

# Introduction

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## 1.1 Background

Our national policy for children recognizes that the future of our nation and the prosperity of our people depend on the health and happiness of children and the care they receive from family and society to grow up as good human beings and citizens. Their upbringing in a proper environment promoting their health, education and mental development is an important commitment made.

The National Policy for Children (1974) laid down that the State should provide adequate services to children before and after birth and during the period of growth to ensure their full physical, mental and social development. This was in response to a shift in focus from 'Child Welfare' to 'Child Development' during the Fifth Five Year Plan (1974-79) with emphasis on integration and coordination of a multitude of inter-related services within the ambit of a broad-based objective.

In pursuance of this policy, Integrated Child Development Services (ICDS) Scheme was launched on 2 October 1975 by the Government of India as a centrally sponsored scheme of the Ministry of Women & Child Development (earlier a department under Ministry of Human Resource Development).

## 1.2 Objectives of the Scheme

The ICDS Scheme aims at holistic development of children in the age group of zero to six years and pregnant and lactating mothers. The objectives of the scheme are:

- to improve the nutritional and health status of children in the age-group 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

### 1.3 Scope and Coverage

The above objectives are sought to be achieved through a package of following six services:

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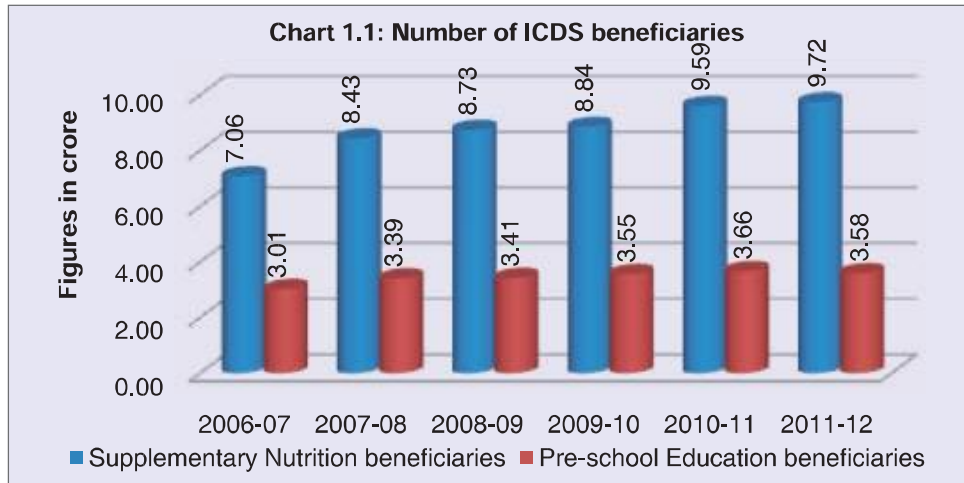
**Table 1.1: Services under the ICDS**

Target Group	Services	Service Provided by
Children below 6 years; pregnant and lactating mother (P&LM)	Supplementary Nutrition (SN)	Anganwadi Worker (AWW) and Anganwadi Helper (AWH)
	Immunization*	Auxiliary Nursing Midwife (ANM)/ Medical Officer (MO)
	Health Check-up*	ANM/MO/AWW
	Referral Services	AWW/ANM/MO
Children 3-6 years	Pre-School Education (PSE)	AWW
Women (15-45 years)	Nutrition and Health Education	AWW/ANM/MO

*[\*AWW assists ANM in identifying the target group.]*

Three out of above six services namely, supplementary nutrition, pre-school education and nutrition and health education are delivered in an integrated manner by the Anganwadi Centres (AWCs) at the village level, each of which is run by an Anganwadi worker and a helper. The other three services, viz. immunisation, health check-up and referral services are delivered through the public health infrastructure<sup>1</sup>. The Ministry of Women and Child Development and the Ministry of Health and Family Welfare jointly instructed in November 2005 and January 2006 to all the States/UTs to ensure convergence of services under the ICDS Scheme and the National Rural Health Mission (NRHM).

The number of beneficiaries receiving the two most important services under the ICDS is depicted in the chart below:



*[Source: Data provided by the Ministry]*

<sup>1</sup> Health Sub Centre (SC), Primary Health Centre (PHC) and Community Health Centre (CHC) under the Department of Health and Family Welfare.

## 1.4 Policy focus on child development

### 1.4.1 ICDS during Five Year Plans

Initially the Scheme was launched on an experimental basis in 33 blocks of the country. Encouraged by the success and public demand, the scheme continued to be expanded and during the Sixth Plan, 1037 projects were sanctioned. Seventh and Eighth Plans laid stress on consolidation of services and improving levels of nutrition in the country by expanding the Scheme. In view of the directions by the Hon'ble Supreme Court through its various rulings (as detailed in Chapter 3), the ICDS Scheme has been expanded thrice in 2005-06, 2006-07 and 2008-09 during the Tenth and Eleventh Five Year Plans increasing the number of ICDS Projects from 5,673 in 2004-05 to 7075 by the end of 2011-12.

### 1.4.2 National Nutrition Policy, 1993

The National Nutrition Policy, 1993 envisaged the constitution of 'National Nutrition Council' under chairmanship of the Prime Minister. Consequently, in July 2003 the Government constituted 'National Nutrition Mission' headed by the Prime Minister as a forum for policy co-ordination, review and direction. The Mission was replaced by 'Prime Minister's National Council for India's Nutrition Challenges' with its first meeting in November 2010. The Council emphasised strengthening and restructuring of the ICDS, special impetus on 200 high burden districts, convergence with other national programmes and nationwide campaign for information, education and communication on malnutrition.

In pursuance of this meeting, the Government set up an Inter-Ministerial Group (IMG) (June 2011) to implement the actionable points. The IMG met twice in July 2011 and gave its report in August 2011. In compliance, a meeting of the Expenditure Finance Committee (EFC) on strengthening and restructuring of the ICDS was held (March 2012). The final decisions in this regard are yet to be taken.

Under the 1993 policy all States/UTs were required to constitute a State Nutrition Council (SNC) to be chaired by the Chief Minister and to comprise concerned Minister of the State Government, civil society members, experts and representatives of professional bodies. Audit noted that the SNC was constituted in five States/UT (Chandigarh, Haryana, Odisha, Punjab and Rajasthan). Six States (Jharkhand, Kerala, Madhya Pradesh, Tamil Nadu, Uttar Pradesh and West Bengal) adopted state specific nutrition policies and strategies. The information in respect of remaining States/UTs was not available with the Ministry.

### 1.4.3 National Plan of Action for Children 2005 (NPAC)

The NPAC was formulated by the Department of Women and Child Development in 2005 to ensure all rights to all children up to the age of

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18 years. It sets certain goals on universalisation of early childhood services to ensure children’s physical, social, emotional and cognitive development and objectives to achieve them.

The primary responsibility for implementation of the National Plan of Action for Children (NPAC) rests with the Central, State and local Governments. The Ministry was to coordinate with implementing Departments and State Governments and publish annual reports on its implementation and the status of India’s children.

The Ministry stated (June 2012) that it had written letters to Ministries/Departments and State Governments seeking information on the progress made under the provisions of the NPAC, 2005. So far 12 Ministries/Departments and one State Government (Meghalaya) have sent information. No reports were published by the Ministry on the status of NPAC, 2005.

**1.4.4 International support**

The international agencies like United Nations Children's Fund (UNICEF), Swedish International Development Agency (SIDA), Co-operative Assistance and Relief Everywhere (CARE), World Food Programme (WFP) and World Bank have also supported the scheme. Three World Bank assisted ICDS projects were implemented in tribal and socio-economically backward blocks during the period 1991-2006.

**1.5 Funding pattern under the Scheme**

The ICDS is a Centrally Sponsored Scheme. The flow of funds is from the Ministry to the State/UT departments. The State/UT departments subsequently release funds to the Districts/projects. The funds are provided to the States/UTs under two categories, viz. (i) ICDS (General) for meeting operational costs and (ii) Supplementary Nutrition (SN).

The funding pattern under the Scheme has undergone significant changes during the recent past, as depicted in table 1.2:

**Table 1.2: Funding pattern under the ICDS Scheme**

Period	ICDS (G)	ICDS (SN)
Prior to 2005-06	100 <i>per cent</i> financial assistance by the Central Government	No assistance by the Central Government, 100 <i>per cent</i> cost was borne by the States
2005-06 to 2008-09	100 <i>per cent</i> financial assistance by the Central Government	50 <i>per cent</i> of financial norms or 50 <i>per cent</i> of expenditure incurred by the state, whichever is less
2009-10 onwards	90 <i>per cent</i> Central assistance to the States/UTs, the remaining cost was to be borne by the State/UT Governments	90 <i>per cent</i> Central assistance to Northeast States, 50 <i>per cent</i> to other States/UTs, the remaining cost was to be borne by the State/UT Governments

Besides, 100 *per cent* Central assistance was provided to Northeast States for construction of Anganwadi Centre (AWC) buildings since 2001-02. No assistance was provided to other States/UTs on this account.

## 1.6 Financial outlay and Expenditure

Alongside the expansion of the Scheme, there has been a significant increase in the allocation for the Scheme from ₹ 10,392 crore in the Tenth Five Year Plan to ₹ 44,400 crore in the Eleventh Plan period.

During the period 2006-11, the total expenditure on the ICDS Scheme, including States/UTs share, was ₹ 50,587 crore. The details of funds released to the States/UTs by the Ministry for implementation of the Scheme and expenditure reported by the States/UTs for the years 2006-07 to 2010-11 are given below (State/UT-wise details are given in **Annex 1.1 and 1.2**):

**Table 1.3: Funds released and expenditure<sup>2</sup>**

(₹ in crore)

Year	ICDS (G)		ICDS (SN)		Total Expenditure [ICDS (G)+(SN)]
	Release to States	Expenditure	Release to States	Expenditure	
2006-07	2691.94	2618.34	1519.22	3102.51	5720.85
2007-08	3108.82	2992.94	2062.29	4433.83	7426.77
2008-09	4045.78	3967.37	2281.32	4928.34	8895.71
2009-10	4390.80	4839.66	3730.13	8242.96	13082.62
2010-11	4794.41	5306.91	4968.72	10153.69	15460.60
<b>Total</b>	<b>19031.75</b>	<b>19725.22</b>	<b>14561.68</b>	<b>30861.33</b>	<b>50586.55</b>

[Source: Data provided by the Ministry (expenditure figures include State share under ICDS (G) for 2009-10 and 2010-11 and ICDS (SN) for the years 2006-11)]

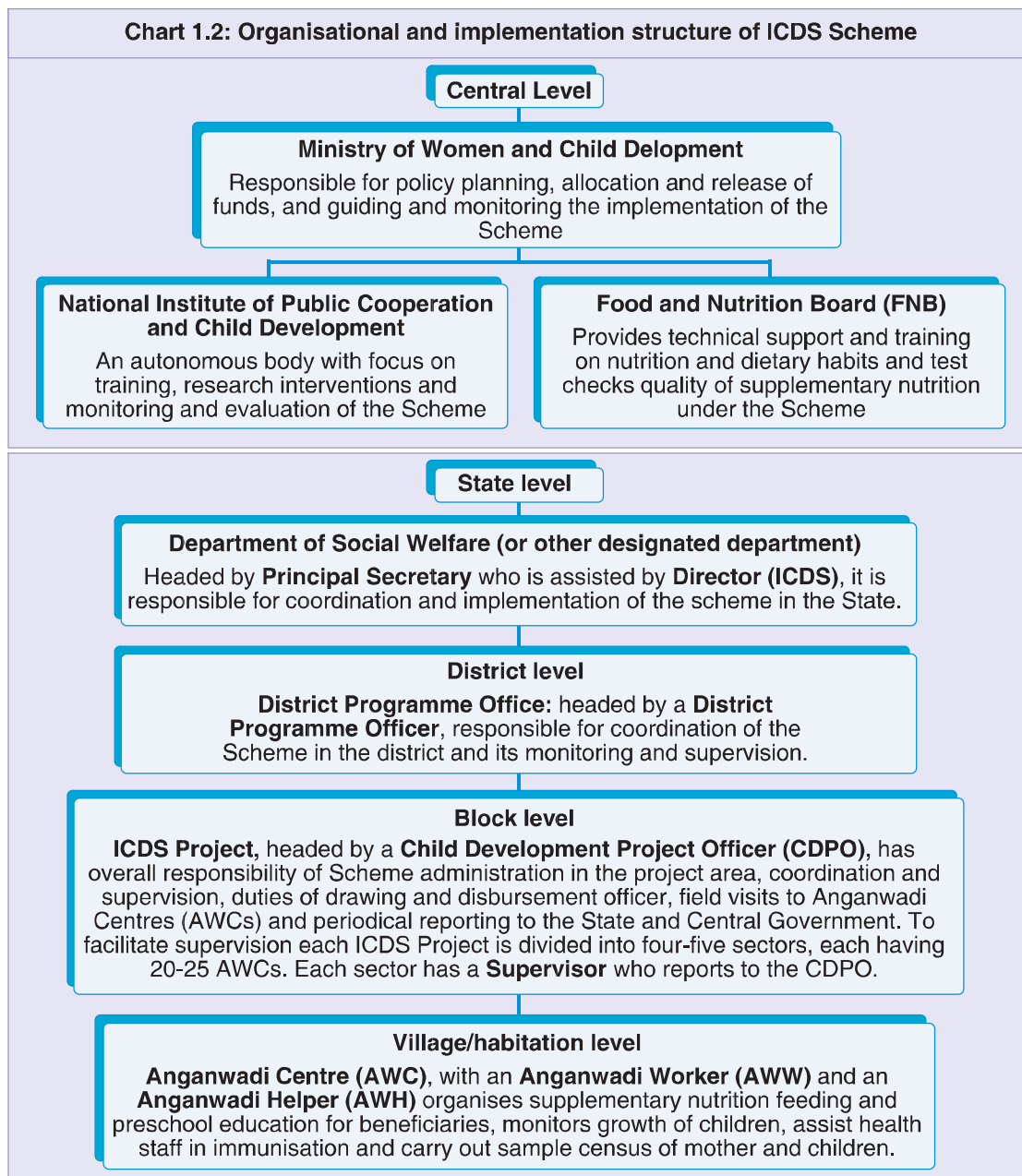
Thus, releases to the States/UTs under ICDS (G) have doubled during the period 2006-11. This was due to increase in the number of operational projects and AWCs and revision of financial norms. Under the SN, releases to States/UTs have increased by 227 *per cent* due to increase in the number of beneficiaries and revision in cost norms.

## 1.7 Organisational set up

ICDS Scheme is a centrally sponsored programme. The nodal Ministry in the GOI is the Ministry of Women and Child Development. A chart depicting role and responsibilities of various authorities at the Central,

<sup>2</sup> During 2011-12 the Ministry released ₹ 7897.35 crore under ICDS (G) to the States/UTs against which an expenditure of ₹ 7986 crore (including state share was reported up to 3<sup>rd</sup> quarter. Similarly, under SN the Ministry released ₹ 6303 crore during 2011-12 against which an expenditure of ₹ 11104 crore (including state share) was reported. Our Audit Report does not cover the year 2011-12.

State and field levels in planning, funding, executing and monitoring the Scheme is given in chart 1.2.



### 1.8 Key statistics on child development in India

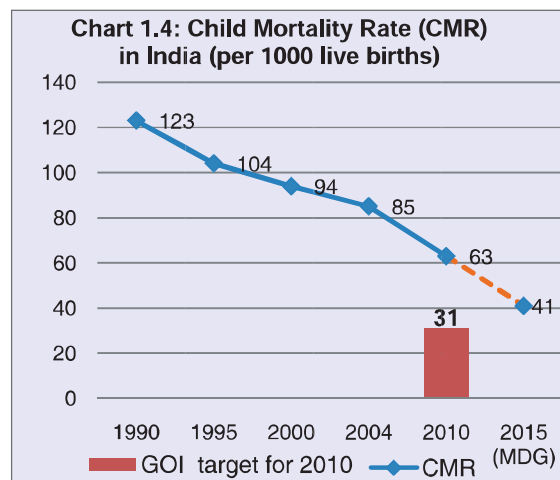
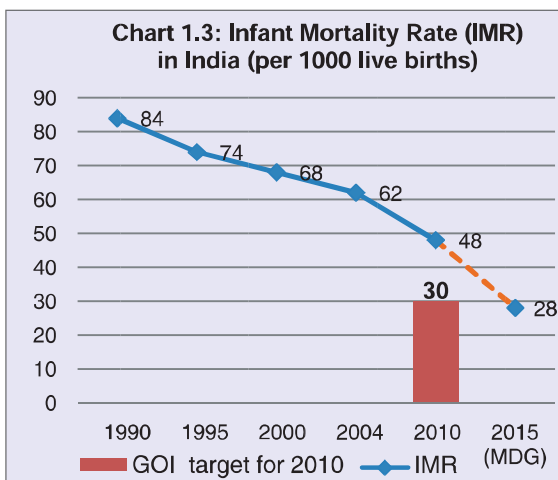
The status of India on key indicators vis-à-vis the targets set by the Government of India (GOI) and the Millennium Development Goals (MDG)<sup>3</sup> is depicted below:

<sup>3</sup> The Millennium Project was commissioned by the United Nations Secretary-General in 2002 to develop a concrete action plan for the world to achieve the MDG and to reverse the grinding poverty, hunger and disease affecting people.

### 1.8.1 Child survival

The two important indicators to measure child survival are the Infant Mortality Rate (IMR) and the Child Mortality Rate (CMR). The IMR is the probability of dying between birth and exactly one year of age, expressed per 1,000 live births. The CMR is the probability of dying between birth and exactly five years of age, expressed per 1,000 live births.

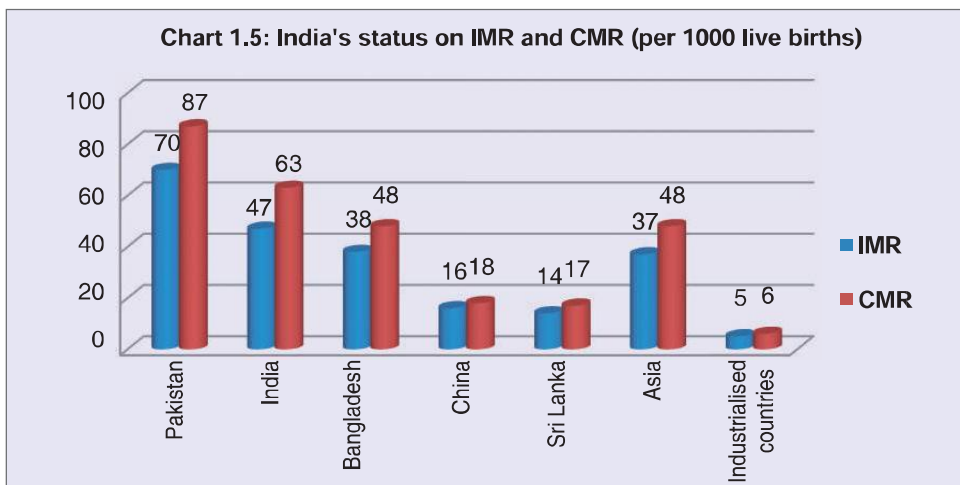
The GOI had targeted to reduce the IMR below 30 per 1000 live birth and CMR below 31 per 1000 live birth by 2010 (National Plan of Action for Children, 2005). The achievements in this regard are depicted in charts 1.3 and 1.4:



[Source: United Nations Statistics Division]

India was ranked at 149 out of 195 countries on the CMR.

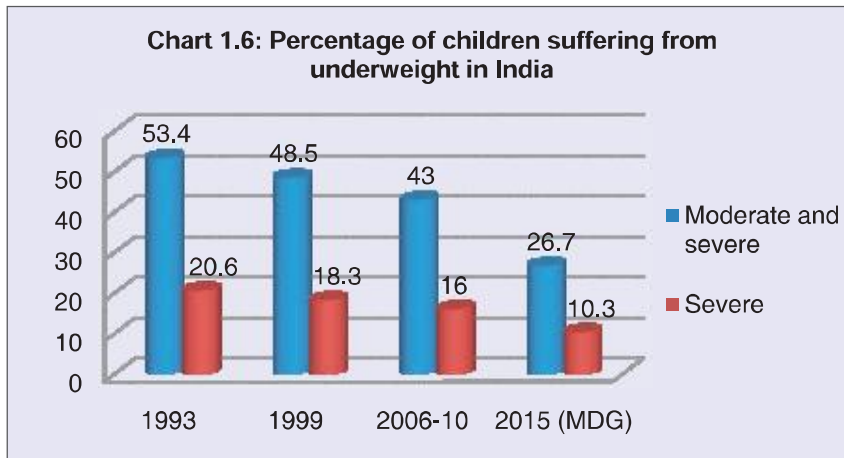
The position of India in respect of the IMR and the CMR in the year 2010 is depicted in chart 1.5:



[Source: State of World's Children 2012 published by the United Nations Children's Fund (UNICEF)]

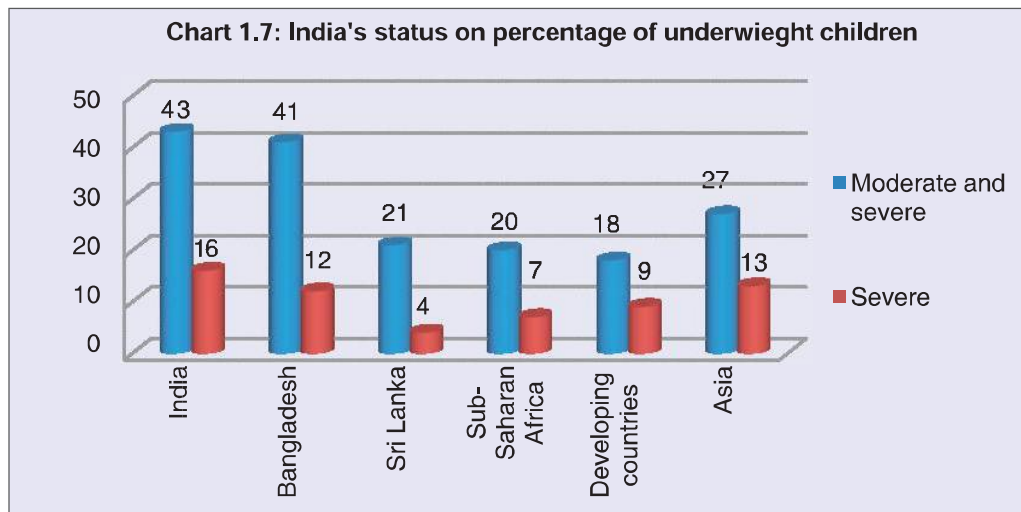
### 1.8.2 Child nutrition

The ‘moderate and severe underweight children’ are measured as percentage of children aged 0-59 months who are below minus two standard deviations from median weight for age of the World Health Organisation (WHO) Child Growth Standards. The ‘severe underweight children’ are measured as percentage of children aged 0-59 months who are below minus three standard deviations from median weight for age of the WHO Child Growth Standards. The achievement of the country on this indicator of child nutrition is depicted in the chart below:



[Source: United Nations Statistics Division]

The position of India on the percentage of the underweight and severely underweight children during the period 2006-10 is depicted below:



[Source: State of World's Children 2012 published by the United Nations Children's Fund (UNICEF)]

India's status on key child development and health indicators did not compare well with neighbouring countries and other regions.