sensory, cognitive, social and emotional development. Child malnutrition decreases educational achievement, labour productivity and economic growth. Malnutrition determined by evaluating health status through measuring stunting, prevalence of underweight and wasting in children.

THE FOLLOWING ANTHROPOMETRIC INDICES ARE TAKEN TO ASSESS THE PHYSICAL DEVELOPMENT OF CHILDREN.

- Height-for-age - inadequate Height-for-age indicate stunting
- Weight-for-height - inadequate weight-for-height indicate wasting
- Weight-for-age - inadequate weight-for-age indicate underweight

STATUS OF MALNOURISHED AND SEVERELY MALNOURISHED CHILDREN IN DIFFERENT STATES

TABLE NO: 1 STATUS OF MALNOURISHED CHILDREN

Sr.No.	Name of state/UT	Data provided by the Ministry (status as on)			
		31 st march 2007		31 st march 2011	
		Malnourished	Severely malnourished	Malnourished	Severely malnourished
1.	Andhra Pradesh	53.23	0.013	48.72	0.08
2.	Arunachal Pradesh	9.13	0.01	2.00	0.00
3.	Assam	40.12	1.40	31.32	0.46
4.	Bihar	NA	NA	82.12	25.94
5.	Chhattisgarh	54.14	1.18	38.47	1.97
6.	Goa	41.41	0.15	34.11	0.04
7.	Gujarat	70.69	0.85	38.77	4.56
8.	Haryana	45.34	0.11	42.95	0.05
9.	Himachal Pradesh	38.86	0.15	34.24	0.06
10.	Jammu& Kashmir	32.61	0.78	31.12	0.06
11.	Jharkhand	47.36	1.74	40.00	0.70
12.	Karnataka	53.39	0.31	39.50	2.84
13.	Kerala	38.80	0.07	36.92	0.08
14.	Madhya Pradesh	49.61	0.75	28.49	1.88
15.	Maharashtra	45.47	0.21	23.32	2.61

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16.	Manipur	10.06	0.19	13.83	0.24
17.	Meghalaya	36.74	0.14	29.13	0.18
18.	Mizoram	22.67	0.48	23.26	0.20
19.	Nagaland	13.79	0.31	8.36	0.07
20.	Orissa	56.54	0.82	50.43	0.72
21.	Punjab	35.36	0.37	33.63	0.05
22.	Rajasthan	54.09	0.27	43.13	0.33
23.	Sikkim	27.17	0.08	10.72	0.86
24.	Tamil Nadu	39.10	0.04	35.22	0.02
25.	Tripura	14.83	0.19	36.89	0.35
26.	Uttar Pradesh	53.36	1.09	40.93	0.21
27.	Uttarakhand	45.71	0.23	24.93	1.19
28.	West Bengal	52.75	0.68	36.92	4.08
29.	Delhi	54.36	0.07	49.91	0.03
	All India	50.10	0.55	41.16	3.33

(Percentage of malnourished children covers all malnourished children including severely malnourished)

(Source: CAG report)

Says the CAG report: "There was substantial decrease in the malnourished children in six states (Gujarat, from 71 to 39 percent); Karnataka (from 53 to 41 percent); Maharashtra (from 45 to 23 percent); Uttar Pradesh (from 53 to 41 percent); Uttarakhand (from 46 to 25 percent); and West Bengal (from 53 to 37 percent).

From the table no. it is observed that the proportion of malnourished children in country were 50.10% as on 31st march 2007 which has decreased to 41.16% in 2011. Thus it finds the situation of malnourished children in country has been increasing

PHYSICAL PROGRESS OF ICDS:

There has been significant progress in the implementation of ICDS scheme during 10th plan and 11th plan (up to 2010) in terms of increase of operational projects, Anganwadi Centers (AWSs) and coverage of beneficiaries.

TABLE NO:2 PHYSICAL PROGRESS OF ICDS

Sr.No.	Particulars	As on 31 st march 2007	As on 31 st march 2010
1	No.of operational Projects	5829	6509
2	No.of Operational AWSs	844743	1142029
3	No.of Supplementary nutrition beneficiaries	705.43 lakh	884.34 lakh
4	No. of pre-school education beneficiaries	300.81 lakh	354.93 lakh

From the above table it is observed that in 2007 no. of operational projects were 5829 which have been increased up to 6509 in 2010, the no. of operational anganwadi centers were 844743 in 2007 and increased to 1142029 in 2010 while no. of Supplementary nutrition beneficiaries and no. of Preschool education beneficiaries were 705.43 lakh and 300.81 lakh in 2002 respectively. In 2010 the no of Supplementary nutrition and Pre-school beneficiaries were increased to 884.34 lakh and 354.93 lakh respectively

From the above explanation, it is concluded that progress of ICDS is positive from 2007 to 2010 in terms of ICDS projects, anganwadi centers and beneficiaries.

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FINANCIAL PROGRESS OF ICDS IN INDIA:

ICDS is a cost-shared scheme of the central government the funding pattern of which has undergone a change in 2009-10. Until FY 2005-06, Government of India (GOI) provided 100% financial assistance for inputs other than supplementary nutrition which was funded entirely through state budgets. In FY 2009-10, GOI modified the ICDS funding pattern. Supplementary nutrition is now funded through a 50:50 ratio except for north-eastern states which have a 90:10 ratio. For all other components GOI provides. Alongside gradual expansion of scheme, there has been a significant increase in budgetary allocation of ICDS scheme from 10391.75 crores in 10th five year plan to Rs.44, 400 crores in 11th plan period 90% of the budget. Following table no shows the financial status of ICDS (General & training and supplementary nutrition) from the year 2007-8 to 2011-12.

TABLE NO: 2 FINANCIAL PROGRESS OF ICDS

Sr.No.	Year	Budget Allocation	Fund released		Expenses incurred including states shares	
			General&Training	Supplementary nutrition	General&Training	Supplementary nutrition
1	2007-08	5293	3160	2062	3047	4433
2	2008-09	6300	4041	2281	3969	4928
3	2009-10	6705	4384	3730	4839	8181
4	2010-11	8700	4786	4968	5307	10186
5	2011-12	9294	7962	6302	8019	11176

Source :(www.icds.gov.in)

Table no.2 shows the budget allocation for ICDS. Out of budget allocation fund released separately for General & Training and Supplementary Nutrition and but complete data on state share is not publicly available through GIO (Government of India). From the above table it is observed that budgetary allocations shows increasing trend from 2007-08 to 2011-12. As funding pattern changed in 2009-10 expenditure for SNP and general & training has been increased to large extent since 2009-10. In 2007-08 the total expenditure incurred for General& training was 3047 crores and for supplementary nutrition was 4433 crores and in 2011-12 it has been increased tremendously to increased to 8019 crores and 11176 crores respectively.

Increasing expenditure on Supplementary nutrition and other component through increasing centers assistance shows the attempt of government to tackle malnutrition problem greatly and implementation of ICDS scheme effectively.

OBJECTIVE OF THE STUDY:

1. To study Physical progress and Financial progress of ICDS programme in Pimpri-Chinchwad area during period of 2007-08 to 2011-12.
2. To study the expenditure and allocation of ICDS programme in Pimpri-Chinchwad area during period of 2007-08 to 2011-12.
3. To suggest measures for better implementation ICDS scheme

HYPOTHESIS:

1. The expenditure on integrated child development scheme has been increasing.
2. There is scope for the better implementation of ICDS scheme.

To understand concept of malnutrition, present status of malnutrition of children and nature,

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role and progress of ICDS the researcher has referred government evaluation report of ICDS, Annual reports of government like CAG report, reports by Ministry of Women and Child Development standard text books, journals and periodicals ,various research papers besides national newspapers and websites.

TESTING OF HYPOTHESIS:

It Is Very Necessary To Test The Hypothesis, To Prove Its Validity.

1.THE EXPENDITURE ON INTEGRATED CHILD DEVELOPMENT SCHEME HAS BEEN INCREASING.

It is very necessary to test the hypothesis, to prove its validity. In this research work it is observed that expenditure on ICDS has been increasing to great extent from 2007 to 2012 due to universalisation of ICDS in 2004. The ICDS scheme was expanded from 2005-06 as all states/UTs were required to furnish their requirements of additional projects and/or AWC within revised population norms of the scheme, financial norms and nutrition norms for supplementary nutrition. Before 2004 below poverty line criteria was followed for selection of beneficiaries but due to universalization ICDS is now open to all. This means due to physical increases in terms of ICDS projects, anganwadi centers and beneficiaries and revised norms expenditure on ICDS has been increasing recently. Thus here hypothesis 'The expenditure on integrated child development scheme has been increasing' is proved.

2.THERE IS SCOPE FOR THE BETTER IMPLEMENTATION OF SERVICE PROGRAMMES OF ICDS.

There are various factors affecting efficient implementation of ICDS scheme. In this research study the chapter 4 analyses problems of anganwadisevikas regarding job, their expectation about honorarium and availability of infrastructure facilities in anganwadi center. It is found that anganwadisevikas are paid low honorarium which is factor affecting their job satisfaction, insufficient infrastructure facilities in anganwadi, lack of qualitative training etc. affect efficiency of scheme. From the chapter 5 it is found that there are also problems on the part of beneficiaries in implementation of scheme like illiteracy among parents of children, poor socio-economic condition of beneficiaries, lack of cooperation to anganwadiservices , lack of awareness about nutrition of children and services of ICDS .All these issues proved that there is scope for better implementation of ICDS by solving problems. Thus the hypothesis 'There is scope for the better implementation of services of ICDS' is proved.

CONCLUSIONS:

It is observed from the study that that no. of anganwadi centers increased in high proportion from 2007-08 to 2011-12 but in 2009-10 it is decreased due to division of anganwadi centers of Pimpri-Chichwad in 2 ICDS projects as Central government directed all states to sanction additional projects to extent coverage and reach to the beneficiaries to great extent. These show due to universalisation of ICDS anganwadi centers have been increasing from 2007-8 to 2011-12.

From the study it is found that no. of beneficiaries for 3-6 age group went on increasing every year while beneficiaries for 06-3 age group went on decreasing .It is observed from the study total no. of beneficiaries for supplementary Nutrition are fluctuating from 2007-8 to 2011-2012,however in 2009-10 they were decreased to 11452 from 13871 due to division of beneficiaries into 2 ICDS projects and in 2011-12 they were decreased to 12688 from 13112 it show the decreasing trend because of decreasing enrollment of children in anganwadi as most parent prefer corporation school for pre-school education also decreasing birth rate (as per census 2011), have effect on no. of beneficiaries.

It is observed from the study that total no. Of beneficiaries for pre-school education went on

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increasing from 2007-08 to 2011-12 except 2009-10. In 2009-10 total beneficiaries decreased from 858 to 5763. It is also found that the proportion of girls beneficiaries to total beneficiaries have been remained less than the boys beneficiaries from 2007-8 to 2011-12.

SUGGESTIONS:

1. As anganwadisevikas is essential platform for delivery of ICDS services their efficiency is need to be improved for effective implementation of scheme. There are various factors on which their efficiency is depending and job satisfaction is one of them. Therefore their demands like adequate and timely payment of honorarium and other required benefits are need to be met by government for them.
2. Another important factor for effective implementation of scheme is training of anganwadisevikas. Time to time formal training and orientation programs on health and nutrition should be provided to anganwadisevikas that can energies their skill So that they can handle different situation in different field and bring the improvement in their work thereby helps to achieve effective result.
3. As ICDS is basically for health development of children there is need to improve infrastructure facility in anganwadi like adequate medical kit, adequate toys, water facility, toilet facility and owned basis adequate and well constructed anganwadi should be provided.
4. Nutritional quality of supplementary nutrition should be improved by providing more nutritious food like milk, fruits, dry fruits etc.
5. To improve the attendance of children in anganwadi government should provide them colorful books, uniform and other school material so that children would attract and come to anganwadi by themselves.
6. An independent advisory and monitoring commission at the national level should be set up to see the implementation and carry out their evaluation from time to time and they can directly hear the complaints from time to time.

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