



# Integrated Child Development Scheme in Delhi: An Evaluation of Social Welfare Schemes and Planning

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## Abstract:

*Social welfare since the inception of public policy has been a major tool planning process. Integrated child development scheme is one such initiative in this direction to elevate the status of women and children from vulnerability. ICDS aims at providing a holistic development for the children from an early age as their survival, education, health care, development and nutritional security is a matter of national concern. This paper provides a detailed evaluation of ICDS scheme, its assessment, merits and demerits and how can it be made more efficient.*

**Keywords:** *Aanganwaadi centres, ICDS, Social and Holistic development, Social welfare*

## 1. Introduction

Policy permeates the daily life of an individual and the choices those are available to a citizen. Policies for social welfare are based on the concept of human development. From a human development perspective, the major purpose of policy analysis is to bring policy changes, so that people's freedom are expanded and not reduced. It also contributes to the development effective, strong and inclusive public institutions. Social welfare policy is defined as the strategy of action indicating the means and methods adopted to implement the social welfare services. Social Welfare Services include programmes which are intended to cater to the needs of persons and groups who, by reason of some handicaps - social, economic, physical are unable to avail of or are traditionally denied the amenities and services provided by the community.

Governmental concern for the promotion of services for the growth and development of pre-school children is evident from the constitution of National Children's Board and also from the Resolution of National Policy for Children, 1974. Further, a number of expert bodies have been set up from time to time to frame policies for the welfare of children. The main objectives of all these schemes are to improve quality of life, remove poverty and economic inequality and human deprivation. About one fifth of developing world's young children under six years of age approximately 200 million resides in India. This segment constitutes almost one-sixth of India's population which alone is larger in population size than many countries of the world. However, the health status of children and mothers in India, as also in many third world countries remain a matter of grave concern. About one-third of low birth babies of the developing world are born in India and one in every two children (below 4 years) are malnourished. Further, the disturbing phenomena of declining sex-ratio, as revealed by the census, indicates gender discrimination in early childhood.

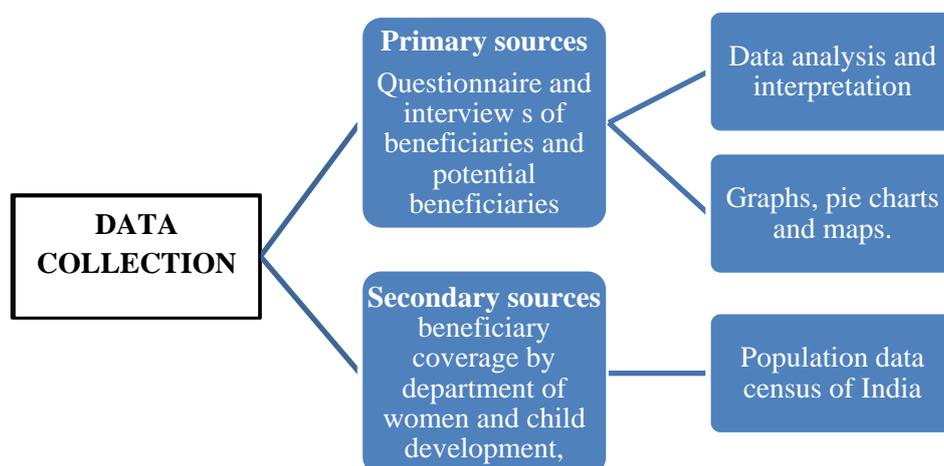
The policy stressed that child centred Interventions were required to address the needs of children and women, in specific, from disadvantaged community group. Founded on such realizations, the Government of India, Women and Child Development Department launched the Integrated Child Development Scheme (ICDS) in the year 1975. Though most of these schemes are steps in the right direction, very little is known about their implementation and effectiveness.

## 2. The Objectives

1. To assess the level of awareness among people regarding social welfare schemes or public policies.
2. To present a critical review of programme (scheme) design and assess its strength and weaknesses vis-a-vis its relevance , competence to address the micro issues.
3. To evaluate the achievements of the objectives identified in the light of the services provided under the scheme and evaluate the impact of the policy implemented.

## 3. Research Methodology

Research design and methodology consists of collecting data both from secondary as well as primary source.



**Figure 1.1: Research methodology**

The primary data was collected through the analysis of wards and household levels through interviews and field survey. It was collected through the questionnaire method. Data from secondary sources envisages collection of information on details of scheme composition and components, implementation strategy guidelines (including beneficiaries coverage), brought out by the website as well as office of the Department of Women and Child Development, Government of India. The data regarding the population provisional has been collected through the primary census abstract, census of India.

## 4. Integrated Child Development Scheme: A Critical Appraisal

Children are the first call on the agenda of human resource development – not only because young children are the most vulnerable, but because the foundation for lifelong learning and human development is laid in these crucial early years. Governmental concern for the promotion of services for the growth and development of pre-school children is evident from the constitution of National Children's Board and also from the Resolution of National Policy for Children, 1974. Ministry of

Women and Child Development implements various schemes for welfare, development and protection of children. ICDS is the world's most unique and largest programme for early childhood development programme, which is being operated for the past three decades. In pursuance of the National Policy for Children, which lays emphasis on the integrated delivery of early childhood services and services for expectant and nursing women and based on the recommendations of the Inter-Ministerial Study Teams set up by the Planning Commission, the scheme of Integrated Child Development Services (ICDS) was evolved to make a coordinated effort for an integrated programme to deliver a 12 package of such services. The Scheme was formally launched on October 2, 1975.

From the small beginning of 33 blocks in 1975, the ICDS has grown to become world's largest and most unique early childhood development programme. Today, the ICDS has a network of more than 5000 projects covering more than 75 percent of the Community Development Blocks and 273 Urban Slum pockets of the country. The programme approaches a holistic child health comprising health, nutrition, and education components for pregnant women, lactating mothers, and children less than six years of age. The programme is implemented through a network of community-level angan wadi Centers.

### 5. Objectives of the Scheme

In the broadest perspective the goal of the ICDS programme is to improve the quality of human resources in India by addressing the most vital and vulnerable section of the population – women and children. The programme has five main objectives (DWCD 2004.)

1. To improve the nutritional and health status of children in the age group 0-6 years.
2. To lay the foundations for proper psychological, physical and social development of children.
3. To reduce the incidence of mortality, morbidity, malnutrition and school drop-out.
4. To achieve effective coordinated policy and its implementation amongst the various departments to promote child development; and
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

### 6. Services and Coverage Norms

The ICDS programme provides an integrated package of health, nutrition and education services targeted to children aged below 6 years; pregnant and nursing mothers; and in some blocks, adolescent girls. The programme aims to cover economically or socially marginalised sections of women and children as primary beneficiaries. Specific services provided through the programme include:

1. **Supplementary Nutrition Programme** includes (supplement to the daily diet of beneficiary to be consumed at AWC) and growth monitoring; prevention against vitamin A deficiency and control of nutritional anemia. It usually consists of a hot meal, containing a varied combination of pulses, cereals, oil, vegetables and sugar. Supplementary Nutrition Programme (SNP) also provides a Crucial opportunity to counsel pregnant women enabling utilization of key services, i.e. antenatal care, iron folic acid supplementation and improved care, adequate extra care from family and rest during pregnancy.
2. **Immunization** of infants protects children from six vaccine preventable diseases.
3. **Growth monitoring**- Children enrolled under the scheme are monitored from time to time. Their height, weight and other parameters are measured to assess the rate of growth.
4. **Health check-up** It includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. These services are provided by the ANM, Medical Officers In-charge of Health Sub-Centre's and Primary Health Centre's under the RCH programme of the Ministry of Health and Family Welfare.
- 5.

**Table 1.1**  
**Vaccine deliveries under immunization programme**

VACCINATION	TIME
BCG	At birth
Oral Polio	At birth, 6, 10, 14 weeks
DPT	At 6, 10, 14 weeks
Hepatitis B	At 6, 10, 14 weeks
Measles	At 9 week
DPT+ Oral Polio	At 18 to 24 months
DT	At 5 years
Vitamin A	At 9,18,24,30 and 36 month
Tetanus Toxoid	to Pregnant Women in different trimesters

Source: Dept. of Women and Child development

## 7. Referral services

During health check-ups and growth monitoring, sick or malnourished children, who are in need of prompt medical attention, are referred to the Primary Health Centre. These cases referred by the anganwadi are to be attended by health functionaries on a priority basis.

**Treatment of minor illness** such as minor wounds, fever and other seasonal illnesses are treated by the physician at the anganwadi centre.

**Pre-school education to children aged 3-6 years** -Pre-School Education provides 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. Under this, child centred play way activities, which is built on local culture and practices, using local support materials and developed by anganwadi workers through enrichment training are promoted. Under PSE, children are fully prepared for entering Class I at the age of 6 years under the Sarva Shiksha Abhiyan (SSA) and District Primary Education Programme (DPEP). So there is strong convergence between ICDS, SSA and DPEP.

**Nutrition and health education to women** is imparted at the anganwadi centre such as basic knowledge on nutritional value of different food items which they should include in their daily diet.

**Table 1.2: Services provided to target groups by ICDS**

Target group	Health check ups and treatment	Nutrition related services	Educational services
<b>Children below 3 years</b>	<ul style="list-style-type: none"> <li>• Health check-ups</li> <li>• Immunisation</li> <li>• Deworming</li> <li>• Basic treatment of minor illnesses</li> <li>• Referral services for more severe illnesses</li> </ul>	<ul style="list-style-type: none"> <li>• Supplementary feeding</li> <li>• Growth monitoring (monthly weighing, weight recorded on growth chart)</li> <li>• Take home rations (THR)a</li> </ul>	
<b>Children between 3-6 years</b>	<ul style="list-style-type: none"> <li>• Health check-ups</li> <li>• Immunization</li> <li>• Deworming</li> <li>• Basic treatment of minor illnesses</li> <li>• Referral services for more severe illnesses</li> </ul>	<ul style="list-style-type: none"> <li>• Supplementary feeding</li> <li>• Growth monitoring (quarterly weighing, weight recorded on growth chart)</li> </ul>	<ul style="list-style-type: none"> <li>• Early Childhood Care (Day-care)</li> <li>• Pre-school education</li> <li>• Nutrition and health education</li> </ul>
<b>Adolescent girls between 11-18 years</b>	<ul style="list-style-type: none"> <li>• Health check-ups</li> <li>• Treatment of minor illnesses</li> <li>• Referral services for more severe illnesses</li> </ul>	<ul style="list-style-type: none"> <li>• THR</li> </ul>	<ul style="list-style-type: none"> <li>• Non-formal education focusing on home-based and vocational skills</li> <li>• Nutrition and health Education</li> </ul>
<b>Pregnant women</b>	<ul style="list-style-type: none"> <li>• Health check-ups</li> <li>• Immunisation</li> <li>• Referral services</li> </ul>	<ul style="list-style-type: none"> <li>• THR</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition and health Education</li> </ul>
<b>Nursing mothers</b>	<ul style="list-style-type: none"> <li>• Health check-ups</li> <li>• Referral services</li> </ul>	<ul style="list-style-type: none"> <li>• THR</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition and health Education</li> <li>• Nutrition and health Education</li> </ul>
<b>All women (15-45 years)</b>			

Source: (Department of women and child development)

### 8. Coverage Norms

Now, with the Universalization of the ICDS programme, all children below 6 years are in the target group i.e. that every hamlet/settlement should have a functional AWC, and that the coverage of ICDS should be extended to all children under 6 and all eligible women. The Integrated Child Development Services is a Centrally Sponsored Scheme wherein the Central Government is responsible for programme planning and 90% of the operating costs while the State Government is responsible for programme implementation and 10% of the operating costs.

### 9. Data Analysis and Interpretation

The data has been collected through the primary survey which was based on the technique of random sampling along with secondary data. The sample size is 100. The composition of the sample is diverse as it includes the beneficiaries, potential beneficiaries and people belonging to various strata of life. As already mentioned the objective of the report is to check the level of awareness that people have regarding the policies and assess their implementation and provide a critical assessment of it.

The scheme has been operational in Delhi since its inception, though along with time the spatial coverage has increased and so has the number of beneficiaries. Still the increase in the number of beneficiaries under pre school education is quite less as compared to the increase in the overall number of child and women beneficiaries. As of February 2013 there are total of 95 ICDS projects being implemented in Delhi which serve a total of 1076631 persons. The number of anganwadi centres has also increased from 6606 in 2011 to 10607 in 2013.

The Delhi State has already introduced the new system of distribution of hot cooked food & weaning food through Self Help Groups/Mahila Mandalas by involvement of NPOs as facilitators under SNP component. The share of beneficiaries has increased at a consistent pace, maintaining the uniform composition. The reason for low enrolment ratio in preschool education can be attributed to its informal nature, where many adopt the formal private education.

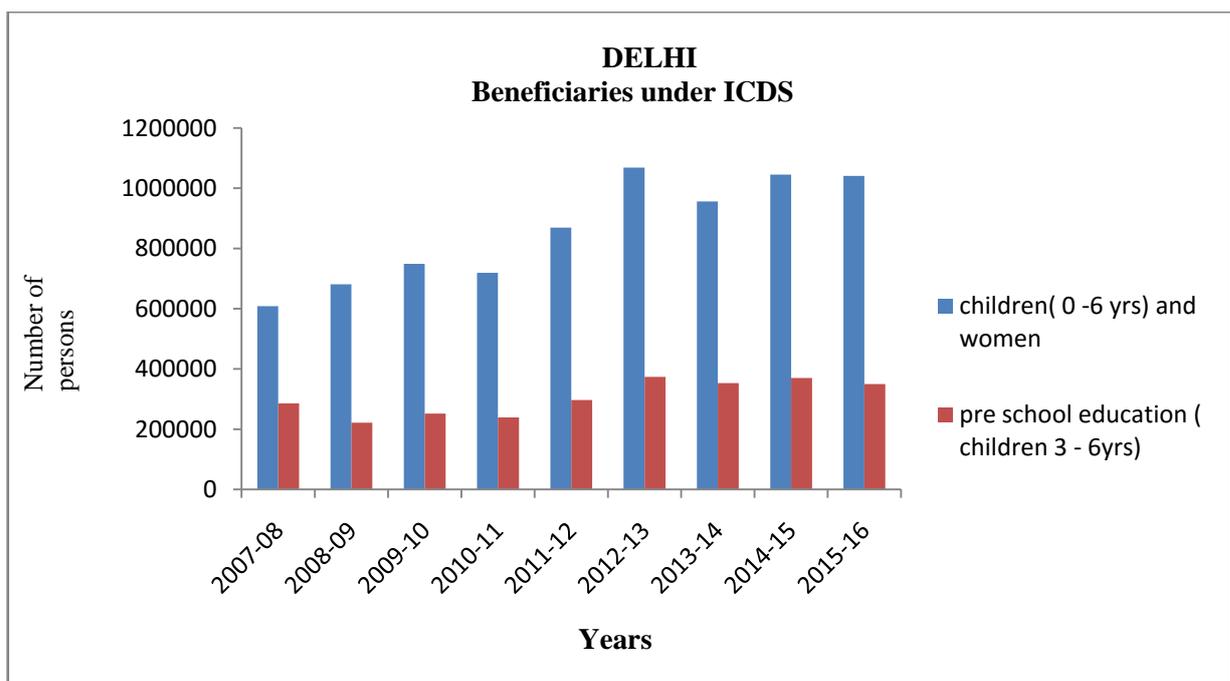
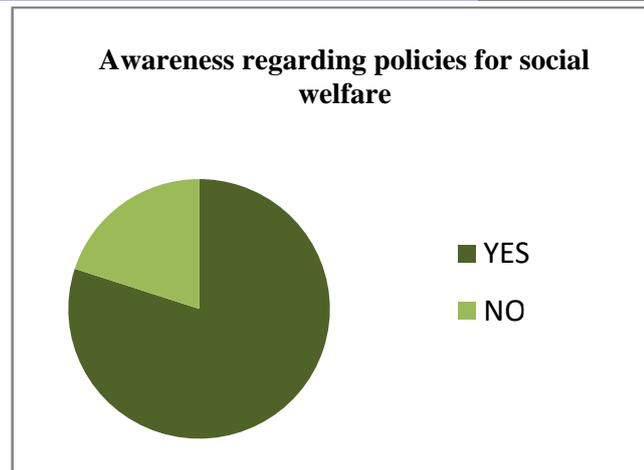
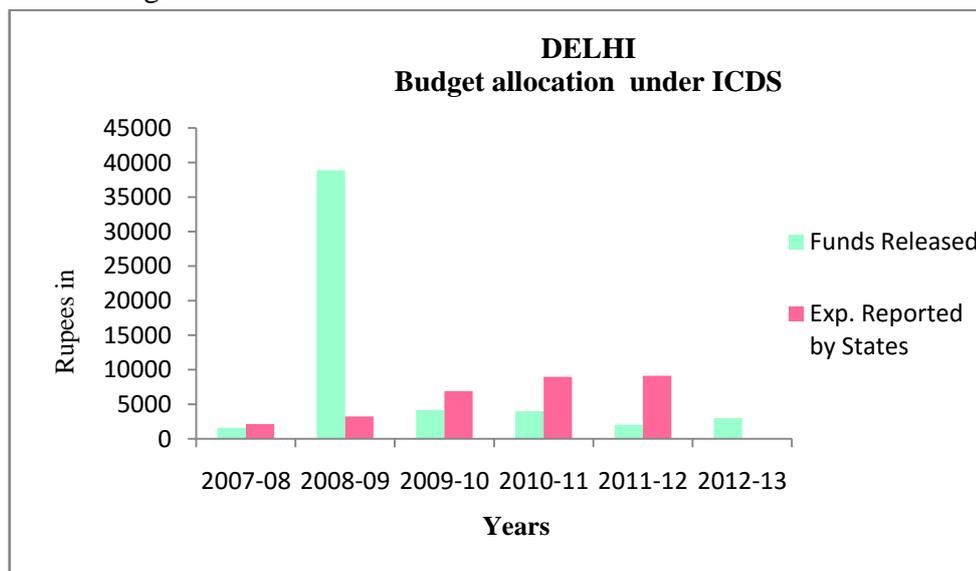


Figure 1.2: Allocation of Beneficiaries under ICDS.



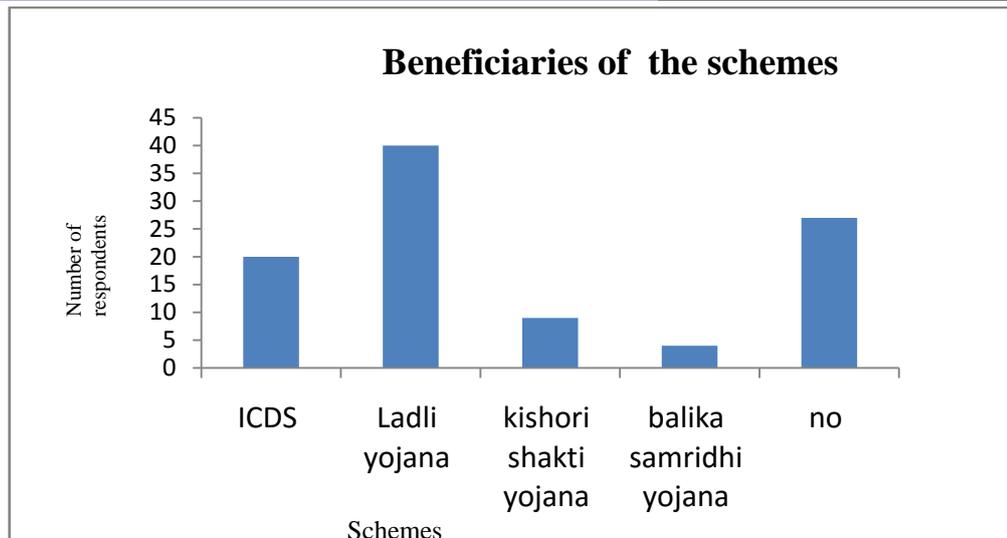
**Figure 1.3: Awareness regarding policies.**

- The question of awareness regarding the policies was asked to the different classes of people in different areas and It is quite evident from the sample that 80% of the people had awareness regarding the policies framed by the government whereas 20% of the people had no idea about any kind of policies. Also it was noticed that 20% which had no idea belonged to economically sound background, their response was simply because they do not require the assistance. So this gives a clear picture that the target group for which the policies are designed is at least well aware of them. This awareness was only superficial in most of the cases; respondents didn't have a deeper understanding.



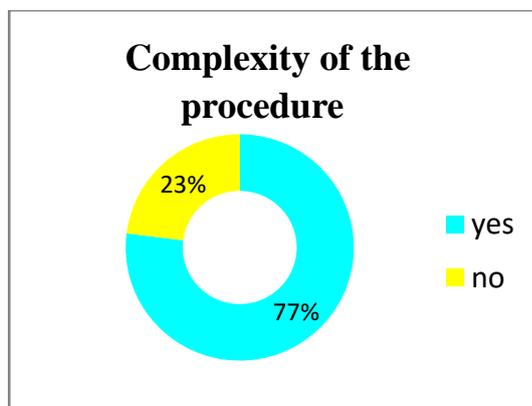
**Figure 1.4: Budget Allocation**

The ICDS scheme is one of the earliest centrally sponsored schemes by the govt of India, the chunk forms a major share of the government subsidies. The budgetary allocation has more or less remained the same with slight variations. Though there are disparities in the funds released and the expenditure reported by the states. However, when asked if they were the beneficiaries under any of the schemes the following was the response. Socially welfare schemes are many but majority of the correspondents were enrolled in welfare schemes for children and specially those concerning girl child and women.



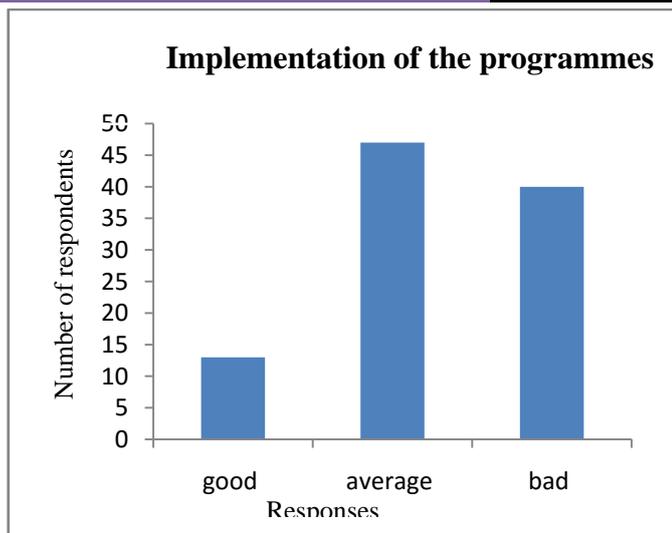
**Figure 1.6: Beneficiaries of various schemes.**

- Of the total respondents 73% of them are the beneficiaries of various schemes and 27% are not availing the benefits of any of the schemes and mostly those who are not availing the benefits are either not in need of it or doesn't belong to the target group. And out of the total beneficiaries 40% are enrolled under the Delhi Laadli scheme, 27% under the ICDS and the remaining 6% under Balika samridhi yojana. Also those who are not enrolled under any of the schemes, includes potential beneficiaries but due to lack of awareness they couldn't reap the benefits of it.



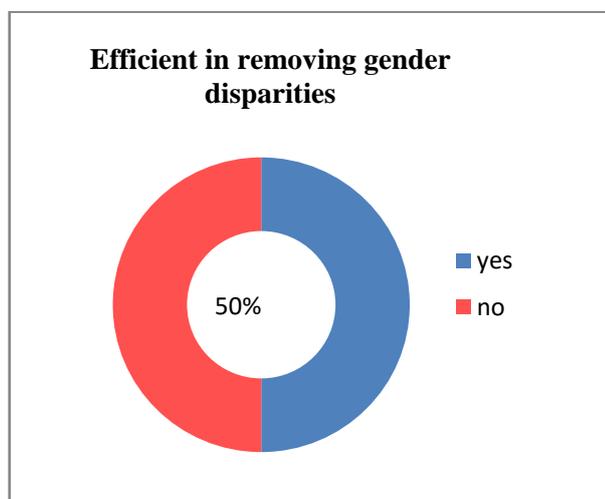
**Figure 1.7: Complexity of the procedure**

- When asked about the complexity of the criteria and procedure of these schemes, 77% felt that the procedure is quite complex and many found it as extremely cumbersome and complex due to the hassle thus many refrained themselves from enrolling under it



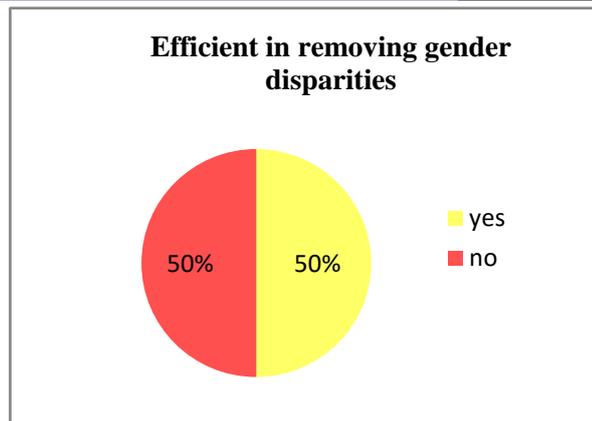
**Figure 1.8: Implementation of the programmes**

- In terms of effective implementation of the policies 40% of the respondents felt that they are below average i.e. bad when it comes to implementation, whereas only 13% felt that they were being implemented in a fairly good manner. The remaining 47% felt that they are performing just averagely. One common perception the respondents had was that what these policies are on paper is far away from the reality. The beneficiaries told that they didn't receive the amount of money that was promised to them.



**Figure1.8: Implementation of the programmes**

- When questioned whether the incentives provided through these policies are efficient in improving the declining sex ratio, reducing gender discrimination and empowering girl child. Half the people responded in a positive manner and other half in a negative manner. But they said that this will promote people to go for girl child and also it will reduce the cases of female foeticide.



**Figure 1.9: Efficiency in removing gender disparities**

### **Achievements**

- Department has removed contract procurement system of SNP RTE (Ready To Eat) and started cooked food item through NGOs.
- The state of Delhi has received sanction of 546 AWCs (05 projects) from Government of India during the year 2005-06 and same has been operationalised.
- The GOI has accorded one project with 60 AWCs for Madanpur Khadir project and same is being run by NGO through Delhi Social Welfare Board.
- Total 418 AWCs are being run by NGOs out of 4428 AWCs.
- The GOI has accorded sanction of 16 new projects under universalisation of ICDS to the State of Delhi in the year 2006-07.
- The GOI also sanction 05 District cells for effective monitoring and implementation of ICDS projects in current financial year.
- The Delhi State has already introduced the new system of distribution of hot cooked food & weaning food through Self Help Groups/Mahila Mandalas by involvement of NPOs as facilitators under SNP component.
- A Pvt. reputed organization i.e, Sri Ram Institute for Industrial Research was engaged for lifting samples by their representative along with the Flying Squad of the Department constituted for the purpose and for lab analysis of the same. Further, Vehicles are being hired to enhance the mobility of the Project Officers so as to facilitate and strengthen the monitoring & Supervision of ICDS.

### **Recommendations and Conclusion**

The ICDS programme was not in a position to achieve its objectives to the desired level. Not only the coverage of the services was low, but the scheme was not in a position to provide Supplementary Nutrition (SN) to beneficiaries throughout the year. As such, the scheme was not in a position to improve the nutritional status of the children. Due to lack of nutrition items in the ICDS Centres, pre-schooling has become a casualty, because many parents send their children to AWCs mainly for Supplementary Nutrition. The scheme was not in a position to help majority of the women to receive ante-natal care services and health education, as only a limited number of women were informed by AWWs about ante-natal care services, child immunization, management of diarrhoea, methods of family planning, etc.

The study also found that there was lack of coordination between various Departments engaged in implementation of the Scheme viz., Health, Rural Development, Education and Social Welfare. It was observed that lack of coordination was one of the major reasons for under performance of the ICDS. Another important reason for tardy implementation of ICDS was non-availability of adequate

supervisory staff. Based on the findings of the study, the following recommendations are made for improving the implementation of the programme: -

1. All vacant positions of the CDPOs and ACDPOs should be filled up at the earliest so that the scheme does not suffer any more. This will help in proper planning, implementation, supervision and monitoring of the scheme. All the departments must regularly coordinate and meet the expectations from each other department.
2. The AWWs should be selected on the basis of their merit and educational competence which will go a long way in delivering the AWCs services in effective and constructive manner. Further the AWWs should be relocated to the AWCs in their own areas of residence, which will help AWWs to do full justice with their occupational commitments as well as to their inevitable domestic commitments.
3. There is a need to consider ways and means to improve the existing workspace and location of the AWCs, either by increasing the rent or encouraging communities to donate a required place or by constructing space. This will help in improving delivery of the services.
4. Honorarium is a mark of respect for the work that AWWs and AWHs are doing. Periodic increase in the Honorariums must be made a permanent feature of the financial allocation processes.
5. The AWC is a point where both demand is created and services are delivered. The study found that AWC network has not fully succeeded in meeting either of its two objectives. Hence, there is a need to improve the knowledge, skills, support and motivation of the AWWs in mobilizing community involvement. Besides, there is a need to consider improving the status and profile of the AWCs, by way of converging other development/welfare schemes (such as BSY, Sabla, other schemes for the girl child, etc.), with respect to development of women and children, presently implemented by other departments, with ICDS.
6. The provision of providing Supplementary Nutrition in AWCs should be increased to 300 days. Further, calorific requirements for different target groups of population should be respected. Besides, supplies should be regularized and storage facilities in the AWCs should be improved. More emphasis should be given to local tastes, menus and cooked food.
7. So far as early childhood care and pre-school education is concerned, there is a need to improve the skills of the AWWs on the concepts and approaches of the joyful learning (play-way methods). Adequate provisions should be made for procuring of relevant teaching and learning aids. Provisions should also be made for suitable accommodation along with matting and heating provisions at each AWC. There is also a need to develop and strengthen coordination with the local primary schools to seek their support.

Children and women are considered as one of the most vulnerable sections of the society, thus various policies for the children of all age group have been introduced. The overall standard of living, health and nutrition has been declining ever since. However, ICDS in Delhi couldn't deliver the desired results, services were low on quality and also the scheme couldn't provide supplementary nutrition to beneficiaries throughout the year.. Due to lack of nutrition items in the ICDS Centres, pre-schooling has become a casualty, because many parents send their children to AWCs mainly for Supplementary Nutrition. Concerted efforts by the government are required to create awareness regarding these policies and their process and adequate measures should be taken to ensure their effective implementation. A grievance redressal cell should be set up to answer the queries of the beneficiaries and look into the other problems faced by the people. Though it can be concluded that public policies so designed, if implemented efficiently can really change the face of the society.

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