

A Study on Child Development Service Schemes under ICDS Project of Anganwadi Centre

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ABSTRACT

The Integrated Child Development Services (ICDS) scheme, launched in 1975, is one of India's flagship programs aimed at improving the health, nutrition, and early education of children below six years of age, along with supporting pregnant and lactating women. This study examines the various child development service schemes implemented under the ICDS project through Anganwadi Centres, using exclusively secondary data sourced from government annual reports, research publications, and official statistics. The analysis focuses on key service components, including supplementary nutrition, health check-ups, immunization, growth monitoring, and preschool education, and evaluates their role in promoting holistic child development. Findings indicate that ICDS has made notable progress in expanding service coverage and reducing malnutrition rates in several regions; however, challenges such as inadequate infrastructure, shortage of trained staff, irregular supply of nutrition, and low community participation continue to hinder optimal outcomes. The study emphasizes the need for better resource allocation, enhanced monitoring mechanisms, and community engagement to strengthen the effectiveness of these schemes. By consolidating insights from secondary data, this research contributes to a clearer understanding of ICDS's role in fostering the physical, cognitive, and social development of children in India.

Keywords: Integrated Child Development Services, Anganwadi Centres, Child Nutrition, Preschool Education, Secondary Data Analysis.

Introduction

Child development during the early years of life is a critical foundation for lifelong health, learning, and well-being. Recognizing the importance of early childhood care and development, the Government of India launched the Integrated Child Development Services (ICDS) scheme in 1975. The ICDS is one of the world's largest and most comprehensive programs aimed at improving the health, nutrition, and developmental outcomes of children under the age of six, as well as supporting pregnant and lactating mothers.

At the core of the ICDS framework are Anganwadi Centres (AWCs), which serve as the primary delivery points for a wide range of child development services. These include supplementary nutrition, immunization, health check-ups, referral services, non-formal preschool education, and health and nutrition education for mothers. The effectiveness of these services is crucial for ensuring the holistic development of children, especially in rural and marginalized communities.

Despite the vast outreach and potential of the ICDS, various implementation challenges persist, such as infrastructure gaps, staff shortages, inadequate training, and low community awareness. Therefore, it becomes essential to study how well the child development schemes are functioning under the ICDS project through Anganwadi Centres.

This study aims to assess the implementation, accessibility, and impact of child development service schemes under ICDS, with a focus on understanding the current status, identifying gaps, and suggesting practical improvements. Such an assessment will provide valuable insights into strengthening the ICDS framework to better serve the developmental needs of children.

The Integrated Child Development Services (ICDS) scheme is one of the world's largest and most comprehensive programs aimed at improving the health, nutrition, and early education of children under six years of age in India. This study explores the implementation, outreach, and impact of child development schemes administered under ICDS, focusing on services such as supplementary nutrition, immunization, health check-ups, and pre-school education. Data were collected through a combination of field observations, and analysis of secondary sources including government reports and policy documents. The research highlights both the strengths and limitations of ICDS in achieving its goals, especially in rural and underserved areas. Key findings suggest that while the scheme has made significant strides in early childhood care, challenges remain in terms of infrastructure, manpower, training, and community awareness. The study concludes with policy recommendations to enhance the effectiveness and sustainability of ICDS schemes for holistic child development in India.

Objectives of the Study

- To assess the Anganwadi services, and to know the current implementation of child development schemes under the ICDS project at Anganwadi Centres.
- To evaluate the effectiveness of services provided at Anganwadi Centres, including nutrition, health check-ups, immunization, and early childhood education under Saksham Anganwadi and Poshan 2.0
- To examine the growth and nutritional status of children aged 0–6 years attending Anganwadi Centres.
- To identify challenges faced by Anganwadi workers in delivering child development services.

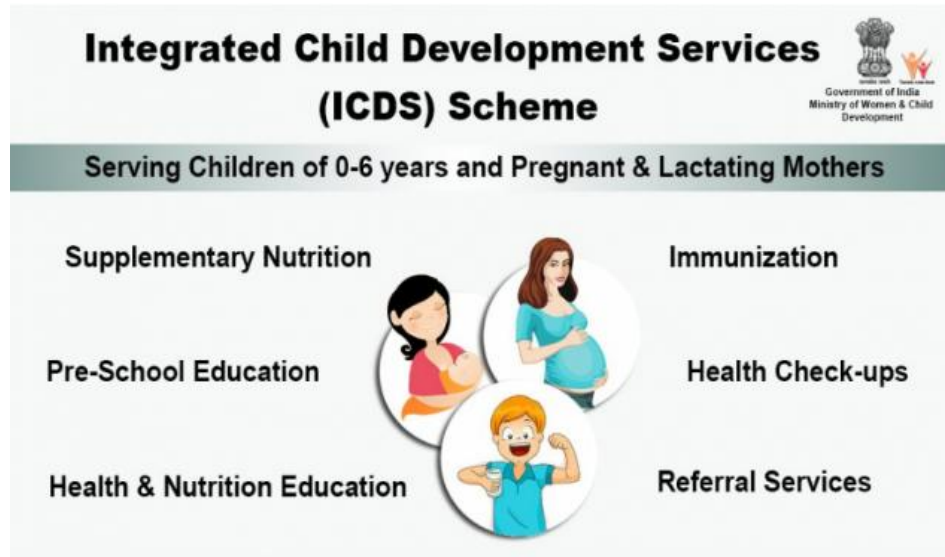
Research Methodology

This study adopts a descriptive research design, based entirely on secondary data sources. The purpose is to analyse the implementation and effectiveness of child development service schemes under the Integrated Child Development Services (ICDS) project, specifically delivered through Anganwadi Centres. The data were collected from, Annual Reports of the Ministry of Women and Child Development (MoWCD), Government of India, ICDS Monitoring Reports and Evaluation Studies, NITI Aayog policy briefs and performance reviews and POSHAN Abhiyaan and Mission Poshan 2.0 implementation reports

Anganwadi Services

One of the Government of India's flagship initiatives, Anganwadi Services is one of the biggest and most distinctive early childhood care and development programs in the world. As a response to the issue of providing pre-school non-formal education on the one hand and ending the vicious cycle of hunger, illness, diminished learning ability, and mortality on the other, it is the primary symbol of the nation's dedication to its children and nursing mothers. Children aged 6 months to 6 years, pregnant and lactating women, and teenage girls aged 14 to 18 in the North Eastern Region and Aspirational Districts of States are the beneficiaries of this program.

- **Service Package:** The Mission Poshan 2.0 plan offers the following six services as part of the package:



- Supplemental nutrition (SNP)
- non-formal education in preschool
- Nutrition and health education
- Immunisation
- Health checkup
- Referral services.

Three of the six services—immunization, health examination, and referral services—are connected to health and are offered by the National Health Management System and Public Health Infrastructure.

Services	Targeted Group	Services provided by
Supplementary Nutrition	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	Anganwadi Worker and Anganwadi Helper
Immunisation	Children below 6 years, Pregnant & Lactating Mothers	ANM/MO
Health checkup	Children below 6 years, Pregnant Women & Lactating Mothers (P&LM)	ANM/MO/AWW
Referral Services	Children below 6 years, Pregnant Women & Lactating Mothers (P&LM)	AWW/ANM/MO
Pre-School Education	Children 3-6 years	AWW
Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO

- **Cost Sharing Ratio between Centre and States/UTs**

Ratio of Cost Sharing between the Centre and States/UTs

	Anganwadi Services (General)	Salary	SNP
States/UTs with Legislature	60:40	NA	50:50
NE/Himalayan States/UT of J&K	90:10	90:10	90:10
UT Without Legislature	100:0	NA	100:0

The 'Salary Component' for States (Excepting NER and Himalayan States) has been discontinued from the Financial Year 2023-24.

- **Extension and coverage of the Anganwadi Services Program:** Launched in 1975, the Anganwadi Services Scheme included 4891 Anganwadi Centers (AWCs) and 33 Projects. Progressively increased to 5652 projects and 6 lakh approved AWCs nationwide by the conclusion of the IX Plan. Up until the IX Plan, the Anganwadi Services Scheme's coverage was limited to roughly 42% of the 14 lakh habitations, making it not universal. Currently, a network of 13.99 lakh operating AWCs and 7075 completely operational Projects support Mission Saksham Anganwadi and Poshan 2.0. As of December 31, 2024, 10.12 crore people were beneficiaries of the Supplementary Nutrition Program, including children under the age of six, pregnant women, breastfeeding moms, and teenage females.

- **Revision of Supplementary Nutrition Cost Standards**

Through the nationwide network of Anganwadi Centers, beneficiaries of Anganwadi Services receive Supplementary Nutrition, one of the six components of Anganwadi Services, which fills the gap between the Average Daily Intake (ADI) and the Recommended Dietary Allowance (RDA). In October 2017, the government authorized the Anganwadi's adjustment to the supplemental feeding cost standards.

S. No.	Categories	Existing rates
1.	Children (6-72 months)	8.00
2.	Pregnant Women & Lactating Mothers	9.50
3.	Severely Malnourished Children (6-72 months)	12.00

(in Rupees per day per beneficiary)

Mission Poshan 2.0 (Mission Saksham Anganwadi and Poshan 2.0)

It was declared as an integrated nutrition support program in the Budget 2021–2022, with the goal of enhancing nutritional content, delivery, outreach, and results while emphasizing the development and promotion of activities that foster immunity, health, and well-being. Under Mission Poshan 2.0, the Anganwadi Services, Scheme for Adolescent Girls, and Poshan Abhiyaan have been restructured to optimize nutritional results. In addition to stunting and anemia, Mission Poshan 2.0 focuses on maternal nutrition, infant and young child feeding norms, treatment of MAM/SAM, and wellness through AYUSH practices to lower the prevalence of underweight and wasting.

The program uses technology for interventions, convergence for behavioural change, and agenda conversion. of enhancing nutrition into a Jan Andolan, guaranteeing broad public involvement and establishing precise goals to be accomplished across several monitoring measures.

The objectives of Mission Poshan 2.0 are as under:

- To contribute to human capital development of the country
- Address challenges of malnutrition
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing;
- Address nutrition related deficiencies through key strategies

In order to deal with the different deficiencies and shortcomings in the current nutrition programme, enhance implementation, and hasten improvements in nutrition and child development outcomes, the components of the existing scheme have been restructured under Poshan 2.0. The main verticals of the Scheme are as follows:

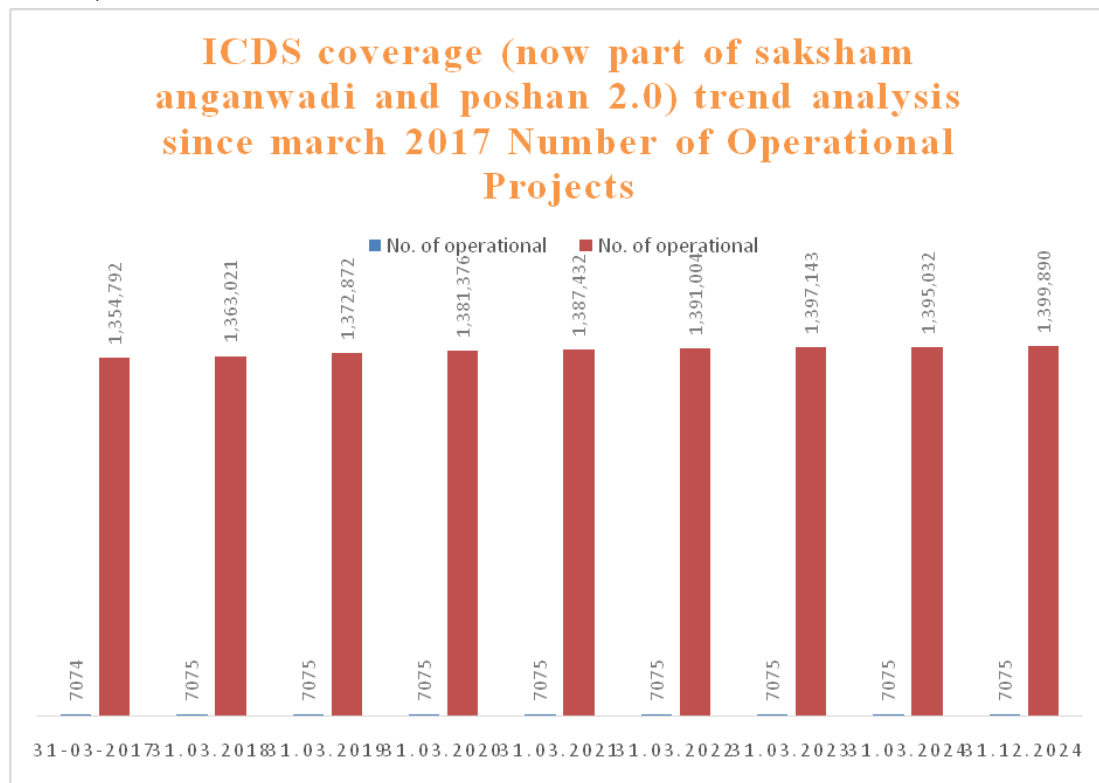
- Nutritional aid for Poshan via the Supplementary Nutrition Programme (SNP) aimed at children aged 6 months to 6 years, as well as pregnant and breastfeeding women (PW&LM); and young women aged 14 to 18 in Aspirational Districts and the North Eastern Region (NER);
- Early Childhood Care and Education [3-6 years] and early stimulation for (0-3) years
- Early Childhood Care and Education [3-6 years] along with early stimulation for (0-3) years
- Infrastructure der Anganwadi's, including modern upgraded Saksham-Anganwadi's;
- Poshan Abhiyan

ICDS coverage (now part of Saksham Anganwadi and Poshan 2.0) - trend analysis since March 2017

The implementation of Anganwadi Services under Saksham Anganwadi and Poshan 2.0 has seen substantial advancement, as evidenced by the rise in the number of operational projects and Anganwadi Centres (AWCs). The year-by-year trend in beneficiary coverage is shown below:

Year Ending	No. of operational		Number of beneficiaries (In lakhs)	
	Projects	AWCs	Supplementary Nutrition Program	Pre-School Education
31.03.2017	7074	13,54,792	983.42	340.52
31.03.2018	7075	13,63,021	892.77	325.91
31.03.2019	7075	13,72,872	875.61	301.92
31.03.2020	7075	13,81,376	855.05	245.04
31.03.2021	7075	13,87,432	831.83	230.38
31.03.2022	7075	13,91,004	949.94	285.82
31.03.2023	7075	13,97,143	977.50	430.74
31.03.2024	7075	13,95,032	981.20	449.33
31.12.2024	7075	13,99,890	1006.49	412.86

Source: As per Poshan Track

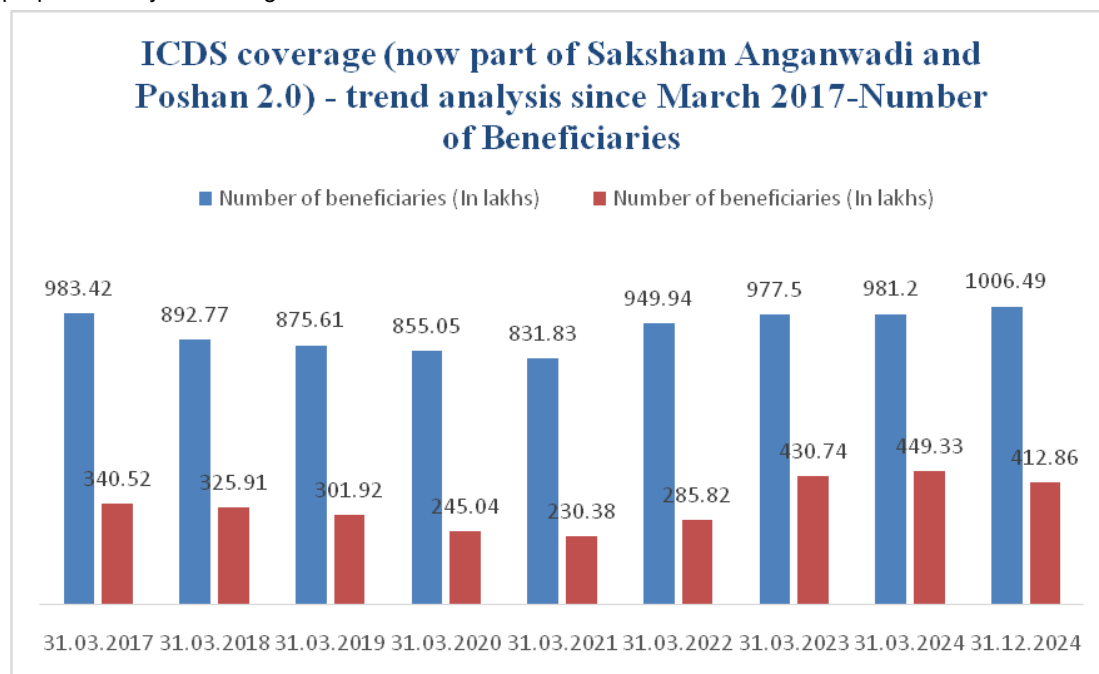


The trend analysis of ICDS coverage, now functioning under Saksham Anganwadi and Poshan 2.0, from March 2017 to December 2024 reveals a clear distinction between the growth patterns of operational projects and operational Anganwadi Centres (AWCs). The number of operational projects has remained almost constant during this period, starting at 7074 in March 2017 and increasing marginally to 7075 from March 2018 onwards, with no further changes till December 2024. This stability indicates that there has been no significant expansion in the administrative units managing the ICDS scheme.

In contrast, the number of operational AWCs has shown a steady and consistent increase over the years. From 13,54,792 AWCs in March 2017, the figure rose each year, reaching 13,99,890 by

December 2024. This growth represents the addition of approximately 4.5 lakh AWCs over a span of seven years. The increase in AWCs within a stable number of projects suggests a strategic focus on expanding service delivery points within existing administrative structures rather than creating new projects.

Overall, the data reflects the government's approach of maximizing coverage and accessibility by increasing the number of AWCs, thereby enhancing the reach of nutritional, health, and early childhood care services. This aligns with the objectives of Saksham Anganwadi and Poshan 2.0, which emphasize improved service delivery, efficiency, and broader beneficiary outreach without proportionately increasing administrative overheads.



The trend analysis of ICDS coverage, under Saksham Anganwadi and Poshan 2.0, from March 2017 to December 2024 for the number of beneficiaries highlights notable fluctuations in both the Supplementary Nutrition Program (SNP) and Pre-School Education (PSE) services. For the Supplementary Nutrition Program, the number of beneficiaries started at 983.42 lakh in March 2017 and showed a gradual decline until March 2021, reaching 831.83 lakh. This decline could be attributed to program implementation challenges, demographic changes, or temporary disruptions such as the COVID-19 pandemic. However, post-2021, the numbers began to recover steadily, peaking at 1006.49 lakh in December 2024, indicating renewed outreach efforts and possible policy interventions to strengthen nutritional support.

For Pre-School Education beneficiaries, the trend shows a sharper decline in the initial years—from 340.52 lakh in March 2017 to 230.38 lakh in March 2021. This drop may reflect factors such as reduced enrolment, migration, or the pandemic's impact on early childhood education services. Encouragingly, there was a significant rebound from March 2022 onwards, with beneficiaries rising to 449.33 lakh in March 2024 before slightly declining to 412.86 lakh in December 2024. This resurgence suggests an increased emphasis on Early Childhood Care and Education (ECCE) activities under the Saksham Anganwadi initiative, as well as efforts to re-engage children in pre-school learning post-pandemic.

Overall, the data reflects a recovery trajectory for both SNP and PSE services after a period of decline, with supplementary nutrition showing a stronger upward trend. The patterns underline the resilience and adaptability of ICDS service delivery, as well as the importance of targeted interventions to sustain and enhance coverage in both nutrition and education components.

Supplementary Nutrition

At Anganwadi Centres, the supplementary nutrition provided to beneficiaries of Anganwadi Services differs from one location to another, based on the foods available in the area and the food preferences and habits of the local community.

Thus, it is up to the States/UTs to choose recipes for Supplementary Nutrition. Under SNP, beneficiaries receive food items such as Khichdi, Pongal, Rajma Rice (rice-based), Egg, Chapathi, green gram whole, seasonal fruits, jaggery, Panjiri, and high-protein biscuits. The Anganwadi Helpers prepare the food at the center in AWCs themselves

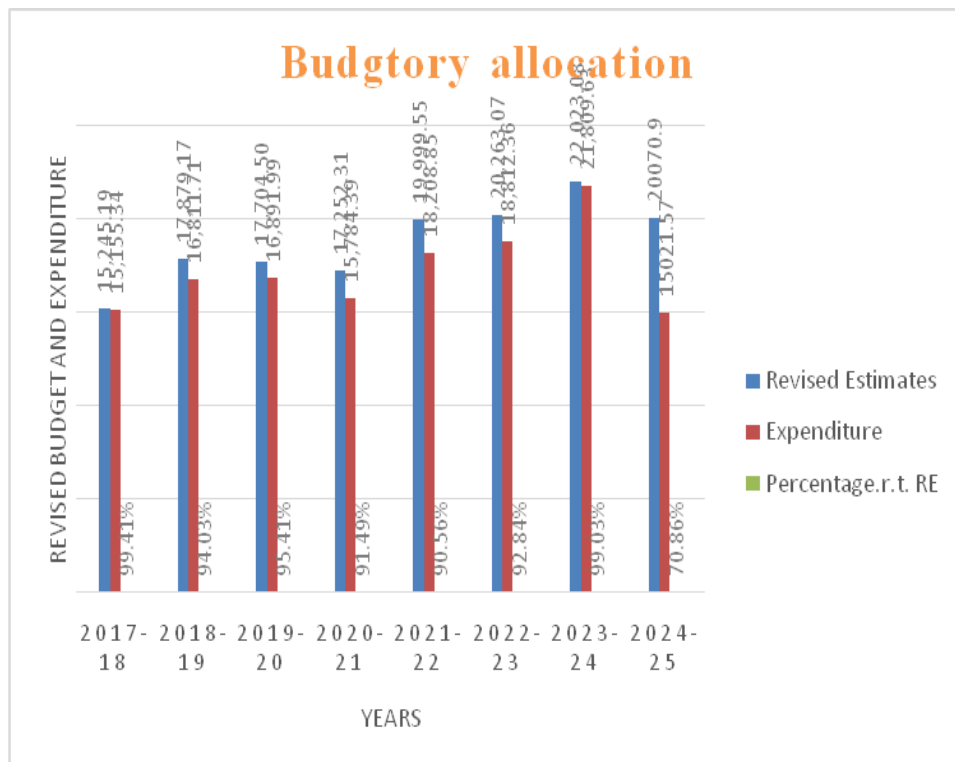
The Anganwadi Helpers prepare the food in the center of AWCs themselves. The particulars of disbursed funds under Saksham Anganwadi and Poshan 2.0 schemes for supplementary nutrition, SAG, Poshan, insurance, training, drinking water and sanitation facilities, construction etc.

Budgetary Allocation

The specifics of budget allocation and expenditure from 2017-18 to 2024-25 concerning Saksham Anganwadi and Poshan 2.0 are detailed below. The budget allocation and expenditure for FY 2024-25 encompass Anganwadi Services, Poshan, and SAG.

S. No.	Year	Budget Estimates	Revised Estimates	Expenditure	Percentage.r.t. RE
1.	2017-18	15,245.19	15,245.19	15,155.34	99.41%
2.	2018-19	16,334.88	17,879.17	16,811.71	94.03%
3.	2019-20	19,834.37	17,704.50	16,891.99	95.41%
4.	2020-21	20,532.38	17,252.31	15,784.39	91.49%
5.	2021-22	20,105.00	19,999.55	18,208.85	90.56%
6.	2022-23	20,263.07	20,263.07	18,812.36	92.84%
7.	2023-24	20,554.31	22,023.08	21,809.63	99.03%
8.	2024-25	21,200.00	20,070.90	15,021.57	70.86%

Source: Women and Child Development Annual Report



The chart presents the comparison between Revised Estimates (RE) and actual expenditure for the period 2017–18 to 2024–25, along with the percentage of expenditure relative to the RE. The data shows that from 2017–18 to 2019–20, expenditure levels were relatively close to the RE, with percentages ranging between 94.03% and 99.14%, indicating efficient utilization of allocated funds. However, in 2020–21 and 2021–22, the expenditure percentage dropped to 91.49% and 90.55% respectively, suggesting possible disruptions or delays in fund utilization, which could be attributed to the impact of the COVID-19 pandemic on program implementation and spending capacity.

From 2022–23 onwards, there is a gradual recovery in expenditure performance, with utilization percentages improving to 92.18% in 2022–23 and 99.93% in 2023–24. This indicates a strong rebound in fund absorption and effective financial management in the later years, possibly due to post-pandemic revival measures and enhanced program monitoring. Notably, in 2024–25, there is a significant decline in expenditure to only 79.08% of the RE, suggesting either under-utilization due to planning or administrative bottlenecks, or that the year's allocations were higher than immediate spending requirements.

Overall, the trend reveals phases of high fund utilization efficiency, a dip during the pandemic years, a recovery phase post-2021, and a sharp under-utilization in the most recent year. This pattern highlights the importance of consistent fund absorption capacity and the need for addressing administrative or structural challenges to ensure budget allocations are fully translated into program benefits.

Challenges faced by Anganwadi workers in delivering child development services.

The challenges faced by Anganwadi workers in delivering child development services based on government reports, research studies, and ICDS evaluations:

- **Shortage of supplementary nutrition supplies:** Frequent delays in the supply chain or inadequate quantity/quality of Take-Home Rations (THR) and hot cooked meals disrupt the regular provision of nutrition to children and mothers, leading to dissatisfaction among beneficiaries.
- **Lack of proper growth monitoring equipment:** Many centres lack functional weighing scales, stadiometers, and mid-upper arm circumference (MUAC) tapes, making accurate and timely identification of malnutrition cases difficult.
- **Irregular health check-ups and coordination gaps:** Weak coordination between ICDS and the Health Department results in infrequent health check-ups, immunization camps, and referral services, especially in remote rural areas.
- **Inadequate community participation:** In some villages, parents perceive Anganwadi services as low priority, leading to irregular attendance of children in pre-school activities and reduced uptake of nutrition and health services.
- **Administrative pressure and unrealistic reporting expectations:** With the introduction of digital monitoring tools like Poshan Tracker, AWWs are expected to enter large amounts of data regularly, often with minimal technical support or training.
- **Seasonal and climatic challenges:** Floods, droughts, and extreme heat in certain regions can disrupt operations, limit food supply, and reduce attendance at Anganwadi Centres.
- **Lack of career progression:** The absence of a structured promotion system or scope for professional growth reduces motivation and long-term retention of experienced workers.
- **Safety and security concerns:** In some regions, Anganwadi workers face safety issues while visiting households for surveys or conducting outreach programs, especially in conflict-prone or remote areas.

Conclusion

The effective functioning of Anganwadi Centres is critical to the success of the Integrated Child Development Services (ICDS) scheme, as they play a vital role in improving the nutritional status, health, and early education of children aged 0–6 years. However, the present study highlights that Anganwadi workers face a wide range of challenges that significantly hinder service delivery. Key issues such as inadequate infrastructure, shortage of nutrition supplies, lack of growth monitoring equipment, and irregular coordination with health staff directly affect the quality of services provided. Additionally, low remuneration, high workload, and insufficient training contribute to decreased motivation and efficiency among workers.

Community-related factors, including low participation from parents and seasonal disruptions, further exacerbate the problem. Addressing these challenges requires a multi-pronged approach, including timely provision of resources, infrastructure upgrades, regular capacity-building programs, and improved interdepartmental coordination. Strengthening the support system for Anganwadi workers will not only enhance their effectiveness but also ensure that the objectives of ICDS—better nutrition, health, and development outcomes for children—are fully achieved.

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