GOVERNMENT OF INDIA WOMEN AND CHILD DEVELOPMENT LOK SABHA

UNSTARRED QUESTION NO:1700
ANSWERED ON:19.11.2010
ANGANWADI CENTRES
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Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether the Government is considering to coordinate the Integrated Child Development Services (ICDS) Scheme with several schemes on child and maternal nutrition under National Rural Health Mission (NRHM);
- (b) if so, the details thereof;
- (c) whether several Anganwadi Centres (AWCs) are running short of staff;
- (d) if so, the details thereof alongwith the steps taken by the Union Government to combat malnutrition through ICDS scheme;
- (e) whether the Government has received any complaints regarding supply of poor quality of nutrition in AWCs; and
- (f) if so, the details thereof and the action taken by the Union Government thereon?

Answer

MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI KRISHNA TIRATH)

(a) to (f): The objective of the Integrated Child Development Services (ICDS) Scheme is to improve the nutritional and health status of children below six years of age and pregnant women and lactating mothers. To achieve these objectives, a package of six integrated service viz., supplementary nutrition, pre-school non-formal school education, nutrition and health education, immunization, health check up and referral services is provided. Three of the six services, viz. immunization, health check up and referral services are provided by Public Health Systems. Inter-sectoral convergence with Ministry of Health and Family Welfare, therefore, is in-built and integral to the Integrated Child Development Services (ICDS) Scheme.

The National Rural Health Mission (NRHM), the Reproductive and Child Health Programme Phase II, comprehensively integrate interventions that improve child health and address factors contributing to morbidity and mortality. Some of these include Infant and Young Child Feeding, Immunization against six vaccine preventable diseases, vitamin A supplementation and iron and folic supplementation, setting up of Nutritional Rehabilitation Centres to address severe and acute malnutrition etc. These programmes under NRHM are implemented in convergence with the ICDS.

As per the information available as on 30.9.2010, Government of India has sanctioned 13.67 lakh AWCs, of which 11.95 lakh are already operational. A total of 11.18 lakh Anganwadi Workers (AWWs) and 10.85 lakh Anganwadi Helpers(AWHs) are in position.

Malnutrition is multi dimensional and inter-generational in nature, the determinants of which include household food insecurity, illiteracy and lack of awareness especially in women, access to health services, availability of safe drinking water, sanitation and proper environmental conditions and adequate purchasing power etc.

The Government is seized of the problem and a number of schemes/programmes are being implemented through various Ministries/Departments which have direct or indirect bearing on nutritional status of children. Some of these include the following:

- # ICDS Scheme (Ministry of Women and Child Development): Supplementary Nutrition is one of the six services provided by the ICDS Scheme, which seeks to bridge the gap between the Recommended Dietary Allowance (RDA) and Average Daily Intake.
- # National Rural Health Mission including Reproductive & Child Health Programme (Ministry of Health & Family Welfare)
- # Targeted Public Distribution System, Antodaya Anna Yojana (Ministry of Food, Consumer Affairs & Public Distribution)
- # Total Sanitation Campaign (Ministry of Rural Devlopment)
- # Mid Day Meal in Schools (Department of School Education and Literacy)
- # Mahatma Gandhi National rural Employment Guarantee Scheme (MGNREGS), National Rural Livelihood Mission(Ministry of Labour).

In ICDS, through various review meetings, sample testing and field visits to the States/UTs, certain deficiencies regarding quality of Supplementary Nutrition have come to the notice of Government. These deficiencies: include supply of fewer calories and protein against those prescribed, disruptions in supply of supplementary nutrition, insufficient quantity, reduced ingredients etc., The respective State/UT is conveyed the deficiency for immediate remedial action.