



E-ISSN: 2664-603X  
P-ISSN: 2664-6021  
Impact Factor (RJIF): 5.92  
IJPSG 2025; 7(7): 188-191  
[www.journalofpoliticalscience.com](http://www.journalofpoliticalscience.com)  
Received: 30-05-2025  
Accepted: 25-06-2025

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## **Integrated child development service: An agent to ensure food security & nutrition in Ranchi, district of Jharkhand**

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**DOI:** <https://www.doi.org/10.33545/26646021.2025.v7.i8c.638>

### **Abstract**

Integrated child Development service is a unique and the world's largest organization to ensure food security and nutrition for 0-6 years children in India. Intergrated Child Development Service works through its aganwadi centers. These centers are primary organization to connect poor, helpless and deprived people to the administration at grassroot level. This scheme is not only connects but also reaches out all the food security and nutrition facilities to people. It conducts many other awareness programs to educate to the people about health and nutrition too. It also maintains the record to make India free from hunger, healthy as well as a developed India in the world's map.

This article deals with objectives and services of Integrated Child Development Service. It points out the target group to serve by this organization. It shows their structure of Integrated Child Development Service administrative level with their representative.

It represents the aaganwadi centre establishment criteria, its staffs, and services provided to people. It also focuses upon challenges during to perform work and suggestions to improve the quality of services with conclusion.

**Keywords:** Aanganwadi, food security, target group, integrated child development service

### **Introduction**

National Food Security act 2013 is a milestone to provide food security in India. This act defines food security from need to right. This act is enacted through three organization in India as follows:

1. Public Distribution System (PDS)
2. Midday Meal Scheme for school children {MDMS}
3. Integrated Child Development Service (ICDS)

Integrated Child Development Service is the world's largest community based programme. This scheme was adopted under National Policy Program for children in 1974. This scheme was launched on 2nd of October 1975 in 33 blocks (4 rural, 18 urban, 11 tribal) on this pilot project.

Integrated Child Development Service works all acts through 'aanganwadi centre'. There are about 14 lacs aanganwadi centre in India, at present. All these aanganwadi centres cover more than 8 crores children for their nutrition and health and preschool education.

In 1975, Integrated Child Development Service was established in order-

- To survey and maintain the population of pregnant, lactating, 0-6 year's children and total population of "poshan" area.
- To provide & distribute the supplementary food to all beneficiaries on time.
- To operate pre-school education for 3-6 years children and educate them in "khel khel mein" for their physical, mental and psychological growth.
- To make the people aware regarding health to ensure the social behavioral change in India.

### **Objectives of ICDS**

1. To improve the nutritional and health status of children in the age group of 0-6 years.

2. To lay the foundation for proper psychological, physical and social development of children.
3. To reduce the incidence of mortality morbidity, malnutrition and school dropout.
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development.
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.

#### Target group

1. Pregnant women
2. Lactating mothers.
3. 0-6 monthss age children
4. 6 months -3years child
5. 3years -6years child
6. Adolescent girls

#### Services of ICDS

There are many services provided to beneficiaries group and villagers. But, these which are des as follows are basic 6 services which are as follows:-

1. Supplementary nutrition
2. Immunization
3. Health check-up
4. Referral services
5. Pre-school Non-formal education
6. Nutrition & health education referral services

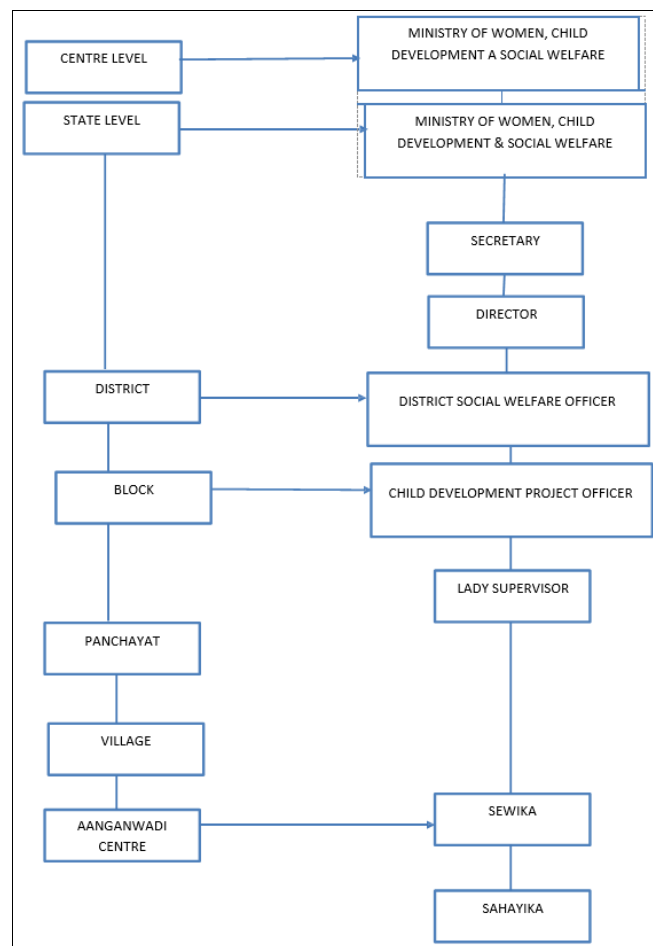


Fig 1: Administrative level with their representative Structure

**ICDS in Jharkhand:** In Jharkhand, there are 224 child

development project office and about 38742 aanganwadi centres. It covers more than 2 lakhs pregnant lady and 1.5 lakhs lactating mothers. As well as, it provides nutritional security more than 1.2 lakhs children of 6 months - 3 years children and 1.4 lakhs children of 3 -6 years.

Integrated Child Development service works through the aanganwadi centres to achieve their goal. It can be say that Awc is the first or the last administrative stair to provide government facilities to people. Awc is directly connect to the beneficiaries to government plans.

At present, these are 14 Lakhs aanganwadi centres are working in India. Every 'aanganwad centre has the responsibility to care and maintain record of certain population called "poshan area". This poshan area is the base of administrative division or rule. These were certain criteria's to organize a (Currently) Awc, that are as follows:

Population	AWC/MINI AWC	AREA TYPES
400-800	1 AWC	For Rural/Urban Areas
150-400	1 MINI AWC	ALL TYPE AREAS
300 - 800	1 AWC	TRIBAL/RIVERINE/HILY, DESERT/Difficult Area

Thus, we get that every person is part of AWC as "poshan area" beneficiary. It may possible: that anybody is not participating or taking benefit of government plan. There is also possibility of mining in Aww survey data, in spite of all these it is a genuine provision to include each and every person to government universal scheme of ICDS. In case of population growth, government is working to establish new aanganwadi centre to cover under this universal scheme.

ICDS works with its war Aanganwadi Worker as Sewika and Sahayika. Sewika playe major role to conduct all the program under ICDS as reporting, survey pre-school monitoring etc. and sahayika. Helps her to run pre-school and monitor in absence of sewika. Both sewika & Sahayika work under honorarium as salary with the sharing of state and centre fund.

The selection or appointment of Sewika and Sahayika is belong to the certain rule according to the state government. It is basically member of that "poshan area" as well as caste majority group of that particular Aanganwadi Centre. There is a open meeting of that "poshan area" group in which all eligible or desired candidate apply for the post and according to government rule, announce the elected candidat for the further procedure. After the fair and right process approval by the higher authority DD or DDC, the sewika or Sahayika is appointed to work.

#### ICDS in Ranchi

There are 2838 aanganwadi centres in Ranchi. It covers more than 14000 pregnant lady, 12000 lactating mothers and more than 81000 children of 6 months to 3 years. All these are provided supplementary nutrition as take home ration packet with heath care in aanganwadi centers. As well as, there are about 82000 children of 3 years to 6 years, which are served supplementary nutrition as hot cooked meal i.e. suji halwa in nasta and an egg with cooked rice, dal with vegetable everyday along with preschool education and health care in aanganwadi centre.

Integrated Child Development Service Scheme is the world's largest community based program. It works through aanganwadi centre and its staff aanganwadi worker as Sewika & Sahayika. There are certain works performed

which are as follows:

1. **Maintenance of record of all population:** Aanganwadi worker has to maintain record all population of their 'poshan area'. This record is classified into male, female, 0-6 month child, 6-1 years child, 1-2 years child, 2-3 years child, 3-6 years child in boy and girl, 11-14 years and, 14-18 years kishore and kishori, pregnant lady, lactating mothers, birth, death reports with respect to their caste wise.
2. **Distribution of supplementary nutritional food:** It is the most important work to distribute Take Home Ration to target beneficiary pregnant lady, lactating mothers, 6 months -3 years 3 children every month. This THR packets are provided to sevika every month according to their beneficiary.
3. **To organize Village Health Sanitation Nutritional Day (VHSND):** It is organized every month in aanganwadi centre. There is a fixed day for VHSND program, in which all member of poshan area and local leader participate, celebrate and aware people for health, nutrition and sanitation. There is also facilitated the all services of ICDS as (a) Distributing supplementary nutritional food (b) Growth monitoring (c) Tikakaran (d) Health checkup (e) Pre-school education (f) Referral service
4. **Educate adolescent girls:** It works to aware adolescent girls up to the age of 18 years for non-formal education and training on health and personal hygiene and nutrition. It works this area since 1991.
5. **Empowerment of women:** Aanganwadi centre is aimed at the empowerment of women in the age group of 15- 49 year for informal nutrition and health education. The education is imparted through participatory sessions at aanganwadi centre, home visits and group discussions. Basic health and nutrition messages related to child care, infant feeding practices, personal hygiene, environmental sanitation and family planning are usual components covered by Aww.
6. **Growth monitoring & Referral services:** It has to maintain record and monitor health growth of children 0-6 years, pregnant Lady, lactating mothers and kishori through measuring height & weight every month. As well as, ANW identify Severely Acute Malnutrition & Moderate Malnutrition, stunted and low weight affected child for referral service and try to ensure SAM child in Malnutrition Treatment Centre for rescue the risk of death.
7. **Maintenance and update of record in Poshan Tracker app under e-governance scheme:** Poshan tracker is a mobile based application that is used by aanganwadi worker. It is basically a e-register for worker. It represents daily monitoring i.e opening of aanganwadi centre, attendance of preschool children, their breakfast, lunch recording with photos and preschool education exercise too. It has record of all beneficiary such as pregnant, lactating, 0-6 years child too. It covers monthly record of aanganwadi centre of every aspect as take home ration distribution, hot cooked meal served, home visit etc. too.
8. **Pre-school Education:** It is one of the main component of ICDS scheme. It focuses upon 3-6 years children for providing a natural, joyful environmental education with physical, mental and social development with nutrition. On the one hand aanganwadi centre provides

nutritional food under National food security act 2013 on the other hand it provides preschool education for overall personality development.

9. **Immunization:** It is duty of sevika to ensure vaccination each and every eligible child, pregnant lady, and check up, hemoglobin test, blood pressure etc. All these immunizations are done ANM of government hospital with help of sahiya at aanganwadi centres every month without any fees.
10. **Community Based Events:** Under ICDS Aanganwadi workers have to organize community Based Events on 2nd and 4th Wednesday of every month. In this CBE activity, god bhara for pregnant women, Anna prashan for 6 month child, Early Child care for new comer child in pre school, Health welfare and Suposhan Diwas are organized alternately.

It is basically awareness program for community involvement.

### Challenges to ICDS

1. Infrastructural Issues
2. Supply Network Planning Less
3. Less Focus on Preschool education
4. Less sensitivity
5. Lack of understanding
6. Lack of coordination.
7. Lack of participation of people
8. Lack of proficiency of sevika and sahayika
9. Convergence Issues.

### Suggestions to strengthen ICDS

1. **Right assessment of work:** All the government governs into two ways – (a) Public service and (b) Public administration. In case of Integrated child development service. We get that there is 100 percent work of public service for providing beneficiary nutritional food and health care. As well as, it is also important to administrate all the work properly. Since, ICDS is an important government organization for accessing food security more than 8 crore children in India. So, it is necessary to assess its potential of this organization and plan according to that for getting more beneficial results.
2. **Critical analysis of 50 years work of ICDS:** Integrated child development service is going to complete 50 years of its establishment. So, it is very important to analyse its contribution to society in documentation. As well as, it is also needed to understand and discuss its challenges to get present scenario, so that we can plan in better way for future development.
3. **Awareness among intellectual as well as common people:** Integrated child development service is the world's largest community based program. But, it is very considerable that there is not much awareness among intellectuals and common people regarding work of this department. So, it is very necessary to write and publish its structure, work importance for information. It should be for mass not only for workers of department.
4. **Work with "serve humanity" motto:** The basis concept of Integrated child development service should be serve humanity. This organization is directly

connected to people to serve them. Hence, there is focused to humanity in concept and practically in every aspect and steps of administration.

5. **Implementation of right concept of aanganwadi centre:** An aanganwadi center is opened for a group of people that refer as "poshan area". It means that head of aanganwadi centre is people of that poshan area and sewika is appointed to connect government and people of that area. This concept should be understood and implemented in concepts well as ground level.
6. **Understand power of community:** There should be focused upon community. Integrated child development service is absolutely based on community for the development of community. Hence it is needed to comprehend and implement in concept and behaviour "community importance". It also ensure the participation of people in development of our country.
7. **Monthly monetary support:** Aanganwadi centers runs the preschool education too. So, it is very necessary that aanganwadi centers have enough availability of preschool kid and study material to learn the children. Hence, these should be any management of monthly monetary support to provide quality based education.
8. **Skilled aanganwadi staffs:** Aanganwadi centers are run by sewika and sahayika. So, it is very necessary that they should be trained in every aspect of work. It helps to tackle the all the situations at field level, to provide good care and education to our children as well as to manage modern technology too.

### Conclusion

We get that Integrated child development service plays an important role to ensure food security, nutrition and health. It is basically the smallest division of administration to provide government facility to last people that need to help. It is still unrecognized its strength and contribution in development. ICDS is such a thread that can connect all the people of India in a sutra at administrative level too. So, it is very important to aware or educate all citizen its concept and ensure the participation in active way whether they do not take benefit of food security or health care but involve, participate and give contribution, their knowledge to other people of society. Thus, we get that Integrated child development service has capacity to play pivotal role in formation of developed India in 2047. Hence, it is necessary to plan its priority in that direction of making India super power in world.

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