International Journal of Science and Research (IJSR)
ISSN (Online): 2319-7064
Index Copernicus Value (2013): 6.14 | Impact Factor (2013): 4.438

# Integrated Child Development Scheme - Case Studies from West Bengal

**Sayantani Mukherjee[1], Pinky Rome[2]**

[1, 2]Department of Geography, Presidency University, Kolkata, India

**Abstract:** ***The future of a country is shaped by the investment it makes in its children, especially those from vulnerable sections of the society. To understand the conditions of the centres of Integrated Child Development Scheme, case studies have been conducted and their deviations from set norm prescribed by Government have been identified. The survey is completely based on primary data and observations. It was concluded that the applications are far beyond from the standards prescribed by the government.***

**Keywords**: Anganwadi centres, Anganwadi workers, Integrated Child Development Scheme.

## 1. Introduction

The first six to eight years of a child's life are the most crucial for their life-long development. Studies show that a failure to offer a stimulating physical and psycho social environment at this stage can have detrimental effects. Early Childhood Education (ECE) programmes derive from this and have been proven to produce a number of short and long term benefits. They can change the development trajectory by the time of entering school. National level programmes focusing on ECE do exist in India such as Integrated Child Development Scheme (ICDS) and Balwadi programme of Sarva Siksha Abhijan (SSA). Research in India suggests that young children experience very early differentiation in their experience and education opportunities, which are strongly shaped by factors such as where they live and their household poverty levels. As the Young Lives Project found that by the time most children start school, their most formative years are already passed, inequalities for readiness in schools are already established, and the opportunities for reducing these inequalities are very limited in practise.

## 2. Literature Review

This paper seeks to expand on the existing literature pertaining to the impact of programmes for early childhood development, specifically the supplementary nutrition component of such programmes.

Early research by ***B. N. Tandon***(1989) investigated the impact on the nutritional status of the target population of ICDS beneficiaries compared to non-ICDS groups, with nutritional status, measured by weight-for-age z-scores. Tandon found that between 1976 and 1985, the drop in severe malnutrition for children covered by ICDS was substantial and statistically significant. [1]

***Sandhya Rani, P.M. (2001)*** revealed that in the Chittoor district in Andhra Pradesh anaemia was more prevalent among children in the non-ICDS areas (52.2%). Women mainly preferred home deliveries.[2]

Tomohiro Et Al. (2007) reflected that there is need for strong governmental vigilance over the ration resources, which reportedly being manipulated by the service providers. [3]

## 3. Methodology

The central scheme of Integrated Child Development Scheme was initially thoroughly discussed and then the status of West Bengal in comparison to other states of India was also established. West Bengal was then studied separately along with all the norms established by the state. Finally in order to understand the real scenario of West Bengal, two random centres were selected as case studies and then analyses accordingly.

A primary survey has been conducted on the ongoing Integrated Child Development Scheme in the district of North 24 Parganas in the blocks of Barasat and Deganga. These two centres are urban and rural centre respectively. To draw a comparative analysis of both the centres, detailed data was collected through interviews and focused group discussion. Information has also been collected through secondary data from various ICDS offices and District Magistrate's office. Various statistical techniques such as line graph, bar graph, pie graph and also map info software was used to carry out data representation effectively.

## 4. Results and Discussion

### 4.1 Prescribed norms and deviation

Since its inception in 1975, ICDS has expanded remarkably in its scope and coverage, and today it covers around 7.6 million expectant and nursing mothers and over 36 million children less than six years of age. There was more than 10.44 lakh such operational AWC nationwide as on March 31, 2009 spread over 6120 operational projects (as retrieved on March, 2010).

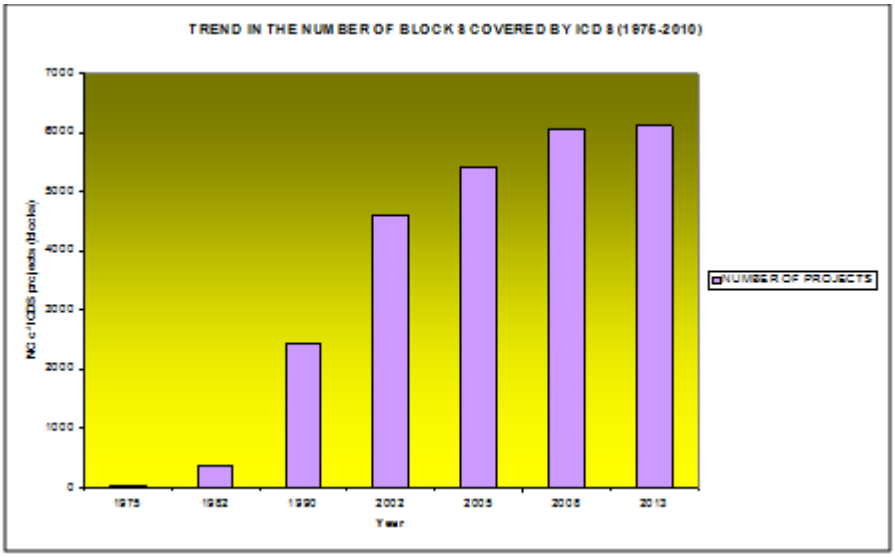


**Figure 1:** The ICDS programme has grown rapidly, especially in recent years. It started on an experimental basis in 33 development blocks in 1975. Today, 39 years later, it covers over about 90% of all blocks in the country. Figure shows the trend in the number of blocks (operational) covered by ICDS [4].

The nutritional norms have been revised by the Ministry of Women and Child Development, Government of India, in 2009 in the following manner:

**Table 1:** Revised norms by Ministry of Women and Child Development [5].

| Catagory | *Pre-Revised Calorie (K Cal)* | *Pre-Revised Protein (G)* | *Revised Calorie (K Cal)* | *Revised Protein (G)* |
|---|---|---|---|---|
| Children (6-72 Months) | 300 | 8-10 | 500 | 12-15 |
| Severely Malnourished Children (6-72 Months) | 600 | 0 | 800 | 20-25 |
| Pregnant And Nursing Mothres | 500 | 15-20 | 600 | 18-20 |

To analyse whether the norms are being followed in the centres or not, two places ascase studies has been conducted on the rural and urban centres of West Bengal on the performance of ICDS and the following findings have been seen.

### 4.2 Case Study on Barasat (urban centre)

Barasat Anganwadi Centre is an urban centre dedicated to work towards the welfare of children and women towards producing a better future for them. The centre is located in a club named "UTTARHAT" in Kazipara. The centre has been operating since 2007. There are a total of 114 children aged between 6 months to 6 years, 3 pregnant women and 9 nursing mothers under this centre. It is headed by the Anganwadi worker (AWW) named Firoza Bibi and 1 anganwadi helper (AWH).

### 4.3 Case Study on Deganga (rural centre)

Deganga rural Anganwadi centre has been established in the year 2000. It works for the benefit of the people in Deganga. There are a total of 127 children between the age of 6 months and 6 years however very few attend the school. The number of student is approximately 12-13 every day. There are 13 pregnant mothers and 8 nursing mothers under this centre. This centre is run by the anganwadi helper Shampa Sarkar and 2 more anganwadi helpers. It works towards provding children a better future of their own. The centre is however located in a room donated by a local primary school named "BERACHAPA". It is essentially a morning school which is run between 7am to 11am.

### 4.4 Operational Difference

There are many operational and infrastructural differences among the urban and rural centre. They may be summed up in the following ways.

1. **Nutrition:** In this aspect the urban Barasat centre offers a combination of egg curry and khichudi to the children while in Deganaga rural centre, on all day soya khichudi is being offered. Egg is offered only on 3 days in the urban centre while on all 6 days egg is offered in the rural centre, but half egg.
2. **Electricity:** There is provision of electricity in the urban centre but unfortunately since its implementation in 2000, there still is no electricity in the rural centre.
3. **Hygene and Toilet:** Proper care is being taken regarding the hygiene of the children in the urban centre. Before any child sits to have his/her food, the Anganwadi worker washes his/her hand with Dettol. There is also a toilet facility for the urban centre. On the contrary, no such provision is offered to the children of the rural centre. Toilet facility is also lacking there.
4. **Model Centre:** The urban Barasat centre is been targeted to form a model centre which would have provisions for more charts and facilities. There are separate rooms for the children to play, study and have lunch. The rural centre is not a model centre yet. It also lacks room facilities. It has only one room for the children to play, study and to have food.
5. **Pre School Education:** No such pre-school format is being followed in the rural centre as in the urban centre.

There are 5 major steps of studying in the urban area. They are good morning circle, free play, guided play, outdoor play and good bye circle. No such policy is being followed in the rural centre.

6. **Mode of Cooking:** The mode of cooking in the urban centre is in the form of gas cylinders. Thus cooking process is also fast. However on the contrary traditional mode of cooking, that is in earthen made stoves cooking is being carried out in Deganga. This thus involves a lot to time in the cooking process.
7. **Number of Children:** The number of children attending the urban centre is comparatively high than those attending the rural centre. Lack of electricity may be cited as one of the cause for low attendance in the summer months.

## 5. Conclusion

Integrated Child Development Schemeis one of the innovative programmes of its kind and one of the largest public initiatives in the world to offer the early childhood care and educational services. However after analysing the two case studies of West Bengal its can be said that there is a wide gap between what is being said and what is being done. The nutritional norms which have been set up by the state are not being followed effectively by the centres. The concept of morning snack hardly to exists. There are also no such concept as twice a meal to fulfil the calorie norm of 500. The children are served food only once. There is also no concept of seasonal fruits and vegetables being served to the children. The pre-school training which is to be followed in a specific way so as to make the best returns from the children is also not done effectively in all the centres.There are also lack of hygienic facilities in some of the centres of ICDS and also infrastructural facilities in the centres.Lack of allotted land by the Government is also one of the major hindrance in proper implementation of the scheme. These centres have to heavily lie on local co-operation for successful running. This is either in a club, or a school room, someone's courtyard and similar places.Immunisation and vaccines are also not always provided on a monthly basis and even if it is done, there are no regular check-up of the children by doctors. The concept of referral services is also vague. Never the less the scheme has also proven beneficial to many poor children. Supplementary nutrition provided to these poor children is obviously a boon to them. Children who otherwise hardly have any nutritious food, this initiative by the Government has benefited them a lot.Nutritional and health education which are provided to the pregnant and nursing mothers is also very much helpful in bringing down infant mortality rates and infant morbidity rates. The mothers are also being taught about the required nutrition needed for them and their infants.Children are also taught the basic education needed to get admitted to any schools for further education. This initiative is surely very beneficial to those children.ICDS has also given jobs to in numerous girls, women, widows who work as Anganwadi workers and Anganwadi helpers assisting in proper implementation of this scheme. They are actually the HEART AND SOUL of the scheme. It is thorough their love and affection that they make the children feel at home and at ease. It is them who are the actual backbone behind successful running of their centres and thus for any centre to flourish, the Anganwadi workers are absolutely indispensable.

## 6. Future Scope

A few probable recommendations to sort out those problems have been jotted so as to make scheme a grand success not only in the state but all over India.The primary need for successful running of ICDS needs its separate building/school/ infrastructure so that there is enough room for children to study, play and have food. It should not be completely dependent on local bodies for supply of piece of land to the project.There is a thought of feeling that the buildings for AWCs should be constructed with toilet facilities, and those centres should be provided with utensils like plates, spoons, soap etc.There is need for repair of replacement of bins and other storing equipment.The Anganwadi worker should take more interest in all the activities of the project.There should be master trainers in each project for the vocational training programme, hired by project personnel.There should be good amount of interface and consultation between the elected representatives of the local bodies at all levels with the CDPOs, Supervisors and Anganwadi workers.There should also be constitution of committees at the district and block level to oversee the project activities.By far most importantly, community participation for example, through joint bank accounts handling over cooking responsibility to the helpers. Also local bodies should also encourage the running and proper implementation of the scheme.Local people should also be aware, especially the deprived section, about the existence of such a scheme which would benefit their children in the long run.

## References

[1] Nutritional interventions through primary health care: impact of the ICDS projects in India. B. N. Tandon (1989)
[2] A STUDY IN ANDHRA PRADESH. MUMBAI: Tata Institute of Social Science- Sandhya Rani, P.M. (2001)
[3] Child Development through Immunization and Nutrition in a Tribal Community of Jharkhand. Ranchi: Xavier Institute of Social Service-Hamakawa, Tomohiro Et Al. (2007)
[4] Ministry of Women and Child Development, various years.
[5] National Family Health Survey, 2012
[6] Annual Report, Department of Women and Child Development and Social Welfare, 2011-12.
[7] Integrated Child Development Scheme-Presenting Innovative Panorama.
[8] Briefing Paper Series- Innovations, Lessons and Good Practise.
[9] ICDS-IV Project (IDA Assisted)

## Author Profile

**Sayantani Mukherjee** is currently working as a part time lecturer in Vidyasagar College, Kolkata after qualifying National Eligibility Test and awarded the Junior Research Fellowship. She has graduated in geography from Loreto College, Kolkata. Her post-

graduation has been completed from Presidency University in Kolkata where her special paper for her master's thesis was Regional development and planning.

**Pinky Rome** is currently a student of final year in School of Planning and Architecture (SPA) in Bhopal (India), where she is pursuing M. Plan (Environmental Planning). She has graduated in geography from Loreto College, Kolkata. Her post-graduation has been completed from Presidency University in Kolkata where her special paper for her master's thesis was Regional development and planning.