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क्रिनिय नि डाई नेNIPCC De

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Integrated child development services



The integrated child development services scheme constitutes one of the principal planks in the nation's strategy to provide to children from the deprived sections of the society, the basic services for a better start in life.

The scheme was launched as an innovative experiment in 1975.
33 integrated child development projects were taken up initially. By the end of 1985, the total number of projects extending basic

services to above 25 million young children and mothers will be around 1,000 including:—

(i)	Projects sanctioned upto	
	1981-82	300
(ii)	Projects sanctioned upto 1982-83	320
(iii)	Projects sanctioned upto 1983-84	200
(iv)	Projects sanctioned upto 1984-85	
	as advance action	66
	others	114
		1,000

The project area is a taluka, a community development block, a tribal development block or a group of slums. The project area is further divided into Anganwadis, every Anganwadi serving a population of about 1,000 in rural areas and urban slums and about 700 in tribal areas.

OBJECTIVES

- Improve the nutritional and health status of children in the age group 0-6 years
- Lay the foundations for proper psychological, physical and social development of children
- Reduce the incidence of mortality, morbidity malnutrition and school drop-out
- Bring about effective coordination in the work of various agencies involved in child development programmes
- Enhance the mother's capabilities to take care of the nutritional needs of her children

PACKAGE OF SERVICES

Supplementary nutrition

Nutrition and health education

Immunization

Health check-up

Non-formal preschool education Referral services

Most beneficiaries belong to the vulnerable sections of the society-scheduled castes, scheduled tribes, landless labourers, small farmers and other poor families.

There are different services for different groups of people. From this point of view the population in a project is divided into five broad group according to their age and needs:

- Children less than one year
- Children above one year but below 3 years
- Children above 3 years but below 6 years
- Expectant and nursing mothers
- All women between the ages of 15 to 45 years.



Below one year



Between 1-3 years

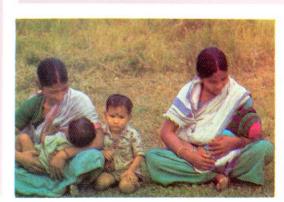


Between 3-6 years





Pregnant woman



Women in the age group 15-45 years





For 300 days in a year, supplementary nutrition is given to malnourished children below 6 years, pregnant women and nursing mothers. Children below 3 years are given special attention. Malnourished children falling into grades III & IV are given extra diet/therapeutic nutrition.

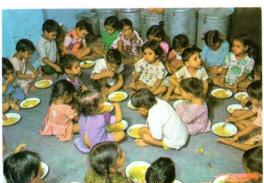
Rural Anganwadi

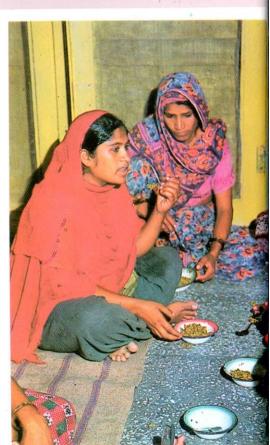
Anganwadi is the focal point from where package of services are provided to the beneficiaries.

Tribal Anganwadi



Food distribution at Anganwadi
Supplementary feeding





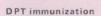
Food supplements to pregnant women

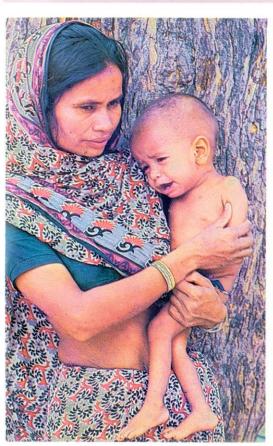


Diet supplements for children below 3 years

Malnourished children get special attention

Feeding nursing mothers





Children are immunized against tuberculosis, diphtheria, tetanus, whooping cough and polio.

Polio drops







Efforts are made to prevent and detect early childhood disabilities.

BCG immunization

Tetanus Toxoide for pregnant women



Pregnant women are immunized against tetanus. They are also given iron and folic acid tablets.



Preventive dose of Vitamin A

Distribution of Iron and folic acid



Children (1-5 years) are also given an intensive dose of Vitamin 'A' once every six months and iron and folic acid tablets.

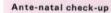


Management of eye problems

Health check-up and Referral Services

- Health check-up of children under
 6 years
- Early detection of disabilities in children
- Ante-natal care of expectant mothers
- Post-natal care of nursing mothers and care of newborns







Post-natal care

Health check-up at Anganwadi



Health care services are provided to the beneficiaries through the medical and paramedical staff of the nearby primary health centre or sub-centre.



PHC is the referral point

Cold chain for vaccine



ANM visits Anganwadi

Trained Dai is available locally





Health care by PHC staff







Threading beads

Outdoor games

Drawing and colouring

Cultural activities

Pre-school education is non-formal. It aims at integrated development of the child —

- Physical
- Intellectual
- Social and
- Emotional.

It also aims at inculcating desirable attitudes and behaviour patterns in children coming to Anganwadis.





Formation of healthy habits



Low-cost indeginous teaching aids

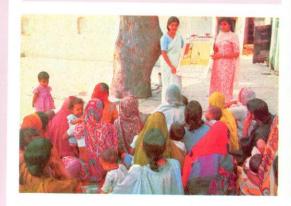


To promote health consciousness among women and to improve their capabilities to look after the health and nutritional needs of children, health and nutrition education is imparted to them at the Anganwadi and in their homes.

For its success,ICDS is highly dependent on community participation in the programme. This participation can be either through mothers or through voluntary organisations of local bodies like panchayats and mahila mandals.



Anganwadi worker during home visits



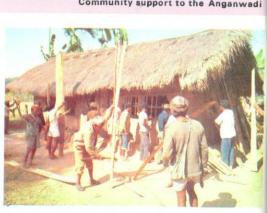
Nutrition and health education

People's contribution to the programme

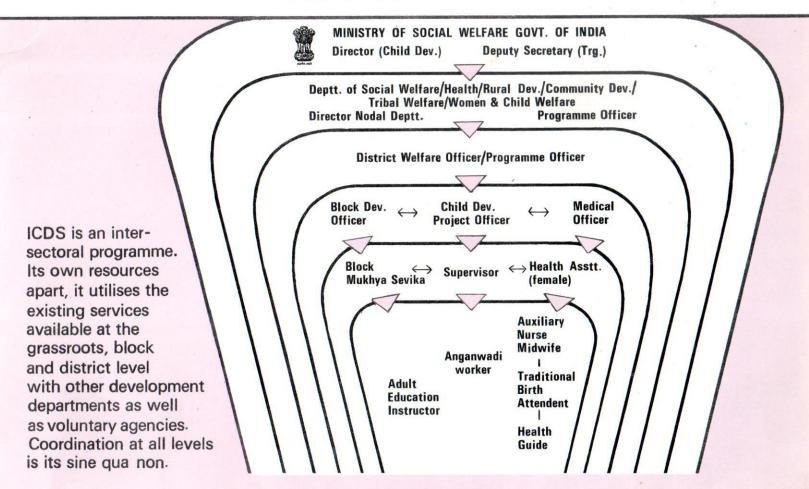


Anganwadi worker with women

Community support to the Anganwadi



ORGANIZATIONAL SET-UP OF ICDS



Anganwadi worker is a local woman. She is not a government official. She gets a token honorarium for her voluntary service to the community. She is guided by the Supervisor and the Child Development Project Officer.







Training through demonstration



Anganwadi worker is a local woman
Support from the Supervisor

All functionaries of ICDS-CDPOs, Supervisors and Anganwadi workers—are given appropriate training.

Guidance from the CDPO





NIPCCD is the apex body for training of ICDS functionaries. It organises training of CDPOs at its headquarters and at its regional centres Bangalore and Lucknow. Training of Supervisors is organised by some 20 training centres including its three regional centres specially selected for this purpose. NIPCCD monitors the training programmes for CDPOs and Supervisors. The syllabi for training of all functionaries are designed by NIPCCD.

NIPCCD monitors the social inputs of the programme through a Monitoring and Evaluation Cell. The All India Institute of Medical Sciences monitors the health and nutrition component of ICDS as also training of Medical Officers through a chain of medical colleges and health consultants.



UNICEF's assistance—Jeep

Weighing scale

UNICEF assistance to ICDS includes technical expertise, equipment, transport, supplies, cash assistance for Pre-and inservice training of all levels of staff, educational materials, strengthening the technical and management capacity of training institutions and government departments, provision of basic drugs and vitamins, support to monitoring and evaluation, introduction of water and sanitation, cash support for research and innovative pilot projects.

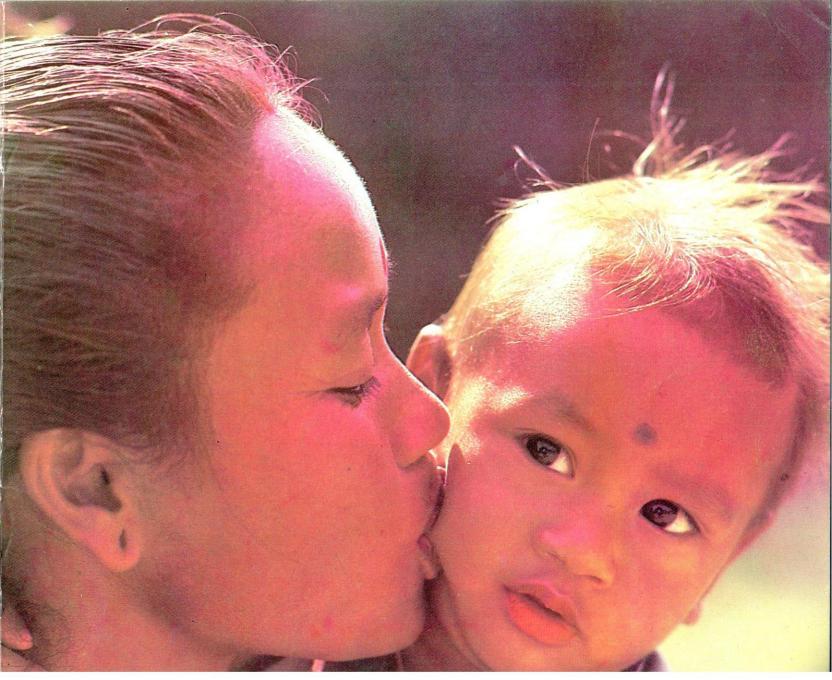


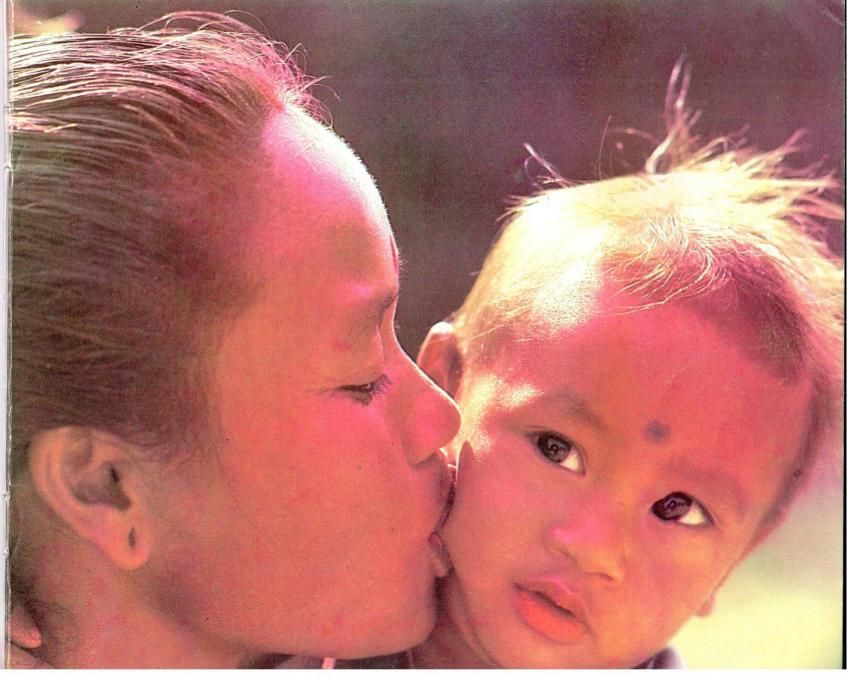






ICDS is a unique programme aiming at the integrated development of the child. It has succeeded eminently in India and attracted worldwide attention.







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