

INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME IN MEICKILARPATTY VILAGE MADURAI DISTRICT

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Introduction

"Children's health is tomorrow's wealth"

"A nation is judged by what it does for its children"

"Today's children is tomorrow's world"

SMT. Indira Gandhi

Integrated Child Development Services Scheme Central Government and the State Government Scheme relating to integrating child development is called ICDS. The scheme is meant for children covering the age group of 0-6, pregnant women, lactating mothers and adolescent girls Undisputedly, funds are released by the Central government to the state Government who required to implement the scheme, .State Government, it is alleged, have failed to match the grants given by the Central Government'. ICDS symbolizes the country's commitment to it's children Mecha. ICDS promotes child survival and development through an integrated approach for converging basic services of improved child care, early stimulation and learning, improves child care, early stimulation and learning ,improves enrolment and retention, health and nutrition and water and environmental .sanitation. Integrated and inter-sect oral nature, coordination 'community Involvement, training infrastructure and monitoring system make ICDS a unique programme, ICDS has the potential to achieve the major national nutrition, health and educational goals of the national plan of action for children. ICDS provides increased opportunities for providing children their rights. ICDS through its advocacy and social mobilization components aims to empower the community using communication channels and media as tools for development.

Concept

The Integrated Child Development Services (ICDS) scheme' was conceived in 1975 with an Integrated Delivery package of early childhood services, So that their synergistic effort can be taken full advantage of.

Aims of ICDS

The scheme aims to improve the nutritional and health status off vulnerable groups including preschool children, pregnant women and nursing mothers through providing a package services including supplementary nutrition, pre education, immunization, health check up, referral services and nutrition and health education. In addition, this scheme envisages effective convergence of inter-sect oral services in the Anganwadi centres;

Expansion of ICDS

Alongside gradual expansion of the scheme, there has also been significant increase in the central Government's pending, on implementation of the scheme. As against the expenditure of only Rs.1190.21 cores during 17 years (i.e.) 1975 -76 to 1991 - 92, the expenditure during the five years of the 8th plan, (1992-1997) period was Rs.2271.23 cores representing 191% increasing during just five years period as compared to 17 years period. The expenditure of Rs.2271.28 cores during 8th plan was against the proved 8th plan out lay of Rs 128.74 crores for ICDS. During 1999-2000, against approximately Rs 772 crores has been realized up to Sept. 1999

ICDS and persistent under nutrition strategies to enhance the Impact examines to effectiveness of the Integrated Child Development Services programme in addressing the challenge of child under nutrition in India. It finds that although the ICDS programme appears to be well-designed and well-placed to address the multidimensional causes of malnutrition in India, there are several mismatches between the programme design and its actual implementation that prevent it from reaching its potential.

The ICDS Scheme was sanctioned during 1975-76 in just 33 blocks of the country, At present, there are 4200 Operational ICDS Projects in the Country. Approval of the Cabinet has been obtained for operationalisation of 461 new ICDS blocks under World Bank assisted ICDS III and ICDS- APER projects during the next three years. In addition to this proposal for operationalisation of 390 ICDS Projects in a phased manner during IX Plan period under General ICDS scheme has been submitted to CCEA for approval

Definitions for 'Child'

The Child Majority Act 1875: As person is deemed to have attained majority on completion of 18 years.

The Child Marriage Restraint Act 1929: "Child" mean a person who, if a male, has not completed twenty-one years of age, and if a female, has not completed eighteen years of age.

The Children (Pledging of Labour) Act, 1933: "Child" means a person who is under 15 years.

The Factories Act, 1948: No child who has not completed year shall be required or allowed to work in any factory.

The Apprentices Act, 1961: A person shall not be qualified to be engaged as an apprentice unless he is not less than fourteen years of age ..

The Women's and Children's Institution (Licensing) Act, 1956: A "child" means a boy or a girl who has not completed the age of 18 years.

The Mines (Amendment) Act, 1983: No person below eighteen years of age shall be allowed to work in any mine Or pat thereof.

The Child Labour (Prohibition and Regulation) Act, 1986:

"Child" means a person who has not completed his fourteen year of age. The Immoral Traffic "Prevention "Act, 1986: Child means a person who has completed the age of 16 year. Minor means a person who has completed the age of 16 year but has not completed the age of 18 year. The Juvenile Justice Act, 1986: "Juvenile"[is a boy who has not attained the age of sixteen years , and a girl who has not attained the age of eighteen years. The convention on the Rights of Child: states that a child is very human being below 18 years.

Definition of Welfare

Welfare: A state of faring or doing well

Positive: Enjoyment of health, prosperity etc.

Negative: Freedom from calamity, sickness etc

Welfare originated to help those individuals who could not purchase their needs in the market according to the commercial exchange rate. It is a reaction to the base. The term 'social' thus historically signified these services provided outside the market forces and for promoting integration.

Objectives of ICDS

The objectives of the scheme are:

- To improve the nutrition and health status of pre-school children in the age group of 0-6 years even in rural areas.
- To lay the foundation' of proper psychological development of the child.
- To reduce of incidence of mortality, morbidity, malnutrition and school drop-out.
- To achieve effective co-ordination of policy and implementation amongst various to department.
- To enhance the capability of the mother to took after the normal health and nutritional needs of the child through proper nutrition and health education.

Package of Services of ICDS

To achieve the above objectives the ICDS aims at providing a Package of services consisting of:

- i. supplementary nutrition
- ii. Immunization
- iii. Periodical health check-up
- iv. Referral services
- v. Non-formal pre-school education and
- vi. Nutrition and health education.

Activities of ICDS Based on the Programs

1. Expansion of nutritional intervention net through ICDS 'so as to cover all vulnerable children in the age of 0 to 6 years
2. A concerted effort to bring about appropriate behavioural changes among the mothers through existing programmes such as ICDS safe motherhood, Urban Basic Services Development of Women and Children in Rural areas(DWCRA) and programmes for Children and nutrition board.
3. Improvement in growth, monitoring between the age group of ° to 3 years with closer involvement of mother top be taken.
4. Convergence of services by strengthening linkages between the concernsectors like agriculture, food, health, women, child development, education, rural development and urban development.
5. Creation of conducive environment by providing safe drinking water, clean environment, immunization and service health careless.

Life-Cycle Approach

Women's health is important during all phases for their lives, from childhood to adulthood. The Reproductive and child health program addresses women's health across their life cycle. To ensure good health across the life cycle, all components of the RCB program are implements fully towards improving the overall health of women and that of society as a whole.

International Level ICDS

There are over 3, 00,000 deaths annually in the attributable to cardiovascular disease and between 50,000 and 70,000 of these are due to sudden cardiac death. Of these 805 are the results of ventricular tachyarrhythmia and are therefore potentially treatable with an implantable cardioverter defibrillator. Since 40% of SCD's are not witnessed or occur during sleep, 805 occur at home and survival rates for out of hospital cardiac arrest in western Europe are less then 5% ICDS seem to be a logical choice for the primary prevention of SCD about 15% of survivors will experience another event, usually fatal within one year, and ant arrhythmic therapy is ineffective in improving mortality. This highlights an additional role for LCD'S in both primary and secondary prevention of sudden cardiac death is supported by a large body of evidence recently reported at cardio Tim 2006 supports the superiority of dual chamber LCD'S over single chamber devices. The study found superior SVTNT discrimination in dual chamber devices with a 33% reduction in adverse events, largely in the form of in appropriate shocks. Innovations such as delivery of ATP (Antitachycardiapacing) during shock charging will also mmumze any potential in delay in shock caused by ATP also safe and improves quality of life.

The Challenge

The complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. It is estimated that around 529,000 women die each year from maternal causes. And for every woman who dies, approximately 20 more suffer injuries, infection and disabilities in pregnancy or childbirth. This means that at least 10 million women a year incur this type of damage.

The most common fatal complication is post-partum haemorrhage. Sepsis, complications of unsafe abortion, prolonged or obstructed labour and the hypertensive disorders of pregnancy, especially eclampsia, claim further lives. These complications, which can occur at any time during pregnancy and childbirth without forewarning, require prompt access to quality obstetric services equipped to provide lifesaving drugs, antibiotics and transfusions, and to perform the caesarean sections and other surgical interventions that prevent deaths from obstructed labour, eclampsia and intractable haemorrhage.

The foundations for maternal risk are often laid in girlhood. Women whose growth has been stunted by chronic malnutrition are vulnerable to obstructed labour. Anemia predisposes to haemorrhage and sepsis during delivery and has been implicated in at least 20% of postpartum maternal deaths in Africa and Asia. The risk of childbirth is even greater for women who have undergone female genital mutilation, with an estimated 2 million girls mutilated every year.

The factors that cause maternal morbidity and death also affect the survival chances of the fetus and newborn, leading to an estimated 8 million infant deaths a year (over half of them fatal deaths) occurring just before or during delivery or in the first week of life.

Coverage

The number of beneficiaries under the ICDS Scheme has also significantly over the period. As against 1.66 cores beneficiaries up till March 1992 there are at present 2.77 cores beneficiaries as on June 1999. Universal/cover Arunachal Pradesh, Goa Haryana, Universal Himachal Pradesh, Karnataka, Coverage of Manipur, Meghalaya, Mizoram,

Sikkim, Tamil Nadu, Tripur, A & N

Islands, Chandigarh, Delhi, Dadra &

Nagar Haveli, Daman & Diu, Lakshadweep & Pondicherry

In India approximately 60 million children are categorized as under-weight in 1998-1999, 47 percent of children under three years of age were underweight or severely underweight, and a further 26 percent were mildly underweight such that, in total, underweight afflicted almost three-quarters of India children levels of malnutrition declined modestly during the 1990's with the prevalence of underweight among children under three falling by 11 percent between 1992-93 and 1998-99 but lagged far behind that achieved by other countries. ICDS (Iron Deficiency Anemia) 50% pre-school children have sub-clinical V-A Deficiency 9VAD and Iodine Deficiency) is endemic in 85% of the districts

(UNICEF 2003, WHO 2000, UNICEF and MI 2004). The global community has designed having the prevalence underweight by 2015 as a key indicator of progress towards the millennium development goal (MDG) of eradicating extreme poverty and hunger. However, it appears that economic growth alone, though impressive, will not reduce malnutrition sufficiently to meet MFG nutrition target. It this is to be achieved, difficult choices about how to scale up and reform existing nutrition programmes or introduce new one have to be made by the Government of India .and other agencies involved in nutrition in India. (United (1990) strategy for improved nutrition of children and women)

It is a centrally sponsored scheme, wherein the central Government is responsible for programmes planning and operating costs, and the State Governments are responsible for programme implementation and for providing supplementary nutrition out of states' resources. The Scheme has been continued in the Tenth Plan in 5652 projects with no expansion activities in view of resources constraints. As on 31.8.2004, 5274 projects have become operational providing services to about 456 lakhs beneficiaries, comprising of about 380 lakh children (0-6 years) and about 76 lakhs pregnant of lactating mothers though a network of 6.74 lakh Anganwadi Centres. 10.63 The NCMP of the Government envisages universalisation of the ICDS Scheme to provide a functional Anganwadi in every settlement and ensure full coverage for all children. Nutrition programmes, particularly' for the girl child, will be expanded on a significant scale. 10.64 the Scheme for Creches! Day care Centres for the Children of working and Ailing Mothers is being modified so as to merge the National Creche Fund with the Scheme for Assistance to Voluntary Organisations for running creches. The revised scheme envisages increase in financial norms from Rs. 18,480 per creche per annum increase in honorarium for creche workers and enhancement in the provision for supplementary nutrition. The revised scheme provides coverage to more number of children by increasing ceiling for eligibility from Rs. 1800 per month to Rs. 12000 per month per family. By the end of Tenth Five Year Plan, It has been proposed to increase the number of creches from the pr-s!nt 15,000 creches (app.) to 30,000 creches by increasing 5,000 creches in a year. A National Charter for Children has been notified in the Gazette of India on 9th February 2004. The document emphasizes Government of India's commitment to Children's rights and development. A national commission for Children is in the process of being established. The initial proposal to set up the commission has been revised in order to give more powers to the Commission for effective implementation of existing laws and schemes for children. A draft National Plan of Action for children has been prepared taking into consideration the goals for children set in the UN General Assembly Special Session on Children held in May, 2002 and the monitor able targets set in the Tenth Five Year Plan and goals for children in related Ministries/ Departments.

Targeted Beneficiaries

The Scheme targets the most vulnerable groups of population including children up to 6 years of age, pregnant women and nursing mothers belonging to poorest of the poor families and living in disadvantaged areas including. Backward rural areas, tribal areas and

urban slums. The identification of beneficiaries is done through surveying the community and identifying the families living below the poverty line.

Recipients Calories Grams of protein

Children up to 6 Years 300 8-10

Adolescent Girls 500 20-25

Pregnant and nursing mothers 500 20-25

- to improve the nutritional and health status of pre-school children in the age-group of 0-6 years;
- 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 amongst the various departments to promote child development; and
- 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.

To achieve the above objectives, the ICDS aims at providing a package of services, consisting of

- Supplementary Nutrition;
- Immunization
- Health check-up;
- Referral Services;
- Non- formal Pre-school Education; and
- Nutrition & Health Education.

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