

The House reassembled at two of the clock,

MR. DEPUTY CHAIRMAN *in the Chair.*

WRITTEN ANSWERS TO STARRED QUESTIONS

Implementation of the ICDS scheme

*162. SHRI JESUDASU SEELAM: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the current status and procedure for implementation of the Integrated Child Development Services (ICDS) scheme in the country; and

(b) whether there is any proposal under consideration of Government to bring any changes in the current form of the scheme, if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI): (a) Ministry of Women and Child Development is administering the Integrated Child Development Services (ICDS), a Centrally sponsored scheme. The scheme aims at holistic development of children below 6 years of age and pregnant women and lactating mothers by providing a package of six services comprising (i) Supplementary Nutrition, (ii) Pre-school non-formal education, (iii) Nutrition and Health Education, (iv) Immunization, (v) Health check-up and (vi) Referral services. The last three services namely immunization, health check-up and referral services are delivered through public health system.

The scheme is implemented through the State/UT Governments. The Government of India lays down the policy guidelines and releases funds to the States/UTs in the prescribed cost sharing ratio for implementation of the scheme.

The services are delivered at the AWC which is manned by the AWW/AWH being the front line honorary workers. Their work is monitored/guided and supervised by a Supervisor who is incharge of 25 AWCs. Community Development Block in the State is the unit for sanction of an ICDS Project in rural/tribal areas, irrespective of number of villages/population in it. For each such block, one Project has been sanctioned under Child Development Project Officer. At the district level, the programme is managed and controlled by one District Programme Officer who reports to the State Mission Directorate at the State level headed by a Principal Secretary/Secretary of the State Government. The manpower provided at the various levels is sanctioned by the Government of India in a prescribed manner. However, their recruitment, promotion and all other administrative matters are dealt with by the concerned State Government.

The responsibility for implementation of ICDS Scheme including providing supplementary nutrition and other services and management thereof rests with States/UTs.

The Government releases grants-in-aid to the States/UTs on the cost sharing ratio at 90:10 in respect of ICDS (General) and 50:50 in respect of ICDS (SNP) for all States/UTs except NER where the ratio is 90:10. The cost sharing ratio for new components under the restructured ICDS is 75:25 for all States/UTs except NER where the ratio is 90:10.

Funds are released to the States/UTs from time to time. States/UTs in turn, release the funds to District level functionaries for effective and timely implementation of the scheme.

The procedure for implementation of the ICDS scheme is that the States/UTs submit their Annual Programme Implementation Plans (APIPs) for the next financial year as introduced by the Government of India during the 12th Five Year Plan as one of the key component of restructured scheme. The APIP is considered and approved by the Empowered Programme Committee at the national level. Submission and approval of APIP is compulsory for release of second or any subsequent installment of funds.

As regards the status of the scheme, the ICDS Scheme was universalized in 2008-09 preceded by rapid expansion in the years 2005-06–2008-09, so as to cover all habitations, including SC/ST and minority population, across the country with the approval of 7076 ICDS Projects and 14 lakh Anganwadi Centres. Against 7076 sanctioned ICDS Projects and 14 lakh sanctioned Anganwadi Centres, 7067 ICDS Projects and 13.42 lakh Anganwadi Centres are operational as on 30.09.2014. The services are currently being provided to 1051.52 lakh beneficiaries of which 852.39 lakh are children under six and 199.13 lakh are P and L Mothers. Pre-school education is provided to 363.65 lakh children of 3-6 years {184.10 lakh boys and 179.56 lakh girls}.

An Anganwadi Centre can be set up in a rural/urban area for population of 400/800 and one mini-AWC for a population of 150-400. There is also a provision for opening of an AWC in habitations having no AWC where child population is not less than 40 irrespective of overall population of the area/habitation. Scheduled/Tribal blocks are given special focus under ICDS Scheme and the population norms for setting up of AWC and Mini-AWC in Tribal/Reverine/Desert, Hilly and other difficult areas are relaxed. In these areas, one AWC can be set up for a population of 300-800, and one Mini-AWC can be set up for population of 150-300.

In order to improve the performance of ICDS, the Government has introduced 5-tier monitoring and review mechanism at different levels (National/State/District/Block/Anganwadi) by involving public representatives for monitoring the status of Anganwadi Centres. As per these guidelines, State level monitoring and Review Committee on ICDS is required to monitor and review the issues relating to implementation of ICDS Scheme including method of delivery of supplementary nutrition, etc.

(b) In order to address various programmatic, management and institutional gaps and to meet administrative and operational challenges, Government approved the Strengthening and Restructuring of ICDS Scheme in September, 2012 with an overall budget allocation of ₹ 1,23,580 crore during 12th Five Year Plan. Restructured and Strengthened ICDS has been rolled out during the year 2012-13 to 2014-15 in a phased manner.

The key features of Strengthened and Restructured ICDS *inter-alia* include addressing the gaps and challenges with (a) special focus on children under 3 years and pregnant and lactating mothers, (b) strengthening and repackaging of services including care and nutrition counseling services and care of severely underweight children, (c) a provision for an additional Anganwadi Worker cum Nutrition Counselor for focus on children under 3 years of age and to improve the family contact, care and nutrition counseling for P and L Mothers in the selected 200 high-burden districts across the country, besides having provision of link worker, 5% creche cum Anganwadi centre (d) focus on Early Childhood Care and Education (ECCE), (e) forging strong institutional and programmatic convergence particularly, at the district, block and village levels, (f) models providing flexibility at local levels for community participation, (g) introduction of APIP, (h) improving Supplementary Nutrition Programme including cost revision, (i) provision for construction and improvement of buildings of Anganwadi centres, (j) allocating adequate financial resources for other components including Monitoring and Management and Information System (MIS), Training and use of Information and Communication Technology (ICT), (k) to put ICDS in a mission mode etc. and (l) revision of financial norms etc.

The goal of ICDS Mission is to attain three main outcomes namely, (i) Prevent and reduce young child under-nutrition (% underweight children 0-3 years) by 10 percentage point; (ii) Enhance early development and learning outcomes in all children 0-6 years of age; and (iii) Improve care and nutrition of girls and women and reduce anemia prevalence in young children, girls and women by one fifth.

Currently, there is no proposal to bring any further change in the ICDS Scheme.