

**ROLE OF INTEGRATED CHILD DEVELOPMENT SERVICES
SCHEME (ICDS) IN WOMEN EMPOWERMENT-With special
reference to Shikaripura Taluk, Shimoga (Dist)**

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INTRODUCTION

India has a long history of Mother and Child care services. The traditional social institutions like joint family, caste and the community were concerned much for the welfare and development of their members and particularly for the weaker sections like the women and children. Women are subject to oppression by men who, through the ages, have achieved domination through power. This power has been gained not only through individual qualities of men (for example, through physical strength) but also through the long-established patriarchal society in which we live (for example, through the legal system). Thus, if women are to fight oppression they must tackle it both on a personal and a wider social basis. Empowering women and reducing gender inequalities are two key objectives of development policy. The third Millennium Development Goal (MDG3), adopted as part of the United Nations Millennium Declaration in 2000, explicitly aims to promote gender equality and empower women.

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Meaning of Empowerment:

“Empowerment” is a core concept of WHO’s vision of health promotion. Its importance in disease prevention and health promotion is well recognized in the Declaration of Alma-Ata (1) and the Ottawa Charter on Health Promotion (2). One of the six key messages to guide for the Prevention and Control of Non communicable Diseases (3) is that “people should be empowered to promote their own health, interact effectively with health services and be active partners in managing disease”. And also the Mental Health Declaration for Europe (4), the Mental Health Action Plan for Europe (5) and the European Pact for Mental Health and Wellbeing(6) identify the empowerment of people with mental health problems and those who care for them as key priorities for the next decades.

Empowerment is a multidimensional social process through which individuals and groups gain better understanding and control over their lives. As a consequence, they are enabled to change their social and political environment to improve their health-related life circumstances. As health is a fundamental human right, empowerment of patients and their families, friends or other informal caregivers is a societal task that encourages all communities, employers, trade unions, schools and colleges, voluntary organizations to respect health and well-being of individuals and populations and act in ways that empower individuals and groups to respect their own and other people’s rights to health and well-being.

About the ICDS Scheme:

Integrated Child Development Services Scheme (ICDS) is one of the most ambitious, Multi-dimensional welfare programme to reach millions of children and their mothers who are suffering from, malnutrition’s diseases, illiteracy, ignorance and poverty. The scheme of Integrated child Development Services (ICDS) was introduced in 1975-76 in India.

ICDS is today the world’s largest community based outreach programme for early child development, reaching out to over 7.5 crore young children below 6 years of age (around half of the total of 15.88 crore), around 1.67 crore pregnant and breastfeeding mothers through 6722 projects and a network of 12.6 lakh operational anganwadi centres across the country. Over 25 lakh Anganwadi Workers and Anganwadi Helpers (community based local women child care

workers/helpers) constitute the core of these services and have the potential to be prime movers for social change –along with ASHAs, ANMs, teachers and women members of panchayati raj institutions.

The Integrated Child Development Services Scheme was started in Karnataka on 2nd October 1975 with a pilot project at T.Narasipura in Mysore District with just 100 Anganwadi Centres. Since then, the programme has expanded to all the revenue taluks in the state. At present 61187 AWCs and 3331 mini anganwadi centers are functioning in 204 ICDS projects in the State, covering all the 175 taluks (181 rural projects & 12 tribal & 11 urban Project).

The specific **objectives** of the Scheme are:

- To improve the nutritional and health status of children in the age group of 0-6 years.
- To lay the foundation for proper psychological, physical and social development of child,
- To achieve the effective co-ordinated policies and its implementation amongst the various the departments to promote the child development,
- To reduce the incidence of mortality, morbidity, malnutrition and school drop-outs 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.

ICDS is a centrally sponsored flagship programme, which provides a package of six services viz., supplementary nutrition, immunization, health check-up, referral services, nutrition and health education for mothers and non-formal pre-school education for children between 3-6 years. Eligible beneficiaries covered under this programme are children below six years of age, pregnant women, nursing mothers and adolescent girls. The package of services is provided to the beneficiaries through the Anganawadi Centers managed by an Anganawadi Worker & Helper at the village level and also in urban slums.

Nutrition and Health Education:

Nutrition, Health and Education (NHED) is a key element of the work of the anganwadi worker. This forms part of BCC (Behaviour Change Communication) strategy. This has the long

term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their own health, nutrition and development needs as well as that of their children and families.

Supplementary Nutrition:

This includes supplementary feeding and growth monitoring; and prophylaxis against vitamin A deficiency and control of nutritional anemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They avail of supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities.

- Each child upto 6 years of age to get 300 calories and 8-10 grams of protein
- Each adolescent girl to get 500 calories and 20-25grams of protein
- Each pregnant women and lactating mother to get 500 calories and 20-25 gms of protein
- Each malnourished child to get 600 calories and 16-20 grams of protein

Health check-ups:

This includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The various health services provided for children by anganwadi workers and Primary Health Centre (PHC) staff, include regular health check-ups for diseases, recording of weight and height of children at periodical intervals, watch over milestones immunization, management of malnutrition, treatment of diarrhea, de-worming and distribution of simple medicines and referral serious cases etc.,

Immunization:

- Immunization of pregnant women and infants protects children from six vaccine preventable diseases-polio, diphtheria, pertussis, tetanus, tuberculosis and measles.

- These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality.

Early Childhood Care and Pre-school Education:

The Non-formal Pre-school Education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the anganwadi – a village courtyard. The idea was to develop desirable attitudes, values, and behavior patterns in children, besides providing environmental stimulation. Anganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services. This is also the most joyful play-way daily activity, visibly sustained for three hours a day.

PSE, as envisaged in the ICDS, focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups. **Its programme for the 3-6 years old children in the anganwadi is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development.** The early learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalization of primary education, by providing to the child the necessary preparation for primary schooling and offering substitute care to younger siblings, *thus freeing the older ones – especially girls – to attend school.*

Referral Services:

- During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre.
- The anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre.

Along with the above six services, additionally the following programme are implementing for women empowerment through ICDS network.

1. Stree Shakthi:(To empower rural women and make them self reliant)
2. Kishori Shakti Yojana for adolescence Girls.
3. Rajive Ghandi Scheme for Empowerment of Adolescent Girls/SABALA
4. Indira Gandhi Matritva Sahayog Yojana(IGMSY)

Stree Shakthi:

The programme was launched during 2000-01 and it is being implemented throughout the state to empower rural women and make them self reliant. Stree Shakthi Groups are formed at the village level to inculcate the savings habit in the members empowering the women economically. About 15 to 20 women members who are from below poverty line families, landless agricultural labourers, SC/ST women join together. Stree Shakthi Groups are formed through Anaganwadi workers and taluk federations. Revolving fund Rs.5000/- is initially given to form the groups and conduct the activities and this fund will be taken back if the group ceases to exist. At present there are 1.40lakhs groups functioning in the state approximately 21 lakhs women members are organized.

Aims & Objectives:

1. To strengthen the process of economic development of rural women and create a conducive environment for social change.
2. To form self help group based on thrift and credit principles which builds self reliance and enable women to have greater access and control over resources.
3. To increase the income levels of rural women by engaging them in; Income generating activities and creating financial stability.
4. To provide opportunities to the members of the groups to avail the benefits of other departmental schemes by converging the services of various departments and lending institutions to ensure women's access to credit financing.

Kishori Shakti Yojana (KSY):

Kishori Shakti Yojana is being implemented in 128 ICDS projects of 21 districts where SABLA is not being implemented. Under KSY, 180 Adolescent Girls (11-18yrs) in each project are given 5-days residential training every year, from funds released exclusively for the scheme (along with the administrative cost) and Supplementary Nutrition is being provided to 2 adolescent girls in each anganwadi centre for 300 days in a year. Taluk level trained members conduct 5-days residential training for the adolescent girls. During the year 2012-13 Rs.70.94 lakhs was released out of which Rs.59.94 lakhs has been spent.

Kishori Shakti Yojana (KSY) seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The programme through its interventions aims at bringing about a difference in the lives of the adolescent girls. It seeks to provide them with an opportunity to realize their full potential.

This scheme is a redesign of the already existing Adolescent Girls (AG) Scheme being implemented as a component under the centrally sponsored Integrated Child Development Services (ICDS) Scheme. The new scheme dramatically extends the coverage of the earlier scheme with significant content enrichment, strengthens the training component, particularly in skill development, aspects aimed at empowerment and enhanced self-perception. It also fosters convergence with other sectoral programmes, addressing the interrelated needs of adolescent girls and women. General health check ups

Objective:

The broad objectives of the Scheme are to improve the nutritional, health and development status of adolescent girls, promote awareness of health, hygiene, nutrition and family care, link them to opportunities for learning life skills, going back to school, help them gain a better understanding of their social environment and take initiatives to become productive members of the society.

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)-SABLA:

Adolescence is a significant period for mental, emotional and physiological development of children. A need has emerged to formulate a new comprehensive scheme with richer content merging the erstwhile two schemes – Kishori Shakthi Yojana (KSY) and Nutrition Programme for Adolescent Girls (NPAG). This scheme called Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)-SABLA, has been implemented in 9 districts (Gulbarga, Kolar, Bangalore, Bellary, Bijapur, Dharwad, Chickmagalur, Uttar Kannada, Kodagu) of the state.

Under SABLA, Supplementary Nutrition (SNP) and Non- Nutrition component services are provided to kishoris. GOI has directed to provide nutrition to 11-14 yrs out of school and all 15-18 yrs all adolescent girls through ICDS network.

Under non-nutrition component, adolescent girls are provided with services like training on life skills, Nutrition & Health Education (NHED), knowledge about family planning, child care practices, home management, reproductive & sexual health, vocational skill training.

Indira Gandhi Matritva Sahayog Yojana (IGMSY):

From 2010-11 a new scheme called Indira Gandhi Matritva Sahayog Yojana (IGMSY) is being implemented on a pilot basis in 2 districts of the state , viz Dharwad and Kolar. Pregnant and nursing mothers are given nutrition and health education, health tips and IYCF guidance. AWCs are used as the main platform for implementation of the scheme in the piloted ICDS projects. IGMSY is a centrally sponsored scheme with 100% assistance from GOI. The scheme would contribute to better environment by providing cash incentives for improved health and nutrition to pregnant and 0-6 months lactating mothers, thus enable them for breast feeding within one hour of delivery and exclusive breast feeding for six months along with other IYCF practices. An amount of Rs. 4,000/- is paid in 3 installments. Pregnant women would receive Rs. 1,500/- within 6 months of pregnancy, Rs. 1,500/- within 3 months of delivery, and thereafter Rs. 1,000/- after six months of child birth after following the norms laid down under the scheme. The above beneficiaries are also eligible for financial assistance under Janani Suraksha Yojana (NRHM).

After disbursing the due amount to the beneficiary as per schematic guideline, the AWW & AWH would receive a cash incentive of Rs. 200/- and Rs. 100/- respectively.

Objectives of the study:

- To understand the ICDS Scheme and its role in women empowerment.
- To identify and analysis of ICDS beneficiaries and women empowerment related programmes through ICDS network.

Methodology:

The present study was undertaken to understand the ICDS Scheme and its role on Women empowerment. Descriptive research method is carried out in this study in Shikaripura taluk, Shimoga district in Karnataka. Stree Shakti, Kishori Shakti Yojana for adolescence Girls, Rajiv Ghandi Scheme for Empowerment of Adolescent Girls/SABALA and Indira Gandhi Matritva Sahayog Yojana (IGMSY) these programmes are implementing through ICDS network managed by Anganawadi centers under the Department of Women and Child Development. The 299 Anganawadi Centres are functioning in Shikaripura taluk. Hence it was decided to take the CDPO office and one Rural and one Urban Anganawadi centre to collect the data on the aspects of ICDS services& beneficiaries and empowerment related schemes which are implementing through ICDS network.

The Primary and Secondary data have been used in the present study. The study was conducted in after obtaining required permission from the concerned authorities. A week to 10 days was spent on preparing the present report based on the primary & secondary data. The data was collected from CDPO functionaries, Supervisors and some few Anganawadi workes.

Data Analysis and Findings:

It was told by the CDPO functionaries that there was the total population was 2, 45,249 as on November-2013. Male population was 1,22,612 and Women population was 1,22,637 in the study area. The following tables are showing the data about total population, ICDS beneficiaries & Functionaries and the details of SHG's framed under Stree Shakti.

I. General Population:

Sex	SC	ST	Muslims	Christian's	Jain's	Othres	Total
Male	30108	8137	18732	43	145	65447	122612
Female	30428	7806	18552	230	129	65492	122637
Total=	60536	15943	37284	273	274	130939	245249

II. ICDS Beneficiaries:

Description	SC	ST	Muslims	Christian's	Jain's	Othres	Total
0-6 Yrs Children	6287	1462	4307	33	28	11012	23129
Pregnant Women	622	160	542	3	1	1146	2474
Lactating Mothers	573	130	435	1	2	1036	2177
Kishories	3965	1059	2828	22	26	7199	15099
Total=	11447	2811	8112	59	57	20393	42879

Note: 598 Kishories (Adolescent Girls) were taken under Kishori Shakti Yojana (KSY).

III. Anganawadi Functionaries:

Description	SC	ST	Muslims	Christian's	Jain's	Othres	Total
AW Workers	62	16	9	1	1	209	298
AW Helpers	65	30	15	1	0	181	292
Total=	127	46	24	2	1	390	590

Note: 01=CDPO, 01=ACDPO and 12=Female Supervisors are working.

IV. SHG's under Stree Shakti (As on Nov-2013):

Category	SHG	Revolving Fund taken SHG's	Internal Loan Taken SHG's	Internal Loan Taken Members
SC	208	193	23	105
ST	45	32	14	71
OBC	29	22	6	65
Others	538	508	89	317
Toatl SHG=	820	755	132	558

It was informed that the 8652 [4802 (0 to 3 Yrs) & 3850(3 to 6 Yrs)] of Girls child's and 4554 Pregnant and Lactating women were receiving Supplementary Nutrition Programme (SNP). The total numbers of 3853 of girls about 3 to 6 years of age were receiving the Pre-School Education service and 598 Adolescents Girls (11-18 Yrs) were enrolled under the Kishori Shakti Yojana (KSY) scheme.

It was opined by some Supervisors and Anganawadi workers that an improved nutritional status of preschool- and school- age children. Increased knowledge and capacities, especially among anganawadi workers, women, and indigenous communities related to food and nutrition security and programme management through ICDS scheme. Evolving fund which provided to the stree shakti as loan grant is effectively utilized for the members to initiate their income generation activities and Increased incomes for small holders with a special focus on women and indigenous peoples. The 90% SSG's have taken up Income Generation Activities such as Agarabatti, Soil Pot, Candle and Dates Pan making etc.. as their business in independent/ separate places.

Kishori Shakti Yojana scheme was helping adolescent girls to empower in taking nutritional basic needs. Rajiv Gandhi Scheme for Empowerment of Adolescent Girls/SABLA and Indira Gandhi Matritva Sahayog Yojana schemes were not implementing in Shikaripura taluk.

Conclusion

The empowerment of women and children is at the forefront of the development agenda. bold, focused and coordinated action is required to accelerate the schemes progress. Hence, the state government must expand these type schemes to overall revenue places across the state by developing more and more interventions to improve access to women and girl centered services.

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