



Integrated Child Development Services (ICDS) Scheme



State Institute of Health and Family Welfare,
Jaipur



Prologue

- Initiated-Oct.2,1975, in 33 CD Blocks under V Five Year Plan
- In succession to objectives of National Children's Policy (Aug. 1974)
- World's largest program for early childhood development



Purpose for Initiation

- Routine MCH services not reaching target Population
- Nutritional component not covered by Health services
- Need for community participation



Objectives

- Lay the foundation for proper psychological development of child
- Improve nutritional & health status of children
- Reduce incidence of mortality, morbidity, malnutrition and school drop-outs
- Enhance the capability of mother & family
- Achieve effective coordination among various departments

Services



- Supplementary nutrition
- Non-formal pre-school education
- Immunization
- Health Check-up
- Referral services
- Nutrition and Health Education

Beneficiaries of ICDS

- Children < 6 years
- Pregnant & Lactating women
- Women in Reproductive age group (15-44)
- Adolescent Girls (in selected Blocks)



Target Groups & Service Provider



Services	Target Group	Services Provider
Supplementary Nutrition	Children >6 years; pregnant & lactating mothers	AWW & AWH
Immunization	Children below 6 years; pregnant & lactating mothers	ANM/MO
Health Check-ups	Children >6 years; pregnant & lactating mothers	ANM/MO/AWW
Referral	Children >6 years; pregnant and lactating mothers	AWW/ANM/MO
Pre-School Education	Children 3-6 years	AWW
N& H Education	Women (15-44 years)	AWW/ANM/MO



Role of AWW

- To elicit community support
- Participation in running the program
- Weigh & record each child every month
- Refer cases
- Organize non-formal pre-school activities
- Provide supplementary nutrition
- Provide health & nutrition education and counseling



Role of AWW

- Make home visits
- Assist PHC staff
- Guide ASHA
- Assist in implementation of Kishori Shakti Yojana (KSY)



Role of AW Helper

- Cook & serve food
- Clean the Anganwadi premises
- Cleanliness of small children
- Bring small children to Anganwadi



Role of ASHA

- Awareness generation
- Counsel women
- Community mobilization
- Work with VHSC
- Escort/accompany pregnant women & children requiring treatment
- Provide primary medical care

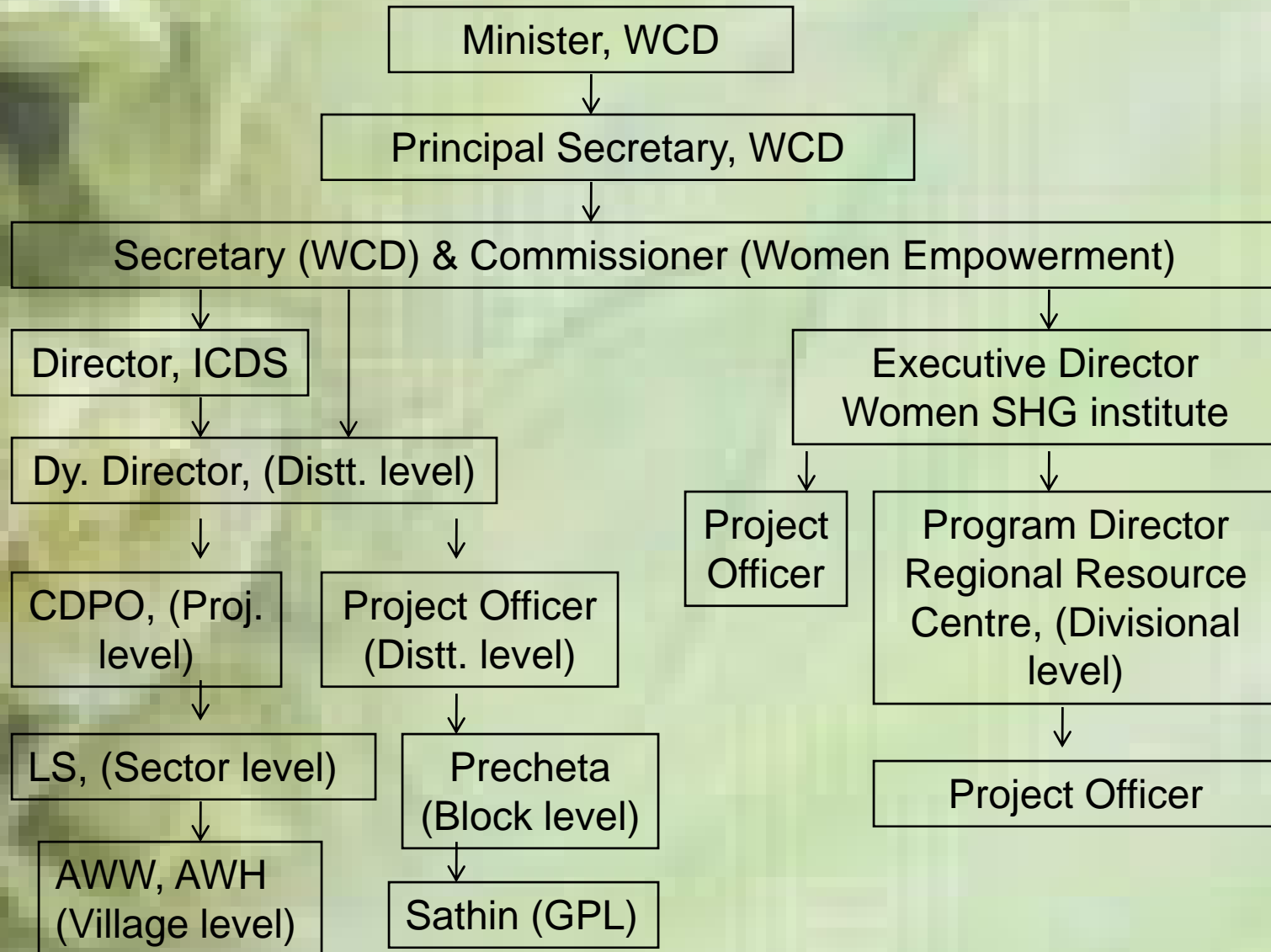


Role of ANM

- Hold weekly / fortnightly meeting with ASHA
- Participate & guide in organizing the Health Days at AWC
- Utilize ASHA in motivating the pregnant women and married couples
- Guide ASHA in motivating pregnant women for full ANC
- Educate ASHA on danger signs of pregnancy and labor

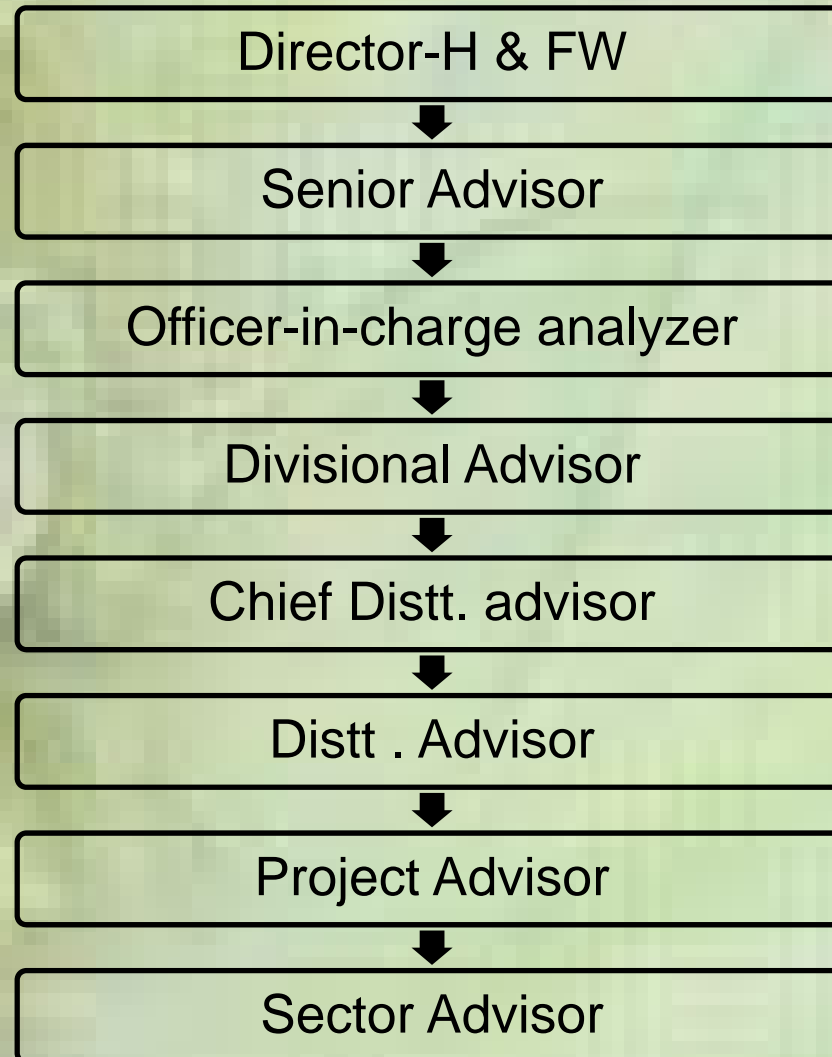


Women & Child Development





Health Department





Role of Health Department

- Health Check-ups
- Handling Referral
- Immunization
- Nutrition & Health Education
- Monitoring of Health components



Anganwadi Centre

Population Norms:

➤ For Rural/Urban Projects

400-800 - 1 AWC

800-1600 - 2 AWCs

1600-2400 - 3 AWCs

Thereafter in multiples of 800 1 AWC

➤ For Mini-AWC

150-400 -1 Mini AWC



- For Tribal /Riverine/Desert, Hilly and other difficult areas/ Projects
300-800 - 1 AWC
- For Mini- AWC
150-300 1 Mini AWC
- At present there are **54915** Anganwadi Centres and **6204** Mini Anganwadi Centres in Rajasthan. (WCD, Rajasthan, Nov. '10)



Supplementary Nutrition

Beneficiary	Pre-revised		Revised w.e.f. Feb. 2009	
	Calories (KCal)	Protein (G)	Calories (KCal)	Protein (Gm)
Children (6-72 months)	300	8-10	500	12-15
Severely malnourished children (6-72 months)	600	20	800	20-25
Pregnant & Lactating	500	15-20	600	18-20



Revised financial norms for food supplement

Category	Pre-revised	Revised w.e.f June 2010
Children (6-72 months)	Rs. 2.00	Rs.4.84
Severely malnourished children (6-72 months)	Rs. 2.70	Rs.5.82
Pregnant & Lactating	Rs. 2.30	Rs.6.00



Honorarium to Functionaries

Qualification/Year	1975-76	1.04.08	1.4.11
Non-Matriculate	100	1438	3238
Matriculate	150	1500	3269
Non-Matriculate with 5 years experience	-	1469	3300
Matriculate with 5 years experience	-	1531	3300
Non-Matriculate with 10 years experience	-	1500	3331
Matriculate with 10 years experience	-	1563	3363
Mini Anganwadi Worker	-	750	1650
Helper	35	750	1650



Training Infrastructure

- Anganwadi Workers Training Centers (AWTCs)
- Middle Level Training Centers (MLTCs)
- National Institute of Public Cooperation and Child Development (NIPCCD) and its Regional Centers.



International Partners

- United Nations International Children' Emergency Fund (UNICEF)
- Cooperative for Assistance and Relief Everywhere (CARE)
- World Food Programme (WFP)



Major Initiatives

- Revision in Population norms
- Universalization and 3rd phase of expansion of the Scheme of ICDS
- Increment in Budgetary allocation for ICDS Scheme
- Introduction of cost sharing between Centre & States
- Revision in financial norms of supplementary nutrition



Major Initiatives

- Revision of feeding and nutrition norms.
- Enhancement of honoraria
- Introduction of WHO approved Growth Standards
- Provision of flexi funds at Anganwadi level
- The Gov. of India introduced 'Anganwadi Karyakartri Bima Yojna' to AWW & AWH
- A scheme of award for AWWs introduced both at the National and State Level



- Paid absence of 135 days of maternity leave
- Provision of Uniform for AWWs and Helpers
- Strengthening of Management Information System (MIS)
- Revision in cost norms of Training component of ICDS Scheme
- BPL no longer a criteria



Monitoring System

- Central level
- State level
- Block level
- Village level (Anganwadi level)



Achievements

Year	No. of operational projects	No. of operational AWCs	No. of Supplementary nutrition beneficiaries (in lakhs)	No. of pre-school education beneficiaries (in lakhs)
31.03.06	5659	748229	562.18	244.64
31.03.07	5829	844743	705.43	300.81
31.03.08	6070	1013337	343.26	339.11
31.03.09	6120	1044269	373.43	340.60



No. of Supplementary Nutrition Beneficiaries

Year	Total Target for SNP	0-3 Year Children	3-6 Year Children	Pregnant & Lactating Mothers	Adolescent Girls	Total
Sep. 2010	5004511	1668437	1087249	828639	24839	3609164

Progress Report: Sep. 2010



Punctuations

- Practically children 3-6 Yrs.
- Pregnant & Lactating not covered
- Irregular food supplies
- Quality of Nutrition supplement?
- Poor supervision
- Lack of community ownership/ participation
- Nutrition education only on papers
- Children come only for food



Thank You

For more details log on to
[www. sihfwrajasthan.com](http://www.sihfwrajasthan.com)
or
contact : Director-SIHFW
on
sihfwraj@yahoo.co.in