

PUBLIC HEALTH MANAGEMENT IN INDIA: AN OVERVIEW OF ICDS

Dr. Monika Jain

Associate Professor, Department of Food Science & Nutrition
Banasthali University, Banasthali

Dr. Priyadarshi Patni

Professor, Department of Computer Science
Lachoo Memorial College of Science and Technology, Jodhpur

ABSTRACT

Health of people is not only a desirable goal but it is also an essential investment in human resources. Various intervention programmes have been launched by the government to improve the provision of basic services pertaining to public health and to devise a security system through which the most vulnerable section, viz., women and children could be protected. The Integrated Child Development Services (ICDS) programme is the reflection of the Government of India to effectively improve the nutrition and health status of underprivileged section of the population through direct intervention mechanism. ICDS is the world's most unique health and welfare programme, which holistically addresses health, nutrition and development needs of young children, adolescent girls and women across the life cycle. In addition, the programme also addresses goals of universal elementary education and other primary health care goals. The convergence of services has resulted in better prenatal and immunization coverage in the ICDS blocks. In built monitoring system is the salient feature in this programme management, which draws attention to implementation flaws immediately and given an edge to this intervention based public health programme over others. This paper examines the strengths and weaknesses of management in ICDS and suggests what is required to enhance its impact.

Keywords: ICDS, health programme, nutrition, monitoring

HEALTH CARE IN INDIA

Public health services, which reduce a population's exposure to disease through such measures as sanitation and vector control, are an essential part of a country's development infrastructure. For various reasons, mostly of political economy, public funds for health services in India have been focused largely on medical services, and public health services have been neglected. This is reflected in a virtual absence of

modern public health regulations and of systematic planning and delivery of public health services. Healthcare in India features a universal health care system run by the constituent states and territories of India. The Constitution charges every state with "raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002.

Despite substantial improvement in health and well-being since the country's independence in 1947, under-nutrition remains a silent emergency in India (Antony and Laxmaiah, 2008), where almost half of all children under the age of three are underweight, 30 percent of newborns born with low birth weight, and 52 percent of women and 74 percent of children are anaemic. Other major nutritional deficiencies of public health importance in the country are Vitamin A deficiency and iodine deficiency. Productivity losses to individuals are estimated at more than 10 percent of lifetime earnings, and gross domestic product (GDP) loss to malnutrition runs as high as 3 to 4 percent.

Undernutrition is the underlying cause for about 50% of the 2.1 million Under-5 deaths in India each year. The prevalence of under nutrition is the highest in Madhya Pradesh (55%), Bihar (54%), Orissa (54%), Uttar Pradesh (52%) and Rajasthan (51%), while Kerala (37%) and Tamil Nadu (27%) have lower rates. Preventing under-nutrition has emerged as one of the most critical challenges to India's development planners in recent times (UNICEF, 2011).

LARGE SCALE PUBLIC HEALTH PROGRAMMES

Programmes impacting on under-nutrition include the Integrated Child Development Services (ICDS) National Mid-day Meal Scheme, the National Rural Health Mission, and the Public Distribution System (PDS). The challenge for all these programmes and schemes is how to increase efficiency, impact and coverage.

Started by the Government of India in 1975, the Integrated Child Development Scheme (ICDS) has been instrumental in improving the health and wellbeing of new mothers and children under 6 by providing health and nutrition education, health services, supplementary food, and pre-school education. The ICDS programme is one of the largest national development programmes in the world. It reaches more than 34 million children aged 0-6 years and 7 million pregnant and nursing mothers. The government of India intends to universalize ICDS in the near future (Kapil and Pradhan, 2000).

INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

ICDS is a multi-sectoral programme and involves several government departments. The programme services are coordinated at the village, block, district, state and central government levels. The primary responsibility for the implementation of the program lies with the Department of Women & Child Development at the Centre and nodal department at the states, which may be Social Welfare, Rural Development, Tribal Welfare or Health Department or an independent Department. The beneficiaries are

children below 6 years, pregnant and lactating women and women in the age group of 15 to 44 yrs. The beneficiaries of ICDS are to a large extent identical with those under the Maternal and Child Health Programme. The programme provides an integrated approach for converging all the basic services for improved childcare, early stimulation and learning, health and nutrition, water and environmental sanitation aimed at the young children, expectant and lactating mothers, other women and adolescent girls in a community. ICDS programme is the reflection of the Government of India to effectively improve the nutrition and health status of underprivileged section of the population through direct intervention mechanism. The programme covers 27.6 million beneficiaries with supplementary nutrition (Kapil, 2002).

ICDS services are provided through a village based centre i.e., the Anganwadi centre for the services of: Supplementary nutrition, immunisation, health check-up, referral services, treatment of minor illnesses, nutrition and health education to women, preschool education to children and supports for water supply, sanitation, etc. Several government departments and their services are co-ordinated at village, block, district, state and central levels. The Anganwadi worker is the most peripheral functionary which implements the programme services at the village/community level. In projects where able leadership has been provided, ICDS has been reported to be better. Though there are some shortcomings in ICDS, still future thrust of the programme is necessary for aiming of the upliftment of underprivileged section of the population (Ghosh, 1997).

UNIQUENESS OF ICDS

It is considered to be the biggest child welfare programme in Asia and probably in the world. The emphasis is on the low socio- economic group families, scheduled castes and scheduled tribes. The package of services consists of supplementary nutrition to children and to pregnant women during the last trimester of pregnancy as well as to lactating mothers, immunization, health check up, referral services and non-formal education and Nutrition and Health Education (NHE) to enhance the capability of the mother to look after the health and nutrition needs of the child through proper nutrition and health education (Dasgupta et al, 2005). The Anganwadi Center (AWC) is a focal point for the delivery of services for mothers and children and for convergence of services of various sectors like health, education, rural development, etc. Community mobilization and participation has been considered to be of vital importance for achieving the objectives of ICDS. This innovative programme has attracted a lot of attention of the world health community (Mason et al, 2006) and evaluations have been done every few years by the donor agencies as well as by Indian researchers and scientists. For an ongoing documentation, evaluation and training, a Central Technical Committee (CTC) was set up to encourage the medical college faculty members as well as the district health officers to participate in the scheme. Obviously the programme has contributed a great deal in creating awareness regarding health and nutrition of mothers and children and child development. The

convergence of health services at the AWC has improved the immunization status of pregnant women and children, increased health check-ups and improved the management of morbidity (Ghosh, 1995).

MONITORING AND SUPERVISION IN THE MANAGEMENT OF ICDS

General: Monitoring and supervision play an important role in achieving the desired objectives through a systematic process of keeping track of the performance and progress of a programme by continuously reviewing the flow of inputs and outcome indicators. The process also helps in introducing mid-course corrections and modifications whenever necessary. The term monitoring has come into greater circulation in planning and management terminology in recent years by shifting the focus from inputs to results and outlays to outcomes. Monitoring is a valuable tool and a continuous process, with both the project implementation and outcome indicators to be monitored on a regular basis, and includes availability of a plan of action, continuous or periodical feedback/information on actual performance vis-à-vis the desired objectives with planned course of action, identification of deviations and giving information and signal on deviations.

Earlier Monitoring System: The ICDS scheme envisages an inbuilt system of its monitoring through regular reports and returns flowing upwards from Anganwadi Centre to Project HQs, District HQs, State HQs and finally to the Government of India, Ministry of Women and Child Development. Till 1992, the social components of the scheme were being monitored by National Institute of Public Cooperation and Child Development (NIPCCD) and the health components were being monitored through a Central Technical Committee in AIIMS which was wound up in 1999 for certain administrative reasons. At present, the Monitoring and Evaluation Unit in the Ministry of Women and Child Development receives monthly and annual reports from the states. But the existing monitoring mechanism is not adequate and does not capture all the aspects of implementation of the scheme, especially the qualitative assessment of ICDS.

New Monitoring Set up for ICDS Scheme: There has been a vast expansion of the scheme and the financial outlay has been substantially increased (almost doubled during the past two years.) The B.E. for 2007-08 for the scheme was Rs.5293.00 Crore. India's early child development intervention, the ICDS programme has sustained for over three decades and has been successful in many ways. However, it has not yet succeeded in making significant dent in prevalence of underweight among children. The Government of India has, therefore, decided to set up a regular monitoring and supervision mechanism of ICDS scheme through NIPCCD, in addition to the existing M&E Unit in the Ministry of Women and Child Development, with the following broad objectives:

1. to identify the strengths and weaknesses of the already existing monitoring system to determine strategy to be adopted to develop effective monitoring mechanism at all levels;

2. to study convergence of services provided under other schemes of the department;
3. to analyse the services delivered under the ICDS at all levels;
4. to identify the bottlenecks/problems of the scheme and initiate action for corrective measures;
5. to test the accuracy of the data received at the national level;
6. to prepare detailed recommendations for improving the efficiency and effectiveness of the scheme; and
7. to document some of the best practices at the state level.

The new monitoring and supervision set up is a three-tier system, monitoring at National level, State level and Community level (NIPCCD, 2011).

ICDS scheme is the symbol of Government of India's commitment to the holistic development of children. ICDS programme serves as an excellent platform for several development initiatives in India.

STRENGTHS OF ICDS

1. ICDS programme serves as an excellent platform for several development initiatives in India.
2. It is a holistic approach to child development involving the active participation of the family, particularly mothers.
3. It serves the extreme underprivileged communities of the backward and remote areas of the country.
4. It delivers services right at the doorsteps of the beneficiaries to ensure their maximum participation.
5. ICDS has largest number of front line functionaries amongst all the development Programmes. It utilizes local women as honorary village level workers for the delivery of the package of services.
6. The implementation of ICDS programme has made it possible for the health services to reach the most remote and difficult areas of the country.

WEAKNESSES OF ICDS

1. Inadequate emphasis on Nutrition and Health Education (NHE) activities for behaviour change
2. The focus and coverage of children in 0-3 years of age is inadequate.
3. Lack of effective co-ordination between Health and ICDS functionaries.
4. Irregular supply of Supplementary Food due to administrative reasons.
5. Programmatic emphasis on Community participation is poor.

6. The quality of training of Anganwadi workers needs improvement.
7. The referral system is weak.
8. Home visits by AWWs are infrequent. Malnourished children who cannot come to Anganwadis due to different reasons remain largely uncovered.
9. There is inadequate decentralization; the same guidelines of Government of India are followed all over the country. (Representative of the Department of Women and Child Development, GOI stated that some of the recent guidelines issued are extremely flexible and State friendly).
10. AWW has not been accorded the dignity and prestige as a voluntary worker. She is not being treated as an honorary worker.
11. Failure to promote effective community leadership and participation.
12. The role of supervisor is marginal and the CDPO s skills require improvement (National Consultation to Review the Existing Guidelines in ICDS Scheme in the Field of Health and Nutrition, 2001).

ICDS IMPACT ENHANCEMENT THROUGH BETTER MANAGEMENT

1. The immediate step should be to resolve the current ambiguity about the priority of
 1. different programme objectives and interventions;
 2. To reduce malnutrition, ICDS activities need to be refocused on the most important
 3. determinants of malnutrition. Programmatically, this means emphasizing disease control and prevention activities, education to improve domestic child-care and feeding practices, and micronutrient supplementation. Greater convergence with the health sector, and in particular the Reproductive and Child Health (RCH) programme, would help tremendously in this regard;
 4. Activities need to be better targeted towards the most vulnerable age groups (children under three and pregnant women), while funds and new projects need to be redirected towards the states and districts with the highest prevalence of malnutrition;
 5. Supplementary feeding activities need to be better targeted towards those who need it most, and growth-monitoring activities need to be performed with greater regularity, with an emphasis on using this process to help parents understand how to improve their children's health and nutrition;
6. 5. Involving communities in the implementation and monitoring of ICDS should be used to bring in additional resources into the anganwadi centers, improve quality of service delivery and increase accountability in the system;
7. Monitoring and evaluation activities need strengthening through the collection of timely, relevant, accessible, high-quality information, and this information needs to be used to improve programme functioning by shifting the focus from

inputs to results, informing decisions and creating accountability for performance (Gragnotati, 2006).

ICDS has a critical role to play in the realization of children's right to life in its fullest sense: survival, protection and development of human potential of all children in the country. By addressing the foundational stage of human development, ICDS holds the potential of laying the base for a healthy, just and equitable society – a vision that has long eluded us. More specifically, it represents an important strategy to combat child mortality, malnutrition, and morbidity, as well as to prepare children for school (Singh, 2006).

Recognizing the first six years of life as a critical stage in the development of human life, Integrated Child Development Services (ICDS) was launched on a small scale. It was conceived as a strategy to promote the holistic development of children; address the closely interlinked issues of maternal health and capacity of mothers to care for children; and create the conditions necessary for the above by converging health, water and sanitation services. ICDS was also perceived as an important strategy to combat malnutrition and morbidity, as well as to reduce the problem of drop-outs from school.

This crucial scheme has languished for many years, despite the findings of evaluation studies and continuous critiques from NGOs about its lacunae, poor performance, and the urgent need for attention and revision. The neglect of ICDS arises largely from the low priority accorded to children's issues, leading to low budgets and rampant corruption. It also arises from the poor understanding of early childhood, as a critical period of growth and development, amongst the public at all levels of society. However, India's poor child health and education indicators have in recent years caused alarm and once again focused on ICDS and the role it can play in reversing the situation.

REFERENCES

1. Antony G.M. and Laxmaiah A. (2008), Human development, poverty, health & nutrition situation in India. *Indian J. Med. Res.*, 128, 198-205
2. Dasgupta M., Lokshin M., Gragnolati M. and Ivaschenko O. (2005), Improving Child Nutrition Outcomes in India: Can the Integrated Child Development Services Program Be More Effective? World Bank Policy Research Paper No. 3647
3. Ghosh S. (1995), Integrated child development services programme. *Health Millions*, 21 (Souvenir), 31-36
4. Ghosh S. (1997), Viewpoint. *Indian Pediatrics*, 34, 911-917
5. Gragnolati M (2006), Enhancing the quality and the impact of the ICDS. In: Gotur M (ed), *The World Bank: Partnerships for Development*. World Bank: 144-148

6. Kapil U. and Pradhan R. (2000), Integrated child development services scheme (ICDS) in India: its activities, present status and future strategy to reduce malnutrition. *Indian J. Med. Res.*, 98(9), 562-566
7. Kapil U. (2002), Integrated child development services (ICDS) scheme : A program for holistic development of children in India, *Indian Pediatrics*, 69(7), 597-601
8. Mason J.B., Sanders D., Musgrove P., Soekirman, and Galloway R. (2006), *Community Health and Nutrition Programs. Disease Control Priorities in Developing Countries (2nd Edition)*, ed. , 1,053-1,074. New York: Oxford University Press. DOI: 10.1596/978-0-821-36179-5/Chpt-56.
9. National Consultation to Review the Existing Guidelines in ICDS Scheme in the Field of Health and Nutrition (2001), *Recommendations*. *Indian Pediatrics*, 38: 721-731
10. NIPCCD (2011). *Guidelines for Monitoring & Supervision of the Scheme Central Monitoring Unit (ICDS). Integrated Child Development Services Scheme*. New Delhi: National Institute of Public Cooperation and Child Development (nipccd.nic.in/cmuc2.doc, November 2011)
11. Singh D. (2006), *Concept Note. Workshop on "Rethinking ICDS"*. Convention on Children's Right to Food, Hyderabad, 7-9 April, 2006. (www.righttofoodindia.org/data/hyd06rethinkingicds.doc, November 2011)
12. UNICEF (2011), *Under-nutrition: A challenge for India* (http://www.unicef.org/india/nutrition_1556.htm, November 2011)