

# Assessing the Impact of ICDS on Child Nutrition in Andhra Pradesh

Mondithoka Ashok<sup>1</sup>, Dr. K. Dhanalakshmi<sup>2</sup>

<sup>1</sup>Research Scholar, Department of Sociology and Social Work, Acharya Nagarjuna University, Nagarjuna Nagar, Guntur, Andhra Pradesh

<sup>2</sup>Professor, Department of Sociology and Social Work, Acharya Nagarjuna University, Nagarjuna Nagar, Guntur, AP- 523201  
Email: drdhanalakshmi[at]gmail.com

**Abstract:** *This study details the effectiveness and multifaceted impact of the Integrated Child Development Services (ICDS) program, initiated by the Government of India in 1975, particularly within the context of Andhra Pradesh. The program aims to address pediatric malnutrition and foster holistic human development by extending a comprehensive package of services to diverse beneficiaries, including children aged 0–6 years, pregnant and lactating mothers, women aged 15–44, and adolescent girls up to 18 years. The findings highlight the program's success in meeting its objectives through services such as Complementary Nutrition (CN), vaccination, health check-ups, and education initiatives delivered via Anganwadi Centers (AWCs). While demonstrating positive impacts on health and nutritional well-being, the study identifies areas for improvement, emphasizing the need for enhanced policy coordination, logistical management, and training for effective growth monitoring activities. Overall, the ICDS program stands as a commendable initiative contributing to the comprehensive development of communities.*

**Keywords:** ICDS, Pediatric malnutrition, Early Education, Anganwadi Centers (AWCs)

## 1. Introduction

Pediatric malnutrition has consistently been a subject of national concern in India. Despite various vertical health programs implemented by the Government of India (GOI) over time, there has been a persistent challenge in effectively reaching the intended communities. In 1974, responding to this concern, India adopted a comprehensive national policy for children. As part of this initiative, a holistic multicentric program with a consolidated set of services was proposed. This decision marked the inception of the Integrated Child Development Services (ICDS) scheme, recognized as one of the most esteemed national human resource development programs under the GOI.

Launched on October 2, 1975, in 33 blocks (comprising 4 rural, 18 urban, and 11 tribal), the ICDS scheme has undergone progressive expansion over the past 25 years. Currently, it encompasses 5614 projects (5103 central, 511 state), spanning more than 5300 community development blocks and 300 urban slums. This extensive reach caters to over 60 million children aged below 6 years, along with over 10 million women aged between 16 and 44 years, including 2 million lactating mothers. The total population covered by ICDS is around 70 million, constituting approximately 7 percent of the nation's one-billion-strong population. The primary focus of the scheme is on rural areas, home to over 75 percent of the population, while urban slums also receive special attention as a priority area of the program (Rani & Devi, 2004).

### Objectives

- To assess the programmes designed for the health and nutritional well-being of children aged 0–6 years and pregnant or lactating mothers.
- To assess the maternal education and empowerment of mothers in their own health and nutrition, as well as that of their families.

- To explore the efficient coordination of policies and implementation across diverse departments and programs dedicated to fostering child development and equipping the lactating mothers.

### Beneficiaries for ICDS Programs

The Integrated Child Development Services (ICDS) program extends its services to a diverse range of beneficiaries, comprising children aged 0–6 years, pregnant and lactating mothers, women within the age bracket of 15–44 years, and, since 1991, adolescent girls up to 18 years. This inclusive approach reflects the program's commitment to addressing the multifaceted needs of these demographic groups, emphasizing non-formal education and training on health and nutrition for adolescent girls to foster their overall well-being.

### Services of ICDS

The program offers a comprehensive package of services and facilities aimed at promoting the health and development of its beneficiaries. This includes the provision of complementary nutrition to address nutritional deficiencies, the administration of vitamin A supplements for enhanced health, and the distribution of iron and folic acid tablets to combat deficiencies, particularly crucial for maternal and child health. Vaccination services ensure the safeguarding of eligible individuals against preventable diseases, while regular health check-ups and the treatment of minor ailments contribute to proactive health management. The program also facilitates referral services for specialized healthcare when needed. Furthermore, it incorporates non-formal education initiatives on health and nutrition for women, empowering them with knowledge for informed health choices. Preschool education is provided to children aged 3–6 years, nurturing early childhood development (Rani & Devi, 2004). In a collaborative approach, the program converges with other supportive services, including water and sanitation, to augment its overall impact and

effectiveness in fostering the well-being of its beneficiaries. This holistic array of services aligns with the program's overarching goals and underscores its commitment to comprehensive human development.

Services are provided to the targeted community through a central hub known as the 'Anganwadi' (AWC), strategically situated for easy accessibility. This pivotal community resource is overseen by an honorary female worker known as the 'Anganwadi Worker' (AWW), playing a crucial role at the grassroots level (Dixit et al., 2018). The AWW is a carefully selected and locally trained individual with at least a high school education. Over a period of three months, she undergoes comprehensive training covering various aspects such as child development, immunization, personal hygiene, environmental sanitation, breastfeeding, ante-natal care, and the management of minor ailments. In recognition of her contributions, the AWW receives a modest honorarium as an incentive.

The AWW's presence in the community has a synergistic effect as she acts as a liaison between health functionaries and the local population. This collaborative approach, coupled with convergence with health services, has proven effective in improving maternal and child health outcomes. Additionally, the AWW enhances awareness about family planning services, aids in the treatment of morbidity, and contributes to the reduction of mortality rates (Rani & Devi, 2004). The AWC serves as a central point for various health-related activities, including immunization, the distribution of vitamin A, iron and folic acid tablets, and the treatment of minor ailments and first aid. Auxiliary Nurse-Midwives (ANMs) also conduct health-related initiatives at the AWC.

Each AWC caters to a population of approximately 1000+ individuals in rural and urban areas and 500+ in tribal areas. Presently, there is an average of 125–150 AWCs per project or block, making this integrated approach particularly relevant and suitable for the ICDS wings in Andhra Pradesh.

#### Services under AWC Roles:

The Anganwadi Centre (AWC) assumes a crucial role in the implementation of the Integrated Child Development Services (ICDS) program in Andhra Pradesh, catering to the health, nutrition, and educational needs of the community. Under the purview of AWC roles, the nutrition services extend to children aged 6 months to 6 years and pregnant or lactating mothers from low-income families, providing Complementary Nutrition (CN) for 300 days annually. This service ensures 300 calories and 8 to 10 g proteins for children below 6 years, addressing mild malnutrition, while pregnant and lactating mothers receive 600 calories and 20 g proteins per day. The food, often a hot meal prepared at the AWC, encompasses pulses, cereals, oil, vegetables, and sugar. Additionally, some AWCs adopt a 'ready-to-eat' meal approach, while others collaborate with external agencies for a 'take-home' strategy. Vaccination services are coordinated by Anganwadi Workers (AWWs), who organize fixed-day vaccination sessions in collaboration with Primary Health Care Centres (PHCs), covering infants and expectant mothers (Ade, 2010). Health check-ups and referral services, covering various age groups, are conducted collaboratively by AWWs and PHC staff, offering comprehensive

healthcare coverage. Growth monitoring activities aim to assess the impact of health and nutrition services, facing challenges such as poor understanding and time constraints. Furthermore, AWWs provide non-formal nutrition and health education to women aged 15–44, fostering empowerment through participatory sessions, home visits, and small group discussions. Preschool education focuses on the holistic development of children up to 6 years, encouraging early stimulation through interventions with mothers. Adolescent girls (11–18 years) are included for health and nutrition education, literacy, recreation, and skill formation in selected projects. In summary, the multifaceted services offered by AWCs exemplify their pivotal role in promoting the overall well-being of the community under the ICDS program in Andhra Pradesh (Dixit et al., 2018).

## 2. Findings

The ICDS program has successfully extended its services to a diverse array of beneficiaries, including children, pregnant and lactating mothers, women aged 15–44, and adolescent girls up to 18 years. This inclusive approach aligns with the program's commitment to addressing the multifaceted needs of these demographic groups. The comprehensive package of services, ranging from nutrition and vaccination to health check-ups, referral services, growth monitoring, and preschool education, reflects the program's dedication to holistic development (Ade, 2010).

Examining the roles of AnganwadiCenters (AWCs), the study revealed their pivotal role in providing nutrition services, including CN, with some AWCs adopting a 'take-home' strategy. AWWs actively contribute to organizing vaccination sessions, yet the study acknowledges potential impacts on their workload. Collaborative efforts in health check-ups and referral services were found effective, albeit with recognized challenges such as time constraints. Growth monitoring activities, crucial for assessing the impact of health services, face obstacles like poor understanding and erratic methods, necessitating further training and support. The non-formal education provided by AWWs has empowered women, and preschool education initiatives have positively impacted early childhood development.

## 3. Conclusion

In conclusion, the findings of this study underscore the significant strides made by the Integrated Child Development Services (ICDS) program in addressing pediatric malnutrition and promoting holistic human development in India, particularly within the context of Andhra Pradesh. The program, initiated in 1975, has effectively met its objectives, providing crucial services such as Complementary Nutrition (CN), vaccination, health check-ups, and education initiatives. These efforts have positively impacted the health and nutritional well-being of children aged 0–6 years, pregnant and lactating mothers, and women within the age bracket of 15–44 years.

The ICDS program's inclusive approach, encompassing a diverse range of beneficiaries, demonstrates its commitment to addressing the multifaceted needs of various demographic groups. The comprehensive package of services, delivered

through Anganwadi Centers (AWCs), reflects a dedication to holistic development, covering nutritional deficiencies, vaccination, growth monitoring, and preschool education (Ade, 2010). Despite these achievements, the study identifies areas for improvement, emphasizing the need for enhanced coordination of policies and implementation across departments, efficient handling of logistical challenges, and further training and support for effective growth monitoring activities.

## References

- [1] Ade, A. (2010). Effect of improvement of pre-school education through anganwadicenter on intelligence and development quotient of children. *He Indian Journal of Pediatrics*, 77, 5. <https://doi.org/10.1007/s12098-010-0056-7>.
- [2] Dixit, P., Gupta, A., Dwivedi, L. K., & Coomar, D. (2018). Impact Evaluation of Integrated Child Development Services in Rural India: Propensity Score Matching Analysis. *SAGE Open*, 8(2), 215824401878571. <https://doi.org/10.1177/2158244018785713>
- [3] Engle, P. L., Fernald, L. C., Alderman, H., Behrman, J., O'Gara, C., Yousafzai, A., de Mello, M. C., Hidrobo, M., Ulkuer, N., Ertem, I., & Iltus, S. (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*, 378(9799), 1339–1353. [https://doi.org/10.1016/s0140-6736\(11\)60889-1](https://doi.org/10.1016/s0140-6736(11)60889-1)
- [4] Garvis, S. (2018). *International perspectives on early childhood education and care*. Routledge.
- [5] Rani, P. U., & Devi, A. Laxmi. (2004). Integrated child development services : A study of job performance of supervisors. In *Discovery Pub.House*.
- [6] Singh, B., BM, V., Panda, M., & Khanna. 2013, P. (n.d.). Study to find out the coverage evaluation and dropout rates of different vaccines in an urban area of Rohtak city in Haryana. *International Journal of Basic and Applied Medical, science*, vol.3(2), – 223–229.
- [7] Tripāthī, M. (2011). *Child Development and Education*. Ancient Pub.House.
- [8] Vandana Panday. (2011). Community participation towards anganwadi services in kakori block of lucknow. *District Indian Journal of Maternal and Child Health*, 12, 1.