



IS MALNUTRITION & HEALTH THE INDIA'S BIGGEST PROBLEM – HOW CAN ICDS PROGRAM ANSWER TO THIS QUESTION TO SOLVE THE WORLD PROBLEM

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Abstract: *Since its launch in 1975, the ICDS program has expanded and matured from 33 blocks to 6,284 blocks in India and now has more than one million centers ICDS centers, the supplementary feeding is supposed to provide support to all children 0-6 years old for 300 days in a year (25 days a month). ICDS supplementary nutrition program provides 300 calories and 8-10 gms of protein for all children from 0-72 months (below age six). For children 6-23 months of age, this covers 50-150% of the required complementary energy needs and 70-100% of the recommended protein needs. The study of ICDS projects in all the states have revealed this data from the study done shows this result. A total of 170 ICDS projects were selected from all the states /union territory of India. The total number of children as per register is 1180788 and when actually seen at the time of visit was 912982. The children who are receiving supplementary feeding through ICDS are not selected randomly. As mentioned above - the children from all section and also from the weaker socio-economic groups are more likely to receive the daily supplementary feeding. Therefore, it is likely that there is negative selection overall, though there still might be selection on preferences and information within these weakest groups. To "identify" the effects of supplementary nutrition, I need to take account of the observable differences between the children who are receiving supplementary nutrition and those who are not. Under ICDS supplementary food arrangements are generally different for children above and below the age of three. Children ages 3-6 are generally fed "on site" at the anganwadi, while children below age three receive "take home rations" that last for a week or a month depending on the frequency of distribution. There are two broad types of on-site feeding arrangements for children ages 3-6: cooked food and "ready-to-eat" items such as panjiri or murmura. Take-home rations also vary across states: the percentage of villages in which at least one girl (boy) report receiving supplementary nutrition intensely is small. However, in a large proportion of such villages majority of the scheduled caste/tribe girls (boys) children report*



receiving it. The study of all the children, pregnant women and others were studied and .The final result shows that if we are able to reduce malnutrition then we can change the result.

Keywords: ICDS, Malnutrition,

Malnutrition is both a cause and consequence of poverty. While poverty is one of the underlying causes of malnutrition, malnutrition is also a contributor to poverty. There is evidence that malnutrition can result in potential Gross Domestic Product (GDP) losses of 3-4 percent and a more than 11 percent potential reduction in lifetime earnings for each malnourished individual.

Malnutrition in India has a significant impoverishing effect at both the macro and micro levels, and undermines national development objectives. Undernourished children have higher rates of mortality, lower cognitive and school performance, are more likely to drop out of school, and are less productive later in life. Much of this undernourishment happens during pregnancy and in the first two years of life of a child, and, without appropriate interventions, the damage to brain development and future economic productivity, and to human development, is largely irreversible. Malnutrition (specifically stunting) in early years is linked to a 4.6 cm loss of height in adolescence, 0.7 grades loss of schooling and a 7-month delay in starting school.

India currently has one of the highest malnutrition rates in the world. One-third of the children are born with low birth-weight, 43 percent of children under five are underweight' (this is double the rates in Sub-Saharan Africa and five times the rate in China), 48 percent are stunted², 20 percent are wasted, 70 percent are anemic⁴ and 57 percent vitamin A deficient.

While malnutrition is not restricted to the poor in India, there are significant regional disparities in nutritional indicators with 50 percent of the burden of malnutrition found in the so-called "lagging" or low-income states (Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, and Uttar Pradesh) and an additional 5-6 percent of the burden concentrated in specific geographical areas in the states of Andhra Pradesh and Maharashtra

Progress towards reducing malnutrition has been limited despite significant investments in this area over several decades. The program response at the national level has focused primarily on food security under the Public Distribution System and supplemental food



distribution under the umbrella of India's flagship Integrated Child Development Services (ICDS) program, which has been India's broad-ranging response to the challenge of malnutrition. However, despite the rapid expansion of ICDS and the increased level of resources that the Government of India (GoI) has put into the program, the rates of macro- and micro-nutrient deficiencies among children and pre-pregnant women remain unacceptably high, as evidenced by the data presented above. Therefore, the country faces the challenge of moving rapidly towards a more balanced multi-sector policy and program for nutrition. The ICDS Program has not met its potential to affect malnutrition. In theory, the

ICDS program was expected to improve the health and wellbeing of mothers and children under-six years of age by providing a combination of health and nutrition education, health services¹ Meaning they have low weight for their age Meaning they are short for their age, an indicator of chronic malnutrition Meaning they are too thin for their height, indicating acute malnutrition A large proportion of anemia is due to a deficiency of iron. Anemia increases susceptibility to infections, reduces concentration (thus learning in school) and work capacity (affecting productivity)Vitamin A deficiency contributes to diarrhea, respiratory disease and measles - all key killers of children; in its severe form it can lead to blindness (including immunization and growth monitoring), supplementary food, and pre-school education, thus encompassing the troika of food, health and child care and development interventions, which are the cornerstones for improving nutritional outcomes. These services were to be delivered by the "Anganwadi" (literally courtyard) Workers (AWWs), who were chosen by communities and worked at Anganwadi Centers (AWCs) that served an average population of village level. However, the implementation of ICDS has not been consistent with its forward-looking design. Despite its laudable goals, in practice, ICDS resources have largely focused on food-based interventions, and targeted at children 3-6 years of age⁶. This situation needs to be remedied since research unambiguously shows that exposure to repeated infections, inadequate utilization of health services, poor sanitation, and inappropriate child feeding/caring practices, especially in the first two years of life, are among the key contributors to malnutrition in India.

A strengthened ICDS will be a key part of the response, but only a part. The health sector has a critical role in ensuring improved nutritional outcomes, and this aspect is being



addressed under the Ministry of Health and Family Welfare's (MoHFW) National Rural Health Mission (NRHM) as well as the Bank-supported Reproductive and Child Health (RCH) Project. However, an effective multi-sectoral response demands a convergence not only with the health sector, but with other sectors such as agriculture, water and sanitation, education and industry, which are currently responsible for programs for food security, food fortification, feeding of school-age children, and the education of children, adolescent girls and pregnant women.

India's nutrition policy framework includes both direct and indirect nutrition interventions. Under the direct category of interventions, where ICDS is the main government instrument, supplemental feeding, reducing micronutrient deficiencies, food fortification and early child development (ECD) are addressed, while indirect interventions include food security, health care, women's status and education, communication and safety nets.

ICDS have shown that the emphasis on the procurement, storage, distribution and cooking of food has distracted the program from a much-needed focus on nutrition and health education, and on facilitating good health-nutrition behaviors at family level iodine deficiency is the greatest cause of preventable brain damage in childhood; it also causes goiter ministries and departments in improving nutrition, there has been little follow through to plan and thereafter fund, monitor and evaluate convergent action of various ministries and departments having a bearing on nutrition outcomes The key conclusions are that: (i) there has been an overemphasis on food supplementation relative to the other critical aspects required in the provision of an effective nutrition package; (ii) program delivery capacity has been inadequate, program stewardship weak and funding, though large and growing, has been insufficient to meet demands, particularly in the absence of measures to improve cost-effectiveness; and (iii) community response mechanisms are under-developed, targeting has not been fully successful and stakeholders' participation has not been optimal. There has been a surge recently in the attention given to malnutrition in India. This surge is driven by the recognition, at the highest political and planning levels, of the risk under-nutrition poses to the country's development strategy, and the less than impressive performance of past policies and programs. The government programs have been able to change the malnutrition status in India.

These include: (i) Strengthen and restructure the ICDS program to enable a special focus on pregnant/nursing mothers and children under three, provide flexibility for local action, and



forge institutional convergence with other national programs in the health and sanitation, particularly at the district and village level; (ii) Design a multi-sectoral plan in 200 high burden districts with institutional mechanism to converge the various national programs at the state, district, block and village level; and (iii) Implement a nation-wide information, education and communication campaign against malnutrition to address issues of status of women, the care of pregnant mothers and children under two, breastfeeding, and the importance of balanced nutrition, health, hygiene and sanitation. The Ministry of Information & Broadcasting, working with MWCD, has already responded to this recommendation by initiating an IEC campaign, including using popular movie stars to develop and implement a quality communication program; and (iv) Ministries and departments of Health, Drinking Water Supply and Sanitation, School Education, Agriculture and Food & Public Distribution to bring strong nutrition focus to their programs. The proposed project is very well aligned with these recommendations and also well-timed to "jump-start" Gol action in this regard. Five important institutional reform principles have been embraced by the Gol as part of the proposed project. The ICDS program is currently undergoing restructuring and the five principles outlined below are some of the key reform aspects being considered as part of

ICDS restructuring. These are: (i) greater flexibility across states and districts in the planning and implementation of the ICDS program in order to ensure that they fit the local context and promote innovation; (ii) a simplified, evidence- and outcome-based program design that will ensure a focus on performance and results; (iii) stronger convergence with the MoHFW at the operational level; (iv) a strong M& E system linked to a funds disbursement strategy; and (v) more intensive efforts and resources targeted to regions with a high burden of malnutrition.

ICDS and other national programs. Platforms for nutrition interventions also exist in ministries other than the MWCD. The health system delivers interventions such as iron and folic acid (IFA) supplementation during pregnancy, iron supplementation for children, Vitamin A supplementation, de-worming, treatment of infections and diarrhea management and provides policy leadership in these areas. Fortification of salt with iodine, and other food fortification initiatives (key intervention to tackle micronutrient deficiencies), are implemented with leadership from the Ministry of Industry. Food fortification is thus far an under-utilized approach in India and there is considerable scope for its expansion. A number



of other activities also show promise in terms of nutritional impact, such as those being supported by the rural livelihoods projects' women's self-help groups. Going forward, there is interest by Gol in scaling up best practices that have been effective and in approaches for multi-sectoral planning and convergence and institutionalizing stewardship structures at national and state level to oversee the convergent action of various ministries and departments implementing projects/programs to improve nutrition outcomes.

ICDS, One is a pilot conditional cash transfer (CCT) scheme for pregnant/nursing mothers in 52 districts (the Indira Gandhi MatritvaSahyogYojana or IGMSY), which promotes adequate care of pregnant women and early and exclusive breast feeding. The other, Sabla (Hindi term for "empowered woman") empowers out-of-school adolescent girls (in 200 districts) by improving home-based, life and vocational skills, and, inter alia, provides nutrition counseling, food and micronutrient supplements. Given that a large proportion of young mothers are adolescent girls, and one-third of the births are low birth weight (i.e., under-nutrition begins in-utero), reaching out to adolescents and pregnant/nursing mothers (extended window of opportunity) through this program is an effort to complete the continuum of care⁸.

ICDS reaches out to pregnant/nursing mothers and children 0-6 years and will be complemented in 52 districts by IGMSY; the school mid-day meal program serves children 6-18 years; Sabla serves out-of-school adolescent girls 11-18 years old - thus completing the continuum of care across critical life periods.

ICD strengthening systems, is well suited to support both the Gol's and World Bank's goals on nutrition and child development. ICDS represents the Gol's largest commitment to maternal and child nutrition. The Bank has worked closely with the MWCD (under whose responsibility ICDS falls) for the past three years to define the needed reforms, and secure the required buy-in for reforming ICDS in order to enable it to really achieve its potential impact upon nutritional outcomes. Engaging with the Gol's national program in a country which accounts for nearly 50% of all underweight children globally is a natural next step, and an essential part of the Bank's commitment to addressing malnutrition globally. Higher level objectives to which the project contributes. The proposed project will help India accelerate progress towards MDG 1 (eradicating extreme poverty and hunger), specifically through its key indicator of halving the prevalence of underweight among children. This indicator also impacts heavily on other MDGs (child mortality, maternal health, education &



gender) and on human capital formation. Nutrition investments, if efficiently designed and implemented, have also been shown to be among the best-buys in development (Copenhagen Consensus, 2004).

Institutional constraints have consistently hampered the development of coherent policies and efficient service delivery systems in India at both central and state levels. By addressing these issues in the context of nutrition and child development, the project will provide examples that could be replicated in other sectors. The project will assist in the better articulation of national nutrition policies, overcoming the current fragmentation of responsibilities among several agencies. It will assign clear responsibility for leadership and thus remove a major obstacle to effective program implementation. It will enhance the effectiveness of Center-State partnerships, with appropriate sharing of responsibility between the Center and States. It will help in the establishment of mechanisms at State, District and Block levels to implement programs, projects and services. It will also support the establishment of service delivery and empowerment mechanisms at the community level, which will strengthen the accountability of the program to its beneficiaries and ensure better convergence between the demand and supply of nutrition and child development services.

The study of icds projects in all the states have revealed this data from the study done shows this result. A total of 170 ICDS projects were selected from all the states /union territory of India. The total number of children as per register is 1180788 and when actually seen at the time of visit was 912982

States/UTs	No. of ICDS Projects	Total Registered Children	Total Registered Children Visited
Andhra pradesh	9	70068	50462
Arunachal pradesh	5	6213	6819
Assam	5	32851	37507
Chhatisgarh	14	92442	57595
Delhi	1	0	0
Gujarat	14	118185	62085
Haryana	2	19923	15475
Himachal Pradesh	8	34979	27664
Karnataka	7	63981	47498
Kerala	14	66534	45643
Madhya pradesh	3	26653	13762
Meghalaya	3	19032	11761



Mizoram	1	3145	2288
Odisha	1	6607	4324
Punjab	15	77959	72762
Pudducherry	4	24290	1044
Rajasthan	10	78899	52788
Sikkim	11	14372	10994
Telangana	4	75891	161964
Tripura	3	3827	3266
Uttar Pradesh	18	231995	165896
Uttarakhand	15	73832	38986
West Bengal	3	39110	22399
Total	170	1180788	912982

Children in age group of 6 months - 3 years

S. No	States	No. of AWCs	Children 6 months to 3 Years				
			Total No. of Children	Number of Children Registered		Number of Children Actual Availing	
				N	%	N	%
1	Andhra pradesh	45	1891	1794	94.87	1748	97.44
2	Arunachal pradesh	25	356	304	85.39	304	100
3	Assam	25	552	542	98.19	499	92.07
4	Chhatisgarh	70	2301	2260	98.22	2153	95.27
5	Delhi	5	182	133	73.08	124	93.23
6	Gujarat	70	3358	3310	98.57	2915	88.07
7	Haryana	10	500	360	72	128	35.56
8	Himachal Pradesh	45	940	869	92.45	777	89.41
9	Karnataka	35	1246	1113	89.33	1113	100
10	Kerala	70	3056	1796	58.77	1647	91.70
11	Madhya pradesh	15	992	814	82.06	721	88.57
12	Meghalaya	15	546	543	99.45	542	99.82
13	Mizoram	5	385	365	94.81	325	89.04
14	Odisha	5	150	148	98.67	146	98.65
15	Punjab	82	2868	2428	84.66	1601	65.94
16	Pudducherry	43	1746	1296	74.23	1296	100
17	Rajasthan	50	2911	1834	63	1663	90.68
18	Sikkim	55	1217	737	60.56	713	96.74
19	Telangana	20	1359	1069	78.66	962	89.99
20	Tripura	15	191	191	100	191	100
21	Uttar Pradesh	89	7420	7028	94.72	6054	86.14
22	Uttarakhand	75	2836	3661	129.09	2508	68.51
23	West Bengal	15	842	819	97.27	759	92.67
24	Total	884	37845	33414	88.29	28889	86.46



Children in age group of Children 3 Years to 6 years

S. No	States	No. of AWCs	Children 3 Years to 6 years				
			Total No. of Children	Number of Children Registered		Number of Children Actual Availing	
				N	%	N	%
1	Andhra pradesh	45	1604	1258	78.43	998	79.33
2	Arunachal pradesh	25	441	289	65.53	289	100
3	Assam	25	720	640	88.89	568	88.75
4	Chhartisgarh	70	2264	1832	80.92	1331	72.65
5	Delhi	5	148	114	77.03	67	58.77
6	Gujarat	70	3167	3080	97.25	2720	88.31
7	Haryana	10	543	406	74.77	100	24.63
8	Himachal Pradesh	45	907	617	68.03	468	75.85
9	Karnataka	35	1028	707	68.77	683	96.61
10	Kerala	70	4039	2018	49.96	1837	91.03
11	Madhya pradesh	15	1100	864	78.55	534	61.81
12	Meghalaya	15	640	638	99.69	441	69.12
13	Mizoram	5	336	106	31.55	106	100
14	Odisha	5	178	153	85.96	127	83.01
15	Punjab	82	3395	1892	55.73	987	52.17
16	Pudducherry	43	984	53	5.39	53	100
17	Rajasthan	50	2796	1365	48.82	1115	81.68
18	Sikkim	55	1403	560	39.91	528	94.29
19	Telangana	20	1337	457	34.18	354	77.46
20	Tripura	15	295	285	96.61	285	100
21	Uttar Pradesh	89	7347	6378	86.81	4113	64.49
22	Uttarakhand	75	1602	1393	86.95	1303	93.54
23	West Bengal	15	1077	956	88.77	875	91.53
24	Total	884	37351	26061	69.77	19882	76.29

Pregnant Women availing Supplementary Nutrition

States	No of AWCs	Pregnant Women				
		Total No. of Pregnant Women	Number of Pregnant Women registered	%	Number of Pregnant Women Availing	%
Andhra pradesh	45	467	448	95.93	441	98.44
Arunachal pradesh	25	51	47	92.16	47	100
Assam	25	113	113	100	108	95.58



Chhatisgarh	70	448	445	99.33	419	94.16
Delhi	5	35	32	91.43	28	87.50
Gujarat	70	770	769	99.87	736	95.71
Haryana	10	96	89	92.71	48	53.93
Himachal Pradesh	45	146	140	95.89	130	92.86
Karnataka	35	291	268	92.10	258	96.27
Kerala	70	632	422	66.77	350	82.94
Madhya pradesh	15	184	182	98.91	159	87.36
Meghalaya	15	98	98	100	98	100
Mizoram	5	54	54	100	54	100
Odisha	5	29	29	100	29	100
Punjab	82	554	533	96.21	397	74.48
Pudducherry	43	342	297	86.84	289	97.31
Rajasthan	50	580	471	81.21	416	88.32
Sikkim	55	152	151	99.34	141	93.38
Telangana	20	250	206	82.40	172	83.50
Tripura	15	47	47	100.00	47	100
Uttar Pradesh	89	1539	1476	95.91	1321	89.50
Uttarakhand	75	1192	556	46.64	511	91.91
West Bengal	15	244	227	93.03	195	85.90
Total	884	8314	7100	85.40	6394	90.06

Lactating mothers availing Supplementary Nutrition

States	No of AWCs	Lactating Mothers				
		Total No. of Lactating mothers	Number of Lactating mothers registered		Number of Lactating mothers Availing	
			N	%	N	%
Andhra pradesh	45	427	418	97.89	398	95.22
Arunachal pradesh	25	70	66	94.29	63	95.45
Assam	25	97	97	100	89	91.75
Chhatisgarh	70	512	508	99.22	500	98.43
Delhi	5	38	32	84.21	28	87.50
Gujarat	70	753	751	99.73	710	94.54
Haryana	10	79	74	93.67	48	64.86
Himachal Pradesh	45	152	150	98.68	140	93.33
Karnataka	35	342	324	94.74	324	100
Kerala	70	588	343	58.33	299	87.17
Madhya pradesh	15	148	145	97.97	131	90.34
Meghalaya	15	104	104	100	104	100
Mizoram	5	92	92	100	92	100



Odisha	5	32	32	100	32	100
Punjab	82	525	491	93.52	367	74.75
Pudducherry	43	355	315	88.73	314	99.68
Rajasthan	50	561	455	81.11	427	93.85
Sikkim	55	221		211	95.48	197
Telangana	20	233	184	78.97	146	79.35
Tripura	15	43	43	100	43	100
Uttar Pradesh	89	1568	1503	95.85	1356	90.22
Uttarakhand	75	575	573	99.65	548	95.64
West Bengal	15	173	170	98.27	139	81.76
Total	884	7688	7081	92.10	6495	91.72

Number of AWCs Distributing TAKE HOME RATION to Children 6 Months-3 Years

States	Total	No. of AWCs providing				
		THR	%	Snacks	%	HCM
Andhra pradesh	45	45	100	33 (Egg)		
Arunachal pradesh	25	0	0	1 (biscuit)		21
Assam	25	0	0	0		14
Chhartisgarh	70	55	78.57	0		0
Delhi	5	5	100	0		0
Gujarat	70	68	97.14	3 (Fruit) and 1 (Milk)		2 (thepla)
Haryana	10	0	0	0		10
Himachal Pradesh	45	44	97.78	6 Nutri biscuits		0
Karnataka	35	35	100	0		0
Kerala	70	70	100	0		0
Madhya pradesh	15	14	93.33	0		0
Meghalaya	15	15	100	0		0
Mizoram	5	0	0	5		5
Odisha	5	5	100	0		0
Punjab	82	0	0	22+1(only Milk and halwa no HCF)		78
Pudducherry	43	43 (on sundays only)	100	0		43
Rajasthan	50	45	90	1		
Sikkim	55	33	60	34 (Milk)		24
Telangana	20	20	100	20 (egg)		
Tripura	15	0	0	15 (egg)		15
Uttar Pradesh	89	84	94.38	1 (laiya , chana)		0



Uttarakhand	75	75	100	0	0
West Bengal	15	0	0	0	15
Total	884	619	70.02	138	227

AWCs Distributing Supplementary Nutrition (Morning Snacks) to Children 3 -6 years

States	Total No. of AWCs	Morning Snacks		HCM		Others
		No. of AWCs	%	No. of AWCs	%	
Andhra pradesh	45	41	91.11	44	97.78	
Arunachal pradesh	25	15	60	25	100	
Assam	25	5	20	11	44	
Chhartisgarh	70	67	95.71	70	100	
Delhi	5	5	100	5	100	
Gujarat	70	70	100	70	100	
Haryana	10	10	100	10	100	
Himachal Pradesh	45	24	53.33	40	88.89	
Karnataka	35	35	100	35	100	
Kerala	70	70	100	70	100	
Madhya pradesh	15	12	80	14	93.33	
Meghalaya	15	9	60	13	86.67	
Mizoram	5	5	100	4	80	
Odisha	5	5	100	5	100	
Punjab	82	74	90.24	76	92.68	
Pudducherry	43	42	97.67	42	97.67	
Rajasthan	50	36	72.00	50	100	
Sikkim	55	40	72.73	31	56.36	
Telangana	20	20	100	20	100	
Tripura	15	15	100	15	100	
Uttar Pradesh	89	85	95.51	19	21.35	
Uttarakhand	75	70	93.33	72	96	
West Bengal	15	15	100	15	100	
Total	884	770	87.10	756	85.52	

**Pregnant Women availing Supplementary Nutrition
AWCs Distributing THR to Pregnant & Nursing Mothers**

States	Total No. of AWCs	HCF	%	MS	%	THR
Andhra pradesh	45	20	44.44	45	100	25
Arunachal pradesh	25	23	92	1	4	0



Assam	25	14	56	0	0.00	0
Chhatisgarh	70	20	28.57	5	7.14	59
Delhi	5	3	60	3	60	0
Gujarat	70	0	0.00	0	0.00	70
Haryana	10	9	90	9	90	0
Himachal Pradesh	45	14	31.11	1	2.22	28
Karnataka	35	0	0.00	0	0.00	35
Kerala	70	62	88.57	0	0.00	0
Madhya pradesh	15	5	33.33	0	0.00	9
Meghalaya	15	0	0.00	0	0.00	12
Mizoram	5	4	80	0	0.00	0
Odisha	5	0	0.00	0	0.00	5
Punjab	82	68	82.93	10	12.20	0
Pudducherry	43	21	48.84	15	34.88	0
Rajasthan	50	7	14	0	0.00	30
Sikkim	55	0	0.00	0	0.00	35
Telangana	20	19	95	15	75	0
Tripura	15	15	100	14	93.33	0
Uttar Pradesh	89	0	0.00	0	0.00	84
Uttarakhand	75	0	0.00	0	0.00	64
West Bengal	15	15	100	0	0.00	15
Total	884	319	36.09	118	13.35	471

Severely Underweight Children Aailed Double Ration					
States	Total No. of AWCs	SUW Children in number of AWCs		AWCs Providing Extra Meal to Severely Underweight Children	
		N	%	N	%
Andhra pradesh	15	10	66.67	10	100
Arunachal pradesh	20	9	45	9	100
Assam	25	3	12	1	33.33
Chhatisgarh	65	44	67.69	29	65.91
Delhi	5	0	0.00	0	0
Gujarat	55	25	45.45	19	76
Haryana	10	1	10	1	100
Himachal Pradesh	5	2	40	2	100
Karnataka	30	4	13.33	4	100
Madhya pradesh	15	14	93.33	9	64.29
Meghalaya	15	5	33.33	4	80



Punjab	67	4	5.97	2	50
Rajasthan	10	1	10	0	0
Telangana	20	8	40	5	62.5
Uttar Pradesh	70	30	42.86	25	83.33
Uttarakhand	5	3	60	3	100
Total	432	163	37.73	123	75.46

Acceptability of Supplementary Nutrition by
Beneficiaries of ICDS

States/UTs	Total No. of AWCs	No. of AWCs having acceptability of SN	%	No. of AWCs providing good quality of SN	%	No. of AWCs providing adequate quantity of SN
Andhra pradesh	45	44	97.78	44	97.78	43
Arunachal pradesh	25	24	96	24	96	24
Assam	25	15	60	15	60	13
Chhartisgarh	70	62	88.57	61	87.14	57
Delhi	5	5	100	5	100	5
Gujarat	70	66	94.29	67	95.71	61
Haryana	10	9	90.00	10	100	7
Himachal Pradesh	45	42	93.33	19	42.22	22
Karnataka	35	33	94.29	33	94.29	30
Kerala	70	67	95.71	68	97.14	62
Madhya pradesh	15	15	100	15	100	13
Meghalaya	15	13	86.67	12	80	14
Mizoram	5	5	100	5	100	5
Odisha	5	5	100	5	100	5
Punjab	82	76	92.68	74	90.24	65
Pudducherry	43	39	90.70	39	90.70	37
Rajasthan	50	45	90	45	90	43
Sikkim	55	55	100	55	100	54
Telangana	20	20	100	19	95	19
Tripura	15	15	100	15	100	14
Uttar Pradesh	89	55	61.80	52	58.43	72
Uttarakhand	75	67	89.33	63	84	61
West Bengal	15	14	93.33	13	86.67	15
Total	884	791	89.48	758	85.75	741



**AWCs having Adequate Availability of Utensils
for Cooking Supplementary Nutrition**

States	Total No. of AWCs	No. of AWCs having adequate availability of utensils for cooking	%	No. of AWCs having adequate availability of utensils for serving SN	%
Andhra pradesh	45	43	95.56	37	82.22
Arunachal pradesh	25	24	96	24	96
Assam	25	23	92	23	92
Chhatisgarh	70	61	87.14	51	72.86
Delhi	5	0	0.00	4	80.00
Gujarat	70	55	78.57	52	74.29
Haryana	10	8	80	8	80
Himachal Pradesh	45	37	82.22	36	80
Karnataka	35	31	88.57	30	85.71
Kerala	70	66	94.29	64	91.43
Madhya pradesh	15	3	20	9	60
Meghalaya	15	13	86.67	10	66.67
Mizoram	5	4	80	4	80
Odisha	5	5	100	5	100
Punjab	82	77	93.90	70	85.37
Pudducherry	43	29	67.44	24	55.81
Rajasthan	50	31	62	42	84.00
Sikkim	55	51	92.73	53	96.36
Telangana	20	11	55	16	80
Tripura	15	15	100	15	100
Uttar Pradesh	89	48	53.93	38	42.70
Uttarakhand	75	53	70.67	56	74.67
West Bengal	15	11	73.33	5	33.33
Total	884	699	79.07	676	76.47

Growth Monitoring & Growth Promotion in AWCs

AWCs having Availability of New WHO Standard Child Growth Charts

States	Total No. of AWCs	No. of AWCs having availability of New WHO Child Growth Standards	%
Andhra pradesh	45	40	88.89
Arunachal pradesh	25	15	60
Assam	25	23	92
Chhatisgarh	70	59	84.29
Delhi	5	5	100
Gujarat	70	60	85.71



Haryana	10	10	100
Himachal Pradesh	45	45	100
Karnataka	35	33	94.29
Kerala	70	57	81.43
Madhya pradesh	15	15	100
Meghalaya	15	13	86.67
Mizoram	5	5	100
Odisha	5	5	100
Punjab	82	61	74.39
Pudducherry	43	30	69.77
Rajasthan	50	30	60
Sikkim	55	44	80
Telangana	20	19	95
Tripura	15	15	100
Uttar Pradesh	89	69	77.53
Uttarakhand	75	58	77.33
West Bengal	15	15	100
Total	884	726	82.13

States	Total No. of AWCs	Types of Weighing Scale											
		Infant Weighing		Children Weighing		If Scales not available		Weighing Machine (E)		MUCA Tape		Any Other	
		Salter		Weighing Pan		Bar Scale							
		N	%	N	%	N	%	N	%	N	%	N	%
Andhra pradesh	15	12	80	1	6.67	2	13.33	4	26.67	1	6.67	1	6.67
Arunachal pradesh	20	17	85	2	10.00	0	0.00	0	0.00	0	0.00	0	0.00
Assam	25	6	24	4	16.00	2	8.00	11	44	1	4	1	4.00
Chhatisgarh	65	53	81.54	13	20.00	16	24.62	46	70.77	25	38.46	0	0.00
Delhi	5	1	20	0	0.00	0	0.00	4	80	0	0.00	0	0.00
Gujarat	55	42	76.36	21	38.18	1	1.82	43	78.18	22	40	0	0.00
Haryana	10	10	100	0	0.00	0	0.00	3	30	0	0.00	0	0.00
Himachal Pradesh	5	3	60	0	0.00	0	0.00	2	40	0	0.00	0	0.00
Karnataka	30	30	100	5	16.67	0	0.00	8	26.67	5	16.67	0	0.00
Madhya pradesh	15	15	100	2	13.33	0	0.00	1	6.67	2	13.33	0	0.00
Meghalaya	15	7	46.67	7	46.67	2	13.33	9	60	0	0.00	0	0.00
Punjab	67	23	34.33	16	23.88	1	1.49	52	77.61	1	1.49	0	0.00
Rajasthan	10	8	80	5	50.00	0	0.00	2	20	0	0.00	0	0.00
Telangana	20	18	90	1	5.00	0	0.00	2	10	1	5	0	0.00
Uttar Pradesh	70	6	8.57	13	18.57	0	0.00	61	87.14	0	0.00	0	0.00
Uttarakhand	5	5	100	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total	432	244	56.48	90	20.83	24	5.56	248	57.41	58	13.43	2	0.46



The different type of weighing machines used for children

Types of Weighing Scale											
Infant Weighing				Children Weighing						If Scales not available	
Salter		Weighing Pan		Bar Scale		Weighing Machine (E)		MUCA Tape		Any Other	
N	%	N	%	N	%	N	%	N	%	N	%
12	80	1	6.67	2	13.33	4	26.67	1	6.67	1	6.67
17	85	2	10.00	0	0.00	0	0.00	0	0.00	0	0.00
6	24	4	16.00	2	8.00	11	44	1	4	1	4.00
53	81.54	13	20.00	16	24.62	46	70.77	25	38.46	0	0.00
1	20	0	0.00	0	0.00	4	80	0	0.00	0	0.00
42	76.36	21	38.18	1	1.82	43	78.18	22	40	0	0.00
10	100	0	0.00	0	0.00	3	30	0	0.00	0	0.00
3	60	0	0.00	0	0.00	2	40	0	0.00	0	0.00
30	100	5	16.67	0	0.00	8	26.67	5	16.67	0	0.00
15	100	2	13.33	0	0.00	1	6.67	2	13.33	0	0.00
7	46.67	7	46.67	2	13.33	9	60	0	0.00	0	0.00
23	34.33	16	23.88	1	1.49	52	77.61	1	1.49	0	0.00
8	80	5	50.00	0	0.00	2	20	0	0.00	0	0.00
18	90	1	5.00	0	0.00	2	10	1	5	0	0.00
6	8.57	13	18.57	0	0.00	61	87.14	0	0.00	0	0.00
5	100	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
244	56.48	90	20.83	24	5.56	248	57.41	58	13.43	2	0.46

Weighing Status of children (0-6 years) Weighed according to New WHO Growth Standards

States/UTs	No. of ICDS Projects	Total Population of children (6m-3 year)	Total Registered Children	No. of Children weighed	%
Andhra pradesh	9	107531	120530	116428	96.60
Arunachal pradesh	5	17155	13032	12051	92.47
Assam	5	62960	70358	66459	94.46
Chhartisgarh	14	168775	150037	145687	97.10
Delhi	1	18334	0	0	0.00
Gujarat	14	161680	180270	171238	94.99
Haryana	2	34592	35398	30709	86.75
Himachal Pradesh	8	65295	62643	53670	85.68
Karnataka	7	103918	111479	108687	97.50
Kerala	14	141898	112177	109709	97.80
Madhya pradesh	3	49823	40415	26546	65.68
Meghalaya	3	33102	30793	22096	71.76



Mizoram	1	6379	5433	5433	100
Odisha	1	11801	10931	10088	92.29
Punjab	15	157187	150721	137477	91.21
Pudducherry	4	51046	25334	24669	97.38
Rajasthan	10	424231	131687	121094	91.96
Sikkim	11	23882	25366	24039	94.77
Telangana	4	112397	237855	234875	98.75
Tripura	3	7297	7093	6730	94.88
Uttar Pradesh	18	720327	438344	429474	97.98
Uttarakhand	15	179096	112818	105582	93.59
West Bengal	3	55346	61509	57399	93.32
Total	170	2714052	2134223	2020140	94.65

The total number of children weighted

States/UTs	No. of ICDS Projects	Total Registered Children	No. of Children weighed	
			N	%
Andhra pradesh	9	70068	67805	96.77
Arunachal pradesh	5	6213	5983	96.30
Assam	5	32851	30075	91.55
Chhartisgarh	14	92442	89432	96.74
Delhi	1	0	0	0.00
Gujarat	14	118185	109401	92.57
Haryana	2	19923	17660	88.64
Himachal Pradesh	8	34979	33115	94.67
Karnataka	7	63981	61985	96.88
Kerala	14	66534	65942	99.11
Madhya pradesh	3	26653	15714	58.96
Meghalaya	3	19032	13745	72.22
Mizoram	1	3145	3145	100
Odisha	1	6607	6138	92.90
Punjab	15	77959	76539	98.18
Pudducherry	4	24290	23630	97.28
Rajasthan	10	78899	69414	87.98
Sikkim	11	14372	13787	95.93
Telangana	4	75891	73216	96.48
Tripura	3	3827	3557	92.94
Uttar Pradesh	18	231995	227764	98.18
Uttarakhand	15	73832	70318	95.24
West Bengal	3	39110	36307	92.83
Total	170	1180788	1114672	94.40



The normal; moderate and severely underweight children

Normal		Moderately Underweight		Severely underweight	
N	%	N	%	N	%
53880	79.46	13518	19.94	407	0.60
5948	99.42	29	0.48	6	0.10
24581	81.73	5298	17.62	196	0.65
70345	78.66	16115	18.02	2972	3.32
0	0.00	0	0.00	0	0.00
87498	79.98	21023	19.22	880	0.80
14160	80.18	3415	19.34	85	0.48
30476	92.03	2599	7.85	40	0.12
52694	85.01	8896	14.35	395	0.64
51815	78.58	13846	21.00	281	0.43
13252	84.33	2355	14.99	107	0.68
11742	85.43	1977	14.38	26	0.19
2977	94.66	168	5.34	0	0.00
5647	92.00	465	7.58	26	0.42
61525	80.38	14952	19.54	62	0.08
19242	81.43	4388	18.57	0	0.00
62670	90.28	6693	9.64	51	0.07
13675	99.19	105	0.76	7	0.05
65579	89.57	7275	9.94	362	0.49
3173	89.20	363	10.21	21	0.59
166737	73.21	46976	20.62	14051	6.17
66307	94.30	3370	4.79	641	0.91
28813	79.36	6801	18.73	693	1.91
912736	81.88	180627	16.20	21309	1.91

How are Trained enough to weigh
Status of Children (3-6years) of age group

States/UTs	No. of ICDS Projects	Total Registered Children	No. of Children weighed		Normal		Moderately Underweight		Severely underweight	
			N	%	N	%	N	%	N	%
Andhra pradesh	9	50462	48623	96.36	36469	75.00	11720	24.10	434	0.89
Arunachal pradesh	5	6819	6068	88.99	6034	99.44	31	0.51	3	0.05
Assam	5	37507	36384	97.01	31090	85.45	5132	14.11	162	0.45
Chhattisgarh	14	57595	56255	97.67	44549	79.19	10581	18.81	1125	2.00
Delhi	1	0	0	0.00	0	0.00	0	0.00	0	0.00
Gujarat	14	62085	61837	99.60	58650	94.85	2787	4.51	400	0.65
Haryana	2	15475	13049	84.32	11040	84.60	1969	15.09	40	0.31
Himachal Pradesh	8	27664	20555	74.30	18497	89.99	2033	9.89	25	0.12



Karnataka	7	47498	46702	98.32	38613	82.68	7753	16.60	336	0.72
Kerala	14	45643	43767	95.89	33149	75.74	10443	23.86	175	0.40
Madhya pradesh	3	13762	10832	78.71	8357	77.15	2365	21.83	110	1.02
Meghalaya	3	11761	8351	71.01	7232	86.60	1111	13.30	8	0.10
Mizoram	1	2288	2288	100.00	2130	93.09	158	6.91	0	0.00
Odisha	1	4324	3950	91.35	3560	90.13	377	9.54	13	0.33
Punjab	15	72762	60938	83.75	47500	77.95	13400	21.99	38	0.06
Pudducherry	4	1044	1039	99.52	894	86.04	145	13.96	0	0.00
Rajasthan	10	52788	51680	97.90	47384	91.69	4254	8.23	42	0.08
Sikkim	11	10994	10252	93.25	10137	98.88	98	0.96	17	0.17
Telangana	4	161964	161659	99.81	156295	96.68	5040	3.12	324	0.20
Tripura	3	3266	3173	97.15	2740	86.35	416	13.11	17	0.54
Uttar Pradesh	18	165896	161257	97.20	122158	75.75	30893	19.16	8206	5.09
Uttarakhand	15	38986	35264	90.45	31341	88.88	3679	10.43	244	0.69
West Bengal	3	22399	21092	94.16	15770	74.77	4933	23.39	389	1.84
Total	170	912982	865015	94.75	733589	84.81	119318	13.79	12108	1.40

The Children weigh taken to find out normal, moderately underweight and severely underweight

No. of Children weighed		Normal		Moderately Underweight		Severely underweight	
N	%	N	%	N	%	N	%
48623	96.36	36469	75.00	11720	24.10	434	0.89
6068	88.99	6034	99.44	31	0.51	3	0.05
36384	97.01	31090	85.45	5132	14.11	162	0.45
56255	97.67	44549	79.19	10581	18.81	1125	2.00
0	0.00	0	0.00	0	0.00	0	0.00
61837	99.60	58650	94.85	2787	4.51	400	0.65
13049	84.32	11040	84.60	1969	15.09	40	0.31
20555	74.30	18497	89.99	2033	9.89	25	0.12
46702	98.32	38613	82.68	7753	16.60	336	0.72
43767	95.89	33149	75.74	10443	23.86	175	0.40
10832	78.71	8357	77.15	2365	21.83	110	1.02
8351	71.01	7232	86.60	1111	13.30	8	0.10
2288	100.00	2130	93.09	158	6.91	0	0.00
3950	91.35	3560	90.13	377	9.54	13	0.33
60938	83.75	47500	77.95	13400	21.99	38	0.06
1039	99.52	894	86.04	145	13.96	0	0.00
51680	97.90	47384	91.69	4254	8.23	42	0.08
10252	93.25	10137	98.88	98	0.96	17	0.17
161659	99.81	156295	96.68	5040	3.12	324	0.20



3173	97.15	2740	86.35	416	13.11	17	0.54
161257	97.20	122158	75.75	30893	19.16	8206	5.09
35264	90.45	31341	88.88	3679	10.43	244	0.69
21092	94.16	15770	74.77	4933	23.39	389	1.84
865015	94.75	733589	84.81	119318	13.79	12108	1.40

Immunisations at Health Centres

States/UTs	Total No. of AWCs	Health Centres at Which Beneficiaries received Immunisations							
		Sub Centres	%	PHC	%	AWC	%	Other	%
Andhra pradesh	15	2	13.33	0	0	9	60	5	33.33
Arunachal pradesh	20	2	10	2	10	1	5	0	0.00
Assam	25	5	20	4	16	10	40	2	8
Chhatisgarh	65	11	16.92	5	7.69	38	58.46	11	16.92
Delhi	5	1	20	3	60	5	100	0	0.00
Gujarat	55	19	34.55	2	3.64	26	47.27	8	14.55
Haryana	10	0	0.00	1	10	8	80	1	10
Himachal Pradesh	5	1	20	1	20	1	20	2	40
Karnataka	30	12	40	8	26.67	9	30	4	13.33
Madhya pradesh	15	0	0.00	0	0	13	86.67	2	13.33
Meghalaya	15	8	53.33	2	13.33	2	13.33	3	20
Punjab	67	19	28.36	9	13.43	30	44.78	10	14.93
Rajasthan	10	0	0.00	1	10	9	90	0	0.00
Telangana	20	7	35	6	30	6	30	6	30
Uttar Pradesh	70	8	11.43	6	8.57	52	74.29	5	7.14
Uttarakhand	5	0	0.00	0	0	4	80	0	0.00
Total	432	95	21.99	50	11.57	223	51.62	59	13.66

Pregnant women visit monthly /quarterly/six month /unplanned/never during last six months

States/UTs	Total No. of AWCs	Monthly		Quarterly	
		No.	%	No.	%
Andhra pradesh	15	14	93.33	1	6.67
Arunachal pradesh	20	15	75	5	25
Assam	25	17	68	2	8
Chhatisgarh	65	60	92.31	1	1.54
Delhi	5	1	20	3	60
Gujarat	55	19	34.55	11	20
Haryana	10	3	30	4	40
Himachal Pradesh	5	2	40	1	20



Karnataka	30	8	26.67	22	73.33
Madhya pradesh	15	3	20	5	33.33
Meghalaya	15	9	60	3	20
Punjab	67	19	28.36	18	26.87
Rajasthan	10	7	70	2	20
Telangana	20	18	90	2	10
Uttar Pradesh	70	6	8.57	4	5.71
Uttarakhand	5	3	60	1	20
Total	432	204	47.22	85	19.68

Six Monthly		Unplanned		Never During last six months	
No.	%	No.	%	No.	%
0	0	0	0	0	0
0	0	0	0	0	0
0	0	5	20	1	4
2	3.08	0	0	2	3.08
0	0	1	20	0	0
17	30.91	5	9.09	2	3.64
3	30	0	0	0	0
2	40	0	0	0	0
0	0	0	0	0	0
1	6.67	2	13.33	4	26.67
0	0	1	6.67	2	13.33
26	38.81	2	2.99	2	2.99
1	10	0	0	0	0
0	0	0	0	0	0
29	41.43	15	21.43	12	17.14
1	20	0	0	0	0
82	18.98	31	7.18	25	5.79

The children 6-72 months per day consumption

Children (6-72 months), (Per Beneficiary per day)			
Ingredient	Amount (gms)	Calories	Protein (gms)
Cereal*	100	333	10
Pulses	20	67	4
Vegetables & Fruits	45	21	1
Oils & Fats	5	45	0
Sugar & Gur	10	20	0
Condiments & Spices (incl. salt)	5	0	0



The children 6-72 months per day consumption for severely malnourished child

Severely Malnourished Children (6-72 months), (Per Beneficiary per day)				
S. No.	Ingredient	Amount (gms)	Calories	Protein (gms)
1	Cereal*	140	466	13
2	Pulses	40	134	8
3	Vegetables & Fruits	60	28	2
4	Oils & Fats	10	90	0
5	Sugar & Gur	20	80	0
6	Condiments & Spices (incl. salt)	5	0	0

Pregnant and Lactating women (Per Beneficiary per day)				
S. No.	Ingredient	Amount (gms)	Calories	Protein (gms)
1	Cereal*	120	400	12
2	Pulses	30	101	6
3	Vegetables & Fruits	55	25	2
4	Oils & Fats	5	45	0
5	Sugar & Gur	5	10	0
6	Condiments & Spices(incl. salt)	5	0	0

So we see if we are able to provide this much of nourishment to the children and other in this way we can solve the world nutrition problem

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