



International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Integrated Child Development Services (ICDS) Scheme: A Case Study of Three Districts of West Bengal, India

Pijus Kanti Paira¹ & Dr. Nizamuddin Ahmed²

¹Independent Researcher & Assistant Teacher, Debhog SCM Vidyapith, Purba Medinipur, West Bengal, India

²Assistant Professor, Department of Education, Haldia Govt. College, Purba Medinipur, West Bengal, India

DOI : <https://doi.org/10.55248/gengpi.6.0725.2649>

ABSTRACT:

India has one of the highest rates of child hunger in the world. In 1975, India started the Integrated Child Development Services (ICDS) program to help lower the number of malnourished children, pregnant women, and women who were breastfeeding. The ICDS scheme is now one of the biggest and most unique ways to stop babies and mothers from dying or being malnourished in India. Socio-economic factors are a big part of why people in India are malnourished. A child's growth and development can be slowed down, their cognitive abilities can be harmed, and their school activities can be cut back if they don't get enough to eat in the first thousand days of life. With this in mind, the current study was set up to find out more about ICDS centers, such as when they were built, what types of buildings they are, and how often beneficiaries of the ICDS program in rural areas of Jhargram district, industrial areas of Purba Medinipur district, and semi-urban areas of Howrah district of West Bengal go to them. The study took place in the West Bengal, India, districts of Purba Medinipur, Jhargram, and Howrah from June 2024 to August 2024. Researchers have discovered that most ICDS centers don't have their own buildings. Instead, they operate out of rented buildings (5%), primary school buildings (19%), and club buildings (14%). It has been shown that only 16% of ICDS centers are model ICDS centers, while the other 84% are regular ICDS centers. The current study found that all (100%) ICDS centers have a daily food chart on display in their centers. We hope that this ICDS program will be able to reach its goals in the near future, as it was meant to do from the start. .

Keywords: ICDS Scheme, Facilities, Beneficiaries, West Bengal

Introduction:

We still don't hear about deaths without eating. But India has one of the highest rates of child malnutrition in the world. The most recent National Family Health Survey (NFHS-5) from 2019 to 2020 shows that about a third of Indian children under five are underweight and not growing properly. 67% of kids ages 6 to 59 months are anemic. Socioeconomic factors play a big part in malnutrition in India. Poor nutrition in the first thousand days of a child's life can slow down their growth and development, make it harder for them to think clearly, and make them less active in school.

India started the Integrated Child Development Service (ICDS) in 1975 to help fight malnutrition in children and pregnant and breastfeeding mothers. It offers six basic services. They also offer extra food, non-formal preschool education, vaccinations, health check-ups, referral services, nutrition, and health education. At the Anganwadi center (AWC), these things are given. The program's success depends mostly on Anganwadi workers (AWW), who are the most important part of it. The ICDS scheme is one of the biggest and most unique programs in the world to stop mothers and babies from dying and getting malnourished in India. This study was set up to find out more about ICDS centers, such as when they were built and what types of buildings they are. It was also set up to find out how often people in rural areas of Jhargram district, industrial areas of Purba Medinipur district, and semi-urban areas of Howrah district of West Bengal use the ICDS program.

Objectives of the Study:

The objectives of the present study are -

- 1) To know different parameter like establishment year, building type and types of ICDS centres in West Bengal?
- 2) To enquire the beneficiary details of ICDS centre and their regularity?
- 3) To know the different facilities provided by ICDS centres to their beneficiaries?

Methodology of the Study:

This study is a type of survey research. The study took place in the districts of Purba Medinipur, Jhargram, and Howrah in West Bengal, India, from June 2024 to August 2024. We used the multilayer stratified sampling method to figure out how many samples we needed from the large number of samples. We chose one rural block from Jhargram district, one industrial area from Purba Medinipur district (Haldia Municipality), and one semi-urban area from Howrah district (Bally-Jagacha block) in West Bengal. The following table 01 shows the ICDS centers where the primary data were collected, sorted by district:

Table 01: District Wise List of ICDS Centres covered in the Present Study

| District Name | Sl. No. | Name of ICDS Centre | Located At |
|---------------|---------|----------------------------------|-------------------|
| HOWRAH | 1 | Jagadishpur Majerhat AWC | Primary School |
| | 2 | 1 No Debirpara AWC | Sub-health Centre |
| | 3 | Matribhumi AWC | Club |
| | 4 | Majerhat khirodmoi AWC | Primary School |
| | 5 | Ramkrishnapara khagendranath AWC | Primary School |
| | 6 | Debirpara AWC | Primary School |
| | 7 | Ramkrishna AWC | Club |
| | 8 | Biswaspara AWC | Club |
| | 9 | Debirpara Makaltala Sishualaya | Own Premises |
| | 10 | Uttaran AWC | Club |
| JHARGRAM | 1 | Bamun-Mara AWC | Own Premises |
| | 2 | Gurpukursai AWC | Own Premises |
| | 3 | Rangamatiya AWC | Own Premises |
| | 4 | Nekrasole AWC | Own Premises |
| | 5 | Ragra 2 no AWC | Own Premises |
| | 6 | Kaptidanga AWC | Own Premises |
| | 7 | Josuya AWC | Own Premises |
| | 8 | Digarbandh AWC | Own Premises |
| | 9 | Haripal AWC | Own Premises |
| | 10 | Kathuyapal AWC | Own Premises |
| | 11 | Kuchladanri AWC | Own Premises |
| | 12 | Nepura AWC | Own Premises |
| | 13 | Ragra Purba AWC | Own Premises |
| | 14 | Bagansai AWC | Own Premises |

From each selected ICDS centre data have collected through the self-made interview scheduled from Anganwadi workers. The secondary data have

| | | | |
|--------------------|----|--------------------------------|----------------|
| PURBA MEDINIPUR | 1 | Uttar Bhabanipur AWC | Own Premises |
| | 2 | Bhabanipur Nibedita Colony AWC | Own Premises |
| | 3 | Bajitpur Berapally ICDS School | Own Premises |
| | 4 | Bijoy Rampur AWC | Own Premises |
| | 5 | Kalipur AWC | Own Premises |
| | 6 | Khudiram Bose AWC | Own Premises |
| | 7 | Bhabanipur Matangini AWC | Own Premises |
| | 8 | Radhaballavchak AWC | Primary School |
| | 9 | Chakdipa Purbapally AWC | Club |
| | 10 | Dighasipur AWC | Club |
| | 11 | Chakdipa AWC | Primary School |
| | 12 | Dakshin Krishnanagar AWC | Own Premises |
| | 13 | Uttar Ranichak Muslimpally AWC | Own Premises |

been collected from different sources like research articles, government reports, news-paper articles, website etc. Then the collected data have been analyzed qualitatively.

Findings and Discussion:

The findings of the study along with discussion are given below:

- a) **Establishment Year of ICDS Centre:** In this present study, the establishment year of ICDS centre is shown below in figure 1. Figure 1 show that the most of the ICDS centre established between 2000-2005 year and in between 2006 to 2010, which are 43% and 48% respectively. Establishment year of ICDS centres between 2011-2015, 2016-2020 and 2021-2023 years are only 3%. It has been seen that most of ICDS centres were established between 2000-2010 year in above three districts of West Bengal.

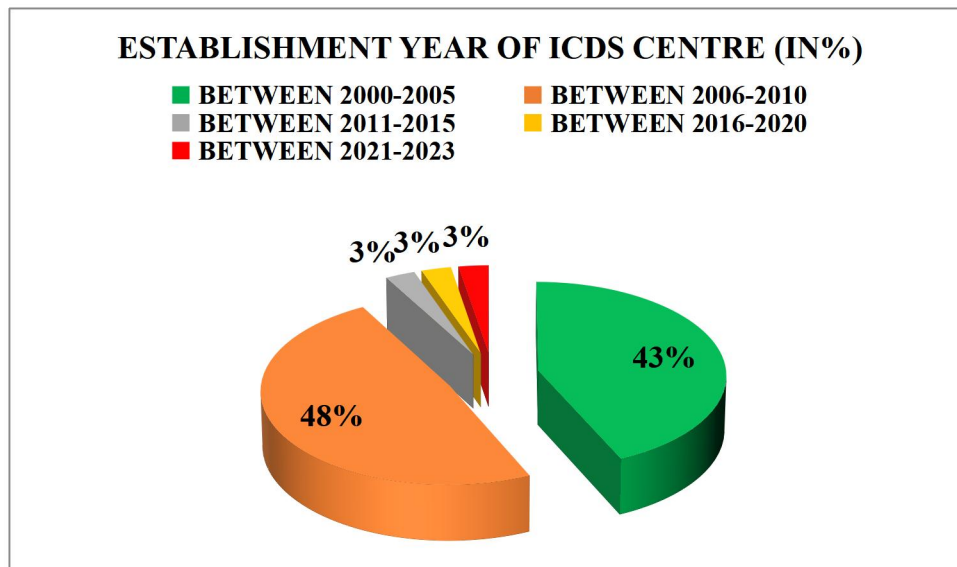


Figure 01: Establishment Year of ICDS Centre

Source: Primary Data

- b) **Types of Building:** It has been revealed from this present study that major ICDS centres are running in government building (62%). Rest of ICDS centres do not have their own building and they run in rented building (5%), primary school premises (19%) and club building premises (14%). So government should move all ICDS centres (38%) which have not own buildings to their own government buildings for better service provide to all beneficiaries.

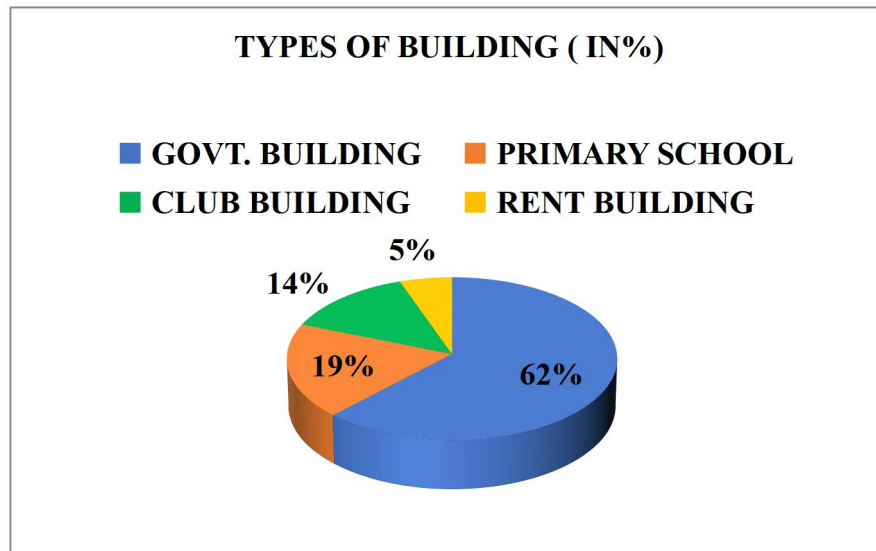


Figure 02: Types of Building

Source: Primary Data

- c) **Types of ICDS Centre:** It has been seen that only 16% ICDS centres are model ICDS and rest of 84% are ordinary ICDS centres. It has been found from present study that most of ICDS centres are ordinary. Therefore government should taken necessary action to upgrades all ordinary ICDS centres to model ICDS centres to enhance the service of ICDS centres.

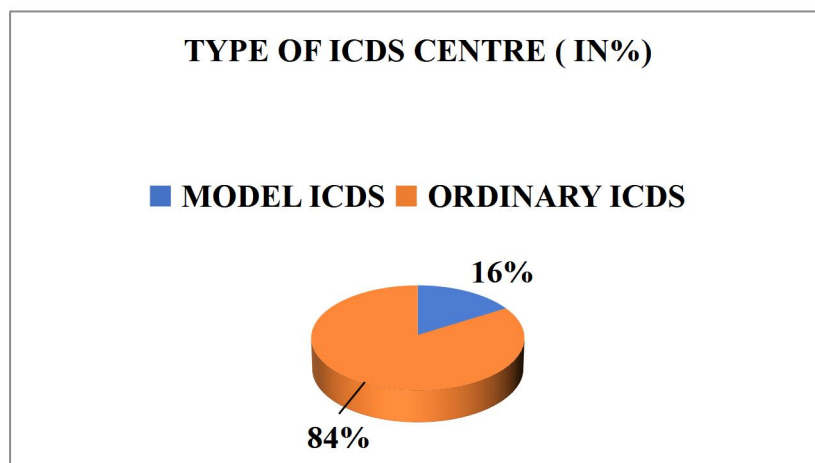


Figure 03: Type of ICDS Centre

Source: Primary Data

- d) **Display of Daily Food Chart in ICDS Centre:** In the present study, it has been seen that all (100%) ICDS centres are display daily foods chart in their ICDS centres. It is very good sign for beneficiaries.

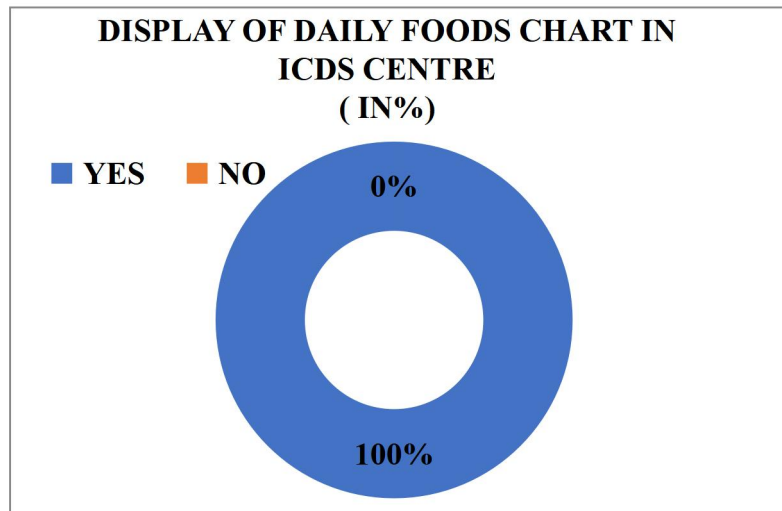


Figure 04: Display of Daily Foods Chart in ICDS Centre Source: Primary Data

- e) **Total Beneficiaries:** Analysing figure 05, it has been found that the most of beneficiaries (91%) are children in age group 0-6 years old. Only 9% beneficiaries are pregnant women. Since most of beneficiaries are children, more attention should be paid to them and enhancement teaching learning materials in ICDS centres to joyful non-formal education.

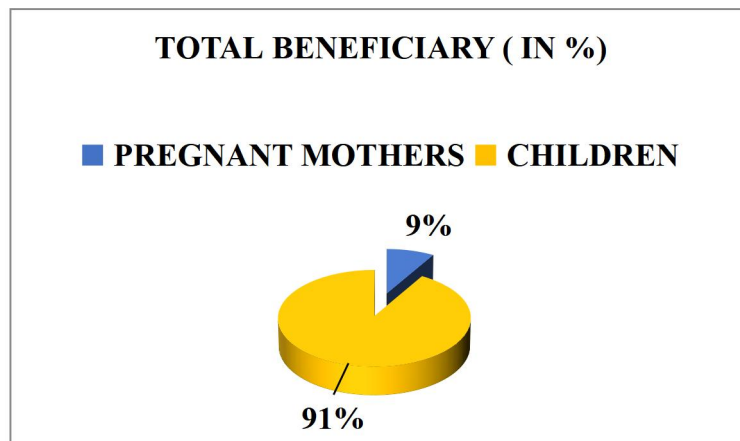


Figure 05: Total Beneficiary Source: Primary Data

- f) **Last Three Months Attendance of Pregnant Mothers:** It has been revealed from the present study that highest (96.64%) number of pregnant mothers present in ICDS centre in month of July. They are also present in their respective ICDS centre in month of June and August are 95.80% and 94.54% respectively. It has been seen from the present study that in average 5% pregnant women are irregular in last three months. Anganwadi worker need more attention in attendance for present of beneficiaries 100% in all months.

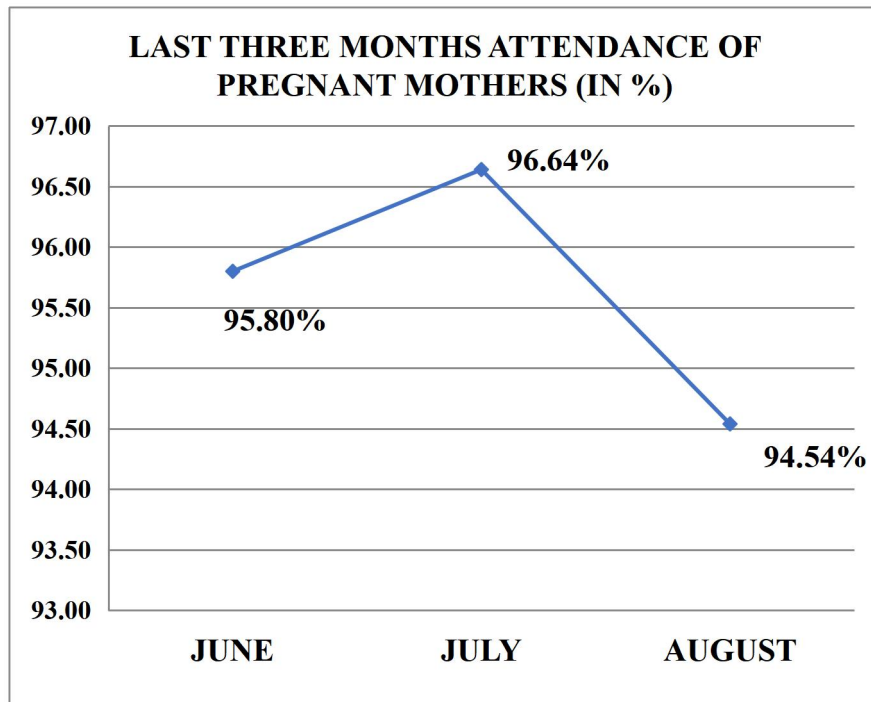


Figure 06: Last Three Months Attendance of Pregnant Mothers Source: Primary Data

- g) **Last Three Months Attendance of Children:** In this present study, the most of children (92.83%) are present in August in ICDS centre. 92.24% and 92.16% of children are attend in ICDS centre in the month of June and July respectively. It has been found from the present study that in average (7%) children are absent in the last three months. Anganwadi worker require more awareness for present of beneficiaries fully in all months.

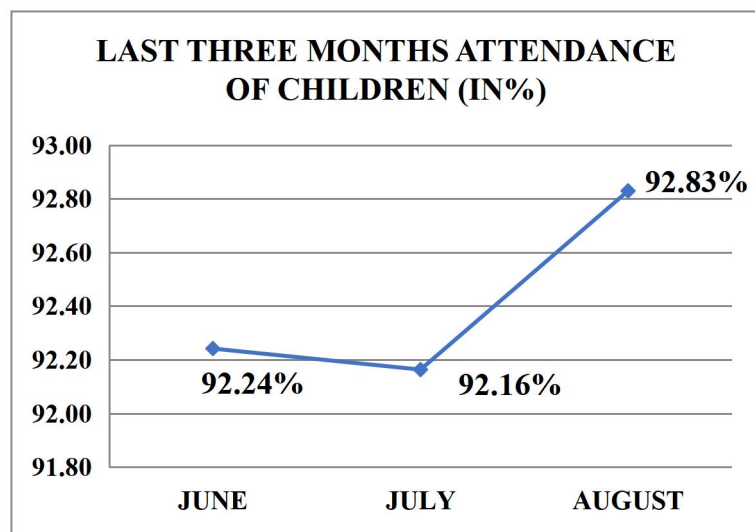


Figure 07: Last Three Months Attendance of Children Source: Primary Data

- h) **Facility Available in ICDS Centre:** It has been shown from present study that all facility like supplementary nutrition, non-formal pre-school education, immunisation, health check-ups, referral services, nutrition and health education are available in most of ICDS centres (94.59%). Nutrition and Health Education and only supplementary nutrition have been provided in 2.70% of ICDS centres. Government should prepare all ICDS centres to give all facility in all over India.

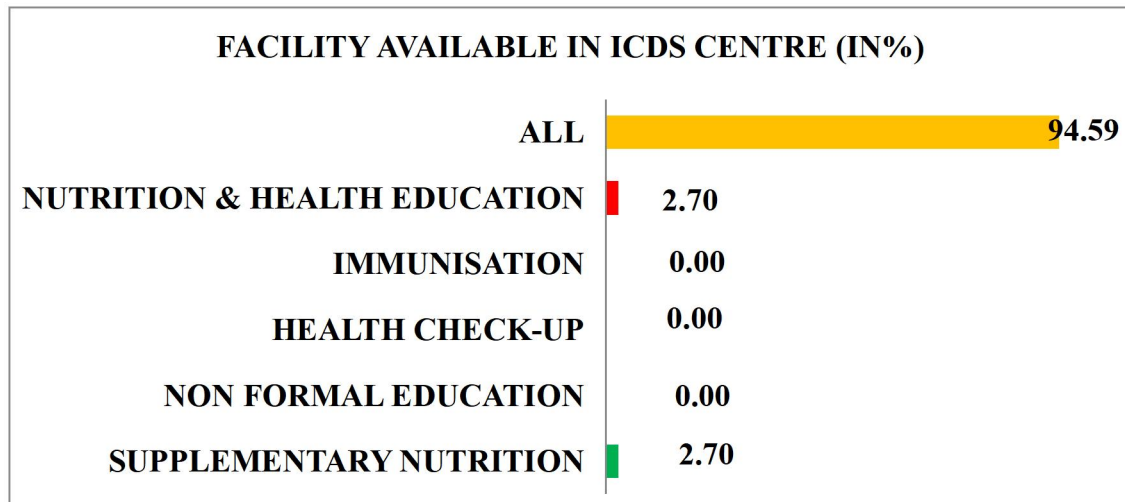


Figure 08: Facility available in ICDS centre

Source: Primary Data

Major Findings:

The major findings of the present study are-

- 1) The most of the ICDS centre established between 2000-2005 year and between 2006-2010 year which are 43% and 48% respectively.
- 2) It has been revealed from this present study that major ICDS centres are running in government building (62%).
- 3)) It has been found that the major ICDS centres do not have their own building and they run in rented building (5%), primary school premises (19%), club building premises (14%).
- 4) It has been seen that only 16% ICDS centres are model ICDS and rest of 84% are ordinary ICDS centres.
- 5) In the present study, it has been seen that all (100%) ICDS centres are display daily foods chart in their ICDS centres.
- 6) It has been found that the most of beneficiaries (91%) are children in age group 0-6 years old in ICDS centres.
- 7) It has been revealed from the present study that highest (96.64%) number of pregnant mothers present in ICDS centre in month of July.
- 8) In this present study, the most of children (92.83%) are present in the month of August in ICDS centre.
- 9) It has been shown from present study that all facilities available in most of ICDS centre (94.59%).
- 10) It has been found that the Nutrition and Health Education and only supplementary nutrition have been provided in 2.70% of ICDS centres.
- 11) In this present study, 92.24% and 92.16% of children are attending in ICDS centre in the month of June and July respectively.
- 12) It has been revealed from the present study that only 9% beneficiaries are pregnant women.
- 13) It has been seen from the present study that in average 5% pregnant women are irregular in last three months.
- 14) It has been found from the present study that in average (7%) children are absent in the last three months.

Conclusion:

In conclusion we may highlight that the major ICDS centres do not have their own building and those ICDS centres run in rented building (5%), primary school premises (19%) and club building premises (14%). It has been seen that only 16% ICDS centres are model ICDS and rest of 84% are ordinary ICDS centres. Thus, infrastructure and basic facilities need to be strengthened, so that ordinary ICDS centres may upgrade to model centre. It has been seen from the present study that in average 5% pregnant women are irregular in last three months, and in average (7%) children are absent in the last three months. Anganwadi workers need more attention for 100% present of beneficiaries in all months. It has been revealed from the present study that all facilities available in most of the ICDS centre (94.59%), though 5.41% ICDS centre lag behind, immediate attention from the appropriate authority should be taken so that all ICDS centres across the areas can provide best facilities to their beneficiaries. It must be ensuring that all ICDS centres provide six basis services.

References:

- 1) Bano, N. (2023). Integrated Child Development Service Scheme (ICDS) In India: Its Activities, Present Status and Future Strategy to Reduce Malnutrition. *International Journal of Creative Research Thoughts*, 11(5), 382-387.
- 2) Gupta, A. et al. (2013). Integrated Child Development Services (ICDS) Scheme: A Journey Of 37 Years. *Indian Journal of Community Health*, 25(1), 77-81.
- 3) Ismail, M. and Saha, R. (2022). Role of ICDS Programme in Delivery of Nutritional Services and Preschool Education through Anganwadi Centres and Health Worker in Malda District- A Case Study of Daulat Nagar Gram Panchayat. *Journal of Xidian University*, 15(7), 471-486.
- 4) Joshi, K. (2018). Knowledge of Anganwadi Workers and their problems in Rural ICDS block. *IP Journal of Paediatrics and Nursing Science*, 1(1), 8-14.
- 5) Mehrotra, A. (2016). *Role of Integrated Child Development Service (ICDS) In the Physical Development of Preschool Children*. New Delhi. Isara Solutions.
- 6) Paira, P.K. & Ahmed, N. (2025). Issues and Challenges of ICDS Centres: A Case Study of Three Districts of West Bengal, India. *EPRA International Journal of Multidisciplinary Research*, 11 (5), 1358- 1365.
- 7) Ranjan, R. et al. (2019). Knowledge of anganwadi workers about integrated child development services: a study in Sitamarhi district of Bihar, India. *International Journal of Research in Medical Science*, 7(11), 4194-4199. Retrieved from https://www.researchgate.net/publication/336789867_Knowledge_of_anganwadi_workers_about_integrated_child_development_services_a_study_in_Sitamarhi_district_of_Bihar_India on June 27, 2024.
- 8) Samanta, S. et al. (2017). Status of Early Childhood Education Under Integrated Child Development Services Scheme in Bankura Municipality, West Bengal. *Indian Journal of Public Health*, 61(4), 261-266.
- 9) Sishu Alay: ECCE. Retrieved from <http://www.wcdsw.wb.gov.in>dicds> on August 25, 2024.