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CHILD WELFARE PROGRAMS IN INDIA – WITH SPECIAL REFERENCE TO INTEGRATED CHILD DEVELOPMENT SERVICES SCHEME AND INTEGRATED CHILD PROTECTION SCHEME – A STUDY



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Abstract: *The child is the most important asset of a nation. It needs to be nurtured and cared for in its tender and vulnerable age to enable him/her to become a healthy and productive citizen. Child welfare was not on the agenda of governments all over the world for a very long time. Not long ago the idea of statesmen sitting at a conference table to discuss the well-being of children would have been greeted with amazement, if not derision. Over the past few years, a child's emergence as a topic of public and political concern has been striking. At the national and international levels, leaders and statesmen in all parts of the world have begun to identify themselves with family and children's issues. This paper examines the profile of the child in India and discusses two major Centrally Sponsored Child Welfare Programs ICDS & ICPS.*

Keywords: *Child welfare, Anganwadi, Integrated Child Development Services Scheme, Integrated Child Protection Scheme*

Introduction

The total population of India as per the provisional figures of the Census 2011 is 1.2 billion which renders it the second most populous country in the world representing almost 17.5% of the world's population. The country has the highest number of children

in the world constituting almost 40% of the nation's population. Children in the age group between 0 to 14 years comprise one-third of the total population of India. Every year 26 million children are born in the country. Though there is an absolute increase of 181 million people in the country's population from 2001-2011, there is a reduction of 5.05 million in the population of children aged between 0 to 6 years during this period. The decline is 2.06 million and 2.99 million in the case of male and female children respectively. The share of children between 0 to 6 years of age in the total population has shown a decline of 2.8 points in 2011 compared to 2001. The decline is sharper in the case of the female child in this age group. Children between 0 to 6 years of age constitute 13.1% of the total population. The sex ratio between 0 to 6 years of age has declined from 927 according to the 2001 census to 914 according to the 2011 census.

Infant Mortality Rate (IMR) is the number of deaths of children less than one year of age per 1000 live births. The country has a very high rate of neonatal deaths (35%) in the world. According to the Sample Registration System (SRS 2010), out of the total deaths reported 14.5% are infant deaths (below 1 year). At the national level, the percentage share of the infant to the total deaths in rural areas is 15.8% whereas in the urban areas the same is 9.7%. IMR is 47 at the national level and varies from 51 in rural areas to 31 in urban areas. It declined in the case of males from 78 in 1990 to 46 in 2011 and for females from 81 to 49 during the same period. Female infants experienced a higher mortality rate than male infants in all major states.

India accounts for around 40% of the malnourishment of the developing world. According to National Family Health Survey 3 (NFHS 2005-6), malnourishment is rampant among children in almost all states. It is highest in the case of underweight mothers, while it is high in the case of illiterate mothers and mothers with less than five years of education. Certain states like Madhya Pradesh, Jharkhand and Bihar have more than 50% of children (below 5 years of age) who are underweight. One of the major repercussions of malnutrition is anaemia which leads to a reduction in the number of blood cells and their oxygen-carrying capacity. It may be mild, moderate or severe. According to District Level Health Survey, 3 (DLHS 2007-08) anaemia among male and female children between 6 to 39 months of age was reported to be 69% and 69.9% respectively. Anaemia is more prevalent in Rural Areas (71.5%) than the Urban Areas (63%).

Universal immunization programs were launched in 1985 to protect children from six childhood killer but preventable diseases. As per the Coverage Evaluation Survey (CES 2009) in the age group of 12 to 23 months at the national level, 61% had received full immunization. Nearly 8% of children had not received even a single vaccine. About 75.5% of children of less than one year belonging to the highest wealth group were fully immunized while only 47.3% from the lowest quintile were fully immunized. Full coverage in this age group was highest in Goa (87.9%) and lowest in Arunachal Pradesh (24.8%).

There is an increasing trend in the incidences of both 'Crime against Children and 'Crime committed by Children.' There is an increase of 24% in crime against children in 2011 as compared to the previous year. The state of Uttar Pradesh accounted for 16.6% of total crime against children at the national level followed by Madhya Pradesh (13.2%) and Delhi (12.8%). Besides 'crime against children and 'crime committed by children' another major problem is child labor.

The above discussion shows that children in India are in a disadvantaged position as compared to their counterparts in the developed world.

Child Welfare Programs in India

The history of child welfare in India is relative to its recent origin. The only evidence of concern for the needs of children and care of preschool children goes back to 1874 with experiments in some missionary schools in Lucknow and Poona. It was during the period of colonization that some of the oldest voluntary organizations such as 'The Children's Aid Society and '*Balkan Ji Bari*' came into being in the 1920s in the service of children belonging to the poor, uneducated and helpless families. India was a British colony and child welfare was not a priority of the government. Some leaders like Raja Ram Mohan Roy, M.K. Gandhi and others endeavored to look after the interests of the child. Consequently, the care of the child came to be viewed as a vital element in the resurrection of the nation. Gandhi and later Jawaharlal Nehru inculcated social concern for the citizens of tomorrow the children.

Protecting the Rights of the Child has transcended national boundaries and has become an international endeavor. Interventions by International bodies like United Nations (UN) and International Labor Organization (ILO) have resulted in making international legislation for the welfare of the child. There are many provisions for the welfare of the child in the Constitution of India. As India has signed International Treatises and Conventions (ITC) so it has brought changes in its legislation to provide welfare for the child and ameliorate their sufferings of the children.

A child especially one belonging to the weaker sections of society faces several hurdles and problems like malnutrition, anaemia, infant mortality, infectious diseases, child labor and juvenile delinquency. India being home to the largest number of children in the world needs specific child welfare programs to develop and protect the child. There are several child welfare programs launched by the Government of India to provide child welfare services. Two major centrally sponsored child welfare programs are the Integrated Child Development Services (ICDS) scheme for the development of the child and the Integrated Child Protection Scheme (ICPS) for the care and protection of the child in conflict with the law and the need for care and protection.

Integrated Child Development Services Scheme (ICDS)

Early child welfare programs were not proving to be very effective and there was a gap between the objectives of the service provided and the actual provision of services.

Lack of coordination between various levels of the programs was identified as one of the most important causes of inefficient administration of child welfare. During the fourth and fifth five-year plans it was felt that there was a need to provide child welfare services in an integrated manner if the country wanted to improve the position of the child. It was then that the ICDS Scheme, a program providing several services at the grass root level was launched. The program which was started from a mere 33 experimental projects has now grown into 7025 fully operational projects all over the country as of January 2013. It is probably the world's largest community outreach program. The main objectives of ICDS are:

1. To improve the nutrition and health status of children 0-6 years of age;
2. To lay the foundation for the proper psychological, physical and social development of the child;
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout rate;
4. To achieve effective coordination of policy and implementation amongst various departments to promote child development; and
5. 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 provided a package of six services to children belonging to the disadvantaged marginalized and weaker sections of society. Later on, ICDS was universalized to provide services to all children 0-6 years of age in all the habitations in the country. Following are the six services that are provided through the *Anganwadis* - the child welfare centres under ICDS:

1. **Health Check-ups:** The growth of the child is monitored at the *Anganwadi*. Health check-ups of the mother and the child are conducted by the functionaries of the Department of Health.
2. **Immunisation:** Children are immunised against the six killer diseases to ensure that they do not fall prey to the childhood diseases like diphtheria, measles, polio, and hepatitis among others. Pregnant mothers are also immunised at the centre by the functionaries of the Health Department.
3. **Nutrition and Health Education:** Nutrition and Health Education are provided to pregnant and lactating mothers as well as women between 15 to 45 years of age to enable them to look after themselves and their children.
4. **Pre-School Education:** Pre-School Education is provided to children between 3-6 years of age. The emphasis is on developing cognitive, motor and muscular skills in the children. The activities are performed in a play way method to impart the concept of numbers, colours and alphabets and so on.

5. **Referral Services:** The *Anganwadi* worker is provided medicines for treating minor health problems but if the parents and the worker are not able to handle the health problem then they refer the child to the nearest health centre.
6. **Supplementary Nutrition:** Supplementary Nutrition in the form of hot cooked meals and energy-dense food is provided to malnourished and severely malnourished children in 6 months – 6 years of age, pregnant and lactating mothers, as well as adolescent girls.

To achieve the objectives, the Program provided services to all the stakeholders i.e., the pregnant and lactating mothers, adolescent girls the future mothers, infants between 0 to 3 years of age, and young children between 3 to 6 years of age. All the different services i.e., health, nutrition, and preschool education converge at the AWCs to provide services to the target groups at their doorsteps. Through the AWCs these services are provided by the local women to the local children. ICDS program also empowers women at the local level by providing them with an honorarium for the services rendered by them to the community.

Evaluation studies have been conducted by various institutions like the National Institute of Public Cooperation and Child Development (NIPCCD 2011), (NIPCCD2011) Program Evaluation Organization (PEO March 2011) and other such bodies. Though the studies have shown that ICDS has had a positive impact on improving the position of the children but they have also brought out several gaps in program design and implementation. The problems brought out by these studies are:

1. Lack of participation of the community, local leaders, and local levels of the government;
2. Disruption in the supply of food grains for supplementary nutrition;
3. Provision of supplementary nutrition for a lesser number of days than the prescribed norms;
4. Lack of proper infrastructure for the location of the *Anganwadi* centres;
5. Lack of basic amenities like electricity, source of drinking water and toilet facilities in the buildings housing the *Anganwadi* centre;
6. Lack of adequate indoor and outdoor space for conducting preschool activities;
7. Lack of personnel; and
8. Ineffective monitoring by the community.

Due to the number of gaps identified by these studies, the government decided to restructure the ICDS program and take it into a mission mode. Under the restructuring of the program the government intends:

1. To convert an *Anganwadi* into a child-friendly Early Child Care and Development Centre i.e., a *Bal Vikas Kendra*;

2. To strengthen convergence with other flagship programs like *Sarv Shiksha Abhiyan* and National Rural Health Mission;
3. To train and build the capacity of its workforce;
4. To increase public accountability by strengthening the role of Panchayati Raj Institutions and urban local bodies;
5. To enhance nutritional impact;
6. To strengthen Early Child Care and Education; and
7. To strengthen the civil-society partnership.

ICDS is considered to be an ideal vehicle for the provision of child welfare services to children at their doorsteps. The government endeavors to improve the position of children by making an *Anganwadi* centre a vibrant centre for the holistic development of the child.

Integrated Child Protection Scheme (ICPS)

The child in India is not only grappling with multiple problems of malnutrition, anaemia, infant mortality and low levels of immunisation but also child abuse, trafficking, child marriages and child labour. ICPS is the second centrally sponsored scheme for the care and protection of the child. This scheme launched in 2009-2010 was a government Civil Society Partnership Scheme (CSPS) for the care and protection of the child from a perceived or real danger to their personhood or their childhood. The basic objective of ICPS was to contribute to the improvements in the well-being of children in difficult circumstances as well as to reduce their vulnerabilities to situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children. The specific objectives of this scheme are to:

1. To institutionalize essential services and strengthen structures for the effective implementation of the scheme;
2. To build the capacities at all levels;
3. To create a database and knowledge base for child protection services;
4. To strengthen child protection at the family and community levels;
5. To ensure inter-sectoral response and coordinate with allied systems; and
6. To raise public awareness and educate the public on child rights and protection.

The target groups in the case of ICPS were:

1. A child in need of care and protection;
2. A child in conflict with the law; and
3. A child in contact with the law, who came in contact with the law either as a victim or as a witness.

ICPS provides services to children through institutionalized and non-institutionalized care and protection through:

1. *Shishu Grehs* was set up by the government or NGOs for abandoned and destitute children. The children are provided boarding and lodging, child care, medical care and nutrition facilities;
2. *Shelter Homes* set up by the government or NGOs to function as drop-in-centres cum night shelters for children in need of urgent support;
3. *Children's Homes*, Observation Homes and Special Homes are set up under the Juvenile Justice Act by the government or with the help of voluntary agencies for the child during the pendency of any inquiry, temporary reception of juveniles in conflict with the law and for juveniles who have been convicted by the Juvenile Justice Boards;
4. *Bal Bhawans* and *Bal Kalyan Kendras* are set up for providing recreational and learning facilities like hobby classes, computer courses and other basic services for preschool education.
5. *Crèches* are provided for the care of children of working mothers, ailing mothers and mothers belonging to disadvantaged sections of society.

ICPS is an umbrella scheme under which the Government of India has brought in all the erstwhile child care and protection schemes run by the governments and voluntary agencies. This scheme started in 2009-2010 is still in its infancy at present; the State Governments are setting up, mapping and registering Child Care Institutions (CCI) in their respective States.

Conclusions

The Government of India being a signatory of ITC on the Rights of the Child has brought changes in the policies and legislation to provide child welfare services to all the children in our country. The ICDS and ICPS are two important vehicles launched by the Central Government as Centrally Sponsored schemes for the development and protection of the child.

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