

ICDS SCHEME: A PROGRAMME FOR DEVELOPMENT OF MOTHER AND CHILD HEALTH

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The integrated Child Development Services (ICDS) scheme was launched by the Government of India on 2nd October 1975, on an experimental basis, initially in 33 blocks of the country. The success of the scheme motivated the Government to extend the scheme to 2424 blocks by 1990(1). The objectives of the scheme have been to improve the nutritional and health status of children below 6 years of age and to lay foundations for proper psychological, physical and social development of the children(2).

To achieve these objectives, a package of services is rendered essentially through the Anganwadi Workers (AWW) at the village centre called 'Anganwadi'(3). The ICDS package of services includes: (i) Supplementary nutrition, (ii) Immunization,

(iii) Health check up, (iv) Referral services, (v) Treatment of minor illnesses, (vi) Nutrition and health education to women, (vii) Preschool education to children in the age group of 3-6 yr, and (viii) Convergence of other supportive services like water supply, sanitation, etc.

The organization and management of this totally indigenous scheme has been unique. The scheme has an army of honorary functionaries and it has successfully utilized the existing health personnel and institutions in the country. The strong technical support from medical colleges has been an extremely important feature of the scheme. It has been developed jointly by Indian scientists, administrators and planners under the experienced political leadership and commitments. It has been almost exclusively (nearly 98%) financed by Indian funds.

The beneficiaries of the ICDS scheme are to a large extent identical with those under the Maternal and Child Programme. It has made a positive impact on improving the maternal and child health.

Research studies have documented that the ICDS scheme has improved the coverage for nutrition, health and educational services for pre-school children, pregnant women and lactating mothers. Immunization, vitamin A, iron and folic acid distribution has markedly increased in ICDS projects. Malnutrition, diarrhea, respiratory infection and death rates have decreased amongst the children receiving ICDS services while the mental development has improved. Benefits of ICDS have also been visible in population control which has been reported as decline of birth rate(6-28).

The impact of ICDS services on various components of health and nutrition has

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been assessed independently by faculty members of different medical colleges in the country. The important findings are briefly enumerated below:

(i) *Impact of Antenatal Services*

Different evaluation and research studies on antenatal services have documented that the coverage of pregnant women was significantly better in operational ICDS projects(9,11). Results of a special comparative research study conducted in ICDS and matched control non-ICDS pregnant women population have reported that the coverage of pregnant women by antenatal services was almost double in the ICDS group (71.9%) as compared to the control group (40.3%). Further, home delivery was the uniformly favored practice in both groups. However, a significantly higher proportion of pregnant women in the ICDS projects utilized trained paramedical personnel for home delivery (76.3% vs 49.4%)(5).

(ii) *Impact on Postnatal Services*

Postnatal services in the ICDS group had better coverage than the control group (non-ICDS). However, the overall success rate of postnatal services coverage remained less than 50% in rural and 30 to 40% in tribal projects(5).

(iii) *Impact on Immunization*

A significant contribution has been made by ICDS scheme to increase the immunization coverage of BCG, DPT, polio and tetanus(6,9,11,14). BCG, DPT and polio immunization in ICDS group was 57.4, 68.7 and 67.5% as compared to corresponding figures 22.5, 45.8 and 40.4%, respectively in the control group(5).

(iv) *Impact on Nutritional Status of Pre-school Children*

Various studies to assess the impact of ICDS on nutritional status of 0-3 and 0-6 years old children has confirmed a decline in moderate and severe undernutrition and increase in the proportion of children with normal or grade I undernutrition(3,8,10,11).

A longitudinal study has reported that severe undernutrition amongst the pre-school children in the population where ICDS was started as pilot project in 1975, has declined from 19.1 to 6.3% in 8 years. The corresponding decline for moderate undernutrition was from 27.0 to 19.7%(5).

In a comparative study, moderate and severe malnutrition together was recorded in 3.6% of the children in ICDS projects as compared to 38.5% in the control group(5).

(v) *Impact on Early Childhood Mortality*

A study was conducted in 8 States to evaluate the impact of ICDS on early childhood mortality. The results were compared with the infant mortality rate (IMR) reported by Sample Registration Scheme. For all the States except Rajasthan, combined rural and urban IMR in the ICDS population were less than SRS estimates(5). In all the States, the preschool age child mortality rate was also lower in the ICDS population. This was true irrespective of the sex and location (rural as well as urban) except in an isolated case in Orissa where the ICDS urban group had a higher mortality rate as compared to SRS estimates(5).

A comparative longitudinal study of IMR in ICDS and non-ICDS populations

has documented that IMR in non-ICDS group was higher, both for the rural (85.5 vs 67.0) and for urban (87.0 vs 80.0) infants(5). Various comparative studies of IMR in ICDS and non-ICDS group at the micro levels have established that: (i) IMR in ICDS group was significantly lower as compared to the non-ICDS group; (ii) the favorable impact on IMR was documented for both male and female children; (iii) there was greater reduction of IMR in ICDS projects, which to begin with, had a high IMR; and (iv) there was considerable reduction in deaths due to diarrhea and tetanus in the ICDS groups(5,16-18,25). In 6 States, the neonatal mortality rate was lower in ICDS group as compared to SRS estimates while in the remaining 2 States, viz., Rajasthan and Maharashtra, it was higher than SRS estimates(5).

(vi) Impact on Birth Rate

The study on assessment of birth rate documented a value of 27.0 in ICDS population as compared to the much higher figure of 32.1 for the National estimates of the corresponding year(5).

The findings of all the aforementioned research studies indicate a positive impact of ICDS on Maternal and Child Health and their development, which is reflected by reduction in birth rate, infant mortality rate, neonatal mortality rate, prevalence of protein energy malnutrition and improvement of antenatal and postnatal care services.

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