

CHAPTER I

INTRODUCTION

1.1 Constitutional provisions for the welfare of Children

In the constitution of India a special provision for the welfare of children is made in Articles 24, 39 and 45. Article 24 reads:

Prohibition of employment of children in factories etc. No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment.

Article 39 reads:

Certain principles to be followed by the states: the state shall, in particular, direct its policies towards securing:

- e. that the health and strength of the workers, men and women and the tender age of children are not abused and that citizens are not forced by economic necessity to enter evocation unsuited to their age or strength;
- f. the children are given opportunities and facilities to develop in a healthy manner in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

Article 45 reads:

Provision for free and compulsory education for children - states shall endeavour to provide, within a period of 10 years from the commencement of this Constitution, for free and compulsory education for children until they complete the age of 14 years.

Keeping in view this constitutional background for the welfare of children, the Govt. of India adopted a national policy for children in August, 1974. This policy recognised that "the nation's children are a supremely important asset. Their nature and solicitude are our responsibility. Children's programmes should find a prominent part in our national plans for the development of human resources, so that our children grow up to become robust citizens, physically fit, mentally alert and morally healthy, endowed with the skills and motivations needed by society. Equal opportunities for development to all children during the period of growth should be our aim, for this would serve our larger purpose of reducing inequality and ensuring social justice.

"The needs of children and our duties towards them have been expressed in the Constitution". The Resolution on a National Policy on Education, which has been adopted by Parliament, gives direction to State Policy on the educational needs of the children. We are also party to the UN Declaration of the Rights of the Child. The goals set out in these documents can reasonably be achieved by

judicious and efficient use of the available national resources. Keeping in view these goals, the Government of India adopts this Resolution on the National Policy for Children.

"It shall be the policy of the State to provide adequate services to children, both before and after birth and through the period of growth, to ensure their full physical, mental and social development. The State shall progressively increase the scope of such services so that, within a reasonable time, all children in the country enjoy optimum conditions for their balanced growth. In particular the following measures shall be adopted towards the attainment of these objectives.

- (i) All children shall be covered by a comprehensive health programme.
- (ii) Programmes shall be implemented to provide nutrition services with the object of removing deficiencies in the diet of children.
- (iii) Programmes will be undertaken for the general improvement of the health and for the care, nutrition and nutrition education of expectant and nursing mothers.
- (iv) The State shall take steps to provide free and compulsory education for all children upto the age of 14 for which a time-bound programme will be drawn up consistent with the availability of resources. Special efforts will be made to reduce the prevailing wastage and stagnation in schools particularly in the case of girls and children of

the weaker sections of society. The programme of informal education for pre-school children from such sections will also be taken up.

(v) Children who are not able to take full advantage of formal school education shall be provided other forms of education suited to their requirements.

(vi) Physical education, games, sports and other types of recreational as well as cultural and scientific activities shall be promoted in schools, community centres and such other institutions.

(vii) To ensure equality of opportunity, special assistance shall be provided to all children belonging to the weaker sections of the society, such as children belonging to the Scheduled Castes and Scheduled Tribes and those belonging to the economically weaker sections both in urban and rural areas.

(viii) Children who are socially handicapped, who have become delinquent or have been forced to take to begging or are otherwise in distress, shall be provided facilities for education, training and rehabilitation and will be helped to become useful citizens.

(ix) Children shall be protected against neglect, cruelty and exploitation.

(x) No child under 14 years shall be permitted to be engaged in any hazardous occupation or be made to undertake heavy work.

(xi) Facilities shall be provided for special treatment, rehabilitation and care of children who are physically handicapped, emotionally disturbed or mentally retarded.

(xii) Special programmes shall be formulated to spot, encourage and assist gifted children, particularly those belonging to the weaker sections of society.

(xiii) Children shall be given priority for protection and relief in times of distress or natural calamity.

(xiv) Existing laws should be amended so that in all legal disputes, whether between parents or institutions the interests of children are given paramount consideration.

(xv) In organising services for children, efforts would be directed to strengthen family ties so that full potentialities of growth of children are realised within the normal family, neighbourhood and community environment.

"In formulating programmes in different sectors, priority shall be given to programmes relating to:

- (a) preventive and promotive aspects of child health;
- (b) nutrition for infants and children in the pre-school age alongwith nutrition for nursing and expectant mothers;
- (c) maintenance, education and training of orphan and destitute children;
- (d) creches and other facilities for the care of children of working or ailing mothers; and

(e) care, education, training and rehabilitation of handicapped children.

"During the last two decades , we have made significant progress in the provisions of services for children on the lines detailed above. There has been considerable expansion in the health, nutrition, education and welfare services. Rise in the standard of living, wherever it occurred, has indirectly met children's basic needs to some extent. But all this work needs a focus and a forum for planning and review, and proper coordination of the multiplicity of services striving to meet the needs of children. A National Children's Board shall be constituted to provide this focus and to ensure at different levels continuous planning, review and coordination of all the essential services. Similar Boards may also be constituted at the State level.

"The Government shall endeavour that adequate resources are provided for child welfare programmes and appropriate schemes are undertaken. At the same time, voluntary organisations engaged in the field of child welfare will continue to have the opportunity to develop, either on their own or with State assistance, in the field of education, health, recreation and social welfare services. India has a tradition of voluntary action. It shall be the endeavour of the State to encourage and strengthen voluntary action so that State and voluntary

organisations, trusts, charities and religious and other endowments would have to be tapped to the extent possible for promoting and developing child welfare programmes.

"To achieve the above aims, the State will provide necessary legislative and administrative support. Facilities for research and training of personnel will be developed to meet the needs of the expanding programmes and to improve the effectiveness of the services.

"The Government of India trusts that the policy enunciated in this statement will receive a support and cooperation of all sections of the people and of organisations working for children. The Government of India also calls upon the citizens and voluntary organisations to play their part in the overall effort to attain these objectives."

1.2 Some Salient Demographic Features

One of the salient demographic features of India is that it has a sizeable proportion of young population as is apparent from table 1.1. About 18% of India's population consists of the children below the age of 7 years as per the 1991 census. About 19% of the total rural population of India falls in this category. The percentage of females is slightly more than the percentage of males as regards the population below the age group of seven years.

Table 1.1
All India Population Below Age 7 Years, 1991

	Total	Males	Females
All India	15,04,21,175 (17.78)	7,73,22,151 (17.60)	7,30,99,024 (17.96)
Rural	11,68,28,332 (18.58)	5,99,63,100 (18.49)	5,68,65,232 (18.68)
Urban	3,35,40,330 (15.44)	1,73,59,051 (15.11)	1,62,33,792 (15.81)

Source: Compiled at NIC, Rohtak.

Note: Figures in parentheses show the percentage of the total population in that group.

The other salient features, as shown in the World Development Report 1993, are that 35% of India's population in 1991 falls in the age group of 0 to 14 years and another 60.2% of the total population falls in the age group of 15 to 64 years. The crude birth rate per thousand population was 30 and the death rate per 1000 population was 10 in 1991. Half of the total women population in India was in the child bearing age group in 1991. Forty five percent of the married women of child bearing age were using contraceptives in 1989. Only 33% of the total births in India were attended by health staff in 1985 and in that year 30% of the total babies born in India were born with low birth weight. In 1991, under 5

mortality rate per thousand live births for females was 125 and for males it was 123.

The Human Development Report, 1994, points out other salient demographic features of India's population. It pointed out that in 1992 there were 68.34 million mal-nourished children under 5 years of age. There were 35.05 million children who died before attending the age of 5 years in 1992. In this year, the infant mortality rate per one thousand births was 89 and the mortality rate per one thousand under 5 years of age was 130. Sixty-three percent of the total children under 5 years were under-weight in 1990. Only 70% of the total pregnant women received prenatal care during 1988-90. During the period 1975-1990, 80% of the total pregnant women were found to be with anemia. During 1985-90, only 75% of the total births were attended by health personnel and during this period 30% children were found to be low birth weight babies. The maternal mortality per one thousand live births in 1988 was 550. In 1992, 90% of the total one year's old were immunized and ORS excess rate in this year was only 77%.

In fact, children and people in reproductive age group pre-dominate the population composition in India and create an unfavourable age structure with a large proportion of juvenile population, resulting in a high dependency ratio and slower rate of increase in the country's labour force. The infant mortality rate itself is still much higher in comparison with the rates

established in developed countries. The data on the extent of morbidity among children are scarce. Some hospital reports and a few surveys conducted on small samples suggest that respiratory infection, pneumonia, gastro-intestinal disorder etc. are some of the common diseases prevailing among the children and reduces their resistance to various diseases and make them prone to common childhood ailments. Disease in childhood, in turn, precipitates mal-nutrition. Protein energy mal-nutrition is widely prevalent among younger children, the earliest manifestation of which is growth retardation signified by low weight for age. Nutritional anemia is very commonly noticeable among children and expectant women. Almost half of pregnant women in the third semester of pregnancy suffered from anemia.

Similar situation is apparent in the demographic features of the population of Haryana and the district of Rohtak. As is apparent from Table 1.2, 19% of the total Haryana's population consist of children below the age of seven years as per the 1991 census. In rural areas it is almost 20%. Like India as a whole, in Haryana's population the percentage of females below seven years of age is higher than that of the males. Similarly, the population below the age of seven years in 1991 in the Rohtak district, as shown in Table 1.3, was of 18% of the total population. Like-wise, the percentage of females in this age group is higher than the percentage of males in 1991.

Table 1.2
Haryana's Population Below Age 7 Years, 1991

	Total	Males	Females
All Haryana	31,25,173 (18.98)	16,63,350 (18.84)	14,61,823 (19.14)
Rural	24,29,267 (19.58)	12,94,035 (19.44)	11,35,232 (19.78)
Urban	6,95,906 (17.16)	3,69,315 (17.01)	3,26,591 (17.33)

Source: Compiled at NIC, Rohtak.

Note: Figures in parentheses show the percentage of the total population in that group.

Table 1.3
District Rohtak's Population Below Age 7 Years,
1991

	Total	Males	Females
Entire District	3,27,926 (18.13)	1,74,822 (17.89)	1,53,104 (18.41)
Rural	2,64,174 (18.56)	1,40,893 (18.25)	1,23,281 (18.94)
Urban	63,752 (16.54)	33,929 (16.55)	29,823 (16.52)

Source: Compiled at NIC, Rohtak.

Note: Figures in parentheses show the percentage of the total population in that group.

1.3 Evolution of Child Development Programmes in India

In this section we provide a brief review of the evolution of the programmes relating to the welfare and development of children in India since independence with a view to provide background to the subsequent model for the development of children.¹

The constitutional provisions concerning children mainly relate to the provision of free and compulsory education to children between 6 to 14 years of age, prohibiting exploitation of child labour and prevention of cruelty.

It was in the first five year plan that a planned approach to child welfare began and priority to the needs of children was given. In August 1953 the Govt. of India established the Central Social Welfare Board in order to assist voluntary organisations and mobilize their support and cooperation in the development of social , welfare services, especially for women and children. This Board found that most of the voluntary organisations were concentrated in and around urban areas. In order to carry welfare services to women and children living in rural areas the Board launched the scheme of Welfare Extension Projects (WEPs) in August 1954. In this scheme a project

1. This Section is primarily based on the manual on Integrated Child Development Services prepared by the National Institute of Public Cooperation and Development, New Delhi, 1984.

served a unit of 25 to 40 contiguous villages with an average population of 25,000 to 30,000 through five multi-purpose welfare centres. In this scheme the activities and services including maternity and child care services, first aid and primary medical aid, balwadi comprised of a Creche and free school, supplementary nutrition, craft training for women, and social education for women. The programme was implemented by a Project Implementation Committee consisting of officials and local voluntary workers. The staff of the project included one Mukhya Sevika and one Mid-Wife at the project level; and a Gram Sevika, a Mid Wife and a Craft Instructor at each centre. Each project had a budget of Rs.25,000/- to be shared among the Central Social Welfare Board, the State Govt. and the Local Community in the ratio of 2:1:1. By the end of the First Five Year Plan 292 Welfare Extension Projects were set up with 1150 centres covering 6,000 villages with a population of 5.5 millions. In 1956, the First Year of the Second Five Year Plan, 134 projects were added, bringing the total number of Welfare Extension Projects in the Country to 426.

The programme of Welfare Extension Projects was reviewed in 1957 and it was found that there was some element of duplication between the women and children programmes carried on in the community development blocks and Welfare Extension Projects of the Board. Therefore, it was decided to locate Welfare Extension Projects in

Community Development Blocks on a coordinated basis and convert the Welfare Extension Projects of the Board into the Coordinated Welfare Extension Projects.

Each Coordinated Welfare Extension Project (CWEP) covered 100 villages, i.e., the entire block with a population of about 60,000 and had 8 to 10 centres as against 5 centres in a project of original pattern. The contents of the programme of these projects remained the same as those of the W.E.Ps. However, the staff of each CEWPs consisted of eight gram sevikas, two craft instructors, six balwadi teachers (part time), 4 mid-wives, one Mukhya Sevika and one women social education organiser (registered as Mukhya Sevika). The women social education officer, two of the gram sevikas and the four mid-wives were provided by the community development set up and the rest of the staff was provided by the Central Social Welfare Board. The Primary Health Centre with three maternity centres in a block served the whole project area. The special feature of the CWEP scheme was that it entrusted voluntary workers with actual execution of the programme, it attempted to secure population participation and it organised its activities through project centres which had trained resident staff. But this scheme aimed at a very broad target group of children in the pre-school age with limited resources available for various activities. Thus, it could not make an appreciable impact and this programme could not involve the local leadership appreciably.

The Central Social Welfare Board Programme (CSWBP) for the development of women and children in rural areas during the first and second years were reviewed and it was felt that these programmes require a thorough re-organisation in order to improve and enlarge its scope so that the women and children in rural areas could be better served. Therefore, it was considered necessary to establish a few demonstration projects in rural areas where services in the field of health nutrition, education, training and welfare could be provided to meet the total needs of children on a comprehensive and integrated basis. This scheme suggested the coverage of all children in the age group of 0 to 16 years in selected units with a population of 15,000 children or 5,000 families. Though the State Governments were the implementing agencies for the Demonstration Projects as a whole, the Central Social Welfare Board was made responsible for organising balwadis in the project areas. The staff of a Demonstration Project consisted of a Chief Child Welfare Organiser, four Child Welfare Organisers, a lady doctor, a mid-wife and Balsevikas. At the end of the third Five Year Plan, 17 such projects were running in 17 states/union territories, with 424 balwadis. The budget of each balwadi was Rs. 5.00 lakhs for a period of 5 years. But the scheme was concluded even before it could strike any roots and its projects alongwith WEPs were converted into Family and Child Welfare Projects. However, the experience of implementation of demonstration

projects showed that the age group 0 to 6 years was the most vulnerable among the children who should be given priority, particularly in view of limited resources and in view of the fact that it is not possible to teach all the children in the age group of 0 to 16 years for various reasons. Moreover, the demonstration projects did not provide any services for mothers. Therefore, the Family and Child Welfare Board which grew out of the previous projects focussed on the age group of 0 to 6 years and included therein programme and services for mothers also.

The main objectives of the Family and Child Welfare Schemes were inter alia:

- (i) To provide integrated basic social service to children;
- (ii) To offer basic training to women and young girls in home craft, health education, nutrition and child care as well as essential health and maternity services for women;
- (iii) To assist women in the villages through Mahila Mandals and other agencies to obtain supplementary work and income and thus augment family welfare; and
- (iv) to promote cultural, educational and recreational activities for women and children.

The first Family and Child Welfare Project was set up in 1967; and by the end of the Fourth Five Year Plan 281 projects were initiated in various states and

Union territories. The budget of the scheme was Rs.1,05,000/- and assistance was also available from UNICEF in the form of equipment for Bal Vikas Kendras and Grihya Kalyan Kendras, vehicles and support for organising training programmes. It was for the first time that elaborate arrangements were made for providing job training and in-service training to the different levels of project functionaries.

The scheme of Family and Child Welfare Projects was reviewed by an Evaluation Committee which submitted its report in 1970. In this report it was felt that the objective of the scheme should be broad based and they should be brought into operational coverage of services. There was no arrangements of referral services of children. There was no systematic supply of nutrition in the centres. Only some of the centres provided nutrition education to mothers. There was no special provision for medical services and no effective system for monitoring the progress of the scheme. But it was also felt that this programme was useful and required to be developed further.

Side by side, the Govt. of India introduced the Applied Nutrition Programme (ANP) which was extended to the entire country in 1963. This programme aimed at stimulating self-help for optimum use of available resources through a combination of nutrition education to the mothers and increased production of food at the village level. It was desired to bring to Community Development Blocks an

integrated package of nutritional inputs including programmes to increase the local production of protective foods, organisation of supplementary nutrition feeding programme for needy women and children and nutrition education of mothers through Mahila Mandals, schools, community development and health personnel and personnel of other development agencies. The feeding programme was mainly confined to children in the age group of 0 to 6 years and pregnant nursing mothers belonging to vulnerable groups.

Applied Nutrition Programme was evaluated by the Planning Commission and it was noted that this programme failed to generate the desired awareness for improved diets and failed to make an impact on production and consumption. The radiating effect of the programme through administration was not achieved and it suffered from non-availability and lack of irrigation, delays in implementation and lack of economic viability. Panchayati Raj Institutions had limited participation, Mahila Mandals were not successful at places, participation of local centres was not adequate and the training monitoring, and supervision methods were defective.

Therefore, in 1971 the Govt. of India launched the Special Nutrition Programme (SNP) with the object of providing supplementary nutrition to pre-schol children, pregnant women and nursing mothers from the weaker sections of the society in urban slums, tribal and backward rural

areas. This programme was developed to control protein-calorie mal-nutrition among young children, expectant women and nursing mothers living in depressed and relatively inaccessible areas. This programme was included under the minimum needs programme in the Fifth Five Year Plan. By the end of March, 1980, this programme covered 8.2 million children and pregnant women and nursing mothers.

Simultaneously, in 1970-71, the Balwadi Nutrition Programme (BNP) was also started with the object of providing supplementary nutrition to children in Balwadi in order to meet 1/4th of their calorie requirements and about 1/2 daily protein requirements. By 1980-81, there was 6059 balwadis and 2.29 lakhs beneficiaries in this programme.

In 1972, the Ministry of Planning suggested that the scheme for Integrated Child Care Services be worked out for implementation in all States. Eight inter-ministerial teams were constituted by the Planning Commission who studied the field situation in depth and proposed a scheme for Integrated Child Care Services for pre-school children covering supplementary nutrition feeding, immunization, health care, including referral services, nutrition education of mothers, pre-school education and recreations, family planning and provision of safe drinking water. The following lessons were learnt and conclusions drawn on the basis of the experience of running earlier Child Care programmes:

- (i) that the children in the age group of 0 to 6 years are the most vulnerable group of children who should be the main target of the development.

- (ii) pre-school centres should be the focal point of delivery of services;
- (iii) there was a need for strong health and nutrition inputs;
- (iv) there should be integrated package of services for the development of pre-school child whereby all services should converge on the same group of children;
- (v) there was a need for coverage of the entire block/project rather than only 5 to 10 centres in a population of one lakh as in the earlier scheme;
- (vi) capacity of the mothers should be strengthened through non-formal education; and
- (vii) that the experience of converting one scheme of child care into centres in the same area has not brought about effective results.

The most important landmark in the evolution of Integrated Child Development Scheme was the enunciation of the National Policy for Children in August 1974. Simultaneously, some other very significant measures were also taken by the Govt. of India during 1974-75 which included the following:

- (i) Constitution of the National Children Board;
- (ii) Constitution of the National Children Fund;
- (iii) National Programme of Integrated Services for pre-school children; and

- (iv) An effective infrastructure of training of Child Care Workers at different levels.

As discussed earlier in Section 1.1, the national policy for children recognised children as the "nation's supremely important assets" and declared that the nation is responsible for their "nurture and solicitude." It derived its inspiration from the provisions for children enshrined in the Constitution of India and endorsed the United Nations declaration of the Rights of the Child. The policy laid down that the state shall provide adequate services to children before and after birth and during the period of growth to ensure their full physical, social and mental development.

The national policy for children also provided for setting up a high level National Children Board (NCB) to focus attention on Child Welfare and Child Development and to ensure at different levels continuous planning, review and coordination of all essential services directed towards children. Accordingly, the National Children Board was constituted on September 15, 1977 under the Chairmanship of the Prime Minister. The other members of the Board are Ministers concerned in the Govt. of India, Minister incharge of Child Welfare in the State and representative of key voluntary organisation working in the field of family child welfare.

In pursuance of the national policy for children, which laid emphasis on the Integrated delivery of early childhood services and of expectant nursing women, and based on the recommendations of the inter-ministerial study team 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 of delivery of a package of such services.

1.4 Integrated Child Development Services (ICDS) Scheme

The blue print for the Integrated Child Development Scheme was drawn by the Ministry of Social Welfare, Govt. of India, in 1975. The scheme called for coordinated concerted effort by different Ministries, Departments and voluntary organisations. Considering the magnitude of the task it was decided to set up 33 projects on an experimental basis in the year 1975-76. These projects were launched on October 2, 1975 and were spread over all the 22 states and the Union Territory of Delhi. The objectives of the ICDS scheme broadly are the following:

- (i) To improve the nutritional and health status of children in the age group 0 to 6 (0 to 5+) years;
- (ii) to lay the foundation for proper psychological, physical and social development of the child;
- (iii) to reduce the incidence of mortality, morbidity, mal-nutrition and school drop-out;

- (iv) to achieve effective coordinated policy and implementation amongst the various departments to promote child development; and
- (v) to enhance the capability of the mother to look after the normal health and nutrition needs of the child through proper nutrition and health education.

The concept of providing a package of services is based primarily on the consideration that the overall impact will be much larger if the different services develop in an integrated manner as the efficiency of a particular service depends upon the support it receives from related services. For instance, the provision of supplementary nutrition is unlikely to improve the health of the child if he continues to be exposed to diarrhoeal infections or unprotected drinking water supply.

The selection of services to constitute the package of the Child Development Services Scheme is based on the following considerations:

1. Need for the service;
2. Inter-dependence and mutual support relationships;
3. Cost; and
4. Administrative feasibility;

The following package of services are provided in the Integrated Child Development Services Scheme:

1. Supplementary nutrition;
2. Immunisation;

3. Health check up;
4. Referral services;
5. Nutrition and Health education; and
6. Non-formal education;

On account of the key role of the protected water supply, efforts are made for the convergence of the rural drinking water supply programme in the Integrated Child Development Services Project areas.

The delivery of services to the beneficiaries in the ICDS scheme are the following:²

Beneficiary	Services
1. Expectant and nursing mothers	(i) Health check-up. (ii) Immunisation of expectant mothers against tetanus; (iii) Supplementary nutrition; and (iv) Nutrition and health education.
2. Other women 15-44 years	Nutrition and health education.
3. Children less than 1 year	(i) Supplementary nutrition (ii) Immunisation; (iii) Health check up; and (iv) Referral Services.
4. Children*1-2 years	(i) Supplementary nutrition (ii) Immunisation; (iii) Health check up; and (iv) Referral Services.

2. Extracted from Integrated Child Development Services Scheme issued by Ministry of Social Welfare, Govt. of India, New Delhi, 1980.

5. Children @ between 3-5 years
- (i) Supplementary nutrition;
 - (ii) Immunisation;
 - (iii) Health check-up;
 - (iv) Referral Services; and
 - (v) Non-formal pre-school education.

*The age in the Upper limit of the group means 2+ but less than 3 years.

@The age in the upper limit of the group means 5+ but less than 6 years.

Brief outlines of each of these services are given below:

Supplementary Nutrition

Supplementary Nutrition is given to children below 6 years of age and to nursing and expectant mothers from low income families and in accordance with guidelines issued from time-to-time for the purpose of selection of beneficiaries. Special attention is required to be paid to the delivery of supplementary nutrition to children below 3 years of age. Adequate funds for supplementary nutrition are provided in the State Plan under the Minimum Needs Programme. New Projects are, as far as possible, located in areas already covered under the Supplementary Nutrition Programme. Sufficient funds are provided for Therapeutic food for severely malnourished children. The amount of nutrition varies according to the age of child. The type of

food (milk, preprocessed or semi-processed food or food prepared on the spot from locally available foodstuff) depends upon local availability, type of beneficiary, location of the Project, administrative feasibility, etc, First priority is given to locally available food. Supplementary nutrition is given for 300 days in a year. Children who are found, as a result of health check up, to suffer from second and third degrees of malnutrition are given supplementary nutrition (Therapeutic food) based on their physical need as recommended by the doctor.

The cost of supplementary nutrition is met from the provision made for the special nutrition programme in the sector under the Minimum Needs Programme (MNP).

Nutrition and health education is given to all women in the age-group 15-44 years; priority is given to nursing and expectant mothers. A special follow-up is made of the mothers whose children suffer from malnutrition or from frequent illness.

The methods of carrying the message of health and nutrition education is:

1. Use of mass media and other forms of publicity;
2. Special campaigns at suitable intervals aimed at saturating the project area;
3. Home visits by the Anganwadi Workers (AWWs);
4. Specially organised short courses in the village for about 30 women at a time;
5. Demonstration of cooking and feeding; and

6. Utilization of the health and nutrition education programme of the Ministry of Health, Agriculture and Irrigation etc. (at the Centre and in the States/Union Territories).

The Department of Food in the Union Ministry of Agriculture and Irrigation extends the facilities of its Mobile Food and Extension Units for training, demonstration, and education in the field of nutrition especially with reference to best use of the locally available nutritious, foods. Similarly, efforts are made to secure convergence of the Health and Nutrition Education Programme of the Ministry of Health and Family Welfare, the Applied Nutrition Programme of the Department of Rural Development in the Ministry of Agriculture and Irrigation and the Scheme of Functional Literacy for women of the Ministry of Social Welfare. It is expected that implementation of the Scheme of Functional Literacy for women in the ICDS Project areas will, in particular, generate general awareness and promote public participation for more effective implementation of this Scheme.

Immunisation

Immunisation (against small-pox, diphtheria, tetanus, whooping cough, typhoid, and tuberculosis) of all children less than 6 years is proposed in the Project area. Immunisation against tetanus is proposed for all the expectant mothers. Immunisation against polio-myelitis is given if the local epidemiological situation warrants it.

Health Check-up and Referral Services

This includes:

1. Ante-natal care of expectant mothers;
2. Post-natal care of nursing mothers and care of new born infants; and
3. Care of children under six years of age.

Non-formal Education

Children 3-5 years have the benefit of Non-formal Pre-school Education through the institution of Anganwadi set up in each village and in each centre in an urban project. The programme in urban Projects is coordinated with other similar Schemes of the Ministry of Social Welfare and other Departments in the Project area. The Anganwadi is the focal point for delivery of the entire package of child development services.

Non-formal, Pre-School Education in these Projects implies in the organisation of pre-school activities of children below 6 years of age in each Anganwadi. It does not impart formal learning but develops in the child desirable attitudes, values and behaviour patterns and aims at providing environmental stimulation. The Anganwadi proposes to establish links with the elementary school so that the child moves from the Anganwadi to the school with the necessary emotional and mental preparation.

The Anganwadi Worker is responsible for:

1. Non-formal, Pre-school Education, i.e., organising pre-school activities in an Anganwadi for about 40 children in the age group 3-5 years of age the toys, play-equipment, etc., to be used are to be rural in character and origin, in designing and making of which the Anganwadi Worker plays a leading role:
2. Organising supplementary nutrition feeding for children (0-6) years and expectant and nursing mothers in planning the menu priority is given to locally available food and local recipes;
3. Giving health and nutrition education to mothers;
4. Making home visits for educating parents, particularly in the case of children attending the Anganwadi so that the mother of the child can be enabled to play an effective role in the child's growth and development;
5. Eliciting community support and participation in running the programme;
6. Assisting the Primary Health Centre Staff in the implementation of the health component of Integrated Child Development Services Projects, viz., immunisation, health check-up, referral services and health education;
7. Maintaining routine files and records to enable measurement of the impact of the services;

8. Reporting to the Child Development Project Officer the development in the village which requires further attention, particularly in regard to the working of the coordinating arrangements of different departments in the village;

9. Maintaining liaison with other institutions in the village which have relevance to her functions (Mahila Mandal etc.); and

10. Maintaining liaison with the lady school teacher for assistance in organising pre-school activities and for participation of the primary/middle school girls (where they exist) in the programmes of the Anganwadi, thus enabling the girls to acquire work experience.

The administrative unit of the ICDS project was envisaged to be a Community Development Block in the rural areas, a tribal development block in tribal areas and census ward(s) or slums in urban areas. In addition to the normal funds provided by the State Govt. for child welfare, nutrition etc., each ICDS project was envisaged to receive resources and supplies available through SNP/Care/WEP/UNICEF assistance and central assistance. A major share, nearly 50% of the above amount, was provided for the project staff, (i.e., Child Development Project Officer, three to five Supervisors, 50 to 100 Anganwadi workers, 50 to 100 helpers etc.) and for strengthening the health set up (i.e. one doctor, two lady helper visitors (LHVs)/Public Health Nurses (PHNs), 4 to 8 Auxiliary Nurses and Midwives (ANMs) at the

primary health centres/sub centres). The non-recurring expenditure for equipment, furniture, refrigerator and van was Rs.1.35 lakhs for rural projects.

The Ministry of Social Welfare is responsible for budgetary control and administration of the schemes from the centre. At the state level, the department of Social Welfare is responsible for the implementation of the scheme. At the district level, the District Social Welfare Officer is responsible for coordination and of the implementation of the scheme. In districts where the District Social Welfare Officer is not in a position, the function is discharged by the District Development Officer/District Planning Officer. At the block level a Child Development Project Officer (CDPO) is appointed as the main functioning responsible for implementation of the programme. The CDPO is directly incharge of the scheme. However, the Block Development Officer exercises all responsibility for this scheme. In the case of urban projects the CDPO is responsible to the State welfare Officer directly.

The CDPO functions at the project level. The Anganwadi in each village manned by an Anganwadi worker is the focal point for the delivery of various services under the scheme. Immunization, health check up and referral services are delivered at the Anganwadi with the assistance of the network of health services in the project area. The services of supplementary nutrition feeding, nutrition and health education and non-formal pre-school education are

also to be provided through Anganwadis with support from the other concerned departments. In addition to the CDPO, a project has three to five supervisors of the rank of Mukhya Sevikas besides health personnels, to supervise the activities of the Anganwadis.

Coordination Committees at the district/block/project and village levels were envisaged to be set up to ensure smooth implementation of the scheme as also to elicit public participation and support. At the district level, the district collector/district magistrate/Chief Executive Officer, as the case may be, is the Chairman. The Chairman of the district branch of the Central Social Welfare Board functions as the Vice-Chairman of the District level coordination committee. The District Social Welfare Officer acts as the convenor. The other members include district level officers of the concerned departments and representative of the Indian Council of Child Welfare, Central Social Welfare Board and such other organisations. Coordination committee consisting of concerned officers, representatives of the Panchayati Raj Institutions and non-officials are constituted at the block and village level also.

The administrative and organisational structure of the ICDS projects are shown in the following charts:

ICDS PROJECTS (ADMINISTRATIVE CHART)

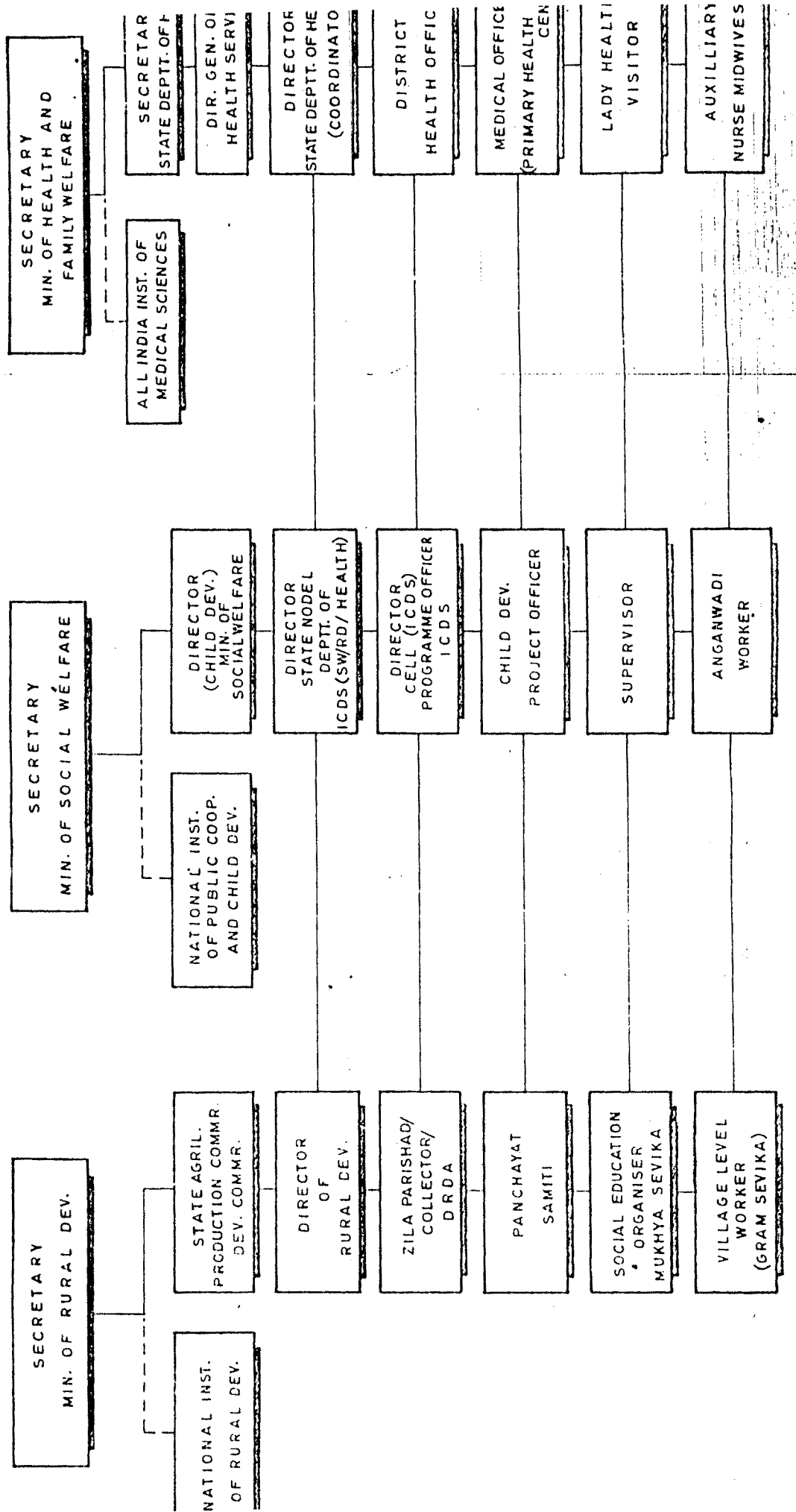


CHART-II

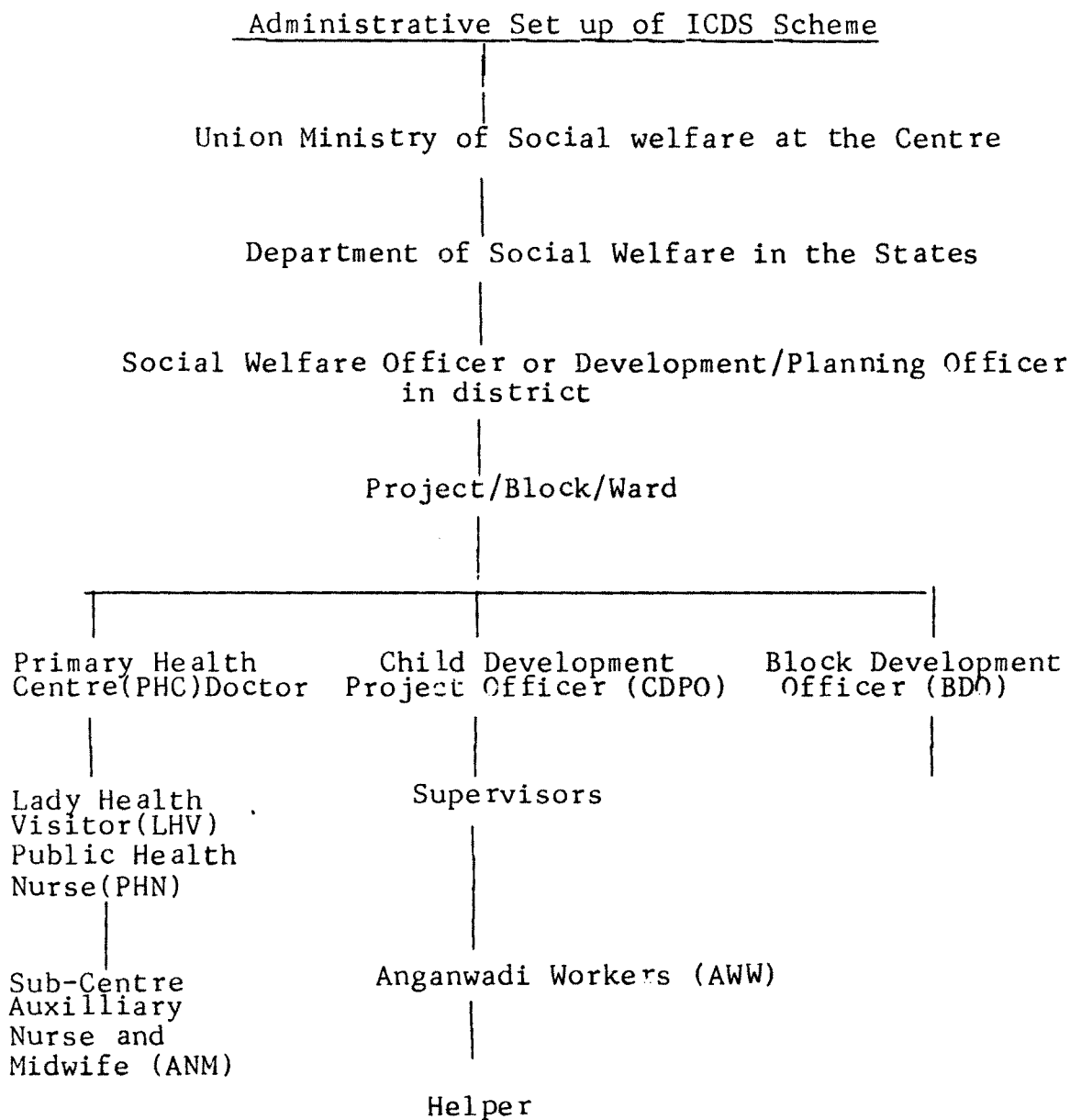
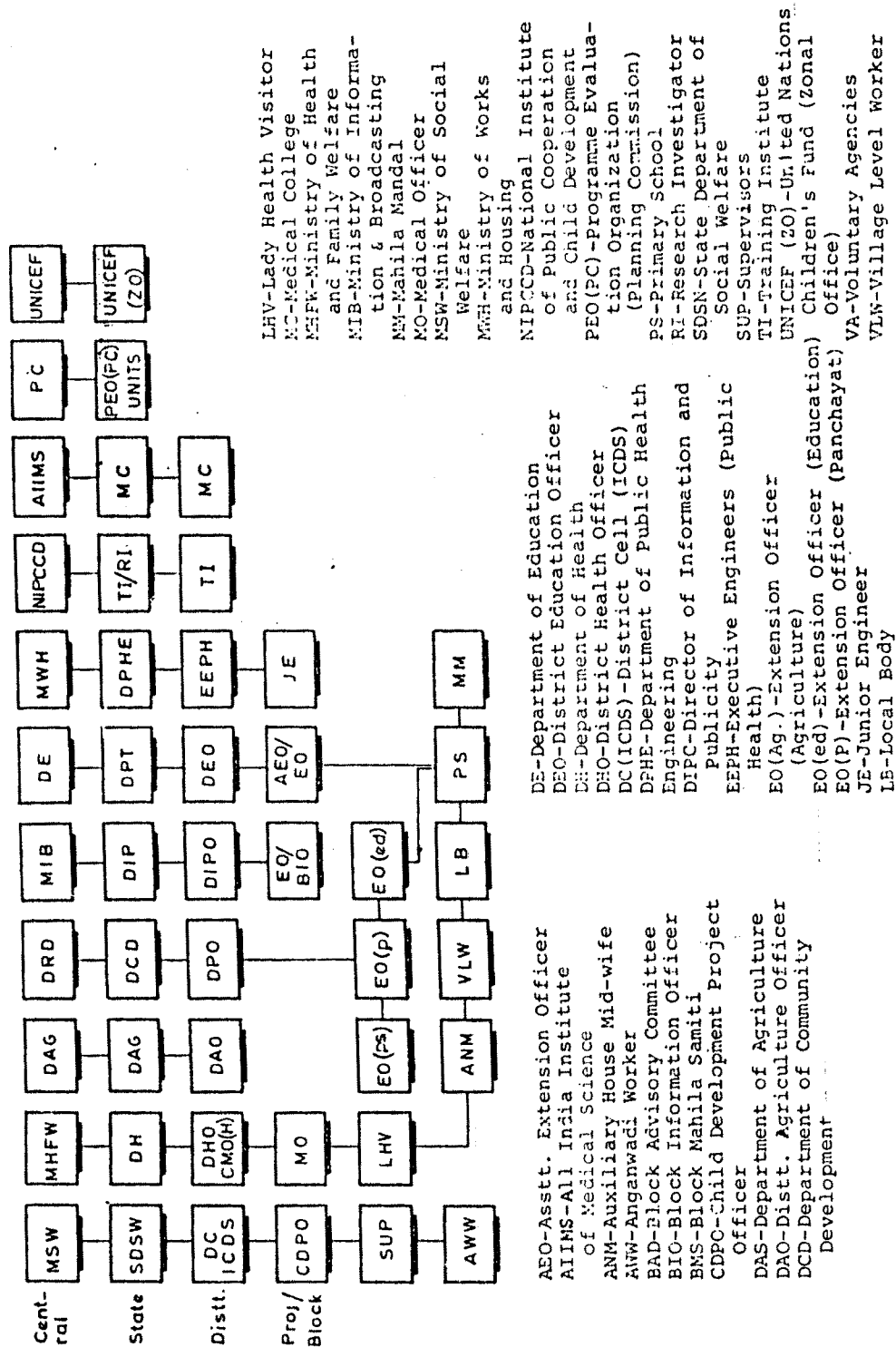


CHART-III



3.

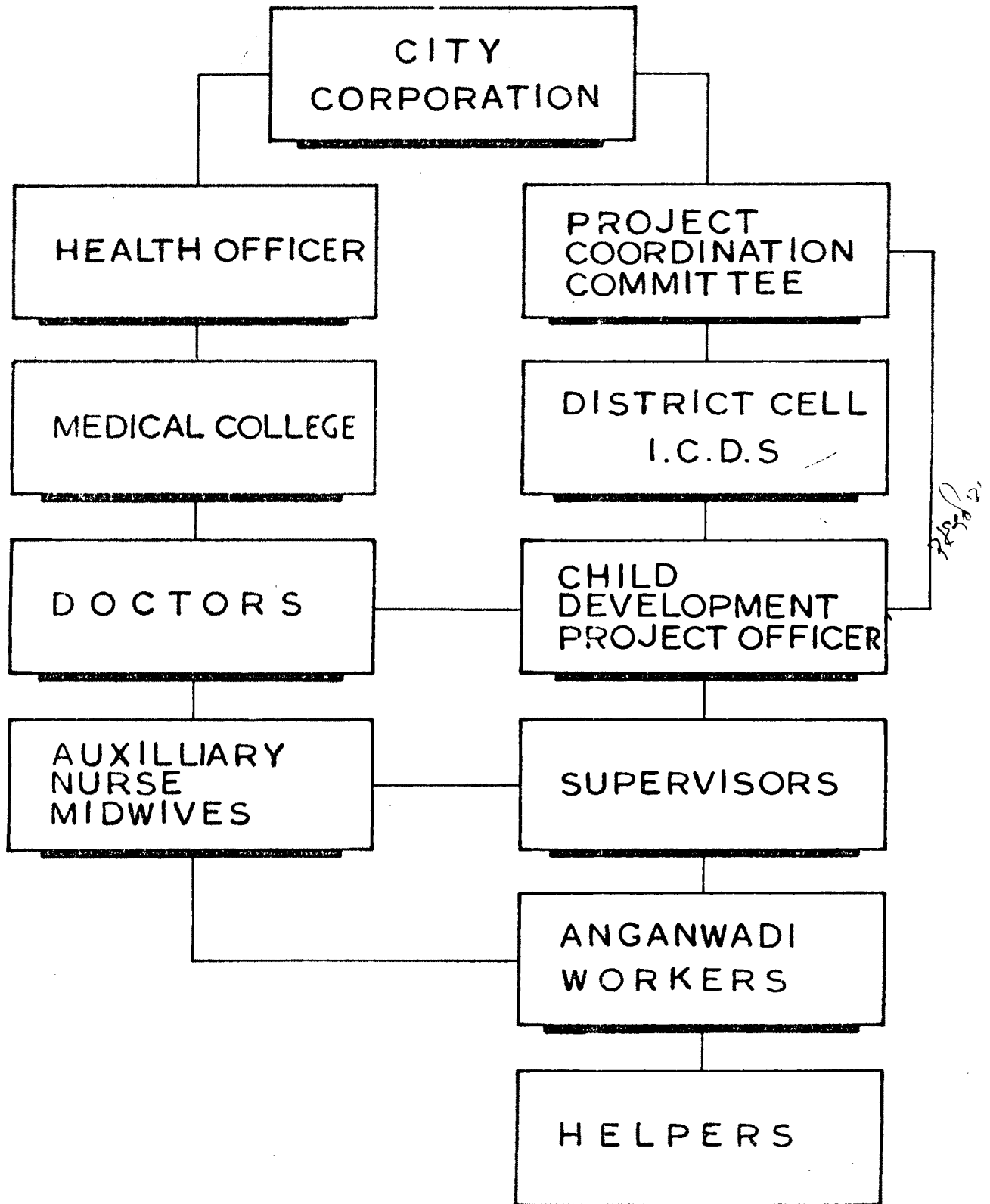
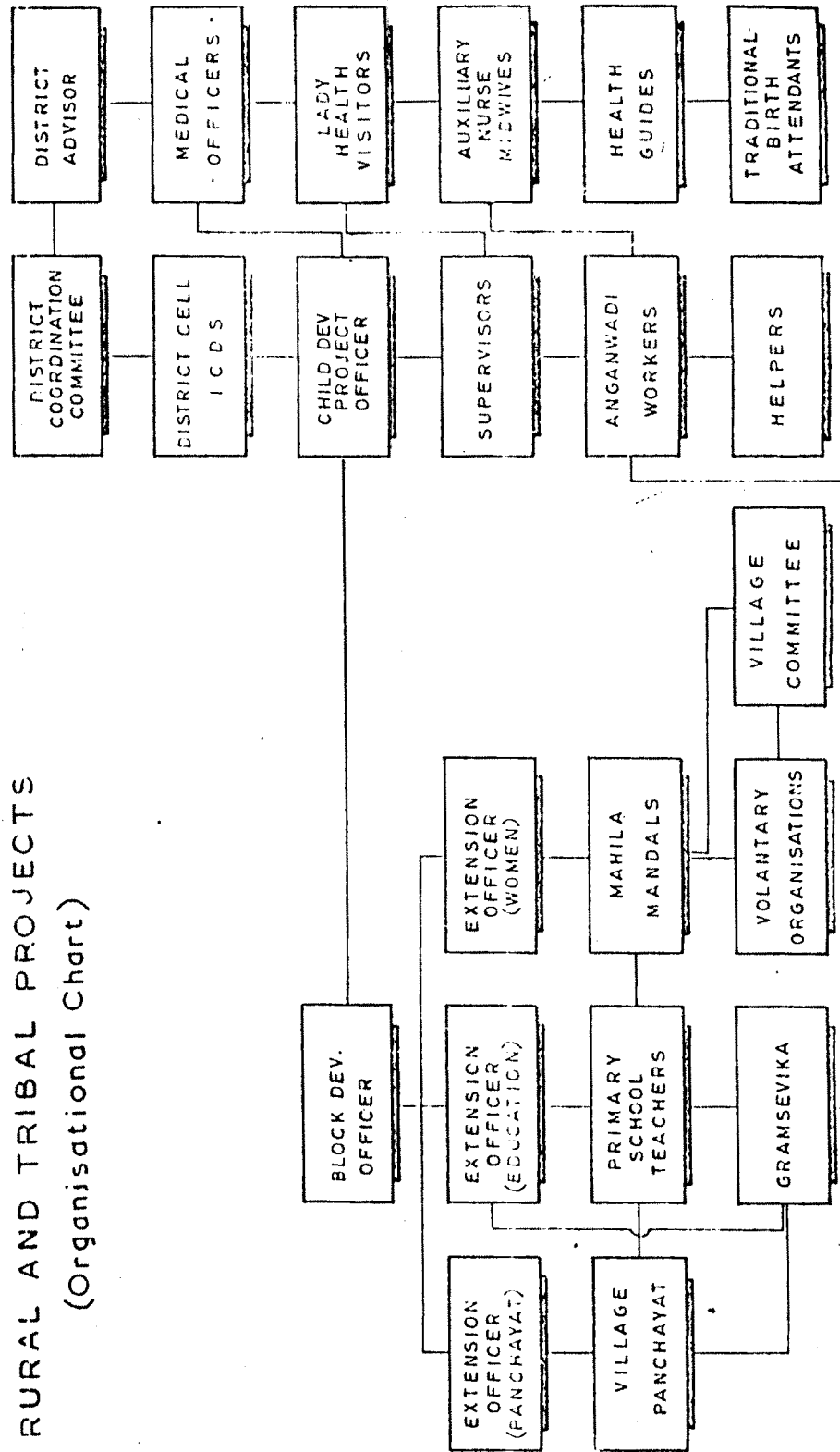


CHART-V

RURAL AND TRIBAL PROJECTS (Organisational Chart)



SUPPORTIVE INSTITUTIONS/ FUNCTIONARIES/ SERVICES FOR ICDS

The diagram is a circular chart illustrating the supportive institutions, functionaries, and services for ICDS. It is organized into concentric rings around a central image of a child's face.

Central Image: A stylized drawing of a child's face.

Inner Ring (Functionaries/Institutions):

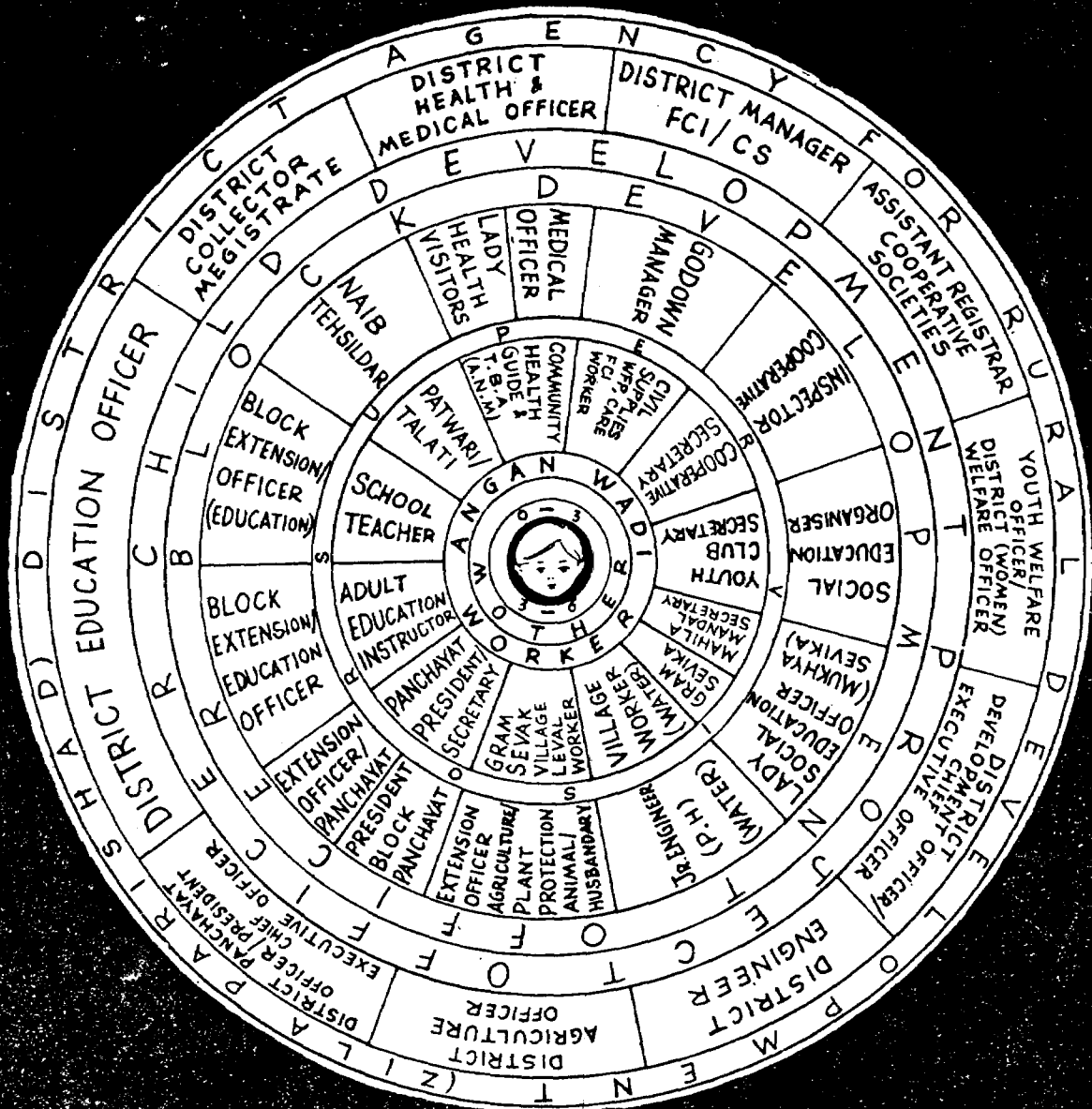
- SCHOOL TEACHER
- ADULT EDUCATION INSTRUCTOR
- PANCHAYAT PRESIDENT
- EXTENSION OFFICER/ PANCHAYAT
- GRAM SEVAK VILLAGE LEVAL WORKER
- VILLAGE WORKER (P.H.)
- ENGINEER
- DISTRICT AGRICULTURE OFFICER
- DISTRICT ENGINEER
- DISTRICT EDUCATION OFFICER
- DISTRICT HEALTH & MEDICAL OFFICER

Outer Ring (Supportive Institutions/Services):

- YOUTH WELFARE OFFICER/ (WOMEN) WELFARE OFFICER
- DEVELOPMENT OFFICER/ EXECUTIVE OFFICER
- DISTRICT CHIEF OFFICER/ EXECUTIVE OFFICER
- DISTRICT PANCHAYAT CHIEF OFFICER/ EXECUTIVE OFFICER
- DISTRICT EDUCATION OFFICER
- DISTRICT HEALTH & MEDICAL OFFICER
- DISTRICT COLLECTOR/ REGISTRAR
- DISTRICT MANAGER FCI/CS
- ASSISTANT REGISTRAR CO-OPERATIVE SOCIETIES
- YOUTH WELFARE OFFICER/ (WOMEN) WELFARE OFFICER

Supportive Institutions/Services (Outermost Ring):

- YOUTH WELFARE OFFICER/ (WOMEN) WELFARE OFFICER
- DEVELOPMENT OFFICER/ EXECUTIVE OFFICER
- DISTRICT CHIEF OFFICER/ EXECUTIVE OFFICER
- DISTRICT PANCHAYAT CHIEF OFFICER/ EXECUTIVE OFFICER
- DISTRICT EDUCATION OFFICER
- DISTRICT HEALTH & MEDICAL OFFICER
- DISTRICT COLLECTOR/ REGISTRAR
- DISTRICT MANAGER FCI/CS
- ASSISTANT REGISTRAR CO-OPERATIVE SOCIETIES
- YOUTH WELFARE OFFICER/ (WOMEN) WELFARE OFFICER



The strategy adopted in ICDS is one of simultaneous delivery of early childhood services in an integrated manner so that over all impact is much greater. While the health component constitutes a major part of the package of services, the ICDS programme is much more than a mere health programme. Immunization, supplementary nutrition, pre-school activities for children and supplementary nutrition and nutrition and health education for mothers also constitute an important part of the package. Similarly, protected water supply is an essential supportive programme in ICDS project areas as adequate and protected drinking water is vital for the health of children and mothers. Arrangements in every ICDS block are made in such a manner so as to ensure that all children, pregnant women and nursing women are covered under the programme and no child is deprived of the facilities provided under the ICDS programme.

The beneficiaries for supplementary feeding are selected to ensure coverage of the most needy and malnourished children before the age of 6 years, particularly those between the age of six months to three years, pregnant women and nursing mothers belonging to the families of landless agricultural labourers, marginal farmers, scheduled castes, scheduled tribes and other poorer sections of the society. In other cases, guidance of the doctor, LHV or ANM is sought and supplementary nutrition is provided on their advice.

1.5 Purpose of the Study

The specific objectives of this evaluation study are the following:

- (i) To study the organisational structure of the ICDS projects;
- (ii) to examine the background and training of basic workers;
- (iii) to assess the impact and effectiveness of the delivery of package of services in terms of adequacy of funds and supplies;
- (iv) to understand the nature and extent of coordination among the various functionaries;
- (v) to assess the extent of coverage of target population;
- (vi) to analyse the impact of the scheme in terms of attitude and response of the local communities to various components of the strategy; and
- (vii) to suggest modifications, if any, required in the scheme.

1.6 Chapter outline

We now briefly state the specific contents of the present study.

The present introductory chapter I deals with the constitutional provisions made for the welfare of children. Some of the salient demographic features of India's population, a review of children development programmes in India, introduction of the ICDS programme and points out the purpose of the present study.

In chapter II, the profile of the study area and the research methodology as applied for the collection of primary and secondary data required for the present study is discussed.

In chapter III, we discuss in detail the implementation process of the ICDS scheme. While doing so we examine the background and training of the basic workers, the organisational structure and assess the impact and effectiveness of the delivery of package of services in terms of adequacy of funds and supplies.

In chapter IV, we examine the procedure of follow up action and the process of monitoring of the ICDS scheme in order to understand the nature and extent of coordination among the various functionaries.

In chapter V, we evaluate the performance of the ICDS programmes by assessing the extent of coverage of target population and analyse the impact of the scheme in terms of attitude and response of the local communities, components of the strategy and adequacy.

In chapter VI, we summarize the main points of this study and suggest certain elements of reality in the context of the prevailing socio-economic conditions which must be introduced in the formulation and implementation of any development programme for women and children in future so that the gap between the theoretical and practical approaches to development problems can be narrowed down.