Research Paper Arts

World Largest Child Nutrition Programme: In Need of Revamping its Grassroot Delivery and Monitoring System

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ABSTRACT

High Level Political Commitment Is Essential For All Successful Child Development Programmers. Althought India Has One Of The Highest Proportion Of Underweight Children In The World And The Government Has Often Expressed Its Commitment To Reducing Malnutrition,But This Has Not Been Adequately Translated Into Action At Grassroot Levels. To Effect The Desired Changes,It Will Also Require Engaging Several Public And Private Stakeholders In Understanding The Size And Characteristics Of The Under Nutrition Problem India ,The Divesting Human,Social And Economic Consequences Of Failing To It End The Large Benefits Associated With The Effective Implementation Of Available, Affordable And Cost Effective Nutrition Interventions.

KEYWORDS Words:Icds,Nutrition,Projects,Sources, Outcomes

Indroduction

A Country Truly Concerned About Its Development Would Put Its Children,S Health On Al Highter Priority Than The Gdp. For,Population Of Over A Billion Can Add Strength To A Country, Only,If It Is Healthy And Productive. In India About 42% Of The Children Are Under Weight(1). It Has Been Reported By That On In Every Three Most Malnourished Children Of The World Live In India. It Is Cause Worry Because Such A Populace Can Become A Liability In The Coming Years (2). The Problem Of Malnutrition Is A Matter Of Shame.Despite Impressive Growth In Our Gdp,The Level Of Under Nutrition In The Country Is Unacceptably High. India Has Not Succeded In Reducing Malnutrition Fast Enough, Though The Integrated Chid Development Services(Idcs)Programme Continues To Be Our Most Important Tool To Fight Malnutrition.

The Global Community Has Designated Halving The Prevalence Of Under Weigh Children By 2015 As A Key Indicator Of Progress Towards The Millennium Development Goal (Mdg) Of Eradicating Extreme Poverty And Hunger.However,It Appears That Economic Growth Alone,Though Impressive,Will Not Reduce Malnutrition Sufficiently To Meet The Mdg Nutrition Target. India,S Main Early Child Development And Nutrition Intervention,The Icds Program Has Expanded Steadily Across The Country During The Last More Than Three And Half Decade Of Its Existence. It Is One Of The World,S Largest, Most Unique Well Designed And Well Placed Programme To Address Many Of The Underlying Cause Of Under Nutrition In India (3). However ,It Faces A Range Of Implementation Difficulties That Prevent It From Fully Realizing It,S Potential.

This Article Is An Attempt To Critically Examine The World Largest Programme And Identifies The Most Important Weakness In The Impementation Of Icds And Suggests A Way Out That Can Be Taken To Improve The Impact Of The Programme.

Overview Of The ICDS

The Icds Was Initiated In 33blocks In1975, And By The End Of 2010, The Icds Programme Is Claiming To Reach 8.06 Million Expand,Pregnant And Lactating Mothers Along With 39.35 Million Children (Under 6 Years Of Age) And There Are6719 Operational Projects With 12.41 Lakhs Operation Anganwari Centers (Awcs)(4). Delivery Of Services Under Icds Programme Is Managed In An Integrated Manner Through A Network Of Awcs. In 2001 The Supreme Court Of India Has Directed The Government To Fully Implement Nine Food Related Schemes Following The Offical Guidelines Which Included Icds Programme. This Order Converted The Benefits Of These Schemes Into Legal Entitlements. In Case Of Icds The Supreme Court Further Directed The Government To Universalize The Programme By Providing A Functional Awc In Each Hamlet And Specific Icds Services Should Be Extended To Every Child Under Six, Every Pregnant Or Nursing Mother, And Every Adolescents Girl. Following The Supreme Court Directive In May ,2004,Universalization Of Icds Programme Was Included In The National Common Minimun Program Of The Upa Government. The National Advisory Council Submitted Detailed Recommendation For Achieving Universalization With Quality"In Oct.2004, As Well As Follow Up Recommendation In February 2005.This Was Reflected In Union Budget Of 2005-06 And The Expenditure Of Union Government On Icds Was Really Doubled.

During 2000-01, Only Rs.1047.56 Crore Was Actually Spend On Icds Programme Which Was Increased To Rs. 1726.67 Crore In 2004-05 But In The Budget Of 2005-06, The Expenditure Of Union Government On Icds Was Nearly Doubled And It Was Futher Increased To Rs. 8154.52 Crore In 2009-10. However ,There Has Been Relatively Little Progress In Terms Of The Situation On The Ground. Hailed As The World,S Largest Child Health Programme That Seeks To Reduce Severe To Moderate Malnutrition Among Children Under Six, The Icds Is Showing A Deep Signs Of Weakning. The Various Studies Conducted Show That The Overall Performance Of Icds In The Country Remained Far From Satisfactory, Though There Has Been A Considerable Difference In The Performance Of The Programme Between Different States.

The Icds Has Liberally Been Funded By The National And International Sources, Over The Years, Absolute Spending ,As Well As Spending Per Children Variou Components Of Icds Has Increased Substantially. But Despite Of The Same The Performance Of The Icds Programme Has Not Been So Encouraging .The Planning Commission Review Report (2009) Confirms Its Dismissal Performance. Only 40% Of The Expenditure Which Is The State Governments Have Reported On The Supplementary Nurtrition Programme (Snp) Of Children Under The Icds Could Be Accounted For At National Level. The Rest Of The Expenditure Could Not Be Justified On Close To Rs.3000 Crore Worth Of Funds Allocated For Snp, The Most Critical Component Of The Icds Were Siphoned Off . This Amount To 56.4% Of Rs. 5383 Crore.The Total Budgetary Allocations For The Snp Under ICDS Programme For 2008-09. The Large Proportion Of Funds Meant For Snp Were Lying Unspent At Several Locations . The Massive Unspent Funds Meant For Child Nutrition Were Actually Siphoned Off. The Percantage Of The Unspent Amount Under Snp Component Was Highest For Assam (95%) Followed By Bihar (71%) And Rajasthan (71%) Up (72%), Madhya Pradesh (64%) And Punjab (56%). It Was Also Revealed That A Large Percentage Of Such Unspent Funds Meant For Snp Were Siphoned Off,(5)

The Coverage Of The Icds Programme Has Also Been Remained Very Dismissing ,Only 41% Of The Children In The Eligible Groups Across India Were Registered At AWCS, Followed By Only 38% Women And 10% Adolescent Girls Of The Eligible Beneficiaries Were Registered Under The Program. Of These, Only 64% Of The Children Were Actually Received Supplementary Nutrition On Average For Just 16 Days A Month Which Works To 192 Days An Now As Against 300 Days Ordered By The Supreme Court.(6) It Was Also Revealed That The Medicine Stock And Child Weight And Growth Registers Were Poorly Maintained Across The Country . Only One Third Of The Surveyed Awcs In The States Were Found Updating Their Registers Regularly. Awcs Were Not Having Medical Kits And Some States Like Punjab, Chhatisgarh And J&K, The Awc Have Not Received Any Kits.

It Was Founf That The AWWS Were Not Competent In Updating Critical Medicine Stock Registers, Child Growth And Weight Registers. Only 42.3% Of The Sampled AWCS Updated Their Registers Of Child Weights And Growth. However,-84to95% Of The Awcs Were Found Regularly Updating Their Birth And Death Registers.The Survey Registers Were Also Better Maintained Rest Of The Registers Was Not Even Traceable At Most Of The Sampled AWCS.(7)

Growth Monitoring Of The Children Enlisted With Awcs Is Important Functions Of The Awws,But One Third Of Surveyed Awcs Did Not Have Functional Weighting Scales For Babies And More Than Half Did Not Have Functional Weighting Scales, For Adult Pregnant Women And Adolescent Girls.(8) Thus,Growth Monitoring Have Been Hampering By Poor Access To Appropriate Equipments.

The Icds Programme Has Not Achieved As Mojor Success In Improving The Behavioral Outcomes Such As Timely Initiation Of Breast Feeding And Complementary Feeding. Prevalence Of Exclusive Breast Feeding Has Also Remained Low.(9) The Pregnant Women Who Had At Least Three Atenatal Care Visits In Was Half Of Delivers Which Were Attended By Skilled Birth Attendants. Antenatal Care Attendance Is A Strong Predictor Of Maternal Caring Behavior . The Slower Decline In The Infant Mortality Rate (Imr) Reflects In Part, The Inappropriate Strategy Of The Icds In Focusing Food Supplementation On Child 3 To 6 Years With Less Attention Paid To Encouraging Breast Feeing And Providing Adequate Supplementary Feeding To Infants.

Thus,It Has Been Reflected That Most Of The Services Critical To Attacking The Imr , Child Morality Rate And Material Mortalit Rate, In Both Short And Long Terms Have Not Been Effectively Delivered Through Icds Program. This Is Era Of Scams But Still One Had Expected That At Least A Few Things Would Be Sacrosanct. One That Certainly Should Have Been Expemted Was Children,S Health. But As The Planning Commission Review Report Has Disclosed, Money Meant Even For That Has Been Conveniently Siphoned Off. Thousand Crores Of Rupees Allocated For Snp Has Vanished On The Way Without Benefiting The Country Children Upto 6 Years. That Amount To More Than Half Of The Funds Allocated For The Year 2008-09. No Wonder The World,S Largest Child Nutrition Programme Is Virtually Been Bed Ridden. All Dirty Tricks Of The Trade Have Been Used To Bleed The More Than 36 Years Old Programme. The Huge Fraud Has Been Perpetrated Through Awd,S Whose Sorry State The Reports And Studies Have Been Highlighted Repeatedly. Since This Has Been Going On For Many Years It Appears That There Is No Monitoring Mechanism In Place At All.

The Way Ahead

The ICDS Has Great Potential To Improve The Nutritional Status Of India,S Children Is Undeniable, But It Needs To Overcome Some Challenges If This Potential To Be Realized. The Icds Has Not Been Making The Expected Contribution To Reducing The Prevalence Of Malnutrition India.It Might Be More Beneficial To Focus Energies On Revamping Service Delivery Within Existing Awcs Rather Than Just An Expanding Coverage. If The Present Structure Is Maintained ,Introducing A System Of Two Awws- One Charged With Health And Nutrition Functions And Second One Charged With The Pre- School Functions –May Be A Good Option. The Asha Workers To Focus On Maternal And Neonatal Health Issues. If This Option Is Pursued, Such A Second Aww Could Be Assigned The Needs Of 0-3 Years Old Children, Including Nutrition. The Second Aww Could Then Focus On Pre-School Educational Activites Of Older Children And The Anganwari Helpers Could Then Continue Supporting The Preparation Of Food. The Coordination With The Work Of Anms Of The Health Department/Nrhm Also Needs To Be Carefully Studied,Articulated And Monitored. Thus,The Coordination Between The Awws . The Anws And The Asha Workers Would Be Crucial For The Success Of The Programme.

Bridging The Gap Between The Policy Intention Of ICDS And Its Actual Implementation Is Probably The Sole Biggest Challente In Nutrition. With Large Financial And Administrative Implications And A Huge Potential Long Term Impact On Human Resource Development And Economic Growth In India.

High Level Polictical Commitmetn Is Essential For All Successful Child Development Programmers. Although India Has One Of The Highest Porportion Of Underweight Children In The World And The Government Has Often Expressed Ist Commitment To Reducing Malnutrition, But This Has Not Been Adequately Translated Into Action At Grassroot Levels. To Effect The Desired Changes, It Will Also Require Engaging Several Public And Private Stakeholders In Understanding The Size And Characteristics Of The Under Nutrition Problem In India, The Divesting Human, Social And Economic Consquences Of Falling To It And The Large Benefits Associated With The Effective Implementation Of Available, Affordable And Cost Effective Nutrition Interventions.

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