

**A Study on Child under Nutrition & Functioning of ICDS in India**  
**(Special Reference to Bihar)**

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**Abstract**

The present study is focused on those children of India (especially in Bihar) who suffer from below poverty level and have not fulfilled their nutritional requirements. It also describes the role of ICDS for these children.

**Key Words:** Malnutrition, Drought-prone, Awareness, Implementation, Litigations, Coordination

**Introduction:**

The country has to deal with rising cost of healthcare and growing expectations of the people. Food is the most basic prerequisite of life; it builds the body, provides energy for living and working, and regulates the bodily mechanisms essential for health and survival. We saw when poor nutrition starts in uterus; it extends throughout the life cycle. Malnutrition reflects and imbalance of both macro and micro-nutrients that may be due to inappropriate intake and /or inefficient biological utilization due to the internal/external environment. Poor feeding practices in infancy and early childhood, resulting in malnutrition, contribute to impaired cognitive and social development, poor school performance and reduced productivity in later life.

**Objectives of the Study:**

The basic objective of the study is to analyse the factors affecting the nutritional status of children and the steps taken by the govt. through ICDS.

**Methodology:**

The present study is best on primary and secondary data obtained from various published and unpublished records, reports and journals of the govt. of Bihar, internet surfing and visiting and collecting facts and information from different departments of Bihar.

**A brief analysis of the present study:**

Indian state hunger index 2008 puts Bihar in alarming category as for as food insecurity each concerned. Bihar's high score in hunger index is mainly because of high incidence of child under nutrition. The incidence of under nutrition among Bihar's children is very high; despite a number of initiatives taken in the past two address this problem. Bihar has 58% children in the undernourished category which is above the national average of 43%. This situation can be attributed to many factors which include low intake of nutritious food, non-availability of quality health services, non-access to chip medicine, non-spacing of children, anaemia among woman and early marriage etc.

A meaningful govt. initiative to tackle child under nutrition was the integrated child development schemes (ICDS).

The ICDS scheme was initiated in 1975 with the objectives to improve the health(a) and nutrition status of children in the 0-6 age group by providing supplementary food and coordinating with state health departments to ensure the delivery of the required health inputs; to provide conditions necessary for pre-school children's psychological and social(b) development through early stimulation and education; to provide pregnant and lactating women with food supplements; to enhance the mother's ability to provide proper child care through health and nutrition education; to achieve effective coordination of policy and implementation among the various departments to promote child development. (c)(d)(e)

The initial geographic focus of ICDS was on drought-prone areas and blocks with a significant proportion of scheduled caste and scheduled tribe population. In 1975, 33 blocks were covered under ICDS. Over the last two decades the ICDS coverage has progressively increased. The nutrition component of the ICDS aims at providing food supplements to pre-school children between the age of six months to six years, pregnant and lactating mothers and adolescent girls (in some selected blocks). The type of food supplements in the ICDS programme varies widely, from ready-to-eat food to the supply of supplements cooked in the Anganwadi. (f)(g)(h)(i)

#### ICDS during the Tenth Plan:

During the Tenth Plan, every effort was made to strengthen India's commitment and institutional capacity to combat under-nutrition in pre-school children and pregnant and lactating women. The (j)

nutrition component of ICDS was specifically directed to achieve reduction in both micro and macro-nutrient. The focus was on:

Strengthening the nutrition and health education component so that there is appropriate intra-familial distribution of food based on needs;

Reaching children in the 6-36 months age group, pregnant and lactating women;

Weighing all vulnerable population, identify those with CED and provide integrated health and nutritional support so that they recover within the next three months;

Ensuring universal screening of all children at least once a quarter to identify those children with growth faltering;

Focusing health and nutrition intervention (by providing take-home supplements) to ensure that children in Grades III and IV under-nutrition are in Grade II by the next quarter;

Looking for and treating health problems associated with severe under-nutrition;

Enhancing the quality and impact of ICDS substantially through training, supervision of the ICDS personnel and improved community ownership of the programme;

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Concentrating on the improvement of the quality of care and inter-sectoral coordination and strengthening nutrition action by the health sector;

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(k) Creating nutrition awareness through IEC at all levels (community, women's group, village-level workers, PRIs, programme managers and policy makers at the state and central levels);

(l) Establishing a reliable monitoring and evaluation mechanism.

Presently 544 ICDS projects are operational in Bihar covering all blocks in 38 districts, encompassing a total of 86237 Anganwadi centres (AWCs) and 5440 mini AWCs. But the scheme is marked by poor implementation. The expansion of ICDS is slow and there is little evidence of substantial quality improvement. Number of Anganwadi supervisors and Sewikas is too few to meet the requirement. The working strength as present of staffing strength is low and worsening by the year. The staffing shortage is too clear in case of lady supervisors. Only 7.3% of the vacancies were filled in 2007-8. Even where the AWCs are staffed to capacity, corruption and ill government is hindering

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the task of child nutrition The Supreme Court, in response to some public interest litigations issued several orders to safeguard the right to food. The first major order dated 28 November 2001, directed the government to fully implement the nine food related schemes which included the ICDS program. These orders converted the benefits of these schemes to legal entitlements.

#### Conclusion:

The ICDS must be implemented in the right spirit the government should not mind the budgetary burden as long term benefits of investment in child nutrition are many. When children grow into healthy adults, medical expenses are reduced and the productivity of labour force in increased. The Policies for improving child nutrition framed with a long term perspective is the need of the hour if Bihar has to remove the stigma of being a food insecure state.