

## INTEGRATED CHILD DEVELOPMENT SERVICES (I.C.D.S.) SCHEME A NEW APPROACH TO (MATERNAL AND CHILD HEALTH) SERVICES

### Its Activities in Orissa

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According to the 1971 Census of India, there are 228 million children up to 14 years of age, of which 186 million live in rural areas and 42 million in urban areas. Children thus constitute about four-tenths of the total population. Age distribution of these children shows that 115 million are up to 6 years of age and 113 million from 7 to 14 years of age.

There have undoubtedly been significant achievements in India in the last four Plans in all spheres of development from which children too have derived benefit. Nevertheless, various problems concerning child welfare are still of fairly large dimensions. The incidence of mortality and morbidity and malnutrition among children continues to be high (Table 1). Apart from protein energy malnutrition, vitamin A deficiency, which is one of the preventable causes of blindness in this country, is a major nutritional problem.

The Government of India adopted a resolution on National Policy for children on August 22nd, 1974, and set up a National Children's Board with the Prime Minister as President on 3.12.74. In pursuance of the National Policy for Children, 33 experimental projects were started in different

blocks in the whole of the country. Of these, 4 are urban centres. They are located in the slum areas of Calcutta, Bombay, Delhi and Madras. The rest are rural and tribal projects.

#### *Objectives of I.C.D.S. scheme*

1. To improve the nutritional and health status of children in the age group of 0 to 6 years.
2. To lay the foundations for proper psychological, physical and social development of the child.
3. To reduce the incidence of mortality, morbidity, malnutrition and school drop-outs.
4. To achieve effectively co-ordination of policy and implementation amongst the 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.

#### *The package*

The concept of providing a package service is based primarily on the consideration that the overall impact will be much larger, if the different services develop in an integrated manner, as the efficiency of a particular service depends upon the support it receives from related services. For instance, the provision of supplementary

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**Table 1.** Major causes of death in the under-fives.

	India Khanna Study (1957)	Imesi Nigeria (1957)	Buasula Zambia	North Sumatra	Pusan South Korea
Diarrhoeal diseases	2%	12%	18%	25%	15%
Pneumonia	*	12%	10%	11%	9%
Malnutrition	41% ***	12%	16%	26%	14%
Malaria	*	8%	15%	8%	3%
Whooping cough	} 18% **	8%	13%	2%	4%
Measles		8%		7%	16%
Smallpox		5%			
Tuberculosis	3%	5%		6%	8%
Anaemia	*		7%	5%	7%
Neonatal	25%	*	*	*	*
Other	13%	30%	21%	10%	24%
Children	1,958		340	1,282	1,036

From "Health Care of Children Under Five" By Tata McGraw-Hill Publishing Co. Ltd. New Delhi

\* included in "other"

\*\* includes tetanus

\*\*\* includes malnutrition with diarrhoea.

nutrition is unlikely to improve the health of the child, if he continues to be exposed to diarrhoeal infections or unprotected drinking water supply. The following package services are provided:

1. Supplementary nutrition
2. Immunization
3. Health check-up
4. Referral services
5. Nutrition and health education

#### *Type of beneficiaries*

The scheme will provide services to children below the age of 6 years, expectant and nursing mothers. Attention will also have to be given to all women in the age group of 15 to 44 years.

#### *Beneficiary*

#### *Service*

- |                                  |                    |
|----------------------------------|--------------------|
| 1. Expectant and nursing mothers | 1. Health check-up |
|----------------------------------|--------------------|

- |                            |   |
|----------------------------|---|
|                            | 2. Immunization of expectant mothers against tetanus.         |
|                            | 3. Supplementary nutrition                                    |
|                            | 4. Nutrition and health education                             |
| 2. Other women 15-44 years | 1. Nutrition and health education                             |
| 3. Children 0 to 6 years   | 1. Supplementary nutrition                                    |
|                            | 2. Immunization   |
|                            | 3. Health check-up  |
|                            | 4. Referral services  |
|                            | 5. Non-formal pre-school education for children 3 to 6 years. |

#### Personnel and management

The existing health infrastructure at the block level will be supplemented with the following health staff from the I.C.D.S. budget, to cope with the extra work.

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|---------------|--|
| Rural project | 1. One doctor, preferably with diploma in child health.            |
|               | 2. Two lady health visitors (L.H.V.) Public health nurses (P.H.N.) |
|               | 3. Eight auxillary nurses and mid-wives (A.N.M.)                   |
| Urban project | 1. One doctor preferably with diploma in child health.             |
|               | 2. Four A.N.Ms.  |

#### Tribal project

1. One doctor, preferably with diploma in child health.
2. Two L.H.Vs./ Public health nurses
3. Four A.N.Ms.

A child development project officer (C.D.P.O.) will be appointed for implementation of the programme at each block. He will be directly in charge of the scheme; however, the block development officer (B.D.O.) will exercise overall responsibility. The health personnel will be working under the state health department.

Each block will have a number of *anganwadi* centres for the delivery of the package service where children in the age group of 3 to 6 years are given non-formal preschool education, immunisations by the health staff besides supplementary nutrition. In each *anganwadi* centre there will be an *anganwadi* worker (A.W.) and a helper. The C.D.P.O. will be assisted by a few supervisors or *mukhya sevikas*.

Co-ordination between health and social welfare and functionaries is absolutely essential.

#### Role of medical college

The professor of paediatrics/community medicine of the nearest medical college is appointed as the consultant of the scheme. His main work is monitoring. A research fellow is appointed under him to assist him in carrying out the monitoring work.

#### Activities at Subdega Tribal I.C.D.S. Project in Orissa

Subdega is a tribal block in the district of Sundergarh in the state of Orissa. This

is the only one of its kind in the entire State. Most of the inhabitants belong to the poor socio-economic class. It has a population of 38,756 as per 1971 census; spread over 9 *gram panchayats* and 56 villages. Children in the age group of 0 to 6 years constitute 6,252 i.e. 16.1% of the total population. Of this—

No. of children from 0 to less than 6 months = 462 (7.3%)

No. of children from 6 months to less than 1 yr. = 742 (11.8%)

No. of children from 1 yr. to less than 3 yrs. = 1,808 (28.9%)

No. of children from 3 yrs. to less than 6 yrs. = 3,240 (51.7%)

No. of expectant mothers = 475

No. of nursing mothers (those having a child less than 6 months) = 560

Immunization is being given to these children against diphtheria, pertussis, tetanus, tuberculosis and smallpox. Besides this, the expectant mothers are also being immunized against tetanus. In the prophylaxis programme, Folifer tables (iron and folic acid) are being supplied to the children as well as to the expectant and nursing mothers to prevent nutritional anaemia. Massive doses of vitamin A in oil is also distributed amongst the children every six months to prevent blindness.

Children in the age group of 0 to 2 years are weighed once every month by the ANM and *anganwadi* worker at all the 56 *anganwadi* centres situated in 56 villages. Children in the age group of 2 to 6 years are weighed once every 3 months. Their weight is plotted on a weight card to determine the nutritional status of the particular child. Besides this, other anthropometric measurements are also taken. Health check-up is done periodically and the necessary treat-

ment is given immediately. Non-formal preschool education is imparted to the children in the 3 to 6 years-age group.

Supplementary feeding comprising 80 grams of *ragi*, 20 gm of *mung dal* (lentils) and 25 gm of *jaggary* (brown sugar) is given to all the children and expectant and nursing mothers irrespective of their nutritional status.

Needy patients are referred to the Public Health Centre by the A.N.M./A.Ws. and selected patients are referred to the district headquarters hospital and V.S.S. Medical College, Burla.

All the wells in the entire block are disinfected at regular intervals. Steps are also being taken to open more tube wells in this block.

All the three medical officers and 3 P.H.Ns are trained in I.C.D.S. at the All India Institute of Hygiene and Public Health Centre, Calcutta. The A.N.Ms. and the *anganwadi* workers are trained in I.C.D.S. at this centre for a period of one week each separately in collaboration with the consultant. Reorientation will be taken up as and when required.

The following cards are being maintained by the A.N.Ms.

1. Child card
2. M.C.H. card II (weight card)
3. Antenatal/postnatal card
4. Immunization card
5. Referral card
6. Supplementary nutrition card

The Programme Evaluation Organisation of the Planning Commission conducts benchmark surveys in the project areas and undertakes evaluation after operation of one to two years.

### Summary

The I.C.D.S. Programme started functioning from July 1976 and upto the end of December 1977 the achievements were: 80% of the children in the age group of 0 to 6 years have already been immunized against diphtheria, pertussis, tetanus, tuberculosis and smallpox.

60% of the expectant mothers have received immunization against tetanus.

40% of the children have received Folifer tablets and 30% of the expectant

mothers have also received the same drug, supplied to prevent nutritional anaemia.

60% of the children have received one dose of vitamin A in oil and 40% have received the second dose of the said vitamin.

Lastly 82% of the children have received a health checkup and 70% of the expectant mothers have also received antenatal check-ups. 20 indigenous *dais* have been trained by this Public Health Centre and 20 more are undergoing the said training at present.