

CHAPTER 10  
POINT 9 : TWO CHILD NORM

10.1 **The Programme and its Components:-** The population of India has crossed one billion mark. This rapid increase of population is going to have big impact on the economic development of the country. The family welfare programme initiated by the Government aims at population stabilisation, sharp reduction in infant mortality and enlargement of the facilities for maternity and childcare besides providing the facility of nourishment for the pregnant poor women. It is through the family welfare programme that the birth rates have fallen markedly over the last few decades. It has come down from 40 per thousand in 1960s to 26.1 per thousand as per Sample Registration System (1999). The programme aim at: (i) bringing about voluntary acceptance of the two-child norm; (ii) promoting responsible parenthood; (iii) reducing infant mortality; and (iv) expanding maternity and child care facilities.

10.2 Family Welfare Programme, being implemented with a target free approach, has been renamed as Community Needs Assessment Approach. The system of targetting (contraceptives) from the top has been replaced by decentralised participatory approach at the grass root level with emphasis on (i) quality of care, (ii) clients' satisfaction and (iii) larger service coverage. At the national level, total number of family planning acceptors for the period April 2003-March 2004 has been 375.38 lakh, which is 5.2 % more as compared to the corresponding period of the previous year. The following table indicates the comparative achievement of Family Planning Method during the period April 2002-March 2003 and April, 2003-March 2004.

Achievements under various Family Planning Methods

(Figures are in lakhs)			
Family Planning Methods	Achievement* during April 2002 to March 2003	Achievement* during April 2003-March 2004	% Change in Achievement Column (3) over column (2)
(1)	(2)	(3)	(4)
1- Sterilisation	47.29	48.74	(+) 3.1
2- IUD	60.78	60.79	(+) 0.02
3- Condom Users	166.77	178.31	(+) 6.9
4- Oral Pill Users	82.03	87.54	(+) 6.7
5- Total Acceptors	356.87	375.38	(+) 5.2

\* Figures are Provisional for want of information from State/UTs.The method-wise Analysis of performance and progress of family welfare is given at *Annexures 10.1 to 10.5*

10.3 The details of achievement under various Family Planning Methods are presented in the following paragraphs:

(a) **Sterilisations:** During the period April 03 to March 04, Sterilisations at national level registered an increase of 3.6% over the corresponding period of the previous year i.e April – March 2002-03. Improvement has been observed in 14 States/UTs. The major states, which have shown better performance, include Assam (32.3%), Bihar (7.7%) Chhattisgarh (0.5%), Maharashtra (17.1%), Orissa (22.8%), Rajasthan (5.0%), Tamil Nadu (3.0%) and Uttar Pradesh (3.9%). The performance in the states of Andhra Pradesh,Gujarat, Karnataka, Kerala, Madhya Pradesh, Punjab and West Bengal has declined. Considering the number of unsterilised couples as the base for family planning methods, the performance in Sterilisations per 10,000 unsterilised couples exposed to higher order of birth (3 & above) vary considerably among the States during April -March 2003-04. Among the major states Andhra Pradesh has shown the highest of 4290 Sterilisations per 10,000 unsterilised couples exposed to higher order of births (3 & above) followed by Tamil Nadu (3105), Kerala (2776), Karnataka (2585), Maharashtra (2122), Gujarat (1269), Chhattisgarh(1058), Haryana (991) and Madhya Pradesh (958). Among smaller States, Himachal Pradesh has shown the highest of 1948 Sterilisations per 10,000 unsterilised couples exposed to higher order of births (3 & above) followed by Goa (1454). The position in all other States is low compared to the all India average of 933 Sterilisations per 10,000 unsterilised couples exposed to higher order of births (3 & above). The details are at *Annexure-10.1* State-wise position of Vasectomy and Tubectomy during April –March 2003-04 shows that amongst the major states the share of vasectomy in case of Andhra Pradesh (3.7%), Chhattisgarh (2.8%), and Maharastra (6.1%) is more than that at the national level (2.3%). *Annexure-10.1(a)*. The statewide achievement under various Family Planning Methods for the year 2003-2004 are given in *Annexure-10.2*.

(b) **Spacing Methods:**

(i) **IUD Insertions:** IUD Insertions in April – March 2003-04 have increased by 0.2% during the period under consideration over the corresponding period of the previous year i.e April –March 2002-03. The states of Andhra Pradesh (2.7%), Assam (2.7%), Maharashtra (0.1%), Rajasthan (9.8%), Tamil Nadu (3.8%) and Uttar Pradesh (0.9%) have shown better performance amongst the major states whereas the performance in Bihar (-15.9%), Chhattisgarh (-3.1%), Gujarat (-1.9%), Haryana (-1.7%), Karnataka (-3.5%), Kerala (-3.0%), Madhya Pradesh (-1.9%), Orissa (-1.6%), Punjab (-5.9%) and West Bengal (-26.0%) has declined during the period compared to the performance in the same period during last year. Considering the number of unsterilised couples, the performance of IUD Insertions per 10,000 unsterilised couples among the major States, is highest in Punjab (1148) followed by Uttar Pradesh (845), Gujarat (820), Tamil Nadu (734), Haryana (687), Karnataka (684), Madhya Pradesh (654), Maharashtra (540) and Andhra Pradesh (531). The performance in all other major States is low compared to all India average of 526 IUD Insertions per 10,000 unsterilised couples. The details are at *Annexure-10.3*

(ii) **Condom Users:** The achievements under free distribution scheme of Condom for Users during this period was 178.31 lakh acceptors which is 47.50% of total acceptors of family planning methods. Condom Users under the free distribution scheme and social marketing through commercial companies have increased by 6.0% and 8.0% respectively during April-March 2003-04 over April-March 2002-03. The overall performance of Condom Users at the national level has increased by 6.9%. In respect of free distribution of Condoms, amongst the major States, Andhra Pradesh (12.0%), Gujarat (12.7%), Haryana (5.4%), Madhya Pradesh (5.7%) Maharashtra (29.1%), Orissa (0.5%), Rajasthan (17.2%) and Tamil Nadu (11.3%). have shown better performance during the period as compared to the same period of previous year i.e. April-March 2002-03. Considering the number of unsterilised couples, the number of Condom Users per 10,000 unsterilised couples varies among the States during the period. Among the major States, Rajasthan has shown the highest of 2315 Condom Users per 10,000 unsterilised couples followed by Gujarat (2232), Madhya Pradesh (2046) and Haryana (1578). The number of Condom Users per 10,000 unsterilised couples is very low in Assam (91) and Bihar (28). The position in all other major states is low compared to the all India average of 1542 Condom Users per 10,000 unsterilised couples. The details are at *Annexure-10.4*.

(iii) **Oral Pill Users:** At all India level the number of females using oral pills was 87.54 lakh, which is 23.32% of total acceptors. Free distribution of Oral Pill has increased by 4.9% whereas commercial distribution has decreased by 8.8%. The overall performance at the national level has increased by 6.7% during April–March 2003-04 over April–March 2002-03. Amongst the major States, the States of Andhra Pradesh (6.1%), Assam (6.8%), Gujarat (8.6%), Kerala (35.3%), Madhya Pradesh (1.8%), Maharashtra (5.7%), Orissa (3.5%), Rajasthan (19.4%), Tamil Nadu (10.7%) and Uttar Pradesh (8.5%) have shown better performance. Considering the number of unsterilised couples, the Oral Pill Users per 10,000 unsterilised couples is less than the all India average of 757 in all the major states except for Rajasthan (1158), Chhattisgarh (901) and Madhya Pradesh (811) during April – March 2003-04. The number of Oral Pill Users per 10,000 unsterilised couples is very low in Bihar (34), Assam (91) and Jharkhand (91). Details are given in *Annexure-10.5*.

10.4 **Mother Child Health (MCH):-** Proper health care of child and mother instils a sense of security in the parents, which in turn, encourages acceptance of small family norms. Pre-natal, natal and postnatal care of mother, and immunisation of mother and children are the main components of this programme. Under Universal Immunisation Programme infants are given 3 doses of DPT, OPV, and one dose each of BCG and measles. Two doses of PP for pregnant women are also offered. A brief table below gives the progress of Universal Immunisation Programme during April 2003-March 2004 at the national level. During April 2003-March 2004, a total of 235.57 lakh expectant pregnant mothers were covered under the Tetanus Immunisation Programme in the country achieving 77.8% of the proportionate assessed need for the year 2003-04. During the period, 233.67 lakh children were immunized against DPT, 237.08 lakh against Polio, 256.88 lakh against BCG, and 219.46 lakh against Measles achieving 91.0%, 92.3%, 100.0%, and 85.5% of the respective need assessed at the national level. Statewise details and percentage coverage of the need assessed is also given in *Annexure 9.4* to 9.8. In addition, DT (2nd Dose) Immunizations, TT (10 yrs), TT (16 yrs) stood at 105.68 lakh, 98.98 lakh and 84.95 lakh respectively during April-March 2004 achieving 77.7%, 65.4% and 59.9% of their respective need assessed at National level.

Achievement During Year 2003-04 ( in lakhs)			
Antigen	Proportionate Need Assessed During April, 2003-March, 2004	Achievement* During April,2003-March, 2004	% Achievement of proportionate need assessed during April, 2003-March, 2004
(1)	(2)	(3)	(4)
1 TT (EM)	302.83	235.57	77.8
2 DPT (3 <sup>rd</sup> )	256.80	233.67	91.0
3 OPV (3 <sup>rd</sup> )	256.80	237.08	92.3
4 BCG	256.80	256.88	100.0
5 Measles	256.80	219.46	85.5

\* Figures are provisional

10.5 ICDS Blocks and Anganwadies

10.5.1 As the most viable vehicle for achieving the holistic development with a focus on mother and child in the country, the Integrated Child Development Services (ICDS) was conceived. The intended development of women and children, as a national priority, is being guided and pursued through the National Policy for Children 1974 and the National Plan of Action for Children. The target population includes pregnant women, nursing mothers, children upto 6 years of age and adolescent girls. Supplementary Nutrition, Pre-school Education, Immunization, Health Check-up, Referral Services and Nutrition and Health Education are main intervention packages offered. In addition, the scheme envisages effective convergence of inter-sectoral services in the Anganwadi centres. The beneficiaries under ICDS scheme are drawn from the poorest of the poor families. While selecting the location for a project, preference is given to those areas which are predominantly inhabited by vulnerable and weaker sections of society, such as, scheduled castes, scheduled tribes and low income families found in economically backward areas, drought-prone areas and areas in which the development of social services require strengthening. This is done through a community level survey of families living below poverty line. The progress made (physical) under ICDS Scheme during the period April, 2003-March, 2004 are given below:

Physical Targets & Achievements (April 2003-March 2004)

Category (1)	Targets (2)	Achievements (3)	% Achievement (4)
A. No. of Operational			
(i) No. of Operational ICDS Projects	5,132	5,263	103%
(ii) No. of Anganwadis	6,72,978	6,40,821	95%

10.5.2 **Objectives:** The Integrated Child Development Services (ICDS) Scheme aims at holistic development of children (0-6 years) and pregnant & lactating mothers from disadvantaged sections. It provides integrated services comprising:

- i. supplementary nutrition,
- ii. immunization,
- iii. health check-up,
- iv. referral services,
- v. pre-school non-formal education and
- vi. nutrition & health education.

10.5.3 **Pattern:** It is a centrally-sponsored scheme, wherein the Central Government is responsible for programme planning & Operating costs and the State Governments are responsible for programme implementation & supplementary nutrition.

10.6 Coverage:

10.6.1 **Population Norm:** The Scheme envisages one rural/urban Project for 1,00,000 population and one tribal project for 70,000 population, with one Anganwadi Centre for 1,000 population in rural/urban Projects and 700 population in tribal Projects.

10.6.2 **Projects:** The ICDS Scheme was introduced in 33 Blocks (Projects) in 1975. It was gradually expanded to 5652 Projects, of which 5263 Projects became operational till 31.3.2004.

10.6.3 **Beneficiaries:** Currently, services under the scheme are being provided to about 378 lakh beneficiaries, comprising of about 315 lakh children (0-6 years) and about 63 lakh pregnant and lactating mothers through a network of 6.41 lakh Anganwadis Centres.

10.6.4 **Supplementary Nutrition:** Out of 6,40,821 reporting anganwadis in 5250 reporting projects, 5,14,051 anganwadis were providing supplementary nutrition for 21+ days in a month to 155,39,604 children below 3 years, 159,84,906 children 3-6 years and 62,91,011 pregnant women and nursing mothers. The average coverage per Anganwadi was 61 children below 6 years and 12 pregnant women & Nursing mothers.

Sl.No.	Category	No. of Anganwadis Providing Service	No. of S N P Beneficiaries as on 31 <sup>st</sup> March 2004			
			Total Children	Total Mothers	Average Children per Anganwadi	Average Mothers per Anganwadi
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(i)	S.N.P. for Mothers & Children	5,14,051	31,524,510	6,291,011	61.33	12.24

Nutritional Norms:

Sl.No.	Beneficiaries	Calories (cal)	Protein (g)
(1)	(2)	(3)	(4)
1	Children 0-3years*	300	8-10
2	Children 3-6 years	300	8-10
3	Severely malnourished children medical advice after health checkup	Double of above	
4	Pregnant & Lactating (P&L Mothers)	500	20-25

\* Provision regarding promotion of breast feeding in the IMS Act are also relevant.

10.6.5 **Non-formal Pre-school Education:** 103,24,041 boys and 9,855,926 girls of the 3-6 years age group were receiving pre-school education at 6,10,674 Aganwadies, making average attendance of 17 boys and 16 girls per Anganwadi.

Sl.No.	Category	No. of Anganwadis Providing Service	No. of P S E Beneficiaries as on 31 <sup>st</sup> March 2004			
			Girls	Total (Boys +Girls)	Average per Anganwadi	(7)
(1)	(2)	(3)	(4)	(5)	(6)	
(i)	Pre-School Education for Children	6,10,674	10,324,041	9,855,926	20,179,967	33.05

10.7 Holistic Development: The Department's emphasis has been on integrated & holistic development of children, as far as the two basic elements of human resource development, i.e.,health and education, are concerned. Article 45 of the Constitution has been recently amended to State that "The State shall endeavor to provide early childhood care and education for all children until they complete the age of 6 years.

10.7.1 In this light, in addition to emphasis on supplementary nutrition and convergence with health services, special focus is also being given to the pre-school education component of the ICDS Scheme, so that the children are fully prepared for entering Class I at the age of 6 years under the *Sarva Shiksha Abhiyaan & District Primary Education Programme*. For this, the States have been requested to ensure necessary convergence between ICDS scheme and Sarva Shiksha Abhiyaan & District Primary Education Programme.

10.8 **World Bank Assisted ICDS Projects:** Out of above 5652 projects, 922 projects in 10 States are being assistedby loan from the World Bank. In these projects, civil works, outdoor indoor play equipment, display boards, medicine box, IFA tablets and some quality improvement activities are also provided over and above the items admissible in ICDS General projects.

10.9 **Special Focus on North East:** Keeping in view the special needs of North Eastern States the central Government has sanctioned construction of 4800 Anganwadi Centres at a cost of Rs. 60 crore in 2001-02. Another 7600 Anganwadi Centres at a cost of Rs. 95 crore have been sanctioned in 2002-03. With this, the ICDS Projects in North Eastern States have been brought at par with the World Bank assisted projects where civil works are the main additionally.

10.10 **Kishori Shakti Yojana:** An intervention for adolescent girls (11-18 years) Kishori Shakti Yojana, was launched in 2000-01, as part of the ICDS Programme. This Scheme is currently being implemented in 2000 ICDS Projects.

10.11 Anganwadi Workers/Helpers:

10.11.1 Recognising the need for securing convergence of various services in the Anganwadi Centres to improve the efficiency of sectoral programmes and to ensure that the services are provided to the beneficiaries in a cost effective manner, the Department of Women and Child Development has identified specific thrust areas. These concern different Central Ministries/Departments such as Ministry of Rural Development, Education, Urban Development, Social Justice, Tribal Affairs and the nodal Department for the purpose of such convergence.

10.11.2 Under ICDS, an Anganwadi is the primary Unit of services which extends supplementary feeding to bridge the calorie gap between the national recommended standards and average intake of children and women as a supplement to family food. To promote improved behavioural actions for the care of pregnant women and young children, the Anganwadi also provides an improtant contact opportunity with pregnant women and mothers of infants, who are 4 to 6 months of age, with a full diet for young children for one year, and continued breast feeding upto two years. Throughout the country, the Anganwadi Worker and Helper have been utilized for schemes related to health and family welfare. Further, their services are being utilised in implementation of the *Reproductive Child Health* (RCH) programme and National AIDS Control Programme.

10.12 Monitoring and Evaluation - A continuous process

10.12.1 The ICDS Programme is characterized by a built in monitoring system for promoting assessment analysis and action at different levels, at which data is generated. The *Department of Women and Child Development* (DWCD), *Ministry of Human Resource Development (HRD)*, has the overall responsibility of monitoring, using its extensive network for gathering community level information on programme implementation. A central cell called ICDS Control Room at the DWCD collects and analyses periodic work reports based on which programme strategies are refined and timely interventions made for effective programme planning, implementation and monitoring. Each State Government also has a *Management Information System* (MIS) cell and district with more than give projects has district level monitoring cell to facilitate programme monitoring.

10.12.2 MIS ensures regular flow of information and feedback between each Anganwadi and the projects, between ICDS Projects and State Government, and between the State Government and the Government of India. The flow of information is not only upwards – it is two way process and constitutes the basis for discussion and improved action at the level at which it is generated. This is done through the predesignated format of reporting called Monthly Progress Report (MPR) and Half-Yearly Progress Report (HPR).

10.12.3 Under the National Plan to monitor ICDS, Anganwadi workers compile standardized monthly and half yearly reports based on the data recorded in their various registers. These AWW's reports are then checked by the supervisors and forwarded to Statistical Assistant of the ICDS Project through Supervisors. Statistical Assistant compile all the reported data of the Anganwadi centers (AWCs) of the ICDS Project and submit the same to the Child Development Project Officer (CDPO) who are responsible for for forwarding the MPRs/UPRs to the State and Central level ICDS cell at the DWCD. These MPRs and HPRs quantify the status of key input, process and output indicators pertaining to the major component of ICDS service delivery which can be used to manage operations.The State and UT wise details of ICDS Blocks Operational and Anganwadis are given in *Annexures 10.6 and 10.7* respectively.