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PERFORMANCE OF INTEGRATED CHILD DEVELOPMENT SCHEME AS A FOOD SECURITY SAFETY NET IN RAJASTHAN

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Abstract:

Hunger and malnutrition are not caused by a lack of food in the nation rather, due to low purchasing power people are not able to purchase proper food or in other words due to poverty. Therefore, providing food and nutrition security ought to be a top priority for a nation like India, where it is estimated that more than one-third of the population is living below the poverty line and one-half of all children are malnourished in some or another way. Rajasthan, India's largest state has a sizable population of Scheduled Castes and Tribes in rural areas, many of whom continue to struggle with food insecurity. Therefore, The government for realizing the objectives of food security has implemented many policies and programs which directly or indirectly helps in ensuring food security including the program namely ICDS which has an objective to enhance the nutritional intake of children.

Rajasthan is still classified as one of the states, which is socially and economically backward because of its relatively lower position in economic and human development indicators. With the better picture of food availability, access and utilization of food, still the low nutritional intake due to lower economic access and improper utilization of food shows persistence of under nutrition status and problem of food insecurity among rural poor people in the state. Therefore, the present study is concerned with analyzing and reviewing the progress and performance level of ICDS for ensuring food security in Rajasthan based on secondary data.

Keywords: ICDS, Malnutrition, Food Security, Food Availability, Access, Utilization.

Introduction:

Theoretically, food security is achieved by a combination of factors spanning the household, community, national and even international levels through in its operation; however, it is applied at the individual level. In the view of self-sufficiency in food production at the national level is neither necessary nor sufficient to guarantee food security at the individual level. Thus, while all the four

elements such as availability, access, utilization and stability of access are equally important to ensure food security, in practical terms, it depends upon the extent up to which an individual can access his entitlement to food. The condition of food security to enable the leading of a healthy and active life underscores the significance of non-food items like adequate diet, clean water, sanitation and health care to food security.

The government for realizing the objectives of food security has implemented many policies and programs. Some of them have aimed at improving the income levels of the poor by providing wage employment. Some others have aimed at improving the skills and earning capacity of the poor. Still others have directly aimed at promoting food consumption by providing food as either in kind or by giving them food at subsidized rate. Such programs also include efforts like Mid-Day Meal and ICDS programs, which has an objective to enhance the nutritional intake of children.

The eradication of hunger and malnutrition is the constitutional liability of the state, so with this legal liability, variety of programs have been implemented to achieve food security and good health. For fulfilling, the individuals need for nutritious food and enough purchasing power the different programs named TPDS, MDM, ICDS, and MGNREGA etc. are major safety nets to eradicate hunger and malnutrition.

ICDS in Rajasthan:

In India, Rajasthan is one of the states, which is implementing ICDS program to break the inter-generational cycle of malnutrition through specific interventions. The ICDS program started on October 2, 1975 in Rajasthan from Garhi Panchayat Samiti of Banswara, with implementation of principles laid down in National Child Policy, 1974.

Keeping this in mind, the largest state Rajasthan, which is highlighting the deprived sections, deprived locations and deprived situations with 102.92 lakhs of persons below poverty line according to the estimate of Tendulkar Committee in 2011-12 in which 16.05% of poor are in rural areas and 10.69% in urban areas. Now, according to the report of the Multidimensional Poverty Index 2023, the percentage of population below poverty line in Rajasthan saw a decline from 29.46% in 2021 to 15.31% in 2023. Thus, it is essential to ensure that the ongoing food security safety programs provide sufficient food to meet the energy gap in vulnerable segments of population esp. higher concentration should be given to children.

Rajasthan is still classified as one of the states, which is socially and economically backward because of its relatively lower position in economic and human development indicators. With the better picture of food availability, access and utilization of food, still the low nutritional intake due to lower economic access and improper utilization of food shows persistence of under nutrition status and problem of food insecurity among rural poor people in the state. Therefore, the present study is concerned with analyzing and reviewing the progress and performance level of ICDS for ensuring

food security in Rajasthan.

Review of Literature:

In her study, **Sinha (2021)** discussed the status, implications and consequences of hunger and malnutrition in India in the time of Covid-19. It was found that yet ubiquitous schemes such as PDS, MGNREGA MDM and ICDS have not received enough attention. Hence, more work needs to be done to address the contribution of these systems to basic economic and food security for vulnerable households.

Davis S.F., Payne H.E. et. al. (2018) conducted their study with a sample of 400 women, including those who were pregnant or mothers of children under the ages of two or three. These women belonged to SHGs chosen from the Rajasthan's districts of Banswara and Sirohi. The purpose of the study was to determine the proportion of Rajasthan's women who use the services offered by ICDS facilities as well as the variables related to this utilization. Immunization and supplemental food services were the most popular services used by the majority of households in this region, according to their findings. Whereas the reduction of childhood undernutrition may be achieved through supplementary services. Services provided by ICDS in this area may think about putting more of an emphasis on other low-cost, under-utilized services, such as breastfeeding education.

Raghuvanshi and Gupta (2015) focused on the three individual aspects of food security namely food availability, food access and food absorption in their work related to Rajasthan state. The analysis shows that ensuring food security and improving nutritional status is a challenge for the state as a whole. Various schemes and initiatives in recent years show commitment of the government to improve the situation. Moreover, the priority districts for food security intervention have been identified to draw attention towards the problem.

Ittyerah (2013) concluded in his theme paper that trends in availability seems not improving as required exclusively due to stagnation of the agricultural sector. With this there has been an observable decline in the hunger levels among households and households below poverty line, both these trends specify an improvement in access to food but the trends in nutrition have not been so reasonable esp. for the rural poor.

It is observed by an assessment of the programs such as the TPDS, the ICDS, the MDMS as well as MGNREGA for access to Food and Nutrition found various constraints in ensuring food security and reducing hunger are due to inappropriate policy, faulty design, the inadequacies in monitoring and evaluation, ineffective governance and a lack of political will.

Objectives of the Study:

1. To analyze the status of ICDS in Rajasthan.
2. To analyze the performance of ICDS in providing food security in Rajasthan.

Research Methodology:

Selection of Study Area:

Rajasthan state is also not untouched by the problem of food security. The growth and development of state depend on the health of the people, which is ensured primarily by providing them physical, social, and economic access to food of sufficient quantity, and quality with proper nutrition. The situation in Rajasthan is alarming as 2/3 of population reside in rural areas with high concentration of SC and ST castes. Therefore, to ensure food security government has started many schemes but still maximum people are denied from their benefits. Therefore, it is essential to view the impact of the increasing govt. expenditure on various food safety Programs and their outcomes. Keeping this point in mind, Rajasthan state has purposively selected for the present study.

Sources of Data Collection:

The information and data for the present study have been collected from secondary sources such as:

1. Annual Reports of Ministry of Human Resource Development, Ministry of Women and Child Development, Ministry of Health and Family Welfare (from 2009-10 to 2019-20, 2020-21), Rajasthan Sustainable Development Goals Status Report (2023).
2. Economic Surveys (from 2007-08 to 2020-21), NFHS-3 (2005-06), NFHS 4 (2015-16) and NFHS 5 (2019-21).
3. Books, journals, newspapers and websites.
4. District Statistical Office, Udaipur (CENSUS 2011).

Data Analysis: The data is analyzed by using statistical tools like Mean, Standard Deviation, Compound Annual Growth Rate, and Student's t test.

Status of ICDS in Rajasthan:

The ICDS Program offers pre-school activities for children ages 3 to 6 as well as nutritional and health assistance for children under the age of six and women who are pregnant or breast-feeding. Anganwadi centres situated in the community offer all of these services. Hence, ICDS is a special Program that includes the core elements of human resource development, particularly education, along with a bundle of fundamental services for children under the age of six, as well as for expectant and nursing mothers (Sachdev et.al (2001).

The Directorate of Integrated Child Development Services is in charge of implementing services under Programs related to young children (ages 0–6 years), adolescent females, and pregnant and lactating women.

ICDS related activities are being implemented through Anganwadi centres (AWC).

The following tables and graphs are showing the number of beneficiaries under different services provided by ICDS.

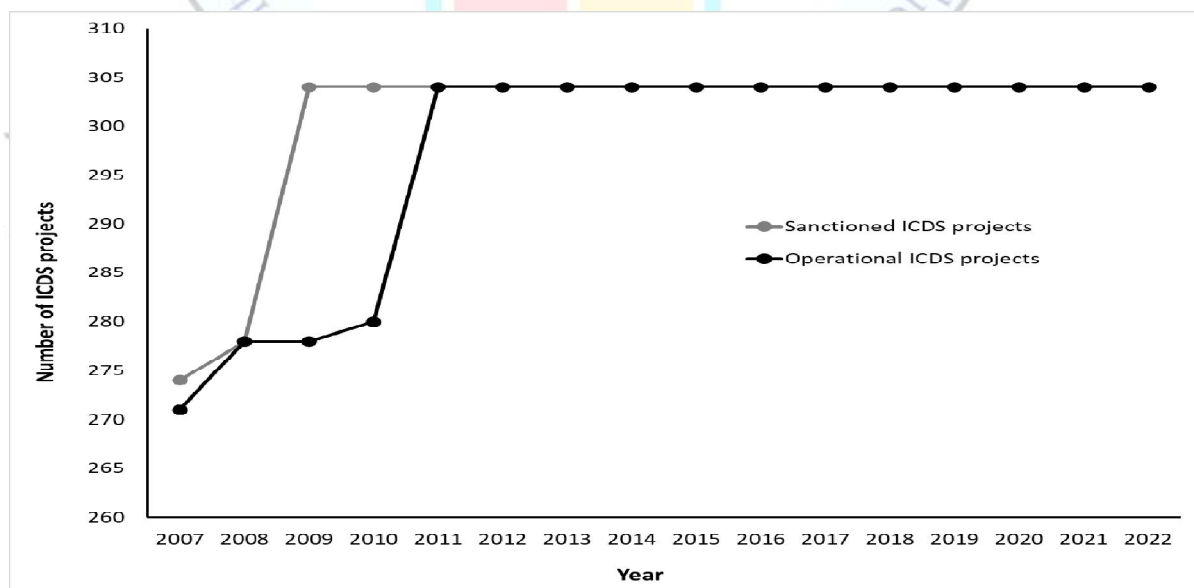
Table 1: Status of ICDS projects and Anganwadis in Rajasthan 2007 – 2022

Table 1: Status of ICDS Projects and Anganwadis in Rajasthan 2007 – 2022			
Year	Sanctioned ICDS projects	Operational ICDS projects	Operational Anganwadis
2007	274	271	41985
2008	278	278	48363
2009	304	278	50939
2010	304	280	50923
2011	304	304	57511
2012	304	304	58494
2013	304	304	61100
2014	304	304	59945
2015	304	304	60133
2016	304	304	60801
2017	304	304	61974
2018	304	304	61974
2019	304	304	61974
2020	304	304	61974
2021	304	304	61625
2022	304	304	61852
*Mean	300.50	297.19	57597.94
*SD	9.59	12.31	6132.58
*CAGR	0.70%	0.77%	2.62%

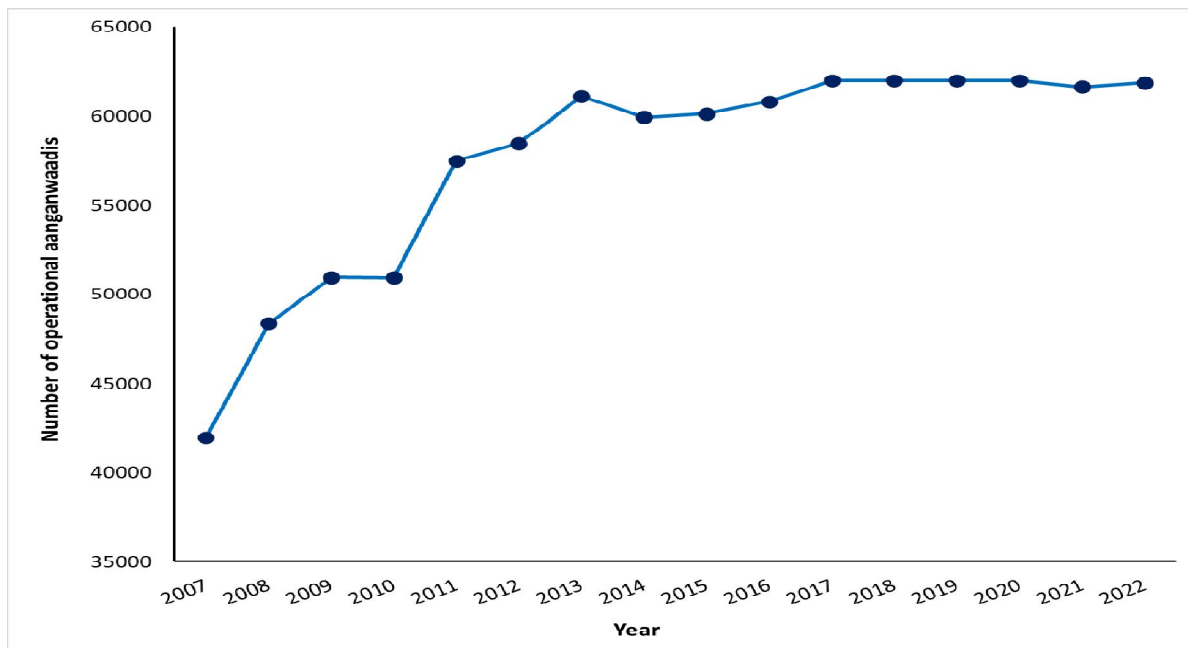
<http://icds-wcd.nic.in/data tables>

Ministry of Women and Child Development, GOI

*Computed Data



Graph 1: Number of Sanctioned and Operational ICDS Projects in Rajasthan



Graph 2: Operational Anganwadis in Rajasthan from 2007-2022

The table 1 and graph 1 & 2 shows the trend of ICDS projects and operational Anganwadis in Rajasthan from 2007 to 2022. These indicate the number of operational Anganwadis in Rajasthan has increased from 41985 in 2007 to 57511 in 2011 and 60133 in 2015 to 61852 in 2022. In 2007, out of 274 sanctioned ICDS projects, operational ICDS projects were 271, which were operating 41985 Anganwadis. From 2011, all the 304 sanctioned ICDS projects were operational until 2022. Under the operational projects, the number of operational Anganwadis have also increased from 57511 in 2011 to 61100 in 2013 with a fall of 1155 operational AWCs in 2014. In later years until 2022, this is showing an increasing trend in operational AWCs in Rajasthan during the given period with decreasing gap to zero gap between sanctioned and operational ICDS projects until 2022. Overall, the data shows that the better implementation of operational ICDS projects with increased number of operational AWCs having CAGR of 2.62%. Thus, the physical status of ICDS program has increased over a period and increase in AWCs indicates increase in ICDS activities.

Status of Number of Supplementary Nutrition Program beneficiaries – Rajasthan from 2007-2022

The Integrated Child Development Scheme offers six services, including the SNP. In this section of the ICDS, mothers who are pregnant or nursing (lactating mothers), as well as children under the age of six, are recognized in the community and given access to supplementary feeding and growth monitoring services.

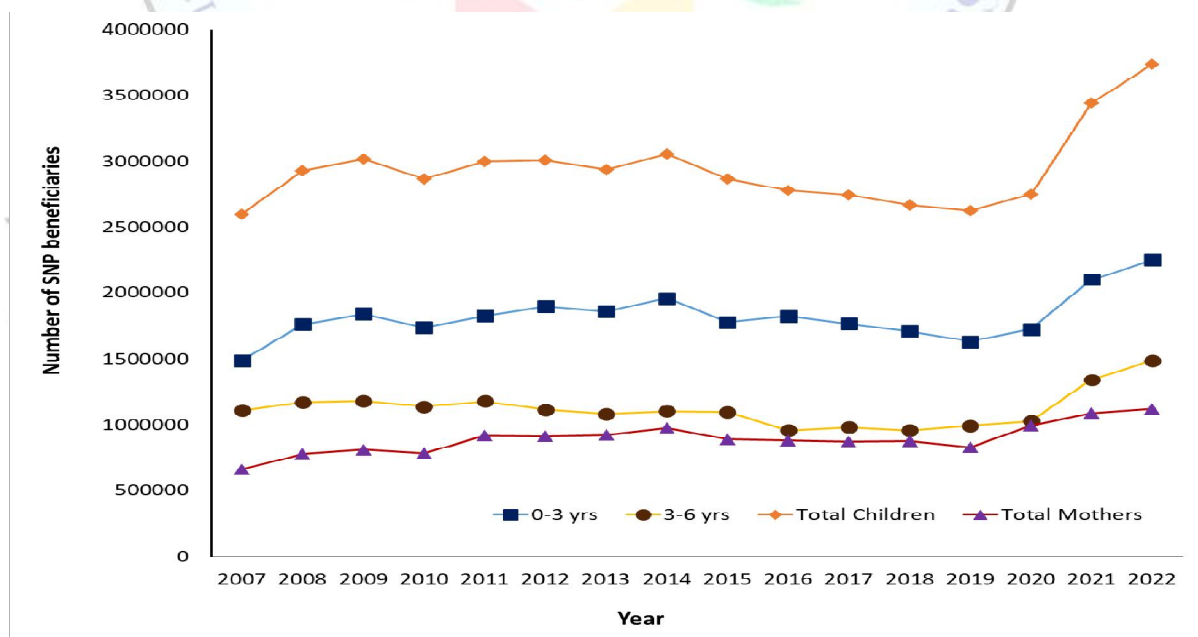
Status Report of the ICDS Service Supplementary Nutrition Program in Rajasthan from 2007-2022:

Year	0-3 years	3-6 years	Total Children	Total Mothers
2007	1489479	1104709	2594188	657944
2008	1761532	1167724	2929256	780969
2009	1839807	1176897	3016704	809784
2010	1736288	1135233	2871521	783709
2011	1825227	1175599	3000826	917007
2012	1895752	1112417	3008169	911579
2013	1858010	1080566	2938576	924081
2014	1957425	1100077	3057502	972494
2015	1775895	1093039	2868934	892369
2016	1824077	957385	2781462	881413
2017	1764143	980575	2744718	871058
2018	1709488	957669	2667157	875613
2019	1632935	992631	2625566	830313
2020	1725291	1025505	2750796	990855
2021	2099870	1340612	3440482	1085975
2022	2252076	1488690	3740766	1118558
*Mean	1821705.94	1118083.00	2939788.94	893982.56
*SD	177461.16	139937.60	296824.02	114717.78
*CAGR	2.79%	2.01%	2.47%	3.60%

<http://icds-wcd.nic.in/data tables>

Ministry of Women and Child Development, GOI

*Computed Data



Graph 3: Status Report of the ICDS for Service Supplementary Nutrition in Rajasthan from 2007-2022

The table 2 and graph 3 depicts the fluctuating trend in number of SNP beneficiaries under 0-3 years and 3-6 years of age from 2007-2022 while the SNP beneficiaries' number of mothers increased with CAGR of 3.60%. It indicates the total number of children benefitted was 25.94 lakhs in 2007 increased to 30 lakhs in 2011 and came down to 28.68 lakhs in 2015, which again increased to 37.40 lakh. The overall CAGR (total children) was 2.47%, 2.79% CAGR of 0-3 years of children and 2.01% CAGR of 3-6 years of children.

The growth intensity of SNP beneficiaries in 3-6 years of age groups is less than that of beneficiaries in 0-3 years of age group as because of lack of proper infrastructural facilities. Thus, efforts should be made by government to strengthen the infrastructure of AWCs so as to provide better services to its beneficiaries. (Rathore et.al.). A study conducted by NITI AYOOG (2020) found that SNP also lacks the necessary diversity and quality.

Status Report of the ICDS Service Pre-School Education in Rajasthan from 2007-2022:

The ICDS program's Non-formal Pre-school Education (PSE) component, which offers these services through the AWC platform, considered as its backbone. This seeks to help children ages 3 to 6 establish a positive attitude towards schooling and get prepared for school through fun, informal play way activities in Anganwadis Centres,. PSE also aims to reinforce the universalization of primary education as a goal.

Table 3: Number of PSE Beneficiaries (in Lakh)

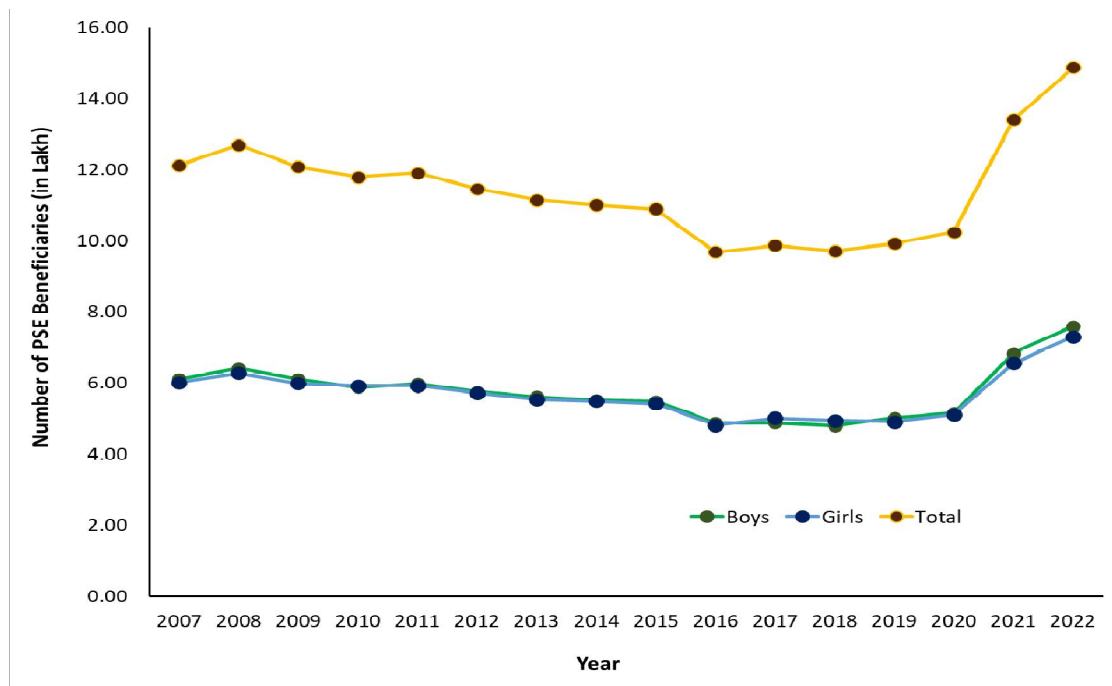
Table 3: Number of PSE Beneficiaries (in Lakh)			
Year	Boys	Girls	Total
2007	6.11	6.01	12.12
2008	6.42	6.28	12.70
2009	6.11	5.98	12.08
2010	5.87	5.92	11.79
2011	5.98	5.92	11.90
2012	5.75	5.71	11.46
2013	5.61	5.53	11.14
2014	5.52	5.48	11.00
2015	5.48	5.41	10.89
2016	4.87	4.80	9.68
2017	4.87	5.00	9.87
2018	4.78	4.93	9.71
2019	5.01	4.90	9.92
2020	5.15	5.10	10.25
2021	6.83	6.56	13.40
2022	7.59	7.29	14.88
*Mean	5.75	5.68	11.42

*SD	0.77	0.68	1.45
*CAGR	1.46%	1.30%	1.38%

<http://icds-wcd.nic.in/data tables>

Ministry of Women and Child Development, GOI

*Computed Data



Graph 4: Status Report of the ICDS Service Pre School Education in Rajasthan from 2007-2022 (in lakhs)

The table 3 and graph 4 shows the declining trend in number of pre-school education beneficiaries (3-6 years) in Rajasthan from 2007-2018 which again increased from 2019-2022. The total number of beneficiaries declined from 12.12 lakh in 2007 to 11.90 lakh in 2011 and 10.89 lakh in 2015 and 9.71 lakh in 2018. The table shows that in later years from 2019-2022; the total number of beneficiaries has increased. The CAGR of total number of PSE beneficiaries is -1.38% with 1.46% of CAGR for boys and 1.30% CAGR for girls beneficiaries. Pre-school education is very vital activity of the ICDS focuses on 3-6 years of children intellectual development but in the state Rajasthan still there is reduction in the pre-school beneficiaries. Rathore, M.S. et. al. (2016) found the problems in the infrastructural facilities of AWCs, training of AWWs and coverage of Supplementary Nutrition. Singh, D. et. al. (2013) observed that in many areas of Rajasthan average mean time opening of AWCs was little less than the ideal time period. Also found deficit in other services like pre-school education, health check-ups etc. Surprisingly, percentage of coverage of children (3-6 years) per Anganwadi Centres those registered for PSE and attending the PSE services has reduced.

National Family Health Survey (NFHS): The Ministry of Health and Family Welfare conducts one integrated survey namely National Family Health Survey (NFHS) at an interval about 3 years since the first survey in 1992-93. The survey provides state and national information for India on population, health and nutrition with an emphasis on women and young children.

Table 4: Utilization of ICDS by Children in Areas Covered by Anganwadi Centres in Rajasthan

% of children of age 0-71 months	NFHS 3 (2005-06)		NFHS 4 (2015-16)		NFHS 5 (2019-21)	
	Urban	Rural	Urban	Rural	Urban	Rural
Received any service from AWC	4.60	22.60	26.30	42.00	49.8	60.8
Received food supplements	2.00	18.70	20.80	35.50	40.40	53.00
Received immunizations	3.30	13.80	20.50	33.60	41.60	51.40
Received health check-ups	1.30	10.40	15.90	28.40	39.00	48.70
Pre-school (3-6 yrs.)	0.00	11.40	13.20	22.10	30.30	39.60
Weighed under 0-59 months	2.30	10.20	18.60	30.90	41.50	52.20
Whose mothers received counseling	-	38.00	53.30	61.50	67.90	66.70

Source: NFHS 3, 2005-6, NFHS 4, 2015-16, INDIA (AWC services for children include distribution of supplementary food, growth monitoring, immunizations, health checkups and preschool education. Supplementary food includes both cooked and served at AWC on a daily basis or given in the form of take home rations.)

“-“indicates data not available

From the above table 4, it is depicted the utilization of different services by children (0-6 years) provided by ICDS in Rajasthan in NFHS 3, NFHS 4 and NFHS 5. It is found that the coverage of children under services provided by ICDS found higher in rural areas than urban areas. The percentage of children received any service from AWCs in NFHS 3 was 4.60% in urban and 22.60% in rural areas of Rajasthan increased to 49.8% in urban and 60.8% in rural areas in NFHS 5. Higher percentage of children from rural areas received food supplements in Rajasthan. Coverage of immunization and health check-ups in rural projects was the highest in percentage i.e. 51.40% in

rural and 48.70% in urban according to NFHS 5 respectively.

Test Results:

Table 4.1: Utilization of ICDS Services by Children in Urban Areas

NFHS	N	mean	sd	F	df	p-value	Result
3	6	2.25	1.59	44.99	1, 17	0.00	***
4	7	24.09	13.53				
5	6	43.45	12.70				

Calculated from above table

Table 4.2: Utilization of ICDS Services by Children in Rural Areas

NFHS	N	mean	sd	F	df	p-value	Result
3	6	14.52	5.07	46.95	1, 17	0.00	***
4	7	36.29	12.71				
5	6	51.93	8.74				

Calculated from above table

Proportion of children under 6 years who received various services from AWC in NFHS 3, NFHS 4 and NFHS 5 in Rajasthan was listed area wise i.e. urban and rural. Test result given in the table 4.1 (urban) shows that there was highly significant difference ($F = 44.99, p < 0.01$) in the proportion of children under 6 years who received various AWC services in NFHS3, NFHS 4 & NFHS 5 in urban areas. It is observed that in NFHS 5 the average number of children who received AWC services was increased to 43.45% where it was 2.25% and 24.09% in NFHS 3 and NFHS 4 respectively.

Whereas test result given in the table 4.2 (rural) also shows the highly significant difference ($F = 46.95, p < 0.01$) in the proportion of children received AWC services in NFHS 3, NFHS 4 and NFHS 5 in rural areas in Rajasthan. It is noticed that in NFHS 3 the average number of children received AWC services in rural areas was 14.52% which has increased to 36.29% in NFHS 4 and 51.93% in NFHS 5.

Thus, there was highly significant increase in the proportion of children received AW services both in urban and rural areas. More services are utilized in rural areas fulfilling the objective of making the ICDS scheme beneficial for underprivileged sections.

Conclusion:

There shows a slight improvement in status and utilization of services by children of 0-6 years and pregnant and lactating mothers which results in improvement in nutritional level. The analysis shows that the utilization of services by children and lactating and pregnant women under ICDS is high in rural areas than urban areas. There shows an average level of progress in providing food security by providing food supplements to the children (0-6 years) because there is partial

coverage under the ICDS scheme. The scheme has confront with the limitations of providing low quality of food under SNP program, the percentage of coverage of children (3-6 years) per Anganwadi Centres those registered for PSE and attending the PSE services has reduced because of the lack of infrastructural facilities, pre-school education, health check-ups etc. Therefore, the government should make efforts to overcome such shortages in the implementation of the ICDS program.

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